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Dr. Joan A. Sheppard, DDS, Chair
Oral Health Practitioner Work Group
Minnesota Department of Health
625 N. Robert St.; P.O. Box 64975
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RE: Is There A Mid-Level Practitioner In Your Future?

Dear Doctor Sheppard:

I, like many senior dentists in Minnesota, am perplexed by how certain people seem to be obsessed with creating a totally unnecessary counterpart to the medical nurse practitioner in the field of dental care. That being said, I want to focus on some very misleading MDA News reporting.

The above referenced headline appeared in the August, 08 issue of the MDA News, and I am very alarmed at how the substance under this "headline" is presented by the writer. The MDA News article actually makes it sound like the "mid-level practitioner" is already a done deal, when it is very definitely not a done deal!

The inference "one-third of responding dentists wholeheartedly support the concept," could not even be substantiated by the one person you would think would be most knowledgeable, MDA Staff Carol Embertson. Something this important to the welfare of both providers and patients alike, should definitely be accurate.

Dr. Sheppard, I am requesting that your work group please revisit the statement I am referring to and find out who is really talking and what they are really saying. For example, we know there are over 3,900 licensed dentists in our State. There is also a likely hood that those promoting a need for mid-level practitioners are deliberately trying to influence the results of this particular survey in their favor.

In conclusion, readers not knowing the actual numbers of providers may not understand the reference to "one third" could, in reality, be less that 2 percent of dentists, and definitely not the "one third" (33 percent) as the MDA writer implies.

Respectfully submitted,

Lloyd Wallin, DDS
Past MDA Trustee from the Saint Paul District.

Minnesota Health Department receives grant

The Minnesota Department of Health received the good news at the end of July that it has been awarded a grant from the Centers for Disease Control and Prevention (CDC) of \$270,000 for each of the next five years (for a total of \$1.35 million). The purpose of the grant is to build a sound infrastructure to deal with oral health access, education, and promotion for all Minnesotans. This means that it will be possible for Minnesota to employ a dental director and to gather needed oral health data from across the state.

In awarding the grant, the CDC noted in particular that a strength demonstrated in the Minnesota proposal was the number of diverse groups that indicated support for this initiative. The Minnesota Dental Association was one of those supporters and expects to continue to be "at the table" once funding is received later this summer.

It is expected that this project will be "housed" in the Center for Health Promotion of the Minnesota Department of Health, the area that is responsible for dealing with chronic diseases and conditions, such as diabetes and obesity. While Minnesota has a strong, well-established state and local public health system, an oral health component has been lacking. As more evidence becomes available about the link between oral health and general, systemic health, it is increasingly obvious that more attention needs to be given to promoting oral health through sound policies, adequate funding, and broad coalitions across diverse stakeholders.

Note: The Department of Health also sought about \$190,000 from the Health Resources and Services Administration for related infrastructure needs. It is expected that HRSA will announce its grant

Level of Supervision:

Dentists were asked to choose one of three possibilities regarding supervision, all of which assumed that an OHP would be educated to perform surgical procedures. Slightly more than half said that they believe a dentist must be onsite to supervise all surgical procedures performed by an OHP, but that preventive procedures would not require onsite dentist supervision.

Scope of Practice:

The questionnaire listed 13 procedures, most of which were surgical (two dealt with prescribing), and asked respondents to check those they would be comfortable delegating to an OHP. Fifty percent or more of the responding dentists indicated that they believe cavity preparation and restoration of primary teeth, extracting primary teeth, indirect pulp treatment of primary teeth, and prescribing non-narcotic medications could be delegated to an OHP.

Diagnosis and Treatment Planning:

About 90% of the responding members said that they believe a dentist should "always be responsible for providing a written comprehensive diagnosis and treatment plan for patients treated by a mid-level practitioner, regardless of their educational preparation, the level of dentist supervision or their scope of practice."

Utilization of Expanded Scopes of Practice:

Since 2001, Minnesota has expanded its scopes of practice significantly for dental hygienists and registered dental assistants. For about the past four years, the Minnesota Dental Practice Act has allowed an appropriately educated dental hygienist or registered dental assistant to place, carve and adjust certain restorations under the indirect supervision of a dentist. This survey showed that about 21% (41) of the responding members said that they utilize a "restorative expanded functions" (REF) allied dental professional. (Note: Board of Dentistry figures show that almost 350 allied professionals have completed the necessary requirements to earn the "REF" designation.)

In 2001, the "limited authorization" law that created collaborative dental hygiene practice went into effect. That provision allows dentists to enter a written "collaborative agreement" with experienced hygienists who meet certain qualifications to provide preventive services to underserved populations in settings other than the dental office, without the dentist first having to examine the patient. Only about 6% (12) of the respondents to this survey said they are in a collaborative agreement with a dental hygienist. (Note: The Board of Dentistry is now collecting data regarding the actual number of hygienists and dentists who have engaged in this type of community practice.)

Is There A Mid-Level Practitioner in Your Future?

MDA membership includes dentists who practice in a variety of private and public clinic settings providing services to Minnesotans from all walks of life. Thus, it was not surprising to learn that the survey revealed diverse opinions among MDA members about mid-level oral health practitioners. About one-third of the responding dentists told us that either they would like to employ a mid-level practitioner someday, or if not, they support their colleagues who would like to. The remainder said they do not believe there is a need in Minnesota for this new type of practitioner.

The limitations of this study preclude exploring whether any correlation exists between dentists who have chosen to delegate more functions to their allied professionals ("REF," collaborative agreements), those who practice in rural and underserved geographic areas, length of time in practice and those who tend to favor a new mid-level oral health practitioner. Over the next several months, it will remain critically important for MDA members to watch for updates on this topic...and stay involved!