

BOARD OF HEALTH PROFESSIONS

REVIEW OF DENTAL HYGIENIST SCOPE OF PRACTICE REGULATIONS WRITTEN COMMENT SUMMARY: ORGANIZATIONS

NOTE: The Virginia Dental Association provided oral comment, included in the public hearing summary. Comments are presented in the order they were received.

VIRGINIA COMMUNITY HEALTHCARE ASSOCIATION

Richard D. Shinn: Director of Government Affairs

Options Supported: Option 3 & Option 4.

Options Opposed:

Notes: VCHF is the primary care association for Federally Qualified Health Centers (FQHCs). Their centers serve over 300,000 Virginians at over 140 health care delivery sites. Offered to serve on any committees or work groups.

VIRGINIA DENTAL HYGIENISTS ASSOCIATION

Susan Reid-Carr, DB, RDH: VDHA President Elect, 2014-2015

Maureen Thompson, BSDH, RDH: VDHA Immediate Past President 2014-2015

Options Supported: Option 3 & Option 4, “to include evaluating options 5 and 6 in support of options 3 & 4”.

Options Opposed:

Notes: Requests the Boards include educators at all three DH degree levels (Associate, Baccalaureate, Masters) in relation to option 6. Cautions against using “Scope of Practice”.

VIRGINIA BOARD OF DENTISTRY

Sandra K. Reen: Executive Director

Options Supported:

Options Opposed: Option 6 unnecessary.

Notes: Regulation of Dental Hygienists falls under the statutory authority of the Board of Dentistry. The Board of dentistry has decided to hold a public forum to receive comment on, among other

items, expanding options for dental hygienists to practice under remote supervision of dentists. Thus policy option 6 is unnecessary. Noted concerns about the accuracy of the review related to current rules governing supervision and would welcome the opportunity to give BHP a presentation providing current information.

VIRGINIA COMMONWEALTH UNIVERSITY, SCHOOL OF DENTISTRY, DENTAL HYGIENE PROGRAM

Michelle McGregor, RDH, BS, M.Ed.: Director

Options Supported: Option 3, Option 4 and Option 5.

Options Opposed:

Notes: Option 4 is the “most advantageous and timely option to address access to care issues”. Recommend Option 3 and 4 be amended “to include collaborative care supervision by physicians and other health care providers.” Request that the Board include all stakeholders as it “evaluates options 5 and 6”. States “it may be practical” to require a baccalaureate degree, two years experience and a collaborative practice agreement for expanding the VDH remote supervision model. Cautioned against “scope of practice” language and noted that Page 5 does not list the full scope of practice of dental hygienists and that dental hygienists may perform radiographs under general supervision.

VIRGINIA ORAL HEALTH COALITION

Sarah Bedard Holland: Executive Director

Robin Haldiman: Chair (also CEO of CHIP of Roanoke Valley)

Tegwyn Brickhouse, DDS, PhD: Legislative Committee Chair (also Chair, Pediatric Dentistry, VCU School of Dentistry)

Options Supported: Option 3, Option 4, Option 5 & Option 6.

Options Opposed:

Notes: VOHC is an alliance of over 150 individuals and organizations. VOHC has a “strong belief that a stakeholder group, as outlined in option 6 is vital...” Notes that policy option 4 “adds to” a tiered system with different protocols for low-income patients and believes this deserves discussion and consideration under option 6.



February 12, 2015

Justin Crow, MPA
Virginia Board of Health Professions
9960 Mayland Drive
Suite 300
Henrico, VA 23233-1463

Dear Mr. Crowe:

The Virginia Community Healthcare Association (the Association) is pleased to comment on the Virginia Department of Health Professions **Dental Hygienist Scope of Practice Review**.

The Virginia Community Healthcare Association is the primary care association for Federally Qualified Health Centers (FQHCs) across the Commonwealth of Virginia, commonly known as community health centers (CHCs).

Our centers currently serve over 300,000 Virginians at more than 140 health care delivery sites. Our centers serve persons residing in medically underserved areas, or as part of a medically underserved population. Many of these areas are also dentally underserved areas. A large percentage of the persons we serve are uninsured or have Medicaid coverage.

Access to dental health care services is extremely important to these persons. Yet gaining access is severely impeded due to 1) lack of adequate financial coverage, and 2) lack of providers willing to work in underserved areas.

We would appreciate your consideration of the following comments from the Virginia Community Healthcare Association, and the impact on the patients served by our health centers in regards to the proposed options being considered.

We would recommend combining Option 3 and Option 4 as a starting point to help bring more dental services to those who are currently not able to adequately access care.

Option 3: Recommend Remote Supervision (Collaborative Practice) Protocols for Dental Hygienists

Selection of this option implies that dental hygienists have the educational and professional infrastructure for expanded practice under the remote supervision of dentists, that remote supervision by dentists is the least restrictive form of regulation

consistent with public protection, the economic costs of associated with remote supervision are justified, and that a remote supervision practice model does not pose a risk of harm to consumers. Option 3 may be combined with Option 4 or Option 5 to limit Independent Practice to certain areas or facilities, or to dental hygienists with certain education and experience. It may also be combined with Option 6 to provide specific guidance to the Board of Dentistry on regulatory frameworks.

Option 4: Recommend Restricting Expanded Scope of Practice to Certain Areas, Facilities or Populations

Selection of this option implies that the balance of risk of harm and economic costs (specifically, reduced access to care) is different in some areas and facilities, and for some populations, than others. It implies that for selected settings and populations the economic costs of more restrictive regulations are not justified. A list of potential special areas, populations and settings appear in the Policy Options Matrix, next page.

Obviously, we would encourage the state to ensure that services would be provided with the utmost care and concern for the safety of the public, and that all parties involved come to agreement on how best to provide services to those who are dentally underserved.

With this in mind, we realize that further discussion with all parties is needed, and will hopefully lead to favorable results for patients, providers, and the Commonwealth.

We would be willing to serve on any committees or work groups that may be formed to explore how best to resolve these issues and to further access to dental services across the Commonwealth.

Thank you for the opportunity to comment on this matter. If you need further clarification on our concerns and positions, please contact me by telephone at (804) 237-7677 ext: 1237, or by e-mail at rshinn@vacommunityhealth.org.

Sincerely,



Richard D. Shinn
Director of Government Affairs
Virginia Community Healthcare Association



February 5, 2015

Justin Crow, MPA
Virginia Board of Health Professions
9960 Mayland Drive, Suite 300
Henrico, VA 23233-1463

Dear Mr. Crow,

On behalf of the Virginia Dental Hygienists' Association (VDHA), we would like to thank the Board of Health Professions for the opportunity to provide comment on the draft report, *Dental Hygienist Scope of Practice*.

Access to oral health care is a national issue and Virginia is no exception. Stakeholders have been meeting to discuss how Virginia tackles improving oral health care and examining how to divert patients from emergency departments; in addition to pathways for providers to practice in settings that allow access to additional patient populations that are not being reached. In 2009, the General Assembly enacted legislation that reduces dentist oversight requirements for dental hygienists employed by the Virginia Department of Health (VDH) in selected dentally underserved areas. The program has documented success and below is direct language from the October 2014 VDH Technical Report on "Remote Supervision Hygienists":

- "As this and previous reports indicate, the remote supervision model offers an effective alternative method of delivery for safety net dental program services with increased access for underserved populations."
- "This effort has improved access to preventive dental services for those at highest risk of dental disease, as well as reducing barriers and costs for dental care for low-income individuals."
- "This expanded access model for preventive services presents a potential opportunity to have impact on the oral health of more Virginians than has been possible with other comprehensive clinical models in place in the past."
- "Across the State, "remote supervision" hygienists are making a significant contribution to the oral health of their communities, not only through direct services but through education, raising awareness of local dental challenges, capturing oral health status data, partnering with providers and linking children to the services they need."

The VDH has already documented improved oral health care outcomes using the remote supervision model for dental hygienists. The VDHA supports expansion of this program to include the utilization of licensed dental hygienists across the Commonwealth in safety net facilities and all other health oriented settings. Implementing this model will enable dental hygienists to fully utilize their education and training in supporting solutions that improve the quality of life for all Virginians. As the draft report states, most likely due to regulatory supervision restrictions, over 92% of dental hygienist work primarily in solo or group practices. Dental hygienists are educated and licensed to provide oral disease management and educational/preventive services, utilizing Registered Dental Hygienists to their full capacity with less restrictive supervision laws will better meet access to care issues and the needs of our underserved communities.

Some of the VDHA policy associated with access to care effort includes:

- **R 7-97 PREVENTIVE PROGRAMS**
The Virginia Dental Hygienists' Association advocates increased funding for preventive programs

designed to provide oral health services to underserved sectors of the population.

- R 6-98 COMMUNITY PROJECTS

The Virginia Dental Hygienists' Association supports community health education programs and multiple approaches to the prevention of oral diseases.

- R 11-10 COMMUNITY PROJECTS

The Virginia Dental Hygienists' Association affirms its support for optimal oral health for all people and is committed to collaborative relationships, partnerships and coalitions that improve access to oral health services.

- R2-93 ROLES AND SETTINGS

The Virginia Dental Hygienists' Association supports the broadening of the scope of dental hygiene practice to meet the health care needs of the public of Virginia. The Virginia Dental Hygienists' Association endorses the implementation of the scope of dental hygiene practice through a variety of settings in which oral health care is delivered. Within these settings a dental hygienist may serve as a clinician, health promoter/educator, consumer advocate, administrator/manager, change agent or researcher. The Virginia Dental Hygienists' Association supports the broadening of the scope of dental hygiene practice by actively pursuing legislative avenues. Soliciting the cooperation of other health organizations and governmental agencies to affect positive change in the statutes of the Commonwealth of Virginia, which govern the practice of dental hygiene and in the Rules and Regulations of the Virginia Board of Dentistry for the practice of dental hygiene, is also pursued.

- R4-04 EXPANDING ACCESS

The Virginia Dental Hygienists' Association supports expanding access to preventive and restorative care within the dental hygiene scope of practice.

- R 13-10 AT-RISK POPULATIONS

A specific individual, group or subgroup that is more likely to be exposed or is more sensitive to a disease or condition than the general population whether it is due to health status, socioeconomic status, ethnicity, or other factors.

The VDHA supports the Board of Health Professions policy options 3 and 4, to include evaluating options 5 and 6 in support of options 3 and 4. Due to a shortage of dentists in the underserved communities, we recommend option 3 be amended to include collaborative care supervision by physicians. Option 4 may be the most advantageous and timely option to address the immediate needs of access to care in the Commonwealth. As the Board evaluates option 5 and 6, we request the board to include the expertise of educators administering the three degree levels of study in Dental Hygiene: Associate, Baccalaureate and Masters, among the stakeholders in developing protocols for training, experience and educational requirements. The VDHA cautions the DHP using the language "expanded scope of practice" used for option 4 and 5, as this could be misleading since the intent is to address supervision requirements not scope of practice. If you have further questions, they can be addressed to president@vdha.net.

Respectfully,



Susan Reid-Carr

VDHA President-Elect 2014-15



Maureen Thompson

VDHA Immediate Past President 2014-15



COMMONWEALTH of VIRGINIA

David E. Brown, D.C.
Director

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February 9, 2015

Justin Crow, MPA
Virginia Board of Health Professions
9960 Mayland Drive, Suite 300
Henrico, VA 23233-1463

RE: The Draft of the Review of Dental Hygienist Scope of Practice

Dear Mr. Crow:

I am writing in response to the invitation issued by the Board of Health Professions' Regulatory Research Committee (BHP) for comment on the draft Review of Dental Hygienist Scope of Practice (Review). I am commenting as the executive director of the Board of Dentistry (Board) because the Board was unable to convene a meeting in order to adopt comments within the comment period. Given that the Review addresses the regulation of dental hygienists, a matter within the statutory authority of the Board, I polled each board member individually, as permitted by §2.2-3710(B) of the Freedom of Information Act, to determine if I should comment. Nine of the ten Board members said I should submit comment to make BHP aware of the action taken by the Board at its December 12, 2014 meeting on the recommendations made for the practice of dental hygienists advanced in the Joint Commission on Health Care's Oral Health Study Report.

On December 12, 2014, the Board decided to hold a public forum to receive comment on:

- adjusting the education and endorsement requirements for dental assistant II registration;
- creating a pathway for dental hygienists to perform the reversible intraoral procedures which are delegable to dental assistants II; and
- expanding the options for dental hygienists to practice under the remote supervision of dentists.

The Board is planning to hold this forum in the spring of this year. The Board's initiative will address the Review's policy options 3, 4 and 5 which you advanced to BHP. In light of the Board's decision and its regulatory authority to address these matters, your policy option 6 as currently stated is unnecessary. It would be more appropriate for BHP to inform the Board of its conclusions in these matters then defer regulatory action, including the requisite public comment opportunities, to the Board.

As noted in several comments made to BHP and to me, there is concern in the dental community about the accuracy of the Review in regard to the current rules governing supervision of dental hygiene practice in Virginia. To assist BHP's members in making informed decisions based on a clear understanding of the current parameters for dental hygiene practice, I would welcome the opportunity to give BHP a presentation on the current definitions and regulations in effect in Virginia.

I hope my remarks and offer of assistance prove useful to BHP and I look forward to hearing the discussion of public comment on February 17, 2015.

Sincerely,



Sandra K. Reen
Executive Director
Virginia Board of Dentistry

cc: Board of Dentistry Members
David E. Brown, D.C.



MCV Campus

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Medical Center

In the tradition of the Medical College of Virginia

School of Dentistry

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Community Outreach

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February 9, 2015

Justin Crow, MPA
Virginia Board of Health Professions
9960 Mayland Drive, Suite 300
Henrico, VA 23233-1463

Dear Mr. Crow,

On behalf of the Dental Hygiene Program in the School of Dentistry at Virginia Commonwealth University (VCU), we would like to thank the Board of Health Professions for the opportunity to provide comment on the draft report, *Dental Hygienist Scope of Practice*.

As educators and licensed dental hygienists, we are aware of the role our profession can provide in improved oral health outcomes for Virginians through direct access to those in need by less restrictive supervision laws. Access to oral health care is a national issue and Virginia is no exception. Stakeholders have been meeting to discuss how Virginia tackles improving oral health care including ways providers can practice in alternative settings to access patient populations that are not being reached. In 2009, the General Assembly enacted legislation that reduces dentist oversight requirements for dental hygienists employed by the Virginia Department of Health (VDH) in selected dentally underserved areas. The VDH has documented improved oral health care outcomes using the remote supervision model for dental hygienists. The VCU Dental Hygiene Program supports expansion of this program to include the utilization of licensed dental hygienists in safety net facilities, nursing homes, community health clinics and other non-traditional settings. Using models of collaborative agreement between dentists and dental hygienists would allow hygienists to work to their full capacity and us all to better address access to care issues.

The VCU Dental Hygiene Program supports the Board of Health Professions policy option 3 through 5. Option 4 would be the most advantageous and timely option to address access to care issues in the Commonwealth. Due to a shortage of dentists in the underserved communities, we recommend option 3 and 4 be amended to include collaborative care supervision by physicians and other health care providers.

The current education required for entry level, Associate or Baccalaureate Degree, prepares the dental hygienist for current practice models. The VDH protocol for remote supervision does not specify degree requisite or require additional education or training; only that an RDH have a minimum of two years of practice. Practice is not defined hence does not ensure exposure and/or experience in public health, insurance and reimbursement, or cultural diversity. Your report notes that Baccalaureate and Masters' Degree Programs do not offer expanded clinical practice opportunities, rather provide increased

knowledge and skills in education, research, public health, business and administration. One could argue that these skills are essential for working effectively as a remote provider in underserved populations.

As the Board of Dentistry and the Board of Health Professions evaluates options 5 and 6, we request the Boards involve all stakeholders in developing protocols for training, experience and educational requirements. Similar to the tier model used in nursing, it may be practical to require a Baccalaureate Degree for practice in remote supervision settings. This, in addition to two years of experience and a collaborative agreement with a dentist would best address the skills and experience for safely expanding the current VDH remote supervision model.

We caution the Board of Health Professions in using the language "expanded scope of practice" in option 4 and 5, as this could be misleading since the intent of those options is to address supervision requirements not increase the duties allowed in the current scope of practice. Lastly, the report provides a thorough analysis of the oral health care needs in the Commonwealth and the current workforce; however, a few items require further clarification. Page 5 of the draft lacks the full scope of practice for a dental hygienist; it does not include providing non-surgical periodontal therapy; collection and assessment of comprehensive medical history including vitals; smoking cessation; nutritional guidance; suture removal; assisting with medical and specialty referrals; taking models for diagnostics, bleaching, and mouth guards. The table on page thirteen lists radiographs as a procedure under direct supervision but this can be performed under general supervision.

We thank the Board of Health Professions for their efforts to improve oral health care in the Commonwealth. If you have further questions, I can be reached at (804) 828-9096 or mrmcgregor@vcu.edu

Respectfully,



Michelle McGregor, RDH, BS, M.Ed.
Director, Dental Hygiene Program
Department of Oral Health Promotion and Community Outreach
VCU School of Dentistry
3100-A Perkinson Building
1101 East Leigh Street
Richmond, VA 23298-0566



February 10, 2015

To: Virginia Board of Health Professions, Virginia Department of Health Professions

From: Sarah Bedard Holland, Virginia Oral Health Coalition
Robin Haldiman, CHIP of Roanoke Valley
Tegwyn Brickhouse, DDS, PhD, Pediatric Dentistry, VCU School of Dentistry

Re: **Written Comment Regarding Review of Dental Hygienist Scope of Practice**

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Executive Director
Sarah Bedard Holland

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info@vaoralhealth.org

The Virginia Oral Health Coalition (the "Coalition") is pleased to offer comments on the recent report authored by the Virginia Board of Health Professions, *Review of Dental Hygienist Scope of Practice*.

The Coalition is an alliance of over 150 individuals and organizations striving to integrate oral health into all aspects of health care through public awareness, policy change and provider education. The Coalition's policy positions and priorities are developed with adherence to a set of guiding principles, which are based on the Virginia Oral Health Plan and are crafted by a 23-member legislative committee and an 18-member board of directors. Our legislative committee and board membership lists are attached, as is a copy of the Coalition's guiding principles.

As the report notes, oral health is intrinsically linked to overall health and well-being. Poor oral health is associated with diabetes, adverse pregnancy outcomes, heart disease, childhood illnesses, even lost school and work hours – yet, oral health is an isolated, and often too neglected, part of health care.

Oral health access issues are complex, as reflected in the report. These issues can result from too few dental providers in areas of high need, lack of insurance coverage or resources to cover the cost of care, and an inadequate understanding of the importance of oral health. As such, it will take a multi-faceted approach to address these issues.

One avenue that has shown promise in increasing access to preventive oral health services in Virginia, especially for low-income children, is a protocol that enables dental hygienists employed by the Virginia Department of Health to provide oral health education, fluoride varnish, sealants and referrals to a dental home. This model is currently utilized in nearly 100 schools in the Commonwealth. Coalition members believe if this protocol is extended to hygienists employed by free clinics, community health centers and other safety net sites, the sites could more efficiently and effectively use dental hygienists on staff to increase the number of patients receiving preventive services, oral health education and referrals to a dental home while maintaining a sustainable prevention program. This would enable hygienists to travel to schools, nursing homes or other areas of high-need to provide preventive services and education while maintaining ties to a comprehensive dental home for referrals.

To that end, **the Coalition supports policy options three through six, with the strong belief that a stakeholder group, as outlined in option six is vital to creating a protocol that most effectively and efficiently meets the needs of the Commonwealth.**



Board of Directors

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The Virginia Department of Health protocol described above was created by a broad stakeholder group to address the professional concerns of dentists and dental hygienists while designing (first a pilot, and then based on success of the pilot, a statewide program) a program that is successfully increasing the number of children receiving preventive services and education by enabling dental hygienists to provide care using their current scope of practice under remote supervision. The Coalition believes a similar group, as outlined in policy option six, is best positioned to create a protocol enabling hygienists to work under remote supervision to help meet the dental needs of vulnerable and underserved Virginians and that will be politically viable.

The Coalition is mindful that policy option four adds to a tiered health care system, with different supervision protocols for low-income patients. While access to oral health services is of paramount concern to the Coalition, we recommend the workgroup give time and attention to discussion and consideration of the consequences of enabling a hygienist working under remote supervision to provide care for only underserved individuals and that the regulation recommendations be reflective of this discussion.

Thank you for the opportunity to submit comment. If you have any questions or would like for us to provide clarification, please contact Sarah Bedard Holland at 804.269.8721 or sholland@vaoralhealth.org.

Sincerely,

Sarah Bedard Holland
Executive Director, Virginia Oral Health Coalition

Robin Haldiman
Chair, Virginia Oral Health Coalition
CEO, CHIP of Roanoke Valley

Tegwyn Brickhouse, DDS, PhD
Legislative Committee Chair, Virginia Oral Health Coalition
Chair, Pediatric Dentistry, VCU School of Dentistry



Legislative Committee

Legislative Committee

Tegwyn Brickhouse, DDS, PhD*
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VCU School of Dentistry

Omar Abubaker, BDS, DMD, PhD
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Virginia Oral Health Coalition

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Virginia Oral Health Coalition

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Jim Schroeder, DDS

Voting Member

Founder and President

Leadership by Design



Virginia Oral Health Coalition

Guiding Principles

Virginians know that good oral health is essential to overall health.

The prevalence of dental disease is reduced in Virginia through prevention activities and early diagnosis and treatment.

Medical and dental providers and educators understand the links between oral health and overall health and work to ensure Virginians receive comprehensive care.

Virginians have access to quality, affordable, and comprehensive dental insurance coverage.

The oral health workforce in Virginia adequately meets the needs of its citizens by working to the full extent of their education and training.