

# The Community Oral Care Specialist<sup>®</sup>

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## Abstract

It has been suggested that Minnesota has an underserved population that does not have access to dentists because they live in remote areas. It has been suggested that Minnesota cannot afford to treat the underserved population using licensed dentists. In 2009 the Minnesota Legislature gave the State the go ahead to train dental therapists to alleviate alleged pain and suffering in the underserved population.

## A Look at the Background of Minnesota's Dental Therapist Legislative Initiative

As in many parts of the Country, Minnesota Dentists have always been willing and interested in providing quality dental care to its low income population. Over the past years Minnesota Dentists annually pay in more than enough money to pay for low income dental care via the 2% Minnesota Health Care Provider Tax that is collected quarterly by the State and based on dental office collections.

Unfortunately Minnesota's Governors have diverted more than seventy percent (70%) of the provider tax collected from dentists to "other" State expenses, leaving the State's low income population severely financially abandoned. Special interests then blame dentists for charging too much, not being available, and then go further to advocate the dental therapist as the "solution to the problem."

The money has for the past several years, been there to increase welfare reimbursement to a fair level for dentists. There are also more than enough licensed dentists willing and able to treat welfare patients if the State would just pay them fairly. Recently the State Auditor for the Minnesota Department of Human Services concluded in his report that "Minnesota dentists that take Medical Assistance (Welfare) Patients are among the lowest, if not the lowest, paid in the Country." As a result Minnesota has now begun to raise the reimbursement schedules for low income patients.

## A Consideration of the Role of Academia in Minnesota's Dental Therapist Program

Everywhere we see academia performing more like a for profit business than a circle of colleges wanting to improve the intellectual capacity of their community and staff. This is especially true in Minnesota where upon graduation there are no jobs for most graduates. Graduating dentists, in turn, are dumped into a health care market where there are already too many dentists.

In addition, more dentists are not retiring as young as they used to because of economic issues. At the same time the ADA tells us that "fewer adults are visiting the dentist," and probably for similar economic reasons [ADA News, March 18, 2013]. This combination of events is leading to a tremendous amount of over treating patients in the name of "prevention." If not checked, this writer believes this alone will ruin the hard earned reputation of the dental profession.

As a result of this over supply of dentist in Minnesota, I am frequently seeing patients come in for second opinions because their regular dentists are recommending 3-4-5 crowns that they were never previously informed about, and now they are, in turn, becoming suspicious. As a side note, a few years back I asked a potential associate applicant to tell me what criteria "he would use" to do a crown. He actually told me that the "dental school" told him that "any tooth with a three or more surface restoration in it should be crowned."

Dr. Patrick Lloyd, immediate past Dean of Minnesota's School of Dentistry and Dental Therapist advocate has, in my opinion, left a legacy of mistrust, deception and uncertainty in the charge of the Dental School to provide quality dentistry to Minnesotans. As a direct result of the Dean's obsession to create another "business" in the form of the dental therapist, he has set in motion a question of administrative competence that will remain with the dental student population for years to come.

## Adoption of New Standards to Allow the Dental Therapist Program to Move Ahead

To allow the dental therapist program to move forward, the Minnesota Board of Dentistry has allowed the standards of care for dental therapists to be the same as that for dentists doing the same procedures. This pertains to restorative dentistry, oral surgery and writing prescriptions. Common sense tells us that a standard of care for two year student cannot not equate to the same standard for a licensed dentist when performing the same procedure.

If dental therapists and dentists have different amounts of education and training in the areas of restorative dentistry, oral surgery and prescription writing, how can they possibly be held to the same standard of care when performing the same procedure? If the Board is holding dental therapists to a lesser standard than a licensed dentist, will dental therapists then be paying a higher malpractice premium?

Advocates for the dental therapist often compare the need for a dental therapist to that of the need for the Medical Nurse Practitioner ("MNP"), as if to say they are both the same. They are definitely not the same, not even close. MNPs assist the Primary Care Physician ("PCP") because PCPs are in short supply due to too many physicians specializing. Registered Dental Assistants "assist" dentists, much like MNPs do for PCPs. The difference is that MNPs do not perform irreversible procedures that have the potential to harm a patient, as dental therapists have the much greater potential to do.

The Board in Minnesota further suggests that incorporating a "collaborative agreement," where the dentist that agrees to oversee the dental therapist, will assume the therapist's malpractice risk. Does this mean that that "dentist" will then also be held to a lower stand of care?

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The dental therapist program appears full of trickery and deception on the part of the Board, which, in turn, seems to allow the program to keep moving forward. Hopefully this example of an attempt to side step state law will be very carefully looked at.

### **A Look at the Conflict of Interest of Minnesota Dental Specialists and the Program**

A conflict of interest does exist between generalists and specialists when it comes to the dental therapist programs in Minnesota. This makes perfect sense if you look at the evidence. First, there are too many generalists and specialists in the State for the size of the population. This same thing occurred back in the 1980's, but at that time both the School of Dentistry and Minnesota Dental Association Board of Trustees had the common sense to reduce the dental class size significantly, which we did.

Today the dental school is more interested in making money, as I mentioned earlier, that making sure their graduates have patients to work on. As I previously stated, in Minnesota there are too many dentists, including specialists, and too few customers. There is, however, a huge supply of underserved patients that would provide more work if only the State would get its act together as mentioned in part #1, "a look at the background of Minnesota's dental therapist legislative imitative."

Generalists in Minnesota oppose dental therapists because they, themselves, are not that busy. Specialists, however, intuitively knew that dental therapists could never handle the complexities of treating low income patients, especially those that had not been to a dentist in many years. Since the State pays specialists much more than generalists, and specialists figured out that dental therapists would need to refer to them, it was a win, win situation for specialists.

### **A Look at the HMO Involvement and Interest in the Dental Therapist Graduates**

It is interesting that all of the dental therapists that have so far graduated in Minnesota are all working for HMOs in primarily

metropolitan areas. Not in the remote underserved areas of the State as politicized. It is further interesting that dental therapists who are not working for the HMOs cannot find work. One of the unemployed dental therapists that I am aware of actually was asked if she "would be willing to go out and promote the program."

If accreditation allows the dental therapist program to continue in Minnesota, it is only a matter of time, all things considered, that the HMOs will be terminating their general dentist employees in favor of hiring dental therapist because they are "cheaper."

### **An Evaluation by Dentists and Hygienists as to Why the Program is not Realistic**

The dental therapist program has been found to be totally unrealistic because underserved dental patients, more often than not, present themselves with very complex treatment problems due to long periods of neglect. General dentists like me, see this sort of thing every day. If one truly has the best interests for the safety of, and for providing the best dental health possible for underserved patients, a licensed dentist is still the provider of choice.

Through combined initiatives by the Dental Hygiene Association and the Dental Assistant Association, along with State Dental Associations, as well as the American Dental Association, expanded duties have been and will be taught continually based on need and input from the dental community, as it should be, and not from the uninformed ambitions of our political arena.

In closing, the primary sales pitch for the dental therapist program in Minnesota was that the midlevel provider would, could and should go into the vast and remote areas of Minnesota where access to a dental office was not only near impossible, but people were suffering. Well, there are no such places in Minnesota, and if a dentist is truly needed for treatment anywhere, access is always reasonable. Furthermore, the majority of employed dental therapists in Minnesota today are not working in the "remote areas of the State," but in modern metropolitan offices, competing for patients with licensed dentists.