CENTER FOR PREVENTION AND HEALTH PROMOTION
Oral Health Program
Kate Brown, Governor

Oregon Health Authority

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AGENDA

Dental Pilot Project #100
"Oregon Tribes Dental Health Aide Therapist Pilot Project"
Annual Dental Pilot Project Program
Advisory Committee Meeting DPP #100
June 14, 2017
10:00am – 3:00pm

Location: 9140 SW Pioneer Ct, Wilsonville, OR 97070		
10:00-10:15	Official Introductions, Agenda Review	Bruce Austin, DMD Sarah Kowalski, MS, RDH
10:15-11:00	Indian Health Systems 101 (IHS & CHAP) NPAIHB Project Update, Timeline Update, Project Modification Update, Project Evaluation & Monitoring Plan Update, External Evaluating Dentist	Julie Johnson Pam Johnson Christina Peters
11:00-11:30	Questions & Answers	Advisory Committee
11:30-12:00	**Lunch**	
12:00-12:30	Presentation DPP #100: Data-Collection, Trainee Tracking From, Indian Health Services Clinical Protocols, Outcome Measurements, Supervising Dentist Role, Collaborating Dentist Role	Dane Lenaker, DMD, MPH
12:30-1:00	Questions & Answers	Advisory Committee
1:00-1:15	**Break**	
1:15-1:30	OHA Dental Pilot Project Program Updates, Committee Charter, Call for Applications, Meeting Schedule, Site Visit Update	Sarah Kowalski, MS, RDH Bruce Austin, DMD Kelly Hansen
1:30-2:00	Breakout Into Small Groups for Discussion 4 Groups	Advisory Committee
2:00-2:45	Review Group Recommendations	Sarah Kowalski, MS, RDH Bruce Austin, DMD Kelly Hansen Advisory Committee
2:45 - 3:00	Follow Up Items, Future Meeting Dates: Doodle Survey, Closing	Sarah Kowalski, MS, RDH

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Dental Pilot Project Application #100
Oregon Tribes Dental Health Aide Therapist Pilot Project
Annual Dental Pilot Project Advisory Committee Meeting Notes
June 14, 2017

The DPP #100 Advisory Committee meeting was held on June 14, 2017 from 10:00 am - 3:00 pm at the offices of the Oregon Oral Health Coalition, 9140 SW Pioneer Court, Wilsonville, Oregon.

The Oregon Health Authority (OHA) is tasked with implementing legislation as enacted by Senate Bill 738 in 2011 for the Dental Pilot Projects Program. OHA takes a neutral position on the concepts presented in the approved dental pilot projects. OHA is responsible for processing initial pilot project applications, approving projects, and monitoring approved pilot projects. The monitoring process shall include, but is not limited to, reviewing progress reports and conducting site visits. Each dental pilot project is responsible for meeting its stated objectives and in complying with statutes, regulations and OHA procedures.

DPP #100 Advisory Committee Members Present:

Shannon English, DDS	Managing Dentist, Willamette Dental
Tony Finch, MA, MPH	Executive Director, Oregon Oral Health Coalition
Karen Hall, RDH, EPDH	Oral Health Educator, Oregon Oral Health Coalition
Paula Hendrix, M.Ed, RDH, EPDH	Dental Hygiene Program Director, Oregon Institute of Technology
Kelli Swanson Jaecks, MA, RDH	Past President ADHA & ODHA, Oregon Dental Hygiene Association Representative
Kyle Johnstone, MHA, RDH, EPP	Clinic Operations Manager, Virginia Garcia Memorial Health Center
Jill Jones, MS, RDH, EPP	Dental Hygiene Program Faculty, Lane Community College
Linda Mann, RDH, EPDH	Director of Community Outreach, Capitol Dental Care
Brandon Schwindt, DMD	Private Practice, Oregon Board of Dentistry Representative
Kenneth R Wright DDS, MPH	Vice-President, Dental Services Kaiser Foundation Health Plan of the Northwest

DPP #100 Advisory Committee Members Not Present:

Teri Barichello, DMD	Vice-President, Chief Dental Officer at The ODS Companies, Oregon Dental Association Representative
Richie Kohli, MS, BDS	Assistant Professor OHSU – School of Dentistry, OHSU Representative

DPP #100 Project Sponsor & Project Representatives: NPAIHB

Azma Ahmed, DDS	Dental Director, Native American Rehabilitation Association (NARA) Dental Clinic
April Geisler	DHAT Coordinator, Native American Rehabilitation Association (NARA)
Pam Johnson	Project Specialist, Native Dental Therapy Initiative, Northwest Portland Area Indian Health Board
Dane Lenaker, DMD, MPH	Dental Consultant, Lenaker Consulting
Jamie Myers	DHAT Coordinator, Confederated Tribes of Coos, Lower Umpqua, and Siuslaw Indians
Christina Peters	Director, Native Dental Therapy Initiative, Northwest Portland Area Indian Health Board
Sarah Rodgers, DMD	Dental Director, Confederated Tribes of Coos, Lower Umpqua, and Siuslaw Indians Dental Clinic

Oregon Health Authority Program Staff:

Bruce Austin, DMD	Statewide Dental Director, OHA
Carina Guzman	Administrative Support, Maternal & Child Health, Oregon Health Authority
Kelly Hansen	Research Analyst, Oral Health Program
Julie Johnson	Tribal Affairs Director, Oregon Health Authority
Sarah Kowalski, MS, RDH	Dental Pilot Project Program Coordinator, Oral Health Program
Julie McFarlane, MS, MPH	Tribal Liaison, Maternal & Child Health Section, Public Health Division
Karen Phillips, MPH, RDH, EPDH	Oral Health Program Analyst
Rhiannon Simon, MPH	Public Health Educator

Members of the Public:

Conor McNulty, CAE	Executive Director, Oregon Dental Association

Welcome and Introductions

Sarah Kowalski, OHA Dental Pilot Project Coordinator, welcomed the meeting attendees. Ms. Kowalski provided background information on the Dental Pilot Project Program and its origins in Senate Bill 738 enacted in 2011. The goal of the Dental Pilot Projects is 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 rates and the least access to dental care. Ms. Kowalski asked all attendees to introduce themselves. All individuals present completed a sign-in sheet. The agenda for the day was reviewed.

Meeting Highlights

Presentation: Indian Health Systems 101
Julie Johnson, Tribal Affairs Director at the Oregon Health Authority

Highlights of Presentation:

Review of Oregon Tribal Governments

- Burns Paiute Tribe; Confederated Tribes of Coos, Lower Umpqua and Siuslaw Indians; Confederated Tribes of Grand Ronde; Confederated Tribes of Siletz Indians; Confederated Tribes of the Umatilla Indian Reservation; Confederated Tribes of Warm Springs; Coquille Indian Tribe; Cow Creek Band of Umpqua Tribe of Indians; and Klamath Tribes.

Oregon Indian Population

- Portland has the 9th largest Native American population in the Unites States.

Government to Government

- Oregon maintains a government-to-government relationship with the tribal governments.
- Tribes are partners, not stakeholders.

Indian Health Delivery System

- Indian Health Programs can be grouped into 3 categories:
  - Indian Health Service (IHS) Directly Operated – Warm Springs, Western Oregon Service Unit - Chemawa Indian School
  - Tribally Operated (P.L. 93-638 Indian Self-Determination Act) – 8 Oregon Tribes
  - Urban Program – NARA

NPAIHB

- The Northwest Portland Area Indian Health Board (NPAIHB) is a non-profit tribal advisory organization serving 43 federally recognized tribes of OR, WA & ID.

Summary of Questions and Answers:

Q: Clarification was requested from Ms. Johnson on why an AI/AN tribal member choose to enroll in Fee-For-Service as opposed to managed care?

A: Ms. Johnson stated that tribal members may choose whichever option works best for them in their personal situation.

(Copy of PowerPoint Presentation Attached)

Presentation: Community Health Aide Program Overview
Christina Peters, Director, Native Dental Therapy Initiative, NPAIHB

Highlights of Presentation:

Community Health Aide Program (CHAP) History

- 1998 – Alaska Area Director appoints a CHAP Certification Board (CHAPCB) with a majority of tribal representatives. CHAPCB Standards and Procedures adopted and CHA/Ps formally certified.
- 2002 – Standards amended to address dental health aides (including therapists).
- 2005 - First Dental Health Aides Certified.

What is CHAP?

- CHAP is a system of allied health professionals that work with supervising dentists, doctors, and mental health professionals at the community level that extend the reach of those providers.
- CHAP providers are community members.
- Dental Health Aides:
  - 5 levels PDHA I, II, EFDHA I, II, and DHAT

CHAP Certification Board

- Established in 1998
- Federal Authority, 12 members
- Standards and Procedures: Individuals, Training Centers, Curricula
- 60 Dental Health Aides

Dental Academic Review Committee

- The Dental Academic Review Committee is a statewide group representing DHATs, instructors and field supervisors. The committee develops all aspects of Dental Health Aide training, including developing curriculum and training standards. This committee reports to and is a subcommittee of ATHC Dental Chiefs.

Summary of Questions and Answers:

Q: There are 60 Dental Health Aids – how many of them are DHATs?
A: Possibly 51 – the number changes due to graduating classes.

Q: Is this similar to the Oregon Community Health Worker?
A: Christina is not familiar with the CHWs; but most likely tribal community health workers can do more than what Oregon CHWs can do currently.

Q: Is CHAP is a Federal Program? Where can we learn more about this program?
A: Information can be obtained in depth about the Alaska CHAP program by visiting www.akchap.org. This site contains resources including the standards and procedures. Detailed information is also available on the CHAP Certification Board which is the governing board of the DHATs and who ultimately certifies the DHATs.

(Copy of PowerPoint Presentation Attached)

Presentation: Oregon Tribes Dental Health Aide Therapist Pilot Project Update
Pam Johnson, Project Specialist, Native Dental Therapy Initiative, NPAIHB

Highlights of Presentation:

Timeline Revision

- Multiple extensions for baseline data collection.

- Challenges finding experienced DHAT to fit needs at CTCLUSI.
- Coquille practice settings being negotiated with Tribal Council.

Naomi Petrie, DHAT

- July 2015 – CTCLUSI sent their first student to ANTHC's DHAT Education Program.
- June 2, 2017 - Naomi graduated with a certificate from the program and a AAS degree from Ilisagvik College.
- Naomi starting preceptorship mid-July in Oregon.

Supervising Dentist

- Dr. Sarah Rodgers completed supervising dentist training in Alaska.

Review of Second Site, Coquille Indian Tribe

- Reviewing options, leasing dental space in Coos Bay.
- Mobile dental clinic options.
- Partnering with NARA.

NARA, Third Site

- Located in Portland, NARA started in 1970 as rehabilitation center. Now operates 8 treatment, education and residential facilities.
- New dental clinic opened May 2016 to serve NARA's 5000+ clients, representing nearly 500 Tribes.
- Multiple facilities will provide varied practice settings in Urban Indian Program.
- Dr. Ahmed has received supervising dentist training.
- Started baseline data collection last month, report anticipated end of July.
- Providing internships for Oregon DHAT students this summer.
- Hoping to hire an experienced DHAT this year.

Evaluation and Monitoring Plan

- Expand access to high quality oral health care.
- Increase complexity of treatments available in clinic.
- Reduce wait times for appointments.
- Increase educational outreach.
- Increase patient satisfaction with culturally familiar care.
- Reduce oral health costs for delivery system.

Evaluation and Monitoring Plan

- Additional revisions have been made since the January plan approval. Plan revisions have primarily been clarifications regarding the monitoring plan.
- Protocols for images required for irreversible procedures.
- Preceptorship patient encounter form created.
- Preceptorship distinction between experienced and newly certified DHAT.
- Chart review by supervising and external dentist clarified.
- Chart review evaluation form created.

DHAT Education Program Update

- Successfully transferred partnership with UW MEDEX program to Ilisagvik Tribal College.
- Students now graduate with an Associate of Applied Science degree, and credits are transferable for greater career pathways.

- Students have access to full range of student services including financial aid, scholarships and academic support.
- DHAT Education Program is now eligible for CODA accreditation.
- Affiliation with tribal college understands, anticipates and acts on needs of a student population that is largely AI/AN.

Summary of Questions and Answers:

Q: Who would be the supervising dentist in Coquille?

A: Ms. Peters clarified that they have not hired a supervising dentist for the Coquille site at this time.

Q: Where is the NARA dental clinic in Portland?

A: On Stark Street.

Q: This site is located in multiple locations. How is this plan going to accommodate safety?

A: The bulk of dentistry will be happening in dental clinic chairs, but we are looking at other options including other pop up dental clinics or mobile units.

Q: Representative of the Oregon Board of Dentistry stated that they have concerns about dentistry being performed in non-dental settings.

A: Not every site is going to perform the same types of procedures. Certain types of dental work will not be performed in those non-dental settings.

Q: Clarification was requested on why there has not been more clear information as to what procedures will be completed at which sites in the approved NARA-Portland site.

A: The project representatives stated that there will be one DHAT working at the NARA site initially. OHA required all locations where any services may be provided by the DHAT to be listed on our request for modification. At this time, we have not developed all of the details as to which services will be provided at which locations. Our goal is to reach underserved populations who might have difficulty even accessing the NARA dental clinic.

Q: The Oregon Board of Dentistry is concerned about patient safety. We have complaints and investigations being conducted of unlicensed individuals practicing dentistry in underground clinics and garages. We want more clarification on how dental therapists are going to provide services and which services will be provided in the school. It is concerning to the board and seems to be less than thought out, in particular with the school setting. There are numerous patient safety concerns that the board has about operating in schools.

A: The project representatives clarified that there are many examples of best-practices for how community outreach programs operate in schools. Providing services in school-based settings has been done for years. There are mobile dental vans including ones operated by the Oregon Dental Foundation and Medical Teams International. It is our understanding that the second pilot project is operating in a school. Does the board take issue with that project or only ours?

A: The representative from the Oregon Board of Dentistry stated that they [Board of Dentistry] have no concerns about the second pilot [Dental Pilot Project #200: Training Dental Hygienists to Place Interim Therapeutic Restorations], as it is clearly defined as to what is happening in the school.

A: OHA program staff responded that their number one responsibility is patient safety. Projects and their trainees are highly scrutinized and supervised via chart reviews, progress reports, site

visits and ongoing discussions at the quarterly meetings. OHA has requested information on which procedures will be completed at each of the locations under the NARA site; however, the project has yet to determine that information.

Q: Does the Alaska program have a plan or timeline for when they might apply for CODA [Commission on Dental Accreditation]? How long is the accreditation process?

A: Some discussion on the timeline – no one is quite sure. A couple of years probably. A self-study has been written, and then a site visit will occur and CODA will review everything. It is a long drawn-out process. Minnesota has elected to wait to obtain CODA accreditation since they already have a state process through their board of dentistry. If Alaska applies and is awarded accreditation, they will be the first CODA accredited dental therapy program in the United States.

(Copy of PowerPoint Presentation Attached)

Presentation: Dental Health Aide Therapist Preceptorship and Quality Monitoring
Dane Lenaker, DMD, MPH

Highlights of Presentation:

Preceptorship Requirements for New DHAT

- 400 hours of direct supervision.

Direct Supervision

- Diagnose, Authorize procedures, Evaluate performance
- Supervising Dentist – completed chair side with DHAT.

Dental Therapist Evaluation Form

- Google Doc Example [See attached PowerPoint PDF]
- Each section has a scoring criteria of "Acceptable" and "Unacceptable."
- Each term is defined for each procedures type.
- Acceptable – Services rendered are acceptable and/or functional.
- Unacceptable – Clear miss of detail, unable to complete service, or lack of knowledge in area.

Summary Data Easily Accessible

- Data stored in excel format.

Standing Orders

- Defined after preceptorship.
- May be very limited or cover the entire possible scope of a DHAT.
- Typically required for work under general supervision.
- Example of Standing Orders [See attached PowerPoint Pdf]

Chart Review Process

- Google Doc Example [See attached PowerPoint Pdf]
- Dental Therapist Chart Review Form
- Score of Acceptable and Unacceptable

Summary of Questions and Answers:

Q: OHA program staff requested clarification on the frequency that the supervising dentist will be conducting chart reviews.

A: Chart reviews will be conducted on a weekly basis. However, it will not begin until the preceptorship concludes.

Q: Committee members asked for clarification on the preceptorship process. Is 400 hours of preceptorship adequate? Do you find the students to be competent at this point?

A: There's a wide range. I'd say 400 hours is a minimum. Your top student would be good at 400 hours. Your average student may need more, it may depend on their background. If they've had other dental experience, they may be ok. This is a minimum number of hours. There is a number of competencies that must be completed as well.

A: OHA program staff stated there is detailed information the preceptorship process in the application.

Q: The committee had several questions around the process and procedure of extractions. There were questions concerning scope of practice of the extraction procedures and whether the dental therapist can lay a flap.

A: The project representative stated that they do not lay flaps and that they are limited to a simple extraction. If there is sinus exposure, or other more complex procedures, then the DHAT would discuss it with their supervising dentist to see how to proceed.

Q: How does the DHAT decide what is a simple extraction is or not? Is that part of the preceptorship?

A: The dentist will work with the DHAT to gauge that scope of the procedure. A supervising dentist would have a discussion with the DHAT before the procedure to decide if that is a procedure that the DHAT can do. Part of their training is to decide which procedures are a part of their scope. The DHAT is required to consult with their supervising dentist always before performing and completing an extraction.

Q: What happens when you get into a procedure and you get in trouble? The general supervision piece is where I want to understand more.

A: The DHATs are very well trained. Even dentists get into situations they cannot anticipate, and if they have to, they refer to a specialist. This is the same for a DHAT.

Q: Question about decision making process between DHAT and supervising dentist.

A: It will depend on the case and setting. You may delay treatment in certain circumstances. The relationship between the DHAT and their supervising dentist is very close. The dentist has to learn what the DHAT can do and build that trust. They are in constant communication.

Q: Clarification was requested about whether the project will require a post-operative radiograph after each extraction.

A: OHA program staff clarified the requirements and their position on requiring radiographs. In February, OHA received letters from the Oregon Dental Association and the Oregon Board of Dentistry asking why there was not a requirement that a post-operative radiograph be taken after the procedure had been completed. There was considerable discussion on this point and a significant amount of research was completed on this item. The project felt pressured by OHA to include a post-operative radiograph. However, after further review and consultation with subject matter experts, it is OHA's position that it is not the standard of care to take a post-operative

radiograph after an extraction. OHA has asked the project to remove this language from their process for extractions.

(Copy of PowerPoint Presentation Attached)

The representatives from the project were excused for the remainder of the meeting.

Project Updates for Advisory Committee

Ms. Kowalski updated the committee on administrative issues and site visit information.

Resignation of Committee Member

- Dr. Ten Pas resigned from the committee in March 2017.
- Oregon Dental Association has nominated Dr. Teri Barichello as their representative on the committee. Dr. Barichello is Vice-President and Chief Dental Officer at ODS.

New Committee Members and Applications

- Application process closes June 30th for new members to the Advisory Committee.
- Capacity per the charter includes three more individuals.
- OHA can elect to extend invitations to qualified candidates if more apply than there is space available.

Site Visit Schedule

- Dr. Bruce Austin, Statewide Dental Director and Ms. Sarah Kowalski, Dental Pilot Project Coordinator are seeking approval to conduct a site visit to Alaska to review the training portion of the pilot project and report back to the committee.
- A site visit will be scheduled in Coos Bay at the Confederated Tribes of Coos, Lower Umpqua & Siuslaw Indians: CTCLUSI Dental Clinic in Fall/Winter 2017.
- Site visits in Oregon will include a limited number of individuals from the Advisory Committee who wish to participate.
- Site visit process review will occur at the quarterly meeting in September 2017 with input from the committee.

Small Group Discussion

Members of the Advisory Committee were asked to break out into groups of three or four individuals. Each group worked together to review the preceptorship form and chart review form presented by the project. The Indian Health Services Chart Review document was provided as an example that OHA may adapt and use in the required site visits.

OHA reiterated that their chief objective and responsibility is monitoring for patient safety. Inside of that framework, OHA can require projects to demonstrate how they are monitoring and tracking for patient safety via complications and adverse events.

Summary of Discussion

The following is a summary of requests from Advisory Committee members after the group discussion was completed.

Recommendations and/or Requests for Clarification:

1. **Preceptorship Process**
   The committee requests further clarification on the preceptorship process. There remains confusion regarding the process and the subjective nature as to when or why a dental therapist would be required to complete additional hours beyond the 400 clinical hour preceptorship.

   A. Who determines the additional number of hours required? Is it by procedure type?
   B. Is the DHAT model the only education model that requires a preceptorship? Compared to the hygiene-based models?
   C. Are there remedial steps for an individual who does not pass a preceptorship?
   D. What is the process for an experienced DHAT and the preceptorship period in Oregon? How is the word "experienced" defined? Number of hours practiced?
   E. The preceptorship requires 8 simple extractions be completed as defined by CDT code D7140. How many simple extractions are completed prior to graduation?

2. **Patient Confidentiality and Trainee Records**
   The committee requests clarification over the specifics in the patient record.

   A. Is the DHAT chart review part of the trainee record or is it located in the patient record? How does this comply with HIPAA laws – will a patient be able to request trainee records?
   B. Where are the trainee records housed?

3. **Tracking Complications**
   The committee recommends the project develop internal tracking tools to monitor complications.

   A. The project is utilizing Dentrix dental software management. Dentrix is capable of creating internal office only codes to be utilized by the project to assess for potential quality areas that may need improvement.

4. **Dental Codes**
   The committee had several questions regarding dental coding as identified in Appendix E.

   A. The codes identified appear to be missing silver diamine fluoride. Does the project plan to not utilize this in their sites? Please clarify why the project would choose not to utilize SDF.
   B. There is a dental hygiene education code – it is not billable, but you can track patient compliance. CDT 1330 can be used as a tracking mechanism.
   C. There is a sealant repair/replacement code which was not included on the coding list. This is not billable, but would allow for assessment of quality and an area of quality improvement.
   D. There are newer CDT codes that allow for monitoring of case management. These include addressing appointment compliance barriers, care coordination and patient education. These are not billable, but would allow for assessment of patient access issues if coded by each site.
   E. Are dental therapists trained to provide subgingival scaling? Are dental therapists under the DHAT model able to provide periodontal maintenance procedures? Other periodontal treatment? What role do dental therapists play in periodontal disease treatment and prevention under the DHAT model? Do dental therapists diagnose periodontal disease?
   F. The committee would like clarification on the process for determining patient risk assessment. Is the project documenting in the chart notes whether the patient is low, medium, or high risk? What risk assessment process or model are they using?
   G. The following codes are suggestions to augment the coding list as submitted in Appendix E.

D1310	Nutritional counseling for control of dental disease
D1320	Tobacco counseling for the control and prevention of oral disease
D1330	Oral hygiene instructions
D1352	Preventive resin restoration in a moderate to high caries risk patient – permanent tooth
D1353	Sealant repair - per tooth
D1354	Interim caries arresting medicament application
D2940	Protective restoration
D2941	Interim therapeutic restoration – primary dentition
D0460	Pulp vitality tests
D0601	Caries risk assessment and documentation, with a finding of low risk
D0602	Caries risk assessment and documentation, with a finding of moderate risk
D0603	Caries risk assessment and documentation, with a finding of high risk
D9991	Dental case management - addressing appointment compliance barriers
D9992	Dental case management – care coordination
D9993	Dental case management – motivational interviewing
D9994	Dental case management – patient education to improve oral health literacy

Required Clarifications and Implementation for Dental Pilot Project #100

The following is a summary of **requirements** from the Advisory Committee and OHA Dental Pilot Project Program.

1. **Outcomes and Complications**
   A. Patients who return to the office, following a procedure and have a complaint or complication must be identified and tracked. A tracking code in Dentrix could be created to allow for overall site monitoring of the number of patients who are returning due to any complication or complaint.
   B. Each irreversible procedure should have a list of associated complications that must also be recorded. Please define under each irreversible procedure evidence-based complications and/or adverse outcomes and how they will be reported in Dentrix and ultimately in the patient's chart. The advisory committee reported a concern that there will be an intrinsic bias to underreport adverse outcomes without a set of objective guidelines.

Example:

D3220, D3110, D3221	Reference: Primary Tooth Vital Pulp Therapy: A Systematic Review and Meta-analysis. American Association of Pediatric Dentistry. Available at PubMed: https://www.ncbi.nlm.nih.gov/pubmed/28292337
For example, this list of standardization rules was developed by the AAPD and could be augmented by the project to record standardization of what is considered a recordable complication/adverse event/failure by the project. An augmented version of the VPT (Vital Pulp Therapy) rules, that could be used by the project, is as follows: VPT Standardization Rules. Overall VPT success was standardized by applying the following rules in the AAPD study design: 1. Following a VPT, if a tooth exfoliated in less than six months, it was counted as a failure.	

2. If a tooth exfoliated greater than six months after VPT, it is counted as a success.
3. Contained internal resorption and excess mobility were counted as failures in any time frame.
5. Overall success was defined as only those teeth that showed both clinical and radiographic success simultaneously.

2. Adverse Events

A. Reportable Adverse Events needs to be defined.
B. Internal processes about what is handled at the clinic level versus what is reported out to OHA on the Adverse Event Form require clarification.
C. OHA is developing a clearer definition of what constitutes a reportable Adverse Event for the program.

3. Procedure Clarification

A. Extractions, CDT Code D7140, is defined at "includes removal of tooth structure, minor smoothing of socket bone, and closure if necessary." Please clarify if the dental therapist will be providing sutures? Will the dental therapist be completing minor smoothing of socket bone? What type of hemostatic materials will the DHAT be trained on (i.e. gel foam, surgical etc.)?
B. Who is determining the classification and distinction of the type of extraction, as defined between CDT Code D7140 and CDT Code D7210?
C. Is there a moratoria on third molar extractions?
D. Please remove language in Appendix C: "For this pilot project, all extractions should have a pre and post---op radiograph." The Oregon Health Authority will not require dental therapists to operate outside of standard of care. The orders for post-operative extraction radiographs will be made on a case-by-case basis by the supervising dentist as was originally proposed by the project. Pre-operative radiographs should follow standard of care for extractions. All extracted teeth must have a post-operative photograph taken and stored in the patient's record.

4. Appendix D:

A. "Varnish - Acceptable -Teeth are dried, varnish applied to all surfaces. Fluoride application interval appropriate for patient's caries risk." It is not a requirement that teeth be dried to apply fluoride varnish.
B. "SSC - Acceptable - Crown occlusal surface level with adjacent teeth; contacts restored; margins of crown ~1.0 mm under the gingival sulcus; crown does not move or rock, gap-free margins are smooth and curved, excess cement removed." Please add the words properly luted and completely seated under requirements for SSC – Acceptable.
C. Anesthesia. All patients, ages 18 and under, must have their weight taken on the day of the operative or surgical procedure and recorded in the patients chart.
D. Anesthesia. For all patients for whom the maximum dosage of local anesthetic may be a concern, the weight should be documented prior to the procedure in the patients chart.

5. **Appendix F:**

    A. Behavior and management documented for all patients ages 12 years of age and under.
    B. A standardized behavior management scale should be used (i.e. Frankl Scale) and documented in the patient record.

6. **Prescribing**

    A. Please clarify if the dental therapists are authorized to prescribe. This includes antibiotics, chlorhexidine, NSAIDS, fluoride tablets, foams and gels.

7. **Malpractice Insurance**

    There is currently no requirement under the State of Oregon Dental Practice Act that licensed active dentists hold liability insurance. The State of Oregon Dental Practice Act requires that Expanded Practice Dental Hygienists hold current professional liability policies as stated in OAR 818-035-0065. Under OAR 333-010-0415, trainees under the approved Dental Pilot Project must have "(E) Documentation of liability insurance relevant to services provided by trainees."

Please provide a copy of the current liability insurance or declaration page which will include the policy number and expiration date of the policy.

Follow-Up Items

Ms. Kowalski will complete the following items:

- Meet with NPAIHB to discuss additional requirements and recommendations to be added to the project.
- Send Doodle Poll for future meeting to committee members.
- Communicate with the committee on applications received for the open positions on the DPP #100 Advisory Committee.
- Review Site Visit Approval with the Advisory Committee.
- Send report of meeting out to the Advisory Committee once completed.

The meeting adjourned at 3:00 pm.