



March 26, 2018

Joe Finkbonner
Northwest Portland Area Indian Health Board
NW Portland Area Indian Health Board
2121 SW Broadway, Suite 300
Portland, Oregon 97201

RE: Final Report for **September 10-11th, 2017**, Site Visit

Dear Mr. Finkbonner,

The Oregon Health Authority (OHA) conducted the first required site visit for Dental Pilot Project #100, "Oregon Tribes Dental Health Aide Therapist Pilot Project", on September 10-11, 2017 in Anchorage and Bethel, Alaska.

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

OHA has determined that Dental Pilot Project #100 is in compliance with the requirements set forth in Oregon Administrative Rules (OARs) 333-010-0400 through 333-010-0470, and therefore has **passed** the site visit. Below is an overview of the results from the site visit.

Materials and Methods

On September 10-11, 2017, OHA Dental Pilot Project Program staff conducted a site visit to the Alaska Native Tribal Health Consortium - ANTHC/Illisgavik Dental Health Aide Training Program facilities located in Bethel, Alaska and Anchorage, Alaska. This serves as the first site visit for the DPP #100 project. Please see appendix A for site visit materials utilized and an abstract of the project.

The objectives of the site visit were to attend the Supervising Dentist Training Course, assess the training of the supervising dentists, and conduct interviews of both the supervising dentist in attendance and trainees currently in the didactic portion of the project. Please see appendix B for the evaluation tool templates. OHA was provided a copy of the training materials utilized during the Supervising Dentist Training Course which can be found in appendix C.

Observations and Results

Below are the summarized results from interviews with training instructors, project participants, the supervising dentist and dental health aide therapist (DHAT) trainees.

Supervising Dentist Training: The purpose of the Supervising Dentist Training is to educate dentists who are serving in a supervisory capacity about the history of the DHAT model, as well as provide context and comprehension of the students' training, education and authorized scope of practice. Supervising dentists are better equipped to work collaboratively with the DHATs' back at their clinic locations having a deeper understanding of their overall training. Dr. Mary Williard and Dr. Sarah Shoffstall-Cone facilitated the training.

An overview of topics covered during the day one of the training is as follows:

- Training Program
- Education Models
- Entrance Requirements
- Curriculum
- Scope of Practice
- Commission on Dental Accreditation (CODA) Accreditation
- Adding Subgingival Scaling to Curriculum
- Clinical and National Board Examinations
- Preceptorship
- Experienced DHAT Preceptorship
- Certification
- Continuing Education and Recertification
- Standing Orders

Training Program: The DHAT training program is an intensive two-year, year-round program. The first year of training is located in Anchorage, Alaska; the second year is located in Bethel, Alaska. Training in year two is primarily clinical compared to year one, which is primarily didactic. Trainees develop initial clinical skills in year one utilizing typodonts, dental manikens and each other to practice on. In year two, trainees relocate to Bethel, Alaska where they provide services to tribal residents living in Bethel and outlying villages.

Education Models: Dental therapists operating under DPP #100 are trained in Alaska at the ANTHC/Illisgavik DHAT Training Program, which is operated by the Alaska Native Tribal Health Consortium (ANTHC). In 2016, ANTHC developed a partnership with the Illisgavik Tribal College; all students now graduate with an Associate's Degree in Dental Therapy. An outline of the program and samples of syllabi are available in appendix D.

Entrance Requirements: The ANTHC/Illisgavik DHAT Training Program is considered a direct-entry program in that it does not require students to be dental hygienists or have healthcare experience prior to entrance to the program. According to Dr. Williard, many of the students have had exposure to dentistry as dental assistants but others have worked as nursing assistants, emergency medical technicians, and a variety of other positions not necessarily healthcare related.

DHAT trainees are nominated through their tribal education officers in close collaboration with educational and career counselors, tribal health/dental directors, tribal leaders, and the student's families. Preference is given to individuals who have some college courses and/or a

healthcare background. Individuals must have their GED or high school diploma. There are no specific prerequisites required for entrance into the program. Once an individual is nominated, they are invited to interview with the program. Criteria for acceptance into the program is based on a combination of academic ability, aptitude for dentistry, interview, prior healthcare experience, and motivation for providing culturally competent care to rural Alaskan villages and their residents. According to Dr. Williard, the ANTHC/Illisgavik DHAT Training Program has a graduation rate of 73% over the 12 years the program has been in operation.

Curriculum: The curriculum for the DHAT education is required to meet standards set by the Community Health Aide Programs Board (CHAP) Certification Board. The standards for education of health aides are outlined in the CHAP Certification Board Standards and Procedures document in appendix E.

Scope of Practice: DHATs are only authorized to perform extractions on permanent teeth and pulpotomies on permanent teeth when it is a medical emergency to do so. Please see appendix F for detailed scope of practice information.

CODA: In 2015, the Commission on Dental Accreditation (CODA) adopted standards for dental therapy educational programs. CODA is the national accreditation body authorized by the United States Department of Education to accredit dental education programs. The project anticipates applying for CODA accreditation in January 2018. At this time, there are no CODA accredited dental therapy programs operating in the United States.

Adding Subgingival Scaling to Curriculum: Prior to the release of the CODA Accreditation Standards, DHATs were not trained in what is typically a dental hygienist scope of practice, which includes subgingival scaling. In order to obtain CODA Accreditation, the ANTHC/Illasgavik DHAT Training program modified its curriculum to teach this competency to their students. CODA states “At a minimum, graduates must be competent in providing oral health care within the scope of dental therapy practice with supervision as defined by the state practice acts, including...dental prophylaxis including sub-gingival scaling and/or polishing procedures.” It is not entirely clear if the CODA Standards for Dental Therapy require competency in periodontal procedures including scaling and root planing. It is unclear if students in the ANTHC/Illasgavik DHAT Training program are taught this procedure.

Clinical and National Board Examinations: Graduates of the ANTHC/Illasgavik DHAT Training program are not required to take a written or clinical board examination to become certified by the CHAP Certification Board. While there are national board examinations for both dentists and dental hygienists, there has not been a national examination written for dental therapists by the Joint Commission on National Dental Examinations (JCNDE). JCNDE develops and administers the National Board Dental Examinations (NBDE), which are required by most states for licensure as a dentist or dental hygienist. Graduates of dental therapy programs in Minnesota, Maine and Vermont are required by their state authorized legislation to take both an independent clinical examination and state authorized written board examination prior to licensure. The State of Oregon requires both dentists and dental hygienists to obtain passage of their respective national board examination and clinical board examinations prior to licensure.

Preceptorship: Graduates of the ANTHC/Illasgavik DHAT Training program are required to complete a 400-hour preceptorship in order to apply and become certified by the CHAP Certification Board. During this period, the trainee works under the direct supervision of their

supervising dentist. At the conclusion of the preceptorship, the supervising dentist prepares a set of standing orders that the DHAT can provide under general supervision. Upon completion of the training program, DHAT trainees will return to Oregon to complete their 400-hour clinical preceptorship under direct dentist supervision at one of the approved DPP #100 project sites.

Experienced DHAT Preceptorship: Under the approved Evaluation and Monitoring Plan, experienced DHATs will undergo an 80-hour preceptorship under their supervising dentist at the pilot site in Oregon before receiving their standing orders.

Certification: In order to practice as a DHAT, the trainee is required to obtain certification from the CHAP Certification Board as outlined in the approved application.

Continuing Education and Recertification: DHATs are required to complete 24 hours of continuing education every two years, as well as complete an 80-hour recertification process every two years according to the requirements outlined in the CHAP Standards and Procedures.

Standing Orders: DHATs practice under the general supervision of a dentist who is responsible for writing the standing orders and being the point of contact for the therapist. Under the pilot project, the supervising dentist must conduct weekly reviews of the DHAT trainee that include chart reviews.

Interview with Supervising Dentist: Dr. Emily Wineland serves as a supervising dentist to DHAT trainees at the approved pilot project site, Native American Rehabilitation Association's (NARA) Dental Clinic, in Portland, Oregon. Dr. Wineland provides dental care to patients of all ages and backgrounds. "This includes, but is not limited to, native enrolled, homeless, patients in drug/alcohol rehabilitation, mentally ill and [individuals] with physical disability." Providing care for a diverse population "requires flexibility, cultural competency, and various communication styles to 'meet our patients where they are at' and provide them the best possible care."

Dr. Wineland stated, "The Supervising Dentist Training in Alaska was incredibly beneficial to my greater understanding of the Dental Therapy Program. Specifics of the didactic and clinical education programs were clearly laid out, and there was ample time for questions and discussion throughout the three days. Seeing the student therapists in their learning environments allowed me to witness a glimpse of what life is like for them during their two years of training. One of the most beneficial things I took away from the training was talking with providers from other clinics about the innovative and creative ways they are utilizing their therapists. I had the opportunity to watch Savannah, a dental therapist at SouthEast Alaska Regional Health Consortium (SEARHC) in Sitka, calmly treat a fearful young boy. The model of dental care at SEARHC was a perfect example of fluid integration of the dental therapist where every team member is working at the top of their scope."

Interview with Trainees: There are currently 3 trainees in Year 2 of the program and 1 trainee in Year 1 that have been recruited by Dental Pilot Project (DPP) #100 and tribes. Trainees were interviewed each individually in a closed-door process by OHA program staff. For clarification, trainees that are currently in the Alaska training program are referred to as student trainees.

Prior Healthcare Experience: There are no specific requirements that trainees have any prior healthcare experience prior to matriculation into the approved Dental Pilot Projects. Senate Bill 738, ORS Chapter 716 requires “A statement of previous experience in providing related health care services.” Trainee experiences ranged from working as a dental assistant, emergency medical technician, and clerical support positions/office administration.

Recruitment: Student trainees reported a variety of experiences in being recruited for the DHAT training program. Several reported seeing information in their local tribal newspapers, and one received a letter in the mail from their tribe. One student trainee was in the process of applying to dental hygiene school, and was shadowing a tribal dental clinic for the day, when they were approached about the pilot project and opportunity to become a DHAT. Please see appendix G for recruiting materials utilized in the training program.

Contract: Each student trainee has committed to working for the tribe at one of the approved pilot project sites for a period of four years after graduation, per a contractual agreement.

Inspiration to Attend the Program: Student trainees, in general, reported that they had all experienced limited access to dental care while growing up. One student trainee described their exposure to dental care as extremely limited while living on an Indian reservation as a child and young adult. The student trainee described an itinerant dental care system and having extreme difficulty in obtaining appointments with the IHS dental clinic. The IHS dental clinic had high turnover of dentists and often no dentist at all. Several student trainees described their limited encounters with dentists as experiences often filled with fear and pain with almost no personal experience as a recipient of preventative dentistry. Several student trainees described the IHS dentists that they came into contact with at the tribal dental clinics as being all white males. They were inspired to train as a Dental Therapist so that they could deliver care to their communities, represent their tribes, and provide care as a tribal member to other tribal members in a way they can relate to. Several trainees will be the first to graduate college in their families.

Competency: Student trainees, in general, reported that they felt competent to perform the procedures being taught to them once they had been certified or had passed a competency exam for a particular procedure. Student trainees reported that they did not feel pushed to perform procedures on patients until they felt ready to move on. Student trainees expressed that they are provided feedback at every step of the way during a procedure. There are multiple check points required of the trainee before the procedure is certified as complete or passed by their instructor.

Program Experiences: Student trainees are required as part of the program to complete a community project together as a group. One project described is the implementation of a dental sealant program in one of the villages they frequently travel to. Student trainees travel monthly to small villages via plane and learn how to provide care as a DHAT in environments that may not include a dental clinic. Student trainees described placing sealants on patients with portable equipment in school classrooms and in medical clinics.

Other Comments: One student trainee cited that they did not have concerns regarding the training program, but did have concerns with their tribal sponsor. The trainee had not received a written and signed contract from their tribal sponsor and had moved to Alaska and matriculated into the program. There was also concern about the amount of stipend received.

Tribal sponsors provide a stipend to cover room, board and other expenses throughout the duration of the program. Due to the intensity of the program, student trainees are not available to work part-time jobs while in the program. Another student trainee described the difficulty of having to leave their family and children behind in Oregon while attending the program, as it was logistically impossible for the family to move or visit Alaska. Due to the intensity of the program and the design of the program, there are minimal breaks which student trainees reported as difficult. However, they all acknowledged that they were well aware of the demands before they started the program. The consensus among the student trainees was they felt extremely supported by their instructors and program staff. They described a rigorous program with intense demands, but felt it was appropriate given the scope of practice that they were being taught and will one day provide to patients. Student trainees explained that the program and instructors consistently reinforce the Dental Therapist and Supervising Dentist relationship, understanding what is out of their scope of practice, and learning when to consult their supervisor for assistance. Student trainees stressed that they are not expected to perform tasks outside of their scope of practice of their standing orders. Please see appendix H for copies of DHAT student trainee resumes.

Site Visit Findings and Issues

Below are site visit findings that need further clarification, require implementation in the pilot project, or require other follow-up:

- **Adverse Events:** OHA will work collaboratively with the project managers to provide a framework to report out Adverse Events. Per OAR 333-010-0435: Dental Pilot Projects: Evaluation and Monitoring, “A sponsor must report adverse events to the program the day they occur.” OHA will collaborate with the project managers to define “Adverse Events” and what will necessitate the completion of an Adverse Event form.
- **Certification:** The pilot project has stated that the trainees returning to Oregon are not required to be certified by the CHAP Certification Board. This is in conflict with the approved application, which states that DHATs must acquire certification through the CHAP Certification Board (pages 22, 58, 63 of the approved application).
- **Recertification:** The pilot project has stated that their DHATs will not be required to obtain recertification from the CHAP Certification Board. This is in conflict with their approved application, which states that DHATs must acquire recertification every two years (pages 63, 76 of the approved application; page 31 of the approved evaluation & monitoring plan; page 1 of the approved expanded monitoring plan). Clarification is required from the project as to the justification for the deviation from the approved application and monitoring plans on this. OHA will work collaboratively with the project to determine if a formal request for modification will need to be submitted to OHA for approval if it is the intention of the project to allow its trainees not to require recertification under the CHAP Certification Board.
- **Extraction Requirements:** Under the approved application, the project was approved to operate under the CHAP Standards and Procedures. The approved application cites the CHAP Standards and Procedures on multiple occasions

throughout the application, and a copy of it in its entirety was submitted as an appendix to the application. The project has stated DHATs working at the approved project sites in Oregon are not following the extraction parameters as outlined in the CHAP Standards and Procedures 2.30.610. Clarification is required from the project as to the justification for the deviation from the CHAP Standards and Procedures on this point. OHA will work collaboratively with the project to determine if a formal request for modification will need to be submitted to OHA for approval if it is the intention of the project to allow its trainees to perform extractions outside of a medical emergency. This constitutes a change in the scope of practice that was approved by the Dental Pilot Project Program Technical Review Board and the Oregon Health Authority.

Corrective Actions:

On November 27th, 2018, OHA informed the NPAIHB in writing the following:

The OHA Dental Pilot Project Program believes that DPP #100 is operating outside the approved provisions of their application and requires submission of a modification to the Dental Pilot Project Program that addresses these issues:

- Trainees are not obtaining the required certification from the CHAP Certification Board as outlined in the approved application.
- Trainees are providing planned extractions outside of the scope of practice requirements as outlined in the approved application.

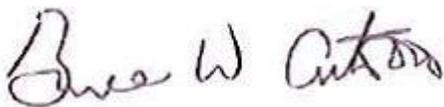
OHA required to the project to submit a request for modification by January 2, 2018 to the OHA Dental Pilot Project Program. Please see appendix I for a copy of the notice.

Conclusion

The Oregon Health Authority has determined that Dental Pilot Project (DPP) #100 is in compliance with the requirements set forth in the Oregon Administrative Rules 333-010-0400 through 333-010-0470, and therefore has **passed** the site visit.

While DPP #100 has passed the site visit, the project must respond to and follow-up with any site visit findings.

Sincerely,



Bruce Austin
Statewide Dental Director