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Time for New Models of Care

The article by Dr. Jim Leake and colleagues in this issue (p. 519) highlights graphically that First Nations children in Canada's North have considerably higher levels of dental caries than children in less remote areas. While this will not surprise most readers, it is discouraging to think that such disparities persist today in a rich country like ours. However, with so many of the determinants of health working against this vulnerable segment of the population, solutions seem far from at hand.

Faced with such high levels of oral disease, we might be tempted to propose directing more health care resources toward improving oral health in rural and remote areas of Canada. Even if this were a viable solution, traditional human or financial resources are unlikely to be available, according to 2 articles featured this issue. Dr. Jeff Williams (p. 515) points out that dentists are becoming reluctant to set up practice in rural areas, with a likely reduction in oral health care available in these regions in future years.

The "Notable Numbers" column (p. 507) predicts that public funding for oral health care in Canada is also unlikely to rise in the foreseeable future. With the public purse currently paying for less than 5% of the oral health care in Canada — mainly providing a rather porous safety net for vulnerable segments of the population — governments will be increasingly hard pressed to shore up this safety net in the face of competing priorities. I therefore believe that Canadians with access to privately funded and delivered care will continue to be very well catered to, while the most vulnerable will not enjoy optimal oral health or oral health care, unless new models of care are introduced.

Access to care for vulnerable groups has been on the dental political agenda for some time. More recently, other occupations have argued that oral health disparities would be reduced if they were allowed to treat patients directly. In this context, I believe we should pay particular attention to recent developments on the access to care issue in the United States, where new models of oral health care delivery are being proposed.

In June, I attended a meeting on this topic sponsored by the Santa Fe Group, a U.S.-based think tank devoted to discussing the major issues facing our profession. Presenters described several proposed new oral health care workers designed to increase access for marginalized groups. These include the American Dental Association's (ADA) "community dental health coordinator," and the American Dental Hygienists' Association's "advanced hygiene practitioner," the latter receiving advanced training to provide restorations and extract teeth. Another presenter described how dental therapists are currently working in remote regions of Alaska, providing restorative and simple surgical services. The ADA has long argued against having alternative practitioners perform irreversible procedures, going as far as taking this issue to court.

However, a presentation from an oral health care policy advisor to many U.S. state governments made the greatest impression on me. She asserted that the reputation of the dental profession among legislators is not favourable, as we seem to be against all proposals to solve the access issue, except for those put forward by ourselves. She also indicated that state governments have been taking a greater interest in oral care for vulnerable groups since a young Maryland boy died last year as a result of not having access to urgent dental care. Some state governments now seem to be open to entertaining alternative models of care delivered by "mid-level providers," as they view these workers as a lower-cost alternative to dentists.

The lessons that I take from developments south of the border are that the dental profession must play an enlightened leadership role by building coalitions with other groups to seek creative new solutions to the complex issue of improving the oral health of vulnerable groups. We must seize the opportunity to lead with generosity or I fear we will be led reluctantly to solutions many dentists will not find attractive.

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