

ADDING DENTAL THERAPISTS to the DENTAL PROVIDER TEAM

Presented to the
Senate Committee on Health and Welfare
∞ State of Vermont ∞

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February 11, 2015

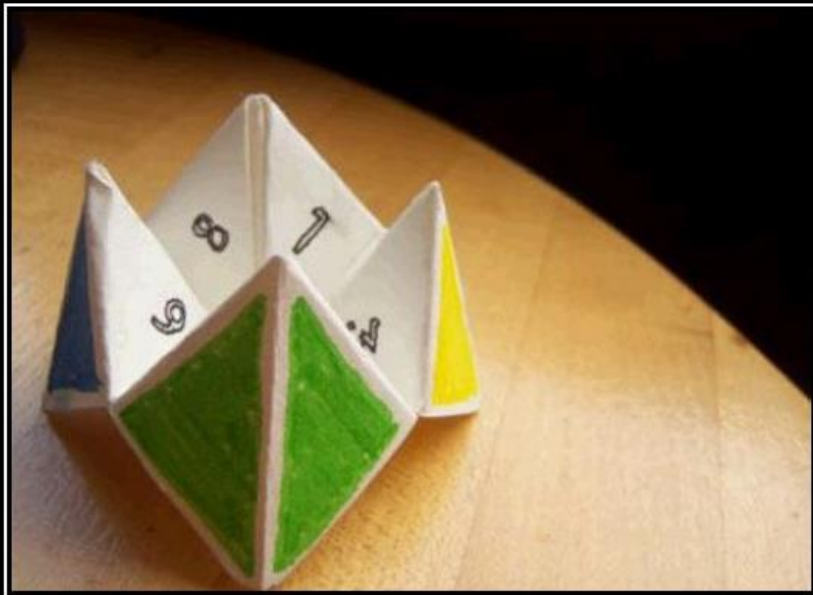
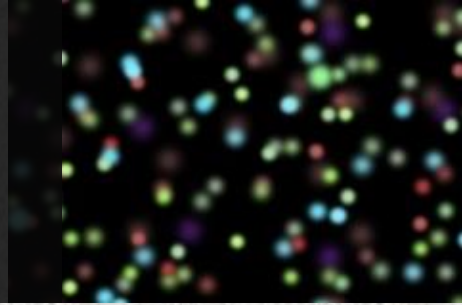


WHISPERS ABOUT ADVANCED DENTAL HEALTH PRACTITIONERS

- Concept/Curriculum Presented to Board Early in Process
 - **Bill introduced to Legislature**
 - Whispers turned to **ROARS** as the concept made its way through formal and informal channels!



DECISION TIME



MAKING DECISIONS

Used to be much easier

Should the Minnesota Board of Dentistry take a position on whether to support/oppose the bill(s) related to introduction of MID-LEVEL DENTAL PROVIDERS?



MINNESOTA BOARD OF DENTISTRY

CONFLICT



- A decision to **SUPPORT** was not amenable to all Board members
- A decision to **OPPOSE** could have significant political ramifications



ROLE OF THE BOARD

- One Thing... PROTECT THE PUBLIC!
 - the Board *should not* be concerned about turf issues or protecting the professions (there are professional associations for that)...
 - ask instead: (1) can the procedures be taught in a reasonable amount of time to the *same* level of competence; and (2) what level of supervision is required?



SO...?!

- **Decision to stay publicly NEUTRAL**
 - **work with legislature and stakeholders to ensure Board's needs met in protecting the public**
 1. **Insist on high educational standards**
 2. **Require rigorous testing across scope**
 3. **Ensure that regulations fit Practice Act**
 4. **Create requirements for Advanced DTs**



BILL PASSED

- The Minnesota bill establishing licensure of DENTAL THERAPISTS passed in 2009
 - This only started the work of the Board, who now had to create a system for:
 - evaluating educational programs
 - soliciting development of a clinical examination
 - measuring outcomes, and
 - gaining full support of the Board



EDUCATIONAL PROGRAMS



- Trains Advanced Dental Therapists
- Requires Dental Hygiene Background



- Trains Dental Therapists (until current entering class... *will* be ADT eligible)



LEGISLATURE REQUIRED IMPACT MEASURES

- Statutorily established report...
 - Patient safety
 - Cost effectiveness
 - Access to dental services, including:
 1. # of new patients served
 2. Decreased waiting time for services
 3. Reduced travel time for patients
 4. Impact on emergency room usage
 5. Costs to public health system



REPORT ON IMPACT



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Early Impacts of Dental Therapists in Minnesota

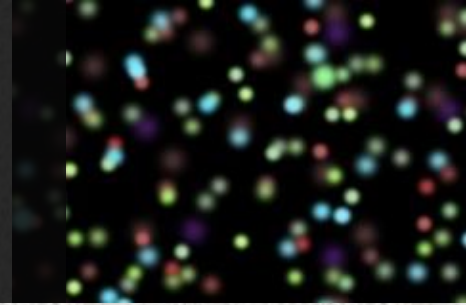
Minnesota Department of Health
Minnesota Board of Dentistry
Report to the Minnesota Legislature 2014

February 2014



MINNESOTA BOARD

EARLY IMPACT OF DTs

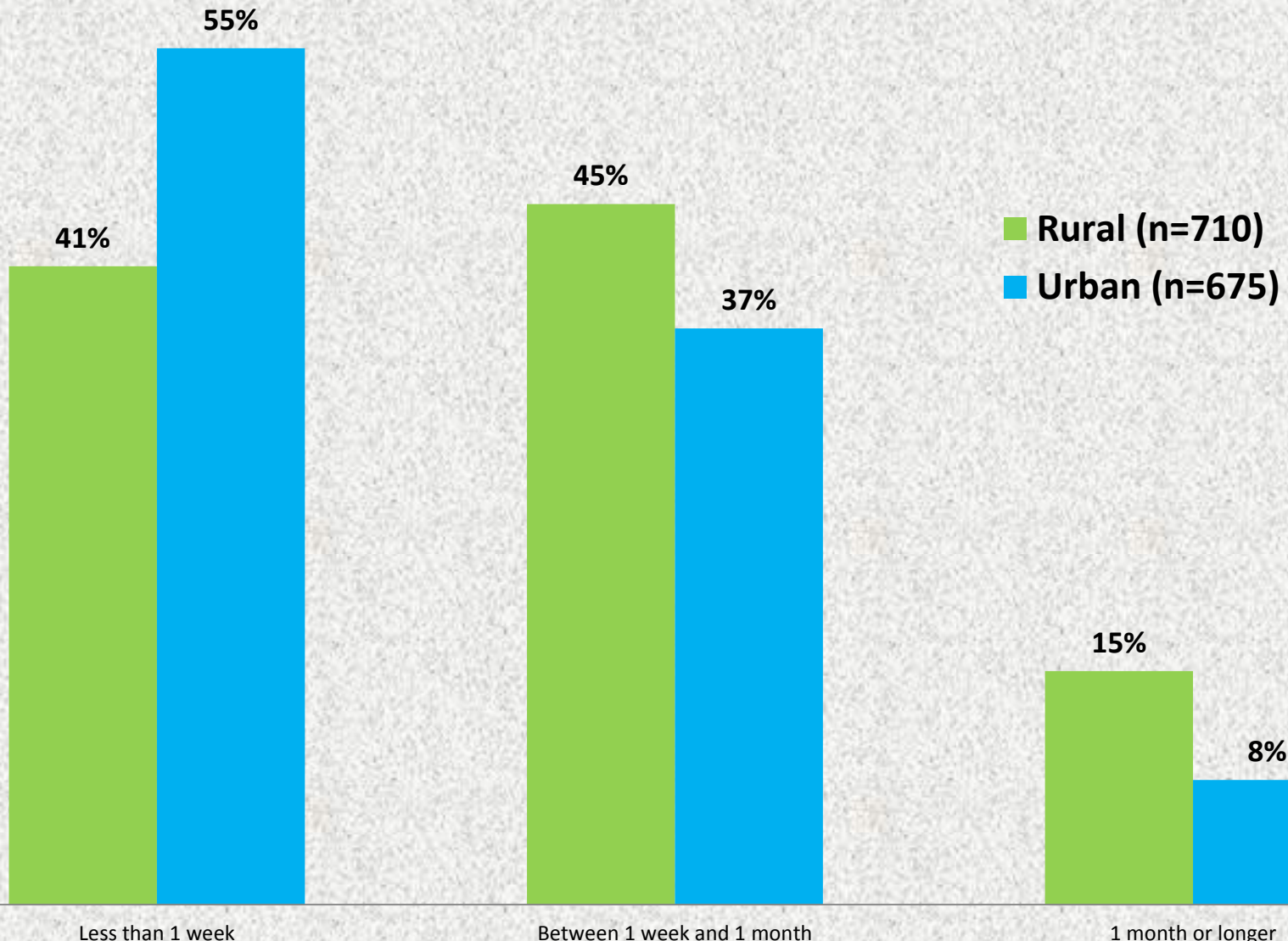


Settings where dental therapists are practicing and populations being served. Dental therapists work in a variety of settings. The majority of these settings are in urban underserved areas, but a growing number are located in rural and suburban communities.

Some patients saw a reduction in travel time for their appointment with the dental therapist compared to their last appointment, again most notably in rural areas.



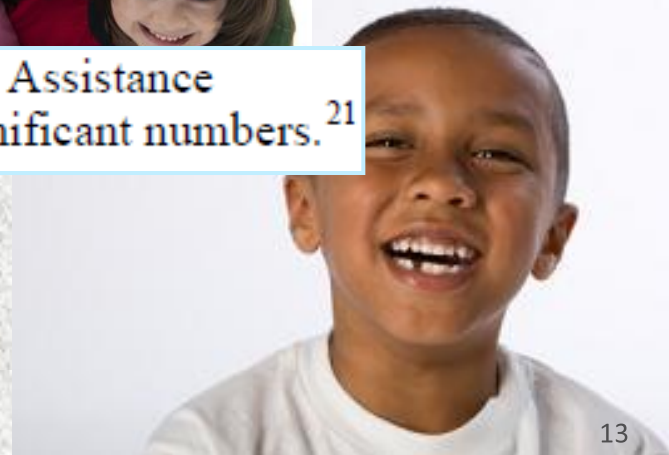
Overall, nearly one-third of all patients surveyed experienced a reduction in wait times for an appointment since the dental therapist was employed, with the impact more pronounced in rural areas.



Of the patients who visited a rural dental clinic, 60 percent were under age 18, while 24 percent of those who visited an urban clinic were under 18 years of age.



One rural private clinic hadn't accepted many Medical Assistance patients before their dental therapist started, but now sees significant numbers.²¹

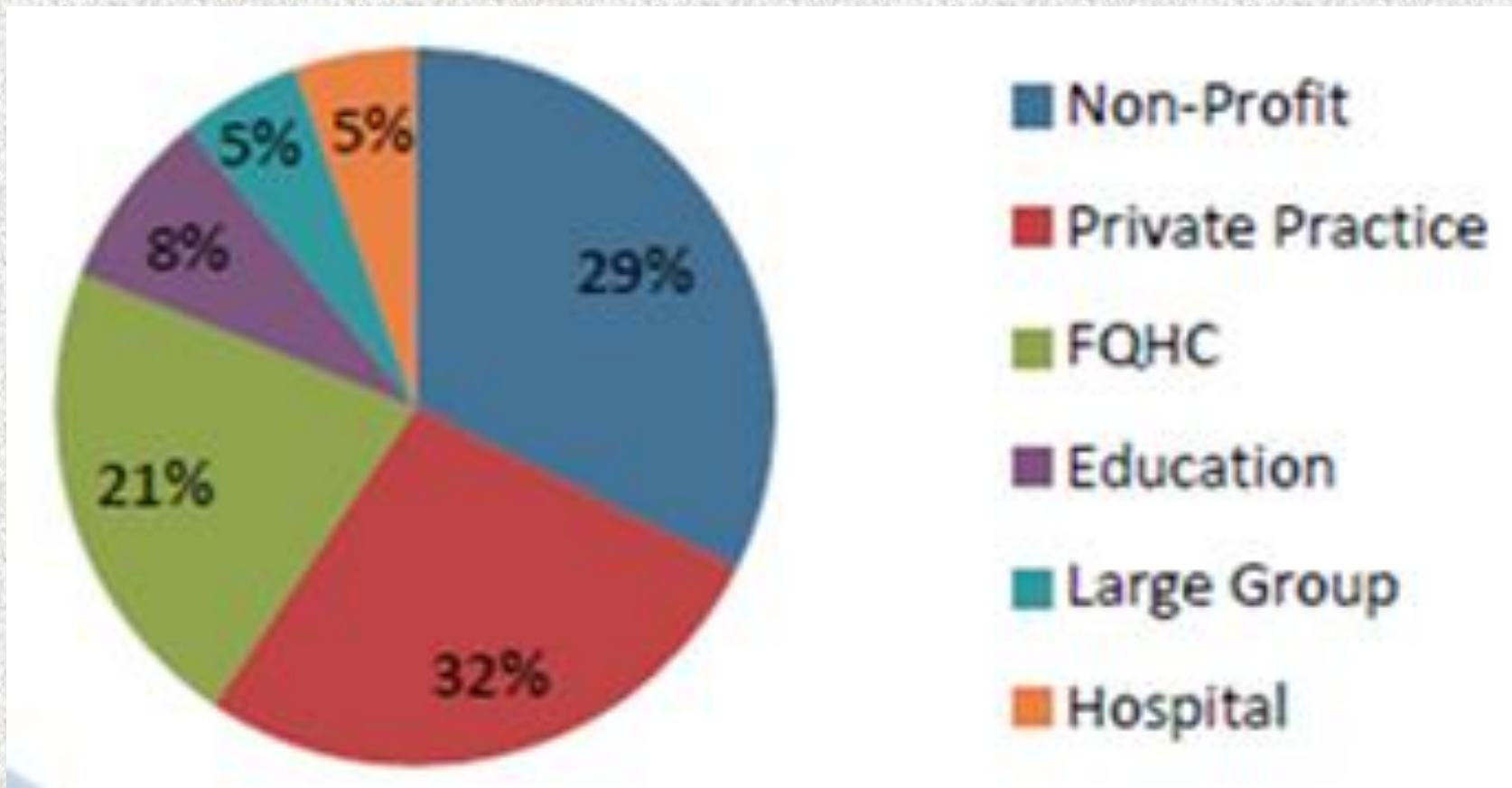


DT STATEWIDE DISTRIBUTION



MINNESOTA

DT PRACTICE SETTINGS (2014)



IMPACT ON RURAL PRACTICE



- After having a DT work *part time* for 11 months, new patients at the private practice were up 38 percent, and the share of Medicaid patients was up from 26 percent to 39 percent.
- Medicaid patients add to the bottom line [and the dentist] is freed up to perform more complicated and profitable procedures on privately insured and private-pay patients.



“Having [a Dental Therapist] gives me the opportunity to do higher-level dentistry,” [the dentist] says. “I can’t do those [procedures] if I have a backlog of fillings.”

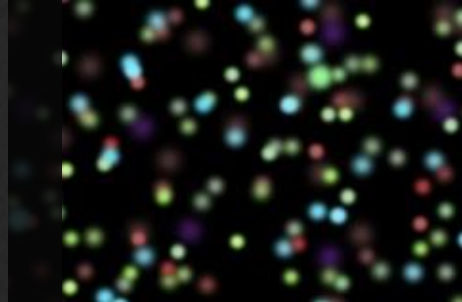


REPORT: KEY MESSAGES

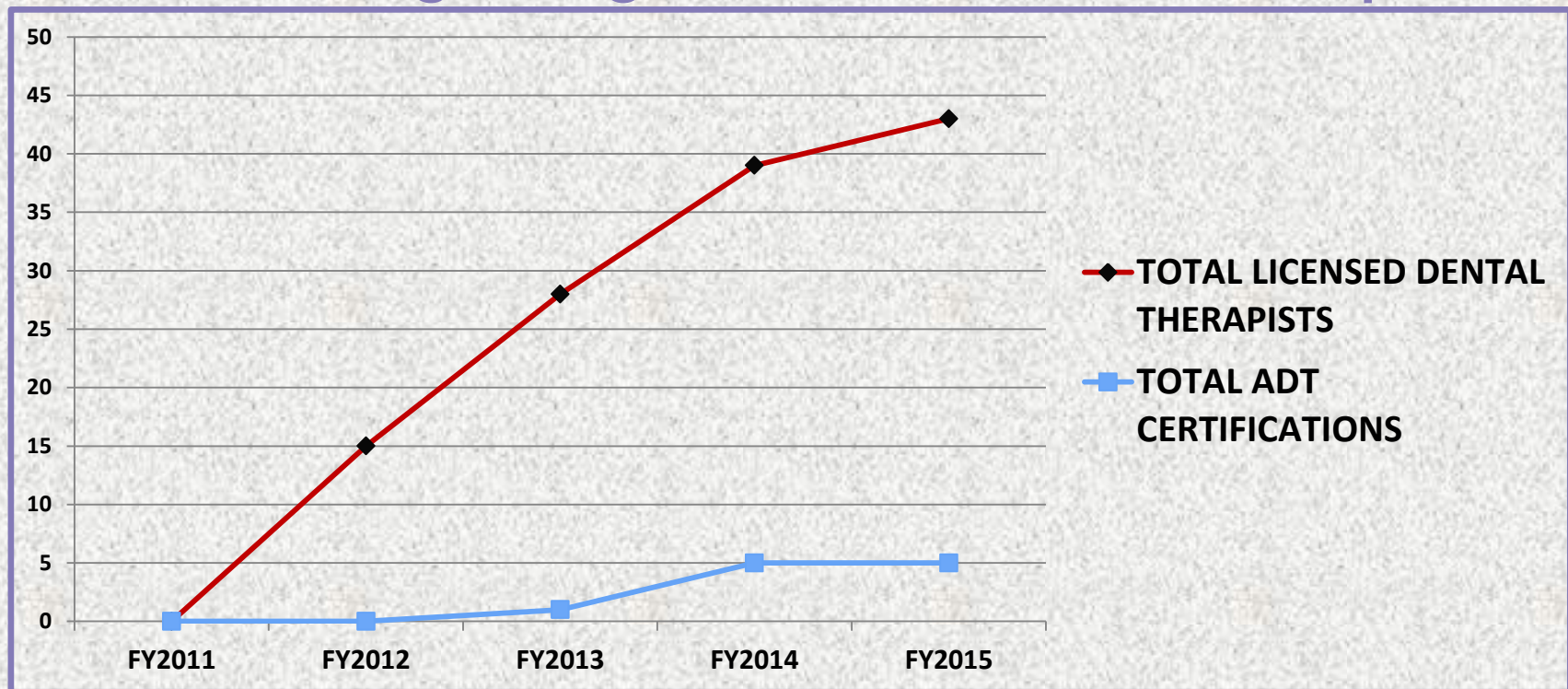
- Promising signs that dental therapists are **improving access**, especially for low-income Minnesotans; and providing **quality care**.
- Dental therapists reported to increase dental team **productivity**, improve **patient satisfaction** and **save costs**.
- **Ongoing research and system development are needed** to better understand the impact of dental therapists, and how best to expand the professions.

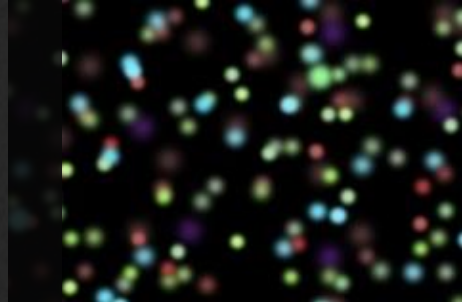


REPORT: FINDINGS



- The dental therapist workforce is still in its infancy
- Clinics with a dental therapist for at least a year are considering hiring *additional* dental therapists





Dental therapists appear to be **improving access**:

- Dental therapists, many working part-time, served 6,338 new patients.
- Travel time and wait times have decreased for some patients.

Clinics report additional benefits from having dental therapists:

- **Cost savings** are allowing clinics to add chairs and see more underserved patients.
- Dental therapists **increase dental team productivity**
- Dental therapists led to **lower appointment fail rates** in some clinics.

Dental therapists **may reduce unnecessary ER visits**, though more evidence of this is needed.



REPORT: RECOMMENDATIONS

More research needed

- The state and others must continue to document the growth and development of dental therapist in Minnesota, especially as more dental therapists and advanced dental therapists enter practice.

Improved payment systems required

- Payers are reimbursing for Dental Therapy Services. Payers, however, should work to develop consistent approaches to identify, enroll and credential dental therapists.

Support for prospective employers needed

- Best practices and lessons learned should be provided to prospective employers so they can more quickly become ready to hire dental therapists.



REPORT: WHAT ELSE?

- DHS wasn't able to provide data on DT services reimbursed by state, so report provides data from study clinics
- The **findings are preliminary**
- Additional impact will likely come with ***advanced dental therapists***, who are able to practice fully under *general* supervision



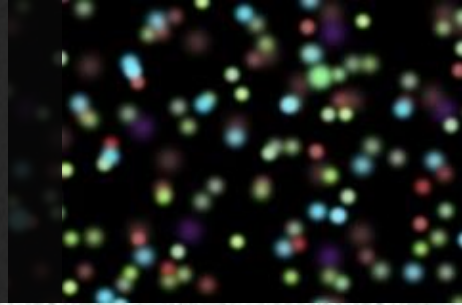
NO PANACEA...

Dental Therapists are
proving to be

ONE

effective method to
improve access

for some
underserved
populations.



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