



**THE MIDDLE LEVEL PRACTITIONER MOVES
FORWARD:
IMPLICATIONS OF CODA
ACCREDITATION STANDARDS FOR
DENTAL THERAPY**

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**My Charge: A dental educator's
perspective of the significance of the
CODA decision to develop, adopt and
implement dental therapy education
standards.**

Presentation represents my own personal views and are not necessarily the views of the
University of Florida College of Dentistry or the other organizations I work with.

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Describe how CODA Accreditation of dental therapy educational programs impacts dental and dental hygienist education and the potential opportunities the decision may create for partners to engage academic dental and dental hygiene education institutions?

Presentation based in part on a recent editorial I wrote entitled "THE MIDLEVEL PRACTITIONER MOVES FORWARD" published in the inaugural issue of Perspectives on the Midlevel Practitioner. 2015;(Suppl):22-24.

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OUTLINE

- 1. Dental Therapists will be members of dental teams in the future. Lets move on!**
- 2. Implications for dental hygiene education.**
- 3. Implications for dental education.**
- 4. Opportunities for the future, including a MODEST PROPOSAL.**

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**1. Dental Therapists will be members of dental teams in the future
Emerging Dental Workforce Models Are Here to Stay: Let's Move On**

David Jordan, Project Director of the Community Catalyst Dental Access Project said
"the vote both underscores the overwhelming support for dental therapy from the public and within the dental industry."

Colleen Brickle, Dean of Health Sciences at Normandale Community College in Minnesota and founder of the first dental hygiene based dental therapist model in the US stated about the that
"This is a natural educational progression for dental hygienists with passion and interest in community and public health and have a desire to work collaboratively with dentists and other health care professional to meet unmet needs of all populations.."

Dr. Mary Willard, director of the first dental therapy program in the United States, the Alaska Dental Health Aide Therapist Educational (DHAT) Program stated that the CODA standards
"...are a validation of the need to advance dental teams in the U.S."

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1. Dental Therapists will be members of dental teams in the future.

**In my opinion, this action by CODA is
THE CRITICAL NEXT STEP-
THE WATERSHED MOMENT-
in advancing the implementation of dental
therapy programs across the US and improving
access to quality oral health care for many
underserved patients.**

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1. Dental Therapists will be members of dental teams in the future.

In the short term, CODA accreditation standards will assist the three states where dental therapy programs are already legal- Alaska, Minnesota and Maine- to become accredited nationally. This will eventually lead to flexibility and mobility for dental therapists across the country.

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1. Dental Therapists will be members of dental teams in the future.

In addition, CODA accreditation will hopefully bring clarity and some standardization to the various models being developed across the country.

I am very concerned that too many DIFFERENT models across the country will only lead to failure of the movement.

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1. Dental Therapists will be members of dental teams in the future.

In the longer term, CODA accreditation standards will provide guidance and affirmation to policy makers, funders, insurers, dentists, dental hygienists and educators in the 18 states that are currently considering implementation of dental therapy programs to improve access to care and overall oral health for underserved residents.

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1. Dental Therapists will be members of dental teams in the future.

Finally, CODA accreditation may provide impetus for other states who have not yet considered dental therapists as a member of the oral health care team.

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1. Dental Therapists will be members of dental teams in the future.
Where will these new members of the dental team be working?

- Private Practice
- Federally Qualified Community Health Centers
- County Health Departments
- School based clinics
- Rural/isolated communities
- Non-profit safety net clinics
- Corporate dentistry models
- Primary Care Medical Practices/Health Homes
- Hospital settings, Emergency Departments??
- Independent practice??
- Prisons
- Military
- Long Term Care Facilities

Where else?? With teledentistry, the opportunities are endless

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2. Implications for dental hygiene education

While my original thoughts were that advocates of dental therapy should have focused on the pediatric dental therapist, I see the CODA standards as a foundation for a dental hygiene based dental therapist educated in a 3 year certificate or a 4 year degree program.

And I know some of my friends in this room are not happy with that statement.

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2. Implications for dental hygiene education

My Bias- I am very concerned about degree creep. Does requiring a bachelor's degree for a traditional dental hygienist make a better dental hygienist or does it just raise costs of care?

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2. Implications for dental hygiene education

I see the current six (4+2) year model in Minnesota- the Advanced Dental Therapist- as simply too long but also I support it as a short-term, evolutionary career ladder step for current dental hygienists that should be phased out as new 3-4 year models, linked to the CODA standards and combining dental hygiene and therapy, evolve.

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2. Implications for dental hygiene education

The success of the Alaska model of dental therapy is based somewhat on therapists having a strong link to and a sense of cultural competency for the local Alaska natives.

The dental hygiene profession currently does not have the racial, ethnic, geographic and socioeconomic diversity of the current and future patient mix in the US.

Not even close!

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2. Implications for dental hygiene education

Dental hygiene based dental therapy educational programs will need to work harder to attract diverse applicants to their programs who reflect the public they are serving and the demographics of our country.

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2. Implications for dental hygiene education

The real opportunities for advancement of dental therapy programs will be in community and state colleges that house dental hygiene programs.

Usually have the infrastructure, knowledge and culture to work with non-traditional students. For example, military hygienists, EFDAs, and CDAs could be eligible for advanced standing to some level.



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2. Implications for dental hygiene education

I can envision the co-existence of traditional dental hygiene education and practice and a combined dental hygiene/dental therapy education and practice model.

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3. Implications for dental education

While dentistry has made some progress in enhancing the diversity of the workforce over past few decades, we need to do a better job.

More skills in communication, cultural competency, motivational interviewing, working with diverse populations, evidence based dentistry and management of a dental team.

And as an aside, more social justice.

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3. Implications for dental education

More critical thinking skills in dealing with complex patient needs.

More technical competence in treatment of complex dental needs of patients.

More biomedical knowledge and an ability to have better management of medically complex patients and better integration/comfort with medicine.

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Why am I emphasizing this issue of diversity and cultural competency of workforce?

A) Minority dentists were twice as likely as White dentists to accept Medicaid patients. (Logan, Guo, Dodd, and Catalanotto. Demographic and practice characteristics of Medicaid-participating dentists. *J Public Health Dent.* 2014 Spring;74(2):139-46. Okunseri, Bajorunaite, Abena, et al. Racial/ ethnic disparities in the acceptance of Medicaid patients in dental practices. *J Public Health Dent.* 2008 Summer;68(3):149– 53.)

B) Dentist’s sense of social responsibility is influenced by economics, professionalism, individual choice, and politics (Dharamsi, Pratt, MacEntee . How dentists account for social responsibility: economic imperatives and professional obligations. *J Dent Educ.* 2007, Dec;71(12):1583– 92)

C) Social Stigma of being a Medicaid Provider- Logan HL, Catalanotto F, Guo Y, Marks JG, Shafik D., Barriers to Medicaid participation among Florida dentists. *Journal of Health Care for the Poor and Underserved.* 2015;26(1):154-67



D) Dentists who are Medicaid Providers are more altruistic than non-Providers (McKernan, SC, Reynolds, JC, Momany, ET, Kuthy RA, Kateeb, ET, Adrianse, NB, Damiano, PC, The relationship between altruistic attitudes and dentists’ Medicaid participation, *JADA* 146 1:31-41, January, 2015))


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4. OPPORTUNITIES FOR THE FUTURE:

Placement of dental therapy students in FQHCs and other safety net settings during their educational programs, similar to what we do now in dental education.

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4. OPPORTUNITIES FOR THE FUTURE:
Dentists, dental hygienists and dental therapists need to learn to play nicely in the sandbox

It is imperative that dental therapy students learn in environments that include dentists and dental hygienists, and vice-versa.

I WOULD LOOK FOR COLLABORATIVE OPPORTUNITIES WITH ACADEMIC HEALTH CENTERS THAT HOUSE BOTH A DENTAL SCHOOL AND A DENTAL HYGIENE EDUCATIONAL PROGRAM. OR AT LEAST A STRONG AFFILIATION WITH A DENTAL HYGIENE EDUCATIONAL PROGRAM.

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4. OPPORTUNITIES FOR THE FUTURE:
Linking with dental schools

Why will there a reluctance on the part of many dental schools to do this, even if passed by the state legislature.

Finances, space, faculty

Opposition from traditional faculty

Alumni opposition

Organized dentistry opposition

Seek support of public health/community dentistry

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4. OPPORTUNITIES FOR THE FUTURE:

Delta Dental of Colorado announced the launch of the Colorado Medical--Dental (CO MDI) Project. This five-year initiative involves the placement of dental hygienists (SUBSTITUTE DENTAL THERAPISTS) in 17 Colorado primary care medical clinics in an effort to increase access to preventive (AND RESTORATIVE) dental health services.

Read more about this program at http://www.deltadentalcofoundation.org/wp-content/uploads/COMDI_PressRelease.pdf

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4. OPPORTUNITIES FOR THE FUTURE:

Dental Therapists are consistent with the key goals of the Institute for Health Innovation Triple Aim

- Improve the patient care experience**
- Improve the health of the public**
- Lower the per capita costs of health care**

One key foundation of the Triple Aim Cost Goal is to use the lowest cost provider to provide services that they are trained to do safely and effectively.

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4. Opportunities for the future

A Modest Proposal for An Integrated Model of Change

THE NETHERLANDS

Heuvel, Jongbloed and Eaton. The new style dental hygienist-changing oral health care in the Netherlands. *J Dental Health*, 2005;44(6): 3-10
Nash, Friedman et al, A Review of the Global Literature on Dental Therapists, *The Netherlands*, pp 258-266, 2012, W. K. Kellogg Foundation
Jerković-Čosić, K., The relation between profession development and job (re)design: the case of dental hygiene in the Netherlands
2012 Groningen: University of Groningen, SOM research school. 306 p. <http://dissertations.ub.rug.nl/faculties/feb/2012/k.jerkovic/>
Jerkovic-Cosic, K., personal communication

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The Netherlands Experiment

-Commence a four year course for dental hygienists in “Oral Care Therapy” leading to a bachelor’s degree.

-Increase the graduation of dental hygienists to 300 per year and reduce the graduation of dentists by 20%.

-Promote the team concept of structured collaboration between dentists and dental hygienists.

-Revise educational programs for oral care personnel in order to ensure cohesion of future care provision, focusing on task reallocation.

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**The Netherlands Experiment
Changes in Dental Hygiene Education & Practice**

- 1. Hygienists must be capable of coping with problems and analyze, think and act methodically, perform medical screenings.**
- 2. Increased education by a year from 3 to 4 years with university Bachelor's degree.**
- 3. Simple restorative skills, more nontechnical skills such as communicative and team skills.**

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**The Netherlands Experiment
Changes in Dental Hygiene Education & Practice**

- 4. Can work independently, without need for referral by a dentist. However, the reality is that more dental hygienists joined dentists in team approaches to care.**
- 5. There are continuing efforts to make dental hygienists more independent but the reality is more are joining dentist lead teams.**

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**The Netherlands Experiment
Changes in Dental Hygiene Education & Practice**

I think the CODA standards can/should be the basis for this four year degree model of dental hygiene education with added dental therapy skills.

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**The Netherlands Experiment
Changes in Dental Education & Practice**

- 1. Education lengthened to six years/ new content!**
- 2. The main task of the dentist is focused on general diagnosis and the coordination of a patient's care and treatment by dentist and team/dental hygienist and dental preventive assistant.**

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The Netherlands Experiment

Changes in Dental Education & Practice

3. More biomedical knowledge to manage to better manage medically complex patients and better integration with medicine.
4. More dental specialty education to better manage more complex dental patients rather than referring.

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4. Challenges for the future

Dentist lead teams (YES) versus Independent Practice (ONLY IN MINNESOTA) ?

Licensure (NO) versus Certification (YES) ?

Can we really reduce costs? If DTs cost less to educate and less to employ, the answer has to be yes. We cannot allow this to become a profit center for the dentist!

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Bottom line

Dental therapists are here to stay- get over it

Lots of opportunities

**Lots of questions- how can therapists help increase access
and reduce costs**

**Biggest potential opportunities are in dental hygiene
education and practice**

Dentists should be for more complex patients

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THANKS AND QUESTIONS

**W. K. Kellogg Foundation and Community Catalyst for
inviting me and for their perseverance and bravery in
promoting this important approach to improving access
to quality oral health care and for reminding us this is a
social justice issue.**

**Colleagues who shared information with me about this
presentation including David Jordan, David Nash, Allen
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