



Children's Dental Services

ADVANCED DENTAL THERAPY IN MINNESOTA: REAL TIME

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AGENDA

- Children's Dental Services Background
- Advanced Dental Therapists in Public Health Practice
 - Need
 - Definition
 - Logistics
 - Compliance
 - Services ADTs will provide
 - Financial impact
 - Potential outcomes





CHILDREN'S DENTAL SERVICES

Provides dental care to low-income children and pregnant women across Minnesota. CDS uses portable dental care to provide on-site care to 200 plus sites across Minnesota.




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HISTORY


- Private non-profit established in 1919
- First provider of Head Start dental services in nation
- Primary Minnesota school-based provider for past 45 years
- Over 200 sites across Minnesota (90% portable)
- Current Staffing: 78 employees
 - 13 dentists
 - 16 hygienists
 - 30 assistants
- Fiscally-conservative, Evidence-Based Dentistry



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SUPPORT FOR NEW WORKFORCE SOLUTIONS

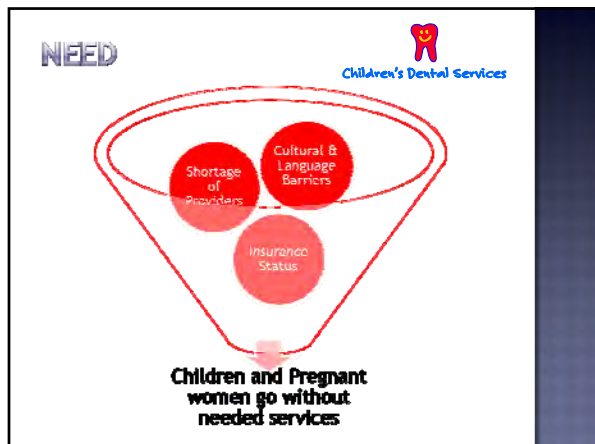
- Training ground for Collaborative Practice Hygienists (currently utilize 14) and Restorative Expanded Functions
- Safety Net Coalition (involved since inception)
 - Played critical role in supporting Advanced Dental Therapist (ADT)
 - Key supporter of legislation-testimony, research
- Currently paying tuition for CDS hygienist to become ADT through Metro State.



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CDS WORKS TO ELIMINATE BARRIERS

Transportation	<ul style="list-style-type: none"> • Portable Care within Schools, Head Start Centers and Community Centers. • Bringing services directly to children and pregnant women in need.
Cultural	<ul style="list-style-type: none"> • Staff speak 15 different languages and come from 17 different countries. • Fosters trust and understanding. • Over 80% of CDS patients are recent immigrants and refugees
Economic	<ul style="list-style-type: none"> • 81% on Medical Assistance, 18% uninsured • Staff are trained in case-management approaches: assist families in applying for Medical Assistance, provide intensive outreach and referral.



- NEED**
- 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 decayed permanent and primary teeth of low-income children, aged 2-5 and 40-50% of children aged 6-14 goes untreated.

- NEED**
- 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”.

- NEED**
- Pew Center on the States: By 2014 an additional 5.3 million children will gain insurance coverage under health reform.
 - Some dentists are unwilling to provide dental care to children on Medical Assistance or to uninsured children.
 - These children will need providers. Minnesota’s Advanced Dental Therapist program is an innovative solution to meet those needs.

ADVANCED DENTAL THERAPIST (ADT):

DEFINITION

- Students are licensed, experienced dental hygienists.
- Can work in the field, much like dentists and collaborative practice hygienists, as shown here.

CDS staff providing care in schools

- DEFINITION**
- ADTs enter 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.

ADT ADDRESSES NEEDS BY:

- Expanding dental workforce.
 - The program will add an estimated 100 ADTs to the workforce in MN by 2016.
- Treating Dental Caries.
 - Under this statute ADTs serve a minimum of 50% low-income, uninsured, and underserved patients or serve in a dental health professional shortage area.

ADT ADDRESSES NEEDS BY

- Enhancing clinical efficiency and cost-effectiveness:
 - “An ADT may perform the following services under general supervision: restoration of primary and permanent teeth; pulpotomies on primary teeth, placement of temporary crowns; preparation and placement of preformed crowns”.

LOGISTICS

- ★ Collaborative Management Agreement:
 - Written agreement submitted to Board of Dentistry, team works together 2,000 hours at our site, agreement reviewed annually.
- ★ On-site Care and Consent:
 - Within schools, Head Start centers and community centers, parents/guardians must complete and sign a informed consent to care form.
- ★ Case Management Approach:
 - Works as team, refers back to dentist or specialist, assists with insurance issues.

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

- A dentist is limited to supervising four ADTs 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.


SERVICES




	Oral Evaluation and Assessment *100% of CDS need	<ul style="list-style-type: none"> • OHI • X-Rays • Preliminary charting
	Non Surgical Extractions of Primary and Permanent teeth	<ul style="list-style-type: none"> • Dressing changes • Administration of nitrous oxide • Suture removal *20% of CDS need
	Restorations *60% of CDS need	<ul style="list-style-type: none"> • Abrasive restorative • Direct restorative • Indirect restorative • Removable partial dentures • Application of occlusal prophylaxis • Tissue conditioning and soft tissue • Tooth re-implantation

*Population based on 25,000 CDS patients

SERVICES



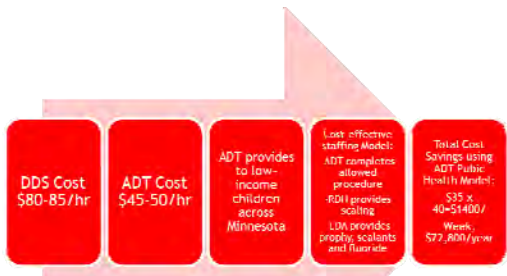
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Preventive *100% of CDS need	<ul style="list-style-type: none"> Mechanical Polishing Application of topical preventive or prophylactic agents, including fluoride varnish, and pit-and fissure sealants
Endo *20% of CDS need	<ul style="list-style-type: none"> Pulp vitality testing Pulpotomies on primary teeth Indirect and direct pulp capping on primary and permanent teeth
Mouthguards *35% of CDS need	<ul style="list-style-type: none"> Fabrication of athletic mouth guards Fabrication of soft occlusal guards

*Population based on 25,000 CDS patients


FINANCIAL IMPACT: COST SAVINGS



DDS Cost \$80-85/hr	ADT Cost \$45-50/hr	ADT provides to low-income children across Minnesota	<ul style="list-style-type: none"> Less efficient staffing models ADT completes allowed procedure ADT provides scaling UDA provides prophyl, sealants and fluoride 	Total Cost Savings using ADT Public Health Model: \$35 x 40=1400/ Weeks \$7,800/year
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Cost-Benefit Analysis based on 1 ADT providing services allowed under statute for 40 hours/week in a public health dental clinic.

POTENTIAL IMPACT



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


-From 2007-2009, CDS' collaborative practice hygienists completed 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 deemed 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 ensure Head Start children meet the federal requirement. CDS anticipates 100% of eligible Head Start children will receive care through the use of ADTs across Minnesota.

REFERENCES



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THANK YOU

Any questions?

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