

Dental care plan needs more study

By John Mosher

GRAND FORKS — Regarding the Herald's editorial concerning oral health practitioners, it's naive to suggest that the Minnesota Health Department does not have a vested interest in positive outcomes concerning studies involving OHPs ("Evidence supports dental reform plan," Page A4, April 29).

After all, in this era of big government, these positions would be taxpayer-funded and create a whole new layer of bureaucracy. While the editorial cites studies done by other organizations, they are all "summarized" by the Minnesota Department of Health.

It is totally impossible for an OHP to provide the standard of care consistent with someone who has spent four years studying dentistry in a formal setting.

Yes, an OHP should be able to clean teeth, but to provide irreversible treatment such as extractions and fillings should be beyond their unsupervised duties. This is especially true when the population they will be working on has the most severe and complex dental and medical problems.

Sometimes, extracting a tooth is easy. But it takes years of experience to understand which tooth will come out easily and which has a high possibility of complication and possibly needs to be referred to an oral surgeon.

As a pediatric dentist, I have seen thousands of children who have had extra primary (baby)

teeth. These extra teeth often will prevent the eruption of permanent teeth. Often, the extra teeth are not erupted and require the gums to be pulled back and bone removed before the tooth is visible and can be extracted. Does that sound like a procedure someone should be doing without extensive experience?

It takes years of practice, guided by an experienced instructor, before a dentist can place a proper filling. Every dentist spends an entire semester learning where the nerve sits in relationship to the surface of the tooth.

Why is this important?

Because in some areas of the tooth, a dentist can drill down 5 millimeters before the nerve is exposed. In other parts of the tooth, the nerve is exposed less than 3 millimeters from the tooth surface.

I spent a semester learning nerve morphology in permanent teeth. I spent another two years learning where the nerve is in primary teeth. Primary and permanent teeth have very different morphologies.

You just can't learn all this in a short period of time. Will OHP's be trained like this, or will they just start drilling away?

Will an OHP know what to do when a patient faints? Or has a seizure? Or a heart attack? The response to these medical emergencies is not something one learns in a semester or even a year.

Experience in pharmacology, physiology, anatomy and — most

important — diagnosis can prevent such emergencies and even save lives.

I completely agree with the editorial that evidence-based research is needed in regard to OHPs. People who are unable to afford dental care or live in remote regions get limited oral care, if any.

Let us have an independent organization look at the quality of care provided by OHPs. It has been in only the past few years that dentistry has established that tooth-colored restorations can be just as effective as silver fillings when properly placed. Many of these were retrospective studies going back 15 to 20 years. Do we have the same information on the work of OHPs?

Did the patients get the proper diagnosis and treatment? Were the restorations effective? If an OHP can place a tooth-colored filling on a squirming 5-year-old, then a good argument could be made that dental school should become a two-year degree instead of four or in some cases, six or eight.

Let us look at this entire matter in detail and using organizations that are not connected with any state government. Taxpayers already are being asked to provide for an ever-growing and increasingly bloated government.

Let's be positive something is efficient and effective before we jump in "mouth first."

Dr. Mosher is a pediatric dentist in Grand Forks.

