



AGENDA

Dental Pilot Project #100 "Oregon Tribes Dental Health Aide Therapist Pilot Project"
Quarterly Dental Pilot Project Program Advisory Committee Meeting DPP #100
June 14th, 2021
9:00am – 11:30am

Location: Remote meeting via Zoom.		
Meeting ID: 160 7480 0622		
Link: https://www.zoomgov.com/j/16074800622		
Call in option: 669-254-5252, Meeting ID: 160 7480 0622		
9:00-9:10	Official Introductions	Sarah Kowalski, MS, RDH
9:10-9:30	Agenda Review, Meeting Review, Modification Request Process	Sarah Kowalski, MS, RDH
9:30-10:00	Overview Program Evaluation, CDC Framework for Program Evaluation in Public Health, Standards of Evaluation	Kelly Hansen, Research Analyst Fred King, Ph.D., M.S. John Putz, Ph.D., M.A.
10:00-10:15	Break	
10:15-10:50	Presentation, Evaluation & Monitoring Plan, Modification Request	Gita Yitta, DMD Miranda Davis, DMD Northwest Portland Area Indian Health Board
10:50-11:10	Discussion	Advisory Committee Northwest Portland Area Indian Health Board Oregon Health Authority
11:10-11:20	Follow Up Items, Future Meeting Dates,	Sarah Kowalski, MS, RDH
11:20-11:30	Public Comment Period	Public comments are limited to 2 minutes per individual; Public comments are accepted via in-person oral testimony or submission of written comments via email to oral.health@state.or.us or US Mail.

Next Meeting: Date to be determined.

**Dental Pilot Project #100:
“Oregon Tribes Dental Health Aide Therapist Pilot Project”**

Advisory Committee Meeting

9:00am-11:30am

June 14, 2021



**Dental Pilot Project #100:
“Oregon Tribes Dental Health Aide Therapist Pilot Project”**

Hello
my name is

1. Name

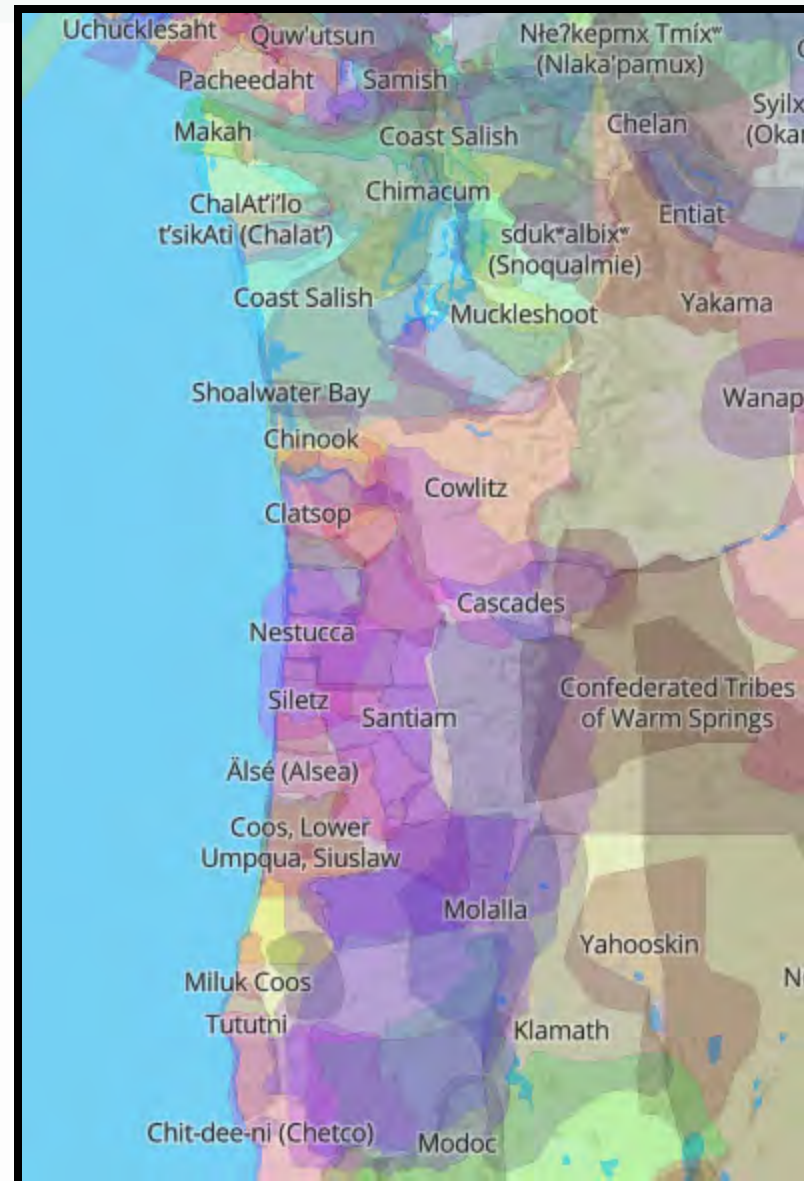
2. Organization

3. What are you looking forward to
this summer?

Land Acknowledgement

City of Portland – Cowlitz, Confederated Tribes of Grand Ronde & Clackamas Nations

<https://native-land.ca/>



U.S. Department of the Interior
Indian Affairs

- About Us ▾
- Programs & Services
- Tribal Sovereignty**
- Policy & Reports
- Regional Offices
- Consultations ▾
- Jobs



Frequently Asked Questions

- Government-to-Government**

About Us

Assistant Secretary - Indian Affairs Org Chart

Bureau of Indian Affairs Org Chart

For Additional Information

To obtain contact information for the Federally recognized tribal health service, visit www.ihs.gov, or call 1-800-451-4343.

- <https://www.bia.gov/frequently-asked-questions>

Dental Pilot Project Program

Goal of Dental Pilot Project Program

DENTAL PILOT PROJECTS

SECTION 100.000 The Oregon Health Authority may approve pilot projects to encourage the development of innovative practices in oral health care delivery systems with a focus on providing care to populations that evidence-based studies have shown have the highest disease burden and the least access to dental care. The authority may approve a pilot project that is limited to:

(a) Run for three to five years or a sufficient amount of time to evaluate the validity of the pilot project;

(b) Evaluate quality of care, access, cost, workforce and efficacy; and

(c) Achieve at least one of the following:

(A) Teach new skills to existing categories of dental personnel;

(B) Develop new categories of dental personnel;

(C) Accelerate the training of existing categories of dental personnel; or

(D) Teach new oral health care roles to previously untrained persons.

Dental Pilot Project #100: “Oregon Tribes Dental Health Aide Therapist Pilot Project”

- Review of Modification Request Process, Administrative Rule Requirements by OHA, Pilot Project Process, OHA Program Evaluation
- Presentation by Northwest Portland Area Indian Health Board
- Feedback from Advisory Committee
- Next Steps

Dental Pilot Project #100

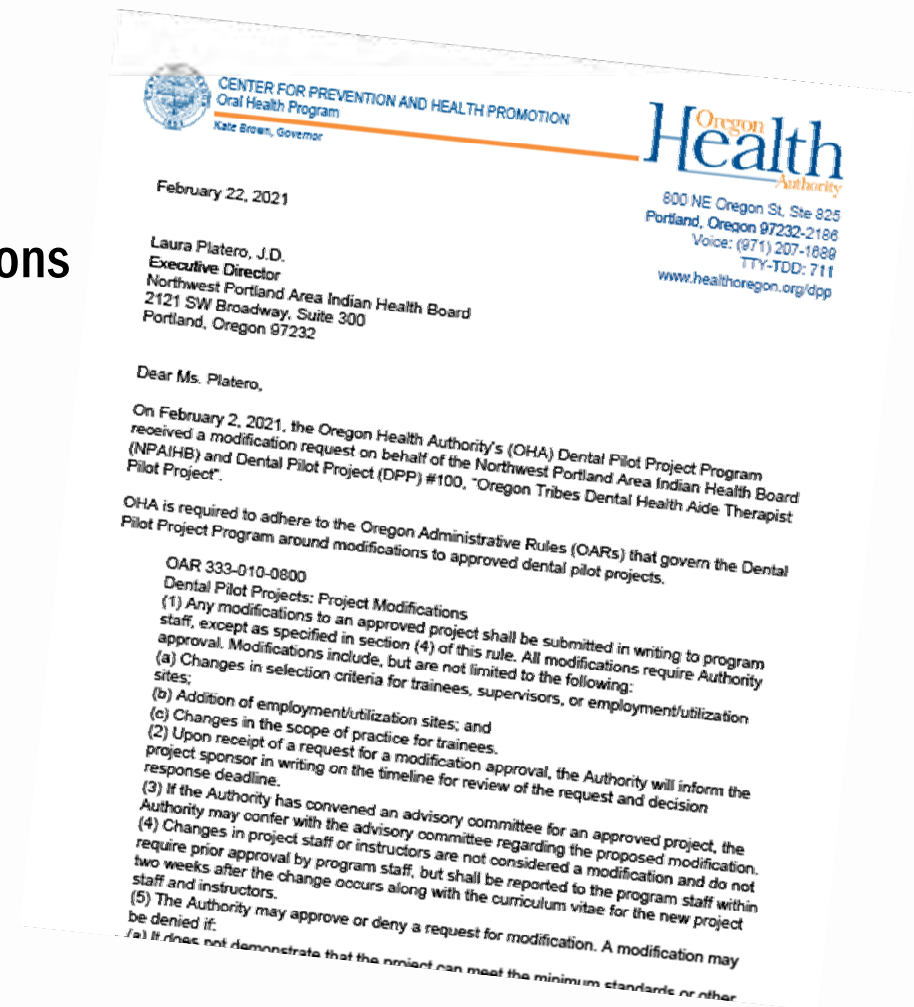
Modification Requests

Modification Request

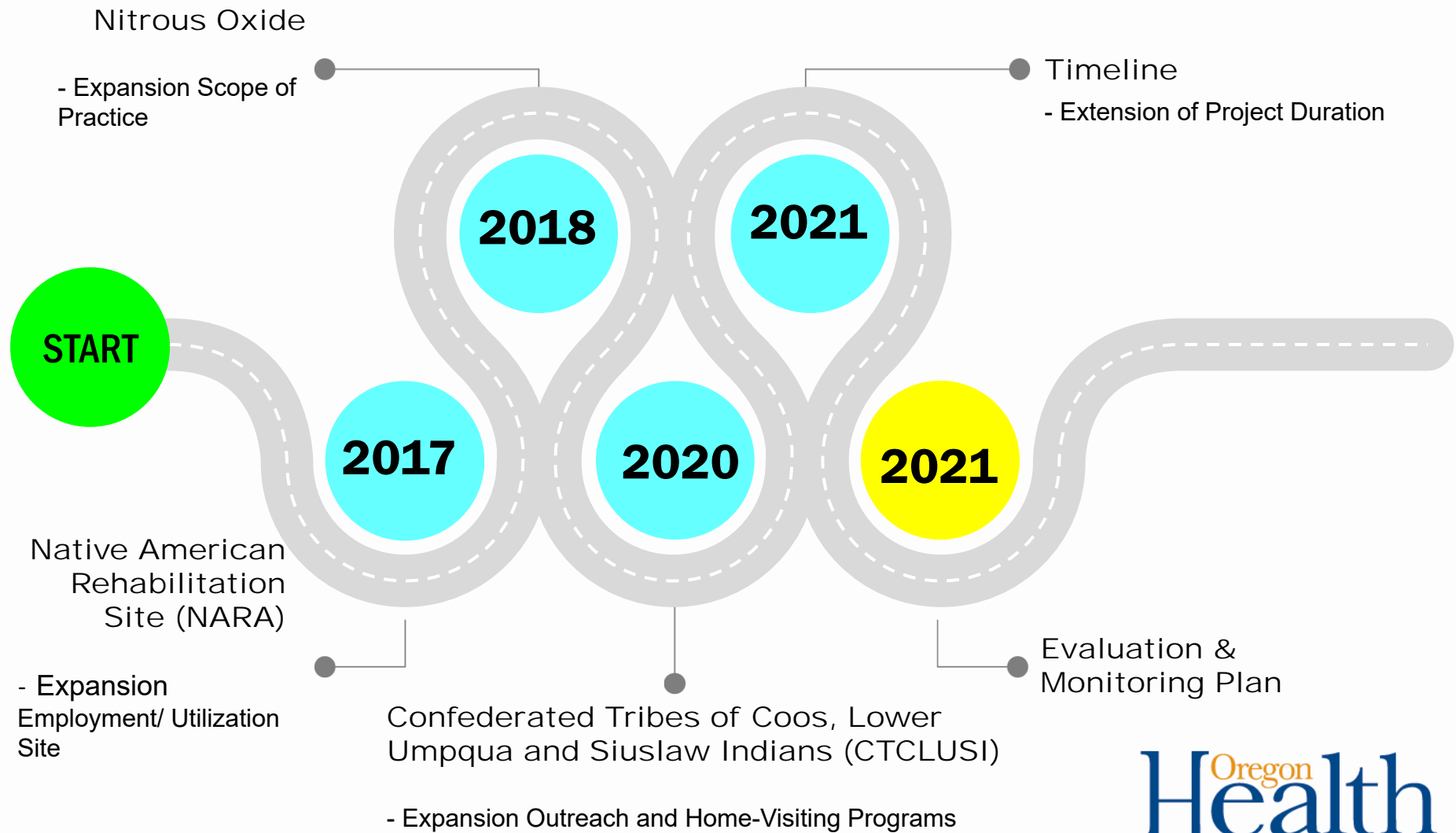
333-010-0800 : Project Modifications

Including but not limited to:

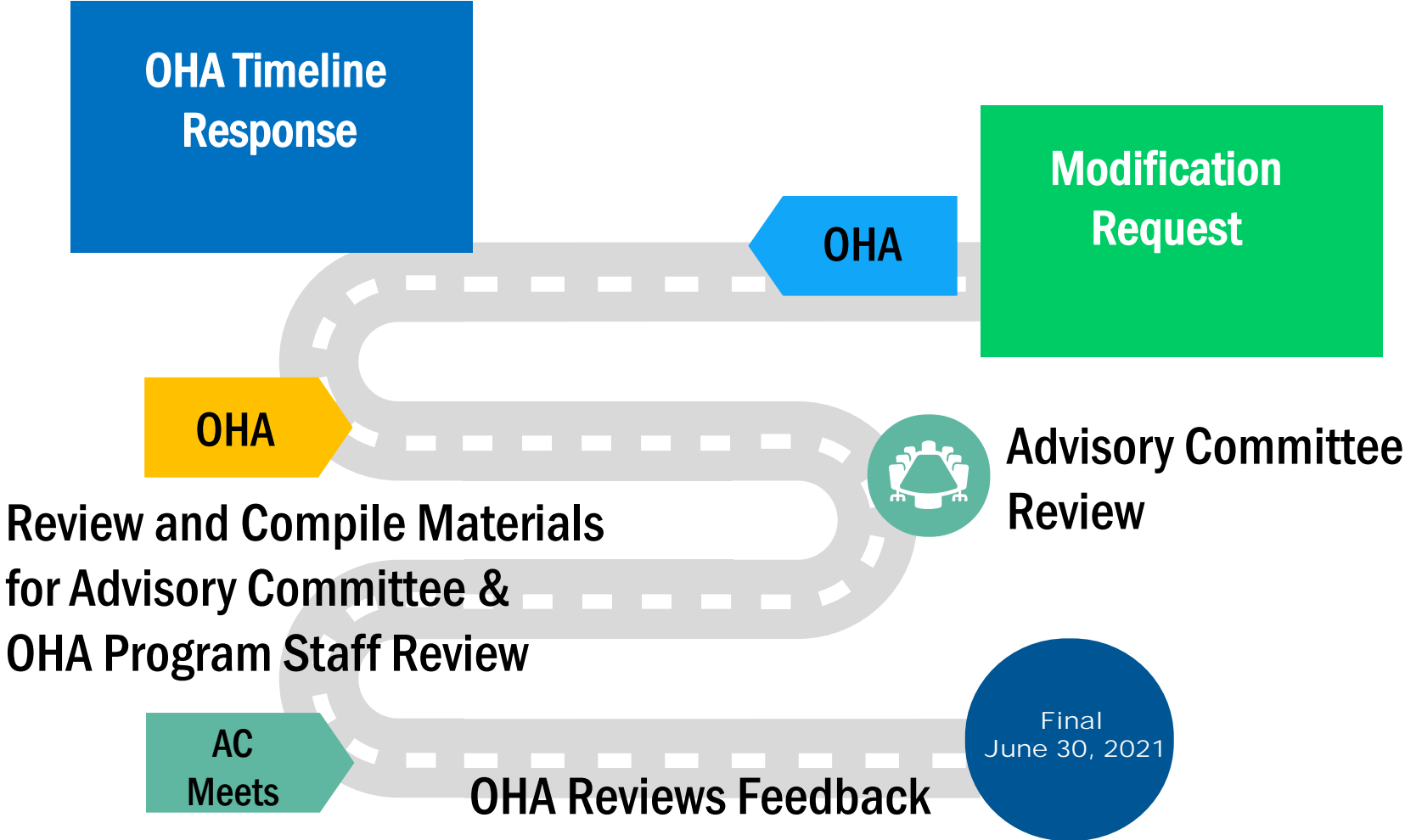
- Employment/Utilization Sites
- Change in Scope of Practice
- Change in criteria for trainee selection, etc.

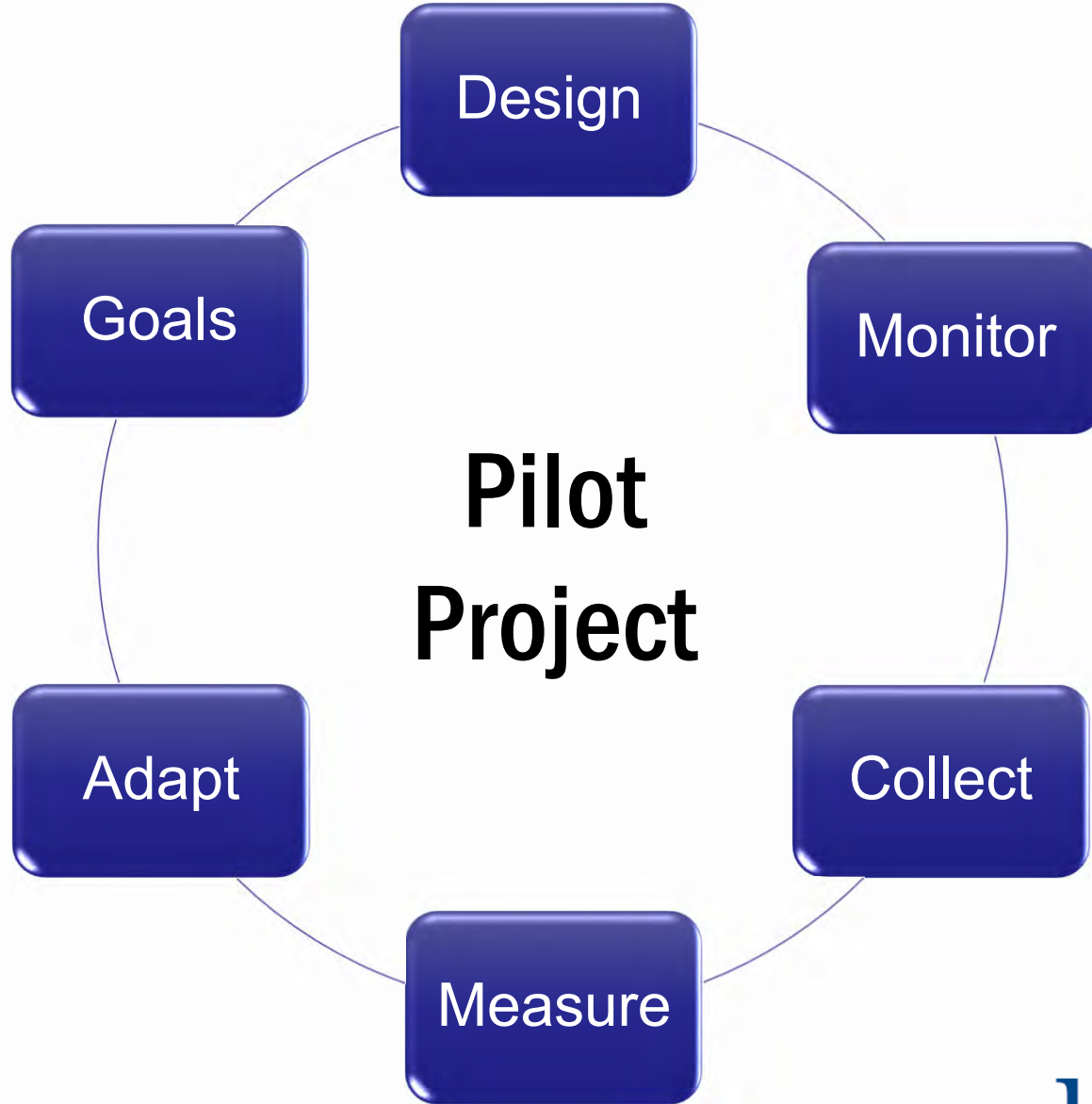


Modifications to Dental Pilot Project #100: “Oregon Tribes Dental Health Aide Therapist Pilot Project”



Dental Pilot Project Program – Modification Review Process





333-010-0780 Dental Pilot Projects: Pilot Project Evaluation and Monitoring by Sponsor

- (1) A logic model to depict the project **activities** and intended **effects**;
- (2) A description of **key evaluation questions** to be addressed by the pilot project, including relevant process and outcome measures;
- (3) A description of how the project will **measure progress towards** the **goals** identified in the application. Progress measurements must include quantitative metrics;
- (6) A detailed description of the methodology and **data** sources to be used in **collecting** and **analyzing** the data about **trainee performance, acceptance by patients, quality of care and cost effectiveness**;
- (7) Defined **measures** to **evaluate safety** and **quality of care** provided;
- (9) A process for **ongoing quarterly monitoring** in accordance with OAR 333-010-0760, Minimum Standards; and
- (10) A process for **regular evaluation of project activities** across the lifecycle of the project for **continuous quality improvement** purposes.

"What is Program Evaluation?"

Kelly Hansen, Research Analyst, Assessment & Evaluation Unit

Fred King, Ph.D., M.S., Research Analyst, Assessment & Evaluation Unit

John Putz, Ph.D., M.A., Assessment, Evaluation, & Informatics Manager

June 14, 2021

What is Program Evaluation

- A formalized way to surveil and assess the effectiveness of a public health program or intervention
- CDC Framework for Program Evaluation in Public Health
- Effective program evaluation is a systematic way to improve and account for public health actions by involving procedures that are useful, feasible, ethical, and accurate.

Some Reasons to Evaluate Public Health Programs

- To monitor progress toward the program's goals
- To determine whether program components are producing the desired progress on outcomes
- To permit comparisons among groups, particularly among populations with disproportionately high risk factors and adverse health outcomes
- To justify the need for further funding and support
- To find opportunities for continuous quality improvement.
- To ensure that effective programs are maintained and resources are not wasted on ineffective programs

Types of Evaluation

- Exploratory
- Descriptive
- Experimental or Quasi-Experimental
 - Most pilot projects are introducing a new provider or procedure
 - Must account for real-world factors
 - Randomization is not necessarily used

(Enter) DEPARTMENT (ALL CAPS)
(Enter) Division or Office (Mixed Case)



Process versus Outcome Evaluation

- Process evaluation is an iterative process that is ongoing through the life of the project.
- Quarterly updates and site visits
- Examples of process evaluation questions?
- Outcome evaluation measures program effects in targeted populations.
- What is the final outcome/result of the implementation of this pilot project?

Process versus Outcome Evaluation

Formative Evaluation – Improve	Summative Evaluation – Prove
Provides information that helps you improve your program. Generates periodic reports. Information can be shared quickly.	Generates information that can be used to demonstrate the results of your program to funders and your community.
Focuses most on program activities, outputs, and short-term outcomes for the purpose of monitoring progress and making mid-course corrections when needed.	Focuses most on program's intermediate-term outcomes and impact. Although data may be collected throughout the program, the purpose is to determine the value and worth of a program based on results.
Helpful in bringing suggestions for improvement to the attention of staff.	Helpful in describing the quality and effectiveness of your program by documenting its impact on participants and the community.

Four Standards of Evaluation

- Utility
 - Who will use the results?
- Feasibility
 - Are the planned activities realistic?
- Propriety
 - Does the evaluation protect the rights of individuals and protect the welfare of those involved?
 - HIPAA and IRB Approval
- Accuracy
 - Will the evaluation produce findings that are valid and reliable, given the needs of those who will use the results?

Four Standards of Evaluation

- Utility
 - Who will use the results? – Legislators, Dental community stakeholders
- Feasibility
 - Are the planned activities realistic? – Consider data and funding limitations
- Propriety
 - Does the evaluation protect the rights of individuals and protect the welfare of those involved?
 - HIPAA and IRB Approval
- Accuracy
 - Will the evaluation produce findings that are valid and reliable, given the needs of those who will use the results? – What threats to validity exist?

Validity in Evaluation

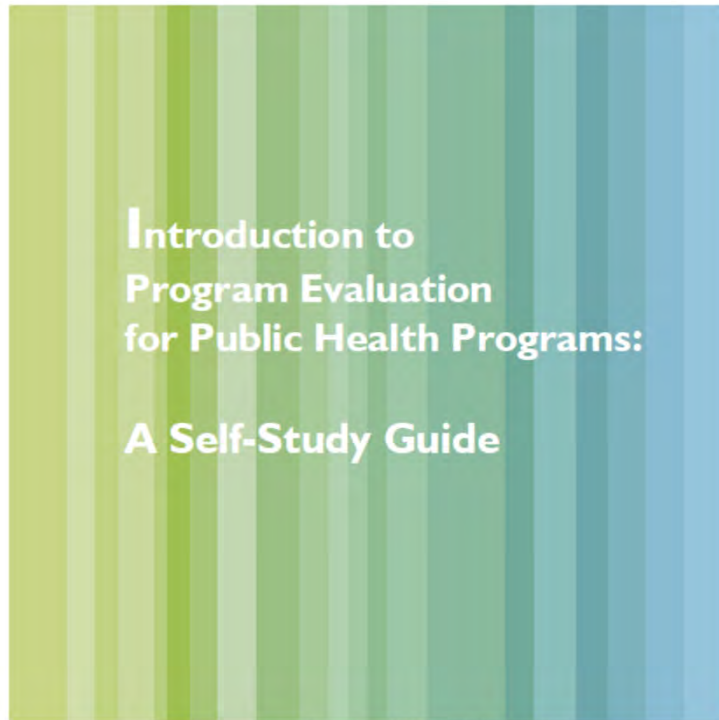
- A fundamental choice: internal or external evaluation?
 - Melissa Conley-Tyler

TABLE 1: CHECKLIST FOR DECIDING BETWEEN INTERNAL OR EXTERNAL EVALUATORS

FACTOR	INTERNAL	EXTERNAL	GUIDELINE
Cost	Weak		Cost comparison calculation needed in each case
Availability	Weak		Assessment of current availability needed in each case
Knowledge of program and operations	Weak		Depends on amount of organisational information
Knowledge of context	Weak		Depends on how unusual the organisation is
Ability to collect information		Weak	Depends on how 'territorial' the organisation is
Flexibility			Not a determining factor
Specialist skills and expertise			Not a determining factor
Objectivity			Not a determining factor
Perceived objectivity		Strong	May be important for 'sensitive' evaluations and specific audiences
Accountability for use of government funds		Strong	Government and organisations receiving government funding should consider this factor
Willingness to criticise		Weak	Not usually a determining factor
Utilisation of evaluation	Weak		Depends on purpose of evaluation, especially if focused on organisational improvement
Dissemination of results			Not a determining factor
Ethical issues			Not a determining factor
Organisational investment	Weak		Depends on organisation's future evaluation needs

Many people believe that external evaluators come to an evaluation unbiased and with an open mind in contrast with internal evaluators who are part of an organisation with its own history and modes of behaviour.

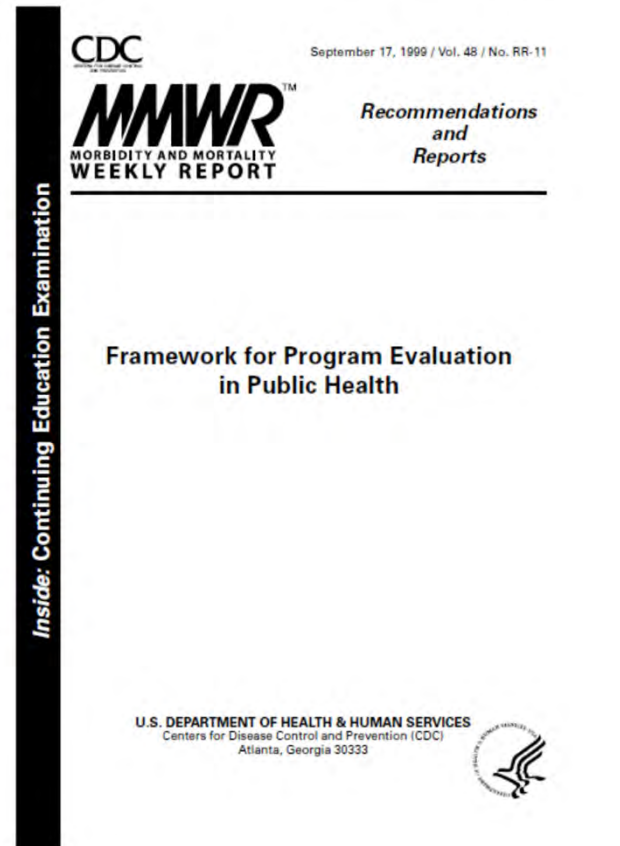
Resources on Public Health Evaluation



**Introduction to
Program Evaluation
for Public Health Programs:
A Self-Study Guide**

Suggested Citation: U.S. Department of Health and Human Services
Centers for Disease Control and Prevention,
Office of the Director, Office of Strategy and Innovation.
Introduction to program evaluation for public health
programs: A self-study guide. Atlanta, GA: Centers
for Disease Control and Prevention, 2011.

OCTOBER 2011



Inside: Continuing Education Examination

CDC

September 17, 1999 / Vol. 48 / No. RR-11

MMWR™
MORBIDITY AND MORTALITY
WEEKLY REPORT

*Recommendations
and
Reports*

**Framework for Program Evaluation
in Public Health**

U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Disease Control and Prevention (CDC)
Atlanta, Georgia 30333



Oregon Dental Pilot Project #100

Evaluation and Monitoring Modification

Miranda Davis, DDS, MPH
NDTI Director - NPAIHB
June 14, 2021



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INDIAN HEALTH BOARD
Indian Leadership for Indian Health

Presentation Goals

- Review the purpose and development of the evaluation and monitoring modification.
- Reflect on the initial creation of the current evaluation and monitoring plan.
- Walk through all six sections of the modification request.



Purpose

- Pilot Project #100 completed its first five years in May 2021.
- The project was recently approved for a one-year extension and is now projected to continue through May of 2022.
- As we plan for the extension year we have identified areas of our current evaluation and monitoring plan that should be improved.
- There is **no request for a modification regarding scope of practice, levels of supervision, or quarterly data collection** required by OHA in the Detailed Data Report format and narrative report.



Development

When developing this modification request our project consulted:

- All three pilot sites
- Our internal advisory committee comprised of experts in the field
- Lead evaluator, Mekinak Consulting
- Evaluation and monitoring plans for #200 and #300



A look back and reflection on the current evaluation monitoring plan

- At the beginning of this pilot project, we created a robust programmatic evaluation plan that sought to collect data in various ways to understand the benefits of an expanded oral health workforce in Oregon.
- During its first five years, Pilot Project #100 has undergone a high level of scrutiny. The degree of oversight has interfered with the ability of providers within our project to maximize outcomes relating to patient care, clinic efficiency and cost effectiveness.
- We have found that some data being collected is not productive and/or does not provide meaningful information.



1. Modification to informed consent requirements documentation



Informed Consent Forms

Request:

We are requesting that the patient informed consent form is only captured once per patient rather captured at every encounter.

Justification:

- Patients already understand the role of the DHAT after reading and signing the consent form and being introduced to the DHAT. Multiple forms for the same patient are not productive or efficient.
- We aim to reduce redundancy and administrative burden on the clinic staff, and improve the patient experience.
- Clinics will still require separate informed consent forms for procedures for SDF, extractions, etc. based on their clinic's protocols.



2. Modification to quarterly reporting requirements



Analysis and Reporting

Request:

Submit one annual report of data rather quarterly reports.

Justification:

Pilot project #100 has submitted quarterly reports for its duration. The project has shown safety and efficacy for years.

The project is **not** requesting to change data collection or analysis, and will continue to submit quarterly DDR and progress reports.

The change requested is regarding the *frequency* of reporting.

The requirement that the project report any adverse events in a timely manner will **not** change with this request.



Analysis and Reporting – Economic Impact

Request:

To use the same evaluation question as described in Pilot Project #300 and compare annual procedural reports of the cost of patient care delivered by a dental therapist compared to the cost of patient care delivered by a dentist for the same procedures.

Justification:

- We have previously used RVU with the goal of understanding the relative value of a DHAT's work.
- We learned that RVUs are not an adequate financial measurement to quantify the procedures within the DHAT scope of practice.
- RVUs, with values determined by IHS, does a better job of comparing certain procedures against other procedures rather than certain providers versus other providers.
- The measurement being used by Project #300 would be much more useful than RVUs.



3. Modification to the project's preceptorship requirements



Practice Agreement

Request:

When establishing a practice agreement with a new supervising dentist, remove the requirement for a specified number of hours and replace with a requirement to perform each procedure at least once under direct supervision. Proficiency in each procedure is determined by the supervising dentist.

Justification:

- 80 is an arbitrary number of hours, and not necessarily the right number to determine proficiency with each procedure.
- The requirement of completing 80 hours of direct supervision with a new supervising dentist has proven challenging and hinders access to care with our pilot sites.
- Historically, the communities our pilot sites serve have seen a high level of turn over with dental providers. We have witnessed this occurrence of turnover, at the supervising dentist level, with our pilot sites.
- There is **no change** requested regarding the initial 400 hour preceptorship required by each DHAT



4. Modification to the “Guide to Radiography an Intra Oral Images for Irreversible Procedures Performed by Dental Therapists” and documentation protocols.



Intraoral Photos

Request:

We are requesting to remove the requirements related to capturing intraoral photos.

Justification:

- The intraoral photo requirement has proven burdensome: it adds significant chair time for patients and significant administrative time for clinicians.
- Time spent on photos (taking and organizing) could be better spent on increasing access to care.
- Photos are an ineffective method for determining quality of care. This is especially true for determining removal of caries.
- Photos reduce patient comfort by adding chair time and adding time with mouth open. This is especially difficult for children and patients with anxiety.



- ## 5. Modification to the evaluation instruments:
- Patient Surveys
 - Clinician Interviews
 - Community Focus Groups



Evaluation Instruments: Patient Surveys

Request:

Remove the patient satisfaction survey, parent satisfaction survey, and oral health survey

Justification:

- Our project has captured significant data for these questions.
- Our data has proven high patient satisfaction with a roughly 95% satisfaction rating.
- We do not anticipate learning more from continuing to conduct these surveys.
- Obtaining this information is resource-intensive.
- We **do** plan to maintain the new patient survey.



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Evaluation Instruments: Clinician Interviews

Request:

Conduct interviews for the supervising dentist, DHATs, dental staff **annually** rather than semi-annually.

Justification:

This next year, post COVID-19 global pandemic, is unknown and we are requesting to shift to an annual interview to respectfully allow the clinic to readapt to clinical care with minimal intrusion from the project.



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Evaluation Instruments: Community Focus Groups

Request:

Remove the satisfaction interview for focus groups with tribal members.

Justification:

- This next year, post COVID-19 global pandemic, is unknown and we are requesting to remove this component as activities in person pose as challenging.
- Focus groups are resource intensive and we do not expect we could obtain significantly more/different data than we have already obtained in previous focus groups and surveys.



6. Alignment with other approved Dental Pilot Projects



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Dental Pilot Projects Comparisons

As the first pilot project approved, we had no other projects to look to for alignment of breadth and depth of evaluation. Now that we have another pilot project that is similar to Project #100, we see that a far less comprehensive programmatic evaluation plan has met the requirements of OHA.



Thank you and Questions

To date, Pilot Project #100 gathers the most amount of data and is monitored with greater scrutiny.

This modification will further enhance our ability to show that the project is increasing access to high quality, safe care and generating a strong economic impact.



NORTHWEST PORTLAND AREA
INDIAN HEALTH BOARD
Indian Leadership for Indian Health



Memo

May 10, 2021

To: Dental Pilot Project #100 – Advisory Committee Members

From: Oregon Health Authority

RE: Project Modification Request

On February 2, 2021, the Oregon Health Authority's (OHA) Dental Pilot Project Program received a modification request from the Northwest Portland Area Indian Health Board (NPAIHB) to allow the modification to the approved Evaluation & Monitoring Plan for Dental Pilot Project #100. Please see Exhibit A to view the complete modification request document.

- Under OAR 333-010-0800, approved dental pilot projects may submit a request to modify the scope of practice for trainees as part of an approved dental pilot project. All modifications require Authority approval.
- On February 22, 2021, the Authority sent a response to NPAIHB clarifying the timeline for a response to the request and as well as providing a response to issues highlighted due to concerns related to the COVID-19 pandemic. *Please see Appendix A for a copy the response.*
- The Authority seeks comment and input on the proposed modification by members of the Advisory Committee for Dental Pilot Project #100.

Background Information:

1. **Exhibit A.** Modification request submitted by the Northwest Portland Area Indian Health Board on February 2, 2021.
2. **Exhibit B.** Example of Quarterly Progress Report submitted by the project.
3. **Exhibit C.** Approved Evaluation & Monitoring Plan.
4. **Exhibit D.** Crosswalk document comparing Evaluation & Monitoring Activities under DPP#100 and DPP#300.

Advisory Committee DPP#100: Review of Modification Request

Instructions:

- Please review each section outlined below. Please indicate whether you recommend approval or denial of the proposed modification. Completed forms are due back to the Authority by **June 2, 2021**.
- Please refer to the background documents and associated exhibits when reviewing the modification request. All documents have been placed in the Dropbox:
 - **Exhibit A.** Modification request submitted by the Northwest Portland Area Indian Health Board on February 1, 2021.
 - **Exhibit B.** Example of Quarterly Progress Report submitted by the project.
 - **Exhibit C.** Approved Evaluation & Monitoring Plan.
 - **Exhibit D.** Crosswalk document comparing Evaluation & Monitoring Activities under DPP#100 and DPP#300.
- A final determination on the modification request will be made by June 30, 2021 after reviewing input from the Advisory Committee and meeting with the committee on June 14, 2021.
- Please submit this form to the Dental Pilot Project Program via email attention to Sarah Kowalski at sarah.e.kowalski@state.or.us

Please select name of individual completing the form:

- Rick Asai
- Michael Costa
- Bob Garcia
- Jonathan Hall
- Leslee Huggins
- Paula Hendrix
- Kelli Swanson Jaecks
- Jill Jones
- Laura McKeane
- Carolyn Muckerheide
- Barry Taylor

Modification Request: The modification request has been divided into the follow six sections:

1. Modification to informed consent requirements documentation.
2. Modification to quarterly reporting requirements.
3. Modification to the project's preceptorship requirements.
4. Modification to the "Guide to Radiography and Intra Oral Images for Irreversible Procedures Performed by Dental Therapists" and documentation protocols.
5. Modification to the evaluation instruments (i.e., patient surveys).
6. Parity with other approved Dental Pilot Projects.

1. Modification to Informed Consent Documentation Requirements

Summary of modification request: Written informed consent will be obtained once per patient by each pilot project site for treatment performed by the Dental Health Aide Therapist (DHAT) trainee in the pilot project at the initial visit. A copy of the signed and dated form will be stored in the patient record. *Please refer to pages 33 and 34 of the modification request document under Exhibit A.*

COVID-19 Requests: OHA has revised the requirements around Informed Consent documentation process for Dental Pilot Projects previously established. As of February 22, 2021 the project is not required to utilize paper forms to collect patient signatures for any Informed Consent documents. Electronic signatures are acceptable for all forms of Informed Consent documentation including obtaining written informed consent for treatment provided by the trainee.

Status of request: The outstanding modification request concerns whether OHA must require a patient signature at each appointment for treatment by the Dental Health Aide Therapist trainee in compliance with OAR 333-010-0770.

Oregon Administrative Rules relevant to modification request: OAR 333-010-0760 and OAR 333-010-0770 around informed consent.

333-010-0760 Dental Pilot Projects: Minimum Standards

An approved dental pilot project must:

- (1) Provide for patient safety and that the applicable standard of care is met as follows:
 - (a) Comply with informed consent in accordance with OAR 333-010-0770, Informed Consent;

333-010-0770 Dental Pilot Projects: Informed Consent

(1) A sponsor must ensure that each patient or person legally authorized to provide consent on behalf of the patient:

- (a) Is provided written information about the dental pilot project and who will be providing treatment;
- (b) Gives written consent to be treated by the dental pilot project trainee; and
- (c) Gives informed consent for treatment by the trainee.

(2) Written information about the project and who will be providing treatment must include, but is not limited to:

- (a) An explanation of the role and status of the trainee, any certification or licenses a trainee may hold, the education and training of the trainee and the availability of the trainee's supervisor for consultation;

(b) An explanation that the patient can refuse care from a trainee without penalty for such a request; and

(c) A statement that consenting to treatment by a trainee does not constitute assumption of risk by the patient.

(3) At a minimum, the following language must be included on the document that requests consent to be treated by the dental pilot project:

"I _____ [name of patient or person acting on patient's behalf] have received information about this dental pilot project and provider type. I have been given the opportunity to ask questions and have them fully answered. I have read and understand the information and I agree to the trainee of this project providing me treatment."

Signature of patient or person acting on patient's behalf, Date.

Upon review, please indicate whether you recommend OHA approve or deny the request for modification around informed consent.

Yes, Recommend OHA Approve Modification Request around Informed Consent.

A patient signature is not required at each appointment for treatment by the Dental Health Aide Therapist trainee. Signatures may be obtained electronically.

No, Recommend OHA Denies Modification Request around Informed Consent.

A patient signature is required at each appointment for treatment by the Dental Health Aide Therapist trainee. Signatures may be obtained electronically.

If no, please specify your concerns related to the modification and your rationale for requesting that OHA deny the proposed changes.

Comments:

2. Quarterly Reporting

Summary of Modification Request: The project has requested to submit one annual report of data rather quarterly reports. *Please refer to page 7 of the modification request document under Exhibit A.*

The Northwest Portland Area Indian Health Board (NPAIHB) was asked to provide clarification on this point. NPAIHB has contracted with Mekinak Consulting to provide an evaluation of the data submitted in their quarterly reports. In lieu of submitting this portion of the quarterly reports, the information specifically prepared by Mekinak Consulting will be submitted on an annual basis. *Please see page 7 of Exhibit B, the quarterly progress report submitted by NPAIHB for an example of the evaluation reporting submitted by Mekinak Consulting.*

The project will continue to submit quarterly progress reports to OHA as required under 333-010-0760 including a detailed data report (DDR) that is submitted in conjunction with the

quarterly report.

Oregon Administrative Rules relevant to modification request: OAR 333-010-0710, OAR 333-010-0760 and 333-010-0770 around project evaluation and quarterly reporting.

333-010-0710 Dental Pilot Projects: Definitions

"Project evaluation" means a systematic method for collecting, analyzing and using data to examine the effectiveness and efficiency of a pilot project by the project sponsor.

333-010-0760 Dental Pilot Projects: Minimum Standards

An approved dental pilot project must:

(8) Evaluate quality of care, access, cost, workforce, and efficacy in accordance with the evaluation and monitoring plan approved by the Authority and as described in OAR 333-010-0780, Pilot Project Evaluation and Monitoring by Sponsor.

(10) Submit detailed quarterly monitoring reports in a format prescribed by the Authority that include but are not limited to the following information for the previous quarter:

(a) Accomplishments or highlights.

(b) Challenges faced and continuous quality improvement activities.

(c) Updated project timeline.

(d) Data reports:

(A) A comprehensive breakdown of each of the data points the project is capturing in its approved evaluation and monitoring plan including anonymized client level data.

(B) Data generated by the clinical evaluator.

(C) Number and type of any adverse event or complication that occurred during the reporting period.

(D) Underserved population report: Information identifying the percentage of patients served by each of the pilot project's trainees or employment/utilization sites that are within the underserved population identified in the application.

(11) Follow written standard operating policies and procedures approved by the Authority as outlined in OAR 333-010-0750, Provisional Approval; Final Approval.

(12) Use templates and follow guidelines for the submission of documents and other reporting requirements as prescribed by the Authority.

(13) Provide care only at Authority approved employment/utilization sites.

(14) Demonstrate that each of the pilot project's trainees or employment/utilization sites provides care to the underserved populations identified in the application at a rate of at least 51 percent of the total individuals served by the trainee or employment/utilization site on a quarterly basis.

(15) Exemption:

(a) Pilot projects may seek an exemption for each employment/utilization site as defined in OAR 333-010-0710 from the requirement to submit quarterly underserved population reports by submitting documentation demonstrating the employment/utilization site falls within an exemption category listed below. The Authority shall respond to the exemption request in writing.

(b) The Authority may request additional documentation demonstrating the employment/utilization site currently qualifies for an exemption or the rate described in section (14).

- (c) A pilot project must immediately notify the Authority if an employment/utilization site no longer qualifies for exemption and begin submitting quarterly underserved population reports for that employment/utilization site.
- (d) Exemption-eligibility. Employment/utilization sites as defined in OAR 333-010-0710 that only provide services via the following are eligible for an exemption:
- (A) Community Mental Health Centers (CMHC);
 - (B) Federally-Qualified Health Centers (FQHCs) that are recipients of Public Health Service Act Section 330 grant funds;
 - (C) U.S. Health Resources & Services Administration (HRSA) Designated Health Centers;
 - (D) Indian Health Service Facilities;
 - (E) Tribally-Operated 638 Health Programs as defined by HRSA;
 - (F) Urban Indian Health Programs (ITUs) as defined by the Indian Health Service;
 - (G) State or local health departments;
 - (H) Substance Abuse and Mental Health Services Administration (SAMHSA) certified opioid treatment programs, office-based opioid treatment programs and non-opioid outpatient substance use disorders treatment facilities; and
 - (I) Other designation or criteria as determined by the Authority.

333-010-0780 Dental Pilot Projects: Pilot Project Evaluation and Monitoring by Sponsor

A Project Evaluation and Monitoring Plan required under OAR 333-010-0750, Provisional Approval; Final Approval, must include, but is not limited to:

- (1) A logic model to depict the project activities and intended effects;
- (2) A description of key evaluation questions to be addressed by the pilot project, including relevant process and outcome measures;
- (3) A description of how the project will measure progress towards the goals identified in the application. Progress measurements must include quantitative metrics;
- (4) A detailed description of the baseline data and information to be collected about the availability or provision of oral health care services, or both, prior to utilization phase;
- (5) A detailed description of baseline data and information to be collected about trainee performance, patient and community satisfaction, and cost effectiveness;
- (6) A detailed description of the methodology and data sources to be used in collecting and analyzing the data about trainee performance, acceptance by patients, quality of care and cost effectiveness;
- (7) Defined measures to evaluate safety and quality of care provided;
- (8) A detailed description of how the project sponsor shall comply with:
 - (a) All minimum standards in OAR 333-010-0760, including but not limited to adequate supervision of trainees; and
- 16
- (b) All terms and conditions of the approved application, including any amendments.
- (9) A process for ongoing quarterly monitoring in accordance with OAR 333-010-0760, Minimum Standards; and
- (10) A process for regular evaluation of project activities across the lifecycle of the project for continuous quality improvement purposes.

Upon review, please indicate whether you recommend OHA approve or deny the request for modification around quarterly reporting.

Yes, Recommend OHA Approve Modification Request around Quarterly Reporting.

The Northwest Portland Area Indian Health Board (NPIAHB) will submit one annual report each year prepared by Mekinak Consulting. The project will continue to submit quarterly progress reports to OHA as required under 333-010-0760 including a detailed data report (DDR) that is submitted in conjunction with the quarterly report.

No, Recommend OHA Denies Modification Request around Quarterly Reporting

The Northwest Portland Area Indian Health Board (NPIAHB) will be required to continue to submit quarterly reports prepared by Mekinak Consulting. The project will continue to submit quarterly progress reports to OHA as required under 333-010-0760 including a detailed data report (DDR) that is submitted in conjunction with the quarterly report.

If no, please specify your concerns related to the modification and your rationale for requesting that OHA deny the proposed changes.

Comments:

3. Preceptorship

Summary of modification request: Modification to 80-hour preceptorship. *Please refer to pages 26 and 27 of the modification request document under Exhibit A.*

In March 2018, OHA approved a modification around the original application which required DHAT trainees to obtain certification and recertification from the Community Health Aide Program Certification Board (CHAPCB). OHA stated “DHAT trainees, as part of the approved Dental Pilot Project #100, are not required to obtain certification by the CHAPCB. Project sponsors will require that the (DHAT) trainees are “certifiable” under the same standards of the CHAPCB.”

The Swinomish Indian Tribal Community DHAT Licensing Board has developed a comprehensive Tribal Licensure process known as the “Swinomish Indian Tribal Community Dental Health Provider Licensing and Standards Code.”¹ Trainees, operating under DPP#100, that have taken the additional steps of obtaining Tribal Licensure, are not required to repeat their 400-hour preceptorship. Trainees must furnish evidence of completion of the 400-hour preceptorship, as outlined the DPP#100 approved application, to the Dental Pilot Project Program.

¹ Available at National Indian Law Library, Swinomish Indian Tribal Community, Swinomish Tribal Code, Titles of the Swinomish Tribal Code, Title 15 Business Regulations, Chapter 11 Dental Health Provider Licensing https://narf.org/nill/codes/swinomishcode/15_11.pdf

This modification request will no longer require trainees who have completed a 400-hour preceptorship, to complete an additional 80-hour preceptorship under direct supervision in the event a new supervising dentist is assigned. Individuals will be required to, in the event a new supervising dentist is assigned, each procedure listed in the Practice Agreement must be successfully demonstrated at least once to the new supervising dentist under direct supervision as stated in the modification request. A minimum number of 80 hours of direct supervision will not be required.

Oregon Administrative Rules relevant to modification request: OAR 333-010-0710 , OAR 333-010-0760 and OAR 333-010-0770 around supervisor responsibilities, patient safety and other relevant rules that may be related to the preceptorship requirements.

333-010-0710 Dental Pilot Projects: Definitions

(22)"Supervisor" means an individual, licensed in the State of Oregon to practice dentistry, designated by the sponsor to oversee trainees at each approved employment/utilization site, with the skills necessary to teach trainees the scope of practice outlined in the approved project.

333-010-0760 Dental Pilot Projects: Minimum Standards

An approved dental pilot project must:

- (1) Provide for patient safety and that the applicable standard of care is met as follows:
 - (b) Prohibit a trainee from performing procedures the trainee is not capable of performing based on the trainee's level of education, training and experience, physical or mental disability, or which are outside of the trainee's approved scope of practice as outlined in the approved application by the Authority;
 - (c) Provide or arrange for emergency treatment for a patient currently receiving treatment and needs emergency care;
 - (d) Not use the behavior management technique of Hand Over Mouth (HOM) or Hand Over Mouth Airway Restriction (HOMAR) on any patient;
 - (e) Comply with ORS 419B.005 to 419B.010 related to the mandatory reporting of child abuse;
 - (f) Comply with ORS 453.605 to 453.755 or rules adopted pursuant thereto relating to the use of X-ray machines;
 - (g) Comply with ORS 679.520 or rules adopted pursuant thereto relating to the treatment of dental waste materials;
 - (h) Comply with ORS 679.535 or rules adopted pursuant thereto relating to the requirement to test heat sterilization devices; and
 - (i) Ensure that project participants involved in direct patient care:
 - (A) Have not been convicted of any crimes, within the last 10 years, that is a crime of violence or crime of dishonesty.
 - (B) Have not been denied or disciplined by a state entity that issues licenses or certificates.
 - (j) Ensure adequate supervision and evaluation of trainees, including but not limited to:
 - (A) Timely review of trainee procedures and addressing any deficiencies;
 - (B) Monitoring for adverse events and addressing any deficiencies; and
 - (C) Monitoring and evaluating trainees and addressing any deficiencies.
- (2) Ensure that participants in the project, including trainees, do not engage in unprofessional conduct as that is defined in ORS 676.150.

- (3) Ensure that an accurate patient record is prepared and maintained for each person receiving dental services, regardless of whether any fee is charged. The record shall contain the name of the trainee rendering the service and include, but is not limited to:
 - (a) Name and address and, if a minor, name of guardian;
 - (b) Date and description of examination and diagnosis;
 - (c) An entry that informed consent has been obtained in accordance with OAR 333-010-0770, Informed Consent;
 - (d) Date and description of treatment or services rendered;
 - (e) Date and description of all radiographs, study models, and periodontal charting;
 - (f) Health history; and
 - (g) Date, name of, quantity of, and strength of all drugs dispensed, administered, or prescribed.
- (4) Have a sufficient number and distribution of qualified clinical and non-clinical instructors to meet project objectives, as identified in the approved application.
- (5) Provide instruction to trainees following the training program outlined in the approved application by the Authority.
- (6) Assure that trainees achieve a minimal level of competence before they are permitted to enter the employment/utilization phase. The sponsor must provide notice to the Authority within 14 business days of a trainee entering the employment/utilization phase. The notice shall include, but is not limited to, the following:
 - (a) Name, work address, electronic mail address and telephone number of the trainee;
 - (b) Name, work address, electronic mail address, telephone number and license number of the supervisor;
 - (c) Information regarding the trainee's responsibilities and limitations under Oregon Laws 2011, chapter 716 and these rules; and
 - (d) A disclaimer that there is no assurance of a future change in law or regulations that will allow them to practice without a license outside an approved dental pilot project.
 - (e) Trainee monitoring records shall be provided to the Authority.
- (7) Comply with the requirements of the Dental Pilot Projects statute, Oregon Laws 2011, chapter 716; these rules; and the approved application including, but not limited to, the evaluation and monitoring plan.
- (8) Evaluate quality of care, access, cost, workforce, and efficacy in accordance with the evaluation and monitoring plan approved by the Authority and as described in OAR 333-010-0780, Pilot Project Evaluation and Monitoring by Sponsor.
- (9) Within 24 hours of any incident involving a patient in the care of a trainee which results in any medical occurrence that is life-threatening, requires hospitalization, results in disability or permanent damage, requires medical or surgical intervention or results in death, the sponsor must ensure that a detailed written report, along with the patient's complete dental records, is submitted to the Authority by the supervising dentist.

Upon review, please indicate whether you recommend OHA approve or deny the request for modification around the preceptorship

Yes, Recommend OHA Approve Modification Request around Preceptorship.

A trainee, who has completed their 400 hour preceptorship previously will **not** be required to complete an 80 hour preceptorship with a new supervising dentist. Each procedure in the trainee practice plan will be demonstrated at least once under direct supervision of the new supervising dentist. There will no longer be a minimum number of hours required.

No, Recommend OHA Denies Modification Request around Preceptorship.

A trainee, who has completed their 400 hour preceptorship previously will continue to be required to complete an 80 hour preceptorship with a new supervising dentist. Each procedure in the trainee practice plan will be demonstrated at least once under direct supervision of the new supervising dentist.

If no, please specify your concerns related to the modification and your rationale for requesting that OHA deny the proposed changes.

Comments:

4. Modification to the “Guide to Radiography and Intra Oral Images for Irreversible Procedures Performed by Dental Therapists” and documentation protocols.

Summary of modification request: The project has requested to discontinue intra-oral images for irreversible procedure performed by Dental Health Aide Therapist trainees. *Please refer to pages 28-30 of the modification request document under Exhibit A.*

Please see pages 34-41 of Exhibit C, the approved Evaluation & Monitoring Plan for DPP#100 for detailed information on the current requirements for radiography and intra-oral images.

The modification request would eliminate the requirement that intra-oral photographs must be taken when irreversible procedures are completed by the trainee. Currently a pre-op image, a prep-image and a post-op image are required.

A. Intra-Oral Camera: The project purchased intra-oral cameras for use in the approved dental pilot project. The specific model purchased and in use is the IRIS USB 2.0 Camera. Manufacturer’s information may be viewed on their website at <https://www.digi-doc.com/videos/>.

The project received in-office training when the cameras were originally purchased.

B. External Evaluator: The project is required to have an External Clinical Evaluator. This is defined under OAR 333-010-0710 as a "Clinical evaluator" that means a dentist, licensed in the State of Oregon or another state, who is responsible for conducting an independent clinical evaluation of an approved dental pilot project; who is unaffiliated with the project; and who has no financial or commercial interest in the project.

The External Evaluator utilizes the intra-oral images taken to make an assessment of whether the DHAT trainees completed procedures are deemed acceptable or unacceptable. As stated under the approved Evaluation and Monitoring Plan, "Protocols for radiography and intraoral photography per procedure are in Appendix C and will be used to ensure the evaluating dentist can adequately assess the quality of the DHAT's work."

Oregon Administrative Rules relevant to modification request: OAR 333-010-0760 and OAR 333-010-0760 around clinical evaluator, supervisor responsibilities, patient safety and other relevant rules that may be related to the modification request.

(5)"Clinical evaluator" means a dentist, licensed in the State of Oregon or another state, who is responsible for conducting an independent clinical evaluation of an approved dental pilot project; who is unaffiliated with the project; and who has no financial or commercial interest in the project.

333-010-0760 Dental Pilot Projects: Minimum Standards

An approved dental pilot project must:

- (1) Provide for patient safety and that the applicable standard of care is met as follows:
 - (b) Prohibit a trainee from performing procedures the trainee is not capable of performing based on the trainee's level of education, training and experience, physical or mental disability, or which are outside of the trainee's approved scope of practice as outlined in the approved application by the Authority;
 - (c) Provide or arrange for emergency treatment for a patient currently receiving treatment and needs emergency care;
 - (d) Not use the behavior management technique of Hand Over Mouth (HOM) or Hand Over Mouth Airway Restriction (HOMAR) on any patient;
 - (e) Comply with ORS 419B.005 to 419B.010 related to the mandatory reporting of child abuse;
 - (f) Comply with ORS 453.605 to 453.755 or rules adopted pursuant thereto relating to the use of X-ray machines;
 - (g) Comply with ORS 679.520 or rules adopted pursuant thereto relating to the treatment of dental waste materials;
 - (h) Comply with ORS 679.535 or rules adopted pursuant thereto relating to the requirement to test heat sterilization devices; and
 - (i) Ensure that project participants involved in direct patient care:
 - (A) Have not been convicted of any crimes, within the last 10 years, that is a crime of violence or crime of dishonesty.
 - (B) Have not been denied or disciplined by a state entity that issues licenses or certificates.
 - (j) Ensure adequate supervision and evaluation of trainees, including but not limited to:
 - (A) Timely review of trainee procedures and addressing any deficiencies;

- (B) Monitoring for adverse events and addressing any deficiencies; and
- (C) Monitoring and evaluating trainees and addressing any deficiencies.
- (2) Ensure that participants in the project, including trainees, do not engage in unprofessional conduct as that is defined in ORS 676.150.
- (3) Ensure that an accurate patient record is prepared and maintained for each person receiving dental services, regardless of whether any fee is charged. The record shall contain the name of the trainee rendering the service and include, but is not limited to:
 - (a) Name and address and, if a minor, name of guardian;
 - (b) Date and description of examination and diagnosis;
 - (c) An entry that informed consent has been obtained in accordance with OAR 333-010-0770, Informed Consent;
 - (d) Date and description of treatment or services rendered;
 - (e) Date and description of all radiographs, study models, and periodontal charting;
 - (f) Health history; and
 - (g) Date, name of, quantity of, and strength of all drugs dispensed, administered, or prescribed.
- (4) Have a sufficient number and distribution of qualified clinical and non-clinical instructors to meet project objectives, as identified in the approved application.
- (5) Provide instruction to trainees following the training program outlined in the approved application by the Authority.
- (6) Assure that trainees achieve a minimal level of competence before they are permitted to enter the employment/utilization phase. The sponsor must provide notice to the Authority within 14 business days of a trainee entering the employment/utilization phase. The notice shall include, but is not limited to, the following:
 - (a) Name, work address, electronic mail address and telephone number of the trainee;
 - (b) Name, work address, electronic mail address, telephone number and license number of the supervisor;
 - (c) Information regarding the trainee's responsibilities and limitations under Oregon Laws 2011, chapter 716 and these rules; and
 - (d) A disclaimer that there is no assurance of a future change in law or regulations that will allow them to practice without a license outside an approved dental pilot project.
 - (e) Trainee monitoring records shall be provided to the Authority.
- (7) Comply with the requirements of the Dental Pilot Projects statute, Oregon Laws 2011, chapter 716; these rules; and the approved application including, but not limited to, the evaluation and monitoring plan.
- (8) Evaluate quality of care, access, cost, workforce, and efficacy in accordance with the evaluation and monitoring plan approved by the Authority and as described in OAR 333-010-0780, Pilot Project Evaluation and Monitoring by Sponsor.
- (9) Within 24 hours of any incident involving a patient in the care of a trainee which results in any medical occurrence that is life-threatening, requires hospitalization, results in disability or permanent damage, requires medical or surgical intervention or results in death, the sponsor must ensure that a detailed written report, along with the patient's complete dental records, is submitted to the Authority by the supervising dentist.

Upon review, please indicate whether you recommend OHA approve or deny the request for modification around the intra-oral photography.

Yes, Recommend OHA Approve Modification Request around Intra-Oral Photography

The trainee will **not** be required to document irreversible procedures by completing pre-prep and post-operative intra-oral photos of each irreversible procedure performed.

No, Recommend OHA Denies Modification Request around Intra-Oral Photography.

The trainee will continue to be required to document irreversible procedures by completing pre-prep and post-operative intra-oral photos of each irreversible procedure performed.

If no, please specify your concerns related to the modification and your rationale for requesting that OHA deny the proposed changes.

Comments:

5. Modification to the evaluation instruments (i.e., patient surveys)

Summary of modification request: The project has requested to modify the use of several evaluation instruments currently in use by the project. Please see pages 2 through 7 of Exhibit A. Please review the redline portions that the project has requested to remove from the evaluation plan.

Oregon Administrative Rules relevant to modification request: OAR 333-010-0780 around evaluation.

333-010-0780 Dental Pilot Projects: Pilot Project Evaluation and Monitoring by Sponsor

A Project Evaluation and Monitoring Plan required under OAR 333-010-0750, Provisional Approval; Final Approval, must include, but is not limited to:

- (1) A logic model to depict the project activities and intended effects;
- (2) A description of key evaluation questions to be addressed by the pilot project, including relevant process and outcome measures;
- (3) A description of how the project will measure progress towards the goals identified in the application. Progress measurements must include quantitative metrics;
- (4) A detailed description of the baseline data and information to be collected about the availability or provision of oral health care services, or both, prior to utilization phase;
- (5) A detailed description of baseline data and information to be collected about trainee performance, patient and community satisfaction, and cost effectiveness;

- (6) A detailed description of the methodology and data sources to be used in collecting and analyzing the data about trainee performance, acceptance by patients, quality of care and cost effectiveness;
- (7) Defined measures to evaluate safety and quality of care provided;
- (8) A detailed description of how the project sponsor shall comply with:
 - (a) All minimum standards in OAR 333-010-0760, including but not limited to adequate supervision of trainees; and
 - 16
 - (b) All terms and conditions of the approved application, including any amendments.
- (9) A process for ongoing quarterly monitoring in accordance with OAR 333-010-0760, Minimum Standards; and
- (10) A process for regular evaluation of project activities across the lifecycle of the project for continuous quality improvement purposes.

The Oregon Health Authority adheres to the standards set forth under the Centers for Disease Control “Framework for Program Evaluation”² as a model when applying evaluation principles and conducting an effective evaluation of programs.

Upon review, please indicate whether you recommend OHA approve or deny the request for modification around the removal of components of the evaluation instruments currently in use by the project.

Yes, Recommend OHA Approve Modification Request around removing evaluation questions as proposed in the modification request. The project will no longer collect this information as part of their evaluation and monitoring plan.

No, Recommend OHA Denies Modification Request around removing evaluation questions as proposed in the modification request. The project will continue to use this question as part of their evaluation and monitoring plan.

More Information is requested by the committee member.

If you indicate no or request more information, please specify your concerns related to the modification and your rationale for requesting that OHA deny the proposed changes or what further information you require.

Comments:

² Centers for Disease Control and Prevention, Program Performance and Evaluation Office (PPEO). CDC Approach to Evaluation, A Framework for Program Evaluation. Available at <https://www.cdc.gov/eval/framework/index.htm>

6. Parity with all approved Dental Pilot Projects

NPAIHB Statement of Concern: Dental Pilot Project #100 stated in the request for modification that “The minimum standards should be consistent across all pilot projects overseen by OHA. To date, Pilot Project #100 by far gathers the most amount of data and is monitored with greater scrutiny. Our proposed monitoring plan continues to ensure high quality and safety care.” Please see page 34 of Exhibit A for a full statement of concerns.

OHA Response: Please find attached a crosswalk which outlines and compares DPP#100 and DPP#300 evaluation and monitoring activities.

While both pilot projects are pilot testing a workforce model a midlevel dental provider dental therapist there are several important distinctions where the projects do differ.

- A. DPP#100 is required to evaluate and monitor during the employment/utilization phase. DPP#100 is an implementation project and there is no evaluation or monitoring of the education phase. In contrast, DPP#300 is require to evaluate and monitor activities during both the education/training phase as well as the employment/utilization phase.
- B. DPP#100 is testing developing a new category of dental personnel and teaching new oral health care roles to previously untrained person. In contract, DPP#300 is teaching new skills to existing categories of dental personnel.

There is no specific modification request related to this section. If you have questions or comments related to this specific section, please submit them in the text box below.

Comments:

Institutional Review Board: The original Evaluation & Monitoring Plan was approved by the Portland Area Indian Health Service (IHS) Institutional Review Board (IRB). OHA requests clarification if the proposed changes in the modification request have been reviewed and approved by the Portland Area IHS IRB.

Comment Submission:

Please save this document and submit to the Dental Pilot Project Program via email attention to Sarah Kowalski at sarah.e.kowalski@state.or.us

- Comments are due back to the Authority by **June 2, 2021**.
- Comments will be reviewed by the Authority. **A final determination on the modification request will be rendered no later than June 30th, 2021.**



February 22, 2021

Laura Platero, J.D.
Executive Director
Northwest Portland Area Indian Health Board
2121 SW Broadway, Suite 300
Portland, Oregon 97232

Dear Ms. Platero,

On February 2, 2021, the Oregon Health Authority's (OHA) Dental Pilot Project Program received a modification request on behalf of the Northwest Portland Area Indian Health Board (NPAIHB) and Dental Pilot Project (DPP) #100, "Oregon Tribes Dental Health Aide Therapist Pilot Project".

OHA is required to adhere to the Oregon Administrative Rules (OARs) that govern the Dental Pilot Project Program around modifications to approved dental pilot projects.

OAR 333-010-0800

Dental Pilot Projects: Project Modifications

(1) Any modifications to an approved project shall be submitted in writing to program staff, except as specified in section (4) of this rule. All modifications require Authority approval. Modifications include, but are not limited to the following:

(a) Changes in selection criteria for trainees, supervisors, or employment/utilization sites;

(b) Addition of employment/utilization sites; and

(c) Changes in the scope of practice for trainees.

(2) Upon receipt of a request for a modification approval, the Authority will inform the project sponsor in writing on the timeline for review of the request and decision response deadline.

(3) If the Authority has convened an advisory committee for an approved project, the Authority may confer with the advisory committee regarding the proposed modification.

(4) Changes in project staff or instructors are not considered a modification and do not require prior approval by program staff, but shall be reported to the program staff within two weeks after the change occurs along with the curriculum vitae for the new project staff and instructors.

(5) The Authority may approve or deny a request for modification. A modification may be denied if:

(a) It does not demonstrate that the project can meet the minimum standards or other provisions in these rules;

(b) The modification would result in a substantial change to underlying purpose and scope of the pilot project as originally approved;

(c) As a result of the modification, the project would no longer demonstrate that each of

the project's trainees or employment/utilization sites shall provide services to the underserved populations identified in the application at a rate of at least 51 percent of the individuals served by the trainee or employment/utilization site on a quarterly basis;
or

(d) The Authority has previously approved a similar project.

(6) Projects are not permitted to implement the proposed modification until approval has been rendered by the Authority.

OHA is experiencing an unprecedented strain on resources as the impact and management of the COVID-19 pandemic has required staff to take on additional roles or temporarily be reassigned to other duties. The timeline below has been developed taking into consideration the capacity issues within OHA, the size and scope of the modification request, and the number of parties that will be required to review the proposed changes.

1. OHA will review the modification request to determine compliance with Oregon Senate Bill 738 (2011) and Oregon Administrative Rules that govern the Dental Pilot Project Program.
2. The Advisory Committee will be meeting on June 14, 2021 for a regularly scheduled meeting. The modification request will be discussed and reviewed at that meeting. The Committee will be provided materials in advance and asked to be prepared to provide feedback at the meeting.
3. A final decision will be made by June 30, 2021.

The modification request appears to be divided into five main sections:

1. Modification to the evaluation instruments (i.e., patient surveys)
2. Modification to quarterly reporting requirements
3. Modification to informed consent requirements
4. Modification to the project's preceptorship requirements
5. Modification to the "Guide to Radiography and Intra Oral Images for Irreversible Procedures Performed by Dental Therapists" and documentation protocols

Two of the requests made within the overall modification request were related to the COVID-19 pandemic. Due to the timeliness of these requests, OHA has reviewed those specific requests.

Evaluation Instruments (as related to the above item #1): Upon review of the currently approved Evaluation & Monitoring Plan, the evaluation instruments that are currently utilized include the following:

Table 1. DPP #100 Currently Approved Evaluation & Monitoring Plan Instruments

Evaluation Instrument		Frequency
New Patient Survey	Paper Format, In-Office	Daily, New Patients
New Patients Oral Health Survey (Adult or Child)	Paper Format, In-Office	Daily, New Patients

Oral Health Survey (Adult or Child) Existing Patients	Paper Format, In-Office	Existing Patients, Quarterly, Over 1–2-week time periods
Patient Satisfaction Survey (Adult or Child)	Paper Format, In-Office	Existing Patients, Quarterly, Over 1–2-week time periods
Satisfaction Interview Guide for focus groups with tribal members	Unknown	Every 6 months
Interview Guide for DHATs	Unknown	Every 6 months
Interview Guide for the supervising dentist	Unknown	Every 6 months
Interview Guide for the dental staff (hygienist, dental assistants, receptionist)	Unknown	Every 6 months
Interview Guide for the dental staff (hygienist, dental assistants, receptionist)	Unknown	Every 6 months
Interview Guide for Visiting Dentists	Unknown	As needed
Patient Satisfaction Survey (Adult or Child) with Outside Providers	Paper Format, Mailed	Annually
Interview Guide for the Tribal health directors	Unknown	Annually
Interview Guide for Tribal leaders	Unknown	Annually

Requested Modifications: Prior language is ~~strikethrough~~, Amended language in *italics*.

Table 2. Modifications Requested by Applicant

Evaluation Instrument		Frequency
New Patient Survey	Paper Format, In-Office	Daily, New Patients
New Patients Oral Health Survey (Adult or Child)	Paper Format, In-Office	Daily, New Patients
Oral Health Survey (Adult or Child) Existing Patients	Paper Format, In-Office	Existing Patients, Quarterly, Over 1–2-week time periods
Patient Satisfaction Survey (Adult or Child)	Paper Format, In-Office	Existing Patients, Quarterly, Over 1–2-week time periods

Satisfaction Interview Guide for focus groups with tribal members	Unknown	Every 6 months Every 12 months
Interview Guide for DHATs	Unknown	Every 6 months Every 12 months
Interview Guide for the supervising dentist	Unknown	Every 6 months Every 12 months
Interview Guide for the dental staff (hygienist, dental assistants, receptionist)	Unknown	Every 6 months Every 12 months
Interview Guide for the dental staff (hygienist, dental assistants, receptionist)	Unknown	Every 6 months Every 12 months
Interview Guide for Visiting Dentists	Unknown	As needed
Patient Satisfaction Survey (Adult or Child) with Outside Providers	Paper Format, Mailed	Annually
Interview Guide for the Tribal health directors	Unknown	Annually
Interview Guide for Tribal leaders	Unknown	Annually

Conclusion: The project is required to continue to utilize all Evaluation Instruments that were approved under the Evaluation & Monitoring plan and adhere to previously approved frequencies.

A final determination on the modification of the Evaluation Instruments will be made by June 30, 2021.

Informed Consent (as related to the above item #3): OHA reviewed this modification request.

Conclusion: OHA has revised the requirements around Informed Consent documentation process for Dental Pilot Projects previously established.

1. The project is not required to utilize paper forms to collect patient signatures for any Informed Consent documents. Electronic signatures are acceptable for all forms of Informed Consent documentation including obtaining written informed consent for treatment provided by the trainee.
2. OHA requires a patient's signature at each appointment for treatment by the Dental Health Aide Therapist trainee in compliance with OAR 333-010-0770.

A final determination on the modification of the Informed Consent requirements will be made by June 30, 2021.

Institutional Review Board: The original Evaluation & Monitoring Plan was approved by the Portland Area Indian Health Service (IHS) Institutional Review Board (IRB). OHA requests clarification if the proposed changes in the modification request have been reviewed and approved by the Portland Area IHS IRB.

Sincerely,

Cate Wilcox, MPH
Maternal and Child Health Manager
Title V Director
Oregon Health Authority, Public Health Division
Maternal & Child Health
Cate.S.Wilcox@dhsoha.state.or.us

John Putz, Ph.D., M.A.
Assessment, Evaluation, & Informatics Manager
Oregon Health Authority, Public Health Division
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NORTHWEST PORTLAND AREA
INDIAN HEALTH BOARD
Indian Leadership for Indian Health

February 1, 2021

Sarah Kowalski, RDH, MS
Dental Pilot Project Program
Oregon Health Authority
800 NE Oregon St.
Portland, OR, 97232

Re: Modification to Oregon Pilot Project #100

Dear Ms. Kowalski,

Pilot Project #100 is nearing the end of the original five-year timeline which was approved by the Oregon Health Authority in February 2016. Our project was recently approved for a modification to extend Pilot Project #100 for an additional year in order to allow for continued evaluation of the project past May 2021. NPAIHB thanks you for approving our recent request. We now request another modification based on the approval extending our pilot.

For the entirety of this Pilot Project #100 our staff and participating pilot sites have complied with all evaluation and monitoring requirements in a timely manner. Our pilot has been able to demonstrate safety and quality of care provided by our trainees, as well as make progress towards outcomes that show cost effectiveness and increase in dental care access. During its first five years, our pilot has undergone a high level of scrutiny, including: detailed preceptorship evaluations, weekly chart reviews by the supervising dentists of irreversible procedures, quarterly chart reviews by an external evaluator, quarterly reports noting any adverse events, OHA site visit interviews and visits to education program and utilization sites, and chart reviews by the OHA advisory committee. This level of scrutiny would surely have turned up any systemic and clear safety and quality of care issues had there been any. It has not. In fact, the degree of oversight has actually interfered with the ability of our project to maximize outcomes relating to patient care, clinic efficiency and cost effectiveness.

Furthermore, at the outset of our pilot project, we created a robust programmatic evaluation plan that sought to collect data in various ways to support the hypotheses that dental therapists meet the goals of SB 738. Over the course of the project we now understand that we were ambitious in our assumptions of how quickly our therapists would move through their preceptorships and be able to maximize all of the benefits of this profession given the built-in restrictions of the pilot program. We also now know that some of the data we are collecting is not the right data to prove positive or negative measurable outcomes.

Finally, since we were the first pilot project approved, we had no other projects to look to for alignment of breadth and depth of evaluation. Now that we have another pilot project that is very similar to Project

#100, we see that a far less comprehensive programmatic evaluation plan has met the requirements of OHA. Given the understandings we have gained (outlined above) through our robust data collection efforts, and the costs of continuing this project past five years, we are confident we can narrow the scope of the evaluation plan and still ensure safety while we show measurable outcomes. We anticipate continued funding to extend the evaluators' contract to meet the evaluation requirements of the pilot project, but not at the levels that sustained the plan for the first 5 years.

Therefore, Pilot Project #100 requests a modification to our Evaluation and Monitoring plan, including alterations to the frequency and types of data we are collecting, analyzing and reporting to OHA. There is no request for a modification regarding scope of practice, levels of supervision, or quarterly data collection required by OHA in the Detailed Data Report format and narrative report.

Since the dental pilot projects are designed to collect information that is both useful to all involved in the process—the clinics themselves, OHA, and lawmakers—as well as meet the statutory and regulatory requirements, our modification request is presented in a way to show it meets both those objectives through outlining the change requested and a detailed justification for the request.

Below is the requested modification for Pilot Project #100 Evaluation and Monitoring plan:

Evaluation Plan – Tribal Dental Health Aide Therapist Pilot: Evaluation Implementation Plan Page #8-9

Data Collection Plan

Evaluation Question	Source of Data/Timing	Notes
1. <i>What evidence is there that the Tribal Dental Health Aide Therapist Project (TDHATP) has expanded access to dental services and education to targeted tribal communities?</i>		
a. How do the new DHATs influence the average # of patients seen during a month and how do these averages change with therapist experience?	Dentrix records of number of patients seen monthly. Baseline months Data collected monthly, averages done for 3-month intervals after therapists placed.	#s of patients seen by provider, to get average monthly and aggregated to clinic level.
b. How does access change in terms of wait time for appointments, and distance traveled to clinic?	Dentrix—time of appointment request and appointment by patient. Collected for baseline months, and data collected monthly, averages done for 3-month intervals after therapist placed. Distance will be calculated based on address of patient.	Address data will not be connected to demographic data. GIS map of patient locations will negate need for address information to evaluators.

Evaluation Question	Source of Data/Timing	Notes
c. How does educational outreach increase and improve with the addition of DHATs?	Number of oral health presentations; number of and demographic information on persons involved in oral health educational presentations. Data will be collected monthly for each provider doing outreach.	Baseline information is not available for number of outreach visits.

Justification: The distance traveled has not shown significant increased access to care. Additionally, we have found this data point is not relevant for the NARA patient population. CTCLUSI has shown occasional outliers which is interesting but not statistically significant.

Evaluation Plan – Tribal Dental Health Aide Therapist Pilot: Evaluation Implementation Plan Page #10-12

Evaluation Question	Source of Data/Timing	Notes
<i>2. How has the TDHATP improved clinic productivity, ensured patient safety and quality dental care, and influenced patient satisfaction with services?</i>		
a. What are the numbers of procedures completed by provider over 3-month intervals including baseline and after therapists have joined the dental team?	Dentrix records of dental procedures performed by provider. Baseline data collected in 2016. Reports of types of dental procedures collected monthly.	Analysis will look at 3-month intervals to assess changes as therapists are more experienced.
b. How does the addition of therapists influence the type of care provided by the dentist—does it increase number of more complicated procedures?	Dentrix records collected for question 2a. Baseline in 2016; procedures done after therapist placements collected monthly.	Analysis will explore the changes in types of procedures done by dentist.
c. How does completion of treatment plans change with the addition of a therapist as measured by the number of visits required in the treatment plan and duration of time to completion?	Dentrix records of plans completed. Number of visits to complete the treatment plan. Date of beginning of treatment and date of plan completion. Complete plans collected monthly.	Analysis will explore how having a working therapist contributed to number of completed plans taking into consideration complexity of plan and broken and cancelled appointments.
d. How many new patients seek care at the clinic after addition of therapist, and what types of dental needs do they have?	New Patient Survey and Patient and/or child Oral Health Survey. Dentrix record of number of visits to complete the treatment plan for new patients.	Analysis will explore how having a working therapist contributed to number of completed plans taking into consideration complexity of plan and broken and cancelled

Evaluation Question	Source of Data/Timing	Notes
	Dentrix record of date of beginning of treatment and date of plan completion.	appointments. Incentives will be offered to complete survey.
<p>e. How do the clinic dentists assess the quality of the DHATs' work, including ensuring patient safety during the DHATs' preceptorship, and how does an independent dentist assess the quality of the DHATs' work through a review of random samples of the DHATs' work?</p>	<p>Records of successful completion of the preceptorship observing each procedure to be performed by the DHAT under direct supervision of the supervising dentist. Protocols for tracking success in Appendix B A random sample of the DHAT's work will be reviewed quarterly by an outside evaluating dentist as described in Appendix B. Structured interviews with the supervising dentist. Interviews will be conducted during the preceptorship and then with the supervising dentist in 3-month intervals.</p> <p>Adverse event forms required by OHA will be submitted if necessary, and tracked as part of this evaluation.</p>	<p>Interviews will be conducted during the preceptorship and then with the supervising dentist in 3-month intervals.</p> <p>Interview guide will include rating items to assess changes in practice.</p>
<p>f. What do oral health surveys of a random sample of adults and children indicate before and after the introduction of the therapists?</p>	<p>Survey instrument adapted from the Oral Health Related Quality of Life 14 and Early Child Oral Health Impact Scale and Parent Perceptions Questionnaire and a Patient Satisfaction Survey will be administered to patients attending the clinic during randomly selected time periods.</p>	<p>At end of the appointment, a \$5.00 gift certificate to Fred Meyer will be given to patient as an incentive to complete the survey.</p>
<p>g. How satisfied are a random sample of clients with the care they receive from the therapists?</p>	<p>Satisfaction questions included in survey in 2f.</p>	<p>Incentives described in 2f for survey participation.</p>
<p>h. How does a purposeful sample of clinic patients</p>	<p>Focus groups will be conducted with selected sample of survey group every 6 months. Sample will</p>	<p>25 clinic users will be recruited to participate in two different focus groups. \$10.00 gift</p>

Evaluation Question	Source of Data/Timing	Notes
describe their experiences with the therapists?	be representative of tribal status, age, and gender. Focus groups will start after placement of therapist.	certificate and \$5.00 gas card for transportation to site of focus group.
i. How does a random sample of tribal members receiving care from outside providers perceive their care compared to those using tribal dental facilities?	Satisfaction survey administered annually to a sample of tribal members who see outside providers for dental care. Sample size determined by # of patients seeing outside providers and a 95% confidence level.	This survey not included in baseline as purpose is to compare satisfaction with tribal and outside providers after DHAT placement. Gift certificates offered to encourage participation in the mail survey.
j. How does a random sample of clients view their comfort level with a provider who shares their same cultural and community background?	Items related to comfort level included in survey in 2f. Questions related to comfort with member of their own community are included in focus group discussions.	Incentives described in 2f for survey participation and for being part of a focus group described in 2h.
k. How satisfied are clinic staff, therapists, tribal health administrators, and tribal council members with the progress/outcomes of the project?	Annual interviews with clinic staff, tribal health administrators, and tribal council members.	Interview guides will include some rating items.
l. How does increased capacity in the dental clinic influence the percentage of tribal members served compared to their numbers in the 6 county area?	Number of adults and children served at dental clinic compared to the overall number in the tribal population in the service area. The percentage will be computed for the entire 6 county area and for each county in the service area.	The percentage of the population in the CTCLUSI dental service area will be computed for baseline data and every 6 months during the pilot.

Justification:

Evaluation question 2.C: The data for this question has consistently shown a large variation with a large standard deviation.

Evaluation questions 2.F, 2.G, 2.H: Our project has captured significant data for these questions and we therefore are requesting to no longer capture this information. Our data has proven high patient satisfaction with a roughly 95% satisfaction rating. If we were to continue to capture this data there would only be minor improvement to potentially 97% satisfaction rating which isn't very significant. Additionally, eliminating these survey instruments would reduce the risk for the clinic staff while complying with the new COVID-19 protocols when handling paper forms.

Evaluation question 2.I: The data has shown that most of the referrals are to specialists and we have been unable to capture patient's comfortability ratings for services provided by specialists.

Evaluation question 2.J: We have found it difficult to capture this data due to concerns surrounding patient confidentiality.

Evaluation question 2.L: We have found that the data for these question does not provide significant information. We did not see a big increase in population served.

Evaluation Plan – Tribal Dental Health Aide Therapist Pilot: Evaluation Implementation Plan, Page #12

Evaluation Question	Source of Data/Timing	Notes
3. <i>How has the TDHATP impacted the productivity of the oral health team and the costs of dental care in the tribal communities?</i>		
a. What are the personnel costs for all providers and assistants providing care in relative value units prior to and over the course of the pilot project?	Tribal financial records regarding salaries of providers. Baseline data collected in 2016, and comparison data collected annually.	Formula for relative value units will be used for baseline and annual analysis.
b. What, if any, staff turnover occurred during the pilot project phase, and how did this change influence costs and performance?	Annual interviews with clinic administrators and tribal health administrators.	Interview guides for 2k will include questions about staff turnover.
c. What effect has the project had on the number of referrals of community members to outside dentists for care?	Tribal health billing records. Information collected in baseline period and at 6-month intervals after therapists placed.	Information collected for both tribes.
d. How has the addition of the therapists influenced the overall oral health budgets and billings for each of the tribal communities?	Interviews with tribal health administrators and review of annual budgets.	Interview guides for 2k will include questions about overall budgets and costs of care.
a. Compare annual procedural reports of the cost of patient care delivered by a Dental Therapist compared to the cost of patient care		

delivered by a dentist for the same procedures.		
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Justification: Before we fully understood what an RVU value was, our project assumed we could use it as a cost measure for the evaluation. However, we learned that though it measured “relative value” it was not a calculation of the cost of a procedure. RVU values can be a much larger percentage of a provider’s work than number of procedures. It is not an adequate financial measurement to quantify the procedures within the DHAT scope of practice. We wish to instead use the same evaluation question as described in Pilot Project #300 and compare annual procedural reports of the cost of patient care delivered by a Dental Therapist compared to the cost of patient care delivered by a dentist for the same procedures.

Evaluation Plan – Tribal Dental Health Aide Therapist Pilot: Analysis and Reporting, Page #13 to 14 (last paragraph)

~~In addition to the quarterly monitoring reports, A year-end report will be prepared during the evaluation period. The year-end report will summarize and annualize the quarterly report quantitative and qualitative evaluation.~~

Justification: We are requesting to submit one annual report of this data rather quarterly reports as our project has only one year remaining and has submitted quarterly reports for the last five years of the project.

Appendix A to the Tribal Dental Health Aide Therapist Project Evaluation Plan: Evaluation Instruments, Page #15 to 32

Evaluation Instruments:

- ~~1. Patient Satisfaction Survey (modified version will be given to patients during the baseline period before a DHAT is placed). Included in this survey is the Oral Health-Related Quality of Life 14 used in the Alaska DHAT evaluation.

This survey will be given to patients who come on the randomly chosen days; patients will be given a \$5.00 Fred Meyer gift certificate after they complete the survey~~
- ~~2. Parent Satisfaction Survey (for parents of children ages 6 to 17 years old) and the Parent Perception of Child’s Questionnaire.

This survey will be given to parents of children who come on the randomly chosen days; parents will be given a \$5.00 Fred Meyer gift certificate after they complete the survey.~~
3. New Patient Survey (which also will include the Patient or Child Oral Health-Related Quality of Life surveys).

This survey will have the oral health survey attached and is given to all new patients; patients will be given a \$5.00 Fred Meyer gift certificate after they complete the survey.

~~4. Satisfaction Interview Guide for focus groups with tribal members.~~

~~*This is a guide for the questions for the focus group discussions. Twenty-five patients will be selected to participate in the focus groups.*~~

5. Supervising Dentist Interview Guide.

This interview will be conducted every ~~6~~ 12 months.

6. Visiting Dentist Interview Guide (for dentists who oversee procedures during the preceptorship).

These questions will be used for a visiting dentist not related to the clinic.

7. Interview Guide for DHATs.

This interview will be conducted every ~~6~~ 12 months.

8. Interview Guide for the dental staff (hygienist, dental assistants, receptionist).

This interview will be conducted every ~~6~~ 12 months.

9. Interview Guide for the Tribal health directors.

This interview will be conducted once a year.

10. Interview Guide for Tribal leaders

This interview will be conducted once a year.

11. Recommended Preceptorship Checklist

Justification: Evaluation instruments will be described in detail below. We are requesting to modify the number of times interviews are conducted with the supervising dentists, DHATs, and dental staff from biannual to annual. This next year, post COVID-19 global pandemic, is unknown and we are requesting to shift to an annual interview to respectfully allow the clinic to readapt to clinical care.

Chart # _____

Date

~~Patient Satisfaction and Oral Health Survey~~

~~The following survey will be given to CTCLUSI clinic patients on days chosen randomly to ensure that there are enough surveys to meet the sample size for an active number of patients. These same patients will also take the Oral Health Survey.~~

~~Over the next few years the State of Oregon, the Confederate Tribes of Coos, Lower Umpqua, and Siuslaw Indians, and the Coquille Indian Tribe will be studying the use of Dental Health Aide Therapists to do routine dental procedures. Over the next 3 years, we would like to evaluate our patients' satisfaction with the clinic's dental service. Please take a few minutes to complete this survey. Please complete the survey, even if you have completed another one on a previous visit to the clinic. Once you have completed the survey, return it to Mary Ann to receive a \$5.00 Fred Meyer gift card.~~

~~If you have any questions, please contact (insert names/contact of the coordinators for the pilot at each of the tribes).~~

~~During this visit to the dental clinic, please check the dental providers who cared for you. (Check all that apply.)~~

~~Clinic dentist~~

~~Dental assistant~~

~~Dental hygienist~~

~~Dental health aide therapist (This choice will be added after DHATs are in place)~~

~~(Don't remember who provided dental services)~~

~~Which of the following choices best describes the amount of time you had to wait from the time you requested your last appointment and when you were able to get into the clinic.~~

~~Less than 2 weeks~~

~~2 to 4 weeks~~

~~1 month~~

~~2 months~~

- 3 to 4 months
- Over 4 months

How far did you travel from your home to come to the clinic today?

- 1 to 5 miles
- 6 to 10 miles
- 10 to 15 miles
- 16 to 20 miles
- 20 to 25 miles
- 26 to 30 miles
- Over 30 miles
- I did not drive from my home to the clinic today

For the baseline survey and the follow-up surveys, please circle the number of your rating:

During this visit, please rate whether the clinic provider:	Never	Some-times	Usually	Always	Not Applicable
Explained things in a way that was easy to understand?	1	2	3	4	9
Listened carefully to you?	1	2	3	4	9
Treated you with respect?	1	2	3	4	9
Spent enough time with you?	1	2	3	4	9

During this visit, please rate the quality of the dental staff in doing the following:	Poor	Only Fair	Good	Very Good	Not Applicable
Preparing you for the dental procedure, such as numbing the area:	1	2	3	4	9
Doing the dental procedure (filling, cleaning, etc.):	1	2	3	4	9
Treating you gently while doing the procedure:	1	2	3	4	9

Overall how would rate the quality of the service provided during this visit?	1	2	3	4	5	6	7	8
---	---	---	---	---	---	---	---	---

Please check the number, on a scale from 1 (low) to 8 (high), that best represents your views about the following:	Not at All							Very Much
The importance of having a dental provider who is Native American.	1	2	3	4	5	6	7	8
The importance of having a dental provider who is from your community.	1	2	3	4	5	6	7	8
Your comfort level with a dental provider who is from your community.	1	2	3	4	5	6	7	8
Your level of confidence receiving care from a dental provider who is from your community.	1	2	3	4	5	6	7	8
The importance of having a dental clinic that reflects the culture of your tribe in the office environment.	1	2	3	4	5	6	7	8

Have you ever gone to a dentist who did not work within the American Indian or Alaskan Native health care system?

Yes No Don't know

If yes, how would you rate the care you are getting at the tribal dental clinic compared to the care received from an outside dentist? Would you rate quality of the care the tribal clinic as:

Not as good as the outside clinic
 The same as the outside clinic
 Better than the outside clinic

Briefly explain why you choose to rate it as not as good, the same, or better.

Please take a few minutes to complete the attached survey regarding your assessment of your oral health.

Chart # _____ Date ____

Please think about the past 12 months. Because of problems with your teeth, dentures or mouth, how often in the past 12 months have you had any of the following. Please circle the number that best describes your experience.

Have you:	Never	Once or Twice	Some-time	Often	Every day or almost Every day	Don't know
1. had trouble pronouncing words	1	2	3	4	5	6
2. felt your sense of taste has worsened	1	2	3	4	5	6
3. had painful aching in the mouth	1	2	3	4	5	6
4. found it uncomfortable to eat any foods	1	2	3	4	5	6
5. have been self-conscious	1	2	3	4	5	6
6. felt tense	1	2	3	4	5	6
7. had an unsatisfactory diet	1	2	3	4	5	6
8. had to interrupt meals	1	2	3	4	5	6
9. found it difficult to relax	1	2	3	4	5	6
10. have been a bit embarrassed	1	2	3	4	5	6
11. have been irritable with other people	1	2	3	4	5	6
12. had difficulty doing usual jobs	1	2	3	4	5	6
13. felt life in general was less satisfying	1	2	3	4	5	6
14. have been totally unable to function	1	2	3	4	5	6

Justification: The patient satisfaction survey is in reference to evaluation question 2. G. The global pandemic COVID-19 greatly hindered obtaining substantial numbers of participants for much of 2020. The length of the pandemic and impact on the clinics are still unknown and because we have demonstrated high satisfaction (roughly, 95% satisfaction rate) we would like to no longer capture this data. Lastly, the question on the patient satisfaction survey, on distance traveled to the clinic is in reference to evaluation question 1.B and our project has found this data point is not an adequate measuring tool to demonstrate increased access

to care. By removing this survey, we would minimize the amount of paper surveys circulating between patients and clinic staff. This would assist the pilot sites in maintaining their COVID-19 related protocols for sanitation and reduce risk of COVID-19 transmission.

The oral health survey is in reference for evaluation question 2. F and our project have captured adequate data on these described evaluation questions. Therefore, we would remove this question on the survey instrument from the evaluation and monitoring plan. Our data consistently scores high satisfaction with an average of 95% satisfaction rating.

Chart # _____ Date: _____

~~Parent Satisfaction and Child Oral Health Survey (for children ages 6 to 17 years old)~~

~~The following survey will be given to CTCLUSI clinic patients on days chosen randomly to ensure that there are enough surveys to meet the sample size for an active number of patients. These same patients will also take the Oral Health Survey.~~

~~Over the next few years the State of Oregon, the Confederate Tribes of Coos, Lower Umpqua, and Siuslaw Indians, and the Coquille Indian Tribe will be studying the use of Dental Health Aide Therapists to do routine dental procedures. Over the next 3 years, we would like to evaluate our patients' satisfaction with the clinic's dental service. Please take a few minutes to complete this survey based on your views of your child's care at the clinic. Please complete the survey, even if you have completed another one on a previous visit to the clinic. Once you have completed the survey, return it to Mary Ann to receive a \$5.00 Fred Meyer gift card.~~

~~If you have any questions, please contact (insert names/contact of the coordinators for the pilot at each of the tribes).~~

~~During this visit to the dental clinic, please check the dental providers who cared for your child. (Check all that apply)~~

- ~~Clinic dentist~~
- ~~Dental assistant~~
- ~~Dental hygienist~~
- ~~Dental health aide therapist (This choice will be added after DHATs in place)~~
- ~~(Not sure who provided the dental services)~~

~~Which of the following choices best describes the amount of time you had to wait from the time you requested your last appointment for your child and when you were able to get into the clinic:~~

- ~~Less than 2 weeks~~
- ~~2 to 4 weeks~~
- ~~1 month~~
- ~~2 months~~
- ~~3 to 4 months~~
- ~~Over 4 months~~

~~How far did you travel from your home to come to the clinic today?~~

- ~~1 to 5 miles~~
- ~~6 to 10 miles~~
- ~~10 to 15 miles~~

- 16 to 20 miles
- 20 to 25 miles
- 26 to 30 miles
- Over 30 miles
- I did not drive from my home to the clinic today

Please read the following questions to your child and ask them to rate their dental provider. Circle the number of your rating:

During this visit, please rate whether the dental provider:	Never	Sometimes	Usually	Always	Not Applicable
Explained things in a way that was easy to understand?	1	2	3	4	9
Listened carefully to you?	1	2	3	4	9
Treated you with respect?	1	2	3	4	9
Spent enough time with you?	1	2	3	4	9

Please read the following questions to your child and ask them to rate the dental staff:

During this visit, please rate the quality of the dental staff in doing the following:	Poor	Only Fair	Good	Very Good	Not Applicable
Preparing you for the dental procedure, such as numbing the area.	1	2	3	4	9
Doing the dental procedure (filling, cleaning, etc.).	1	2	3	4	9
Treating you gently while doing the procedure.	1	2	3	4	9
Overall how would rate the quality of the service provided during this visit?	1	2	3	4	9

For the following questions, please use your own ratings:

Check the number, on a scale from 1 (low) to 8 (high), that best represents your views about the following:	Not at All									Very Much
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The importance of having a dental provider who is Native American:	1	2	3	4	5	6	7	8
The importance of having a dental provider who is from your community:	1	2	3	4	5	6	7	8
Your comfort level with a dental provider who is from your community:	1	2	3	4	5	6	7	8
Your level of confidence receiving care from a dental provider who is from your community:	1	2	3	4	5	6	7	8
The importance of having a dental clinic that reflects the culture of your tribe in the office environment:	1	2	3	4	5	6	7	8

Have you ever gone to a dentist who did not work within the American Indian/Alaskan Native health care system

 Yes No Don't know

If yes, how would you rate the care you are getting at the tribal dental clinic compared to care received from an outside dentist? Would you rate quality of the care the tribal clinic as:

 Not as good as the outside clinic

 The same as the outside clinic

 Better than the outside clinic

Briefly explain why you choose to rate it as not as good, the same, or better.

Please complete the attached survey regarding your child's oral health.

Native Dental Therapy Initiative Parents
 Perceptions Questionnaire (PPQ) Children 6-17
 Years Old

Please read each question about your child's dental needs and circle the number that best describes your child's experiences. If a question does not apply, please mark "Never".

Questions regarding child's dental needs	Never	Once or Twice	Some- time	Often	Every day or almost Every day	Don't know
--	-------	---------------------	---------------	-------	-------------------------------------	---------------

1. During the last 3 months, how often has your child had pain in their teeth, mouth, or jaw?	1	2	3	4	5	6
2. During the last 3 months, because of your child's teeth, mouth, or jaw, how often have you or another family member:						
a. been upset?	1	2	3	4	5	6
b. had sleep disrupted?	1	2	3	4	5	6
c. felt guilty?	1	2	3	4	5	6
d. taken time off work (example: for an appointment)?	1	2	3	4	5	6
e. had less time for yourself or the family?	1	2	3	4	5	6
f. worried that your child will have fewer opportunities (example: dating, getting a job)?	1	2	3	4	5	6
g. felt uncomfortable in public places (example: stores and restaurants) with your child?	1	2	3	4	5	6
3. During the last 3 months, because of his or her teeth, mouth or jaws, how often has your child:						
a. been jealous of you or others in the family?	1	2	3	4	5	6
b. blamed you or another person in the family?	1	2	3	4	5	6
c. argued with you or others in the family?	1	2	3	4	5	6
d. required more attention from you and/or others in the family?	1	2	3	4	5	6
4. During the past 3 months, how often has the condition of your child's teeth mouth or jaws:						
a. interfered with family activities at home?	1	2	3	4	5	6
b. caused disagreement or conflict in your family?	1	2	3	4	5	6
c. caused financial difficulties for your family?	1	2	3	4	5	6

Justification: See justification for Adult Patient Satisfaction and Oral Health Survey.

Chart # _____

Date _____

New Patient Survey

We would like to know more about you and your decision to visit the clinic today. The information from this survey will be used for an evaluation currently being done on the use of a new dental position at this clinic. You will receive a \$5.00 gift card once you complete this survey. Please circle if today's appointment was for YOU or for YOUR CHILD

When did you (or your child) last visit a dentist?

- Less than 6 months
- Between 6 months and 1 year
- Between 1 and 2 years
- Over 2 years ago
- Don't remember when last visited a dentist

What type of dental clinic did you use for your last appointment?

- A tribal dental clinic
- A government clinic such as a Veterans Administration clinic
- A private dental clinic
- Other, please explain:

What are your reasons choosing to come to the CTCLUSI clinic today? (check all reasons that apply)

- To address a painful tooth
- Needed a regular dental checkup
- I recently attended an event and learned about the clinic
- I wanted dental care from a Native provider
- I wanted dental care from a tribal clinic
- Cost of care is covered since I am a tribal member
- Other reasons, please explain:

Please check if any of the following make it difficult for you to visit the CTCLUSI dental clinic. (check all that apply)

- Takes too long to wait for appointment after requesting one
- The length of the appointment is too long.
- General anxiety and fear of dental work
- Lack of transportation
- The distance is too far to travel from my home
- I can't take time off work or other obligations for the appointment
- Other reasons, please explain

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Please check any of the following supports you receive for you and your family:

WIC
 Medicaid
 Food Stamps (SNAP)
 TANF

Please take a moment to complete the attached Oral Health Survey for yourself or for your child.

ATTACH EITHER THE:

Adult Patient Oral Health

Survey OR

Native Dental Therapy Initiative Parents Perceptions Questionnaire (PPQ) Children 6-17 Years Old

~~Interview Guide for Patient Focus Groups/Interviews~~

- ~~1. How long have you been going to the tribal dental clinic to get your dental care? What other types of dental clinics have you gone to for dental care?~~
- ~~2. How would you describe the changes you know are happening at the tribal dental clinic? (Probe for their understanding of a new type of position being added, not just new staff.)~~
- ~~3. Has the hiring of dental therapists influenced your experience in getting dental services at the clinic? (Probe for changes in wait time for appointment, wait time at the clinic, seeing a therapist rather than the dentist.) (Not asked in baseline meeting.)~~
- ~~4. Overall, what are your views about the tribe's decision to participate in a pilot project to introduce dental therapists into the dental clinic?

 - ~~a. How did you learn about the pilot project?~~
 - ~~b. What do you know about use of dental health aide therapists in other areas of the country?~~
 - ~~c. How do you feel about the position of a dental health aide therapist?~~~~
- ~~5. If you have had dental procedures performed by a dental health aide therapist, describe how you experienced this service? (Not asked in the baseline survey.)

 - ~~a. Do you think that the therapist took about the same amount time to do the dental procedures as you think the dentist would take to do this work?~~
 - ~~b. Were you confident in the quality of the therapist's care? (Probe for reasons of confidence of lack of confidence.)~~~~
- ~~6. If you have had dental procedures performed by the dentist, what types of procedures has the~~

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~~dentist done for you? (Probe for more complicated procedures that are not within the protocol of procedures for a dental therapist.)~~

- ~~7. The dental therapists are members of the (name of tribe) community. Is it important to you that the persons giving you dental care share your culture and be a part of your community? (Probe for reasons why it is or is not important.)~~
- ~~8. Do you have any suggestions for ways the dental clinic can improve the services it provides the community?~~
- ~~9. Do you have any final questions or comments?~~

Justification: This instrument references evaluation question 2. H and our project have captured adequate data on these described evaluation questions. This instrument also references evaluation question 2.I and as discussed previously the data has shown that most of the referrals are to specialists. We have been unable to capture patient's comfortability ratings for services provided by specialist. Lastly, this instrument addresses evaluation question 2.J, we have found a hard time capturing this data due to concerns of confidentiality from the patients. Because of these limitations we are requesting to remove this instrument from the evaluation and monitoring plan.

Interview Guide for Supervising Dentist

The Northwest Portland Area Indian Health Board (NPAIHB), the Confederated Tribes of the Coos, Lower Umpqua, and Siuslaw Tribes (CTCLUSI), and the Coquille Indian Tribe (CIT) are participating in a pilot study to improve access and quality of dental care for their tribal communities through the introduction of the new position, the Dental Health Aide Therapist. As part of the pilot project, we would like to learn more about your experience having a therapist as a member of the dental team at the clinic.

1. To integrate the therapist into the office, were any modifications made when the therapist was just starting out in clinical practice? (Restricting age of patients, behavior issues, middle of the road condition of teeth/gums, etc.)
2. In what ways has the practice changed now that there is a dental therapist in the office?
 (Performing more complicated procedures, increased productivity, more dental plans competed, etc.)
3. In states where dental therapists have been used for a while, some dentists report that they delegate *all* of the procedures therapists can legally do while other dentists choose *not* to delegate all of the procedures. Still, other dentists wish the list of procedures therapists could do was *longer*. Where do you see yourself fitting in these different scenarios and why?

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4. Describe your process for supervising the work of the therapists? (Ways work is reviewed, challenges in providing supervision.)
5. In your opinion, on a scale of 1 (lowest) to 8 (highest) how would you rate the quality of the procedures (insert name of therapist) performs at this time?

Procedure	1 (Low)	2	3	4	5	6	7	8 (High)
Preventive								
Diagnosis								
Restorative								

6. From your observations, how has the dental care by (insert name of therapist) changed over time?
7. Do you feel that patients are comfortable with the therapists providing the dental procedures?
8. One of the goals of the project is to have more Native dental providers who serve the CTCLUSI and Coquille tribal communities. The assumption is that sharing the same culture will increase the comfort of clients. Have you observed this or have you received any feedback from clients?
9. In your opinion, are there aspects of using a dental therapist in this clinic that can be improved?
10. Do you have any final comments or stories you would like to share?

Interview Guide for Visiting Dentists

1. How many procedures have you overseen for (name of therapist)?
2. In your opinion, on a scale of 1 (lowest) to 8 (highest) how would you rate the quality of the procedures (insert name of therapist) performs at this time?

Procedure	1 (Low)	2	3	4	5	6	7	8 (High)
Preventive								
Diagnosis								
Restorative								

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3. Please explain your reasons for the ratings you gave to each category.
 - a. Preventive
 - b. Diagnosis
 - c. Restorative
4. How would you describe the major advantages of incorporating a dental health aide therapist into this clinic?
5. How would you describe the major challenges?
6. After observing the therapist, what is your overall impression of using this level of practitioner in the field?

Interview Guide for Dental Health Aide Therapist

The Northwest Portland Area Indian Health Board (NPAIHB), the Confederated Tribes of Coos, Lower Umpqua, and Siuslaw Indians (CTCLUSI), and the Coquille Indian Tribe are participating in a pilot project to improve access to and quality of dental care for their tribal communities through the introduction of the new position, the Dental Health Aide Therapist (DHAT). As part of the pilot project, we would like to learn more about your experience as a dental therapist.

3. Can you please share a little bit about your reasons for applying to become a dental health aide therapist? (following are probes)
 - a. What was your career prior to starting dental therapy training?
 - b. What interested you in pursuing a career as a dental health aide therapist?
 - c. Did you have any experience in the dental field?
4. Tell us about your training in Alaska.
 - a. Did you feel it prepared you well for your work here?
 - b. Are there any recommendations you would make to improve the training?
5. Did the clinic or the tribe publicize your employment to prepare the community for a new type of dental practitioner? If so, how was that for you?
6. How has working in the clinic been so far?
 - a. Do you feel that patients are comfortable with you providing the dental procedures rather than the dentist?
 - b. What is working especially well?
 - c. What challenges have you encountered?
7. What are the most common procedures you perform? Are there some procedures that you

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would like to perform, and is there any plan for you to do these as you become more experienced?

8. (Ask only if mobile units have been implemented.) How would you describe the differences, if any, in working in a mobile unit compared to a clinic site?
9. You work under the supervision of the clinic's dentist. Please describe how this works when you are doing dental procedures.
10. One of the goals of the project is to have more Native dental providers who serve the CTCLUSI and Coquille tribal communities. The assumption is that sharing the same culture will increase the comfort of clients. Have you observed this or have you received any feedback from clients?
11. Are there aspects of the job that have been better than you expected?
12. In your opinion, are there aspects of the dental health aide therapist position in this clinic that can be improved?
13. Do you have any final comments or stories you would like to share?

Interview Guide for Dental Staff (Hygienist, Dental Assistants, Receptionist)

The Northwest Portland Area Indian Health Board (NPAIHB), the Confederated Tribes of the Coos Bay, Lower Umpqua, and Siuslaw Tribes (CTCLUSI), and the Coquille Indian Tribe (CIT) are participating in a pilot project to improve access and quality of dental care for their tribal communities through the introduction of the new position, the Dental Health Aide Therapist. As part of the pilot project, we would like to learn more about your experience having a therapist as a member of the dental team at the clinic.

1. To integrate the therapist into the office, were any modifications made when the therapist was just starting out in clinical practice? (Restricting age of patients, behavior issues, middle of the road condition of teeth/gums, etc.)
2. In what ways has the practice changed now that there is a dental health aide therapist in the office? (Performing more complicated procedures, increased productivity, more dental plans completed, etc.)
3. From your observations, how has the dental care by (insert name of therapist) changed over time?
4. Do you feel that patients are comfortable with the therapists providing the dental procedures?
5. One of the goals of the project is to have more Native dental providers who serve the CTCLUSI and CIT communities. The assumption is that sharing the same culture will increase the comfort of clients. Have you observed this or have you received any feedback from clients?
6. In your opinion, are there aspects of using a dental health aide therapist in this clinic that can be improved?
7. Do you have any final comments or stories you would like to share?

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Interview Guide for Tribal Health Director

As part of Tribal Dental Health Aide Therapist pilot project evaluation, we would like to hear about your experience so far and understand how the dental health aide therapist fits in with the overall practice at the clinic, as well as your general satisfaction with the progress and outcomes of the project to date.

Baseline Interview

1. When the tribe agreed to be a pilot site for the TDHATP, what were the major reasons for wanting to participate in the pilot study?
2. The community had the opportunity to recruit two members to receive training in Alaska.
 - a. What process was used to recruit the DHAT trainees?
 - b. What level of interest was there in this opportunity?
 - c. What qualities were you looking for when choosing the trainees?
3. What would you like to have us include in our study of the use of the therapists?
4. What are your expectations for this project—what would success look like for you?

After Placement of the Therapist

5. In what ways did you have to make physical changes to the clinic to prepare for the therapists?
6. Think back to when the therapist started at the clinic.
 - a. What was the process of introducing the therapist?
 - b. Were any changes made in the practice after the introduction of the DHAT?
 - c. What changes were made in staff roles due to the introduction of the DHAT?
7. As you know, one of the goals of the project is to have more Native dental providers that serve the CTCLUSI and Coquille tribal communities. The assumption is that sharing the same culture will increase the comfort of clients. Have you observed this or have you received any feedback from clients about this?
8. From your position in Tribal administration, what have been the major benefits of introducing therapists into the clinic program?
 - a. Regarding patient experiences?
 - b. Regarding cost outcomes?
 - c. Regarding dental/health care team satisfaction?
9. What challenges have been encountered, and how have these been addressed?

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10. What, if any, are your concerns with continued use of a dental therapist in this clinic?
11. Overall, how well has the introduction of therapists into the dental clinic met your expectations for participating in this pilot study?
12. If this project is to be expanded to other tribes, what advice you give regarding using DHATs in a clinic practice?

Interview Guide for Tribal Leader

As part of the Tribal Dental Health Assistant Therapist Project (TDHATP), we would like to learn more about the Tribe's decision to work in partnership with the Northwest Portland Area Indian Health Board (NPAIHB) to bring a dental health aide therapist (DHAT) to the CTCLUSI and Coquille communities.

1. We would like to know more about the reasons the Tribe decided to seek DHAT positions for the clinic?
2. What concerns did the Tribe have before deciding to move ahead with the partnership with Northwest Portland Indian Health Board to bring a DHAT to the community?
3. When the tribe agreed to be a pilot site for the DHAT project, what were the major reasons for wanting to participate in the pilot study?
4. From your perspective, how would define "success" for this initiative?
5. The community had the opportunity to recruit two members to receive training in Alaska.
 - a. What process was used to recruit the DHAT trainees?
 - b. What level of interest was there in this opportunity?
 - c. What qualities were you looking for when choosing the trainees?
6. What would you like to have us include in our study of the use of the therapists?
7. How has information been communicated to the communities about the addition of the DHAT (newspaper, radio, web, etc.)?
8. Have you received any feedback from the community about their satisfaction with the DHAT?
9. Overall, how well has the introduction of therapists in to dental clinic met the Tribes' reasons for participating in this pilot study?
10. If this program is to be expanded to other tribes, what advice you give regarding using DHATs in a clinic practice?

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Appendix B to the Tribal Dental Health Aide Therapist Project Evaluation Plan: Expanded Monitoring Plan, Pages 33 to 35

1. Supervising dentist monitoring during preceptorship.

During the 400-hour preceptorship, in which the dentist must directly supervise the DHAT, the web-based tracking form in Appendix D* will be filled out in order to evaluate the quality of each procedure. The DHAT is expected to perform the procedures eight times (unless otherwise noted on list), work independently each time, and in compliance with the established standards for review of each aspect of the procedure. If the DHAT has been ~~recertified~~ certified/licensed at least once by the AK CHAP Certification Board or Tribal Licensure Board, they are only required to perform each procedure 4 times (unless otherwise noted on list) to demonstrate competency. *DHATs in AK are recertified by the AK CHAP Certification Board every two years, and have to demonstrate competency in each procedure either 8 times or 80 hours under direct supervision of their dentist. There is also precedence of an 80-hour expedited preceptorship for recertified DHATs under the authority of the Swinomish Indian Tribal Community's Dental Health Provider Licensing Code.* ¹¹ ~~SEP~~

The tracking form will allow the supervising dentist to rate the DHAT's work as acceptable, or unacceptable. For procedures marked "unacceptable" the supervising dentist will be required to fill out the notes section of the form indicating the relevant issues and a plan for correction.

At the end of the preceptorship, procedures that are rated acceptable on the final evaluation will be included in the practice plan agreement or "standing orders" (Appendix G), allowing the DHAT to perform them under the supervision levels prescribed.

Below is a list of procedures that the DHAT has been trained to perform. Dental codes associated with these procedures are attached in Appendix E. DHATs should be able to perform these procedures independently, with clinical competency. If any of the procedures are not performed at the clinic, or will not be a part of the DHAT practice agreement, it will be noted that in the final practice plan agreement. Experiences may be simulated if applicable and no appropriate patients are available.

*Procedures that have been successfully demonstrated in accordance with Appendices B and D of the Pilot Project #100 Evaluation and Monitoring Plan can be added as they are completed, and performed under the supervision indicated in this practice plan during the preceptorship.**

If in the event a new supervising dentist is assigned, each procedure listed in this Practice Agreement must be successfully demonstrated once to the new supervising dentist under direct supervision. ~~for a minimum of 80 hours.~~

DHAT PROCEDURES

Toothbrush Prophylaxis
 Application of Topical Fluoride
 Dental Charting
 Intra Oral Photo (4)

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Extra Oral Photo (4)

Sealant

Dental Prophylaxis – scaling and polishing coronal surfaces of the teeth

Dental Radiograph – BWX (4)

Dental Radiograph – PA (anterior) (2)

Dental Radiograph – PA (posterior) (2)

ART – remove gross caries with hand instruments; restore appropriately

Preparation of tooth, placement and finishing of amalgam for Class I (3)

Preparation of tooth, placement and finishing of amalgam for Class II (3)

Preparation of tooth, placement and finishing of amalgam for Class V (2)

Preparation of tooth, placement and finishing of composite for Class I (3)

Preparation of tooth, placement and finishing of composite for Class III (3)

Preparation of tooth, placement and finishing of composite for Class V (2)

Preparation of tooth, placement and finishing of cusp protected amalgam (complex) (2)

Preparation of tooth, placement and finishing of amalgam Class II (complex) (6)

**Italicized language from August 2018 amended application*

Preparation of tooth, placement and finishing of composite for Class II (complex) (4)

Preparation of tooth, placement and finishing of composite for Class IV (complex) (4)

**Complex includes caries near the pulp, subgingival caries, rotated teeth, patients that are behavior management challenges, etc.*

Stainless Steel Crown

Pulpotomy on deciduous tooth

Extraction of primary tooth

Extraction of permanent tooth

Administration of local anesthetic

Justification: Recognizing Tribal Licensure Board is in alignment with the standard of Dental Therapy here in the Pacific Northwest. The requirement of completing 80 hours of direct supervision with a new supervising dentist has proven challenging and hinders access to care with our pilot sites. Historically, the communities our pilot sites serve have seen a high level of turn over with dental providers. We have witnessed this occurrence of staff turnover, at the supervising dentist level, with our pilot sites. Access to oral health care during the global pandemic COVID-19 has also contributed to a large backlog of patients who have unmet oral health needs. With those two factors in mind it is critical we do not prolong wait times by dominating a new supervising dentist's time and are requesting to only require DHATs perform each procedure in his/her practice agreement under direct supervision and no longer requiring a minimum of hours. We are not requesting any changes to scope.

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~~Appendix C: Guide to Radiography and Intra-Oral Images for Irreversible Procedures Performed by Dental Therapists, Page 34 to 41~~

~~Introduction:~~

~~This purpose of this document is to provide guidance for the records necessary for irreversible procedures completed by dental therapists. This is to be used by dental therapists during direct, indirect and general supervision while working in association with the Northwest Portland Area Indian Health Board.~~

~~Overview:~~

~~Dental therapists perform procedures that are at times, irreversible. Examples of such procedures include fillings, stainless steel crowns (SSC's), pulpal therapy such as pulpotomies, and extractions. Each procedure may require different levels of documentation to adequately facilitate general supervision. This guide has been created to aid both the practicing dental therapist and supervising dentist with such requirements. See the table below:~~

Description	General Notes
<p>Restorations (Composite, Amalgam, Protective)</p>	<p>Radiographic Considerations:</p> <p>1) Pre-operative: new bitewing, PA, and/or tooth level images may be required if patient has not had a comprehensive or periodic exam within the last year, OR if the tooth of the tooth has changed since the last evaluation. Radiographs should only be made when deemed clinically necessary, see references.</p> <p>2) Post-operative: A post-operative radiograph is not indicated after the procedure. While it may provide additional insights on the quality of the restoration at the interproximal contact, the additional radiation exposure to the patient is typically not warranted. The contact maybe be evaluated at subsequent examinations when new radiographs are made.</p> <p>Intra-Oral Images Considerations:</p> <p>1) Pre-Op image from the occlusal view—should demonstrate cavitation of ICDAS 2 or greater if visible.</p> <p>2) Preparation image: should demonstrate the completed preparation. If infected dentin and/or decalcification remains, note should reflect clinical reason for partial removal. Isolation should be appropriate for the choice of restoration.</p> <p>3) OPTIONAL: if liner/base is used, occlusal image should be used to reflect the placement of such material. If pulpal therapy is initiated, reference requirements for said procedure below.</p> <p>4) Finished restoration: Image should demonstrate all surfaces of finished restoration, primarily from the occlusal view. If restoration extends to other surfaces of the tooth, the images should reflect this, EG: MODBL restoration may require an occlusal image, and buccal image, and a lingual images. A</p>

	<p>buccal restoration may only require a buccal image. 36</p>
Stainless Steel Crowns	<p>Radiographic Considerations: 1) Pre-operative: new bitewing, PA, and/or tooth level images may be required if patient has not had a comprehensive or periodic exam within the last year, OR if the tooth of the tooth has changed since the last evaluation. Radiographs should only be made when deemed clinically necessary, see references. 2) Post-operative: A post-operative radiograph is not indicated after the procedure. While it may provide additional insights on the quality of the restoration at the interproximal contact, the additional radiation exposure to the patient is typically not warranted. The contact maybe be evaluated at subsequent examinations when new radiographs are made.</p> <p>Intra-Oral Images Considerations: 1) Pre-Op image from the occlusal view—should demonstrate cavitation of ICDAS 2 or greater if visible. 2) Preparation image: should demonstrate the completed preparation. If infected dentin and/or decalcification remains, note should reflect clinical reason for partial removal. Isolation should be appropriate for the choice of restoration. 3) OPTIONAL: if liner/base is used, occlusal image should be used to reflect the placement of such material. If pulpal therapy is initiated, reference requirements for said procedure below. 4) Finished restoration: Image should demonstrate all surfaces of finished restoration, demonstrating the occlusal, buccal, and lingual views to determine marginal seal, crown fit, and to assess the plane of occlusion.</p>
Pulp Therapy	<p>Radiographic Considerations: 1) Pre-operative: new bitewing, PA, and/or tooth level images may be required if patient has not had a comprehensive or periodic exam within the last year, OR if the tooth of the tooth has changed since the last evaluation. 2) Post-operative: A post-operative radiograph is not indicated after the procedure.</p> <p>Intra-Oral Images Considerations: 1) Pre-op and preparation images should be consistent with that of restorative intra-oral images. 2a) If completing a pulpotomy or pulpectomy, one image should be made of the completed access prior to build up and/or placement of IRM. 2b) if liner/base is used, image should be used to reflect the placement of liner/base when clinically indicated. If pulpal therapy was initiated, reference requirements for said procedure. 3) Additional images should follow that over the restorative</p>

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	requirements:
Extractions	<p>Radiographic Considerations:</p> <p>1) Pre-operative: new bitewing, PA, and/or tooth level images are required* for extraction procedures.</p> <p>2) Post-operative: A post-operative radiograph may be indicated if the tooth to be removed is extracted in pieces, or the root tips appear blunted or indistinct post removal. As always, good clinical judgment should be used by both the DHAT and supervising dentist to determine need for additional post-op radiography.</p> <p>Intra-Oral Images Considerations:</p> <p>1) Pre-Op image from the occlusal view. Other views may be used for large, multi-surface cavitation.</p> <p>2) Post-Op Image should show extracted tooth plus all root surfaces. This may include an image made apically to demonstrate root structure.</p>

Justification: Dental therapists are working under supervision of a licensed dentist who is responsible for clinically evaluating the dental therapist’s work directly during preceptorship. We maintain that this direct supervision is an adequate judgement of quality of care and therefore, should not require intraoral photo documentation.

Our project has found that adding the requirement of intraoral photos presents two significant problems. First, the photos give external evaluators the false illusion of performing a clinical evaluation, which is known to be impossible to do via photos. We have witnessed evaluators hypothesizing clinical scenarios and making judgements based on photos that do not in fact provide the needed information to arrive at such conclusions. Second, the photos are extremely time-consuming both to obtain and to present, leading to excessively long appointments for patients and increased administrative time. During a time when access to care and efficiency in resource utilization are paramount, the requirement of intraoral photos is counterproductive to both of these goals.

As described above, our project has consistently shown the challenges intraoral photo documentation has presented for the project's clinics, patients, administrators and evaluators. We believe that any perceived benefit to the project resulting from intraoral photos is illusory and certainly outweighed by the costs. As the state of Oregon reestablishes workflows in the era of the global pandemic COVID-19 it is critical we ensure our pilot sites are working as efficiently and effectively as possible. Reducing the burden of intraoral photos for Project purposes would aid in achieving these goals.

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Appendix G: Dental Health Aide Therapist Practice Agreement Template, Page# 70 to 71

In recognition of your completed education and demonstrated proficiency, as proscribed by the Community Health Aide Program Certification Board- Standards and Procedures, as amended, Section 2.30.600 (1) and (2) [Dental Health Aide Therapist Training and Education Requirements], achieved by graduating from:

_____ on

and by entering a clinical preceptorship under the direct supervision of a dentist as directed in Revised Appendix B of the Pilot Project #100 Evaluation and Monitoring Plan and updated in this Practice Agreement on

NPI number:

You are entering into this practice agreement, in accordance with the attached individualized instructions, to provide the services, treatments, disease prevention, and education outlined in the Community Health Aide Program Certification Board- Standards and Procedures, as amended, Section 2.30.610 (b)(3) [Dental Health Aide Therapist Training Supervision and Competencies; Competencies], performed to the standards set forth in your training and preceptorship.

This Practice Agreement allows for general or indirect supervision, as noted, in accordance with the attached individualized instructions, for every procedure listed, signed, and dated by both the supervising dentist and dental therapist. All procedures in the dental therapist scope that are not listed on this practice agreement require direct supervision.

Procedures that have been successfully demonstrated in accordance with Appendices B and D of the Pilot Project #100 Evaluation and Monitoring Plan can be added as they are completed, and performed under the supervision indicated in this practice plan during the preceptorship.

If in the event a new supervising dentist is assigned, each procedures listed in this Practice Agreement must be successfully demonstrated once to the new supervising dentist under direct supervision. ~~for a minimum of 80 hours.~~

Every two years this Practice Agreement must be reviewed, and each procedure listed in the Practice Agreement successfully demonstrated at least once to your supervising dentist. ~~for a minimum of 80 hours.~~

ALWAYS report to your referral doctor (or dentist) any variation from the typical presentation. If you are unsure of your assessment, report prior to providing treatment.

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ALWAYS refer any conditions outside the scope of your training or practice agreement.

I understand my individualized Practice Agreement, and that it is limited by the above statements, and limited by the attached instructions. I understand these orders must be reviewed and re-signed by myself and my supervising dentist according to above instructions every 2 years after completion of my preceptorship and in the event a new supervising dentist is assigned.

Dental Health Aide Therapist signature Date signed

Supervising Dentist signature Date signed

- _____ has successfully completed his/her preceptorship achieving the minimum required hours (circle 80 or 400) and successfully demonstrated competency in each of the procedures listed in this practice agreement under direct supervision.
- _____ has successfully completed his/her ~~80-hour~~ period of direct supervision with a new supervising dentist and successfully demonstrated competency in each of the procedures listed in this practice agreement.
- _____ has successfully completed his/her biennial review achieving the minimum ~~review of each procedure required 80 hours of under~~ direct supervision and successfully demonstrated competency in each procedure listed in this practice agreement.

Supervising Dentist signature Date signed

Supervising Dentist printed name

Justification: The requirement of completing 80 hours period of direct supervision with a new supervising dentist has proven challenging and hinders access to care with our pilot sites. Historically, the communities our pilot sites serve have seen a high level of turn over with dental providers. We have witnessed this occurrence of staff turnover, at the supervising dentist level, with our pilot sites. Access to oral health care during the global pandemic COVID-19 has also contributed to a large backlog of patients who have unmet oral health needs. With those two factors in mind it is critical we do not prolong wait times by dominating a new supervising dentist's time and are requesting to require DHATs preform each procedure in their scope under direct supervision and eliminating the time requirement.

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Oregon Pilot Project #100 Application, IC 1, Page#56

INFORMED CONSENT PLAN:

Our mission is to connect tribal communities with innovative approaches to address AI/AN oral health inequities, to remove barriers currently impeding tribal communities from creating efficient, high quality, modern dental teams and to provide opportunities for AI/AN people to become oral health providers.

In order to be successful, we need both strong support from tribal leadership and communities and from the broader community/state where tribes are located. Due to the intense and constant nature of the opposition from the American Dental Association and State Dental Association and the vast resources of these associations, it is necessary to stay vigilant ensure that accurate information is being shared on a regular basis with communities where pilot projects will be operating.

The goals of our informed consent plan is to educate communities, stakeholders and the general public in order to assuage fears, ensure that clients have the information they need and are notified before receiving services, and create a supportive environment in Oregon for our pilot projects. **Before services are ever provided by a DHAT we plan to educate and build awareness in our pilot communities about what DHATs are, their benefits, what services they can provide, their training, and information about the documented quality and safety of services provided by DHATs.**

Additionally, during scheduling, patients will be informed that they will be seen by a DHAT or DHAT Trainee. At that point they will have the ability to request to be seen by a dentist.

Additionally, any patient who comes to the clinic and wishes to be seen by a dentist and not a DHAT or DHAT trainee will be able to make that request

- Written informed consent will be obtained **once per patient** by each pilot project site for treatment performed by the Dental Health Aide Therapist (DHAT) trainee in the pilot project **at the initial visit**. A copy of the signed and dated form will be stored in the patient record.**
- Written informed consent will be obtained by each pilot project site for the following procedures: silver diamine fluoride and oral surgery procedures. A copy of the signed and dated form will be stored in the patient record.*
- Verbal informed consent will be obtained and documented in the chart for all other procedures the trainee is authorized to complete as part of the approved pilot project application and evaluation & monitoring plans. Verbal consent will follow the process documented in the submitted PARQ Informed Consent document submitted by the project.*

Appendix D includes written informed consent templates for DHAT providing services (both during and after preceptorship), the informed consent forms for SDF, and oral surgery for each clinic, and the PARQ document that is to be used as a guide to receive verbal consent for all other procedures.

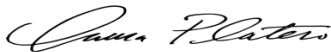
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Justification: The Dental Therapists have all worked at their pilot sites for over 2 years and have established and maintained strong relationships with the communities they serve. Each one of the Dental Therapists have demonstrated the strong ability to provide culturally competent and safe care. Therefore, we are requesting that the patient consent form is only capture once per patient rather captured at every encounter. The initial visit the patient will be required to sign consent. This reduces the redundancy and administrative burden on the clinic staff.

The minimum standards should be consistent across all pilot projects overseen by OHA. To date, Pilot Project #100 by far gathers the most amount of data and is monitored with greater scrutiny. Our proposed monitoring plan continues to ensure high quality and safety care. Our request to modify will further enhance our ability to show that our project is increasing access to care, providing high quality, safe care and, especially, generating a strong economic impact.

Thank you for considering this modification request. Please contact me or Dr. Miranda Davis if you have any questions. We look forward to your response.

Sincerely,



Laura Platero, J.D.
Executive Director

DPP#100 and DPP #300: Crosswalk of Evaluation & Monitoring Activities

	DPP #100	DPP #300
	Evaluation/Monitoring: EDUCATION PHASE	Evaluation/Monitoring: EDUCATION PHASE
DAILY	<ul style="list-style-type: none"> • DPP#100 is an IMPLEMENTATION pilot project. Evaluation and Monitoring activities are focused on the activities which include a preceptorship at the clinic sites in Oregon. Preceptorship activities occur during the UTILIZATION phase (see below) after the DHAT Student Trainee has completed the education program in Alaska and are part of the Evaluation & Monitoring. <ul style="list-style-type: none"> - DPP#100 does not evaluate or monitor activities under the Education Phase. • Trainees under DPP#100 attend the Alaska Dental Therapy Educational Program (ADTEP) at Ilisagvik College. <ul style="list-style-type: none"> - Program received Commission on Dental Accreditation (CODA) for the Dental Therapy Program in 2020. 	<ul style="list-style-type: none"> • <i>Dental Therapist Student Trainee takes intra-oral photographs of every irreversible procedure.</i> <ul style="list-style-type: none"> - <i>Dental Therapist Student Trainee: Enter chart notes with appropriate Intraoral photos [All patient charts with irreversible dental treatments have pre- and post-op intraoral photographs as required. Teeth that require tooth preparation have a prep photo and a fourth photo to document changes in the prep, if necessary, by the extent of caries.] (Extractions do not require a prep intraoral image)</i> • Dental Therapist Student Trainee: Ensure patient survey is completed. <ul style="list-style-type: none"> - Patient Survey – Each visit a Patient Satisfaction Point of Service Survey is completed once student enter Dental Therapy II Course. - Data Tracking: Clinic: Procedure information entered into Electronic Health Record (Axium) • Trainee/Supervising Dentist/Project Dental Director: Adverse event reporting documented and filed with OHA if needed.

		<ul style="list-style-type: none"> Supervising Dentist: Approves treatment plan prior to Dental Therapist Trainee commencing treatment.
<p>WEEKLY</p>		<p><u>WEEKLY EVALUATIVE ACTIVITIES</u></p> <p>Each Supervising Dentist will complete the “Dentist 13-point Assessment of overall competency” for each Student/Dental Therapy Trainee monthly during the utilization phase. 13-point assessment: Clinic Protocols, Dental/Medical Hx, Prescribing Oral Meds, Diagnostic Skills, Patient Management, Treatment Planning, Communication/Verbal Skills, Technical Skill, Clinical Knowledge, Self-Evaluation, Interaction with Health Care Team, Professionalism, & Cultural Sensitivity & Competence.</p> <ul style="list-style-type: none"> All procedures during Education Phase will be recorded by Dental Therapist/Student Trainee weekly and will be verified by Supervising Dentist in the Dental Therapist/Student Trainee Student Manual Log. <i>Supervising Dentist: Reviews chart notes and health history completion of all DT procedures</i>
		<ul style="list-style-type: none"> Dental Therapist Trainee on the Dental Therapist Education Program Evaluation Survey Supervising Dentist/Instructor Survey Education Evaluation Survey Dental Therapist Job Satisfaction Survey Supervising Dentist/Instructor Survey Job Satisfaction Survey

<p>Third Party Competency Exam/Certification</p>	<ul style="list-style-type: none"> • <i>Certifiable under Federal Community Health Aide Standards (CHAPS).</i> • <i>CHAPS does not require a third-party competency exam.</i> • <i>Individuals must go on to complete a 400 hour preceptorship under direct supervision.</i> 	<ul style="list-style-type: none"> • <i>Administered by the Central Regional Dental Testing Service, Inc. (CRDTS)</i> • <i>Trainees must receive passing score to move into Utilization Phase.</i> • <i>Individuals must pass the exam before going on to the next phase which then requires a 172 hour precept</i>
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	<p>DPP #100</p> <p>Evaluation/Monitoring: UTILIZATION PHASE</p>	<p>DPP #300</p> <p>Evaluation/Monitoring: UTILIZATION PHASE</p>
<p>DAILY</p>	<p><u>DAILY MONITORING ACTIVITES</u></p> <ul style="list-style-type: none"> • Supervising Dentist: Direct supervision, 400 hours under preceptorship or 80 hours under preceptorship. Supervisor completes the Dental Therapist Evaluation Form and rates the DHAT Trainee’s work as acceptable, or unacceptable. For procedures marked unacceptable” the supervising dentist will be required to fill out the notes section of the form indicating the relevant issues and a plan for correction. • DHAT Trainee takes intra-oral photographs of every irreversible procedure. - DHAT Trainee: Enter chart notes with appropriate Intraoral photos [All patient charts with irreversible dental treatments have pre-prep and post-op intraoral photographs as required.] 	<p><u>DAILY MONITORING ACTIVITES</u></p> <ul style="list-style-type: none"> • DPP#300 Preceptorship activities occur during Education Phase, see above. • Supervising Dentist: Approves treatment plan prior to Dental Therapist Trainee commencing treatment. • Student/Dental Therapy Trainee takes intra-oral photographs of every irreversible procedure and will continue patient surveys. - Dental Therapist Trainee: Enter chart notes with appropriate Intraoral photos [All patient charts with irreversible dental treatments have pre- and post-op intraoral photographs as required. Teeth that require tooth preparation have a prep photo and a fourth photo to document changes in the prep, if necessary, by

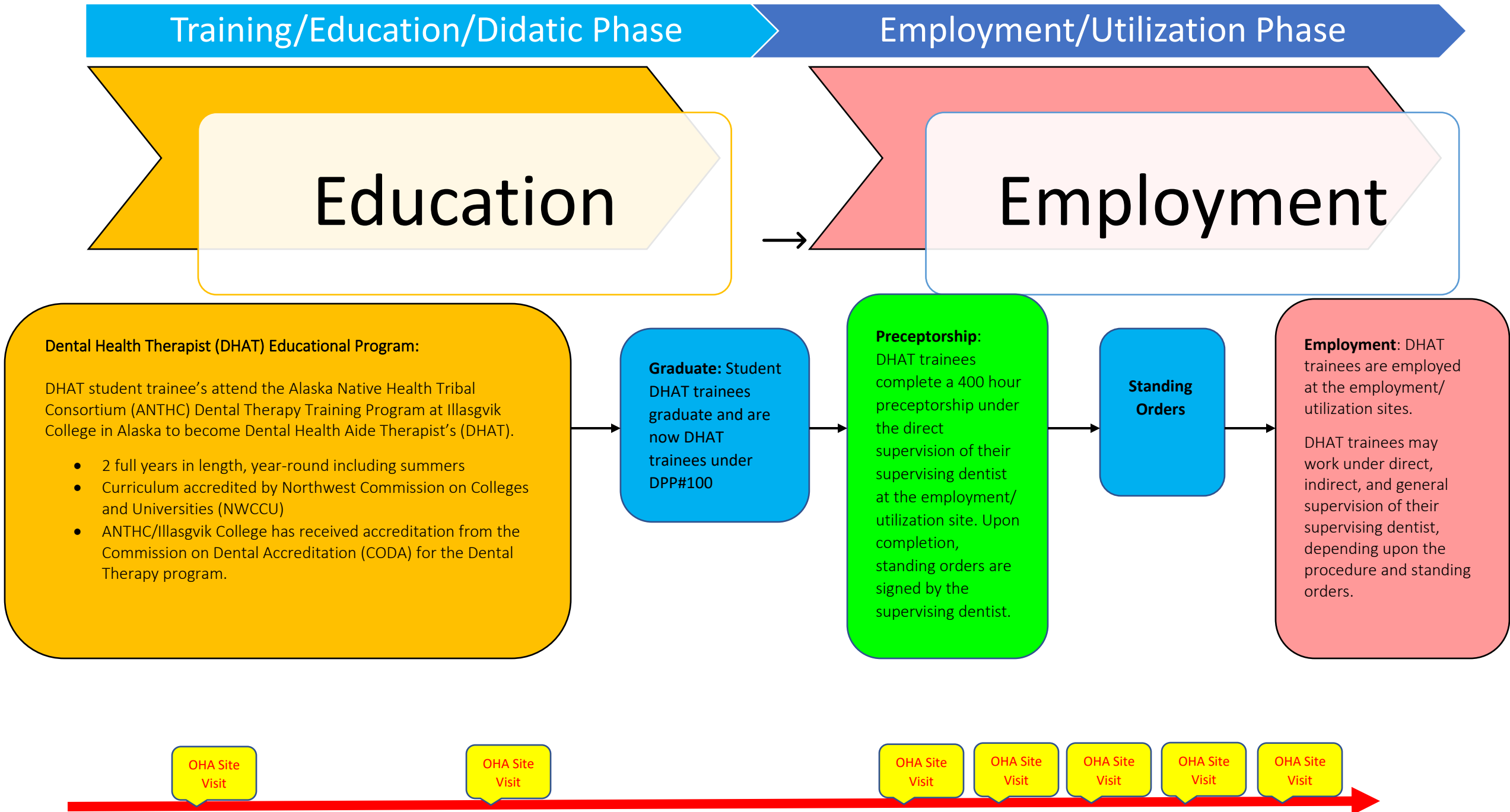
	<p>(Extractions do not require a prep intraoral image)</p> <ul style="list-style-type: none"> • Trainee/Supervising Dentist/Project Dental Director: Adverse event reporting documented and filed with OHA if needed. 	<p>the extent of caries.] (Extractions do not require a prep intraoral image)</p> <ul style="list-style-type: none"> • Trainee/Supervising Dentist/Project Dental Director: Adverse event reporting documented and filed with OHA if needed.
DAILY	<p><u>DAILY EVALUATIVE ACTIVITIES</u></p> <ul style="list-style-type: none"> • Data Tracking: Clinic: Procedure information entered in Dentrix (Electronic Health Record). 	<p><u>DAILY EVALUATIVE ACTIVITIES</u></p> <ul style="list-style-type: none"> • Dental Therapist Trainee: Ensure patient survey is completed. <ul style="list-style-type: none"> - Patient Survey – Each visit a Patient Satisfaction Point of Service Survey is completed • Data Tracking: Clinic: Procedure information entered into Electronic Health Record (Axium)
WEEKLY	<p><u>WEEKLY MONITORING ACTIVITIES</u></p> <ul style="list-style-type: none"> • Every week, the supervising dentist will review all charts of irreversible procedures performed by the DHAT trainee and complete the Dental Therapist Chart Review Form. [This activity begins once the DHAT has complete the preceptorship.] 	<p><u>WEEKLY MONITORING ACTIVITIES</u></p> <ul style="list-style-type: none"> • All procedures during Utilization will be recorded by Dental Therapist/Student Trainee weekly and will be verified by Supervising Dentist in the Dental Therapist/Student Trainee Student Manual Log. • Supervising Dentist: Reviews chart notes and health history completion of all DT procedures
WEEKLY	<p><u>WEEKLY EVALUATIVE ACTIVITIES</u></p>	<p><u>WEEKLY EVALUATIVE ACTIVITIES</u></p>

<p>MONTHLY</p>	<p><u>MONTHLY MONITORING ACTIVITIES</u></p>	<p><u>MONTHLY MONITORING ACTIVITIES</u></p> <ul style="list-style-type: none"> • Each Supervising Dentist will perform a 20% random chart audit for their Dental Therapy Trainee’s irreversible procedures per month. Random chart audits by the Supervising Dentist to assess accurate reporting of assessments, radiographs, photographs, examination, consent, chart notes and care provided. The Supervising Dentist utilizes an audit tool kit to complete all chart reviews. • Monthly, during the Utilization Phase, the Dental Director will audit 10 random charts that were audited by the Supervising Dentists, one from each Dental Therapist Trainee, to ensure calibration of chart audits between the Supervising Dentists and the Dental Director. There should be a minimum agreement of 70% per chart.
<p>MONTHLY</p>	<p><u>MONTHLY EVALUATIVE ACTIVITIES</u></p>	<p><u>MONTHLY EVALUATIVE ACTIVITIES</u></p> <ul style="list-style-type: none"> • Each Supervising Dentist will complete the “Dentist 13-point Assessment of overall competency” for each Student/Dental Therapy Trainee monthly during the utilization phase. 13-point assessment: Clinic Protocols, Dental/Medical Hx, Prescribing Oral Meds, Diagnostic Skills, Patient Management, Treatment Planning, Communication/Verbal Skills, Technical Skill, Clinical Knowledge, Self-Evaluation, Interaction with Health Care Team, Professionalism, & Cultural Sensitivity & Competence.

<p>QUARTERLY</p>	<p><u>QUARTERLY MONITORING ACTIVITIES</u></p> <ul style="list-style-type: none"> • Every quarter, 10 charts drawn from a random sample containing irreversible procedures will be reviewed by the external evaluating dentist 	<p><u>QUARTERLY MONITORING ACTIVITIES</u></p> <ul style="list-style-type: none"> • Quarterly, 10% of all charts from irreversible procedures will be sent to the external evaluator. Random chart audits by External Evaluator to assess accurate reporting of assessments, radiographs, photographs, examination, consent, chart notes and care provided. External Evaluator utilizes an audit tool kit to complete all chart reviews.
<p>QUARTERLY</p>	<p><u>QUARTERLY EVALUATIVE ACTIVITIES</u></p> <ul style="list-style-type: none"> • Adult or Child - Patient Satisfaction Survey & Oral Health Survey Administered over period of 1 to 2 weeks every 3 months. 	<p><u>QUARTERLY EVALUATIVE ACTIVITIES</u></p> <ul style="list-style-type: none"> • Each Supervising Dentist will submit 1 of their own patient cases for each of the 12 procedures completed by the Dental Therapist Trainee, if available. Each of the cases submitted by the Supervising Dentist will be randomized prior to sending dental therapy cases to the External Evaluator. This will allow comparison of a dentist's work to a Dental Therapist Trainee work to ensure quality is similar. • Quarterly axiUm Reports: Specific Reports to Evaluate changes in activities, production, procedures completed, increased access to care, reduced wait times, percentage of target population of seen,
<p>BIANNUAL</p>	<p><u>BIANNUAL EVALUATIVE ACTIVITIES</u></p> <ul style="list-style-type: none"> • Patient satisfaction survey administered to focus groups conducted every 6 months. 	

	<ul style="list-style-type: none"> • Biannual interviews with DHAT trainee, dental staff (hygienist, dental assistants, receptionist) and supervising dentist. 	
<p>ANNUAL</p>	<p><u>ANNUAL EVALUATIVE ACTIVITIES</u></p> <ul style="list-style-type: none"> • Satisfaction survey administered annually to a sample of tribal members who see outside providers for dental care. • Annual interviews with clinic staff, tribal health administrators, and tribal council members. 	<p><u>ANNUAL EVALUATIVE ACTIVITIES</u></p>

Dental Pilot Project #100: "Oregon Tribes Dental Health Aide Therapist Pilot Project"



Dental Pilot Project #300: "Dental Therapist Project: Dental Hygiene Model "

