



Dental Pilot Project Program: Site Visit Report

The Dental Pilot Project Program allows authorized organizations to test, demonstrate and evaluate new or expanded roles for oral healthcare professionals before changes in licensing laws are made by the Oregon State Legislature. The intent of the project is to prove quality of care provided, trainee competency and patient safety in addition to the larger goals of access to care, cost effectiveness and the efficacy of introducing a new workforce model.

The Oregon Health Authority (OHA) 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 OHA is monitoring for patient safety. Secondly, OHA shall evaluate approved projects and the evaluation shall include, but is not limited to, reviewing progress reports and conducting site visits.

Site visits are conducted with the primary purpose of health and safety monitoring and surveillance and to determine compliance with administrative rules. Site visits are conducted using both qualitative and quantitative methodological approaches. They primarily consist of participant interviews and clinical records review.

Project Name & ID Number:	Dental Pilot Project #100, "Oregon Tribes Dental Health Aide Therapist Pilot Project."
Project Sponsor:	Northwest Portland Area Indian Health Board (NPAIHB)
Date of Site Visit:	May 22, 2019
Site Location:	Confederated Tribes of Coos, Lower Umpqua & Siuslaw Indians Dental Clinic (CTLCUSI) 1245 Fulton Ave, Coos Bay, OR 97420
Primary Contact Name and Title:	Christina Peters, Project Director

<p>Objectives of the Site Visit:</p> <ol style="list-style-type: none"> 1. Determination that adequate patient safeguards are being utilized. 2. Validation that the project is complying with the approved or amended application 3. Compliance with OARs 333-010-0820 – 333-010-0700. 	<p>Methodology:</p> <ol style="list-style-type: none"> 1. Interviews with project participants 2. Clinical records review
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Attendees:

Name	Title	Organization
Bruce Austin, DMD	Statewide Dental Director	OHA*
Debbie Bossley	Tribal Council Chair	CTCLUSI**
Miranda Davis, DMD	Dental Director for DHAT Initiative	NPAIHB***
Vicki Faciane	Director of Health Services	CTCLUSI
Marissa Gardner, DHAT	Dental Therapist Trainee	CTCLUSI
Sarah Kowalski, RDH, MS	Dental Pilot Project Program Coordinator	OHA
Jamie Meyers	DHAT Coordinator	CTCLUSI
Diane Pavlat	Dental Clinic Staff	CTCLUSI
Christina Peters	Project Director	NPAIHB
Marc Petrie	Tribal Council Vice-Chair	CTCLUSI
Naomi Petrie, DHAT	Dental Therapist Trainee	CTCLUSI
Pam Johnson	Project Manager	NPAIHB
Sarah Rodgers, DMD	Supervising Dentsit, Dental Clinic Director	CTCLUSI

*Oregon Health Authority (OHA)

** Confederated Tribes of the Coos, Lower Umpqua, and Siuslaw Indians (CTCLUSI)

***Northwest Portland Area Indian Health Board (NPAIHB)

Record Reviewers:

Name	Title	Organization
Bruce Austin, DMD	Statewide Dental Director	Oregon Health Authority
Jennifer Clemens, DMD, MPH	Dental Director	Capitol Dental/Smile Keepers
Rose McPharlin, DDS	General Dentist	OHSU-School of Dentistry
Caroline Muckerheide, DDS	Pediatric Dentist	Private Practice
Jonathan Hall, DMD	General Dentist	Dental Director, FQHC, Neighborhood Health Center
Leslie Huggins, DDS, MS	Pediatric Dentist	Gentle Dental
Rick Asai, DMD	General Dentist	Retired

Clinical Records Review:

The purpose of the chart review is to allow Advisory Committee members who are subject-matter experts the opportunity to review and make assessments and determinations of the quality of care provided by the DHAT trainee within the constraints and limitations of a chart auditing review. Clinical records were selected from quarterly reporting data using a random sampling scheme to ensure that all irreversible procedure categories were included.

Altogether, 44 procedures were reviewed, representing 45% ($n = 35$) of posterior restorations and 27% ($n = 9$) of anterior restorations completed by the DHAT at the CTCLUSI site from July 1, 2018 through March 31, 2019. No stainless-steel crowns, pupal therapies or extractions were completed in the time frame, so none were reviewed. Each procedure was reviewed by a minimum of three licensed dentists. The full panel of reviewers, which was comprised of a collaboration between the Advisory Committee, an external contracted expert from the OHSU-School of Dentistry and the Oregon Board of Dentistry, was required to attend a chart review training and calibration session before reviewing charts.

Clinical Record Review Results:

I. Adverse Events

There were no cases of adverse events identified by two or more reviewers.

II. Intra-oral Images and Radiographs

Intra-oral images were deemed sufficient for review by most reviewers for all but two cases (5%). Radiographs were deemed sufficient for review by most reviewers for all but 5 cases (11%). Comments regarding intra-oral images and radiographs included:

- a. "Image of final restoration is not completely diagnostic"
- b. "not radiographically evident caries, so that is why we depend on trusting the diagnostician"
- c. "poor clarity of photos makes eval of prep and restoration difficult"
- d. "Photos good except can't see all of gingival margin of prep"
- e. "the pre-op and mid-op images are out of focus and light is reflecting on prep making it impossible to completely assess properly. The Post-op image is clearly in focus."

III. Anesthetic Notes

Reviewers were asked to evaluate the appropriateness of anesthetic provided and of clarity of documentation of any drug administration. Some reviewers, but not a majority, were occasionally concerned about the dosage of anesthetic administered being "on the high side of normal dose" without "documentation that patient wasn't getting numb." However, all reviewers agreed that the dose remained under the maximum allowable dose.¹ All cases were rated by a majority of reviewers as having administered anesthetic drug dosages within recommended maximum limits and appropriately entered into chart notes.

¹ Malamed SF. Handbook of Local Anesthesia. 6th ed. St. Louis, Mo: Elsevier Mosby; 2013.

Table 1: Ratings of notation regarding administration of anesthetic.

Criteria	Cases at or above minimum standard of care	Cases below minimum standard of care	Cases with reviewers evenly split
Anesthetic used appropriate for procedure	98% (n = 43)	2% (n = 1)	0% (n = 0)
Anesthetic dosage within recommended limits	100% (n = 44)	0% (n = 0)	0% (n = 0)
Documentation in Progress Notes	100% (n = 44)	0% (n = 0)	0% (n = 0)
Documentation of Allergy or Drug Reaction History	95% (n = 42)	0% (n = 2)	0% (n = 0)
Requisite Vital Stats considered	100% (n = 44)	0% (n = 0)	0% (n = 0)

IV. **Diagnosis**

Based on the ratings provided by reviewers for the diagnosis description, 98% (n = 43) of procedures reviewed met or exceeded the minimum standard of care for diagnosis description. In the remaining case, reviewers were evenly split on whether the listed diagnosis was appropriate.

V. **Treatment**

In all cases, the majority of reviewers agreed that the treatment given was appropriate given the patient’s listed diagnosis.

VI. **Overall impression of procedure quality**

A measure titled “overall impression of procedure quality” was scored by reviewers on a 1-5 scale as follows:

- 1: Significant deficiencies exist. Procedure can be considered a failure
- 2: Significant deficiencies exist, procedure falls under absolute minimum standard of care
- 3: Minimum standard of care. Only minor deficiencies present.
- 4: Procedure quality is adequate to good. Only minor deficiencies present.
- 5: Procedure is highly successful, no deficiencies present.

A rating of three is the minimum standard of care. Each procedure is rated by at least three but as many as six licensed dentists trained. However, there is a high degree of variation within reviewer responses. Therefore, the “overall impression” rating was converted from a five-point scale to a binary measure (whether or not the minimum standard of care was met according to a majority of reviewers).

Based on the ratings provided by reviewers for the overall impression of procedure quality, all 44 procedures were rated at or above the minimum standard of care by the majority of reviewers.

To demonstrate the range of quality of care provided, median score for each procedure was used as a measure of the central tendency of reviewers. Mean (average) scores at the case level are easily skewed by wide ranges in reviewer scores. Therefore, median scores are used similarly to the methodology used by WREB for these types of dental procedures.²

The average median score for all procedures on a scale of 1 to 5 was 3.87 (SD = 0.58, 95%CI 3.69 – 4.04), above the previously set cut point of 3 as the minimum standard of care.³ See *Figure 1* for box plots of median overall impression of procedure quality scores averaged for each chart and broken down by procedure type. As seen in *Figure 1*, interquartile ranges (boxes) are all at or above minimum standard of care.

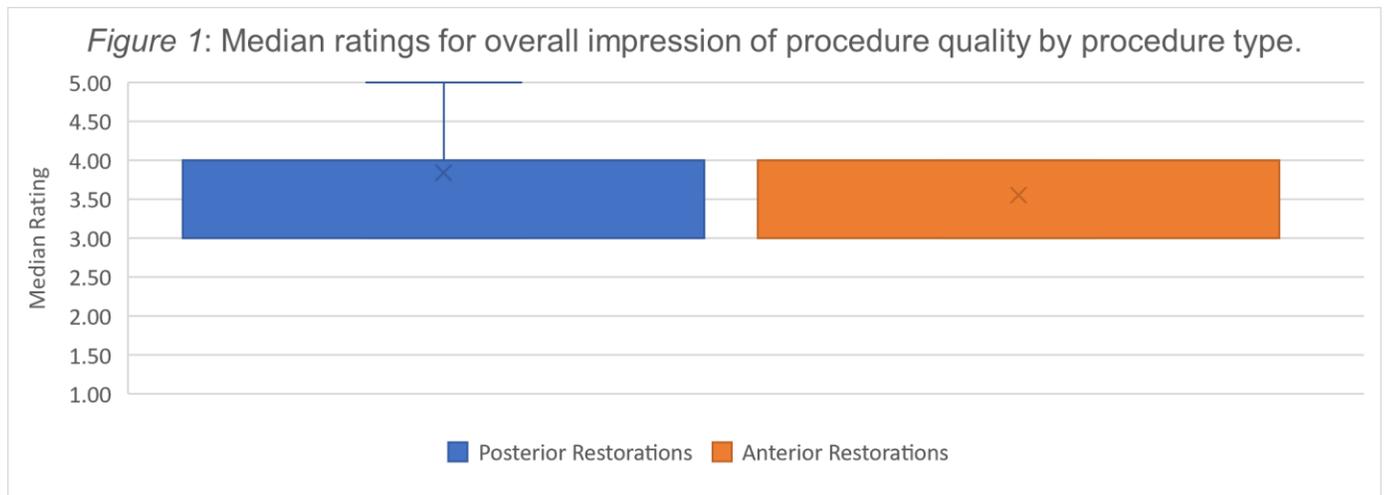


Table 2: Statistics for median rankings of overall impression of procedure quality by procedure type

	Median	Mean	Std. Deviation	Range	N
Posterior Restorations	4.0	3.9	0.58	2	35
Anterior Restorations	4.0	3.6	0.53	1	9

² For context, WREB uses the median score of three reviewers in their methodology to most accurately represent the central tendency in the case of small numbers.

From page 48 of the 2019 Dental Exam Candidate Guide:

“The Operative Exam is graded by three independent Grading Examiners. Grading Examiners grade according to the Operative Scoring Criteria Rating Scale on pgs. 50-53 and 61-62. The recorded score for each category is based on the median (middle) score of the three (3) scores assigned by the Grading Examiners. The median grades are then weighted and summed for the preparation and finish respectively, then averaged for the total procedure score.”

³ For the subjective measure of Overall Impression of Procedure Quality, the Intraclass Correlation Coefficient (ICC) using Cronbach’s Alpha as a measure of interrater reliability was 0.090. This is indicative of low interrater agreement for this measure. The ICC for average posterior criteria-specific ratings was 0.997 and the ICC for anterior criteria-specific ratings was 0.999, both indicative of high interrater agreement on the WREB based criteria.

VII. Amalgam/Composite Restorations – Posterior

Amalgam/composite restorations were scored as Unacceptable (1), Inadequate (2), Acceptable – Minimum Standard of Care (3), Appropriate (4), or Optimal (5) on the following criteria:

Posterior Restorations Sub-Criteria	Minimum standard of care (see Appendix A for the full rating criteria)
Preparation: Outline and Extension	<ul style="list-style-type: none"> Outline moderately weakens marginal ridge or a cusp. Isthmus is too wide or too narrow for lesion. Cavosurface angles possibly compromise the integrity of the tooth or restoration. Cavosurface is moderately rough but will not adversely affect the final restoration.
Preparation: Internal Form	<ul style="list-style-type: none"> Pulpal floor and/or axial wall is moderately shallow or deep.
Preparation: Operative Environment	<ul style="list-style-type: none"> Damage to the adjacent tooth can be removed by polishing, but the shape of the contact will be changed. Management of any damage is appropriate Documentation of difficult behavior if necessary to explain excessive damage
Finish: Anatomical Form	<ul style="list-style-type: none"> Moderate variation in normal anatomical form is present. Marginal ridge is improperly shaped. There is moderate variation of proximal contour and shape.
Finish: Margins	<ul style="list-style-type: none"> Moderate marginal excesses and/or deficiencies are present.
Finish: Damage	<ul style="list-style-type: none"> Moderate damage to hard or soft tissue is evident.

The ratings for each category were indexed by averaging the scores across these 6 criteria to create an overall rating. This overall rating was then converted from a five-point scale to a binary measure. There were 9 anterior restorations reviewed and based on the ratings provided by reviewers for Amalgam/Composite Restorations – Posterior, all of the procedures were rated as meeting or exceeding the standard of care for this category by a majority of reviewers. One restoration could not be reviewed for Preparation: Outline and Extension or for Preparation: Internal Form due to the lack of a clear intraoral prep photo.

Table 3: Percent and number of Posterior Amalgam/Composite Restorations rated above or below standard of care in specific sub-criteria.

Posterior Restorations Sub-Criteria	Cases at or above minimum standard of care	Cases below minimum standard of care	Cases with reviewers evenly split
Preparation: Outline and Extension	100% (n = 35)	0% (n = 0)	0% (n = 0)
Preparation: Internal Form	97% (n = 34)	0% (n = 0)	3% (n = 1)
Preparation: Operative Environment	97% (n = 34)	3% (n = 1)	0% (n = 0)
Finish: Anatomical Form	100% (n = 35)	0% (n = 0)	0% (n = 0)
Finish: Margins	100% (n = 35)	0% (n = 0)	0% (n = 0)
Finish: Damage	100% (n = 35)	0% (n = 0)	0% (n = 0)

On a scale of 1 to 5, the average overall median score for Posterior Restorations was 4.43 (SD = 0.37), above the previously set cut point of minimum standard of care. See *Figure 2* for box plots of median Posterior Restoration scores broken down by rating sub-criteria.

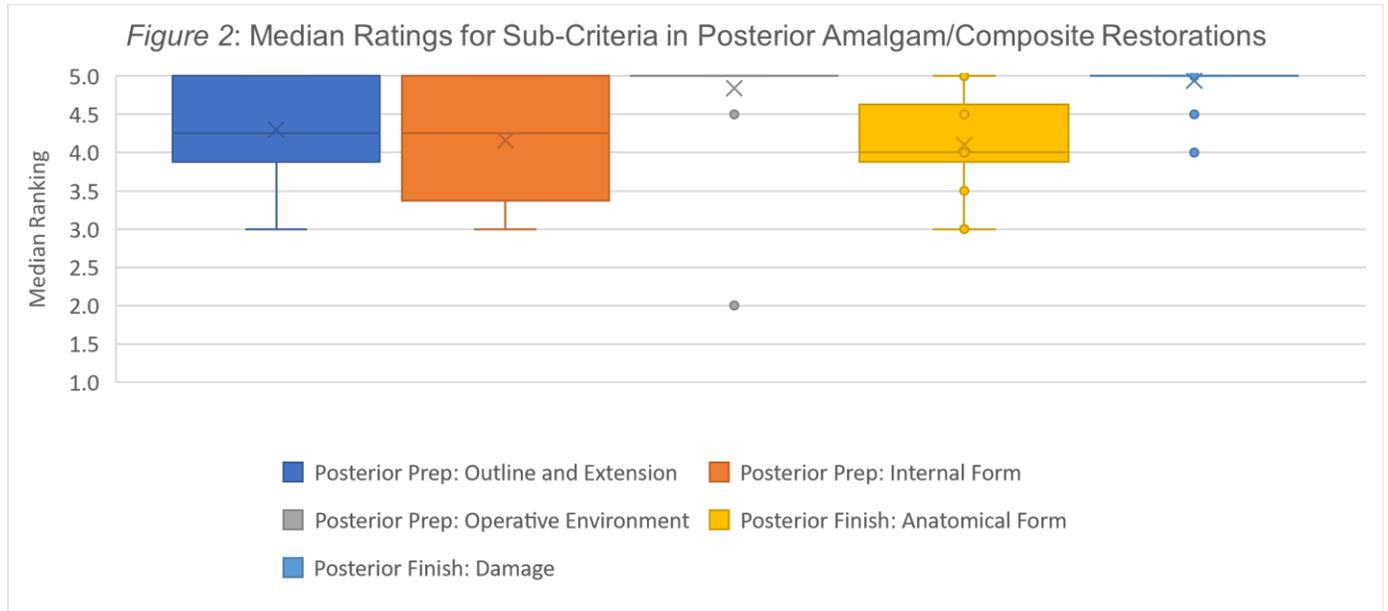


Table 4: Statistics for median rankings of Posterior Amalgam/Composite Restorations by sub-criteria.

	Median	Mean	Std. Deviation	Range	N
Preparation: Outline and Extension	4.00	4.19	0.72	2.00	35
Preparation: Internal Form	4.00	4.16	0.68	2.00	35
Preparation: Operative Environment	5.00	4.90	0.51	3.00	35
Finish: Anatomical Form	4.00	4.16	0.62	2.00	35
Finish: Margins	4.00	4.21	0.64	2.00	35
Finish: Damage	5.00	4.96	0.19	1.00	35

VIII. Anterior Composite Restorations

Anterior composite restorations were scored as Unacceptable (1), Inadequate (2), Acceptable – Minimum Standard of Care (3), Appropriate (4), or Optimal (5) on the following criteria:

Anterior Restorations Sub-Criteria	Minimum standard of care (see Appendix A for the full rating criteria)
Preparation: Outline and Extension	<ul style="list-style-type: none"> Cavosurface angles possibly compromise the integrity of the tooth or restoration. Cavosurface is moderately rough but will not adversely affect the final restoration. Cavosurface angles possibly compromise the integrity of the tooth or restoration.
Preparation: Shape and Extension	<ul style="list-style-type: none"> Outline is moderately over or under extended. Outline is

	<p>moderately irregular but does not weaken the tooth.</p> <ul style="list-style-type: none"> Gingival margin is moderately overextended. Any overextension that severely weakens tooth is properly documented
Preparation: Operative Environment	<ul style="list-style-type: none"> Damage to the adjacent tooth can be removed by polishing, but the shape of the contact will be changed.
Finish: Anatomical Form	<ul style="list-style-type: none"> Moderate variation in normal anatomical form is present. Marginal ridge is improperly shaped. There is moderate variation of proximal contour and shape.
Finish: Margins	<ul style="list-style-type: none"> Moderate marginal excesses and/or deficiencies are present.
Finish: Damage	<ul style="list-style-type: none"> Moderate damage to hard or soft tissue is evident.

All 9 procedures reviewed met or exceeded the standard of care for this category indexed across these criteria, using the same methodology as Posterior Restorations.

Table 5: Percent and number of Anterior Restorations rated above or below standard of care in specific sub-criteria.

Posterior Restorations Sub-Criteria	Cases at or above minimum standard of care	Cases below minimum standard of care	Cases with reviewers evenly split
Preparation: Outline and Extension	100% (n = 8)	0% (n = 0)	0% (n = 0)
Preparation: Shape and Extension	88% (n = 7)	12% (n = 1)	0% (n = 0)
Preparation: Operative Environment	100% (n = 9)	0% (n = 0)	0% (n = 0)
Finish: Anatomical Form	100% (n = 9)	0% (n = 0)	0% (n = 0)
Finish: Margins	100% (n = 9)	0% (n = 0)	0% (n = 0)
Finish: Damage	100% (n = 9)	0% (n = 0)	0% (n = 0)

On a scale of 1 to 5, the average median score for Anterior Restorations was 4.1 (SD = 0.30), above the previously set value of 3 for minimum standard of care. See *Figure 3* for box plots of median Anterior Restoration scores broken down by rating sub-criteria.

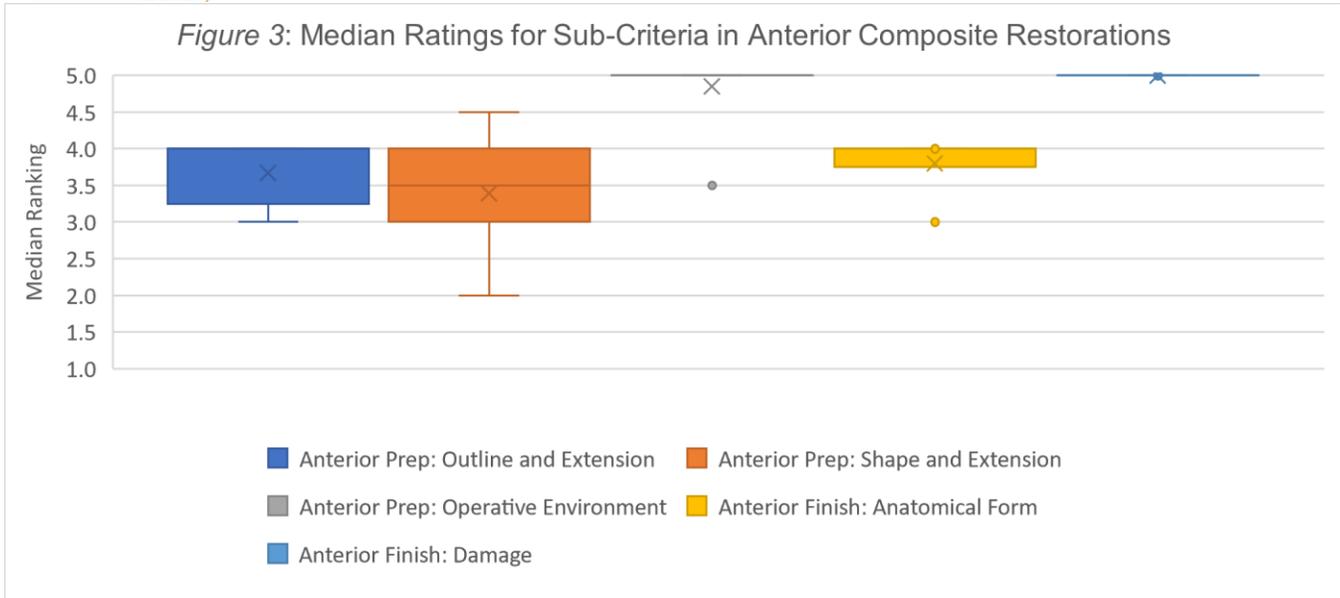


Table 6: Statistics for median rankings of Anterior Composite Restorations by sub-criteria.

	Median	Mean	Std. Deviation	Range	N
Preparation: Outline and Extension	3.75	3.63	0.44	1.00	8
Preparation: Shape and Extension	3.50	3.44	0.78	2.50	8
Preparation: Operative Environment	5.00	4.83	0.50	1.50	9
Finish: Anatomical Form	4.00	3.78	0.44	1.00	9
Finish: Margins	4.00	3.67	0.50	1.00	9
Finish: Damage	5.00	5.00	0.00	0.00	9

Within the sub-criteria, one anterior restoration was rated below standard of care on “Prep: Shape and Extension.” Reviewer comments indicate that the gingival margin in contact was the main area of concern. All other areas were rated on average at or above standard of care.

IX. Stainless Steel Crowns

There were no stainless-steel crowns reviewed during the evaluation period.

X. Extractions

There were no extractions reviewed during the evaluation period.

XI. Other Notes

Reviewers expressed concern about a low level of detail in chart notes regarding patients with pre-existing cardiac conditions and with an unknown history of allergies. Chart notes should describe the specific type of heart condition and a conclusion as to whether subacute bacterial

endocarditis (SBE) prophylaxis is required per the current guidelines of the American Heart Association.⁴

⁴ Infective Endocarditis. (n.d.). American Heart Association. <https://www.heart.org/en/health-topics/infective-endocarditis>

Summary of Findings:

- There were no instances of patient harm that were revealed during the site visit.
- There were no adverse events reported to the Authority by the project sponsor as required under OAR 333-010-0760. (Appendix B)
- DHAT trainees are operating under their approved scope of practice.
- The project is in full compliance with their approved amended application.

333-010-0790 Dental Pilot Projects: Authority Responsibilities

Site Visits

(a) Site visits shall include, but are not limited to:

(A) Determination that adequate patient safeguards are being utilized;

(B) Validation that the project is complying with the approved or amended application;

(C) Interviews with project participants and recipients of care; and

(D) Reviews of patient records to monitor for patient safety and the applicable standard of care. (b)

If the Authority has convened an advisory committee, representatives of the committee may be invited by the Authority to participate in the site visit though the Authority may, at its discretion, limit the number of members who can participate;

(c) Written notification of the date, purpose and principal members of the site visit team shall be sent to the project director at least 90 calendar days prior to the date of the site visit;

(d) Plans to interview trainees, supervisors, and patients or to review patient records shall be made in advance through the project director;

(e) An unannounced site visit may be conducted by program staff if program staff have concerns about patient or trainee safety;

(f) The Authority will provide the project sponsor with at least 14 business days to submit to the Authority required patient records, data or other documents as required for the site visit;

Site Visit Reporting Process

(g) Following a site visit the Authority will:

(A) Within 60 calendar days, issue a written preliminary report to the sponsor of findings of the site visit, any deficiencies that were found, and provide the sponsor with the opportunity to submit a plan of corrective action;

Corrective Action Plan Process and Requirements

(i) A signed plan of correction must be received by the Authority within 30 calendar days from the date the preliminary report of findings was provided to the project sponsor;

(ii) The Authority shall determine if the written plan of correction is acceptable no later than 30 calendar days after receipt. If the plan of correction is not acceptable to the Authority, the Authority shall notify the project sponsor in writing and request that the plan of correction be modified and resubmitted no later than 10 business days from the date the letter of non-acceptance was mailed to the project sponsor;

(iii) The project sponsor shall correct all deficiencies within 30 calendar days from the date of correction provided by the Authority, unless an extension of time is requested from the Authority. A

request for such an extension shall be submitted in writing and must accompany the plan of correction.

(iv) If the project sponsor does not come into compliance by the date of correction reflected on the approved plan of correction, the Authority may propose to suspend or terminate the project as defined under OAR 333-010-0820, Suspension or Termination of Project.

(B) Within 90 calendar days of receipt of a plan of correction, issue a final report to the sponsor;

Final Site Visit Report Process

(C) If there are no corrections needed, the Authority will issue a final report within 180 calendar days.

(4) The Authority may also provide the sponsor with the opportunity to submit a corrective action plan to address any deficiencies found by the Authority during any project monitoring as described in section (1) of this rule. The Authority shall notify the sponsor in writing of the requirement to submit a plan of correction. The sponsor must submit, and the Authority must receive the plan of correction by the deadline set in the notification. All of the requirements and deadlines described in section (3) of this rule for corrective action plans apply to a project sponsor when directed to submit a corrective action plan under this section (4).

Report of Findings

333-010-0760: Dental Pilot Projects: Minimum Standards A dental pilot project shall: (1) Provide for patient safety as follows: (a) Comply with informed consent in accordance with OAR 333-010-0770, Informed Consent;		ID Number MS1A
Program Requirements	Met <input checked="" type="checkbox"/>	Not Met <input type="checkbox"/>
Observations and/or Identified Deficiencies:	No deficiencies identified. Observed: Clinic is requiring informed consent documents to be reviewed at each visit with the DHAT. Documented in chart.	
Corrective Action	Not applicable.	
Required Next Steps	Not applicable.	

333-010-0760: Dental Pilot Projects: Minimum Standards A dental pilot project shall: (1) Provide for patient safety 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;		ID Number MS1B
Dental Pilot Project Program Requirements	Met <input checked="" type="checkbox"/>	Not Met <input type="checkbox"/>
Observations and/or Identified Deficiencies:	No deficiencies identified.	
Corrective Action	Not applicable.	
Required Next Steps	Not applicable.	

333-010-0760: Dental Pilot Projects: Minimum Standards A dental pilot project shall: (1) Provide for patient safety as follows: (c) Provide or arrange for emergency treatment for a patient currently receiving treatment and needs emergency care;		ID Number MS1C
Dental Pilot Project Program Requirements	Met <input checked="" type="checkbox"/>	Not Met <input type="checkbox"/>
Observations and/or Identified Deficiencies:	No deficiencies identified. There were no instances of emergencies.	
Corrective Action	Not applicable.	

Required Next Steps	Not applicable.
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333-010-0760: Dental Pilot Projects: Minimum Standards		ID Number
A dental pilot project shall: (1) Provide for patient safety as follows: (d) Not use the behavior management technique of Hand Over Mouth (HOM) or Hand Over Mouth Airway Restriction (HOMAR) on any patient;		MS1D
Dental Pilot Project Program Requirements	Met <input checked="" type="checkbox"/>	Not Met <input type="checkbox"/>
Observations and/or Identified Deficiencies:	No deficiencies identified.	
Corrective Action	Not applicable.	
Required Next Steps	Not applicable.	

333-010-0760: Dental Pilot Projects: Minimum Standards		ID Number
A dental pilot project shall: (1) Provide for patient safety as follows: (e) Comply with ORS 419B.005 to 419B.010 related to the mandatory reporting of child abuse;		MS1E
Dental Pilot Project Program Requirements	Met <input checked="" type="checkbox"/>	Not Met <input type="checkbox"/>
Observations and/or Identified Deficiencies:	No deficiencies identified.	
Corrective Action	Not applicable.	
Required Next Steps	Not applicable.	

333-010-0760: Dental Pilot Projects: Minimum Standards		ID Number
A dental pilot project shall: (1) Provide for patient safety as follows: (f) Comply with ORS 453.605 to 453.755 or rules adopted pursuant thereto relating to the use of X-ray machines;		MS1F
Dental Pilot Project Program Requirements	Met <input checked="" type="checkbox"/>	Not Met <input type="checkbox"/>
Observations and/or Identified Deficiencies:	No deficiencies identified.	
Corrective Action	Not applicable.	
Required Next Steps	Not applicable.	

333-010-0760: Dental Pilot Projects: Minimum Standards		ID Number
A dental pilot project shall: (1) Provide for patient safety as follows: (g) (g) Comply with ORS 679.520 or rules adopted pursuant thereto relating to the treatment of dental waste materials;		MS1G
Dental Pilot Project Program Requirements	Met <input checked="" type="checkbox"/>	Not Met <input type="checkbox"/>
Observations and/or Identified Deficiencies:	No deficiencies identified. Observation: Records kept and clinic is in compliance.	
Corrective Action	Not applicable.	
Required Next Steps	Not applicable.	

333-010-0760: Dental Pilot Projects: Minimum Standards		ID Number
A dental pilot project shall: (1) Provide for patient safety as follows: (h) Comply with ORS 679.535 or rules adopted pursuant thereto relating to the requirement to test heat sterilization devices;		MS1H
Dental Pilot Project Program Requirements	Met <input checked="" type="checkbox"/>	Not Met <input type="checkbox"/>
Observations and/or Identified Deficiencies:	No deficiencies identified. Observation: Clinic in compliance, records kept for testing of sterilization devices. Clinic completes a spore test on the first day of the work week. Indicator strips are always placed inside the cassettes and instrument bags. Strong infection control and overall health and safety program was implemented by a retired safety officer from United States Coast Guard. Annual trainings occur in January.	
Corrective Action	Not applicable.	
Required Next Steps	Not applicable.	

333-010-0760: Dental Pilot Projects: Minimum Standards		ID Number
A dental pilot project shall: (1) Provide for patient safety as follows: (i) Ensure that project participants involved in direct patient care:		MS1IAB

(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.		
Dental Pilot Project Program Requirements	Met <input checked="" type="checkbox"/>	Not Met <input type="checkbox"/>
Observations and/or Identified Deficiencies:	<p>No deficiencies identified.</p> <p>Observation: Under Indian Child Welfare Act, annual background checks are required. Clinic and project are in compliance with OAR and Federal requirements.</p> <p>Indian Child Welfare Act. Indian Child Welfare Act, (Pub.L. 95–608, 92 Stat. 3069, enacted November 8, 1978, 25 U.S.C. §§ 1901–1963)</p>	
Corrective Action	Not applicable.	
Required Next Steps	Not applicable.	

333-010-0760: Dental Pilot Projects: Minimum Standards		ID Number
<p>A dental pilot project shall:</p> <p>(1) Provide for patient safety as follows:</p> <p>(j) Ensure adequate supervision and evaluation of trainees, including but not limited to:</p> <p>(A) Timely review of trainee procedures and addressing any deficiencies;</p>		MS1JA
Dental Pilot Project Program Requirements	Met <input checked="" type="checkbox"/>	Not Met <input type="checkbox"/>
Observations and/or Identified Deficiencies:	<p>No deficiencies identified.</p> <p>Observation: DHAT trainees are operating under direct, indirect or general supervision depending on their completion of their preceptorship status.</p> <p>Every week, the supervising dentist reviews all charts of irreversible procedures performed by the Ms. Petrie, DHAT, who has completed her preceptorship.</p> <p>Ms. Gardner, DHAT, is currently completing her preceptorship. During the 400-hour preceptorship, in which the dentist must directly supervise the DHAT, a web-based tracking form is 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.</p>	

	The tracking form allows the supervising dentist to rate the DHAT's work as acceptable, or unacceptable. For procedures marked "unacceptable" the supervising dentist is 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" which allows the DHAT to perform them under the supervision levels prescribed. Under the approved application/project the DHAT trainees are allowed to work under general, indirect or direct supervision depending on the requirements outlined by the supervising dentist.
Corrective Action	Not applicable.
Required Next Steps	Not applicable.

333-010-0760: Dental Pilot Projects: Minimum Standards		ID Number
A dental pilot project shall: (1) Provide for patient safety as follows: (j) Ensure adequate supervision and evaluation of trainees, including but not limited to: (B) Monitoring for adverse events and addressing any deficiencies;		MS1JB
Dental Pilot Project Program Requirements	Met <input checked="" type="checkbox"/>	Not Met <input type="checkbox"/>
Observations and/or Identified Deficiencies:	No deficiencies identified. Observations: See MS1JA. No adverse events were identified or reported.	
Corrective Action	Not applicable.	
Required Next Steps	Not applicable.	

333-010-0760: Dental Pilot Projects: Minimum Standards		ID Number
A dental pilot project shall: (1) Provide for patient safety as follows: (j) Ensure adequate supervision and evaluation of trainees, including but not limited to: (C) Monitoring and evaluating trainees and addressing any deficiencies.		MS1JC

Dental Pilot Project Program Requirements	Met <input checked="" type="checkbox"/>	Not Met <input type="checkbox"/>
Observations and/or Identified Deficiencies:	No deficiencies identified. Observations: See MS1JA.	
Corrective Action	Not applicable.	
Required Next Steps	Not applicable.	

333-010-0760: Dental Pilot Projects: Minimum Standards		ID Number
A dental pilot project shall: (2) Ensure that participants in the project, including trainees, do not engage in unprofessional conduct as that is defined in ORS 676.150.		MS2
Dental Pilot Project Program Requirements	Met <input checked="" type="checkbox"/>	Not Met <input type="checkbox"/>
Observations and/or Identified Deficiencies:	No deficiencies identified.	
Corrective Action	Not applicable.	
Required Next Steps	Not applicable.	

333-010-0760: Dental Pilot Projects: Minimum Standards		ID Number
A dental pilot project shall: (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.		MS3
Dental Pilot Project Program Requirements	Met <input checked="" type="checkbox"/>	Not Met <input type="checkbox"/>
Observations and/or Identified Deficiencies:	No deficiencies identified. Observations: Clinical records in compliance with all requirements outlined under 333-010-0760.	

Corrective Action	Not applicable.
Required Next Steps	Not applicable.

333-010-0760: Dental Pilot Projects: Minimum Standards		ID Number
A dental pilot project shall: (4) Have a sufficient number and distribution of qualified clinical and non-clinical instructors to meet project objectives, as identified in the approved application.		MS4
Dental Pilot Project Program Requirements	Met <input checked="" type="checkbox"/>	Not Met <input type="checkbox"/>
Observations and/or Identified Deficiencies:	<p>No deficiencies identified.</p> <p>Observations: Dr. Sarah Rodgers is the dental director for the CTCLUSI Dental Clinic. Currently, Dr. Rodgers serves as the supervising dentist for the dental pilot project and oversees each of the DHAT trainees.</p> <p>There are a total of two trainees providing services at the CTCLUSI Dental Clinic.</p> <p>Ms. Petrie has completed her preceptorship and is providing services under an approved practice plan under the supervision of Dr. Rodgers.</p> <p>Ms. Gardner is in the process of completing her preceptorship and is under direct supervision of Dr. Rodgers.</p>	
Corrective Action	Not applicable.	
Required Next Steps	Not applicable.	

333-010-0760: Dental Pilot Projects: Minimum Standards		ID Number
A dental pilot project shall: (5) Provide instruction to trainees following the training program outlined in the approved application by the Authority.		MS5
Dental Pilot Project Program Requirements	Met <input checked="" type="checkbox"/>	Not Met <input type="checkbox"/>
Observations and/or Identified Deficiencies:	<p>No deficiencies identified.</p> <p>Observations: The DHAT is expected to perform the procedures eight times when completing a preceptorship (unless otherwise noted on list), work independently each time, and in compliance with the established standards for review of each aspect of the procedure.</p>	

	<p>If a procedure is deemed unacceptable, Dr. Rodgers will have a discussion with the DHAT trainee on why it was rated that way and what could be improved.</p> <p>Trainees all participate in trainings.</p>
Corrective Action	Not applicable.
Required Next Steps	Not applicable.

333-010-0760: Dental Pilot Projects: Minimum Standards		ID Number
<p>A dental pilot project shall:</p> <p>(6) Assure that trainees achieve a minimal level of competence before they are permitted to enter the employment/utilization phase.</p>		MS6
Dental Pilot Project Program Requirements	Met <input checked="" type="checkbox"/>	Not Met <input type="checkbox"/>
Observations and Identified Deficiencies:	<p>No deficiencies identified.</p> <p>Observations: DHATs are required to be able to perform procedures on the practice plan independently and with clinical competency.</p> <p>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 the practice plan during the preceptorship.</p> <p>In order to show maintenance of competencies, standing orders are reviewed and signed every two years by the DHAT and the supervising dentist.</p>	
Corrective Action	Not applicable.	
Required Next Steps	Not applicable.	

333-010-0760: Dental Pilot Projects: Minimum Standards		ID Number
<p>A dental pilot project shall:</p> <p>(6) (e) Trainee monitoring records shall be provided to the Authority.</p>		MS6E
Dental Pilot Project Program Requirements	Met <input checked="" type="checkbox"/>	Not Met <input type="checkbox"/>
Observations and Identified Deficiencies:	<p>No deficiencies identified.</p> <p>Observations: OHA requested a random sample of clinical</p>	

	records for review by OHA and clinical record reviewers on the Dental Pilot Project #100 Advisory Committee. All records were supplied by the due date required.
Corrective Action	Not applicable.
Required Next Steps	Not applicable.

333-010-0760: Dental Pilot Projects: Minimum Standards		ID Number
A dental pilot project shall: (7) Comply with the requirements of the Dental Pilot Projects statute, Oregon Laws 2011, chapter 716; these rules [OARs]; and the approved application including, but not limited to, the evaluation and monitoring plan.		MS7
Dental Pilot Project Program Requirements	Met <input checked="" type="checkbox"/>	Not Met <input type="checkbox"/>
Observations and Identified Deficiencies:	<p>No deficiencies identified.</p> <p>Observations: The clinic and pilot project are in compliance with all aspects of the approved application and evaluation and monitoring plan.</p>	
Corrective Action	Not applicable.	
Required Next Steps	Not applicable.	

333-010-0760: Dental Pilot Projects: Minimum Standards		ID Number
A dental pilot project shall: (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.		MS8
Dental Pilot Project Program Requirements	Met <input checked="" type="checkbox"/>	Not Met <input type="checkbox"/>
Observations and Identified Deficiencies:	<p>No deficiencies identified.</p> <p>Observations: The project submits quarterly reports to demonstrate compliance with 333-010-0760.</p> <p>(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:</p> <ul style="list-style-type: none"> (a) Accomplishments or highlights. (b) Challenges faced and continuous quality improvement activities. (c) Updated project timeline. (d) Data reports: <ul style="list-style-type: none"> (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. 	

	<p>(B)Data generated by the clinical evaluator. (C)Number and type of any adverse event or complication that occurred during the reporting period.</p> <p>Mekinak Consulting is an American Indian–owned business that specializes in the evaluation of programs serving Indigenous communities. Working in collaboration with the Northwest Portland Area Indian Health Board (NPAIHB), the Confederated Tribes of the Coos, Lower Umpqua, and Siuslaw Indians (CTCLUSI), the Coquille Indian Tribe (CIT), and the Native American Rehabilitation Association (NARA). Mekinak Consulting developed the Evaluation Plan for 3 years of the 5-year pilot for the Tribal Dental Health Aide Therapist Project (TDHATP). The purpose of the evaluation is to assess how well the pilot project is meeting the goals of the NPAIHB Oral Health Program to improve access and quality of care to members of the CTCLUSI and CIT. The evaluation also addresses the evaluation requirement of the Oregon Health Authority (OHA) to meet the conditions of Dental Pilot Projects statute (Oregon Laws 2011, Chapter 716).</p> <p>Elements not directly addressed in the Mekinak Quarterly Reports are addressed in annual updates from the pilot project which include patient surveys,</p> <p>Update to qualitative evaluation studies are provided on an annual basis.</p>
Corrective Action	Not applicable.
Required Next Steps	Not applicable.

333-010-0760: Dental Pilot Projects: Minimum Standards		ID Number
A dental pilot project shall: (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.		MS9
Dental Pilot Project Program Requirements	Met <input checked="" type="checkbox"/>	Not Met <input type="checkbox"/>
Observations and Identified Deficiencies:	No deficiencies identified. Observations: No incidents reported.	
Corrective Action	Not applicable.	
Required Next Steps	Not applicable.	

333-010-0760: Dental Pilot Projects: Minimum Standards A dental pilot project shall: (10) Submit detailed quarterly monitoring reports in a format prescribed by the Authority that include but are not limited to the following categories for the previous quarter: (a) Accomplishments or highlights. (b) Challenges faced and continuous quality improvement activities. (c) Updated project timeline.		ID Number MS10ABC
Dental Pilot Project Program Requirements	Met <input checked="" type="checkbox"/>	Not Met <input type="checkbox"/>
Observations and Identified Deficiencies:	No deficiencies identified. Observations: Project is in compliance and has submitted the required quarterly monitoring reports to OHA on time.	
Corrective Action	Not applicable.	
Required Next Steps	Not applicable.	

333-010-0760: Dental Pilot Projects: Minimum Standards A dental pilot project shall: (10) Submit detailed quarterly monitoring reports in a format prescribed by the Authority that include but are not limited to the following categories for the previous quarter: (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.		ID Number MS10D
Dental Pilot Project Program Requirements	Met <input checked="" type="checkbox"/>	Not Met <input type="checkbox"/>
Observations and Identified Deficiencies:	No deficiencies identified. Observations: Project is in compliance and has submitted the required quarterly monitoring reports to OHA on time.	
Corrective Action	Not applicable.	
Required Next Steps	Not applicable.	

333-010-0760: Dental Pilot Projects: Minimum Standards (1) "Adverse event" means unnecessary harm due to dental treatment. (C) Number and type of any adverse event or complication that occurred during the reporting period.		ID Number MS10C
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Dental Pilot Project Program Requirements	Met <input checked="" type="checkbox"/>	Not Met <input type="checkbox"/>
Observations and Identified Deficiencies:	<p>No deficiencies identified.</p> <p>Observations: No adverse events or complications have been reported.</p>	
Corrective Action	Not applicable.	
Required Next Steps	Not applicable.	

333-010-0760: Dental Pilot Projects: Minimum Standards		ID Number
<p>A dental pilot project shall:</p> <p>(11) Follow written standard operating policies and procedures approved by the Authority as outlined in OAR 333-010-0750, Provisional Approval; Final Approval.</p>		MS11
Dental Pilot Project Program Requirements	Met <input checked="" type="checkbox"/>	Not Met <input type="checkbox"/>
Observations and Identified Deficiencies:	<p>No deficiencies identified.</p> <p>Observations: All newly hired individuals are trained on the standard operating procedures requirements and manual. At NARA in Portland in there will be a training in June 2019.</p> <p>The project has chosen to not implement nitrous into the dental clinic and this is not part of the standard operating procedures as it is not utilized. Project expressed concerns with the approval language of the nitrous oxide modification request.</p>	
Corrective Action	Not applicable.	
Required Next Steps	Not applicable.	

333-010-0760: Dental Pilot Projects: Minimum Standards		ID Number
<p>A dental pilot project shall:</p> <p>(12) Use templates and follow guidelines for the submission of documents and other reporting requirements as prescribed by the Authority.</p>		MS12
Dental Pilot Project Program Requirements	Met <input checked="" type="checkbox"/>	Not Met <input type="checkbox"/>
Observations and Identified Deficiencies:	No deficiencies identified.	
Corrective Action	Not applicable.	
Required Next Steps	Not applicable.	

333-010-0760: Dental Pilot Projects: Minimum Standards		ID Number
(13) Provide care only at Authority approved employment/utilization sites.		

		MS13
Dental Pilot Project Program Requirements	Met <input checked="" type="checkbox"/>	Not Met <input type="checkbox"/>
Observations and Identified Deficiencies:	<p>No deficiencies identified.</p> <p>Observations: Care is only provided at approved employment/utilization sites and locations.</p>	
Corrective Action	Not applicable.	
Required Next Steps	Not applicable.	

333-010-0770: Dental Pilot Projects: Informed Consent		ID Number
<p>(1) A sponsor must ensure that each patient or person legally authorized to provide consent on behalf of the patient:</p> <p>(a) Is provided written information about the dental pilot project and who will be providing treatment;</p>		IC1A
Dental Pilot Project Program Requirements	Met <input checked="" type="checkbox"/>	Not Met <input type="checkbox"/>
Observations and Identified Deficiencies:	<p>No deficiencies identified.</p> <p>Observations: Clinic provides informed consent and education to each patient about the role of the DHAT trainee.</p>	
Corrective Action	Not applicable.	
Required Next Steps	Not applicable.	

333-010-0770: Dental Pilot Projects: Informed Consent		ID Number
<p>(1) A sponsor must ensure that each patient or person legally authorized to provide consent on behalf of the patient:</p> <p>(b) Gives written consent to be treated by the dental pilot project trainee;</p>		IC1B
Dental Pilot Project Program Requirements	Met <input checked="" type="checkbox"/>	Not Met <input type="checkbox"/>
Observations and Identified Deficiencies:	<p>No deficiencies identified.</p> <p>Observations: Clinic provides informed consent and education to each patient about the role of the DHAT trainee. Patient provides written consent.</p>	
Corrective Action	Not applicable.	
Required Next Steps	Not applicable.	

333-010-0770: Dental Pilot Projects: Informed Consent		ID Number
<p>(1) A sponsor must ensure that each patient or person legally authorized to provide consent on behalf of the patient:</p> <p>(c) Gives informed consent for treatment by the trainee.</p>		IC1C

Dental Pilot Project Program Requirements	Met <input checked="" type="checkbox"/>	Not Met <input type="checkbox"/>
Observations and Identified Deficiencies:	No deficiencies identified.	
Corrective Action	Not applicable.	
Required Next Steps	Not applicable.	

333-010-0770: Dental Pilot Projects: Informed Consent		ID Number
(4) Informed consent for treatment: (b) Patient records must document an entry that informed consent for treatment has been obtained and the date the informed consent was obtained. Documentation may be in the form of an acronym such as "PARQ" (Procedure, Alternatives, Risks and Questions) or "SOAP" (Subjective Objective Assessment Plan) or their equivalent;		IC4B
Dental Pilot Project Program Requirements	Met <input checked="" type="checkbox"/>	Not Met <input type="checkbox"/>
Observations and Identified Deficiencies:	No deficiencies identified.	
Corrective Action	Not applicable.	
Required Next Steps	Not applicable.	

333-010-0770: Dental Pilot Projects: Informed Consent		ID Number
(4) Informed consent for treatment: (c) Informed consent for treatment must be obtained in writing for procedures identified by the Authority in the application approval letter, and such consent must be included and documented in the patient's record;		IC4C
Dental Pilot Project Program Requirements	Met <input checked="" type="checkbox"/>	Not Met <input type="checkbox"/>
Observations and Identified Deficiencies:	No deficiencies identified.	
Corrective Action	Not applicable.	
Required Next Steps	Not applicable.	

333-010-0770: Dental Pilot Projects: Informed Consent		ID Number
(4) Informed consent for treatment: (d) A trainee may not perform any procedure for which the patient or patient's guardian has not given informed consent provided; however, in the event of an emergency situation, if the patient is a minor whose guardian is unavailable or the patient is unable to respond, a trainee may render treatment in a reasonable manner according to community standards and in accordance with the trainees approved scope of practice.		IC4D
Dental Pilot Project Program Requirements	Met <input checked="" type="checkbox"/>	Not Met <input type="checkbox"/>
Observations and Identified Deficiencies:	No deficiencies identified.	
Corrective Action	Not applicable.	

Required Next Steps	Not applicable.
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333-010-0790 Dental Pilot Projects: Authority Responsibilities		ID Number
(2) Site visits. (A) Determination that adequate patient safeguards are being utilized;		AR3AA
Dental Pilot Project Program Requirements	Met <input checked="" type="checkbox"/>	Not Met <input type="checkbox"/>
Observations and Identified Deficiencies:	<p>No deficiencies observed.</p> <p>Observations: OHA has approved Dental Pilot Project #100 to operate under an approved application process and evaluation and monitoring plan. DHAT trainees are trained in an approved training program in Alaska. The training of DHAT's is federal recognized under the CHAP program. DHAT's graduate from the 2 year training program and enter a preceptorship under direct supervision for 400 hours. Upon completion of the preceptorship, the DHAT operates under standing orders under the required supervision outlined on the practice plan by the supervising dentist.</p> <p>The approved Evaluation and Monitoring Plan requires that all procedures completed by the DHAT that are considered irreversible are documented with a pre-prep-post operative intra-oral image.</p> <p>Under the plan, every week, the supervising dentist reviews all charts of irreversible procedures performed by the DHAT.</p> <p>Every quarter, 10 charts drawn from a random sample containing irreversible and are reviewed by an external evaluating dentist. A clinical evaluator is required under 333-010-0760. The external evaluator has no financial or commercial interest in the project and is responsible for conducting a clinical evaluation of the approved pilot project.</p>	
Corrective Action	Not applicable.	
Required Next Steps	Not applicable.	

333-010-0790 Dental Pilot Projects: Program Responsibilities		ID Number
(3) Site visits. (a) Site visits shall include, but are not limited to: (B) Validation that the project is complying with the approved or amended application;		AR3AB

Dental Pilot Project Program Requirements	Met <input checked="" type="checkbox"/>	Not Met <input type="checkbox"/>
Observations and Identified Deficiencies:	No deficiencies identified. Observations: The project is in compliance.	
Corrective Action	Not applicable.	
Required Next Steps	Not applicable.	

333-010-0790 Dental Pilot Projects: Program Responsibilities	ID Number
(3) Site visits. (a) Site visits shall include, but are not limited to: (C) Interviews with project participants and recipients of care;	AR3AC

Dental Pilot Project Program Requirements	Met <input checked="" type="checkbox"/>	Not Met <input type="checkbox"/>
Observations and Identified Deficiencies:	No deficiencies identified. Observations: OHA conducted interviews with project participants including DHAT trainees, project staff, the supervising dentist, clinic staff and tribal council. Site visit project participants included the following individuals: Ms. Debbie Bossley – Tribal Council Chair, Confederated Tribes of the Coos, Lower Umpqua, and Siuslaw Indians (CTCLUSI) Dr. Miranda Davis – Dental Director for the DHAT Initiative Ms. Vicki Faciane, CTCLUSI, Director of Health Services Ms. Marissa Gardner, DHAT, DPP trainee Ms. Diane Pavlat, CTCLUSI Dental Clinic Staff Mr. Marc Petrie, Tribal Council Vice-Chair, Confederated Tribes of the Coos, Lower Umpqua, and Siuslaw Indians (CTCLUSI) Ms. Naomi Petrie, DHAT, DPP trainee Ms. Jamie Meyers, CTCLUSI, DHAT Coordinator Dr. Sarah Rodgers, Supervising Dentist, CTCLUSI Dental Director <ul style="list-style-type: none"> The CTCLUSI Dental clinic will begin construction on a new clinic. The project will begin this summer and will add 4 chairs to the clinic. The project is expected to take 5.5 	

	<p>months to complete and the goal is to be finished by the 1st of 2020. Clinic will still continue to operate while under construction.</p> <ul style="list-style-type: none"> • The project has purchased new intra-oral cameras. • Preceptorship Process Reviewed: <ul style="list-style-type: none"> - Limited ability to complete timely preceptorship due to clinic chair capacity issues. - Preceptorship is 400 hours under direct supervision. - Preceptorship can be compared to a residency. - Other Dental Therapy models do not require a preceptorship. Comparison of models and other state legislative statutes should be reviewed. Some states require more hours, i.e review Arizona language – 1000 hours are required under their preceptorship language. - Concerns direct preceptorship required by dentist is a cost barrier that might make it too difficult to employ a dental therapist in a clinic without financial resources to absorb the reduced production of the dentist as preceptorship is under direct supervision by the dentist. - Evaluation of cost-effectiveness of preceptorship process and overall impact to clinic and efficacy of model discussed. • Various state legislations have required a preceptorship under direct supervision, up to 1000 hours under Arizona legislation. This is onerous and will likely dissuade a dentist from employing a dental therapist as will cause a significant disruption in productivity for the dentist. Under that scenario, it is not cost-effective. Other preceptorship/residency methods should be researched and evaluated. • Preceptorships are not required of dentists. • A residency is not required of a dentist to practice in the State of Oregon after graduating from a CODA accredited dental school and passing WREB and other Oregon licensing requirements, i.e. jurisprudence examination. • General practice residencies are required only in the State of New York for dentists who have just graduated and are seeking initial licensure. • Preceptorship has taken longer due to chair capacity and concerns about a shortage of dental assistants and difficulty in hiring assistants. Difficulty in training on the job
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	<p>due to capacity in the clinic but challenges due to only have a single dentist.</p> <ul style="list-style-type: none"> • Project dentists and participants expressed concern over the administrative burden that is placed on the project and supervising dentist. Dr. Rodgers spends between 4-6 hours per week reviewing charts. The Evaluation & Monitoring Plan requires the supervising dentist to review all irreversible procedures completed by the DHAT after the preceptorship is complete. Project has expressed concerns about the administrative burden and cost of preceptorship, reduced productivity for the clinic, etc. In order to really show cost benefit it is difficult with the project program requirements as they currently stand. • The clinic goals are to see patients within the community. The next closest clinic is 2.5 hours away for the patient population. Patients come from all over including Northern California and Idaho. Patients have to travel long distances because of a lack of services and capacity to see patients is limited, long wait lists, etc. • The DHAT trainee is able to practice the entire scope of practice. There are no self-imposed limitations or restrictions placed on the interviewees scope of practice by clinic policy or the supervising dentist. • Pulpotomy and SSC not done at the CTCLUSI office. Rodgers indicated that her preference is to utilize other materials so DHAT's do not place SSC in the clinic though they were taught and trained to do these in the training program. • Project would like to explore more outreach opportunities such as screenings at Head Start. The project is exploring this. • The barriers that patients in the clinic face are challenging. The clinic tries to meet people where they are and reduce barriers to care. Outreach will be a large part of this. Transportation is a factor, job interruption, child-care issues. • No show rates are a concern but the clinic works with each patient to reduce these issues. Coordination happens with team intervention to reduce barriers. Clinic provides assistance with signing patients up for Oregon Health Plan, reviewing benefits, financial assistance, etc. • Patients express the importance of culturally appropriate
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	<p>care and trauma informed care. Many of the patients have had experiences that have caused them to be afraid of the dentist and avoid coming to the dentist.</p> <ul style="list-style-type: none"> • Under the current language required by OHA for both primary and permanent extractions, the project and doctors are concerned about their ability to be in compliance with the language parameters. Project is concerned about the language, Dr. Rodger's is completing the extractions or they are referred out to an oral surgeon. • 35-40% of patients at the CTCLUSI Dental Clinic have OHP, 18% of patients have no insurance – a large number of the patients are just above poverty level and do not qualify for OHP. • Same standard of care is required of the DHAT's treatment as is required of dentists completing the same treatment. • Vaccines are not currently provided in the dental clinic. There is a possibility of having tetanus vaccines in the office for patients that come in for trauma related injuries. There would need to be an evaluation of the cost and benefits of this, storage, etc.
Corrective Action	Not applicable.
Required Next Steps	Not applicable.

333-010-0790 Dental Pilot Projects: Program Responsibilities (3) Site visits. (a) Site visits shall include, but are not limited to: (D) Reviews of patient records to monitor for patient safety, quality of care, minimum standard of care and compliance with the approved or amended application.		ID Number AR3AD
Dental Pilot Project Program Requirements	Met <input checked="" type="checkbox"/>	Not Met <input type="checkbox"/>
Observations and Identified Deficiencies:	No deficiencies identified.	
Corrective Action	Not applicable.	
Required Next Steps	Not applicable.	

REPORT END