

Testimony presented by Dr. Lindy Cope, DDS
Written Opponent to SB 312
KS House Health and Human Services Committee
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Would “dental therapists” be obligated to practice in dental deserts?

If no, then creating “dental therapists” would not solve the problem of getting dental care to underserved “dental deserts”. In fact, it would exacerbate the over-served/under-served disparity. This is because the root of the problem would remain: most dental therapists would want to practice in the more-populated city areas, just like dentists.

Drive 5 minutes around Kansas City and you will notice just how highly-saturated a small area is with dentists. We have more than plenty of dentists! The problem is how to efficiently distribute the existing dentists and incentivize them to go to these dental deserts.



How can you get dentists to want to go to these dental deserts?

Four ideas:

- 1) Offer internships at clinics in dental deserts to dental students after their first year of school to increase exposure to these clinics.
- 2) Start a one-year mentorship program to dental school graduates at a dental desert clinic. Many recent graduates would appreciate a mentor to show them how to best practice in a small town.
- 3) Add new technology such as CEREC (3-D Printing) crown machines to clinics in dental deserts. This would incentivize new dentists to want to work at the clinics because they would have access to modern technology without having to purchase their own updated technologies.
- 4) Mobile clinics or arranging rides to and from dental deserts for dentists and/or patients.

Another point: Dentists are trained to consider the patient’s overall well-being. Before a dentist decides to operate on a tooth, the dentist must analyze the patient’s health history, including how medications and the current state of health may affect dental treatment. A dentist must be prepared throughout a procedure to handle dental emergencies such as a patient fainting from low blood sugar or a patient in anaphylactic shock. If the dentist operates on the tooth, the dentists must be trained in critical decision-making based on many variables. For example, in this “simple” filling scenario:

“Patient has a deep groove and a cavity visible that appears small on the X-ray. Filling is recommended on the top biting surface of tooth.”

To begin:

- 1) how is the patient’s health? Does it seem like it’s in the patient’s best interest to do the filling? Does patient need antibiotics before procedure for artificial heart valve?
- 2) does the patient need local anesthesia? How much, considering patient’s compromised heart condition?
- 3) After opening the groove, the cavity is way deeper than it appeared on the x-ray. The patient is a younger patient with large pulp horns, and the pulp (blood and nerve supply of the tooth) is exposed.

Now, the small cavity turned into a deep. cavity requiring different treatment. Now the dentist must decide if the tooth is able to be saved with a liner and a filling. If not able to be saved with a filling, should a root canal be started? Or should the tooth be extracted?

Dentists are constantly deciding the best course of action as unpredictable variables arise and demand new decisions.

*Many critical diagnostic decisions can take place during a seemingly “simple” procedure. Dentistry is not always straightforward. To be adequately supervised, the dental therapist would need a dentist leaning over throughout the entire procedure to ensure that the best decisions are made and the patient isn’t harmed. Dental therapists would have inadequate supervision and accountability even if they did have the skills to “drill and fill”. If they have sufficient skills to do a simple filling, that would mean they could also place a liner if necessary, or do a root canal, or do an extraction - since a simple filling can turn into all of these.

In conclusion, dental therapists would provide below-standard dental care and would exacerbate the over-served/under-served disparity. I suggest focusing on making better incentives for dentists to practice in under-served areas. I also suggest looking into what Expanded Function dental assistants and hygienists can do to take advantage of this before creating a whole new dental therapist profession. Finally, I wonder how Medicaid dental coverage could be improved in Kansas? I wonder if more Oral Health and Hygiene Education efforts could be started in these dental deserts?

Please let me know if you would like to discuss further.

Sincerely,

Lindy Cope, DDS