

# Dental Therapy Toolkit

A RESOURCE FOR POTENTIAL EMPLOYERS

February 2017



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# Table of Contents

<b>Acknowledgements.....</b>	<b>2</b>
<b>Acronyms.....</b>	<b>5</b>
<b>1. Introduction.....</b>	<b>6</b>
Toolkit Contents.....	6
Background Information about State Innovation Model.....	7
<b>2. History and Overview.....</b>	<b>8</b>
History of Dental Therapy.....	8
Overview of Dental Therapy.....	9
<b>3. Regulation and Scope of Practice.....</b>	<b>12</b>
DT and ADT Regulation Information.....	12
DT and ADT Scope of Practice and Supervision.....	13
Dual License with Dental Hygiene.....	17
<b>4. Education and Training.....</b>	<b>18</b>
Education Program Information.....	18
Examination and License Information.....	20
Continuing Education and Volunteer Opportunities.....	23
<b>5. Hiring, Onboarding and Integration.....</b>	<b>25</b>
Resources for Employers.....	25
Recruiting, Interviewing and Hiring.....	26
Onboarding.....	31
Office Communications.....	33
Professional Liability Coverage for Dental Therapists.....	35
Policy and Procedure Manuals.....	35
Triage Protocols.....	36
Pursuing Advanced Practice Certification.....	36
Minnesota Department of Health Loan Forgiveness Program.....	37
<b>6. Supervision.....</b>	<b>38</b>
Collaborative Management Agreements.....	38
Collaborating Dentist and Dental Therapist Relationship.....	38
<b>7. Insurance and Billing.....</b>	<b>41</b>
<b>8. Examples of Successful Dental Therapy Models.....</b>	<b>44</b>
Rural Private Practice.....	44
Urban Hospital.....	45
Federally Qualified Health Centers (FQHCs).....	46

Urban Non-Profit Dental Group .....	47
Mobile Services in Community Settings.....	47
Additional Lessons Learned from Early Employers .....	48
<b>9. Impact of Dental Therapists .....</b>	<b>50</b>
Impact on Patient Access .....	51
Impact on Patient Wait Times.....	52
Financial Benefits to Dental Practices.....	52
<b>10. Integration into New Care Models .....</b>	<b>56</b>
Accountable Care Models and DT/ADTs .....	56
Care Coordination Models and DT/ADTs .....	57
Examples of DT/ADTs in new models of care.....	58
<b>11. Resources.....</b>	<b>60</b>
Regulation and Scope of Practice.....	60
Education and Training.....	60
Hiring, Onboarding, and Integration .....	61
Supervision .....	66
Insurance and Billing .....	66
Video Testimonials .....	66
Relevant Statutes .....	67

# Acronyms

ADT	Advanced Dental Therapist
BOD	Minnesota Board of Dentistry
CDS	Children's Dental Services
CDT	Current Dental Terminology
CMA	Collaborative Management Agreement
CODA	Commission on Dental Accreditation
CMMI	Center for Medicare and Medicaid Innovation
DA	Dental Assistant
DDS	Dentist
DH	Dental Hygienist
DHAT	Dental Health Aid Therapist
DHS	Minnesota Department of Human Services
DT	Dental Therapist
FQHC	Federally Qualified Health Center
MA	Medical Assistance
MCO	Managed Care Organization
MDH	Minnesota Department of Health
MDTA	Minnesota Dental Therapy Association
MS	Minnesota Statutes
NPI	National Provider Identifier
SIM	State Innovation Model

# 1. Introduction

In 2009 legislation was enacted by the Minnesota Legislature and signed into law authorizing the practice of dental therapy and establishing a licensing system for this new oral health professional. The law also stipulated that licensed Dental Therapists must serve primarily underserved patients. In 2011, the first Minnesota dental therapists graduated from state-approved education programs, obtained licenses from the Minnesota Board of Dentistry and entered practice providing care primarily to low-income, uninsured, and underserved individuals and communities. Six years later, more than 60 dental therapists are practicing in a wide variety of settings across Minnesota including private and nonprofit dental clinics in both urban and rural areas as well as providing services to underserved patients in community settings such as Head Start programs, schools and veteran's homes. Dental employers have found this new type of mid-level oral health provider to be a valuable member of the oral health team who is able to provide routine oral health care to their patients, improve access to oral health care in their communities and reduce their costs of providing dental services.

The primary purpose of this toolkit is to provide information to prospective dental employers to help them assess the potential benefit of hiring a dental therapist and, if they decide to hire one, to shorten the learning curve by providing information and resources that will be useful in recruiting and hiring a dental therapist and integrating them into their dental teams.

## Toolkit Contents

This toolkit contains eleven sections:

1. Introduction
2. History and Overview of Dental Therapy
3. Regulation and Scope of Practice of Dental Therapy
4. Education and Training
5. Hiring, Onboarding and Integration
6. Supervision
7. Insurance and Billing
8. Successful Dental Therapy Models
9. Impact of Dental Therapists
10. Integration into New Care Models
11. Resources

## Background Information about State Innovation Model

In 2013, the Minnesota Department of Health (MDH) and Minnesota Department of Human Services (DHS) were awarded a three-year, \$45 million State Innovation Model (SIM) grant by the Center for Medicare and Medicaid Innovation (CMMI) with the goal of expanding and deepening accountable care models in the state. Minnesota's SIM grant expanded its Accountable Health Model framework with the ultimate goal of improving the Triple Aim of improving population health, improving the health care experience and lowering the per person cost of health care.

Accelerating the adoption of emerging health professionals was identified as an evidence-based strategy to achieve the Triple Aim. Minnesota's SIM Accountable Health Model focuses on supporting the adoption of three emerging professions, Community Health Workers, Community Paramedics, and Dental Therapists, through direct funding and technical assistance:

- An Emerging Professions Integration Grant Program awarded 14 organizations start-up funds to support the salary and fringe benefits of emerging professionals in innovative settings. Grant funds supported five Community Health Workers, five Community Paramedics, and four Dental Therapists.
- Three organizations were awarded contracts to develop Emerging Professions Toolkits, one for each emerging profession listed above. The intent was to aid prospective employers as they plan and hire these professionals. The DT toolkit was developed through a partnership between the University of Minnesota School of Dentistry, Metropolitan State University/Normandale Community College, and MS Strategies, LLC. Further information on each profession and respective toolkits can be found on the [MDH Emerging Professions](#)<sup>1</sup> website.

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<sup>1</sup>[http://www.dhs.state.mn.us/main/idcplg?IdcService=GET\\_DYNAMIC\\_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=SIM\\_EP](http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=SIM_EP)

## 2. History and Overview

### History of Dental Therapy

Lack of access to dental care is a serious problem in Minnesota, as it is across the country. Many Minnesotans lack access to dental care, but the problem is especially serious for low-income and uninsured Minnesotans and people with access barriers and special needs such as rural residents, the elderly, and people with disabilities. Although there are a number of factors contributing to the access problem, the shortage of dentists available to provide dental care to these populations and communities is a significant component. In 2007, a group of Minnesota oral health leaders, safety net health care providers, consumer advocacy organizations, dental educators and dental professionals decided to take action to address this workforce shortage as one component of a larger effort to improve access. After researching a wide range of possible workforce and access strategies used in the United States and in other countries, the group decided to seek a Minnesota state law to authorize a mid-level dental provider that would be specifically trained to provide routine oral health care to underserved individuals and communities in Minnesota.

In 2009, the Minnesota Legislature enacted a comprehensive dental therapy law, making Minnesota the first state to establish a state-licensed mid-level dental provider called a dental therapist (DT).

Dental therapists have practiced globally for decades, and the Minnesota law drew from research in other countries such as Canada, Great Britain, and Australia – as well as Alaska, where Dental Health Aid Therapists (DHATs) practice on tribal lands. The Alaskan example shows DTs can deliver safe, high quality dental care to both children and adults, improve access to dental services, reduce the costs of providing dental care, increase prevention and patient education, and provide services in community settings outside of dental clinics in order to reach patients who otherwise might not receive care.

With input from a wide range of stakeholders, dental professionals and organizations, Minnesota's dental therapy law addresses details such as educational programs, licensure requirements, the level of dentist supervision and the scope of services that dental therapists are authorized to provide in Minnesota.

Two education institutions, the University of Minnesota and Metropolitan State University in partnership with Normandale Community College, established dental therapy education programs and graduated their first classes in 2011. In 2010, the Minnesota Legislature



authorized coverage and payment for dental therapy services for people enrolled in Minnesota's state health care programs including Medicaid and MinnesotaCare.

For more information on the Alaska model and global implementation and research on mid-level dental providers, see the [Literature Review](#)<sup>2</sup> that was completed in conjunction with this toolkit or the [history, training and scope of practice](#)<sup>3</sup> table from MDH.

## Overview of Dental Therapy

A Dental Therapist (DT) is a primary dental care provider licensed by the Minnesota Board of Dentistry (BOD) who provides routine preventive care and restorative services. An Advanced Dental Therapist (ADT) is a DT who obtains advanced practice certification by obtaining additional education, completing 2000 hours of supervised clinical practice and passing a certification examination.<sup>4</sup> A certified ADT is authorized to perform additional services and is also able to provide all services in clinical or community settings where there is no dentist on site. All DTs including ADTs must be supervised by a Minnesota-licensed dentist and are limited to practicing in settings that serve primarily low-income, uninsured or underserved patients or communities with a shortage of dental professionals such as many rural communities in Minnesota. Many ADTs are also licensed dental hygienists.

Below is a brief overview of dental therapy requirements:

- **Dentist Supervision and Collaborative Management Agreements:** All DTs must work under the supervision of a Minnesota-licensed dentist. The DT and the supervising dentist must enter into a written contract called a Collaborative Management Agreement (CMA). The CMA establishes the practice relationship and outlines how the DT and supervising dentist will work together. The collaborating dentist and DT may use the CMA as a tool to establish and limit the DT's scope of practice and the level of dentist supervision required. When DTs first began practicing in Minnesota, some CMAs included either scope of practice limitations or increased supervision requirements established by the supervising dentist. It has been typical that, after the dentist and DT work together under close supervision for a period of about six months, a level of

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<sup>2</sup> <http://www.health.state.mn.us/divs/orhpc/workforce/emerging/toolkit/dtlit2016.pdf>

<sup>3</sup> <http://www.health.state.mn.us/healthreform/oralhealth/dentaltherapist.pdf>

<sup>4</sup> Dental Therapists and Advanced Dental Therapists are allowed under MS sections [150A.105](#) and [150A.106](#) accordingly.

confidence and trust develops to the point where a review of all CMAs filed with the BOD showed that in almost all of them the supervising dentist has allowed DTs and ADTs to practice their full scope of services.

The level of dentist supervision required varies depending on the type of services provided and whether the DT has advanced practice certification. Some procedures require the dentist to be onsite when services are provided. An ADT with advanced certification can practice in community settings, such as Head Start programs, elementary schools, nursing facilities, and veteran's homes to the extent authorized by the supervising dentist. A dentist may have a CMA with no more than five DTs at any given time. The format and content of the CMA are subject to minimum state law requirements and regulations established by the BOD. The [BOD](#)<sup>5</sup> is a good source of information for templates and additional requirements for the CMAs. The different levels of supervision, are defined by the Board of Dentistry and the Minnesota dental therapy statute specifies which DT and ADT services require which levels of dentist supervision. These requirements are described in more detail in the Regulation and Scope of Practice and Supervision sections of this toolkit.

- **Permitted Practice Settings:** By state law, all DTs are limited to practicing primarily in settings that serve low-income, uninsured and underserved patients or in dental practices located in a designated Dental Health Professional Shortage Area. These types of settings are defined in Minnesota's dental therapy statute, see [MS 150A.05, subdivision 8](#). For more information, see the Impact of Dental Therapists sections of this toolkit.
- **Relationships with Other Oral Health Practitioners:** DTs may have CMAs with more than one collaborating dentist, and some DTs work for more than one dental practice. DTs can supervise dental assistants, but no more than four in any one practice setting. The DT scope of practice does not include dental hygiene services; however, some Minnesota DTs and many ADTs are dually licensed as both dental hygienists and DTs and therefore can provide both types of services. For more information, see the Regulation and Scope of Practice section of this toolkit.
- **Billing and Payment:** DT services are covered by Minnesota's Medicaid program (called Medical Assistance or "MA" in Minnesota) and MinnesotaCare program, the state's

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<sup>5</sup> <https://mn.gov/boards/dentistry/licensure/processingandapplications/dental-therapists.jsp>

insurance program for low-income residents with incomes above MA eligibility. To be eligible for payments, a DT must be licensed, have a board-approved CMA with a supervising dentist and be employed by an oral health provider that is enrolled with the Minnesota Department of Human Services (DHS) to provide MA-covered services. DTs do not bill directly – their enrolled dental clinic or group practice serves as the “billing provider” and the DT’s National Provider Identifier (NPI) is listed as the “rendering provider.”

In Minnesota, coverage and payment under Minnesota’s health care programs are provided either (1) directly by the state through the Fee-for-Service (FFS) system administered by the Minnesota Department of Human Services (DHS), or (2) through managed care organizations (MCOs) who administer their own provider payment systems. For patients in DHS’ FFS system, DT services are reimbursed at the same reimbursement rate as dentists for the services as long as the billing and rendering providers are enrolled with DHS. For MA patients enrolled in an MCO, the MCO is required to cover DT services but may establish its own DT payment rates and may also establish additional enrollment, credentialing or payment requirements for providers. DT services provided at a Federally Qualified Health Center (FQHC) are paid for under a different reimbursement system than that used for other types of dental providers. For more information, see the Insurance and Billing section of this toolkit.

## 3. Regulation and Scope of Practice

### DT and ADT Regulation Information

A Dental Therapist (DT) is a mid-level dental provider licensed by the [Minnesota Board of Dentistry](#)<sup>6</sup> under Minnesota Statutes (MS), section [150A.105](#)<sup>7</sup>. An Advanced Dental Therapist (ADT) is a DT who obtains advanced practice certification under MS [150A.106](#)<sup>8</sup> by obtaining additional education, completing 2000 hours of supervised clinical practice and passing a certification examination. An ADT is authorized to perform additional services described later in this section and is also able to provide all DT and ADT services in settings under “general supervision,” which means there does not need to be a dentist on site and the ADT can perform the services within their scope of practice without an examination or diagnosis by the dentist. As noted above, all DTs and ADTs must be supervised by a Minnesota-licensed dentist and have a written agreement, called a Collaborative Management Agreement (CMA), with each dentist. The CMA outlines the working relationship between the dentist and dental therapist. The dentist may choose to further limit or restrict the DT’s scope of practice to be narrower than what is allowed under state law, depending on the dentist’s comfort level with the DT’s experience and the collaborative relationship, although few dentists have chosen to do so. DTs are limited to practicing in settings that serve primarily low-income, uninsured or underserved patients or communities with a shortage of dental professionals.

DTs are subject to general licensure and regulatory requirements that apply more broadly to all oral health and dental professionals, including dentists, dental hygienists and dental assistants. Examples include continuing education requirements, and formal processes for complaint investigation and professional misconduct. For more information, see [Minnesota State Laws](#)

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<sup>6</sup> <https://mn.gov/boards/dentistry/>

<sup>7</sup> <https://www.revisor.mn.gov/statutes/?id=150A.105>

<sup>8</sup> <https://www.revisor.mn.gov/statutes/?id=150A.106>

[Relating to DTs and ADTs](#)<sup>9</sup>, which includes a list of all of the Board of Dentistry laws that include a reference to DTs or ADTs. Regulatory requirements are also contained in administrative rules adopted by the Board of Dentistry in Minnesota Rules, Chapter 3100. For more information on the statutory, regulatory and public program reimbursement requirements for DTs and ADTs, see [Summary of Dental Therapy Regulatory and Payment Processes](#).<sup>10</sup>

## DT and ADT Scope of Practice and Supervision

DTs and ADTs are authorized to perform over 80 oral health procedures, including drilling of cavities and placement of fillings (such as amalgams and resin-based composites), placement of sealants and stainless steel crowns, and extractions of baby teeth. DTs are authorized to perform roughly half of the procedures listed in their scope under general supervision without a dentist on-site and the other half under indirect supervision of an on-site dentist. ADTs are authorized to perform additional services beyond those provided by DTs, including oral health assessments, treatment planning and extractions of permanent teeth in some circumstances. ADTs also may perform all services within their scope of practice under general supervision without a dentist on-site.

The following are the Board of Dentistry's definitions of indirect and direct supervision (Minnesota Rule 3100.0100, subpart 21):

**Subp. 21. Supervision.**

*"Supervision" means one of the following levels of supervision, in descending order of restriction.*

**A.** *"Personal supervision" means the dentist is personally operating on a patient and authorizes the allied dental personnel to aid in treatment by concurrently performing supportive procedures.*

**B.** *"Direct supervision" means the dentist is in the dental office, personally diagnoses the condition to be treated, personally authorizes the procedure, and before dismissal of the patient, evaluates the performance of the allied dental personnel.*

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<sup>9</sup> <http://www.health.state.mn.us/divs/orhpc/workforce/emerging/toolkit/2016laws.pdf>

<sup>10</sup> <http://www.health.state.mn.us/divs/orhpc/workforce/emerging/toolkit/dtreg2016.pdf>

*C. "Indirect supervision" means the dentist is in the office, authorizes the procedures, and remains in the office while the procedures are being performed by the allied dental personnel.*

*D. "General supervision" means the supervision of tasks or procedures that do not require the presence of the dentist in the office or on the premises at the time the tasks or procedures are being performed but require the tasks be performed with the prior knowledge and consent of the dentist.*

Table 1 shows the services in the DT and ADT scopes of practice and the level of dentist supervision required for each.

**TABLE 1: DENTAL THERAPY AND ADVANCED DENTAL THERAPY SCOPE OF PRACTICE AND SUPERVISION REQUIREMENTS**

Scope of Practice	Indirect Supervision DT	General Supervision DT	General Supervision ADT
Oral health instruction and disease prevention education, including nutritional counseling and dietary analysis		X	X
Preliminary charting of the oral cavity		X	X
Making radiographs		X	X
Mechanical polishing		X	X
Application of topical preventive or prophylactic agents, including fluoride varnishes and pit and fissure sealants		X	X
Pulp vitality testing		X	X
Application of desensitizing medication or resin		X	X
Fabrication of athletic mouth guards		X	X
Placement of temporary restorations		X	X
Fabrication of soft occlusal guards		X	X
Tissue conditioning and soft reline		X	X
Atraumatic restorative therapy		X	X
Dressing changes		X	X
Tooth reimplantation		X	X

Scope of Practice	Indirect Supervision DT	General Supervision DT	General Supervision ADT
Administration of local anesthetic		X	X
Administration of nitrous oxide		X	X
Emergency palliative treatment of dental pain	X		X
The placement and removal of space maintainers	X		X
Cavity preparation	X		X
Restoration of primary and permanent teeth	X		X
Placement of temporary crowns	X		X
Preparations and placement of preformed crowns	X		X
Pulpotomies on primary teeth	X		X
Indirect and direct pulp capping on primary and permanent teeth	X		X
Stabilization of reimplanted teeth	X		X
Extractions of primary teeth	X		X
Suture removal	X		X
Brush biopsies	X		X
Repair of defective prosthetic devices	X		X
Recementing of permanent crowns	X		X
An oral evaluation and assessment of dental disease and the formulation of an individualized treatment plan authorized by the collaborating dentist			X
Nonsurgical extraction of periodontally diseased permanent teeth with tooth mobility of +3 to +4, if authorized in advance by the collaborating dentist			X

Data Source: MS 150A.106 and MS 150A.106

Most dental practices and organizations employing DTs find it is most efficient and cost-effective for all members of the dental team to practice at the top of their license, which often means having the DT provide all services that are within their scope of practice so that dentists are able to focus on more complex and advanced dental problems and procedures that a DT is not authorized to perform. The services most often performed by dental therapists varies from one setting to the next, depending on the type of setting, the needs of the patients they serve, and the practice style of the collaborating dentist or dental team.

Resources for more information on scope of practice and supervision requirements:

- Dental Therapy: [Scope of Practice](#)<sup>11</sup> and [CMA](#)<sup>12</sup>
- Advanced Dental Therapy: [Scope of Practice](#)<sup>13</sup> and [CMA](#)<sup>14</sup>
- For the most up-to-date information on DT and ADT scope of practice, visit the Minnesota Board of Dentistry page listing [DT/ADT scopes of practice](#).<sup>15</sup> The BOD has also created a useful table of information to describe the specific codes DTs and ADTs can perform and the necessary supervision for each procedure, which can be found at [Delegated Duties of Dental Therapist and Advanced Dental Therapist](#).<sup>16</sup>
- A [Summary of Dental Therapy Regulatory and Payment Processes](#),<sup>17</sup> created as background for this toolkit, provides additional information on regulations and scope of practice.

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<sup>11</sup> [https://mn.gov/boards/assets/Dental%20Therapist\\_tcm21-46114.pdf](https://mn.gov/boards/assets/Dental%20Therapist_tcm21-46114.pdf)

<sup>12</sup> [https://mn.gov/boards/assets/Dental%20Therapist%202\\_tcm21-46117.pdf](https://mn.gov/boards/assets/Dental%20Therapist%202_tcm21-46117.pdf)

<sup>13</sup> [https://mn.gov/boards/assets/Adv%20Dental%20therapist\\_tcm21-46115.pdf](https://mn.gov/boards/assets/Adv%20Dental%20therapist_tcm21-46115.pdf)

<sup>14</sup> [https://mn.gov/boards/assets/ADV%20Dental%20Therapist%202\\_tcm21-46118.pdf](https://mn.gov/boards/assets/ADV%20Dental%20Therapist%202_tcm21-46118.pdf)

<sup>15</sup> <https://mn.gov/boards/dentistry/licensure/processingandapplications/dental-therapists.jsp>

<sup>16</sup> [https://mn.gov/boards/assets/Delegated%20Duties\\_tcm21-46116.pdf](https://mn.gov/boards/assets/Delegated%20Duties_tcm21-46116.pdf)

<sup>17</sup> <http://www.health.state.mn.us/divs/orhpc/workforce/emerging/toolkit/dtreg2016.pdf>



## **Dual License with Dental Hygiene**

A growing number of Minnesota clinics and dentists are finding the value and flexibility of employing a practitioner who is dually licensed as both a dental hygienist and a dental therapist to be beneficial. Employers have reported that dual licensed individuals spend a majority of their time on DT services, but they have the flexibility to be scheduled for hygiene care when needed. Additionally, a dually licensed ADT is able to provide both dental hygiene and dental therapy services to patients in remote, underserved or community-based settings such as schools or Head Start programs, when it is not practical or cost-effective to send multiple practitioners to these sites. Beginning with the incoming class in the fall of 2016, students graduating from both of Minnesota's DT education programs will be eligible to be dually licensed in dental hygiene and dental therapy. The Normandale Community College/Metropolitan State University program has had a prerequisite of a BS or BA in Dental Hygiene from its inception. The University of Minnesota, School of Dentistry transitioned its program in the fall of 2016 to train students in both dental hygiene and dental therapy.

## 4. Education and Training

### Education Program Information

Two dental therapy education programs in Minnesota have been approved by the Minnesota Board of Dentistry: The University of Minnesota School of Dentistry and a Metropolitan State University program administered in partnership with Normandale Community College. Both programs prepare students for licensure as a dental therapist as well as certification as an advanced dental therapist. Below is a description of each educational program's requirements. Graduation statistics and future projections are provided in *Table 2*, below the descriptions.

- Before the incoming class in 2016, the **University of Minnesota, School of Dentistry's** Master in Dental Therapy program accepted applicants who had completed a BS or a BA degree along with specific prerequisite courses. Starting in the Fall 2016, the University of Minnesota moved to a 32 month, dual degree program accepting students with a minimum of one year of prerequisite courses. Graduates earn both a Bachelor of Science in Dental Hygiene and a Master in Dental Therapy. This allows graduates to be eligible to pursue licenses in both dental hygiene and dental therapy. Since the inception of the U of M program, dental therapy students have learned alongside dental and dental hygiene students, and in areas where the scope of practice of a dental therapist is the same, they complete the same clinical competencies. This model will continue with the program transitioning to dual training in DH and DT. For more information, visit the [U of M Dental Therapy](#)<sup>18</sup> webpage.
- At **Metropolitan State University and Normandale Community College's** Master of Science in Advanced Dental Therapy program, eligible applicants are Minnesota licensed dental hygienists who have earned a BS or a BA degree, completed a restorative functions course (credit or non-credit), and have a cumulative GPA of 3.0, along with other requirements. In this 16-month program, students are taught by dentists and – for procedures within their scope of practice – are educated to the level of a dentist. For more information, visit the [Minnesota State Colleges and University Dental Therapy](#)<sup>19</sup> webpage.

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<sup>18</sup> <https://www.dentistry.umn.edu/degrees-programs/dental-therapy>

<sup>19</sup> <http://www.mnscu.edu/college-search/public/institution/programProfile?rcld=0076&proglid=8619>

**TABLE 2: EDUCATION PROGRAM DATA AND FUTURE PROJECTIONS, APRIL 2016**

	<b>Metropolitan State University and Normandale Community College</b>	<b>University of Minnesota School of Dentistry</b>
Graduates	28	42
Graduates who have achieved ADT certification	18	10
Current students	11	15

**Projected Future Graduate Numbers**

<b>Year</b>	<b>Metro &amp; Normandale</b>	<b>U of MN</b>
2016	12*	8
2017	6	7
2018	6	0*
2019	10	8

*Data Source: Respective education institutions; December, 2016*

*\*Due to changes in program structure and length, graduation trends show gaps in both programs. The program at Metropolitan State University and Normandale Community College shortened from 20 to 16 months starting in the fall of 2015. In 2016 there was one graduating class of 5 in May and there will be one graduating class of 6 in December. The University of Minnesota has redesigned its program from a 28-month to a 32-month program and due to these changes, there will be no graduates in 2018.*

After completion of either of the dental therapy education programs, each graduate will have the following competencies<sup>20</sup>:

- Ability to demonstrate the knowledge and clinical competence required to deliver comprehensive dental therapy services and treatment;
- Ability to exhibit the knowledge and skills required for client and dental therapy practice management;
- Ability to recognize how academic accomplishments will enable them to strategically advance within the dental therapy profession;
- Ability to demonstrate critical thinking, problem-solving, and reflective thinking skills for their professional and personal lives;
- Ability to recognize the importance of community service and leadership from a local and global perspective; and
- Ability to exhibit professional growth, self-knowledge, and lifelong learning strategies that can be implemented throughout their professional career.

## Examination and License Information

### Dental Therapist

To be eligible for licensure, a DT must have graduated from a dental therapy education program approved by the Board of Dentistry or accredited by the [Commission on Dental Accreditation](#)<sup>21</sup> (CODA) or another Board-approved accreditation body. The education program must be at least a baccalaureate level degree. To be licensed, a DT must pass a comprehensive, competency-based clinical examination that is approved by the Board and administered independently of an institution providing dental therapy education. A DT must also pass an examination that tests the applicant's knowledge of the Minnesota laws and rules relating to the practice of dentistry.

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<sup>20</sup> Normandale Community College

<sup>21</sup> <http://www.ada.org/en/coda>

### **Advanced Dental Therapist**

A licensed DT who meets all other DT licensure requirements is eligible for advanced dental therapy certification if the following additional requirements are met: (1) the DT graduated from an approved or CODA accredited Master's level education program; (2) the DT completed 2000 hours of clinical practice as a dental therapist under direct or indirect supervision of a dentist; and (3) the DT passed the Board of Dentistry's three-part examination which includes a patient records review, a written scenario exam, and an interview with the Board's Licensing and Credentials Committee. Upon successful completion of the three components of the Advanced Dental Therapy Certification Examination, the DT may be certified as an Advanced Dental Therapist.

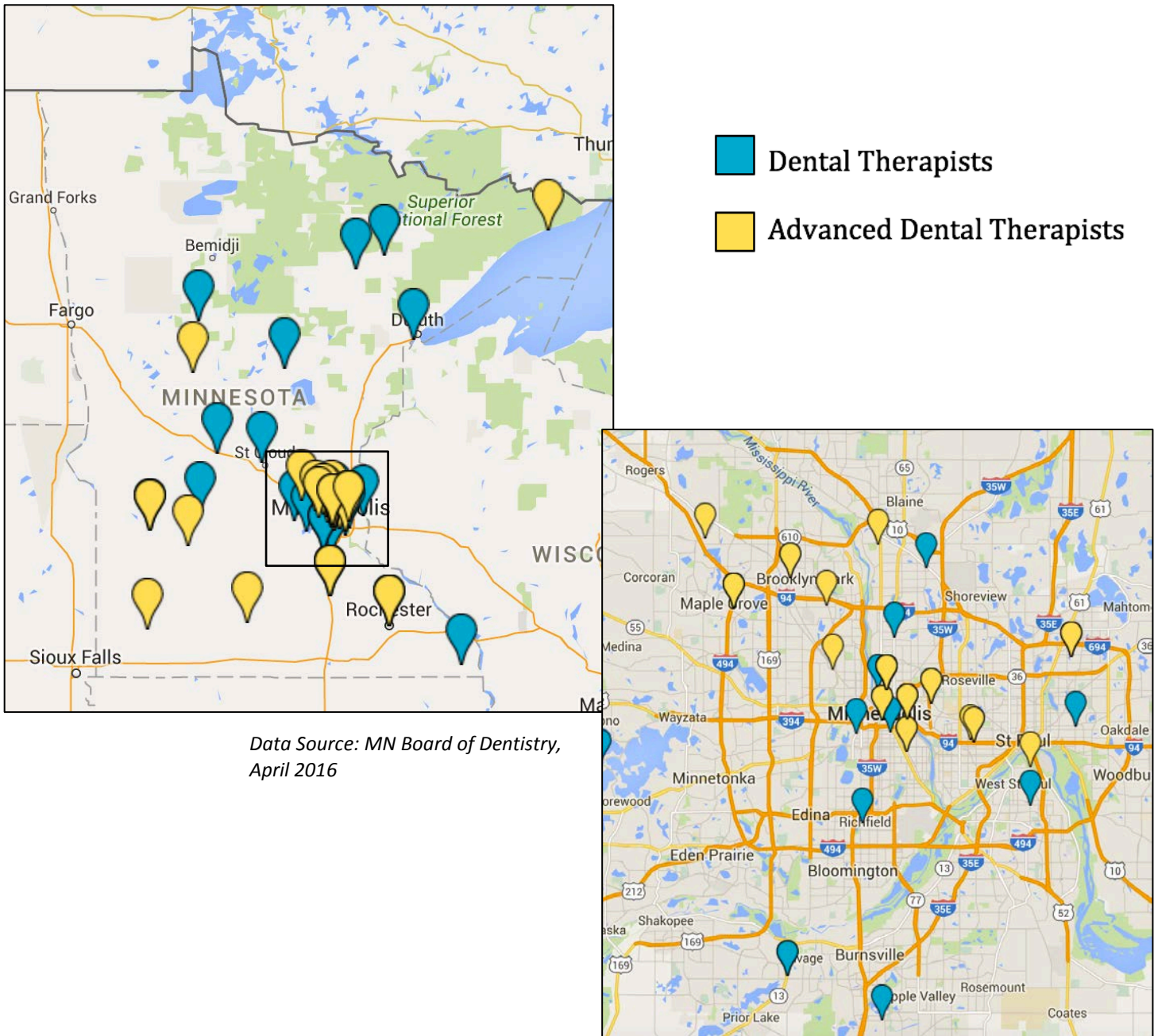
### **Licensed DTs and ADTs**

As of January 2017, there were 64 DTs licensed in the state of Minnesota; 32 of the 64 had been certified as ADTs, and 26 of the 64 were dual licensed in dental hygiene and dental therapy.

Annual updates on the number of dental therapists, their demographics and practice settings is available from the Minnesota Department of Health at: <http://www.health.state.mn.us/divs/orhpc/workforce/data.html>.

*Figure 1*, below, shows the various clinical geographic locations at which DTs and ADTs are practicing. Sites where DTs or ADTs provide services in community settings outside of permanent dental clinic are not shown on the map.

FIGURE 1: MAP OF DENTAL THERAPISTS AND ADVANCED DENTAL THERAPISTS IN MINNESOTA



## Continuing Education and Volunteer Opportunities

Similar to dentists, DTs and ADTs must organize, complete, and document continuing education requirements, to ensure that they remain current on their oral health skills. DTs and ADTs are required to complete 50 credit hours for each biennial cycle, including a minimum of 30 fundamental credit hours and a maximum of 20 elective credit hours. Credits are granted on an hour-per-hour basis (one clock hour is equal to one credit hour). General attendance at a state or national convention is granted three elective credits.

<u>Examples of Fundamental Courses:</u>	<u>Examples of Elective Types of Activities:</u>
<ul style="list-style-type: none"> <li>• Lecture/Symposiums/Seminars</li> <li>• Internet/Home study/Periodicals (with post-test)</li> <li>• Study Clubs</li> <li>• Advanced Education/College courses (1 college credit= 1 CE credit)</li> </ul>	<ul style="list-style-type: none"> <li>• Volunteerism/Community Service</li> <li>• Attendance at a state or national convention</li> <li>• Presenting a CE course</li> <li>• Self-Study ex: professional reading, published articles</li> </ul>

**TABLE 3: CONTINUING EDUCATION CORE SUBJECT AREAS AND EXAMPLES**

<b>Core Subject Areas</b>	<b>Examples</b>
Infection Control	Courses about safety and sanitary conditions
Record Keeping	Record keeping courses, Risk management courses that include record keeping
Ethics	Vulnerability of patients, Boundary issues, Professional ethical code and guidelines
Patient Communications	Non-verbal communication, Courses on teamwork, Personal communication courses, Foreign languages/sign language
Management of Medical Emergencies	Medical emergencies in the dental office
Diagnosis and Treatment Planning	Periodontics, Prosthodontics, Endodontics, Restorative

Data Source: MN Board of Dentistry [Core Subjects](#)<sup>22</sup>

<sup>22</sup> <https://mn.gov/boards/dentistry/professionaldevelopment/coresubjects.jsp>

The Board of Dentistry monitors compliance with continuing education requirements, and approves courses and activities on a case-by-case basis. For more information on DT/ADT continuing education, visit the [Minnesota BOD Professional Development](https://mn.gov/boards/dentistry/professionaldevelopment/)<sup>23</sup> webpage. For more ideas on continuing education opportunities, contact the [Minnesota Dental Therapy Association](http://www.mndta.org/)<sup>24</sup>.

In order to maintain clinical skills, DTs or ADTs may choose to participate in volunteer opportunities like [Give Kids a Smile](https://www.mndental.org/events/give-kids-a-smile/)<sup>25</sup> or [Mission of Mercy](https://www.mndental.org/events/mission-of-mercy/).<sup>26</sup> If a DT or ADT volunteers, they are still required to have a collaborating dentist and CMA submitted to the Board of Dentistry.

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<sup>23</sup> <https://mn.gov/boards/dentistry/professionaldevelopment/>

<sup>24</sup> <http://www.mndta.org/>

<sup>25</sup> <https://www.mndental.org/events/give-kids-a-smile/>

<sup>26</sup> <https://www.mndental.org/events/mission-of-mercy/>



## 5. Hiring, Onboarding and Integration

### Resources for Employers

This section provides information that may be useful to dentists, dental clinics and other organizations who are considering hiring a DT. Every employer will have existing processes and procedures for recruiting and hiring new professionals. The focus of this section and this toolkit is to provide information that will address factors that are unique to the DT profession.

In addition to this toolkit and related [MDH Emerging Professions – Dental Therapist Materials](#),<sup>27</sup> there are a number of additional hiring resources that may be useful to potential employers. The resources below cover a range of information related to hiring and employing dental therapists, from existing toolkits to information from the Board of Dentistry and other regulatory bodies, to social media outlets.

#### Hiring a DT/ADT Website (2014)

The Otto Bremer Foundation funded the development of an [Internet-based Employer Toolkit](#)<sup>28</sup> with resources for hiring a DT or ADT. The topics included in the website are:

- Scope of practice for DT and ADTs
- Practice settings
- Education and licensure
- Dental professionals' perspectives on the DT profession
- Collaborative Management Agreements
- Reimbursement for DTs and ADTs
- Professional liability

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<sup>27</sup> <http://www.health.state.mn.us/divs/orhpc/workforce/emerging/dt/index2.html>

<sup>28</sup> <http://www.mchoralhealth.org/mn/dental-therapy/>

- Checklist for considering adding a DT/ADT to your practice

In 2013, the Minnesota Dental Association created an issue brief with information related to the DT profession at that time; it can be found [here](#).<sup>29</sup> While some of the information is out of date, it does provide a historical perspective and includes 2013 information on education programs, students and practitioners at that time.

For more recent information on practitioner and student information, see the [Environmental Scan](#)<sup>30</sup> created in conjunction with this toolkit.

### **Minnesota Board of Dentistry**

[Minnesota Board of Dentistry](#)<sup>31</sup> provides useful information related to DTs on their website, including scope of practice, collaborative management agreements, advanced dental therapy certification, application forms, and license and certification verification.

### **Minnesota Dental Therapy Association**

The Minnesota Dental Therapy Association is a network and association that is made up of Dental Therapists in the State of Minnesota that work together to respond to the needs of members, support the growth and development of dental therapy as a profession, and increase access to dental care for the public. For more information about the MDTA, visit their [website](#)<sup>32</sup> or contact the association: [mndentaltherapyassociation@gmail.com](mailto:mndentaltherapyassociation@gmail.com).

## **Recruiting, Interviewing and Hiring**

Before recruiting, interviewing or employing a DT, an employer should obtain a good understanding of the DT model, scope of practice and supervision requirements. Information is available in this toolkit and from other sources, but potential employers without experience working with DTs may also wish to contact an existing DT employer for information and advice. After obtaining a good understanding of the DT model, an employer can determine whether the

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<sup>29</sup> <http://www.ncsl.org/documents/health/OralHealth121113webinarhandout.pdf>

<sup>30</sup> <http://www.health.state.mn.us/divs/orhpc/workforce/emerging/toolkit/dtenv2016.pdf>

<sup>31</sup> <https://mn.gov/boards/dentistry/licensure/processingandapplications/dental-therapists.jsp>

<sup>32</sup> <http://www.mndta.org/>

model fits with the practice's philosophy, goals, care model, business structure and the patients and communities served and move forward with hiring.

Because DTs will be working as one member of a dental team, employers may want to identify a varied hiring team to participate in determining how a DT may fit into the practice and then recruiting and hiring the DT. The team could include dentists, clinical managers, clinic staff or other members of the oral health team. Employers may want to contact organizations likely to be sources of patients for a dental therapist – schools, social service agencies, etc.

Once a decision is made to recruit a DT, the same best practices for recruiting and hiring any new oral health practitioner apply, whether it is a DT or a dentist, dental hygienist, dental assistant or other staff or team member. All new practitioners and employees should be carefully screened and vetted to be sure the candidate has a current state license, is well-trained and qualified to provide the services needed, and has strong references from previous employers and other sources. Employers should also seek information to assess whether a candidate will be a good fit and will be accepted by other dental team members, and is a good match with the patient population.

As with any business expansion employers should carefully assess the expected financial impact of hiring a DT on the employer's practice or organization. The financial analysis will assess, among other things, whether there is adequate patient need and demand to keep the DT and the team at full capacity and whether the additional payments and revenues generated by the team will be adequate to cover the added expenses and generate an acceptable margin or profit to support sustainable employment of the DT. Financial impact is best assessed by looking beyond the revenues generated by DT services in isolation, which should include how the DT will affect the productivity and profitability of the entire team. For example, many DT employers have found that a DT has enabled the overall team to increase its productivity and has freed up dentists to perform more complex procedures that are reimbursed at a higher level than the DT services.

Employers should factor in a start-up period before the new DT or ADT reaches full productivity. Experience to date has shown that the ramp up period for dental therapists is similar to that for new dentist graduates. Employers can assume DTs who have completed the required education programs and passed licensure requirements and examination possess the knowledge and clinical competencies required to deliver comprehensive dental therapy services and treatment. All new practitioners will need initial orientation and training and continued support and mentoring during the process of integrating them into the dental team and the practice. This is especially true of recent graduates who have not accrued substantial practice experience outside the academic and clinical training settings.

Given that there is a history of some political opposition to the DT role, employers should be prepared for the possibility that some members of their dental team or other dentists in the community may not be accepting of their DT, at least initially. Education within the practice, with external partners and with colleagues may be needed. Despite any initial resistance, most Minnesota dentists and employers who have hired DTs have found that with proper supervision and onboarding, DTs are accepted as a valued, productive member of the dental team. In fact, the prevailing experience in Minnesota is that dentists who initially resisted working with or supervising DTs eventually become supporters of the DT model as they see firsthand how it benefits them and their practice. In most cases, DTs have earned their place in dental practices by improving the practice's ability to reach and serve additional patients, to improve efficiency and productivity, and to increase the financial strength of the practice.

### Seeking Candidates to Fill a DT position

Unless the clinic has identified an internal DT candidate and supported them through their training, the most common method used by dental employers to recruit a dental therapist is through the two DT education programs and their graduate placement programs. Potential employers who may have a DT position to fill and employers with general questions about dental therapists may contact the education program directors for more information, to provide a job posting, or to be given information on DT students or graduates who may be potential candidates for employment. The [Minnesota Dental Therapy Association \(MDTA\)](#),<sup>33</sup> the state's professional association of DTs and ADTs, is also a source of information and will send out career opportunities to its members. Another venue for dentists interested in learning about DTs or recruiting a DT is to contact the [Minnesota Oral Health Coalition](#)<sup>34</sup> or the [Minnesota Department of Health](#).<sup>35</sup> These sources may also be able to put an employer in touch with an existing DT employer or an employed DT to talk more about the profession and how DTs can be integrated into a dental practice.

Most successful recruitment efforts begin with a posting or job description which then can be shared with the education institutions, the MDTA and other organizations. A job posting for a DT will be very similar to job postings for dental hygienists, dental assistants or dentists. Important elements to include are information about the type of dental practice and patients

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<sup>33</sup> <http://www.mndta.org/>

<sup>34</sup> [www.minnesotaoralhealthcoalition.org](http://www.minnesotaoralhealthcoalition.org)

<sup>35</sup> <http://www.health.state.mn.us/oralhealth/>

served, the locations where services are provided, whether the position is full time or part time, and contact information for those interested in the position. Employers should be sure that their practice is the type of practice or setting that qualifies for DT practice under state law, see [MS 150A.05, subdivision 8](#). A sample DT job posting is provided in the Appendix section of this toolkit.

## **The Interview**

The interview process is an important step in recruiting and hiring a DT. In addition to questions that would typically be asked in an interview with any oral health practitioner, a few additional questions that specifically relate to the dental therapy profession and could be included are:

- Why did you decide to become a dental therapist?
- What do you think are the most important skills and attributes of an individual going into this profession?
- What value and contributions do you think you will bring to our dental team?
- As a pioneer in this new Minnesota profession, what ideas do you have for how we can work together to build trust and help you develop a positive relationship with the dental team and your supervising dentist?

The idea of working with a dental therapist will be new to all or most team members, and the employer may want to include questions for the candidates about the DT model or the qualifications or training of DTs. For example, a DT trained and licensed in Minnesota will be able to describe their knowledge and training on their legal scope of practice, what to do if they encounter a dental problem that requires services that exceed their authorized scope of practice, or how they will work with their supervising dentist to develop a Collaborative Management Agreement that will contain the details for the working relationship and define the level of dentist supervision and authorization the dentist will require.

## **The DT Portfolio**

Some DTs may have developed a professional portfolio and some employers may require applicants for employment to provide one. A portfolio showcases a DT's competence, knowledge, skills, and expertise gained while completing the dental therapy program and in other relevant areas of the DTs professional and personal experiences.

Examples of documentation that may be found in a professional portfolio:

- Practice philosophy
- Short and long-term goals
- Resume
- Presentations
- Writing samples
- Certificates
- Educational honors
- Cases of patients treated
- List of externship rotations
- Continuing education (especially if a practicing dental hygienist)
- Letters of recommendation

### **Employment Offer**

After making a decision to offer employment to a DT, an employer will typically provide the DT with a written employment agreement with the same information that would be included in an employer offer to a dentist, dental hygienist or other member of the dental team. The employment offer typically describes the position, job title and start date; the salary, compensation and benefits offered; the reporting responsibilities and supervising dentist relationship; and performance expectations and goals.

### **Salary Ranges**

Based on information collected from employers, educational institutions and other sources for this toolkit, *Table 4* summarizes general salary ranges for DTs and ADTs and compares their compensation to that of dentists. In general, DTs will be compensated at a higher hourly rate than dental hygienists. If they achieve ADT certification their compensation will increase. In some cases, compensation may be different for a dually licensed DT/Dental Hygienist. Both DTs and ADTs are compensated at lower wages than dentists. Some clinics pay practitioners in part or entirely based on their productivity rather than a fixed salary, in which case total compensation will vary even within a single clinic setting.

**TABLE 4: HOURLY WAGES FOR DT, ADT, AND DENTISTS**

	Metropolitan Twin Cities	Greater Minnesota
DT	\$36-40	\$35-44
ADT	\$36-45	\$40-45
Dentist	\$60-100	\$50-78

Data Source: Questionnaire responses collected for this toolkit, April and August 2016; Employer Presentations at Dental Therapy Site Visit, July 2016; salary.com; and: <http://www.health.state.mn.us/divs/orhpc/workforce/emerging/dt/index.html#toolkit><sup>1</sup>

## Onboarding

The integration of nurse practitioners (NPs) and physician assistants (PAs) into medicine offers some lessons for integrating dental therapists. Although NPs and PAs are generally accepted and understood by patients and other members of health care teams, the medical community still takes measures to ensure that these professionals

***“I’m very pleased at the patient reaction to this new provider in our practice.”***

*Dr. David Gesko, dental director for a nonprofit integrated health care system in Minnesota*

are seamlessly introduced and integrated into their offices and are accepted by patients and fellow employees in the office. Full integration of a DT/ADT into the dental team is crucial for their success and for patient acceptance. The dentist, other oral health professionals and staff have an important role in educating and assuring patients that they will be receiving quality care from the oral health team. Introduction of a DT or ADT to the staff provides an opportunity to learn and ask questions about the dental therapy profession which will help ease the transition.

Tina Maluso-Bolton, an oncology nurse practitioner, identified seven common actions that allow practices to successfully integrate mid-level practitioners. These include:

- (1) a clear, articulated job description;
- (2) a committed mentor;
- (3) leadership and administrative support;
- (4) patient and coworker support;
- (5) feelings of acceptance of the mid-level practitioner as a valued colleague by all concerned;
- (6) an atmosphere that supports growth; and
- (7) leadership willingness to delegate.

Dental practices should implement these steps with any new employee to create a productive and cohesive team.

For more information on preparing the oral health team, see the following articles: Maluso-Bolton, *Advanced Practice Clinicians: Integrating Advanced Practice Clinicians into your Oncology Practice*, 2006<sup>36</sup> and Yoder and DePaula, *Navigating Career Pathways- Dental Therapy in the Workforce: A Report of the Career Path Subcommittee*, 2011.<sup>37</sup>

During all stages of the hiring and onboarding process, it is important that office and clinical staff are aware and understand the role of the new professional. In addition to resources in this toolkit, like the Preparing the Oral Health Team and Office Communications sections, the DT or ADT can serve as a resource to the clinic and provide information and suggestions on integration and office communications. As with other professionals, the DT/ADT will need a clinical orientation to become more familiar with the clinic culture, operations, and clinic specific procedures and policies.

For smooth integration into the clinic, the DT/ADT may want to start with just one collaborating dentist. Once a trusting relationship has been developed and the DT/ADT and DDS are familiar with practice philosophy, treatment planning, and personal strengths, the DT/ADT will be established to add CMAs with additional collaborating dentists. Like recent dental graduates, new DT/ADTs may likely need some on the job training and time to ramp up skills to peak production. During this time, collaborating dentists may decide frequent procedure checks and case reviews are needed in order to build a trusting relationship. Once the dentist and therapist are familiar with each other's practice styles, case reviews and procedure checks can taper off as they see fit.

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<sup>36</sup> Maluso-Bolton T. Advanced practice clinicians: Integrating advanced practice clinicians into your oncology practice. *Journal of Oncology Practice/American Society of Clinical Oncology*. 2006; 2 (6): 289-93. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2793646/>

<sup>37</sup> Yoder, Karen, and Dominick DePaula. Navigating career pathways—dental therapists in the workforce: a report of the career path subcommittee. *Journal of public health dentistry* 2011; 71 (s2):S38-S41. <https://www.ncbi.nlm.nih.gov/pubmed/21922706>



## Office Communications

To be effective, a DT will need the support of the dentists, other members of the dental team and administrative employees in the office. Scheduling staff should be very familiar with the allowed services in the DT/ADT scope of practice. Introducing the DT/ADT to patients is important and can be done through a number of methods, such as:

- Pamphlets in the office
- Information on the practice website
- Announcements on social media
- Verbally by oral health practitioners and administrative staff

### Lessons Learned: Office Staff Acceptance

- Continuous and open communication is key for office and staff acceptance.
- 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 the DT/ADTs bring to the overall practice and oral health team 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.

***“I was surprised and kind of worried about presenting them to the patients or having to defend it. It’s been seamless. If the staff is on board then the patients are too.”***

Developing and disseminating written guidelines for communication from staff to patients regarding the addition of the dental therapist to the practice may be useful. Information for patients could include:

- DT/ADT education and training
- Explanation of the DT/ADT scope of practice
- Dental supervision and practice settings
- Comparisons of DT/ADTs to other mid-level providers

Endorsement by the dentists can help make patients comfortable and accepting of the DT/ADT. When feasible, a dentist could inform the patients that the office now has a DT/ADT to whom the dentist may delegate some of his or her preventive and restorative care. They could inform patients that the DT/ADT is a member of the dental team and has had the same education and training as a dentist within their scope of practice to perform quality, safe care. Educating staff and patients on the DT/ADT's scope of practice, education and training allows for smooth integration into the practice.

For more information on office communications, see Maluso-Bolton's

#### Lessons Learned: Patient Acceptance

- DTs/ADTs and employers have commented that their patients were very accepting of the new provider. 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.
- DTs/ADTs have stated that their patients express gratitude for being able to finally access dental care.
- 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.

***“My biggest concern... was that every day there's at least one patient who is going to come in and say, 'I don't want to be seen by a therapist, I need a dentist.' So, I was very, very much prepared for that. But it never happened – once. Which was great; I was almost overwhelmed by the response of patients. They were very, very appreciative... They're very comfortable with her.”***

*Dr. Shiraz Asif, Family Dental Care, a community clinic in Minneapolis, MN*

article: *Advanced Practice Clinicians: Integrating Advanced Practice Clinicians into your Oncology Practice*, 2006.<sup>38</sup>

Applications for the loan forgiveness program are open annually in November. Selection of awards is competitive, and not all applicants receive awards.

For more information on the program and for contact information for DT-related programs, visit this [MDH Loan Forgiveness program webpage](#).<sup>39</sup>

## Professional Liability Coverage for Dental Therapists

There is no statutory requirement for a dental therapist or advanced dental therapist to carry professional liability coverage, just as there is no requirement for a dentist to carry professional liability coverage. In general, the dental therapist is covered under the dentist's professional liability coverage much like a dental hygienist and dental assistant is covered. The dentist should contact their professional liability carrier to determine if their carrier requires any modifications to the dentist's policy.

There are currently two companies that offer professional liability coverage to dental therapists and advanced dental therapists in Minnesota: [Dyste Williams](#)<sup>40</sup> and [Marsh Professional Liability](#).<sup>41</sup>

## Policy and Procedure Manuals

Each practice setting will choose to integrate dental therapists in unique ways, depending on its current procedures and policies. A review of a practice's existing policies and procedures and compliance plan should be completed and changes made as needed. Changes may be needed to address the unique dentist supervision and CMA requirements that apply to dental therapists, but the DTs scope of services are not new. These are services dentists are already providing. The main changes are in who performs the services and the way in which the DT services are authorized and supervised by a dentist.

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<sup>38</sup> Maluso-Bolton T. Advanced practice clinicians: Integrating advanced practice clinicians into your oncology practice. *Journal of Oncology Practice/American Society of Clinical Oncology*. 2006; 2 (6): 289-93

<sup>39</sup> <http://www.health.state.mn.us/divs/orhpc/funding/loans/>

<sup>40</sup> <http://dystewilliams.com/programs/dentists-oral-surgeons/>

<sup>41</sup> <https://www.marsh.com/us/services/financial-professional-liability.html>

Some examples of policies and procedures that may need to be updated:

- Dental programs policies and procedures
- Organization chart
- Dental program summary
- New employee orientation
- Staff assignments and duties
- Scheduling and appointment procedures
- Clinical services information
- Quality assurance
- Community health
- Human Resources and general personnel policies
- Other areas within policy manuals that include lists of providers, where applicable

## Triage Protocols

Something else to consider when onboarding a new hire is the best use of their skills to maximize efficiency in the practice. Some employers, clinics and dentists use ADTs to triage new patients, walk in patients or urgent patient needs to do an initial assessment of what services are needed, how quickly and by which member of the dental team. A DT is authorized to deliver palliative emergency treatment of dental pain as well as other initial services. For more information on the services DTs and ADTs are authorized to deliver and the type of dentist supervision or authorization is required, see [Delegated Duties of Dental Therapists and Advanced Dental Therapists](#).<sup>42</sup>

## Pursuing Advanced Practice Certification

Upon hiring, it may be important to learn about the employee's professional goals. If a DT will be seeking advanced practice certification, the DT and other team members will want to begin identifying patient cases and records that can be submitted to the Board of Dentistry as Part I of the ADT certification. These records will be reviewed for comprehensiveness and compliance with current record-keeping regulations as well as evaluated for evidence and demonstration of critical thinking and decision making.

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<sup>42</sup>[https://mn.gov/boards/assets/DT%20Chart%20BA\\_tcm21-262696.pdf](https://mn.gov/boards/assets/DT%20Chart%20BA_tcm21-262696.pdf)

## **Minnesota Department of Health Loan Forgiveness Program**

Employers may also want to make new hires aware of programs that can assist them. The Minnesota Department of Health's Office of Rural Health and Primary Care offers a range of loan forgiveness and repayment programs to health care students or residents, and dental therapists are eligible for the program. Licensed graduates of a DT/ADT program are eligible for \$10,000 per year for up to four years, if they serve in a rural area for a minimum of three years. Practicing DT/ADTs are eligible for loan forgiveness, but priority is given to recent graduates.

## 6. Supervision

### Collaborative Management Agreements

Both Minnesota educational programs teach students the required components of Collaborative Management Agreements (CMAs) and provide training on how to work with supervising dentists to formulate the CMA and then work together as a team. The final CMA must be agreed to and signed by both the DT/ADT and the dentist.

Although the scope of practice for DTs and ADTs is specified in statute, the supervising dentist has the authority to further limit the functions, or increase supervision, of an individual DT or ADT through the CMA. CMAs are filed with the Minnesota Board of Dentistry and reviewed annually, but a CMA may be altered at any time. For example, a dentist may initially choose to limit the DT/ADT scope of practice and later decide limitations are no longer necessary due to the demonstrated competency of the DT/ADT and can amend the CMA at that time. A CMA or supervising dentist may not authorize a DT/ADT to practice beyond the scope of practice outlined in statute.

Refer to the [BOD website](#)<sup>43</sup> for current information on the DT/ADT scope of practice and formulating a CMA and to view CMA templates for [DTs](#) and [ADTs](#).

### Collaborating Dentist and Dental Therapist Relationship

Communication is critical to relationship building between the dentist and the dental therapist. Collaborating dentists and dental therapists may want to discuss:

- **Mission and Vision.** It is important to have a conversation about the mission and vision of the practice as well as the patient population that is served. It may be useful to have the dental therapist shadow the dentist to experience how patient care is delivered.
- **Scheduling.** It is beneficial to have the dentist and DT/ADT develop written scheduling guidelines, review and revise guidelines on a specified basis, and clearly communicate expectations to scheduling staff. A typical day for a DT/ADT will vary based on a number of factors including:

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<sup>43</sup> <https://mn.gov/boards/dentistry/licensure/processingandapplications/dental-therapists.jsp>

- The clinic’s patient population;
- Where the ADT is practicing (in the clinic or in a community setting);
- Whether they are a DT or ADT or dually licensed in DH and DT;
- The collaborating dentist and scope of practice identified in the CMA;
- The needs of the clinic; and more.

Dental therapists generally see between four and eight patients in the morning and again in the afternoon. Typically, a DT/ADT is scheduled for restorative, pediatric, and preventive care appointments and can operate in one or two dental chairs with one or two dental assistants.

- **Regular check-ins.** Begin each day with a team meeting to review patients and treatments scheduled for the day. This provides an opportunity to discuss any questions or concerns related to each patient’s treatment plan.
- **Work evaluations.** Until comfortable and familiar with the dental therapist’s work, the dentist may want to evaluate preparations and restorations. For example, this may be done for all patients for the first two weeks and

more complicated procedures for the first two months. The exact arrangement will depend on the relationship that develops between the dentist and the dental therapist. After the dentist is comfortable with no longer evaluating all procedures, the dentist and dental therapist should schedule time weekly to review difficult cases or answer questions the dental therapist may have. A best practice could be to develop and

**Lessons Learned: Dentist-Dental Therapist Relationship**

- Continuous and open communication with the dental therapist, hiring team, and other collaborating dentists is key.
- When building a relationship, it is important to go through treatment planning together and share philosophical information to build a shared philosophy with regards to clinical decision making. DT/ADTs and collaborating dentists should set goals together.
- It may work best in some practices to have a recent DT graduate paired with only one dentist during their initial training and onboarding time and then work with additional dentists once they are oriented.
- 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.

***“I’m very comfortable with our dental therapists; otherwise I wouldn’t allow them to practice. Because I have confidence in them because I have critiqued the work over a number of years and I can see that they do it well. The quality of our dental therapists’ work is on par with that of a dentist and in some cases better than new dentists.”***

*Dr. Mark Kelso, dental director at Norton Sound Health Corporation in Nome, AK*

implement a Quality Assurance program where chart audits are done quarterly for the first year and then every six months after.

Recent graduates and newly hired DTs will need additional orientation, mentoring and supervision until they are fully integrated into the team and the dentist and other team members become familiar with the DTs experience, skill and practice style. This initial period establishes the foundation for an ongoing working relationship between the DT and supervising dentist and other team members. Based on information and advice received from Minnesota DT employers, an employer onboarding a new DT into the team may choose to establish a protocol of daily team meetings each morning. Suggested timing and topics for team meetings are shown below:

Recent Graduate, Newly Hired First 3-6 months)	Fully integrated DT/ADT (after 3-6 month onboarding period)
<ul style="list-style-type: none"> <li>• Morning Team Meeting: approximately 30 minutes to review all necessary cases, treatment plans and procedure preparations and checks</li> <li>• Dentist closely monitors the DTs work, especially more complex procedures</li> <li>• Daily or weekly review 5-10 cases, discuss treatment plans and set aside adequate time to fully discuss why treatment plans were developed and executed accordingly</li> </ul>	<ul style="list-style-type: none"> <li>• Morning Team Meeting: 15-30 minutes to discuss daily schedule and the most complex cases</li> <li>• Procedure checks and preparation checks periodically, as needed</li> <li>• Weekly review 5-10 patient charts for more complex patients or patients that need additional attention in treatment planning and execution</li> </ul>



## 7. Insurance and Billing

Under [MS 256B.0625](#)<sup>44</sup>, subdivision 59, Minnesota’s Medical Assistance (MA) program covers services provided by dental therapists and advanced dental therapists that fall within the scope of practice identified in state law in MS 150A.105 and 150A.106. This statute also has the effect of providing for coverage under the state’s MinnesotaCare program. The current list of services in the DT and ADT scopes of practice is available in Section 3 of this Toolkit.

To be eligible for payment, the DT must be licensed, have a board-approved Collaborative Management Agreement (CMA) with a supervising dentist, and be employed by an oral health clinic or provider that is enrolled with the Minnesota Department of Human Services (DHS) to provide MA-covered services. DTs and ADTs do not bill directly for their services; services are billed through their enrolled dental clinic or group practice that serves as the “billing provider.” However, the DT or ADT must still obtain their own National Provider Identifier (NPI) number and enroll with DHS as an individual practitioner by completing the individual practitioner enrollment forms and application. To obtain reimbursement for DT/ADT services, the billing provider must submit the claim and include the DT or ADT’s NPI number as the “rendering provider.”

At times, enrolling a provider with DHS can take months – as of early 2017 a six-month wait was not uncommon – and this wait is not unique to dental therapy. DHS is working to address the backlog, but supervising dentists and clinics should plan accordingly. For more information on the enrollment process and the enrollment forms, visit the [DHS provider enrollment](#)<sup>45</sup> website.

As with other oral health practitioners, in order to be paid for providing services to patients enrolled in a Managed Care Organization (MCO) and insurance companies, -- including MCOs

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<sup>44</sup> <https://www.revisor.mn.gov/statutes/?id=256B.0625>

<sup>45</sup> [http://www.dhs.state.mn.us/main/idcplg?IdcService=GET\\_DYNAMIC\\_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=id\\_000090#enrollment](http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=id_000090#enrollment)

that contract with Medicaid – the billing provider and DT must complete any applicable enrollment and credentialing requirements established by each individual insurance company. Each insurance company has its own credentialing process. Some require brief forms, others require forms of 40+ pages. Turnaround times for credentialing of either dental therapists or dentists vary as well – average times may be from six weeks to six months, depending on the company.

Adding complexity, not all health plans contracting with Medicaid credential providers the same way. HealthPartners, for example,<sup>46</sup> currently credentials Advanced Dental Therapists, but not Dental Therapists. Blue Cross / Blue Shield of Minnesota<sup>47</sup> currently does not credential either DTs or ADTs, and requires dentists to bill DT or ADT services using the dentist's NPI. Contact each health plan for details on their credentialing processes.

Clinics consulted for this Toolkit recommended maintaining positive relationships with health plan representatives, and following up on faxed or emailed documentation to make sure it was received. A good working relationship can make credentialing a provider easier.

Once enrolled with DHS and/or the MCO that manages care for Medicaid or MinnesotaCare enrollees, the billing provider may bill for the DT services provided to an eligible MA, MinnesotaCare or – if the service is covered – privately insured patient. For services that are reimbursed directly by DHS (also known as Fee-For-Service Medicaid), DT and ADT services are currently reimbursed at 100% of the MA reimbursement rates established by DHS for dentists providing these services. For MA patients who are enrolled in a managed care plan (also known as the Prepaid Medical Assistance Program, or PMAP), the plan may establish its own DT/ADT payment rates and may also establish additional credentialing or payment requirements for DTs and ADTs, as long as they are providing their enrollees with access to DT and ADT services. All services within the DT/ADT scope of practice are reimbursable services in DHS programs.

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<sup>46</sup> <https://www.healthpartners.com/provider-public/credentialing-and-enrollment/>

<sup>47</sup> [https://www.bluecrossmn.com/healthy/public/portalcomponents/PublicContentServlet?contentId=P11GA\\_12867461](https://www.bluecrossmn.com/healthy/public/portalcomponents/PublicContentServlet?contentId=P11GA_12867461)

Minnesota Federally Qualified Health Centers (FQHCs) have special payment methodologies under the MA program that provide for payment of a per-visit “encounter payment” rate for dental services.

The DT and ADT DHS Provider Manuals, linked below, contain the most accurate and up-to-date payment policies and detailed requirements established by DHS for enrollment, billing and reimbursement of DT and ADT services.

[DT provider manual](#)<sup>48</sup>

[ADT provider manual](#)<sup>49</sup>

For private insurance, many plans reimburse for DT or ADT services billed by the supervising dentist – similar to how Dental Hygiene services are billed. Most private insurance plans do not credential DTs or ADTs as billing providers. Contact each health plan for details on billing procedures for DT and ADT services.

The Board of Dentistry initially created a guide to help everyone understand how the DT/ADT scope of practice translated into the Current Dental Terminology (CDT) code set. This [Board of Dentistry DT/ADT Delegated Duties](#)<sup>50</sup> document contains information on billing codes, supervision requirements, and covered services for both DTs and ADTs as of 2016.

For more information on reimbursable services, see the Scope of Practice section of this toolkit or the [Summary of Dental Therapy Regulatory and Payment Processes](#).<sup>51</sup>

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<sup>48</sup>[http://www.dhs.state.mn.us/main/idcplg?IdcService=GET\\_DYNAMIC\\_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs16\\_166842](http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs16_166842)

<sup>49</sup>[http://www.dhs.state.mn.us/main/idcplg?IdcService=GET\\_DYNAMIC\\_CONVERSION&RevisionSelectionMethod=LatestRelease&dDocName=dhs16\\_166843](http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestRelease&dDocName=dhs16_166843)

<sup>50</sup>[https://mn.gov/boards/assets/DT%20Chart%20BA\\_tcm21-262696.pdf](https://mn.gov/boards/assets/DT%20Chart%20BA_tcm21-262696.pdf)

<sup>51</sup><http://www.health.state.mn.us/divs/orhpc/workforce/emerging/toolkit/dtreg2016.pdf>

## 8. Examples of Successful Dental Therapy Models

With more than 60 dental therapists practicing in a wide range of settings across Minnesota, evidence is now clear that DTs can be employed successfully by many different types of employers and can practice in many different types of practice settings. Even so, any employer that is considering hiring a DT should consider a number of factors and variables to determine if the model will work for them. More information on these factors and variables and other considerations are outlined in the Financial Impact section of this toolkit.

Minnesota's five years of experience with dental therapists has demonstrated there is clearly a strong need and market demand for employing dental therapists in a wide range of dental practices and settings with differing practice models, patient populations, geographic locations, employment and compensation models, and funding and payment methods. This section gives several examples including a rural private practice, an urban hospital, a Federally Qualified Health Center, an urban nonprofit dental group, and mobile services in community settings.

### Rural Private Practice

Private dental practices across the state have adopted dental therapy into their care models. Almost one-half of Minnesota's DTs are practicing in rural communities, which approximates the distribution of the state's population and is a much higher rural distribution than other health care professionals whose locations of practice are skewed in favor of metropolitan areas.

Main Street Dental<sup>52</sup> in Montevideo, MN was the first private practice to hire a dental therapist in 2012 and has now expanded its care team to include two DTs and two ADTs. The dental therapists provide all restorative and pediatric care.

***Dr. John Powers,***  
***Main Street Dental Care,***  
***Montevideo, MN***  
*shares his experience with dental therapy:*

[Dr. Powers on Dental Therapists](http://www.mymainstreetdental.com/)

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<sup>52</sup> <http://www.mymainstreetdental.com/>

The dentist’s schedule then allows for more endodontic treatment, permanent crowns, implants and prosthetic appointments. The DT’s schedule contains about 91% Medicaid and Medicare insurance patients. The DTs are able to provide services at a lower cost, which results in a positive financial return for the dental practice.

**Dr. Shiraz Asif,**  
**Family Dental Care,**  
**Minneapolis, MN**

*shares his experience with dental therapy:*

<https://www.youtube.com/watch?v=nGQmHPonScM>

Dr. John Powers, of Main Street Dental, reports that his employment of DTs has resulted in:

- Providing care to more patients. Patients who previously were not able to obtain dental care because of low government health care program reimbursement rates are now being seen in their practice and receiving dental care. The low payment rates made it cost prohibitive for a dentist to provide routine dental services but financially beneficial if provided by a lower cost DT.
- Allowing the dentist to focus on more complex cases that require greater training and skill and for which payment rates are higher. For example, the dentist has been able to provide more dental implant and cosmetic dental services and perform more sedation dentistry because the DT could provide the routine dental services needed by patients.
- Increased revenues and profitability. Employing DTs made it possible to both increase the volume of services and reduce the per-service cost of providing services, resulting in an improvement in total revenues and clinic profitability.

## Urban Hospital

At Hennepin County Medical Center (HCMC)<sup>53</sup>, an urban, safety net hospital located in Minneapolis, Minnesota, DTs are currently integrated into the hospital’s care team in three different ways:

- As part of HCMC’s own dental clinic and dental services programs.

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<sup>53</sup> [http://www.hcmc.org/clinics/dentalclinic/HCMC\\_CLINICS\\_288](http://www.hcmc.org/clinics/dentalclinic/HCMC_CLINICS_288)

- In HCMC’s Obstetrics (OB) clinic, where two dually licensed DH/DTs work three days per week to improve services to low-income pregnant women who have substantial dental care needs during pregnancy. Dental residents provide the new patient exams and treatment planning and the DTs work with the dental residents and collaborating dentists to complete the treatment plan. Allowing DTs to provide services within their scope of practice lowers the hospitals costs and makes these procedures more financially feasible under low government program payment rates.
- In HCMC’s Coordinated Care Center, which is described in a later section on DTs in coordinated care models.

## Federally Qualified Health Centers (FQHCs)

Minnesota’s Federally Qualified Health Centers (FQHC), or Community Health Centers, are a source of community-based primary care to low-income, uninsured and under-insured Minnesotans. There are 17 FQHCs in Minnesota with more than 70 locations ranging from isolated rural communities to small towns and inner-city neighborhoods. The FQHCs are an integral part of the safety net system in Minnesota. In addition to providing primary care to their patients, most FQHCs also provide behavioral health and oral health services at the same location where medical services are provided. For more information on the FQHCs in Minnesota and their approach to health integration, visit the [Minnesota Association of Community Health Centers](#)<sup>54</sup> website.

As of April 2016, seven Minnesota DTs were employed by five different FQHCs. Feedback from FQHC employers of DTs has been positive. The comments of the chief dental officer of one urban FQHC are typical of the FQHCs’ experience when he reported that working in a team with a DT has allowed his clinic to see more patients at a lower cost and freed him up to provide

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<sup>54</sup> <http://www.mnachc.org/index.html>

more complex dental procedures. He reported that his patients have been very receptive to having dental care provided by a DT.

Two Minnesota FQHCs employing dental therapists are also educational training sites for the University of Minnesota School of Dentistry: Community University Health Care Center<sup>55</sup> and Native American Community Clinic<sup>56</sup>.

## Urban Non-Profit Dental Group

The HealthPartners Dental Group<sup>57</sup> was an early adopter of dental therapy into their oral health care model and has hired two DTs. HealthPartners has the largest number of Medicaid patients in the state. At the Midway clinic in St. Paul, 93% of patients are Medicaid patients. The clinic uses a dovetail and flex scheduling to accommodate emergencies. The DTs have allowed for cost containment and free the dentists to manage more complex procedures while DTs are the primary provider for children.

According to HealthPartners, the use of DTs has resulted in a 10.5 -11.4% increase in dentist production and reduced wait times for new patients.

## Mobile Services in Community Settings

Children's Dental Services (CDS)<sup>58</sup> provides dental services to children up to age 26 and pregnant women across the state of Minnesota. Children's Dental Services hired the first dental therapist in 2011, and now employs three ADTs who are fully credentialed and able to work remotely in community settings without a dentist present.

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<sup>55</sup> <http://www.cuhcc.umn.edu/>

<sup>56</sup> <http://nacc-healthcare.org/>

<sup>57</sup> <https://www.healthpartners.com/hp/doctors-clinics/specialties/dentistry/index.html>

<sup>58</sup> <http://childrensdentalservices.org/>

ADTs at CDS provide dental care at their two dental clinic locations in Minneapolis and at over 600 satellite locations including Head Start programs, elementary, middle and high schools, WIC clinics, public health facilities, and community settings. Forty-seven percent of the patients seen by ADTs are at their portable, satellite locations and 32% have been in rural Minnesota. A full range of preventive and restorative care can be provided in a satellite location, however if necessary, a patient is referred to a local dental office or back to one of their Minneapolis locations.

The integration of dental therapists into the CDS care team has shown a positive effect on financial viability, patient access and patient wait times at Children's Dental Services. One ADT providing services for 40 hours per week at a public health clinic saves \$62,400 per year. Since 2011, CDS's ADTs have provided care to over 18,000 patients. Overall appointment wait times have decreased by two weeks and overall patient time with provider has increased by 10 minutes.

Another nonprofit dental provider, Apple Tree Dental<sup>59</sup>, also uses DTs extensively in a hub-and-spoke model that uses advanced mobile equipment to deliver on-site care to elderly nursing facility residents, disabled adults living in group homes, residents of veterans' homes, low-income children at Head Start centers, schools, and other locations. Apple Tree also uses DTs to provide services in its six clinic offices in Minnesota. Their dental team includes two DTs and three ADTs.

## **Additional Lessons Learned from Early Employers**

A number of lessons have been learned about hiring and integrating dental therapists into practice. Overall, the early employers have overcome initial challenges in hiring and integrating dental therapists through strong and consistent communication between team members, 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 teams. They note having a DT/ADT 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. Many dentists and clinic leaders have publically spoken in support of dental therapy:

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<sup>59</sup> <http://www.appletreedental.org/>



- “We’ve had a full year of experience now with our two dental therapists, and I’ve had an opportunity to meet with employers of other dental therapist, and it’s gone extraordinarily well.” -Dr. Michael Helgeson, CEO of a nonprofit dental organization in Minnesota (<http://www.pewtrusts.org/en/research-and-analysis/analysis/2014/10/02/working-with-midlevel-providers-dentists-perspectives>)
- “While there is a shift in the number of services [provided by the DT] from quarter to quarter, the data demonstrates that the Dental Therapist is providing many services that increase access to care, and allows the dentists to pursue more complicated procedures.... Patients are very accepting of a dental therapist.” – Lois Berndt, Dental Clinics Manager of an FQHC in St Paul.
- “Our new ADT, like each of the ADT and DT graduates [we] have hired, has been exceptionally well prepared to practice public health dentistry. She has established productive working relationships with colleagues and is on track to increase the number of underserved children and pregnant women served by approximately 2000 in her first year of employment.” – Sarah Wovcha, ED of a nonprofit dental organization in Minnesota
- “All four dentists in my practice consider our dental therapist to be an outstanding co-worker and colleague. She is invaluable to our practice for her patient care, skills and professionalism. Our DT allows us to serve Medicaid and uninsured patients more economically. We recently celebrated her Advanced Dental Therapist licensure.” – Dr. Adele Della Torre, founder of a dental practice in Minneapolis
- “Prior to [hiring an ADT], we held meetings with our doctors to provide information on how to work as a team with an ADT. The ADT received coaching from several doctors as she was integrated into the team, and was accepted by the clinic staff. The doctors welcomed her into their office and she was given a desk alongside theirs. The [dual-licensed] ADT had a full schedule, and when some patients cancelled or did not show, she was ready to jump in and provide hygiene services to other patients.” – Carolyn Bass, clinic manager of a nonprofit dental clinic in St Paul.
- “The dentist actually has a better work scenario because of the dental therapists. The patients that the dentist is then treating have been prescreened, they have a higher level of need, and the need is more uniquely suited to what the dentist can provide.” - Dr. Michael Helgeson, CEO of a nonprofit dental organization in Minnesota
- “I have more time for implants, I have more time for cosmetic dentistry, I have more time for sedation patients... I can do a lot more of the procedures that we tend to put off because we don’t have the block of time to be able to do it.” – Dr. John Powers, owner of a private dental practice in Montevideo, MN

## 9. Impact of Dental Therapists

Measuring the specific impact of dental therapy is difficult, in part because DTs and ADTs are working in a wide range of dental practices, seeing different types of patients, and providing a variety of services that most meet the needs of their practice. However, the picture of dental therapy's overall impact is coming into focus, and it is largely positive, with only a handful of negative examples.

In an effort to document the impact for this toolkit, dental providers who employ DTs and ADTs were contacted between April 2016 and August 2016 to complete a questionnaire and provide information related to wages, productivity, financial impact on the clinic, patient response and patient access and wait times. Results show that after five years of dental therapy experience in Minnesota and more than 60 DTs working in a variety of practices, the employment of DTs and ADTs is having a positive impact on patient access, clinic productivity and clinic finances without a reduction in quality of care, safety or patient satisfaction.

Among the 60+ working DTs, there have been only three instances identified where a DT was not successfully integrated into a practice. These happened due to either a lack of compatibility of the individual DT with the clinic that hired them, or because the hiring clinic was not well suited for a DT or not adequately prepared to integrate this new type of professional into the existing team.

The lessons learned from the handful of negative experiences show that employers should thoroughly assess whether the DT model is right for them and, if it is, the practice should devote ample time and thought in deciding whether a particular DT is a good match for their clinic and dental team.

### Lessons Learned: Reimbursement and Financial

- When fully integrated and used in a practice, DTs and ADTs generate production and revenues that can produce a financial benefit to the employer. One employer reported that their DT brings in three to four times their salary per hour. Another employer expressed saving around \$60,000 per year per ADT on the team.
- Typically, a ramp-up period of three to six months is needed for a new DT/ADT's production to reach the point where it is profitable for the professional. This is similar to and expected for any newly hired oral health professional.
- For most practices seeking to improve access for underserved populations, hiring a DT/ADT will be more cost effective than hiring a dentist.

***“You’re just introducing a new element that should be able to be bringing in more money into the practice.”***

*Dr. John Powers, owner of a private dental*

## Impact on Patient Access

A major reason the Minnesota Legislature enacted the dental therapy act was to improve access to dental care for low-income, underserved, rural and special needs populations experiencing serious access problems. The law has exceeded even optimistic expectations of its impact. DTs are employed in a wide range of practice settings serving primarily these underserved populations. DTs can provide services in locations and settings where dentists are not available and can provide common, routine dental services at a lower cost to the clinic than a dentist. Reducing operating costs, increasing accessibility of services, and increasing the efficiency and productivity of the dental team has proven valuable in nearly every type of practice and clinic. This is especially vital for clinics who serve large numbers of low-income patients who are enrolled in government programs that pay low reimbursement rates or who are uninsured and unable to pay the full cost of care. *Table 5*, details firsthand clinic reports of the number of patients and the percentage of low-income, uninsured or underserved patients served.

**TABLE 5: IMPACT ON ACCESS TO CARE FOR LOW-INCOME, UNDERSERVED, UNINSURED PATIENTS**

Clinic Type	DT/ADT impact on access	Clinic Percent of MA/MNCare patients
Private	"In 2012, we opened our door to Medicaid/Medicare insurance programs."	91% seen by DTs
Non-profit	"Since December of 2011, DTs/ADTs combined have provided care to over 14,000 patients. On average over five years, this would be 2,800 patients per year."	85% and 14% uninsured
Non-profit	"Able to see a significant amount of more patients because of hiring dental therapists, directly with the patients the therapist sees but also indirectly with the increased access that the therapist creates for the rest of the team. Our dental therapists have had a significant role in increasing the access for our patients."	95% seen by DTs; 81% before hiring of DT
Private	"Employment of DT increased the number of patients on MA or MNCare; Percentage of revenue received from MA or MNCare is 12%."	Not reported
FQHC	"An estimate would be approximately 3,072 more patients per year between the 2 of them (dental therapist)."	Nearly 100%
Private	"Percent of patients on MA or MNCare has decreased 2%."	Not reported
Non-profit	"Totally depends on provider. Generally speaking, we feel an additional DDS or DT will enable our clinic to serve more patients."	84%
Non-profit	"We have been able to improve access to care and provide key services to a greater number of patients."	93%

*Data Sources: Questionnaire responses collected for this toolkit, April and August 2016; Presentations at the Pew Charitable Trust Dental Therapy Site Visit, July 2016; and the MDH webpage on DT: <http://www.health.state.mn.us/divs/orhpc/workforce/emerging/dt/index2.html>*

Data Sources: Questionnaire responses collected for this toolkit, April and August 2016; Presentations at the Pew Charitable Trust Dental Therapy Site Visit, July 2016; and the MDH webpage on DT: <http://www.health.state.mn.us/divs/orhpc/workforce/emerging/dt/index2.html>

## Impact on Patient Wait Times

Dental practices employing DTs have reported a range of impacts on patient wait times, from decreases of several months to an increase in wait times to see emergency patients. Some examples are listed in *Table 6*.

**TABLE 6: IMPACT ON PATIENT WAIT TIMES**

Clinic Type	DT/ADT impact on wait times	Comments
Private		"Schedule began to be overbooked and patients were scheduling 3-4 months out. Another DT was added and as of today, the DTs schedules are booked 1-2 months out."
Non-profit	Decreased by 2 weeks	"Overall patient time with provider has increased by 10 minutes."
Non-profit		"DTs have opened time with the dentists to see patients for limited exams. As we collect more data we will have the ability to quantify this impact."
FQHC	Decrease from 7 months to 4 months earlier this year for restorative appointments	"Dentists can now see more denture, endo and oral surgery patients much faster than they could before."
Private	Longer wait time for advanced care in some cases when DT employed instead of dentist	"Because DTs are not authorized to provide the full scope of practice as a dentist, if a DT is hired instead of a dentist, patients needing more advanced care may have longer wait times if another dentist is not available to provide these services until later."
Non-profit	Decreased	"Wait time for new patients has decreased."

Data Sources: Questionnaire responses collected for this toolkit, April and August 2016; Presentations at the Pew Charitable Trust Dental Therapy Site Visit, July 2016; and <http://www.health.state.mn.us/divs/orhpc/workforce/emerging/dt/index2.html>

## Financial Benefits to Dental Practices

Surveys, interviews and other methods of obtaining information from Minnesota DT employers were used to gather information for this toolkit. Nearly all Minnesota’s DT employers have found DTs to be a financially beneficial addition to their dental teams. The financial benefit results from a combination of factors, including the lower cost to the clinic of providing routine dental services through a DT rather than a dentist, the DT’s contribution to greater efficiency and productivity of the entire dental team, and the ability of dentists working with a DT in the

practice to spend more of their time on more complex and highly reimbursed services and procedures.

Minnesota’s experience with DTs so far, while still based on a relatively small sample of clinics, has clearly shown that DTs can improve access to oral health services and improve the financial bottom line in the following types of dental practices as well as other settings not listed here:

- Private dental clinics in any geographic region, both urban and metropolitan
- Federally Qualified Health Centers
- Large dental group practices
- Nonprofit and community-based dental providers
- Organizations providing oral health services in community locations outside of dental clinics such as schools, Head Start programs, nursing homes and veteran’s homes.
- Hospitals and hospital-based dental clinics
- Educational Institutions and teaching clinics
- Dental providers serving the elderly and people with disabilities or special needs
- Clinics serving culturally and socio-economically diverse patients

The following are selected examples of DT employers’ reports on the impact of hiring a DT on their productivity and financial bottom line. The experiences and results will vary for each clinic and employers should be cautious when applying the results of other similar clinics to their unique circumstances.

*Table 7, below, shows a sampling of clinic reports on productivity and financial return of DT/ADTs which are representative of the experiences of most of Minnesota’s DT employers.*

**TABLE 7: SAMPLE REPORTED IMPACTS ON PRODUCTIVITY AND FINANCIAL RETURN**

Clinic Type	DT/ADT impact on productivity and financial return
Private	“In 2012, the first year of DT employment, production increased by \$300,000 and collections by \$115,000. In 2015, with three DTs employed, production increased by \$730,000 and collections by \$330,000 over the previous year.”
Non-profit	“Average production of ADT is consistently higher than average team production. In 2013, average ADT production is \$365 per hour compared to team average of \$337.”
Non-profit	“Since June 2015, production has increased 5%.”
FQHC	“We have experienced increased productivity and revenue due to the DTs on staff. Increased revenue of \$8448 per week after payment of salaries, not including overhead expenses.”
Non-profit	“Initial calculations reflect the ADT/DT cost per unit of care is 32-35% lower compared to our Dentists.”

*Data Source: Questionnaire responses collected for this toolkit, April and August 2016; Presentations at the Pew Charitable Trust Dental Therapy Site Visit, July 2016; and*  
<http://www.health.state.mn.us/divs/orhpc/workforce/emerging/dt/index.html#toolkit>

## **Factors and Variables Affecting Financial Impact**

Each dental practice understands its own market, budget, and potential for growth. While it is not possible to provide universally applicable guidelines on DT productivity, types of services, revenues generated and financial impact, it is possible to define the factors a practice should weigh when deciding whether to hire a DT. For example, the productivity and services of an ADT who sets up mobile dental equipment in a rural community, and provides services to families in a Head Start program will differ greatly from those of a DT who works in a large, urban dental clinic with a high volume of complex patients. The experience will also differ based on whether the DT has advanced practice certification or holds a dual dental hygiene license and provides both dental hygiene and dental therapy services. Other factors that contribute to variation between practices are the needs and characteristics of the patients served, the level of supervision required, and the conditions and protocols in the CMA.

Factors and variables affecting the impact of the employment of DT/ADTs on dental practices are:

- Location and type of clinic
- Number of patients needing oral health care
- Types of patients needing care (adults, children, seniors, patients with disabilities, etc.)
- Types of oral health services provided
- Insurance payer mix (commercial, government programs, uninsured)
- Clinic-specific payment rate (and for FQHCs, the type of FQHC payment methodology and the clinic's dental encounter rate)
- Practitioner compensation levels (Wages and Benefits)
- Availability of DTs and supervising dentists
- Acceptance and ongoing support from dentists and other team members.
- Whether the DT is dually licensed as a dental hygienist or has advanced practice certification
- The authorizations and protocols in the DT's CMA
- Socio-economic and demographic characteristics of patients (language barriers, transportation, cultural barriers)
- Productivity levels of dental team members (DDS, DT, DH, DA)
- Clinic space, capacity and configuration

- For mobile dental services:
  - Type of team and team members used
  - Type of setting (nursing home, school, dental clinic, group home, etc.)
  - Configuration of space at remote location.
  - Mobile equipment costs
  - Transportation
- Ramp-up time when productivity of the DT and supervising dentist may be lower

While the DT role is flexible enough to provide opportunities for a broad range of dental practices, it is not possible to include specific case study examples in this toolkit for every combination of the major factors and variables that will determine the financial impact of employing a DT in a particular dental practice. That stated, there are specific details and resources available within this toolkit document, in related toolkit materials, and in other cited sources that will enable potential employers to assess the potential impact on their own practice, given their unique circumstances.

Writing a formal or informal business plan is a good way to develop and display these components in detail. There are numerous dental practice business plan guides and templates available online, including [Guidelines for Developing Business Plans](#) from the American Dental Association.<sup>60</sup>

Technical assistance may also be available to potential employers to help them complete this assessment. Interested employers may contact Minnesota's DT educational institutions or MDH to learn more about what assistance may be available from various sources.

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<sup>60</sup> <http://success.ada.org/en/practice-management/finances/guidelines-for-developing-business-plans>

# 10. Integration into New Care Models

## Accountable Care Models and DT/ADTs

Although dental services are not yet commonly included in new health care delivery models, DTs have the potential to provide substantial value in emerging new health care practice models and payment methods. Responding to government- and employer-driven health reform pressures and marketplace trends, many health care provider organizations are planning and implementing new care delivery models and operating under alternative care delivery and payment approaches, such as [Health Care Homes](#) and [Accountable Care Organizations \(ACO\)](#).<sup>61</sup> Health Care Homes are designed to promote team-based, coordinated, patient-centered care. ACOs are designed to create greater provider accountability and financial incentives to achieve the Triple Aim, improving health outcomes and the patient experience while reducing the total cost of care.

In Minnesota, a number of organizations participate in federal ACO models, such as the Medicare Shared Savings or Pioneer ACO programs. Many more participate in the Minnesota-specific Medicaid ACO, known as [Integrated Health Partnerships \(IHPs\)](#),<sup>62</sup> or have entered into value-based payment arrangements with commercial insurers. Fifteen communities around the state have also established [Accountable Communities for Health \(ACH\)](#),<sup>63</sup> which are broad partnerships between health care providers (including ACOs) and community partners designed to move towards accountability for community-level health outcomes.

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<sup>61</sup>[http://www.dhs.state.mn.us/main/idcplg?IdcService=GET\\_DYNAMIC\\_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=SIM\\_ACO](http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=SIM_ACO)

<sup>62</sup>[http://www.dhs.state.mn.us/main/idcplg?IdcService=GET\\_DYNAMIC\\_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs16\\_161441](http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs16_161441)

<sup>63</sup>[http://www.dhs.state.mn.us/main/idcplg?IdcService=GET\\_DYNAMIC\\_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=SIM\\_ACH](http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=SIM_ACH)



With stronger incentives to produce better outcomes at a lower cost, providers are developing new ways to deliver and coordinate care across multiple sectors of health care and community services and are making workforce changes, including using more mid-level, paraprofessional, and new types of workers who are able to serve in diverse and nontraditional settings, work within teams to increase access to care in a cost effective way and successfully engage patients in managing their overall health and health care needs. In Minnesota, this framework is known as the [Minnesota Accountable Health Model](#).<sup>64</sup>

## Care Coordination Models and DT/ADTs

A cornerstone of emerging new care delivery and payment models such as ACOs, IHPs, ACHs and other accountable health models is coordination of all health care services needed by an individual in order to achieve better health and treatment outcomes and reduce the total cost of health care across a population of patients. In response to incentives and requirements from government programs, health plans and employers, health care providers and health systems are moving toward using primary care-based delivery models that provide care through integrated, inter-professional teams who coordinate all services needed by a patient under a shared, patient-centered care plan. DTs and ADTs will play a valuable role in these models as part of larger team of dentists, doctors, nurses and other professionals who coordinate both the oral health and medical services needed by a patient. The strategy for integrating DTs and ADTs into a patient's team will depend upon the specific setting and may vary from patient to patient.

The State of Minnesota has not mandated that oral health services be integrated into its Integrated Health Partnerships, or into Health Care Homes, but integration is encouraged by the state. Additionally, a number of organizations already integrate oral health and general health care in their practices. Some are early adopters and leaders who have voluntarily included oral health in their coordinated care or value-based payment models.

For more information on Minnesota's health care reform models, see the [Summary of Health Reform Models](#)<sup>65</sup> prepared as background for this toolkit.

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<sup>64</sup> [http://www.dhs.state.mn.us/main/idcplg?IdcService=GET\\_DYNAMIC\\_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=SIM\\_Home](http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=SIM_Home)

<sup>65</sup> <http://www.health.state.mn.us/divs/orhpc/workforce/emerging/toolkit/dtreform2016.pdf>

## Examples of DT/ADTs in new models of care

### **FQHC Urban Health Network (FUHN)**

Minnesota FQHCs strive to provide fully coordinated culturally tailored services to meet the medical, dental, behavioral health needs of their diverse patients, and they also provide additional enabling services to address socio-economic barriers such as poverty, homelessness and language barriers. Ten FQHCs in the Minneapolis-St. Paul metropolitan area have formed an Accountable Care Organization (called an [Integrated Health Partnership](#)<sup>66</sup> in Minnesota's Medicaid Program) to provide enhanced integrated and coordinated care under reform payment models. As the state continues its move toward integrated care and increasingly brings oral health into the new models, FUHN will have increased opportunities to expand coordination of oral health services and DT/ADTs are expected to play an important role.

### **Community University Health Care Center (CUHCC)**

At the [Community University Health Care Center \(CUHCC\), care coordination](#)<sup>67</sup> is designed to help patients achieve their health goals. The clinic has staff such as a CUHCC care coordinator, interpreter, and various providers who all work together across medical disciplines. In one effort, an ADT works with a pediatric nurse practitioner (NP) to identify the dental status of patients on the NP's schedule. The ADT is available to see those patients with a dental need in CUHCC's dental department or facilitate appropriate follow up care.

### **Coordinated Care Center at Hennepin County Medical Center (HCMC)**

The [Coordinated Care Center](#)<sup>68</sup> at HCMC is an award-winning health care delivery model aimed at providing coordinated team-based primary care for patients with complex health problems thereby improving outcomes while also reducing the overall cost of care by reducing emergency room (ER) visits and inpatient admission rates for these patients. The clinic currently uses other care delivery professionals that are particularly useful in care coordination for patients with complex socio-economic barriers, including Community Health Workers and Social Workers, in addition to traditional health care providers. Dental care is currently being

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<sup>66</sup>[http://www.dhs.state.mn.us/main/idcplg?IdcService=GET\\_DYNAMIC\\_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs16\\_161441](http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs16_161441);

<sup>67</sup><http://www.cuhcc.umn.edu/patient-care-services/care-coordination-services>

<sup>68</sup>[http://www.hcmc.org/clinics/HCMC\\_P\\_048828](http://www.hcmc.org/clinics/HCMC_P_048828)

integrated into the Coordinated Care Center, which will use dental therapists three days a week, dental hygienists two days a week and tele-dentistry between this clinic and the main dental clinic at HCMC.

# 11. Resources

The following list of links is a summary of important resources detailed in the relevant sections. There are also additional resources and documents that prospective employers may find useful.

## Regulation and Scope of Practice

- Summary of Dental Therapy Regulatory and Payment Processes
  - <http://www.health.state.mn.us/divs/orhpc/workforce/emerging/toolkit/dtreg2016.pdf>
- Board of Dentistry: Scope of Practice Information
  - DT: [https://mn.gov/boards/assets/Dental%20Therapist\\_tcm21-46114.pdf](https://mn.gov/boards/assets/Dental%20Therapist_tcm21-46114.pdf)
  - ADT: [https://mn.gov/boards/assets/Adv%20Dental%20therapist\\_tcm21-46115.pdf](https://mn.gov/boards/assets/Adv%20Dental%20therapist_tcm21-46115.pdf)
  - Delegated Duties of DT and ADT: [https://mn.gov/boards/assets/DT%20Chart%20BA\\_tcm21-262696.pdf](https://mn.gov/boards/assets/DT%20Chart%20BA_tcm21-262696.pdf)
- DT and ADT Enabling Legislation:
  - [https://mn.gov/boards/assets/enabling\\_Legislation\\_tcm21-46113.pdf](https://mn.gov/boards/assets/enabling_Legislation_tcm21-46113.pdf)

## Education and Training

- University of Minnesota Dental Therapy Program
  - <https://www.dentistry.umn.edu/degrees-programs/dental-therapy>
- Metropolitan State University and Normandale Community College Dental Therapy Program
  - <http://www.mnscu.edu/college-search/public/institution/programProfile?rcId=0076&progId=8619>
- Continuing Education Core Subject Areas, MN Board of Dentistry
  - [https://mn.gov/boards/assets/2%20Core%20subjects%20rev%2009-2016\\_tcm21-256192.pdf](https://mn.gov/boards/assets/2%20Core%20subjects%20rev%2009-2016_tcm21-256192.pdf)

## Hiring, Onboarding, and Integration

- ADT Certification Application
  - Certification Process: [https://mn.gov/boards/assets/Adv\\_dental\\_therapy\\_certification\\_process\\_tcm21-46119.pdf](https://mn.gov/boards/assets/Adv_dental_therapy_certification_process_tcm21-46119.pdf)
  - Patient Record Summary: [https://mn.gov/boards/assets/Adv\\_dental\\_therapy\\_patient\\_record\\_summary\\_tcm21-46120.pdf](https://mn.gov/boards/assets/Adv_dental_therapy_patient_record_summary_tcm21-46120.pdf)
  - Application Form: [https://mn.gov/boards/assets/Adv\\_dental\\_therapy\\_certification\\_app\\_tcm21-46122.pdf](https://mn.gov/boards/assets/Adv_dental_therapy_certification_app_tcm21-46122.pdf)

## Checklist for Considering Dental Therapy in a Practice

Follow these steps when hiring a dental therapist or advanced dental therapist for your oral health care team.

Determine your practice's eligibility to employ a dental therapist or advanced dental therapist.

### Eligible practice Settings

- Settings that serve low-income, uninsured and underserved patients:
  - Critical Access Dental Provider, as defined in [MS 256B.76 Subd 4](#)
  - Military/Veterans administration hospital, clinic, etc.
  - Private Residences for home-bound patients
  - Oral Health Education Institutions
  - Clinics in which at least 50% of the DT patients consist of patients who:
    - Are enrolled in a MN Health Care Program
    - Have a medical disability/chronic condition that creates an access barrier
    - Have no health coverage and have gross family income <200% federal poverty level

- Dental Health Professional Shortage Areas
  - The U.S. Department of Health and Human Services Health Resources and Service Administration (HRSA) maintains a [data warehouse](http://datawarehouse.hrsa.gov/tools/analyzers/geo/ShortageArea.aspx)<sup>69</sup> for identifying health profession shortage areas by a clinic's address.
  - The Minnesota Department of Health has information on the [Dental Health Professional Shortage Areas in Minnesota](http://www.health.state.mn.us/divs/orhpc/images/shortage/hpsadrural.pdf).<sup>70</sup>

### **Recruit a dental therapist or advanced dental therapist**

- Prepare a job description
- Send information to the dental therapy educational programs or to the Minnesota Dental Therapy Association for distribution to dental therapists
- Consider compensation, hours, liability insurance

### **Prepare office and clinic staff for DT/ADT**

- DT/ADT scheduling
- Education and training on DT and ADT scope of practice
- Discuss communicating with patients about DT/ADT

### **Complete logistical steps in order to bill for DT/ADT services**

- Credential the dental therapist or advanced dental therapist with the MN State Department of Human Services
- Create and submit a Collaborative Management Agreement (CMA) to the Board of Dentistry

### **Prepare an orientation for your dental therapist or advanced dental therapist**

- Similar to hiring other oral health professionals, the therapist will need an orientation on clinic culture, practice policies, and practice protocols, etc.

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<sup>69</sup> <http://datawarehouse.hrsa.gov/tools/analyzers/geo/ShortageArea.aspx>

<sup>70</sup> <http://www.health.state.mn.us/divs/orhpc/images/shortage/hpsadrural.pdf>

## Sample Job Posting

### DENTAL THERAPIST

#### Minnesota

The Dental Clinic, an award winning dental clinic, is expanding and will be hiring an Advanced Dental Therapist. We are looking for a caring ADT to join our great support staff to expand the high quality dental care and education The Dental Clinic has been well known since 2006.

The Dental Clinic uses the latest technology which allows our professional staff to provide efficient delivery of high quality patient care in an environment that shows we care greatly about our patients, our staff and their families.

The Dental Clinic believes that a quality dental provider deserves a commensurate salary based on the quality, not volume, of their work, as well as benefits, including; paid vacation, matching IRA, health insurance, CE/License reimbursement, ADA/MDA memberships, liability insurance, scrubs and coats, and sick and personal days. We also provide a sign-on bonus to help you with moving costs.

The Minnesota area offers numerous gorgeous lakes for fishing and fun, excellent schools, quality health care, theatre, lots of golf, and much more. Go to; [minnesota.org](http://minnesota.org) to learn more about this great area in which to live and work.

Come join our exceptional crew, dedicated to their profession and to helping people.

Please contact Dr. Tooth, CEO of The Dental Clinic, to plan a visit or to submit a resume; [drtooth@molars.com](mailto:drtooth@molars.com)

Visit our website to view the latest information and news at The Dental Clinic.

## Sample Patient Quality and Satisfaction Survey

We appreciate and value your feedback so that we may provide a quality experience for all of our clients. Thank you! Please rate your level of satisfaction regarding the following items:

	<b>Strongly Agree (5)</b>	<b>Agree (4)</b>	<b>Neutral (3)</b>	<b>Disagree (2)</b>	<b>Strongly Disagree (1)</b>
Were you able to get an appointment in a timely manner?					
Were you referred by a hospital/urgent care clinic for emergency dental care?					
Were you greeted promptly and in a courteous manner?					
Were you seen for your appointment in a timely manner?					
Was your dental provider professional and courteous?					
Was your provider sensitive to your treatment needs?					
Was the dental treatment explained so you were able to understand?					
Were all of your questions answered completely to your satisfaction?					
Were you confident with the dental treatment that was completed?					
Were you comfortable during the procedure?					
Was the dental treatment completed in a timely manner?					



DENTAL THERAPY TOOLKIT: A RESOURCE FOR POTENTIAL EMPLOYERS

	<b>Strongly Agree (5)</b>	<b>Agree (4)</b>	<b>Neutral (3)</b>	<b>Disagree (2)</b>	<b>Strongly Disagree (1)</b>
Was your dental treatment completed to your satisfaction?					
Were you satisfied with your overall dental experience?	No data	No data	No data	No data	No data
	0-6 months	6-12 months	1-2 years	2-5 years	>5 years
How long has it been since your last dental visit?	No data	No data	No data	No data	No data
	1-4 days	5-7 days	1-2 weeks	2-3 weeks	>3 weeks
How long after you made appointment did it take to get in to see a provider?					

**Additional Comments:**

*Patient Quality and Satisfaction Survey Example provided by the University of Minnesota, School of Dentistry*

## Supervision

- Collaborative Management Agreement information from MN Board of Dentistry
  - DT: [https://mn.gov/boards/assets/Dental%20Therapist%202\\_tcm21-46117.pdf](https://mn.gov/boards/assets/Dental%20Therapist%202_tcm21-46117.pdf)
  - ADT: [https://mn.gov/boards/assets/ADV%20Dental%20Therapist%202\\_tcm21-46118.pdf](https://mn.gov/boards/assets/ADV%20Dental%20Therapist%202_tcm21-46118.pdf)
- Guide for Evaluation of Dental Therapy, funded by the Robert Wood Johnson Foundation: [https://www.westat.com/sites/westat.com/files/Dental\\_Therapy\\_Evaluation\\_Plan.pdf](https://www.westat.com/sites/westat.com/files/Dental_Therapy_Evaluation_Plan.pdf)

## Insurance and Billing

- Summary of Dental Therapy Regulatory and Payment Processes
  - <http://www.health.state.mn.us/divs/orhpc/workforce/emerging/toolkit/dtreg2016.pdf>
- DHS Provider Manual
  - DT: [http://www.dhs.state.mn.us/main/idcplg?IdcService=GET\\_DYNAMIC\\_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs16\\_166842](http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs16_166842)
  - ADT: [http://www.dhs.state.mn.us/main/idcplg?IdcService=GET\\_DYNAMIC\\_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs16\\_166843](http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs16_166843)

## Video Testimonials

- The PEW Charitable Trusts series of videos: *Working with Midlevel Providers: Dentists' Perspectives & Testimonials*. <http://www.pewtrusts.org/en/research-and-analysis/analysis/2014/10/02/working-with-midlevel-providers-dentists-perspectives>
- Dr. John T. Powers: <https://youtu.be/fP7M2hRzCrU>
- Dr. Asif: <https://youtu.be/nGQmHPonScM>
- Ms. Christy Jo Fogarty: <https://youtu.be/ZRa1N0O8cMk>
- Dr. David Gesko: <https://youtu.be/CBhkukfWslM>
- Dr. Leon Assael: <https://youtu.be/98Qbe0BaanM>
- Dr. Michael Helgeson: <https://youtu.be/Vsl6K-cisLI>

## Relevant Statutes

Minnesota State Laws Containing References to Licensing and Regulatory Requirements for Dental Therapists and Advanced Dental Therapists:

- MS 150A.01 Subdivision 5a, Dental therapist
- MS 150A.01 Subdivision 1a, Advanced dental therapist
- MS 150A.05 Subdivision 1b, Practice of dental therapy
- MS 150A.05 Subdivision 2, Exemptions and exceptions of certain practices and operations
- MS 150A.06 Subdivision 1, Licensure
- MS 150A.06 Subdivision 2d, Continuing education and professional development waiver
- MS 150A.06 Subdivision 5, Fraud in securing licenses or registrations
- MS 150A.06 Subdivision 6, Display of name and certificates
- MS 150A.08 Subdivision 1, Grounds
- MS 150A.08 Subdivision 3a, Costs; additional penalties
- MS 150A.08 Subdivision 5, Medical examinations
- MS 150A.09 Subdivision 1, Registration information and procedure
- MS 150A.09 Subdivision 3, Current address, change of address
- MS 150A.091 Subdivision 2, Application fees
- MS 150A.091 Subdivision 3, Initial license or registration fees
- MS 150A.091 Subdivision 5, Biennial license or registration fees
- MS 150A.091 Subdivision 8, Duplicate license or registration fee
- MS 150A.091 Subdivision 10, Reinstatement fee
- MS 150A.10 Subdivision 1, Dental hygienists
- MS 150A.10 Subdivision 2, Dental assistants
- MS 150A.10 Subdivision 3, Dental technicians
- MS 150A.10 Subdivision 4, Restorative procedures
- MS 150A.11 Subdivision 4, Dividing fees
- MS 150A.12 Subdivision, Violation and defenses
- MS 150A.21 Subdivision 1, Patient's name and Social Security number
- MS 150A.21 Subdivision 4, Failure to comply
- MS 151.01 Subdivision 23, Practitioner
- MS 144.1501 Subdivisions 1-4, Loan Forgiveness
- Minnesota Laws 2009, Chapter 95, Article 3, section 31, Impact of Dental Therapist