Minnesota Dental Therapist

Jim Nickman DDS, MS

Minnesota’s Recent Contributions

Minnesota Dental Therapist

- History of MN Dental Therapy Legislation
- Final Legislation
- Current Programs
- Future Implementation Issues

Minnesota Dental Therapist

Background and Legislative History

U.S. Department of Health & Human Services

Office of the Surgeon General

Home > Reports and Publications

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Oral Health in Ameri

A Report of

Oral Health in America

A Report of the Surgeon General

May 2000

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complications resulting from minimal oral care and treatment.

- ***Oral Health in America: A Report of the Surgeon Genera***

…the Surgeon General called for action to promote access to oral health care for all Americans, especially the disadvantaged and minority children found to be at greatest risk for severe medical complications resulting from minimal oral care and treatment.

MINNESOTA DENTAL ASSOCIATION

SEARCH

About Us | Your Oral Health | Affiliated Organizations

Extending Prevention Through Dental Hygienists

Collaborative Practice Dental Hygienists

Rural H

Task F

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MDA Grou

Minnesota Co Coalition

on Through Dental H

Practice Dental Hygienists

ding preventive dental care to those in need may be accomp appropriately qualified dental hygienists who have entered a lega a licensed dentist. While this type of practice cannot meet the com community, it does offer a cost-effective and efficient way to preve place. To view the Minnesota Community Collaborative agreeme

Sen Shelia Kiscaden

Dental Access for Minnesota Health Care Programs Beneficiaries: Report to the 2001 Minnesota Legislature

Submitted by the
Minnesota Department of Human Services

Advanced Dental Hygiene Practitioner

Q: Why is ADHA establishing this new position?

A: To make a positive impact on the lack of access to oral health care plaguing millions of people in the U.S., as well as part of ADHA's commitment to the Surgeon General's Report on Oral Health and the National Call to Action to Promote Oral Health. It is ADHA's objective to answer the unmet oral health needs of the public by advocating for and creating an advanced dental hygiene practitioner, which was overwhelmingly supported by our membership and adopted by our House of Delegates almost unanimously. The ADHP will provide preventive and basic restorative oral health care—easily accessible primary care—in a more cost-effective manner to a greater number of individuals who previously had limited to no access to oral health care services.

Q: How does this relate to the Surgeon's General Report or the National Call to Action?

A: Access to oral health care is at the core of the 2000 Surgeon General's report on oral health and the subsequent National Call to Action released last year. The National Call to Action identifies the need to "enhance oral health workforce capacity". The National Call to Action acknowledges that "the lack of trained professionals ultimately results in a loss in the public's health. ADHA believes that an advanced dental hygiene practitioner would answer the country's need for more suitably qualified oral health care providers.

Safety Net Coalition

Minnesota Health Care Safety Net Coalition

Members of the Minnesota Safety Net Coalition

- Bright Smiles (Greater Twin Cities United Way)
- Hennepin County Medical Center
- Hennepin Faculty Associates
- Minnesota Association of Community Health Centers
- Minnesota Association of Community Mental Health Cen
- Minnesota Visiting Nurse Agency
- Neighborhood Health Care Network
- Portico Healthnet

Apple Tree Dental

Improving the Lives of People with Special Access Needs

Welcome to Apple Tree Dental

Apple Tree Dental is a non-profit organization whose mission is to improve the oral health of people with special dental access needs. Our patients include low-income children and families, elderly nursing home residents, people with disabilities, and others who have serious dental needs.
>> more

Dental Clinics

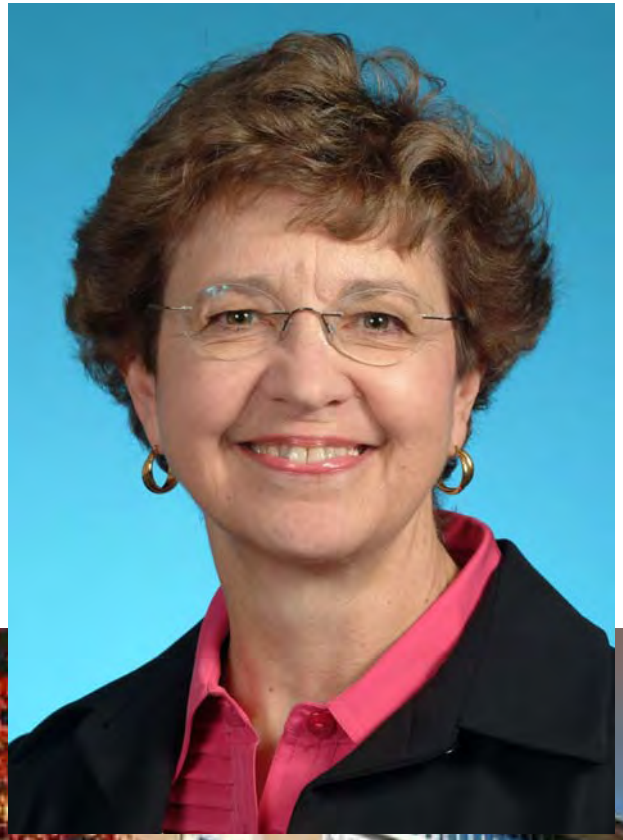
Mobile Services

The Apple Tree Institute

Providing clinical care is one way to improve dental access, another is to try to fix the root causes of poor oral health in our society. The Apple Tree Institute is the branch

Want to learn more about Apple Tree Dental? Sign up now! **"Apple Tree A La Mode" One Hour Informational Tours** at our Twin Cities Clinic

Normandale
community college



OHCP

A Preventable Tragedy

- Deamonte Driver, a twelve-year-old Maryland boy, died in 2007 from a tooth abscess that spread to his brain
- An $80 routine extraction might have prevented it

"Fewer than 16 percent of Maryland's Medicaid children received restorative services -- such as filling cavities -- in 2005"

Source: The Washington Post, *For Want of a Dentist*

PEW

There was successful passage of significant new funding for the (Maryland) Department of Health… after the death of Deamonte Driver in 2007, triggered a focused review of dental health services. $400,000 in operating revenue and $500,000 in capital revenue was appropriated …. Further, the legislation that expands the scope of practice for dental hygienists in certain settings was also enacted….Finally, $7 million was appropriated to increase dental reimbursement rates…

Minnesota Dental Therapist

- Spring 2007
  - Sensing the coming storm, the MDA applies for and receives help from the ADA Public Affairs program
- News letters to members detailing ADHP proposal
- MDA co-sponsors Minnesota Association of Community Dentistry's spring meeting promoting ADA's CDHC proposal

Minnesota Dental Therapist

- Summer 2007
  - ADA Public Affairs program conducts focus groups regarding the ADHP
  - Also examined which messages and Dental Access proposals resonated with the public
  - Presented to the MDA House of Delegates in September 2007

Minnesota Dental Therapist

MDA NEWS
A News Source for Members of the Minnesota Dental Association
October 2007

Community dentistry group hosts forum on Advanced Dental Hygiene Practitioner

It was a standing-room-only event on September 21st with about 125 people attending the Fall Dental Access Forum hosted by the Minnesota Association for Community Dentistry (MACD). Dentists, dental hygienists, dental assistants, educators, third party payers, and others gathered at the HealthPartners Administrative Offices in Bloomington, MN to hear about the proposed mid-level dental practitioner called an "ADHP" – **Advanced Dental Hygiene Practitioner.** (The Minnesota Dental Association co-sponsored the MACD's "Spring Dental Access Forum" which presented speakers on the ADA's proposed "Community Dental Health Coordinator" concept and that event, too, was well attended.)

The 3-hour program began with presentations from Ann Battrell, Executive Director of the American Dental Hygienists' Association, and Colleen Schmidt, ADHA Director of Education. They explained that ADHA is seeking to create this new type of oral health care practitioner because of a need to address the oral health care crisis in the U.S., what with either a shortage or maldistribution of dentists. The American Dental Hygienists' Association defines the ADHP as a *"dental hygienist who has graduated from an accredited dental hygiene program and has completed an advanced educational curriculum, approved by the American Dental Hygienists' Association, which prepares the dental hygienist to provide diagnostic, preventive, restorative and therapeutic services directly to the public."*

Competencies for the ADHP are still being developed by the American Dental Hygienists' Association, but so far they include *"the preparation of cavities and restoration of primary and permanent teeth using direct placement of appropriate dental materials," "pulpotomies on primary teeth,"* and the ability to *"prescribe pharmacologic agents for prevention, control of infection, and pain management utilizing established protocols or in consultation with a dentist or physician."* These procedures extend beyond the current scope of dental hygiene practice defined by Minnesota state law (Minnesota Statute 150A.05, Subd. 1a.) and Board of Dentistry rules.

What's in this issue:

New nitrous rules - page 2
Save on homeowner's and

Senator Linda Berglin, 61
Senator Paul E. Koering, 12
Senator Tony Lourey, 08
Senator John Marty, 54
Senator Julie Rosen, 24

Representative Tom Huntley, 07A
Representative Jim Abeler, 48B
Representative Steve Gottwalt, 15A
Representative Diane Loeffler, 59A
Representative Paul Thissen, 63A

85TH Legislative Session

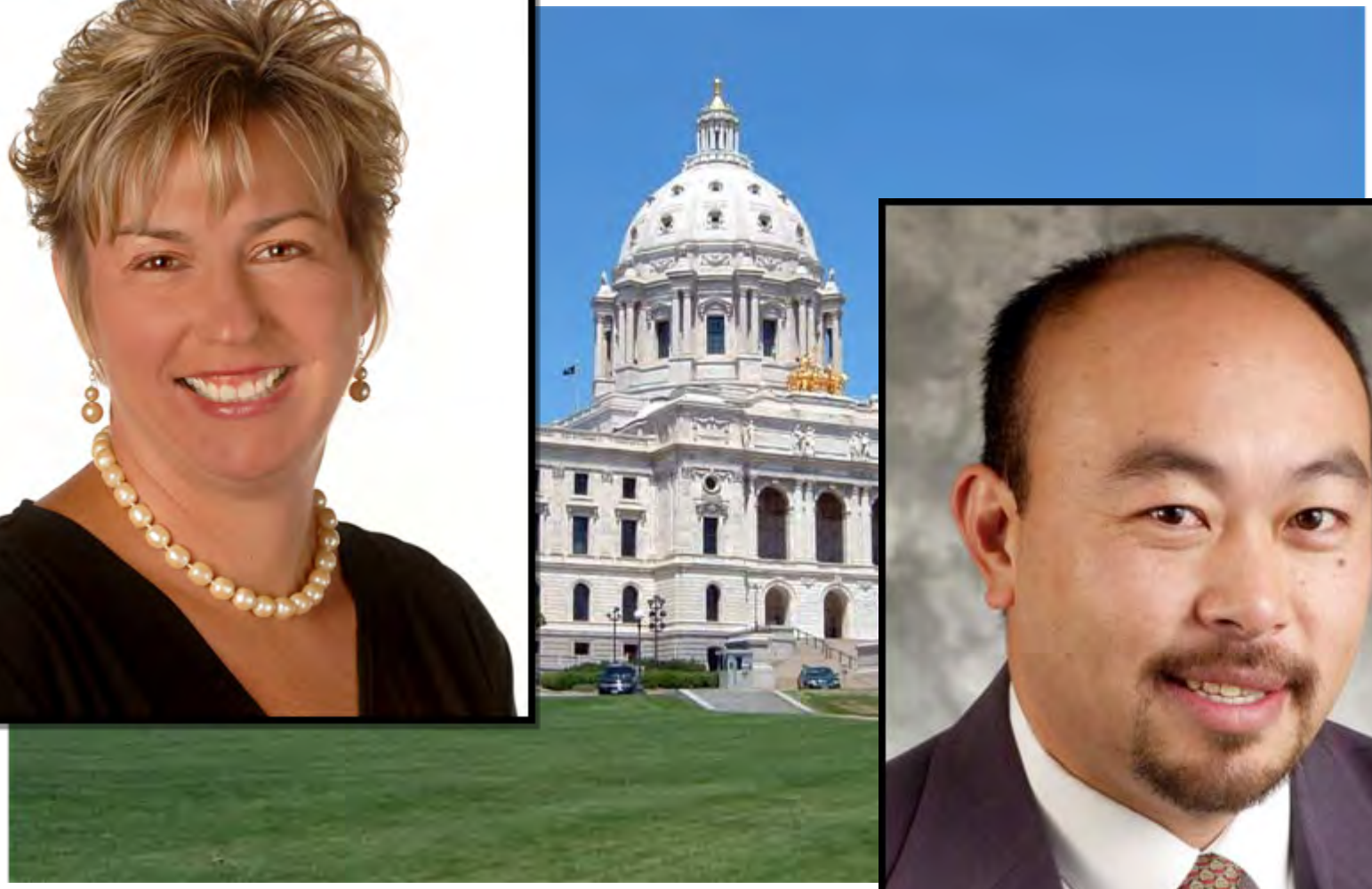
The Legislative Commission on Health Care Access

Sen Berglin Sen Marty Rep Thissen Sen Lynch

Recommendation 7.3: Develop a midlevel dental practitioner to work within a collaborative agreement with a licensed dentist.

A midlevel dental practitioner would be educated at the master's degree-level (over a two year course of study) to treat patients by providing diagnostic, preventive, therapeutic, and restorative dental services with a primary focus on the underserved. The midlevel dental practitioner would work under general supervision and under a collaborative agreement with a licensed dentist, similar to the arrangements that physicians assistants and advanced nurse practitioners have with physicians.

Sen Ann Lynch



ADHP

Rep Cy Thao

Minnesota Dental Therapist

Do we really need to act now on the legislation changing the scope of practice?

We do need to act right away because of the way graduate programs are structured. The first master's degree students will be starting next year and we need to be able to recruit and enroll a high quality entering class. Dental hygienists wanting to pursue their master's degrees need to be certain about their future careers. These graduate students will be learning the procedures authorized in the bill and the program must be in compliance with the law.

COMPARISON OF DENTAL AND MEDICAL DEGREES

D.D.S.	M.D.
ADVANCED DENTAL HYGIENE PRACTITIONER (M.S.)	NURSE PRACTITIONER (M.S.N.)
Registered Dental Hygienist (B.S.)	Registered Nurse (B.S.N.)
Registered Dental Hygienist (A.S.)	Registered Nurse (A.S.)
Registered Dental Assistant (A.A.S./Certificate)	Licensed Practical Nurse (A.A.S.)
Dental Assistant	Certified Nursing Assistant (Certificate)

2/2008

Minnesota Dental Therapist

- Minnesota Dental Association (MDA) forms “Dental Access Coalition”
  - Members include ADA, AAPD, MAPD, AAE among others
- Engaged a local PR firm with connections to the DFL majorities in the Legislature
  - Advised on “grass-roots campaigns” and messaging
- Forms internal “OHP task force”

Dental Therapist

DT

Minnesota Dental Therapist

- ADHP proponents had a great game plan and executed well
  - Relentless Lobbying
  - Hearings with minimal advance notice
  - Limited testimony
- Response to DDS opposition “turf battle”
- Pressure from dental community stalls ADHP progress

Sen Ann Lynch

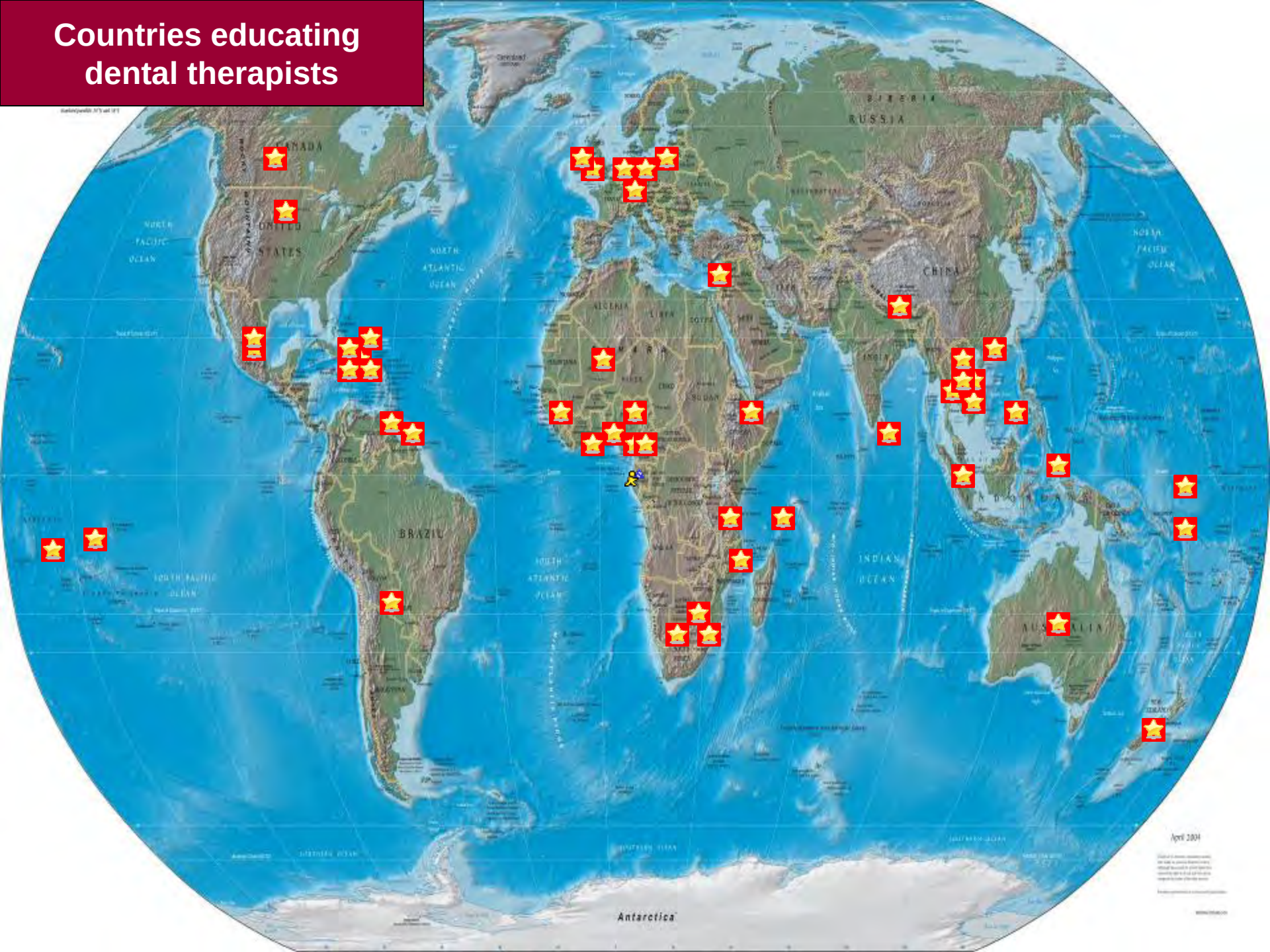
OHP

Sen Yvonne Prettner Solon

Dental Therapist

DT

Countries educating dental therapists



Select countries utilizing dental therapists

- Australia
- Canada*
- Great Britain*
- Hong Kong
- Ireland
- Jordan
- Netherlands
- New Zealand*
- Singapore
- Switzerland

* Sites visited

State of Minnesota Delegation

- University of Minnesota (6)
- Minnesota State College and Universities (3)
  - Central Administration
  - Metropolitan State University
  - Mankato State University
- Minnesota Dental Association (2)
- Minnesota Board of Dentistry (1)

Goals of site visits

- **Get “firsthand” knowledge of situation**
  - historical context is important
  - published information often biased, inaccurate or dated
  - programs rapidly changing

- **Query people at sites**
  - program directors and faculty
  - dental professionals – community and academic
  - students

Goals of site visits

- Inspect education facilities
  - size, quality, use of advanced technology
  - teaching and learning styles employed
  - outreach programs – number, location, duration of experience
- Judge impact of health care systems on programming
  - student expenses – tuition, fees, books, etc.
  - job opportunities

Site visits to recognized dental therapist programs

- First Nations University
  - Prince Albert, Saskatchewan, Canada
  - 32 years in operation
- University of Otago, School of Dentistry
  - Dunedin, New Zealand
  - 70+ years in operation
- University of Sheffield, Faculty of Dentistry
  - Sheffield, England
  - 25+ years in operation

Lesson learned from Canada visit

Without a dental school-based program the profession did not embrace dental therapists.

Lesson learned from visit to New Zealand

Educating dental therapy students with dental students creates a professional partnership.

Lesson learned from visit to Great Britain

Having the dentist “on site” builds patient confidence and trust in dental therapists.

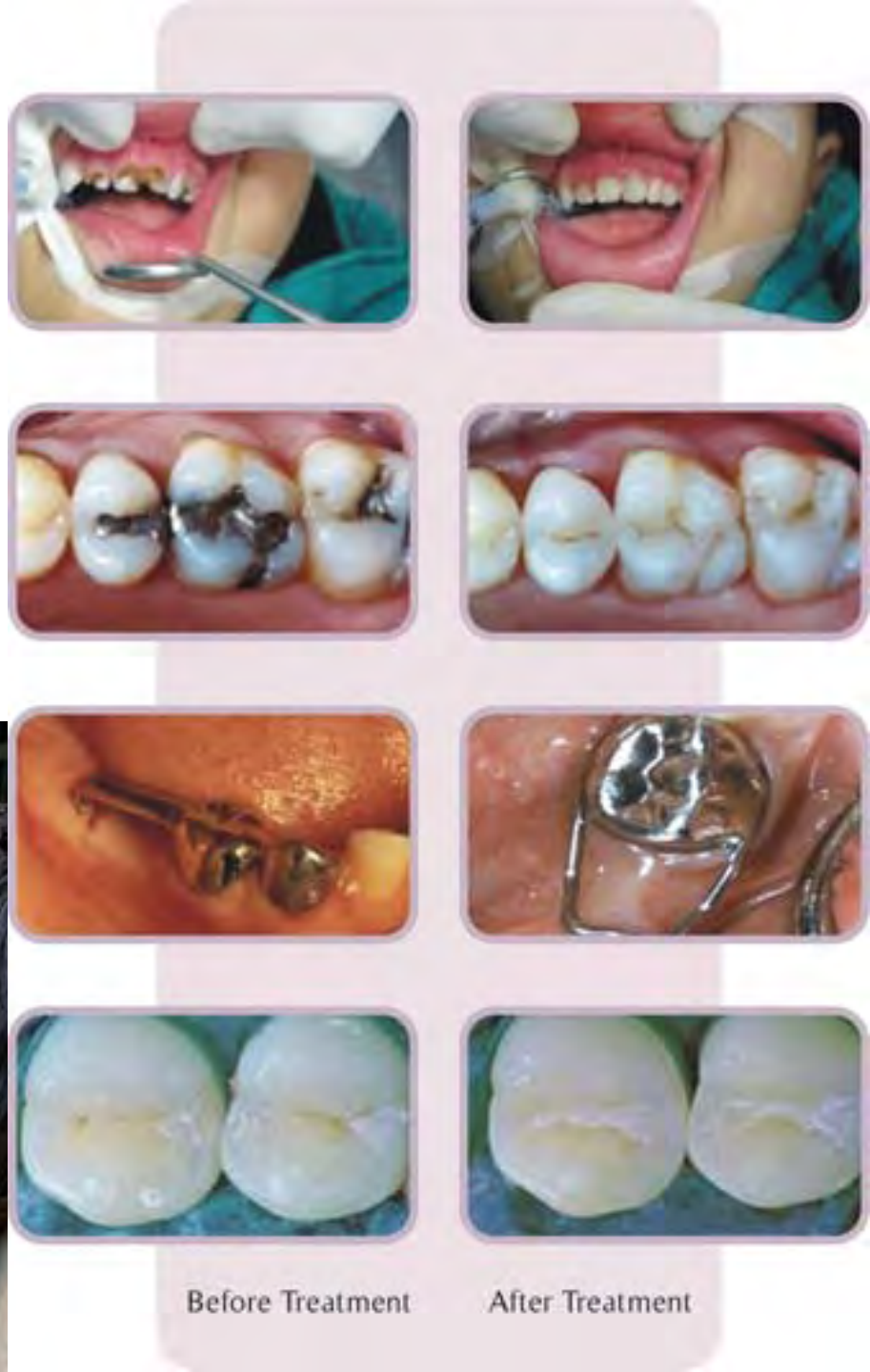
Brickle
Loen
Scandrett
Amundson
Tarren
Reisdorf
Rau
O
H
P
W
G
Shragg
Benavides
Schoenbaum
Gjerde
Sheppard
Flynn
Perpich
Blue
Lloyd
Carroll

Normandale community college

1) Educational requirements and competencies
2) Training program accreditation

3) Scope of Practice

4) Level of Supervision

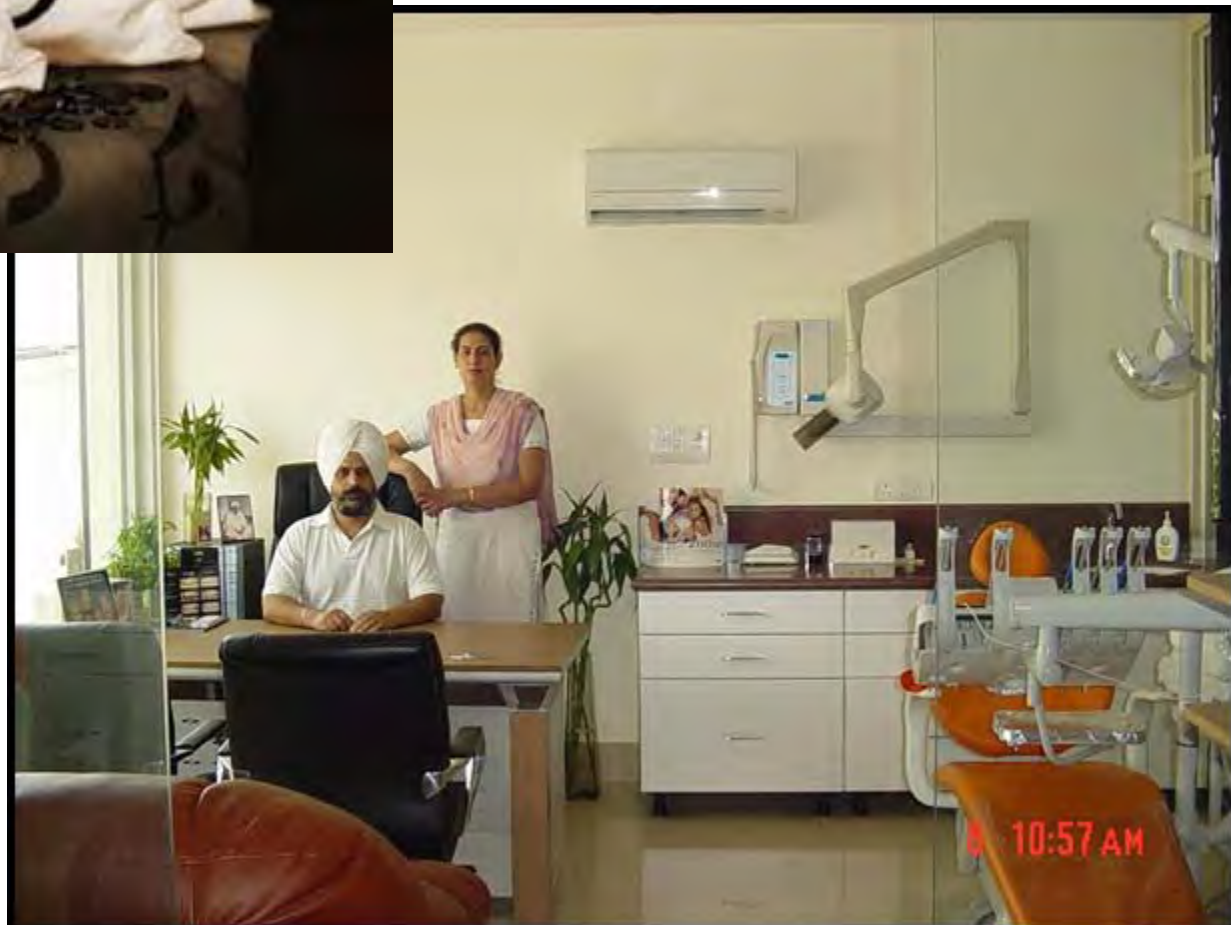


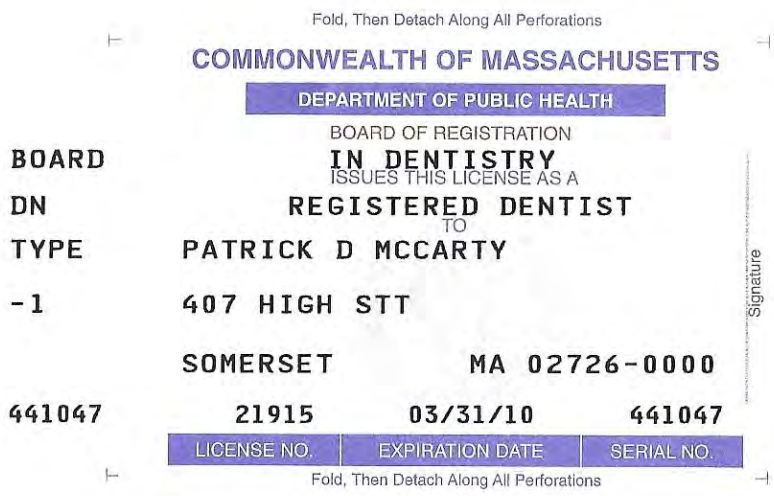
5) Medications that may be prescribed, administered, and dispensed

6) Extractions that may be performed

8) An assessment of the economic impact

7) Criteria for determining practice settings




Fold, Then Detach Along All Perforations

COMMONWEALTH OF MASSACHUSETTS

DEPARTMENT OF PUBLIC HEALTH

BOARD OF REGISTRATION

BOARD IN DENTISTRY

ISSUES THIS LICENSE AS A

DN REGISTERED DENTIST

TO

TYPE PATRICK D MCCARTY

-1 407 HIGH STT

SOMERSET MA 02726-0000

441047 21915 03/31/10 441047

LICENSE NO. | EXPIRATION DATE | SERIAL NO.

Signature

Fold, Then Detach Along All Perforations

10) Licensing and regulatory requirements

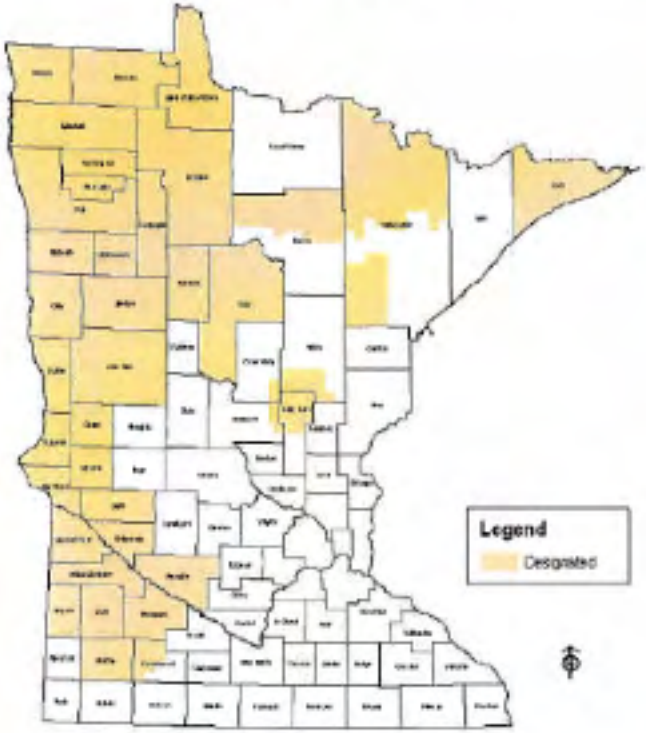
9) An evaluation process that includes clearly defined outcomes

Minnesota's Dentist Shortage

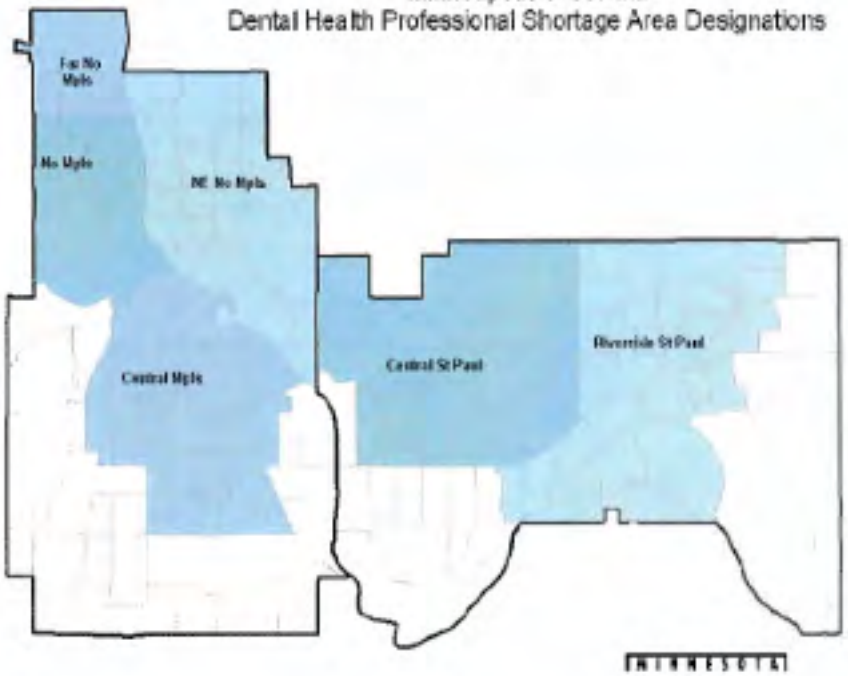
Parts of 38 counties have been designated by the Minnesota Department of Health as dentist shortage areas because they do not have enough dentists to meet the needs of the population.

Health Professional Shortage Areas

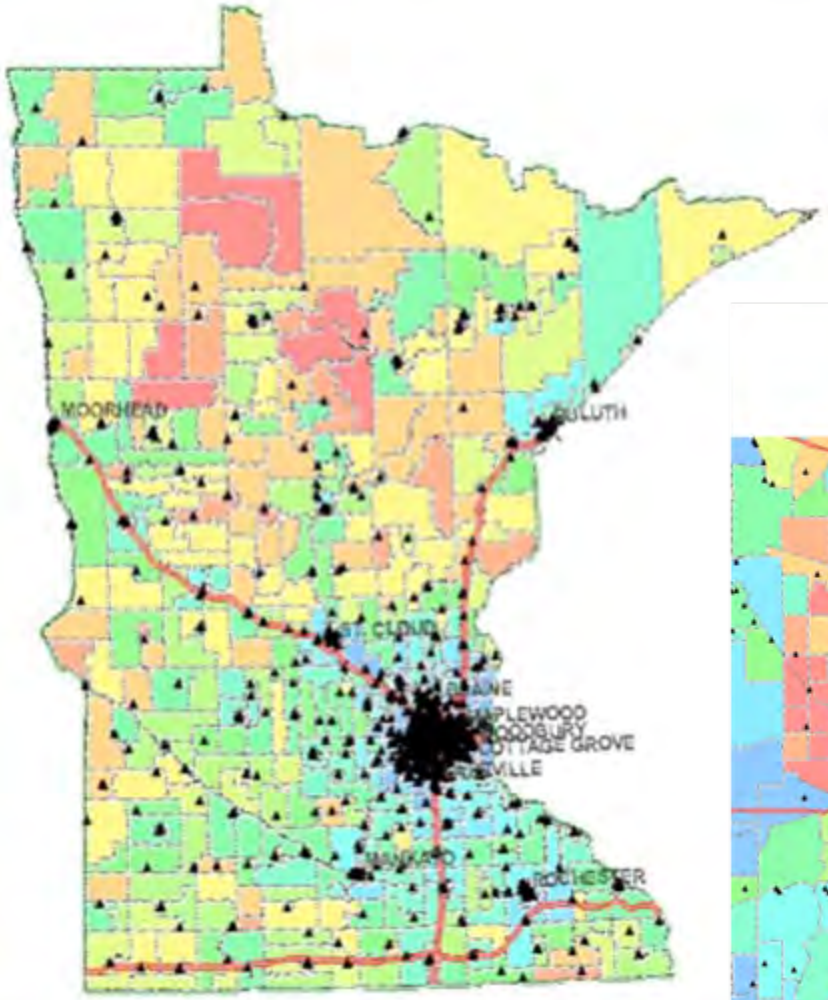
Dental Designations



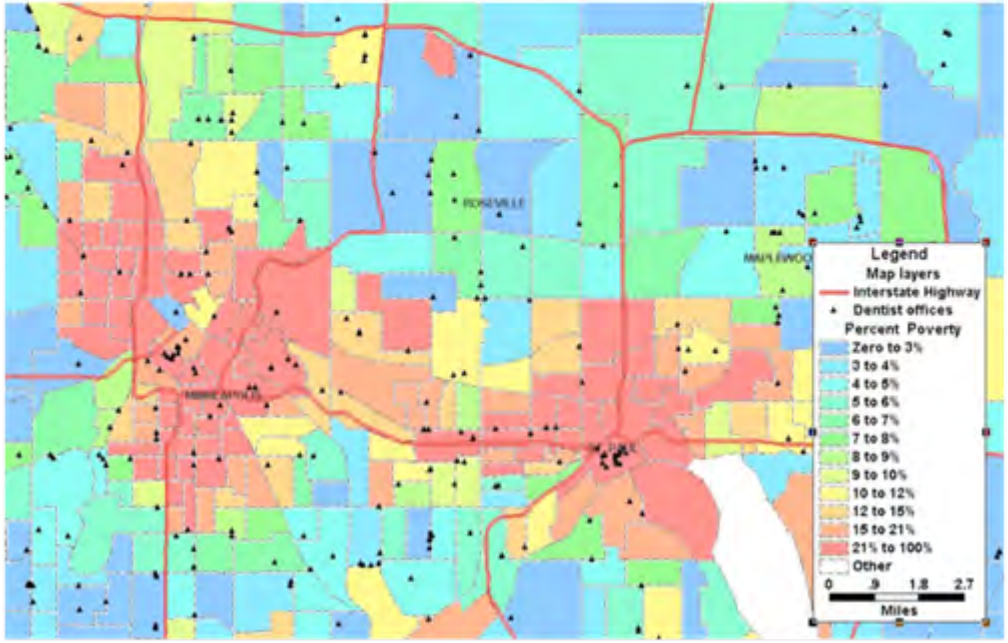
Minneapolis & St Paul
Dental Health Professional Shortage Area Designations



private practice dentists by percent of population < Poverty,, by Census Tract



Twin Cities private practice dentists by percent < poverty, by Census Tract



Income/Expense Statement

	Current Model	OHP Model	Gain (Loss)
Revenues			
MHCP Services	3,626,000	3,626,000	
Other Services	1,852,000	1,852,000	
Total Program Revenue	5,478,000	5,478,000	
(Uncompensated Care)	(1,904,000)	(1,904,000)	
Total Net Revenue	**3,574,000**	**3,574,000**	
Expenses			
Personnel	2,285,000	2,177,000	(108,000)
Other	1,535,000	1,535,000	
Total Expenses	**3,819,000**	**3,712,000**	**(108,000)**
Net Income (Loss)	**(245,000)***	**(138,000)**	**108,000**

* For this sample of services, Apple Tree Dental sustained operating losses. These losses were offset by grants and other earned income the organization received.

$106,496 (wage) x 3 (costs) = $319,488 (total production) /1840 (hours of work) =$174/hour

If the OHP can produce $200/hour in production, with an average collection rate of 93% allowing for discounts (ex: FFS write offs)

$200 x 93% collection rate=$186/hour -$174/hour= net profit of $12/hour x 8 hours/day =$96/day profit x 230 working days= $22,080 profit/year

If the OHP were to pay all CE, Dues, etc and saw 50% MHCP and 50% FFS at $200/hour:

MHCP
$100 x 40% reimbursement= $40

FFS
$100 x 93% collection rate= $93
Total Collection of $ 133
$133-$174/hour for profit= $-41/hour x 8 hours/day= $-328/day LOST PROFIT!

Economic Comparison of Dentists and Oral Health Practitioners

Dentist
Cost Distribution

1 dentist per 1500 patients
100% of cost
1500 patients

OHP
Cost Distribution

3 OHPs (1500 patients each)
Cost split 3 ways
4500 patients

*Potential scenario based on estimated hourly pay for an oral health practitioner

Restorative/Operative Procedures

	Y	N	G	I	D	Significant benefits from one or more work group member(s)	Significant risks fr… ork group
19. Cavity Preparation Class I - V	13		8	5		Procedure is used to reduce pain, infection and dent…	…ical …e …ore the rule …s of a tooth …minations …after …nosis can …d. This is …d (not an …ve not …an
20. Restoration of Primary Teeth Class I - V	13		8	5			
21. Restoration of Permanent Teeth Class I – V	13		8	5			
22. Placement of Temporary Crowns	13		8	5		P…	
23. Placement of Temporary Restorations	13		8	5		Pr…	
24. Preparation of Preformed Crowns	12	1	7	4	1		
25. Placement of Preformed Crowns	13		7	4	1	This … Need… Proce… …pain, infection and dental caries.	Greater risk of pulpal involvement Minimal with appropriate training These procedures are irreversible; inappropriate placement of a temporary crown could weaken the structural integrity of the tooth, contain active dental caries, or disrupt the patient's occlusion.
26. Pulpotomies or …	13		8	5		Procedure is used to reduce pain, infection and dental caries	These procedures are irreversible

20. Restoration of Primary Teeth Class I - V	13		8	5
21. Restoration of Permanent Teeth Class I – V	13		8	5
22. Placement of Temporary Crowns	13		8	5
23. Placement of Temporary Restorations	13		8	5

Oral Health Practitioner Recommendations

Report to the Minnesota Legislature 2009

Minnesota Department of Health
Minnesota Board of Dentistry

January 15, 2009

MDA Core Principles

- Training must occur in a facility with the experience and curriculum to train safely
- The OHP belongs in a dental home as a member of the existing dental team
- Examination, diagnosis, and treatment planning remain within the sole possession of a licensed dentist

MDA Core Principles

- Irreversible procedures should be performed under the indirect (on-site) supervision of a Minnesota Licensed DDS
- Collaborative agreements should be reserved to provide basic preventative services in the absence of an onsite dentist

MDA Core Principles

- To meet the legislative intent of increased access,
  - the DT or OHP must not be limited by practice setting
  - More than 50% of the DT's or OHP's patient population must be from underserved populations

Shoenbaum Shragg

85TH LEGISLATIVE SESSION

THE LEGISLATIVE COMMISSION ON HEALTH CARE ACCESS

Days at the Capitol

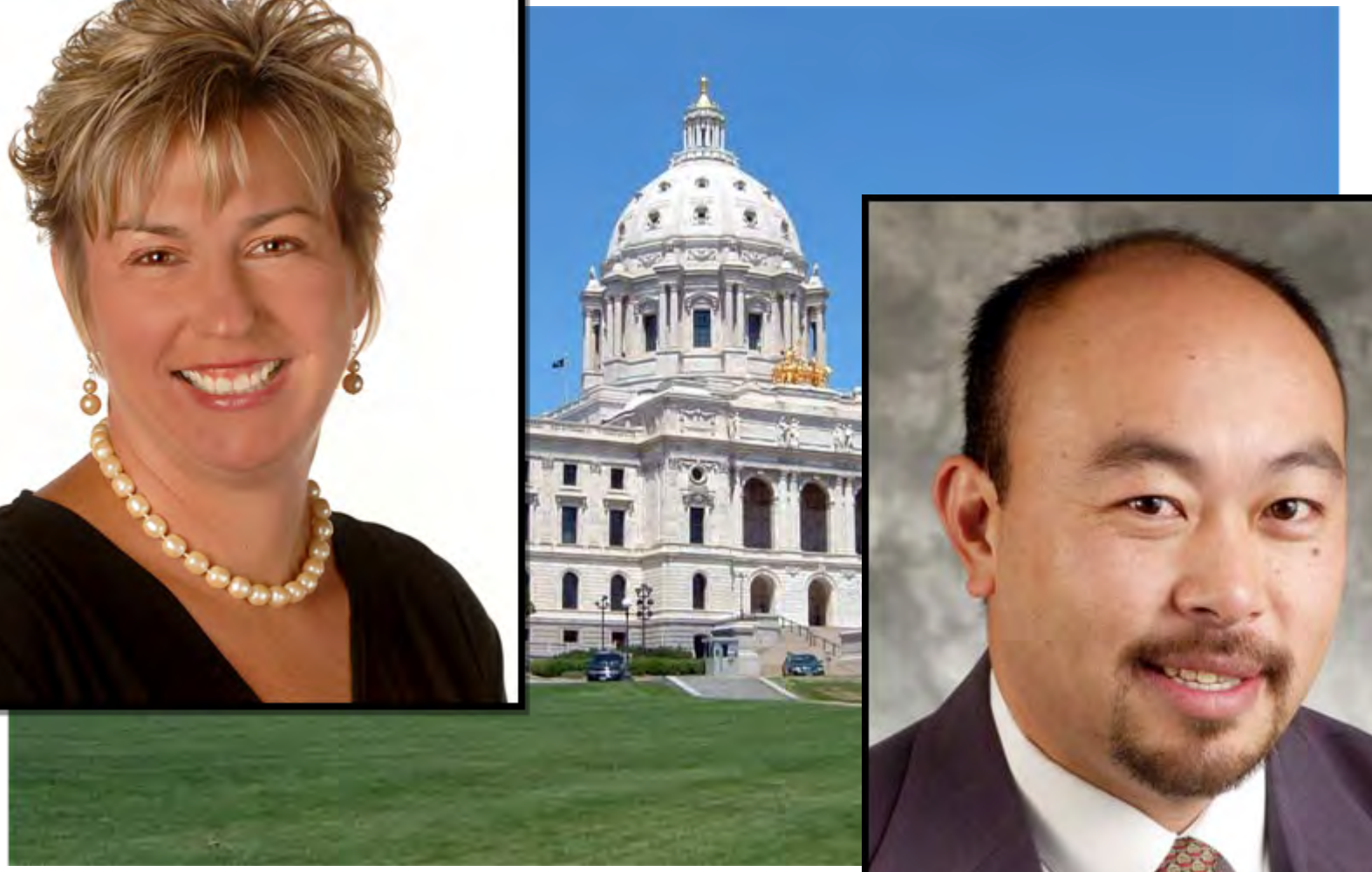
MINNESOTA DENTAL ASSOCIATION

Feb. 25th

mndha
minnesota dental hygienists' association

Feb. 11th

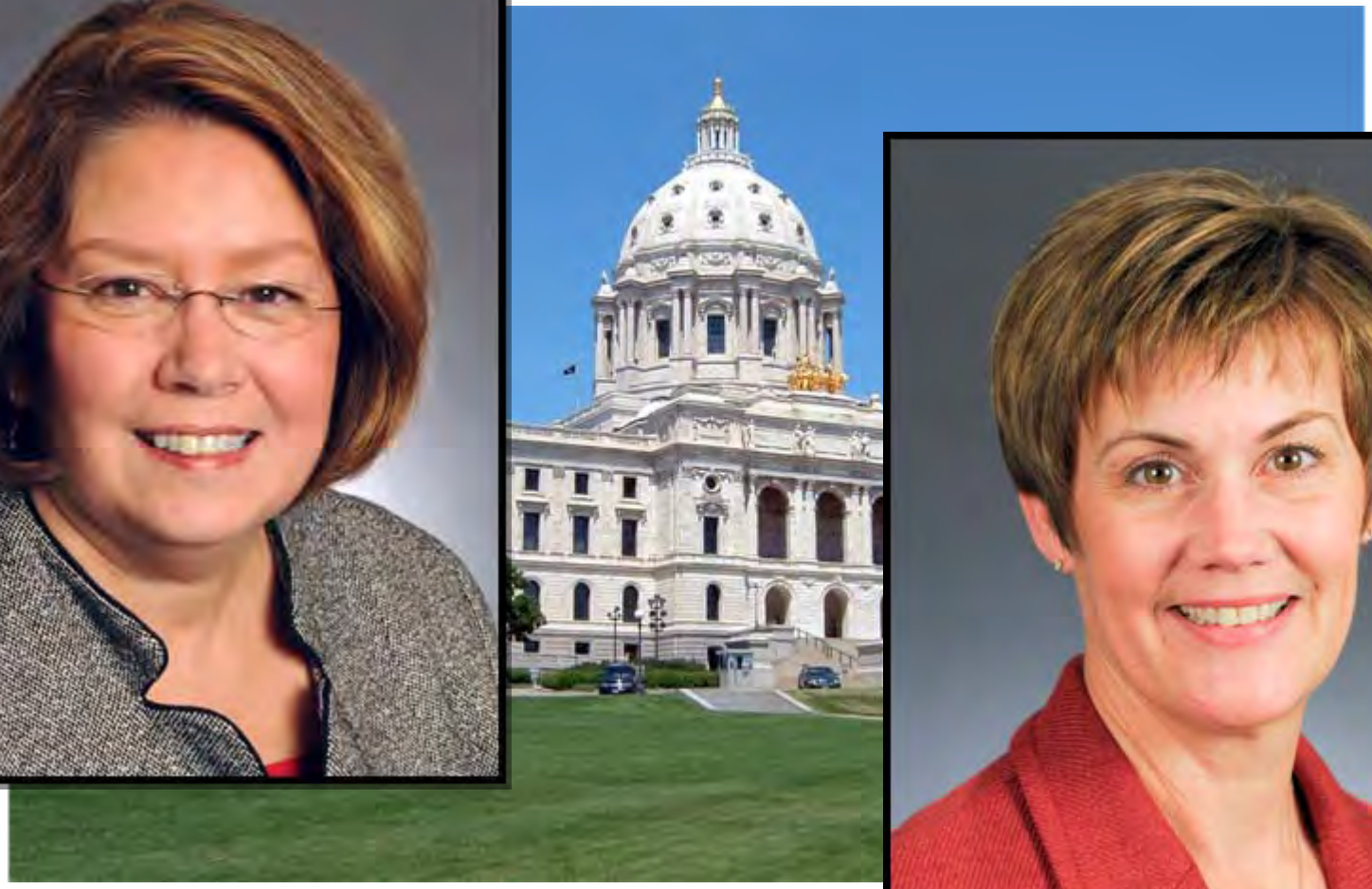
Sen Ann Lynch



OHP

Rep Cy Thao

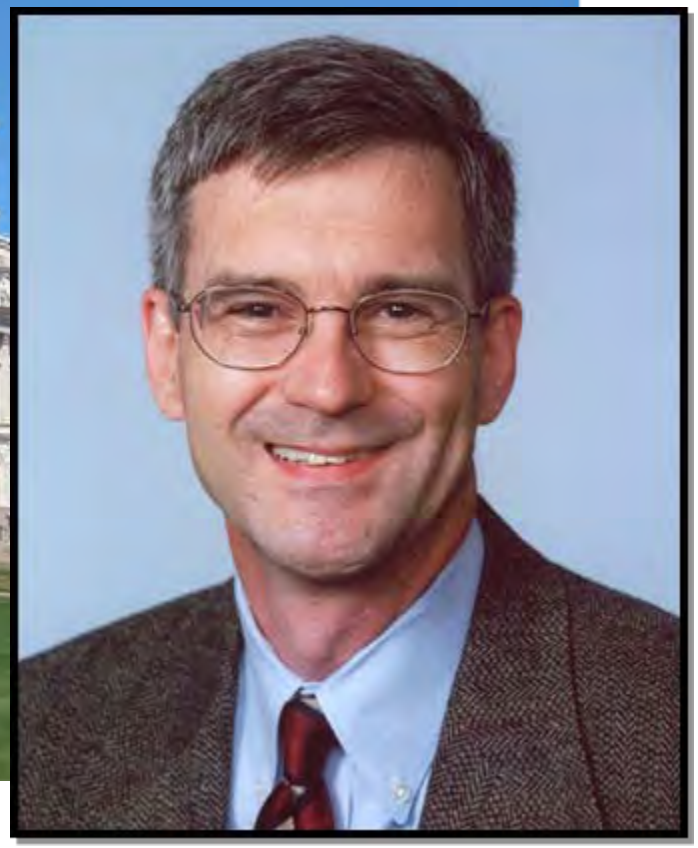
Sen Yvonne Prettner Solon



DT

Rep Kim Norton

Senate Health Housing and Family Security



Sen John Marty

Sen David Hann

THE PEW CENTER ON THE STATES

The Pew Charitable Trusts applies the power of knowledge to solve today's most challenging problems. Pew's Center on the States identifies and advances state policy solutions.

POLICY INITIATIVES

Children's Dental Health

We work to advance policies that improve kids' oral health, allowing them to maintain healthy mouths, get the restorative care they need, and come to school ready and able to learn.

Testimony of Shelly Gehshan Before the Minnesota Senate Committee on Health, Housing and Family Security

House Health Care & Human Services Policy & Oversight Licensing Division

(OHP 4/3)

Rep Cy Thao

(DT 5/2)

Rep Kim Norton

The last thing you want to hear when you're getting dental care is "uh-oh."

But at the state Capitol, Senator Ann Lynch wants to allow a new type of dental worker to perform unsupervised surgery on you and your family even pull your teeth - without any training at an accredited dental school.

And worse, a dentist wouldn't even have to be in the building if something goes wrong.

Minnesota's lawmakers must ensure that only supervised, dental school trained professionals perform surgery.

Call Senator Ann Lynch and tell her unsupervised workers doing dental surgery is a bad idea.

Call Senator Ann Lynch today at 651-296-4848.

Paid for by the Minnesota Dental Association

Conference Committee

Senator Margaret Anderson Kelliher

Rep Tom Rukavina

Minnesota Dental Therapist

Final Legislation

Minnesota Dental Therapist Law

- Establishes a new type of licensed, midlevel dental provider, called a dental therapist, who will provide basic oral health and dental services to underserved patients and communities.

DT Scope/ Supervision

- Under Indirect (On Site) Supervision
  - Emergency palliative treatment of dental pain.
  - The placement and removal of space maintainers.
  - Cavity preparation
  - Restoration of primary and permanent teeth.
  - Placement of temporary crowns.
  - Preparation and placement of preformed crowns.
  - Pulpotomies on primary teeth.
  - Indirect and direct pulp capping of primary and permanent teeth.
  - Stabilization of reimplanted teeth.
  - Extractions of primary teeth.
  - Suture removal.
  - Brush biopsies.
  - Repair of defective prosthetic appliances.
  - Recementing of permanent crowns.

DT Scope/Supervision

- Under General (Off Site) Supervision
  - Oral health instruction and disease prevention education, including nutritional counseling and dietary analysis
  - Preliminary charting of the oral cavity
  - Making radiographs
  - Mechanical polishing
  - Application of topical preventive or prophylactic agents, including fluoride varnishes and pit and fissure sealants.
  - Pulp vitality testing
  - Application of desensitizing medication or resin.
  - Fabrication of athletic mouthguards.
  - Placement of temporary restorations.
  - Fabrication of soft occlusal guards.
  - Tissue conditioning and soft reline.
  - Atraumatic restorative therapy (ART).
  - Dressing changes.
  - Tooth reimplantation.
  - Administration of local anesthetic; and nitrous oxide.

Advanced Dental Therapist Scope

- All services listed for Dental Therapist
- Plus---
  - Oral evaluation and assessment of dental disease and the formulation of an individualized treatment plan authorized by the collaborating dentist
  - Nonsurgical extractions of permanent teeth- perio involved, mobility of 3 or 4, if authorized by DDS

All under General Supervision-i.e.- no dentist present

Advanced Dental Therapist

- In order to be Certified by the Board
  - Must complete a Dental therapy education program
  - Must pass an examination to demonstrate competency for the DT scope
  - Must be licensed as a Dental Therapist
  - Must complete 2000 hours of dental therapy clinical practice under direct or indirect supervision
  - Must graduate from a master's *advanced* dental therapy program
  - Must pass a Board approved "certification" exam to demonstrate competency under the advanced scope of practice
  - Must submit an application for certification as prescribed by the Board

Settings/ Populations Served

- "A Dental Therapist … is limited to *Primarily* practicing in settings that serve low-income, uninsured, and underserved patients or in a dental health professional shortage area."
  - Medical facilities
  - Assisted living facilities & nursing homes
  - Federally qualified health centers
  - Organization receiving Community clinic grants
  - Military and veterans hospitals, clinics, and care settings
  - A patient's home
  - Oral health educational institutions

Settings/Populations Served

- Any other clinic or practice setting, including mobile dental units, in which at least 50% of the total patient base consists of:
  - Enrollees in a Minnesota health care program
  - Patients with a medical disability or chronic condition that creates a significant barrier to receiving care
  - Patients without dental coverage either public program or private insurance with an income less than 200% of federal poverty guidelines
  - Dental health professional shortage area patients

Collaborative Management Agreement (CMA)

- Written agreement with supervising dentist
- Must be Minnesota licensed and practicing dentist
- Dentist must accept responsibility for all services provided by DT
- Must be updated, renewed, and submitted to the Board of Dentistry annually.

Minnesota Dental Therapist

Current Programs

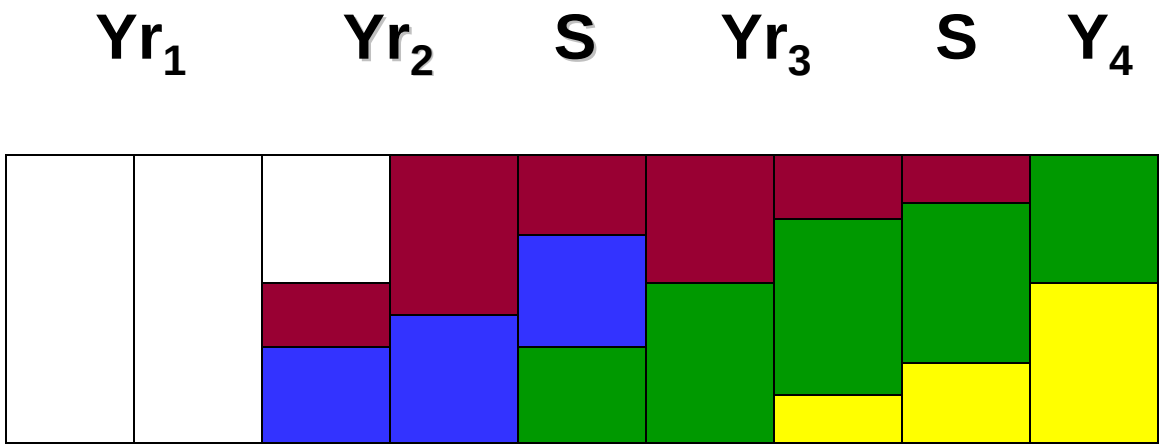
Dental Therapist

DT

U of MN DT Program

- Enrollment
  - 2011 – 8 MS and 1 BS
  - 2013 – 6 MS and 4 BS
- Length 28 months (+ 1 year for BS)
- Cost approximately $65K for BS/MS
- Trained in CODA accredited dental clinics
- Trained alongside DDS and DH students

Bachelor in Dental Therapy: Curriculum Map

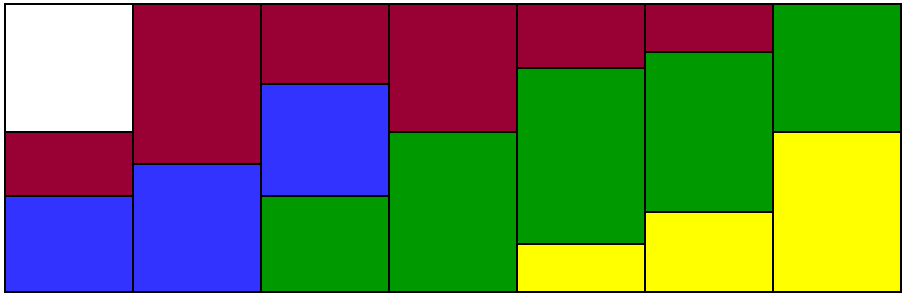


- Liberal education requirements
- Dental courses
- Pre-clinical courses
- Clinical courses – Moos Tower
- Outreach experiences

University of Minnesota
School of Dentistry

Master in Dental Therapy: Curriculum Map

Yr_1 S Yr_2 S Yr_3



- **Prerequisite courses**
- **Dental courses**
- **Pre-clinical courses**
- **Clinical courses– Moos Tower**
- **Outreach experiences**

University of Minnesota
School of Dentistry

Programs in Dental Therapy

- Prerequisites <u>or</u> part of program
  - Compositional Writing – 4 credits
  - General Biology – 4 credits
  - Principles of General Chemistry – 4 credits
  - Human Physiology – 4 credits
  - Biochemistry – 3 credits
  - Statistics – 4 credits
  - Psychology – 4 credits
  - Intensive Writing – 4 credits
  - Human Anatomy – 3 credits
  - Microbiology – 3 credits

DT Program Curriculum

- **Fall 2009**
  - Head and Neck Anatomy (DT, DH)
  - DT Care Process: Clinical Application I (DT, DH)
  - Oral Anatomy Lecture and Lab (DT, DDS)
  - Introduction to Psychomotor Skills (DT, DDS)
  - Liberal Ed courses <u>or</u> Prerequisite courses in:
    - Education
    - Public Health
    - Leadership

DT Program Curriculum

- **Spring 2010**
  - Local Anesthesia and Pain Management (DT, DDS)
  - Oral and Maxillofacial Radiology (DT, DDS, DH)
  - Oral Histology and Embryology (DT, DDS, DH)
  - Provider – Patient Relationship (DT, DH)
  - Cariology and Applied Nutrition in Dental Therapy Care (DT, DH)
  - Pathology for Allied Health Students (DT)

DT Program Curriculum

- **Summer 2010**
  - Periodontology I (DT, DDS)
  - Preclinical Pediatric Dentistry (DT, DDS, DH)
  - Pharmacology (DT, DH)
  - Oral and Maxillofacial Radiology Lab (DT, DDS, DH)
  - Applied Biomaterials (DT, DDS)
  - Operative I Lecture & Lab (DT, DDS)
  - FIPCC – Foundations of Interprofessional Communication & Collaboration (DT, DDS, DH)

DT Program Curriculum

- **Fall 2010**
  - Preventive Pediatric Dentistry Clinic (DT)
  - Oral and Maxillofacial Radiology II (DT, DDS, DH)
  - Dental Public Health and Academic Service Learning I (DT, DH)
  - DT Care Process: Clinical Application II (DT, DH)
  - Ethics and Jurisprudence for the Dental Therapist (DT, DH)
  - Operative Dentistry I, II & III (DT, DDS)

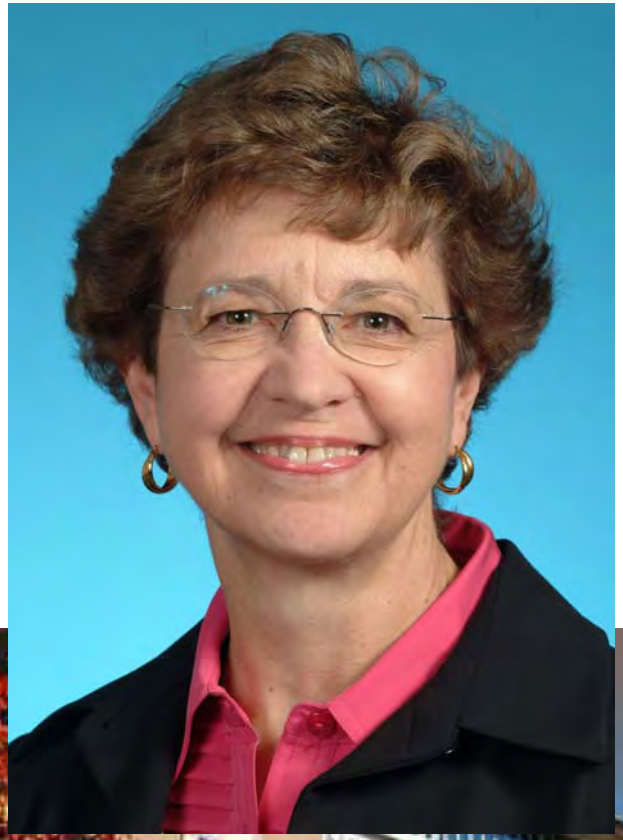
DT Program Curriculum

- **Spring 2011**
  - Management and Supervision of a Dental Practice (DT, DDS, DH)
  - Dental Public Health and Academic Service Learning II (DT, DH)
  - Research Methods (DT, DH)
  - Clinical Pediatric Dentistry (DT, DDS)
  - Oral Radiology Clinic (DT, DDS, DH)
  - Comprehensive Care Clinic (DT, DDS)
  - Operative Clinic (DT,DDS)

DT Program Curriculum

- **Summer 2011**
  - Team Building Course (DT, DDS, DH)
  - Essentials of Clinical Care (DT,DDS)
    [Comprehensive Care Clinic, Operative, Radiology, Pediatric Clinics]
  - Outreach Experiences (DT, DDS, DH)
- **Fall 2011**
  - Comprehensive Care Clinic (DT, DDS)
  - Operative/Radiology/Pediatric Clinics (DT, DDS)
  - Outreach Experiences (DT, DDS, DH)
- **Graduation December 2011**

Normandale
community college



OHCP

Metropolitan State University / Normandale Community College

- Curriculum designed based on the ADHP model
- Career Ladder for practicing DH's
- Made the strategic decision to train for the Advanced Dental Therapist
  - Sequential versus Concurrent hours

Metropolitan State University / Normandale Community College

- Enrollment
  - 2011 – 7 ADT students
  - 2013 – 6-7 ADT students
- Length of Program
  - 26 Months
- Program Cost
  - Approximately $30K

Metropolitan State University / Normandale Community College

- Admission Requirements
  - Licensed Dental Hygienist
  - 1,000 hours of clinical practice as DH
  - Completion of BS DH program and
    - Collaborative and Advance DH practice
    - Management of Oral Health Care Delivery
    - Restorative Functions Theory and Lab

Metropolitan State University / Normandale Community College

- Clinic Settings
  - Normandale CC DH Clinic
  - Hennepin County Medical Center
  - Future north Metro location
- Faculty
  - Dental training managed by local dentists

Metropolitan State University / Normandale Community College

Metropolitan State University, College of Nursing and Health Sciences
MS: OHCP Program (effective 2010)

Year One

	Spring	Summer
Complete prerequisites as needed	DENH 610 Health Assessment and Oral Diagnostic Reasoning (4 credits)	DENH 650 Community-Based Primary Oral Healthcare II (4 credits)
	DENH 640 Community-Based Primary Oral Healthcare I (4 credits)	DENH 660 Community-Based Primary Oral Healthcare III (4 credits)
	DENH 698 Continuing Laboratory Development (optional, variable credit)	DENH 698 Continuing Laboratory Development (optional, variable credit)

Year Two

Fall	Spring	Summer
DENH 670 Community-Based Primary Oral Healthcare IV (3 credits) *	DENH 680 Community-Based Primary Oral Healthcare V (3 credits)	DENH 690 Advanced Specialty Clinic (3 credits)
DENH 620 Pharmacology Principles of Clinical Application (2 credits)	NURS 608 Epidemiology (2 credits)	COMM 533 Theories and Explorations in Community-Based Intercultural Communication (3 credits)
DENH 630 Management of Dental and Medical Emergencies (1 credit)	DENH 699 Continuing Clinical Development (optional, variable credit)	DENH 699 Continuing Clinical Development (optional, variable credit)
DENH 699 Continuing Clinical Development (optional, variable credit)		

Year Three

Fall	Spring	Summer
DENH 695 (700) Advanced Community Specialty Internship (3 credits)	DENH 696 (710) Comprehensive Competency-Based Capstone (2 credits)	Externship for ADT students (1 credit)
Health Science 6XX Quality and Safety in professional practice (3 credits)	NURS 605 Health Policy and Leadership (3 credits)	
DENH 699 Continuing Clinical Development (optional, variable credit)	DENH 699 Continuing Clinical Development (optional, variable credit)	

Year Four

Fall	Spring	Summer
Externship for ADT students (1 credit)	Externship for ADT students (1 credit)	Externship for ADT students (1 credit)
Advanced Dental Therapist Credentialing, when eligible	Advanced Dental Therapist Credentialing, when eligible	Advanced Dental Therapist Credentialing, when eligible

* It is anticipated that MS: OHCP students will demonstrate clinical competency within the dental therapy scope of practice toward the end of DENH 670 or the beginning of DENH 680. Students must complete 2000 hours in dental therapy scope of practice to be eligible for credentialing as an Advanced Dental Therapist.

4/09; Revised 5/09; 12/09; 5/10

Metropolitan State University / Normandale Community College

METROPOLITAN STATE UNIVERSITY
COLLEGE OF NURSING AND HEALTH SCIENCES
DEPARTMENT OF DENTAL HYGIENE

MASTER OF SCIENCE IN ORAL HEALTH CARE PRACTITIONER PROGRAM
CURRICULUM HOURS

YEAR I COURSES	Credits	Lecture	Lab	Clinic/ Practicum	HOURS/ COURSE
NURS 604: Advanced Nursing and Dental Research	3	45		-	45
COMM 533: Theories and Explorations in Community-Based Inter-Cultural Communication	3	45		-	45
NURS 608: Epidemiology	2	30		-	30
DENH 610: Health Assessment and Oral Diagnostic Reasoning	4	45	-	45	90
DENH 620: Pharmacology Principle s of Clinical Application	2	30	-	-	30
DENH 630: Management of Dental and Medical Emergencies	1	12	6	-	18
DENH 640: Community-Based Primary Healthcare I	4	15	90	-	105
NURS 605: Health Policy and Leadership	3	45	-	-	45
YEAR 1: TOTAL HOURS		**267**	**96**	**45**	408

Metropolitan State University / Normandale Community College

MASTER OF SCIENCE IN ORAL HEALTH CARE PRACTITIONER PROGRAM
CURRICULUM HOURS

YEAR II COURSES	Credits	Lecture	Lab	Clinic/ Practicum	HOURS/ COURSE
DENH 650: Community-Based Primary Healthcare II	4	15	90	-	105
DENH 660: Community-Based Primary Healthcare III	4	15	15	75	105
DENH 670: Community-Based Primary Healthcare IV	3	7.5	15	60	82.5
DENH 680: Community-Based Primary Healthcare V	3	7.5	-	75	82.5
DENH 690: Advanced Specialty Clinic	3	7.5	-	250	257.5
DENH 700: Advanced Community Specialty Internship	3	7.5	-	250	257.5
DENH 710: Comprehensive Competency-Based Capstone	2	7.5	15	30	52.5
YEAR 2: TOTAL HOURS		**67.5**	**135**	**740**	**942.5**
PROGRAM TOTALS		**334.5**	**231**	**785**	**1350.5**

Adopted 5/09; revised 12/09; revised 05/10

Metropolitan State University / Normandale Community College

- Only Dental Hygiene and Dental Assisting programs are accredited by CODA
- Dental Therapy program monitored by Minnesota Board of Dentistry

Minnesota Dental Therapist

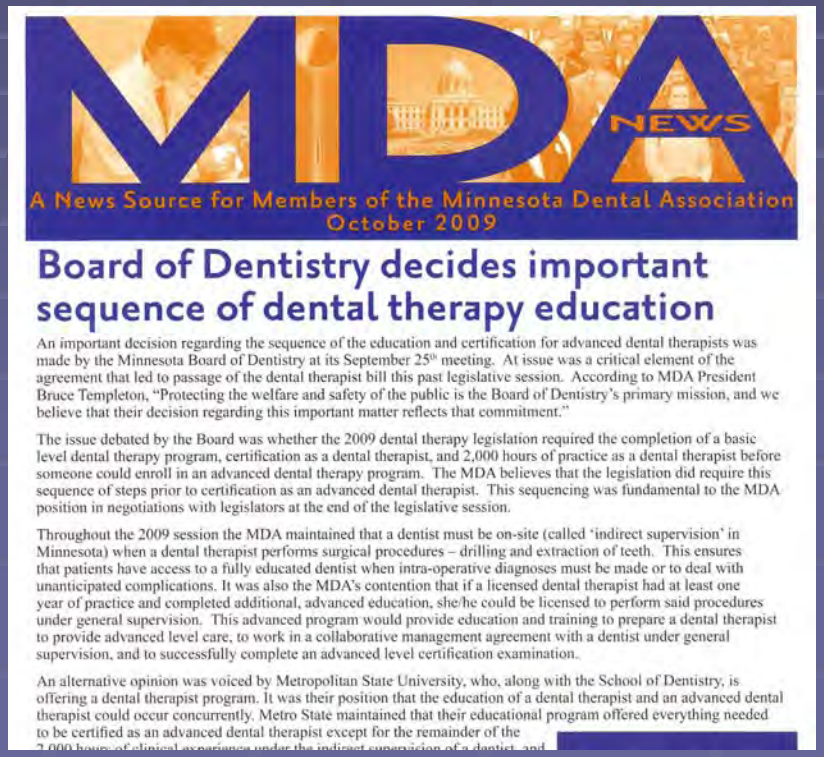
Future Implementation Issues

Future Issues

- Accreditation
  - Currently reviewed by the Minnesota Board of Dentistry
    - Provisional approval granted to both DT programs on August 13, 2010
  - Working with the ADA Council on Dental Accreditation for review of dental therapy programs

Future Issues

- Advanced Dental Therapist
  - Curriculum
  - Sequential versus Concurrent Hours



MDA NEWS

A News Source for Members of the Minnesota Dental Association

October 2009

Board of Dentistry decides important sequence of dental therapy education

An important decision regarding the sequence of the education and certification for advanced dental therapists was made by the Minnesota Board of Dentistry at its September 25th meeting. At issue was a critical element of the agreement that led to passage of the dental therapist bill this past legislative session. According to MDA President Bruce Templeton, "Protecting the welfare and safety of the public is the Board of Dentistry's primary mission, and we believe that their decision regarding this important matter reflects that commitment."

The issue debated by the Board was whether the 2009 dental therapy legislation required the completion of a basic level dental therapy program, certification as a dental therapist, and 2,000 hours of practice as a dental therapist before someone could enroll in an advanced dental therapy program. The MDA believes that the legislation did require this sequence of steps prior to certification as an advanced dental therapist. This sequencing was fundamental to the MDA position in negotiations with legislators at the end of the legislative session.

Throughout the 2009 session the MDA maintained that a dentist must be on-site (called 'indirect supervision' in Minnesota) when a dental therapist performs surgical procedures – drilling and extraction of teeth. This ensures that patients have access to a fully educated dentist when intra-operative diagnoses must be made or to deal with unanticipated complications. It was also the MDA's contention that if a licensed dental therapist had at least one year of practice and completed additional, advanced education, she/he could be licensed to perform said procedures under general supervision. This advanced program would provide education and training to prepare a dental therapist to provide advanced level care, to work in a collaborative management agreement with a dentist under general supervision, and to successfully complete an advanced level certification examination.

An alternative opinion was voiced by Metropolitan State University, who, along with the School of Dentistry, is offering a dental therapist program. It was their position that the education of a dental therapist and an advanced dental therapist could occur concurrently. Metro State maintained that their educational program offered everything needed to be certified as an advanced dental therapist except for the remainder of the

Future Issues

- Licensure Testing

Volume 8, Issue 3 August, 2010

Central Regional Dental Testing Service, Inc.

The CRDTS Report

Launch Team for H

MINNESOTA DENTAL THERAPIST TASK FORCE—Report by John Cosby, DMD, Chairman

On November 7, 2009 the CRDTS Steering Committee authorized the formation of an ad hoc committee for the purpose of creating a dental therapist clinical examination at the request of the Minnesota Board of Dentistry. As Chair of that committee, I appointed Dr. Steve Holcomb, Ms. Kimber McCoy, and Mrs. Lynn Ray to the committee, pictured here with Minnesota Board representatives, Dr. Joan Sheppard, Dr. David Linde and Mr. Marshall Shragg. We began to study the Minnesota statute which defines the tasks, skills, and abilities in the scope of practice for this new dental mid-level provider. Two educational programs were created in Minnesota for the purpose of providing didactic and clinical training for the Minnesota Dental Therapist. Metropolitan State University's program has seven students who are licensed RDH's, currently have a BS degree, have at least 1000 hours of clinical practice, and are working toward their Master's degree as a Dental Therapist. This program has a strong emphasis on public health and will graduate their first class in the summer of 2011.

The second program has been developed by the University of Minnesota School of Dentistry. Their program is designed to integrate the Dental Therapist with the dental students so that they are trained to be part of the dental team. One standard of care is taught and both dental and dental therapy students will work in the same clinical environment. The BS program in Dental Therapy requires a high school degree, 12 months of didactic prerequisites, and 28 months in the program. The Masters program is designed for adult learners, emphasizes public health leadership and education, and confers a professional degree at graduation with 28 months in the program.

On June 19, 2010, the CRDTS representatives met with representatives from both dental therapy programs and the Minnesota Board of Dentistry at the Board's office. The dental therapy scope of practice was reviewed along with the curricula

2

Future Issues

- Employment
  - Metro Area likely to work for large dental groups, community clinics and FQHC's
  - Out-State
    - Some interest by private practitioners
- Salaries
- Liability
- Evaluation process of DT impact

Lessons Learned

- Stay involved and up-to-date on pending legislation that may affect the profession
- Share your efforts to help the underserved with your legislators and the public

Thank You

- Special acknowledgement for the use of their materials
  - Dr. Chris Carroll
  - Dean Patrick Lloyd