Mary E. Williard, DDS

Written neutral expert testimony

Oregon State Legislature
HB2528
House Committee on Health Care

March 14, 2021

Chairperson Prusak, Vice-Chairs Hayden and Salinas and committee members,

I would like to thank you for the opportunity to address you regarding my experience with dental therapy. My name is Mary E. Williard. I am a dentist. I am currently in the process of relocating from Alaska to Coos Bay, Oregon to work with a local Tribal Health Organization. As a member of the Oregon pilot project 100 advisory committee, I have reviewed the findings. Many successes have been documented while no patients have been harmed. I have a concern that the amount of paperwork and documentation is overwhelming for project sites while is does little to improve the quality of care for patients. I realize that this level of scrutiny is part of the process, but it would be difficult to sustain for much longer due to the hardship it presents to the providers and the hours it takes away from clinical time.

In my 23 years living and working in Alaska I had the opportunity to work in rural Alaska where I supervised two of the first Dental Health Aide Therapists (DHAT), known as Dental Therapists outside of the Tribal Health System, to provide care in the U.S. During my years in Alaska, I held the following positions for 10 years; I.H.S. Alaska Area Dental Officer/ Dental Consultant, the I.H.S. Alaska Area Prevention Officer, and Director of both the Department of Oral Health Promotion and the Alaska Dental Therapist Educational Program for the Alaska Native Tribal Health Consortium (ANTHC). I helped developed the federal certification standards for DHAT practice and the curriculum for the Alaska Dental Therapy Educational Program (ADTEP).

Dental therapist students are evaluated by the same standards as dentists. In August of 2020, the ADTEP became the first and only dental therapy program in the U.S. to be accredited by the Commission on Dental Accreditation (CODA). The CODA education standards used to evaluate dental therapy programs have largely been copied from the CODA standards for dental, dental hygiene and dental assisting programs. Accreditation by CODA has long been recognized as the benchmark by which all dental education programs in the U.S. are judged. There should be no more questions about the ability of ADTEP to graduate skilled, safe and competent dental therapists.

Access to appropriate dental care is a real and pervasive problem in the U.S. The reasons people give for difficulty in accessing care are multi-factorial, including historical trauma, cost, cultural barriers, geography, and lack of providers. These common challenges led my predecessor at ANTHC, Dr. Ron Nagel, to integrate dental therapists into the tribal health system in Alaska. The first three cohorts of DHAT student from Alaska attended the University of Otago, School of Dentistry in New Zealand. New Zealand started training dental therapists in 1921. They continue educating and utilizing dental therapists in their country today. In 2006, the Alaska Tribes received funding that enabled them to develop a dental therapy educational Program in Alaska. Over 60 students have graduated from the ADTEP and have gone on to provide care in the Alaska and Northwest Portland Area Tribal Health Systems.

There have been several other attempts to bring dental therapist providers to the US, dating back to the 1940s. In every case these attempts were aggressively attacked and stopped by organized dentistry. Despite significant evidence to support the practice of dental therapy, organized dentistry's position has changed little in the past 70 years. Prior to the Alaska DHAT, the most significant change in the U.S. oral health workforce occurred back in 1908 with the advent of dental hygienists. Contrast this to the revolution of auxiliary and mid-level care providers in medicine during the past few decades which has led to improved access and helped defray the cost of medical care. The dental profession has a way to go to catch up to the medical profession's efficient and safe use of an expanded workforce.

Everyone in the healthcare system should be concerned with quality and safety. In Alaska, some of our dental therapists have been working for as much as fifteen years, yet there have not been any claims of patient harm or malpractice while thousands of services have been provided to patients who otherwise would not have access to this care. The ADA and its member organizations have been shamelessly peddling fear and spreading false information about dental therapy in a very unfortunate campaign to keep dental therapists out of the U.S. It is hard to feel good about my profession when our nation's largest dental professional organization has waged a war against something that can help so many people. These unfounded concerns for the safety of those treated by dental therapists have been used without regard for the facts. I have yet to see any evidence based study which supports the safety concerns of the ADA and member organizations in opposition to dental therapy. To what end do these organizations oppose dental therapy? Clearly, they are more concerned with protecting the status quo than with advancing the oral health of a nation. Time and time again in its fight against dental therapy, the ADA has abandoned its duty to the public, to the most vulnerable of our people, to the equitable use of dental resources in favor of the very lucrative (and inefficient) tradition of fee-for-service private dental practices run and controlled by dentist for the good of the dentist.

The safety and effectiveness of the Alaska DHAT has been so significant that the Indian Health Service (I.H.S.) has recently adopted a policy to allow for the Alaska Health Aide Program, including DHAT, to become a national program.

In April 2012, Dr. David Nash et.al through the support of the W.K. Kellogg Foundation published a monograph titled, “A Review of the Global Literature on Dental Therapists, In the Context of the Movement to Add Dental Therapists to the Oral Health Workforce in the United States.” This extensive review included over 1000 articles written in the U.S. and abroad on the practice of dental therapists. Not one article could be found that would support the safety concerns voiced by the ADA and its member organizations. The review found overwhelming evidence that using dental therapists as part of the dental workforce was safe, decreased the cost of care and improved access to care. It further showed that the public values the role of the dental therapist and that the universal tradition has been a two calendar year educational program for dental therapists like ADTEP.

Opponents worry that dental therapy will create a two-tiered system of care or a lower quality of care for some. The use of dental therapists in Alaska has been the difference between getting basic care and getting no care at all. Our patients have actually been able to access higher levels of care since the dental therapists manage the basic care services thus freeing up the dentists to do more complicated services. Because of dental therapists, many of our programs are offering more crown and bridge work, dentures and implants than they were able to prior to adding DHAT to their dental teams.

In summary, the available evaluations and evidence suggests that dental therapists deliver safe, competent and appropriate oral health care. There simply is no evidence to the contrary.

In Alaska, we have taken action to improve access to care for those that suffer significant inequities. The Alaska Tribal Health System has remained committed to the safety of the people it serves. I believe other parts of the U.S., including Oregon, will benefit from a similar dental team approach.

Thank you for the opportunity to share my experience working with, supervising and educating dental therapists.

Respectfully,

Mary E. Williard, D.D.S.

Mary E. Williard, DDS
CAPT, USPHS/Indian Health Service

Formatted: Space After: 0 pt

I have included the following references in case you would like to review some of the literature on Mid-level dental providers:

Research Literature Review on Mid-level Oral Health Practitioners

Mid-level practitioners have been well studied and researched in many other countries that have long-standing mid-level practitioner programs and in the United States in pilot programs conducted in the 70's and more recent research in Alaska. Research studies have consistently shown that mid-level oral health practitioners improve access, reduce costs, provide excellent quality of care, and do not put patients at risk. The following is a list of some of the major research studies on mid-level oral health practitioners.

Literature review

David A. Nash, Jay W. Friedman, Kavita R. Mathu-Muju, Peter G. Robinson, Julie Satur, Susan Moffat, Rosemary Kardos, Edward C.M. Lo, Anthony H.H. Wong, Nasruddin Jaafar, Jos van den Heuvel, Prathip Phantumvanit, Eu Oy Chu, Rahul Naidu, Lesley Naidoo, Irving McKenzie and Eshani Fernando "A Review of the Global Literature on Dental Therapists, In the Context of the Movement to Add Dental Therapists to the Oral Health Workforce in the United States." April 2012 This project was made possible with support from the W.K. Kellogg Foundation. http://www.wkkf.org/news-and-media/article/2012/04/nash-report-is-evidence-that-dental-therapists-expand-access

Evaluations of clinical competency

P.E. Hammons, H.C. Jamison, L.L.Wilson. "Quality of service provided by dental therapists in an experimental program at the University of Alabama." *Journal of the American Dental Association*. 1971; 82:1060-1066

- A comparison study between dentists in private practice and dental therapists at the University of Alabama School of Dentistry found that the quality of service was equally competent for six clinical procedures, including inserting amalgam restorations, inserting silicate cement restorations, finishing amalgam fillings, finishing silicate fillings, inserting temporary fillings, and placing matrix bands for amalgam fillings. More specifically, for the both of the unfinished and finished restoration procedures, none of the differences in proportions of excellent ratings was statistically significant. In certain cases, the minor differences tended to favor the dental therapists for seven of the 12 aspects evaluated for unfinished restoration procedures. When evaluating temporary procedures that include fillings, the differences in ratings of excellence between the dentists and dental therapists were statistically significant, favoring the therapists.

L.J. Brearley, FN Rosenblum. "Two-year evaluation of auxiliaries trained in expanded duties." *Journal of the American Dental Association*. 1972; 84:600-610.

• A two-year evaluation of the performance of expanded duty dental assistants compared to those of senior dental students indicated that the expanded duty dental assistants' quality of procedures performed was consistently as good as the performance shown by the senior dental students. Furthermore, in certain

procedures, the expanded duty dental assistants tended to be significantly superior to dental students in the performance of prophylaxes, matrix removal, and placement of Class I amalgam restorations.
J. Abramowitz, L.E. Berg. "A four-year study of the utilization of dental assistants with expanded functions." *Journal of the American Dental Association*. 1973; 87:623-635.

- A four-year study of the effectiveness of expanded duty dental assistants (dental auxiliaries) found that the participating dental auxiliaries were able to provide delegated procedures of acceptable quality, including Class II amalgam and Class III silicate restorations and no significant differences were found for the "acceptable" rating between dentists and auxiliaries for both procedures.

E.R. Abrose, A.B. Hord, W.J. Simpson. *A Quality Evaluation of Specific Dental Services Provided by the Saskatchewan Dental Plan*. (Regina, Canada: Province of Saskatchewan Department of Health, 1976).

- A treatment quality evaluation of the Saskatchewan Dental Plan, which includes a dental nurse training program modeled after the New Zealand program, focused on the procedures of amalgam restorations, stainless steel crowns, and diagnostic radiographs. Comparing the quality of amalgam restorations performed by dentists to those of dental nurses, just over 20 percent of restorations performed by dentists tended towards a rating of unsatisfactory and 15 percent towards a rating of superior whereas dental nurses were rated at just 3 to 6 percent unsatisfactory and 45 to 50 percent approaching superior standards. In regards to stainless steel crowns, the dentists and dental nurses appeared to function at the same standard of quality

Ralph Lobene and Alix Kerr, *The Forsyth Experiment: An Alternative System for Dental Care* (Cambridge, MA: Harvard University Press, 1979).

- Based on blind evaluations, the advanced skills hygienists were found to perform restorative dentistry equal in quality to that done by practicing dentists. For example, the group mean score for all cavity preparations was 10.2 quality points for the hygienists versus 10.0 quality points for the dentists. Comparing multisurface cavity preparations, those completed by the hygienists had a higher mean quality score that was statistically significant at the 5 percent confidence level. The hygienists also achieved a slightly superior group mean score for single-surface restorations with

  10.7 quality points versus 10.5 quality points for the dentist-performed fillings (p. 82).

Stanley Lotzkar, Donald W. Johnson, Mary B. Thompson. "Experimental program in expanded functions for dental assistants: Phase 3 experiment with dental teams." *Journal of the American Dental Association*. 1971; 82:1067-1081.

- In phase three of a three-phase study on the feasibility of delegating additional duties to chairside dental auxiliaries, dentists, who worked as heads of dental teams with varying numbers of assistants, delegated about two fifths of their work to these auxiliaries. The overall rating of the work performed by the assistants during this phase found that 82% of the procedures were assessed as meeting the required quality standards, compared to 81% of the dentists' work that was assessed as acceptable.

Gordon Trueblood. *A Quality Evaluation of Specific Dental Services Provided by Canadian Dental Therapists* (Ottawa, Ontario, Canada: Epidemiology and Community Health Specialties, Health and Welfare Canada, 1992).

•A study to observe the quality of care provided by dental therapists compared with the level and quality of care provided by dental practitioners statistically concluded that on the basis of six clinical restorative

procedures, the quality of restorations placed by the dental therapists was equal and more often better than that of those placed by dentists.

•In addition, the data show a steadily increasing trend that is the result of a steady decrease in the number of required extractions over time relative to restorations, which suggests that dental therapists are being successful in treating dental emergencies and in reducing them through regular on-going care. The steadily increasing trend is the first important line of evidence of the overall effectiveness of the dental therapists in improving dental health in the communities in which they work.

David A. Nash, Jay W. Friedman, Thomas B. Kardos, Rosemary L. Kardos, Eli Schwarz, Julie Satur, Darren G. Berg, Jaafar Nasruddin, Elifuraha G. Davenport, Ron Nagel. "Dental therapists: a global perspective." *International Dental Journal.* 2008; 58:61-70.

- Since their introduction in New Zealand, dental nurses/therapists have improved access to oral health care in increasing numbers of countries. Multiple studies have documented that dental therapists provide quality care comparable to that of a dentist, within the confines of their scope of practice. Acceptance and satisfaction with the care provided by dental therapists is evidenced by widespread public participation. Through providing basic, primary care, a dental therapist permits the dentist to devote more time to complex therapy that only a dentist is trained and qualified to provide.

Kenneth A. Bolin. *Quality Assessment of Dental Treatment Provided by Dental Health Aide Therapists in Alaska.* Paper presented at the National Oral Health Conference; 2007 May 1.

- Charts of patients treated by Dental Health Aide Therapists (DHATs) and dentists in three Alaskan health corporations were audited to assess quality of care and the incidence of adverse events

Assessments of how well they care for particular populations

David A. Nash and Ron J. Nagel, "Confronting oral health disparities among American Indian/Alaska Native children: The pediatric oral health therapist." *American Journal of Public Health*. 2005; 95, no.8: 1325-1329.

- The use of dental therapists in Canada on First Nation reserves has indicated that the ratio of extractions to restorations has dropped significantly, from over 50 extractions per 100 restorations in 1974 to fewer than 10 extractions per 100 restorations in 1986.

David A. Nash, Jay W. Friedman, Thomas B. Kardos, Rosemary L. Kardos, Eli Schwarz, Julie Satur, Darren G. Berg, Jaafar Nasruddin, Elifuraha G. Davenport, Ron Nagel. "Dental therapists: a global perspective." *International Dental Journal.* 2008; 58:61-70.

•New Zealand's School Dental Service, which is staffed by school dental therapists under the general (indirect) supervision of district public health dentists, currently have over 97% of children under the age of 13 and 56% of preschoolers participating, with virtual elimination of permanent tooth loss.

•In Malaysia, practicing dental nurses now number around 2,090 and have operated in schools since 1985. The program has been very successful, with 96% of elementary and 67% of secondary school children participating and resulting in a sharp decline of decayed teeth and a corresponding increase in restored teeth.

Christine E. Miller, "Access to care for people with special needs: Role of alternative providers and practice settings." *Journal of the California Dental Association*. 2005; 33, no.9:715-721.

- Dental hygienists, with focus on community health and preventive care, are suggested as being the oral health professionals most prepared to address issues of access.

Elizabeth Mertz, Gena Anderson, Kevin Grumbach, Edward O'Neil, "Evaluation Strategies to Recruit Oral Health Care Providers to Underserved Areas of California." (San Francisco, CA: Center for California Health Workforce Studies, 2004).

- The Registered Dental Hygienist in Alternative Practice category was first created in the 1980s as a California Health Manpower Pilot Project to allow hygienists to practice in alternative settings. Each cohort of 17 RDHAP graduates from the West Los Angeles program is estimated to add 34,000 patient visits per year for the underserved.

Attitude of dentists

Brearley LJ, Rosenblum FN. Two-year evaluation of auxiliaries trained in expanded duties. *Journal of the American Dental Association*. 1972; 84:600-610.

- Dental students (91.3%) were favorably oriented towards expanding duties of dental assistants to help alleviate the dental manpower shortage. Most of the dental students favored the delegation of certain procedures to suitably trained assistants, including manipulation of rubber dam, matrixes, and wedges. There was also a significant attitudinal change by the end of the study to being in favor of the condensation of amalgam and adaptation and cementation of stainless steel crowns by suitably trained assistants.

Louis Fiset. *A Report on Quality Assessment of Primary Care Provided by Dental Therapists to Alaska Natives* (Seattle, WA: University of Washington School of Dentistry, 2005).

•The author completed a four-day site visit to the Yukon-Kuskokwim Corporation dental clinic in Bethel, Alaska and to two remote village dental clinics in Buckland and Shungnak, which are administered by the Maniilaq Corporation dental clinic in Kotzebue. At the Bethel site, he found that each dentist he spoke with was eager to discuss the dental therapists, all positive in their comments. One dentist admitted that the dental therapists' clinical training in pediatric dentistry surpassed her own. Among the dentists practicing at the facility, all expressed no reservation about the dental therapists being sent to sub-regional clinics to provide primary care in the absence of direct supervision by their preceptors.

•Each dental therapist was equipped not only to provide essential preventive services but simple treatments involving irreversible dental procedures such as fillings and extractions. Their patient management skills surpassed the standard of care. They knew the limits of their scope of practice and at no time demonstrated any willingness to exceed them.

Cost-effectiveness and productivity

Abramowitz J, Berg LE. A four-year study of the utilization of dental assistants with expanded functions. *Journal of the American Dental Association*. 1973; 87:623-635.

- A four-year study to determine the feasibility of dental practices using expanded function dental assistants in relation to quality and economic considerations demonstrated that the efficient utilization of these types of auxiliaries resulted in decreased fees, increased net income for the dentists, or a combination of both. More specifically, as more auxiliaries were added to the dental team, the relative costs per unit of time worked decreased from $2.54 to $2.26 and the net income for the dentist increased over $10,000, from $28,030 to $39,147.

Ralph Lobene and Alix Kerr, *The Forsyth Experiment: An Alternative System for Dental Care* (Cambridge, MA: Harvard University Press, 1979).

- Results from the Forsyth Experiment indicated that a solo practice dentist using hygienist-assistant teams to provide restorative care could charge lower fees and increase his net income. All patients in the study actually received free treatment, so therefore the income that

could have been generated was calculated using the dollar charges for specific dental procedures listed in the 1974 Massachusetts welfare fee schedule and the 1972 schedule of usual fees for New England dentists.

Stanley Lotzkar, Donald W. Johnson, Mary B. Thompson, "Experimental program in expanded functions for dental assistants: Phase 3 experiment with dental teams." *Journal of the American Dental Association*. 1971; 82:1067-1081.

- With dentists heading dental teams with four assistants performing expanded functions, dentists were able to increase their productivity over their base-line performance by 110% to 133%.