MICHIGAN DENTAL ASSOCIATION®
Michigan's Oral Health Authority Dedicated to the Public and the Profession

MID-LEVEL PROVIDER INFORMATION

Background:

The Michigan Dental Association (MDA) has been working to help address the access to care issue for some time. In 2010, the MDA and a broad group of stakeholders released the United Voice Report which made recommendations specific to Michigan's needs and resources. Several of these recommendations have been acted on, including expansion of the Healthy Kids Dental program, the creation of the Healthy Michigan Plan, allowing dental assistants to assist dental hygienists in applying dental sealants, oral screening guidelines for physicians, the development of school-based oral health care guidelines, and increased public education for pregnant women and parents of young children.

Even with these successes, the access to care issue persists for a variety of reasons. These reasons include: a lack of understanding of the need for good oral health, a mal-distribution of dental providers, cultural and language barriers, poorly funded public health programs (particularly for adults), and transportation problems.

The Pew Foundation has targeted Michigan for what it considers to be a solution to the access to care problem: a mid-level dental provider. A mid-level dental provider is a person with less training than a dentist who could perform irreversible procedures such as drilling teeth and extractions. Pew has been spending millions of dollars across the country to create mid-level providers in various states. In Michigan, Pew has partnered with the Michigan Council for Maternal and Child Health to lead the effort.

Pew has been highlighting the dental therapist model in Minnesota as the prime example of how a mid-level should look. However, no detailed study of the effectiveness of the program has been done. The early results do not show a significant impact on Minnesota's access to care problem.

Informational Points:

- The proponents of the mid-level provider in Minnesota claimed that it would address the shortage of dentists in rural areas of the state. Yet, since 2009 (when the law passed creating the dental therapist) very few dental therapists have gone into the rural areas. The majority are practicing in metropolitan areas.
- The economic sustainability of the dental therapist model is also in question. The State of Minnesota reimburses all Medicaid providers at the same rate for covered procedures. So, having a mid-level does not save the state any money.
- Dental therapists are performing irreversible procedures with less training than a dentist. However, the population they serve tends to have the most complex problems.
- The underserved should have access to the same quality care as people with insurance or who pay out of pocket.
- A better way to address the access to care problem is to utilize existing workforce.
- Michigan has the dental workforce to address the access to care problem. There are currently 7,500 licensed dentists in the State of Michigan, most of whom have capacity to absorb new patients in their practices. In addition, there are 10,300 registered dental hygienists, many of whom are unemployed or underemployed, and there are 1,700 registered dental assistants.

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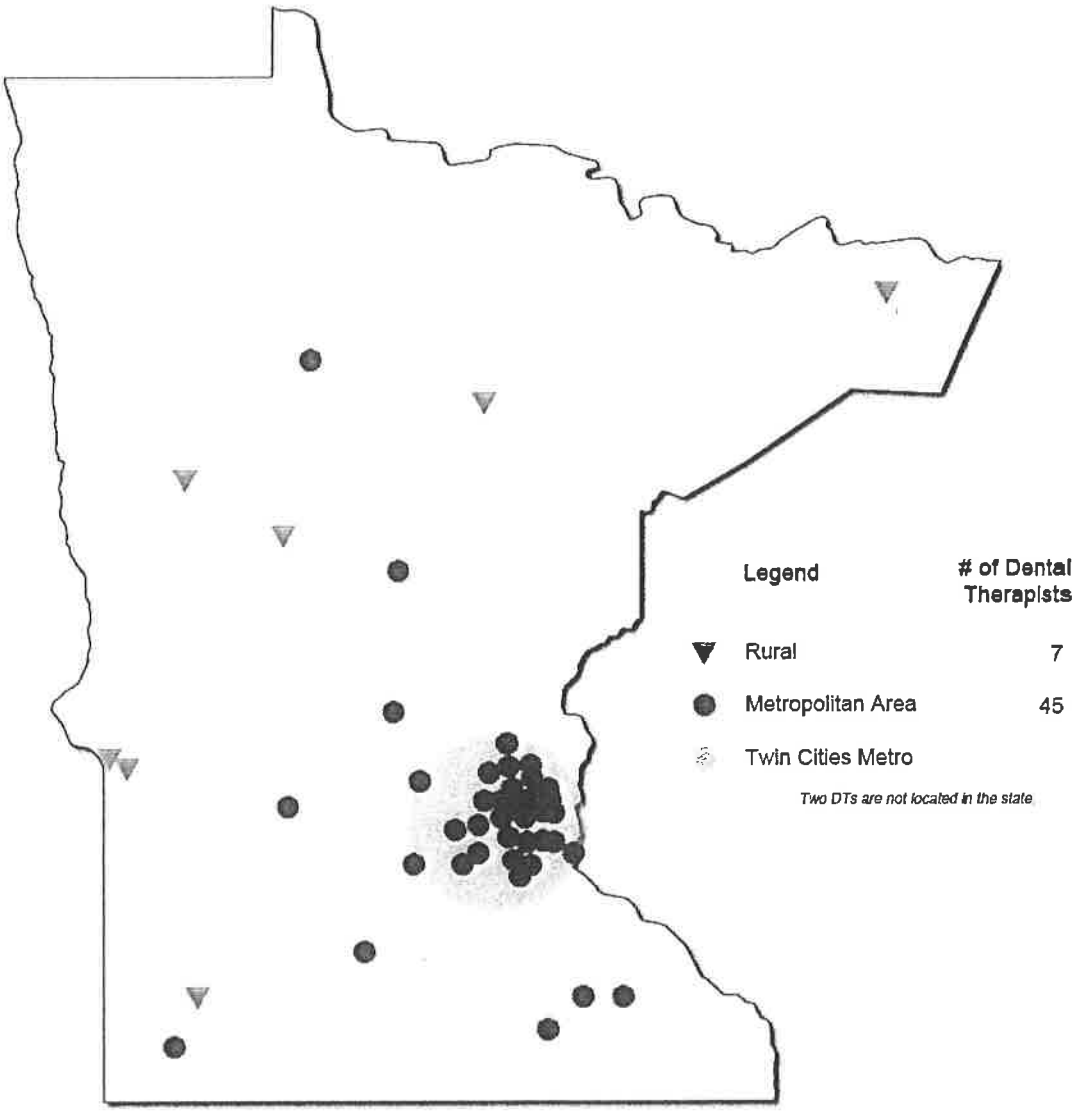
- The MDA believes that a program that is already authorized under Michigan law can be modified to use existing dental workforce and address the access to care problem while maintaining quality of care and patient safety.
- The PA 161 program (in its current form) was created in 2005. This program allows a dental hygienist, under the supervision of a dentist, to see patients (who are not patients of record) in underserved areas. This program has not been utilized to its potential. With certain modifications, PA 161 of 2005 could be a better way to provide care to the underserved.
- The modifications would include allowing a dentist to become a PA 161 program and better defining the relationship between the supervising dentist and the hygienist.
- Activating Michigan's existing workforce is a private sector and sustainable solution to increasing access to quality care.
- Creating a new provider class is unproven in increasing access to care and puts the patient at risk.
- The MDA is working with Senator Pete MacGregor on a bill to implement the PA 161 changes.
- The MDA is also engaging in major education efforts for its members. CE courses have been developed that teach dentists how they can incorporate Medicaid patients and other underserved populations into their practices and still run a successful business. In addition, CE courses are being offered to help dentists and their staffs to better understand how oral health literacy and socio-economic disparities challenge low income patients.
- The MDA would like to engage in discussions with all sides of the mid-level provider debate. Attempts should be made to see if a solution can be reached before enormous amounts of time and resources are expended in an unproductive legislative battle.

Licensed Dental Therapists in Minnesota



Sources: Minnesota Dental Board, dental therapist licensure; Urban-rural designation based on U.S. Census data.