From: Parker, Lindsay <Lindsay.Parker@vermont.gov> Sent: Thursday, March 24, 2016 3:14 PM To: Ann Pugh; Patsy French Cc: Costantino, Steven; French, Aaron; McPherson, Darcy; Berliner, Ashley; Julie Tucker Subject: DVHA Responses to Committee Questions on S.20 Dental Therapists

Hello Representative Pugh and French,

As follow up to DVHA's testimony on Wednesday on S.20, I am providing the below information.

For DVHA spend on ER visits for primary diagnosis of dental - Of State Share, Total in SFY 2015:

Group	Age Range	Paid Amount (\$)
Adult	Age 21-25	44,114.97
Adult	Age 26-32	83,933.15
Adult	Age 33-39	42,711.73
Adult	Age 40-46	19,090.66
Adult	Age 47-54	19,552.45
Adult	Age 55-64	6,038.72
Adult	Age 65+	533.51
215,975.19		

We spoke with Mark Schoenbaum, Director of Minnesota Office of Rural Health and Primary Care, affiliated with Minnesota Department of Public Health. Below is information related to questions raised during yesterday's testimony.

• Has Minnesota seen and cost offsets with emergency room (ER) visits since adopting a dental therapist model?

Minnesota is still determined how to accurately quantify ER cost offsets in general, including but not exclusive to Medicaid. Minnesota has 50 advanced practice dental therapists. Given the sheer volume of dental services and total providers it is difficult to attribute data to therapists and ER visits.

One rural hospital hired a dental therapist to treat patients coming in for dental pain. Patients with legitimate dental pain were seen and treated. Once word got out, the ER saw a decline in opioid seeking patients.

• As the Committee knows, the Minnesota program has two models licensed therapists and advanced dental therapists. The advanced dental therapists are proving more clinically valuable to practices with a dual licenses as dental therapists and

hygienists. Advanced dental therapists are better able to meet the demands of a practice on any given day. Licensed dental therapists are still licensed in Minnesota and allowed to practice, but fewer are choosing that route or they are obtaining training to become advanced dental therapists.

• In Minnesota (all payers) dentists and dental therapist/advanced dental therapists are reimbursed at same rates. Dental therapists cost less to employ. Offices are able to divert services to the dental therapists equating to more billable hours within the practice. The more services the office can bill lead to additional revenue.

Thank you, Lindsay

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