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Statement before the North Dakota Health Services Interim Committee

April 24, 2014

My name is Colleen M. Brickle, Dean of Health Sciences at Normandale Community College in Bloomington, MN. Thank you for allowing me this opportunity to provide testimony as you consider how to improve access to dental services and ways to address dental provider shortages, including establishing a mid-provider dental practitioner (MDP) in North Dakota. My testimony will highlight my experience with the program development, education, licensure of dental therapists and certification of advanced dental therapists in Minnesota (see PowerPoint handout). Why am I passionate about this issue? In 2005 we opened a community dental clinic housed at the dental hygiene program at Normandale to extend primary care services. Patients were driving over two hours to receive routine restorative or surgical care. Many geriatric patients treated by the dental hygiene students were in need of routine restorative work but could not afford to see a private dentist and/or faced too many challenges to schedule an appointment. Dental hygiene graduates were working as collaborative dental hygienists in alternative settings such as Head Start centers, nursing homes or elementary schools providing preventive services. Dental disease was identified that could have easily been treated, referrals made, only to return six months later to find the patient did not receive care and the disease was more advanced requiring more extensive treatment. A solution was needed to complete routine restorative care and fill in the gaps where there were not enough dentists.

Minnesota's MDP legislation, passed in 2009, established two levels: a dental therapist (DT) and an advanced dental therapist (ADT). During the 2008 and 2009 legislative sessions, I actively advocated for a MDP while simultaneously leading the effort in the development of a MDP curriculum for the Minnesota State Colleges and Universities System (MnSCU). The MnSCU program began in 2009 and is jointly administered by Normandale Community College in Bloomington, Minnesota and Metropolitan State University in St. Paul. MnSCU combined DT/ADT competencies into one curriculum graduating with a Masters in Science in Advanced Dental Therapy. As of 2013, University of Minnesota (U. of M.) followed MnSCU's lead and combined DT/ADT into one program. The MnSCU program is different from the U. of M program in that admission into the program requires that you are a licensed dental with a baccalaureate degree. While learning new knowledge and skills can be challenging, the student's educational background in dental hygiene standards of care are core competencies mastered as a licensed dental hygienist and serve as a strong foundation for dental therapy education and training.

Students from both educational institutions are taught routine restorative and surgical procedures within a defined scope of practice to the same competencies as a dental student, learning side by side with dental students and/or dental residents. In other words, the education and training to remove decay and prepare teeth for restorations are taught to the same standards and competencies as dental students learn across the country. In addition to dental courses, MnSCU ADT students take coursework in pharmacology and medical emergencies, epidemiology, health policy and leadership, cultural awareness, and managing patients with special needs (an emphasis in geriatric and pediatric dentistry).

The clinical component of a DT/ADT's education provides opportunities to serve all population groups. MnSCU students are provided extended campus rotations through a Community Dental Care Clinic that serves patients from ethnicities all over the globe; Hennepin County Medical Center for special needs, pediatric and oral surgery experiences; Apple Tree Dental nursing homes for the geriatric and medically compromised patient care; and Children's Dental Services to serve children and pregnant mothers. These experiences allow students the opportunity to work directly with populations they will serve upon graduation.

Graduates are required to pass a patient-based clinical examination that is based on the examination dental students must also take for licensure. This examination is conducted by the Central Regional Dental Testing Service. The exam evaluators are unaware as to which patients are treated by a dental student or a DT student, holding both students to the same evaluation standards. This exam validates that in their defined scope of practice, DTs are educated to the same level of a dentist. It is not until after 2000 hours of practice under indirect supervision of a dentist and passing a certification examination issued by the Minnesota Board of Dentistry that a licensed DT is credential as an ADT. This allows ADTs to perform the additional services of an oral evaluation, assessment, formulation of an individualized treatment plan, extractions of permanent moderately to severely mobile teeth and the ability to provide, dispense and administer antibiotics, analgesics and anti-inflammatories under general supervision (no dentist on site) within the protocols established by dentist and written in a collaborative management agreement that both the dentist and ADT sign.

The broad range of primary care services in Minnesota's statute allows ADTs to improve access to care for rural and underserved populations and increases entry points for patients into the oral health care delivery system. The ADT is not a replacement for a dentist, but is intended to extend the reach of the dentists. They make it easier for patients to access routine care and make it more affordable for underserved populations to obtain high quality oral health services. Although dental disease is preventable, there are populations with rampant untreated decay and periodontal (gum) diseases. The ADTs ability to provide preventive care and disease treatment can be extended to outreach locations by collaborating with a dentist when providing care. Working within the protocols outlined in a collaborative management agreement with a dentist, patients are referred to a dentist when they need the services beyond the ADTs scope of practice. This allows ADTs the ability to work in schools, community centers, nursing homes, virtually any place where there are unmet, while still being able to refer more complex cases to a dentist. Opening access to dental care and delivering care directly to a patient who has challenges making it to a private office results in cost-savings in the public healthcare system.

While Minnesota is the first state to license a MDP in the United States, Alaska and more than 50 other countries have educated and utilized mid-level dental providers safely and effectively for decades. Preliminary collection of data to evaluate the DT/ADT was completed by the Minnesota Department of Health and Board of Dentistry. A report, "Early Impact of Dental Therapists in Minnesota" was presented to the Minnesota legislature in February 2014. Preliminary results from the report:

1. Clinics employing DT/ADTs see more patients and most are on public programs and are underserved

2. DT/ADTs improve efficiency of clinics, allowing dentists to handle more complex procedures
3. DT/ADTs have reduced wait times and travel distances for patients
4. DT/ADTs produce direct cost savings to dental clinics
5. Dental clinics use most savings from DT/ADTs to see more public program and underserved patients
6. No quality or safety concerns
7. Further research is needed, since the program is new and the number of DT/ADTs relatively small at this point (though growing)

From my vantage point, the acceptance level of MnSCU ADTs is growing, even among the stronger opponents of this legislation. At this time the ADT is being integrated as a key new member of the dental team. All of the MnSCU graduates have been employed and at this time, all ADTs in Minnesota are dual licensed as both a dental hygienist and a dental therapist.

What can be learned from Minnesota? First, MDPs offer quality, safe, and cost-effective care to Minnesotans who struggle to find care. Second, in addition to a dentist, MDPs provide another entry point for a patient to access the dental system. In the traditional practice setting, the only way a patient could seek dental treatment was to first receive an exam from a dentist. In Minnesota, it is now possible for ADTs to assess/evaluate and treat dental pain without the patient first having to see a dentist. This means a patient can get needed treatment quicker and more efficiently, while also providing them a way to connect with a dentist if they need more complex procedures. Third, this also provides another career pathway for dental hygienists while giving dentists more flexibility to treat people that struggle to get care.

Too many people struggle to enter the oral healthcare system and a MDP can be that additional entry point to extend the arm of dentists to assist those who desperately need care. In addition to opening access, MDPs provide safe, quality, effective dental care for those most in need. For years, we have searched unsuccessfully for ways to improve access to dental care for the underserved. As with dental hygienists, who are dentistry's valued and trusted "preventive specialists", health promotion and disease prevention remain the primary focus of ADTs. Yet, until we care for patients who are far beyond preventive services, we are losing ground with each passing day. The private practice model of dentistry as it exists now works for middle to upper class individuals, but it's clearly not working for everyone. MDPs allow both private practice and public health dentists alike to extend their care. It's my hope that North Dakota puts words into action and passes legislation to make MDPs a reality.

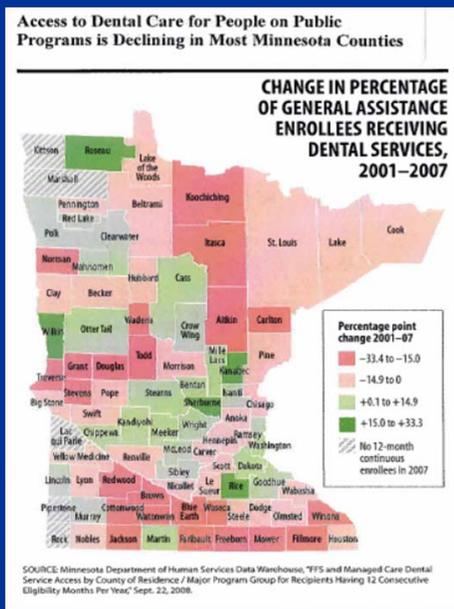
Thank you for your time and consideration.

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Minnesota's New Mid-Level Dental Practitioners

Dental Therapist and Advanced Dental Therapist

Responding to Access to Prevention and Access to Care



Minnesota Goals

For the Mid-level Practitioners

- Improve access by filling gaps where there are not enough dentists
- Dentists are vital to the model
 - Designed NOT to replace or compete with dentists
- Part of a broader strategy to improve access
 - Not the silver bullet

Curriculum Development Background

- New Program Application
- The Advisory Committee Roles:
 - Requirements and Process for Admission
 - Curriculum Development
 - Legislative Process
- Dentist members of the Advisory Committee are actively involved in the educational process
 - Experience teaching dental students
 - Background in pediatric, geriatric, special needs, and hospital dentistry

Competencies and Domains

- Program Competency Development (2006-2009):
 - ADHA Competencies for the Advanced Dental Hygiene Practitioner
 - ADEA Competencies for the New General Dentist
 - CODA Standards for the Dental Education Programs
- Other Standards and Competency Documents (2011-2014)
 - MN Board of Dentistry Standards and Competencies
 - Community Catalyst Standards for Dental Therapy
 - CODA Draft Standards for Dental Therapy

New Program Application

Required Components

- Description of the Proposed Program
- Documented Need for the Program
 - Occupational/Professional need
 - Student interest
- Resources
 - Facilities, Personnel, Equipment
- External Relations/Collaborations
 - Partnerships , grants with community partners, and gifts and donations

New Program Application cont.

- Budget and Financial Information
 - Projected enrollment , anticipated revenues, personnel needs and expenditures, facilities or major equipment needs
- Program Curriculum
 - Admissions, program outcomes and requirements, courses, credits for each course/program, common course outlines, fact sheets, application process

New Program Application cont.

- Supporting Documentation
 - Institutions Curriculum Committee minutes
 - Occupational/Professional demand data
 - Student interest data
 - Faculty Vitae
 - Evidence of business/industry support
 - Copies of agreements with institutions
 - Evidence of external review
 - Letters of Support

State Law Parameters



■ Dental Therapist (DT)

- Services allowed under general supervision
- Services allowed under indirect supervision as defined in a Collaborative Management Agreement (CMA)
- Baccalaureate Degree

■ Advanced Dental Therapist (ADT)

- All DT services under general supervision
- Additional services allowed under general supervision as defined in a CMA
- Masters Degree

Educational Institutions Offering Programs



MnSCU
Metropolitan State and
Normandale Community College



University of Minnesota
School of Dentistry

Metropolitan
State University



*Master of Science
Advanced Dental Therapy*

Curriculum leads to dental therapy licensure and
certification in advanced dental therapy



NORMANDALE
COMMUNITY COLLEGE

MnSCU

Combined DT/ADT Program

Program is distinctive:

- Experienced dental hygienists, licensed and practicing in the profession
- Students have already mastered a wide range of competencies
- Educated to have sound public health perspective as well as perform specific oral procedures
- Dual licensed: both as a dental therapist and a dental hygienist

Courses in the Curriculum

- Interprofessional/Public Health Emphasis
 - Designing for Quality
 - Community-Based Intercultural Communication
 - Epidemiology
 - Health Policy and Leadership
- Oral Health Care Practitioner (DT/ADT)
 - Health Assessment and Oral Diagnostic Reasoning
 - Pharmacology Principles of Clinical Application
 - Management of Dental and Medical Emergencies

Courses in the Curriculum cont.

- Oral Health Care Practitioner (DT/ADT) cont.
 - Community-Based Primary Oral Healthcare I
 - Community-Based Primary Oral Healthcare II
 - Community-Based Primary Oral Healthcare III
 - Community-Based Primary Oral Healthcare IV
 - Advanced Specialty Practices
 - Community-Based Primary Oral Healthcare V
 - Advanced Community Specialty Externship
 - Comprehensive Community-Based Capstone
 - Continuing Clinical Competency Skills Course
 - Advanced ADT Credentialing Refresher Course

Didactic, Lab and/or Clinical Experiences

Program Totals	Credits	Lecture	Lab	Clinic/ Practicum	Total
Twenty-four months*	44	334	231	785	1,350

* Currently under curriculum redesign
Proposing a sixteen month program

Program Costs for Students

- Current tuition/fees for Metropolitan State University courses:
 - \$435 per credit (fall 2013)
- Books, lab fees, and equipment are not included in the fee above
 - \$2,000 fee for the lab/clinical and externship courses (subject to change)
- CRDTS examination \$2,500
 - Application and site fee

Total cost of program: Approximately \$36,000

Clinical Experiences

Clinical experiences are vast and work in settings with diverse and underserved populations

- **Metropolitan State University**
 - New Clinic in Maplewood
- ***Normandale Community College***
 - Use of lab and clinic
- ***Community Clinic Partners***
 - Children's Dental Services
 - Hennepin County Medical Center
 - Community Dental Care
 - Apple Tree Dental
 - Other sites being explored



Clinical Licensure Examination

CRDTS

- Laboratory Requirements (simulation)
 - Stainless steel crown preparation (permanent dentition)
 - Stainless steel crown adaptation, adjustment, and cementation (primary dentition)
 - Prefabricated resin crown preparation (permanent dentition)
 - Pulpotomy access opening (primary dentition)
- Clinical Requirements
 - Class II amalgam preparation and restoration
 - Class III composite preparation and restoration

ADT Certification

Required to complete these requirements

- Be licensed as a Dental Therapist
- Submit proof of 2000 hours of practice of dental therapy
- Graduate from a Master's Degree program in Advanced Dental Therapy
- Pass a Board of Dentistry approved exam demonstrating competency under the advanced scope of practice
- Submit an application for certification

Employment Locations

- Two cohorts of graduates
- Employed and working on 2,000 hours of dental therapy scope of practice necessary for advanced dental therapy credentialing
- Board of Dentistry developed and improving the credentialing process



Assurance Plan in Minnesota

For a competent workforce and ensuring access to care

- Board of Dentistry rule making and program review process
- Clinical and credentialing examinations
- Programmatic accreditation
- Evaluation process by the Minnesota Department of Health
- Minnesota Department of Human Services
- Ongoing policy and advocacy efforts

Thank you



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