

# Support for Dental Therapy in Oregon

Miranda Davis, DDS, Native Dental Therapy Initiative Director  
Northwest Portland Area Indian Health Board  
Senate Health Care Committee, January 15, 2020

# What is a dental therapist

- ▶ Dental therapists have a scope of practice that was designed to provide the most routine preventive and restorative services. This allows them to be a primary oral health care provider for critical services, and frees up the dentist to provide higher levels of care. They can do fillings and simple extractions, but the majority of their scope is preventive care.
- ▶ They are often recruited from the communities in which they intend to serve, staying in those communities long-term with professional wage jobs and providing culturally relevant care.
- ▶ They work as part of the dental team under the supervision of a dentist. Under general supervision with a practice agreement, they can work both inside and outside of the clinic, delivering care where it is needed most.



Naomi Petrie, DHAT, Confederated Tribes of Coos, Lower Umpqua and Siuslaw Indians

# Why dental therapy?

- ▶ Across Oregon many people face significant barriers to getting the dental care they need, resulting in more oral disease for tribal communities, people of color, low income households, and rural communities.
- ▶ Over a million people in Oregon live in areas that have a shortage of dentists and twenty-six primary care service areas (all rural or frontier) have no full time dentist.
- ▶ Only 40% of Oregon dentists accept Medicaid. Of those, most have a Medicaid patient-base of fewer than 25%
- ▶ Only 27% of adults and 44% of children covered by Medicaid in Oregon had a dental visit for any reason in 2015
- ▶ ER visits for oral health conditions are often a result of limited access to dental care. Most of these visits resulted in opioid and antibiotic prescriptions rather than definitive dental care

## Why now?

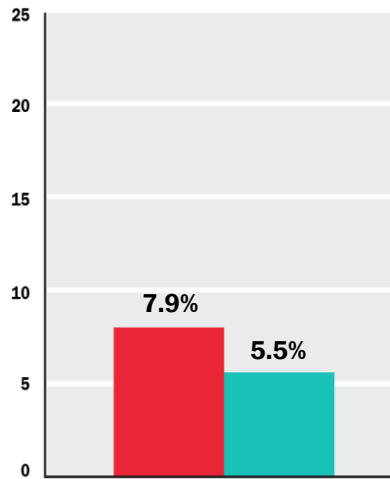
- ▶ Pilot Project #100 ends in May of 2021. Passing legislation in 2020 allows our providers to have a more seamless transition from pilot to state licensing with no gap to fill in between.
- ▶ With Oregon moving towards smarter coordinated care in CCO 2.0, dental therapists can help achieve the triple aim by extending and integrating dental care in the community, offering routine and preventive dental care at a lower cost, and eventually lowering state expenditures on expensive acute and emergency dental care
- ▶ Training and employing dental therapists under the state's Dental Pilot Project Program is resource intensive for both the state and pilot sponsors. Those resources could instead be directed more efficiently towards patient care.

# Dental therapy works

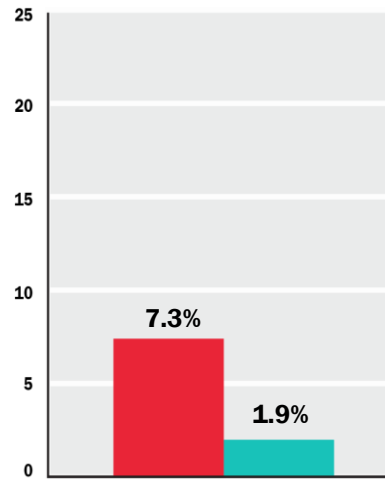
Across the country and worldwide, dental therapy has shown to be an effective workforce model that can help increase access for those who are currently underserved and underrepresented in the health fields.

- ▶ A 2017 University of Washington study found that dental therapists in Alaska not only increased access, but improved oral health outcomes. More kids received preventive care and fewer kids needed their front teeth pulled.
- ▶ A 2014 evaluation by the Minnesota Department of Health and the Minnesota Board of Dentistry determined that dental therapists improve access for underserved patients, resulting in reduced wait times and travel distances.
- ▶ Alaska, Arizona, Connecticut, Idaho, Maine, Michigan, Minnesota, Nevada, New Mexico, Vermont and Washington have authorized dental therapy in some or all settings, recognizing this as an evidence-based solution to improve oral health access and outcomes.
- ▶ Early findings of our Oregon state-approved pilot that trained and employed dental therapists in tribal communities demonstrate that dental therapists provide increased access to quality, safe care and allow dentists to work higher in their scope.

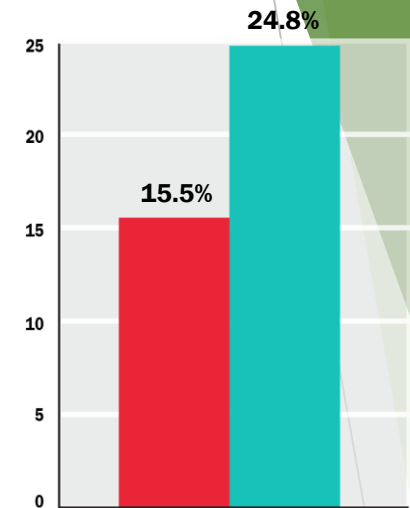
# Dental Therapy Changing Outcomes in Alaska



**Child General Anesthesia Rate**

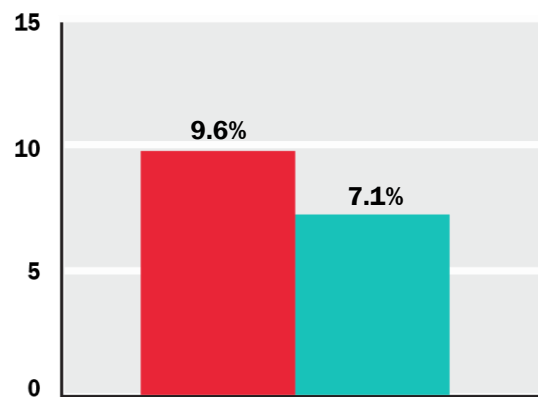


**Child Extraction Rate**

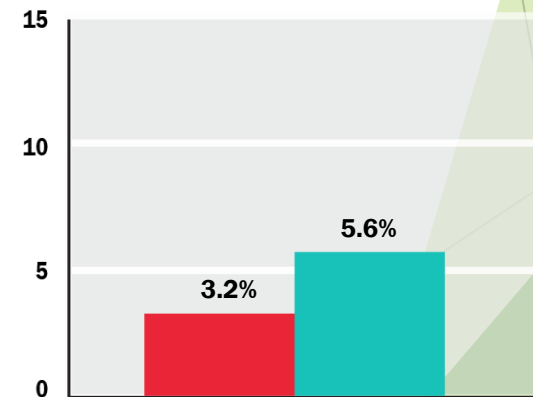


**Child Preventative Care**

**■ No DT Communities ■ High DT Communities**



**Adult Extraction Rate**



**Adult Preventative Care**

# Legislative Concepts we support

- ▶ Commission on Dental Accreditation (CODA) standards will be used as a measure of qualified education programs. CODA accredits all dental and dental hygiene schools in the U.S.
- ▶ Dental therapists will be required to work under the supervision of a licensed dentist.
- ▶ Using general supervision (dentist not required to be on-site), it is economically viable for dental therapists to provide routine dental care in schools, rural communities, Head Start programs, nursing homes, and other community settings. It also makes it possible for a dental clinic to provide services at times when a dentist is not on-site.
- ▶ The dental therapy scope of practice will include all dental therapy services listed in CODA accreditation standards.
- ▶ A pathway to licensure for dental therapists from other states.
- ▶ A pathway to licensure for Oregon Pilot Project dental therapists that does not interrupt services currently being provided.
- ▶ Recognition of Tribal Sovereignty.

# Supporters

**Advantage Dental**  
From DentaQuest



*Northwest Portland Area  
Indian Health Board*  
Indian Leadership for Indian Health



Oregon

Dental Hygienists' Association

