W.K. Kellogg Foundation Dental Therapist Project

AACDP Annual Symposium
April 10, 2011

Dental Therapist Project

- Alaska Dental Therapist (DT) Program Evaluation
- States beyond Alaska

Background

- Kellogg Foundation's mission and priorities
- Invited by Alaska Native Tribes to fund a DT training program
- DT program evaluation with funding partners
  - High level overview and key findings

Evaluation

- Purpose – implementation evaluation
- Good quality with objectivity and transparency
  - RTI
  - Two advisory groups
    - Alaska Tribal Coordination Committee
    - National Advisory Committee
- Methodology change
  - Comparison study
  - Case study approach of 5 villages

Major Focus Areas

- Patient satisfaction and perceived access to care
- Oral health status
- Clinical technical performance
- Record-based process measures and evaluation of clinical facilities
- Implementation of community-based preventive plans and programs

Patient Satisfaction and Access

- Methods: Responses to surveys (n- 513) and informant interviews
- Surveys: Range 7.83 – 8.86 (0 – 10 scale)
- Patient satisfaction high – "Therapists explained clearly, listened carefully, and treated patients with courtesy and respect…made patients feel comfortable…and generally did not keep patients waiting for more than 15 minutes"
- "Appreciated having dental problems addressed more quickly…not having to wait with a toothache until a dentist visits village"
- "…many persons reported access to care had improved…and can make appointments locally."

Oral Health Status

- Purpose – provide quantitative measure of the community context and baseline assessment for future studies
- Methods: Direct oral examination
- 405 examinations – "untreated decay were high…far in excess of *Healthy People 2010 target rates"*
  - Adults (n – 89) – 79% vs. 15% (HP)
  - Adolescents (n – 182) – 60% vs. 15% (HP)
  - Children (n – 134) – 51% vs. 21% (HP)
- "…continuing high levels of unmet need across all age groups…"

Clinical Technical Performance

- Methods: Direct observations of DTs performing preparations and restorations, blinded direct oral evaluations of restorations (i.e., evaluator did not know who did the restorations), and chart audits
- Observed preparations and restorations (DTs)
  - 15 composite preparations/restorations (No deficiencies)
  - 13 amalgam preparations/restorations (Two deficiencies – 15%)
  - 1stainless steel crown preparation/restoration (No deficiencies)
- "Proportion of (observed) procedures with deficiencies was small, 8% overall"

Clinical Technical Performance

- Blinded evaluations
- 73 composite restorations
  - 47 by DTs (7 deficiencies – 15%)
  - 25 by dentists (3 deficiencies – 12%)
  - 1 by an unknown provider type
- 125 amalgam restorations
  - 84 by DTs (9 deficiencies – 12%)
  - 41 by dentists (10 deficiencies – 22%)
- 41 stainless steel crown restorations
  - 30 by therapists (1 deficiency – 3%)
  - 11 by dentists (1 deficiency – 9%)
- Of the 239 prior restorations, "rates and types of deficiencies were similar for therapists and dentists"

Clinical Technical Performance

- Chart Audits
- 54 restorations – 1 complication (none in children)
- 37 extractions – no complications
- "Complications following restorative procedures were extremely infrequent, and no post-extraction complications were noted"
- **"These data indicate that the therapists who were observed are technically competent to perform these procedures within their scope of practice"**

Community-based Preventive Programs

- Methods: Key informant interviews and observation
- Variable, with some, but not all, villages having community-based preventive programs
- Primarily school-based programs
- Oral health instruction, tooth brushing, and fluoride rinses in the schools
- More common with resident vs. itinerant DTs

Other Key Findings

- Methods: Key informant interviews (n – 65)
- DTs viewed as one of their own, returning as role models and providing culturally competent care
- Appreciated having their dental problems addressed more quickly
- Anticipate some recruitment and retention challenges – tribes need to provide support and resources
- DTs "conscientious" and "conservative" about practicing within their scope of practice
- Supervision regularly happens, but process varies across sites and is based on experience of DTs
- Dealing with other factors that affect oral health – diet; (perceived) differences in the value residents placed on their teeth; care-seeking behavior, with less emphasis on prevention; need to adopt personal oral health practices

Conclusions

- The DTs are performing well and operating safely within their scope of practice, practicing under the general supervision of the dentists
- The DTs are well accepted in the villages and serve as role models
- According to plans, DTs are addressing the considerable unmet need for restorative care and then will undertake the second prong of the strategy to begin implementing preventive measures
- Effecting change will also take significant alterations in the oral health attitudes and behavior of Alaska Native people
  - Will take years to accomplish
  - DTs' cultural awareness and credibility can help shape changes in behaviors

State Opportunities

- Based on lessons from Alaska experience (5 years)
- DTs – in existence for almost a century and established in more than 50 countries
- Good track record of safe and good quality care – multiple studies and no evidence to the contrary
- Traditional approaches in this country to date have not been successful enough
  - 50 million live in underserved areas
  - 30% of Americans with poor access to dental care
- DTs should be part of the conversation to improve access for vulnerable and underserved children and families in this country

State Opportunities

- Partnering with coalitions in 5 states (WA, NM, KS, OH, VT)
- Coalitions provide information about access needs and how dental therapists can be part of a multifaceted approach to improve access and oral health
- Important to include voices outside of the profession – community and consumer advocates, children's groups, health advocates and others
  - WKKF's long term commitment to promote and engage community voice
  - Due to positions and actions of leading organized dentist groups

Partnership With Dentists

- Critically important to partner with dentists who understand the access needs and the opportunity
- Will not happen without dentist leadership and support
- DTs practice as part of dentist-led teams and under the general supervision of dentists
- Collaborating with dentists and looking to work with more dentists and dental organizations
- As dentists learn more about the potential for dental therapy, more are getting involved and supporting these efforts

State Efforts

- In all the states, efforts focus on:
  - Building and strengthening coalitions, including with dentists and other interested partners
  - Developing educational materials
  - Communicating needs and opportunities associated with dental therapy
  - Holding community meetings
- Legislation to modify state practice acts filed in 4 states and will happen in 5th
- Other states

Contact Information

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