

03/11/2013

Chair and Members of the Committee:

I am Dr. Mike Shirtcliff, a dentist and President/CEO of Advantage Dental, a large dental IPA owned by over 325 dentists located throughout Oregon. I want to thank you for the opportunity to discuss with you today this very important topic concerning the Medical Management of Caries (MMC). Caries is the process that causes cavities in teeth and is the result of a bacterial infection. I am here today because the Board of Dentistry rules process did not work and appears to have gotten caught up in a scope of dentistry issue disguised as a safety issue.

In your hands you have a chart that shows oral health from birth to death. It shows the right evidence based science and technology, applied at the right time, by the appropriate provider that if done would very likely result with every Oregonian having a cavity free mouth. The medical management of caries is a part of the continuum where if a person develops a cavity, the cavity can be arrested without a filling and helps stop the caries process.

Part of the MMC is using silver nitrate and fluoride varnish. The Board of Dentistry has ruled that only a dentist can apply the silver nitrate. This amendment would allow it to be applied by an appropriately trained Dental Hygienist or Assistant. This is not a safety issue because it is already okay for the dentist to apply it. In fact silver nitrate has been allowed for the arrestment of caries for over 100 years. The reason silver nitrate works is because of the silver, which is a well-known anti-microbial agent. Silver is used in bandages for wounds, is impregnated into surgical scrubs, etc. There is a plethora of literature around silver and its safety. In your hand you have a couple of photos of my grandson Joseph. Joseph has a genetic disorder called 1-P36 Deletion Factor syndrome similar to cerebral palsy. He has a muscle control problem. These kids usually die of aspiration pneumonia they are not able to swallow properly. They rarely get out of their teens. They now are having a chance at life because of the little button device you can see on Joseph's stomach. It allows him to be fed. Joseph almost died 3 times in his first 12 months from choking until they figured out what his genetic disorder was. Joseph got this feeding device when he was around one year. Interesting enough, the way they keep this device from getting infected is applying silver nitrate around the button device from time to time. My point is the safety of silver is well known.

Silver nitrate allows for the same thing on teeth. The cavity and disease can be arrested and prevented so the child can grow older and have the filling done somewhere other than a hospital under general anesthetic. No local anesthetic is needed. Studies at the Mayo Clinic have shown that general anesthetic can lead to learning disabilities in some children. Granted, Silver nitrate needs to be handled appropriately, just as many other materials used in dentistry applied by Dental Hygienists and assistants.

In the new world of the triple aim, better care, better health, at better cost provided in a global budget a new paradigm of oral health is needed. Caries is a chronic disease that needs to be looked at differently. Rather than how many cavities are filled, we need to see a cavity and the subsequent filling as a failed outcome.

Advantage, since it has implemented this caries protocol, has reduced its hospital referrals in its network for treating cavities by almost 25%, and has reduced its specialty referral by over 26%. In its company, clinics it has reduced its hospital referrals by over 50%.

Enclosed you will find a quote from Don Berwick, the father of the triple aim, where he says the solution of the triple aim is not technical, but rather political. In my opinion, what is going on by the Board of Dentistry is not about science, but about politics so we brought this issue to you. I never imagined the Board of Dentistry would not have a hearing on this issue. I suspect issues like this will come before you time and again as resistance to change raises its head trying to hang onto the status quo.

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# The Triple Aim: Care, Health, And Cost

The remaining barriers to integrated care are not technical; they are political.

by **Donald M. Berwick, Thomas W. Nolan, and John Whittington**

**ABSTRACT:** Improving the U.S. health care system requires simultaneous pursuit of three aims: improving the experience of care, improving the health of populations, and reducing per capita costs of health care. Preconditions for this include the enrollment of an identified population, a commitment to universality for its members, and the existence of an organization (an “integrator”) that accepts responsibility for all three aims for that population. The integrator’s role includes at least five components: partnership with individuals and families, redesign of primary care, population health management, financial management, and macro system integration. [*Health Affairs* 27, no. 3 (2008): 759–769; 10.1377/hlthaff.27.3.759]



# ORAL HEALTH OVER A LIFETIME

