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Agency of Human Services

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House Human Services Testimony – S.20

Hello, my name is Robin Miller; I'm the Oral Health Director at the Vermont Department of Health. Thank you for allowing me to testify on Senate bill S.20, An act relating to establishing and regulating licensed dental therapists in Vermont. The literature from countries using dental therapists in their oral health workforce is extensive. *A Review of the Global Literature on Dental Therapists* (W.K. Kellogg Foundation, 2012) summarizes the literature to provide as comprehensive a review as possible. Conclusions of the report include:

- Dental Therapists practice in 54 countries and territories, including highly developed, industrialized ones as well as developing countries;
- Dental therapists practice primarily in public clinics, typically associated with caring for children;
- Dental therapists improve access to care, specifically for children;
- Dental therapists have a record of providing oral health care safely;
- Dental therapists included in the oral health workforce have the potential to decrease the cost of care, specifically for children.

With that quick summary, I want to spend most of my time discussing the state of oral health care in Vermont. The Vision of the Health Department is "Healthy Vermonters living in Healthy Communities". Oral health is vitally important to overall health; this is especially true when it comes to the link with diabetes, heart disease, stroke, and pregnancy. Poor oral health makes diabetes more difficult to control, can increase a person's risk for a heart attack or stroke, and can increase the likelihood that a pregnant women will pass on the bacteria that cause dental decay to her baby. Put simply, you cannot be healthy without good oral health.

Unfortunately, Vermonters of low socioeconomic status face persistent and systemic barriers to accessing oral health care. These barriers are numerous and complex and include social, cultural, structural, and economic factors. Lack of access to or utilization of oral health services contributes to profound and enduring oral health disparities. This creates a situation in which the very people who experience the overwhelming burden of oral disease have the least access to oral health care (IOM & NRC, 2011).

Data from Vermont's Oral Health Performance Dashboard states that at 72%, the percentage of adults who have accessed dental care in the previous year is above the national average, but this does not tell the full story. A deeper look at the data shows that only 49% of low income adult Vermonters (25k or less), and 63% of middle income Vermonters (25-50K) access dental care annually, while 91% of high income Vermonters (75k +) benefit from annual dental care





Although Vermont is credited with having the largest percent of children with no dental problems in the US, the 2013-2014 oral health survey of Vermont children states that “There are significant oral health disparities in Vermont with low-income children and minority children having the highest level of tooth decay and the lowest level of dental sealants” (VDH a, 2014).

For example, on average, from 2005-2013, Medicaid was listed as the insurance for 83% of children under age six who received dental care in a hospital setting. In 2014 (one year alone), over 2,000 Medicaid-eligible children under age 6 had a total of 3,090 visits for dental treatment, for a total of \$2,897,154 paid claims. It’s important to note that 449 of those visits (15%) occurred in a hospital setting, for a total of \$2,139,530 paid claims for treatment in a hospital setting. In other words, 15% of the visits in a hospital setting accounted for 74% of all paid claims for dental treatment; all this for a preventable disease. (Data from the VT Uniform Hospital Discharge Data Set)

Vermont is also credited with having one of the lowest percentages of residents living in an underserved or dental shortage area; however, a dental shortage area is based purely on a dentist to population ratio. It is not defined by the lack of dental providers who accept Medicaid insurance, or have a sliding scale fee. Unfortunately the Health Department frequently hears from Vermonters all over the state that are unable to access dental care in their own community because of a lack of dental providers who will accept Medicaid insurance, because they can’t afford the dental care they need, or because they lack the resources to travel to the nearest source of dental care.

In addition to the persistent and systemic oral health disparities that exist in our state, there are simply not enough new dentists coming to VT in sufficient numbers to replace the large number of “baby boomer” dentists who will be retiring. As our general population is aging in Vermont, so are the very dentists whom we rely on to provide care.

According to the Health Department’s 2013 survey of dentists, 48% of Vermont licensed dentists are 55 or older, and compared with the 2011 data, the percentage accepting new Medicaid patients has decreased from 69% to 64%, only 36% accept 5+ new Medicaid patients / month, and the average wait time for a primary care appointment has increased from 2.8 to 3.2 weeks.

The Vermont Dental Landscape Study, commissioned by the Green Mountain Care Board in 2013 states that given the low Medicaid utilization rates, low acceptance of new patients in dental practices and the aging dentist population, current access issues will continue to be exacerbated as dentists move toward retirement. Key finding number eight of the Report states that “Vermont will have to employ alternative dental workforce models to bridge the access gaps created by an aging dentist workforce even with the implementation of other strategies” (JSI, 2013)

The dental therapist could help address a number of different issues in our current dental care system, including accessibility, affordability, flexibility, and diversity, that could open up oral health access for those who are currently unable to attain it.





Although the State has successfully provided incentives for dentists to work and live in many underserved areas and treat underserved low income families (through scholarships and loan repayment), there still remains geographically underserved populations around Vermont. Incorporating a licensed dental therapist into a dental practice can increase practice revenue and the capacity of a practice to see more Medicaid beneficiaries. Establishing a dental therapist in an underserved area can make oral health care more accessible for the entire community.

The cost of dental care in Vermont, as in all states, is prohibitively high for many people. Through Medicaid, Vermont provides funding for approximately 50% of Vermont's children (AAP, 2015) and very limited funding for adults. For many others, dental care is unattainable. In 2012, only 56% of Vermont adults said they had dental insurance (according to the Behavioral Risk Factor Surveillance System (BRFSS)). The licensed dental therapist could safely perform a limited number of basic procedures which allows the dentist to operate at the top of his or her scope of practice. Since the dental therapist is paid less than the dentist, the more basic procedures performed by the dental therapist would involve less overhead.

Many dental providers in Vermont practice in small private offices, which are open M-F during the day. The creation of a mid-level dental provider has the potential to increase the flexibility of the dental care system by "bringing dental care to the people". With the use of portable dental equipment, preventive and restorative dental care can be delivered in a variety of "site-based" locations (like nursing homes, Head Start programs, and senior centers) to traditionally hard to reach populations who are uncomfortable about or unable to access dental care in a traditional setting.

Regarding diversity, the cost of a dental school education can be cost prohibitive for middle and low income families. The establishment of a dental therapist program in Vermont could offer a new career path for those Vermonters who may be interested in providing dental care in the rural communities where they grew up.

In closing, effectively addressing the oral health disparities gap will require a variety of evidence informed strategies; we need to target solutions to this complex problem at every level of the Vermont Prevention Model. The state oral health program will continue to work with our partners to recruit new dentists to the state, expand the dental residency program, and promote the use of expanded functions dental assistants. In addition to these workforce related strategies, we support the establishment of the licensed dental therapist in Vermont.



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