<table>
<thead>
<tr>
<th>Provider Code</th>
<th>Total October 2017 Production Charges</th>
<th>Total Hours Worked</th>
<th>Total Production per Hour</th>
</tr>
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<tbody>
<tr>
<td>DR20*</td>
<td>$6,884</td>
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</tbody>
</table>

*Denotes Hospital-based or Endodontia provider

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**Children’s Dental Services**

**Dental Therapy:**

How mid-level providers can increase access to care, lower costs, and help increase the effectiveness of community clinics.

**About Children’s Dental Services:**

Since 1919 Children's Dental Services (CDS) is dedicated to improving the oral health of children from families with low incomes by providing accessible treatment and education to our diverse community. CDS’ staff speak over 20 different languages and hail from 25 countries. Care is provided in over 700 sites across Minnesota, including schools, Head Start centers, hospitals and various community locations.

Sarah Wovcha, J.D., M.P.H, Executive Director
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612-636-1577
**Why do we need mid-level providers?**

**Minnesota faces a crisis in access to dental care:**

- Low-income children and pregnant women lack critically needed services

- Only 37% of Minnesota children enrolled in Medicaid received preventive dental care in 2015.

- Patients with no insurance are even less likely to receive care.

- Access in rural communities is even worse: there are large areas in greater Minnesota where there is no access to care.

- Rigorously trained and offering basic restorative services, dental therapists are a cost effective solution to increasing access to care.

**Characteristics**

**Supervision:** All ADT services available under General Supervision, defined in Minnesota Rule 3100.0100: “The supervision of tasks or procedures that do[es] not require the presence of the dentist in the office or on the premises at the time the tasks or procedures are being performed, but requires that the tasks be performed with the prior knowledge and consent of dentist”.

**Practice Settings:**

- Critical access dental provider settings
- Dental Hygiene collaborative practice settings
- Military/veterans administration hospital, clinic, etc.
- Private residences for home-bound patients
- Oral health educational institutions
- Clinics in which at least 50% of DT patients consist of patients who:
  - Are enrolled in a MN health care program
  - Have a medical disability/chronic condition that creates an access barrier
  - Have no health coverage and have gross family income < 200% federal poverty level

**Results**

- Dental Therapists have increased the number of patients served while decreasing per patient costs.
- Consistently rank in top half in CDS’ clinic production.