



# Alternative Practice in Long-Term Care Facilities

by Marilynne Fine

The year is 1995 and the dental hygienists of British Columbia have just been granted self-regulation. I'm standing in my kitchen in Squamish, B.C., reading an article about Arlynn Brodie, a gutsy woman who defied dental industry odds and opened Canada's first dental hygiene clinic. I can still feel the thrill and the excitement that gripped me at that moment seven years ago because I knew, without a doubt, my professional life would never be the same.

I called Brodie immediately. Firing off questions as quickly as I could ask them, I quizzed her on every aspect of her business. I'm sure she thought I was a spy of some sort. But that wasn't the case; I was simply dying to know what she was doing. I spent the next several sleepless nights asking myself, "Is this something I can do?" Ultimately, the answer was no. I had a keen sense of what Brodie was up against, and while it was working for her, I knew it wasn't a perfect fit for me at that time. Still, I held on to the belief that there was something other than conventional private practice out there for me and this new dental hygiene clinic could very well be a crucial link.

That phone call was the first step in a journey that would eventually lead me full circle to where I am today—an independent dental hygienist running my own operation in Kelowna, B.C.

I chose dental hygiene as my profession at age 17 and I never looked back. During my time at Confederation College (Thunder Bay, Ontario), I was fortunate to fall under the tutelage of two instructors, Lynda McKeown and Salme Lavigne, who inspired me to push myself. Both women positively influenced dental hygienists not only in their communities but also across the country. And both women went on to fill the role of president of the Canadian Dental Hygienists Association. They remain an inspiration to me.

I graduated from Confederation College in 1982 and returned to Toronto where I became involved with the Toronto Central Dental Hygienist Society. At the time, Ontario dental hygienists were engulfed in a struggle for self-regulation. On more than one occasion, I can remember set-

ting up meetings with the member of the Ontario legislative assembly in our region to help explain our desire to see our profession become "self regulating."

In 1989, my husband and I moved to the West Coast and I was unable to enjoy the fruits of our labour. Ontario's dental hygienists became self-regulated January 1, 1993.

Our family spent the next four years in Lion's Bay, B.C., where I worked in private practice and ran a successful placement service called Fine Dental Hygiene that served hygienists and dentists of the lower mainland. Then my husband's career took us to a small town up the "Sea to Sky Highway" called Squamish (the town where I had my "Eureka!" moment). Knowing full well I wasn't about to open a clinic, I turned instead to long-term care facilities, which often have difficulty finding dentists and hygienists willing to visit their residents *in-house*. I set up a meeting with one small facility but that is as far as I got. Once again, my husband's career intervened. We moved into the B.C. Interior to Kamloops so I wasn't able to get beyond the assessment phase for the residents in the small Squamish care home. This wouldn't be the last time my husband's career interrupted mine, but I must emphasize that our roving lifestyle has never negatively affected my professional life. In fact, I've never batted an eyelash when presented with another opportunity to move within the province because I have always known another employment opportunity would present itself.

After two years in Kamloops working in private practice, my husband took a new job opportunity and we moved to Kelowna. Believing this our final stop, I chose not to pursue employment in private practice. Instead I focused on what I wanted to do over the long term. I re-connected with Arlynn Brodie and learned that she was still doing the same work that inspired me in 1995. I phoned her again, and this time she *did* change my professional life with these magical words, "Yes, I can use you in my clinic but what I *really* need is someone to take care of my long-term care facility business."

I started working in Brodie's clinic one day a week as well as accompanying her on her rounds in care homes. Within a few months, I assumed coverage of the four facilities in which she had been working and soon after I added two more long-term care facilities to my roster. The next year I increased that number by another two.

Word began to spread. By 2001, I was no longer looking for business: long-term facilities in the Okanagan Valley were looking for me. Administrators began to recognize that my service made their lives—and more importantly, the lives of their clients—easier.

Today I have contracts with eight long-term care facilities in the Okanagan Valley. I see 720 residents for annual assessments and of those, 200 are private dental hygiene clients who pay a fee for service. In addition, I have two sub-contracting dental hygienists who also see patients.

I spend one day a month in each of my contracted facilities reviewing the updated list of new residents, inquiring about changes and modifying both the facilities' files and my own. I personally examine every new resident and provide oral health care plans for them *and* for facility staff, so they in turn can help residents take care of their teeth. I follow up on

But none of this would be possible if it were not for the Residential Care Licence created by the College of Dental Hygienists of British Columbia in 1999. This licence allows hygienists to work in facilities located in communities where there isn't a dentist to whom they can refer patients. Fortunately for us in Kelowna, we do have a dentist with mobile equipment who does the dentistry. Without the Residential Care Licence, dental hygienists are restricted in that they cannot perform hygiene services on anyone who has not had a dental exam in the last 365 days, even though there may not be a dentist willing or able to see potential patients living in nursing homes or long-term care facilities. I received the education required for my Resident Care License through the University of Washington in June 2001.

Despite the incredible progress and growth I've experienced, I feel as if I've only scratched the surface of what may be possible in terms of providing services to long-term care facilities here in the Okanagan Valley. With a combined population of more than 70,000, Vernon and Penticton are less than an hour's drive from Kelowna. Like Kelowna, they are home to a significant number of residents who require in-house dental care. Ultimately, I hope to offer dental hygiene services to facilities in those towns and other sur-

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any concerns they may have regarding those residents. While I do not diagnose, I do make recommendations when necessary and I encourage residents to receive an annual examination by a dentist when possible. I also communicate with the patients' relatives or powers of attorney regarding oral health care and payment schedules.

Everyone benefits from this relationship with the long-term care facilities: the patients and their families, the facilities, and me. Long-term care facilities in British Columbia must offer dental assessments of a resident within 30 days of the resident moving in. Providing that service can be incredibly difficult if there is no dentist or hygienist willing to walk away from private practice on a frequent basis to assess a patient who is unlikely to visit his or her clinic in the future.

Working with elderly patients does present unique challenges. There are times I can separate myself from my work and simply do "the job." And there are times when I meet people who could easily be a loved one of my own, people who remind me that this underserved and often isolated cross-section of my community has value and deserves compassion and respect.

And yes, there are challenges in owning and running my own business but I believe that the benefits far outweigh the alternatives. I must say that the biggest perk of my job is that my time is my own. I don't have to see "X" number of patients in any given day. I never have another patient (or five) waiting for me and that means that I determine how much time I spend with each patient—which is a good thing, as some of my clients require more time than others. Best of all, as a mother of two, I have the freedom and flexibility to take a day off and join my kids on a field trip or other important events.



rounding communities. In so doing, an entire region would be ripe with opportunity for other dental hygienists wishing to work independently as I do. There is certainly more than enough work to go around. And ultimately too, I hope that one day soon our industry will be completely self-regulated. Until major insurance carriers recognize our fee codes and pay dental hygienists directly, we will continue our struggle.

As I celebrate my 20th anniversary in dental hygiene, I can honestly say that I'm still jazzed by what I do. If had an opportunity to do it all again, I would. And I wouldn't change a thing. Sure, there are days that are downright exhausting and there are moments when I recall the 9 to 5 simplicity of working in private practice ... but would I ever go back? Not on your life!

Interested in long-term care? I would love to hear from you—<mfine@telus.net>. 