



OPTIMAL DELIVERY OF ORAL HEALTH SERVICES THROUGH PRIMARY CARE

A Comprehensive Workforce Policy Statement of the Academy of General Dentistry

INTRODUCTION

In 2008, the Academy of General Dentistry (AGD) published the "[White Paper on Increasing Access to and Utilization of Oral Health Care Services](#)." This document called for the implementation of proven methods aimed at improving access and utilization to dental care by the following:

- Medicaid improvements and loan forgiveness programs
- Oral health literacy
- Strengthening the dental workforce

In the AGD's paper, "[Barriers and Solutions to Accessing Care](#)" (published in 2012), key areas presenting challenges to the delivery of care were identified as:

- Oral health literacy
- Converting literacy to action
- Creating a culture of prevention
- Sustained care delivery economics
- Dental provider geographic distribution
- Special needs patients

Pursuant to the discussion on Increasing Access and Utilization of Oral Health Care Services, the purpose of the following statement is to describe the organization and complexion of the dental workforce required for optimum patient-centered oral health care delivery in the United States.

EXECUTIVE SUMMARY STATEMENT

General and pediatric dentists are the primary care providers who, with their dental teams, comprise 80% of the oral health care delivery system in the U.S.¹ Pursuant to our common goals in achieving and maintaining optimum oral health for the nation, the AGD and the American Academy of Pediatric Dentistry (AAPD) fully embrace the concept of the “dental home.” The dental home is best described as a philosophy of oral health care delivery. In the dental home each patient is under the care of a dentist who leads a team of clinical care providers and staff. This “team” collectively takes responsibility for delivering comprehensive, coordinated care aimed at addressing the unique needs of that patient. Based on those needs, the primary care dentist coordinates and oversees any specialty care deemed necessary. This patient-centered treatment delivers optimum care in the most efficient and economic manner.

According to the ADA Health Policy Institute only 21% of dentists limit their practice to a specialty.² This stands in stark contrast to medicine where 68% of practicing physicians are specialized.³ The negative effects of overspecialization in medicine, specifically those pertaining to costs, are well documented.⁴ The philosophy of dentistry has always been predicated on the prevention model, which strongly favors a system led and managed by a primary care provider. When the natural patient entry-point is the general dentist, not only is fragmentation of care and treatment redundancy eliminated, it also reduces costs which are consistently cited as the number one barrier to treatment.⁵

The AAPD recommends, and the AGD concurs, that the first visit to the dental home should occur no later than 12 months of age. Establishing this relationship allows the dental team to instill the importance of good oral habits at an early age with the parent/caregiver while familiarizing the child-patient with the dental practice environment. Development of a child’s oral health consciousness helps build confidence in the ability to be responsible for their personal oral care at an early age. Central to the dental team’s goal of establishing and maintaining oral health for all is oral health literacy. It has been demonstrated that health literacy is a strong predictor of an individual’s health, health behavior and health outcomes.⁶ Although oral health literacy has not been studied as extensively as health literacy, it’s been suggested that it may be a better predictor of poor oral health outcomes than any other demographic factor.⁷

The AGD believes that the dental home functions optimally when patients maintain a consistent relationship with a primary care dentist and its dental team. Further, lack of continuity leads to errors, reduces compliance and is particularly difficult for many, including special needs patients, as well as the aged. Trust is an essential ingredient in any doctor-patient relationship. The dental home model fosters trust and encourages active collaboration and shared decision-making between patient and provider.

Moreover, development of a sustained patient partnership whilst practicing within the context of family and community, the dental home is uniquely equipped to address and manage all aspects of oral care including specialty referral when indicated. In summary, the dental home is a team-based workforce model for achieving oral health care excellence, providing care at the right time, in the right place and in a manner best suited to a patient’s needs.

1 Oral Health in America: A Report of the Surgeon General, 2000. <https://www.nidcr.nih.gov/sites/default/files/2017-10/hck-1ocv.%40www.surgeon.fullrpt.pdf>

2 American Dental Association Health Policy Institute: Workforce 2019. <https://www.ada.org/en/science-research/health-policy-institute/dental-statistics/workforce#:~:text=Source%3A%20Supply%20of%20Dentists%20in%20the%20U.S.%3A%202001%2D2019,is%20an%20ADA%2Drecognized%20specialty.>

3 Petterson S, McNellis R, Klink K, Meyers D, Bazemore A. The State of Primary Care in the United States: A Chartbook of Facts and Statistics. January 2018. <https://www.graham-center.org/content/dam/rgc/documents/publications-reports/reports/PrimaryCare-Chartbook.pdf>

4 Anderlini D. The United States Health Care System is Sick. *Cureus*. 2018 May; 10(5): e2720. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6067811/>

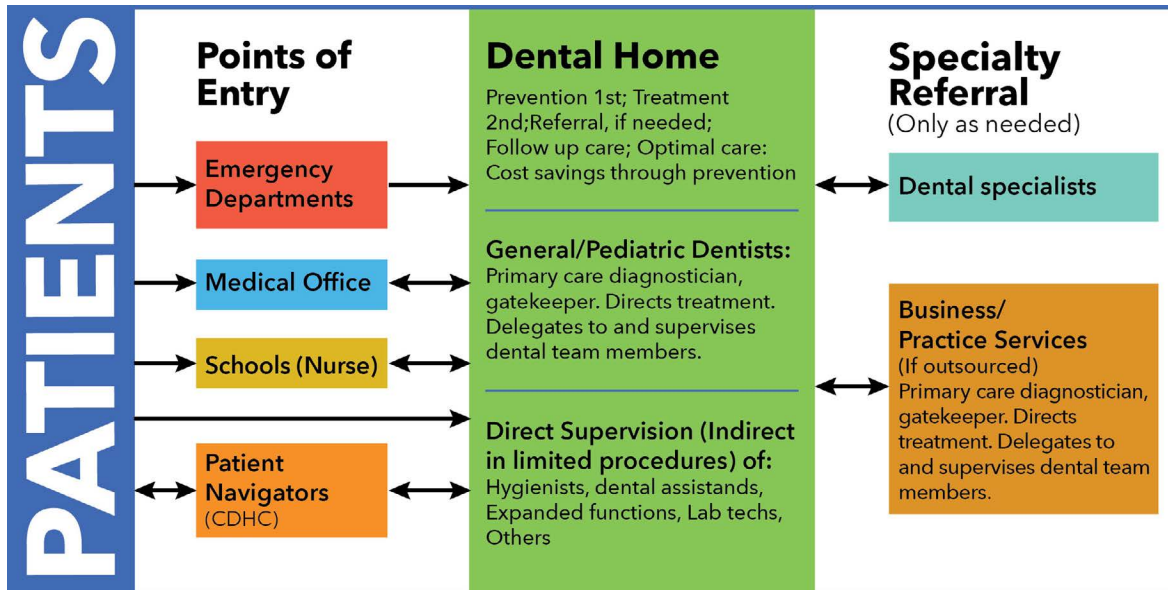
5 U.S. Centers for Medicare & Medicaid Services National Health Expenditures 2017 Highlights. <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/NationalHealthExpendData/Downloads/highlights.pdf>

6 Baskaradoss JK. Relationship between oral health literacy and oral health status. *BMC Oral Health* 2018 Oct 24. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6201552/>

7 Podschun G. National plan to improve health literacy in dentistry. *J Calif Dent Assoc*. 2012;40:317-320.

REFERENCE DIAGRAM

The following diagram provides a visual representation of the dental team concept to include a snapshot of contemporary considerations in the delivery of oral health care and the role of the dental home therein. However, the points of entry or other representations in the diagram are not intended to be limiting in the scope of the concept or in the position of the AGD.



DEFINITIONS

Primary Care: Primary care includes health promotion, disease prevention, dental health maintenance, counseling, patient education, diagnosis and treatment of acute and chronic dental and oral health conditions in a variety of dental care settings (e.g., private practices, community health centers, FQHCs, public health clinics, etc.)

General Supervision: The level of supervision in which dentist is not present in the dental office but has authorized the procedures and they are being carried out in accordance with his/her diagnosis and treatment plan.

Indirect Supervision: The level of supervision in which the dentist is in the dental office, authorizes the procedure and remains in the dental office while the procedures are being performed by the auxiliary.

Direct Supervision: The level of supervision, in which the dentist is in the dental office, personally diagnoses the condition to be treated, personally authorizes the procedure and, before dismissal of the patient, evaluates the performance of the dental auxiliary.

Personal Supervision: The level of supervision in which the dentist is personally operating on a patient and authorizes the auxiliary to aid his/her treatment by concurrently performing a supportive procedure

Dental Auxiliaries: Persons on the dental team, including dental assistants, dental hygienists, dental laboratory technicians, expanded function dental assistants or hygienists, and dental therapists or other 'mid-level providers' in states where they are sanctioned by law, and all other individuals who are not licensed dentists, but otherwise provide oral health care.

Dental Team Concept and the Dental Home: With the dentist-patient relationship at its core, the patient's dentist assesses, diagnoses, plans treatment, and may delegate non-surgical treatment to dental auxiliaries, as well as making referrals to specialists, as needed. The dental team functions within the dental home for continuity of care with a focus on prevention first and treatment second. See Executive Summary.

POLICY STATEMENT

The AGD believes that the dental team concept provides the optimal model of oral health care delivery, and further, that the dental team concept must be consistent with the following workforce principles:

1. The dentist-patient relationship is at the core of both the dental home and the dental team. The dentist-patient relationship should not be encumbered in any way by contract language be it business-related, insurance-related, or otherwise.
2. Dental procedures that are surgical and irreversible must only be administered by a licensed dentist (personal supervision) and not delegated to an auxiliary. Excavation of decay and tooth extractions are examples of surgical and irreversible procedures.
3. The capacity of the dental home can be increased by employing increased numbers, and expanded use of, auxiliaries, including expanded function auxiliaries, whereby the auxiliaries act only within the direct or indirect supervision of the licensed dentist when providing dental services.
4. Dental disease is preventable, and prevention creates a lesser cost burden to the patient and the public than treatment. Accordingly, resources should be dedicated to establishing patient navigators such as community dental health coordinators (CDHC) within localities, whereby the duties of patient navigators are increasing oral health literacy, converting literacy to action, and providing patient transportation.
5. Emergency department dentistry adds a significant economic cost to the patient and the public and must be mitigated by use of the dental home. Accordingly, the dental team concept requires collaboration between hospitals, medical practitioners, and the dental home, to ensure a transition of the patient from a treatment cycle to a prevention focus. The dental team concept requires referral to and follow-up care by the dental home after dental-related visits to medical practitioners or hospitals, and continued communication between the dental home and patients' medical practitioners.
6. Any agreements between a dental practice and outside entities for the management of business or practice services must not, directly or indirectly, transfer clinical decisions to one who is not a dentist licensed in the state. Indirect transfer is a transfer that could result from provisions that place necessary clinical decision-making for optimal patient care in conflict with business protocols for continued employment or income of the practicing dentist or auxiliaries.
7. The dental team concept consolidates the oral health care needs of the patient through the dental home, and therefore, provides continuity to the patient's care. Where access and utilization have been identified as challenges, this consolidation creates a lesser burden on the patient to know where to go for care. On the other hand, increased specialization and implementation of unsupervised or generally supervised practitioners operating outside of the dental home, fragments care and places the burden on the patient to seek multiple points of entry into the oral health care system. In the dental team concept, the general or pediatric dentist serves as a gatekeeper of referral needs and the central source of information regarding the patient's oral health care.

CONCLUSION

In considering the current debate concerning the dental workforce, the AGD remains vigilant in its recognition that patient needs for better oral health, for quality care, and for treatment should not be compromised. Further, as an organization of dedicated and educated professionals with a responsibility to the public, the AGD strongly feels that it would be negligent to allow this responsibility to be subject to the legislative whims of each state legislature election cycle. The AGD believes its core principles and values are in the best interest of its patients and is pleased to find a cohesive solution that enables dentistry to expand its reach as the beacon for low-cost, patient-first, preventive health care in the United States.