

Minnesota's New Mid-level Dental Practitioner

New England Rural Oral Health Conference

Michael Scandrett
Minnesota Safety Net Coalition
Halleland Health Consulting

Minnesota's Dental Therapist Law Chapter 95 - enacted May 2009

Establishes a new type of licensed, mid-level dental practitioner, called a dental therapist, who will provide basic oral health and dental services to underserved patients and communities.

Presentation Outline

1. Background
2. MN's Dental Therapist
3. Comparison to Other Programs
4. Politics and Policy
5. Lessons for Other States

1. Background

The events that led to the new law

Minnesota Safety Net Coalition

- Community health centers, hospitals, mental health centers, uninsured coverage programs, community dental clinics
- Shared learning and support
- Coordination of safety net services
- Joint projects
- Public policy advocacy

Halleland Health Consulting

- State and local health care initiatives and coalitions
- Local access and coverage programs
- Government health care programs
- Health policy and health care reform
- Medical, dental, mental health, elderly, disabled, public health

Oral Health Access

- Long-term problem and getting worse
- Broader health implications
- Hardest hit:
 - Low-income
 - Racial and ethnic minorities
 - Elderly
 - Disabled
 - Rural communities

Minnesota's Access Problem

- Rural communities
- Nursing homes and group homes
- Community clinics and health centers
- Head Start programs
- Hospital emergency rooms
- Indian reservations

Past MN Steps to Improve Access

- Dental coverage through state programs
- Higher payment rate for disproportionate share dental providers (“critical access”)
- Loan forgiveness program
- Grants to safety net providers
- Collaborative practice dental hygienists
- Expanded function auxiliaries
- Community health workers

Safety Net Coalition: Oral Health Committee

- Improve oral health access
- Other initiatives: community health workers – oral health, higher rates for critical access dental clinics, loan forgiveness, state funding
- 2007: decided to pursue legislation establishing a mid-level provider

2008 and 2009 Legislation

- 2008 Law: skeleton framework for “oral health practitioner” established
- OHP Work Group established
- Work Group report completed Dec 2008
- Legislation introduced in January 2009
- Chapter 95 enacted in May 2009

2. MN's Dental Therapist

About the new practitioner

Minnesota's Goals

- Designed NOT to replace or compete with dentists – dentists are vital to model
- Improve access by filling gaps where there are not enough dentists
 - Extends capacity of existing dentists
 - Provides basic treatments where no dentists are available
- Part of a broader strategy to improve access -- not the silver bullet

Dental Therapist

- Two levels: basic and advanced practice
- Licensed by the Board of Dentistry
- Education programs approved by the BOD
 - Basic: Bachelor's degree
 - Advanced: Master's degree
- Supervised by a dentist through CMA
- Practice limited to underserved patients and populations

Scope of Practice and Supervision

- Types of Supervision:
 - Direct (dentist in the room)
 - Indirect (dentist on site)
 - General (supervising dentist need not be on site)
- State law limits scope of practice and specifies minimum supervision required
- Supervising dentist may further limit scope and require greater supervision

State Law Parameters

- Dental Therapist (basic)
 - Services allowed under general supervision
 - Services allowed under indirect supervision
- Advanced Dental Therapist
 - All DT services under general supervision
 - Additional services allowed under general
- Dental Hygienist (not in DT scope or training)
 - Separate DH license required for DH services

Dental Therapist: General

(Dentist need not be on site)

- Oral health education and counseling
- Charting
- X-rays
- Polishing
- Pulp vitality testing
- Desensitize teeth
- Remove space maintainers
- Make athletic mouth guards

Dental Therapist: Indirect

(Dentist On-Site)

- Drill and fill cavities
- Place temporary fillings and crowns
- Pulpotomies on primary teeth
- Pulp capping
- Repair prosthetics
- Administer nitrous & inject local anesthetic
- Scaling and root planing
- Soft tissue reline

Advanced Dental Therapist

- All of the dental therapist scope of practice may be performed under general supervision (without a dentist on site)
- Plus:
 - Oral evaluation, assessment and formulation of a treatment plan
 - Simple extractions of diseased teeth
 - Provide, dispense and administer analgesics, anti-inflammatories and antibiotics

Dental Therapists in the Clinic

(Dentist On-Site)

DT can perform basic dental procedures (like a physician's assistant).

- *increase clinic capacity to serve patients*
- *reduce costs*
- *free up dentist to deal with more serious and complicated patients*
- *extend career ladder for DA, DH*
- *diversify workforce*

Dental Therapists in the Community

(No Dentist On-Site)

- Dental Therapist (basic) can do patient education, testing and screening, apply varnish and sealants, and other basic services without a dentist on site
 - *Increase outreach, patient education and basic preventive services in the community at an affordable cost*

Advanced Dental Therapists In the Community

- ADT can educate, examine, assess and provide basic treatment w/o dentist on site
 - *Extend dental services to settings and communities where no dentists are available*
 - *Reduce cost of basic dental services*
 - *Promote a more diverse workforce*
 - *Creates another step in the oral health career ladder*

Advanced DT Settings

- Community clinics
- Head Start programs
- Nursing homes and group homes
- Rural communities
- Public health clinics
- Hospital emergency rooms
- Homeless shelters

ADT/DH Combination

- Dual license option: licensed as both an advanced dental therapist and a dental hygienist
 - *Can clean teeth, provide preventive treatments and other DH services in addition to ADT services*
 - *Will be especially valuable in communities and treatment settings without a traditional dentist office*

Education Requirements

- Dental Therapist: Bachelor's
- Advanced Dental Therapist: Master's
- Education programs must be approved by the Board of Dentistry
- Education programs must be accredited when accreditation programs are established
- Two institutions started programs this Fall

Education Programs

1. U of M Dental School

- Bachelor's degree – 3-4 years
- Training primarily for basic DT
- Master's ADT program possible in the future

2. Metropolitan State University/Normandale Community College

- Prerequisite: bachelor's DH + experience
- Master's ADT program

Licensure Requirements

- Licensed by the Board of Dentistry
- Graduate from approved educ. program
- Pass competency exam
- Satisfy licensing obligations
- Advanced DT:
 - Graduate from approved advanced program
 - Pass advanced competency exam
 - Register with Board

Collaborative Management Agreement with Dentist

- Written agreement with supervising dentist
- Protocols for authorized scope and supervision requirements
- Protocols for referral to dentist or specialized when needed
- Dentist must provide or arrange advanced treatment for DT's patients when needed

Treatment Settings Where DTs May Practice

- “Critical Access Dental Providers”
- Settings authorized for collaborative dental hygiene practice (*includes nursing homes, community health centers, medical facilities, Head Start programs, etc.*)
- Federally designated dentist shortage areas
- Military and VA clinics and facilities
- Other settings if >50% of DT’s patients are low-income, disabled, chronically ill, uninsured

MN: Next Steps

1. First students began Fall 2009
2. Approval of educ. programs (Fall 2009)
3. Competency exams developed
4. Licensing and certification system
5. Reimbursement system
6. First students graduate:
 - U of M DTs: 2013
 - Metro State ADTs: 2011

3. Comparison to Other Programs

Minnesota's practitioner compared to Alaska's dental therapist and programs in other countries

History, training and scope of practice of dental therapists (DT) in seven selected countries.

(Adapted from *Dental therapists: a global perspective* by Nash et al)

	New Zealand	Australia	Canada	Malaysia	Tanzania	Great Britain	United States - Alaska
Population	4,028,000	20,155,000	32,268,000	26,127,700	39,200,000	59,800,000	303,824,650
Brief History	Pioneered training 29 School Dental Nurses (now called Dental Therapists) in 1920. By 1970 there were 3 DT schools and over 1300 DTs in School Dental Service for pre- and primary school children, with 95% utilization. Training transferred to dental school in 1999 and was combined in 2007 with dental hygiene in a 3 year program. Now only 660 DTs are registered, almost all in public school clinics for children and adolescents up to age 19. DT's can treat adults with additional training as part of teams in conjunction with dentists. Dental Therapists can practice independently with consultative supervision of a dentist, but very few do. A shortage in the number of Dental Therapists is predicted by the Ministry of Health.	Initiated in 1996 by employment of New Zealand trained DTs in 1966-7. In the states of Tasmania and South Australia established training schools. There are now 7 university schools training DTs. By 1979, 280 DTs graduated annually, currently approximately 200 graduates each year. Although most states permit DTs to work in private dental practices and to treat adults, with prescriptive authority required in two states, the large majority (87%) work in the School Dental Service that provides most of children's dental care. A combined dental therapy/dental hygiene degree in Oral Health Therapy is now offered.	Initiated in 1972, two-thirds of DTs (202) are located in the province of Saskatchewan, with 100 DTs spread across other parts of Canada. Dental Therapists work in government programs, prevention programs in public health, community clinics, training institutions, First Nations organizations and private dental clinics as clinicians, health educators and administrators. Since elimination of the school-based program in 1987, more than half of the DTs in Saskatchewan practice alongside dentists in private practice. Primary orthodontic services may be added to their scope of practice with additional training.	So called Dental Nurses, the program was started in 1949. Malaysia has trained over 2000 DTs, including students from 19 other countries. All Dental Nurses in Malaysia are females and assigned to the Preschool, Primary and Secondary School Dental Service, providing comprehensive treatment to 90% of children up to age 17. They are not permitted to work in private practice. Most Dental Nurses stay in government service until compulsory retirement at age 55.	In 1955, specially trained dental assistants performed functions similar to current Dental Therapists. The first Dental Therapist training school was established in 1981, a second in 1983, each with 12 students. Although trained to provide more comprehensive treatment, Dental Therapists in Tanzania provide mostly emergency extractions for all ages, due to the extreme shortage of dentists. Other functions include oral health education and ART. Typically, the ratio of male to female Dental Therapists is 2:1.	Training of Dental Therapists began in 1960 and has since expanded to 15 programs attached to Dental Teaching Hospitals. Dental Care Professionals (DCP) is a recent designation for dental auxiliaries including Dental Therapists, dental hygienists, orthodontic therapists and clinical prosthetists. Most of the training programs now offer a Dental Therapist diploma or a combined dental therapist/dental hygienist B.Sc. in Oral Health Sciences. Dental Therapists are employed in all sectors of dentistry.	Initiated in 2000. First cohorts were trained in New Zealand at Otago University and returned to practice in Alaska. Providers are called Dental Health Aide Therapists (DHAT). First cohorts began practicing in Jan 2004. In addition to formal training DHATs must complete a 400 hr preceptorship. DHAT are certified by a Federal board. Current training is being conducted in Alaska through a partnership between the Alaska Native Tribal Health Consortium and the University of Washington. The program is called DENTEX, and will have its first graduates in December 2008. DHATs practice in rural Alaska and serve Federally recognized Alaska Native beneficiaries.
DTs/Population /Eligibles (Est.)	660 DTs = 1:61,861 1:1288 Eligibles to Age 18	1,236 DTs = 1:16,307 1:4707 Eligibles to Age 18	300 DTs = 1:110,887 1:1000 Eligibles(Saskatch.Age 19)	2090 DTs = 1:12,501 1:4784 Eligibles to Age 17	150 DTs = 1:254,667	691 DTs = 1:86,541	10 DHATs = 1:13,500 135,000 eligible beneficiaries
Dentists/population	1836 Dentists = 1:2194	8,991 Dentists = 1:2242	16,899 Dentists = 1:1909	2,550 Dentists = 1:10,246	110 Dentists = 1:347,273	32,682 Dentists = 1:1830	508 Dentists = 1:1319
DT Training Programs	In Years: 2-diploma, 3-degree No. Graduated/yr: 45 <input checked="" type="checkbox"/> In Dental School <input type="checkbox"/> In Dental Therapist School <input checked="" type="checkbox"/> In University Setting	In Years: 3-degree No. Graduated/yr: 200 <input checked="" type="checkbox"/> In Dental School <input type="checkbox"/> In Dental Therapist School <input checked="" type="checkbox"/> In University Setting	In Years: 2-diploma No. Graduated/yr: 15-20 <input type="checkbox"/> In Dental School <input checked="" type="checkbox"/> In Dental Therapist School <input type="checkbox"/> In University Setting	In Years: 3-diploma No. Graduated/yr: 160 <input type="checkbox"/> In Dental School <input checked="" type="checkbox"/> In Dental Therapist School <input type="checkbox"/> In University Setting	In Years: 3-diploma No. Graduated/yr: 24 <input type="checkbox"/> In Dental School <input checked="" type="checkbox"/> In Dental Therapist School <input type="checkbox"/> In University Setting	In Years: 2½-diploma, 3-degree No. Graduated/yr: 215 <input checked="" type="checkbox"/> In Dental School <input checked="" type="checkbox"/> In Dental Therapist School <input type="checkbox"/> In University Setting	In Years: 2-diploma No. Graduated/yr: 4-6 <input type="checkbox"/> In Dental School <input checked="" type="checkbox"/> In Dental Therapist School <input type="checkbox"/> In University Setting
DT Scope of Practice	<input checked="" type="checkbox"/> Exams <input checked="" type="checkbox"/> X-rays <input checked="" type="checkbox"/> Diagnosis <input checked="" type="checkbox"/> Prophylaxis <input checked="" type="checkbox"/> Coronal Scaling <input type="checkbox"/> Root Planning <input checked="" type="checkbox"/> Topical Fluoride <input checked="" type="checkbox"/> Sealants <input checked="" type="checkbox"/> Infiltration Anesthesia <input checked="" type="checkbox"/> Nerve Block Anesthesia <input checked="" type="checkbox"/> Amalgam filling <input checked="" type="checkbox"/> Composite filling <input type="checkbox"/> ART <input type="checkbox"/> Preformed SS Crown <input checked="" type="checkbox"/> Pulp therapy (deciduous) <input checked="" type="checkbox"/> Extraction (deciduous) <input type="checkbox"/> Extraction (permanent) <input type="checkbox"/> Orthodontics <input type="checkbox"/> Children <input checked="" type="checkbox"/> Adolescents <input checked="" 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Dental Therapists in Other Places

- Alaska: first state where mid-level practitioners provide dental treatment. Established under federal law for tribal communities.
- Minnesota: first state to enact licensing law and authorize practice outside of tribal land and for other patient populations
- Other Countries: Over 50 countries have mid-level dental practitioner programs

MN Compared to AK and Canada

- AK and Canada allow scope of practice and dentist supervision requirements similar to MN *advanced* dental therapist (Master's level)
- Education required in AK and Canada is less than the *basic* DT requirement in Minnesota (2-3 year associate degree compared to Bachelor's in Minnesota)

Other Countries

- Many countries' programs focus on children and provide care in schools or in remote communities where dentists are not available
- Permanent tooth extractions are not allowed in some countries
- Some countries require a dentist to do an exam and diagnosis first
- Some countries are moving to combining DT and DH (Australia)

4. Politics and Policy

Major political and policy issues encountered in the development and enactment of MN's law

The Major Players

MN Mid-level Alliance:

- Safety Net Coalition, safety net providers
- Community dental clinics
- MN Dental Hygienists Association
- Nursing homes and long-term care orgs
- Head Start programs
- Health insurance plans
- State government
- Disability organizations and advocates

The Major Players

Originally Opposed, but Agreement Reached:

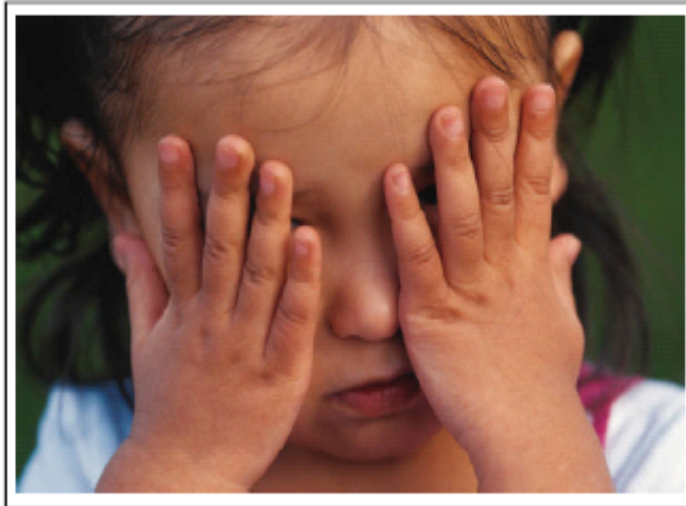
- Minnesota Dental Association
- American Dental Association
- University of MN Dental School

Politics

- Initially: very strong opposition from dental associations
 - Grassroots
 - Lobbying
 - Media campaign
 - Pressure on dentists who spoke in support
- Proponents had less money but were well organized and had support from many health care and advocacy groups

Going to the Dentist Could Start to Become Painful

A risky proposal at the Minnesota legislature could mean some Minnesotans, including children and the elderly, might be treated by an experimental new dental practitioner. Some of these patients are our state's most medically challenged, but could have their teeth drilled and pulled by a dental practitioner who is not trained at a dental school. And worse, they would not even have a supervising dentist in the building when performing these irreversible procedures.



**Minnesotans should not be used as an experiment!
Do you want your family affected by this kind of
dental health reform?**

Call YOUR LEGISLATORS today! Tell them to require that this new practitioner be taught at a dental school **AND** be supervised by a dentist when doing surgical procedures.

**Action will be taken at the legislature soon.
Please call today!**

The last thing you want to hear when you're getting dental care is "uh-oh."



But at the state Capitol, Senator Ann Lynch wants to allow a new type of dental worker to perform unsupervised surgery on you and your family - even pull your teeth - without any training at an accredited dental school.

And worse, a dentist wouldn't even have to be in the building if something goes wrong.

Minnesota's lawmakers must ensure that only supervised, dental school trained professionals perform surgery.

Call Senator Ann Lynch and tell her unsupervised workers doing dental surgery is a bad idea.

Call Senator Ann Lynch today at 651-296-4848.

Paid for by the Minnesota Dental Association
1234 Industrial Boulevard, Suite 200, Minneapolis, MN 55414-4807 • 612-488-8807

2008 Law

- Answered the question of “whether” to establish a mid-level practitioner
- Did not answer the “how” questions
 - Level of dentist supervision required
 - Education program requirements
 - Licensing and regulatory system
- Legislature created a work group, which recommended the “how” but this did not end the controversy

2009 Session

MDA and U of M Dental School offered alternative bill:

1. **MDA/U of M**: “physician assistant” model with dentist on site to do diagnosis and supervise treatment. Only the dental school could train:
2. **Safety Net Coalition**: “nurse practitioner” model to provide treatment where no dentists are available.

Compromise

1. Proposals merged: single practitioner, 2 levels
2. Not based on dental hygienist model
3. Only basic procedures including “simple” extractions
4. Supervising dentist requirements strengthened
5. No diagnosis, but may “assess”
6. No prescribing authority, but may “provide”
7. Clinical practice required before advanced practice allowed
8. Educational institutions not specified

Policy Issues



- Scope of practice
 - Diagnosis by non-dentist
 - Defining “routine” or “simple” procedures
 - Extractions of permanent teeth
- Level of supervision
 - General supervision vs. indirect
- Education level and accreditation
- Treatment settings



5. Lessons for Other States

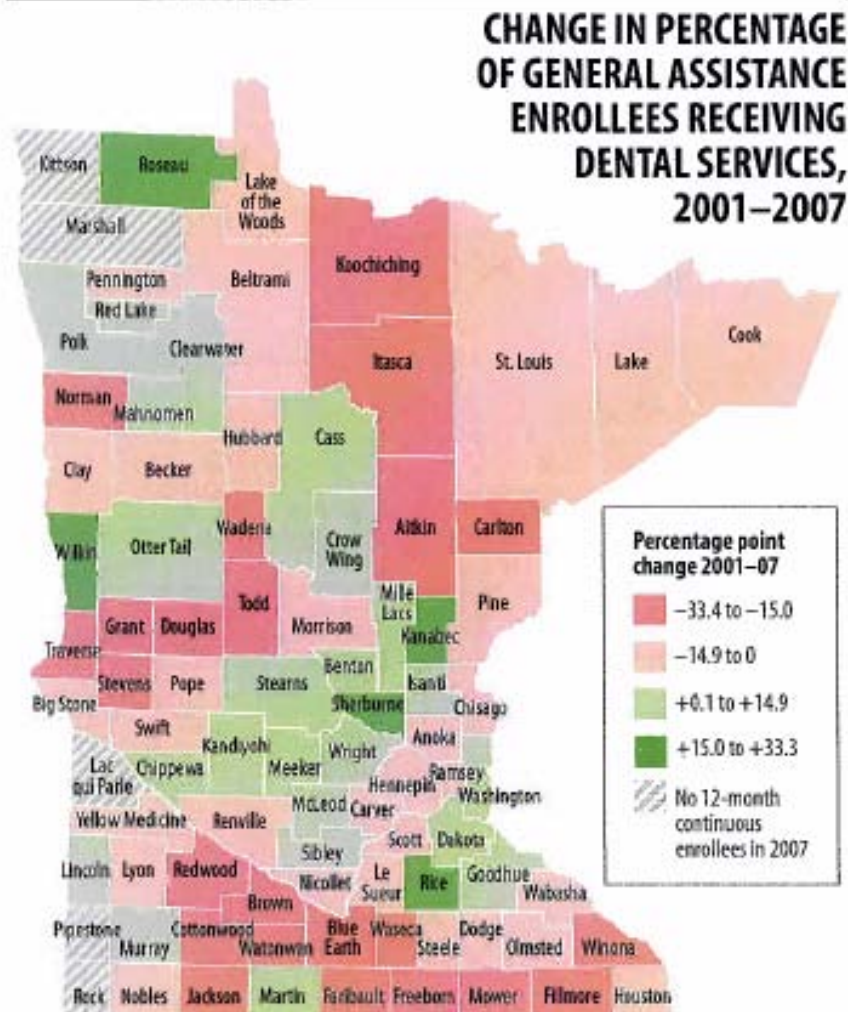
Keep the Focus on the Access Problem

- Untreated dental disease affects ability to learn, work, function in daily life
- Untreated dental disease results in higher costs
 - Lack of prevention and patient education
 - Delays result in more costly treatment
 - Treatment in hospital emergency rooms
- The most vulnerable patients suffer the most



Children should never be put to bed with a bottle

Access to Dental Care for People on Public Programs is Declining in Most Minnesota Counties



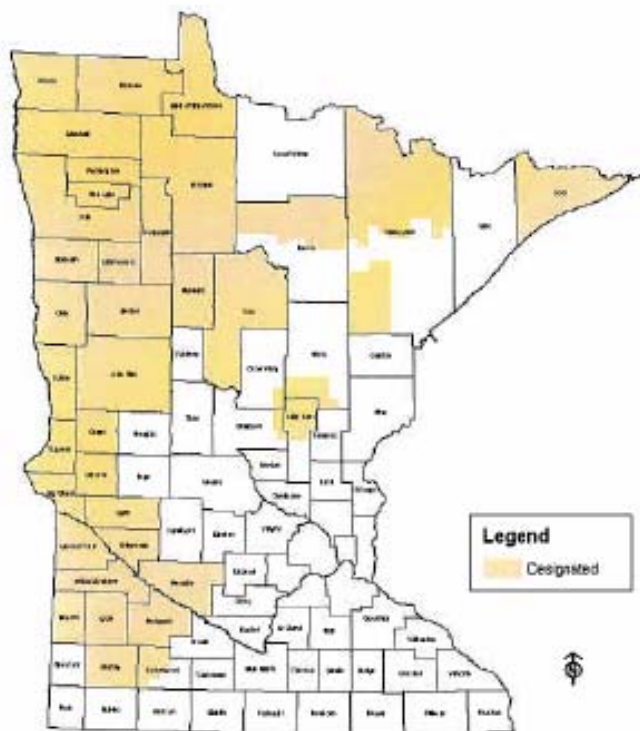
SOURCE: Minnesota Department of Human Services Data Warehouse, "FFS and Managed Care Dental Service Access by County of Residence / Major Program Group for Recipients Having 12 Consecutive Eligibility Months Per Year," Sept. 22, 2008.

Minnesota's Dentist Shortage

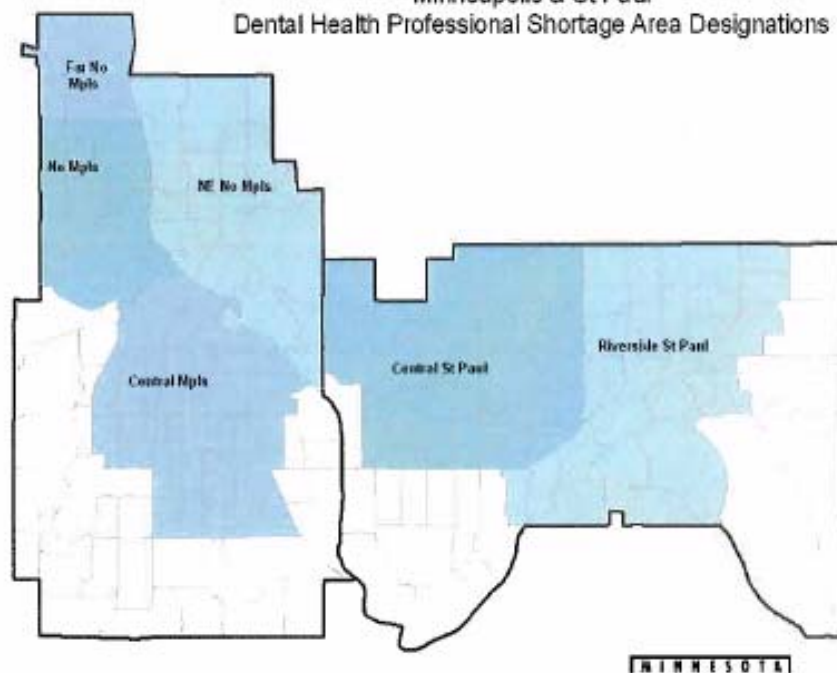
Parts of 38 counties have been designated by the Minnesota Department of Health as dentist shortage areas because they do not have enough dentists to meet the needs of the population.

Health Professional Shortage Areas

Dental Designations



Minneapolis & St Paul Dental Health Professional Shortage Area Designations



The Washington Post

For Want of a Dentist

Pr. George's Boy Dies After Bacteria From Tooth Spread to Brain

By Mary Otto
Washington Post Staff Writer
Wednesday, February 28, 2007; B01

Twelve-year-old Deamonte Driver died of a toothache Sunday.

A routine, \$80 tooth extraction might have saved him.

If his mother had been insured.

If his family had not lost its Medicaid.

If Medicaid dentists weren't so hard to find.

If his mother hadn't been focused on getting a dentist for his brother, who had six rotted teeth.

By the time Deamonte's own aching tooth got any attention, the bacteria from the abscess had spread to his brain, doctors said. After two operations and more than six weeks of hospital care, the Prince George's County boy died.

Deamonte's death and the ultimate cost of his care, which could total more than \$250,000, underscore an often-overlooked concern in the debate over universal health coverage: dental care.

Rely on Facts and Research

- Over 50 countries have programs that have been well-researched
- Mid-level providers have been shown to improve access for underserved populations and provide safe, high quality care
- Many research studies found quality as good or better than dentists for basic procedures
- No instances of patients being harmed by inferior care

Tailor Program to Needs & Resources

- MN: surplus of DHs, shortage of dentists, reimbursement available, widespread access problem across geography and demographics
- Factors:
 - Where and for whom is access a problem?
 - What levels of services are needed?
 - What funding or payment is available?
 - Will the program be accepted?

Avoid Turf Battles

- Avoid turf battles by involving all stakeholders in developing solutions
- Potential turf battles:
 - Dental hygienists vs dentists
 - Competing educational institutions
 - Rural vs. metro
 - Private dentists vs. safety net & public health dentists
 - Small dentist offices vs. large organizations

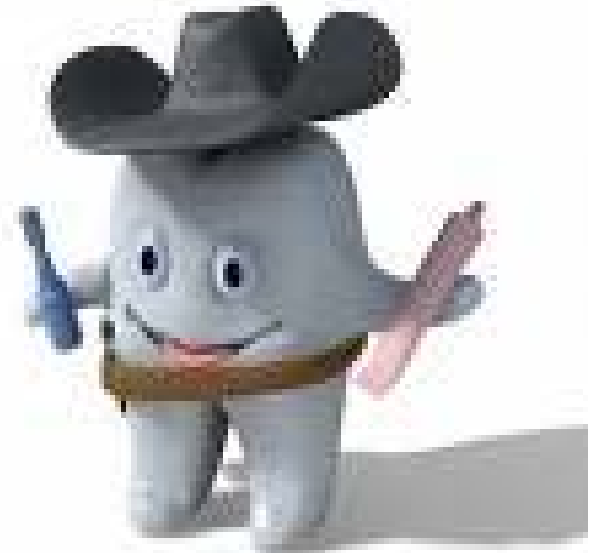
Work Together

- Seek collaboration among all stakeholders
- Document the need
- Tailor proposal to meet the greatest *unmet* needs, not to compete with private dentists
- Pattern program after well-proven models
- Engage dentists and dental educators, as well as other oral health and medical providers

Legislative Process

- Start early
- Build a coalition
- Prepare effective written materials
- Document access problems
- Tailor program to the greatest needs
- Lobby smart
- Use grassroots

Get Expert Help



Dentists, DHs, DAs, researchers, nurses, experts from other states and countries, people who work with the underserved, etc.

For More Information

- MN Dental Therapist Law:
www.revisor.leg.state.mn.us.
Look up Chapter 95, Article 3, of of 2009 MN Session Laws
- Minnesota Safety Net Coalition:
www.mnsafetynetcoalition.org
- MN Oral Health Practitioner Work Group:
www.health.state.mn.us/healthreform/oralhealth
- The Pew Center for the States: Oral Health
www.pewcenteronthestates.org

QUESTIONS?

*Michael Scandrett
MN Safety Net Coalition
612-573-2923
mscandrett@hallelend.com*