

Dental Health Aide Therapists



BRINGING ORAL HEALTH CARE INTO THE 21ST CENTURY

TSGAC WEBINAR

MARCH 24, 2016 1-2:30PM

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NATIVE DENTAL THERAPY INITIATIVE
NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD



Topics covered

Oral Health Barriers in Indian Country

What a DHAT is and how they work to break down barriers to care

The Economics of adding a Dental Therapist to the dental team

Organized dentistry's opposition to change

National momentum

Q&A



Oral Health is important to overall health



**YET MILLIONS OF PEOPLE LIVING IN TRIBAL
COMMUNITIES CANNOT GET THE DENTAL
CARE THEY NEED.**

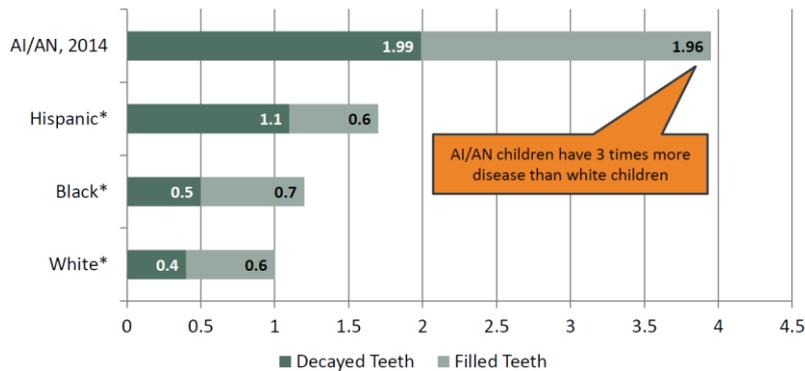


Oral Health Disparities



FINDING # 2: AI/AN CHILDREN HAVE MORE TOOTH DECAY THAN OTHER POPULATIONS

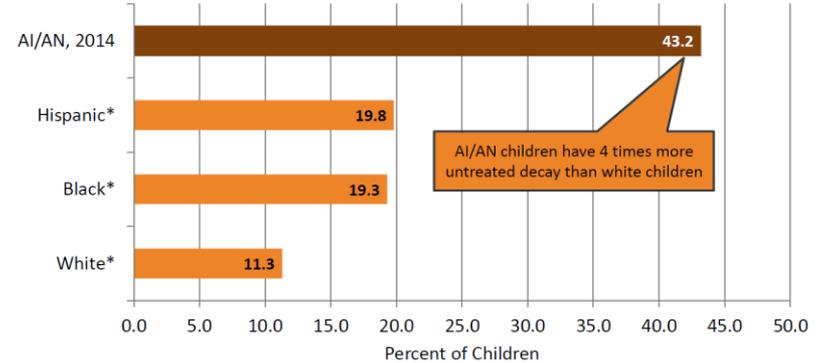
Mean Number of Decayed and Filled Primary Teeth (dft) Among Children 2-5 Years of Age



* Data Source: NHANES 1999-2002

FINDING # 2 (CONT.): AI/AN CHILDREN HAVE MORE TOOTH DECAY THAN OTHER POPULATIONS

Percent with Untreated Decay Among Children 3-5 Years of Age



* Data Source: NHANES 2009-2010



What are the barriers to care?

- Shortage of dentists in tribal communities
- Lack of Resources
- Coverage and Medicaid Acceptance
- Cost of care
- Historical Trauma
- Lack of culturally competent providers
- Geographic isolation
- Delivery system-Lack of a strong safety-net



Indian Health Service Overview

- General U.S. Population has an average of 1,500 Patients per Provider/Dentist
- Typical I.H.S Provider/Dentist availability is 2,800 Patients per Provider

Typical I.H.S Provider is expected to service 86% more patients than the U.S. Dental average



Historical Trauma and Lack of Culturally Competent Providers

Male	84%
Female	16%
Native American	0.1%
Asian/Pacific Islander	7%
Black/African American	3.5%
Hispanic/Latino	3.5%
White/Caucasian	86%

Source: American Dental Association, Bureau of Health Professions, HRSA



Medical Care System in the 1970's

- Imagine when Primary Care could only be provided by an MD, i.e. no Physicians Assistants or Nurse Practitioners
- In the 21st Century, the Primary Care System is reliant on Mid-Level Providers
- Dental Practices are operating under the similar model that Medical was under in the 1970's
- Swinomish Medical Clinic has operated with Mid-Levels for 37 years!



Tribal Health System Needs: (Are these your needs too?)

- Effective prevention efforts
- Culturally competent care
- Basic restorative services
- Locally provided
- **Meeting our needs intelligently will lead to efficiencies**



Trisha Patton, DHAT, taking x-rays on patient



Dental Health Aide Therapy Programs



- Expand access to consistent, routine, high quality oral health care in tribal communities;
- Grow the number of AI/AN oral health care providers available to tribal communities;
- Bring culturally competent care into tribal communities;
- Create a more efficient and effective oral health team that can meet the needs of the tribal communities;
- Establish cost effective solutions to oral health challenges into tribal communities;
- Bring care where it is needed most.



Chelsea Shoemaker, DHAT, with Patient



A Solution: Dental Health Aide Therapists

- Model began in the 1920s
- Dental therapists practice in 54 countries, including the US, Canada, England, Australia, New Zealand and The Netherlands
- Under supervision of dentists, dental therapists can practice in remote settings where there is need for additional provider capacity
- Evidence shows care provided by dental therapists is high quality, cost effective and safe
- History of providing routine and preventive care in community settings



Dental Therapists in Action



Alaska's Dental Therapists

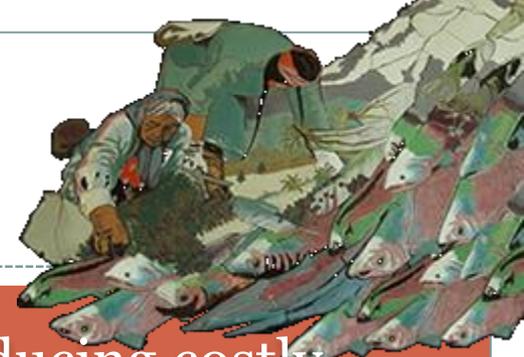
- 35 dental therapists increased access to care for over 45,000 Alaska Natives
- Provide culturally competent care
- Produce high patient satisfaction rates
- Reduce amount of emergency care
- Increase preventive care
- Create jobs and generate economic impact
 - Created 76 full time jobs per year with total personal income of \$4.4 million
 - Net economic effect of program is \$9.7 million in Rural Alaska



Swinomish Dentist Rachael Hogan observes DHAT Savannah Bonorden on a recent learning trip to Sitka, AK

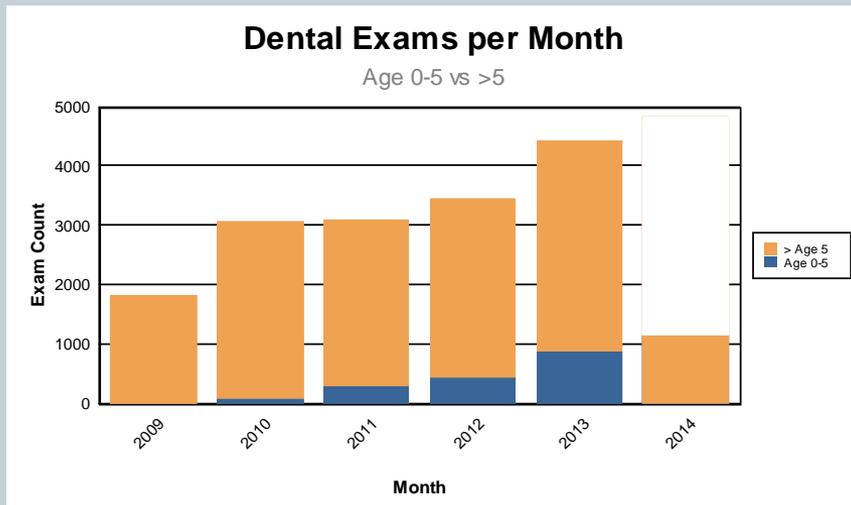


Yukon-Kuskokwim Health Corporation in Alaska

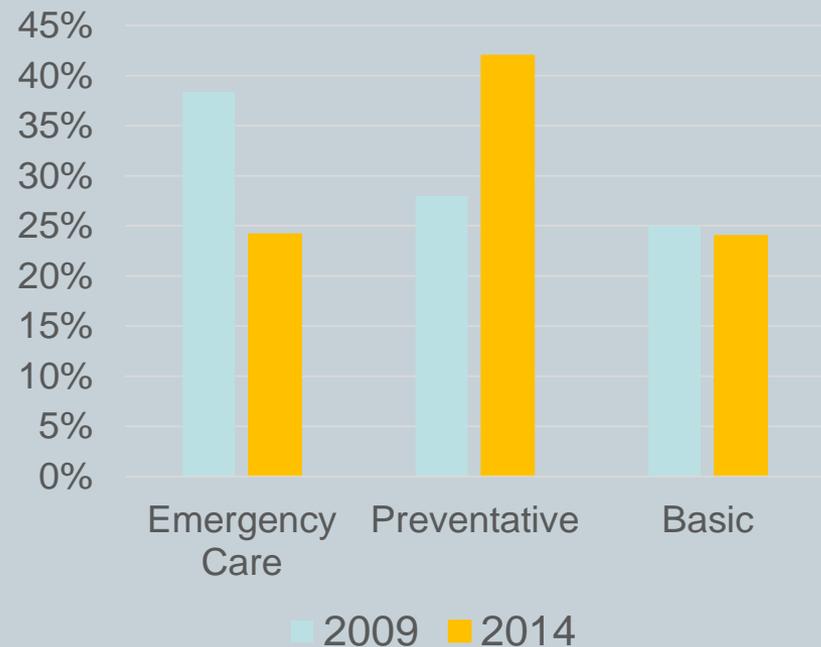


DHATs are increasing access to dental exams

DHATs are reducing costly emergency care



YKHC Service Distribution: 2009 vs. 2014



Dental Therapists

- Primary oral health care professionals
- Basic clinical dental treatment and preventive services
- Multidisciplinary team members
- Advocate for the needs of clients
- Refer for services beyond the scope of the DHAT's practice



84.7%

of the care dental therapists provide is
PREVENTIVE and **ROUTINE**.

Other procedures in
Dental Therapist
scope of practice



2 Year DHAT Training Program

- Competency reached with 2 years for the <50 Billable Procedures
- Curriculum fits a 2 year structure
- Training costs lower
- Graduates return to their Communities sooner
- Cost of social commitments for trainees lower



Alaska DHAT Scope of Practice and training



- **Dental Health Aid Therapist (DHAT)**

[-----]
<50 Billable Procedures

- **DDS**

[-----]
>500 Billable Procedures

Alaska DHAT training program information:

First year: 40 weeks
Second year: 39 weeks
Total: 79 weeks (3160 hours)

Curriculum Break-down first year

Biological Science: 30%
Social Science: 10%
Pre-clinic: 40%
Clinic: 20%

Curriculum Break-down second year

Biological Science: 15%
Social Science: 7%
Pre-clinic: 0%
Clinic: 78% (1215 hours)

Curriculum Break-down two years

combined:
Biological Science: 22.5%
Social Science: 8.5%
Pre-clinic: 20% (632 hours)
Clinic: 49% (1548 hours)

Source: Dr. Louis Fiset, BA-DDS-University of Washington



DHAT Scope of Practice

Diagnosis and Treatment

Planning, Prevention,
Basic Hygiene,
Radiographs,
Infection Control,
Restorative,
Pediatric,
Urgent Care,
Extractions,
Community Projects,
Clinic Management,
Equipment Repair and
Maintenance,
Referral Process

- **All ages**
- **General Supervision**
- Part of a **team** of dental and medical providers

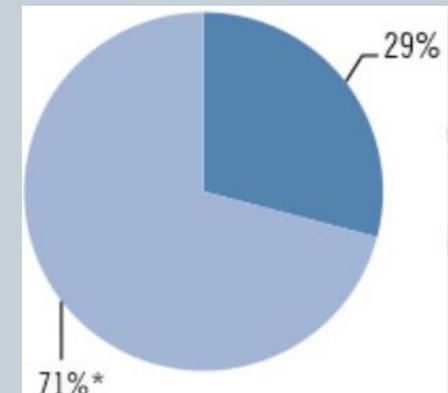
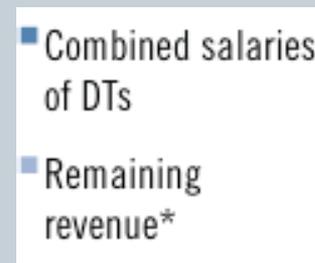
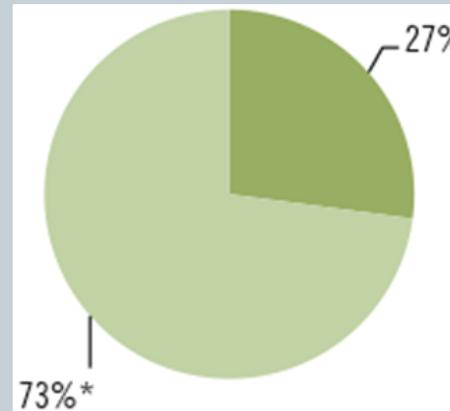


DHAT, Ben Steward, examining patient



Financial Impact of Expanding the Dental Team

According to a May, 2013 Community Catalyst study on the economic viability of dental therapists in Alaska and Minnesota, dental therapists cost their employers less than 30 cents for every dollar of revenue they generate.



Total Revenue Generated by Advanced Dental Therapists and Dental Therapists in Minnesota - green
Dental Health Aide Therapists in Alaska – blue

http://www.communitycatalyst.org/doc_store/publications/economic-viability-dental-therapists.pdf;

Report conducted by Dr. Frances M. Kim, May 2013



Summary: Dental team production with integration therapist

- 2011: Average production of team is \$280.72/hr – Before Dental Therapists were introduced
- 2012: Average production of team is \$298.09/hr - With Dental Therapists; Average production of DT/ADT is \$340.35/hr
- 2013: Average production of team is \$336.87 per hour – With Dental Therapists; Average production of DT/ADT is \$365.04/hr
- 2014: Average DT/ADT production is \$365/hr
- DTs are vital to the financial viability of CDS; other clinics, such as private practice dentist Dr. John Powers, are seeing similar productivity and financial impact



Children's Dental Services Results: Financial Impact

DDS Cost
\$75/hr

ADT Cost
\$45/hr

ADT provides
restorative care
to 1,500 low-
income
children and
pregnant
women per
year

Total Cost Savings
using ADT Public
Health Model:
\$1,200/week
\$62,400/year

Cost-Benefit Analysis based on 1 ADT providing services covered under the ADT statute for 40 hours/week in a public health dental clinic.



Responding to Misinformation

THE EVIDENCE IS CLEAR:

Dental Therapists Are Good for Native Communities



patient complaints in **10 years in Alaska** and **4 years in Minnesota**



working directly with a dentist before they are licensed



of the care dental therapists provide is **routine & preventive.**



a year for dental therapists' malpractice insurance



found dental therapist provide **high quality care.**



Old I.H.S. Provided Dental Trailer Swinomish Indian Tribal Community



Swinomish Dental Clinic after Self Governance -Exercising Sovereignty



Why a DHAT makes sense for Swinomish

- Procedure review for FY 2012, 2013 and 2014 for Swinomish Clinic showed that over 50% of procedures and services could have been provided by trained dental therapist under the Alaska model
- Analysis shows that the same procedures could have been covered with 50% personnel cost savings by replacing dentist time with dental therapist time
- Analysis shows that dentist time could have been significantly re-oriented to more complex dentist-only procedures, i.e. such as prosthodontic, advanced restorative and surgical procedures, etc.



Political Road to Sovereignty

- Swinomish worked for 6 years with the Northwest Portland Area Indian Health Board and a coalition of community advocates, public health organizations and dental professionals to pass a bill in the Washington Legislature authorizing dental therapists to practice in Washington in order to meet the requirement of the IHClA limiting language
- Swinomish worked for the past 2 years to pass a **Tribal Specific DHAT Authorization Bill**
- Before 2016, no bill got out of House or Senate Committees in Washington State, blocked by legislators working on behalf of the Washington State Dental Association
- **Swinomish determined it has the power and obligation to address oral health systems change by exercising its Tribal Sovereignty**



Sovereignty in Action: Step 1

Invest in our new workforce model

- Swinomish has entered into an Agreement with the Alaska Native Tribal Health Consortium to provide DHAT Training to Swinomish members
- Swinomish is recruiting students from their community for the upcoming DHAT class that starts this summer



Sovereignty in Action: Step 2

Build Tribal Regulatory Framework

- Swinomish created a Division of Licensing, bringing together existing Tribal licensing and regulatory functions:
 - including licensing/regulating child care services and on-Reservation businesses
 - Swinomish also self-certifies its mental health providers and regulates admission to practice in Swinomish Tribal Court
- Swinomish adopted the first Tribal Dental Health Provider Licensing Code to license and regulate Dentists, Hygienists and Dental Therapists
- This is a quintessential exercise of Tribal sovereignty: regulating Tribal providers who are employed by the Tribe, paid with Tribal funds, working in a Tribal clinic built on Tribal land, and improving the health of Tribal community members



Sovereignty in Action: Step 3

License Qualified Providers

License # 15-TDH-02



**SWINOMISH INDIAN
TRIBAL COMMUNITY**

Office of Planning and Community Development
Division of Licensing
TRIBAL DENTAL HEALTH PROVIDER LICENSE

BE IT KNOWN THAT: Leah B. Thibert, Dental Hygienist, is hereby

LICENSED

To practice services as a dental hygienist within the exterior boundaries of the Swinomish Indian Reservation, effective the issue date specified herein, for the period specified herein.

In consideration of granting this license, and by acceptance thereof, the licensee expressly warrants that all applicable Federal and Swinomish Tribal laws and regulations will be fully complied with in all respects. Upon failure to meet the above laws and regulations, the licensee is subject to forfeiture, suspension or limitation of this license and such further action as the law and facts may justify.

Ed Knight, Director
Signature of Issuing Officer
Swinomish Indian Tribal Community

Issue Date: 12/16/15

License # 15-TDT-01



**SWINOMISH INDIAN
TRIBAL COMMUNITY**

Office of Planning and Community Development
Division of Licensing
TRIBAL DENTAL HEALTH PROVIDER LICENSE

BE IT KNOWN THAT: Daniel B. Kennedy, tribal dental therapist, is hereby

PROVISIONALLY LICENSED

To practice services as a dental therapist within the exterior boundaries of the Swinomish Indian Reservation, effective the issue date specified herein, for the period specified herein.

In consideration of granting this license, and by acceptance thereof, the licensee expressly warrants that all applicable Federal and Swinomish Tribal laws and regulations will be fully complied with in all respects. Upon failure to meet the above laws and regulations, the licensee is subject to forfeiture, suspension or limitation of this license and such further action as the law and facts may justify.

Ed Knight, Director
Signature of Issuing Officer
Swinomish Indian Tribal Community

Issue Date: 12/16/15

License # 15-TDH-01



**SWINOMISH INDIAN
TRIBAL COMMUNITY**

Office of Planning and Community Development
Division of Licensing
TRIBAL DENTAL HEALTH PROVIDER LICENSE

BE IT KNOWN THAT: Laura L. Kasayuli, Dental Hygienist, is hereby

LICENSED

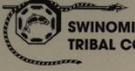
To practice services as a dental hygienist within the exterior boundaries of the Swinomish Indian Reservation, effective the issue date specified herein, for the period specified herein.

In consideration of granting this license, and by acceptance thereof, the licensee expressly warrants that all applicable Federal and Swinomish Tribal laws and regulations will be fully complied with in all respects. Upon failure to meet the above laws and regulations, the licensee is subject to forfeiture, suspension or limitation of this license and such further action as the law and facts may justify.

Ed Knight, Director
Signature of Issuing Officer
Swinomish Indian Tribal Community

Issue Date: 12/16/15

License # 15-TD-01



**SWINOMISH INDIAN
TRIBAL COMMUNITY**

Office of Planning and Community Development
Division of Licensing
TRIBAL DENTAL HEALTH PROVIDER LICENSE

BE IT KNOWN THAT: Rachael R. Hogan, DDS, is hereby

LICENSED

To practice dentistry within the exterior boundaries of the Swinomish Indian Reservation, effective the issue date specified herein, for the period specified herein.

In consideration of granting this license, and by acceptance thereof, the licensee expressly warrants that all applicable Federal and Swinomish Tribal laws and regulations will be fully complied with in all respects. Upon failure to meet the above laws and regulations, the licensee is subject to forfeiture, suspension or limitation of this license and such further action as the law and facts may justify.

Ed Knight, Director
Signature of Issuing Officer
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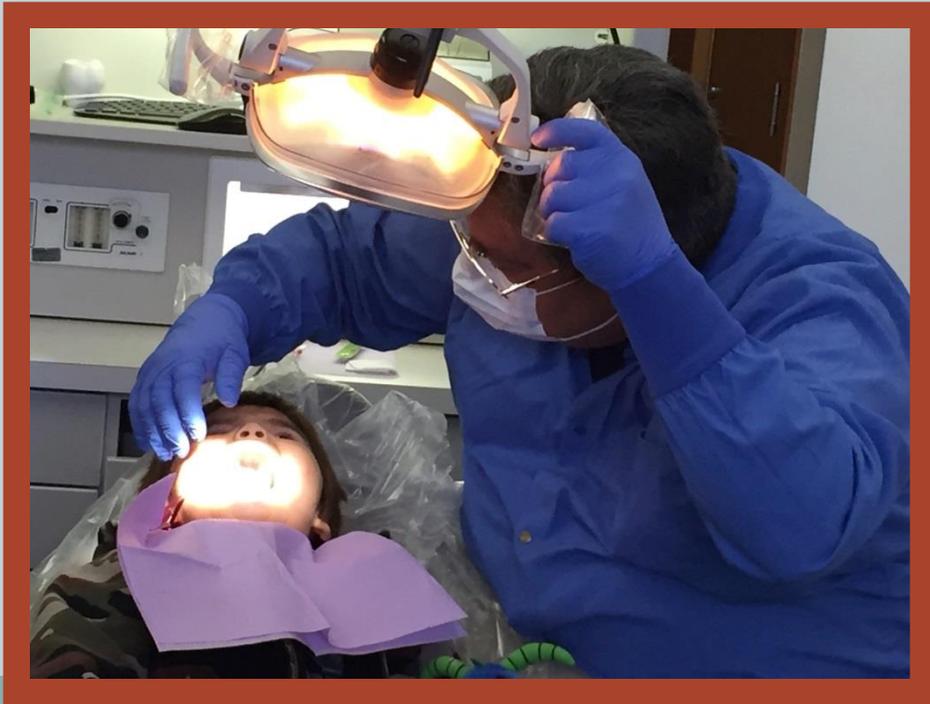
Issue Date: 12/16/15



Sovereignty in Action: Step 4

Provide services now!

On January 4, 2016, Daniel Kennedy, an experienced DHAT, joined the Swinomish Dental Team in making history by becoming the first Tribally licensed Dental Therapist providing services in the lower 48 states.



Sovereignty in Action: Step 5

Secure dental therapy model for all Tribes who want it:

- Continue to build support for legislation in Washington State to allow all Tribes to use their IHS resources towards dental therapy model in their clinics
- Build support in Washington DC to repeal the limitation in the Indian Health Care Improvement Act on expansion of DHATs by IHS outside Alaska, or to amend IHICIA to recognize and respect Tribal as well as State authority to license Dental Health Providers
- Successfully defend any legal, political, or public relations battle that Sovereignty in Action may inspire
- Demonstrate success of program using a regional and national dental therapy evaluation plan being coordinated by the Northwest Portland Area Indian Health Board





Northwest Portland Area Indian Health Board

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Indian Health*

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