

Message from the President and CEO

Registered Dental Practitioner is a Workforce Solution for Kansas

Kansas' dental workforce shortage has been well-documented. We know that 95 of 105 counties in Kansas don't have enough dentists. Thirty-seven counties lack even a single dentist who will accept KanCare, Kansas' Medicaid program.

For nearly six years, a coalition of health providers and advocates have gathered research, reviewed promising programs, and talked with dental professionals and health leaders in our state and around the country about a model that would create new avenues for oral health access in our most underserved areas – the Registered Dental Practitioner.

At this point, more than 50 organizations support the establishment of the Registered Dental Practitioner as part of Kansas' dental workforce. Unfortunately, the state dental association continues to resist efforts to implement or even test this model, which a number of other states are using or considering.

A recent publication from the National Governors Association describes the valuable role of dental hygienists in alleviating oral health care shortages, and suggests that states re-examine scope of practice, sites of practice and supervision policies to find ways to address the substantial need. This is exactly what the Registered Dental Practitioner model would accomplish in Kansas.

Today, nearly every other health care profession makes use of mid-level providers to augment—not replace—the services they provide in their community. Growing up in rural Western Kansas and now working in an urban area of the state, I have seen first-hand the benefits of training and preparing home-grown caregivers to become nurse practitioners and physician's assistants in their own communities.



While the dental association in Kansas hasn't been willing to consider similar options that would improve access to quality care, the transition will occur. Claims of safety concerns haven't been borne out in the research or in the experiences of the states that have used similar models. In fact, there is a body of peer-reviewed research on dental mid-levels that points to their safety, quality and efficiency. Furthermore, there are Kansas dentists willing to take on a new mid-level provider because they understand they cannot fully meet the need in their regions.

Health reform has brought a greater push for coordinated care and health outcomes. Many of our state's health professionals are open to new approaches that produce better health. A number of dentists are ready to join that effort, too. It's time that organized dentistry gets on board for the benefit of Kansans.

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