Alaska's SHARP Program

Rationale for Improved Interface between SHARP & DHAT Programs

Rationale

The Employer has offered the Clinician an opportunity for professional advancement, wherein the Clinician remains: (a) with current employer; (b) at current site; (c) providing substantial amounts of direct patient care; and, (d) within SHARP-II requirements as codified in AS 18.29. This type of career opportunity can contribute to practitioner retention (aka "growing in place"). This role includes: (1) clinical duties, (2) administrative duties, and (3) ongoing clinical supervision of Dental Health Aide Therapist(s) (DHATs).

Efforts to recruit and retain dentists in the Alaskan healthcare workforce are important to pursue. However, it is unlikely that the sum of these efforts will be enough to increase the number of dentists to a level that would completely address oral health disparities for underserved populations in Alaska. This is in part because the need is large, but to a greater extent because the barriers to access and oral health for many underserved people are not related to the number of dentists. For many people in rural and frontier locations there are mobility, medical, language and/or cultural barriers to receiving care in an office-based delivery system. Improving oral health for these populations requires a different kind of delivery system in order to be successful. Further information on this oral health system-of-care issue is found in: *Recruitment & Expansion of Alaska's Oral Healthcare Workforce: Findings & Recommendations* (Consultation Report to Alaska DHSS: Paul Glassman, DDS, May 4th, 2011).

SHARP continues to support existing geographically distributed systems that have appropriate supervisory and collaborative arrangements to safely provide competent oral health services to underserved populations. Virtually all of Alaska's major tribal health organizations (THOs) employ DHATs, and in some of those agencies DHATs now provide care to a large and growing portion of the THO's overall oral health caseload. Evidence shows that this has been successful, with over 40,000 AI/AN people now receiving continuity-of-care from DHATs in areas where only sporadic itinerant care was previously available. In addition, sustaining the DHAT program allows continued training of oral health practitioners who live and work in underserved AI/AN communities. For instance, Dentists who supervise DHATs often work directly alongside the practicing DHAT, and more so in early stages of DHAT training (e.g. during preceptorships). Information about the DHAT program is found at: (a) http://depts.washington.edu/dentexak/, & (b) http://www.anthc.org/chs/chap/dhs/.

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