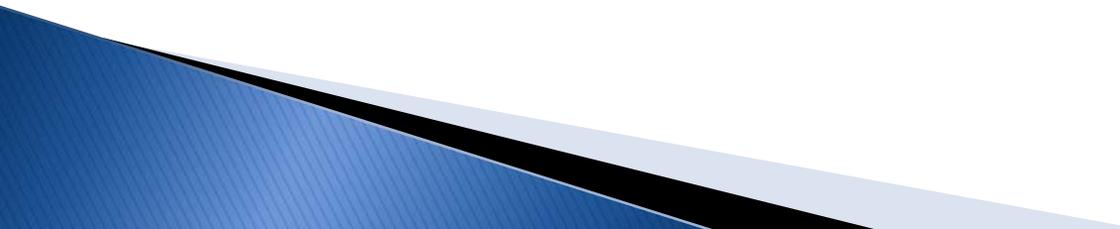


# Dental Safety Nets and Access to Care

## *A Private Practice Perspective*

*M. Alec Parker DMD  
Executive Director  
North Carolina Dental Society  
March 31, 2011*

# Today's Discussion

- ▶ Dentistry and Health Care Reform
  - ▶ Emerging Trends in Private Practice
  - ▶ Issues Related to Dental Workforce
- 

# Dentistry and Health Care Reform



*Directives*

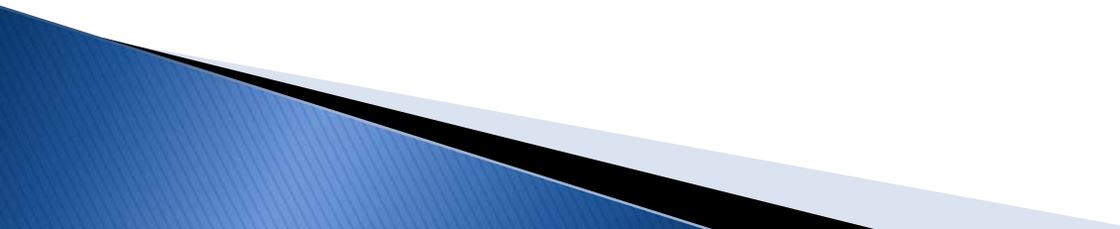
*Understanding Access*

*NC Initiatives*

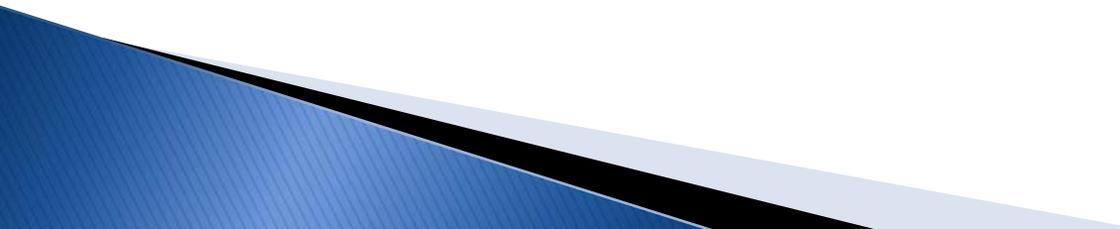
# ACA Contains Very Few Direct References to Dentistry

- ▶ Federally supported student loans
- ▶ Emphasis on supporting primary care
  - Grants available to institutions to train dentists, dental hygienists...for general, pediatric, or public health dentistry
  - Grants for demonstration projects to train alternative dental health providers in rural and other underserved areas.

# Indirect References

- ▶ Wellness and prevention
  - ▶ Emphasis on primary care
  - ▶ Workforce
  - ▶ Integration of dentistry into medicine
- 

# Main Goals of ACA

- ▶ Control the cost of healthcare
  - ▶ Increase access to care
- 

# The Complexities of Access

- ▶ Workforce
  - ▶ Financial circumstances/insurance coverage
  - ▶ Oral Health Literacy/Diet/Nutrition
  - ▶ Overall Health Status/Special Needs
  - ▶ Geography/Language/Cultural Preferences
- 

# NC Access Initiatives

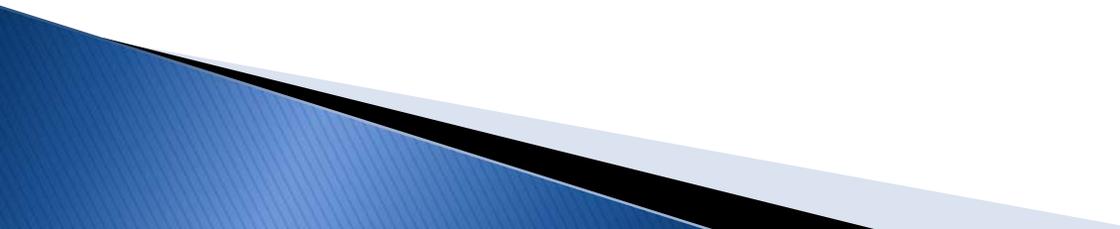
- ▶ 1999–2000: IOM Access to Care Task Force
  - ▶ 2005: Re-visitation of IOM Task Force
  - ▶ 2008: NC Public Health Task Force
- 

# Emerging Trends in Private Practice



*Moving toward the medical  
model*

# Private Practice Trends in NC

- ▶ More Group Practices
  - ▶ Growth of Dental Management Companies
  - ▶ Increased Utilization of Dental Auxiliaries
- 

# Group Practice

- ▶ Student educational debt (immediate salary)
  - ▶ Increased regulatory burden
  - ▶ Decrease in third party reimbursements
  - ▶ Shared emergency call;
  - ▶ Lack of business training in dental school;
  - ▶ Mentoring and Support;
  - ▶ Maximize facility and labor utilization;
  - ▶ Broader procedure mix
- 

# Dental Management Companies

- ▶ Interest from the private/public equity market and practice acquisitions.
  - ▶ Lower labor costs in terms of both dentists and dental staff.
  - ▶ Bargaining power with Managed Care Plans.
  - ▶ Increased buying power with lab and supply vendors.
  - ▶ Higher external marketing.
  - ▶ All inclusive procedure mix.
- 

# Increased Utilization of Dental Auxiliaries

- ▶ Broader scope of training at various educational settings
  - ▶ Expanded Function Dental Assistants
  - ▶ Sterilization and Infection Control
  - ▶ Patient Advocates
  - ▶ Compliance personnel
- 

# Dental Workforce

»» *Differing perspectives*

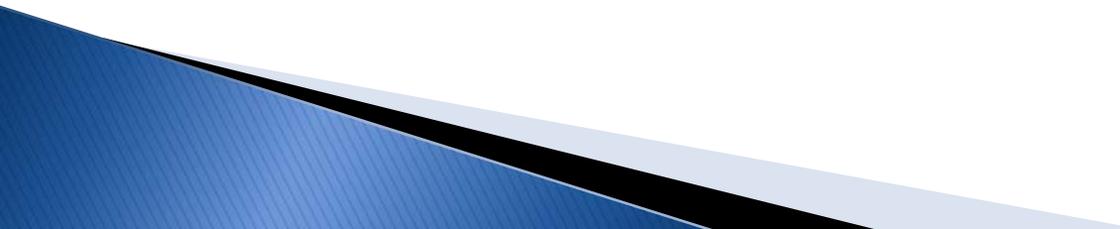
# Licensed Dentists in NC

- ▶ 4317 dentists in NC with an active license\*
  - An increase of over 20% since 2005 (158/year)
- ▶ Board of Governors Joint Plan for Dentistry
  - Increase class size at UNC from 80 to 100
  - Create a new dental school at ECU with 50 graduates focusing on primary care

Net increase: 70 new graduates per year or  
an 85% increase

\*Source: North Carolina State Board of Dental Examiners, March 30, 2011.

# Mid-Level Providers

- ▶ A new member of the dental team
  - ▶ Based upon the medical model using NPs and PAs
  - ▶ Most popular is the Dental Therapist
- 

# Advocates for Mid-Levels

- ▶ Foundations
  - ▶ Federal Government
  - ▶ American Academy of Public Health Dentists
  - ▶ Some Third Party Payers
  - ▶ Entrepreneurial Individuals / Corporations
- 

# ADA Policy

ADA Policy states that only dentists should be able to perform the following procedures:

- Diagnose disease,
- Develop treatment plans
- Perform irreversible/surgical procedures

# Education Disparities

	Dentists	Dental Therapists
High School Graduate	Yes	Yes
Post High School	4 Years of College	2 Years of Technical Education
Post Graduate	4 Years of Dental School*  *Post doctoral residency and/or specialty education programs from 1 - 6 years.	None
Scope of Practice	Irreversible Surgical Procedures	Irreversible Surgical Procedures

# Possible Outcomes

- ▶ Dental Therapists could have a positive impact on access to care
  - IF they are limited to practicing in public health settings and/or other areas where access to care is difficult
  - IF their patient pool primarily consists of low income/Medicaid eligible patients
  - IF they remain under the direct supervision of a dentist

# Potential Cost Savings

Expense	Unsupervised Dental Therapist
Facility (rent)	Same
Utilities	Same
Equip/Supplies	Same
Staff Salaries & Benefits	Same
Insurance costs (including professional liability)	Uncertain (depending upon scope)
Repayment of Educational Loan	Less
Expected Compensation	Perhaps initially less

# Mid-Levels in NC

- ▶ Public Health Hygienists
  - ▶ Dental Hygienists in Nursing Homes
  - ▶ Other possibilities:
    - Community Dental Health Coordinator
    - Expanded Function Dental Assistants
- 

# The Future of Mid–Levels in NC

The NC Dental Society does not currently support the concept of creating a mid–level provider that performs irreversible.

- While it is possible to train someone the steps to perform a dental procedure, it is unlikely that someone without appropriate education in the health sciences can make the intra–procedural decisions inherent in delivering care.
- Allow current mid–level experiments to provide data as to the effectiveness of various models in meeting their stated goals of increasing access and providing quality care at a lesser cost.

# NCDS Advocacy

- ▶ Funding for Adult Medicaid
  - ▶ Funding for dental education at UNC and ECU
  - ▶ Community Water Fluoridation
  - ▶ Funding for the Oral Health Section
  - ▶ Funding for Dental Lifeline Network
- 

# NCDS Strategic Plan

Vision: *All people will have access to good oral health.”*

## Missions

1. Champion good oral health for the public.
2. Advance the art and science of dentistry.
3. Maintain high standards of ethics and professionalism
4. Advocate for member dentists
5. Promote econ-efficient practices throughout the profession

# Breaking Down Barriers

“The ADA (and the NCDS are) is committed through advocacy and direct actions to identify and implement common sense, market-based solutions that capitalize on the strengths of the existing system while seeking innovations that extend that system to the greatest possible number of people.”

“Breaking Down Barriers to Oral Health for All Americans: The Role of Workforce”, American Dental Association, February, 2011.

**Thank You for your kind  
attention!**

The North Carolina Dental Society  
[www.ncdental.org](http://www.ncdental.org)

