

# Coverage and Care

## Minimally-Invasive Care and a Representative Oral Health Workforce

### Dental Access Project

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When traditional dental procedures - like filling cavities and pulling teeth - are medically necessary, access to them is a critical part of ensuring oral health equity. However, less invasive services, collectively referred to as minimally-invasive care (MIC), are often an option. Having access to a full range of oral health services can improve peoples' oral and overall health, their dental care experience, and their ability to choose the care that's right for them.

A well-trained and culturally responsive oral health workforce must be available to meet patients where they are. For MIC to be effective, people need regular access to providers they trust. Below are policy strategies and other approaches that can support these goals.

### Policies to Promote Regular Access to Care

Because MIC is both a set of services and, more broadly, an approach to care focused on non-surgical treatment of disease, regular access to dental care is necessary for it to be effective. This requires enough providers who are located where, when, and how people can access them.

Currently, [nearly 70 million people live in areas without enough dental providers](#). People living in rural areas, people of color, and those with low incomes are among the [most likely to experience the effects of dental provider shortages](#). Addressing this access hurdle will require [increasing the number and type of providers](#). Approaches to do that should prioritize a mix of providers with the diversity of training and experience to cover the full range of MIC services. A team-based approach to dental care can help diversify the oral health workforce and prioritize the range of services people need and want, including MIC. Medical and dental providers, as well as other health professionals, all have a role to play in MIC.

### Dental Hygienists

As experts in prevention, dental hygienists can provide forms of MIC, such as fluoride varnish and sealants, that prevent oral health problems and lessen the need for invasive care down the road.

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- **Policy opportunity: Expand the scope of dental hygienists to allow practice in a variety of settings.** To expand care, these providers should be able to work in and beyond the dental office, whether independently or as part of a broader health care team. It is also important to make sure fluoride and other forms of MIC are authorized to be provided in those settings. For example, silver diamine fluoride (SDF) – a particularly effective form of MIC that can stop dental decay – is within the scope of practice for hygienists in most states. However, [state law varies](#) on whether they can offer it in settings where a dentist is not also on site (e.g., a school-based health center).

## Dental Therapists

[Dental therapists](#) often work in community settings and represent the language and culture of their patients. They receive targeted training in some of the most commonly needed dental services; their expertise includes many forms of MIC that serve as early interventions to stop the spread of cavities and keep dental disease from getting worse (e.g., SDF). They can also provide more complex, non-surgical care, such as drilling and filling cavities, when someone needs or wants that option.

- **Policy opportunity: Authorize dental therapists and ensure they can offer MIC services in community settings.** State legislation is needed to allow dental therapists to practice, [which has already passed in 13 states](#). As additional states look to add dental therapists to the dental team, policymakers must ensure they can practice in places where a dentist is not also present. This provision is critical to improving access to community-based care, including forms of MIC.

## Dentists

Dentists are experts in surgical interventions and are critical for ensuring a full range of oral health services are available when people need them. They can provide MIC, more complex care, and supervise other members of the dental team, including those working in community settings.

- **Policy opportunity: Incorporate MIC into dental educational curricula and ongoing professional development opportunities.** Many forms of MIC are a standard part of dental school curricula (e.g., sealant application). As newer forms of MIC continue to be developed, [ongoing training and professional development](#) can keep the field nimble.

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## Community Health Workers

[Promotores](#) and other community health workers (CHWs) are [grounded in the communities where they work](#). They can bring culturally representative oral health education and home-care products (e.g., fluoridated toothpaste) to meet people where they are. CHWs can be key to advancing MIC as they help people maintain preventive care routines at home and [conduct oral health risk assessments](#) to determine necessary interventions. In addition to offering home care services, CHWs can share trusted information about MIC and other dental care options as well as refer people to community providers when necessary.

- **Policy opportunity: Include oral health in CHW training curricula.** CHWs can receive training and certification in a broad array of primary care domains, depending on the needs of local communities. Several states have already instituted oral health training for CHWs and others can follow. A variety of trainings are available, including [Smiles for Life](#), a widely-endorsed curriculum that includes a training for CHWs and other front-line health workers.

## Medical Providers

**Medical providers, including pediatricians, nurses, and physician assistants are critical for integrated, team-based, and person-centered care.** Many people already have a primary care provider (PCP) they trust and can regularly see. In addition, [most people are open to receiving preventive dental care from a medical provider](#) (and vice versa). Many integrated models also include protocols for PCPs to refer people to an oral health provider to ensure continuity of care and access to dental services that are beyond the medical provider's scope. Last year, the American Medical Association (AMA) [approved a billing code for medical teams to apply SDF](#). This update opens the door further for team-based care and additional opportunities for people to access MIC.

- **Policy opportunity: Authorize medical providers to perform and be paid for MIC services.** Which medical providers can and can't offer various MIC services depends on state law. Similarly, payment and billing practices vary by plan and whether coverage is private or public. Some state Medicaid programs, for example, limit how frequently SDF application will be reimbursed and/or whether adults are covered for fluoride varnish or SDF. Ensuring medical providers can offer a range of MIC services, and be reimbursed for that care, is critical for improving access.

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## Building a Representative Workforce and Supporting Access to Trusted Providers

Fundamentally, MIC is about the quality and diversity of care available and ensuring people have real choices in the care they receive. For it to be effective, a person must have trust and a positive relationship with their provider.

Many factors contribute to positive relationships between people and their providers, but trust is one key component. Having a provider who is a trusted messenger – and who is willing to empower patients to decide what is right for them – is especially important given the role that patient information and choice plays in MIC.

Currently, about [70% of dentists](#) and [80% of dental hygienists are white](#). Black, Hispanic, and American Indian/Alaska Native (AI/AN) people are particularly underrepresented in the dental workforce. Research shows that [trust improves when providers share the race of their patients](#). Diversifying the oral health workforce is critical for strengthening the patient-provider relationship and advancing MIC.

Particularly in communities that have lacked access to regular dental care, there can be mistrust of the oral health system, as it hasn't served their communities effectively. People can also experience [trauma related to only receiving intermittent care](#) to treat advanced disease, which is often invasive and painful. MIC has the potential to transform communities' relationships with dental care by making innovative preventive services more readily available and offering alternatives to invasive treatments that don't require painful and expensive surgeries.

### Strategies to Promote Trust between Patients and Providers

Oral health workforce considerations should focus on increasing the number of providers. However, it is also vital to ensure that those providers are culturally respectful, representative of the communities they serve, and, at the very least, do not perpetuate [structural racism in dentistry](#). While decades of trauma and mistrust will not be reversed overnight, there are some opportunities to ground patient-provider relationships in trust. Such approaches include:

- **Increase provider diversity:** When providers are the same race as their patients, [health outcomes](#), [communication](#), and [patient-provider trust](#) all improve. Diversifying the oral health workforce can advance MIC by authorizing new provider types, like dental therapists, who are well trained in MIC procedures and more likely to represent the communities they serve. This strategy can also ensure that existing providers, such as dental hygienists and CHWs,

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can work in community settings to expand the reach of preventive and minimally-invasive services.

- **Provide sustained access to care in communities:** Positive relationships are often built on reliability. To be accountable to their patients, providers need to be regularly available and accessible when needed. This is especially true for forms of MIC that are most effective when administered on a regular basis.
- **Listen and foster shared decision making:** Effective MIC requires patients to be able to make choices that are right for them. This typically requires access to reliable and culturally respectful clinical information from their provider(s). Providers who can offer clinical advice, while recognizing that people are the experts in their own experience, are a valuable resource for advancing MIC.
- **Address racism and discrimination in dental care:** Research shows that dentists are [more likely to suggest invasive treatments to Black patients](#). Offering a menu of options, including MIC, to patients can move the dental system away from relying only on clinician choice. This approach can also help address implicit bias and discrimination, which [disincentivizes people from accessing future dental care](#).

## MIC Can Improve Access and Advance Oral Health Equity

Today, most people facing dental disease are accustomed to receiving invasive and expensive care. For people underserved by the dental system, such care is often also associated with painful or traumatic experiences. Alternatives, including MIC services, exist to support oral health in ways that are less invasive and more affordable.

There are many opportunities for policymakers, advocates, and providers to support MIC, including enhancing regular access to care delivered by trusted providers. Strategies include building a more culturally representative oral health workforce and taking steps to end racism in the oral health system. To bolster the availability of MIC across communities, leaders can ensure medical and dental teams, and providers such as CHWs, are trained to offer this care.

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