

KDA Policy Statement on Workforce

It is the Mission of the Kentucky Dental Association to promote the delivery of ethical care, based on both, established and emerging scientifically-sound principles. The Kentucky Dental Association, in unison with the American Dental Association, supports the provision of oral health care within a dentist-directed dental home. The dental home provides treatment, inclusive of all aspects of oral health care delivery, in a comprehensive, continuously accessible, coordinated and family-centered way. The dental home takes into consideration the patient's age, developmental status, and psychosocial well-being and is appropriate to the needs of the family. (1) It is the purpose of this policy to explore workforce issues with an emphasis on the dental home, with the dentist as the team leader. The Kentucky Dental Association acknowledges that raising the oral health status of Kentucky residents will take the work of the profession, legislators, educators, and the recipients of dental care.

The Report of the Surgeon General in 2000 brought to light the disparities in oral health care in the United States. The report linked oral health to general health and noted that dental disease inhibits activities in work, family and school, and significantly diminishes quality of life. (2) In 2004, Kentucky lead the nation in missing teeth among people age 65 or older. Twenty-seven percent of the state's population had lost six or more teeth to decay or gum disease. Half of Kentucky's children have decay in their primary teeth, and approximately 47 percent of children below age 5 had untreated dental problems. Dental disease disproportionately affects those in poverty. (3)

Access to dental care in Kentucky is a many pronged problem, and is not easily addressed. One factor is a shortage or maldistribution of dentists in the state. In Appalachia there is a ratio of 3.5 dentists per 10,000 people. In Western Kentucky the ratio is 3.6, Northern Kentucky 4.1, Louisville, 7.0 and Central Kentucky 6.6. (4)The ADA recommendation is 6.0 dentists per 10,000 population. However, every county in Kentucky, except three, have a dentist. Another factor which limits access is the number of dentists participating in Kentucky's Medicaid Program. Participation is hindered due to excessive administrative burden, low reimbursement levels and the high rate of failed appointments. According to recent testimony from dentists in Central and Eastern Kentucky, a practice model with even a moderate amount of Medicaid patients is not a sustainable model. This is due primarily to low reimbursement, which does not cover overhead, and multiple failed appointments. (5) Without significant policy changes in the Medicaid Program, there will be no new providers. Enticing existing providers who currently practice in rural areas to participate in Medicaid would greatly decrease the access problem currently existing in these areas. Even creating a new provider, or health care extender to provide dental treatment in the underserved areas could not be sustained without significant tax payer support.

Inequities in dental care are caused by multiple factors, including oral health literacy, lack of understanding of English, societal and cultural differences, transportation and geography, as well as financial limitations. (6) Health literacy is being addressed in Kentucky with the establishment of the

Public Health Hygienist, who works under the supervision of the governing board of health. This hygienist can provide preventive services in local health departments, public or private educational institutions that provide Head Start, preschool, elementary and secondary instruction to school-aged children, and mobile and portable dental health programs.(7)

A program which could impact cultural differences in Kentucky is the Community Dental Health Coordinator. This dental team member is typically recruited from the same communities in which they will serve. The CDHC focuses on oral health, linking the people in the community to dental services, and assisting in transportation or child care, or whatever barrier there is to obtaining dental care.

Kentucky has been in the fore front in the expansion of workforce with the expanded function dental assistant. Kentucky assistants with proper certification can perform coronal polishing, radiography, expanded functions (under the direct supervision of a dentist providing reversible services), and IV placement. (8) The ADA Future of Dentistry Report in 2001 recommended an “elastic” workforce by recommending an “Increase (in) the availability and use of allied dental personnel, under appropriate supervision by dentists. This approach is a quick, and cost-effective way to increase the ‘elasticity ‘of the dental workforce.” (9) This expansion of the workforce should be encouraged to expand the treatment ability of the dentist, and lower overhead cost.

The 2006 Statewide Oral Health Strategic Plan for the Commonwealth of Kentucky lists as a goal to “Assess the past, present and future status of the dental workforce in Kentucky and develop a work-plan to address identified needs.”(10) Given the state of dental health in Kentucky, it is obvious that dental prevention is the key to improved oral health of Kentucky citizens. It is imperative we take steps to educate individuals that good dental health is obtainable, and poor health is not a result of aging, or genetic predisposition. Increased numbers of technicians with limited education to “drill and fill” will only fulfill a short term, expensive solution, requiring steep educational investment, and provide treatment of the result of disease, and not the cause.

Studies addressing the technical quality of dental therapists equate it with the quality of restorative care of the dentist. There are, however no studies to determine how the non-dentist provider performs in the fields of diagnosis, pathology, trauma care, pharmacology and treatment plan development. The ability to provide technical care does not translate into providing oral health care specific to the needs of the patient, taking into consideration the patient’s health history, culture and family needs. (11)

The Kentucky Dental Association believes that all citizens deserve high quality treatment within the dentist-directed dental home. The Association believes the dental health needs of Kentucky’s citizens can best be met with the enhanced use of expanded functions dental assistants, and the public health hygienist. The KDA believes that the potential for the Community Health Coordinator in Kentucky

should be explored. Educational models for the CDHC currently exist, and this dental auxiliary has the potential to offer preventive dental education to the community, act as a navigator for those in need of dental treatment, and help provide the needed access for dental treatment. The Association supports the conclusion of the Strategic Plan for Oral Health: that the oral health needs of the citizens should be re-evaluated on a regular basis, and workforce plans established on established and emerging scientifically-sound science.

References

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