

Lack of access to affordable routine dental services for all age groups in Vermont is an acute and chronic problem. During the past ten years that I have volunteered at the Red Logan Dental Clinic in White River Junction and shared space with a Medicaid dentist, which underscored that access to a dentist for many patients is sparse to nonexistent. There are several reasons that dentists limit or do not accept Medicaid: the fees are too low to cover the cost of services; a high “no show” rate; and few dentists willing to locate in small towns with a limited population base. One helpful solution is the bill passed last year by the VT State Senate and soon to be debated in the Vermont House of Representatives that would license a dental therapist provider.

This new member of the dental team could improve access to care by providing routine preventive care and basic services to Vermonters not getting regular care. Dental therapists would have a scope of practice limited to 34 procedures as compared to nearly 500 procedures for a dentist. The dental therapist model is currently being successfully used in Alaska, Minnesota, and in over 50 countries, and is in development in a number of other US states. Dental therapists have been shown to provide improved access to treatment at a lower cost to the supervising employer.

Vermont’s dental therapist legislation is supported by a diverse coalition of public health and human services organizations, who look to the research for evidence of the model’s safety and effectiveness. An exhaustive study led by Dr. David Nash from the University of Kentucky in April, 2012 documents “that dental therapists can effectively expand access to dental care, especially for children, and that the care they provide is technically competent, safe and effective.” The report concluded that “the profession of dentistry should support adding dental therapists to the oral health care team.”

While many dentists like myself support the dental therapy model, dentistry’s professional association - the Vermont State Dental Society - is opposed. Their public statements suggest that treatment provided by a dental therapist would not be up to the quality of that provided by a dentist. However, the scientific evidence and the American Dental Association’s own research indicates better dental health outcomes for patients treated by a dental team that includes dental therapists. Experience in Alaska and Minnesota shows that dental therapists can improve access to care for underserved and Medicaid populations.

In addition, the Commission on Dental Accreditation, dentistry’s sole accrediting body and the same organization that accredits dental schools, recently voted to implement educational program standards for dental therapy, recognizing the need for dental therapists and dental therapy as a profession.

Organized dentistry’s position that four years of dental school education ensures a higher quality of treatment than that provided by allied professionals is not always true. Quality is based upon a provider’s desire to strive for a high standard, constant improvement, taking quality continuing educational courses, and eye hand co-ordination that remains consistent or improves over the span of a 30 or 35-year career. Dental therapists will receive as many hours of clinical experience in the procedures they will be licensed to perform as a dental school student, and take the same portion of the clinical examination in basic competencies as a dentist to receive a license. The bottom line is that dental therapists will be quality providers and this is supported by exhaustive literature, decades of experiences, and the rigorous training and licensure requirements included in the proposed legislation.

Moving to team-based approach using dental therapists is also a good business move for dentists. The fees paid for services (by Medicaid for example) will be the same for both the dental therapist

and the dentist, but the cost to the dentist's business will be less because the salary paid to the dental therapist will be lower than if the dentist were providing that service. While the dental therapist is providing basic services, the dentist's time is available to provide more complex treatment, which can be billed at a higher rate. This is similar to a dental hygienist performing basic hygiene services while the dentist provides, again, more complex treatment.

The dental therapist opportunity will benefit patients, the dental profession, and overall population health. Because they are providing only routine preventive and basic services, their working environment can occur in mobile clinics, schools, and nursing homes; all venues less likely served by a fully staffed dental office. And it is in these venues, particularly in rural parts of Vermont with limited access to fully licensed dentists, where the need is most acute.

It is unfortunate that the Vermont State Dental Society's position defies logic, the evidence and public sentiment on this issue. One has to wonder what truly is their biggest fear.

Treatment provided by dental therapists has helped improve the oral health for the populations they serve. Dental therapists will be good for the State and are worthy of positive support from the Vermont State Legislature.

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