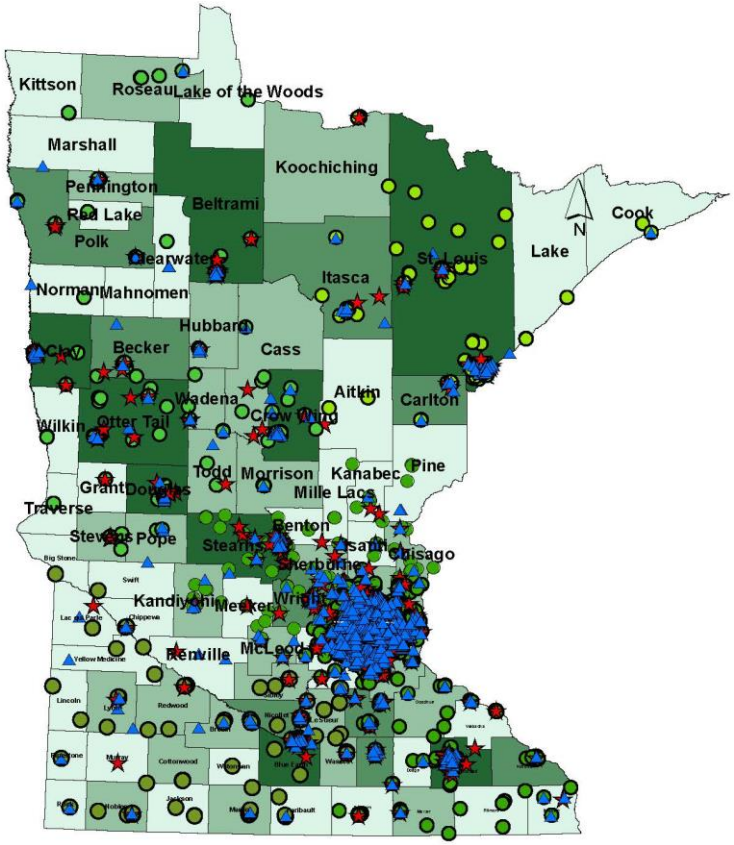
The State of Rural Dentistry in Minnesota

Minnesota Rural Health Conference
Duluth, Minnesota
June 19, 2017

Dentists by Age Group and Location
Minnesota 2014-2015



Dentists

- ★ 34 years and younger
- ▲ 35 to 49 years
- ● 50 years and older

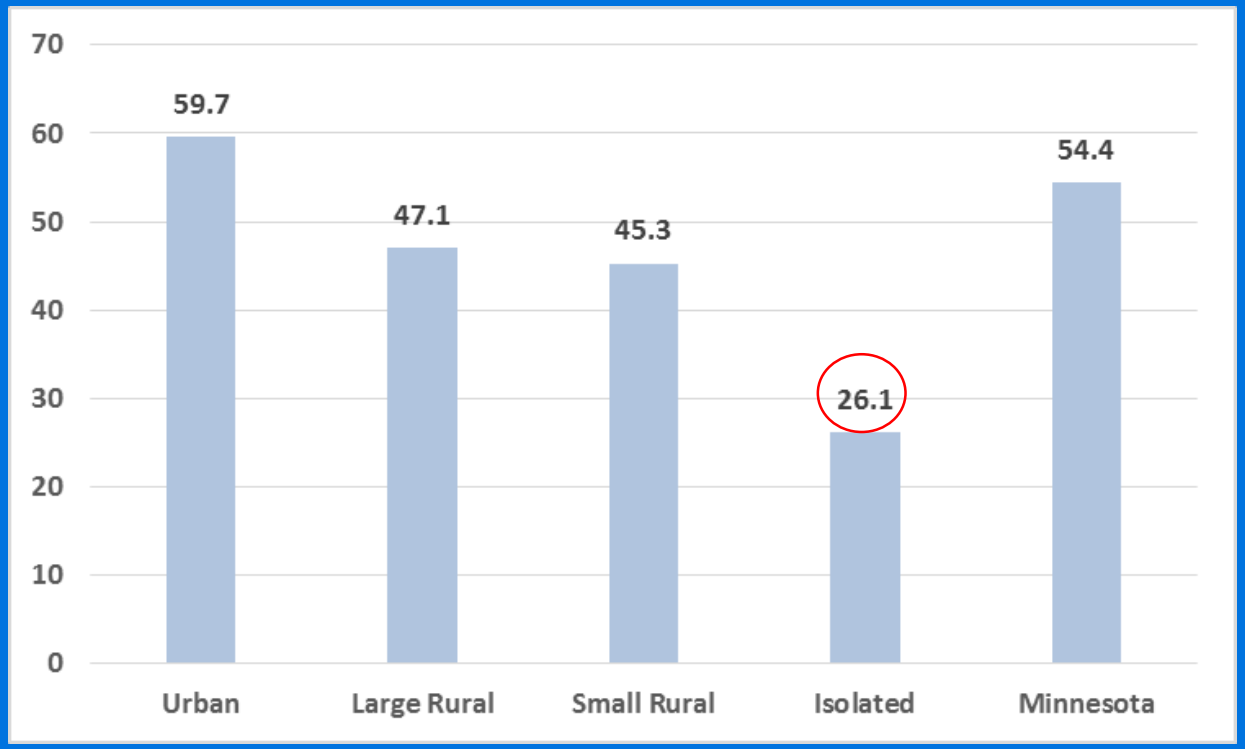
Total Number of Dentists

- 1 - 5
- 6 - 12
- 13 - 23
- 24 - 46

Source: Minnesota Board of Dentistry
Prepared by: Minnesota Office of Rural Health & Primary Care

January 18, 2017

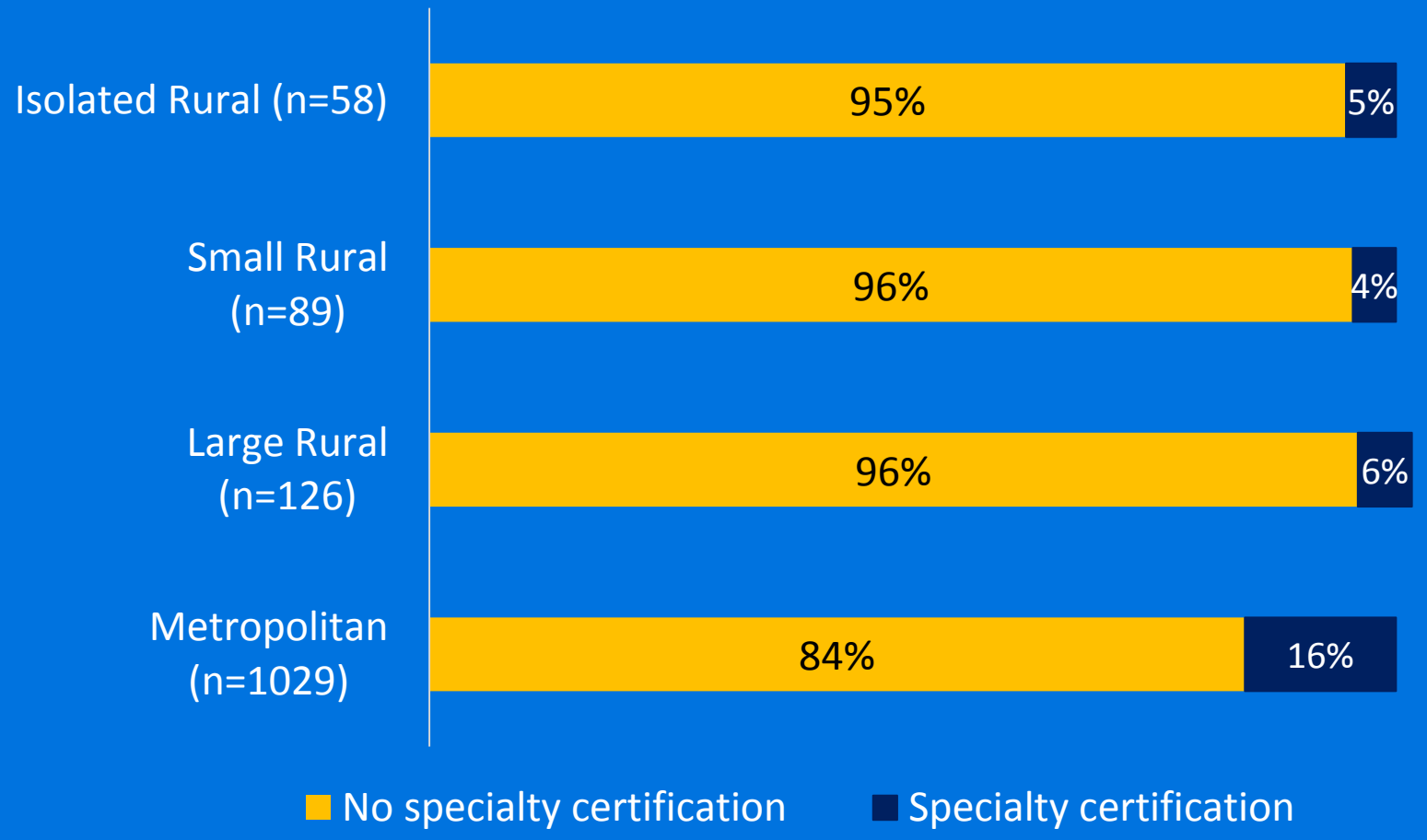
Workforce issues



- Overall rate of MN dentists per 100,000 population (54.5) is in line with the national rate (60.5).
- The rate is significantly <u>different in rural</u> parts of the state, however, and gets worse the more rural one goes.

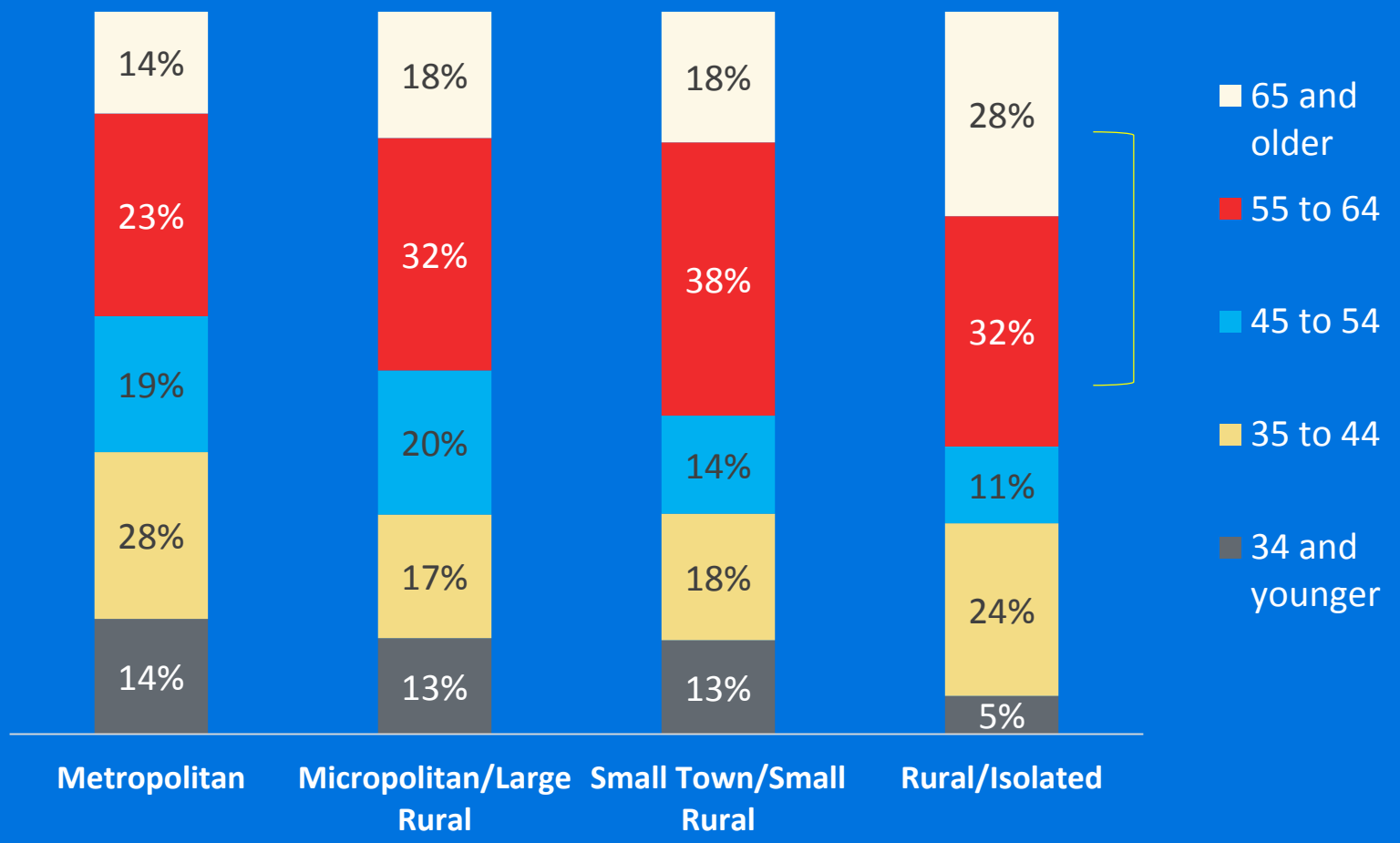
Source: Minnesota Department of Health Workforce Survey, 2012-2013. Includes all dentists who have an active license and report practicing in Minnesota ("active practicing in state") and who reported a valid Minnesota mailing address (N=2,885)

Dentists with or without specialty certification, by rural-urban location in MN



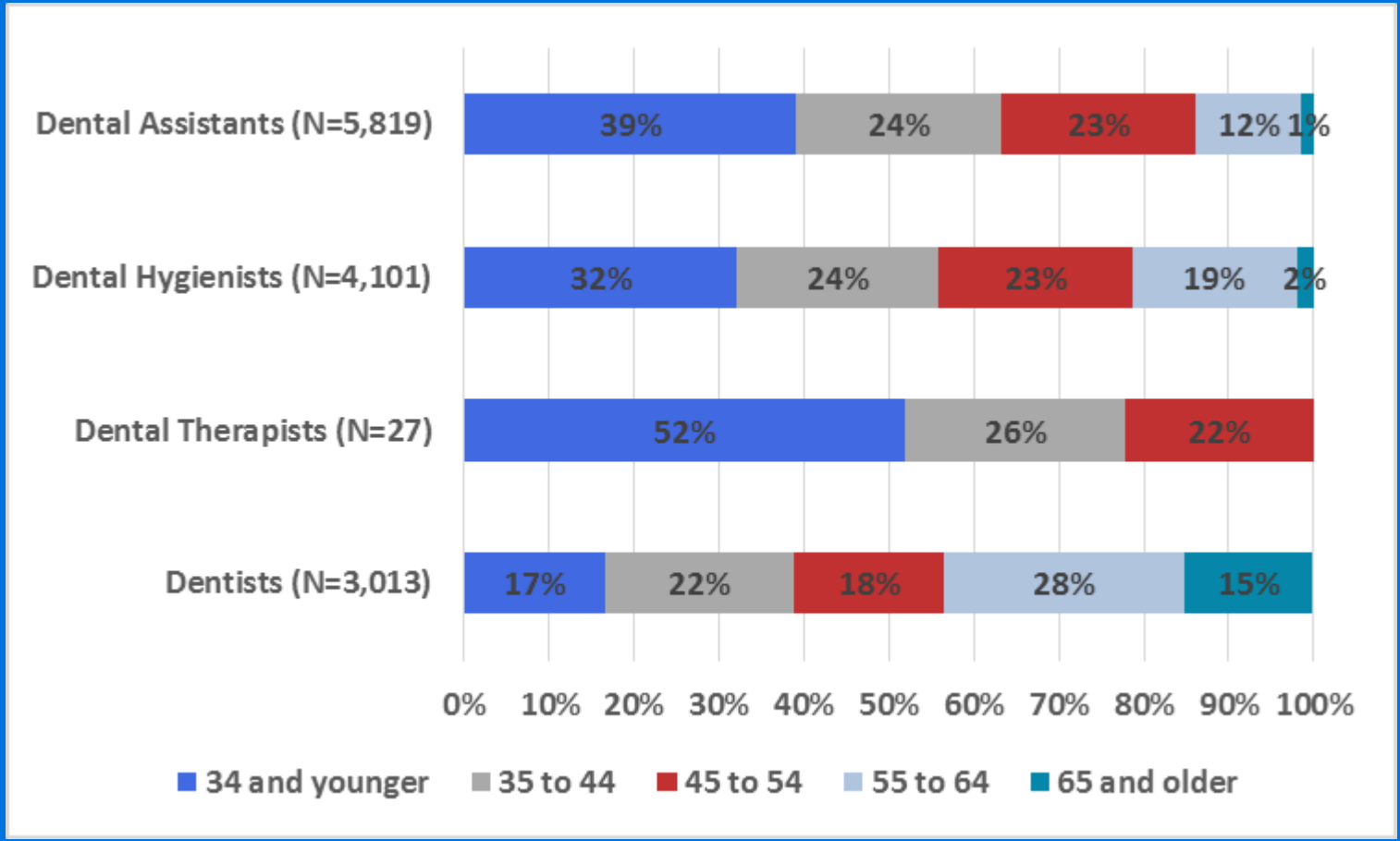
Source: Minnesota Department of Health Workforce Survey, 2012-2013. All dentists who have an active license, report actively practicing in Minnesota, and who responded to the MDH workforce survey during their license renewal (N=1,381). Just over three percent of dentists did not respond to the survey question about certifications (N=43).

Dentists by age and rural-urban location



Source: Minnesota Department of Health Workforce Survey, 2012-2013. Includes all dentists who have an active license and who responded to the MDH workforce survey during their license renewal and are working in a paid position as a dentist and have a valid Minnesota address (N=1,299).

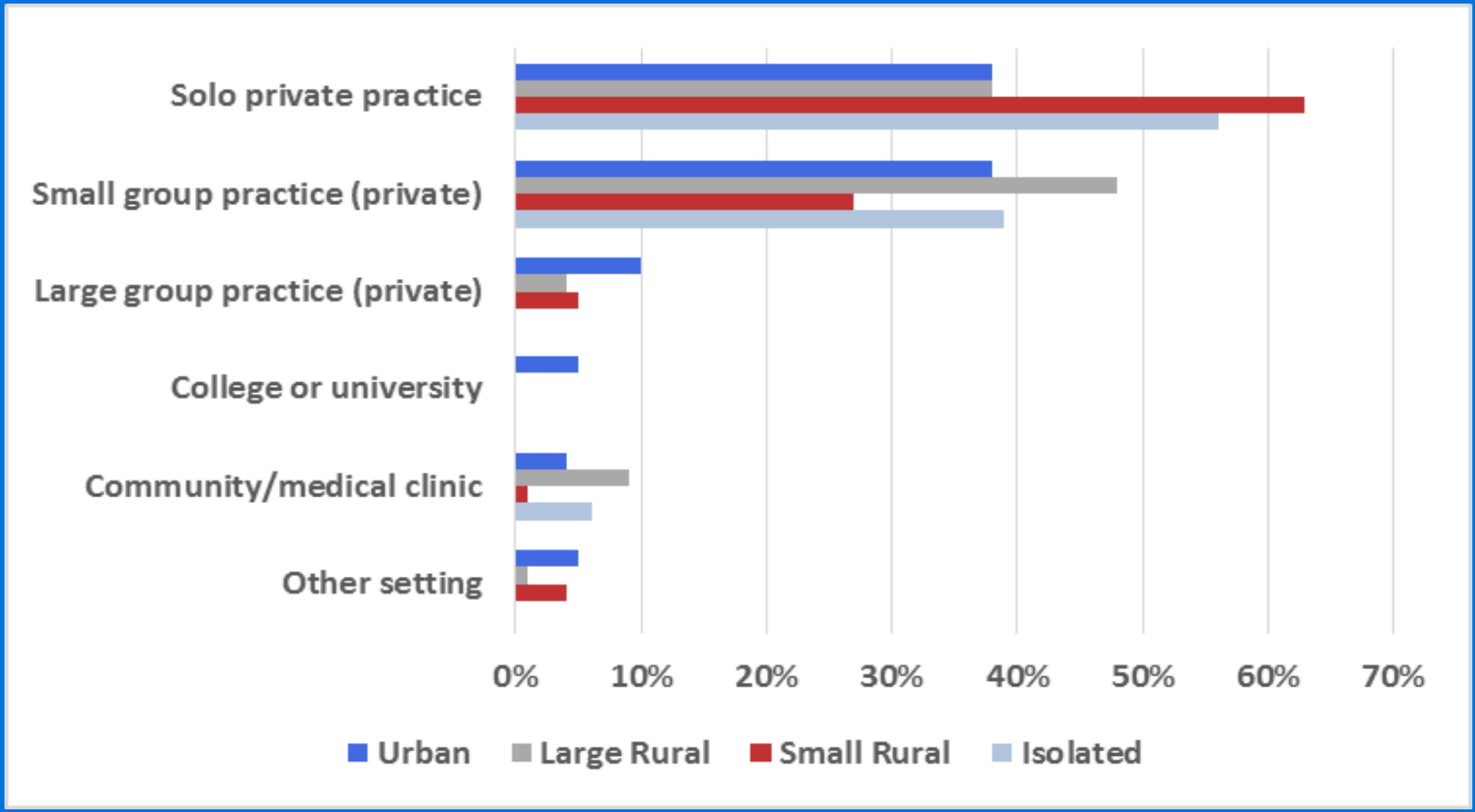
Age distribution of MN oral health providers



Source: Minnesota Board of Dentistry, December 2013. Includes all professionals who have an active license and report practicing in Minnesota ("Active Practice in State").

MDH

Type of establishment by rurality



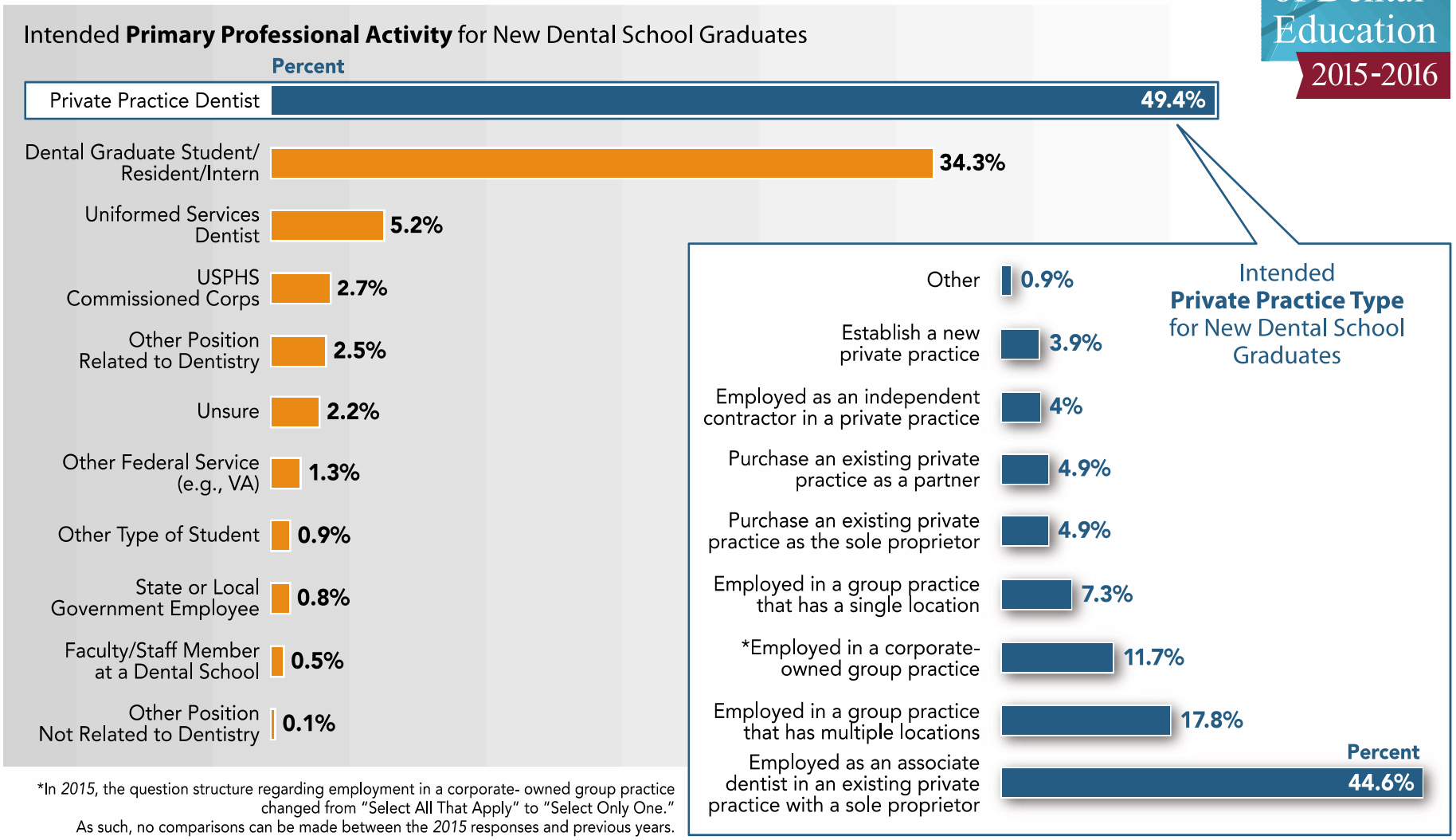
Minnesota Department of Health Workforce Survey, 2012-2013. Includes all dentists who have an active license and who responded to the MDH workforce survey during their license renewal and are working in a paid position as a dentist and have a valid Minnesota address (N=1,299). A total of 80 dentists (6 percent) who completed the survey did not respond to this question. Small group is 2-4 dentists and large group is 5 or more. Survey question: "What type of practice setting is this site?"

University of Minnesota Medical Center
Fairview

Where Do They Go From Here?

Intended professional activities and practice options, 2015 dental school graduating class

ADEA Snapshot of Dental Education 2015-2016



*In *2015*, the question structure regarding employment in a corporate- owned group practice changed from "Select All That Apply" to "Select Only One." As such, no comparisons can be made between the *2015* responses and previous years.

Source: American Dental Education Association, Survey of Dental School Seniors, *2015* Graduating Class

Rural Oral Health Workgroup

- **2016-2017 project of the Rural Health Advisory Committee (RHAC), a statewide 15-member group appointed by the governor.**
- **Goal: To produce research findings and policy recommendations for rural Minnesota's current and future oral health needs.**
- **Wide-ranging membership**
  - RHAC members
  - Dental associations (MDA, MDTA, MDHA, MDAA)
  - Board of Dentistry
  - Dental educators (U of M, Minnesota State/Normandale)
  - Private dental providers
  - Safety-net providers

Initial issue areas identified

Community needs

- Vulnerable populations
- Social determinants of health
- Oral health literacy

Workforce capacity

- Education/training
- Recruitment and transitions
- Scope of practice

Delivery models

- Interprofessional teams
- Multi-practice/multi-site delivery
- Community-based delivery
- Health care models and integration
- Technology

Finance

- Costs
- Payment
- Liability

10 final recommendations

Reform payment to increase access and decrease avoidable costs

- Increase public program reimbursement and covered services, and simplify administrative processes.
- Position rural oral health providers for participation in alternative payment models.
- Invest in expanded pediatric prevention and treatment.

Expand and maximize the rural oral health workforce

- Develop an online service to "match" rural dental practices and professionals.
- Encourage greater use of Collaborative Practice Dental Hygienists.
- Expand understanding of how dental therapists can add to a dental team.

Develop new models of rural oral health delivery

- Pilot hub-and-spoke or other multi-site / regional models.
- Develop rural center(s) for interprofessional training and testing of new models.
- Expand use of portable delivery systems and teledentistry.
- Encourage Critical Access Hospitals to open dental units.

Example of a full recommendation: *Pilot new regional model(s)*

- **To demonstrate how oral health services might be "regionalized" or combined into multi-site practices with extended geographic reach.**
- **Secure funding to help with start-up capital.**
- **Models might include: Hub-and-spoke structures, health system-based models, nonprofit models, teledentistry.**

Great foundation to build on in MN

- **Expanded restorative functions**
- **Collaborative dental hygiene practice**
- **Dental therapists**
- **Loan forgiveness programs**
  - State programs
  - Private program: “Dedicated to Minnesota Dentists Loan Repayment for Service Program”
- **University of MN Dental School**
  - Admissions process
  - MN-CROHP (more on this in a bit)

MN-Collaborative Rural Oral Health Project (MN-CROHP)

- **Developing the rural oral health workforce**
  - Mentoring by rural dentists
  - Interprofessional collaboration
  - Community immersion
- **5-year HRSA grant to the U of M**
- **18 students in 2016, 22 in 2017**

MN-CROHP impacts

For children

- 900 children in K-6 schools + 120 in community centers
- 400 infants and children at county fairs
- 75 pregnant women and children in WIC clinics

For students

- Obtained real-world knowledge about working in a rural dental practice
- Experienced making an impact on a community, especially its children
- Developed new attitudes about rural practice and serving disadvantaged populations
- Felt welcomed in rural communities and homes

For mentors

- Enjoyed working with the students and strengthening their interest in rural practice
- Mentees met or exceeded mentor expectations
- Wished they were able to have students do more with patients and community members

Dr. Jim Zenk

Montevideo

Dr. Nathan Pedersen

Hibbing

For more information

Rural Health Advisory Committee (RHAC) and the workgroup

- Website: http://www.health.state.mn.us/divs/orhpc/rhac/index.html
- Lead staff: Darcy Dungan-Seaver, MDH Office of Rural Health & Primary Care, darcy.dungan-seaver@state.mn.us, 651-201-2855

MDH Health Workforce Program

- Website: http://www.health.state.mn.us/divs/orhpc/workforce/index.html
- Oral health workforce chartbook: http://www.health.state.mn.us/divs/orhpc/workforce/dent/index.html
- Research analyst for oral health: Laura McLain, laura.mclain@state.mn.us, 651-201-3886

Minnesota Oral Health Program

- Website: http://www.health.state.mn.us/oralhealth/
- Oral Health Data Portal: https://apps.health.state.mn.us/mndata/oral-health
- Oral Health Director: Merry Jo Thoele, merry.jo.thoele@state.mn.us, 651-201-3749