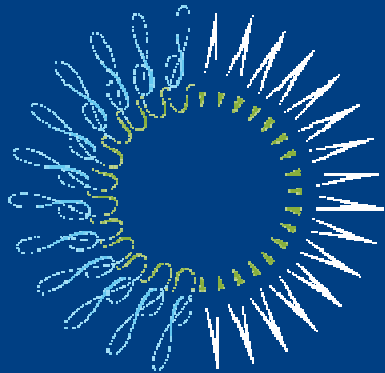


Challenges and Opportunities on Dental Workforce



THE
PEW
CHARITABLE TRUSTS

Shelly Gehshan, Director,
Advancing Children's Dental
Health Initiative, Pew Center on
the States

June 6, 2009

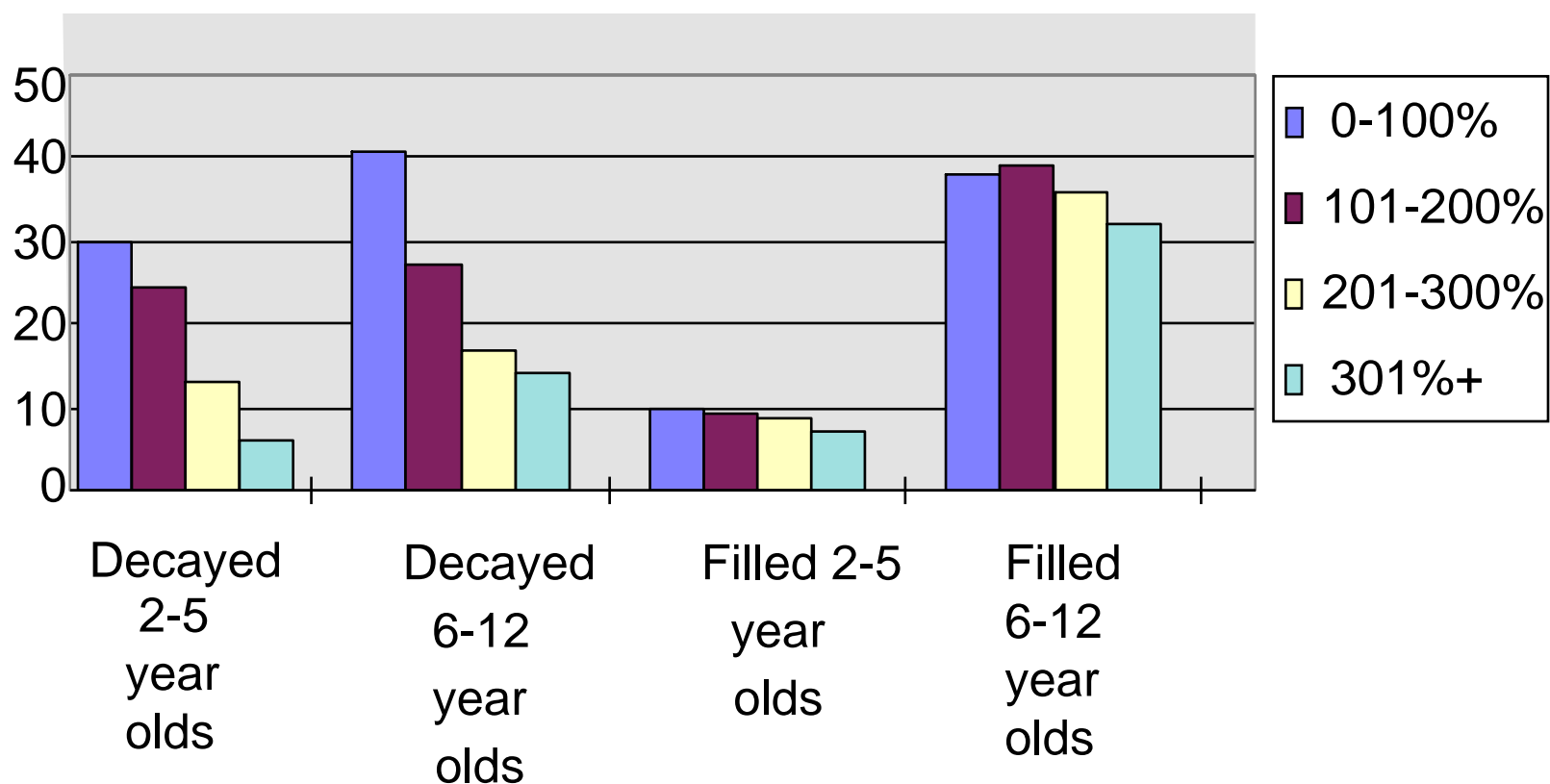


What I'll Cover...

- The need to act
- State responsibility in regulating workforce
- State initiatives in adding to safety net



Percent of Children with Decayed and Filled Primary Teeth by Income

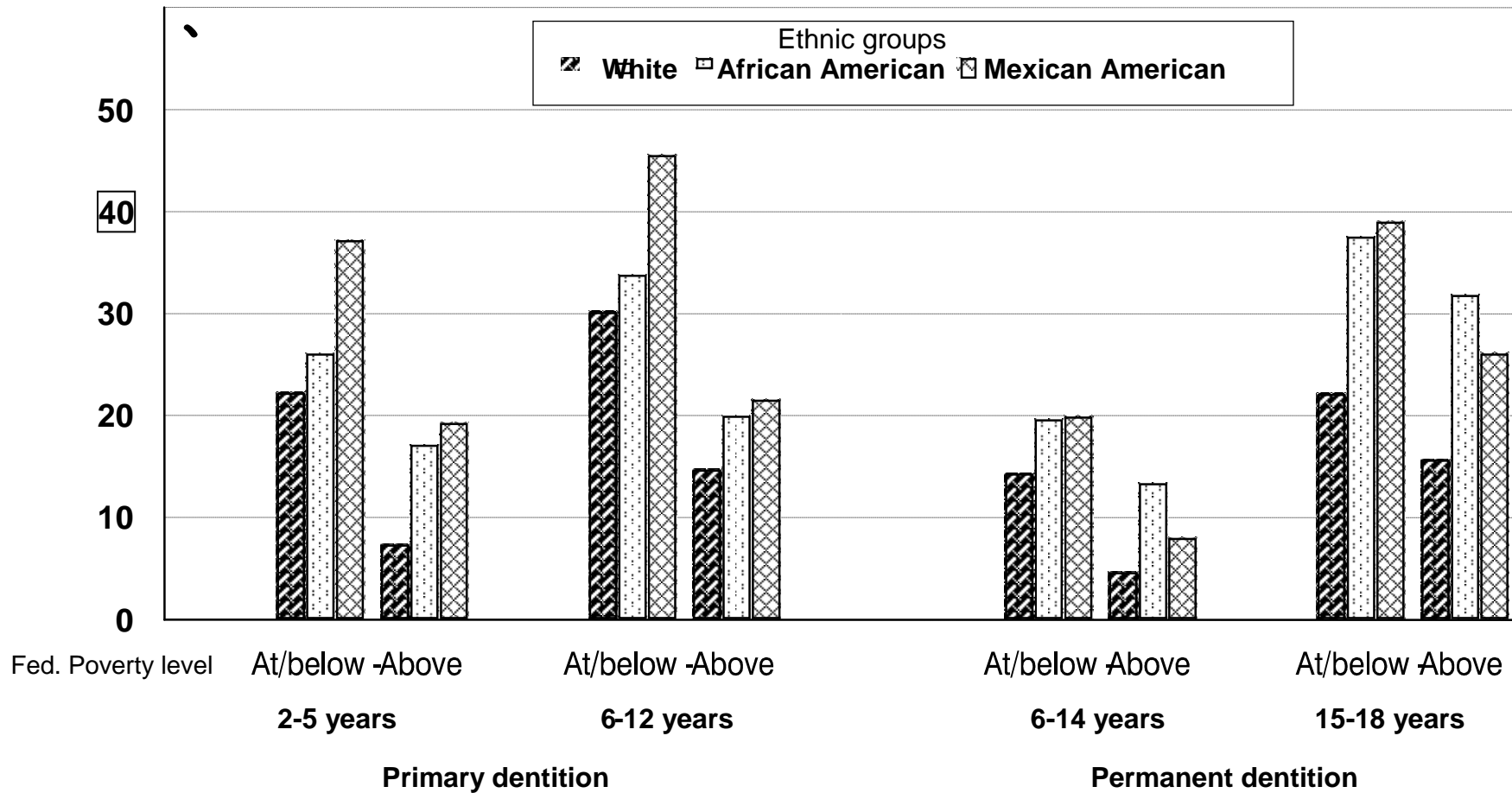


Vargas, Crall, Schneider. Analysis of NHANES III data. JADA, 1998.



Minority children have more untreated tooth decay (regardless of income)

Percent of children



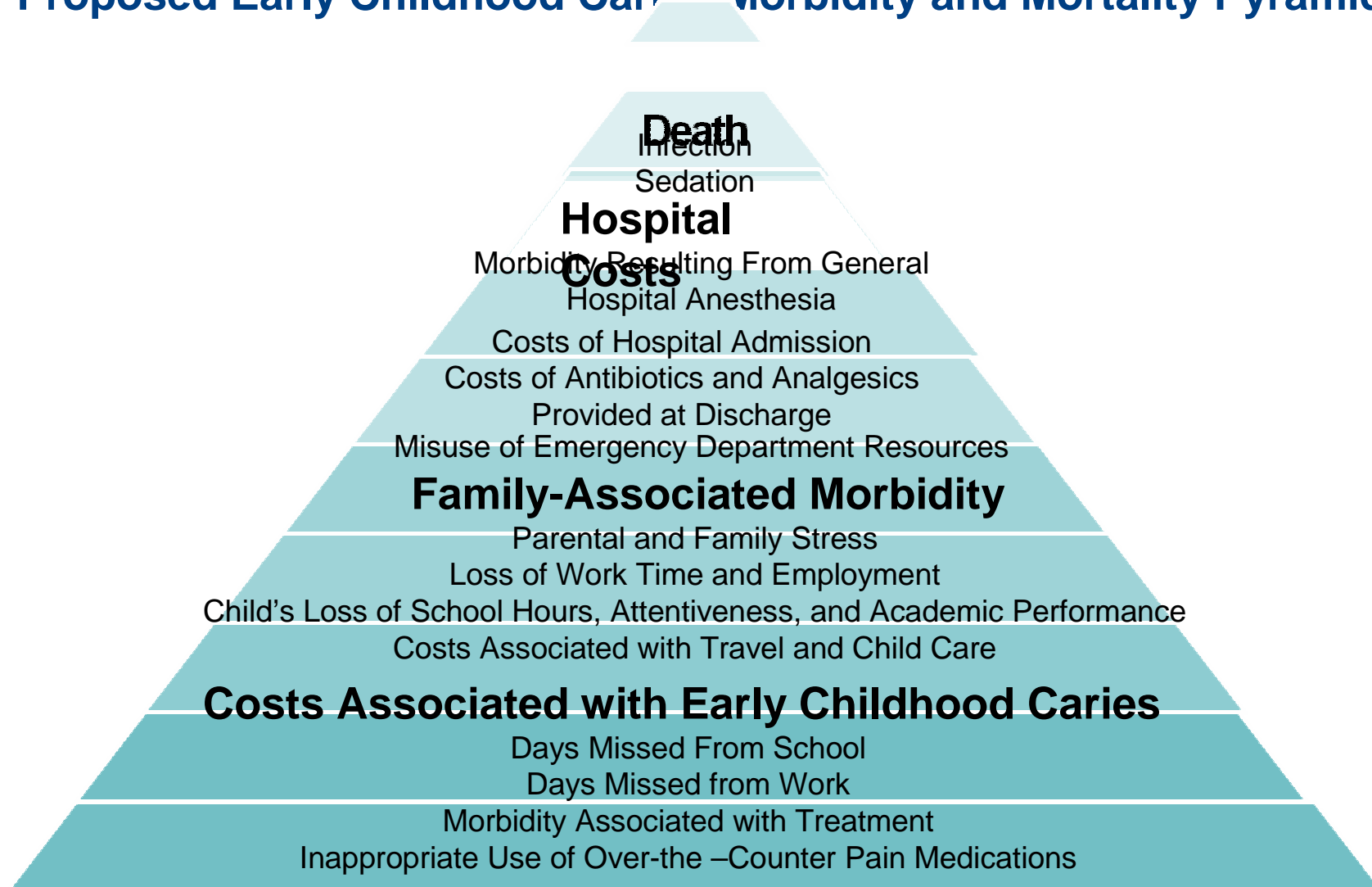
Vargas, Crall, Schneider: JADA 1998;129:1229-1238.



The Human Cost

- Cavities cause pain, abscess, tooth loss, failure to thrive, dysfunctional speech, poor appearance
- Lost school days (51×10^6 hrs -1999)
- Low income children missed 12 times more days than children from more affluent families
- Loss of wages and potential loss of job
- Poor school performance, disruptive behavior affecting other's learning
- High cost of hospital outpatient surgery (\$12,000/case)
- Emergency room visits; antibiotics; pain medications; referral to dentist (\$400-\$500/visit)

Proposed Early Childhood Caries Morbidity and Mortality Pyramid



Source: JADA, Vol. 140, p. 654. June 2009

August 20, 2009

Regulatory Process Should...

- Protect public safety through setting and enforcing reliable, consistent standards
- Serve the public interest by ensuring supply
- Promote competition and consumer choice
- Implement statute enacted by legislature

What Studies Show

- Stricter regulation leads to increases in dentists' income
 - Higher earnings in more regulated states than in least regulated states (Kleiner and Kudrle, 2001)
 - Higher incomes in states with restrictive use of reciprocity agreements (Holen, 1965)
 - Dental board testing standards and reciprocity arrangements protect dentists' incomes (Maurizi, 1974; Conrad and Emerson, 1981)



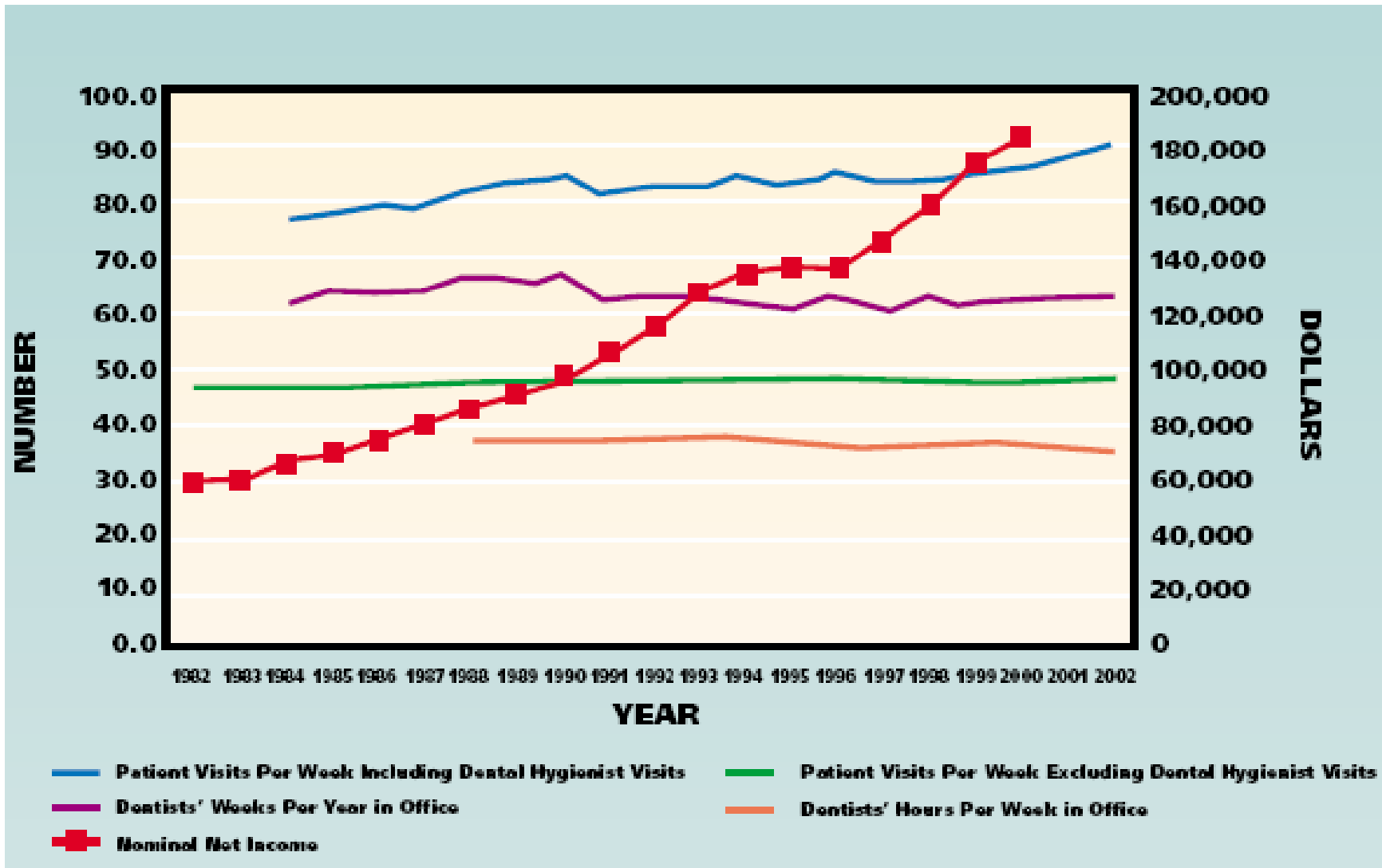
FTC: The Role of Competition and Consumer Protection Policy in the Economy

- Strong competition benefits consumers by creating incentives for innovation, and motivating sellers to provide accurate information.
- Consumer protection empowers consumers to participate in the marketplace by enabling them to make informed consumer choices
- The interplay between protecting competition and ensuring that consumers can make effective choices among competing offerings is a constant feature of competition and consumer policy in the United States.



FTC—Principles of the Advocacy

- Look at government imposed restrictions on competition and determine if they stand up to a cost-benefit test:
 - Will the regulation restrict competition?
 - If so, does this provide consumers with a benefit?
 - Do consumers value this benefit more than it costs them in lost competition?
 - Are there less restrictive ways to reach the same goal?
- Base opinion on empirical evidence and FTC expertise in economics, competition, and consumer protection.



Source: Albert Guay, "Dental Practice: Prices, Production, and Profit," JADA, Vol. 136 (March 2005), 359.

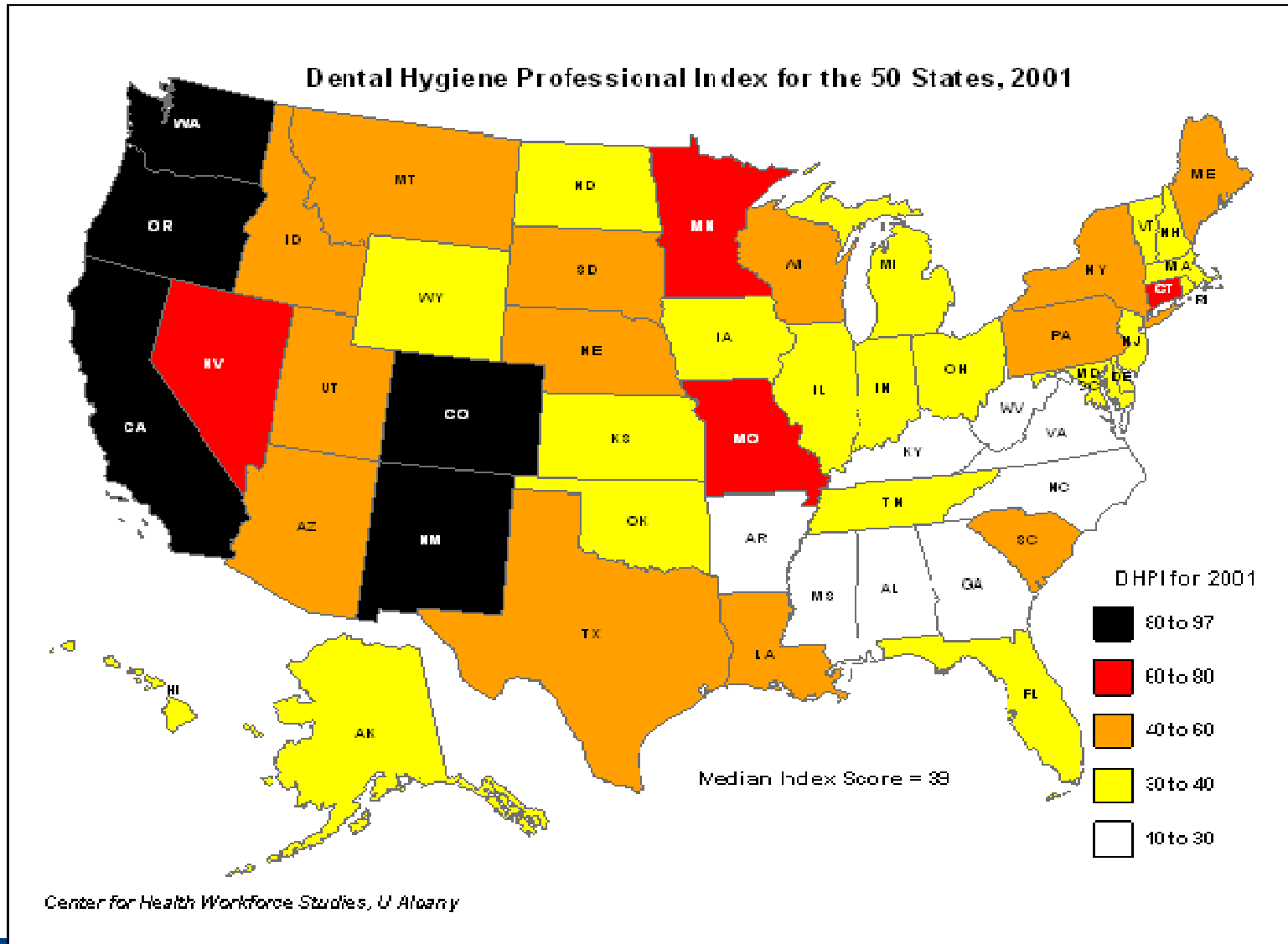
Long Term Trends

- Every change for hygiene is a battle
- Dentists “play” on their own terms
- Gradual loosening of supervision requirements and expansions in scope of practice for hygienists
- All professions evolve—change is the norm

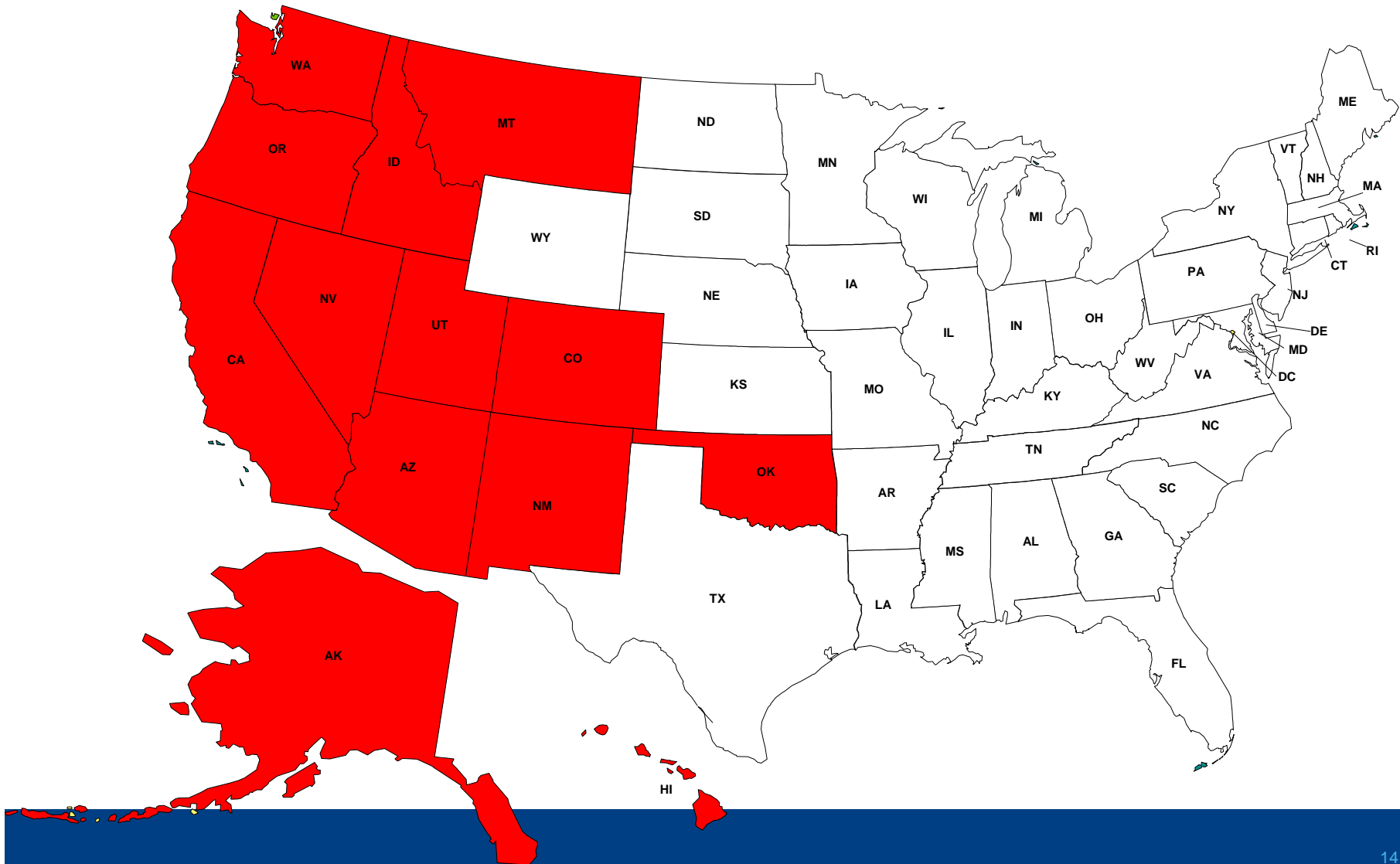


Regulation of Hygiene

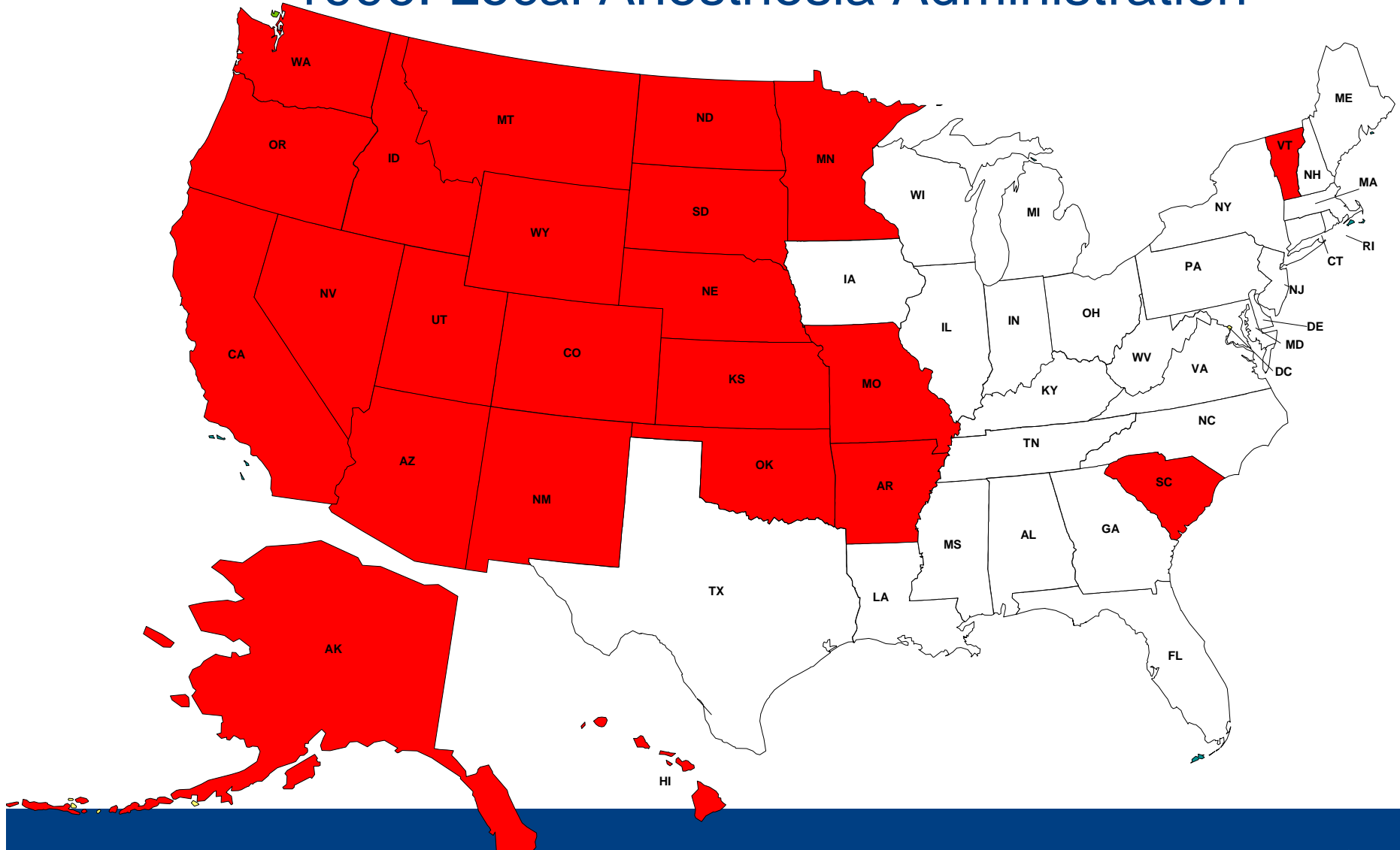
- HRSA-funded study (2004) rated state regulatory environments from 0 (most restrictive) to 100 (optimal environment for access to hygiene)
 - States range from 10 (WV) to 97 (CO)
 - Extreme variation shows faulty balance between ensuring public safety and providing access to hygiene for the population
 - Runs counter to other professions



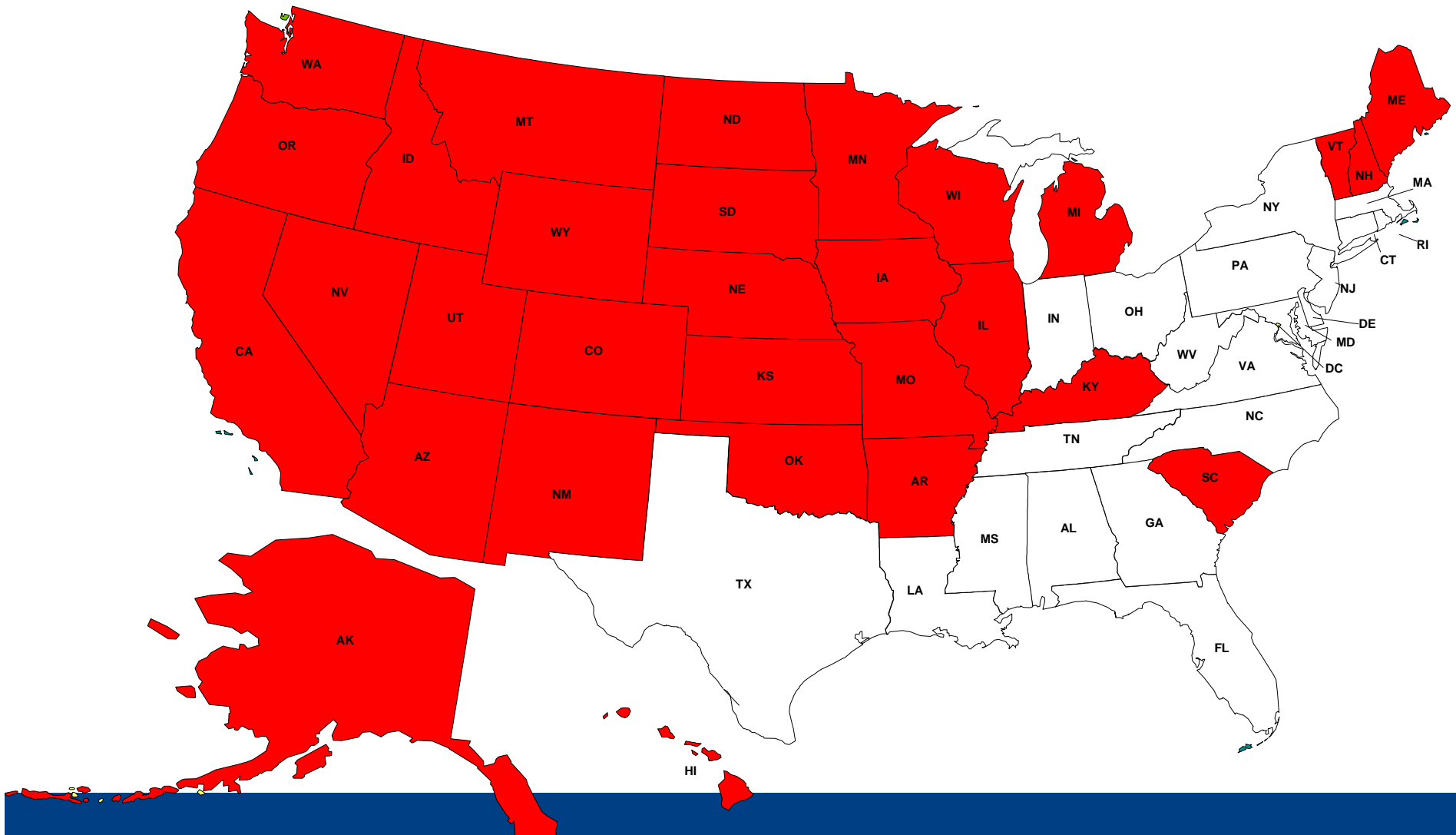
1990: Local Anesthesia Administration



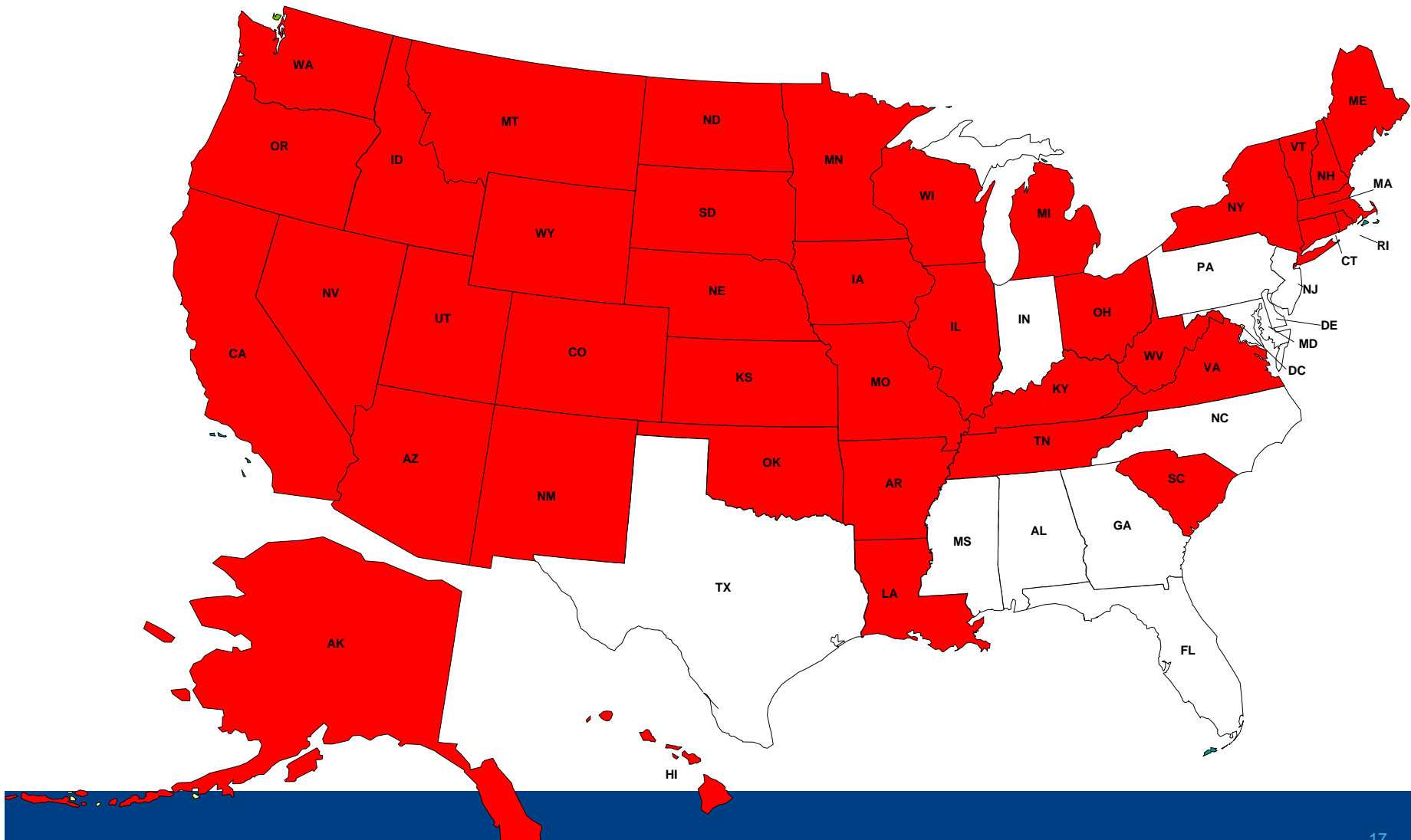
1996: Local Anesthesia Administration



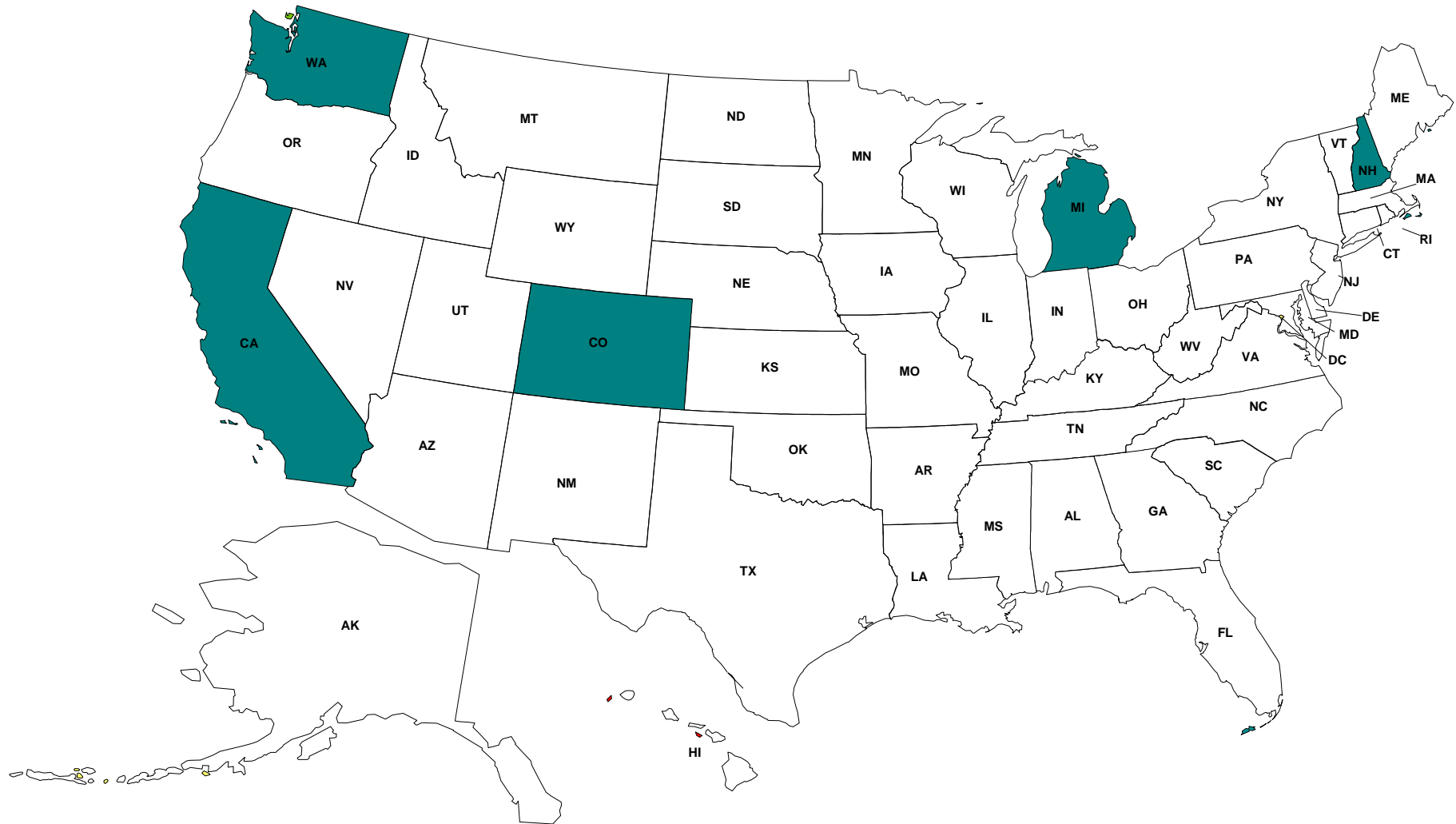
2002: Local Anesthesia Administration



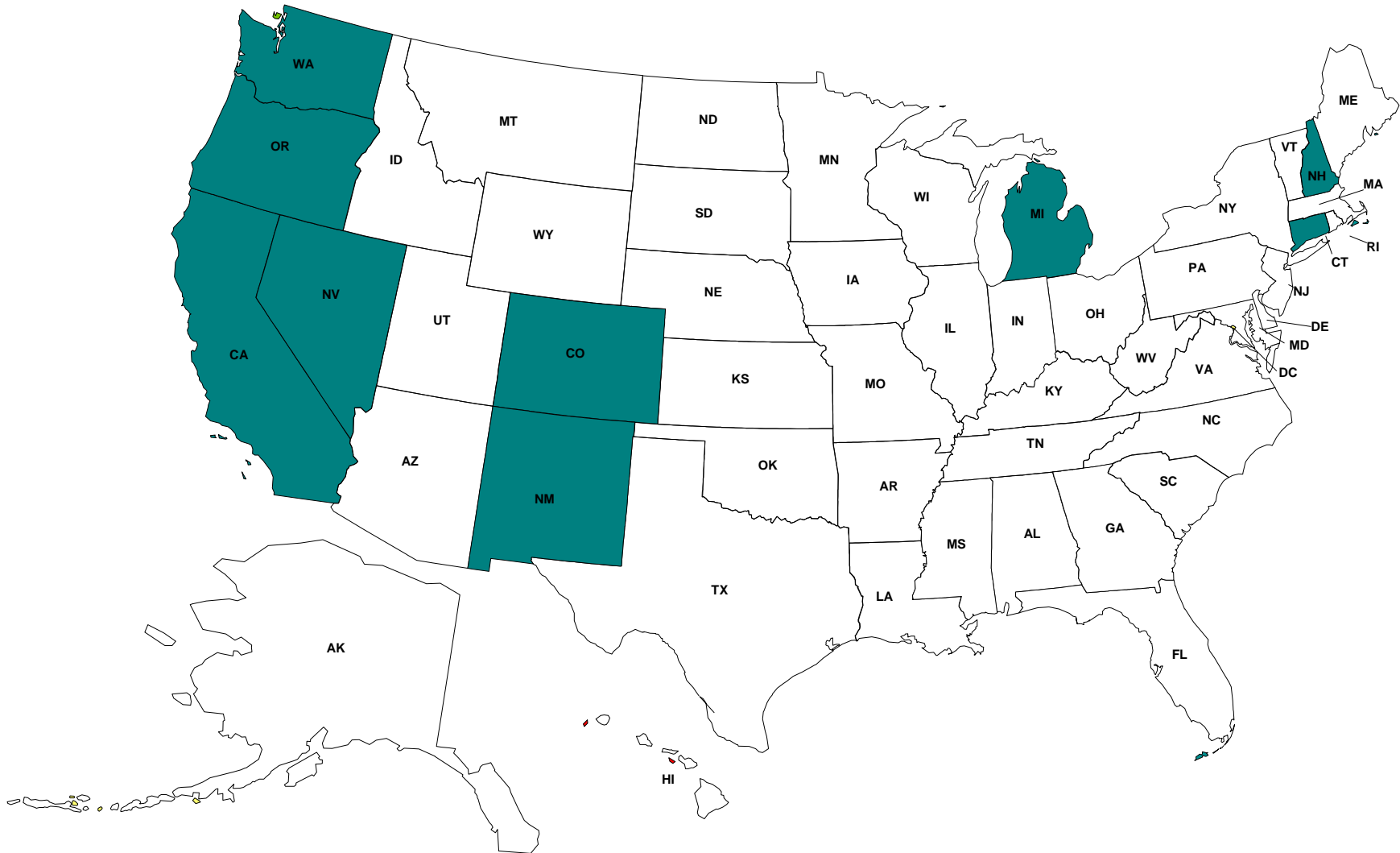
2008: Local Anesthesia Administration



1995: Direct Access



2000: Direct Access





Supervision and Payment for Hygienists

- General supervision in 47 states in dental office or some settings
- Direct access to patients in some settings in 29 states (AK, AZ, CA, CO, CT, ID, IA, KS, ME, MA, MI, MN, MO, MT, NE, NH, NM, NV, NY, OK, OR, PA, RI, SC, TX, VT, WA, WV, WI)*
- Medicaid can reimburse hygienists directly in 15 states (AZ, CA, CO, CT, ME, MA, MN, MO, MT, NE, NM, NV, OR, WA, WI)**

* Source: American Dental Hygienists' Association, "Direct Access States," Available at www.adha.org

** Source: American Dental Hygienists' Association, "States Which Directly Reimburse Dental Hygienists for Services under the Medicaid Program," Available at www.adha.org.

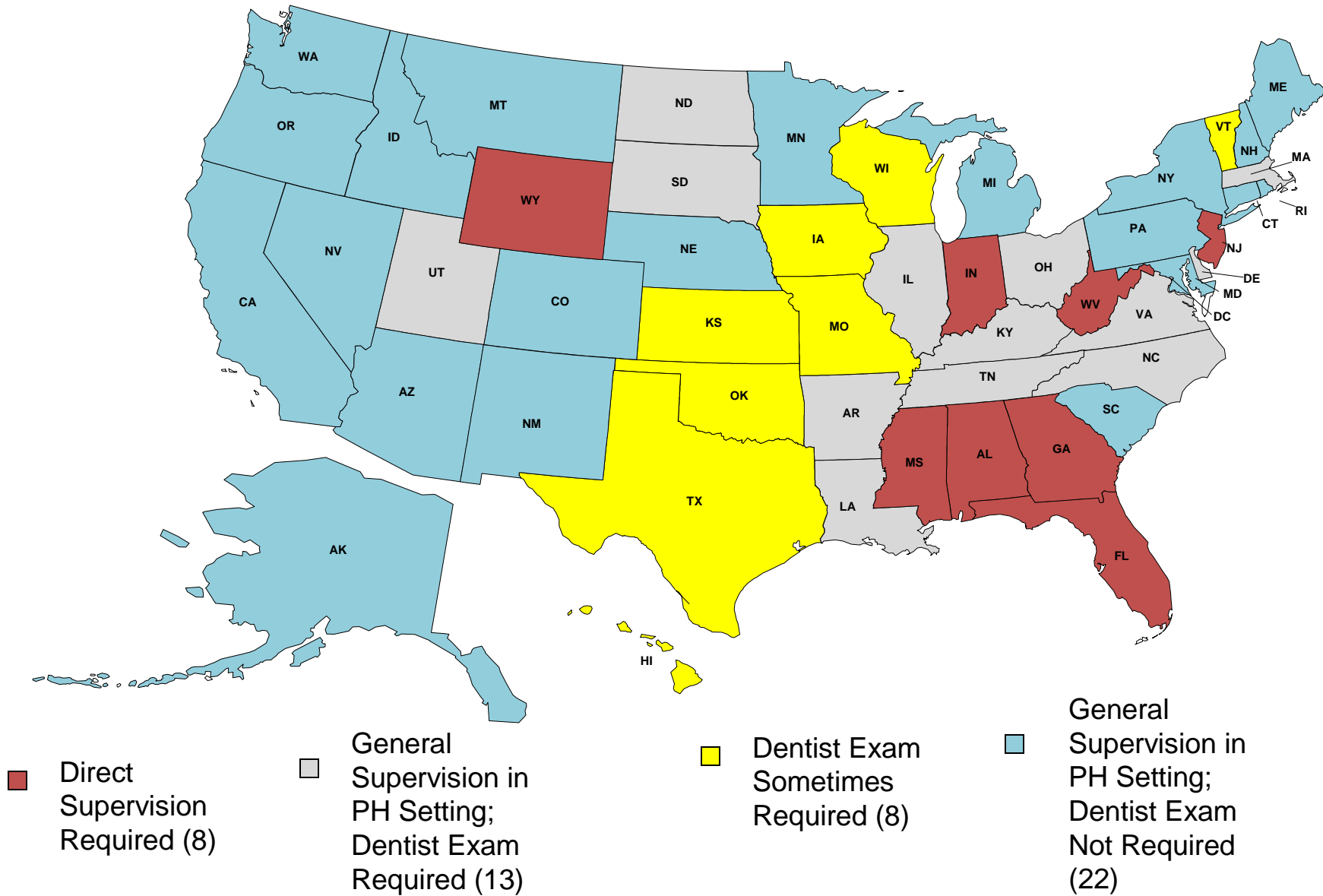


Dental exam before sealant? Not needed...

- The panel concluded that sealants are effective in caries prevention and can prevent the progression of early noncavitated carious lesions.
- Reduction of caries incidence in children and adolescents after placement of sealants ranges from 86 percent at one year to 78.6 percent at two years and 58.6 percent at four years.
- Even when placed over existing caries, sealants lower the number of viable bacteria by at least 100-fold and reduce the number of lesions with any viable bacteria by 50 percent

“Evidence-based clinical recommendations for the use of pit-and-fissure sealants.” JADA, Vol. 139, <http://jada.ada.org>. March 2008.

Supervision Rules for RDH Sealant application--2008





Notable Quotes

“ I’d love to increase dental reimbursement rates, but there is no constituency for it.” – Senator from New York

“How can we get around the dental association? They oppose everything that will help.”—oral health coalition leader

“There will never be enough money to pay every provider group market rates. We have to seek other solutions as well.” – Senator Rawson



Attitudes about Dentists

quotes from Robert Wood Johnson Foundation study

- “The most territorial mammals on the face of the earth, except maybe dogs.”—CHC director
- “They feel no obligation to the community.”—state legislator
- “Uncooperative, greedy, lacking in empathy.”—state dental board staff
- “Don’t want to care for poor people but don’t want us to either.”—FQHC dentist

Source: S. Gehshan, T. Straw, “Access to Oral Health Services for Low Income People,” National Conference of State Legislatures, 2002.



Patient Characteristics

Patient Characteristics Among Independent Dentists, 2005.	Percent of Patients
Age Group	
Less than 5 years	4.5%
5 to 17 years	17.4
18 to 34 years	18.4
35 to 54 years	26.5
55 to 64 years	19.0
65 years and older	14.2
Gender	
Male	44.6
Female	55.4
Insurance	
Private Insurance	63.6
Public Assistance	5.3
Not covered by Insurance	31.2
Travel Time to Primary Practice	
1 to 10 minutes	35.9
11-39 minutes	50.6
40 minutes or more	13.5

Source: Wendling, W. "The Private Practice of Dentistry," American Dental Association. February 9, 2009.

August 20, 2009



Medicaid Studies in States: Key Findings

- The portion of children receiving services is still far below the experience of privately-insured children.
 - In 2004, 58 percent of privately insured children vs. 32 to 43 percent of children in these 6 states.
- States have seen gains in dentists' participation and patient utilization with rate increases that do not meet that threshold. Rates need to at least cover the cost of providing service.



Medicaid Studies in States

- **Alabama**
 - The state raised reimbursement rates to 100 percent of the Blue Cross/Blue Shield dental fee schedule
- **Michigan**
 - Most providers were reimbursed 100 percent of their usual charges.
- **South Carolina**
 - Medicaid reimbursement rates were as high or higher than the usual charges of 75 percent of dentists responding to the survey.
- **Tennessee**
 - Reimbursement rates were increased to the 75th percentile of the 1999 ADA Survey of Fees for the East South Central region of states.
- **Virginia**
 - Secured a 28 percent increase in reimbursement for all dental procedures
- **Washington**
 - rates for certain procedures were raised to the 75th percentile of usual charges.



More funding for dental care is critical, but...

“Rate increases are necessary – but not sufficient on their own – to improve access to dental care.”

Source: National Academy of State Health Policy, “The Effects of Medicaid Reimbursement Rates on Access to Dental Care” March, 2008.



Current Workforce Proposals

- Proposals to expand scope or loosen supervision of hygienists**
 - 7 states have proposals far along or completed in the legislative process (MA, WI, MN, MT, CA, OH, KS)
- Proposals to develop new dental practitioners**
 - 3 states have proposals far along in the legislative process (MN, MI, MA)
 - 11 states are discussing proposals (CO, ME, NM, CA, FL, TX, OH, OR, KS, CT, PA)

**Survey of State Oral Health Coalition Leaders, NASHP 2008



“Irreversible procedures”

- Used as a political communications term—
designed to cause fear
- Opposition not based on public safety, clinical
competence of new providers, or research
- Hygienists now permitted to do “irreversible”
procedures (e.g. anesthesia)
- States and communities need and want more
sources of restorative care

The last thing you want to hear when you're getting dental care is "uh-oh."



But at the state Capitol, Senator Ann Lynch wants to allow a new type of dental worker to perform unsupervised surgery on you and your family - even pull your teeth - without any training at an accredited dental school.

And worse, a dentist wouldn't even have to be in the building if something goes wrong.

Minnesota's lawmakers must ensure that only supervised, dental school trained professionals perform surgery.

Call Senator Ann Lynch and tell her unsupervised workers doing dental surgery is a bad idea.

Call Senator Ann Lynch today at 651-296-4848.

Paid for by the Minnesota Dental Association
1201 Industrial Boulevard, Suite 200, Minneapolis, MN 55413-4807 • 612-296-8807

Keep Minnesota Smiling!

Oppose: the Advanced Hygienist Bill SF 1106 authored by Sen. Ann Lynch

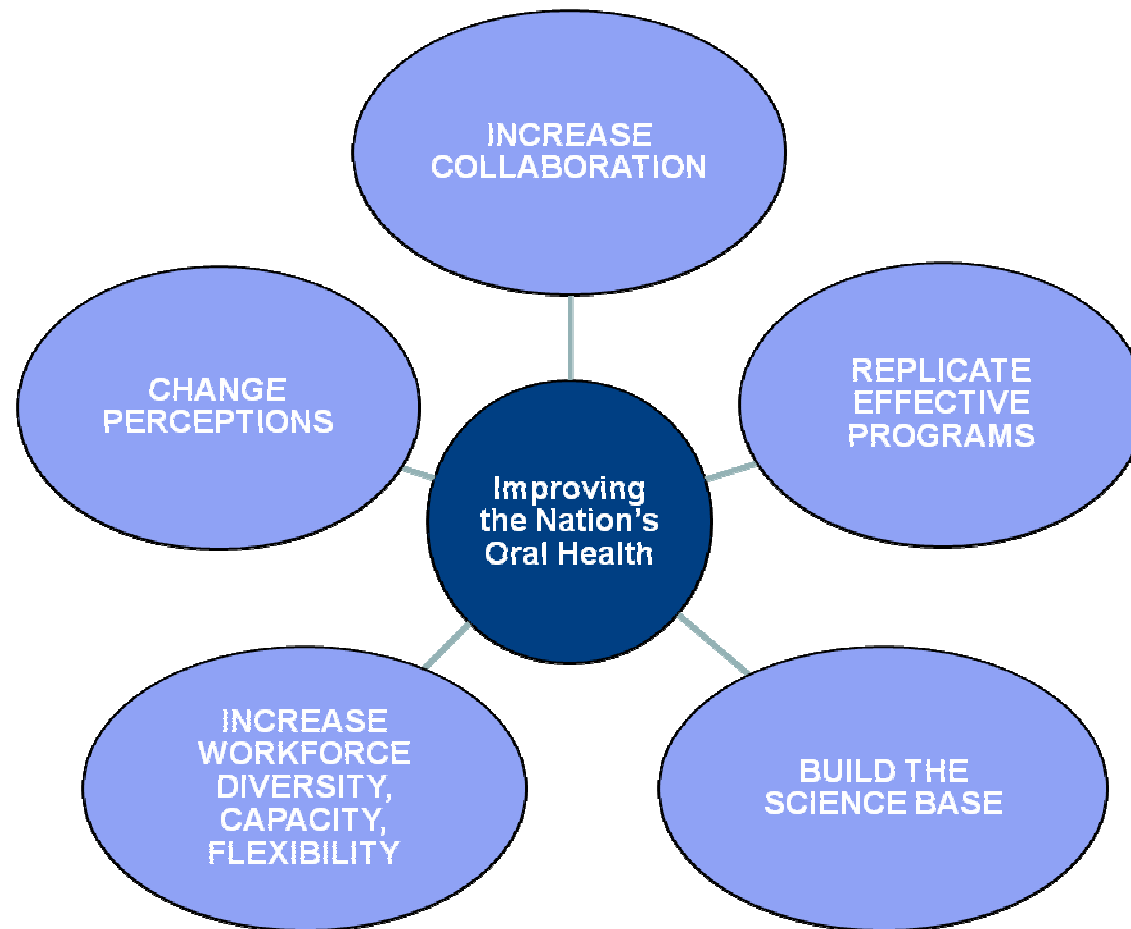
- *No supervision by a dentist*
- *Non accredited education*
- *Nothing like this in the world*
- *Creates lower standard of care*
- *Excludes non-hygienists*
- *MN is not Alaska or Canada*
- *Unlimited extractions*

Support: the Dental Therapist Bill SF 641 offered by Sen. Prettner Solon

- *Is the compromise!*
- *Dentists available for emergencies*
- *Supported by MDA, MDAA, U of M School of Dentistry, AGD*
- *Integrated dental team training*
- *No lower tier care for underserved*



Access Solutions



Source: Wendling, W. "The Private Practice of Dentistry," American Dental Association. February 9, 2009.

Why Do Need New Workforce Approaches?

- High rates of untreated dental problems among low-income families, children, and minorities
- Shortage of dentists who participate in Medicaid and CHIP programs.
- Nationwide safety net only reaches 10% of people who lack access to dental care
- Growing recognition that new providers can competently and safely deliver high-quality basic preventative and restorative dental services.



Help Wanted: State Process to Fill Need

- Collect baseline data to determine which populations, or communities would benefit from a new type of provider
- Assess the current dental workforce and educational infrastructure in states
- Identify potential funding streams to support a new provider model
- Assess who is likely to oppose the new provider type and why



Help Wanted: Process to Fill Need

- Create a broad-based partnership with a neutral leader
- Keep focus on improving access to the underserved
- Obtain legislative approval
- Prepare states to handle regulatory issues
- Develop an educational framework, standards for licensure or credential required to practice
- Consider system where care will be delivered; support new providers will need to be successful



Pew's Advancing Children's Dental Health Initiative

Mission:

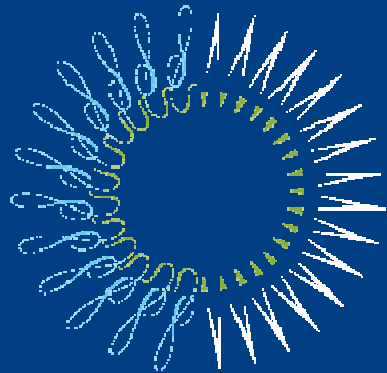
To promote policies that will help millions of children maintain healthy teeth, and come to school ready to learn.





About PCS

- ✓ Looks for critical emerging issues and innovation
- ✓ Tracks data on a wide range of important state policy topics and trends
- ✓ Conducts nonpartisan research and analysis to diagnose and frame issues across 50 states
- ✓ Uses that research to explore the feasibility of a role for PCT in particular policy areas
- ✓ Designs new advocacy initiatives in those areas ripe for reform
- ✓ Brings together diverse stakeholders in ways that encourage pragmatic, consensus-based approaches
- ✓ Carries out tailored, state-based campaigns to advance change



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