



The American Dental Association and the Ohio Dental Association Raise Unfounded Objections to Dental Therapists

The good news is we already know how to dramatically improve access to dental care: allow mid-level dental providers—similar to physician assistants and nurse practitioners—to perform routine care. It’s a safe, cost-effective and productive solution to the crisis. However, progress is being blocked by an organization that you might least suspect would stand in the way—the American Dental Association (ADA) and in Ohio, the state’s Dental Association (ODA).

Mid-level dental providers, called Dental Therapists, have been utilized by more than 50 countries for almost a century and are now practicing in Alaska and Minnesota, and will soon be practicing in Maine. In all, more than 20 states are currently considering allowing these health professionals to provide routine and preventive care like cleanings, fillings, and some extractions.

SAFE, QUALITY CARE

While studies show conclusively that Dental Therapists deliver safe, quality care, these workers also boost the economy. They allow dentists to grow their practices and increase revenues while treating more patients. The model creates new, good jobs that offer a career ladder for current dental employees.

While the ADA’s own journalⁱ acknowledged “a variety of studies indicate that appropriately trained mid-level providers are capable of providing high quality service,” the organization remains opposed. The ADA continually cites “safety” as its primary concern, claiming that these dental professionals are not properly trained to perform “surgical” procedures. However, the organization has never been able to point to a single study that supports that view. In contrast, there have been more than a thousand studies on the quality of care provided by dental mid-levels, and none has ever shown it to be unsafe.

From a Minnesota Public Radio Report in 2009: University of Minnesota School of Dentistry Dean Patrick Lloyd says this first class of dental therapy students is the beginning of a solution to Minnesota's need for dental healthcare providers.*

"Under our model, where the dental therapist and the dentists are caring for patients side-by-side, the public can have trust that they will be taken care of well, there will be one standard, there will be ready access to fully trained professionals so when there is a need to get the full support of a dentist, they're right there," he said. "They're working together to provide the highest quality of care regardless of income."

Dental therapists will be restricted to providing relatively simple services like filling cavities, instructing patients in oral hygiene, and performing dietary evaluations and oral cancer screenings.

They won't have to work in the same office as a dentist. But the dental therapists will be monitored by a dentist who's either on- or off-site.

**Dr. Lloyd is now the Dean of the Ohio State University School of Dentistry*

A 2012 literature reviewⁱⁱ of more than 1,100 studies across multiple nations, demonstrates the quality of care provided by Dental Therapists. We have also seen it in practice here in the U.S. In Alaska, Dental Therapists have been able to provide quality care since 2005 to 35,000 people who previously had no opportunity for dental care. In Minnesota, one practice has been able to save \$1,200 a week by adding a

The Wisconsin State Journal reported in 2010 on dental therapists quoting Minnesota's Dr. Michael Helgeson, a dentist who runs three Apple Tree clinics. He said dental therapists will offer low-cost care at or near where people live, reducing the no-show rate at clinics. "I don't see them as competition," Helgeson said. "I see them as new members of the team."

dental therapist to the team. That therapist cared for 1,000 people in the first year alone. A further Minnesotaⁱⁱⁱ study shows that Dental Therapists are expanding access to care to low-income, uninsured and underinsured patients. Clinics reported improved quality and high patient satisfaction in addition to reduced travel and wait times for some patients.

Dental Therapists are demonstrating that they are an effective solution to a community's need to expand access to critical dental care.

EDUCATION AND TRAINING

Organized dentistry also suggests that Dental Therapists are inadequately trained. The statement challenges the recommendations of some of the most well-respected public health dentists in the country.

A panel of expert academicians, under the leadership of the American Association of Public Health Dentistry, was convened to recommend an education plan for the practice of dental therapy

In 2011, the panel issued papers^{iv} that addressed: the principles upon which a dental therapy program should be based; the recommended length of training programs; the competencies required for graduates; and, the general educational curriculum of such programs. The panel recommended:

- A six trimester dental therapy curriculum that culminates with an Associate's degree.
- A three trimester curriculum for dental hygienists to be trained in the additional scope of practice needed to become a dental therapist.

The AAPHD panel developed a national model curriculum that would provide competencies in five core areas. Course work is followed by preceptorship experience. It is recommended that students are assigned to the preceptor dentist with whom they will work after graduation, in a 400-hour clinical experience. During this intensive practice assessment, students provide patient care under the direct supervision of the dentist. Upon completion of the experience, the supervising dentist verifies which procedures the dental therapist can perform under general supervision.

"They'll [dental therapists] get actually more practice than a dentist does by the time they graduate. The dental therapist has a very small scope of practice. The dentist has to do multiple procedures."

--Dr. Mary Williard, the Director of the Dental Health Aide Therapist Training Program in Alaska, graduated from The Ohio State University College of Dentistry in 1994.

In February 2015, the Commission on Dental Accreditation (CODA) approved national training standards for dental therapy education programs. CODA is the same accreditation body for the education of

dentists and dental hygienists. CODA adopted standards that ensure training institutions will have national and streamlined standards to shape their dental therapy programs.

The CODA approval signaled that organized dentistry's accrediting body thought it was in the best interest of the dental profession and the public to develop national standards for the program. More importantly, the vote was recognition that dental therapy as a profession is here to stay.

Acknowledging the need for national standards and establishing them is another important step in dentistry's path toward adopting team based providers—a step the medical community took decades ago when it expanded the medical team to include physician assistants and nurse practitioners.

In the end, this is a matter of choice on the part of dentists. There are some who will choose not to include Dental Therapists in their practices. But, there are a growing number of dentists who can see the advantages of including a new team member able to perform critically needed procedures which allows the dentist to concentrate on the more complex dental issues.

Change is never easy. When dental hygienists were introduced in the early part of the last century, organized dentistry opposed them. Likewise, the medical community initially pushed back against physician assistants and nurse practitioners. Now, however, dentists and doctors can't imagine functioning without these skilled team members, and our health care is far better because of it.

ⁱ *The Journal of the American Dental Association* January 1, 2013 vol. 144 no. 1 75-91

ⁱⁱ Nash DA, Friedman JW, Mathu-Muju KR, et al. A review of the global literature on dental therapists. WK Kellogg Foundation. 2012. Available at: <http://www.wkkf.org/knowledge-center/resources/2012/04/Nash-Dental-Therapist-Literature-Review.aspx>.

ⁱⁱⁱ Early Impacts of Dental Therapists in Minnesota, Minnesota Department of Health, Minnesota Board of Dentistry, Report to the Minnesota Legislature 2014.

^{iv} The principles, competencies, and curriculum for educating dental therapists: a report of the American Association of Public Health Dentistry Panel, [J Public Health Dent](#). 2011 Spring;71 Suppl 2:S9-19.