



The Role of a Dental Therapist in Orthodontics

- 1. Legislation enacted for MN in 2009
- World travels and lessons learned
- Formation curriculum Steering Committee
- Dental Therapy Programs 2 tracks
- Inaugural class of dental therapy students
- Opportunities for the Specialty of Orthodontics

Legislation Enacted 2009



Discipline title: Dental therapist

Professional supervision:

- works under a collaborative management agreement with a dentist

 - works under a Collaborative Intallagement agreement with a definist

 No more than 5 collaborative agreements

 DDS responsible for all services authorized & performed

 Law specifies procedures that can be performed under

Education:

Baccalaureate or master's degree from a dental therapy education program approved by the Board of Dentistry or accredited by CODA or another board-approved national accreditation organization.

Practice settings:

Settings that serve low-income and underserved; dental shortage area

Legislation Enacted 2009



Settings that serve low-income, uninsured, and underserved

- Critical access dental provider settings
- Dental hygiene collaborative practice settings (including medical facilities, assisted living facilities, FQHCs, selected community
- Military/veterans administration hospitals, clinics, etc.
- Private residences for home-bound patients
- Oral health educational institutions
- Clinics in which at least 50% of d.t. or a.d.p. patients consists of
 - Are enrolled in a MN health care program
 - Have a medical disability/chronic condition that creates significant access barrier
 - Have no health coverage and have annual gross family income ≤ 200% federal poverty level



Scope of practice Under general supervision



- Oral health instruction & disease prevention education
- Preliminary charting of the oral cavity
- Radiographs Polishing
- Application of topical preventive/prophylactic agents, including fluoride varnishes & sealants
 Pulp vitality testing
 Application of desensitizing medication or resin
 Mouthguard fabrication

- Place temporary restoration
- Fabricate soft occlusal guards
- Tissue conditioning & soft reline Atraumatic restorative therapy
- Dress changes
- Tooth re-implantation
- Administer local anesthetic, nitrous oxide



Scope of practice Under *Indirect* Supervision



- Emergency palliative treatment of dental pain
- Place and remove space maintainers
- Prepare cavities
- Restore primary and permanent teeth
- Place temporary crowns
- Prepare and place preformed crowns
- Pulpotomies on primary teeth Indirect & direct pulp capping on primary/permanent teeth
- Stabilize re-implanted teeth
- Extract primary teeth
- Remove sutures Brush biopsies
- Repair defective prosthetic devices
- Re-cement permanent crowns

Outcomes assessment



In statute

The Board of Dentistry shall evaluate the impact of dental therapists on the delivery of and access to dental services & report to legislature by 2/15/14 based on the following

- Number of d.t. annually licensed beginning 2011:
- Settings where d.t. are practicing & populations served Number of complaints & basis for each complaint
- Number of disciplinary actions taken

In consultation with DHS, **BOD shall also develop a process** that focuses on assessing impact of d.t. in terms of patient safety, cost-effectiveness & access on the following outcome measures:

- number of new patients served reduction in waiting times for needed services decreased travel time for patients impact on emergency room usage for dental care costs to the public health care system



Advanced Dental Therapist



- Qualifications:
 - Complete a dental therapy education program
 - Pass an examination
 - Be licensed as a dental therapist
 - 2,000 hours of dental therapy clinical practice
 - Graduate from a masters' advanced dental therapy education program
 - Pass a board-approved certification examination to demonstrate competency
 - Apply for certification
- Supervision: General
- Practice settings: Same as dental therapist

Scope of practice Advanced Dental Therapists under *general* supervision

- Oral evaluation and assessment of dental disease and the formulation of an individualized treatment plan authorized by the collaborating dentist
- All services and procedures of a dental therapist
- Non-surgical extractions of permanent teeth
 - Periodontally diseased
 - Tooth mobility of +3 or +4
- Provide, dispense & administer analgesics, anti-inflammatories & antibiotics



Next steps: Dental Therapist

- Board of Dentistry
 - write rules and regulations regarding licensure for dental therapists.
 - establish criteria for approving dental therapy education programs and/or identifying approved national accrediting organizations.
 - approve competency-based clinical examination required for
 - administered independently of an institution providing dental therapy education
 - establish renewal procedures for licensure.
 - evaluate the impact of the use of dental therapists on the delivery of and access to dental services and report to legislature.
 - in consultation with the MDH, evaluate process focusing on accessing the impact of dental therapists in terms of patient safety, cost effectiveness and access.

Next steps: Advanced Dental Therapist



- Develop the curriculum, determine length of study, identify appropriate education sites.
- Determine content, format, and administration protocols for Board approved certification examination.
- Board of Dentistry write rules and regulations re: licensure. approval of educational programs & accrediting bodies
- - For dental offices: integrating new providers into dental
 - For dental therapists: ongoing skills & patient management

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Site visits to recognized dental therapist programs

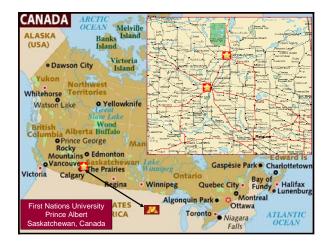
- First Nations University
 - Prince Albert, Saskatchewan, Canada
 - 32 years in operation
- University of Otago, School of Dentistry
 - Dunedin, New Zealand
 - 70+ years in operation
- University of Sheffield, Faculty of Dentistry
 - Sheffield, England
 - 25+ years in operation

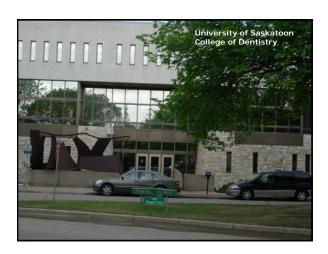
State of Minnesota Delegation

- 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)

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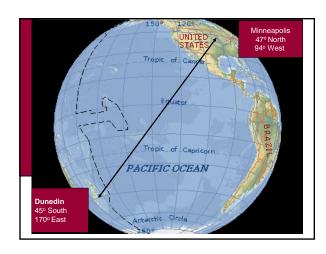
Lesson learned from Canada visit



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

Site visits to recognized dental therapist programs

- May 29-30, 2008
 - First Nations University
 - Prince Albert, Saskatchewan, Canada
 - 30+ years in operation
- August 1-3, 2008
 - University of Otago, School of Dentistry
 - Dunedin, New Zealand
 - 70+ years in operation





Lesson learned from visit to New Zealand



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

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

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SOD Curriculum Steering Committee

Chair, Judith Buchanan, Associate Dean for **Academic Affairs**

Darryl Hamamoto, Assistant Dean for Academic Affairs Gary Hildebrandt, Director, Division of Operative

Chris Blue, Director, Division of Dental Hygiene Peter Berthold, Director, Division of Community Oral Health

Ron Grothe, Director, Advanced Training Program Pediatric Dentistry

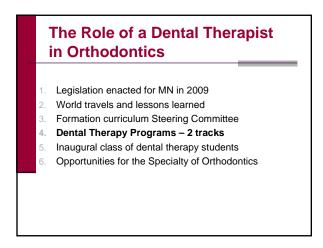
Guiding Principles for SOD Curriculum Steering Committee: **Dental Therapist**

- The "standard of care" taught to dental therapists will be identical to that taught to dental students;
- Within the defined "scope of practice", **competency** requirements for dental therapists will be identical to those which apply to dental students;
- Examination, diagnosis & treatment planning are the purview of the dentist;
- Health promotion & disease prevention will be core elements of the educational program;
- Irreversible surgical procedures will be performed under indirect supervision;

Guiding Principles for SOD Curriculum Steering Committee:

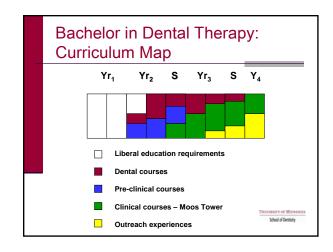
Dental Therapist

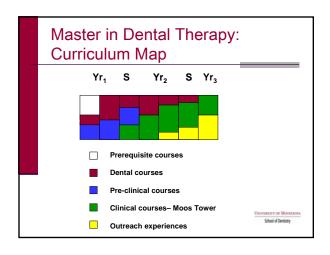
- Program will be **structured to complement**, rather than compete with, other dental professionals;
- Program will provide a foundation for professional advancement and career growth;
- Graduates will contribute to reducing the cost of care and to improving access for underserved populations;
- Education will occur in a professional environment which includes dental hygienists & dentists, to ensure graduates are prepared to work in a team setting;
- Graduates will find viable career opportunities in the dental marketplace; and
- Program could be replicable by other dental schools.









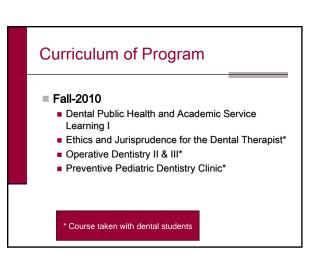




Curriculum of Program Fall 2009 Head and Neck Anatomy Introduction to Psychomotor Skills Oral Anatomy Lecture and Lab* Dental Therapy Care Process; Clinical Application I Prerequisite courses or elective courses in one of three tracks Education Public Health Leadership * Course taken with dental students

Curriculum of Program Spring 2010 Provider – Patient Relationship Oral Histology and Embryology* Cariology and Applied Nutrition in Dental Therapy Care Oral and Maxillofacial Radiology* Prerequisite or elective courses

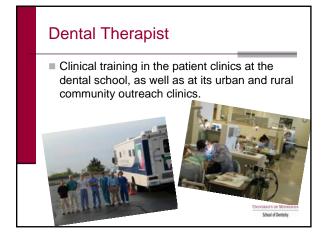
Curriculum of Program Summer-2010 General and Oral Pathology Local Anesthesia and Pain Management Pharmacology Oral and Maxillofacial Radiology II Lec & Lab* Applied Biomaterials* Periodontology I* Preclinical Pediatric Dentistry* Operative Lec & Lab* I



Curriculum of Program Spring-2011 Management and Supervision of a Dental Practice* Research Methods Dental Public Health and Academic Service Learning II Comprehensive Care Clinic* Radiology/Operative/DAU/Pediatric Clinics*

Curriculum of Program
■ Summer- 2011
■ Comprehensive Care Clinic*
Operative/DAU/Radiology/Pediatric Clinics*
Outreach Experiences*
Team Building Course*
■ Fall-2011
■ Comprehensive Care Clinic*
Operative/DAU/Radiology/Pediatric Clinics*
Outreach Experiences*
■ Graduation December 2011
* Course taken with dental students





Costs:

Tuition and fees (per degree)

- BSDT
 - Tuition = ~\$43,000 (Resident), \$58,500 (NR)
 - Fees = ~\$20.000
- Total = ~\$63,000 (Resident), \$78,500 (NR)
- MDT
 - Tuition = ~\$39,000 (Resident), \$65,000 (NR)
 - Fees = ~\$19,000
 - Total = ~\$58,000 (Resident), \$84,000

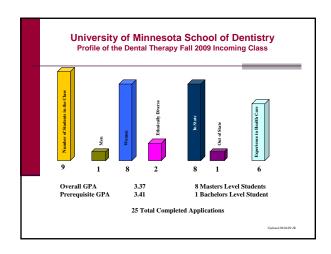
Research

- Teams organized with specific goals
 - Experts from dentistry, public health, health policy
 - Attitudes of current students, staff and faculty
 - Attitudes of current patients
 - Placement of graduates
 - Salaries of graduates
 - Impact on access to care



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Information on Inaugural Class

Seventeen interviewed

- Interviewed by trained team of two
- Wrote impromptu essay
- Completed critical thinking evaluation
- Evaluation on Advanced Simulation Criteria
- Evaluated on potential for meeting mission of program

Dental therapy students (2009)

Program Bachelor

Background dental hygienist

Master



dental assistant (4) dental technician new college grads (2) biotech junior scientist

Minnesota lawmakers debate new dental care provider bills new

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Opportunities for the Specialty of Orthodontics

- 1. Expand scope of services offered
- Orthodontic Therapists The UK Model

Expand scope of services offered

- Preventive
 - oral hygiene instruction
 - fluoride applications
- Restorative
 - primary and secondary dentition
- Extractions
- primary teeth
- Benefits
 - improve oral hygiene care and enhance caries resistance
 - maximize utility of patient visits
 - use underused clinical space
 - increase clinic revenue

Orthodontic Therapists – The UK Model

- Driven by
 - access to care especially rural areas
 - cost of educating
 - time to educate
 - lack of trained auxiliaries
 - cost of care



GDC Orthodontic Therapy Course

- One year course developed to train individuals as Orthodontic Therapists
 - 4 week core course at Leeds Dental Institute
 - 8 additional study days throughout the year
 - workplace training in an approved practice
 - satisfactory workplace reports; successful completion of end-term assessments; and a project
- Eligibility: dental nurse, dental hygienist, dental therapist, or dental technician
- A Diploma in Orthodontic Therapy

1998

Orthodontic Therapists

General

Orthodontic therapists are registered dental professionals who carry certain parts of orthodontic treatment under prescription and close supervision of a dentist, who is an orthodontist on the Specialist Orthodontic register of the GDC.

Orthodontic Therapists SOP

- Clean and prepare tooth surfaces for orthodontic treatment
- Identify, select, use and maintain appropriate instruments
- Insert passive removable orthodontic appliances
- Insert active removable orthodontic appliances adjusted by a dentist
- Remove fixed appliances, orthodontic adhesives and cement
- Take impressions
- Pour, cast, and trim study models
- Make a patient's orthodontic appliance safe in the absence of a dentist

Orthodontic Therapists SOP

- Fit orthodontic headgear
- Fit orthodontic facebows which have been adjusted by a dentist
- Take occlusal records including orthognathic facebow readings
- Place brackets and bands
- Prepare, insert, adjust, and remove archwires
- Give advice on appliance care and oral health instruction
- Fit tooth separators
- Fit bonded retainer
- Make appropriate referrals to other healthcare professionals

Additional skills which orthodontic therapists could develop during their career include:

- Applying fluoride varnish to the prescription of a dentist
- Repairing the acrylic component part of orthodontic appliances
- Measuring and recording plaque indices and gingival indices
- Removing sutures after the wound has been checked by a dentist

Orthodontic Therapists – The UK Model in 2000

The issues being debated:

- Length of training
- Funding
- Location
- Final examination
- NHS Fees

Pollard T.

Practice Management Forum 2000 British Journal of Orthodontics

Orthodontic Therapists – The UK Model 2000

"The quality of care, if orthodontic therapists assist orthodontists, should improve, as perhaps **greater time** could be spent **on diagnosis, and overall supervision and progress of treatment**."

Pollard T.

Practice Management Forum
2000 British Journal of Orthodontics



"I'm absolutely delighted to see the first Orthodontic Therapists qualify. They will now make a significant impact on the number of patients accessing orthodontic care."

Sarah Bain

Head of Dental Care Professional training, University Hospital Bristol, 2008

Bristol Orthodontist Therapy Course

- Expectations:
 - Increase productivity, efficiency, and treatment standards
 - Reduction in the clinical workload for specialists
 - Increase time for specialists to do treatment planning and finishing procedures
 - Reduce the cost in training the orthodontic workforce

Bain S, Lee W, Day C, Ireland A, Sandy J. Orthodontic therapists – the first Bristol cohort; Brit Dent J. 2009; 227-230.



Bristol Orthodontist Therapy Course

"Although the permitted duties of an orthodontic therapist seem to be quite clear, there has been some confusion as to the circumstance under which they are able to perform these duties."

• 'Qualified orthodontic therapists must work under the prescription of a dentist.'

Bain S, Lee W, Day C, Ireland A, Sandy J. Orthodontic therapists – the first Bristol cohort; Brit Dent J. 2009; 227-230.



Bristol Orthodontist Therapy Course

The principle author of the article is concerned:

"There is no requirement for the orthodontic therapist to be in the same premises as the orthodontist who had provided that prescription when the treatment is carried out."

Bain S, Lee W, Day C, Ireland A, Sandy J. Orthodontic therapists – the first Bristol cohort; Brit Dent J. 2009; 227-230.

Bristol Orthodontist Therapy Course

"The effect of the introduction of orthodontic therapists, along with a number of other changes in orthodontic provision are yet to be fully realised."

Bain S, Lee W, Day C, Ireland A, Sandy J. Orthodontic therapists - the first Bristol cohort; Brit Dent J. 2009; 227-230.



Lessons to be learned from the UK experience

- Need to monitor further developments in the UK
 - scope of practice
 - level of supervision
 - degree of professional oversight
 - impact on access to care
- Be vigilant about what's going on "at home"
 - access to care issues at all levels.
 - legislators' perceptions, concerns, and ideas
- state funding for care to the underserved
- Everyone has a part to play
- be "a part of the solution" find your own way
 support "Smiles Change Lives" initiative
- establish or maintain a contact with your legislative

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This was **not** just about creating a new member of the dental team

- Supporting the U-M, AHC & SOD core missions
- Showing that the U-M can effectively contribute to "a state agenda"
- Working with others in developing new & innovative approaches to health care delivery
- Demonstrating leadership locally and nationally
- Forging partnerships with professional and legislative stakeholders and lay communities
- Accessing new resources from groups, agencies, etc.
- Increasing awareness of the challenges faced by many Minnesotans

