

Dental Therapy in Minnesota

ISSUE BRIEF

Background

Dental therapy is a new and emerging profession in the United States. In Minnesota, dental therapists were authorized by the Minnesota Legislature in response to long-standing oral health access challenges. An aging dental workforce, historically low reimbursement rates for oral health services by public programs, and complex administrative and payment structures have resulted in low participation of dentists in Medicaid, leading to reduced access and contributing to acute oral health disparities for Medicaid populations.

- Dental therapists are trained to perform preventive, basic restorative and some intermediate restorative procedures with varying levels of supervision by licensed dentist(s).
- The Minnesota legislature authorized the licensing of dental therapists in 2009 and the Minnesota Board of Dentistry licensed the first dental therapist in 2011.ⁱ
- Minnesota Statutes 150A.105 and 150A.106 require dental therapists to practice in settings that serve low-income and underserved populations. Settings may include, but are not limited to, critical access dental providers, assisted living facilities, federally qualified health centers, VA clinics and hospitals, home-bound patient homes, or mobile dental units. Dental therapists may also work in public or private clinics/settings in which at least 50 percent of the dental therapist's patient base is on public programs, has a chronic condition/disability or is low-income and uninsured.

Education, Certification, Licensure and Practice

- Two schools in Minnesota educate and train dental therapists:
 - Metropolitan State University began its graduate-level dental therapy program in September 2009. The program admits six students per year. A bachelor's degree in dental hygiene is an entrance requirement. Students graduate with a Master of Science degree in Advanced Dental Therapy.
 - The University of Minnesota Dental School also began a dental therapy program in September 2009. It currently admits eight students per year. Initially, students graduated with either a bachelor's or a master's degree in dental therapy. Currently, the program educates all students in both dental hygiene and dental therapy and students graduate with a dual degree: Bachelor of Dental Hygiene/ Master of Dental Therapy.
- In September 2015, the American Dental Association's (ADA) Commission on Dental Accreditation (CODA) approved standards for dental therapy education after extensive

research and stakeholder input demonstrated that dental therapists can be trained to provide safe, high-quality care, and that there is support for the new profession in the dental community.

- Both Minnesota programs were models for CODA and meet the recently developed CODA standards for dental therapy programs. Since Minnesota's dental therapy programs were established prior to the CODA accreditation standards, the education programs are operating under approval and authority of the Minnesota Board of Dentistry.
- Dental therapists are licensed by the Minnesota Board of Dentistry. To obtain a license, dental therapists must pass the same clinical competency exams as dentists for the services they are authorized to provide. (They do not take written board exams like dentists.)
- Dental therapists with a master's degree can become certified as advanced dental therapists (ADT) after completing 2,000 hours of supervised practice and passing a certification exam. ADTs can work more independently and have an expanded scope of practice.
- All dental therapists are required to practice under the supervision of a Minnesota-licensed dentist. The supervising dentist has the discretion to specify services, procedures and practice conditions.
- ADTs are able to provide all dental therapy services under general supervision of a dentist, as authorized by the supervising dentist. General supervision means the supervising dentist does not need to be on-site where the dental therapist is providing services.
- The supervising dentist has the discretion to decide which ADTs are authorized to practice without the dentist onsite, and to specify services, procedures and practice conditions. After a period of on-site supervision of an ADT, most supervising dentists have determined that the ADT was fully qualified to provide safe, high quality care under general supervision and have removed most restrictions on the ADT's authority to practice under general supervision.
- Since licensing the first dental therapist in 2011, the Minnesota Board of Dentistry has not disciplined or required corrective actions on any licensed dental therapist due to quality or safety concerns.ⁱⁱ

Access to Care

- A growing body of evidence documents increases in access to oral health care that are attributable to the integration of dental therapists in clinic settings and dental practices.
 - A 2014 evaluation by the Minnesota Department of Health and the Minnesota Board of Dentistry determined that dental therapists improve access for underserved patients, resulting in reduced wait times and travel distances.ⁱⁱⁱ
 - The Wilder Foundation's case studies note that the addition of a dental therapist at one study clinic decreased wait time from three or four weeks to one week, and increased the volume of patients with public insurance at two rural dental clinics.^{iv,v}

- The Pew Foundation's 2017 case studies with Apple Tree Dental concluded that an ADT at a veteran's home increased the number of diagnostic and restorative services provided at the home^{vi}.

In addition, the Minnesota Department of Health has catalogued 35 reports, peer-reviewed journal articles and studies documenting the growth and impact of these providers on oral health access in the state.

Financial Viability

- Case studies have documented that dental practices employing dental therapists report increased productivity and earnings.
 - Apple Tree Dental reported \$52,000 in savings from using an ADT at a Minnesota Veteran's Home.^{vi}
 - Midwest Dental reported an estimated average monthly increase in revenues of \$10,042.^v
- The financial benefit and financial viability of dental therapist is further confirmed by the steady growth of the profession and high rates of employment of dental therapists in a variety of different types of dental practices.
- General supervision of ADTs has made it economically viable for dental clinics to provide routine dental care in schools, rural communities, Head Start programs, nursing homes, and other community settings. It also makes it possible for a dental clinic to provide services at times when a dentist is not on site.
- Providers are paid the same reimbursement rate for a particular service regardless of whether it was provided by a dental therapist or a dentist; the state Medicaid agency, the Minnesota Department of Human Services, took this action in an effort to address the serious gaps in access and the low utilization of dental services by Medicaid recipients.
 - This reimbursement policy has a differing impact on costs to clinics and the state:
 - Overall clinic costs are lower since dental therapists' wages are lower than that of a dentist, but no short-term savings accrue to Medicaid.
 - It is anticipated that improved access to routine and preventive services and early treatment of emerging dental disease will produce a long-term net savings by reducing future need for higher cost dental treatment and emergency room use.
- The State of Minnesota does not provide on-going funding or subsidies for dental therapists or clinics hiring them; a small number of clinics received state grants and technical assistance to help with the initial hiring of dental therapists in areas with critical access problems. Minnesota's two dental therapy education institutions are public institutions but did not receive any additional funding to develop or operate their programs.
- Dental therapists working in rural areas can apply for the state's loan forgiveness programs, similar to other health professions.
- Liability insurers in Minnesota report that there is no additional cost for professional liability coverage for employment of a dental therapist compared to the employment of another dental assistant or hygienist.

Facts of Interest

- As of April 2018, there were 86 licensed dental therapists in Minnesota who work at 54 different sites.
 - 34 (39%) are dually licensed in both dental hygiene and dental therapy.
 - 48 (55%) have achieved certification as ADTs.^{vii}
- Minnesota dental therapists are relatively young, with 55 percent age 34 and younger.^{viii}
- Dental therapists are more diverse than other oral health professions in Minnesota; 12% of dental therapists are Asian, 3% are Hispanic, 2% are American Indian, and 9 percent are of multiple races.^{viii}
- Dental therapists are geographically distributed in proportion to the state's population:
 - 55% of the state's population lives in the 7-county Greater Twin Cities metro area, where 59% of working dental therapists are employed.
 - 45% of Minnesotans live outside the Metro area, where 41% of working dental therapists are employed.^{viii}
- The primary practice setting for 49% of dental therapists in 2017 was a dental clinic; 47% work in community-based nonprofit organizations, Community Health Centers (CHC), Federally Qualified health Centers (FQHCs), hospitals, and schools, and mobile clinics. The remaining 4 percent reported working in academic settings.^{viii}
- Dental therapists also provide services in community and rural settings at more than 370 mobile dental sites throughout the state in schools, Head Start programs, community centers, VA facilities and nursing homes.^{ix}
- Dental therapists report a high levels of career satisfaction—98% indicate career satisfaction in the last 12 months, and 96 percent are satisfied with their careers overall; 84% plan to practice for 10 years or more.^{viii}
- In 2017, 93% of licensed dental therapists reported being employed as compared to 74% in 2014. This increase indicates greater integration of these providers in Minnesota.^{viii}

This fact sheet was developed by the Minnesota Department of Health in partnership with Minnesota Board of Dentistry and the Minnesota Dental Therapy Research Stakeholder Group.

Minnesota Department of Health
PO Box 64882
St. Paul, MN 55164-0882
651-201-3886
laura.mclain@state.mn.us
www.health.state.mn.us

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To obtain this information in a different format, call 651-201-3838. Printed on recycled paper.

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Notes

ⁱ <https://www.revisor.mn.gov/statutes/?id=150A.105>

ⁱⁱ Minnesota Board of Dentistry. (March, 2018).

ⁱⁱⁱ Minnesota Department of Health. (2014, February). Early Impacts of Dental Therapists in Minnesota.

^{iv} Wilder Research and Delta Dental Foundation of Minnesota (2017, May), “Grand Marais Family Dentistry: Dental Therapist Case Study.”

^v Wilder Research and Delta Dental Foundation of Minnesota (2017, May), “Midwest Dental: Dental Therapist Case Study.”

^{vi} Apple Tree Dental and Pew Charitable Trusts. (2017). “An Advanced Dental Therapist in Long-Term Care: An Apple Tree Dental Case Study.” And Apple Tree Dental and Pew Charitable Trusts. (2018, March). “An Advanced Dental Therapist in Rural Minnesota: Jodi Hager’s Case Study.”

^{vii} Minnesota Board of Dentistry, 2018

^{viii} Based on data collected by Minnesota Department of Health’s annual dental therapist workforce survey. Data references dental therapists that were licensed and practicing in 2017.

^{ix} Calculation based on one time survey of select dental therapy employers that offer mobile dental services throughout Minnesota.