A DECADE OF DENTAL THERAPY IN MINNESOTA;

A tale of two dual-licensed advanced dental therapists

Jodi Hager, ADT, LDH
Heather Luebben, ADT, LDH
<table>
<thead>
<tr>
<th><strong>Provide</strong></th>
<th><strong>Introduce</strong></th>
<th><strong>Describe</strong></th>
<th><strong>Explain</strong></th>
<th><strong>Discuss</strong></th>
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</thead>
<tbody>
<tr>
<td>Provide a brief, but thorough history of dental therapy in Minnesota</td>
<td>Introduce Heather and Jodi and discuss our educational and career backgrounds</td>
<td>Clearly describe DT/ADTs, their respective scope of practice, and dual licensed DTs</td>
<td>Explain the level of supervision and collaborative management agreement (CMA)</td>
<td>Discuss the benefits and challenges of DT’s in public and private practice along with the future outlook for dental therapy</td>
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21st Century Minnesota Dental Practice Act Changes

- 2001- Collaborative Practice Dental Hygiene
  - Initially limited authorization
  - 2005 expansion to include full scope of DH practice
- 2003 Restorative Expanded Functions (licensed DH and DA)
- 2009- Dental Therapists, Advanced Dental Therapists
- 2017- Collaborative Practice Authorization for Dental Hygienists in Underserved Settings
  - More clearly defines advanced practice for DHs in underserved settings
  - Allows LDAs to provide part of their scope of practice alongside collaborative hygienists
DENTAL THERAPY LEGISLATION

- In 2009, Minnesota passed legislation for a new dental professional
- It had the support of more than 50 organizations, including the American Dental Hygiene Association, the American Public Health Association, the American Association of Public Health Dentistry, and PEW Charitable Trusts
DENTAL THERAPY LEGISLATION

<table>
<thead>
<tr>
<th>Action</th>
<th>Description</th>
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<tbody>
<tr>
<td>Expand</td>
<td>Legislative Goal: Expand the dental workforce to help improve access to dental care specifically for underserved populations</td>
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<tr>
<td>Establish</td>
<td>Establish a new mid-level, licensed dental practitioner called:</td>
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<tr>
<td></td>
<td>- Dental Therapist &quot;DT&quot;</td>
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<tr>
<td></td>
<td>- Advanced Dental Therapist &quot;ADT&quot;</td>
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<tr>
<td>Provide</td>
<td>Provide oral health and primary dental care services to underserved patients and communities</td>
</tr>
<tr>
<td>Enable</td>
<td>Enable clinics to provide more efficient and timely care</td>
</tr>
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</table>
INTRODUCING HEATHER

- 2002 AS Dental Hygiene Normandale Community College
- 2006 BAS Dental Hygiene St. Petersburg College
- 2011 MS OHCP (ADT) Metropolitan State University
- Private Dental Practice 2002-2008
- Apple Tree Dental 2008- Current
- Health Partners 2018-2019
- Past Secretary MDTA
• Fillings in both primary and permanent teeth including back and front teeth, and both silver and tooth colored restorations.
• Stainless steel crowns on both permanent and primary teeth.
• Creation of space maintainers.
• Pulpotomies (root canals on baby teeth).
• Extractions of primary teeth.
• Dispensing of medications (cannot write Rx’s)
• Extraction of permanent teeth that are mobile due to periodontal disease (ADTs only)
• Assessment and treatment planning (ADTs only)
SUPERVISION LEVELS

- Dental Therapists work under INDIRECT supervision for most of their scope of practice
  - In MN this means a dentist must be in the building when the DT is providing treatment

- Advanced Dental Therapists work under GENERAL supervision for their entire scope of practice
  - In MN this means procedures are to be done with knowledge and consent of a dentist but the dentist does not have to be in the building

*An ADT has the same scope as a DT with the addition of: limited and periodic oral evaluations and assessments, Oral evaluation of patients < 3 years of age and counseling with primary caregiver, non-surgical extractions of periodontally involved permanent teeth with class III or IV mobility
The supervising dentist enters a Collaborative Management Agreement (CMA) with a DT or ADT.

- Explains populations served/practice settings, any limitations to scope or supervision levels, protocols for: record keeping, medical emergencies, quality assurance, managing medically compromised pts, consults and referrals, dispensing and administering medications, and supervising DAs.

- CMA must be in effect prior to a dental therapist providing services (signed and maintained by both the dentist and dental therapist and registered online with the Board of Dentistry).
• Dentist accepts responsibility for all services authorized and performed by the DT/ADT
• May limit the DT/ADT’s practice scope or supervision level
• This requires a close working relationship between the dentist and the dental therapist
PRACTICE SETTINGS

- Currently 3.5 days a week at Apple Tree Dental Mounds View
- 1 day a week off-site utilizing mobile dental equipment
- Full scope of Dual-Licensed ADT practice

July 2019:
- Periodic Exams: 148
- Limited Oral Evaluations: 36
- Restorations: 165
- Adult Prophys: 11
- Child Prophys: 12
- Extractions: 8
- Perio Therapy: 4
- Sealants: 65
- SDF: 4
Mobile Settings:

Options of Big Lake (Day training program for adults with developmental disabilities)

North Metro Pediatrics/Neighborhood HealthSource-North Metro Clinic (Nurse Practitioner led pediatric medical clinic)

Provide full scope of ADT practice: Cleanings, periodic and limited exams, restorative care

We are able to provide comprehensive exams for patients utilizing tele dentistry with my CMA dentist- Dr. Ashley Johnson, DMD
NORTH METRO PEDIATRICS

- https://www.dropbox.com/sh/5cggyp157zzkmlj/AABWdkWZ38VCsst0jgxOCe7a/Telehealth%20-%20NMP%20Connie%20Blackwell.mp4?dl=0
COLLABORATIVE MANAGEMENT AGREEMENT (CMA)

- CMA and CA (dental hygiene collaborative agreement) with Dr. Ashley Johnson, DMD

- “Working with Heather has been such a rewarding professional experience. We are a true team, working together closely to meet our patient’s needs. I can always count on her to provide high quality care to our patients in a variety of settings. Heather is a shining example of how the Dental Therapy movement is helping to increase access to dental care and to improve the patient experience.”
COLLABORATIVE MANAGEMENT AGREEMENT (CMA)

- Allows me to provide full scope of ADT practice in the Mounds View clinic without her being on site with me as well as provide my full scope out mobile
- She reviews and signs off on all treatment plans I make
- She is always available through text, phone, and our Open Dental charting software
- Am also able to have direct access with other dentists and dental specialists (pediatric and special needs dentists) at our Mounds View clinic
- Can access (and refer patients to) these other providers through tele dentistry and our Open Dental software while mobile as well
INTRODUCING JODI

- Jodi Hager
  - ADT and RDH at Redwood Dental Clinic, Timothy S Brown since June 4, 2018
  - ADT and RDH at Apple Tree Dental, Madelia from 2004 to 2018
  - RDH in private practice from 2004-2008
  - Past adjunct faculty at MSU for the Dental Hygiene Restorative Functions clinic and for dental hygiene nursing home rotations
  - Past president of the MDTA

- My career ladder
  - RDA 2000-2004
  - RDH 2004-current
  - DT 2012
  - ADT 2013
PRACTICE SETTINGS

- Currently work 4 days a week in a rural private practice clinic in Redwood Falls, MN
- 2 dentists, 3 assistants, 2 full time hygienists, and 3 part time hygienists
- Approximately ¾ of my time is spent doing exams and restorative procedures
  - Fillings
  - Pulpotomies
  - Stainless steel crowns
  - Extractions
- Daily totals
  - Exams- 9/day or 137/mo
  - Hygiene- 2/day or 28/mo
  - Restorative- 6/day or 85/mo
PRACTICE SETTINGS

- My dual license creates a benefit to the clinic by allowing me to do hygiene when needed in the schedule.
- I am also utilized for several limited exams and problem focused appointments.
  - I work very closely with both dentists to provide each patient with a clear path to treatment during these appointments.
  - Dr. Brown has spent time educating me on how he wants these appointments handled, demonstrating how collaborative practice works.
CMA

My CMA is with Dr. Timothy Brown

I also work closely with Dr. Beyer
As of May 2019 there were 99 DTs licensed in MN (65 certified as ADTs):

- **STATUS:**
  - 90 employed
  - 5 not looking for employment

- **LOCATION:**
  - 71 practice in 7 county metro area
  - 43 in Greater Minnesota
  - **MN population follows same disbursement as do DTs throughout the state**
WHERE ARE DT/ADTS IN MN?

- Clinic Type:
  - 59 in private practices
  - 22 in Community Clinics
  - 13 in FQHCs
  - 12 in Large Group Clinics
  - 3 in Educational Institutions
  - 6 in Hospitals

- *All DTs regardless of clinic type are providing care to underserved patients. The number of clinic locations and types differ for the number of employed DTs because many graduates work in multiple settings and some clinics employ more than one dental therapist*
WHAT HAS BEEN WORKING

- Patient satisfaction
  - No complaints have been made to the Board of Dentistry regarding quality of care from dental therapists
  - Several patients request DTs
  - In many rural areas mid-level healthcare providers are well-accepted and understood
    - NPs and PAs have changed the face of health care delivery in rural and out-state areas
  - Approximately less than 5% of patients at the Redwood Falls Clinic request a DDS
    - Many of these patients are older and have seen Dr. Brown for a long time
    - We always honor their requests
WHAT HAS BEEN WORKING

• Production
  • DTs have consistently met or exceeded production goals
• Keeping pace with dentists
  • Time spent per procedure
  • Number of patients seen daily
• Many DTs are dual-licensed
  • Has increased production by improving flexibility in services provided during many patient appointments
## ADT IN LONG TERM CARE - A CASE STUDY

<table>
<thead>
<tr>
<th>Year</th>
<th>Provider</th>
<th>Days</th>
<th>Gross</th>
<th>Gross/Day</th>
<th>Visits</th>
<th>Visits/Day</th>
<th>Patient s</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>DDS</td>
<td>35</td>
<td>$107,954</td>
<td>$3,084</td>
<td>541</td>
<td>15</td>
<td>236</td>
</tr>
<tr>
<td>2015</td>
<td>DDS</td>
<td>43</td>
<td>$132,142</td>
<td>$3,073</td>
<td>576</td>
<td>13</td>
<td>246</td>
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<tr>
<td>2016</td>
<td>DDS</td>
<td>28</td>
<td>$81,927</td>
<td>$2,926</td>
<td>341</td>
<td>12</td>
<td>188</td>
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<tr>
<td>2014</td>
<td>ADT</td>
<td>26</td>
<td>$57,222</td>
<td>$2,201</td>
<td>215</td>
<td>8</td>
<td>133</td>
</tr>
<tr>
<td>2015</td>
<td>ADT</td>
<td>12</td>
<td>$31,546</td>
<td>$2,629</td>
<td>91</td>
<td>8</td>
<td>70</td>
</tr>
<tr>
<td>2016</td>
<td>ADT</td>
<td>21</td>
<td>$65,565</td>
<td>$3,122</td>
<td>213</td>
<td>10</td>
<td>136</td>
</tr>
</tbody>
</table>

Average daily employment cost of a Twin Cities mobile DDS= $628
Average daily employment cost of a Twin Cities mobile ADT= $406
Annualized savings of $52,000

Average gross production per day was 94% of the average of dentists at the Madelia Center.

Gross production per visit was between 8% and 15% less than the dentists.

With lower employment costs than a dentist, this was a cost-effective team member.

<table>
<thead>
<tr>
<th>Year</th>
<th>ADT Average</th>
<th>DDS Average</th>
<th>ADT % of DDS</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>$2,469</td>
<td>$2,728</td>
<td>91%</td>
</tr>
<tr>
<td>2015</td>
<td>$2,918</td>
<td>$3,281</td>
<td>89%</td>
</tr>
<tr>
<td>2016</td>
<td>$2,899</td>
<td>$2,845</td>
<td>102%</td>
</tr>
<tr>
<td>Averages</td>
<td>$2,762</td>
<td>$2,951</td>
<td>94%</td>
</tr>
</tbody>
</table>

WHAT HAS BEEN WORKING

• Quality of care
  • Comments regarding quality of care from CMA dentists working with a DT in rural MN
    • “Practice with Dental Therapist, Jodi Hager has been enriching these past two months. Her compassion for patients and attention to quality care, demonstrate a strong and positive compliment to the dental profession.” - Thomas Rohs, DDS

• “Jodi provides consistent high quality and efficient dental services to her patients. Jodi's presence allows me to focus on more complex treatments while she provides the bulk of the routine restorative services...in this way, we team up to see more patients in less time.” - Teresa Johnson, DDS
CHALLENGES

- Credentialing and reimbursement
- Treatment planning
- Legislative constraints
- New=Confusing
CHALLENGES

- Credentialing and reimbursement
  - No clear, consistent policy for credentialing and paying DTs by insurance companies and claims administrators
  - Currently in many offices, DT services are billed through the CMA dentists
    - Services provided to patients with MA coverage can be billed under the DT
  - In Minnesota, reimbursement rates are the same for DTs as for dentists
CHALLENGES

- Treatment planning
  - Changes to existing treatment plans must be approved by the CMA dentist during care delivery, interrupting flow
- Standardization between dentists
  - A problem with patients who have been treatment planned by a dentist other than the CMA dentist
- Consistency of dentist and DT’s treatment philosophies
Some of the requirements for dental therapy are cumbersome for dentists
  - Chart audits
  - Not being able to prescribe antibiotics
  - Not being able to see new patients-comprehensive exams
WHAT’S NEW IN MINNESOTA

- Changes to the existing programs
  - Relocation of Metropolitan State University’s program to a new clinic in Maplewood
  - University of Minnesota has moved to a dual licensed RDH/ADT program

- CODA
  - In February 2016, CODA adopted a process of accreditation for Dental Therapy Educational Programs
    - Both programs are working on accreditation through CODA and are currently accredited through the Board of Dentistry

- Several states considering legislation for the development of a new, mid-level dental provider
**DENTAL THERAPY LEGISLATION**

Currently, there are 8 states that allow dentists to hire dental therapists:
- Minnesota
- Michigan
- Arizona
- New Mexico
- Nevada
- Maine
- Vermont
- Connecticut

There are 4 states where tribal access to a dental therapist is authorized or dental therapists operate under pilot authority:
- Alaska
- Idaho
- Oregon
- Washington
There are currently 9 states actively exploring authorizing dental therapy:

- Wisconsin
- Ohio
- North Dakota
- Mississippi
- Massachusetts
- Maryland
- Kansas
- Hawaii
- Florida
WHAT’S NEW IN MINNESOTA

- Minnesota Dental Therapy Association
  - Formed in 2013
  - Represents therapists from both programs
  - Advocates for the advancement of dental therapy and the provision of quality dental services for all Minnesotans.
  - www.mndta.org
SUMMARY

- The profession of Dental Therapy was created as one approach to improving access to dental care for underserved populations
  - Over 48% of ADTs/DTs are practicing in rural, out-state, or non-metropolitan areas
  - 62% of ADTs/DTs are practicing in non-profit dental clinics, federally qualified health centers or community clinics, rural health clinics or hospitals
- Case reviews have shown ADTs/DTs can be beneficial and profitable in a variety of clinics and clinic settings located across the state.
  - This is important because the number of practicing dentists in rural Minnesota is projected to decrease over the next 10 years
  - One dentist can supervise up to 5 ADT/DTs
  - Dental therapists make significantly less than dentists, providing non-profit, FQHC, and rural clinics a viable option to increasing quality care while keeping costs down
Thank You