

# Dental Therapists

## Good for North Dakotans' Health and Good for North Dakota

### FACT:

Dental therapists are highly educated, trained and tested professionals—and like dental hygienists and assistants, dentists must hire and supervise them and can restrict their scope of practice.

#### EVIDENCE:

- A dentist will supervise each licensed dental therapist, affirm their abilities and set their scope of practice through a written management agreement.
- Like many dentists in ND (42%), dental therapists can be trained by well-established and highly respected programs in MN.<sup>i</sup>
- Both MN programs are eager to receive applications from North Dakotans (and one program had a ND student graduate in May 2016).<sup>ii</sup>
- To become licensed, dental therapists will need to go through the ND Board of Dental Examiners process similar to dentists and other dental providers.
- The national accrediting commission for schools educating dentists and other dental providers has approved standards for dental therapy.<sup>iii</sup>
- Support among MN dentists for dental therapists is growing, as “most or all have jobs lined up prior to graduation.” 95% are employed (about half in private practice) and the number graduating is increasing.<sup>iv</sup>

### FACT:

Dental therapists will work within a narrow scope of practice to allow dentists to extend needed routine and preventive care to underserved North Dakotans, as well as focus on more complicated needs and higher-revenue work.

#### EVIDENCE:

- There will be 94 procedures in a dental therapist's scope of practice compared to nearly 400 for a general dentist.<sup>v</sup>
- Dental therapists allow dentists to see more patients, decrease travel and appointment wait times, increase productivity, increase patient satisfaction and lower “no-shows.”<sup>vi</sup>
- Patients in MN said 76% of appointments were for preventive check-ups or routine treatment like fillings.<sup>vi</sup>
- A rural private practice employing a dental therapist in MN increased Medicaid patients and profits despite a far lower reimbursement rate there.<sup>vii</sup>
- Experience in 50+ countries, AK and MN shows allowing dentists to hire them can extend care to more rural, low-income, and uninsured patients—including in schools and nursing homes.<sup>i</sup>

### FACT:

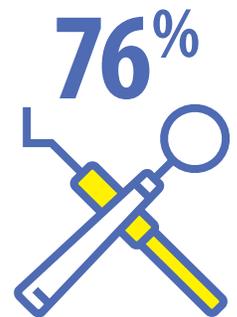
Dental therapists provide quality care under the supervision of a dentist.

#### EVIDENCE:

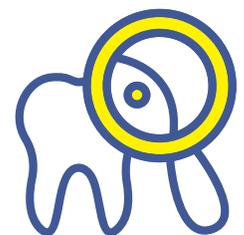
- More than 1,100 studies show dental therapists provide high quality care.<sup>viii</sup>
- Actuaries set malpractice insurance rates for dental therapists in MN at \$93/year because their number crunching demonstrates dental therapists are safe.<sup>ix</sup>
- The Journal of the American Dental Association published a study in 2011 stating that dental therapists provided high quality care comparable to dentists for procedures both can do.<sup>x</sup>
- Dental teams employing dental therapists reduce untreated tooth decay more than dentist-only teams.<sup>xi</sup>



Dentists will supervise licensed dental therapists, and set their scope of practice



76% of appointments were for preventive check-ups or routine treatments



More than 1,100 studies show dental therapists provide high quality care

## FACT:

Thousands of North Dakotans do not receive regular, routine dental care because there is not enough access to providers in rural areas or for many people with low-incomes in urban centers.<sup>xii</sup>

### EVIDENCE:

- More than 1 in 4 ND 3rd graders have untreated tooth decay.<sup>xiii</sup>
- Only 56% of practicing dentists reported accepting Medicaid patients in 2015, despite one of the most generous Medicaid reimbursement rates in the U.S.<sup>xiv</sup>
- ND is 3rd worst in the nation at providing dental care to Medicaid-enrolled kids, with 65% not seeing a dentist in 2015.<sup>xiv</sup>
- Half of American Indian 3rd graders have had untreated tooth decay.<sup>xiii</sup>
- Among nursing home residents with teeth, 1/3 need urgent care—but facilities report a major barrier to providing oral health care is finding dentists who accept Medicaid.<sup>xv</sup>
- 1 in 3 seniors report having dental problems. They are “far more likely than any other age group” to do so.<sup>xv</sup>



**1 in 4**

North Dakota 3rd graders  
have untreated tooth decay

## FACT:

Despite a gradual increase in the number of dentists over the past few years, ND still does not have enough to provide routine care for the state’s growing population.

### EVIDENCE:

- Nearly half of ND counties have no dentists or just one (17 have none, 8 have one).<sup>i</sup>
- According to the American Dental Association, ND dentists are the busiest in the nation.<sup>xvi</sup>
- Over 60% of all practicing dentists are located in the four largest counties (Burleigh, Cass, Grand Forks, and Ward).<sup>i</sup>
- Allowing dentists to hire dental therapists would increase access to care for North Dakotans in rural and urban communities.<sup>xii</sup>



Nearly half of North Dakota  
counties have only one dentist  
or none at all

### North Dakotans for Dental Access Coalition Members

AARP North Dakota  
Alliance for Health Care Access (Grand Forks)  
Community Action Partnership of ND  
Family Voices of ND  
North Dakota Chapter of the American Academy of Pediatrics  
North Dakota Dental Hygienists’ Association  
North Dakota Nurses Association  
North Dakota Nurse Practitioners Association

North Dakota Protection and Advocacy Project  
North Dakota Public Health Association  
North Dakota Women’s Network  
Northland Health Centers  
Third Street Clinic (Grand Forks)  
Americans for Prosperity  
Americans for Tax Reform

<sup>i</sup> UND Center for Rural Health, “Dental Workforce in Rural and Urban ND,” June 2016. <sup>ii</sup> Testimony by Colleen Brickle, Dean, Health Science, Normandale Community College and testimony by Leon Assael, Dean, University of MN School of Dentistry, to the ND Senate Human Services Committee, Hearing on SB 2354, February 10, 2015. <sup>iii</sup> American Dental Association, Commission on Dental Accreditation. Accreditation Standards for Dental Therapy Education Programs. August 2015. <sup>iv</sup> Presentation by Dr. Karl Self, Director, Division of Dental Therapy, University of MN, at the National Oral Health Conference, April 20, 2016; Email communication from Dr. Jayne Cernohous, Director of Dental Therapy, Metropolitan State University, to The Pew Charitable Trusts, December 7, 2016. <sup>v</sup> The Pew Charitable Trusts. Analysis using 2013 American Dental Association Codes on Dental Procedures and Nomenclature, ADA Commission on Dental Accreditation 2015 Accreditation Standards for Dental Therapy Programs, and ND Admin. Code 20-01 through 20-05 (via the ND Board of Dental Examiners) current as of April 1, 2015. <sup>vi</sup> MN Department of Health and MN Board of Dentistry, “Early Impacts of Dental Therapists in MN” (February 2014). <sup>vii</sup> Expanding the Dental Team: Studies of Two Private Practices, Pew Charitable Trusts, 2014. <sup>viii</sup> Nash D et al., “A Review of the Global Literature on Dental Therapists,” Community Dentistry and Oral Epidemiology (2013). <sup>ix</sup> Wovcha, S., Pietig, E. (2015). Dental Therapy in MN: A Study of Quality and Efficiency Outcomes. [PowerPoint slides]. <sup>x</sup> Bader JD et al. Clinical technical performance of dental therapists in AK. JADA 2011;142(3):322-326. <sup>xi</sup> Wright JT et al. A systematic review of oral health outcomes produced by dental teams incorporating midlevel providers. JADA. 2013;144(1):75-91. <sup>xii</sup> UND Center for Rural Health. ND Oral Health Report: Needs and Proposed Models, December 2014. <sup>xiii</sup> Njau G and Yineman K, “Findings and Lessons from the 2014-2015 ND Oral Health Third Grade Basic Screening Survey,” ND Department of Health, (Presented at the Dakota Conference on Rural and Public Health, May 16, 2016). <sup>xiv</sup> UND Center for Rural Health. Oral Health among ND Medicaid Recipients. December 2016. <sup>xv</sup> UND Center for Rural Health, “Oral Health among the North Dakota Elderly,” October 2016, Schroeder S, UND Center for Rural Health, “Oral Health Services Provided and the Perceived Barriers to Providing Services in LTC Facilities,” (Presented at AcademyHealth Annual Research Meeting, Boston, MA), June 27, 2016. <sup>xvi</sup> Vujicic M. Solving dentistry’s “busyness” problem. JADA 146(8), August 2015.