

# Alternative DH Practice Opportunities

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Plan A seemed like a good idea. It usually does. But Pam Grabowski, RDH, knew her business plan was in jeopardy when relationships with Medicaid dentists failed to materialize. Their signatures on collaborative agreements would link her dental hygiene practice to a waiting population of underserved patients in Santa Fe, New Mexico. Without the doctors' cooperation, the practice she had so carefully planned would remain little more than spreadsheets and notes tucked in a file cabinet.

Grabowski was unwilling to lose the opportunity granted by New Mexico law to open a collaborative practice in a state where one-fourth of the population is considered dentally underserved. Plan B then, Grabowski decided, would be to steer her new practice directly into the untested waters of fee-for-service patients.



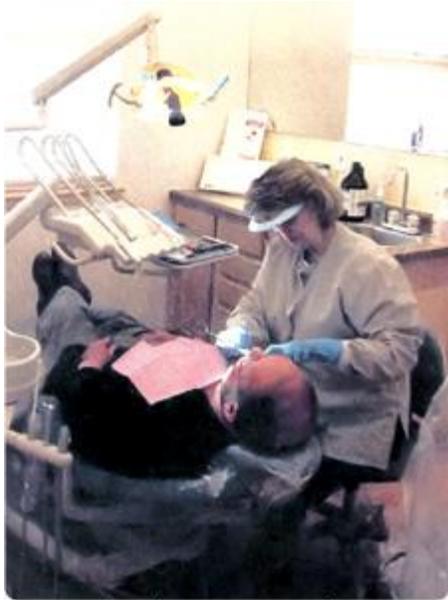
Pam Grabowski, RDH

The decision was a calculated risk that found legs when a dentist Grabowski had once worked for told her he wanted to eliminate dental hygiene from his practice. "He asked if he could send all his hygiene patients to me and, in turn, I would refer them to him for dental work," she recalls. "He had a small practice with only two operatories and the arrangement would help him keep up his production." Grabowski agreed.

The risk paid off. Since 2004 Grabowski's Dental Hygiene of Santa Fe collaborative practice has grown to include 2,500 active patients. When Grabowski opened her doors, only three dentists were willing to sign collaborative agreements; now 30 dentists participate in the program headquartered from her six-person Santa Fe office. Much of the growth, she says, came from her efforts to build respect from local dentists and illustrate how a dental hygienist in collaborative practice could be an ally to a dentist in the marketplace. She shaped that perception by demonstrating her own clinical expertise and by approaching dentists with a sense of diplomacy.

"We have to work with dentists," Grabowski says, "we can't do their work, so we have to educate dentists so they realize we are not a threat."

Collaborative practice can, in fact, create wins for a dentist on more than one level, she explains. For example, the dental hygiene practice's patient must visit his or her dentist of record for an annual exam in order for the collaborative hygiene practice to remain in compliance with state law. This not only puts a patient in the dentist's office at least once a year, but it also clears dental hygiene appointments from the dentist's schedule and opens it to more lucrative procedures. "This is a great approach for a dental hygienist who is trying to establish a cooperative relationship with a dentist," Grabowski notes.



Pam Grabowski, RDH, cares for a patient at her Dental Hygiene of Santa Fe collaborative practice in New Mexico.

## FINDING A HOME IN THE PUBLIC OPTION

Loretta Fudzinski, RDH, opened Bella Smiles Dental in Albuquerque, about an hour's drive south of Santa Fe, as a collaborative dental practice that is a Medicaid fee-for-service provider. Fudzinski is one of several dental hygienists in New Mexico who obtained a collaborative license and opted to open a dental practice instead of a dental hygiene practice. Offering dental services, she says, helps the practice better meet the needs of the underserved.

Though Fudzinski's business model differs from Grabowski's, both practices have encountered similar challenges, including the reluctance of some dentists to participate in collaborative practice agreements. The obstacles to establishing a viable collaborative practice business can be so daunting that some dental hygienists

choose not to open a practice even after earning their license. "There are still too many uncertainties. The difficulty of finding a dentist to collaborate with and obtaining financing for a business are tremendous roadblocks," notes Fudzinski. Despite the potholes, she is encouraged by the greater willingness of dentists to collaborate with hygienists who are experienced, or with whom they have worked previously. The distinction spells an advantage for veteran hygienists who want to build a business regardless of the population they serve.

Fudzinski's practice is devoted to increasing access to dental services for those who are underinsured, have no insurance, or lack adequate financial resources. It is an environment where her model works, she says, adding, "Most general practices will not accept Medicaid patients due to the low reimbursement. This is where collaborative practice can make a difference."



Loretta Fudzinski, RDH

## ENTREPRENEUR'S ARMAMENTARIUM

Building a collaborative practice not only hinges on cooperative doctors and strong clinical skills, it also demands close attention to business development. Grabowski continually reaches out to potential dentist-collaborators through a brochure that speaks about her services. Face time is an important part of dentist recruitment, too, so Grabowski hosts lunches at her office where dentists and their staffs are invited to learn how they can benefit from a partnership.

"We show the dentists how we can be an adjunct to their practice," she says. "If they have a hygienist out on vacation or maternity leave we are there to help them as a stopgap. If they have a patient overload we can help keep their patients on schedule, too."

Though she targets a private-pay clientele, Grabowski says her practice is still part of the solution to access-to-care issues that affect the population of Santa Fe. "The truth is that access to care is not a problem limited to rural areas or people who have limited means," she explains. "We see patients who

say they may have to wait up to 8 months to see their dentist for a cleaning. That person has an access-to-care issue, and we help them deal with it.”

## SHAPING THE FUTURE

Though collaborative practice laws can broaden the reach of oral health care into underserved populations, they also offer dental hygienists an opportunity to guide the evolution of dental hygiene practice. The greater part of that evolution, Fudzinski and Grabowski agree, looms ahead.

“I envision hygienists pooling their resources to open large Medicaid clinics,” Fudzinski says. Such clinical models could minimize the difficulty of recruiting dentist-collaborators. She believes these settings would attract participation from dentists who are new graduates as well as dentists who are semi-retired.

Fudzinski and Grabowski agree that as more hygienists find success under the collaborative practice model, others will be encouraged to follow. As noted, those who push forward should expect challenges obtaining bank financing and securing dentist collaboration, and also in convincing insurance companies to recognize dental hygienists as professionals. Despite the hindrances, Fudzinski points out that the future of collaborative practice could get a boost from greater funding for oral health care efforts in rural areas, and also from dental hygienists gaining the ability to anesthetize without a dentist.

On the whole, the collaborative practice model clears the way for dental hygienists to practice to their potential. “As dental hygienists we have a lot of education and a lot of training,” Grabowski asserts, “and I think we should be given the opportunity to be trusted with decisions. This is a whole new avenue for patient care.”

The opportunity for dental hygienists to take advantage of alternative practice measures is spreading state-by-state. These opportunities are unfurling at a time when the public is becoming more aware of the link between oral health and overall health, priming growth in the demand for dental hygiene services. As demand for better oral health takes hold among consumers, the key to a successful collaborative practice will become less about choosing Plan A or Plan B than thinking creatively, sharpening business skills, and building strong relationships with dentists and patients.

For more information about alternative practice laws in your state, please visit [www.adha.org](http://www.adha.org).