

SEPTEMBER 2022



Dental Therapy Can Fill Gaps in Care and Access

By Ken Wysocky



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A P R E F A C E T O

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The Badger Institute has been paying attention to dental health for years now — researching, explaining and laying out options to lawmakers.

And with good reason: As veteran journalist Ken Wysocky points out here, synthesizing Badger Institute research, Wisconsin's dental health is not good. Among states, we have among the worst access and use rates of dental care among disadvantaged populations. We have disproportionately poor dental outcomes for people in rural areas or among people with low incomes.

It doesn't have to be this way. Other states are starting to implement the practice of dental therapy — healthcare professionals who work under the indirect supervision of dentists and who can provide routine dental care, alleviating the shortages of practitioners that are behind Wisconsin's poor dental health.

One of those states is Minnesota. Wysocky explains what Badger Institute research has found about Minnesota's experience and how it can apply here.

It's a reform that finds bipartisan favor and that helps people without dinging the taxpayer. Find out how Wisconsin can score an easy win.

— *Badger Institute*

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Introduction

When it comes to adequate dental care, too many Wisconsin residents have little reason to smile. Hundreds of thousands of Wisconsin children receive no dental care at all, and the state is dotted with areas where both children and adults suffer from a shortage of dentists.

In fact, Wisconsin has among the worst access and use rates of dental care for disadvantaged and underserved populations in the United States as well as disproportionately poor dental outcomes for disadvantaged populations.

Fortunately, there is a simple, free-market solution that would fill many of these gaps — and lots of cavities — should Wisconsin lawmakers adopt it. Dental therapy has been practiced in a growing number of states, producing meaningful results in a short amount of time.

Dental Therapy

Versatile Professionals

Dental therapists are mid-level providers who perform preventive, restorative and intermediate restorative procedures — think fluoride applications, cavity repairs, extractions of diseased teeth and the like. They're the rough equivalent of nurse practitioners or physician assistants in the medical field.

These licensed professionals work under the general or indirect supervision of dentists and often practice in locations that serve low-income and underserved populations.

Some contend that higher Medicaid reimbursements for dentists would solve the problem of poor access to dental care. A more effective alternative, however, would be for Wisconsin to allow dental therapy to be practiced here, which would increase access to oral care, improve the outcomes for disadvantaged populations and create jobs at no cost to taxpayers.

In addition, using dental therapists to supplement the dental profession likely would reduce costs by preventing untreated dental problems from escalating into larger, more expensive issues — or even emergency room visits and deaths.

Scope of Need

How great is the need to bolster dental care in the Badger State? Consider these facts:

- Wisconsin has the lowest rate of dental care use among all states for the more than 550,000 children who receive dental benefits through Medicaid. As of 2020, the rate of dental care use stood at a mere 11.8%, according to Medicaid data from the U.S. Department of Health and Human Services (HHS).¹
- Roughly 64% of those children — more than 345,000 — received no dental care, according to HHS data.²
- About 80% of Wisconsin's 72 counties, or 58, suffer from too few dental providers per capita as of 2019, according to data from the Wisconsin Department of Health Services' (DHS) Division of Public Health.³
- As of 2021, more than 1.22 million residents (more than 20% of the state's population) lived in 116 "health professional shortage areas," where there's a shortage of dental providers. Within these areas, the current number of dentists is able to meet the needs of only 36% of the population. An additional 206 dentists are needed to eliminate all such shortage areas in Wisconsin, according to federal statistics.⁴
- Nearly two-thirds of Wisconsin dentists, around 62%, do not accept Medicaid or Children's Health Insurance Program (CHIP) patients as of 2019, according to American Dental Association (ADA) Health Policy Institute figures.⁵
- About 48% of Black adults and 38% of Hispanic adults in Wisconsin reported needing but not receiving dental care in 2015, compared with 18% of white adults, according to DHS statistics.⁶
- Blacks adults in Wisconsin were twice as likely as white adults to have untreated decay and a need for dental care in 2015.⁷
- Adults in Wisconsin earning less than \$25,000 a year had more than 2.5 times the untreated decay and a need for dental care relative to those earning more than \$25,000 a year in 2015.⁸
- About 12.5% more adults with a disability in Wisconsin had untreated decay and a need for dental care than did adults without a disability in 2015.⁹
- The population-to-active dentist ratio in Wisconsin decreased by 2.52% from 2001 to 2015, and Wisconsin was one of only 10 states that experienced a decrease in the ratio during this period. The decrease was the fourth largest among these states, according to Centers for Disease Control and Prevention figures.¹⁰

Dental clinics in Minnesota that employed dental therapists saw more patients, provided more services and increased gross revenues after integrating these mid-level providers into their teams.

Negative Ripple Effects

Many health, financial and societal problems stem from insufficient dental care, which tends to occur in urban neighborhoods and rural communities that often share traits such as higher proportions of low-income residents, less access to private insurance, heavy dependence on Medicaid, limited transportation options and a shortage of providers.

Poor oral health can increase the risks for chronic conditions such as diabetes and heart

disease as well as spur lost workdays and reduced employability. It also often leads to subsequent health problems, especially among children.

Students with poor dental health are more likely to post low grade-point averages. Early childhood cavities may hurt participation and performance in pre-kindergarten education programs, which have been shown to have substantial long-term economic returns for disadvantaged children.

Research even shows a correlation between proper dental hygiene — which includes regular dental visits — and a lower risk of serious COVID-19 infection and complications, according to a 2021 study¹¹ out of Cairo University.

Proper dental care also can reduce the use of costly but preventable acute care. One study identified \$2.7 billion in dental-related emergency room visits nationwide during a three-year period. Medicaid-enrolled adults accounted for 30% of the visits, and more than 40% were uninsured individuals, according to a Center for Health Care Strategies report.¹²

In Wisconsin, there were more than 41,000 emergency room visits for preventable oral health conditions in 2015, and the visits cost nearly \$27.5 million in 2012 alone.¹³

Minnesota's Success

To see how effectively dental therapy licensure can work, Wisconsin residents need only look to Minnesota, which in 2009 became the first state to authorize the use of dental therapists statewide. Driving support for the legislation was Minnesota's relatively high frequency of emergency room visits for preventable dental problems and their substantial associated costs.

Minnesota is now one of eight states that have authorized dental therapist programs statewide. Another five states have authorized the practice on tribal lands or as pilot programs. And as of 2021, nine other states, including Wisconsin, were considering dental therapy legislation, according to data from the American Dental Hygienists Association.¹⁴

Dental therapists in Minnesota are licensed by the Minnesota Board of Dentistry. A majority of board members are dentists (five of nine members), which allows dentists to have significant input into the licensure process. To acquire a license, dental therapists must pass the same clinical competency exam as dentists do for the procedures and services they're authorized to provide.

When Minnesota first authorized the use of dental therapists, 80% of dentists did not support it, according to Karl Self, a dentist and educator who directs the University of Minnesota's dental therapy program. A decade later, 60% to 70% of dentists supported the change, and demand today for dental therapists is so high that many students secure jobs before graduating.¹⁵

Dental therapists are mid-level providers who perform preventive, restorative and intermediate restorative work. They're the rough equivalent of nurse practitioners or physician assistants in the medical field.

Compelling Data

In 2016, Minnesota dental therapists provided care for nearly 100,000 patients. That number undoubtedly has increased since then as the number of practicing dental therapists has grown to 131 as of September 2022, according to the Minnesota Board of Dentistry.¹⁶

It's also notable that the board has not disciplined or required corrective actions on any licensed dental therapist due to quality or safety concerns, according to an article in *Dimensions of Dental Hygiene*, a peer-reviewed industry publication.¹⁷

Clinics in Minnesota that employed dental therapists saw more patients, provided more services and increased gross revenues after integrating these mid-level providers into their teams, according to a 2020 study by researchers at the Center for Health Workforce Studies at the University of Albany School of Public Health in New York.¹⁸

The study was based on data from more than 76,000 patients who visited two Apple Tree dental clinics between 2009 and 2019. One of Minnesota's first clinics to hire dental therapists, Apple Tree has been a nonprofit community dental provider for 35 years and operates seven clinics in urban and rural regions of Minnesota. About 80% of its patients are low-income or insured by Medicaid.

A systematic review in 2013 by the ADA Council on Scientific Affairs concluded that well-trained dental therapists provide high-quality treatment, including restorative care, according to a *Dimensions of Dental Hygiene* article.¹⁹

Wisconsin Legislation

Legislation that would authorize licensed dental therapists to practice in Wisconsin unanimously passed the state Senate in April 2021, and a companion bill garnered broad bipartisan support in the Assembly. However, Assembly Speaker Robin Vos (R-Rochester) assigned the bill to a committee that does not consider legislation, where it has languished for months.

The proposal, introduced by state Sen. Mary Felzkowski (R-Irma), would have required dental therapists to practice in a healthcare-provider shortage area or in an area made up of at least 50% underserved populations such as those on Medicaid, patients in long-term care facilities, veterans or the uninsured.

In addition, dental therapists would have been required to graduate from an accredited program offered by the Commission on Dental Accreditation or the respective dental boards in Wisconsin or Minnesota, and they would practice for 2,000 hours under the direct supervision of a dentist before moving to general supervision.

The proposal is supported by a diverse 50-member coalition, including AARP, Delta Dental of Wisconsin, Children's Wisconsin, the Wisconsin Hospital Association, the Wisconsin Dental Hygienists' Association, Disability Rights Wisconsin and others.



Badger Institute takeaways

- Wisconsin lawmakers should pass legislation authorizing dental therapists to practice in our state, such as existing legislation that has stalled in the Assembly after passing unanimously in the Senate.

About the Author



Ken Wysocky is a Milwaukee-area freelance journalist and editor who has written hundreds of articles for many national magazines and other media platforms. He has compiled more than 40 years of journalism experience, including stints as a daily newspaper reporter in both the Chicago area and Milwaukee, a corporate communications manager for a former Milwaukee-based Fortune 250 company and a magazine editor before becoming a freelancer in 2008.

Endnotes

¹ www.medicaid.gov/sites/default/files/2019-12/2015-dental-and-oral-health-domain-specific-report.pdf

² Ibid.

³ www.dhs.wisconsin.gov/publications/p0/p00368.pdf

⁴ www.kff.org/other/state-indicator/dental-care-health-professional-shortage-areas-hpsas/?currentTime-frame=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D

⁵ www.ada.org/-/media/project/ada-organization/ada/ada-org/files/resources/research/hpi/hpigraphic_0820_1.pdf

⁶ www.dhs.wisconsin.gov/publications/p01074.pdf

⁷ Yang, A. & Olson, M.A. The Oral Health of Wisconsin Adults, 2015.

⁸ Ibid.

⁹ Ibid.

¹⁰ www.cdc.gov/nchs/data/has/2016/086.pdf

¹¹ www.acc.org/about-acc/press-releases/2021/10/07/12/57/poor-oral-health-may-impact-covid-19-severity-especially-for-cardiac-patients

¹² www.chcs.org/media/Adult-Oral-Health-Fact-Sheet_091519.pdf

¹³ www.badgerinstitute.org/Diggings/Fall-2018/Seeking-to-fill-a-void.htm

¹⁴ dimensionsofdentalhygiene.com/update-dental-therapy-united-states/

¹⁵ www.badgerinstitute.org/News/2019-2020/Where-dental-therapy-is-longer-in-the-tooth.htm

¹⁶ mn.gov/boards/assets/ActiveAll%209-1-22_tcm21-539534.pdf#False

¹⁷ dimensionsofdentalhygiene.com/dispelling-myths-about-dental-therapy/

¹⁸ www.chwsny.org/our-work/reports-briefs/the-contributions-of-dental-therapists-and-advanced-dental-therapists-in-the-dental-centers-of-apple-tree-dental-in-minnesota/

¹⁹ dimensionsofdentalhygiene.com/dispelling-myths-about-dental-therapy/