

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

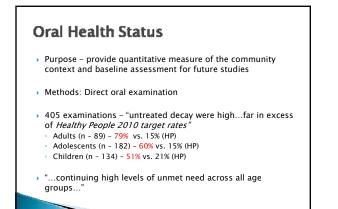
- Comparison study
- Case study approach of 5 villages

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."





- 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%)
- 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

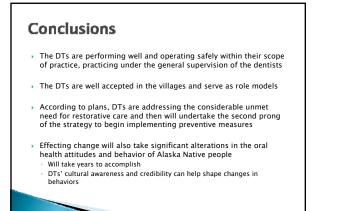
- 54 restorations 1 complication (none in children)
- 37 extractions no complications
- "Complications following restorative procedures were extremely infrequent, and no post-extraction complications were noted"
- "These data indicate that the therapists who were observed are technically competent to 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 communitybased 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 $% \left({{{\mathbf{x}}_{i}}} \right)$
- 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



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

Albert K. Yee, MD, MPH Email address: ayee@edc.org