

Dental Therapy: Examining the Misconceptions and Opportunities

January 9, 2025



Housekeeping

- We will keep all lines muted to avoid background noise.
- We will send a copy of the slides and a link to the recording via email after the live program.
- We'll also make the slides and recording available on carequest.org.

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- Complete the evaluation by **Friday, January 17**.
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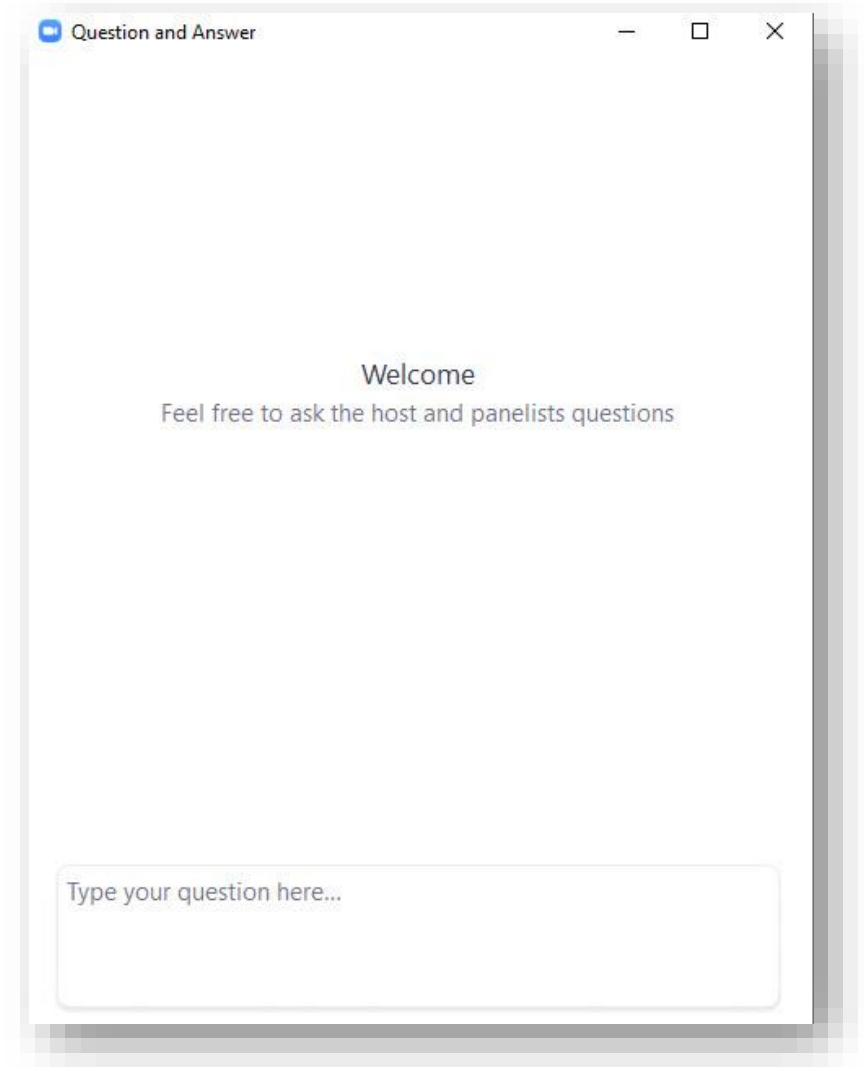


Thank You



Question & Answer Logistics

- Feel free to enter your questions into the **Question & Answer box** throughout the presentations.
- We will turn to your questions and comments toward the end of the hour.





**Community
Catalyst**

Webinar

Dental Therapy:

Examining the
Misconceptions
and Opportunities

Thursday, January 9, 2025

7-8 p.m. ET

ADA CERP Credits: 1



Moderator

Kari Ann Kuntzelman

American Dental Therapy
Association, President

Licensed Dental Therapist, Oregon



Presenter

Laura Brannon

Senior Project Manager,
Community Catalyst



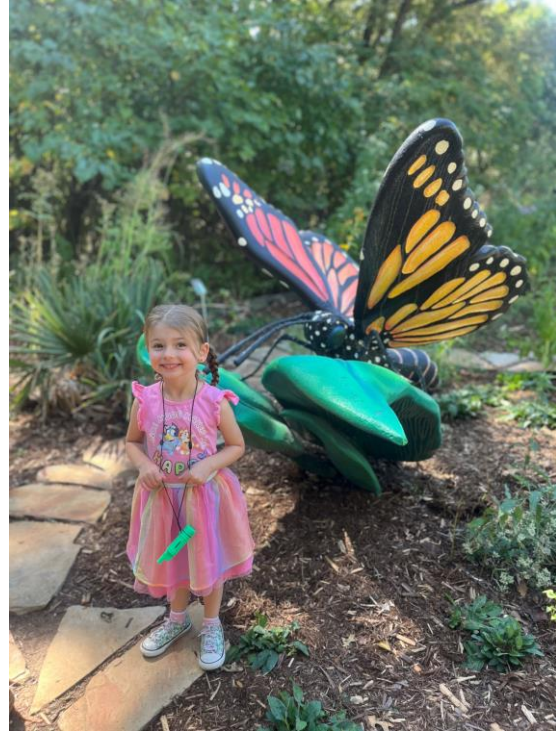
Presenter

Sarah Wovcha, JD, MPH

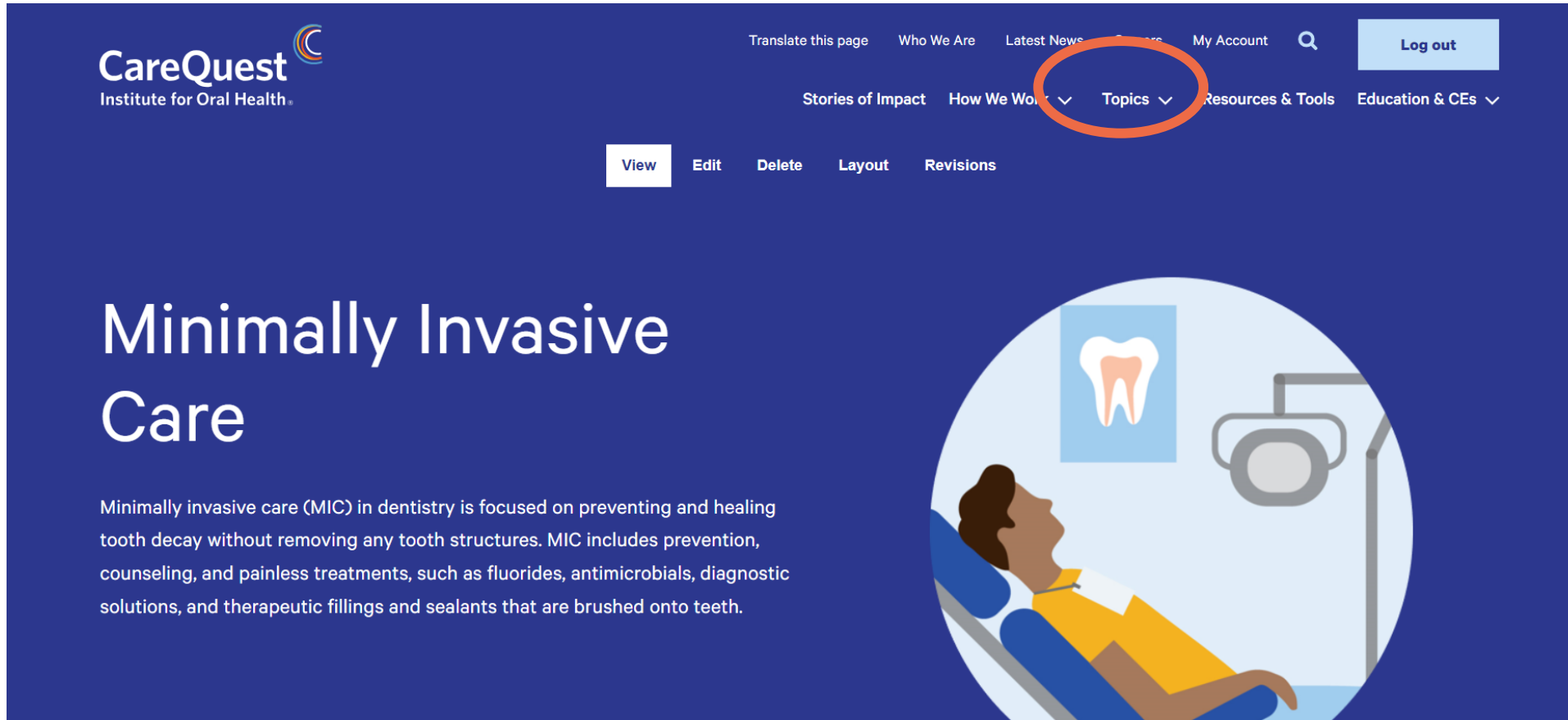
Executive Director, Children's Dental
Services Minneapolis, MN

Learning Objectives

- Describe the current legislative landscape and scope of practice for dental therapists in the United States.
- Identify common misconceptions about dental therapy and evidence-based responses to these myths.
- Evaluate the potential impact of dental therapists on improving patient outcomes and expanding care in underserved communities.




American Dental Therapy Association and the Medical Management of Caries (MMC)



The screenshot shows the CareQuest Institute for Oral Health website. The top navigation bar includes links for 'Translate this page', 'Who We Are', 'Latest News', 'My Account', and a search icon. A 'Log out' button is also present. The main navigation menu features 'Stories of Impact', 'How We Work', 'Topics' (circled in orange), 'Resources & Tools', and 'Education & CEs'. Below the navigation, there are buttons for 'View', 'Edit', 'Delete', 'Layout', and 'Revisions'. The main content area is titled 'Minimally Invasive Care' and includes a paragraph describing MIC in dentistry. To the right, there is a circular illustration of a patient in a dental chair with a tooth diagram and a dental light.

CareQuest
Institute for Oral Health


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Stories of Impact How We Work **Topics** Resources & Tools Education & CEs

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Minimally Invasive Care

Minimally invasive care (MIC) in dentistry is focused on preventing and healing tooth decay without removing any tooth structures. MIC includes prevention, counseling, and painless treatments, such as fluorides, antimicrobials, diagnostic solutions, and therapeutic fillings and sealants that are brushed onto teeth.



**Carequest
Institute MIC
Webpage**



**ADTA
Resource
Webpage**

Dental Therapy: Examining the Misconceptions and Opportunities

January 9, 2025



We're a national organization dedicated to building the power of people to create a health system rooted in race equity and health justice and a society where health is a right for all. Together with partners, we're building a powerful, united movement with a shared vision of and strategy for a health system accountable to all people.

- **300+ partner organizations** at the local and state level
- **45+ states** where we do our work
- **9 states** where we've incubated health advocacy organizations



What Are Dental Therapists?

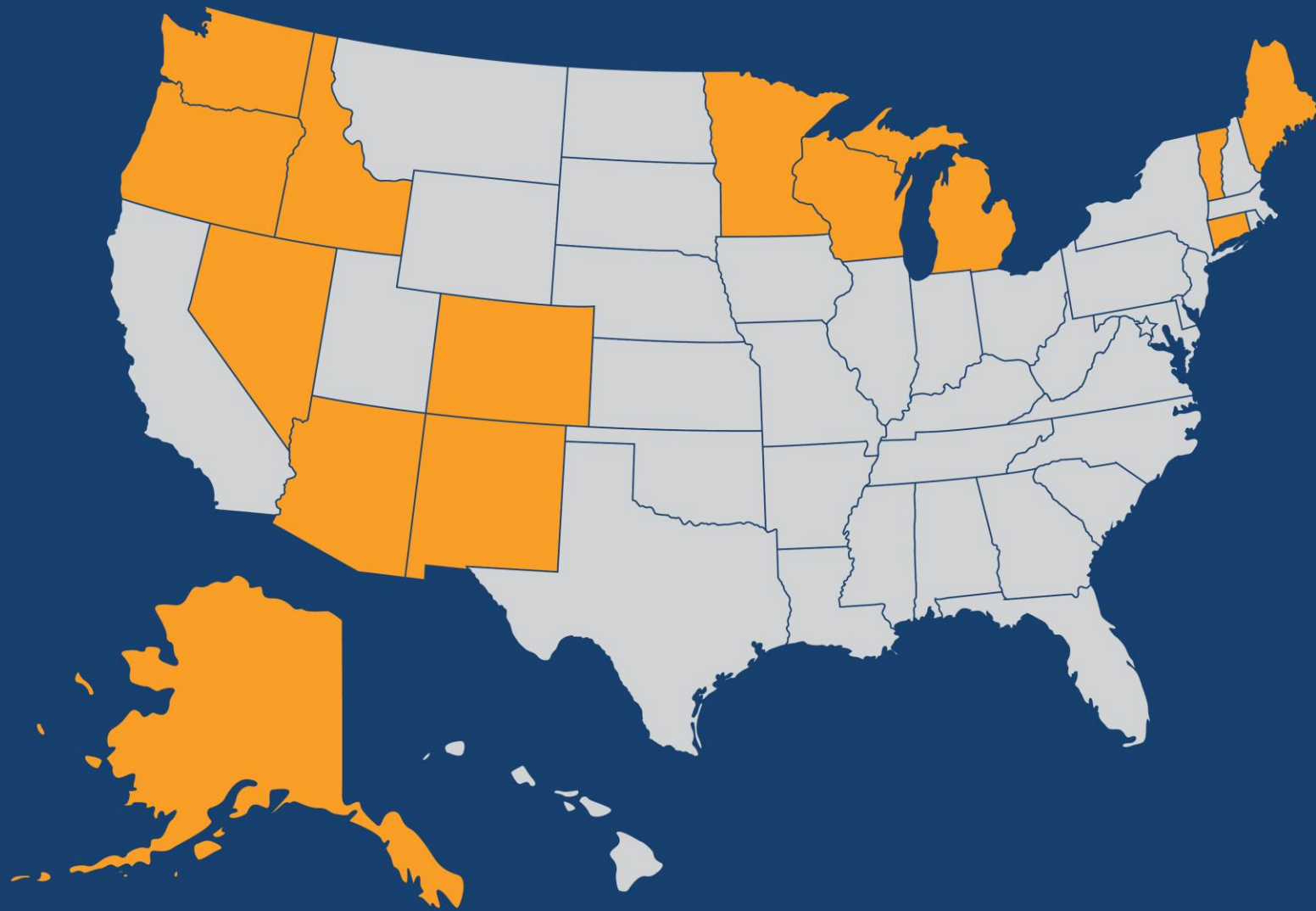


Hint: They're not therapists for your teeth!

What are Dental Therapists?

- Credentialed oral health professionals who work under the supervision of a dentist
- Provide preventive and routine restorative care
- Work in dental clinics and community settings





States that have
**authorized
dental
therapists**
in some or all
settings



National
Partnership *for*
Dental Therapy

What Can Dental Therapists Do?

Evaluation

- X-rays
- Exams
- Treatment planning
- Referrals

Prevention

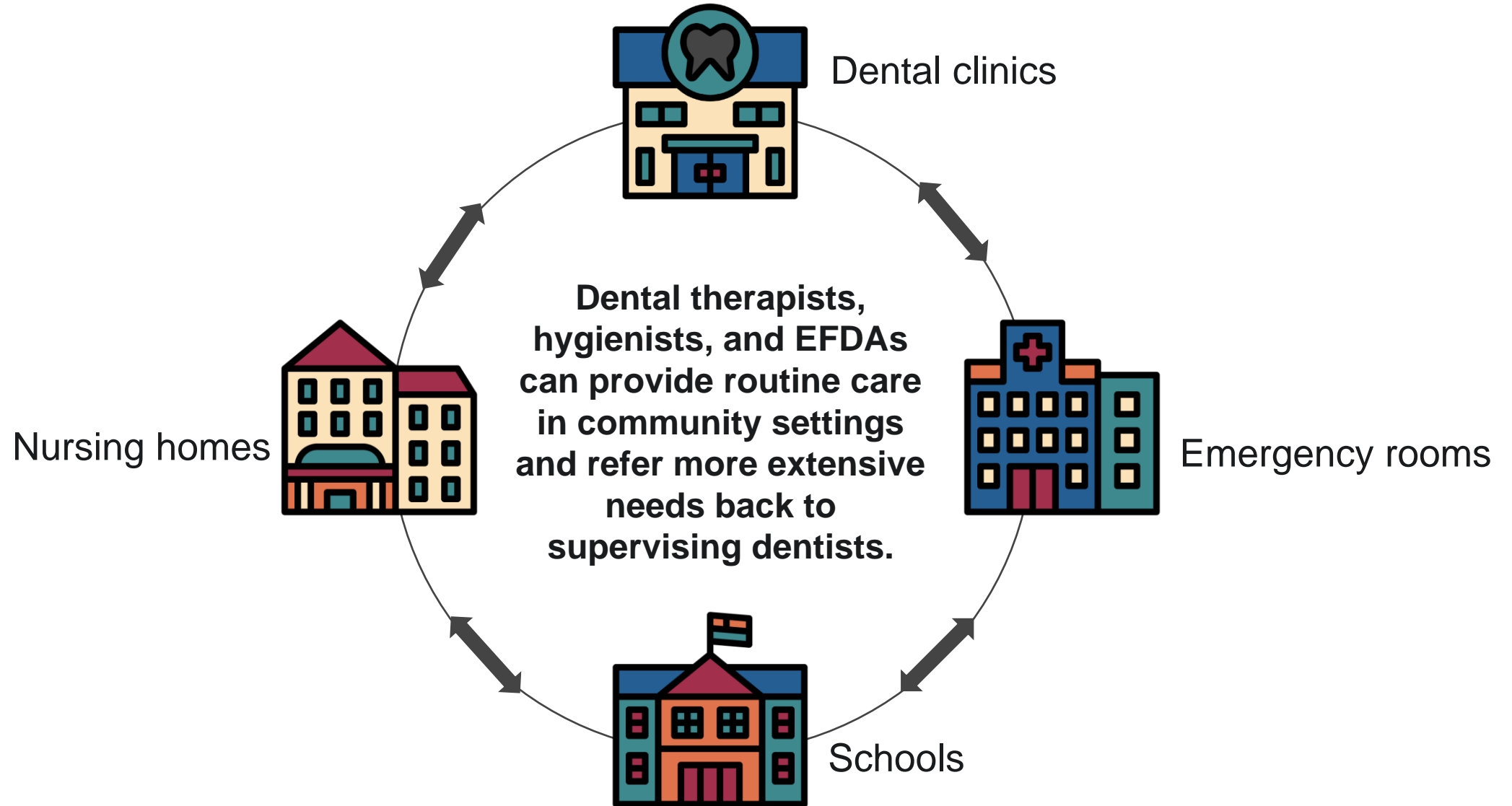
- Oral health instruction
- Cleanings
- Sealants
- Fluoride varnish

**Not a complete list*

Treatment

- Prepare and place fillings
- Place temporary/preformed crowns
- Extractions of primary teeth
- Limited extractions of permanent teeth
- Dispense & administer non-narcotic medications
- Local anesthesia

Where Can Dental Therapists Work?



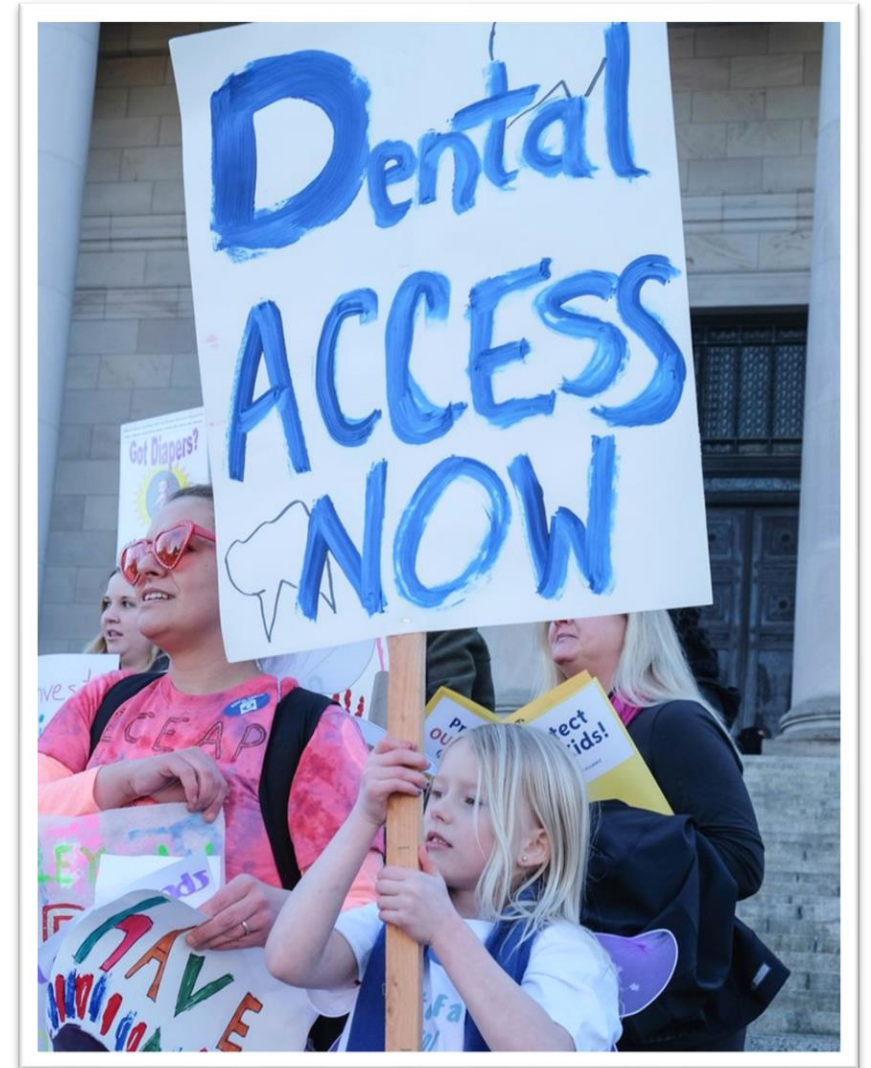
What Education Do Dental Therapists Get?

- The Commission on Dental Accreditation sets education standards for dental therapy programs just as it does for other dental professionals
- Dental therapy education must be at least three academic years
- Programs can be developed in partnership with communities that lack providers creating a pipeline



Where Did This All Come From?

- The push for dental therapy has been a community-led movement and began in the Alaska Tribal health system
- Communities across the country want not just better access to care, but better care
- They want providers who are a part of the communities they serve and who will be there in the long-run
- They want accessible education pathways to home grow providers





Addressing Common Misconceptions...

Access to Care Isn't Just a Rural Problem

- Only **1/3 of dentists** accept Medicaid, and community health centers (CHCs) have lots of vacancies and long wait times
- **30% of dentists** do not treat people with disabilities, and **54% won't treat** people with cognitive disabilities
- Many patients in rural and urban areas can't get to dental offices during working hours for a variety of reasons
- The oral health workforce does not reflect the communities it serves

Dental therapists can . . .

- Make it **cost-effective** for dentists to accept more Medicaid patients and allow CHCs to treat more patients with same budget.
- Bring care to people where they are
- Spend more time with patients to meet them where they are without hurting the clinic's bottom line
- Create a **more representative workforce** via accessible education created in partnership with communities

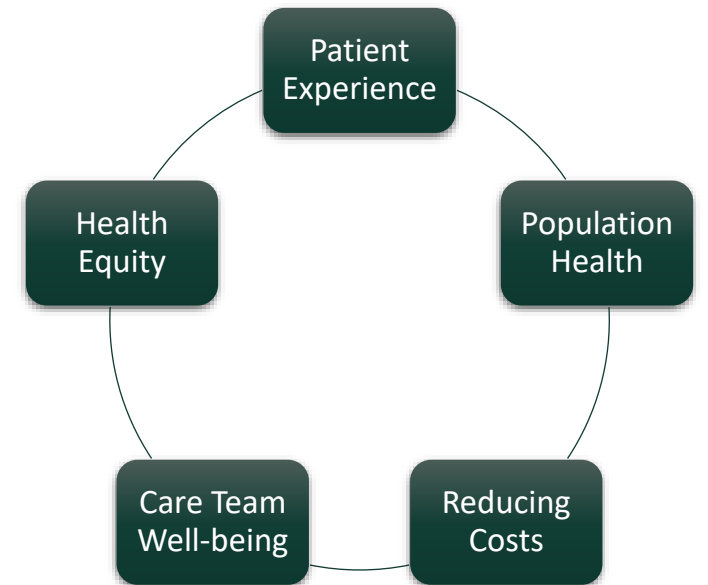


High-Quality Care

- Dental therapists meet the same standards as dentists for the procedures they perform, and studies show dental therapists are as good (or better) at fillings than dentists.
- Dental therapy students often take the same board exams as dental students, just a smaller portion.
- The American Dental Association's Council on Scientific Affairs found in 2013 that "appropriately trained mid-level providers are capable of providing high-quality service."

Part of a Broader Strategy

- There is no “one” solution to a complex problem like oral health inequities.
- An adequate workforce must be accompanied by adequate coverage, care delivery, and public health policies.
- Extensive research shows that letting all members of the health care team work together and at the top of their scope expands access, lowers costs and improves health status.
- Dental therapy is an evidence-based, community-driven policy.



‘The Quintuple Aim’



Laura Brannon
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For more information and resources about dental therapy, check out the National Partnership for Dental Therapy at www.dentaltherapy.org



Children's Dental Services

A Safety Net Clinic's Perspective on History and Impact of Dental Therapy in Minnesota

Sarah Wovcha, JD, MPH, Executive Director

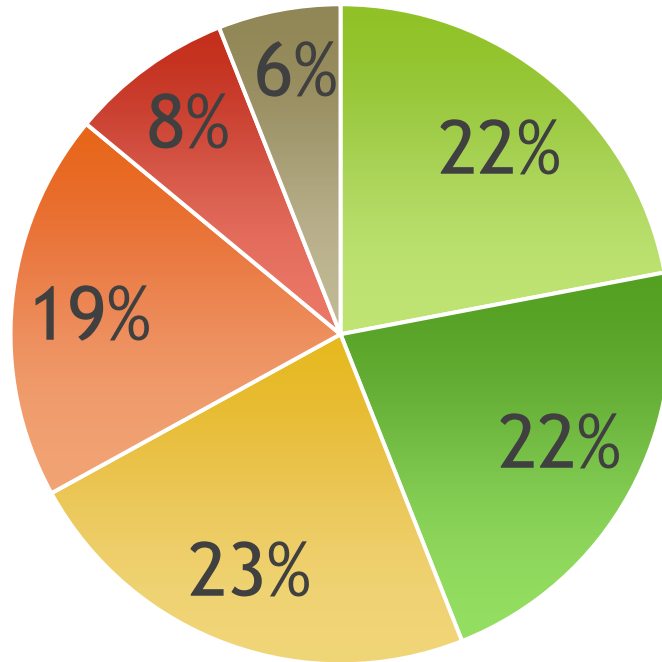


Children's Dental Services

Children's Dental Service History

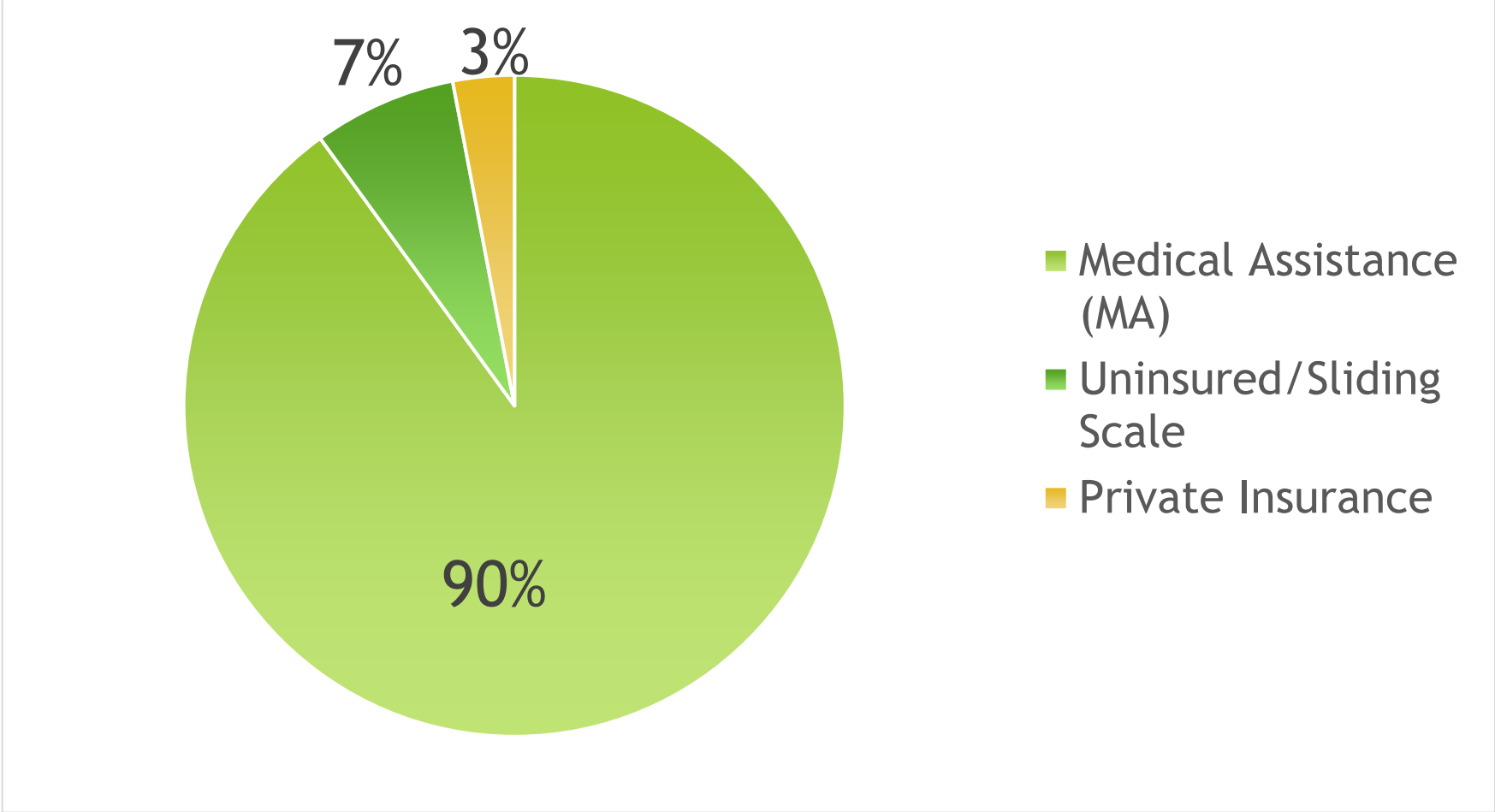
- ▶ Children's Dental Services (CDS) was established in 1919 and received nonprofit status in 1954
- ▶ Previously a branch of the Minneapolis Department of Health
- ▶ Minnesota's primary provider of portable dental care to children, 1st in the nation doing on-site dental care in Head Start setting
- ▶ Helped advance dental therapy legislation and hired first graduates; currently employ 15 DDS, 12 ADTs

2024 Patient Demographics



- East African
- Latino
- African American
- Caucasian
- Southeast Asian
- American Indian

2024 Patient Demographics Cont'd.



Note: 80% of sliding scale patients receive free care

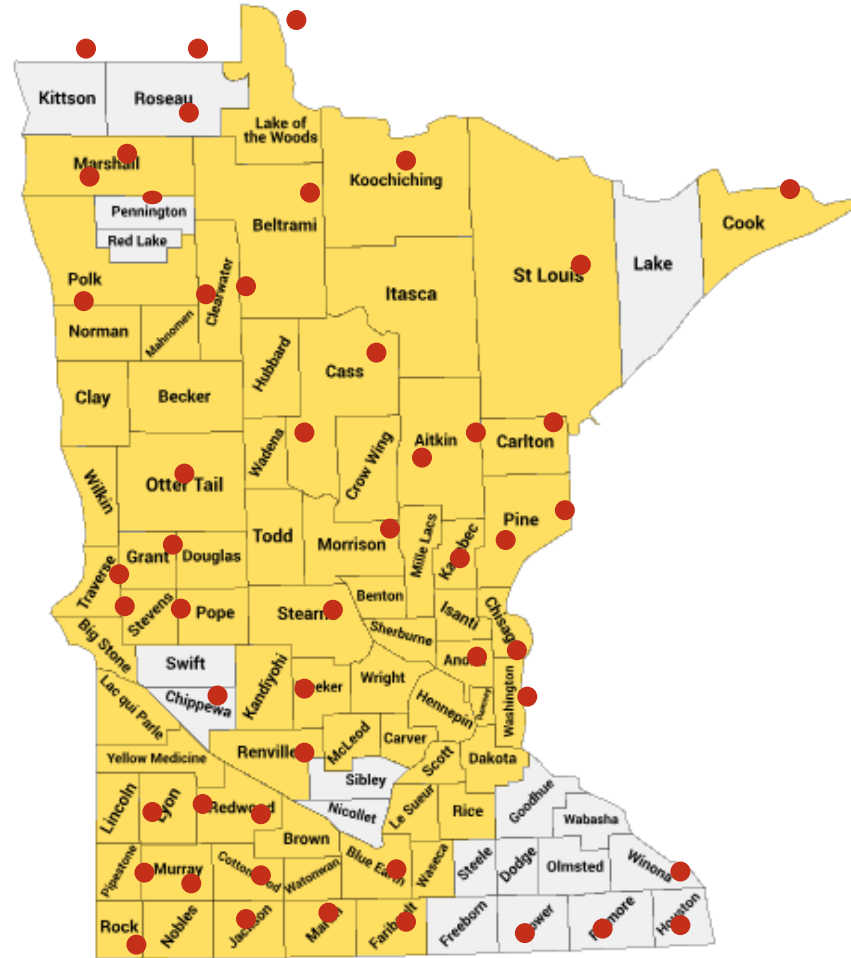
2024 CDS Area and Statistics

700 sites

38,000 patients

64,500 visits

96,000 procedures



- ▶ In 2009, Minnesota became the first state government in the US to authorize the licensing of dental therapists. Minnesota's law created two levels of dental therapist practice – the Dental Therapist and the Advanced Dental Therapist – and required that these providers primarily serve low-income, uninsured, and underserved patients, or practice in a dental Health Professional Shortage Area.

Dental Therapy Legislation

Subd. 2.Limited Practice Settings:

An advanced dental therapist licensed under this chapter is limited to primarily practicing in settings that serve low-income, uninsured, and underserved patients, or in a dental health professional shortage area.

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


**Practice
Settings for
Minnesota ADTs**

- ▶ All ADT services can be provided under General Supervision.
- ▶ General Supervision is defined in Minnesota Rule 3100.0100: “The supervision of tasks or procedures that do[es] 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 requires that the tasks be performed with the prior knowledge and consent of dentist.”
- ▶ ADTs will therefore directly increase access to care by providing care in rural or low-income area where access is a huge problem.
- ▶ While ADTs are not required to undergo chart review by dentists, CDS ADTs do consult and review cases in a collaborative manner.*

**Teledentistry enables these reviews for Dentists practicing in urban centers and for ADTs practicing in rural regions.*


Characteristics of ADTs

Procedures Performed by ADTs



<h2>Oral Evaluation and Assessment</h2>	<ul style="list-style-type: none">• OHI• X-Rays• Preliminary charting
<h2>Non-Surgical Extractions of Primary and Permanent Teeth</h2>	<ul style="list-style-type: none">• Dressing changes• Administration of nitrous oxide• Suture removal
<h2>Restorations</h2>	<ul style="list-style-type: none">• Placement of temporary restorations• Atraumatic restorative therapy• Administration of local anesthetic• Application of desensitizing medication or resin• Tissue conditioning and soft reline• Tooth re-implantation

Procedures Performed by ADTs, Cont'd.



Preventive	<ul style="list-style-type: none">• Mechanical polishing• Application of topical preventive or prophylactic agents, including fluoride varnishes and sealants
Endo	<ul style="list-style-type: none">• Pulp vitality testing• Pulpotomies on primary teeth• Indirect and direct pulp capping on primary and permanent teeth
Mouthguards	<ul style="list-style-type: none">• Fabrication of athletic mouth guards• Fabrication of soft occlusal guards

Collaborative Management Agreements

- Collaborative Management Agreement (CMA): a formal agreement detailing roles and responsibilities for dental therapists and advanced dental therapist and supervising dentists
- Statute requires all advanced dental therapists to engage in a CMA
- No more than five DTs or ADTs can enter into a collaborative agreement with a single DDS

Collaborative Management Agreements Cont'd.

CMAs must include:

- Practice settings and populations to be served
- Any limitations of services provided by the DT or ADT and level of supervision required
- Age and procedure specific practice protocols
- Dental record recording and maintaining procedures
- Plan to manage medical emergencies
- Quality assurance plan
- Dispensing and administering medications protocol
- Provision of care to patients with special medical conditions or complex medical histories protocol
- Supervision criteria of dental assistants
- Referral and reallocating clinical resources protocol
- Collaborating DDS accepts responsibility for unauthorized care provided by DT/ADT

ADT/DT must submit signed CMAs to the Board of Dentistry prior to providing care

Initial Questions about ADTs:

Dentists' biggest source of information about the field = local dental association

- ▶ Many questions arose about:
- ▶ Quality
- ▶ Ability to handle uncooperative patients
- ▶ Impact on patient care

Observations of ADTs:

- ▶ Strong clinical skills;

Quote of one CDS dentist about working with CDS ADT:
“***She completes fillings better than I do.***”

- ▶ Significant relevant experience
- ▶ Receive more training on SSCs and motivational interviewing than most of our dentists
- ▶ Good behavior management
- ▶ Mature, experienced professionals

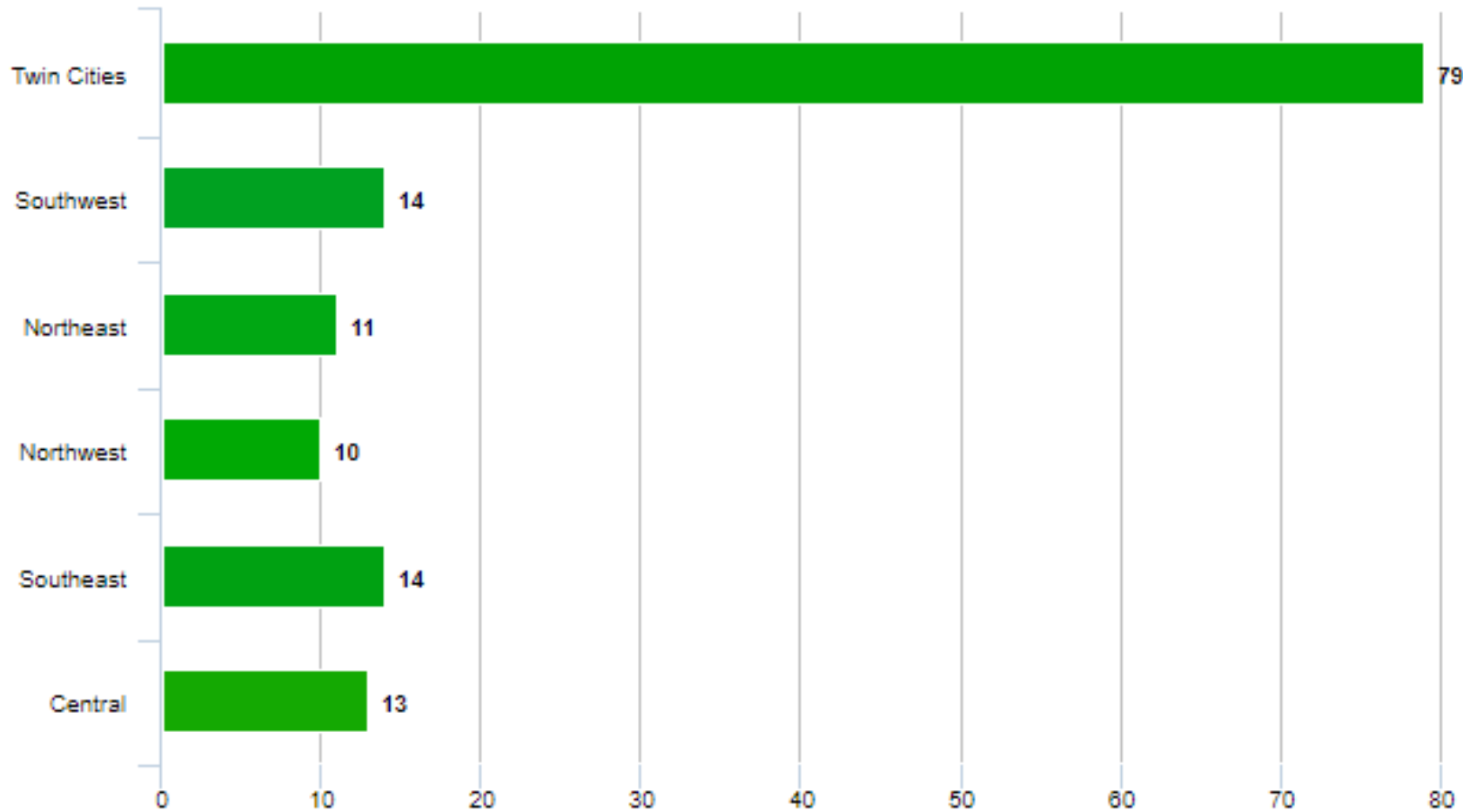
Children's Dental Services ADT Practice Data

- ▶ Since December of 2011, the **23 ADTs**"..."provided care to over **125,000 patients...52%** have been served in portable, satellite sites; **36%** in rural Minnesota.
- ▶ No complaints to MN BOD related to any MN ADT have been substantiated.
- ▶ Overall appointment wait time has decreased by **2 weeks**; overall patient time with provider has increased by **10 minutes**.
- ▶ **97%** of survey respondents state that they are satisfied or very satisfied with the quality of care received by an ADT, compared with **92%** satisfaction with dentists and **97%** satisfaction with hygienists.
- ▶ An ADT bills and is paid the same for procedures as a dentist by both public and private insurance.

Issues of Quality and Risk

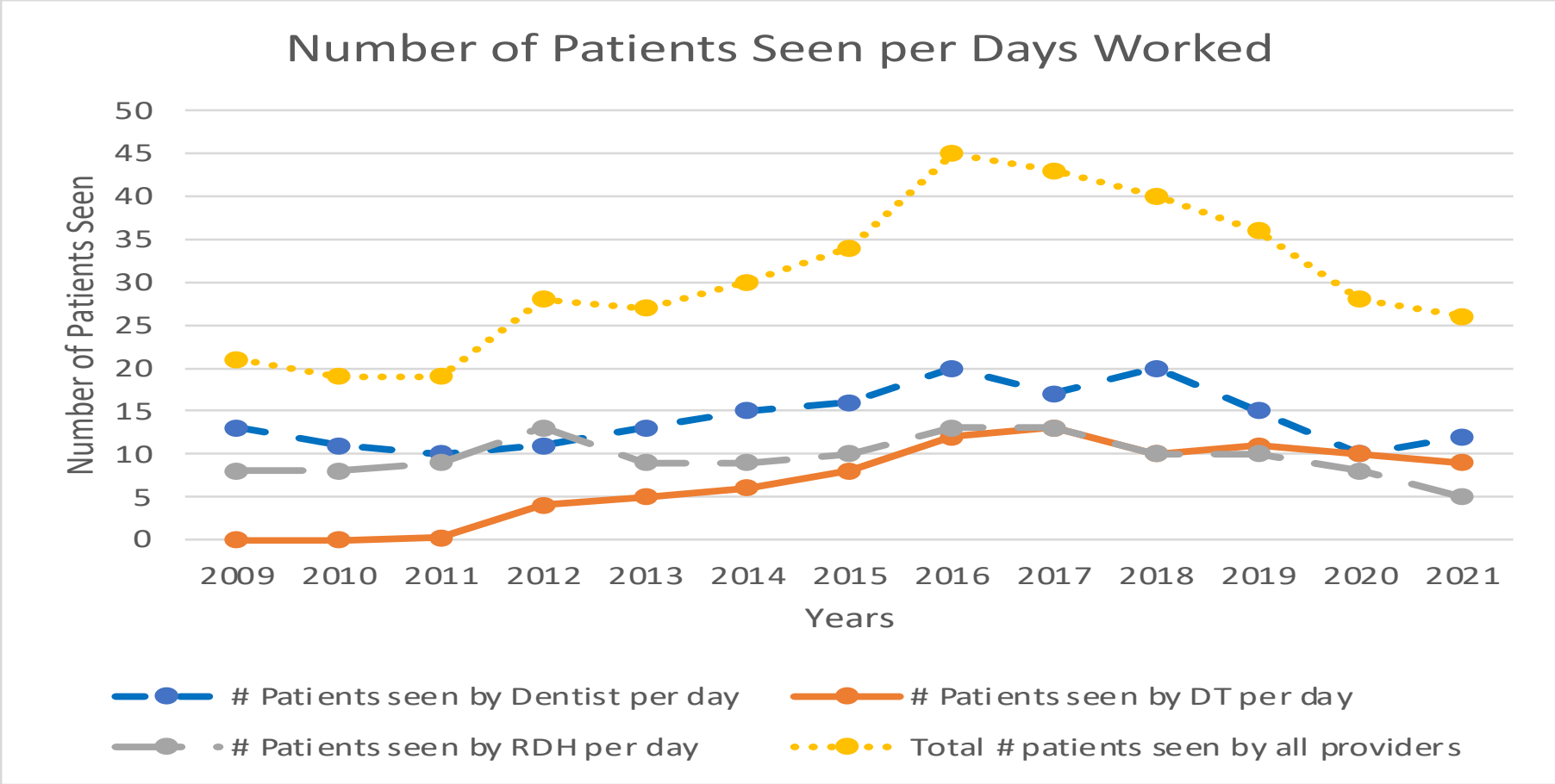
- ▶ ADTs and DDS undergo the same licensure exams for procedures they both provide.
- ▶ Marsh Insurance provides professional liability coverage for ADTs currently licensed as dental hygienists and members of ADHA. The cost is approximately *\$93/year.
- ▶ Professional malpractice insurance from various providers costs ~\$2,000 for CDS' dentists (average cost is \$2000-3000/year).

**as of 2021*



Minnesota Dental Therapist Distribution-2023

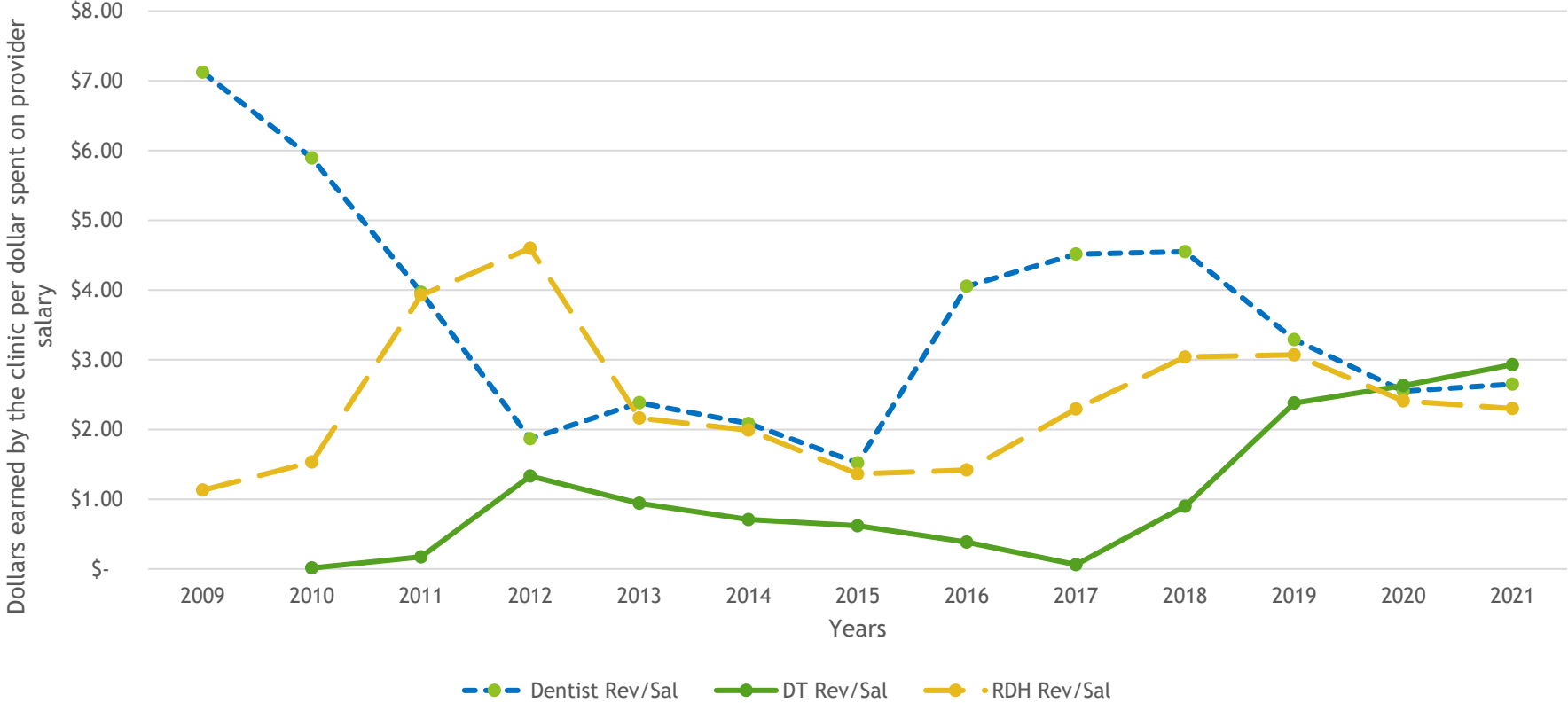
Dental Therapy Impact on Access to Care



The total number of clients served grew from 21,835 in 2014 to 37,498 in 2019, before dipping to 22,676 in 2020 (due to Covid-related shutdowns) and 28,850 in 2021.

Economic Viability of Dental Therapy

Return on Investment by Provider Type



There is a rise in Return on Investment (ROI) for DTs since their integration into care at CDS.

Financial Impact

Cost-Benefit Analysis based on 1 ADT providing services covered under the ADT statute for 40 hours/week in a public health dental clinic.

DDS Cost
\$88/hr.

ADT Cost
\$60/hr.

ADT provides restorative care to 1,500 low-income children and pregnant women per year

Total Cost Savings using ADT Public Health Model:
\$1,120/week
\$58,240/year

Eric Colon, UMN Class of 2022
Originally of Ecuador, Rural team member,
recipient of CDS tuition support



Impact on the Dental Landscape



Frees DDS to focus on specialized restorative care (DDS appreciate opportunity to hone higher skill level & relief from routine care)



Overall increase in quantity of care



Overall reduction in cost of care



Approximately 141 graduates, plurality work in private clinics, in high demand

- ▶ **Dental Therapy Employer Guide:**
<http://www.mchoralhealth.org/mn/dental-therapy/references.html>
- ▶ **Minnesota Board of Dentistry:**
<http://www.dentalboard.state.mn.us/Default.aspx?tabid=1165>
- ▶ **University of Minnesota School of Dentistry:**
<http://dentistry.umn.edu/programs-admissions/dental-therapy>
- ▶ **Metropolitan State University :**
http://www.metrostate.edu/msweb/explore/catalog/grad/index.cfm?lvl=G§ion=1&page_name=master_science_advanced_dental_therapy

RESOURCES

References

- ▶ [Integration of dental therapists in safety net practice increases access to oral health care in Minnesota - PubMed \(nih.gov\)](#)
- ▶ [http://www.pewcenteronthestates.org/report_detail.aspx?id=61628](#)
- ▶ [http://www.pewcenteronthestates.org/report_detail.aspx?id=61628](#)
- ▶ [http://www.normandale.mnscu.edu/academics/deans/pdfs/ADEAPresentation1.pdf](#)
- ▶ [https://www.revisor.mn.gov/statutes/?id=150a.105](#)
- ▶ [http://www.dentalboard.state.mn.us/Portals/3/](#)
- ▶ [Licensing/Dental%20Therapist/ADT-CMA%2012-4](#)
- ▶ [10approved.pdf](#)
- ▶ [https://www.revisor.mn.gov/statutes/?id=150a.105](#)



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Question and Answer



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Webinar Evaluation

Complete the evaluation by **Friday, January 17** to receive CE credit. You will receive a link to the survey within 24 hours.

Next Webinar:

Trauma-Informed Care: Creating a Psychologically Safe Environment in the Dental Setting on **January 23 at 7 p.m. ET**

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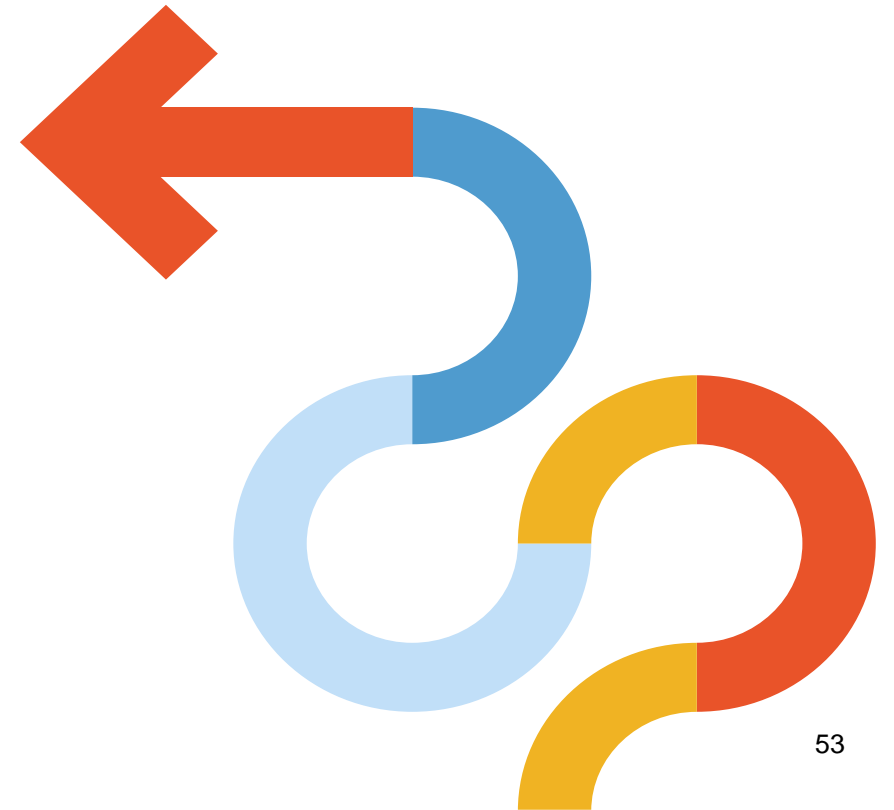
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