SWINOMISH DENTAL

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Subject: Supporting HB 2528

Dear Oregon Legislators,

Thank you for the opportunity to share my positive experience working with Dental Therapists (DTs). My name is Dr. Rachael Hogan and I am the Dental Director at the Swinomish Indian Tribal Community in LaConner, WA. I've been practicing dentistry for over 18 years. Prior to being recruited at Swinomish in 2013, I worked for 10+ years at Sea Mar Community Health Centers, so you can see my career experience and passion lie primarily in public health, perhaps the reason for my consistent pursuit to equal access to high quality health care. I am greatly influenced by my parents who are both health care providers in Indian Health Service Sites near my hometown of Ketchikan, AK. I have a deep love for my profession and great respect for my long and intense educational road. I am an active and card-carrying member of my dental association.

When I was hired at Swinomish and included in conversations of how exciting it would be to bring the successful Alaska Dental Therapy model to our community I was originally very skeptical based on safety and quality issues raised by the American Dental Association. But as my scientific background has taught me, I should follow the evidence.

After several visits to Anchorage, Alaska to see 1st year DT students and their didactic curriculum, to Bethel, Alaska to see 2nd year students and their clinical work, as well as visiting clinics in Sitka, Juneau, and Metlakatla (a small village just outside of Ketchikan) and observing direct patient care and meeting both therapists and their supervising dentists, I NO LONGER HAD ANY CONCERNS ABOUT SAFETY or QUALITY. In fact, all dentists who worked with the Dental Therapists would agree, the Therapist's work was equal if not better than those of a new dentist. Research continues to validate the success of adding DTs to the dental team.

Swinomish hired the first Alaska trained Dental Therapist in the continental United States in 2015. I have thus been a supervising Dentist for over 5 years and more recently a mentor to our two DT students as they trained in the Alaska Dental Therapy education program. Those students have since graduated and joined our dental team. In addition to supervising Swinomish DTs, I also provide support to new supervising Dentists in the region as they expand their dental teams with DTs. As the clinic director and dental therapy supervisor, titles I hold to the gold standard, I am ultimately responsible for the quality of work that comes out of our clinic. All of our therapists completed a preceptorship where I closely observed the 50+ procedures within their scope of practice multiple times over. From there a practice agreement was established that reflects the privileging of each therapist. Having overseen three DTs and having worked in large clinics where multiple providers share patients and can observe their peers/colleagues work, I can say that fillings by DTs could not be differentiated from an experienced Dentist. DTs cannot perform every extraction, but extractions that are within their scope of practice (ex. baby teeth and loose adult teeth) are well executed. Their ability to do non-surgical, non-complicated extractions and bulk of restorative work frees me up to perform other high end and/or more complex procedures. Diagnostic skills to read radiographs and complete exams are comprehensive and thorough as is the ability to assess a patient's health complexity and/or oral risk factors. As a Dentist with high standards, I have no reservations about their skill or ability to safely offer high quality dental care including fillings and extractions. General supervision, or the ability of a DT to work remotely from their supervising Dentist (while consulting as needed via telehealth), makes delivering care in community settings cost-effective.

Dental Therapists have changed the dynamics of our clinic numerous ways for the good. Some of those are tangible and expected. We are a more efficient team, being able to provide significantly more care, with less wait time for our patients. Beneficial to me as a public health provider it is so rewarding to get to work at the top my scope and provide double the amount of crown and bridge and dentures because patients are moving through treatment plans faster… a great reward to the patients, also! DTs have been invaluable in community outreach – visiting our preschool and daycare programs weekly, attending most community events such as distribution days, health fairs and community dinners and playing a large role in planning more outreach. As part of my prevention team, the Dental Therapists have kept us connected to our community during COVID with outdoor pop up clinics for exams and minimally invasive dentistry procedures as well as outreach via social media, YouTube oral health lessons, and tele-dentistry.

The real game changer is the intangibles of community grown providers who instantly make patients feel comfortable, a barrier which typically takes most non-native providers 5 years to break, and by then most non-native providers have moved on. Swinomish Dental Therapists inspire our young community members to become smile healers and diversify our workforce with culturally competent care. For too long our native communities have been poorly served by transient Dentists who have instilled anxiety, pain and fear. We need to break the cycle of dental trauma, of decay rates in native children being 3 times that of non-natives, and of less than 1% of Dentists being native and not representing the populations they serve.

I manage a large staff with 3 dual trained front and back office receptionists, 9 Dental Assistants (many are expanded function), 2 Hygienists, 2 Dental Therapists and 2 Dentists. Yet our big clinic is considered a small home to our patients who created our mission to deliver the highest quality holistic health care with emphasis on their smile.

As with every practice with a distinct provider and patient mix, the collaborative practice agreements allow me the control I need to ensure that everyone is working at the top of their scope, providing the best care possible, and the community is getting the care they need. Practice agreements are universal in large dental group settings or community health clinics where all providers, Dentists and Hygienists included, have "standing orders" of what they can do within their scope which holds those providers accountable to only do procedures they have mastered. An example, in my clinic only one of my Hygienists has enough expanded function experience to place fillings and only one Dentist has enough experience and CE to place implants. Practice agreements are an excellent quality assurance measure to optimize clinic efficiency through provider strengths. They are reviewed, updated, or revised at least every two years. Much time is spent focusing on the possible negative "what ifs" of the DT practice and fearing folks into the fact that emergencies will happen often, however clinics and dentists should have management plans in place if this occurs for all providers. All of my staff members are trained to respond to general health emergencies and we have established close relationships with a handful of referring offices if the need for a dental specialist arises. As the evidence shows, rarely if ever are DTs in a situation necessary for unplanned intervention, thus the reason their malpractice insurance costs less than 1/3 that of a Dentist.

I am a strong advocate for Dental Therapy and effective dental teams building on staff's strengths and expertise. The demand for dental care is simply too great for Dentists alone, but Dentists are excellent leaders in optimal care delivery and should utilize the tools available to maximize their capacity to provide that care. I cannot imagine a clinic without Dental Therapists to manage easier restorative and preventative procedures, much like I cannot imagine a clinic without Hygienists to manage gum and periodontal issues and keep patients on track of routine exams and cleanings. It is time for dentistry to move toward more affordable, efficient, diversified, holistic models that meet the demands of patients in ways they feel most comfortable. This is what oral health equity looks like.

Lastly, having served on the advisory committee to Oregon's Dental Therapy Pilot Project #100, I am aware of the pilot's thorough oversight and its related expenses. Now that the pilot has demonstrated safety and quality, I am excited for Oregon's future as it moves beyond the pilot phase toward implementing Dental Therapy.

Thank you and please feel free to contact me if you have any questions or would like to discuss my experience in more detail.

Sincerely,

RHoganDDS

Rachael Hogan, DDS
Dental Director
Swinomish Indian Tribal Community Dental Clinic