SciForschen
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ISSN 2378-7090

International Journal of Dentistry and Oral Health

Prospective | Volume: 1.1 | Open Access

The Community Oral Care Specialist©

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Received date: 27 February, 2015; **Accepted date:** 14 March, 2015; **Published date:** 18 March, 2015.

Citation: Wallin LA (2015) The Community Oral Care Specialist©. J Dent Oral Health, Volume1.1: http://dx.doi.org/10.16966/2378-7090.104

Introduction to Letter

As a past Trustee of the Minnesota Dental Association I wish to commend the Board in its pursuit of the above referenced objective as outlined in Res. B-21a-2013. I am responding to the ADA News March 4, 2013 article addressing the request from the University of Minnesota to begin writing standards for dental therapists. For several reasons, I write in opposition to the entire concept of the dental therapist as a midlevel dental provider. I have reviewed the five proposed Accreditation Standards for Dental Therapy Education Programs on the ADA Website.

I am a graduate of the Minnesota School of Dentistry and have been practicing general dentistry in Minnesota since 1968. I see the entire dental therapist scenario as an embarrassment for the dental profession because it is strictly political and is not what our profession is about. Of the five proposed standards, I believe that of Health, Safety and Patient Care is most critical because our Profession is being sidetracked from our public charge to provide only the very best care possible to patients.

I will be addressing areas that seem to have been brushed under the carpet. I will be talking about dentists that have chosen to not act in the best interests of patients. I will also be sending a copy of this letter to Dr. Sherin Tooks, Director of the Commission on Dental Accreditation.

Over the past several years the Minnesota Dental Association News Publication, the 10th District's Northwest Dentistry Publication, as well as most local newspapers, has not recognized opponents of the Minnesota's Dental Therapist Program. Attempts to question the need for dental therapists are rarely, if ever, published for people to read. The following are examples of areas that need to be thoroughly thought through and revisited, if possible, over the public comment period prior to December 1, 2013 and afterwards.

Abstract

Better access to dental care can only come about with better access to prevention. If Organized Dentistry is going to improve care to those who our lawmakers call the underserved, they (we) must first find a better way to help the "underserved" understand their basic dental need regarding fear, cost and treatment. I submit that this will only be accomplished with the help of a Community Oral Care Specialist© ("COCS") that is educated and trained to work with low income populations.

A COCS would market dental health, much like any corporation would market their product to the public. A COCS would work in shopping centers at fairs and colleges, as well as elementary school systems. This trained "specialist" could also work in community health centers in any town, wherever their supervising agency would want to deploy them. A Community Oral Care Specialist© would be charged with providing a non-fearful atmosphere for appraising, not diagnosing, dental health conditions.

The minimum educational requirements for a COCS would be a background in preventive dentistry, much like a dental hygienist or registered dental assistant. This would be accompanied by course work in psychology, oral pathology and one or more foreign languages. A Bachelor of Science Degree combined with entry level pay and benefits commensurate with employees having comparable education within the State Department of Health they worked for, would promote the program.

The Community Oral Care Specialist would be a person possessing unlimited compassion to help those less fortunate, accompanied by a desire to instill preventive dental care recommendations to all interested parties. Using their special skills in communication, a COCS could very effectively work in many different venues to help alleviate the fear of both dental pain and cost.

To effectively confront the continuing issue of providing lower dental costs to the underserved or low income population, lawmakers, educational facilities and the dental community at large must unite and endorse a workable model to handle the problem. The unique and talented Community Oral Care Specialist that can market preventive dentistry outside the traditional dental office is the future of dentistry. The Community Oral Care Specialist© will have the job of increasing patient access to prevention.

Preface

It has been suggested that Minnesota has an underserved population that does not have access to dentists because they live in remote areas. It has been suggested that Minnesota cannot afford to treat the underserved population using licensed dentists. In 2009 the Minnesota Legislature gave the State the go ahead to train dental therapists to alleviate alleged pain and suffering in the underserved population.

1. A look at the background of Minnesota's Dental Therapist Legislative Initiative.
2. A consideration of the role of Academia in the current Dental Therapist Program.
3. Adoption of new Standards to allow the Dental Therapist Program to move ahead.
4. A look at the conflict of interest of Minnesota Dental Specialists and the Program.
5. A look at the HMO involvement and interest in the Dental Therapist Graduates.
6. An evaluation by Dentists and Hygienists as to why the Program is not realistic.

A Look at the Background of Minnesota's Dental Therapist Legislative Initiative

As in many parts of the Country, Minnesota Dentists have always been willing and interested in providing quality dental care to its low income population. Over the past years Minnesota Dentists annually pay in more than enough money to pay for low income dental care via the 2% Minnesota Health Care Provider Tax that is collected quarterly by the State and based on dental office collections.

Unfortunately Minnesota's Governors have diverted more than seventy percent (70%) of the provider tax collected from dentists to "other" State expenses, leaving the State's low income population severely financially abandoned. Special interests then blame dentists for charging too much, not being available, and then go further to advocate the dental therapist as the "solution to the problem."

The money has for the past several years, been there to increase welfare reimbursement to a fair level for dentists. There are also more than enough licensed dentists willing and able to treat welfare patients if the State would just pay them fairly. Recently the State Auditor for the Minnesota Department of Human Services concluded in his report that "Minnesota dentists that take Medical Assistance (Welfare) Patients are among the lowest, if not the lowest, paid in the Country." As a result Minnesota has now begun to raise the reimbursement schedules for low income patients.

A Consideration of the Role of Academia in Minnesota's Dental Therapist Program

Everywhere we see academia performing more like a for profit business than a circle of colleges wanting to improve the intellectual capacity of their community and staff. This is especially true in Minnesota where upon graduation there are no jobs for most graduates. Graduating dentists, in turn, are dumped into a health care market where there are already too many dentists.

In addition, more dentists are not retiring as young as they used to because of economic issues. At the same time the ADA tells us that "fewer adults are visiting the dentist," and probably for similar economic reasons. [ADA News, March 18, 2013]. This combination of events is leading to a tremendous amount of over treating patients in the name of "prevention." If not checked, this writer believes this alone will ruin the hard earned reputation of the dental profession.

As a result of this over supply of dentist in Minnesota, I am frequently seeing patients come in for second opinions because their regular dentists are recommending 3-4-5 crowns that they were never previously informed about, and now they are, in turn, becoming suspicious. As a side note, a few years back I asked a potential associate applicant to tell me what criteria "he would use" to do a crown. He actually told me that the "dental school" told him that "any tooth with a three or more surface restoration in it should be crowned."

Dr. Patrick Lloyd, immediate past Dean of Minnesota's School of Dentistry and Dental Therapist advocate has, in my opinion, left a legacy of mistrust, deception and uncertainty in the charge of the Dental School to provide quality dentistry to Minnesotans. As a direct result of the Dean's obsession to create another "business" in the form of the dental therapist, he has set in motion a question of administrative competence that will remain with the dental student population for years to come.

Adoption of New Standards to Allow the Dental Therapist Program to Move Ahead

To allow the dental therapist program to move forward, the Minnesota Board of Dentistry has allowed the standards of care for dental therapists to be the same as that for dentists doing the same procedures. This pertains to restorative dentistry, oral surgery and writing prescriptions. Common sense tells us that a standard of care for two year student cannot not equate to the same standard for a licensed dentist when performing the same procedure.

If dental therapists and dentists have different amounts of education and training in the areas of restorative dentistry, oral surgery and prescription writing, how can they possibly be held to the same standard of care when performing the same procedure? If the Board is holding dental therapists to a lesser standard than a licensed dentist, will dental therapists then be paying a higher malpractice premium?

Advocates for the dental therapist often compare the need for a dental therapist to that of the need for the Medical Nurse Practitioner ("MNP"), as if to say they are both the same. They are definitely not the same, not even close. MNPs assist the Primary Care Physician ("PCP") because PCPs are in short supply due to too many physicians specializing. Registered Dental Assistants "assist" dentists, much like MNPs do for PCPs. The difference is that MNPs do not perform irreversible procedures that have the potential to harm a patient, as dental therapists have the much greater potential to do.

The Board in Minnesota further suggests that incorporating a "collaborative agreement," where the dentist that agrees to oversee the dental therapist, will assume the therapist's malpractice risk. Does this mean that that "dentist" will then also be held to a lower stand of care? The dental therapist program appears full of trickery and deception on the part of the Board, which, in turn, seems to allow the program to keep moving forward. Hopefully this example of an attempt to side step state law will be very carefully looked at.

A Look at the Conflict of Interest of Minnesota Dental Specialists and the Program

A conflict of interest does exist between generalists and specialists when it comes to the dental therapist programs in Minnesota. This makes perfect sense if you look at the evidence. First, there are too many generalists and specialists in the State for the size of the population. This same thing occurred back in the 1980's, but at that time both the School of Dentistry and Minnesota Dental Association Board of Trustees had the common sense to reduce the dental class size significantly, which we did.

Today the dental school is more interested in making money, as I mentioned earlier, that making sure their graduates have patients to work on. As I previously stated, in Minnesota there are too many dentists, including specialists, and too few customers. There is, however, a huge supply of underserved patients that would provide more work if only the State would get its act together as mentioned in part #1, "a look at the background of Minnesota's dental therapist legislative imitative."

Generalists in Minnesota oppose dental therapists because they, themselves, are not that busy. Specialists, however, intuitively knew that dental therapists could never handle the complexities of treating low income patients, especially those that had not been to a dentist in many years. Since the State pays specialists much more than generalists, and specialists figured out that dental therapists would need to refer to them, it was a win, win situation for specialists.

A Look at the HMO Involvement and Interest in the Dental Therapist Graduates

It is interesting that all of the dental therapists that have so far graduated in Minnesota are all working for HMOs in primarily metropolitan areas. Not in the remote underserved areas of the State as politicized. It is further interesting that dental therapists who are not working for the HMOs cannot find work. One of the unemployed dental therapists that I am

aware of actually was asked if she "would be willing to go out and promote the program."

If accreditation allows the dental therapist program to continue in Minnesota, it is only a matter of time, all things considered, that the HMOs will be terminating their general dentist employees in favor of hiring dental therapist because they are "cheaper."

An Evaluation by Dentists and Hygienists as to why the Program is not Realistic

The dental therapist program has been found to be totally unrealistic because underserved dental patients, more often than not, present themselves with very complex treatment problems due to long periods of neglect. General dentists like me, see this sort of thing every day. If one truly has the best interests for the safety of, and for providing the best dental health possible for underserved patients, a licensed dentist is still the provider of choice.

Through combined initiatives by the Dental Hygiene Association and the Dental Assistant Association, along with State Dental Associations, as well as the American Dental Association, expanded duties have been and will be taught continually based on need and input from the dental community, as it should be, and not from the uninformed ambitions of our political arena.

In closing, the primary sales pitch for the dental therapist program in Minnesota was that the midlevel provider would, could and should go into the vast and remote areas of Minnesota where access to a dental office was not only near impossible, but people were suffering. Well, there are no such places in Minnesota, and if a dentist is truly needed for treatment anywhere, access is always reasonable. Furthermore, the majority of employed dental therapists in Minnesota today are not working in the "remote areas of the State," but in modern metropolitan offices, competing for patients with licensed dentists.