EARLY IMPACTS OF DENTAL THERAPISTS IN MINNESOTA

February 2014
Methods

• Dental therapist licensing data
• Survey of 1,382 dental therapist patients
• Interviews with clinics employing dental therapists
• Clinic administrative data
• Oral health-related emergency room usage data
Dental therapy timeline in Minnesota

- May 2009: Minnesota enacts DT/ADT legislation
- June 2011: 1st Metro State class graduates (7 DTs)
- July 2011: 1st DT employed
- September 2011: MN Health Care Programs begin enrolling DTs as billable providers
- August 2010: BOD grants provisional approval of DT programs at U of M and Metro State University
- August 2012: MDH survey initiated (5 DTs licensed)
- September 2009: 1st DT students begin studies at Metro State Univ and U of M
- January 2013: 1st ADT certification exam
- January 2014: BOD/MDH issue report (29 DTs licensed)
- July 2013: MDH survey ends (20 DTs licensed)
- February 2013: 1st advanced dental therapist certified
- April 2011: 1st clinical exam offered by Central Regional Dental Testing Services
Timeline

8/12 - 7/13 MDH Survey in field

7/13 - 1/14 Interviews, Clinic Data collection

7/13 - 1/14 Analysis & Writing

Submit Report 2/14
Dental Therapy Workforce

As of 1/31/14:

- 32 Dental therapists
- 6 Advanced dental therapists
Assessment of Impact

- Study clinics served 6,338 new patients. 84% SPP average
- Nearly 1/3 of patients saw a reduction in wait time
- Some patients saw a reduction in travel time
- Preliminary findings suggest expended capacity may reduce ER use by vulnerable populations.
- Clinics report additional impacts:
  - Personnel cost savings
  - Increased dental team productivity
  - Improved patient satisfaction.
  - Savings to clinics from lower costs of dental therapists are allowing clinics to expand capacity to serve more underserved and public program patients.
Study Limitations

- Small numbers of dental therapists and patients
- Start-up nature of the field, designing research before practice began
- Lack of state public programs data.
- No or few advanced DTs during study
  - Data and observation almost exclusively about dental therapists.
Conclusions and recommendations

• DT workforce is growing & appears to be serving low-income, uninsured and underserved patients.
• DTs appear to be practicing safely. Clinics report improved quality and high patient satisfaction.
• Clinics with DTs seeing more new patients, most underserved.
• DTs have made it possible to decrease travel time and wait times for some patients, increasing access.
• Benefits include direct costs savings, team productivity, improved patient satisfaction and lower fail rates.
• Savings making it more possible to expand capacity.
• Start-up is varied: employers expect continuing evolution.
• Most considering hiring additional DTs after 1 year.
• DTs have potential to reduce unnecessary ER visits.
• With same rates for DDS & DT, not necessarily an immediate savings to the state on each claim paid; however, differential between state rates and clinics’ lower costs for DTs appears to be contributing to more patients being seen.
Recommendations

• Research and evaluation by state government and others must continue to document the growth and development of dental therapy in Minnesota, as more dental therapists and advanced dental therapists enter practice.

• Payers should work to develop consistent approaches to identify, enroll and credential dental therapists and advanced dental therapists as providers in their systems.

• State government and others should collect best practices and disseminate lessons learned to support prospective employers in more quickly becoming ready to hire dental therapists.