

Alternative Dental Workforce Providers in Vermont

- While overall oral health in Vermont is high as compared to other states:
 - 10% of Vermont adults have lost 5 or more teeth due to disease and decay
 - Over 2.5 million dollars in avoidable procedures are performed on Vermont children
- Data indicates that 25% of adults or over 100,000 adults do not utilize oral health services in any given year.
- Data indicates that 20% of individuals with private insurance do not utilize oral health services in any given year.
- Data indicates that 50% of Medicaid eligible children in Vermont do not utilize oral health services in any given year.
- Data indicates that 70% of Medicaid eligible adults in Vermont do not utilize oral health services in any given year.
- Data indicates that cost is a factor in Vermonters accessing oral health services.
- Data indicates that 49% of Vermonters have any type of dental insurance. Fifty-one percent are uninsured for dental.
- Data indicates that 68% of dentists are taking 5 or more new non-Medicaid patients per month, an indicator of capacity and access.
- Data indicates that 29% of dentists are taking 5 or more new Medicaid patients per month, an indicator of capacity and access.
- Dental schools are expanding their capacity to educate and train new dentists, however there will still be a nationwide deficit over the next ten years as the nation's dentist population ages and retires or reduces hours.
- Vermont has the oldest dentist population in the United States, as a result Vermont will be more greatly impacted by the abovementioned deficit.
- The Vermont dental workforce model is based upon Minnesota's model. The model has been studied and shown to be safe, provide adequate quality of care, expand access to uninsured and underinsured and financially viable.

Summary: Many initiatives will need to be implemented to improve access, quality and cost of oral health services; no one initiative will address the multiplicity of issues. Central to the approach is the inclusion of an alternative oral health workforce. Given the existing research on the Minnesota model (on which the LDP is based) and given the scope of practice of the model as compared to other potential workforce models, this particular model will be important in expanding access to clinical oral health services for uninsured and underinsured (including Medicaid eligible) in a way that is safe and cost effective.