



Mid-Level Dental Providers:

Expanding Care to Every Community



Without dental care...

Many people live in pain, miss school or work...

And in extreme cases, develop life-threatening infections...

This all could be prevented if we improved access to routine dental care.

In Columbus, Ohio, 52-year-old **Matthew Thorpe** yanked out his own infected tooth when a dentist refused to treat him because he didn't have insurance. In Gallup, New Mexico, a 15-year-old Native American boy fell into a permanent coma after a preventable dental emergency went wrong. Four hundred miles away, in Clayton, New Mexico, Don Wiedemann, the CEO of Union County Hospital, had to wait four months to get a new filling for his wisdom tooth because there are no dentists where he lives.

In Washington state, **April Ritter** called numerous dental practices every morning for three weeks before she could find one willing to accept her Medicaid insurance and pull her 8-year-old daughter's abscessed tooth. And in Maryland, Deamonte Driver, a little boy with a bright smile, lost his life to an infection caused by untreated tooth decay.

Such stories are not uncommon.

Tooth decay is the leading chronic disease among children

— more common than asthma. Yet 16.5 million children a year go without any oral health treatment or preventive services.

Some people think of dental care as a luxury — separate from health care and not as important. They view a toothache as something minor, something that children lose sleep over until they see the dentist the next day.

For those who can't get dental care when they need it, the reality is far different. They can't make the pain stop. They can't eat easily or sleep through the night. The pain forces them to miss school or work. And it can go on for months — not hours or days, but months.

Left untreated, tooth decay can affect overall health and lead to a lifetime of chronic illness. It can cause life-threatening infections or lead to complications that require major surgery. And it is linked to increased risk of stroke, heart disease and diabetes.

It affects people of all ages, in every state, in remote areas and in cities.

Everyone wants and should have access to good oral health care where and when they need it: in their own communities. But, across the U.S., that is not the case.

Dental Provider Shortage in America ¹



An Overwhelming Need

It would take **6,600 practitioners** to meet the dental needs of the **45.1 million** people living in Dental Health Professional Shortage Areas.

PERCENT OF ADULTS WITH DENTAL DECAY—BY LOCATION.

Rural



33%

Non-rural



26%

Rural adults are significantly more likely than non-rural adults to have untreated dental decay.



Medicaid Coverage Doesn't Mean Access

80 percent of the nation's 179,000 practicing dentists do not accept Medicaid.

PERCENT OF ENROLLED CHILDREN RECEIVING DENTAL CARE.

Nationwide, only 49 percent of Medicaid-enrolled children received dental care in 2011, compared to 58 percent of privately insured children who use dental services each year.



Medicaid

49%

Private Insurance

58%

A Broken System

The current dental delivery system fails one-third of the U.S. population:

- Nearly 45 million people live in federally designated dental shortage areas where there are not enough dentists to provide needed care. Millions more can't afford dental care.
- Across the U.S., an additional 6,600 dentists are needed TODAY to provide necessary services. Yet dentists are retiring at a rapid rate.
- Approximately 80 percent of dentists do not accept Medicaid insurance, making it difficult for millions of low-income families to get dental care.
- Many people who can't get dental care in their communities turn to local hospital emergency room departments when their problems become severe. In 2009, more than 830,000 people visited ERs for preventable dental problems, even though ER care is much more costly and less effective than regular dental care.

Dental care in the U.S. generally is provided by small, independent practices of dentists and hygienists. In medical care, primary care physicians have extended their practices by bringing in mid-level providers such as nurse practitioners and physician assistants. Dentists could do the same. By adding mid-level dental providers such as dental therapists to their teams, dentists could expand access to care where people need it most: in their own communities.

Mid-Level Dental Providers Are a Wise Investment

Increasing access to oral health care will require action on many fronts, including educating the public on the importance of oral health, increasing Medicaid reimbursement rates for dental services, training more dentists and further expanding the dental care workforce by adding mid-level dental providers.

Mid-level providers are critical to expanding access. They bring new capacity and flexibility to the dental care team, working with dentists and hygienists to provide preventive and routine dental services, oral health education and a dental home in underserved communities. They can work remotely in rural or low-income areas, consulting with a supervising dentist via telemedicine or phone, so that people who previously lacked access can get the care they need.

Currently, mid-level dental providers operate in Alaska and Minnesota, where they are successfully expanding access to preventive and routine dental services. Other states are in various stages of exploring their use. In Alaska, mid-level providers known as dental health aide therapists have brought dental care access to 40,000 people since they started practicing there in 2005. In Minnesota, 78

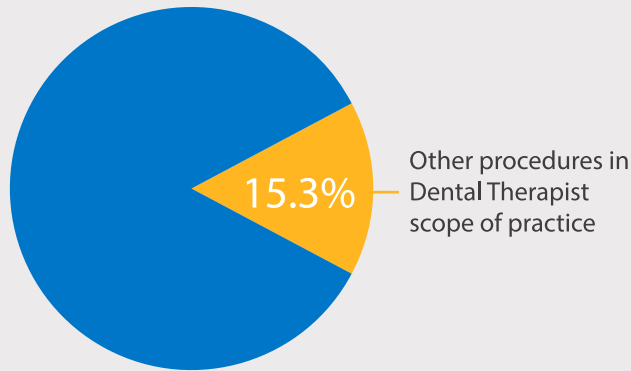


percent of patients seen by dental therapists are publicly insured.

Mid-level providers make sense on many levels. They are authorized to practice off-site in an arrangement that extends the reach of the entire dental care team. They are trained to provide culturally competent care for underserved populations and often return to practice in their home communities. Their intense training period is shorter than that of a dentist, allowing them to move into the field more quickly and making them less costly to employ. And they provide some of the most commonly needed dental services to the people who need them most.

Dental Therapists Are a Smart Investment ²

84.7% of the care dental therapists provide is PREVENTIVE and ROUTINE.



What is a Mid-level Dental Provider?

Mid-level dental providers, variously referred to as dental therapists, dental health aide therapists and registered or licensed dental practitioners, work as part of the dental team to provide preventive and routine dental services, such as cleanings and fillings. Similar to how nurse practitioners work alongside physicians, mid-level dental providers work under the general supervision of a dentist. In some situations, the supervising dentist is off-site, so that the mid-level can practice in remote and underserved areas that do not have dentists. In addition to providing routine care, mid-level dental providers play the critical role of patient educator, bringing greater awareness to the importance of good oral health.

Who is Most in Need?

Children in low-income families, children of color and people living in rural areas have the greatest difficulty getting dental care:

- More than 33 percent of all children of low-income families ages 2 to 9 have untreated cavities, compared with 17 percent of children who are not in low-income families.
- Thirty-seven percent of black children and 41 percent of Hispanic children have untreated tooth decay, compared with 25 percent of white children.
- The highest rates of untreated tooth decay — 72 percent — are found among American Indian and Alaska Native children.

- Nationally, more than 14 million children covered by Medicaid received no dental care at all in 2011.
- Rural adults are significantly more likely to have untreated tooth decay — nearly one-third suffer from it compared with only a quarter of non rural adults.

An economic study conducted of dental therapists practicing in Alaska and Minnesota found that these mid-level dental providers are expanding access to care: 78 percent of their patients were publicly uninsured; the majority of the services they provided — 84.7 percent — were preventive and routine; and their salaries represented just 30 percent of the revenue that they generated. They are cost-effective and are reaching the populations most in need.

Education and Training

Mid-level dental providers complete a rigorous education program that fully prepares them for community practice.

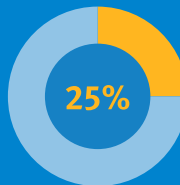
Essentially, they obtain an associate's degree that equips them to provide preventive services, education and routine dental care, including fillings and non-surgical extractions. Their training also includes an additional 400 hours of practice alongside a dentist in the field. The 400-hour internship, which may last three months to a year, enables them to hone their skills, working closely with their supervising dentists.

Children Most at Risk for Oral Disease ³

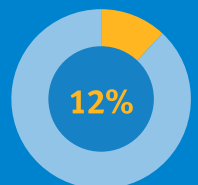
Double the cavities for children in poverty

■ Percent of children with untreated dental caries

Children living in poverty



Children living at 200% of poverty level or higher



Children of color at greater risk for cavities

■ Percent of children experiencing dental caries

American Indian/Alaska Native



African American



Mexican American



Non-Hispanic White



By the time they begin practicing, mid-level providers have as much clinical experience in the procedures they are certified to perform as a dentistry school graduate. They use the same textbooks as dental school students, and they are taught by university professors.

Like other health care professionals, mid-level dental providers have continuing education requirements that must be completed periodically. In Alaska, they must be observed directly every two years to retain their certification.

Because education for mid-level providers is highly focused and limited to a specific set of services, it requires fewer years and is less costly than education for dentists. As a result, mid-level providers carry less education debt than dentistry school graduates, and their salaries typically are about half those of dentists, making it easier for practices to hire them and expand the services they offer.



ALASKA: Expanding the Reach of the Dental Team

Since 2005, the Alaska Native Tribal Health Consortium has employed dental health aide therapists to provide routine, preventive and restorative oral health services in tribal health clinics in rural Alaska. The results have been groundbreaking:

- In Alaska, dental therapists have increased oral health care access to more than 40,000 people at a significant savings to the system.
- The average dental therapist salary in Alaska is about half that of a dentist — \$60,000 per year versus \$120,000 — so the savings are very real.
- The majority of care provided by dental therapists is preventive. They have already made

a dent in the cavity rate among children and are practicing less restorative and acute care, which is much more costly.

- Dental therapists, who come from the communities they serve, also provide important education and community-based care that makes a lasting impact.

Momentum is Building for Expanding the Dental Team

Mid-level providers are highly skilled at providing routine and preventive care. In 2013, eight states either put forward legislation or launched serious efforts to allow mid-levels to practice. Another three states have planning grants to explore the option. And Native American tribes are working to add mid-levels to their dental provider networks.

A Dentist's Vision for Adding Mid-Level Providers to The Team

In Kansas, more than 28,000 people covered by Medicaid live in counties where there are no dentists who accept Medicaid. But one dentist, Melinda Miner, DDS, has a vision for helping more Kansans get the dental care they need.

Miner and her husband are the only two dentists in Ellis County who see patients with Medicaid coverage. Together, they have built a practice with a 30 percent Medicaid base. Miner says that if she could hire two mid-level dental providers, she could schedule 2,000 to 3,000 additional appointments per year, in part by opening satellite clinics in neighboring underserved communities for preventive and other basic dental services.

MINNESOTA: Helping Safety-Net Providers Provide Cost-Effective Care

In Minnesota, the first licensed dental therapists began practicing in December 2011. Immediately, they helped increase access to care and reduce costs for community-based dental providers. Seventy-eight percent of their patients are publicly uninsured; the majority of the services they provide — 84.7 percent — are preventive and routine.

One practice, Children's Dental Services, which primarily serves low-income patients throughout Minnesota who are either publicly insured or uninsured, employs three dental therapists. The practice reports that:

- Each dental therapist saves Children's Dental Services \$1,200 a week, allowing the practice to not only maintain but expand services in the face of declining Medicaid reimbursement rates and a challenging philanthropic environment.
- There have been no complaints or problems regarding the quality of care provided by dental therapists.
- The dental therapist model is working so well that Children's Dental Services is paying the tuition for two of its current employees to become dental therapists and offering it to a third.

The potential benefits of this vision are not unique to Kansas. Across the country, mid-level dental providers could allow clinics and dentists the opportunity to greatly expand their service capacity.

All children and families — whether they live in rural Kansas, on a remote Indian reservation, or in downtown Detroit — deserve access to preventive and routine oral health care that will help them maintain good oral health, which is critical to overall health. Mid-level dental providers can bring much-needed oral health care to millions of underserved children and adults in America.

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Aurora in Practice

Aurora Johnson grew up north of the Arctic Circle in Noorvik, a village where dentists are an expensive plane trip away and fresh fruits and vegetables — unlike sugary soft drinks — are hard to come by. From her earliest years, a family member showed Aurora how to take care of her teeth. But with routine dental care out of reach, some of her classmates graduated from high school with full sets of dentures.

In 2003, Aurora seized an opportunity to make a difference in her community. She applied to become one of the first Dental Health Aide Therapists (DHATs) in an innovative program under development by the Alaska Native Tribal Health Consortium (ANTHC). With training available only in New Zealand, she uprooted her family, including three young children, and moved across the globe for two years of intensive preparation.

Today, thanks to the DHAT program, the state of oral health in Alaska's tiny villages is changing. The ANTHC, working in partnership with the University of Washington, now trains DHATs in Anchorage and Bethel, and more than two dozen therapists bring regular dental care to the farthest reaches of the state. Southwest of Nome, in the village of Unakaleet, Aurora has been practicing as a DHAT since 2005.



"When I started, the kids were half my size and now they are taller than me," she says. And she's seeing progress. "Each year, as I provide care to the kids in the communities, I am building a relationship of trust. Our preventive care has helped to fight the enormous decay rate here in our region. It used to be that nearly every child I saw had cavities, but now we are seeing more and more that strive to be cavity free."

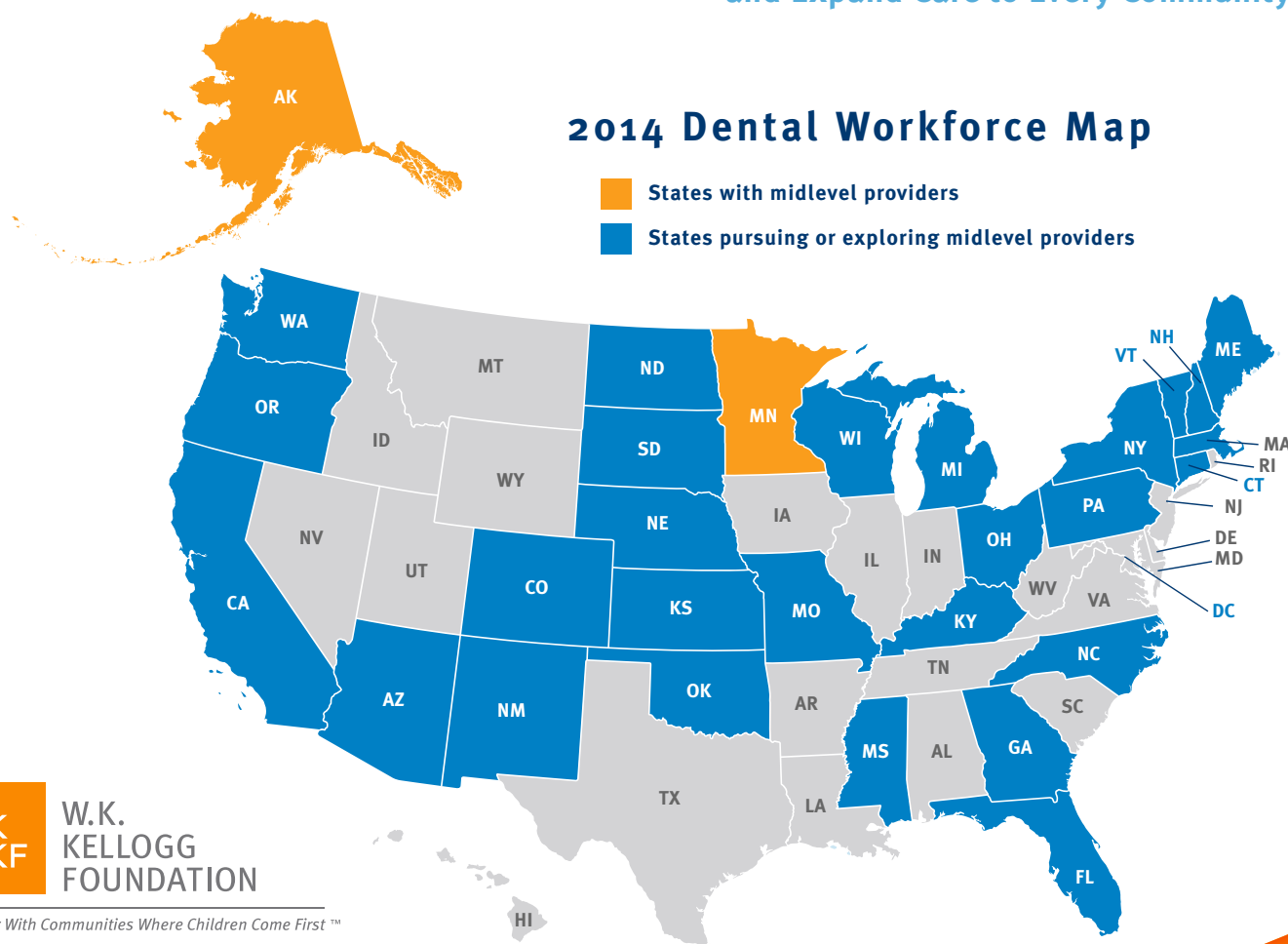
Expanding the Dental Workforce

Mid-Level Dental Providers:
Fewer People in Pain, Missing School or Work.
Fewer Life-Threatening Emergencies.

Join the National Movement to Close the Dental Care Gap
and Expand Care to Every Community.

2014 Dental Workforce Map

- States with midlevel providers
- States pursuing or exploring midlevel providers



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