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Dental Therapy Increases Access in Rural Minnesota

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Many states across the U.S. are exploring expanding who can provide dental care in an effort to expand access in rural areas and to low-income households. In 2009, Minnesota became the first state to pass a law allowing for the establishment of midlevel oral health professionals who provide preventive, diagnostic, and restorative care for children and adults. These providers, known as dental therapists or advanced dental therapists, can practice in settings that serve low-income, uninsured, and underserved patients.

Dental therapy is still an emerging profession and there are many unknowns about how best to incorporate dental therapists into dental teams. Some people in the dental community believe that dental therapists are an innovative advance in the profession, while others question the financial viability and worry quality of care will be compromised.

Case studies explore results in rural Minnesota

In response, [Delta Dental of Minnesota](#) commissioned case studies of two clinics that hired and employed a dental therapist for 12 months. The case studies explored whether adding a dental therapist in a private, for-profit clinic setting contributed positively to health care's triple aim of increasing access to

care, providing quality care, and increasing cost effectiveness. Participating dental clinics were in Renville and Grand Marais, Minnesota.

To better understand the experiences of the clinics, Wilder Research analyzed patient satisfaction surveys, observation data, clinic service and financial data, and key informant interviews with dental therapists, dentists, and staff.

Increased access to care a key lesson

Results of the case studies reveal a few important lessons about the dental therapists' contributions:

- **Access to care.** Consistent with the intent of the law, adding dental therapists increased care provided to patients from low-income households.
- **Cost effectiveness.** The addition of dental therapists generated positive financial returns for the clinics. The number of procedures and patients increased at both clinics, and the dentists were able to spend more time performing procedures that require their expertise and garner greater revenue.
- **Patient satisfaction.** Patients and dental staff were satisfied with the quality of the dental therapist's work. At both clinics, satisfaction ratings for the dental therapist's chair-side manner and technical skills were similar to those given to the clinic's dentists and dental hygienists.

The case studies also reveal some issues to consider, including the need for increased supervision and administrative capacity and the financial effect of low reimbursement rates for low-income clients. While these case studies show adding a dental therapist led to positive changes in revenue, reimbursement rates and the types of insurance used by patients (i.e., the clinic's payer mix) are important factors that affect revenue. These factors also influence whether it is financially feasible for other clinics to adopt a similar staffing model.

Factors contributing to success

Several factors appear to have contributed to the successful incorporation of a dental therapist at both clinics:

- Physical space available within the clinic
- Desire to increase access to dental care for lower income patients
- A supervising dentist who has the capacity and willingness to provide support
- Ability to hire additional staff to increase capacity for patient treatments and to support the expanded schedule of the dental therapist and dentist

These case studies represent a first step in better understanding the effectiveness of dental therapists in rural, private clinics.

[Read the case studies](#)

Read more about dental therapy

[Dental Therapist Information](#) – Minnesota Department of Health

[Providing Dental Care to Our Most Vulnerable Young People](#) – Pollen

[The Debate to Legalize Dental Therapists](#) – NBC Nightly News

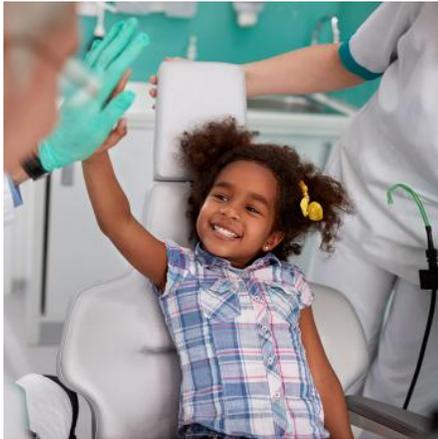
[In Dental Care, 3 Issues to Watch in 2017](#) – The Pew Charitable Trusts

Melanie Ferris was a research scientist at Wilder Research. She worked with multiple nonprofit organizations, local government entities, and health care systems to understand and address the root causes of health inequities and advance health equity.

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