



INSTITUTE FOR
Oral Health
IOHWA.ORG

2011

focus group whitepaper

Oral Health and Prevention

Rebranding the Profession



2011 group #1

January 28 & 29, 2011

Orlando, Florida

:: excerpt ::

Sheila Riggs, DDS, DMSc

Introduction

Today's Americans face steep challenges in maintaining a healthy family amidst a troubling economy and an inadequate healthcare system. Dental care is often neglected due to lack of access or affordability –resulting in caries becoming the most common chronic disease in children. Families tend to seek emergency care only when oral health problems become too severe, which dramatically increases the costs of care for parents, taxpayers, and state programs. When we consider that nearly all oral disease is preventable –how do we advance the health care system to more successfully promote prevention?

In 2011, the Institute for Oral Health (IOH) tackles this issue, collaborating with experts around the nation to explore solutions for increasing dental disease prevention and early intervention to improve overall health. To support our 2011 theme “**Oral Health and Prevention,**” in January, the IOH hosted the first of two focus groups with expert panel discussions about solutions at the forefront of innovation in health care, aimed to advance how we think about and address dental disease prevention. In follow-up, the IOH will bring key findings and special guest speakers to a larger audience of critical stakeholders through our annual national conference, to be held October 27-28, 2011 in Chicago, Illinois.

Hosted in Orlando, Florida on January 28-29, 2011, this focus group was led by Institute for Oral Health Executive Director, Dr. Ron Inge, and featured leading authorities in dentistry, family medicine, and dental benefits dedicated to progressive oral health solutions for children and underserved populations. The group shared insights on the following topics:

- **Innovating the dental workforce** – To advance disease prevention, dental practice needs to shift from being procedure-focused to patient-focused –which means better health outcomes at a lower cost. To get there, we need to develop consistent and well coordinated processes; collect measurable data to improve the quality and effectiveness of care delivery; collaborate with physicians for early intervention; and educate patients on the importance of maintaining good oral health.
- **Engaging primary care in prevention** – As most young children see a family physician or pediatrician many more times than a dentist, it is important to engage these providers in helping to improve oral health and reduce the incidence of early childhood caries. Oral health training programs are becoming highly popular with physicians, helping them learn about dental issues, connections between oral health and systemic health, and how to conduct basic oral exams, risk assessments, and apply fluoride varnish.
- **Increasing care capacity for the underserved with dental therapists** – With the dental therapist as a new contributor in today's practice geared toward public health, a dental team can increase their capacity for serving Medicaid patients to improve access to care. The dental therapist can support the team with admissions, basic oral exams and preventive services, patient education on oral health maintenance, and practice management.
- **Strengthening sealant programs with a new business model** – To expand the reach and effectiveness of school-based dental sealant programs for needy children, the Sealants for Smiles program takes a progressive approach to managing their non-profit organization. By guiding the organization like a cost-effective private practice and establishing direct relationships with schools, product vendors, and dental plans, this program is succeeding in building valuable momentum across the state of Utah.

- **Advancing dental benefits to focus on prevention** – Dental plan design needs to transform to a more individualized, patient-centric model that supports more preventive care for at-risk patients to help improve health outcomes and lower the costs of care. As a step forward, some benefits organizations have developed initiatives to identify at-risk patients and conduct educational outreach to encourage them to see a dentist. Additionally, these organizations are partnering with primary care physicians to train and reimburse them for oral health preventive services and referrals to dentists.
-

Join us for the 2011 Institute for Oral Health Conference

In follow-up to this year's focus groups, Institute for Oral Health is providing whitepapers and promoting relevant news and research through our website, quarterly newsletters, Facebook, and participation at health conferences around the nation. Culminating this year's theme is our **5th annual national IOH conference on October 27-28, 2011 in Chicago, Illinois** at the Sofitel Hotel. Learn more and register early for discount rates ~ please visit: WWW.IOHWA.ORG.

About the Institute for Oral Health

The Institute for Oral Health is dedicated to improving oral health in America by bridging the gap between research and everyday dental practice. Serving as a central resource for education and collaboration, IOH brings together nationally recognized experts to focus on important themes of concern in oral health care today, and works to promote innovation and adoption of progressive treatment guidelines, dental plans, and delivery methods.

learn more

Web: IOHWA.ORG ~ Register Online for 2011 Conference



Become a Fan on Facebook

Dental Therapy Program Introduction

For many decades, countries around the world have been investing in educating dental therapists as a solution to expand the reach of dental care to underserved populations and promote prevention to improve oral health. England and Canada have successfully run dental therapy programs for nearly 30 years or more, and New Zealand's University of Otago School of Dentistry has trained dental therapists for over 70 years. These programs are emerging from Africa and China to Central America and the South Pacific. America has only one—based in Minnesota—and it began only a few years ago, with its first class graduating in December 2011.

As a leader in dentistry education, Dr. Sheila Riggs focused her discussion on the value that dental therapists bring to a dental practice. Their role is to support various avenues of the practice from patient assessments and prevention education to the delivery of quality patient care. She outlined how the University of Minnesota's training program works through specialized curriculum, clinical training, and community outreach.

Dr. Riggs began by noting that the University of Minnesota spear-headed site visits to dental therapy programs in Canada, England, and New Zealand to learn best practices, and then developed the curriculum with the help of experts in dental surgery, dental hygiene, pediatric dentistry, and public health.

Curriculum goals for Dental Therapy

Dental therapists in the University of Minnesota's 28-month program benefit from learning the same scope of care and competencies as those in the dental education program, with clinical training taking place alongside dentistry and hygienist students. The goals of the dental therapy program include:

- **Reduce the cost of care and improve access** for underserved populations. By Minnesota law, at least 50 percent of a dental therapist's practice must be invested in public health or clinics that see Medicaid patients. This requirement helps increase the dental workforce to treat more people in need. To support this expectation, one of the dental therapy program admissions requirements focuses on students having a history of volunteering or community involvement.
- **Prepare for effective team-centered dentistry** by training in a professional environment with dentists and dental hygienists. Dr. Riggs noted that dental students have encouraged this model as it builds trust and effective collaboration between them as oral health practitioners.
- **Motivate professional growth** by providing a foundation for dental therapy students to work closely with those in more advanced dental roles and learn the opportunities for career growth.
- **Support program expansion** with a platform that can easily be replicated by other dental schools.

Ensuring an affordable education

Another important goal of the dental therapy program has been to make it as affordable as possible to encourage participation and grow the dental workforce. Students can enter the program as undergraduates and complete the program within the term of a standard four-year college degree, which helps to minimize student debt. Furthermore, as there is a strong need for dental therapy services to better balance the economies of dental practice, these graduates have an excellent chance of finding employment quickly.

A look into the Dental Therapy program

The dental therapy curriculum provides a well-rounded education: from the prerequisite sciences and ongoing dental courses, to a heavy focus on pre-clinical training from the very beginning. Early in year two, they begin seeing patients in their clinical training, and expand into community outreach experiences as well.

The program curriculum focuses on developing key competencies and critical thinking skills that help support a dental practice as a whole, including patient care in terms of screenings and disease prevention; restoration and maintenance of oral health; and culturally competent communication skills.

Over the 28-month program, dental therapy students are exposed to a broad range of topics and training. Dr. Riggs highlighted the lifecycle of the first graduating class:

- **Fall 2009** – introduction to oral anatomy, psychomotor skills, and the dental therapist care process.
- **Spring 2010** – learn about oral radiology, anesthesia and pain management, cariology, nutrition in dental therapy care, and managing the provider-patient relationship.
- **Summer 2010** – periodontology, pediatric dentistry, biomaterials, and interprofessional collaboration.
- **Fall 2010** – begin clinical training with preventive pediatric dentistry, oral radiology, dental public health, operative dentistry and prosthodontics.
- **Spring 2011** – in-depth clinical training on operative dentistry, comprehensive care, pediatrics, oral pathology, and oral radiology.
- **Summer & Fall 2011** – focus on operative and pediatric clinical care and outreach activities.

Community Outreach - an essential education component

To support Minnesota’s legislation that requires dental therapists to focus at least 50 percent of their practice on serving needy communities, the dental therapy program includes two months of outreach experiences in rural or urban clinics. Students have the opportunity to “treat a diversity of patients, with a variety of oral health care needs, and develop a broad understanding of the social responsibilities they will have as dental professionals.”

How dental practice benefits with a Dental Therapist

The dental therapist introduces a new role to the profession that can provide a number of strategic advantages to a dental practice, such as:

- **Increase care capacity** of established dental providers to serve more patients.
- **Increase efficiencies in dental practice** with added support for admissions, oral health assessments, preventive services and patient education, and general practice management.
- **Advance the dentist's skills** by providing services and support that allow dentists to focus on improving their skills for more complex care.
- **Strengthen provider-patient relationship** through more frequent communications with patients and families, creating opportunities for prevention education and promoting the dentist as an important partner in the family's overall health care.
- **Improve community oral health** by expanding more dental workforce into public health clinics and dental offices accepting Medicaid, thereby increasing capacity to serve rural and low-income patients and support improvements in oral health and overall health across needy communities.

Panel discussion highlights: The role of Dental Therapists

Institute for Oral Health Executive Director, Dr. Ron Inge, noted that one of the biggest challenges for this emerging role of dental therapist is identifying where this person fits in the “foodchain of the dental profession.” Will adding another auxiliary team member into dental practice really meet the higher goals of increasing access and reducing costs? Currently, the program helps to increase access, but only for a limited population of dental offices that meet certain criteria. Furthermore, it is still unclear about the willingness of many dental clinics to change their business model to accommodate this new role. Dr. Inge expressed concern that, as it stands now, the role of dental therapists does not yet have a place, a “broad application” in the whole dental community. He added that, *“it serves an important part in that community, but we don't have a driver to make it an essential part of the dental care delivery system.”*

On the flipside, however, when we consider the Institute for Oral Health's 2011 goal of redefining prevention, it might well be achieved through adding this new role into dental practice. As a primary focus of dental therapists is to address disease at an early stage, and provide preventive services and patient education, they can help drive changes in the business model to increase focus on prevention.

Through advancing prevention efforts and access to dental care, underserved communities can experience improvements in oral health and overall health, which ultimately reduces costs for tax payers and states. Dr. Inge noted that therein lies the greatest potential for the new role of dental therapist in dentistry. If more dentists recognize economic benefits from accepting Medicaid patients –perhaps through state-sanctioned tax credits or licensing fee reductions—then adding a dental therapist to their practice would make good business sense. This added team member could increase the capacity for serving Medicaid patients with basic needs, and help improve cost efficiencies across the practice.

2011



Dr. Ron Inge, IOH Executive Director

join us

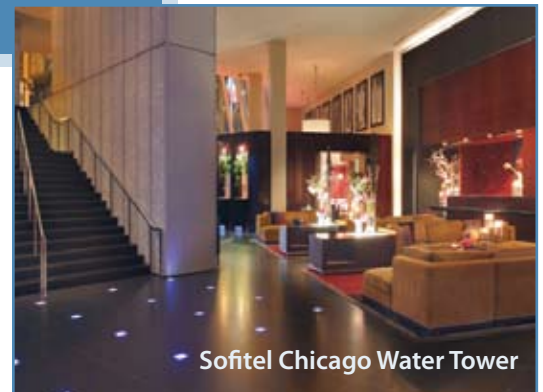
Register Early & Save!
Special Room Rate
(9) CE CREDITS Available



INSTITUTE FOR ORAL HEALTH ~ 2011 CONFERENCE

Oral Health and Prevention Rebranding the Profession

OCT 27 & 28, 2011 ~ Chicago, IL



Sofitel Chicago Water Tower

get the latest

Web: IOHWA.ORG



Become a Fan on Facebook