

EXPLORING WAYS TO EXTEND DENTAL
SERVICES TO UNDERSERVED
POPULATIONS*

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**Annual Conference, Georgia Rural Health Association: Strategies to Address Unmet Oral Health Needs in Rural Georgia*

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The 2010 National Healthcare Disparities report, from the Agency for Health Care Quality of the United States Public Health Service, highlighted the fact that health care quality and access in the United States remain suboptimal.

These realities extend to dental health as well. A recent survey of oral health by the Pew Foundation found that more than 830,000 visits to our nation's hospital emergency rooms in 2009 were for preventable dental problems. Here in Georgia such E.R. visits for dental problems cost more than \$25.0 million in 2009.

The Kaiser Family Foundation reported at a conference in June of 2012, that tooth decay is the most common chronic illness among school-age children, with 1 in 4 children having untreated tooth decay.

Close to 50 million Americans live in poor areas where dentists do not practice. Also, most dentists do not accept Medicaid patients. With the implementation of the Affordable Care Act, beginning in 2014 the demand for dental services will increase dramatically, because as many as 5.3 million more children will be entitled to dental benefits from Medicaid and the Children's Health Insurance Program. Little is being done to prepare for this coming increase in demand for dental services-locally or nationally.

Our nation's minority populations and the poor suffer the most from poor oral health and its consequences. Today our government can, and should, train more dentists to address the long-term problem.

But there is no guarantee that the new recruits would practice in underserved areas, and we need more dental care providers now.

One possible solution is to train dental therapists who can provide preventive care and procedures like sealants, fillings, simple extractions and restorative care outside the confines of a traditional dentist's office. Dental therapists are common worldwide, and yet, in the United States they practice only in Alaska and Minnesota, where state law allows it. Legislation is pending in five more states.

The best model for how this system can work is found in remote Alaska Native villages, many accessible only by plane, snowmobile or dogsled, where high school seniors once graduated with full sets of false dentures.

Unable to recruit dentists to these areas, Alaska has been training its own dental therapists since 2004. These dental therapists return to their local communities to practice, under the general supervision of a dentist.

The quality of dental care provided has been excellent in Alaska, mirroring the experience of countries around the world who have had dental therapists for many decades.

Retention of dental therapists in their local communities has been outstanding, exceeding 95 per cent.

I saw all of this first hand, on a visit to Anchorage Alaska, and to Bethel, Alaska on September 9-11, only ten days ago. The program is supervised by the University of Washington Health Sciences Center. Instruction is given in Anchorage and in Bethel.

I spoke with alumni of the Alaska Dental Therapist program, with faculty, students and administrators. Their teaching facilities are excellent.

We have two years to prepare before millions more children will be entitled to access to dental care, and Alaska shows us a way forward. Access to care means more than having an insurance card; it means having professionals available to provide care. Dentists should embrace the opportunity to broaden and reinforce the dental profession so they can provide services to those in need.

On July 16 and 17 in Atlanta, a conference to focus on this issue was organized by Morehouse School of Medicine and the Sullivan Alliance, with support from the Kellogg Foundation.

We heard from many speakers about the benefits of a program to train dental therapists to work under the supervision of dentists, to extend services to low income children, particularly in rural and inner city areas.

We heard from Community Catalyst that these mid-level dental providers have been successfully integrated into dental practices, enabling the dentists to provide quality dental care to more individuals, while enhancing the dentist's income.

In Georgia, we need to explore all options to increase access to oral health care, especially for children and for those living in rural areas, those who are poor and/or racial and ethnic minorities.

The issue of developing alternative health care providers was introduced in medicine in the 1960's and 1970's with strong resistance from physicians at that time, similar to the resistance and caution we are seeing from America's dentists today.

But, in medicine, physician assistants and nurse practitioners, nurse midwives and other health care providers are well-accepted today. They are on hospital staffs, in physician practice groups and elsewhere, with excellent patient acceptance and patient satisfaction. They are fully integrated members of today's health care teams.

It is time for the dental profession in Georgia to undergo a similar transformation, by developing and welcoming other kinds of dental providers to insure that all Georgians have access to culturally competent dental care, whether they are rich or poor, black, white, brown, yellow or otherwise, and whether they live in urban or rural areas.

For the 21st century, we must adapt to new realities, in the effort to provide appropriate, accessible, affordable care to all of our citizens.

Thank You