
A Review of the Minnesota Dental Therapist Model

Has the Midlevel Provider Expanded Access to Care?

Since its passage in the legislature in May 2009, the Minnesota dental therapist model has been praised by public health advocates as an innovative solution to the lack of dental care for low-income, uninsured, and underserved populations in the state, as well as to the inequitable distribution of dental health professionals. The perceived success of the model has been used as the basis for the push of similar programs across the country.

The Minnesota legislation created two new types of providers: the dental therapist (DT) and the advanced dental therapist (ADT), both of which are allowed to provide general dental services, as well as irreversible procedures such as tooth extractions and cutting hard tooth tissue, under the general or indirect supervision of a dentist, dependent upon the procedure.

The key attribute of either midlevel provider is that he or she was intended to primarily work in settings that serve populations with minimal access to dental care. Even though Minnesota ranks highly in comparison to other states when it comes to overall health, and specifically oral health, the disparities within these underserved populations are significant, says the Minnesota Department of Health.

More than 70 percent of Minnesota's counties are fully or partially designated as Health Professional Shortage Areas (HPSAs), according to the Minnesota Board of Dentistry and Minnesota Department of Health report, "Early Impacts of Dental Therapists in Minnesota." Overall, approximately 15 percent of Minnesota children younger than age 18 live in poverty. Thirteen counties from central Minnesota to the Canadian border top 20 percent, with some counties having a poverty rate among children of more than 30 percent, according to the 2012 County Health Rankings and Roadmap, sponsored by the Robert Wood Johnson Foundation.

According to the Minnesota Board of Dentistry, there were 42 licensed dental therapists in the state in June 2015. Two licensees lived out of state. During this time, only three DTs practiced in the region defined in the Robert Wood Johnson Foundation study, and only eight practiced in HPSAs. More than a quarter practiced in Hennepin County, home to the state's largest city, Minneapolis, while 73 percent practiced in the seven-county Twin Cities metro area. Plotting the current locations of dental therapists on a map of Minnesota shows a significant maldistribution of DTs in the state (see illustration at left).

The Profile of Dental Therapists

The Minnesota Department of Health's "2013 Minnesota Dental Therapist, Workforce Analysis" report provided the following profile for dental therapists practicing in the state:

- Fifty-nine percent graduated from the University of Minnesota's program and 41 percent from Metropolitan State University.
- Half work in nonprofit clinics, a third worked in solo or small practices, and the remainder practiced in hospital or academic settings.
- Fifty-nine percent of the DTs were younger than 35; 27 percent were between ages 35–44; and 14 percent were between ages 45–54.



Academic Track Enrollment Rates

The first dental therapist graduates in Minnesota received their diplomas in 2011. At Metropolitan State University, the first class had seven enrollees; the second class had four; and since then, each cohort that has enrolled in the fall for a 16-month schedule of studies has had six enrollees.

At the University of Minnesota, the first four classes graduated nine therapists each. The class set to graduate in December 2015 had only six. Beginning in fall 2015, the incoming class was capped at eight.

For both programs, the size of the schools' affiliated dental clinics restricts their capacity for students.

In addition to the maldistribution, in the early days of the program, advocates argued that midlevel providers would be able to practice independently because of reduced costs, but that assertion has yet to be proven. Minnesota law requires that at least 50 percent of a dental therapist's patient base consist of those from underserved populations as defined in the statute. With identical reimbursement rates for dentists and dental therapists, there are no savings to the state of Minnesota. In fact, there is no evidence an individual therapist's practice can sustain itself. Under

Minnesota law, dental therapists must clear a 2,000-hour benchmark before they can establish a standalone practice, but the requirements include, at a minimum, remote supervision by a dentist, says "A History of Minnesota's Dental Therapist Legislation" by the Minnesota Dental Association. The Academy of General Dentistry (AGD) and the law firm of Foley & Lardner, LLP inquired into the professional intentions of dental therapists and found that none — even those who had surpassed the 2,000-hour threshold — expressed any interest in launching their own business.

Furthermore, the dental therapy program was promoted as a way to reduce the number of emergency room visits for dental-related issues, according to "Early Impacts of Dental Therapists in Minnesota." Emergency rooms are an expensive last resort with a three-year tab in Minnesota from 2012–14 of \$148 million. There is no evidence that the emergence of dental therapists has resulted in any cost savings to the state.

Aside from the patients, Minnesota dentists, and the state itself, the dental therapy initiatives have also impacted another audience — the DTs themselves.

In response to inquiries by AGD/ Foley & Lardner, dental therapist graduates from rural areas reported significant issues in finding a job. One 25-year-old dental therapist from the University of Minnesota, with more than \$80,000 of student loan debt, commented: "I graduated in 2012 and was unable to find a job until fall 2013. My daily commute when I got a job was 70 minutes one way. The clinic cut my job after only four months. They had originally hired me because of a grant incentive." A 29-year-old with more than \$50,000 of student loan debt responded: "I am unemployed as a dental therapist. [Dentists] in my area are not open to the new position. I have been looking for more than a year with no opportunities." When asked about the one thing that has frustrated them the most in their new career, DTs and ADTs stated as follows:

- "Lack of job opportunities, lack of support from the [university]. High college debt. Lack of support from the dental community."
- "Lack of scholarships or repayment help for student loans for dental therapists, in addition to not finding work for more than six months."

Call to Action

AGD stands ready to work with policymakers on proven solutions to expand access to and utilization of oral health care. For more information on AGD's policy positions, contact advocacy@agd.org. ♦