

When I started practicing dentistry in 2003, the only thing I focused on was providing the best possible care to each of my patients. That's still my focus on a day to day basis. But it didn't take long to realize that not everyone had the same opportunities to access a high level of dental care. For some patients, especially those with Medicaid, just finding a dentist to see them could be a challenge. By the time they saw me; many patients had severe dental problems due to years of not seeing a dentist, even though Medicaid had often covered them for dental work the whole time.

I've been thinking about those patients with Medicaid from the early days of my career for a long time now. Access to high quality dental care is something we should strive to make available to everyone. Here in Vermont, we're doing an ok job of it, but we could do a lot better. In Vermont, about 80% of dentists see at least some patients with Medicaid, compared to numbers in the 40% range in most states. But it's still hard to find a dentist who takes new patients with Medicaid, especially for adults, and that's a problem. What can we do? It's easy to say that all dentists should just see more patients with state insurance, but there are some serious reasons why that hasn't happened.

Let's look at some financial facts. Compared to private insurance, Medicaid pays rates far below the market standard. In fact, the fees dentists receive are often far below the cost of providing that care. So if a dentist loses money most of the time when they see someone with Medicaid, and since insurance rates are generally capped, they end up charging higher rates to their patients without insurance. This is the cost shift we hear so much about in medicine. The difference is that many dentists don't want to overcharge their patients, so they end up limiting Medicaid instead. Even in my non-profit practice in Bristol, where well over half of our patients have Medicaid, we've had to place limits on accepting new patients with state insurance. Market forces are working, they just aren't working to allow access to dental care. And this is why I fully support legislation to create a dental therapist in Vermont.

Dental therapists would be a new provider on the dental care team and would work in much the same way that physician assistants work with the medical team. They are a specialized provider, working under the general supervision of a dentist, that can do many of the basic procedures that take up much of a dentist's time but do not require the full doctoral training it takes to be licensed in dentistry.

In some cases, dental therapists could work outside the dental office in community settings. In large practices they could work alongside a dentist. For small practices currently open only a few days a week, they could bring overhead costs down by working on the days the practice is currently not open. In Vermont, where so many of our dentists have small rural practices, this would be a great way to increase access to care without increasing the cost of care. And because hiring a dental therapist would require a lower salary than hiring another dentist, it would make it easier for dental practices to accept more patients with Medicaid. This is exactly how a dental therapist would fit into my practice, and I can't wait to see it happen.

Many of my colleagues in dentistry are fiercely opposed to dental therapists, and often say they are concerned for patient safety. This opposition is not based in the facts—dental therapists have an impeccable record of providing high quality, safe care. In fact, malpractice insurers in Minnesota only charge \$93 a year to insure dental therapists—even notoriously risk averse actuaries agree they are safe. Multiple studies in the United States and internationally have shown that the safety record of dental therapists is as good as or better than that of dentists.

Dental therapists have been proven to provide dental care to people who need it—in Alaska they have increased access to dental care for more than 45,000 people who would have gone without it otherwise. And, they are financially viable—costing less than 30 cents for every dollar of revenue they generate. In fact, they are so cost effective that hiring a dental therapist has saved one nonprofit health clinic in Minnesota \$62,000 a year, allowing them to reinvest that money into the clinic. If I could hire a dental therapist, it would allow me to accept several hundred new patients with Medicaid into the practice without having to shift costs to other patients.

Good people can disagree, and if my colleagues don't want to hire dental therapists, they don't have to. But, the Vermont State Legislature should let those of us in this profession who are committed to improving access to care for patients begin to fix this problem with a proven, safe and effective provider—dental therapists.

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