

# Dental Public Health Activity Descriptive Summary

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## **Dental Therapists: Safe, Effective, Productive and Cost-effective Dental Team Members**

In 2009, Minnesota became the first state to authorize the education and licensure of dental therapists to address long-standing access to dental care issues for Minnesota Health Care Program (Medicaid) enrollees and other under-served populations. Apple Tree Dental (Apple Tree), a non-profit group dental practice, is dedicated to improving the oral health of all people, including those with special access needs, who face barriers to care (<https://www.appletreedental.org>). More than 80% of Apple Tree's patients are insured through Medicaid with reimbursement rates that do not cover the cost of care and restrict our ability to recruit/retain dentists. Dental therapists were successfully added as new members of Apple Tree's clinical dental teams in order to cost-effectively expand access to care.

Apple Tree has employed dental therapists since 2011, beginning with 2 members of the first graduating class and now employs 10 dental therapists. From 2012 through 2018, dental therapists at Apple Tree collectively provided over 58,000 dental encounters in both urban and rural settings and delivered diagnostic, preventive, and basic restorative dental services valued at more than \$11 million for patients of all ages, including older adults and people with special needs. They have proven themselves to be safe, effective, productive and cost-effective team members. Apple Tree estimates the annual employment costs for dental therapists to be, on average, \$50,000 less than that of dentists. Dental therapists' financial productivity has been high enough to help with the financial challenge of low public program reimbursement rates, which increases our ability to serve more patients. Despite the contentious debate leading up to the authorization of their profession, dental therapists have become accepted and by patients and respected by colleagues. The experiences outlined below and in linked reports and case studies may provide helpful guidance to stakeholders and policy-makers considering dental therapy as a workforce strategy to address access to care issues.

### **Lessons Learned:**

Dental therapists have safely provided dental care in Minnesota since 2011. In fact, demand for dental therapists has increased as questions about their safety and efficiency have been answered. As the first state to authorize and educate dental therapists, some credentialing and billing systems were not in place for initial employers. Even as administrative systems have been developed, accurately tracking the impact of dental therapy has been challenging due to limitations of current data systems at the state level which rely primarily on Medicaid claims data. Policy makers at the state level may benefit from our experience to focus their attention on the licensing, credentialing and billing systems needed to support graduates rather than on questions of patient safety.

Apple Tree learned that education and training for all staff on the dental therapists' scope of practice was helpful to the smooth integration of this new team member. Both clinical and administrative staff have recognized that dental therapists have allowed more patients to be seen and that the services they provide free up dentists' time. Our patients have accepted dental therapists rapidly with remarkably few concerns or questions. Analysis of productivity indicates that as a lower cost provider, dental therapists positively impact practice economics. As a non-profit organization, this allows Apple Tree to provide more dental care to more patients. This same cost-effectiveness can be anticipated in any setting where underserved populations with inadequate reimbursements make providing dental care financially challenging.

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