DENTAL THERAPY: MYTHS & FACTS

MYTH: There is no shortage of dentists in Florida

FACT: Counting the overall number of licensed dentists in a state does nothing to assess provider adequacy. Dentists, like many other health professionals, tend to practice in urban or suburban areas, leaving large areas of the state with limited access to care. In Florida, roughly one in four residents -- more than five million -- live in areas designated by the federal government as having a shortage of dentists. And 63 of 67 counties in Florida (94%) have at least one shortage area.¹

Access is a particular problem for Medicaid recipients. Only about 18% of licensed Florida dentists accept Medicaid (2015-16).² It is not surprising that in 2016, 60% of Medicaid children did not see a dentist;—that’s 1.4 million children.³

When people can’t access care they often turn to hospital emergency rooms when they’re in pain. In 2016 nearly 167,000 Floridians went to hospital EDs for nontraumatic dental conditions; more than 4,000 of these people were admitted as inpatients. Most of these conditions could have been treated more cost-effectively with earlier access to dental care. Hospital charges for ED and inpatient care for nontraumatic dental conditions exceeded one-half billion dollars in 2016.⁴ And, nearly all of the ED patients left the hospital still in need of care that would resolve their problems.

MYTH: Dental therapists are inadequately trained to perform “irreversible” surgical procedures

FACT: A review of 1,100 studies and assessments both in the U.S. and in other countries found that the quality of care delivered by dental therapists is at least equal to that of dentists for the procedures they have in common.⁵ Any lingering doubts about the ability of dental therapists to deliver high-quality care were resolved with the 2015 decision of the Commission on Dental Accreditation (CODA) to implement standards for dental therapy training programs. With its charge to protect the public safety, CODA would not have developed the standards in the absence of compelling evidence that dental therapists can be trained to provide the same level of safe, quality care as dentists are trained to provide. The American Dental Association’s own Council on Scientific Affairs conducted a systematic research review of dental therapy that stated “the results of a variety of studies indicate that appropriately trained midlevel providers are capable of providing high-quality services, including irreversible procedures, such as restorative care and dental extractions.”⁶

MYTH: There is no evidence that dental therapists are improving access for the underserved in Minnesota

FACT: The Minnesota Board of Dentistry and Department of Health released a report in 2014 assessing the early impact of similar providers (who have been practicing there since 2011). The report found:

- Clinics employing this type of provider are seeing more new patients, and more than 80% of new patients seen by dental therapists were publicly insured.
- Decreased travel time and wait times for some patients, increasing access.
• Savings from the lower costs of employing this type of provider is making it possible for clinics to expand capacity to see public program and underserved patients. vii

**MYTH: In the states in which they practice, dental therapists have not migrated to work in underserved areas**

**Fact:** In Minnesota, about 40% of DTs practice in areas other than the heavily populated twin cities – most of these areas have dentist shortages.viii Further, dental therapists based in urban centers are being deployed to hundreds of rural areas using mobile equipment. In Alaska, most Dental Health Aide Therapists are either stationed in remote communities or rotate between them, providing routine access to 40,000 people in 81 communities—many of which previously had no regular source of care.ix

**MYTH: “Real solutions” to improving access include dentist charity care events**

**FACT:** In 2016 The Florida Dental Association’s charity care event served 2,800 people.x That same year nearly 167,000 Floridians went to hospital EDs for nontraumatic dental care. While the dentists who participate in these events should be commended, charity care is episodic, offers no dental home, no opportunity for follow-up care, and long waiting lines for services. It is, in effect, the definition of 2nd tier care. The American Dental Association agrees. In a 2012 position paper ADA states, “Charity is not a health care system, and dentists alone can never successfully bear the burden of providing continuous care to these populations without better support from state and federal governments.” xi

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vii Email communication between Pew Dental Campaign Research Director Jane Koppelman and analyst Christopher Ryals, Florida Agency on Health Care Administration, on Oct. 23, 2017

viii Analysis by Pew Dental Campaign of EPSDT 2016 data, posted on CMS website in September, 2017


