

# Dental Therapy Toolkit

DENTAL THERAPIST AND ADVANCED DENTAL THERAPIST INTERVIEWS

April, 2016

# Acknowledgements

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# Dental Therapist and Advanced Dental Therapist Interviews

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*Interviews with dental therapists regarding their individual experiences when seeking employment, beginning their professional careers, facing start up challenges, as well as lessons learned as they were integrated into both a new profession and work setting are important to consider as we work to enhance the assimilation of the DT/ADT provider into the workforce. The intent of these interviews was to inform recommendations and strategies to include in a toolkit that will facilitate acceptance, employment, and utilization of this mid-level oral health provider in Minnesota.*

## Conducting the Interviews

### Methods

The directors of the two education programs brainstormed potential participants from their respective programs who had expressed interest and a willingness to participate in post-graduate surveys and a mix of those employed at non-profits, private practices, large-group practices, Federally Qualified Health Centers and unemployed dental therapists. The directors sent email introductions to the identified possible participants. This, in addition to personal outreach done by the interview team, resulted in the identification of 36 potential participants. The 36 potential participants were contacted by email, linked in, and phone calls and were asked to complete an online survey with a follow up telephone call for additional and clarifying information.

### DTs and ADTs Interviewed

Of the 36 potential participants contacted, 22 participated including 14 UMN graduates, 6 MNSCU graduates, and 2 unemployed DTs. Of the 2 unemployed DTs who responded, one had just recently been employed as a DT and the other had left the field to complete her PhD in another field. Therefore, we did not have any currently unemployed DTs participate in the interviews. We did have several participants whose experiences did include long job searches, therefore, we believe we have captured relevant information related to the barriers experienced while seeking employment as a DT. The overall mix of those interviewed included DTs and ADTs practicing in rural and metro areas. General dentistry, FQHCs, large group practices, non-profit practices and non-profit hospitals were all represented.

**TABLE 1: DTS AND ADTS INTERVIEWED, JANUARY-FEBRUARY 2016**

<b>DT or ADT</b>	<b>Employer</b>	<b>Employer Type</b>	<b>Location</b>
ADT	West Side Community Health Services - East Side Clinic	FQHC	<b>Metro</b>
ADT	Health Partners Midway and Como Clinics	Large group practice	<b>Metro</b>
ADT	Hennepin County Medical Center and MnSCU	Hospital and Education Institution	<b>Metro</b>
ADT	Hennepin County Medical Center	Hospital	<b>Metro</b>
ADT	Community Dental Care	Non-profit	<b>Metro</b>
ADT	Apple Tree	Non-profit	<b>Greater</b>
ADT	Children's Dental Services	Non-profit	<b>Metro with mobile services to greater MN</b>
ADT	Cedar Riverside People Center	FQHC	<b>Metro</b>
ADT	Apple Tree	Non-profit	<b>Metro</b>
DT	UMN School of Dentistry and Community- University Health Care Center	Education Institution and FQHC	<b>Metro</b>
DT	Lake Superior Community Health Center	FQHC	<b>Greater</b>
DT	Grand Marais Family Dentistry	Private Practice	<b>Greater</b>
DT	Park Dental	Large Group Practice	<b>Metro</b>
DT	Woodland Dental	Private Practice	<b>Greater</b>
DT	Carepoint Dental and Modern Dental Professionals of Minnesota	Private Practices	<b>Metro and Greater</b>
DT	Benson Family Dental and Main Street Dental	Private Practice	<b>Greater</b>
DT	UMN School of Dentistry and Al-Shifa Dentistry	Education Institution and Private Practice	<b>Metro</b>
DT	Virginia Family Dental	Private Practice	<b>Greater</b>
DT	Willmar Family Dentistry	Private Practice	<b>Greater</b>
DT	Dental Associates	Private Practice	<b>Metro</b>
DT	Southern Heights and Northland Smiles	Large Group and Private Practice	<b>Greater</b>

## Interview Questions

Questions were developed taking into consideration the findings from unpublished 2012 interviews and focus groups with dental therapists 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 long have you been at your current location and how many hours per week are you working?
- 2 How long were you looking for a DT/ADT job before you were hired?
- 3 Please describe your job search and onboarding process below.
- 4 Did you work or volunteer in the clinic you work for prior to completing your dental therapy education?
- 5 Did you encounter any barriers to seeking and securing employment; if so, what were they?
- 6 Do you feel you are currently using your dental therapy/advanced dental therapy to the fullest extent?
- 7 Do you have a dual degree in dental therapy and dental hygiene? If yes, answer the following questions:
  - A) What is the split in your scheduling (% time DT/ADT vs. % time dental hygiene?)?
  - B) Do you feel being dually licensed helped you find employment?
- 8 In your current position, did your employer have a defined work plan established for you? Did your employer express clear work expectations/goals for your position?
- 9 What information do you think would be helpful for a dentist or clinic manager who has decided to hire a DT/ADT and is getting ready to bring one on board?
- 10 Did your dental therapy education institution provide services to help you find employment? If so, were they helpful? Which resources were most helpful?
- 11 Is there confusion around your role and title? If so, do you have recommendations on how that could become clearer?
- 12 Are there changes that you would like to see implemented in your current position? If yes, please describe.
- 13 Please feel free to add any additional comments that you would like to add.

# Summarized Findings

Overall, the dual-licensed (dental hygienist/dental therapist) practitioners reported having the easiest time securing employment following the completion of their dental therapy education. For those with a DT license only, especially those in the first two graduating classes, securing a position was a challenge, but once they secured employment, many reported to be an asset in answering logistical questions, educating staff and other oral providers about the profession, and integrating the new profession into the practice. Early on, employers' lack of education and knowledge about dental therapy and direct interactions with dental therapists was reported to be a barrier for recent graduates to finding employment. As the profession has grown, this barrier is less common, but still present in dental therapy integration into new clinics and practices. Most dental therapists expressed the importance of strong communication with the office staff and oral health team, especially their collaborating dentists when learning the clinical culture, developing working relationships, and learning different care philosophies of each collaborating dentist.

## Finding Employment

- Many of the dual-licensed DT/ADTs, those who have both a license in dental hygiene and dental therapy, did not have to seek employment following graduation; rather, their existing employers expanded their responsibilities beyond their dental hygiene procedures to utilize their DT skill set.
- Forty percent of the responding DT/ADTs who are *not* dual-licensed reported that it took them over 12 months to find employment in their field, this was especially an issue for the earlier graduates.
- Those DTs who were in the first two graduating classes reported higher levels of frustration in seeking employment.
- DT/ADTs without dual licensure and those with dual-licensure who were not employed prior to graduation reported proactively reaching out to multiple FQHC and community clinics. Many reported sending their resumes to "...every clinic that accepted medical assistance."
- The Minnesota Dental Therapy Association (MDTA) is a good resource for finding employment.
- DT/ADTs expressed the need for a more formal employment assistance program in place for graduates. One idea was a prospective employer fair with helpful information for dentists and office managers interested in exploring the addition of a DT/ADT to their team.

## Oral Health Team Integration

- Most DT/ADTs commented on the need to educate office staff (including the dentists) about their scope of practice.

- Most DT/ADTs commented that patients are often very receptive to their care and most use the analogy of being the equivalent of a physician’s assistant (PA) in a medical clinic.
- DT/ADTs reported large hurdles with insurance carriers not recognizing DTs as “providers”. This issue resulted in a lot of frustration for office staff who had to deal with the claims process.
- Many DT/ADTs expressed the importance of good communication with their collaborating dentist(s) and clearly stated expectations.
- Four of the responding DT/ADTs reported that they assisted in crafting their collaborative management agreement with the dentist(s) they work with.
- Those DT/ADTs working with multiple dentists often expressed some frustration with varying care philosophies between providers and needing to adapt their care based on individual dentists.
- Compensation plans varied from hourly rates, hourly rate plus commission, to a percent of collected production. For the dual-licensed DTs, most reported that they received an increase in their hourly pay after completing their DT licensure and another raise once they earned their ADT certification. For those with a DT license only, of those who discussed compensation, most reported receiving a percentage of their production.

## Barriers to Hiring

DTs and ADTs reported a number of barriers to hiring, some are typical of any new graduate, but there are some additional challenges DTs and ADTs reported due to the nature of an emerging profession. Some of the barriers they reported include:

- Early on there were limited number of available positions;
- Competition from fellow DT/ADTs for limited positions that are available;
- Requirement that DT/ADTs are limited to practicing in settings that serve low-income, uninsured, and underserved patients or in a dental health professional shortage area;
- Some dentist’s misperception that 50% of their patients must be on Medical Assistance for their practice to be eligible to hire a DT/ADT;
- Dentists who will only hire a dual-licensed dental hygienist and dental therapist;
- Resistance from dentists with philosophical concerns with the dental therapy practice and accepting more Medical Assistance patients;
- Financial concerns about whether the DT/ADT position would be financially sustainable;
- Not sure how to integrate DT/ADTs into their practice;

- Confusion about DH/DT dual license vs single DT license and DT vs ADT scope of practice; and
- Lack of space in existing office to set up another provider (DT or otherwise).

## Overcoming Barriers

Dental therapists and advanced dental therapists used a number of strategies to overcome barriers to finding employment and oral health team integration. The strategies they reported include:

- Provide information to employers regarding scope of practice of DT/ADTs;
- Communicate with all staff members but especially the collaborating dentist(s) regarding their practice philosophy;
- Build trust with all members of the oral health team and clinical staff; and
- Educate dentists and all staff members about the DT scope of practice, Collaborative Management Agreements, and DT/ADT integration into the oral health team.

## Maximizing DT/ADT Scope of Practice

- Dual licensed DT/ADTs with dental hygiene expressed more frustration about their schedules getting filled up with dental hygiene procedures by office staff.
- The single licensed DTs were more likely to respond that they are using their license to its fullest extent.
- When dental hygienists become DTs and stay at the same office it can be challenging to get co-workers to re-conform to their new role in the office.
- Several DT/ADTs stated that they would like to be providing more “comprehensive” care for their patients, i.e. screenings and education.
- Several commented that they believe that they could be “...doing so much more.”
- Several respondents commented about the “growing pains” inherent in a new profession and that they believe that the future will be brighter for DT/ADTs as their role grows in acceptance.

## Defined Work Plans

- Many dual-licensed DT/ADTs responded that they are actively communicating with office staff in order to better utilize their scope of practice as DT/ADTs. They are developing work plans with collaborating dentist with expectations and goals. Some have set parameters for scheduling, e.g. if within 2 to 3 days there is open time, that time can be filled with dental hygiene; otherwise, it is held for DT/ADT services.

- DT/ADTs work most efficiently when they have a dedicated dental assistant. In some cases it was initially a struggle to convince the dentist of this fact.
- Those with well-defined work plans expressed the most job satisfaction.
- When in a new position, with a new CMA that requires frequent procedure checks by collaborating dentist, it was recommended to write in extra time in scheduling to minimize frustration with scheduling issues.
- Many DT/ADTs responded that there was not a well-developed work plan when they started and that their schedule functioned very similar to the DDS schedule. As time goes by, many reported eventually setting goals and making projections with on-going adjustments and evaluations.
- Several DT/ADTs who work at FQHCs expressed having more protocols that needed to be followed.

## Suggestions from DT/ADTs for dentists and/or clinic managers who plan to hire a DT or ADT

Practicing dental therapists and advanced dental therapists had a number of recommendations to ease the hiring process. Recommendations that we heard include:

- Educate self and staff about the scope of practice for DTs and ADTs;
- The CMA is a work contract and/or set of rules or guidelines between the two providers. Make sure to get a working relationship established prior to having the ADT work under general supervision without a dentist on site, this is easier for both the ADT and collaborating dentist;
- Quality assurance checks on record keeping are a good practice with periodic meetings to facilitate communication and make sure each party is happy with the contract;
- When possible, have the DT/ADT begin work with one dentist, especially if they are a recent graduate. Once they have developed a good working relationship then introduce another collaborating dentist. Staggering the introduction of multiple dentists will reduce frustration and conflict. This is especially important for the DT preparing to take the ADT certification test. Working with many different dentists with different philosophies is confusing, especially with regards to treatment planning;
- It is important to be professionally respectful when performing procedure checks and it may not be necessary for the dentists to check every procedure, depending on experience and comfort levels. Dentists and clinic managers should keep in mind that the DTs patient based board examination mirrors the patient based board component that dentists must complete;
- Establish clear guidelines and expectations. It may be a good practice to have a probationary period to ensure that a new employee is a good fit for the practice;

- To ease relationship and trust building, clinics may want to develop standard operating procedure (SOPs) for common situations and make certain that the collaborating dentists and DT/ADTs are familiar with these. For example, a sample SOP might be that the DT/ADT will stop and have a provider check any preparation that may result in a pulp exposure. The dentist provider can then remove the remaining caries to expose/not expose the pulp or decide to have the DT/ADT place an indirect pulp cap;
- For dentists who are apprehensive, remember that the CMA can be limited based on the collaborating dentist's comfort level. This will give them an opportunity to develop trust and confidence in the new provider before potentially allowing the DT/ADT to practice their full legal scope of practice;
- Prepare a short definition of the DT/ADT's role and make sure all staff and members of the oral health team are familiar with the definition. This will ensure internally everyone is well aware of the DT/ADT role, and all staff will be prepared to answer questions and communicate with patients about the role of the DT/ADT;
- Utilize existing tools that are available through various sources (e.g. Board of Dentistry) related to scope of practice and developing CMAs. These can facilitate communication, expectations and goal setting; and
- It is important that a practice is busy enough with appropriate restorative needs to support a DT/ADT. Otherwise, the position will not be financially viable/sustainable.

## Clarifying Dental Therapy Categories (DT, ADT, dual-licensed, single-licensed)

- Several respondents reported being happy to hear that the UMN program has evolved to a dual-degree dental hygiene/dental therapy program and felt this will help to reduce confusion.
- It is important to continue to find ways to educate other dental team members about the scope of practice of DTs and ADTs. Education seems to be the key to ending the confusion.
- The respondents seem to be in agreement that, over-all, patients were very receptive to seeing a DT/ADT. Acceptance by other office staff and team members seems to be more challenging than patient acceptance.
- The term "therapist" seems to cause some confusion amongst patients. The term "therapy" has a specific connotation that does not typically make a person think of dentistry; rather, counseling. Better branding for DT/ADT seems to be warranted.

## General Suggestions from DTs and ADTs

- More autonomy and the ability to work independently would be beneficial. This could also free up more of the dentist's time as they would not be pulled away from their own patients to complete checks for their DT/ADT's patients.
- More education for staff members in the office about the DT/ADT's scope of practice.

- It's very difficult to help emergency patients at full potential due to restrictions on prescribing medications. Minimally, DTs and ADTs should be able to prescribe Peridex and Prevident.
- Remove the stipulation that 50% of patients must be underserved.
- Loan forgiveness programs and more advocacy at the state level would help to better integrate the DT/ADT provider model into the profession.
- Explore those offices that have successfully integrated DT/ADTs into their practice, determine what they are doing that's working, and duplicate their processes in similar and appropriate practices.
- Several DT/ADTs suggested that working in satellite locations without a dentist present would result in them working at their maximum potential. For example, having an ADT/dental assistant/dental hygienist team work in locations such as pediatric medical offices and/or in primary care centers would facilitate providing dental services to more people. Complex cases and those procedures outside of the DT/ADT's scope of practice would then be referred to their collaborating dentist(s).
- Being able to perform endodontic services on anterior and single-rooted teeth would be very beneficial to Medical Assistance patients.
- Suggestions were made for the DT programs to come up with ways for DTs who cannot find positions for extended periods of time to maintain their clinical skills.