



## *Oral Health Workforce: Policy Options to Meet Increased Demand*

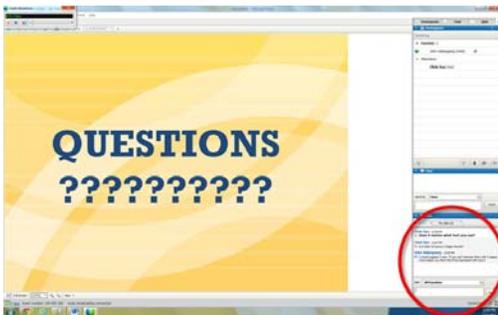
**December 11, 2013**

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## Presenters

**Bryan Kelley**, Health Program, National Conference of State Legislatures



**Senator Judy Lee**, North Dakota



**Representative Kim Norton**, Minnesota

**Julie Stitzel**, Pew Children's Dental Campaign



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## *Oral Health Workforce: Policy Options to Meet Increased Demand*



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## Children's Oral Health Care

- One in five children goes without dental care every year in the United States.
- Many children with dental problems and no dental coverage seek care in expensive emergency rooms.



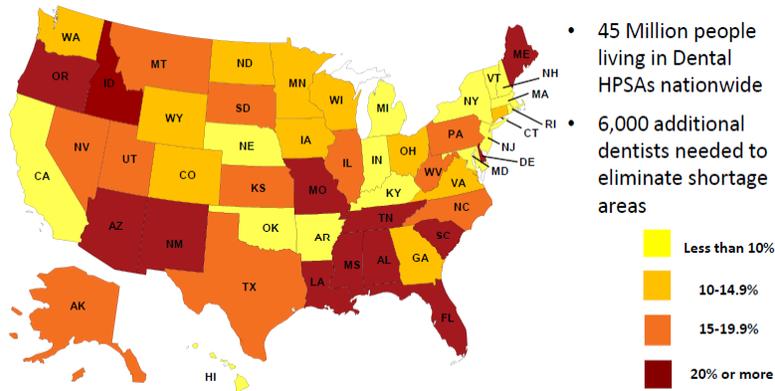
## Children's Oral Health Care

- In 2009, more than 830,000 Americans with toothaches or other preventable dental problems were treated in an emergency room.
- The cost of treating tooth-decay related cases in ERs was nearly \$110 million in 2006.
- Kids with untreated dental problems are also more likely to miss school, have increased social anxiety, reduced productivity and diminished career prospects.



## Dental Health Professional Shortage Areas

% of State Population living in Dental Health Professional Shortage Area (HPSA)



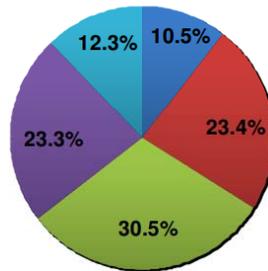
Source: Pew's Children's Dental Campaign



## Aging Dental Workforce

Percentage of Professionally Active Dentists by Age Bracket

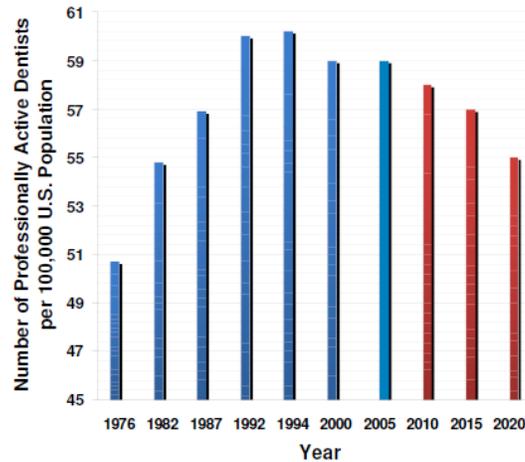
■ 65+ ■ 55-64 ■ 45-54 ■ 35-44 ■ Under 35



Source: Institute of Medicine



## Declining Dental Workforce



## Medicaid Coverage and Children's Access

- According to the Centers for Medicare and Medicaid Services, only 49% of Medicaid-enrolled children received dental services in 2011.
- 25 of 39 states surveyed reported fewer than half of their dentists treated any Medicaid patients in the previous year.

Source: Association of State and Territorial Dental Directors



## Increased Demand and the ACA

- Pediatric dental care included as essential health benefit (EHB) in the Affordable Care Act (ACA).
- So far, 25 states and the District of Columbia are choosing to expand Medicaid eligibility.
- These actions will increase the demand for dental care, and potentially exacerbate existing workforce issues.



## Policy Options to Address Dental Workforce Issues



## Dental Loan Repayment Programs

- Many states have dental loan repayment programs to encourage graduating dental students to practice in otherwise underserved areas.
  
- An American Dental Association report from 2011 details loan repayment programs of varying degrees offered in 41 states, DC, and Puerto Rico.
  - [http://www.ada.org/sections/educationAndCareers/pdfs/loan\\_repayment.pdf](http://www.ada.org/sections/educationAndCareers/pdfs/loan_repayment.pdf)



## Recent Grants for Workforce Development

- December 5, 2013 announcement from the Department of Health and Human Services:
  - In Fiscal Year 2013, \$3.1 million was granted to help state designated dental health professional shortage areas develop and implement innovative programs to address dental workforce needs.
  
  - States must match at least 40 percent of the grant funding or provide equivalent support.



## Medicaid Reimbursement Rates

### – Rhode Island's RItE Smiles

RItE Smiles

Dental Care for Kids

- Initially, 90 dentists in the area participated in the program. After reimbursement rates were increased and administrative barriers were streamlined this number went up to 202 dentists in 380 locations.



Smiles For Children  
Improving Dental Care Across Virginia

### – Virginia's Smiles for Children

- After streamlining the administrative process and increasing reimbursement rates, there was a 24% increase in the number of Medicaid-enrolled children receiving oral health care.



## Dental Hygienist Scope of Practice

- Many states have expanded the dental hygienist scope of practice
  - 36 states allow some sort of direct access without the specific authorization of a dentist, such as the application of fluoride and the administration of local anesthesia.
  - See [www.adha.org/scope-of-practice](http://www.adha.org/scope-of-practice)



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## Mid-level Dental Providers

- Minnesota and Alaska have created new types of mid-level dental providers to address workforce issues.



- Minnesota created Dental Therapists and Advanced Dental Therapists.



- Alaska created Dental Health Aide Therapists in 2003, now providing access to 40,000 Alaska native people in rural areas.



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## Community Dental Health Coordinators

- Provide dental health education, basic preventive services, and help patients find dentists if more advanced care is necessary.
- CDHCs may be employed by Federally Qualified Health Centers, public health clinics, or practitioners in underserved areas.
- 34 Community Dental Health Coordinators are currently working in seven states: AZ, CA, MT, NM, OK, and WI.



## Community Dental Health Coordinators: New Mexico

- New Mexico was the first state to pass enabling legislation for CDHCs: 2011 House Bill 187.
  - Authorized the state dental board to allow community dental health coordinators to provide certain education, prevention, and assessment.



## Involving Other Medical Providers in Children's Dental Care

- Less than 2% of infants visit a dentist yearly, but 89% of infants visit a physician at least yearly.
- Many states have explored ways to involve other medical providers in the delivery of oral health care, such as pediatricians.



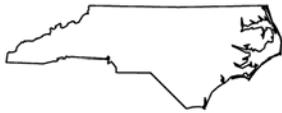


## Pediatrician Involvement: North Carolina

- North Carolina: Into the Mouths of Babes

- Trains and reimburses medical providers for a three-part preventive procedure:

- Oral evaluation
    - Counseling with primary caregivers
    - Application of topical fluoride varnish



» For children with four visits, there was a 17% reduction in dental-caries-related treatment on average.



## Washington's Access to Baby & Child Dentistry (ABCD) Program

- Starting out in one city, now every county in the state of Washington has an ABCD program.
- "Dental champions" are trained to help lead the programs.
- Almost 1,600 individuals have now received ABCD training.



Access to  
Baby & Child  
Dentistry™



## Washington's Access to Baby & Child Dentistry (ABCD) Program

- In 1999, only 21% of Medicaid-enrolled children below the age of 6 accessed dental care.
- After the implementation of the ABCD program, the number of Medicaid-enrolled children receiving dental care had increased to 51% by 2012.



Access to  
Baby & Child  
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## Policy Options to Address Oral Health Workforce Challenges

- Dental loan repayment programs
- Medicaid reimbursement rate increases
- Dental hygienist scope of practice expansions
- Mid-level dental providers
- Community Dental Health Coordinators
- Involving other medical providers in pediatric oral care



# ***DENTAL CARE IN NORTH DAKOTA***



## ***DENTAL LOAN REPAYMENT DENTAL PRACTICE GRANT***

- North Dakota has three Dental Loan Repayment Programs:
  - Rural
  - Safety-net Clinics
  - Medicaid
- Dental Practice Grant:
  - Grant to establish a dental practice in cities with a population under 7,500



## **MEDICAL PROFESSIONALS**

- House Bill 1293: Passed in 2007
  - Allows Physicians, Physician Assistants, Advanced Practice Registered Nurses, Registered Nurses and Licensed Practical Nurses the ability to apply fluoride varnish in a medical setting.



## **DENTAL HYGIENISTS**

- House Bill 1176: Passed in 2009
  - Allows hygienists to practice in public health settings without the direct supervision of a dentist or an exam.
    - Seal! ND School-based dental sealant program was implemented.
      - In school year 2012-2013: 50 schools received preventive services provided by the state public health hygienists.
        - ❖ This increased access to care for children's oral health from 46 percent to 76 percent (CDC).
    - Long Term Care Dental Program was implemented.
      - Currently, there are 5 Long Term Care facilities in the Bismarck/Mandan area that are receiving dental services.
        - ❖ Expanding to Turtle Lake in 2014.

## **RONALD MCDONALD CARE MOBILE**

- House Bill 1231: Passed in 2009
  - Provided \$196,000 for start-up of the dental-care mobile.
  
- House Bill 1135: Passed in 2013
  - Provided another \$100,000 for the dental-care mobile.



## **DENTAL HEALTH STUDY**

- House Bill 1454: Dental Health Study
  - Improve access to dental services and ways to address dental service provider shortages.
    - Exploring the feasibility of Dental Therapists.
    - Information related to the study can be found on the North Dakota Legislative Branch website at: <http://www.legis.nd.gov/assembly/63-2013/committees/interim/health-services-committee>

## ***DONATED DENTAL***

- The Donated Dental Service (DDS) program, a program of Dental Lifeline Network, provides extensive treatment, for those who cannot afford needed dental treatment and have no other way of getting help. Applicants must be disabled, chronically ill (physically or mentally) or elderly. Qualified applicants will be matched with an area participating dentist who will provide services in their office.

## ***DENTAL SERVICES PROGRAMS***

- North Dakota has four Dental Service Programs:
  - Medicaid
  - Healthy Steps
  - Caring for Children
  - Health Tracks

## ***PEDIATRIC DENTAL DAYS***

- Spirit Lake Sioux Reservation-Ft. Totten, ND
  - September 20, 2011
    - Four Winds School
  - 232 children were seen
  - Estimated \$107,701 of donated dental treatment provided.
- Standing Rock Sioux Reservation-Ft. Yates, ND
  - October 11, 2013 and October 12, 2013
    - Prairie Knights Casino
  - 367 children were seen
  - Estimated \$150,080 of donated dental treatment provided.

## ***CONTACT INFORMATION***

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## Dental Therapy in Minnesota

By State Representative Kim Norton– Rochester, MN

### DT....One Piece of the Puzzle

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Covering the underserved will require many solutions and the Dental Therapist/Advanced Dental Therapist (DT/ADT) idea is but one of those.

Reimbursement rates *must* be appropriate for all of our dental providers.

Addressing the cost of all higher education, especially health and dental care programs, is needed.

Encouraging rural providers and care for other underserved populations through loan repayment or grant programs is worth pursuing.

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## Introduction

### ▶ What is Dental Therapy?

A dental therapist is a licensed oral health professional who practices as part of the dental team to provide educational, clinical and therapeutic patient services. Dental therapists provide basic preventive and restorative treatment to children and adults, and extractions of primary (baby) teeth under the supervision of a dentist. Dental therapists work primarily in settings that serve low-income, uninsured and underserved populations or in a dental health professional shortage area.

### ▶ History and Status

In 2009, Minnesota became the first state to establish licensure of dental therapists, with the primary purpose to extend dental health to underserved populations.

The Legislation created two types of dental therapists: Dental Therapist (DT) and Advanced Dental Therapist (ADT). The scopes of practice of these two provider types are very similar; the major difference lies in the level of supervision.

▶ Source: University of Minnesota Dental School: <http://www.dentistry.umn.edu/programs-admissions/dental-therapy/>

## History

Chapter 95 - Revisor of Statutes

Page 1 of 49

### Minnesota Session Laws

Search

Key: (1) ~~language to be deleted~~ (2) new language

#### 2009, Regular Session

##### CHAPTER 95--S.F.No. 2083

An act

relating to higher education; amending postsecondary education provisions; regulating course equivalency guides; requiring notice to prospective students; requiring certain information be provided; providing for sale of American made clothing; amending Minnesota Office of Higher Education responsibilities and provisions; providing for a resident stating appeal; establishing programs; defining terms; regulating grants, scholarships, and work-study; requiring an annual certificate; regulating certain board and council membership provisions; requiring job placement impact reviews; regulating state-owned facilities; regulating dental therapists; establishing fees; providing criminal penalties; requiring reports; regulating certain appropriations; establishing an account; providing for proceeds of certain sale of property; appropriating money; amending Minnesota Statutes 2008, sections 135A.08,

▶ Source: Minnesota Board of Dentistry: <http://www.dentalboard.state.mn.us/Default.aspx?tabid=1165>

## Scope of the Practice

According to Minnesota 2009 Session Laws, Chapter 95, Article 3, Subd. 4, the **scope of practice** for a Dental Therapist includes the following:

- ▶ (a) A licensed dental therapist may perform dental services as authorized under this section within the parameters of the collaborative management agreement.
- ▶ (b) The services authorized to be performed by a licensed dental therapist include the oral health services, as specified in paragraphs (c) and (d), and within the parameters of the collaborative management agreement.
- ▶ (c) A licensed dental therapist may perform the following services under general supervision, unless restricted or prohibited in the collaborative management agreement:
- ▶ (d) A licensed dental therapist may perform the following services under indirect supervision:
- ▶ (e) For purposes of this section and section 150A.106, "general supervision" and "indirect supervision" have the meanings given in Minnesota Rules, part 3100.0100, subpart 21.

▶ Source: Minnesota Board of Dentistry: <http://www.dentalboard.state.mn.us/Default.aspx?tabid=1165>

## Scope of the Practice (cont.)

Subd. 5. **Dispensing authority.** (a) A licensed dental therapist may dispense and administer the following drugs within the parameters of the collaborative management agreement and within the scope of practice of the dental therapist: analgesics, anti-inflammatories, and antibiotics.

- ▶ (b) The authority to dispense and administer shall extend only to the categories of drugs identified in this subdivision, and may be further limited by the collaborative management agreement.
- ▶ (c) The authority to dispense includes the authority to dispense sample drugs within the categories identified in this subdivision if dispensing is permitted by the collaborative management agreement.
- ▶ (d) A licensed dental therapist is prohibited from dispensing or administering a narcotic drug as defined in section 152.01, subdivision 10.

▶ Source: Minnesota Board of Dentistry: <http://www.dentalboard.state.mn.us/Default.aspx?tabid=1165>

## Scope of the Practice (cont.)

Subd. 6. **Application of other laws.** A licensed dental therapist authorized to practice under this chapter is not in violation of section 150A.05 as it relates to the unauthorized practice of dentistry if the practice is authorized under this chapter and is within the parameters of the collaborative management agreement.

Subd. 7. **Use of dental assistants.** (a) A licensed dental therapist may supervise dental assistants to the extent permitted in the collaborative management agreement and according to section 150A.10, subdivision 2.

- ▶ (b) Notwithstanding paragraph (a), a licensed dental therapist is limited to supervising no more than four registered dental assistants or nonregistered dental assistants at any one practice setting.



## Scope of the Practice (cont.)

*The Advanced Dental Therapist scope of practice is very similar to the dental therapist scope of practice. Main difference:*

- ▶ An advanced dental therapist may perform nonsurgical extractions of periodontally diseased permanent teeth with tooth mobility of +3 to +4 under general supervision if authorized in advance by the collaborating dentist. The advanced dental therapist shall not extract a tooth for any patient if the tooth is unerupted, impacted, fractured, or needs to be sectioned for removal.



Source: Minnesota Board of Dentistry: <http://www.dentalboard.state.mn.us/Default.aspx?tabid=1165>

## Collaborative Management Agreement

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*Prior to performing any of the services authorized under statute, a dental therapist and an advanced dental therapist must enter into a written Collaborative Management Agreement with a Minnesota licensed dentist.*

*A collaborating dentist is limited to entering into a collaborative agreement with no more than 5 dental therapists or advanced dental therapists at any one time.*

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▶ Source: Minnesota Board of Dentistry: <http://www.dentalboard.state.mn.us/Default.aspx?tabid=1165>

## Education Programs

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*Minnesota has two main schools that offer dental therapy:*

- ▶ The University of Minnesota's School of Dentistry
  - ▶ Dental Therapist
  - ▶ Advanced Dental Therapist starting 2015
  
- ▶ Metropolitan State University in conjunction with Normandale Community College
  - ▶ Dental Therapist
  - ▶ Advanced Dental Therapist

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▶

## Quick Facts

- ▶ 28 licensed dental therapists in MN, 3 are ADT's
- ▶ 22 employers statewide
- ▶ Starting in 2015, all DT students will be academically eligible to become ADT's at the University of Minnesota
- ▶ Starting in Spring of 2014, an online guide for dentists will be available on "how to" hire DT's and ADT's
- ▶ MN Dept. of Health and U of Minn. are creating a database of DT's and ADT's practices to study impact
- ▶ Wages: about \$38-\$45 per hour
- ▶ Some concerns with MN Dental Association still exist

▶ Source: Prof. Karl Self, University of Minnesota School of Dentistry

## Concluding Thoughts...

- ▶ *Initially, employment opportunities for DTs were slow to develop. As a reminder, the DTs must have a cooperative agreement with a dentist and work under either general supervision of a dentist; ADT's may have indirect supervision. Employer interest in DT/ADTs has picked up and all but 2 graduates living in MN are now employed full time.*
- ▶ *Overhead costs are high for dentistry. Practically this means starting a practice is costly and unlikely for a DT/ADT in a stand alone practice, BUT using DT's in a practice would be a cost effective model for expanding a dental practice.*
- ▶ *There is still a challenge for DT's leaving MN, as DT's are not recognized in other states.*

## Summary

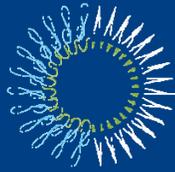
- ▶ Minnesota was the first state to establish licensure of Dental Therapists. The Dental Therapist (DT) is a mid-level provider with distinct educational, examination, and practice requirements.
- ▶ It's too early to tell if this model as passed will be successful, but like other mid-level models in health care they will likely find a place in the system. More data collection and research will be done in the coming years.
- ▶ There are currently two educational programs in Minnesota providing training for DTs. These programs each have advantages and disadvantages and continue to work through issues.
- ▶ Licenses may be granted in Dental Therapy or Advanced Dental Therapy, permitting a prescribed scope of practice to be performed under either the GENERAL or INDIRECT supervision of a licensed dentist.
- ▶ With additional education and testing, a Dental Therapist may be eligible for certification as an Advanced Dental Therapist (ADT).
- ▶ The delegation of duties is governed under a Collaborative Management Agreement, essentially a contract between the supervising dentist and the Dental Therapist or Advanced Dental Therapist.
- ▶ The Board is working with the Commission on Dental Accreditation (CODA) toward program standards and accreditation. The Board is also working with the Central Regional Dental Testing Service (CRDTS) on the development of a clinical examination.

▶ Source: Minnesota Board of Dentistry: <http://www.dentalboard.state.mn.us/Default.aspx?tabid=1165>

## More Information

- ▶ The University of Minnesota School of Dentistry:  
<http://www.dentistry.umn.edu/programs-admissions/dental-therapy/>
- ▶ Metropolitan State University:  
<http://dental.metrostate.edu/>
- ▶ Minnesota Board of Dentistry:  
<http://www.dentalboard.state.mn.us/>





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## Oral Health Workforce Policy Options to Meet Increased Demand



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### Workforce Resources: NEED

- ✓ Institute of Medicine Report:  
<http://www.iom.edu/Reports/2011/Improving-Access-to-Oral-Health-Care-for-Vulnerable-and-Underserved-Populations.aspx>
- ✓ American Dental Association report on ER utilization for dental related conditions:  
[http://www.ada.org/sections/professionalResources/pdfs/HPRCBrief\\_0513\\_1.pdf](http://www.ada.org/sections/professionalResources/pdfs/HPRCBrief_0513_1.pdf)
- ✓ Pew report on ER utilization for dental related visits:  
<http://www.pewstates.org/research/reports/a-costly-dental-destination-85899379755>
- ✓ Pew report on lack of access to care in the US:  
<http://www.pewstates.org/research/reports/in-search-of-dental-care-85899485602>



Free clinic in Cape Girardeau, Missouri on May 3, 2013. People camped out in line for two days to receive free dental care.



## Workforce Resources: ECONOMICS

- ✓ **Pew report on how midlevel providers impact private practitioners:**  
<http://www.pewstates.org/research/reports/it-takes-a-team-85899373074>
- ✓ **Community Catalyst report on the economic viability of dental therapists:**  
<http://www.communitycatalyst.org/doc-store/publications/economic-viability-dental-therapists.pdf>
- ✓ **Pew Case Studies: COMING SOON!**



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## Workforce Resources: SAFETY AND QUALITY

- ✓ **Kellogg funded literature review of safety and quality of dental therapists:**  
<http://www.wkcf.org/news-and-media/article/2012/04/nash-report-is-evidence-that-dental-therapists-expand-access>
- ✓ **Kellogg funded evaluation of Alaska's dental therapy program:**  
<http://www.wkcf.org/resource-directory/resource/2010/10/alaska-dental-therapist-program-rti-evaluation-report>



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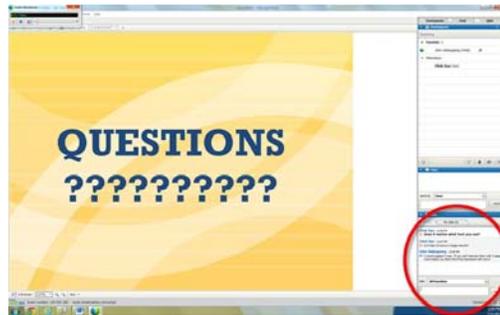


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## Additional Resources

NCSL Children's Oral Health page

[www.ncsl.org/default.aspx?tabid=14495](http://www.ncsl.org/default.aspx?tabid=14495)

NCSL Oral Health Workforce *LegisBrief*

[www.ncsl.org/default.aspx?tabid=25979](http://www.ncsl.org/default.aspx?tabid=25979)

Pew Children's Dental Campaign

<http://www.pewstates.org/projects/childrens-dental-campaign-328060>

Children's Dental Health Project

[www.cdhp.org/](http://www.cdhp.org/)



## **Contact Information**

For additional questions or information,  
please contact: Bryan Kelley, [bryan.kelley@ncsl.org](mailto:bryan.kelley@ncsl.org),  
303-856-1521

To find the archived webinar next week, go to  
<http://www.ncsl.org/default.aspx?tabid=27511>

Please fill out the survey that will be emailed to you.

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