Katy Can Do It

Welcoming dental therapists to the dental team.

When Katy (Kathlyn) Leiviska graduated from the University of Minnesota in 2008 with a bachelor’s degree in biology, she had her sights set on becoming a dentist. Like many dental school applicants, she’d been naturally drawn to the health sciences and to both the art and science of the profession. She had good grades and hand skills, wanted to work one-on-one with patients, and enjoyed—and even excelled in—a team-based approach to just about everything.

“I’d taken my DAT tests and was applying to dental schools,” says Katy. Then her undergraduate advisor suggested she consider a new program being offered in the School of Dentistry. “After researching dental therapy, I immediately pulled back all of my applications to dental schools and put everything I had into applying to the University’s dental therapy program.”

In 2009, Katy joined eight others in the School of Dentistry’s inaugural class of dental therapy students. They graduated in December 2011 and, together, are pioneering a new profession and model of oral health care delivery in Minnesota.

Of her decision to become a dental therapist, she says, “I knew there would be challenges ahead. But I have full confidence in the University, practitioners, future patients and myself to make this program and model of oral health care delivery successful.”

For Katie, part of that confidence had to do with the opportunity to learn alongside dental and dental hygiene students, in the same facilities and from the same faculty. According to Karl Self, director of the School of Dentistry’s dental therapy program, this integrated approach to dental therapy education was strategic. Says Self, “One of our guiding principles when developing the program was that competency requirements for dental therapists would be identical to those for dental and dental hygiene students in the areas in which their scopes of practice overlap. For us, that means patients can expect to receive a single standard of care, regardless of the education level of the caregiver.” The school also believed that learning together would allow all members of the dental team to develop an understanding and appreciation for the unique skills each provider brings to the patient care experience. “We were looking long-term, to the time when our dental students would be in practice,” says Self. “We hoped that (for them) working with a dental therapist would be a familiar and accepted experience, which would help facilitate the transition of dental therapists into the workplace.”

In the near-term, though, dental therapy is still something new. And just as dentists 40 years ago had questions about how to incorporate a dental hygienist into their practice, so, too have there been questions about the role of a dental therapist as a member of today’s dental team. Katy and three of her classmates helped answer some of those questions at a School of Dentistry-sponsored workshop for future employers of dental therapists where she shared the following story: “We were nearing the end of spring semester,” she said. “Fourth-year dental students were in the clinics trying to complete their prosthodontic competencies,
which required they spend a lot of time in
the lab. But they couldn’t start the prosth
erservices without first completing all of
the operative care. There was a lot that
needed to be done all at once.”

And that’s when she heard it:
‘Katy can do it.’

“It was like a lightbulb lit up over the
head of one of the dental students,” she
says, “and he just said it out loud: ‘Katy
can do it’. We’d learned together and
worked together in clinics, and he knew
what I was educated to do. And all of a
sudden he understood how we could work
together as a team to address the needs
of our patient. After that, I worked with
many of the dental students to help them
complete their planned treatments.”

From the Beginning
While it would be fair to say that the
dental school didn’t anticipate that dental
therapy would be on the 2008 legislative
agenda, Self says that school representa-
tives were at the table from the very begin-
nning of public discussion. “Lawmakers
were talking about authorizing dental
therapists to perform procedures until
then provided only by a licensed dentist,”
he says. “As a land-grant institution and
the only education program in the state
already accredited to teach those dentistry
procedures, we had a responsibility to
contribute what we knew about dental
education to the discussion.”

A second reason was that dental therapy
was being advanced as a way to address
access-to-care challenges throughout the
state and the school was heavily invested
in a number of strategic initiatives to
enhance access. Its underlying approach:
address some immediate needs through
outreach initiatives that send students to
treat patients in underserved communi-
ties and adapt class sizes and dental edu-
cation in response to workforce needs and
changes in the dental delivery system. (See
summary of outreach initiatives on page 9.)

The legislation that passed in 2008
authorized the licensure of dental therape-
ists no sooner than 2011. It also called
on the Minnesota Department of Health
to convene a work group to develop
recommendations for the level of
supervision, education, scope of practice
and regulation of this new position,
which would be considered during the
2009 legislative session. Former School
PHOTO BY STEVE WOIT
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of Dentistry Dean Patrick Lloyd and Christine Blue, director of the University’s Program in Dental Hygiene, represented the dental school on the work group, which also included representatives from the Minnesota Board of Dentistry, MnSCU, the Minnesota Dental Association, the Department of Health and other stakeholder groups.

**Traveling the World**

“In preparation for our work group participation,” says Blue, “we visited some of the dental therapist training programs in countries that were referenced during those first legislative discussions in 2008. We wanted to learn first-hand about their programs.” On the list of sites visited were four with the longest histories of training midlevel providers. In May 2008, the School of Dentistry led a group that visited the dental therapist program at First Nations University in Saskatchewan, Canada, with a stop at the University of Saskatoon College of Dentistry to learn about its collaboration with the training program. Traveling with the dental school’s six faculty members—who represented the disciplines of general dentistry, operative dentistry, oral medicine, pediatric dentistry and dental hygiene, all areas within a dental therapist’s anticipated scope of practice—were two representatives from the Minnesota Dental Association.

In July, an expanded group of 12 (which now included several other interested individuals) traveled to the University of Otago in Dunedin, New Zealand. The last trip in September was to visit two schools in Great Britain, with essentially the same delegation. At the time, there were 18 dental therapist training programs in Great Britain, all but two based in dental schools. At each stop, the group toured the education facilities, and talked with patients and dental therapy students, faculty and administrators to learn about the education program, the level of supervision, scope of services provided, and the health care delivery systems in which dental therapists treat patients.

Says Blue, “One of the things we learned was that each system developed consistent with its own needs and resources, some of which were not necessarily relevant or applicable to Minnesota as the state moved forward to develop its own model. “For example,” she says “in Canada, we met a new dental therapy graduate who was setting out for her first practice location that was a four day’s drive away. Given that significant distance, it was reasonable to think that dental therapists in Canada might warrant a broad scope of services because no other options for care are available. But in Minnesota, the distance between dental practices is just not that far. That might suggest that Minnesotans might be better served by an education program that concentrated more on didactic and clinical sessions related to disease prevention, basic restorative care and palliative care.

Another difference: When dental therapy began in New Zealand and Great Britain, the new professionals were paid by the government to work in public schools, and children up to age 18 received free dental care. “That clearly wasn’t going to be the case in Minnesota,” says Blue.

The University contingent returned from its travels with an understanding of how and why other programs evolved as they did and a commitment to educating dental therapists in a dental school. “With some 3,000-plus dental practices throughout the state, our goal was to enhance access to care by increasing the capacity of the state’s existing network of dentists to see more patients,” says Self. “We saw a dental school-based education as a way of doing that by assuring a single standard of care, and providing an education that the public could trust and the profession could embrace.”

The Department of Health’s work group began its discussions in August 2008, charged with developing recommendations to the legislature about scope of practice and levels of supervision. At the same time, the School of Dentistry was discussing the curriculum for its own
proposed dental therapy program, carving out those sections of the curriculum that would apply to the preventive and restorative services anticipated to fall under the dental therapy scope of practice. By the time the final legislation passed in 2009, the School of Dentistry was ready to welcome its first class of students.

Meet the Classes
The School of Dentistry launched its Dental Therapy Program in fall 2009 with a class of nine. Since then, 18 students have graduated and 24 more are in various stages of program completion. Though their backgrounds vary, many come from rural and out-of-state communities, and all share a history of academic success, a love of dentistry, and a commitment to care for underserved populations.

Among them is recent graduate Abigail Bursch (‘12). A biology major at the University of Minnesota she was, like Katy, on-track to apply to dental school. She’d even served as treasurer of the Pre-Dental Club. Instead, Abigail joined the dental therapy program.

Her classmate, Theresa Bushnell, also made an academic adjustment. She’d just started a master’s program at the University of Arizona where she was close to family and friends and in a program that afforded her both a 75 percent tuition waiver and a highly paid summer internship. But when she heard about the launch of the University’s dental therapy program, she made the move, inspired by her own family’s experience. “My father was an educator and my mother a homemaker. I remember my parents sending my grandmother, aunt and uncle money for dental care, which mostly consisted of extractions. People in many parts of the U.S. suffer from poor oral health and many state programs provide insurance that excludes adult coverage. I decided that as a dental therapist, I would play an active part in providing more restorative opportunities for these patients.”

Lindsay Fisher and Brandi Tweeter (both 2011 graduates) are among the many who came to the U’s dental therapy program with dental experience. Lindsay relocated to Minnesota from Wahpeton, N.D. where she’d worked in Imation’s materials characterization lab and had served for 13 years as a dental assistant with the Air National Guard. And Brandi had 14 years of dental assisting experience. For her, dental therapy promised a way to grow in her career and find meaningful employment in her home community of Montevideo, Minnesota, a community of about 5,350. The dentist she was working for had encouraged the single mother of two to pursue a dental therapy degree and promised her employment after graduation.

For Jason Allred (‘12), dental therapy was a career change. “Dental therapy was just the right fit for me, says Allred, formerly the owner of a small business in rural Wadena, Minnesota. “It was the quickest route to my ultimate goal of getting an education and helping communities in need,” he says. And Danae Seyffer (‘11), formerly employed at a biodiagnostics laboratory in River Falls, Wisc., shares the very personal reason she chose to explore a new career. “My father grew up in rural Missouri and did not have dental insurance. The only time his family went to the dentist was when they had dental pain or other major issues. I saw the toll that it took on his family by not having access to dental care. Also, my mother was originally from Thailand and moved here when she was in her early twenties to attend school. Same story as my dad—no dental care unless they were having a dental crisis. Dental therapy was designed to help these populations, among others, to have access to dental care and dental education.”

“I see greater efficiency in the clinic. Having a dental therapist on the team allows me to concentrate on the more complex cases and to work at the top of my license.”
— KEVIN NAKAGAKI, HEALTH PARTNERS

Pioneers in a New Profession
As students and as practitioners, the University’s dental therapy graduates are pioneers and mentors to those who will follow. They’re providing feedback about their education program and finding employment across the state. Says Self, “We have graduates in private practice, non-profit community clinics and Federally Qualified Healthcare Centers, and in large group practices. Some also teach. Most of our graduates found their employment opportunities in Greater Minnesota. And, in all cases, the ‘early adopters’ who hired them are pleased and excited.”

Lindsay Fisher launched her career by working part time, combining hours at the CentraCare Clinic in St. Joseph, Minn. with time at a college clinic in Moorhead. She’s now employed fulltime at the St. Joseph clinic. Danae Seyffer is a dental therapist at Community University Health Care Center in Minneapolis, at Community Dental Care in Maplewood and at the School of Dentistry as a clinical assistant professor. “There are a lot of misconceptions out there about dental therapists,” she says, “and part of our job is to educate about this new profession and about how we can have an impact in our communities by providing excellent dental care. As time goes on, more clinics will open their doors to dental therapists and when that happens, people will see the difference we can make.”

Kevin Nakagaki (D.D.S. ’81), who supervises Katy Leiveska at HealthPartners, offers the dentist’s perspective. “I see greater efficiency in the clinic. Having a dental therapist on the team allows me to concentrate on the more complex cases and to work at the top of my license.”

And back in Montevideo, Brandi Tweeter reports similarly efficient teamwork. “When Dr. Powers is running behind, I start a patient or vice versa. It smooths-out the work flow. At this clinic, 85 to 90 percent of our patients are on medical assistance. There is such a demand for services—we were inundated last summer—but now there’s a steady flow of patients.” Financially the arrangement has worked well, too. And Dr. Powers and Brandi give talks to dentists to show them how it works.

Another clinic early to integrate dental therapists into its team is Children’s Dental Services (CDS). Among its patients are nearly 30,000 low-income children and pregnant women across the state, including those on Medical Assistance. CDS Executive Director Sara Wovcha says that integrating a dental therapist into the team makes good sense. “With medical ☞
assistance reimbursements falling below the cost of providing care, there’s no way the current financial model of care for public program patients is sustainable,” she says. “We’re reimbursed less per patient than we were in 2007, but all costs have gone up. Clinics like ours will go away without embracing new models. In addition to making financial sense, working with a dental therapist frees dentists to work on the most complex and challenging cases.” She says that after working through a few questions about scheduling, integrating dental therapists into the practice has gone smoothly, and the dental therapists’ focus on prevention is a highly effective strategy for the patients the clinic serves. Last summer, in a pilot program, CDS became a location for the University’s dental therapy students to receive additional clinical experience. Wovcha says, “The quality of graduates from the School of Dentistry is amazing and that makes all the difference.”

Brianne Borntrager (’12) is employed at Open Cities Health Care Center in St. Paul, a Federally Qualified Health Center. The former dental association employee had watched the progress of Minnesota’s dental therapy legislation and relocated to the state to pursue the new career. And she’s finding her new position to be a perfect fit. “I have wanted to do dentistry since I can remember,” she says. “I really enjoy my patients. I see a mix of adult and pediatric patients…many times, I’m the first person who’s ever given them information about their teeth. It’s my hope that their dental visit is a positive one and they’re able to take the information and use it throughout their life.”

And Jason Allred joined Woodland Dental, a private practice in Wadena. “He says, “It’s the best thing I have ever done. I wanted to change my life in a way that allowed me to devote my work time to helping underserved populations.” Jason says that he can address most of the needs of his patients. Consistent with his scope of practice, his collaborating dentist makes the diagnosis and treatment plan, and does the required root canals; all other specialty care is referred out. “It’s extremely rewarding and challenging,” he says. “The community sees the value, and I have been booked out three months for some time now.”

Says Nakagaki, “I’m a strong believer in the role of the dental therapist. We’ve been trying to meet the needs of the underserved for a long time and there weren’t many options left. This is a way to care for a population that, otherwise, struggles to find dental offices that take medical assistance. I don’t see another way of managing as well or as economically.”

“This is a new and evolving profession,” says Self. “Our graduates are good ambassadors for dentistry, filling a real need by caring for patients who, before this, received little to no dental care, and educating their patients about how to take care of their oral health. At the same time they’re freeing dentists for more complex operations and to run their businesses more efficiently. There are no losers.”