

Utilizing Dental Therapists to Increase Access and Improve Care

2014 Minnesota Rural Health Conference

June 24, 2014

Duluth, Minnesota



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;
- or
- a dental health professional shortage area

Health Professional Shortage Areas
Low Income Dental HPSA Designations



Data Source:
Minnesota Department of Health
Office of Rural Health and Primary Care
State DD HPSA May 2014





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:**

<http://www.dentalboard.state.mn.us/Default.aspx?tabid=1165>

□ **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§ion=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



LSCHC

DDS Staffing Challenge

- 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



LSCHC

The DT Option

- 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



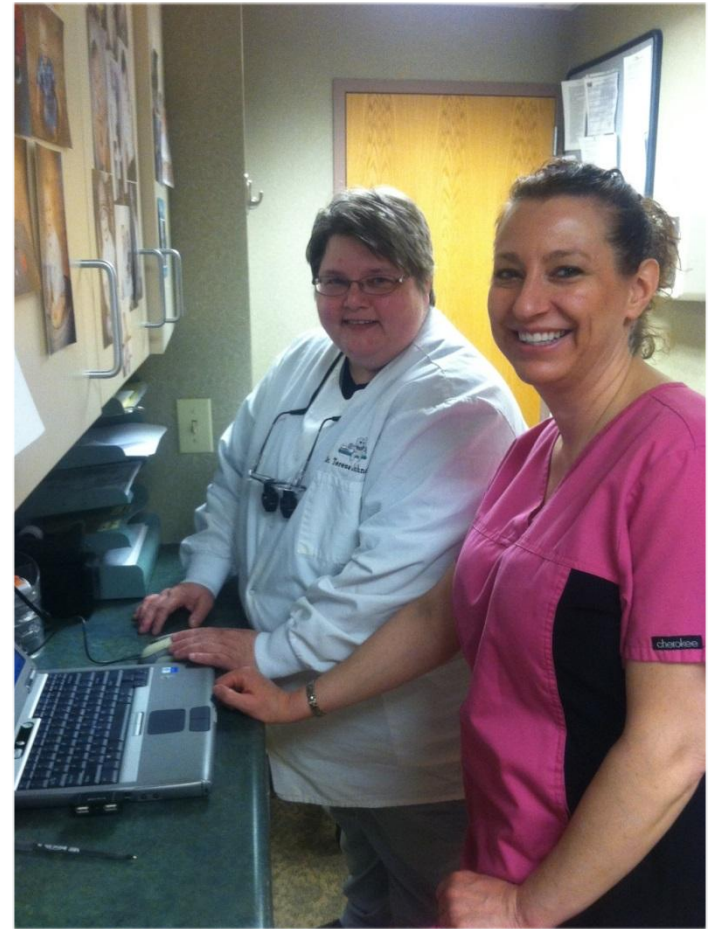
21st Century Dental Practice Act Changes

- 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!**



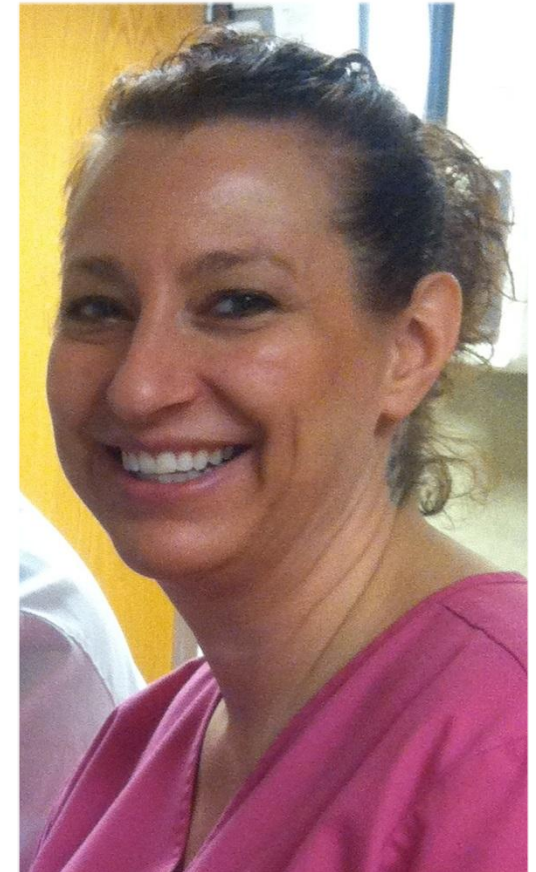
Collaborative Management Agreements Must Explain:

- 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

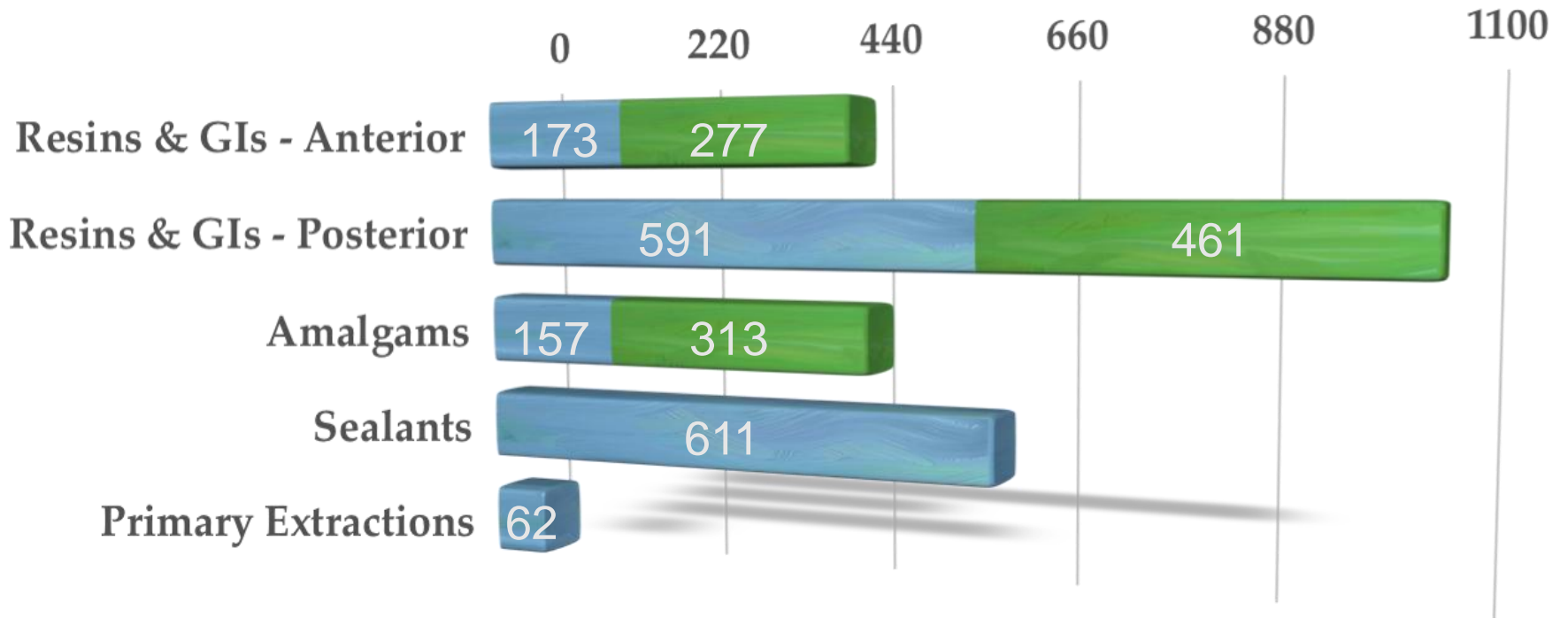
(Year 1 vs Previous 12 Months)

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

Previous 12 Months = May 1, 2013 - April 30, 2014

Previous 12 Months ADT Procedures Data

■ 1 Surface ■ Multisurfaces



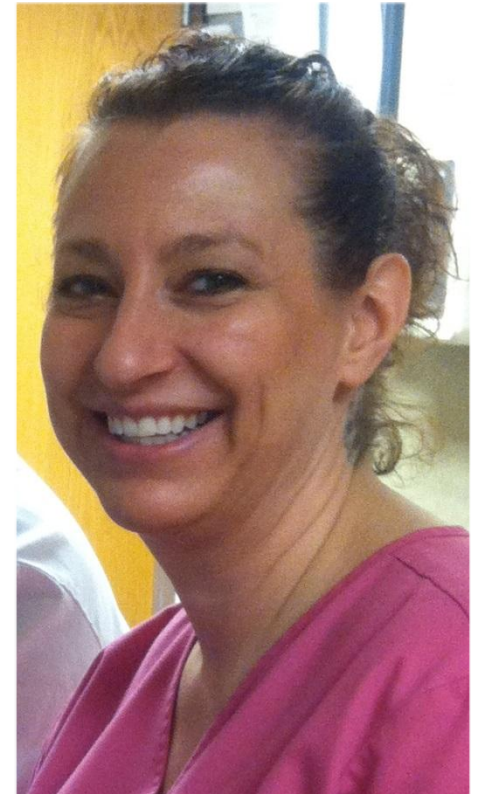
Dentist's Procedures (Previous 12 Months)

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

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



Questions?

