

Maine Dental Association Proposal for Dental Therapist

BACKGROUND

- The problem of lack of access to care is complex and has many contributing factors, including:
 - Funding issues—inadequate reimbursement for government-sponsored programs that is a disincentive for providers to participate
 - Shortage/maldistribution of dentists
 - Need for better education on preventive oral health
 - Need for early intervention
 - Patient attitudes—choice to spend discretionary income on things other than oral health; fear of dental treatment; perception of only needing to see a dentist when there is a painful problem.

- Addressing the access issue cannot be accomplished by any one “magic bullet” solution, but will take a multi-faceted approach to eradicate barriers. The Maine Dental Association (MDA) has been working on several of these issues for a number of years:
 - Supporting improvements in the MaineCare dental program, including increases in reimbursement rates
 - Recruitment of students in dental schools in New England and beyond, promoting Maine as a great place to live and practice
 - Outreach to Maine high school and middle school students, promoting interest in dental careers
 - Support of community water fluoridation efforts
 - Support of community clinics and numerous volunteer outreach activities to provide dental care to the underserved
 - Initiation of a bill (passed in 2005) to create “Expanded Function Dental Assistants” to increase capacity and allow more patients to receive care in a dental office

- The Maine Dental Association feels that all citizens should have access to the same level of quality, comprehensive care, which we feel is best delivered with a team approach where preventive and restorative services are available from the same provider and services are not fragmented between multiple levels of providers.

- Because of the significantly higher level of education and training, the dentist must be the leader of the dental team, providing the overall diagnosis and treatment planning, along with performing irreversible/surgical procedures on oral structures. Irreversible/surgical procedures include any action that involves cutting live tissue, including teeth (drilling teeth to place fillings) and tissues (performing extractions).

- The MDA recognizes that appropriately educated, tested, and supervised dental auxiliaries/team members can expand the capacity of dental offices to provide services and accommodate more patients.
- Dental hygienists, dental assistants, and expanded function dental assistants are all valuable members of the dental team, each with limited scope of duties all contributing to overall patient care, and all overseen by the supervising dentist.

RATIONALE FOR CREATION OF A DENTAL THERAPIST

- The MDA recognizes the emergence of new providers in the profession of dentistry.
- The MDA views the dental therapist, as proposed in this legislation, as comparable to a dental “Physician’s Assistant”—able to perform certain irreversible restorative or surgical procedures under the Direct Supervision of a dentist, who would still be responsible for the services provided.
- Over the past year, Minnesota has had a broad-based workgroup studying the concept of licensing a new type of provider.
- The dental therapist model has been utilized in several foreign countries for 80+ years, with studies indicating the quality of their work is acceptable.
- The education of a dental therapist would take place in an accredited dental school. The University of Minnesota School of Dentistry is instituting a Baccalaureate level therapist training program beginning in 2009, and other dental schools are likely to follow.
- Since the access problem has been identified as most critical in rural areas and in Maine children, we feel that mandating practice in federally designated underserved areas and limiting services to children under age 12 will focus the services of a new provider in the most needed areas.
- Direct supervision by a dentist is critical. Only a dentist has the education and training to make the comprehensive diagnosis, oversee irreversible restorative/surgical procedures being performed by auxiliaries, and deal with the consequences of unforeseen problems that could arise during treatment.