

# Dental Therapy Toolkit

LESSONS LEARNED

March, 2016

# Acknowledgements

This report was developed through a partnership between the University of Minnesota, School of Dentistry, Metropolitan State University and Normandale Community College, and MS Strategies for the Minnesota Department of Health.

This project is part of a \$45 million State Innovation Model (SIM) cooperative agreement, awarded to the Minnesota Departments of Health and Human Services in 2013 by the Center for Medicare and Medicaid Innovation (CMMI) to help implement the Minnesota Accountable Health Model.



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# Dental Therapy Toolkit: Lessons Learned

MARCH 2016

*After reviewing information from previous DT/ADT reports, interviewing employers, DTs and ADTs, and reviewing other sections of this toolkit, below is a list of lessons learned about hiring and integrating this emerging profession into practice.*

## Patient Acceptance

- Many of the DTs, ADTs, and employers commented that their patients were very accepting of the emerging profession. While some patients (very few) asked for more information on DT/ADT training and background, comparing the profession to a physician's assistant typically helped patients feel at ease.
- A number of DTs and ADTs have stated that their patients express gratitude for being able to finally access dental care. Acceptance of DTs/ADTs may be further enhanced by also explaining that an important purpose of the new profession is to make dental care more accessible and affordable.
- Many employers have found that having a DT or ADT has turned out to be a positive marketing tool because their patients appreciate that they are trying to improve access to care for the underserved.
- It has been reported that, once a DT/ADT has been fully accepted as a member of the oral health team and integrated into a practice, patient acceptance follows.

## Office Staff Acceptance

- DT/ADT and dental hygiene dual licensed professionals have expressed frustration with having more dental hygiene procedures scheduled than restorative procedures. This may be due to the scheduling staff's level of understanding or acceptance or a business decision by the dentist or clinic administrator.
- While the dentist may clearly understand the DT/ADT's scope of practice, the rest of the office may not. It is important to make sure the entire office staff understands the scope of practice and the value they bring to the overall practice and to the community by improving access to oral health care.
- For practices hiring a DT or ADT for the first time, attention should be paid to planning how to integrate them into the oral health team and office staff. Examples include guidelines on how to better triage patients so that the DT/ADT's scope of practice and the dentist's time are maximized, or completing as much of the treatment plan as possible while patients are in the clinic, utilizing the DT/ADT scope of practice. (For example, a patient scheduled for a hygiene-only appointment could receive additional treatments from the DT or ADT when need for additional treatment is identified or is already in the patient's treatment plan).
- Continuous and open communication is key for office and staff acceptance.

## Dentist-Dental Therapist Relationship

- For dentists that are skeptical, continuous and open communication with the dental therapist, hiring team, and other collaborating dentists is key.
- A list of frequently asked questions for dentists and DT/ADTs to cover would be a useful tool for facilitating integration into the practice and developing strong relationships.
- When building a relationship, it is important to go through treatment planning together and sharing philosophical information to build a shared philosophy with regards to clinical decision making.
- It may work best in some practices to have a recent DT graduate paired with only one dentist initially during their training and onboarding time, and then expand to additional dentists once they are up to speed.
- Dentists do not need to check every single procedure that a DT/ADT does, although it may be beneficial to start with more checks and taper off as the DT/ADT gets more comfortable in the work setting.
- A trial period may be a good idea to ensure that the practitioner is a good fit; this goes both ways.
- DT/ADTs and collaborating dentists should set goals together.
- Building trust is a process and it takes time.

## Reimbursement and Financial

- Employers will see more economic benefits and highest production after there has been adequate time for the DT/ADT to get up to speed and by allowing DT/ADTs to practice at the top of their scope and with less restrictive levels of dentist supervision.
- A pay increase is appropriate and expected as dental practitioners advance from hygienist or dental assistant to DT and ADT.
- Different practices use different reimbursement models that could be straight salary or compensation based on production.
- According to information gathered, when fully integrated and utilized in a practice, DTs and ADTs generate production and revenues that produce a financial benefit to the employer. One employer reported that their DT brings in 3 to 4 times their salary per hour. Another employer expressed saving around \$60,000 per year per ADT on the team.
- Administrative staff in offices that are hiring a DT/ADT for the first time will need information, training and support on insurance, scheduling, recordkeeping and billing procedures.
- Typically, a ramp-up period of 3 to 6 months is needed for a new DT/ADT's production to reach the point where it is profitable for the professional. This is similar and expected for any newly hired oral health professional.

## Clinical Practice

- Having clear guidelines on quality assurance checks when bringing a DT/ADT onboard will ensure quality is up to clinical standards and ease the comfort of the collaborating DDS.

## LESSONS LEARNED

- Like any recent graduate, new DT/ADTs will need orientation and training time to become familiar with the clinic culture and increase their clinical skills to reach maximum production.
- Current employers are generally reporting being very pleased with the level of technical ability of their DT/ADTs.
- DT/ADTs who have recently graduated often bring in new information to existing offices related to new dental materials and new techniques so they are advancing the knowledge in the office.
- Employers report that hiring of DTs/ADTs has increased the overall productivity, efficiency and profitability of the entire professional team.
- It is important that DTs and ADTs have a dental assistant to work with them.
- Some dentists say they are reluctant to hire a DT/ADT for professional liability reasons.
- Having a well-defined work plan and clear work expectations are important.

## Toolkit Suggestions

- Education institutions continue to provide placement services and host career fairs for potential employers and upcoming graduates.
- Provide a checklist for new employers: “How to Hire a DT/ADT and Prepare the DT/ADT for Clinical Practice.”
- Provide an analysis tool to determine if a DT/ADT fits with the needs of the clinic and to assess the likely financial impact on the clinic.
- Encourage employers to adopt internal strategies and policies to promote all members of the dental team practicing at the top of their scope of practice.
- Create a Frequently Asked Questions document to assist DT/ADTs in establishing a relationship with their Collaborating Dentist.
- Create a network of dentists and DTs/ADTs for potential employers to consult.
- Link dentists and DTs/ADTs with resources, training programs and insurer advice for managing risk of professional liability.