

The Minnesota Story

Dental Therapist and
Advanced Dental Therapist

Responding to an Access Need

Of all the forms of inequality, injustice in health care is the most shocking and inhumane. Martin Luther King Jr., 1966



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Planning and Implementation

For a new oral health care practitioner to address access needs

- **2000 and 2003:** Surgeon General Reports
- **2004:** Draft competencies by ADHA
- **2005:** Partnership Metropolitan State University & Normandale Community College (MnSCU)
- **2006:** Programs approved by MnSCU
- **2007:** Advisory committee formed
- **2009:** DT/ADT first cohort begins program
- **2010:** DT program approved by BOD
- **2011:** ADT program approved by BOD and First MnSCU graduates in June

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Minnesota Trends

- Access problem for care for people on public programs
- Average age of dentists is 55, 59 in rural*
- 60% of dentists expected to retire in 15-18 yrs*
- Long waiting lists to receive treatment in community clinics and FQHC clinics
- Shortage of dentists in rural Minnesota serving public program enrollees

* 2008 statistics

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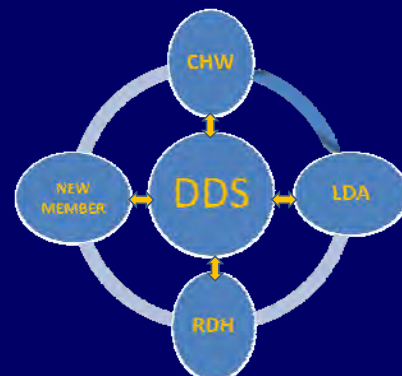
Minnesota Goals

For a New Oral Health Practitioners

- Improve access by filling gaps where there are not enough dentists
- Dentists are vital to the model
 - Designed NOT to replace or compete with dentists but to substitute for a dentist as needed
- Part of a broader strategy to improve access

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New Team Member in Minnesota



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New Practitioner in Minnesota: What's the name today?



Name changes were the result of legislative compromises.

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The Major Players Proponents

- Minnesota (MN) New Workforce Alliance
- Safety Net Coalition, safety net providers
- Minnesota State Colleges & Universities (MNSCU)
- MN Dental Hygienists' Association
- Nursing homes and long-term care orgs
- Disability organizations and advocates
- Head Start programs
- Health insurance plans
- State government

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2008 Law

- Skeleton framework for an "oral health practitioner" established
- Work Group established
- Work Group recommendations to report back to the legislature its findings

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Legislatively Mandated Workgroup



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2008 Law

- Answered the question of "whether" to establish a new practitioner
- Did not answer the "how" questions
- Legislature created a work group, which recommended the "how" but this did not end the controversy

<http://www.health.state.mn.us/healthreform/oralhealth.index.html>

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2009 Session

Two bills were introduced:

- MDA/U of M:** "physician assistant" model with dentist on site to do diagnosis and supervise treatment and only the School of Dentistry could train
- Safety Net Coalition:** "nurse practitioner" model to provide treatment under the direction of a Collaborative Management Agreement where no dentists are available

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Politics

- Initially strong opposition activities:
 - Grassroots
 - Lobbying
 - Media campaign
 - Pressure on dentists who spoke in support
- Proponents had less money but were well organized and had support from many health care and advocacy groups

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The last thing you want to hear when you're getting dental care is "uh-oh."



But at the state Capitol, Senator Ann Lynch wants to allow a new type of dental worker to perform unsupervised surgery on you and your family - even pull your teeth - without any training or an accredited dental school.

And worse, a dentist wouldn't even have to be in the building if something goes wrong.

Minnesota's lawmakers must ensure that only supervised, dental school trained professionals perform surgery.

Call Senator Ann Lynch and tell her unsupervised workers doing dental surgery is a bad idea.

Call Senator Ann Lynch today at 651.296.4848.

Help for the Minnesota Dental Association
http://www.mnada.org

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Minnesota's Oral Health Practitioner Program	
For it:	Against it:
<ul style="list-style-type: none"> • The Minnesota Dental Association • The Minnesota Dental Therapist Association • The Minnesota Dental Hygienists Association • The Minnesota Dental Assistants Association • The Minnesota Dental Radiologists Association • The Minnesota Dental Laboratory Association • The Minnesota Dental Implant Association • The Minnesota Dental Endodontics Association • The Minnesota Dental Periodontics Association • The Minnesota Dental Oral and Maxillofacial Surgery Association • The Minnesota Dental Orthodontics Association • The Minnesota Dental Prosthodontics Association • The Minnesota Dental Pediatric Association • The Minnesota Dental Geriatric Association • The Minnesota Dental Trauma Association • The Minnesota Dental Infection Control Association • The Minnesota Dental Quality Improvement Association • The Minnesota Dental Research Association • The Minnesota Dental Education Association • The Minnesota Dental Practice Management Association • The Minnesota Dental Marketing Association • The Minnesota Dental Insurance Association • The Minnesota Dental Law Association • The Minnesota Dental Ethics Association • The Minnesota Dental Safety Association • The Minnesota Dental Accreditation Association • The Minnesota Dental Certification Association • The Minnesota Dental Registration Association • The Minnesota Dental Licensure Association • The Minnesota Dental Board of Dentistry • The Minnesota Dental Board of Dental Therapists • The Minnesota Dental Board of Dental Hygienists • The Minnesota Dental Board of Dental Assistants • The Minnesota Dental Board of Dental Radiologists • The Minnesota Dental Board of Dental Laboratory Technicians • The Minnesota Dental Board of Dental Implant Technicians • The Minnesota Dental Board of Endodontics • The Minnesota Dental Board of Periodontics • The Minnesota Dental Board of Oral and Maxillofacial Surgeons • The Minnesota Dental Board of Orthodontics • The Minnesota Dental Board of Prosthodontics • The Minnesota Dental Board of Pediatric Dentists • The Minnesota Dental Board of Geriatric Dentists • The Minnesota Dental Board of Trauma Dentists • The Minnesota Dental Board of Infection Control • The Minnesota Dental Board of Quality Improvement • The Minnesota Dental Board of Research • The Minnesota Dental Board of Education • The Minnesota Dental Board of Practice Management • The Minnesota Dental Board of Marketing • The Minnesota Dental Board of Insurance • The Minnesota Dental Board of Law • The Minnesota Dental Board of Ethics • The Minnesota Dental Board of Safety • The Minnesota Dental Board of Accreditation • The Minnesota Dental Board of Certification • The Minnesota Dental Board of Registration • The Minnesota Dental Board of Licensure 	<ul style="list-style-type: none"> • The Minnesota Dental Association • The Minnesota Dental Therapist Association • The Minnesota Dental Hygienists Association • The Minnesota Dental Assistants Association • The Minnesota Dental Radiologists Association • The Minnesota Dental Laboratory Association • The Minnesota Dental Implant Association • The Minnesota Dental Endodontics Association • The Minnesota Dental Periodontics Association • The Minnesota Dental Oral and Maxillofacial Surgery Association • The Minnesota Dental Orthodontics Association • The Minnesota Dental Prosthodontics Association • The Minnesota Dental Pediatric Association • The Minnesota Dental Geriatric Association • The Minnesota Dental Trauma Association • The Minnesota Dental Infection Control Association • The Minnesota Dental Quality Improvement Association • The Minnesota Dental Research Association • The Minnesota Dental Education Association • The Minnesota Dental Practice Management Association • The Minnesota Dental Marketing Association • The Minnesota Dental Insurance Association • The Minnesota Dental Law Association • The Minnesota Dental Ethics Association • The Minnesota Dental Safety Association • The Minnesota Dental Accreditation Association • The Minnesota Dental Certification Association • The Minnesota Dental Registration Association • The Minnesota Dental Licensure Association

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Champions of the Minnesota's Dental Therapist Law Chapter 95 - enacted May 2009



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Dental Therapist Compromise

- Licensed by the Board of Dentistry
- Two levels: basic and advanced practice
- Education programs approved by the BOD
 - Basic DT: Baccalaureate degree
 - Advanced DT: Masters degree
- Supervised by a dentist through CMA
- 50% of DT/ADT practice limited to underserved patients and populations

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State Law Parameters



- Dental Therapist (basic) - Licensed
 - Services allowed under general supervision
 - Services allowed under indirect supervision
 - Baccalaureate Degree
- Advanced Dental Therapist - Certified
 - All DT services under general supervision
 - Additional services allowed under general supervision with a Collaborative Management Agreement (CMA)
 - Masters Degree

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Supervision Levels

For Dental Therapy and Advanced Dental Therapy

- **General Supervision:**
 - The dentist has prior knowledge and has given consent for the procedures being performed during which the dentist is not required to be present in the dental office or on the premises
- **Indirect Supervision:**
 - The dentist is in the office, authorizes the procedures, and remains in the office while the procedures are being performed by the allied personnel

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Dental Therapy Scope of Practice

Indirect Supervision:

Performed within a Collaborative Management Agreement with a Dentist:

- emergency palliative treatment of dental pain
- atraumatic restorations
- placement and removal of space maintainers
- cavity preparation; restoration
- pulpotomies on primary teeth
- indirect and direct pulp capping
- stabilization of reimplanted teeth
- extraction of primary teeth
- brush biopsies
- repair of defective prosthetic devices
- recementing of permanent crowns
- dispense and administer analgesics, anti-inflammatories, and antibiotics

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Advanced Dental Therapy Scope of Practice

General Supervision

Performed within a Collaborative Management Agreement with a Dentist:

- all dental therapy duties but under general supervision
- oral evaluation and assessment
- formulation of an individualized treatment plan
- non-surgical extractions of periodontally diseased permanent teeth with class 3 or 4 mobility
- provide, dispense, and administer analgesics, anti-inflammatories, and antibiotics
- **2000 hours of practice as a Dental Therapist required to become certified as an advanced dental therapist**

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Differences Between the Programs

University of Minnesota

- Not required to be a DH
- Examination and treatment planning are the purview of the dentist
- Irreversible surgical procedures performed under indirect supervision as defined in a CMA
- DT scope only whether in the Bac or Masters program
- Builds workforce capacity

Metropolitan State University

- Licensed dental hygienist
- Examination, oral assessment and treatment planning are taught in the program
- Irreversible surgical procedures will be performed under general supervision as defined in a CMA
- DT/ADT scope combined into a Masters of Science program
- Builds workforce capacity and increases access

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Master of Science (M.S.) Oral Health Care Practitioner Program

Program Overview MS: Oral Health Care Practitioner

Curriculum leads to dental therapy licensure and certification in advanced dental therapy



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Metropolitan State University Combined DT/ADT Program

Program is distinctive:

- Experienced dental hygienists, licensed and practicing in the profession
- Students have already mastered a wide range of competencies
- Educated to have sound public health perspective, to be competent in care management as well as perform specific oral procedures

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Why Would a Dental Hygienist Choose to Be A Dental Therapist or an Advanced Dental Therapist?

Why Not Go to Dental School?

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DT/DH Combination

- Dual license option: Licensed as both a dental therapist and a dental hygienist
 - Provide full scope of dental hygiene practice in addition to DT scope
 - If certified, ability to provide ADT scope under general supervision
 - Valuable in communities and treatment settings without a traditional dentist office
 - *It Takes a Team* by PEW 2010

http://www.pewcenteronthestates.org/report_detail.aspx?id=61628

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It Takes a Team: Key Findings

Dental practices that serve a 100% privately insured patient mix *and* hire a dental therapist or a hygienist/therapist can:

1. Increase their productivity (*billable procedures*)
2. Increase their profitability

Solo dental practices serving an 80% private/20% Medicaid mix *and* hiring a dental therapist or hygienist/therapist can:

1. Increase their productivity
2. Increase their profitability

Note: Based on average Medicaid reimbursement rates



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Clinical Experiences

Clinical experiences are vast and work in settings with diverse and underserved populations:

- **Metropolitan State University**
 - Planning State: Clinic in Maplewood
- **Normandale Community College**
 - Use the Normandale lab and clinic,
- **Community Partners**
 - Children's Dental Services
 - HCMC
 - Community Dental Care
 - Apple Tree Dental



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Maplewood Clinic

Metropolitan State University Clinic/Lab Teaching Site

Results of current fund-raising efforts:

• Delta Dental of MN(Foundation)	\$ 250,000 (capital & construction)
• Delta Dental of MN(Foundation)	\$ 57,400 (technology equipment)
• Greater TC United Way	\$ 50,000 (operating)
• Hardenbergh Foundation	\$ 100,000 (equipment & capital)
• Health Force Minnesota	\$ 51,000 (curriculum & faculty)
• HRSA (MDH)	\$ 176,000 (equipment)
• 3M (Foundation)	\$ 100,000 (equipment)

Total awarded to date: **\$ 784,400**

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Admission Criteria

- Application Form and Fee
- Official transcripts of all college coursework
- Baccalaureate degree
- Current dental hygiene licensure in good standing
- Three prerequisite courses required

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Prerequisite Courses

- DENH 310 - Collaborative and Advanced Dental Hygiene Practice
- DENH 320 - Management of Oral Health Care Delivery
- DENH 420 - Restorative Functions Theory and Lab



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Program Costs for Students

- Current tuition/fees for Metropolitan State University graduate nursing and dental courses:
 - Approximately \$360 per credit (fall 2009)
- Books, lab fees, and equipment are not included in the fee above
 - \$2,000 fee for the lab/clinical and externship courses (subject to change)

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Interdisciplinary Courses with Public Health Emphasis

- Research
- Community-Based Intercultural Communication
- Epidemiology
- Health Policy and Leadership

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Dental Courses

- Health Assessment and Oral Diagnostic Reasoning
- Pharmacology Principles of Clinical Application
- Management of Dental and Medical Emergencies
- Community-Based Primary Oral Healthcare I
- Community-Based Primary Oral Healthcare II
- Community-Based Primary Oral Healthcare III

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Dental Courses

- Community-Based Primary Oral Healthcare IV
- Community-Based Primary Oral Healthcare V
- Advanced Specialty Practices
- Advanced Community Specialty Externship
- Comprehensive Competency-Based Capstone Experience
 - Currently seeking program approval for the addition of seminar credits to complete clinical hours required for Advanced Dental Therapy Certification

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Challenges Ahead

With this system change the work continues:

- Education of dental professionals & the public
- Scholarships for students
- Programmatic accreditation
- Reimbursement/Third party payors
- Support for educational institutions
- Statutory changes that could affect access

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Lessons Learned As you move forward...

- It is about access and the underserved
- Focus on building coalitions and alliances
- Stay grounded in facts, research, and proven experience
- Continuous communication and education
- Maintain your integrity

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Thank you

Colleen M. Brickle RDH, RF, EdD
Normandale Community College
colleen.brickle@normandale.edu
952-487-8158