

# “Minnesota Model of Dental Therapy”

Dual Licensure: Dental Hygiene and Dental Therapy



# Presentation Objectives

## Provide

- Background of a new dental workforce model in Minnesota

## Explain

- HRSA grant deliverables and education infrastructure in Minnesota

## Describe

- Recent practice data and future projections in Minnesota

## Discuss

- Benefits, challenges, and next steps needed for dental therapy

# Access to Care



# Name Changes: Legislative Compromise

2007

- Advanced Dental Hygiene Practitioner

2008

- Oral Healthcare Practitioner

2009

- Dental Therapist
- Advanced Dental Therapist

# Innovative Pathways to Advanced Practice for Dental Hygienists: Meeting the Needs of Minnesota Underserved Populations

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# HRSA Grant Major Deliverables

- Minnesota's **third** dental therapy program
  - Rural setting
- Pipeline programs into dental therapy programs
- Integrate **health equity** into the curriculum
  - Establishing patient and population-centered care based on principles and practices of health equity
- Toolkit for dental therapy
  - [www.normandale.edu/mndentalteam](http://www.normandale.edu/mndentalteam)

# Quality Assurance for Minnesota's Model

- Clinical licensure for dental therapy
- Advanced dental therapy certification examination
- Board of Dentistry program approval process
- Commission on Dental Accreditation



# DT and ADT Workforce Study

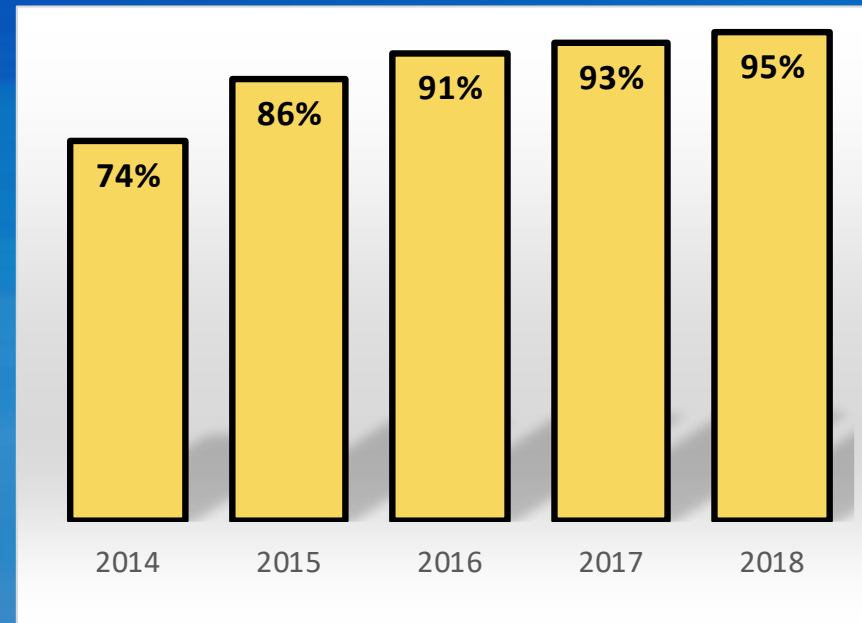
Laura McLain | Senior Research Analyst  
May 2, 2019



# DT or ADT at Work

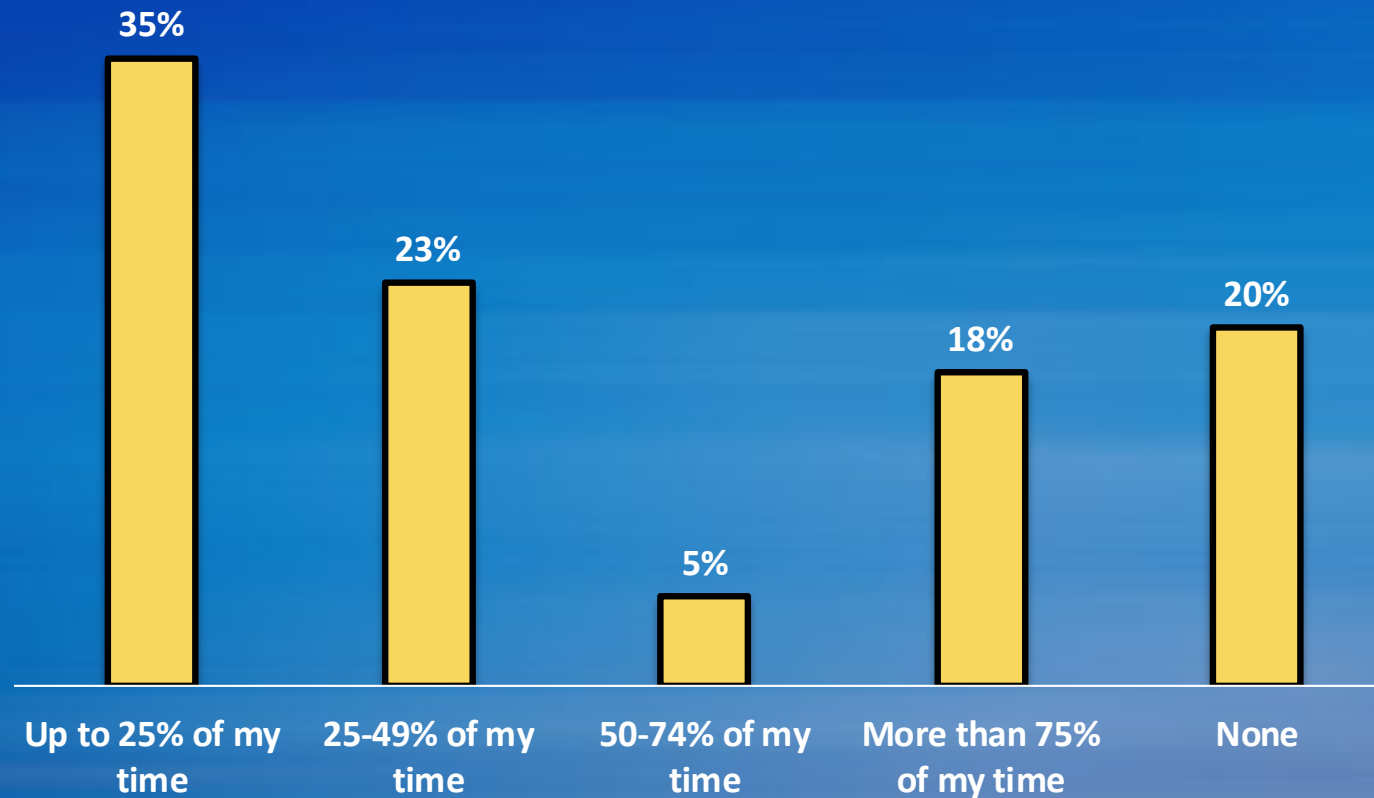
Almost all are working: 95 percent

“Working in a paid or unpaid position related to dental therapy license”



# ADTs Working Without DDS Present

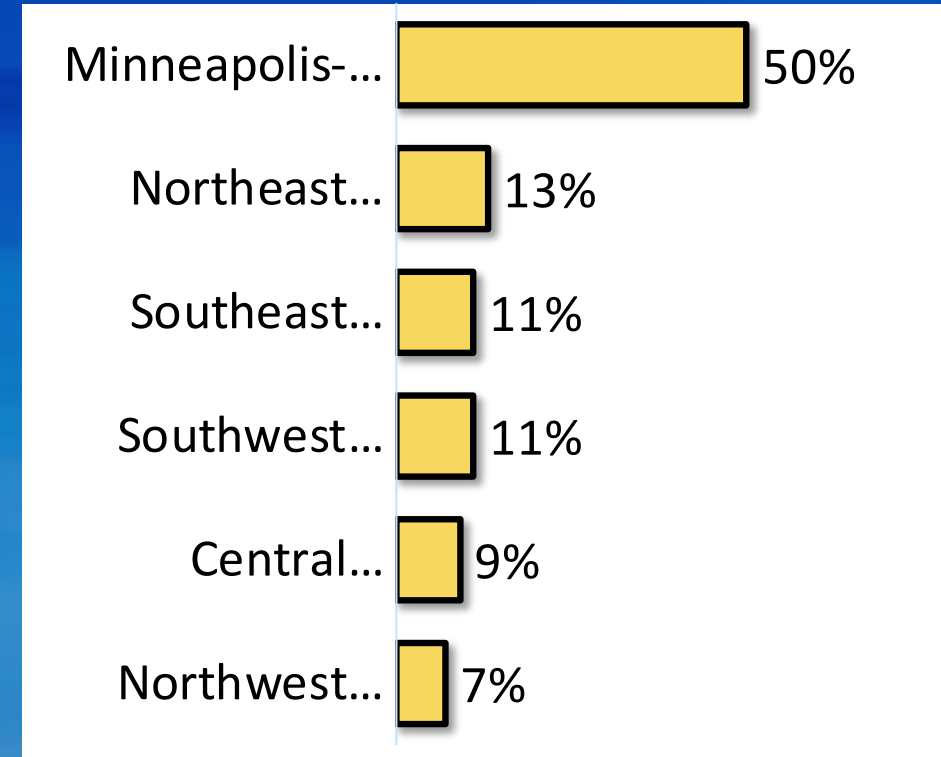
Time worked under general supervision



May 2, 2019

# DT/ADT Distribution by Region

- Dental therapists location is similar to the Minnesota population distribution
- For comparison 54 percent of the population is located in the Minneapolis-St. Paul metro area
- In 2013, 73 percent of dental therapists worked in the Twin Cities area



# DT and ADT Practice Settings

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All Reported Settings	Percentage of reported settings 2017	Percentage of reported settings 2018
Community / Faith-Based Organization	23%	25%
Solo private practice	16%	25%
Small group private practice (2-4 dentists)	19%	16%
Community Health Center (CHC)/ Federally Qualified Health Center (FQHC)	16%	14%
Large group private practice (5+ dentists)	12%	12%
Academic (Teaching / Research)	4%	4%
School (K-12)	3%	3%
Hospital	3%	1%
Mobile dental clinic	4%	0%
Other	1%	0%

# What is Working ...

- Patient satisfaction with many requesting DTs
- No complaints to the BOD regarding quality of care
- Increase in rural areas throughout Minnesota
- Consistently meet or exceed production goals
- With lower employment costs than a dentist, this is a cost-effective team member
- Dual-licensed DH/DT increases production by improving flexibility in services

# Challenges to Tackle...

- Loan forgiveness needed
  - State program but no Federal program
- Few scholarships opportunities
- Portability barriers due to different licensure requirements
- Funding needed for program implementation
  - Program infrastructure needs
  - Curriculum design and development
  - Accreditation self-study work
  - Marketing and admissions



## In the Next Ten Years in Minnesota

- Increased number of DT/ADTs caring for underserved patients
- Expanded provider base for rural practices
- More care delivered in non-traditional locations
- Interprofessional team based care – medical into dental



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# Thank you!

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