

# Dental Access Project

## Toward Patient-Centered Oral Health: Improving Dental Care and Patient Experience Using “Minimally-Invasive” Care

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### Introduction

Many people struggle to [access or afford dental care](#) for a variety of reasons, including related to insurance coverage, cost of care, and access to providers. People of color, [Tribal communities](#), people with disabilities, low-income communities, and other marginalized populations face the [greatest barriers to dental care](#). [Policy solutions to improve access](#) can go a long way toward improving community oral health. However, the type of care and treatment that people receive once they do access care is also critical.

In general, most people are not given a choice in the type or level of care they receive in the dental office and, like access, [patient experience is also impacted by racism](#) and other forms of discrimination. This is especially true in communities that have long lacked access to care, dental visits can consist of intensive, complex, and painful procedures. Fortunately, less invasive options are often available. They offer opportunities to improve peoples’ choices, their health, and their dental care experience.

### What is “minimally-invasive” care?

Minimally-Invasive Care (MIC) is effective care that’s less complex than what most people are used to. When people think of dental care, they most often imagine “traditional” dental procedures like drilling and filling cavities, root canals, pulling teeth, and getting dentures (or other dental prosthetics). These services are typically provided in a dentist’s office or perhaps an operating room. While these can be necessary procedures, less invasive care may be available and an effective alternative in many cases. Such care offers ways to protect and improve oral health and to give people options about the care they want to receive.

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## MIC gives people the ability to talk about and decide what type of care is best for them

Being given the opportunity to choose which services to receive can improve a patient's experience. It can also address how racism shows up in [clinical decision making](#) about what services to offer. For example, dentists are more likely to suggest [more invasive treatments to Black patients](#). If someone is offered and educated about all available options, they can be empowered to choose what care is right for them. Relying on clinician choice alone, without discussing other options, is where implicit (and explicit) bias can affect the choices or recommendations providers make and negatively impact patient experience. Patient choice has already begun to become common in medicine and MIC can help dentistry come to forefront of this movement.

## MIC can look like different kinds of care, from painless fillings to store-bought treatments

Generally, MIC refers to a variety of less complex services and procedures that can be provided in a variety of settings, by many different health and allied care professionals. It often involves catching and treating oral health problems early on, rather than waiting for disease to get bad enough for someone to need more intensive care. MIC includes:

- **Topical medicines to prevent cavities:** Fluoride, forms of iodine, and other liquids can be painted onto the teeth or used in a mouthwash to prevent cavities. They can also halt the early stages of tooth decay, or keep cavities from coming back after they've been treated. These products are simple and available enough to be administered in non-dental clinical settings, like nursing homes; community settings, like schools; or even at home. They can also often be administered by medical and non-dentist oral health providers.
- **Alternatives to fillings:** Several options exist to remove decay, stop it from spreading, and prevent future cavities. Silver diamine fluoride (SDF) is one of the more common options. It is an easily applied, topical medicine that can stop cavities from growing. Using SDF and other similar medicines can avoid waiting until a cavity is big enough to drill and fill it and can prevent the need for fillings in the future. Another option is sealants, which are a thin, plastic coating that can be painted onto the teeth. They are often applied to children to prevent cavities. Some early cavities are too small to need drilling. In these cases, sealants, as well as some resins and forms of fluoride, can also be painted on the tooth to protect it and prevent further decay.

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- **Other approaches include:** removing decay using handheld tools instead of a drill and filling cavities with flexible, easy to apply materials that release fluoride. These treatments can be used as a permanent filling or as a temporary fix until a person can get a more permanent option. They can be performed by dental hygienists, dental therapists, or primary care providers and can be offered in dental or medical offices or community settings.
- **Care at home:** There are prescription and over the counter products that people can use to support their dental health at home. They include prescription toothpaste with additional fluoride, and mints or gum with the sugar alternative xylitol. Other options include products that contain arginine (a natural component in saliva) and zinc, which can help reduce plaque and cavities. These products are readily available to use at home and can prevent the need for invasive dental care.
- **Public health and other alternative approaches:** The examples of MIC in this section are not exhaustive; a variety of services related to prevention and public health are also often included in broad definitions of MIC. For example, improving food access and expanding community water fluoridation can help prevent oral health problems in the first place and contribute to less need for invasive care. As MIC, as an approach, becomes more widely adopted, additional interventions will likely be developed as well.

## How does minimally-invasive care fit in with other ways to improve community health?

Improving access to quality dental care is complex. No single policy or program will be a cure-all. However, MIC can be a helpful part of coordinated efforts to improve access to dental care, oral health outcomes, and equity. MIC solutions will also be most effective when leaders prioritize other systems changes, like those listed below.

### Universal Access to Comprehensive Dental Care

Millions of people can't access dental care because they are uninsured or their insurance does not cover the care they need. MIC will be most effective when people can be sure the care their provider recommends is covered by insurance.

If insurance will only pay for traditional services, less invasive options will remain out of reach. With barriers that are hard to overcome, people will continue to receive more invasive care—not because it is

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medically necessary, but because of how the system of care is set up. For example, because adult dental benefits are optional in Medicaid, coverage and benefits vary widely across the country. In many states, Medicaid will pay for pulling teeth, but not for less invasive care that could save teeth, like fillings or root canals. This leaves many low-income patients without a real choice. Similar barriers are experienced by older adults and people with disabilities because Medicare does not include a dental benefit, and by many adults with private insurance because adult dental is not considered an [essential health benefit](#).

In general, when people lack coverage, they have no choice but to forego care until oral health problems get too bad for less invasive options to work. Universal, comprehensive coverage can help people get the care they need, when they need it while MIC is still a viable option. Universal, comprehensive coverage can help people get the care they need, when they need it while MIC is still a viable option.

MIC also offers potential to decrease costs through more prevention and the treatment of dental disease early, before more expensive invasive care is needed. With good coverage and minimally invasive care, people can keep their natural teeth for longer, improve their oral health, and address other [chronic health conditions](#) that go along with dental problems.

## Provider Diversity and Trust

At the heart of MIC is the opportunity for people to hear about their options for care and make the choices that are right for them. This requires dialogue and collaboration between patient and provider. It can only happen effectively when there is trust in the relationship. Some patients may already have a trusted primary care provider (PCP) who they could receive some MIC from. If they need more intensive dental care, their PCP could provide referrals to trusted dental providers.

Additionally, trust and outcomes are improved when patients have access to a [provider who shares their race or ethnicity](#). Dentists who are Black, Indigenous, and other People of Color (BIPOC) are more likely to see BIPOC patients. Improving access to diverse providers is critical for people to get MIC and other forms of needed dental care.

Dental therapists, in particular, are more likely than other dental providers to represent the language and culture of the communities they serve. They are also trained in some of the most commonly-needed dental services. Authorizing dental therapists and other community-based providers can help improve access to dental care overall, and especially to MIC.

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In addition, when people experience discrimination, they are [less likely to go to the dentist in the future](#). [Addressing structural racism in dentistry](#) — and in the healthcare system at large — is key to creating the trust that's essential to people having success with MIC.

## Medical-Dental Integration and Team-Based Care

Bringing [medical and dental care together](#), including collaboration between dental and medical providers, is important for providing whole-person care. Dental problems are related to other [chronic diseases](#), including diabetes and heart disease. Better oral health can help with managing these other conditions. Integrated, team-based care helps both dental and medical providers understand and care for their patients as whole people and incorporating MIC can help make sure that care is responsive and accessible. Integrated care that includes MIC can help address overall health through better maintenance of chronic conditions. It also supports integrating dental and medical care and embraces dental care being provided by a full team of dental and medical professionals. Many MIC approaches also make the best use of the skills of non-dentist oral health providers. For example:

- **Dental hygienists and dental therapists** can apply topical treatments, like sealants. Dental therapists can also remove decay without drilling. As existing members of the dental team, these providers can offer these services in dental offices, mobile dental clinics, allied health settings like nursing homes, or other community settings, like a school nurse's office.
- **Primary care providers**, including nurses, physician assistants, and pediatricians, can apply topical medicines, like fluoride, as preventive care during well-child check-ups, at school-based health clinics, or community events, like health fairs.
- **Community health workers** and other care connectors can distribute fluoride toothpaste, medicated mouthwashes, and other home care products. They can also teach oral health education. Pharmacists can also help, offering individualized advice about over-the-counter and prescription oral health products.

## Bringing dental and medical care together

MIC offers important opportunities to bring dental and medical care together. Many procedures could be offered in pediatricians' offices, medical clinics, or community locations. When medical and dental care are more integrated, MIC can more easily become part of coordinated health care:

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- Given the high cost and other barriers to dental care, MIC can help expand care to people who need it most. People who may not have access to a dentist could still get the dental care they need in community settings or by non-dentist providers. Minimally invasive care can provide interim relief, preventing dental problems from getting worse until someone can get to a dentist. This care can also often be a permanent solution, reversing decay or offering less invasive alternatives to fillings that can stay in place long-term.
- Using MIC can free up dentists to do the more complex, surgical care they are uniquely trained to provide, when it is medically necessary and/or when it aligns with patient preferences. This can help dental clinics be successful on the business side and enhance team-based care, as dentists and other providers work together to meet the holistic needs of patients.
- MIC can maximize the benefits of [teledentistry](#), which allows people to get care in community settings or even in their homes without having to travel to an existing dental office or clinic. As more providers work outside of dental offices and in community settings, teledentistry can extend the reach of the dental care system.

## Conclusion

MIC offers opportunities to increase peoples' access to care, options for the type of care they get, and their experiences getting care. It can help build trust between patients and providers, improve oral and overall health, and offers significant advantages when combined with other systems changes to improve access and quality of care. Ultimately, achieving health equity requires a health care system that is accountable and responsive to people. Minimally invasive care offers opportunities to customize care to meet peoples' needs, wants, and comfort levels, empowering people to decide for themselves what care is best, and ensuring the system is there to meet them.

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