The Dental Therapist Project: Expanding Care to Every Community

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Yet tens of millions of Americans can’t get dental care and are suffering as a result.
Each State’s Unmet Oral Health Needs and Environment is Unique
Growing Interest in Workforce Solutions

MOMENTUM IS BUILDING: STATES INTERESTED IN DENTAL THERAPY

[Map showing states interested in dental therapy, color-coded by funding source: WKKF Funded, Pew Funded, States interested in dental therapy]
About Community Catalyst

• A national non-profit health advocacy organization
  • everyone should have access to high-quality, affordable health care
• Collaborates with national, state and local consumer organizations, policymakers and foundations
• Builds and supports consumer advocacy networks in more than 40 states
• Runs successful state and federal issue campaigns: Children’s Health, Prescription Access and Quality, Delivery System Reform, Dental Access, Community Benefits
Consumers Must Be Involved

The best decisions are made when the people most affected have a voice.
State and Federal Policymakers Will Hear From:

- Dentists
- Dental hygienists
- Dental schools
- Dental Insurance companies
State and Federal Policymakers Will Hear From:

Where is the consumer?
How We Partner with State Groups

- Policy
  ability to analyze policy
- Communications
  communicate with policymakers and public about policy
- Organizing
  let the affected constituencies know when their interests are at risk or could benefit
- Stakeholder coalitions
  find common ground with other interest groups
- Resources to make this work
A statewide plan to address the dental workforce shortage in Kansas.
Kansas

- 42 organizations are members of the coalition including the Kansas Dental Hygiene Association
- Over 200 stories collected
- Legislation introduced to establish Registered Dental Practitioner
- Support from safety net providers and the primary care association
- Wichita State University developed curriculum for a new provider
Kansas
New Mexico

- Received support from key organizations such as New Mexico Public Health Association, Albuquerque Area Indian Health Board, AARP New Mexico, NM Health Resources

- Generated significant media coverage – two op-eds in Albuquerque Journal, KABQ, local NPR station

- Introduced legislation to establish dental therapist and dental therapist hygienists

- Received support from individual dentists and dental hygienists
New Mexico
Mission:
The Universal Health Care Action Network of Ohio (UHCAN Ohio) is a statewide organization working for high quality and affordable health care for all Ohioans through education and grassroots organizing.
37 organizations have joined the Dental Access Now! Coalition

Held over two dozen community meetings throughout Ohio

Developed work group that included consumers, community voices, dentists, and dental hygienists to develop Ohio based model

Conducted poll of registered voters that shows that 75% of voters support establishing a new dental provider

Generated significant media coverage from community meetings and development of fact sheets profiling each of states 71 DPHSAs (up from 56 two years ago)
Washington

- Worked with legislative champion, Rep. Ann Cody, to develop dental workforce bill – 2 year dental therapist and 1 year career pathway for bachelor’s trained hygienists
- Secured Senate champion, passed Senate health care committee
- Secured support of the Washington Hospital Association
- Partnered with Washington State Dental Hygienists Association to support the bill
- Mobilized hundreds of grassroots advocates to support the bill
- Secured support from tribal community
- Partnering with University of Washington MEDEX Program; Eastern Washington University; community colleges
Washington
Vermont

- Over 50 organizations are members of the Vermont Oral Health Care for Coalition
- Developed broad based policy agenda including workforce, expanding Medicaid dental benefits, and integrating oral health into state’s universal health care law
- Collected over 200 stories from consumers with unmet needs
- Held oral health care summit
- Collaborating with Vermont Technical College’s Dental Hygiene Program on model and curriculum development
- Developed strong partnership with Vermont Dental Hygienists Association
Vermont
How is our work making a difference?

- Increased awareness of oral health
- Research and evidence of the cost-effectiveness of dental therapists
- Changing state and federal policy environments
- Growing momentum
Growing awareness and coverage

Dental Therapy Google Search Results

Year

Dental Therapy Google Search Results

Year

Conversation: WKKF Initiative and Alaska DHAT Program

Year
Growing support for oral health and dental therapy

- 79% of survey respondents say that receiving regular dental care is very or somewhat important
- 41% of respondents report that they or someone in their household has put off dental care in the last twelve months due to costs
- Respondents recognized that too many Americans cannot regularly access preventive and routine dental care and, as a result, 78 percent of respondents said they would support training new providers to offer routine dental care
Growing support for oral health and dental therapy cont’d.

The survey indicated that cost and availability of providers are the major barriers to care:

- 84 percent of respondents believe that the number of people who cannot afford dental care is a problem
- 82 percent of respondents believe that it is hard for people to get free or low-cost dental care in the communities where they live
- Nearly one third of respondents (30 percent) say they do not have access to a place where they get regular dental care
• Finds from Dr. David Nash’s International Literature Review of Dental Therapy
  • Care provided by a dental therapist was more cost-effective than dentists, and when part of a dental team
  • “A number of reports suggest the cost-effectiveness of dental therapist-led school dental services. The school dental programs in New Zealand and Australia cost less than private fee-for-service systems for the same service. The average cost of school-based dental care in New Zealand in 2010-11 was $99 (U.S.) per child. In the private sector in New Zealand, an examination, radiographs and cleaning in 2010-11 was $102 (U.S.), and a one surface restoration cost $99; a fissure sealant $47.
  • “In Australia, one study indicated that the annual cost savings by using dental therapists for care within their scope of practice, rather than dentists, could result in savings of 14-19 percent in dental expenditures. Another Australian study found that in one state the average cost of care for a child in a given year in the private sector was $265, versus the cost for care by dental therapists in the school dental service of $52.46.
  • “The opportunity for more cost-effective care is related, in part, to the salary differential between dental therapists and dentists. An average New Zealand dental therapist earns between $30,000 to $40,000 (U.S.), and private-practicing dentists earn $120,000 to $150,000 a year (U.S.).”
Key Findings:
• New types of allied providers can strengthen both the productivity and financial stability of private dental practices.

• New providers can make it financially viable for most dental practices to serve Medicaid patients.

• Medicaid rates play a key role in making it financially viable for practices to serve more low-income patients.
### Private Practice

#### Exhibit 4

**Allied Providers’ Impact on a Solo General Dental Practice**

<table>
<thead>
<tr>
<th>PROFIT IMPACT</th>
<th>PRODUCTIVITY IMPACT</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Baseline (No Allied Providers)</strong></td>
<td><strong>Baseline (No Allied Providers)</strong></td>
</tr>
<tr>
<td>$337,242</td>
<td>$10,051</td>
</tr>
<tr>
<td>Net Pre-Tax Profit</td>
<td>Total Procedures</td>
</tr>
<tr>
<td>+17%</td>
<td>+23%</td>
</tr>
<tr>
<td><strong>Adding 1 Dental Hygienist</strong></td>
<td><strong>Adding 1 Dental Hygienist</strong></td>
</tr>
<tr>
<td>$395,505</td>
<td>$12,315</td>
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<tr>
<td>+27%</td>
<td>+30%</td>
</tr>
<tr>
<td><strong>Adding 1 Dental Therapist</strong></td>
<td><strong>Adding 1 Dental Therapist</strong></td>
</tr>
<tr>
<td>$428,599</td>
<td>$13,057</td>
</tr>
<tr>
<td>+52%</td>
<td>+30%</td>
</tr>
<tr>
<td><strong>Adding 1 Hygienist/Therapist</strong></td>
<td><strong>Adding 1 Hygienist/Therapist</strong></td>
</tr>
<tr>
<td>$511,446</td>
<td>$15,208</td>
</tr>
<tr>
<td>+52%</td>
<td>+51%</td>
</tr>
</tbody>
</table>

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Profit Impact on a Solo General Dental Practice Serving 20% Medicaid Patients

- Baseline (No Allied Providers and No Medicaid) - $337,242
- No Allied Providers 20% Medicaid Caseload - $285,486
- Adding 1 Dental Hygienist - $311,130
- Adding 1 Dental Therapist - $357,490
- Adding 1 Hygienist/Therapist - $432,542

30% reimbursement rate
60% reimbursement rate
Alaska: Community Based Model

- Community based delivery system
- Dental therapists practice under general supervision of a dentist
- Follow “standing orders” agreement developed in concert with dentist
- 25 providers currently practicing in Alaska; have increased care to over 35,000 people live in communities served by a DHAT
- DHAT team on average provides care to 830 patients and has 1200 patient encounters per year
- Patient visits with DHAT team are primarily for preventive care; of the 1200 patient encounters (visits), approximately 700 are for preventive care, approximately 500 are for restorative or acute care (vs. preventive care).
- Education is a key component of care provided by DHATs and they are educated and encouraged to “put down the hand instruments” and provide community education on healthy behaviors and dental care. All leaders report that DHATs provide these services; 55% spend 1-4 hours per month; 22% spend 5-10 hours and 22% spend 10-15 hours per month on education.
- Significant cost savings to system because therapists are employed on average at 50% cost of a dentist $60,000 vs. $120,000 per year
Minnesota: Community Based Model

- Statute requires Collaborative Management Agreements
- CDS is continuing to educate insurance companies about new provider and ensuring proper reimbursement
  - Currently only one public insurance provider who credentials ADT’s and DT’s
  - Procedures are supposed to be reimbursed at 100% of the DDS rate per MN-DHS policy
- As of 2012, their dental therapist is the 3rd most productive of the 10 dental providers they have
- Dental therapist provided care to 445 patients from December-June; 80% enrolled in public insurance such as Medicaid
- Financial Impact
  - DDS: $75/hour   ADT: $45/hour
  - Total cost savings using ADT Public Health Model: $1200/week
Changing state and federal policy environments

- Senator Sanders (I-VT) and Subcommittee on Primary Health & Aging
  - Series of hearings
  - Report: *Dental Crisis in America: The Need to Expand Access*
  - Introduction of comprehensive dental legislation
- NY Times op-ed from former HHS Secretary Sullivan
- Growing research: literature review, ER report, IOM report, GAO report
- Ongoing national media coverage
Kansas

- Legislation to expand scope of practice for dental hygienists passed Legislature
- Registered dental practitioner curriculum developed
- Fort Hays State University committed to launching training program
New Mexico

- Legislation passed to establish community dental health coordinator and expand scope of practice for dental hygienists
- Union County Health and Wellness network committed to housing dental therapy pilot and completed strong economic modeling on how dental therapists could benefit rural health systems like their own
- Significant support and collaboration with tribal communities
Ohio

• Developed a resource/hotline to help Medicaid enrollees access dental care

• Conducted poll of registered voters that shows that 75% of voters support establishing a new dental provider

• Growing recognition from policymakers and health departments regarding state’s oral health issues
Part of successful effort that projected Medicaid benefits for children

Changing policy dynamic, the March Washington State Dental Association Newsletter reports:

“Dr. Wentworth believes this issue will become increasingly difficult to defeat. ‘From calls asking for media interviews, to listening to questions posed by legislators, it is clear to me the midlevel issue has extensive support both outside and inside the dental community. The issue may be slowed down, but not without our profession losing credibility among those in the Legislature and among those advocacy groups that we partner with on other important issues.’”
Vermont

- Passed policy that expands Medicaid dental benefits for pregnant and nursing mothers
- Partnered with Sen. Sanders on successful field hearings
- State Department of Health added oral health to the department strategic plan
- Secured training partner at Vermont Technical College
Growing interest

MOMENTUM IS BUILDING:
STATES INTERESTED IN
DENTAL THERAPY

WKKF Funded  Pew Funded  States interested in
dental therapy

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DISCUSSION
Thank You

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