



THE MIDDLELEVEL PRACTITIONER MOVES FORWARD: WHO, WHAT, WHERE?

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WHAT IS A DENTAL THERAPIST?

An oral health professional who works under the supervision of a licensed dentist. A member of the oral health care team who is educated to provide evaluative, preventive, restorative, and minor surgical dental care within their scope of practice.



My Standard Initial Response to criticisms of dental therapy related to safety, quality and effectiveness:

“Doctor, I understand how you **feel** about dental therapists. But, can you provide me any published **evidence** that demonstrates that dental therapists are not technically competent for the procedures they perform or that they are unsafe or ineffective in doing what they do in providing oral health care to patients.”

Then, stop talking and await the answer. You will be greeted by deafening silence!!!!



Model began in the 1920s

Dental therapists practice in 54 countries including the US, Canada, England, Australia, New Zealand and The Netherlands; in some countries, up to 100 years of experience

Under supervision of dentists, dental therapists can practice in remote settings where there is need for additional provider capacity

Evidence shows care provided by dental therapists is high quality, cost effective and safe

History of providing routine and preventive care in community settings



Quality, Safety and Efficacy are simply not a problem based on the existing literature, but I will review some key supporting evidence.

“There is no question that dental therapists provide care for children that is high quality and safe. None of the 1,100 documents reviewed found any evidence of compromise to children’s safety or quality of care. Given these findings, the profession of dentistry should support adding dental therapists to the oral health care team.”

Dr. David Nash (A Review of the Global Literature on Dental Therapists, April 2012)



ALASKA MODEL

Started in about 2002 under authorization of Native American Organization

Incredible strong resistance from ADA resulting in a major lawsuit and penalty

Two year educational model with no academic prerequisites

Must practice under direct supervision for 400 hours/3 months after graduation

Can then provide care under general supervision

Dental therapists increased access to care for over 40,000 Alaska Natives

Provide culturally competent care

Produce high patient satisfaction rates

Reduce amount of emergency care

Increase preventive care

Create jobs and generate economic impact

A major new and comprehensive study is underway.



MINNESOTA MODELS

Legislation enacted in 2009, with major opposition from organized dentistry, created two levels of a new intraprofessional team member: Licensed Dental Therapists and Certified Advanced Dental Therapists

University of Minnesota Dental School (<http://www.dentistry.umn.edu/degrees-programs/dental-therapy>)

Starting fall of 2016, UM will offer a Bachelor of Science in Dental Hygiene/Master of Dental Therapy dual degree program. Students are eligible to apply to this program after completing 1 year of prerequisite coursework for dental hygiene. The program is year round, 32 months or about 3 years. This program reduces the educational cost to students and also reduces the length of time to earn both degrees from 6 to 4 ½ years. Dual-licensed hygienists/therapists provide flexibility in meeting the preventative and restorative needs of patients.

Minnesota State Colleges and Universities System

(http://www.metrostate.edu/msweb/explore/catalog/grad/index.cfm?lvl=G§ion=1&page_name=master_science_advanced_dental_therapy.html)

Students are eligible to apply to this program after completing 1 year of prerequisite coursework for dental hygiene. Students can then begin earning both an associate and bachelor degree simultaneously in dental hygiene, usually in about three additional years or less. Following that, students can enter the Advanced Dental Therapy partnership program between Metropolitan State and Normandale Community College which is a sixteen month curriculum leading to dental therapy licensure and certification in Advanced Dental Therapy resulting in a MS:ADT.

For graduates of both programs, "Following 2,000 hours of practice as a licensed dental therapist, graduates can apply for certification as an advanced dental therapist.



ONE OTHER RECENT STUDY (and there are more)

Wright et al, A systematic review of oral health outcomes produced by dental teams incorporating midlevel providers, Journal of the American Dental Association, 2013;144(1):75-91

“Conclusions. The authors concluded that the quality of the evidence was poor. They found that in select groups in which participants received irreversible dental treatment from teams that included midlevel providers, caries increment, caries severity or both decreased across time; In select groups in which participants had received irreversible dental treatment from teams that included midlevel providers, there was a decrease in untreated caries across time and a decrease in untreated caries compared with that in populations in which dentists provided all treatment.”

MY CONCLUSION: MORE CAVITIES WERE FILLED; MORE PEOPLE TREATED; LESS PAIN AND SUFFERING AND OTHER RELATED PROBLEMS

EVALUATION OF DENTAL THERAPISTS IN MINNESOTA 4 YEAR REVIEW

Preliminary report presented at NOHC in April, 2016

- **DT workforce is growing & appears to be serving low-income, uninsured and underserved patients.**
- **DTs appear to be practicing safely. Clinics report improved quality and high patient satisfaction.**
- **Clinics with DTs seeing more new patients, most underserved.**
- **DTs have made it possible to decrease travel time and wait times for some patients, increasing access.**
- **Benefits include direct costs savings, team productivity, improved patient satisfaction and lower fail rates.**
- **Savings making it more possible to expand capacity.**
- **Start-up is varied: employers expect continuing evolution.**
- **Most considering hiring additional DTs after 1 year.**
- **DTs have potential to reduce unnecessary ER visits.**
- **With same rates for DDS & DT, not necessarily an immediate savings to the state on each claim paid; however, differential between state rates and clinics' lower costs for DTs appears to be contributing to more patients being seen.**





Bottom line

Educational Programs implemented in Alaska and Minnesota

Legislation passed in Maine and Vermont

Legislation pending in Massachusetts, Connecticut, Georgia, South Carolina, Michigan, North Dakota, Oregon, Washington, New Mexico, North Dakota, Texas, Ohio and New Hampshire

I simply do not understand the strong opposition for organized dentistry- Are we not supposed to be an evidence based profession? And the evidence is clear and unequivocal.

How can therapists help increase access and reduce costs?

-Dental Therapists focus on prevention and simpler procedures.

-Dentists should be for more complex patients