CENTER FOR PREVENTION AND HEALTH PROMOTION
Oral Health Program

Kate Brown, Governor

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DATE: April 9, 2018

TO: Joe Finkbonner
Northwest Portland Area Indian Health Board

FROM: Bruce Austin, Statewide Dental Director
Oregon Health Authority

RE: Status of February 26, 2018 Site Visit
Findings & Further Clarification Needed on Dental Pilot Project #100

SITE VISIT

On February 26, 2018, the Oregon Health Authority (OHA) conducted the second required site visit for Dental Pilot Project #100, "Oregon Tribes Dental Health Aide Therapist Pilot Project."

The OHA Dental Pilot Projects Program is responsible for monitoring approved pilot projects. The primary role of the Oregon Health Authority is monitoring for patient safety. Secondarily, program staff shall evaluate approved projects and the evaluation shall include, but is not limited to, reviewing progress reports and conducting site visits. OHA is responsible for ascertaining the progress of the project in meeting its stated objectives and in complying with program statutes and regulations.

Per Oregon Administrative Rule (OAR) 333-010-0455, a report of findings and an indication of pass or fail for site visits shall be provided to the project director in written format within 60 calendar days following a site visit. The Oregon Health Authority has determined that Dental Pilot Project #100 is in non-compliance with the requirements set forth in OARs 333-010-0400 through 333-010-0470, and therefore has **failed** the site visit.

As outlined in OARs 333-010-0400 – 333-010-0470, dental pilot projects are required to operate according to their approved applications and modifications. Projects that operate outside of the approved provisions in their application or modifications are in violation of the OARs. A pilot project may be suspended or terminated during the term of approval for violation of 2011 Oregon Laws, chapter 716 or any of the OARs 333-010-0400 through 333-010-0470.

STIPULATED AGREEMENT

On April 3, 2018, the Northwest Portland Area Indian Health Board (NPAIHB) entered into a signed Stipulated Agreement which states that the NPAIHB and OHA agree that OHA has

adequate grounds to issue a Notice of Proposed Suspension to NPAIHB. In lieu of OHA issuing a Notice of Suspension to the project, NPAIHB agreed to the terms outlined in the agreement. NPAIHB agrees that if they violate the terms of the agreement, OHA may suspend its approval of the project until such time as it can come into compliance with its approved plan and OARs 333-010-0400 to 333-010-0470.

SITE VISIT FINDINGS & ITEMS NEEDING FURTHER CLARIFICATION

As part of the site visit, there are several items that need to be addressed or require further clarification from NPAIHB:

1. **Failure to Follow OHA Directives**: On November 27, 2018, OHA issued a notice to NPAIHB requiring the project to cease providing planned extractions by dental health aide therapist (DHAT) trainees since it is outside of the scope of practice requirements as outlined in the approved application. NPAIHB failed to inform the project sites of the directives issued by OHA. DHAT trainees at the pilot project sites continued to perform planned extractions outside of the requirements that they be a medical emergency. Medical emergencies are defined under ORS 682.025 and OAR 141-120-0000.

   Corrective Action: On February 28, 2018, OHA informed both the NPAIHB and clinic sites verbally of the concerns discovered in the oral interviews with the Native American Rehabilitation Association (NARA) clinicians. A commitment to cease procedures that are not allowed under the approved application was obtained from both the NPAIHB and pilot sites. On April 3, 2018, NPAIHB entered into a signed Stipulated Agreement agreeing that in lieu of OHA issuing a Notice of Suspension to the project, the NPAIHB will agree to follow clinical parameter criteria for extractions outlined in the agreement.

2. **Nitrous Oxide**: DHAT trainees at the pilot sites provided services to patients who were under the use of nitrous oxide. Nitrous oxide was administered by the supervising dentist under direct supervision.

   In an addendum to their approved application, NPAIHB states “The DHATs are not trained to use it; they will not be using Nitrous Oxide.” At subsequent Advisory Committee meetings, the NPAIHB was questioned as to the methodology and logic of excluding DHAT trainees from receiving training on nitrous oxide when it is used at each pilot site.

   On October 31, 2017, the NPAIHB stated that “Nitrous is used at both NARA and CTCLUSI, but for the purposes of this pilot, we have decided at this point not to modify our application to include additional training in Oregon on Nitrous Oxide for DHATs. DHATs are able to provide treatment to a patient that is placed under Nitrous Oxide or other analgesics.”

   On November 21, 2017, OHA informed the NPAIHB in writing of the following requirements:

   I. If DHAT trainees are providing treatment to patients under “nitrous oxide or other analgesics,” then OHA requires that the trainees participating in the approved pilot project follow the Oregon Board of Dentistry administrative rules for

Anesthesia OARs 818-026-0000 through 818-026-0120.

II. The project must provide clarification on the intention of using nitrous oxide by DHATs in the pilot project, as well as the training received and competency if operating as an Anesthesia Monitor, etc.

III. If it is the intention of the project trainees to utilize nitrous oxide or work on patients under nitrous oxide, then the project must apply for a modification to their application.

A copy of the administrative rules for nitrous oxide OARs 818-026-0000 through 818-026-0130 was supplied to the NPAIHB.

On November 30, 2017, OHA received a memo from NPAIHB stating: "After further review of the Oregon Dental Practices Act, we agree that our DHATs are not, and will not be authorized to administer Nitrous Oxide, or work on patients that have received Nitrous Oxide from someone who has a valid Nitrous Oxide permit."

NPAIHB failed to inform the project sites of the directives issued by OHA. The DHAT trainees at both pilot sites provided services to patients who were under the use of nitrous oxide.

<u>Corrective Action</u>: On February 28, 2018, OHA informed both the NPAIHB and clinic sites verbally of the concerns discovered in the oral interviews with the NARA clinicians. A commitment to cease procedures that are not allowed under the approved application was obtained from both the NPAIHB and the pilot site. On April 3, 2018, NPAIHB entered into a signed Stipulated Agreement agreeing that in lieu of OHA issuing a Notice of Suspension to the project, the NPAIHB will prohibit DHAT trainees from treating patients who are receiving nitrous oxide.

<u>Required Next Steps</u>: NPAIHB will develop written standing operating procedures (SOPs) and reference resources for use by each pilot project site. OHA will require the project to conduct training sessions at each pilot project site for compliance with required SOP and associated materials. Training sessions must be completed at each pilot site by August 1, 2018. Dates and attendees of the training sessions must be supplied to OHA.

3. **Practicing Outside the Scope of Approved Practice**: Review of the chart records indicate that on three separate occasions the trainee completed extractions or attempted to complete extractions, which are outside of the trainees approved scope of practice as outlined in the Community Health Aide Programs Board (CHAP) Standards and approved application:

    As stated in the approved application under CHAP Standard 2.30.610, in addition to the requirement that extractions must be completed by DHAT trainees in the event of a medical emergency, DHAT trainees are authorized to complete uncomplicated extractions with prior evaluation of the x-ray and consultation when appropriate for proximity to the mandibular canal; proximity to the maxillary sinus, root fractures or dilacerations; multiple roots; a well-defined periodontal ligament space; and enough

clinical crown to luxate the tooth.

Project trainees are only authorized to complete simple uncomplicated extractions. In two of these instances, the procedure became surgical in nature in order to complete the procedure.

A. In the first instance, the trainee attempted to extract tooth #20 with no clinical crown above the gingival level. Radiographs demonstrate that the tooth had no clinical crown. Chart notes state that the trainee was unable to extract the tooth and required intervention by the supervising dentist. The dentist was required to cut a flap in order to extract the tooth.

B. In the second instance, the trainee extracted teeth #15 and #16. Chart notes state that after the teeth were extracted by the DHAT trainee, buccal bone was attached to the extracted teeth. The supervising dentist was required to take over the procedure and used a bone file to reshape the bone in the extraction site and suture the area.

C. In the third instance, the trainee extracted teeth #18 and #19. Tooth #18 had no clinical crown. The two remaining roots of #18 were embedded in the soft tissue. Both radiographs and intra-oral images demonstrate that the tooth had no clinical crown. Chart notes state that the trainee was successfully able to extract the teeth.

OHA is concerned that the DHAT trainee was authorized to complete procedures that fell outside of their scope of practice according to the approved project application. DHAT trainees do not have the scope of practice to cut soft tissue or resolve extractions that become surgical in nature. The NPAIHB has stated on several occasions that the DHAT trainees are taught the limitations of their scope of practice and are aware of those limitations. Of particular concern is that the DHAT trainee at the NARA site has been practicing for over 8 years.

There is considerable concern that the project's intention is to have the DHAT trainee complete extraction procedures under general supervision. Had the DHAT trainee been authorized to complete these procedures under general supervision, with no dentist on-site, the DHAT trainee would have lacked the necessary skills to complete the procedure. This would have resulted in undo pain for the patient and would have necessitated a referral to a dentist to complete the procedure.

Corrective Action: On April 2, 2018, NPAIHB entered into a signed Stipulated Agreement agreeing that in lieu of OHA issuing a Notice of Suspension to the project, the NPAIHB must only allow a DHAT trainee to perform extractions under the following conditions:

1. All extractions must be performed under the indirect supervision of the DHAT trainee's supervising dentist. Indirect supervision is defined under ORS 679.010 as supervision requiring that a dentist authorize the procedures and that a dentist be on the premises while the procedures are performed.

2. For primary and permanent tooth extractions, the DHAT trainee will first receive and document authorization from the supervising dentist.

3. For primary teeth, the trainee may perform non-surgical extractions on teeth that exhibit some degree of mobility. The trainee will not extract a tooth if it is unerupted, impacted, fractured or decayed to the gum line, or needs to be sectioned for removal.

4. For permanent teeth, the trainee may perform non-surgical extractions of periodontally diseased teeth with evidence of bone loss and +2 degree of mobility. The trainee will not extract a tooth if it is unerupted, impacted, fractured or decayed to the gum line, or needs to be sectioned for removal.

5. Document all information related to extractions as specified above along with the criteria required for the project evaluation which include a recent radiograph of the tooth to be extracted, a pre-operative intra-oral image of the tooth to be extracted, and a post-operative image of the extracted tooth.

Required Next Steps: The project is required to clarify the scope of practice concerns around intra-oral suturing. The DHAT trainee indicated in their interview during the site visit that they are specifically taught that intra-oral suturing is outside of their scope of authorized practice. This was confirmed in statements by the supervising dentist. Each stated that DHAT's are not taught suturing in the training program and are prohibited from suturing. This is of concern as NPAIHB contradicts the statements of both the trainee and supervising dentist. NPAIHB provided information to OHA stating that DHAT's are in fact authorized to perform suturing and are taught this as part of their training. Clarification as to the contradicting statements is required.

NPAIHB will develop written standing operating procedures (SOPs) and reference resources for use by each pilot project site. OHA will require the project to conduct training sessions at each pilot project site for compliance with required SOP and associated materials. Training sessions must be completed at each pilot site by August 1, 2018. Dates and attendees of the training sessions must be supplied to OHA.

4. **Informed Consent**: The project failed to obtain written informed consent for services by the trainee on the date of service, as required in OAR 333-010-0440 and OAR 123-456-7890, on multiple occasions in charts provided for review – including treatment of 3 minors. On four occasions, the signed consent to be treated by a trainee was obtained after the initial date of service. On two occasions, the printed patient name is not listed on the signed informed consent form. On one occasion, informed consent to be treated by the trainee was absent entirely. Overall, only 74% of the 23 charts reviewed in the randomized sample had a signed form consenting to treatment by the DHAT trainee on the initial date of service.

   Additionally, an approved oral surgery consent form is required for all extractions. Of the 9 charts reviewed for which an oral surgery consent form is required, only 1 chart had a signed oral surgery consent form that matches the form approved for the pilot project. For the remaining charts, 7 charts included a different oral surgery consent form. Written consent for oral surgery is missing entirely for one chart.

Corrective Action: On April 3, 2018, NPAIHB entered into a signed Stipulated Agreement agreeing that in lieu of OHA issuing a Notice of Suspension to the project, the NPAIHB must ensure that all required consent forms are completed and placed in charts prior to services being performed.

Required Next Steps: NPAIHB will develop written standing operating procedures (SOPs) and reference resources for use by each pilot project site. OHA will require the project to conduct training sessions at each pilot project site for compliance with required SOP and associated materials. Training sessions must be completed at each pilot site by August 1, 2018. Dates and attendees of the training sessions must be supplied to OHA.

5. **Non-Adherence to Approved Evaluation & Monitoring Plan**: Based on review of the 23 submitted charts, the project is not in compliance with Appendix C intra-oral image and radiographic collection requirements of the approved Evaluation and Monitoring Plan.

   In the 23 charts submitted, there were 42 unique procedures identified that required a pre- and post-operative intraoral image. Of these, 12 procedures (29%) were missing a pre-operative and/or post-operative intraoral image. Additionally, restoration procedures require an intraoral image of the tooth prep, which was missing in 5 of the 31 identified procedures requiring a prep image. Adequate patient safety and procedure quality cannot be determined without proper image documentation.

   Corrective Action: On April 3, 2018, NPAIHB entered into a signed Stipulated Agreement agreeing that in lieu of OHA issuing a Notice of Suspension to the project, the NPAIHB will adhere to their approved Evaluation and Monitoring Plan.

   Required Next Steps: NPAIHB will develop written standing operating procedures (SOPs) and reference resources for use by each pilot project site. OHA will require the project to conduct training sessions at each pilot project site for compliance with required SOP and associated materials. Training sessions must be completed at each pilot site by August 1, 2018. Dates and attendees of the training sessions must be supplied to OHA.

6. **Failure to Submit Required Information to OHA as Required**: As part of the site visit, the project was required to submit a randomized sample of charts to OHA by February 27, 2018 based upon quarterly data submitted in the Detailed Data Report. Upon review, it was determined that a significant portion of these charts were incomplete and were missing significant components required for review and assessment of quality. These include pre-operative intra-oral images, prep intra-oral images, post-operative intra-oral images, pre-operative radiographs and informed consent forms.

   Reviewers were unable to adequately assess several of these charts as required for evaluation of patient safety. Of the 24 charts requested, 63% were missing one or more element. OHA further requested the missing components of the charts and received most of the required materials on March 16, 2018. Project managers indicated on that

date that one chart number had been included in the Detailed Data Report in error, and was not a patient seen by the trainee.

Corrective Action: On April 3, 2018, NPAIHB entered into a signed Stipulated Agreement agreeing that in lieu of OHA issuing a Notice of Suspension to the project, the NPAIHB will adhere to their approved Evaluation and Monitoring Plan.

Required Next Steps: NPAIHB will develop written standing operating procedures (SOPs) and reference resources for use by each pilot project site. OHA will require the project to conduct training sessions at each pilot project site for compliance with required SOP and associated materials. Training sessions must be completed at each pilot site by August 1, 2018. Dates and attendees of the training sessions must be supplied to OHA.

7. **Detailed Data**: The project is required to submit a full and complete detailed data report (DDR) to OHA quarterly. Upon review of the DDR and comparison of the chart records, numerous procedures were omitted on the detailed data report. Instructions for submission of the DDR indicate that every service provided by the trainee must be included as a separate entry. Stratified random samples are selected from the information contained in the DDR, so accuracy of the DDR is critical to the required evaluation by OHA.

   Based upon the submitted DDR, there were an expected 41 unique procedures (defined by ADA CDT codes) completed by the trainee on 23 unique patients. After review, there were 102 unique procedures identified as being completed by the trainee. Of the 23 charts reviewed, only 35% were accurately represented in the DDR. The procedures omitted in the DDR include one completed extraction, as well as many preventive and restorative services. This is an indication of severe data validity issues in the detailed data reports as submitted. Without a complete data set in the DDR, conclusions cannot be drawn as to the representative nature of the charts submitted. It is unknown how many other procedures have been completed by the trainee that were not included on the DDR for charts not selected in the randomized sample.

   Corrective Action: On April 3, 2018, NPAIHB entered into a signed Stipulated Agreement agreeing that in lieu of OHA issuing a Notice of Suspension to the project, the NPAIHB will adhere to their approved Evaluation and Monitoring Plan.

   Required Next Steps: NPAIHB will develop written standing operating procedures (SOPs) and reference resources for use by each pilot project site. OHA will require the project to conduct training sessions at each pilot project site for compliance with required SOP and associated materials. Training sessions must be completed at each pilot site by August 1, 2018. Dates and attendees of the training sessions must be supplied to OHA.

   The next detailed data report is due to OHA by April 30, 2018 and must include every procedure completed by the trainee.

8. **Failure to Document**: The pilot site has failed to maintain accurate patient records in accordance with OAR 818-012-0070. Examples include incorrectly recording treatment

rendered, incorrectly coding for one procedure when a different procedure was performed, and not recording patient weight when administering analgesics to minors.

Additionally, in one instance, the trainee completed an extraction that was coded as D7210, which falls outside the scope of DHAT practice. D7210 is defined as surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth. Project managers indicated that this was coded in error, which indicates a failure to accurately document patient treatment.

Required Next Steps: NPAIHB will develop written standing operating procedures (SOPs) and reference resources for use by each pilot project site. OHA will require the project to conduct training sessions at each pilot project site for compliance with required SOP and associated materials. Training sessions must be completed at each pilot site by August 1, 2018. Dates and attendees of the training sessions must be supplied to OHA.

9. **Advisory Committee**: The project failed to meet with their own advisory committee in the two years since approval of the dental pilot project. The approved application includes details of the project assembling an Advisory Committee of their own and meeting regularly. The project has not met once in two years since the approval of the project in February 2016.

   Corrective Action: OHA will require the project adhere to their approved application. OHA will require that the NPAIHB conduct quarterly meetings with their own Advisory Committee. The NPAIHB will submit dates and attendees of these meetings in their quarterly progress report to OHA.

10. **Project Management:** There is considerable concern that the NPAIHB is failing to adequately communicate clinical concerns with the project sites. Supervising dentists at each pilot site have indicated frustration with a lack of communication on issues which are highly relevant and time sensitive. Concerns remain that the NPAIHB does not have a clinical dental subject matter expertise in the project manager role. There remains ambiguity and inconsistencies regarding clinical questions and concerns raised by both OHA and the Advisory Committee around extractions, nitrous and suturing. Several statements received by OHA from the project have contradicted each other and have caused concern regarding patient safety and the provision of quality care.

    Corrective Action: On April 3, 2018, NPAIHB entered into a signed Stipulated Agreement agreeing that in lieu of OHA issuing a Notice of Suspension to the project, the NPAIHB will hire or contract for an Oregon-licensed dentist actively practicing in the State of Oregon, to provide clinical technical expertise and project oversight by **June 21, 2018**.

RESPONSE REQUIRED

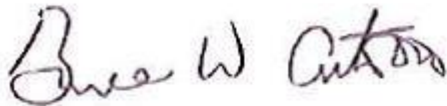
The project will respond to all concerns outlined above that are not addressed in the Stipulated Agreement. OHA will conduct a follow-up site visit to the NARA pilot site within

the next 6 months to assure that the corrective actions outlined above have been performed.

The Northwest Portland Area Indian Health Board must respond to any findings or requests for clarification by **Wednesday, May 16, 2018**.

A full report of findings will be issued by OHA by August 1, 2018.

Sincerely,



Bruce Austin, DMD
Statewide Dental Director

CC: Dental Pilot Project Advisory Committee #100

Appendix C

Guide to Radiography and Intra Oral Images for Irreversible Procedures Performed by Dental Therapists

REVISED APRIL 29, 2017

PREPARED BY DANE LENAKER, DMD, MPH
Lenaker Consulting

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 external supervision while working in association with the Northwest Portland Area Indian Health Board.

Overview:

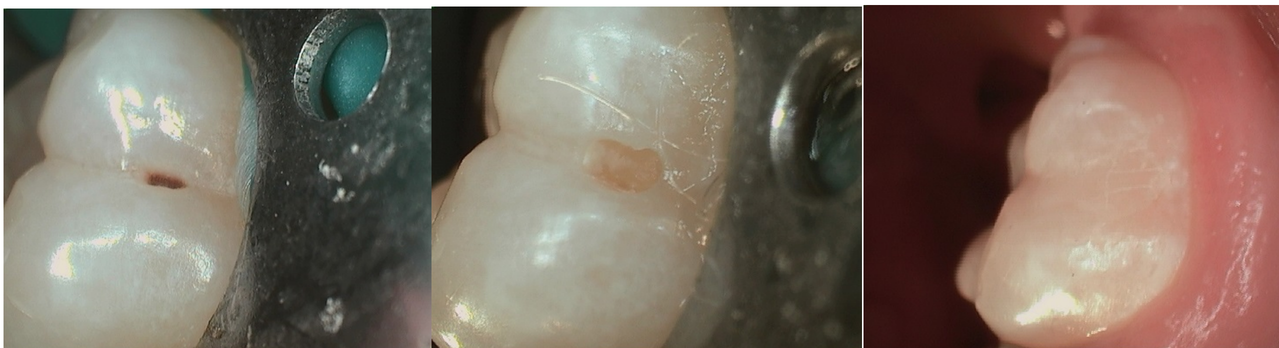
Dental therapists participate in procedures that are at times, irreversible. Examples of such procedures include fillings, stainless steel crowns (SSC's), pulpal therapy such as pulpotomies, and extractions. Each procedure may require different levels of documentation to adequately facilitate general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

Description	Code(s)	Irreversible	FMX	Pano	BW's	PA's	Tooth Based Imaging	General Notes
Restorations (Composite, Amalgam, Protective)	2140, 2150, 2160, 2161, 2391, 2330, 2331, 2332, 2335, 2392, 2393, 2394, 2940, 2941,	Y	NA	NA	Y	Y	Y	**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. **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, 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 buccal restoration may only require a buccal image.

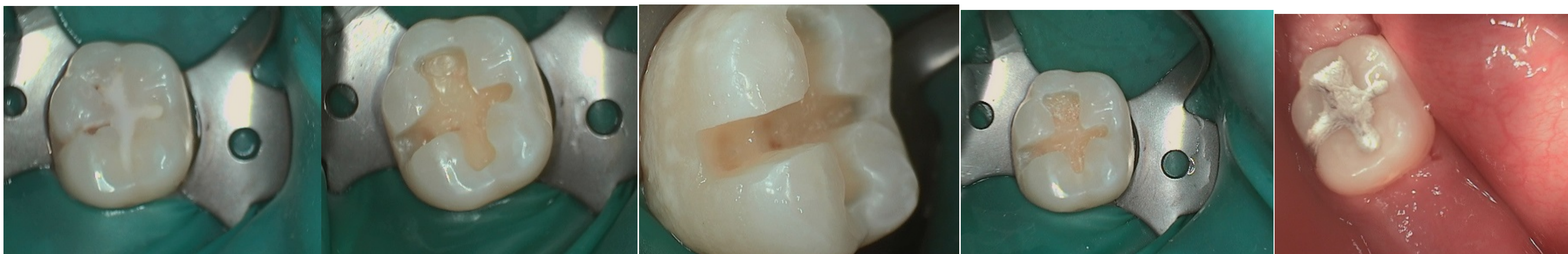
Stainless Steel Crowns	2930, 2931,	Y	NA	NA	Y	Y	Y	**Radiographic Considerations:** 1) Pre-operative: new bitewing, PA, and/or tooth-level images **may** be required if patient has not had a comprehensive or periodic exam within the last year, OR if the tooth of the tooth has changed since the last evaluation. 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. **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.

Pulp Therapy	3110, 3120 3220, 3221	Y	NA	NA	N	Y	Y	**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. **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 requirements.
Extractions	7111, 7140	Y	NA	NA	N	Y	Y	**Radiographic Considerations:** 1) Pre-operative: new bitewing, PA, and/or tooth-level images are recommended for extraction procedures. 2) Post-operative: A post-operative radiograph may be indicated if the tooth to be removed is extracted n pieces, or the root tips appear blunted or indistinct post removal. **For this pilot project, all extractions should have a pre and post-op radiograph.** **Intra Oral Images Considerations:** 1) Pre-Op image from the occlusal view. Other views may be used for large, multi-surface cavitation. 2) Post-Op Image should show extracted tooth plus all root surfaces. This may include an image made apically to demonstrate root structure.

Example, Simple Restorative:
Below is an example of an image progression for buccal caries. Images were made of the buccal surface of the tooth pre-operatively, demonstrating an ICDAS class 2 or greater lesion. Restoration was prepared, an image was made of the final preparation. The image was then restored with a composite material, and final image was captured. Radiographs: not shown.



Example, Complex Restorative:
Below is an example of an image progression for recurrent caries on the occlusal and buccal surfaces. Images were made of the buccal pre-operatively, demonstrating an ICDAS class 2 or greater lesion from the occlusal. Restoration was prepared, additional images were made to show the cavitation extending to the buccal. A final image was made of the completed preparation. Lastly, the tooth restored with an amalgam material, and final image was captured. Radiographs: not shown.

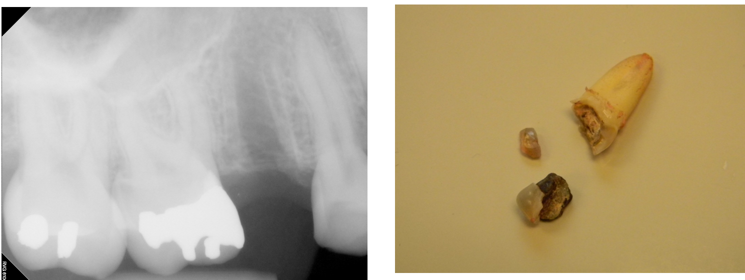


Example, Complex Extraction

Below is an example of an image progression for a tooth requiring emergency extraction. This case has patient to be more complicated due to the root structure and space loss. As a result, a post op image was required of the tooth in question. Because roots and tooth were removed in whole, a post op radiograph was not ordered.

Example, Extraction with Tooth Fracture:

Below is an example of an image progression for a tooth that was delivered in multiple pieces. As a result, the supervising dentist requested a post op radiograph and an image of all tooth pieces. Not shown: Pre-op intra oral image of pre-op radiograph.



References:

1. American Academy of Pediatric Dentistry. Guideline on prescribing dental radiographs for infants, children, adolescents, and persons with special health care needs. http://www.aapd.org/media/Policies_Guidelines/E_Radiographs.pdf. Last accessed January 16, 2017. (**Guideline**)

2. Dental Radiographic Examinations: Recommendations for Patient Selection and Limiting Radiation Exposure (2012) n. pag. AMERICAN DENTAL ASSOCIATION. http://www.ada.org/~/media/ADA/Publications/ADA%20News/Files/Dental_Radiographic_Examinations_2012.pdf?la=en Last accessed January 16, 2017. (**Guideline**)

3. **Welcome to ICDAS 2017. (n.d.). Retrieved January 16, 2017, from https://www.icdas.org/**

Christina Peters
Native Dental Therapy Initiative

4/30/18

RE: Gap Analysis for Ben Steward, DHAT

Dear Ms. Peters,

Ben Steward attending the Dental Health Aide Therapist (DHAT) Educational Program in Alaska January 2008 through December 2009. He successfully completed the program and became certified as a DHAT with the Alaska Community Health Aide Program Certification Board. The DHAT Educational Program as administered by the Alaska Native Tribal Health Consortium has largely remained consistent in the educational topics covered, with a few exceptions. One notable change was the shift of our academic affiliation from the University of Washington School of Medicine, MEDEX Physician Assistant Training Program to Iḷisaġvik College. Iḷisaġvik College is Alaska's only tribal college located in Utqiaġvik, Alaska. I have reviewed the curriculum from 2008 and cross walked it with the current curriculum to determine where there might be any gaps between the education Mr. Steward received and the current educational program. Please find the list of subjects/skills that Mr. Steward would need to get additional training in to bring him current with the curriculum of the Alaska Dental Therapy Educational Program (ADTEP) at Iḷisaġvik College.

Education needed to bring Mr. Steward current with the 2018 ADTEP curriculum.

1. Suturing for DHAT, to include suturing for hemostatis post extraction.
2. Changing periodontal dressings.
3. Minor adjustments and repairs on removable prostheses.
4. Dispensing and administering via the oral and/or topical route non-narcotic analgesics, anti-inflammatory, and antibiotic medications as prescribed by a licensed healthcare provider

The ADTEP faculty and staff will create a gap closing curriculum for Mr. Steward to be administered as soon as possible. A written statement of completion will be provided upon successful completion of the required coursework.

Please feel free to contact me with any questions.

Very respectfully,

Mary E. Williard, DDS
Director, ADTEP Ilisagvik College
Alaska Native Tribal Health Consortium
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