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OUR OPINION: Evidence supports dental reform plan

“Research studies have consistently shown that midlevel oral health practitioners improve access, reduce costs, provide excellent quality of care and do not put patients at risk,” the Minnesota Health Department concludes.

Minnesota dentists are scientists, schooled in the scientific method. So, their statewide association should know that it's not enough simply to claim that one event will bring about another.

What's needed is evidence — proof that a claim is true.

The trouble is, the available evidence suggests that the association's central claim about oral health practitioners is not true.

The association claims that licensing the midlevel practitioners to do fillings, extractions and so on is too risky, because — under a proposal now being considered by the Legislature — the practitioners would be able to do the work without having a supervising dentist nearby.

“The last thing you want to hear when you're getting dental care is ‘uh-oh,’” as the association notes in a new ad.

But in those places where the midlevel practitioners actually work, the last thing they seem to be hearing from their patients is, “Thanks.” Alaska, Canada and about 50 other countries license the practitioners; and according to the Minnesota Health Department, the policy works well.

The Legislature created the oral health practitioner discipline in 2007 and asked the Health Department to look into licensing issues. The department reviewed how well midlevel practitioners perform in other countries and states.

The answer is “very,” the department concluded: “Research studies have consistently shown that midlevel oral health practitioners improve access, reduce costs, provide excellent quality of care and do not put patients at risk.”

The department's “Research Literature Review on on Midlevel Oral Health Practitioners” summarizes 18 studies. Among them:

** A report by the University of Washington School of Dentistry studied the use of dental therapists in Alaska. “Each dental therapist was equipped not only to provide essential

preventive services, but also simple treatments involving irreversible dental procedures such as fillings and extractions,” the Minnesota Health Department summarized.

“Their patient management skills surpassed the standard of care. They knew the limits of their scope of practice and at no time demonstrated any willingness to exceed them. ... Among the dentists practicing at the facility, all expressed no reservation about the dental therapists being sent to subregional clinics to provide primary care in the absence of direct supervision by their preceptors.”

** Alaska’s program also was the topic of a 2007 paper presented at the National Oral Health Conference. “In charts audited from five dental clinics in three different Alaskan health corporations employing Dental Health Aide Therapists, dental treatment was found to be within the scope of training, was delivered in a safe manner and met the standard of care of the dental profession,” the Minnesota Health Department summarized.

“For comparable operative and surgical dental procedures, there was no statistical difference in the amount of complications resulting from treatment delivered by dentists vs. DHATs.”

** In New Zealand, more than 97 percent of children younger than age 13 see dental therapists in school, resulting in “virtual elimination of permanent tooth loss.”

If the dental association disagrees with these findings, it should present studies of its own. Otherwise, it shouldn’t be surprised if the Legislature approves the new practitioner plan; because as dentists know, when a scientific question comes down to claims versus evidence, evidence wins.

— Tom Dennis for the Herald