“Minnesota Model of Dental Therapy"

Dual Licensure: Dental Hygiene and Dental Therapy
## Presentation Objectives

<table>
<thead>
<tr>
<th>Provide</th>
<th>Explain</th>
<th>Describe</th>
<th>Discuss</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Background of a new dental workforce model in Minnesota</td>
<td>• HRSA grant deliverables and education infrastructure in Minnesota</td>
<td>• Recent practice data and future projections in Minnesota</td>
<td>• Benefits, challenges, and next steps needed for dental therapy</td>
</tr>
</tbody>
</table>
Access to Care
Name Changes: Legislative Compromise

2007
- Advanced Dental Hygiene Practitioner

2008
- Oral Healthcare Practitioner

2009
- Dental Therapist
- Advanced Dental Therapist
Innovative Pathways to Advanced Practice for Dental Hygienists: Meeting the Needs of Minnesota Underserved Populations

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HRSA Grant Major Deliverables

- Minnesota’s third dental therapy program
  - Rural setting
- Pipeline programs into dental therapy programs
- Integrate health equity into the curriculum
  - Establishing patient and population-centered care based on principles and practices of health equity
- Toolkit for dental therapy
  - [www.normandale.edu/mndentalteam](http://www.normandale.edu/mndentalteam)
Quality Assurance for Minnesota’s Model

- Clinical licensure for dental therapy
- Advanced dental therapy certification examination
- Board of Dentistry program approval process
- Commission on Dental Accreditation
DT and ADT Workforce Study

Laura McLain | Senior Research Analyst
May 2, 2019
Almost all are working: 95 percent

“Working in a paid or unpaid position related to dental therapy license”
ADTs Working Without DDS Present

Time worked under general supervision

- Up to 25% of my time: 35%
- 25-49% of my time: 23%
- 50-74% of my time: 5%
- More than 75% of my time: 18%
- None: 20%

May 2, 2019
Dental therapists location is similar to the Minnesota population distribution.

For comparison, 54 percent of the population is located in the Minneapolis-St. Paul metro area.

In 2013, 73 percent of dental therapists worked in the Twin Cities area.

May 2, 2019
<table>
<thead>
<tr>
<th>All Reported Settings</th>
<th>Percentage of reported settings 2017</th>
<th>Percentage of reported settings 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community / Faith-Based Organization</td>
<td>23%</td>
<td>25%</td>
</tr>
<tr>
<td>Solo private practice</td>
<td>16%</td>
<td>25%</td>
</tr>
<tr>
<td>Small group private practice (2-4 dentists)</td>
<td>19%</td>
<td>16%</td>
</tr>
<tr>
<td>Community Health Center (CHC)/ Federally Qualified Health Center (FQHC)</td>
<td>16%</td>
<td>14%</td>
</tr>
<tr>
<td>Large group private practice (5+ dentists)</td>
<td>12%</td>
<td>12%</td>
</tr>
<tr>
<td>Academic (Teaching / Research)</td>
<td>4%</td>
<td>4%</td>
</tr>
<tr>
<td>School (K-12)</td>
<td>3%</td>
<td>3%</td>
</tr>
<tr>
<td>Hospital</td>
<td>3%</td>
<td>1%</td>
</tr>
<tr>
<td>Mobile dental clinic</td>
<td>4%</td>
<td>0%</td>
</tr>
<tr>
<td>Other</td>
<td>1%</td>
<td>0%</td>
</tr>
</tbody>
</table>
What is Working ... 

- Patient satisfaction with many requesting DTs
- No complaints to the BOD regarding quality of care
- Increase in rural areas throughout Minnesota
- Consistently meet or exceed production goals
- With lower employment costs than a dentist, this is a cost-effective team member
- Dual-licensed DH/DT increases production by improving flexibility in services
Challenges to Tackle...

- Loan forgiveness needed
  - State program but no Federal program
- Few scholarships opportunities
- Portability barriers due to different licensure requirements
- Funding needed for program implementation
  - Program infrastructure needs
  - Curriculum design and development
  - Accreditation self-study work
  - Marketing and admissions
In the Next Ten Years in Minnesota

- Increased number of DT/ADTs caring for underserved patients
- Expanded provider base for rural practices
- More care delivered in non-traditional locations
- Interprofessional team based care – medical into dental
Thank you!

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