

Dental Therapy Toolkit

CURRENT EMPLOYER INTERVIEWS

April, 2016

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In Partnership with



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Current Employer Interviews

APRIL, 2016

To get a better understanding of the challenges and barriers to hiring and fully integrating dental therapists and advanced dental therapist into oral health teams, current employers were interviewed. This document summarizes the methods used to select employers and conduct interviews, the employers that responded to interview requests, the questions that were asked of employers, and the findings from the interviews.

Conducting Employer Interviews

Methods

Overall 9 of the 10 employers contacted responded to a phone interview or electronically filled out a survey for this toolkit. Employers were identified based on whether they had participated in a 2012 interview process conducted by the University of Minnesota and by brainstorming a mix of non-profits, private practices, large-group practices, and Federally Qualified Health Centers in both the metropolitan area and greater Minnesota. Those interviewed were identified by the clinics as the best individual to answer the questions we presented. Typically, this was the lead dentist or administrator, in some clinics one person fills both of these roles.

Employers Interviewed

TABLE 1: EMPLOYERS INTERVIEWED, JANUARY-FEBRUARY 2016

	Employer Type	Location
Northern Access	Non-profit	Rural
Community Dental	Non-Profit	Metro
Children's Dental Services	Pediatric Non-Profit	Both: Metro clinics and Rural mobile services
Hennepin County Medical Center	Hospital	Metro
Grand Marais Family Dentistry	Private Practice	Rural
Open Cities	FQHC	Metro
Health Partners	Large Group Practice	Metro
Park Dental	Large Group Practice	Metro
Lake Superior Community Clinic	FQHC	Rural

Interview Questions

Questions were developed taking into consideration the findings from the 2012 interviews conducted by the University of Minnesota and in conjunction with the Minnesota Department of Health in order to gather data necessary and relevant to complete this toolkit. Whether contacted by phone or electronically, the same questions were asked of all respondents.

- 1 How many hours per week does each of your dental therapists work?
- 2 Why did you choose to hire a (DT/ADT) for your practice rather than a (ADT/DT)?
- 3 Of your DTs/ADTs, how many are dually licensed as dental hygienists? What percentage of the time are your dually licensed DTs/ADTs providing dental hygiene services rather than DT/ADT services?
- 4 Did you face barriers as you sought to hire and use a dental therapist?
- 5 If so, what were they?
- 6 What did you do to overcome them? (such as oral health team acceptance and interaction issues including dentist acceptance and team-based care, etc.)
- 7 What logistical questions did you have prior to hiring and what resources did you use to answer these questions?
- 8 Did you obtain information, resources or assistance in finding, hiring, and using a DT or ADT? If so, what resources were most helpful?
- 9 Did you do an open application and interview or were DT/ADTs referred to you? From who?
- 10 Once hired, what kinds of professional support did the DT/ADT need right away? In six months?
- 11 Have you seen an economic benefit of hiring a DT/ADT? If yes, please describe. Do you collect return on investment data and would you be willing to share it with us?
- 12 Have you seen other benefits? If so, what are they? What is the greatest benefit?
- 13 What advice would you give to employers who may be interested in hiring a DT/ADT?
- 14 Did you obtain malpractice coverage for your DTs/ADTs? If so, was it difficult to find or add coverage? Is the additional premium reasonable?
- 15 Did you obtain resources, information or assistance in developing your collaborative management agreement and establishing protocols for your DT/ADT? If so, where did you obtain them and which were most helpful? Are there additional resources, information or assistance that would have been helpful but weren't available?
- 16 Would you like to see DTs/ADTs authorized to provide additional services not currently allowed under state law? If so, what services would you like to see authorized?
- 17 Is there confusion around the roles and titles with DT, ADT, and dual degrees? If so, please describe the confusion and do you have recommendations on how that could become more clear?
- 18 What is your assessment of the quality of services provided and the patient satisfaction?
- 19 Do you have any other comments to add?

Summarized Findings

Overall current employers have overcome the initial challenges in hiring and integrating dental therapists through strong and consistent communication between team members, as well as by consulting colleagues and the education programs for clarity around dental therapy practice issues. Most employers are very positive about the addition of dental therapists or advanced dental therapists to their oral health team. They note having DT/ADTs adds flexibility, variability and often economic benefits to their oral health teams. The complete integration did not come without challenges, but the added value has been worth the effort to overcome these challenges. For rural dentists, hiring a DT and/or ADT has resulted in meeting the needs of their communities by serving more public program patients and shortening waiting lists. Many rural, private practice dentists have a hard time recruiting new dentists to join or purchase their practice. With the legislative requirements for dental therapists and advanced dental therapists to practice in health professional shortage areas or serve at least 50% Medical Assistance patients, many are willing, and easier to recruit to rural practices and have been a welcome addition to the dental team.

DT and ADT Employment Information

Employers reported using a number of different approaches in hiring new members of their oral health teams. While some employers had the opportunity to hire internally if their dental assistants or hygienists pursued dental therapy education, others reported dental therapists sending resumes and contacting them leading up to graduation. In addition, some employers post open positions and accept resumes. As the first DTs began practicing in 2011, respondents to position postings are typically new graduates who must work for 2000 hours as a licensed DT prior to achieving ADT certification. Many employers expressed a preference for ADTs to take advantage of the ADT greater scope of practice and greater flexibility to work off-site in community settings. Additionally, employers felt there would be other advantages to an ADT's level of independence and it could provide a greater potential for cost savings. Some employers hire a DT with the intention of helping them achieve ADT certification. Dual licensed dental hygienists/dental therapists were more likely to initially be employed full time, while other DTs were more likely to initially be hired into a part time position. All ADTs are currently employed full time. As with other professions, some employers hired based on personality or qualities they saw in candidates rather than credentials.

Barriers to Hiring

Employers expressed a range of different barriers to hiring DTs or ADTs as members of their oral health teams. Responses included:

- Determining fair compensation;
- Uncertainty on how to change office flow and systems in order to transition patients from the dentist to the dental therapist or advanced dental therapist;
- Educating patients on the role and scope of practice of the DT or ADT;
- Integrating a DT or ADT into the oral health team, like with any new provider;
- A few of the metro-located employers reported a lack of applicants to open positions;
- Resistance internally from dentists who have concerns with accepting more Medical Assistance patients or the dental therapy profession in general; and
- Financial concerns with the sustainability and profitability of the dental therapy profession.

Overcoming Hiring Barriers

Some employers offered advice and clarification on how they overcame some of the hiring barriers they experienced once they hired and fully integrated the new professional into their practice. We overwhelmingly heard the need for strong and consistent communication between all members of the oral health team to ensure the DT/ADT is practicing at the top of their scope and the team is practicing team-based care. As with other health professions, there is a need to develop trust and productive working relationships between the DT/ADT and the rest of the oral health team, especially the supervising dentist. In order to develop a compensation package, some employers compared scope of practice and compensation packages for dental hygienists, dental assistance, and dentists.

Resources for Hiring

Resources that employers have used to answer questions or obtain information about DTs and ADTs vary by employer. Many employers reported consulting a colleague, the education institutional programs, or utilizing DT/ADTs as a tool for information. Overall, employers seemed very pleased with the regulatory and logistical information the dental therapists or advanced dental therapists could provide in going through the hiring and integration processes. Employers reported utilizing relationships with the education institutions and the DT/ADTs they had on staff in order to find additional DT/ADTs to hire.

DT and ADT Oral Health Team Integration

Compared to new dentists, no additional support was needed for DT/ADTs. These new hires go through similar onboarding education to ensure they understand the clinic culture, integrate into the oral health team, learn the electronic medical record system and other logistical steps. Some techniques employers have used to integrate new oral health team members include mentorship from collaborating dentists, care assessments, record keeping audits, and mid-appointment checks. As with dentists and other health care providers, there is expected variability in quality and patient satisfaction with DT/ADTs, but as of now, both patient satisfaction and quality of care have been very high with DT/ADTs.

Economic Benefits

Many employers report seeing economic benefits to having dental therapists and advanced dental therapists integrated into their oral health teams, although, similar to hiring a new dentist associate, there may be a lag time before economic benefits are realized while the DT/ADT is getting trained into the clinic, usually three to six months. The dental therapy scope of practice allows dentists to delegate routine restorative procedures and focus on more advanced procedures. For those procedures within the DT/ADT scope of practice, the dental therapist is reimbursed at the same rate as a dentist while DT/ADT compensation is lower than a dentist. Employers reported the DT/ADTs they have hired can be equally as productive as a dentist and are very helpful to fill in schedules when dentists are out on scheduled or sick leave.

Additional Benefits

Employers reported being able to see more patients, accommodate more patients on Medical Assistance, and reduce the amount of wait times between scheduled appointments after hiring a DT/ADT. In addition, some employers reported having the opportunity to expand the services they offered as having a DT/ADT freed up the dentist's time to focus on more advanced procedures, including those outside the scope of DTs and ADTs, increasing the overall production of the oral health team. With hiring a DT/ADT, clinics were able to place more emphasis on oral health prevention and treat more children than before hiring the DT/ADT.

DT and ADT Hiring Logistics

A number of logistical comments and concerns came up throughout the interviews, below is a list of those concerns raised by current employers:

- Logistical concerns employers expressed included scheduling, credentialing, DT/ADTs taking additional time to complete procedures, and billing;
- Of those that are dually licensed with a dental hygiene license, most spend a majority of their time on DT procedures ranging from 65-96% of their time;
- While malpractice coverage varies depending on the type of clinic (large group, FQHC, private practice, etc.) employers have obtained malpractice insurance and find premium rates reasonable;
- When creating the Collaborative Management Agreements the Minnesota Board of Dentistry has a useful template to use along with input from the DT/ADT and dentists who will be collaborating; and
- Not all employers agreed that the scope of practice of DT/ADTs should be expanded, but some ideas to expand the DT and ADT scope of practice included:
 - Pediatric prophylaxis
 - Build ups, especially for a fractured tooth and crown prep
 - Denture repairs
 - Additional preventive procedures
 - Comprehensive Exams
 - More advanced restorations and more complex extractions.

Advice to Potential Employers

Current employers had a number of points of advice for someone looking to hire a dental therapist or advanced dental therapist. Suggestions included:

- DTs and ADTs fit best in a team centered approach to care delivery;
- Employers must be open-minded and flexible when hiring a DT or ADT;
- Be prepared to pay for training in the initial 3-month to 6-month period after hiring, especially if hiring a recent graduate;
- For practices that want to improve access for underserved populations, hiring a DT/ADT will be more cost effective than hiring a dentist;
- Anticipate resistance, be persistent, and ready to advocate on behalf of your DT/ADT;
- Be creative in utilizing DTs and ADTs to ensure they are practicing at the top of their practice;
- Develop a plan that the dentist is comfortable with and that is respectful to the DT/ADT;
- Evaluate what your practice needs are before hiring a dental therapist and hire the profession that will fit best within your practice needs; and
- Reach out to the educational programs and current employers for additional advice and information about hiring a dental therapist or advanced dental therapist.