Employing Dental Therapists in an FQHC
A NNOHA Promising Practice

West Side Community Health Services

This Promising Practice is based on a presentation at the 2016 NNOHA Annual Conference by Chris Singer, MAN, RN, CPHQ, Chief Operating Officer, West Side Community Health Services, St. Paul, Minnesota. Thanks also to Jane Koppelman, MPA, Research Director for the Pew Charitable Trusts Dental Campaign.

West Side Community Health Services is the largest federally qualified health center in Minnesota. Almost 36,000 patients were seen in 2016. Of these, over 11,100 received dental services. West Side serves those who have the greatest barriers to care. According to the 2016 UDS report 83% of patients self-reported as belonging to a racial and/or ethnic minority group; 97% have incomes below 200% of the federal poverty level; 53% were best served in a language other than English. In 2015, 132,305 visits were provided at 17 medical and dental sites.

West Side’s dental program consists of three sites, a 20 chair site embedded in a large ambulatory clinic associated with a university residency program, a five-chair freestanding clinic, and a two-chair Bright Smiles program embedded in a large ambulatory clinic focused on serving children under five.

When West Side began to study the potential use of dental therapists the goals were to
allow the dental staff to focus on more complex cases, to increase cost efficiencies to enable the health center to serve more patients, and address dentist recruitment issues.

### A Brief History of Dental Therapy

Almost a century of experience and practice in over 50 countries underpins dental therapy practice. New Zealand established the profession in 1921 to address the poor oral health of school children. As New Zealand’s dental therapists demonstrated their value by lowering tooth decay rates among school children, other countries followed suit. Currently, these practitioners serve as oral health team members in 53 other countries, including Canada, the United Kingdom, Australia, and the Netherlands. Although the profession is relatively new in the United States, momentum here is growing as more states and tribal nations embrace the dental therapy profession as part of the solution to addressing severe oral health access problems.

Evaluations to date of dental therapy programs in Alaska and Minnesota show that dental therapists provide high-quality care and expand access for underserved populations in those states. As of October 2016, 35 dental therapists were practicing in Alaska. In Minnesota, 58 dental therapists cared for predominantly low-income and underserved patients in federally qualified health centers, hospitals, nonprofit clinics, and private practices. Although many DT/ADT’s are employed in HPSA clinics within the Metro area, there are actually higher numbers of DT/ADT’s employed in private practice settings in rural areas where community dental clinics do not exist. This allows the private practice to accept patients covered by state insurance plans, increasing access to care in outstate areas by employing DT/ADT’s.

Recently, two additional states authorized dental therapists, Maine in 2014 and Vermont in 2016. Approximately ten state legislatures, including those in Kansas, Massachusetts, Michigan, Arizona, New Mexico, Ohio, North Dakota, and Washington, are considering similar proposals. Tribal interest in the model has also grown. In 2016, three tribes – one in Washington and two in Oregon – began to employ dental therapists and send students to Alaska to be trained as dental therapists.

From “A Sample Dental Therapy Curriculum for Community Colleges” by Community Catalyst, 2017

Update: In 2017 the state of Washington enacted legislation authorizing dental therapy providers to treat their Native American population.

### Workforce Innovation

In 2014 West Side employed its first dental therapist in its largest clinic and transitioned that individual to “advanced dental therapist” in 2015 once all requirements were met. Collaborative agreements were signed with all dental providers and proactive communications were launched across the clinic about the role of the therapist, the purposes of the new model, and the requirements for supervision.

Different staff groups reacted differently to the new model. It took some time for many to “warm up” to the idea of an advanced dental therapist. The residents and dental students were reluctant at first to engage the ADT and preferred to interact with the dentists on staff.
Some dental staff members were uncertain about the new model and expressed concerns that their positions were targeted for replacement. In the beginning, the therapist herself expressed frustration at not being able to practice to the full potential of her newly expanded scope of practice, as she was still seeing a high number of hygiene patients during the transition from the position as dental hygienist to dental therapist.

Even the patients required transition time to understand the new model and the new titles of those providing their care. But over time proactive communication began to have its desired effect and staff and patients came to understand the goals of having a dental therapist on the team. The transition from a role as dental hygienist enabled the advanced dental therapist to achieve her competency quickly. Her expanded role allowed the dentists to be better able to practice at the top of their license, allowing the dentists time to take on the most challenging procedures from the high volume of patient care.

The collaborative agreements signed with all dental providers spelled out the supervision requirements, including which exams and procedures the therapist was allowed to perform on her own versus those that required the on-site presence of a dentist.

**Results**

Though nine months of 2016 West Side’s advanced dental therapist had performed a total of 1,959 procedures, over 75% of which were restorative. The advanced dental therapist maintained the same relative value unit (RVU) productivity ratios as the other dental providers. Although the starting salary for a DT versus a newly graduated dentist is not significantly lower, the benefits of employing a DT have become much more evident as she has become more proficient and attained her Advanced Dental Therapy certification which allows her to work unsupervised by a dentist, perform exams for the hygienists, and extract periodontally involved teeth.

Management is encouraged that West Side will have even more success in retaining advanced dental therapists in the community health setting. Although more dental therapists currently work in private practice settings than in community health centers, according to the Minnesota Board of Dentistry, West Side has established a dental therapy model that it believes can work well in the community setting. West Side believes they have established a model that can be followed by other community health centers in increasing access to care while controlling costs, with no drop in patient satisfaction.
Lessons Learned

West Side Community Health Services learned a number of lessons from this promising practice of incorporating advanced dental therapists into the oral health program of its clinics.

- West Side believes that our use of the advanced dental therapist has been shown to be an effective strategy for recruiting dentists.
- West Side strongly recommends that dental therapists first have experience in a dental hygienist role.
- We have learned that proactive communication with patients and staff is necessary to implement the new model effectively.
- We learned that it requires time and commitment from the dental staff to bring a dental therapist on board. Extra challenges exist while the therapist is earning enough hours to sit for the advanced dental therapy exam.
- We believe our experience supports the conclusion that the use of dental therapists can be a cost effective strategy to improve delegation of basic and restorative services to dental providers at the top of their scope of practice.
- West Side management believes that the processes we established when training our staff about dental therapy encouraged and stimulated new thinking among our entire health center staff regarding new ways to improve patient care by exposing the entire staff to new and innovative ideas in the oral health profession.

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