AGENDA

9:50-10:00  Moderator and Introduction
            Karl Self, DDS, MBA

10:00-10:10  Integrating a Dental Therapist into a FQHC
              Eric Elmquist, DDS

10:10-10:20  Perspective of a Rural Dental Therapist
              Lindsey Tischer, MDT

10:20-10:30  Experience of a Rural Non-Profit Clinic
              Teresa Johnson, DDS, MS, MPH

10:30- 10:50  Q & A and Discussion
INTRODUCTION
What is a Dental Therapist

A mid-level dental practitioner who works under the supervision of a licensed dentist. A member of the oral health care team who is educated to provide evaluative, preventive, restorative, and minor surgical dental care within their scope of practice.
INTRODUCTION
Legislation Enacted 2009

- MN Created both Dental Therapists and Advanced Dental Therapists
- DTs/ADTs work under a written collaborative management agreement with a MN licensed dentist
- The purpose of this provider is to extend dental care to underserved communities
INTRODUCTION
Practice Settings

- Minnesota dental therapists are limited to primarily practicing in:
  - settings that serve low-income, uninsured, and underserved patients;
  - a dental health professional shortage area
INTRODUCTION
Who Are The Dental Therapists

- 36 Licensed DTs in the marketplace
- 6 of those are certified ADTs
- ~20 DT students in the educational pipeline
- Variety of previous experiences including:
  - Healthcare
  - Teaching
  - Research
  - Student
  - Business
INTRODUCTION

Resources

- Dental Therapy Employer Guide:
  http://www.mchoralhealth.org/mn/dental-therapy/references.html

- Minnesota Board of Dentistry:

- University of Minnesota School of Dentistry:
  http://dentistry.umn.edu/programs-admissions/dental-therapy/index.htm

- Metropolitan State University:
  http://www.metrostate.edu/msweb/explore/catalog/grad/index.cfm?lvl=G&section=1&page_name=master_science_advanced_dental_therapy.html
Integrating a Dental Therapist into a FQHC

Dr Eric Elmquist
Lake Superior Community Health Center
LSCHC
Clinic Background

- We are a private non-profit
- Health Center established 1973
- Superior Site – 8 Dental Chairs, Established 2005
- Duluth Site – 8 Dental Chairs, Established 2007
- Duluth Site – added 3 Chairs in 2009
- Current Providers:
  - 5 Full Time Dentists (DDS added April 2014)
  - 1 Full Time DT
  - 1 Part Time Dentist
  - 6 Full Time Dental Hygienist
LSCHC
2013 Dental Patient Background

- ~19,000+ encounters by 8,750+ patients
- ~4000+ encounters for Emergency Care
- 26.4% New Clients
- 25.7% Under the Age of 15
- 88.3% Under 100% of Federal Poverty Guideline - Based on Size of Household
- 2.3 Visits per Client
Timeline: 2011 – 8 FTE DDS

2013 – 5.2 FTE DDS with 1 Dentist planning to leave in Oct 2013 to relocate to the Twin Cities

Starting in 2011, Placed ads for full-time dental position with WDA, MDA, NHSC, NNOHA, MNACHA, WPHCA, Dental Schools, etc.

Dental Students?

Received 3 resumes over 2 years!

Competition from Twin Cities, other CHC, Private Practice
LSCHC 2013
DDS Staffing Challenge

- 2012 and 2013 greatest number of encounters seen in our dental clinic
- Increased wait time for routine appointments
- Are we meeting the needs of our Patient population
- Hard to keep both sites open 5 days a week
- Dentist Burn out
- No prospects for DDS
Questions:
- Do I hire a Dental Therapist (DT) for our clinic?
- How does a DT help us since we such a high volume of emergency patients?
- Will a DT be accepted by our patients?
- Will the DT be accepted by our staff?
- Do I want to be an early adopter?

Conclusion:
- Hired a DT in November 2013
LSCHC
Challenges

- Needed to educate the dental staff about the position
- Needed to educate the patient population
- Collaborative Management Agreement
- Scope of Practice
LSCHC
Conclusions

- Did the DT increase access?
- Did the DT position work in our clinic?
- Did we change the DT program since the beginning?
- Did the DT solve our access needs?
Perspectives of a Rural Dental Therapist

Lindsey Tischer, MDT
St. Joseph’s Community Dental Clinic – Park Rapids
MN State Community & Technical College – Moorhead
Road to Dental Therapy

- In grade/high school had many dental/ortho appointments
- In high school I was interested in healthcare professions
- Senior year I enlisted in the Air National Guard as a dental assistant
- Gained dental experience and education through military schooling and training which strengthened my desire to pursue a career in dentistry
Road to Dental Therapy

- Completed a BS in Interdisciplinary Studies which included all the prerequisites for dental school, scientific research and metals/jewelry coursework
- Applied to dental school multiple years, interviewed, was encouraged to improve my DAT scores, retook the DAT, interviewed again, etc.
- Worked as a lab analyst in a materials characterization lab for a plastic molding company and continued my military career as a dental assistant
- May 2009 found out about Dental Therapy passing legislation in MN
Education

- BS and prerequisites already completed
- Applied and accepted to the University of Minnesota School of Dentistry’s Inaugural Dental Therapy Class
- Started classes September 2009
- 7 semesters of coursework and clinicals
- Graduated with a Master of Dental Therapy degree in December 2011
M State
Moorhead Campus

- Minnesota State Community and Technical College
- Started Spring 2012
- Dental Hygiene and Dental Assisting Programs
- Community Dental Clinic
- Treat patients with state insurance
- Opportunity for dental assisting students to gain additional hands on experience before graduating
- DDS instructor on-site
St. Joseph’s Community Dental Clinic

- Started June 2012
- Part of Catholic Health Initiatives health system in Park Rapids
- Dental clinic is at a separate location four blocks north of the hospital
- Treat patients with state insurance, low-income without insurance, Hubbard County inmates, hospital employees that opt out of dental insurance
- Initially hired on a temporary basis to provide services while a dentist was on medical leave
- October 2012 hired full time (.8)
St. Joseph’s Community Dental Clinic

- Work with a dental assistant
- Mainly treat children (sealants, fillings, pulpotomies, SSCs, extractions and space maintainers) and adults with anxiety that require fillings
- Dentists have more time to concentrate on adult toothaches, extractions, root canals, dentures
Case Study

- 17 y.o. female pt presented for initial hygiene visit with father
- Pt reported her last dental visit was many years ago due to lack of dental insurance
- Exam by DDS revealed multiple caries
- Tx plan: #2-O, #3-OL, #7-F5, #9-F5, #10-MDFL5, #13-DO, #14-MOL, #19-MO, #20-DO, #29-DO, #30-MOD, #31-MOB
- Pt’s first operative appointment pt became very nervous when she found out getting her teeth numb would require getting a shot - she then wanted her dad in the operatory
- Reassured pt we would take special care of her and she could handle it without her dad
- Pt made it through the injection just fine and did very well once she was numb
Case Study

- Pt turned 18 between 1st and 2nd operative appointments
- Completed all but #9 and #10 in the first four appointments
- Pt asked to be on our cancellation list to be able to get her last two fillings completed before prom
- A cancellation created an opening the day before prom
- Pt brought in a picture of her in the prom dress her grandma bought for her
- After #9 and #10 were complete, showed pt her teeth with a mirror – a few tears fell and pt had a big smile!
- Pt was very thankful, gave us hugs and reported she was going to miss us (she is moving after graduation)
- It was nice seeing the pt grow up and gain confidence as her tx plan progressed
Experience of a Rural Non-Profit Clinic

Teresa Johnson, DDS, MS, MPH
Apple Tree Dental
Madelia Center for Dental Health
21st Century Dental Practice Act Changes

- 2001 - Collaborative Practice Hygienists
  - *initially a limited authorization*
  - *2005 expansion to include the full scope of dental hygiene practice*

- 2003 - Restorative Functions (licensed DH & DA)

- 2009 - Dental Therapists, Advanced DTs

- 2011 - First DTs completed formal training

- 2012 - First ADT certified by the MN BOD
The Supervising Licensed Dentist...

- Enters a Collaborative Management Agreement with a DT or ADT
  - Can limit the DT’s practice scope
  - Can require greater supervision than permitted under the statute

No competition between DDS & ADT!
Collaborative Management
Agreements Must Explain:

- Populations served & practice settings
- Limitations to scope of practice (flexibility)
- DDS supervision levels
- Protocols for:
  - record keeping, managing medical emergencies, quality assurance, managing patients with medical complexities, consultations & referrals, dispensing/administering medications, and supervising dental assistants
Jodi Hager, ADT, RDH

- Started as a DT on February 1, 2012
- Integrated into Apple Tree’s interdisciplinary staff model under dentist supervision
- Helps Apple Tree provide more timely care at a lower cost.
- An ADT as of Summer 2013
# Financial Impact
(Year 1 vs Previous 12 Months)

<table>
<thead>
<tr>
<th>Description</th>
<th>Rural DT (Yr 1)</th>
<th>Rural ADT (Prev 12M)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Number of Days Worked</td>
<td>182</td>
<td>184</td>
</tr>
<tr>
<td>Total Number of Patients Served</td>
<td>782</td>
<td>1,324</td>
</tr>
<tr>
<td>Hygiene Production</td>
<td>$20,000</td>
<td>$14,900</td>
</tr>
<tr>
<td>Dental Therapy Production</td>
<td>$273,000</td>
<td>$394,100</td>
</tr>
<tr>
<td>Total Production</td>
<td>$293,000</td>
<td>$409,000</td>
</tr>
<tr>
<td>Net Production</td>
<td>$144,000</td>
<td>$210,000</td>
</tr>
<tr>
<td>DT Production Per Day</td>
<td>$1,499</td>
<td>$2,222</td>
</tr>
</tbody>
</table>

*Previous 12 Months = May 1, 2013 - April 30, 2014*
Previous 12 Months
ADT Procedures Data

- 1 Surface
- Multisurfaces

Resins & GIs - Anterior: 173 (1 Surface), 277 (Multisurfaces)
Resins & GIs - Posterior: 591 (1 Surface), 461 (Multisurfaces)
Amalgams: 157 (1 Surface), 313 (Multisurfaces)
Sealants: 611 (1 Surface)
Primary Extractions: 62 (1 Surface)
# Dentist’s Procedures (Previous 12 Months)

<table>
<thead>
<tr>
<th>Procedure Descriptions</th>
<th>DDS (Prev 12M)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amalgams</td>
<td>46</td>
</tr>
<tr>
<td>Resins or Glass Ionomer Restorations</td>
<td>262</td>
</tr>
<tr>
<td>Protective Restorations</td>
<td>26</td>
</tr>
<tr>
<td>Build-ups and PPC</td>
<td>7</td>
</tr>
<tr>
<td>Crowns</td>
<td>10</td>
</tr>
<tr>
<td>Root Canal Therapy (single / multiple canals)</td>
<td>5 / 22</td>
</tr>
<tr>
<td>Complete &amp; Partial Dentures</td>
<td>8</td>
</tr>
<tr>
<td>Extractions</td>
<td>70</td>
</tr>
</tbody>
</table>

Previous 12 Months = May 1, 2013 - April 30, 2014
Utilization of ADT in Rural Settings

- Sees the majority of children, including those from the Madelia School-based Program
- Performs basic diagnostic testing procedures on patients seen for problem-focused issues (limited exams)
- Dual-licensed, therefore able to perform both ADT and hygiene services
- Recall assessments & oral evaluations for those < 3 years old
- Future activities - nursing home care, other outreach locations