

## Todd Hartsfield, DDS

ASSISTANT PROFESSOR OF CLINICAL DENTISTRY  
CLINICAL FACULTY

*ARIZONA SCHOOL OF DENTISTRY AND ORAL HEALTH  
IN THE ADVANCED EDUCATION GENERAL DENTISTRY  
RESIDENCY PROGRAM*

TESTIMONY - NM HEALTH & HUMAN SERVICES  
COMMITTEE  
OCTOBER 12, 2012

## Professional Background

- Dr. Todd Hartsfield
- Dentist for 42 years
- Experience in military (Vietnam), private practice, public health, dental educator (dental therapists, dental students, dental post-graduate), dental consultant
- Presently full time faculty at Arizona School of Dentistry and Oral Health in the Advanced Education in General Dentistry Residency

## My Experience

- Everything I tell you today is based on my almost 20 years of experience training, supervising and working along side Canadian dental therapists
- I worked in the Saskatchewan provincial Dental Therapy program for 13 years
- I worked with the federal program as an instructor at the National School of Dental Therapy and supervisor for Dental Therapists in the field a little over 7 years

## Saskatchewan Dental Plan

- 1974 - Government sponsored school based children's dental program providing free dental care for enrolled children
- At that time SK children had the highest decay rate of any of the Canadian provinces
- I was one of the original 12 dentists hired by the SK government to start the program
- Was a supervising dentist for the first 2 years of the program in rural SK and then went to be a clinical instructor at the Dental Therapy training school for 2 years

## Saskatchewan Dental Plan



### **Dental therapists scope of practice**

- Fillings – baby and permanent teeth
- Stainless steel crowns – baby teeth
- Baby tooth extractions
- Pulp treatment of baby teeth (pulpotomy)
- Space maintainers
- Prevention – cleanings, fluoride, oral hygiene instruction, diet counseling

## Saskatchewan Dental Plan Learnings

- Much opposition from organized dentistry
- Private practitioners thought that the Dental Therapists would take patients away from them
- As soon as Dental Therapists were working in rural areas they started referring children to private practitioners for procedures that were beyond their scope of practice
- Dental Therapists became a new source of patients for private dentists

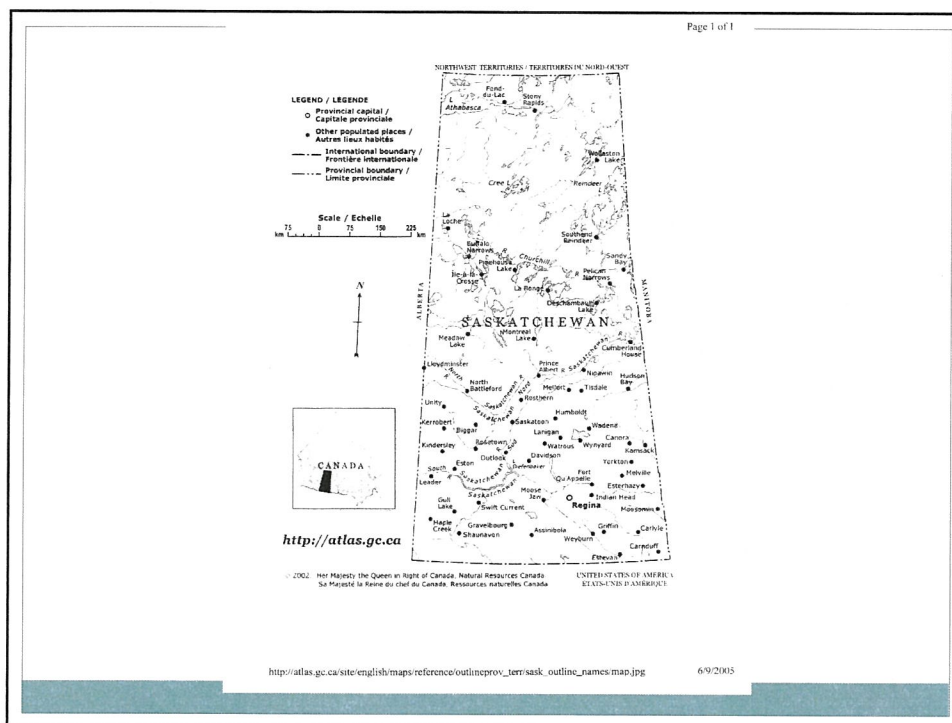


## Saskatchewan Dental Plan Learnings

- Once the children had their dental care completed at school, more parents started seeking dental care for themselves
- School dental program had a large education component for children and parents
- Parents were encouraged to attend examination appointments to learn about oral health and education was given at parent-teacher events
- So the dental IQ of the entire province was raised which increased the demand for adult dental care – dentists became busier

## Saskatchewan Dental Plan

- By the time the program ended in 1987, SK children had gone, in those 13 years, from the worst to the best dental health in Canada
- The program was so successful lowering the need for children's dental care there was no need for the number of dental therapists and dental assistants employed in the program
- They literally worked themselves out of a job



## Northern SK Dental Program

In Feb, 1986 I became the Director of the northern SK Children's Dental Program – 8 years

- 1 dentist - only dentist residing in northern SK
- 7 dental therapists
- 8 dental assistants
- 5,500 high dental needs children
- Clinics in schools or health center
- 3 days a week flying out to the villages
- Each team had 1 or 2 satellite clinics

## Northern SK Dental Program

- I visited each team every 6 weeks
- My role was to constantly check the quality of work being done by the Dental Therapist, treatment planning and perform clinical procedures beyond the scope of the DT, see adult emergencies
- I had time to perform more technical procedures because the Dental Therapists were taking care of the less technical procedures – increased my efficiency
- Program is still going on today

## Dental Therapists in Private Practice

- Access to care issue continued to smolder since the Saskatchewan Dental Plan ended in 1987
- Speculation in 1995 that the provincial govt would look at another govt dental program
- Sask College of Dental Surgeons petitioned the government to allow Dental Therapists in private practice
- In 1997 the government passed legislation allowing Dental Therapists in private practice under general supervision (offsite)

- That meant a private dentist could hire a dental therapist to practice in a rural area away from the main office (general supervision)
- Increased access to care for rural areas
- In towns, most dentists used the Dental Therapist to treat the children in the practice while the dentist did the more complicated and lucrative procedures
- Increased dentists' incomes
- Complete change in thinking by organized dentistry from 1974-1997
- Great example of organized dentistry recognizing the value of dental therapists and becoming part of the solution to access to dental care

### Saskatchewan Today

- 228 practicing Dental Therapists
- 144 are in private practice
- Remainder work for First Nations, federal or provincial government



### National School of Dental Therapy

- 1994 - 2001 I was an instructor at the National School of Dental Therapy, which also entailed 8 weeks of travel throughout Northern Canada assessing the quality of dental work performed by Dental Therapists in isolated communities
- Every Dental Therapist had an annual formal 2 day quality assessment visit by their supervising dentist
- Scope of practice also included simple extractions of adult teeth – students performed many more extractions in training than did dental students

### Cost Effectiveness of Dental Therapists

- Dental Therapists costs less than dentists
- DHAT's = \$60,000
- See more patients than a visiting dentist because they live in the community
- Salary dollars stay in the community
- Reduce the costs of travelling out to a dentist
- Can successfully treat most dental emergencies
- Supervising dentist visits are more productive
- Patients have been screened by the Dental Therapist and all needed x-rays taken before the dentist arrives
- Dentist can concentrate on providing more technical procedures that are out of the Dental Therapist's scope



## Continuity of Care

- People want to receive services from the same provider each time they seek care
- Dental Therapists live in the community and become part of community life
- Dental Therapists are trusted by the local people
- Serve as role models for others
- People prefer to receive culturally appropriate care

## Quality of Dental Therapists

- Because dental therapists are limited to performing only certain clinical procedures, they focus on performing these procedures many , many times during training and become very skilled at these procedures – limited scope of practice
- 1976 , 1981 and 1989 Canadian studies showed dental therapist's restorations were of equal or better quality to those placed by dentists
- Dr. David Nash recently reviewed 1100 articles about dental therapists – no study has ever shown the work done by dental therapist is of lesser quality than that of a dentist. Conclusion – dental care provided by dental therapists is technically competent, safe and effective.

## Reasons for High Quality

- In training, the Dental Therapist spent 4 times as much time on restorative dentistry than the average dental student – focus on fewer procedures and become excellent at them
- Periodic evaluation of the quality of Dental Therapist work by a supervising dentist – Dental Therapists know that their dental work is subject to assessment – incentive to do high quality work
- Dental Therapists are salaried as opposed to fee for service dentists – Dental Therapists has no loss in revenue by taking their time and producing a high quality restoration

## Quality Assurance

- Each dental therapist undergoes a yearly formal clinical evaluation by the supervising dentist in addition to spot checks for quality when the supervising dentist visits
- Dental therapists know they are under a microscope
- Annual review includes the quality of radiographs, restorations, charting, consent forms, medical histories, and includes interviews with parents, schools, health center staff

## Quality Assurance

- On the other hand, once a dentist receives a license, no one ever checks the quality of their work, unless there is a seminal event such as a lawsuit or death.
- Dental therapists are constantly assessed for quality and safety by their supervising dentist

## Safety of Dental Therapists

- Since 1974, after hundreds of thousands of dental procedures with local anesthetic, there have been no instances of serious injury to a patient who was treated by a dental therapist in Canada. Not one liability claim against a dental therapist – Dr. Terry Hupman, Health Canada
- SK dental therapists purchase liability insurance as part of their annual license fee – there has never been a claim against a dental therapist in SK
- Dental therapists have an excellent safety record treating both adults and children



## My Opinion

- Dental Therapists are a viable option for providing basic, high quality dental services to underserved communities
- I have seen Dental Therapy programs have a positive impact on a community's oral health
- Dental Therapists have been proven to provide safe, high quality dental care efficiently and effectively in a culturally appropriate manner
- If someone tells you dental therapists do poor quality work ask them- "Show me the study that proves that"

## My Opinion

- Alaska Dental Therapy Program is the model NM should implement
- Local community decides which person to send for 2 year training
- That student returns to their community to provide care
- Technology (intraoral cameras, real time x-rays) allows the offsite supervising dentist to consult and advise the dental therapist

- Thank you -



**TODD HARTSFIELD, DDS**

**623-229-7154**

***THARTSFIELD@ATSU.EDU***

