Testimony of Anthony J Hilleren to Health Services Committee. State of North Dakota

Wednesday, September 21, 2016

8:00 AM

Roughrider Room, State Capitol, Bismarck, ND

My name is Anthony Hilleren. I am a 1999 graduate of the University of Minnesota School of Dentistry. I have also served as a Dental Officer with Charlie Company 134th Forward Support Battalion after having served some years enlisted in an infantry unit of the Minnesota Amy National Guard. I was awarded the National Society of Dental Practitioners Law and Ethics Award in Dentistry. In my spare time I raise hay to support my cow/calf operation. I have been a solo practitioner in the West Central Minnesota Communities of Ortonville and Benson Minnesota. Our office employs 17 professionals not including the associate dentist. In 2013 we decided to hire a Dental Therapist. In 2015 we hired a Dentist.

Good Morning. I came here today to share my experiences in working with a Dental Therapist. I want to disclose that I have accepted no compensation for coming to speak with you. My interest lies in increasing access for the underserved with quality care. I would like to see the Dental Therapy model receive some honest evaluation and I question whether that is occurring.

My reasons for hiring a Dental Therapist:

1. I wanted to make an impact in my community and wanted to do a better job of caring for the underserved. I have a step daughter with special needs and understand how difficult it is to find dental care within the government programs

2. My confidence was bolstered when the University of MN (my alma mater) took the lead in initiating a Therapy program. I expected a Therapist to be trained to perform select procedures with the competency of a dentist.

I hired a very nice young man who was one of the top students in his Dental Therapy class. Certainly I knew he would need time and guidance to become proficient. While I do not question his ability to learn it was immediately evident that his experience was extremely limited. I took it upon myself to give him as much attention and training as required to provide the patients adequate care and safety. As a result I was unable to care for as many patients myself. As I became aware of his limited training the number of procedures I was comfortable allowing him to perform narrowed.

I was able to recruit an associate dentist from the same university. There is a profound contrast in the skill levels and ability within the same procedures. The dentist required very little help or supervision immediately. Her experience and training were far superior even when comparing competency in the same simple procedures. In addition, she is competent in the entire spectrum of care, not just a limited mix of technical procedures. I strongly believe that the standard of care must be the same for every patient whether a dentist or a Dental Therapist provides the treatment.

Due to the narrow scope of the Dental Therapist and the limited training, I struggled to find enough appropriate procedures to keep him occupied. In my effort to keep him employed, he spent at least 75% of his time providing cleanings for children, which is in the scope of training for my registered dental assistants. This is an unnecessary and expensive duplication of services.

The typical office would have a fairly standard procedure mix of work each day. Picture an apple pie. Slice it into 8 pieces. One of those slices of pie may roughly equate the simple procedures that a Therapist can perform. The rest of the pie represents things that are out of the scope of a Dental Therapist. Root Canals, Crown and Bridge, Surgical Extractions, Biopsies, Periodontal Treatment, and

Prosthodontics of the fixed and removable variety as well as extensive decay and deep fillings, commonly presented by the underserved population.

The economic effects on my practice: A Dental Therapist costs roughly 35-40 dollars per hour. Most restorations also require the help of a Registered Dental Assistant to work safely and provide quality restorations. An experienced assistant makes over 20.00 per hour. We now have roughly 60.00 per hour dedicated to the 1/8 pie slice. This creates more financial pressure. With Minnesota's reimbursement it is nearly impossible to cover basic costs.

This very much concerns me. Ponder how is this not going to lead to overtreatment and abuse? I receive resumes from Therapists that presented themselves as an "economic alternative to an Associate Dentist". The Dental Therapist model demanded significant time and financial resources from my practice. It has had a negative impact on the financial strength of my clinic by roughly 3-5 thousand dollars per month. Due to my increased need for mentoring, and more urgent and emergency care in my schedule, the original goal of increasing the number of underserved patients has NOT materialized. The amount of time allotted to my original patient base has eroded. I believe this Dental Therapy model is challenging at best. Hiring a new Dentist would cost approximately 60.00 per hour, and yes, they also require a dedicated assistant, but they can perform all of the procedures. They can handle the entire pie. Since hiring a new Dentist we HAVE been able to increase our services to the underserved.

I would like to remind you that I am one of the Dentists who decided to swim against the current, try the Dental Therapy model, to facilitate more care for the underserved. It is my observation that Dental Therapists are not having the desired effect on the underserved for several reasons:

1. Many of the patients have complex dental and medical needs and require the skills of a fully trained Dentist. It is simply inappropriate to send a complex patient to a professional with less training. I am also concerned about errors of omission. What if the only caregiver the patient

sees is a dental therapist? They are not qualified to catch cancer in someone's head, neck or mouth. I believe the public makes an assumption that there has been some training. It has been said that 80% of cancer can be diagnosed in a dental chair. Yes, basal cell carcinoma and squamous cell carcinoma do make up a majority of cancers that people will experience.

2. Public health workers in our community relay challenges in trying to get a patient to a dental appointment. Even after spending hours arranging appointments, transportation, child care, funding, etc. the patient frequently cancels. These patients are often juggling many difficulties in their lives and end up seeking acute care in hospital Emergency Rooms and not making it to the dental appointment. Likely this committee is aware that the 5-6 hundred dollar ER visit that results in the patient receiving a painkiller and an antibiotic as an expensive Band-Aid. <u>Creating a mid-level practitioner does not address this problem at all.</u>

I wish I had a simple answer about how to reach this group of patients. I have ideas, and I am still waiting for Minnesota to ask honest questions about my experience with Dental Therapy.

I see dollars being poured into surveys by lobby organizations that are cherry-picking data, skewed, and are seeking to cast the current model of Dental Therapy in a positive light. Whatever you are hearing, takes care in sifting through this information. You may be hearing some things from practices that have possibly accepted large grants. When I hired our Therapist, he encouraged me to apply for a 100,000.00 grant. I did not choose to look into any outside funding. If an idea does not stand on it's own, an outside infusion of dollars does not insure long-term success nor create a viable economic model. I was particularly motivated by the last survey I received. It was completely self -serving.

Statistics point to North Dakota as a superior model in caring for the underserved. While Minnesota, with our Therapy program, ranks near the bottom in the US. Perhaps Minnesota should be looking at

your models of care rather that you looking at ours. I came here today to share my experience with you and to ask you to **stop**, **look** and **listen**.

Once you vote to change the care act in your state, it is very difficult to change course. You have the perfect vantage point to watch safely and see what Minnesota does to improve this situation. I don't think Dental Therapy will go away, now that it is enacted. I hope Minnesota will try to HONESTLY evaluate this.

I feel tremendous sympathy for the Dental Therapists who have invested in an education, in a profession that may have questionable viability on it's own merits. The word on the street is, "Don't go into Therapy". Many do not pass their board exams, many do not find jobs, and are not well accepted by the profession or the patients.

Moving forward with the Dental Therapy model and promoting it without honest evaluation is unfair to the public whom we serve. As long as we pretend that Dental Therapy is a solid answer it will continue to be a distraction that directs focus away from the underserved. At this point there seems to be zero meaningful evaluation that leads to a change in the Dental Therapy program. I would encourage ND to watch and allow this idea to evolve.

Thank you for your time.

Marissa Goplen, DDS

University of Minnesota School of Dentistry 2015

Trained with Dental Therapists

Joined Bluestem Dental in 2015

Statement of Dr. Goplen:

“During my time at the University of Minnesota School of Dentistry, it was the school’s policy that operative patients be shared amongst DDS students and DT students. It was standard protocol for patients to be assigned a dental student for their initial visit and to have all of their required dental work planned to be completed by that student. As comprehensive examinations are outside the scope of practice for a dental therapist, dental therapy students were not assigned any patients for comprehensive care. For a dental therapy student to obtain operative experience required the student to personally ask dental students to let them complete a previously planned restoration on one of their assigned patients. As you can imagine, dental students are clamoring to gain as much experience as possible (as well as complete their own graduation requirements) and are not too eager to share work that they have treatment planned with other students. I can say from my time in dental school that dental therapy students had a difficult time completing their pre-requisites for graduation and that the number of procedures completed by a dental therapy student is far below that completed by a similar dental student. “

Dr. Marissa Goplen

Submitted on Sept. 15th, 2016