

There's a Dental Access Crisis in Wisconsin: Dental Therapists Can Help



What's the Problem? Too Many Lack Dental Care

- **Rural residents:** 1.2 million people live in areas –mostly rural--with dentist shortages. The federal government reports shortages in 64 of 72 counties.ⁱ
- **Medicaid Enrollees:** More than 1 million Wisconsinites get dental care through Medicaid but only 37% of the state's dentists accept Medicaid.ⁱⁱ Wisconsin ranks among the bottom of all states in Medicaid children who saw a dentist in 2017 – only 43%.ⁱⁱⁱ
- **Elderly:** Nearly half of all nursing home residents have untreated decay.^{iv}



What Happens When People Can't Access Needed Care?

- Pain, low school achievement, poor work performance, late detection of oral cancers, tooth loss, lowered self-esteem and poor job prospects.
- Untreated dental decay can lead to abscesses, blood infections, and even death.
- Last-resort care at emergency rooms, costing Wisconsin tens of millions annually.^v

What's a Dental Therapist?

- Another member of the dental team, similar to a physician's assistant in medicine, always working under a dentist's supervision.
- Provides basic care that includes preparing and filling cavities and performing simple extractions; trained to provide about ¼ of the procedures a dentist can perform.

How Can Dental Therapists Help with the Access Crisis?

- **Fix Untreated Decay:** Hundreds of thousands of Wisconsinites have untreated decay, yet under state law, only dentists can prepare and fill cavities. Dental therapists will dramatically increase the number of trained professionals able to deliver basic dental care under a dentist's supervision.
- **Reach More Communities:** Rural clinics, nursing homes, schools, programs for people with disabilities – DTs could go where dentists are scarce and in more convenient locations for patients. DTs earn significantly less than dentists so it's more affordable for practices to send them to underserved areas.
- **Treat More Medicaid Patients:** Dentists report that low payment rates keep them from accepting Medicaid. DTs' lower wages make it less expensive for practices to treat patients, and more feasible for dentists to accept Medicaid.

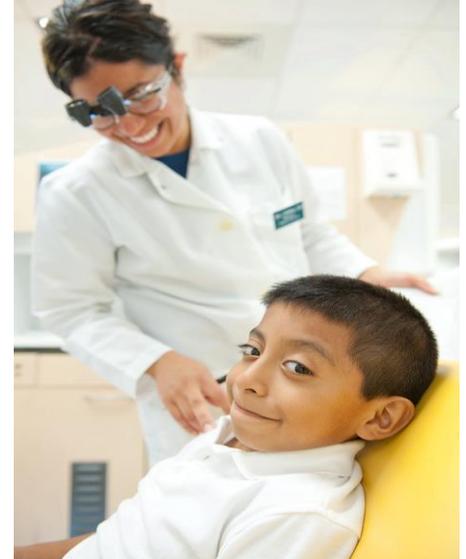


How will dental therapists be trained?

- By programs that must meet national standards developed by the Commission on Dental Accreditation (CODA) – the accrediting body housed within the American Dental Association – recognized as setting the nationally accepted level of safety and quality for all dental education programs.

How will dental therapists be supervised?

- Dental therapists will not work independently; the dentist remains the head of the dental team. DTs will be employed by practices and supervised by dentists.
- DTs could practice without a dentist present if their supervising dentist allows, seeking guidance, when necessary, and sharing patient information via telehealth technology.
- Under general supervision, DTs could be sent to underserved locations or extend office hours to weekends and evenings without the added cost of having a dentist present.



Minnesota's Track Record: Just the Facts

Critics claim that Minnesota DTs have not increased access, **but research shows** that where practices employ DTs...

- Underserved patients have reduced travel and wait times for care.
- Private practices are serving more Medicaid patients AND turning a profit.
- Public clinics are using labor cost savings to serve more patients.

Critics claim that DTs are not serving rural areas **but data confirm** that...

- DTs' rural presence is in proportion to the state population: 45% of Minnesotans work outside of the twin cities area, where 41% of DTs are employed.^{vi}
- The Twin Cities area also has dentist shortage areas. DTs are treating many of the low-income underserved in these areas.

Critics claim that raising Medicaid payment rates alone would solve Wisconsin's access crisis, **but common sense recognizes** that ...

- Raising Medicaid rates to perpetuate a system where only dentists – the highest paid members of the dental team – provide basic, routine care is **NOT an efficient use of tax dollars**.
- Labor costs are the highest overhead expense for most dental practices. Using competent, lower-cost providers to deliver routine restorative care can stretch tax dollars to serve more Medicaid patients.

ⁱ U.S. Department of Health and Human Services, Data as September 30, 2018.

https://ersrs.hrsa.gov/ReportServer?/HGDW_Reports/BCD_HPSA/BCD_HPSA_SCR50_Qtr_Smry_HTML&rc:Toolbar=false.

ⁱⁱ Centers for Medicare and Medicaid Services, 2018 Eligibility Determinations and Enrollment Data. <https://data.medicare.gov/Enrollment/2018-08-Updated-applications-eligibility-determina/npsp-q5wz>. Also Wisconsin Department of Health Services, Medicaid Plan for Monitoring Access to Care, 9/30/2016, Available at <https://www.dhs.wisconsin.gov/publications/p01565.pdf>

ⁱⁱⁱ U.S. DHHS, CMS, Annual EPSDT Participation Report, Fiscal Year: 2017, <https://www.medicare.gov/medicaid/benefits/epsdt/index.html>

^{iv} Wisconsin Department of Health Services, "Wisconsin's Healthy Smiles Survey: The Oral Health of Older Adults(2016 survey), available at <https://www.dhs.wisconsin.gov/publications/p01121.pdf>

^v "Summary of Emergency Room Department Data Evaluating the Use of the ER for Preventable Dental Care Based on the Primary Diagnosis, 2016" a data sheet provided by the Wisconsin Hospital Association to the Pew Charitable Trusts on December 14, 2017.

^{vi} Minnesota Department of Health/Minnesota Board of Dentistry, "Dental Therapy in Minnesota: Issue Brief," 2018