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New Workforce Models on the Horizon?

A great medical journal editor once wrote that the main role of a journal is not to tell readers what to think but to advise them what they ought to think about. I believe there is plenty to think about in the proceedings of a meeting I attended recently titled “Sufficiency of the U.S. Oral Health Workforce in the Coming Decade: A Workshop.”

The meeting was organized by the Institute of Medicine (IOM). The IOM convenes workshops to provide an opportunity for experts to openly discuss contentious health issues in an environment that facilitates evidence-based dialogue. Why is the oral health workforce a contentious issue?

It seems that the problem of inadequate access to dental care was catapulted to the policy front burner by the death of a 12-year-old Maryland boy in 2007. This boy's death, as a result of a dentally related infection, was no doubt due to a complex set of reasons that defy simple solutions. Complexity of cause notwithstanding, a U.S. member of Congress made an emotional plea to workshop attendees to fix the holes in the dental care safety net now, before other children die from oral disease.

The chair of the IOM panel set out his vision of the ideal solution to the access problem as an “integrated oral health care delivery system providing accessible and affordable oral health care for all.” Strikingly, many workshop presenters were in agreement that new types of oral health care workers are needed to create better access to oral care in future. Where the issue becomes contentious is in the roles and responsibilities of these new workers.

The American Dental Association is proposing the community dental health coordinator (CDHC) as a new type of oral care worker, while the American Dental Hygienists Association is suggesting the introduction of an advanced

dental hygiene practitioner (ADHP). It strikes me that the CDHC is primarily an advocate and a preventive worker whose most intrusive clinical intervention would be the placement of temporary restorations without cutting tissue. The proposed ADHP on the other hand, while emphasizing prevention, could intervene clinically by performing all steps involved in permanently restoring teeth.

Presentations at the workshop revealed that dental therapists are providing clinical services like restorations and extractions in a number of countries. Dental therapists in Australia are no longer confined to working in the public sector, or to treating only children. It seems that therapists can now own a dental practice in certain parts of that country. Another presenter explained that the infrastructure of community health centres has been greatly expanded in the United States in recent years. I was surprised to learn that 2,000 salaried dentists are now providing care in these public clinics. Unlike in Canada, there is a dentist for every 4 physicians employed in these centres.

At the preventive end of the care spectrum, U.S. physicians and nurses are increasingly taking an interest in the oral health of vulnerable children, going as far as applying fluoride varnish and referring the children to dentists. The thrust for this non-dental sector interest in oral health seems to stem from the growing realization that oral health and general health cannot be considered as separate entities, hence the vision of an integration of services articulated by the workshop chair.

While the heavy burden of dental disease in vulnerable groups is multifactorial in origin, and while solutions need to be long term and intersectoral, politicians and policy-makers may seek what they perceive to be relatively cheap and quick solutions to the problem. Are these U.S. issues pertinent to Canada? Could any of the models under consideration there or operating elsewhere find resonance with our politicians? Are there resources available to provide sustainable models of care to address access for vulnerable groups? How can all elements of the oral care sector speak with one voice to advance solutions within our scope? And how will this voice be perceived by the public? Plenty to think about, eh?

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