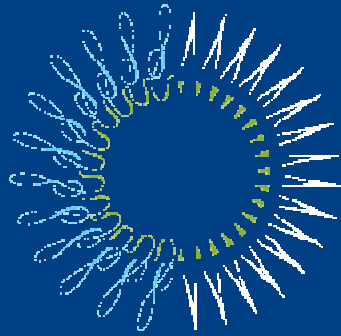


Alternative Dental Workforce Models: Creating a Proposal and Developing a Consensus



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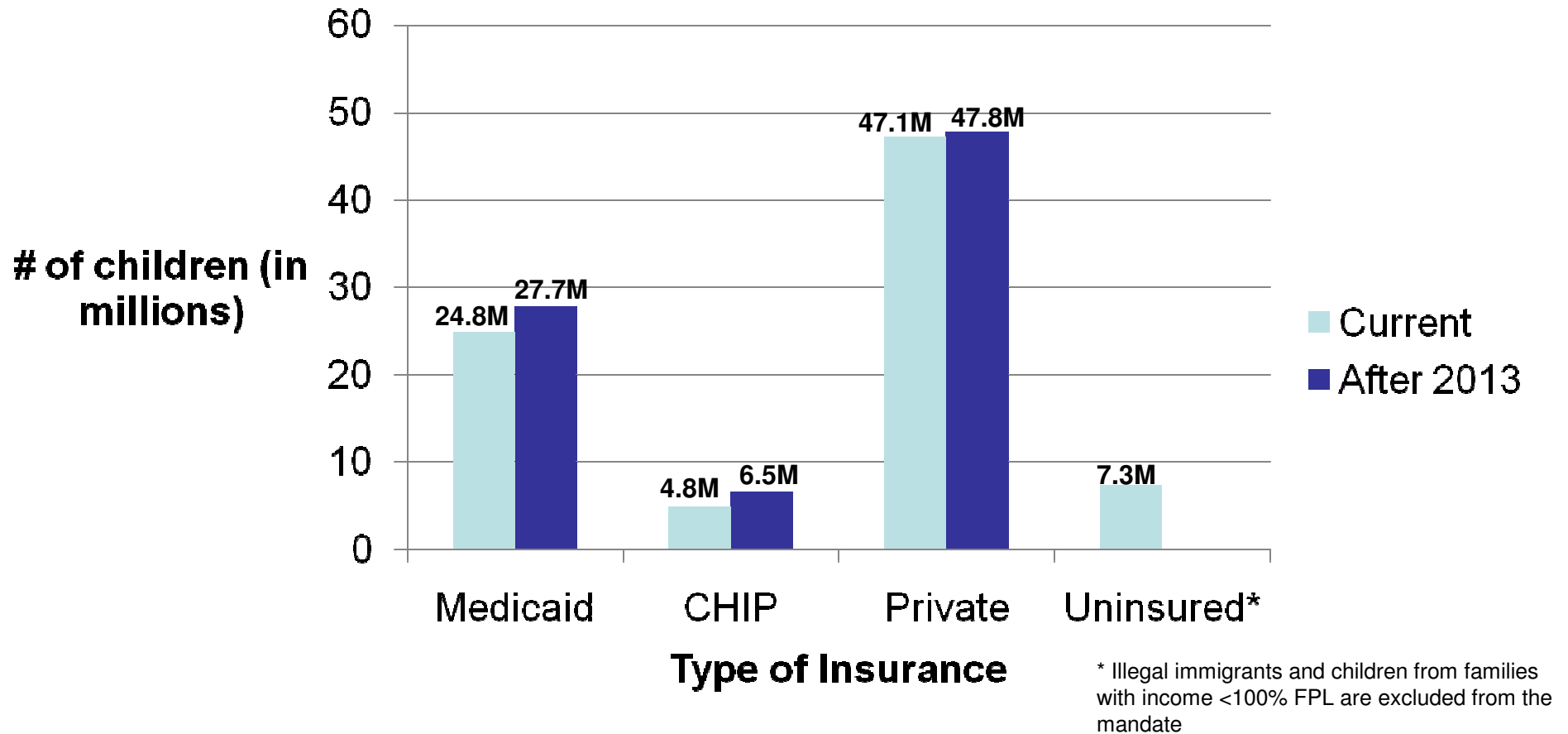
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Why Do We Need New Workforce Models?

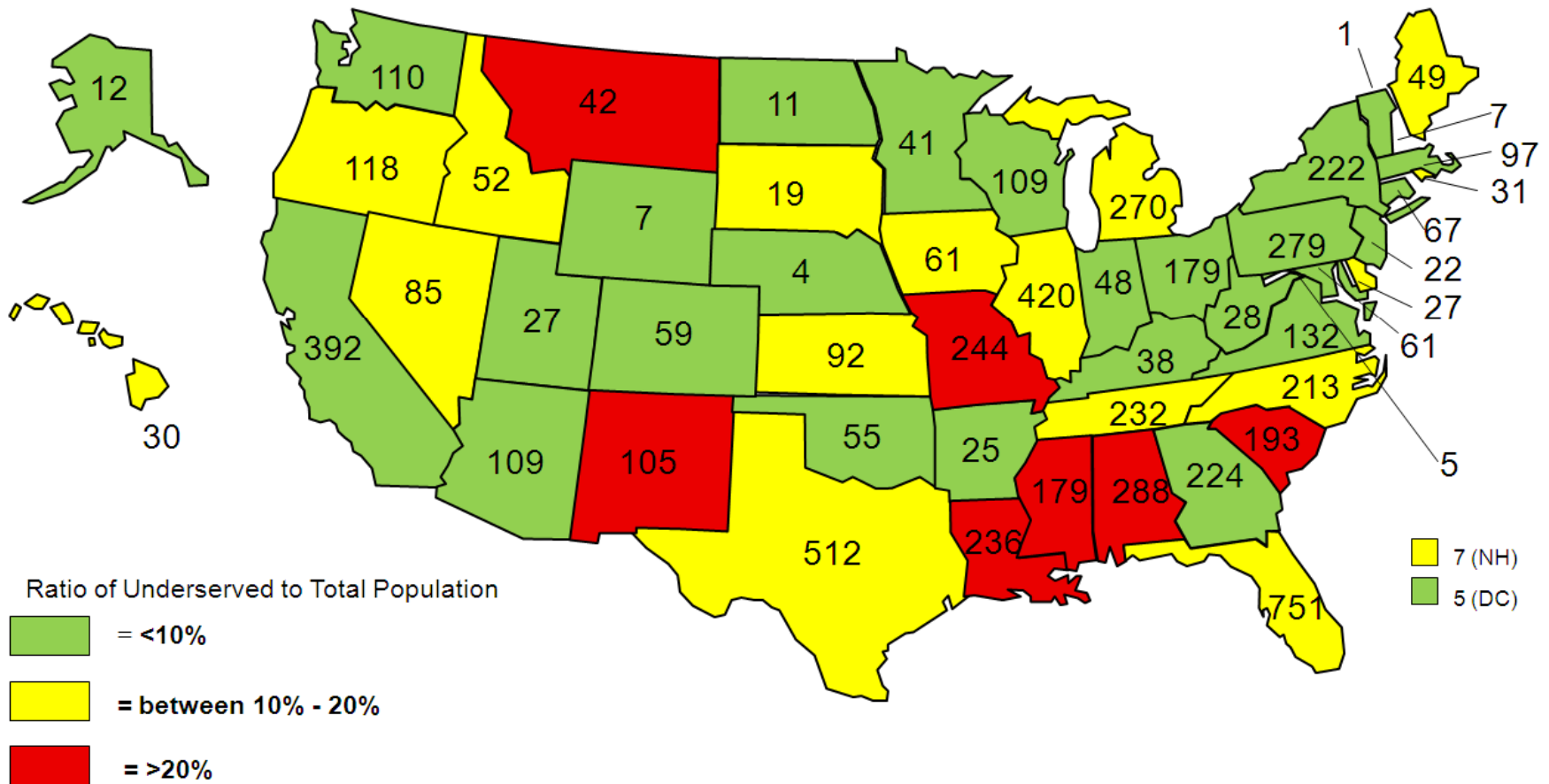
- Financing for dental care is likely to grow and will spur demand
 - An estimated **5.3 million** more children will have dental insurance due to national health reform
 - The needs are great
- Shortage and maldistribution of dentists
 - Shortage is getting worse. Too few care for low income, rural patients
 - Dental safety net only reaches 10% of the 83 million who lack access
 - Growing recognition that new providers can competently and safely deliver high-quality care
- Few private practice dentists participate in Medicaid and CHIP programs
 - Medicaid rate increases don't solve the problem

Children's Medical Care Coverage



NOTE: In 2006, the number of children without dental insurance coverage was over 15.4 million, according to MEPS' "Statistical Brief #221" (September 2008)

Practitioners Needed to Remove Designation of Health Professional Shortage Area



Numbers = Practitioners Needed to Remove Designation

New provider models in dentistry

- Community Dental Health Coordinator (CDHC)
- Dental therapist (DT, DHAT)
- Combined dental hygienist/therapist (DH/DT)
- Minnesota dental therapist/advanced dental therapist (MN DT and ADT)
- Advanced dental hygiene practitioner (ADHP)



Three main variables for new provider models

- Scope of practice
- Education levels
- Supervision





Scope: Restorative Capacity of Providers

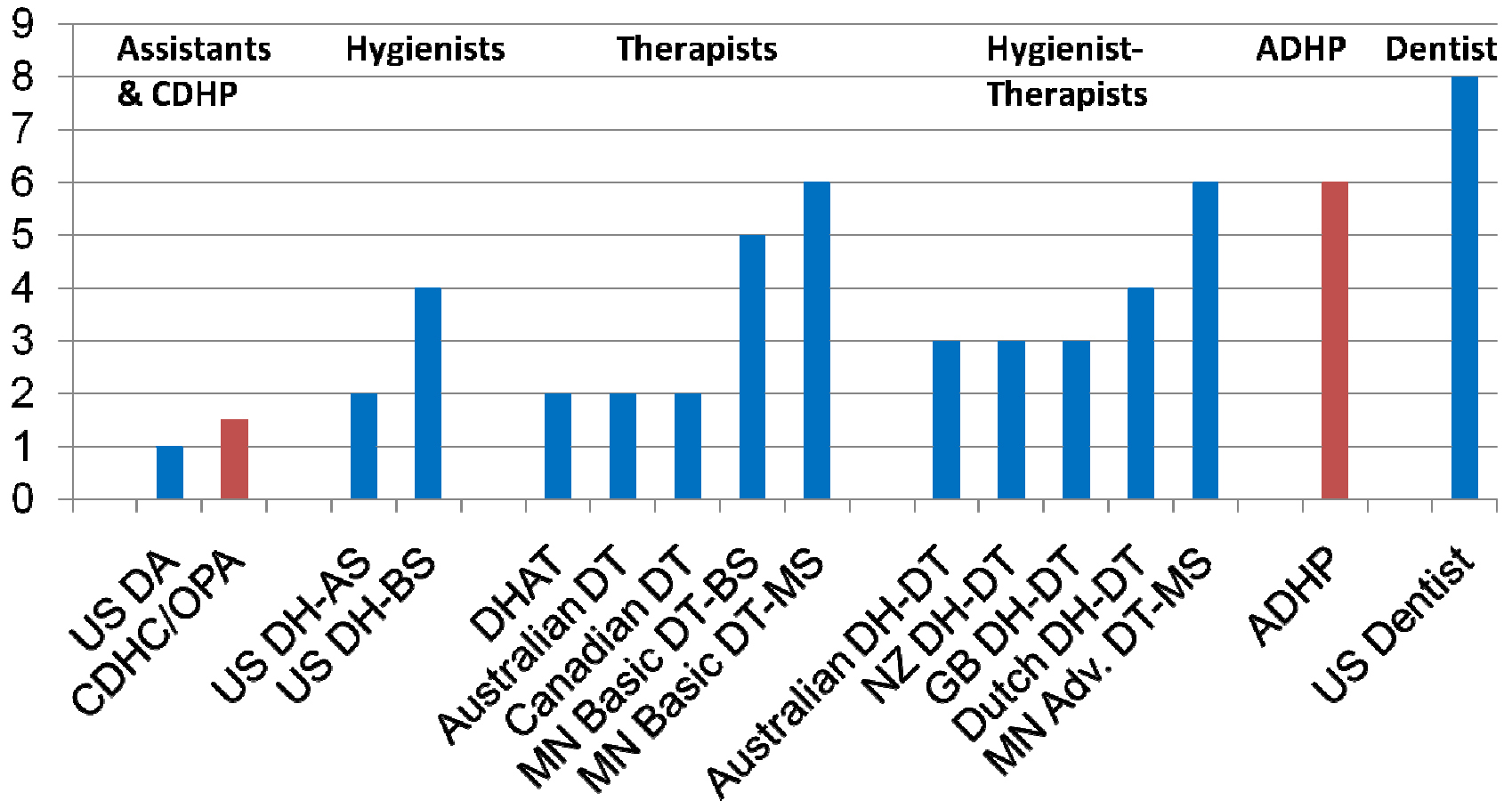
Procedures	CDHC proposed	EFDA	ADHP proposed	DHAT (AK model)	MN DT
Atraumatic Restorative Technique (ART)	X			X	X
Placement of temporary restorations	X	X	X	X	X
Simple restorations		X	X	X	X
Prefabricated crowns		X		X	X
Simple extractions			X	X	X
Lab processed crowns				X	
Pulpotomy			X	X	X
Pulp capping			X	X	X

Source: NASHP, "Clinical Capacity of Current and Proposed Providers," Table developed by NASHP, February 2008; updated March, 2010 with MN DT model (Minnesota Statutes 2009, §150A .105, subdivision 4)

Provider Type	Categories of Intraoral Procedures ordered from most to least restrictive				
	Advanced Restorative Care	Diagnosis & Treatment Planning	Basic Restorative Care	Preventive: Scaling and Root Planing	Preventive: Coronal Polishing
Dentist					
Dentist	x	x	x	x	x
Combination Dental Therapists/Dental Hygienists					
Advanced Dental Hygiene Practitioner		x	x	x	x
Dental Hygienist-Therapist, International			x	x	x
Dental Therapists					
Dental Therapist, International		varies	x		x
Alaska Dental Health Aide Therapist		limited	x		x
Minnesota Advanced Dental Therapist		limited	x		x
Minnesota Basic Dental Therapist			x		x
Dental Hygienists					
Dental Hygienist				x	x
Expanded Function Dental Hygienist			varies	x	x
Dental Assistant					
Expanded Function Dental Assistant			varies		x
Dental Assistant					varies
Oral Preventive Assistant				limited	x
Community Dental Health Coordinator					
Community Dental Health Coordinator					x



Education: Length of Training (Post High School): US and International Dental Providers





Pew Guidelines on what models we support (see www.pewcenteronthestates/dental)

- Based on evidence, international and domestic
- Model addresses a states' needs
- Scope of practice should fit gaps in the system
- Education should be adequate and cost-effective (not excessive for scope of practice)
- Least restrictive level of supervision to ensure safety AND expand access

The first questions to answer are:

- How will the new provider fit into existing systems of medical and dental care?
 - Dental clinics, CHCs, hospitals, nursing homes?
- Where will new providers locate?
 - Will the model address maldistribution?
- Who is the new provider intended to serve?
 - Low-income, children, elderly, rural?

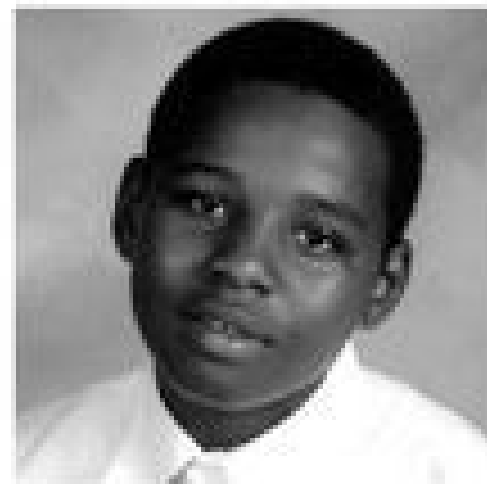


Pew workforce studies on the way

- Economics of private practice—a model to estimate potential impact of new providers on productivity, costs, income of private practices (Scott Inc.)
- How will collaborative practice work?—reimbursement for consultations, oversight technologies, malpractice (UCSF, Mertz, Dower)
- Economics of safety net clinics—will examine impact of new providers on productivity, costs, income with public funds (Bailit, Beazoglou)

Death of Deamonte Driver

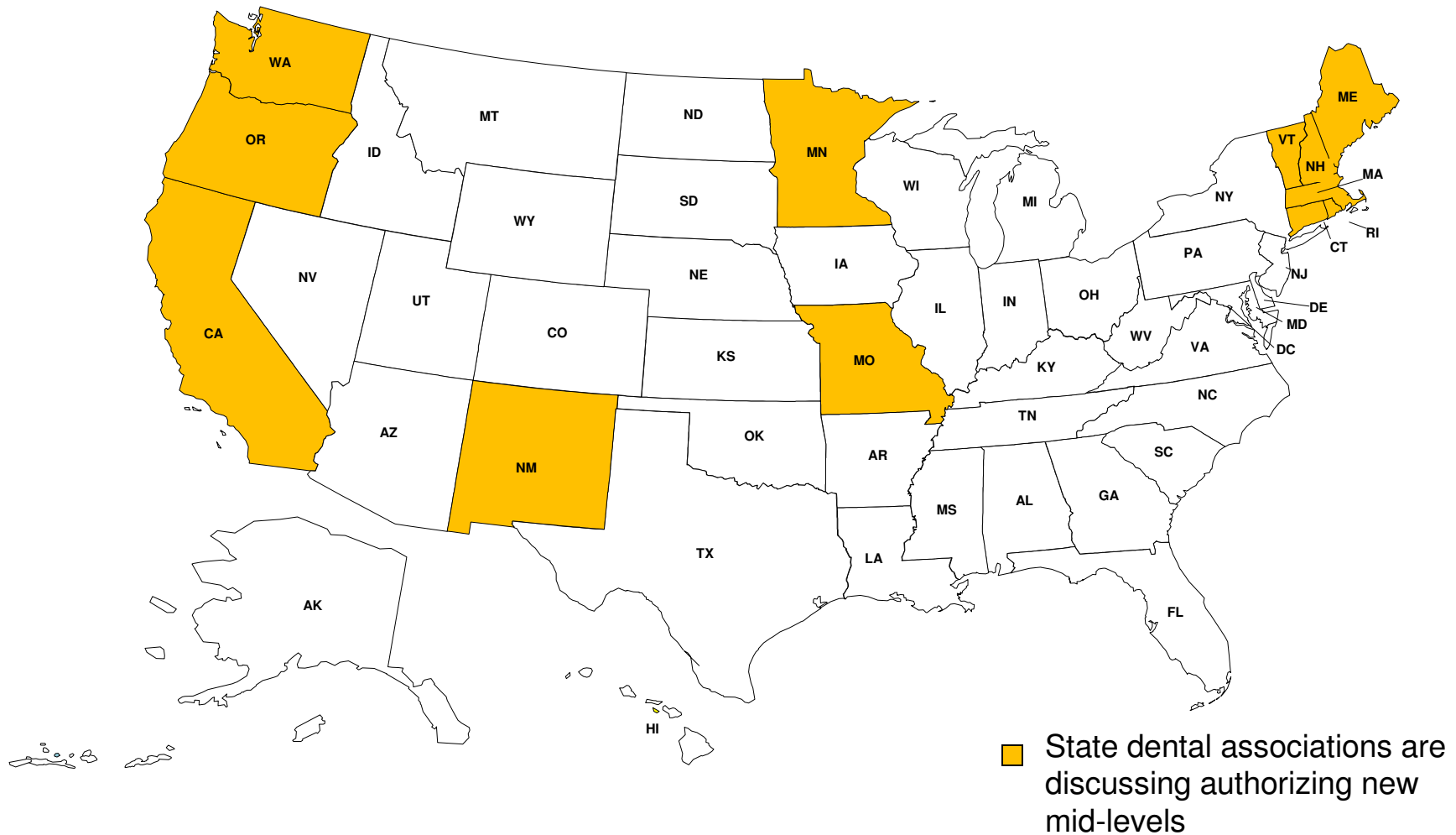
- Deamonte complained of severe headaches, not dental problems.
- In January 2007, he was diagnosed with a brain infection, caused by an infected tooth. He had two brain surgeries and spent six weeks in the hospital, where he died suddenly on February 25, 2007.
- His hospitalization and death could have been prevented with one \$40 sealant or an \$80 tooth extraction.
- The Washington Post covered the story and brought national attention to the oral health crisis.



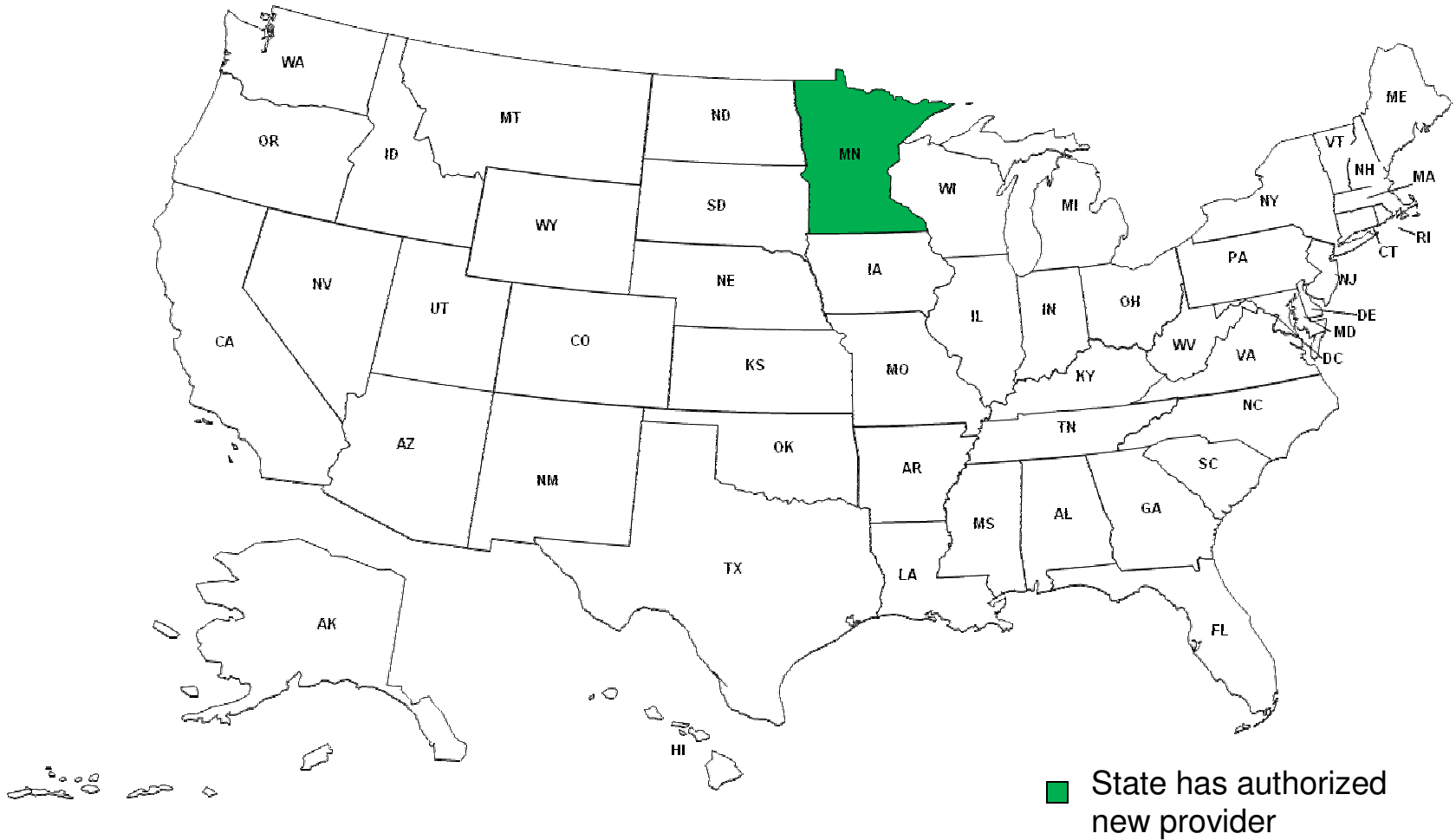
Deamonte Driver, 12

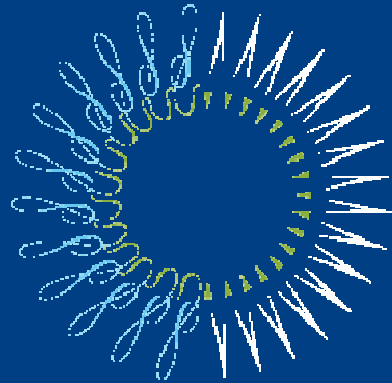
Died February 25, 2007

Discussing New Dental Care Providers – 2009



New Primary Care Dental Providers - 2009





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