The Dental Therapist Project: Expanding Care to Every Community

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America Dental Education Association
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Community Catalyst is a national non-profit advocacy organization that works with national, state and local consumer organizations, policymakers and foundations to build consumer and community leadership to improve the health care system.

We support consumer advocacy networks that impact state and federal health care policy and ensure consumers have a seat at the table as health care decisions are made.
State Projects

- Kansas Dental Project
- Health Action New Mexico
- Vermont Tech Oral Health Care for All Coalition
- Dental Access Now
- Washington DENTAL ACCESS Campaign

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Coalition Development:
States add diverse, unique & unlikely allies

“We can work our way out of this crisis with a smart, safe and practical approach that communities across our state are asking for, without costing the state a dime, by authorizing dental therapists.” – Washington state Senator David Frocket & State Representative Eileen Cody, Crosscut.com

“The NMDA and the ADA need a refresher on their ethical principles and need to think about the people who are needlessly suffering in our state. The dental therapist legislation is a viable, safe solution…” – Michael Bird, The ABQ Journal op-ed

“At the community action agency where I work, people often seek referrals and financial assistance for dental care. They are in pain and do not have enough money to get the care they need. Sometimes this means they end up at the emergency department at a hospital, and we all know how costly that is. One way the Legislature can begin to increase access and create good jobs is to allow dental therapists to be trained and to practice in Vermont.” – Carol Flint from East Randolph, VT in The Rutland Herald

“Who could possibly oppose a high quality professional that will improve people’s dental health? Well, there is only one opponent – the American Dental Association (ADA).” – Sister Janice Thome Dominican Sisters Ministry of Presence, Kansas

“I serve the poor in Garden City and Holcomb. They are fortunate to have dentists close enough to home in order to receive services. Many of the “frontier” counties north and west of us have no dentist or not enough dentists to serve the population. This bill would allow the Registered Dental Practitioners to fill that void.” – Sister Janice Thome Dominican Sisters Ministry of Presence, Kansas

“The lack of available and affordable care in some areas of Ohio is a disgrace to our society. IPC supports legislative and other efforts to increase the number of dental health professionals available to economically poor communities, including mid-level providers, who could do routine dental care.” – Sr. Alice Gerdes, Intercommunity Justice and Peace Center

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Oral Health is Important to Overall Health

Yet tens of millions of Americans can’t get dental care. *They are suffering as a result.*
Brief History of Dental Therapy

• Model began in the 1920s
• Dental therapists practice in 50+ countries, including the US, Canada, England, Australia, New Zealand and The Netherlands
• First U.S. based dental therapist program began in 2005
• Part of dental teams in Alaska, Minnesota and recently authorized in Vermont and Maine. Demonstrations in Washington and Oregon.
• 2015 Council on Dental Accreditation (CODA) approved national standards
• 2017 Authorized for Tribal Communities in Washington
A global literature review of 1,100 documents found that “mid-level” dental practitioners known as dental therapists have a long history of providing safe, effective dental care. In fact none of the 1,100 documents found any evidence of compromises to safety or quality of care.
Economic Viability of Dental Therapists

Dental Therapists Are A Smart Investment

Dental therapists are increasing access to oral health care especially for those who need it most: low-income families, people of color, people living in rural areas, and those on Medicaid.

45 million people live in areas where they can’t get dental care—millions more can’t afford it.¹

51% of children on Medicaid did not receive any dental care in 2011.²

In Alaska, dental therapists have been able to expand care to 40,000 people who didn’t have access before, including rural and tribal populations.

In Minnesota, dental therapists have been able to expand access to care to those most in need.

78% of patients were publicly insured.

67% of patients were under 21.

84.7% of the care dental therapists provide is preventive and routine.

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Alaska Update (10 years later)

- **Healthy Kids:**
  - 45,000 AK Natives with dental health care
  - Cavity free children
  - Increased access and priority for vulnerable children – extending the dentists hands
  - Culturally competent care
  - Meets the Triple Aim: Cost Efficiency, Patient Satisfaction and Quality Care
  - Focus on prevention versus emergency care

- **Family Economic Security:**
  - The DHAT program generates 76 full time jobs per year with a net economic effect of $9.7M (1/3 spent in rural Alaska)
  - Workforce retention in rural communities
  - Diversifying the Oral Health pipeline
  - Higher education access for vulnerable communities (starting at community colleges)
  - Educational career path started

- **Education:**
  - DHATs provide oral health education and onsite services to Head Start and elementary school children

- **Racial Equity and Community Engagement:**
  - Racial Equity and Community Engagement has been at the center
What did dental therapists mean for Minnesota?

- 84% of patients served by dental therapists were enrolled in public health insurance programs
- Dental therapists served 6,338 new patients
- About 1/3 of patients experienced a reduction in wait times, with a more pronounced impact in rural areas
- Some patients saw a reduction in travel time for their appointment with a dental therapist compared to their previous appointment, most notably in rural areas
- Preliminary findings indicated that dental therapists may reduce ER usage by expanding capacity at dental clinics serving the underserved
- Clinics also report
  - Personnel cost savings
    - Lower costs of dental therapists allows clinics to expand capacity to serve more underserved and public program patients
  - Increased dental team productivity
  - Improved patient satisfaction
Building Momentum for Dental Therapists

Percent with Untreated Decay Among Children 3-5 Years of Age

AI/AN, 2014: 43.2%
Hispanic*: 19.8%
Black*: 19.3%
White*: 11.3%

AI/AN children have 4 times more untreated decay than white children.
2017 Building Momentum for Dental Therapists

- Tribal Nations Using Dental Therapists Through Sovereign Rights
- States That Have Authorized Dental Therapists
- States Actively Exploring Authorizing Dental Therapists
- States That Have Shown Interest in Dental Therapists
- Tribes That Have Authorized Dental Therapists
- Tribes That Have State Pilot Approval

*Over 28 tribal resolutions in support of Dental Therapists*
In a new survey, 45 percent of U.S. voters said they go without needed dental care because of cost or lack of insurance. But eight out of 10 respondents said they favor a way to mitigate this problem: adding midlevel dental providers, such as dental therapists, to dental care teams.
How we define the problem matters
Federally Designated Health Professional Shortage Areas for Dental Care
July 20, 2016

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A Sample Dental Therapy Curriculum for Community Colleges
https://vimeo.com/200717331
Promoting public policy that enhances the lives of children and youth in Vermont.
Vermont’s Coalition consists of more than 40 organizational members, including:

- Advocacy groups representing specific populations - children/youth, older adults, people with disabilities, low income, migrant workers
- Issue-advocacy groups – public interest, hunger/nutrition, homelessness, health care advocate, long-term care advocate
- Professional associations – dental hygienists, nurses, nurse practitioners, teachers
- Public health providers – FQHCs, clinics for the uninsured, home health agencies
Health Care Provider Allies

- Dental Hygienists, Nurse Practitioners, individual pediatricians and family doctors, FQHC directors, Clinics for the Uninsured, Vermont Technical College
- Retired dentists and a small number of public-health dentists, National experts including leaders in AK and MN Vermont Department of Health, Dental School Dean and Professors
- Commissioner, Director of Oral Health Division, Director of Maternal and Child Health.
- Department of VT Health Access (Medicaid)
Coalition’s Shared Agenda

Medicaid coverage for dentures

Dental Services in WIC Clinics

Full dental coverage for Medicaid-eligible pregnant women

Dental Insurance for All in Single Payer Health Care System

Establishing Dental Therapists in Vermont
Coalition Activities

• Personal stories – over 200 collected early in campaign

• Petition – over 1,500 signatures

• Calls to action – calls/emails to legislators at key points

• Meetings with legislators in key committees; Testimony; Advocacy days
Act 161: Dental Therapy Law

Critical to expanding access:
• General supervision
• Diagnosis and treatment planning

Education & licensure:
• DTs must first be a Vermont licensed dental hygienist
• Must graduate from a CODA-accredited dental therapist educational program
• Complete a 1000 hr preceptorship under direct supervision
• Collaborative Management Agreement governs scope and setting of practice.
Why Dental Hygiene Prerequisite?

- CODA standards were not adopted when our legislation was introduced.

- Vermont doesn’t have a dental school, but we do have a School of Dental Hygiene at Vermont Technical College with a track record. Having an identified educational institution was a critical part of our campaign, which considered implementation from the start.
Path to Passage

- Changed name of provider from licensed dental practitioner to dental therapists (align with national media, research)
- Removal of geographic and population requirements
- Lengthen preceptorship from 500-1000 hours
- Fought off attempt to require a masters degree
Thank You

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