

ADVANCED DENTAL THERAPY IN MINNESOTA: AN EMPLOYER'SPERSPECTIVE

Sarah Wovcha, J.D., M.P.H. Executive Director, In-House Counsel

AGENDA

- Children's Dental Services (CDS) Portable Care Program
- Use of Advanced Dental Therapists in a portable care model and at CDS
 - Need
 - Definition
 - Financial Impact
 - Logistics
 - Services
 - Compliance
 - Financial impact
 - Potential outcomes





CHILDREN'S DENTAL SERVICES

Provides dental care to lowincome children and pregnant women across Minnesota. CDS uses portable dental care to provide on-site care to 250 plus sites across Minnesota.



CDS WORKS TO ELIMINATE BARRIERS

Transportation

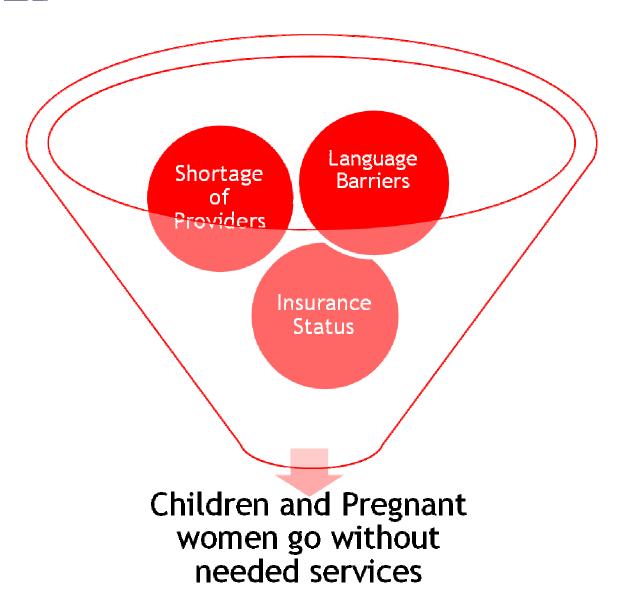
- Portable Care within Schools, Head Start Centers and Community Centers.
- Bringing services directly to children and pregnant women in need.

Cultural

- Staff speak 15 different languages and come from 17 different countries.
- Fosters trust and understanding.

Economic

- Provides care to uninsured and underinsured.
- Staff are trained to help families apply for Medical Assistance and MN Care.



- According to the Third National Health and Nutrition Examination Survey (NHANES III) dental disease is found in 30 percent of 2-5 year old children in poverty.
- 80% of the decayed permanent and primary teeth of low-income children, aged and 40-50% of children aged 6-14 goes untreated.

• According to the PEW Center on the States a team approach to dentistry has been found to be the most effective and provide the most access:

"In solo private dental practices—where most dentists work—adding new types of providers and dental hygienists produced gains in productivity and increased earnings by a range of 17 to 54 percent. Dentists who operate a practice by themselves can increase their pre-tax profits by six or seven percent by accepting more Medicaid-enrolled children and hiring either a dental therapist or a hygienist-therapist".

- The Pew Center on the States reports that by 2014, 5.3 million additional children will gain insurance coverage under the health reform law.
- Some dentists are unwilling to provide dental care to children on Medical Assistance or to uninsured children
- Thus, these children will need providers to deliver services. Minnesota's Advanced Dental Therapist program is an innovative way to meet those needs.

DENTAL THERAPISTS: ADDRESS ABOVE NEEDS BY

- Shortage of DDS.
 - This program will add an estimated 100 ADTs to the workforce in MN by 2016.
- Untreated Dental caries.
 - Dental Caries is the most common chronic childhood illness, disproportionately affecting low-income children.
 - A dental therapist licensed under this statute is limited to primarily practicing in settings that serve low-income, uninsured, and underserved patients or in a dental health professional shortage area.

DENTAL THERAPISTS: ADDRESS ABOVE NEEDS BY

•Untreated caries may lead to:

- Early loss of the primary teeth.
- Pain, infection, destruction of teeth, death.
- "A licensed dental therapist may perform the following services under general supervision, restoration of primary and permanent teeth; [and] pulpotomies on primary teeth".

DENTAL THERAPISTS: ADDRESS ABOVE NEEDS BY

• Untreated caries may lead to:

- Inhibition of growth and maturation of teeth.
- "A licensed dental therapist may perform the following services under general supervision, placement of temporary crowns; preparation and placement of [and] preformed crowns".

DENTAL THERAPISTS: DEFINITION

Advanced Dental Therapist:

Upon completion will earn a Masters Degree.

 Students entering into program are already experienced dental hygienists, who are licensed and practicing in the

profession.

 Can work in the field, much like dentists and collaborative practice hygienists. Would work in a similar setting as pictured here.





CDS staff providing care in schools

DENTAL THERAPISTS: DEFINITION

Advanced Dental Therapist enter into program as experienced professionals:

- Must have current dental hygiene licensure in good standing.
- Must have prior work experience.
- Must have Pain Management certifications.
- Must have CPR certification.
- Must have Restorative Functions course documentation.
- Must have Immunization information.
- Must have successful background check.

FINANCIAL IMPACT: COST SAVINGS DELIVERED TO LOW-INCOME PATIENTS

DDS Cost \$75/hr ADT Cost \$45/hr ADT
completes
needed
services to
low-income
children
across
Minnesota

Staffing Model:

- -ADT completes allowed procedure
- -RDH provides scaling
- -LDA provides prophy, sealants and fluoride

Total Cost Savings using ADT Pubic Health Model: \$1200/week

Cost-Benefit Analysis based on 1 ADT providing services covered under the ADT statute for 40 hours/week in a public health dental clinic.

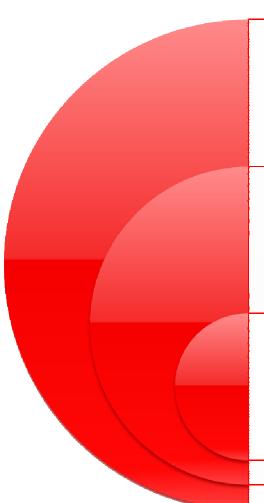
LOGISTICS

In order for ADT to provide care on-site within schools, Head Start centers and community centers, parents/guardians must complete and sign a detailed consent to care form.

Care can be provided to all low-income children and pregnant women regardless of insurance by ADTs at CDS locations.

If a family does not have insurance, CDS' staff are all trained MNCAA agents and can assist families with the application itself and the submission of the application. If a family is not eligible for insurance, they can apply for CDS's Sliding Scale discount program.

SERVICES



Oral Evaluation and Assessment

*100% of CDS need

- OHI
- X-Rays
- Preliminary charting

Non Surgical
Extractions of
Primary and
Permanent teeth

- Dressing changes
- Administration of nitrous oxide
- Suture removal
 *20% of CDS need

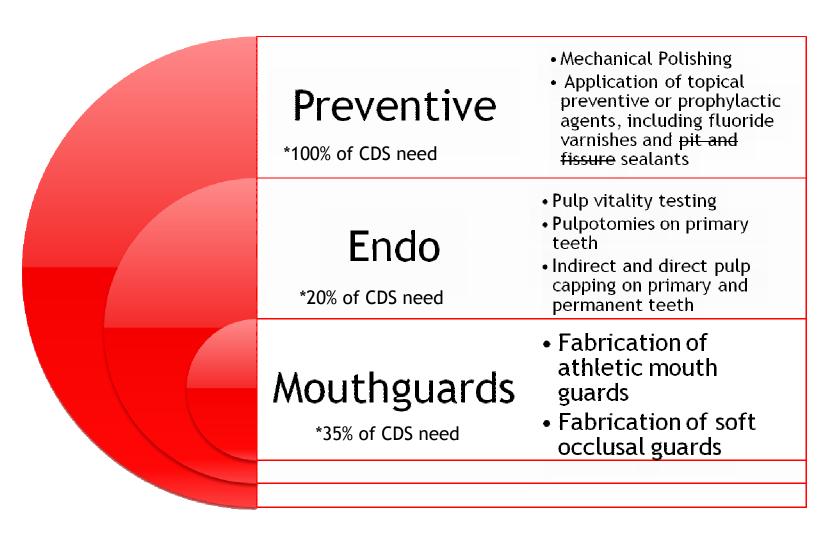
Restorations

*60% of CDS need

- •Placement of temporary restorations
- Atraumatic restorative therapy
- •Administration of local anesthetic
- Application of desensitizing medication or resin
- •Tissue conditioning and soft reline
- •Tooth re-implantation

^{*}Population based on 5,000 CDS patients

SERVICES



^{*}Population based on 5,000 CDS patients

SERVICES

- All of these services can be provided under General Supervision.
- General Supervision is defined in Minnesota Rule 3100.0100: "The supervision of tasks or procedures that do[es] not require the presence of the dentist in the office or on the premises at the time the tasks or procedures are being performed, but requires that the tasks be performed with the prior knowledge and consent of dentist".
- Thus ADT are directly affecting access to care and can be released into rural or low-income area where access is a huge problem.



COMPLIANCE

COMPLIANCE

- ADT must enter into a collaborative agreement with a licensed dentist in Minnesota.
- A collaborating dentist must be licensed and practicing in Minnesota.
- The collaborating dentist accepts responsibility for all services authorized and performed by the advanced dental therapist pursuant to the management agreement.
- A collaborating dentist is limited to entering into a collaborative agreement with no more than 5 ADTs at any one time.

COMPLIANCE

- An advanced dental therapist is limited to supervising no more than four licensed dental assistants or non-registered dental assistants at any one practice setting.
- Criteria relating to the provision of care to patients with specific medical conditions or complex medication histories, including requirements for consultation prior to initiation of care must be in place at all practice setting where the ADT provides care.
- Specific written protocols to govern situations in which ADTs encounters a
 patient who requires treatment that exceeds the authorized Scope of
 Practice must be in place.
- Protocol for the oral evaluation and assessment of dental disease, and for the formulation of an individualized treatment plan by the ADT and authorized by the collaborating dentist must be in place.



How ADTs are meeting the needs of patients across Minnesota

POTENTIAL IMPACT: EXAMPLE

	Percent of Head Start children who received an initial assessment from CDS
2009	97%
2010-2011	60%

•From 2007-2009, CDS' collaborative practice hygienists were able to complete BSSs on Head Start children in Greater Minnesota. This assessment met the Head Start federal review standard for an initial exam.

August 2010: The BSS was ruled to no longer meet the Head Start federal review standards for an initial exam. DHS stated that ADTs upon graduation will be able to conduct such assessments to help meet access needs.

•2010-2011 School year: CDS dentists travelled to Greater Minnesota to conduct initial exams. Using this costly model, only 60% of Head Start students are currently in compliance.

•CDS plans to utilize ADTs across Minnesota to help ensure all Head Start children have their dental needs met. CDS expects that 100% of eligible Head Start children will receive care through the use of ADTs across Minnesota.

HOW CDS IS CURRENTLY UTILIZING ADVANCED DENTAL THERAPISTS AND

DENTAL THERAPISTS

• Christy Jo Fogarty was the first ADT hired in the state of MN and works at CDS. Christy Jo has been working at CDS as an ADT since December of 2012 and is in the top 50% of producers compared to all dentists.



Christy Jo Fogarty, CDS' ADT providing care

- All of CDS' Dentists will be in a Collaborative Management
 Agreement with Christy as she works to complete her 2,000 required
 clinical hours.
- CDS' ADT patients and the length of their are documented and recorded, as we work with Christy to reach her 2,000 hours.

HOW CDS IS CURRENTLY UTILIZING ADVANCED DENTAL THERAPISTS AND DENTAL THERAPISTS

- CDS has hired an additional ADT from the first graduating class, Jamee Rozell, who will be starting this summer.
- CDS developed a scholarship program for ADTs; Elizabeth Branca is the first recipient, currently in studying at Metropolitan State University. The second recipient, Jodi Becker from St. Cloud, will begin in September.
- CDS is seeking out potential Scholarship recipients in Greater Minnesota who will work, live and serve these underserved areas as ADTs.
- CDS will be hosting 9 ADT students from Metropolitan State University this Summer and is in conversation to host Dental Therapy students from the University of Minnesota; primary restricting factor in hiring DTs is space.

REFERENCES

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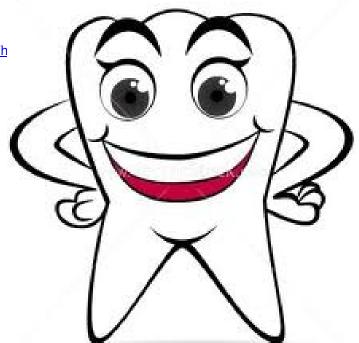
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THANK YOU

Any questions?

Contact:
Sarah Wovcha, J.D., M.P.H
Executive Director
In-House Council
Children's Dental Services
612-746-1530 ext 204
swovcha@msn.com