



Quarterly Dental Pilot Project Meeting: DPP 100 Meeting Minutes

Date: Monday, February 5, 2018
Time: 9:00 AM – 12:00 PM
Location: OHA Public Health Division
800 NE Oregon Street
Portland, OR 97232
Conference Room 1A – First Floor

Committee

Members Present: Leon Asseal, Len Barozzini, Jennifer Clemens, Steven Duffin, Shannon English, Karen Hall, Paula Hendrix, Kelli Swanson Jaecks, Richie Kohli, Connor McNulty, Linda Mann, Carolyn Muckerheide, Brandon Schwindt, Gita Yitta

Committee Members

Present Phone: Teri Barichello, Jill Jones

OHA

Attendees: Bruce Austin, Kelly Hansen, Sarah Kowalski, Wendy Morgan, Rhiannon Simon, Caroline Tydings, Amy Umphlett, Cate Wilcox

Public

Attendees: Pam Johnson, Christina Peters, Joe Finkbonner, Steven Prisby, Jennifer Lewis-Goff, Allyson Lecatsas

Official Introductions and Agenda Review: Bruce Austin and Sarah Kowalski

Cultural Responsiveness; Harvard University Implicit Bias; Highlights and Review: Rhiannon Simon and Wendy Morgan

Invited attendees were asked to prepare for this discussion by completing 2 implicit bias tests at the listed link, including the Race IAT and one other. <https://implicit.harvard.edu/implicit/takeatest.html>
Wendy Morgan leads the racial equity work for the Maternal and Child Health Section of OHA. She presented a short video “Do You Have a Racial Bias?” linked [here](#).

There was a discussion surrounding the implicit bias tests. Attendees shared their personal results and feelings while taking the test. There was a debate on unconscious vs. conscious bias and whether your unconscious bias mattered. Wendy shared information about how your unconscious bias can affect your action whether you would like them to or not.

The focus was on asking questions, having interest, and giving people the benefit of the doubt to

understand those different than us. It is important to not be fearful of asking questions and having racial discussions.

Project Update: Sarah Kowalski

Right now, under the training phase, there are three students from Oregon in their year two who are anticipated to graduate in June. There is one student in year one and there is one trainee at the end of her preceptorship. There is also a trainee at the NARA site who just completed his preceptorship. (A copy of the standing orders, pg. 32-34, that was signed by the supervising dentist was included in the packet given to attendees.)

It was mentioned that there had been a question about trainees and nitrous oxide. OHA received a memo from the project on November 30th clarifying some of the unanswered questions, the conclusion is that trainees will not be providing services to patients that are under the use of nitrous oxide.

Dr. Austin approved the informed consent process. There are some procedures that the clinics do written informed consent for oral surgery procedures, Silver Diamine Fluoride and for participation in the pilot project, treatment by the DHAT. They have verbal informed consent documented in the chart and there is also a document they sign acknowledging that they are being treated by a trainee.

OHA received a list of complications for procedures that are being completed in the project by the trainee.

The Project has contracted with Dr. Sixkiller who is the project's external dentist evaluator. She audits irreversible procedures quarterly.

The project has clarified what is happening about the suturing scope of practice and when it is taught:

- DHAT students are taught suturing techniques and they use them if needed during the course of a simple extraction if done under the extraction guidelines. The suturing wouldn't be coded for separately because it is assumed to be a part of the procedure. DHATs have the training and ability to do a suture if needed and OHA has approved this without requesting modification.
 - There was concern that there is not enough competency being required for DHATS based on the wording that states DHATS are trained in suturing by practicing on non-human subjects as needed, during the preceptorship.
 - The clarification in response to this concern: DHAT students see patients in their second year and if they are unable to suture on their patients during that time they do not pass the competency for that.
 - There was remaining concern expressed about those further competency requirements not being written somewhere.
 - There was further concern about hemostasis. Regarding packing with gel foam, etc., is that also included?
 - The answer was that the competency includes the ability to start and complete the procedure. Students who cannot competently complete the things within their scope of practice are not allowed to complete the program. This topic will be covered later in the discussion with Dr. Lenaker.
 - There was remaining concern expressed about competency requirements not being written down.
 - The sentiment was that suturing is a part of the competency that doesn't need to be directly written because it is included as a part of the competency.

Process for Project Modifications: Bruce Austin

Dr. Austin explained the process for the project to request a modification. The process and timeline are listed in the packets given to attendees on pages 2 and 3.

The project submitted a request for modification on January 2, 2018. OHA has 45 days to review the request, gather data, and ask clarification questions from the project. By February 16, 2018, OHA expects to have enough data to make a decision to accept or deny the modification request. OHA then has 30 days from February 16 to review the information they have and make a decision on the request. The decision will be made by March 18, 2018 for the January modification request.

Projects cannot implement the changes they have requested until they receive an answer back from OHA that accepts or denies their request. In the meantime, they need to comply with the originally approved guidelines. Going along with that, at this point the DHATs are only able to perform extractions in the case of a medical emergency. Also, the DHAT trainee who is still under her preceptorship is still required to practice direct supervision until we answer the question about certification later in the meeting.

- There were no questions about the modification process.

Northwest Portland Area Indian Health Board Request for Project Modification Presentation: Joe Finkbonner, Pam Johnson and Christina Peters

The project sponsor, the Northwest Portland Area Indian Health Board, had submitted a request for project modification. OHA requested the project sponsors attend today's meeting on to present the request as well as answer questions from the committee. The presentation, which is a walk-through of the modification requests and reasoning behind them, included the following:

Since the initial application was approved there has been a lot of work done by OHA and the project staff so they felt it important that the current plan match up with the work that has been done since the initial approval.

The goals of modification: Northwest Portland Area Indian Health Board wanted to make sure that all documents related to the project all agree with each other. It was noted that the presentation will include a lot of reference to the evaluation and monitoring plan and the application. The application came before the evaluation and monitoring plan so a lot of the language in those two things does not quite match because the evaluation and monitoring plan goes much more in depth. The project wanted to clarify oversight roles to ensure making the best use of resources. They want to bring CE requirements in line with requirements for other oral health providers in Oregon instead of with Alaska. They want to ensure they are piloting a scope of practice for DHATs practicing in Oregon which meet the needs of Tribal communities and the Oregon Oral Health Care System. The project expects more modification requests in the future.

Modification #1: Page 22, Collaborative Arrangements (P3):

Going forward, Community Health Aide Program Certification Board will be referred to the CHAPC Board. There has been some confusion about the role of the CHAPC board in this project. It was not the intention to imply that CHAPC would certify providers practicing in Oregon.

The Alaska DT program is certified by the CHAPC Board. They make sure that classes meet the federal education requirements. The clarification was made that the collaboration is not that they are certifying students but they are certifying the education program.

There are legal limitations of who the CHAPC Board can or cannot certify. One of the requirements for certification is that an individual must be employed by a tribal health program in Alaska. It is the intention that the students are certifiable in Alaska. The only current qualification the Oregon students do not meet is that they do not live in Alaska. NPAIHB wants students to meet all other competencies. The project is proposing to add the language that "The CHAPCB can only

legally certify individuals employed by the Indian Health Service or a tribe or tribal health program operating a community health aide program in Alaska under the ISDEAA. This project has listed the CHAPCB as a collaborator, not as an entity with jurisdiction over project trainees.”

It was stated that, the impact is not on the students or the requirements but to clarify that CHAPCB does not certify students here in Oregon.

The clarification was made that there is no separate board exam required by CHAPCB. The certification does not happen until after the preceptorship period. Students must show competency in the program and that they are able to graduate the program. They then move on to their supervising dentist and show full scope of practice. The supervising dentist then creates their standing orders based on their competency in practice. After they have completed this, they would then apply for certification to the CHAPC board.

- The question was asked: What does the CHAPCB do in Alaska for the trainings?
 - The answer was that CHAPCB collects the paperwork and provide the certifications
- The question was asked: When a dentist graduates, they are eligible for a board exam which they are required to complete the board exam to receive a license to practice. Is the supervising dentist review of the authorized procedures basically a private board exam for the student and that standing order then becomes their license?
 - The answer was that there are no standardized board exams for DHATs in Alaska.
- The question was asked: Do the students complete a background check before becoming certified?
 - The answer was that students cannot be accepted into the program without passing a series of background checks.
- There was concern that the words certified, certification, and recertification were used many times which seems misleading that these students would be certified and recertified and now the project is saying that that is not the case.
 - Northwest Portland Area Indian Health Board responded that they did not fully understand the level of oversight by OHA. They thought they would have to do that through the tribe. The initial understanding was that certification would have to be through the tribe. After getting a better understanding about the relationship with OHA they feel they now have a better understanding. The certification board members are not working with the students or reviewing their procedures. They would do what the certification board in Alaska does, they would get the information and confirm that it is all correct and in order.

Modification #2: Page 41, Curriculum (P9):

This modification goes along with their goal of bringing the application in line with the approved evaluation and monitoring plan and to standardize the documents. The project is proposing removing some language and replacing it with the language from the evaluation and monitoring plan around preceptorships instead of the language from the CHAPCB standards. They are also clarifying standing orders per the evaluation and monitoring plan. They are also removing recertification requirements and replacing them with the requirement of renewing standing orders every two years with the supervising dentist. They wanted to clarify that the first level of oversight starts with the supervising dentist and that is why they are replacing the recertification requirements with the renewal. CHAPC requires that dentists, over a two year period of time, only review each DHAT scope of practice once. In this project, the supervising dentist completes a weekly chart review which is more robust than the CHAPCB standards.

- There was concern surrounding the turnover of the supervising dentists. The question was: Will the preceptorship start new with the new dentist if the one previously providing oversight is no longer employed.
 - The simple answer is that if there is a new supervising dentist, there would be an

abbreviated preceptorship. It would not be the full 400 hours. There is an 80 hour preceptorship that experienced DHATs are doing.

- The project asked OHA to provide suggestions in the situation if there were two dentists at the clinic and one was the primary supervisor and went through the preceptorship and the second dentist was a secondary supervisor who maybe does vacation cover, what they would do in that situation.

Language in this modification is changed to reference the certification requirements but not requiring certification. There will not be a DHAT in the program that could not be certified by the CHAP certification board if they were working for a tribal entity in Alaska.

Instead of just stating that students will be in a 400 hour preceptorship, the language explains what the 400 hour preceptorship entails. They thought it was more robust to provide this description specifically around the responsibility of the dentist, how it will be tracked and other things that have to be done.

Language is added that replaces recertification. This modification now requires the dentist and the DHAT to renew the standing orders every 2 years.

The sentiment was that this will have no impact on the safety and quality of care. It ensures ongoing review of competency through standing orders renewal with supervising dentists.

- It was asked if the standing orders can be modified throughout this process.
 - The answer is yes, at the discretion of the supervising dentist.
- It was asked if the standing orders were reviewed every two years by the supervising dentist by direct observation of the clinical practice or just through chart reviews and things of that nature.
 - The answer was that it would depend on the relationship. It is understood that the dentists in the program see the work in real time.

Modification #3: Page 58, Job Descriptions (PN10):

This modification clarifies the language to be in line with the rest of the application. The modification will add language that newly graduated DHATs will not be expected to have obtained CHAPCB certification but they are still required to meet the federal requirements needed to obtain that certification.

Under job requirements, language was added to clarify that experienced DHATs coming from Alaska are required to have obtained a CHAPCB certification while in Alaska. They also have to have been in good standing in Alaska before coming here to work. They do not have to maintain the certification since in order to do so you have to be living in Alaska.

The sentiment was that there will not be any impact on the project by changing the template job description.

Modification #4: Page 63, Monitoring (Certification) (PN13):

This modification is intended to be more precise about which sections of the CHAP standards and procedures the DHATs will have met upon graduation from the Alaska dental therapy education program.

This makes sure that all the places where preceptorship is discussed agree. The language that states that the tribes need to certify their DHATs is being removed. Given the comprehensive oversight by OHA, any oversight that the tribe might provide in the form of a license would be redundant and not a good use of resources. It is understood that OHA does not function as a licensing body and that licensure is not required.

The sentiment was that there will not be an impact on the safety and quality of care in the project but will remove redundancies. All monitoring and requirements that ensure patient safety are still in place even with removing the requirement of removing license by the tribe.

Modification #5: Page 63, Monitoring (Recertification) (PN13):

This is a continuation of modification #2 where recertification requirements from an outside entity were changed to require the supervising dentist and DHAT renew the standing orders every two years.

Language related recertification was removed and language was added to include specific continuing education requirements for DHATs and to align those with other dental providers in Oregon.

- The clarification was made that a dental hygienist will apply everything in the OARs to DHATs
 - Clarification was requested about whether that will be a DH or EPDH
 - It was requested for OHA to provide clarification, along with the supervising dentist, on whether a dental hygienist or an EPDH would be more appropriate.
 - It was suggested that an EPDH would be more appropriate
- The question was asked if they will be referred to as licenses or certifications.
 - In the pilot project licensure is not required. For now it is a certification and a renewal of the standing orders with the supervising dentist.

The sentiment was that there will not be any impact on the safety and quality of care. This modification brings clarification by ensuring all sections agree with each other and creates parameters for CE of dental therapists based on the Oregon state requirements for EPDHs.

- There was some confusion regarding the follow up of CE
 - The clarification was made that as part of the renewal requirements for the standing orders, it would be tracked by the site itself/the dentist. If the dental therapist has not met their CE requirements, the clinic would enforce that. It is also a part of the quarterly reporting to OHA. The clinic tracks all of their provider CE requirements and it is given to OHA in the quarterly reports.

Modification #6: Page 63, Monitoring (Extractions) (PN13):

See section below: Discussion on Extractions as Per Modification Request: Dane Lenaker.

Modification #7: Page 13, Abstract (AB1):

It was noted that it has been a challenge to recruit experience dental therapists to utilization sites. There are a limited number of providers available. Many of them are working in their home communities and they did not want to leave their communities. This has been reported this to OHA along the way. OHA accepts those reports a sufficient to explain the discrepancies between the application and practice.

This modification is being requested to better align the application and practice. This modification does not close the door to having experienced DHATs. It is being requested to add the language of “whenever possible” and remove the language about the DHAT trainees working with experienced dental therapists as colleagues. The clarification was made that this relationship was never intended to be of a supervisory nature but more so a mentorship.

The sentiment was that there will not be any impact on the safety and quality of care. If an experienced DHAT is identified that fit the criteria and an individual site would like to enter into a relationship with that DHAT, that is still allowed.

Modification #8 : Page 16, Summary of Project (PN1):

Modification #8 is the same as Modification #7 but in a different place.

The sentiment was that there will not be any impact on the safety and quality of care. If an experienced DHAT is identified that fit the criteria and an individual site would like to enter into a relationship with that DHAT, that is still allowed.

Modification #9: Page 26, Instructor and Supervisor Information (PN4):

Modification #9 is the same as Modification #7 and #8 but in a different place.

A notable difference in this modification is that this is in reference the training of the supervising dentist not the training of the DHAT.

Site visits used to be one day in Anchorage and one day in Bethel where the sole focus was on learning the curriculum and how to supervise. A third day has been added where the dentists go to a third site, generally in Sitka, where the supervising dentist there has experience working with DHATs. They spend the day asking questions and getting advice.

The sentiment was that there will not be any impact on the safety and quality of care. If an experienced DHAT is identified that fit the criteria and an individual site would like to enter into a relationship with that DHAT, that is still allowed. More has been added to the site visit to provide expanded training.

Discussion on Extractions as Per Modification Request: Dane Lenaker

Dr. Lenaker has been working with the dental therapists in Alaska since 2009. He helped run a program that supported about 12 Dental Therapists. He currently works with four dental therapists. He is their clinical dentist and their direct supervisor. He sees them after they have completed the education program.

Modification #6: Page 63, Monitoring (Extractions) (PN13):

Dr. Lenaker called in to discuss the modifications to the language about languages, specifically about removing the requirement for the medical emergency. The modification says that prior to an extraction, the DHAT needs to document that they have objective findings that support the extraction. They will still consult with the dentist prior to extraction and the dentist will make the determination if it is appropriate for the DT to extract.

- The question was asked: There is not a line item in the curriculum regarding coursework for “real” medical emergencies, not just tooth medical emergencies. What hours of coursework is done regarding management of medical emergencies? How are medical emergencies being addressed?
 - Dr. Lenaker responded that students receive training on medical emergencies such as BLS and CPR. They are trained to interpret medical history. He doesn’t know the curriculum through and through but he knows that it is something they are aware of.
 - It was requested that the Northwest Portland Area Indian Health Board provide more information on this topic to come. The concern is in the level of safety.
- There was concern with the wording that “the dental therapist will ensure they will have a radiograph **and/or** intraoral photo.” The input was that a radiograph is absolutely necessary.
 - Dr. Lenaker responded that the “or” should probably be removed and that if we wanted to add “clinically acceptable radiograph” that may bring clarity.
 - There was further concern that the photo is an unnecessary Burdon.
 - The clarification was made that the photo was added for the chart reviews. Every irreversible procedure that the DHATs complete, there are multiple photos taken of the procedure. The photos will be there regardless and they will clarify the language about the radiographs being required.
 - There was further concern that in Appendix C, under radiographic considerations, number 1 says “new bitewing PA and/or tooth-level images are recommended”. The sentiment was that they should be required rather than recommended.
- The question was asked: Is it standing order to always place gelfoam after an extraction, or is that available? How is that addressed?
 - The response was that they have some training with suturing and gelfoam.
 - It was requested that clarification be provided on how DHATS will handle hemostasis

and the mandatory training surrounding it.

- There was discussion that handling hemostasis is a part of the competency assessment for the procedure and doesn't need to be specifically addressed.
- The question was asked: Is a DHAT ever able to perform a 7210? Or are they only able to do a 7140?
 - They only code that they are approved for is a 7140. They are not approved to do a 7210. They are only authorized to complete simple uncomplicated extractions.
- It was asked if DHATs are or are not doing probing.
 - They can probe and supragingivally scale. They cannot go beyond the gum line.
- It was asked: If we remove the criteria that it needs to be a medical emergency, what are the criteria for allowing a simple extraction?
 - The response was: In the context of Oregon, the wording is that they have to have objective findings and be able to offer treatment options.
 - The question was extended to ask, what is the decision for determining whether it is an extraction that a DHAT could do?
 - That decision is made by the supervising dentist. They work together to make the determination.
- It was asked: In the NARA Health Aide Practice Agreement, under uncomplicated extractions, the standing orders listed say permanent teeth should always be reported but primary teeth requires no report. The question is what does the report entail?
 - The response was that the wording is a bit unclear and could be removed. Meaning the DHAT would need to check with the supervising dentist for permanent or primary teeth.
 - The Northwest Portland Area Indian Health board will ask the Dr. who wrote the standing orders to provide clarification.
 - It was also noted that the same sentence says "prior evaluation of the x-ray and consultation when appropriate" we can strike the language of "when appropriate" because we are requesting that it always be with consultation so it will always be appropriate.

Questions & Answers on Project Modification Request: Joe Finkbonner, Pam Johnson, Christina Peters, and Mary Willard

Mary Willard's clarification on medical emergencies and hemostasis:

Mary Willard joined the meeting by phone to further clarify the discussion on training for medical emergencies. She is a dentist who has been working in Alaska for 20 years, 9 of which were in rural Alaska. She has experience supervising DHATs in the field clinically and has run the educational program in Alaska since 2007. She wrote the curriculum, helped develop some of the standards for DHAT practice, and is the chair of the certification board that certifies all health aides in the state.

She presented the following:

The curriculum they have for medical emergencies is fairly robust especially compared to dental school training. They get BLS certification in their first week and then have 24 contact hours and homework assignments taught by an emergency medicine PA. They also get additional training especially during their diagnosis and treatment planning sessions around managing medical conditions in the dental office.

- The question was asked: Regarding the medications taught surrounding medical emergencies, do they practice with Epipen? And do they review how to handle emergencies with asthma and diabetes?
 - The response was that they do.
- There was a question regarding what are the standards for CE on medical emergencies in Alaska?

- There are requirements for up-to-date BLS certification. There are 4 hour requirements every 2 years for CE on medical emergencies.
- There was a question regarding gelfoam and surgical being optional, required, or not available and how the therapists are trained on when and how to use it.
 - Using gelfoam for an extraction is a part of the educational process and is not separated out in the standards from the extraction. If they are learning how to do an extraction that means they must know how to utilize gel foam and understand how to place sutures. They don't have to have a competency in placing the sutures but it is interpreted that they be competent.
 - There was further concern about the students being trained to be judicious about not placing the gelfoam in an infected socket.
 - It was clarified that, yes, they are trained in the same way that any dentist is trained on extractions and the use of dental foam. There is an oral surgeon who spends a week with the students focusing on extractions and the medical conditions/emergencies with them.

Remaining questions from the modification presentation

Clarification was requested regarding certification and recertification:

- The clarification was made that DHATs will not be certified, but they must meet all certification requirements aside from living/working in Alaska.
- There was concern shared about the renewal needing to be required to be done with direct supervision.
 - The clarification was made that for the renewal process, over the course of two years, the dentist is required to observe each procedure in the scope of practice at least one time. In the monitoring plan, it is stated that all extractions must be done in consultation with the dentist and all irreversible procedures be in the chart polls.
 - The sentiment was that to meet the renewal requirements, each procedure that is under the scope of work be directly observed by the supervising dentist to confirm that they remain competent.
 - It was proposed that the language be further clarified and be consistent with recertification in Alaska.
 - Clarification was requested of whether or not the project should require every single procedure be observed once under direct supervision to meet renewal requirements or just very specific procedures under direct supervision.
 - Clarification was provided that irreversible procedures and sealants be directly observed under direct supervision at least once to meet renewal requirements.

Clarification was requested regarding preceptorship:

- The clarification was made that the 400 hours will not be changed, there will just be more clarification regarding the requirements of the supervising dentist and other requirements per the evaluation monitoring.

Clarification was requested regarding tribal licensing:

In Washington, there was legislation passed last session to have DHATs on tribal reservations.

- The clarification was made that it was before that legislation that they created the tribal licensing. The Swinomish had been working on legislation for a number of years. If they were going to be unable to pass legislation, they still wanted DHATs. As a sovereign nation they had the right to employ a dental therapist before the state passed legislation. So for a year

prior to the passage of legislation, there was a DHAT working in Washington that was licensed by the tribe.

- Further clarification was requested on whether or not Swinomish could act in a capacity to certify people in Oregon.
- The clarification was made that it could be possible upon agreements from OHA and the tribe

Clarification was requested regarding Continuing Education Requirements:

There had been previous discussion about developing the CE requirements based on EPDH's requirements in Oregon which is 36 hours including 3 hours of medical emergency and 2 hours of infection control.

- The CE requirements in Minnesota are the same as they are for dentist, 30 hours fundamental and 20 hours elective for a total of 50 hours every 2 years.

Clarification was requested regarding clinical criteria for extractions:

- The clarification was made that, mobility is not always an indicator of an extraction. If mobility is a requirement for the extraction, which would limit the ability of the DHATs to provide extractions that are within their scope of practice. There is no mobility requirement in the language.
- Follow up with one of the dentists involved was requested to clarify the more specific diagnostic criteria for what is an acceptable extraction for a DHAT.
- The language that does exist requires documentation of objective findings that would support the tooth assessment that the extraction needed to happen. The assessment would indicate why the extraction was indicated. The DHAT would then ensure they had a radiograph of all teeth planned for extraction and there would be a consultation with the dentist prior to the extraction for the dentist to make a final determination about the objective findings.
 - There was remaining concern that there are many teeth that meet the specific definition of a simple extraction but that would not be ideal for a DHAT to perform.
 - OHA requested that the language outline, once the extraction diagnosis is made, how to quantitatively determine which extractions a DHAT should and should not perform.
 - It was suggested that the word "adult" be removed and it should refer to all teeth.

The clarification was made that one of the aims is to ensure the dental team can really make treatment plans for their patients and ensure that the right provider is doing the right procedure. It's also intended to free up dentists to do more invasive procedures which is why the language limiting extractions to medical emergencies is being requested to be removed.

Q3 Data Report: Kelly Hansen

OHA has just received the raw data reports from quarter 3 and quarter 4. It is a preliminary look. In quarter 3 and quarter 4 all trainees are in their preceptorship.

These reports will be sent out to those attending this meeting. More data will be available as OHA receives it.

Site Visit Overview: Bruce Austin, Kelly Hansen, Sarah Kowalski

On February 26, 2018 there will be a NARA site visit. The purpose is to make sure that adequate patient safeguards are being utilized and that the project is complying with the approved or amended application. There will be a tour of the facilities. The majority of the day will be a qualitative process of interviewing active participants in the project.

The volunteers to attend will include: Leon Assael, Paula Hendrix, Kelli Swanson Jaecks, Richie Kohli and Connor McNulty. A separate component to the site visit is the chart review process. The

purpose of the chart review is to get an overview of different types of procedures and make sure that they are going along adequately. The charts will be chosen randomly and personal identification will be removed.

The training to follow this meeting will be a calibration training/conversation.

For the chart reviews, there is a prerequisite that you must have attended the calibration training today. There is also a prerequisite that you are only allowed to review charts that fall within your scope of practice.

Follow Up Items and Future Meeting Dates

- Site Visit: February 26, 2018
- Quarterly Meeting: Monday, April 23, 2018 from 10:00am – 12:00pm
- Annual Meeting: June 18, 2018 ALL DAY

Public Comment Period

There were no public comments.



AGENDA

Dental Pilot Project #100 "Oregon Tribes Dental Health Aide Therapist Pilot Project"
Quarterly Dental Pilot Project Program Advisory Committee Meeting DPP #100
February 5, 2018, 9:00am – 12:00pm

Location: Portland State Office Building, 800 NE Oregon Street, Room 1A, Portland Conference Line: Dial-In Number: 1-888-273-3658 Participant Code: 76 64 09		
9:00-9:05	Official Introductions, Agenda Review	Bruce Austin, DMD, Sarah Kowalski, RDH, MS
9:05-9:25	Cultural Responsiveness; Harvard University Implicit Bias; Highlights and Review	Rhiannon Simon, MPH, Wendy Morgan, MPH
9:25-9:35	Project Update; Preceptorship DHAT NARA Site; Utilization Phase; Review Summary Document, Discuss deliverables, Project Response	Sarah Kowalski, RDH, MS
9:35-9:40	Request for Project Modification; Overview of Process; Timeline	Bruce Austin, DMD
9:40-10:00	Northwest Portland Area Indian Health Board Request for Project Modification Presentation	Joe Finkbonner, RPh, MHA, Pam Johnson Christina Peters
10:00-10:30	Project Modification Request; Discussion on Extractions	Dane Lenaker, DDS
10:30-10:40	10 Minute Break	
10:40-11:20	Project Modification Request Discussion, Question & Answers	Advisory Committee, Joe Finkbonner, RPh, MHA, Pam Johnson, Christina Peters
11:20-11:30	Q3 Report; Summarized Data; Overview, Data Discussion	Kelly Hansen
11:40-11:45	Site Visit Review; Chart Review Process, Outline, Participants: Complications; Tracking	Bruce Austin, DMD, Kelly Hansen
11:45-11:50	Follow Up Items, Future Meeting Dates, Closing	Sarah Kowalski, RDH, MS
11:50-12:00	Public Comment Period	Public comments are limited to 2 minutes per individual
12:00-1:00	Lunch	OHA Advisory Committee

Next Meeting: Monday, Monday, April 23, 2018, Portland State Office Building 800 NE Oregon Street
Portland, Oregon, Room 1E, 10:00am – 12:00pm



PROJECT #100 UPDATES

Training Phase	<ul style="list-style-type: none"> • 3 students from Oregon are in year 2 of the program in Alaska; anticipated to graduate in June • 1 student from Oregon is in year 1 of the program
Preceptorship	<ul style="list-style-type: none"> • 1 trainee is completing their preceptorship (CTCLUSI Site)
Utilization	<ul style="list-style-type: none"> • 1 trainee completed their preceptorship, received standing orders, practicing under general supervision (NARA Site) • Copy of Orders Pages 32-34

Clarification Question Asked and Answered/Project Deliverables:

- Trainees will not be providing services to patients under nitrous oxide or other analgesics
- Informed Consent process approved by OHA
- List “Defining and Tracking Potential Outcomes of Irreversible Procedures” tracked by project received; under review; discussion at chart review training
- Dr. Cheryl Sixkiller will be the projects external dentist evaluator; under authorized Evaluation & Monitoring Plan, audits charts each quarter, irreversible procedures
- Advisory Committee request to receive each syllabus from training program was denied on basis of intellectual property, OHA agreed with project, curriculum outline and other supporting materials are sufficient; in Dropbox
- Request for clarification on suturing; scope of practice dental therapy; OHA approves that suturing is part of the trainee scope of practice in the approved pilot project, no further clarification is required

***Clarification on Sutures:** “Sutures are taught as part of the oral surgery component of the course “Intro to Dental Therapy II (102)” at the Alaska Dental Therapy Education Program. Students are required to practice suturing outside of clinical rotations on non-human subjects and as needed on live patients while under direct supervision of a dentist. The CHAP standards include “uncomplicated extractions of primary and permanent teeth” within the scope of a dental therapist. In the unlikely event that sutures are required after an uncomplicated (or simple) extraction, they are considered part of the extraction procedure. This is also how the ADA accounts for sutures in its procedures coding for simple extractions—sutures are not given their own code if they are a part of an extraction. For these reasons, we do not believe a modification regarding sutures to the scope of practice for our DHATs is necessary.”*

- Request for clarification on extractions; part of project modification request received
- Request for clarification on certification process; part of project modification request received



PROJECT MODIFICATION REQUESTS

Approved Dental Pilot Projects may apply for a request for modification to the Oregon Health Authority as required under OAR 333-010-0460.

Examples of items that require an approval of modification from OHA include but are not limited to the following: Any changes in program design, timelines, outcomes, project sites, locations, strategic partners, changes to the scope of practice or other modifications to the project as outlined under OAR 333-010-0460.

1. Requests for modification must be submitted in writing to the State Dental Director via email to bruce.w.austin@state.or.us.
2. Modification requests require a detailed narrative with justification and rationale for the modification.
3. The modification request must identify the impact this will have on the project and clearly outline what will be changing from the original approved application.
4. All requests must include supporting documentation in its entirety and cannot reference or cite materials in lieu of documents. If available, evidence based documentation to support the request for modification is strongly recommended.
5. The modification request must be signed by the signatory of the original approved application.
6. Program staff shall review the request for modification to determine if it is complete within 45 days from the date the request was received.
7. If the project does not provide all the information required and the request is considered incomplete, the program shall notify the project of the information that is missing, and shall allow the project 15 calendar days to submit the missing information.
8. If the project does not submit the missing information within the timeframe specified in the notice, the request for modification shall be rejected as incomplete. A project whose request for modification is rejected as incomplete may reapply at any time.
9. Requests for modification that are deemed complete will continue through a review process.
10. The program may have individuals on the Advisory Committee review the request for modification. Modifications requests may require the convening of the Advisory Committee to

review requests for modifications and make recommendations to OHA. The project may be requested to present to the Advisory Committee or be made available to answer questions in person at an Advisory Committee meeting.

11. The director or his or her designee shall grant or deny the request for modification to the pilot project within 30 days of receiving the request for modification from the program.
12. Modifications to the project may not be implemented until official written notification of approval is received from the Oregon Health Authority State Dental Director.

Timeline Example:

January 2, 2018	OHA receives a request for modification
February 16, 2018	OHA program has 45 days to review the request for modification for completeness
March 28, 2018	OHA program director has 30 days to grant or deny the request once received from the program.



January 2, 2018: OHA received a project modification from NPAIHB (NW Portland Area Indian Health Board)

January 10, 2018: OHA responded to the request for project modification with a request for clarification and a request to present at the Advisory Committee meeting on February 5, 2018

January 27, 2018: NPAIHB responded, see following page, with revised project modification request and a letter of clarification;

To better assist members of the Advisory Committee, a guidance document for project modification was developed to comparison chart was developed to illustrate the proposed modifications by the NPAIHB.

CERTIFICATION and RECERTIFICATION

Summary of Proposed Changes:

- Removes requirements that Dental Health Aide Therapist trainees are required to obtain certification through the Community Health Aide Program Certification Board as outlined in the approved application.
- Removes requirements that Dental Health Aide Therapist trainees are required to obtain certification through tribal organization as outlined in the approved application.

Citation: Approved Application Pages 15, 18, 22, 41, 58, 71, 74, 100, 102. Approved Evaluation & Monitoring Plan 1, 31. Appendix: Community Health Aide Program Certification Board Standards and Procedures are included as Appendix A, pages 1-166.

OHA Request for Clarification	Project Proposed Modification
<p><u>Certification & Recertification</u></p> <p>The modification request eliminates all language regarding requiring certification and recertification of DHAT trainees. Please provide OHA with the plan being used for oversight of DHATs after the preceptorship and ongoing.</p> <p>As a reminder, OHA does not function as a licensing board. We do not certify competency of individual practitioners in the way that a licensing board operates.</p>	<p>NPAIHB Clarification. The modification of our application is seeking to clarify the fact that the Community Health Aide Program Certification Board is unable to certify and/or recertify DHATs outside of Alaska. It also removes the requirement for our DHATs to be licensed by the Tribe itself, as the evaluation and monitoring requirements of the Pilot far exceed both CHAPCB certification and a tribal license based on the CHAPCB standards.</p> <p>We understand that OHA does not function as a licensing body, and that licensure is not required under the pilot. Enrolled Senate Bill 738, establishing dental pilot project, states as follows: (4)(a) Notwithstanding ORS 679.020 and 680.020, a person may practice dentistry or dental hygiene without a license as part of a pilot project approved under this section under the general supervision of a dentist licensed under ORS chapter 679 and in accordance with rules adopted by the authority. The OHA’s rules accordingly do not require licensure or certification, which would otherwise impede piloting new categories of dental personnel, such as what Pilot Project #100 has been approved to do.</p> <p>Instead, the oversight is spelled out in our Application (APP) and Evaluation and Monitoring plan (EMP). Together, we believe the APP and EMP provide a more thorough and robust protocol of oversight and monitoring throughout the life of the pilot project than what is</p>

currently required for a state dental license or for CHAP DHAT certification for DHATs practicing in Alaska.

Additionally, ESB 738 Section 1(3) requires OHA to “seek the advice of appropriate professional societies and licensing boards before adopting rules under subsection (2) of this section.” Those rules were informed by the Oregon Board of Dentistry and the Oregon Dental Association and subsequently adopted. Both of those professional societies and licensing boards also had members on the Technical Review Board that reviewed our application to ensure the pilot met the requirements of the very rules they helped draft.

OHA has specifically requested the plan for oversight of the DHATs after preceptorship and ongoing. We direct you to the following sections of our APP and EMP:

1. Successful evaluation of competencies required to graduate from Education Program. (APP pg. 41-57)
2. Supervising dentist training (APP pg. 26)
3. Preceptorship documentation by supervising dentist and reviewed by OHA (EMP Appendix B)
4. Standing Orders (practice plan), which can be changed at any time and must be reviewed and signed every two years at minimum (EMP Appendix B)
5. Intraoral images documentation for all irreversible procedures (EMP Appendix C)
6. Weekly chart review by supervising dentist (EMP Appendix B and F)
7. Quarterly chart review by external evaluating dentist (EMP Appendix B and F)
8. Yearly (at least) chart review by OHA and Advisory Committee as part of site visit.
9. Ongoing data collection and quarterly reporting of evaluation and monitoring data to OHA (OAR 333-010-0435 (5))
10. Site visits and evaluation of both training program and utilization sites by OHA and Advisory committee members (OAR 333-0100435 (4)).
11. OHA Advisory Committee has been established to advise OHA on:
 - The efficacies of training, competencies and the collection of data
 - Project protocols related to the ongoing assurance of patient safety
 - The evaluation of project progress reports as needed
 - Dental pilot project issues, should they arise (DPP#100 Advisory Committee Charter)
12. Ongoing patient surveys, and yearly focus groups/interviews of patients, administrative staff, and clinical staff (EMP Appendix A).
13. Required reporting of adverse events day of event (OAR 333-0100435 (6)).
14. Continuing education documented by clinic, aligning with CE requirements found in OAR 818-021-0070 (see modification request below).

PRECEPTORSHIP

Summary of Changes: Removes language requiring certification and recertification.

Clarification is requested from the project on the modification request; confusion remains on the intention of this request as outlined by the project.

OHA Request for Clarification	Project Proposed Modification
<p><u>Preceptorship</u></p> <p>The modification request contains several strikethroughs of the language “minimum 400-hour supervised preceptorship” from the original application. However, in the request for project modification it also states that trainees will enter a preceptorship, “as defined by an Evaluation and Monitoring Plan approved by OHA.” The language in the approved Evaluation & Monitoring Plan Appendix B, under section one outlines the requirements for the preceptorship which requires a 400-hour supervised preceptorship.</p> <p>As it stands, the DHAT trainees graduate from the training program, relocate to an approved project site in Oregon and are required to complete a 400-hour preceptorship process. Under the 400-hour preceptorship, newly graduated trainees are required to complete each procedure outlined under the Evaluation & Monitoring Plan “DHAT Procedures” 8 times with competency and a score of acceptable by their supervising dentist.</p> <p>DHAT Trainee’s that are considered experienced, as defined in the approved Evaluation & Monitoring Plan, as having received AK CHAP Recertification in Alaska, at least once, are required to complete a modified version of</p>	<p>NPAIHB Clarification: We have revised this section to explicitly use the preceptorship language from our Evaluation and Monitoring plan, instead of incorporating it by reference. We believe this ensures clarity around the expectations of the preceptorship for new and experienced DHATs:</p> <p>During the 400-hour preceptorship, in which the dentist must directly supervise the DHAT, the web-based tracking form in Appendix D, will be filled out in order to evaluate the quality of each procedure. The DHAT is expected to perform the procedures eight times (unless otherwise noted on list), work independently each time, and in compliance with the established standards for review of each aspect of the procedure. If the DHAT has been recertified at least once by the AK CHAP Certification Board, they are only required to perform each procedure 4 times (unless otherwise noted on list) and complete an 80-hour preceptorship to demonstrate competency. DHATs in AK are recertified by the AK CHAP Certification Board every two years, and have to demonstrate competency in each procedure either 8 times or 80 hours under direct supervision of their dentist. There is also precedence of an 80-hour expedited preceptorship for recertified DHATs under the authority of the Swinomish Indian Tribal Community’s Dental Health Provider Licensing Code.</p>

the preceptorship. As it stands, per the approved Evaluation and Monitoring Plan, these individuals are required to perform each procedure 4 times with competency and a score of acceptable by their supervising dentist.

At the conclusion of the preceptorship, the supervising dentist will develop standing orders with the DHAT trainee which outline which specific procedures the DHAT trainee is authorized to perform under general supervision.

The language in the project application needs to match what is included in the Evaluation and Monitoring Plan. Please clarify and outline what you would like the preceptorship process to become based on your intention of the modification request.

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

At the end of the preceptorship, procedures that are rated acceptable on the final evaluation will be included in the practice plan agreement or "standing orders," allowing the DHAT to perform them under general supervision. Below is a list of procedures that the DHAT has been trained to perform. Dental codes associated with these procedures are attached in Appendix E. DHATs should be able to perform these procedures independently, with clinical competency. If any of the procedures are not performed at the clinic, or will not be a part of the DHAT practice agreement, it will be noted that in the final. Experiences may be simulated if applicable and no appropriate patients are available.

In order to show maintenance of competencies, standing orders will be reviewed and signed every two years by the DHAT and supervising dentist.

CONTINUING EDUCATION

Summary of Changes: Changes the number of continuing education hours to 24 CE hours every two years as outlined in Oregon Dental Practice Act and specifications outlined in the CE requirements for Dental Hygienists. OAR 818-021-0070. Removes CE requirements referenced in the DHAT Recertification Log and CHAP CB requirements.

OHA Request for Clarification	Project Proposed Modification
<p><u>Continuing Education</u></p> <p>The modification request eliminates language requiring DHATs to use a continuing education log, but still has language requiring continuing education per CHAPCB standards.</p> <p>It is unclear as to what the continuing education requirements are for DHAT trainees, so please provide further clarification.</p>	<p>NPAIHB Clarification. Our application at this point only has language requiring continuing education. It does not refer to the CHAPCB standards. We are requesting a modification to define DHAT CE requirements to align with those found in OAR 818-021-0070, Continuing Education—Dental Hygienists, which provides as follows:</p> <p>Continuing Education — Dental Hygienists</p> <p>(1) Each dental hygienist must complete 24 hours of continuing education every two years. An Expanded Practice Permit Dental Hygienist shall complete a total of 36 hours of continuing education every two years. Continuing education (C.E.) must be directly related to clinical patient care or the practice of dental public health.</p> <p>(2) Dental hygienists must maintain records of successful completion of continuing education for at least four licensure years consistent with the licensee’s licensure cycle. (A licensure year for dental hygienists is October 1 through September 30.) The licensee, upon request by the Board, shall provide proof of successful completion of continuing education courses.</p> <p>(3) Continuing education includes: (a) Attendance at lectures, dental study groups, college post-graduate courses, or scientific sessions at conventions. (b) Research, graduate study, teaching or preparation and presentation of scientific sessions. No more than six hours may be in teaching or scientific sessions. (Scientific sessions are defined as scientific presentations, table clinics, poster sessions and lectures.) (c) Correspondence courses, videotapes, distance learning courses or similar self-study course, provided that the course includes an examination and the dental hygienist passes the examination. (d) Continuing education credit can be given for volunteer pro bono dental hygiene services provided in the state of Oregon; community oral health instruction at a public health facility located in the state of Oregon; authorship of a publication, book, chapter of a book, article or paper published in a professional journal; participation on a state dental board, peer review, or quality of care review procedures; successful completion of the National Board Dental Hygiene Examination, taken after initial licensure; or test development for clinical dental hygiene examinations. No more than 6 hours of credit may be in these areas.</p>

(4) At least three hours of continuing education must be related to medical emergencies in a dental office. No more than two hours of Practice Management and Patient Relations may be counted toward the C.E. requirement in any renewal period.

(5) Dental hygienists who hold a Nitrous Oxide Permit must meet the requirements contained in OAR 818-026-0040(9) for renewal of the Nitrous Oxide Permit. (6) At least 2 hours of continuing education must be related to infection control. (Effective January 1, 2015.)

We've incorporated this language by reference into our modification request below:

DHATs are also required to attain Continuing Education and will use the requirements for dental hygienists from OAR 818-021-0070.

EXTRACTIONS

Summary of Changes: Removes requirements outlined under CHAP 2.30.610

(a) Dental Supervision. Dental health aide therapist services may be performed under this section by a dental health aide therapist under the general supervision of a dentist provided the dental health aide therapist has met the requirements of this section. **Pulpal therapy (not including pulpotomies on deciduous teeth) or extraction of adult teeth can be performed by a dental health aide therapist only after consultation with a licensed dentist who determines that the procedure is a medical emergency that cannot be resolved with palliative treatment.**”

2.30.610: Community Health Aide Program Standards and Procedures, Appendix: Community Health Aide Program Certification Board Standards and Procedures are included as Appendix A, pages 1-166.

OHA request for clarification	Project Proposed Modification
<p><u>Extractions</u></p> <p>The modification request removes the requirement, as referenced in the original approved application, that simple and/or uncomplicated extractions require medical emergency diagnosis.</p> <p>To ensure patient safety, the OHA requires the project to then outline the prescriptive clinical diagnostic parameters that supervising dentists will be using to approve dental extractions by DHATs.</p>	<p>NPAIHB Clarification. Please see more prescriptive language added to our modification request:</p> <p>Removes language in bold:</p> <p>Modification #6, pg 63, Monitoring (Extractions) Changes to application: Experienced DHATs and DHAT Trainees will arrive at the pilot site with at least two years of training, and over 3,000 clinical hours of training. They will have met all the relevant requirements in Section 2 Chapter 30 of the CHAPCB Standards and Procedures. They will have fulfilled the federal training and education requirements per Sec. 2.30.600 in the CHAPCB Standards and Procedures. They will have fulfilled the competencies and follow the supervision requirements in Sec. 2.30.610 (b) of the CHAPCB Standards and Procedures. Section 2.30.610 (a) Dental Supervision, include requirements concerning both supervision and limitations of scope. As stated in Section 2.30.610 (a) DHATs in our pilot project will work, at a minimum, under the general supervision of a licensed dentist at all times, and will consult with a licensed dentist when performing pulpal therapy or extractions on adult teeth.</p>

However, this section includes limitations on the DHAT scope of practice which are unsupported by any research found to date. Therefore supervising dentists participating in Pilot Project #100 will use the following prescriptive clinical diagnostic parameters to approve dental extractions by DHATs:

A dental therapist may perform uncomplicated extractions of permanent, primary, or supernumerary teeth, as well as assess if a tooth is indicated for extraction. A dental therapist shall not extract a tooth if it is unerupted or impacted. A tooth that requires sectioning for removal should be referred to the appropriate dentist and/or specialist.

Prior to extraction, the dental therapist should document objective findings that support their tooth assessment. The tooth assessment should indicate why an extraction is indicated. The dental therapist will ensure they have a radiograph and/or intraoral photo of all teeth planned for extraction. The dental therapist will consult with a dentist prior to extraction and the dentist will be the determination if the tooth meets the criteria for extraction by the dental therapist. The dental therapist will make note of any specific instructions from their supervising and/or consulting dentist.

Dental Pilot Projects Program

Advisory Committee Meeting

Dental Pilot Project #100

“Oregon Tribes Dental Health Aide Therapist Pilot Project”

February 5, 2018



Oral Health Program
Public Health Division

DPP #100: Advisory Committee Meeting



- Monitors for Patient Safety
- Responsible for Ascertaining the Progress of the Project in meeting its Stated Objectives and in Complying with Program Statutes and Regulations

DPP #100: Advisory Committee Meeting

Project Update

Project Phase	
Training	<ul style="list-style-type: none">• 3 student trainee in year two• 1 student trainee in year one
Preceptorship/Utilization	<ul style="list-style-type: none">• 1 trainee under preceptorship (CTCLUSI Site)
Employment/Utilization	<ul style="list-style-type: none">• 1 trainee completed preceptorship (NARA Site)• Copy Standing Orders Pages 32-34

DPP #100: Advisory Committee Meeting

Project Update

Trainees will not be providing services to patients who are under Nitrous Oxide

DPP #100: Advisory Committee Meeting

Project Update

- Informed Consent Process Approved

- Written informed consent: Treated by DHAT
- Written informed consent: oral surgery procedures and silver diamine fluoride per clinic policies
- Verbal informed consent obtained and documented in chart; PARQ

DPP #100: Advisory Committee Meeting

Project Update

- List of Complications Received
- “Defining and Tracking Potential Outcomes of Irreversible Procedures”
- Discussion at chart review training this afternoon

DPP #100: Advisory Committee Meeting

Project Update

- External Dentist Evaluator
 - Cheryl Sixkiller, DDS
 - Projects external dentist evaluator; under authorized Evaluation & Monitoring Plan, audits charts each quarter, irreversible procedures

DPP #100: Advisory Committee Meeting

Project Update

- Suturing
 - Request for clarification on suturing; scope of practice dental therapy;
 - OHA approves that suturing is part of the trainee scope of practice in the approved pilot project, no further clarification is required
 - See Project Update for project response and clarification on suturing

DPP #100: Advisory Committee Meeting

Project Update

- Modification

- Request for clarification on extractions; part of project modification request received
- Request for clarification on certification process; part of project modification request received

DPP #100: Advisory Committee Meeting

333-010-0460: Dental Pilot Projects: Modifications

- (1) Any modifications or additions to an approved project shall be submitted in writing to program staff. Modifications include, but are not limited to the following:
 - (a) Changes in the scope or nature of the project. Changes in the scope or nature of the project require program staff approval;
 - (b) Changes in selection criteria for trainees, supervisors, or employment/utilization sites; and
 - (c) Changes in project staff or instructors.
- (2) Changes in project staff or instructors do not require prior approval by program staff, but shall be reported to the program staff within two weeks after the change occurs along with the curriculum vitae for the new project staff and instructors.
- (3) All other modifications require program staff approval prior to implementation.

DPP #100: Advisory Committee Meeting

Project Modification Requests

- **OHA process based on the OARs for applications to the Dental Pilot Project Program**
- **OHA reviews request in conjunction with input from Advisory Committee; OHA makes final determination**

Project #100 Request for Modifications

OHA Project 100 Advisory Committee Meeting
February 5, 2018

Joe Finkbonner, RPh, MHA, Northwest Portland Area Indian Health Board
Christina Peters, Northwest Portland Area Indian Health Board
Pam Johnson, Northwest Portland Area Indian Health Board
Dane Lenaker, DDS., South East Regional Health Consortium



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Goals of modification request:

- 1) Bring application into alignment with approved Evaluation and Modification Plan
- 2) Provide clarity about the oversight role of each entity engaged in the pilot project: Tribal Governments, Clinic and Clinic staff, Oregon Health Authority Staff, Project Staff, External Evaluators, External Evaluating Dentists
- 3) Bring CE requirements for DHATs in line with requirements for other oral health providers in Oregon
- 4) Ensure the scope of practice for DHATs practicing in Oregon meets the needs of Tribal communities and the Oregon Oral Health Care System



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Modification #1: Page 22, Collaborative Arrangements (P3): Original Language

In Collaborative Arrangements Section:

The Community Health Aide Program Certification Board (CHAPCB) (Alaska)

sets standards for the community health aide program and certifies individuals as community health aides and practitioners, dental health aides (including primary dental health aides, dental health aide hygienists, expanded function dental health aides, and dental health aide therapists), and behavioral health aides and practitioners. Each of these individuals is subject to specific requirements and engages in a specific scope of practice set forth in these Standards. For historical reasons, these various health aides are often referred to generically as “community health aides.”



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Modification #1: Page 22, Collaborative Arrangements: Modified Language

The Community Health Aide Program Certification Board (CHAPCB) (Alaska) sets standards for the community health aide program and certifies individuals as community health aides and practitioners, dental health aides (including primary dental health aides, dental health aide hygienists, expanded function dental health aides, and dental health aide therapists), and behavioral health aides and practitioners *in Alaska*. Each of these individuals is subject to specific requirements and engages in a specific scope of practice set forth in these Standards.

The CHAPCB can only legally certify individuals employed by the Indian Health Service or a tribe or tribal health program operating a community health aide program in Alaska under the ISDEAA. This project has listed the CHAPCB as a collaborator, not as an entity with jurisdiction over Project Trainees.



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Impact on Project of Modification 1:

No impact on project. Students will still be required to meet the education standards outlined in the CHAPCB Standards and Procedures by successful graduation from Alaska Dental Therapy Training Program.



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Modification #2: Page 41: Curriculum (P9): Original Language

... once trainees complete 24 months of training in Alaska they will enter a minimum 400-hour supervised preceptorship with their supervising dentist at the pilot site clinic. At the end of the preceptorship, the supervising dentist will enter into an agreement (standing orders) with the DHAT trainee with full knowledge of the strengths of the DHAT. The mutually agreed upon standing orders will serve as a guide for the DHAT trainee, pilot site, and supervising dentist. Experienced DHATs will also complete the same preceptorship and receive standing orders upon completion.

DHAT trainees and experienced DHATs must maintain their license by recertifying every two years. Attached (PN10b) is the *DARC DHAT Procedures Checklist* which details the process and necessary supervised procedures for recertification as well as the DHAT continuing education log.

The hours and months of the time required to complete the didactic and clinical phases:

The program is 22 months + 400 minimum hour supervised preceptorship. Once certified, recertification required every two years.



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Modification #2: Page 41: Curriculum (P9): Modified Language

Once trainees ~~complete the two years of~~ **graduate from the** training with the DENTEX program, **meeting the requirements of CHAPCB Section 2.30.610 (b) Competencies**, ~~they must meet, at a minimum, the requirement for certification from the CHAP Certification Board and any other requirements by the tribal clinic site. Additionally, once trainees complete 24 months of training in Alaska they will enter a minimum 400-hour supervised~~ preceptorship with their supervising dentist at the pilot site clinic, **as defined by an Evaluation and Monitoring Plan approved by the OHA:**



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Modification #2: Page 41: Curriculum (P9): Modified Language

1. Supervising dentist monitoring during preceptorship.

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

The tracking form will allow the supervising dentist to rate the DHAT's work as acceptable, or unacceptable. For procedures marked "unacceptable" the supervising dentist will be required to fill out the notes section of the form indicating the relevant issues and a plan for correction. At the end of the preceptorship, procedures that are rated acceptable on the final evaluation will be included in the practice plan agreement or "standing orders," allowing the DHAT to perform them under general supervision.

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



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Modification #2: Page 41: Curriculum (P9): Modified Language

~~At the end of the preceptorship, the supervising dentist will enter into an agreement (standing orders) with the DHAT trainee with full knowledge of the strengths of the DHAT. The mutually agreed upon standing orders will serve as a guide for the DHAT trainee, pilot site, and supervising dentist. **In order to show maintenance of competencies, standing orders will be reviewed and signed every two years by the DHAT and supervising dentist.** Experienced DHATs will also complete the same preceptorship and receive standing orders upon completion.~~

~~DHAT trainees and experienced DHATs must maintain their license by recertifying every two years. Attached (PN10b) is the *DARC DHAT Procedures Checklist* which details the process and necessary supervised procedures for recertification as well as the DHAT continuing education log.~~

The hours and months of the time required to complete the didactic and clinical phases: The program is 22 months + 400 minimum hour supervised preceptorship. ~~Once certified, recertification required every two years.~~



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Impact on Project of Modification 2:

- No impact on safety and quality of care in the project as our DHATs will all have met the competency requirements upon graduation from the Alaska Dental Therapy Training Program.
- Ensures ongoing review of competency through standing orders renewal with supervising dentists.



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Modification #3: Page 58, Job Descriptions (PN 10): Original Language

The following job description will be used for hiring the experienced DHAT as well as a template for creating the DHAT trainee job description.



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Modification #3: Page 58, Job Descriptions (PN 10): Modified Language

The following job description will be used for hiring the experienced DHAT as well as a template for creating the DHAT trainee job description. **Newly graduated DHATs will not be expected to have obtained CHAPCB certification to meet requirements of job:**

...

JOB REQUIREMENTS

- To perform this job successfully, an individual must be able to perform each essential duty satisfactorily. The requirements listed below are representative of the knowledge, skill, and/or ability required. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions and other duties as assigned.
- Have met federal CHAP **education** requirements as a Dental Health Aide Therapist
- **Have previously obtained** CHAP Dental Health Aide Therapist Certification, BLS, **while employed in Alaska.**
- Work with potentially hazardous equipment and materials such as x-ray equipment, sterilizers, medicaments, sharp instruments and infectious waste.

...



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Impact on Project of Modification 3:

No impact on project. The job description was provided as a template for sites to use when they were posting a job for an experienced DHAT or a template for hiring a new DHAT. This modification just brings this language about certification in line with the rest of the application to avoid confusion.



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Modification #4: Page 63, Monitoring (Certification) (PN13): Original Language

Experienced DHATs and DHAT Trainees will arrive at the pilot site with at least two years of training, and over 3000 clinical hours of training. They will have met all the relevant requirements in Section 2 Chapter 30 of the CHAP CB Standards and Procedures. They will have fulfilled the federal training and education requirements per Sec. 2.30.600 in the CHAP CB Standards and Procedures. They will have fulfilled the competencies and follow the supervision requirements in Sec. 2.30.610 of the CHAP CB Standards and Procedures.

DHAT Trainees and experienced DHATs will be certified by the pilot site tribe per the standards required by the CHAP CB Standards and Procedures. Patient safety will be closely monitored in the preceptorship (the first minimum 400 hours that a trainee is providing service at the clinic) as they will be supervised directly by the dentist.



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Modification #4: Page 63, Monitoring (Certification) (PN13): Modified Language

Experienced DHATs and DHAT Trainees will arrive at the pilot site with at least two years of training, and over 3000 clinical hours of training. ~~They will have met all the relevant requirements in Section 2 Chapter 30 of the CHAP CB Standards and Procedures.~~ They will have fulfilled the federal training and education requirements per Sec. 2.30.600 **(1) and (2)** in the CHAPCB Standards and Procedures. They will have fulfilled the competencies and follow the supervision requirements in Sec. 2.30.610 of the CHAPCB Standards and Procedures.

~~DHAT Trainees and experienced DHATs will be certified by the pilot site tribe per the standards required by the CHAP CB Standards and Procedures.~~ Patient safety will be closely monitored in the preceptorship ~~(the first minimum 400 hours that a trainee is providing service at the clinic)~~ as they will be supervised directly by the dentist.



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Impact on Project of Modification 4:

- No impact on safety and quality of care in the project as our DHATs will all have met the competency requirements upon graduation from the Alaska Dental Therapy Training Program.
- Removes redundancies



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Modification #5: Page 63, Monitoring (Recertification) (PN 13): Original Language

Additionally, DHATs will be monitored quarterly per the requirements in OAR 333.010.0435. NPAIHB Staff will conduct site visits and monitor the data collection of the researcher through the duration of the pilot project. These monitoring sessions, where DHATs are monitored by the supervising dentist, will work toward the recertification that every DHAT must acquire every two years. Please see the attached PN13d to view the DHAT Recertification Log which details the procedure and requirements for recertification. DHATs are also required to attain Continuing Education.



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Modification #5: Page 63, Monitoring (Recertification) (PN 13): Modified Language

Additionally, DHATs will be monitored quarterly per the requirements in OAR 333.010.0435. NPAIHB Staff will conduct site visits and monitor the data collection of the researcher through the duration of the pilot project. Standing order that outline the approved scope of practice for the DHAT will be reviewed and signed by both the DHAT and the supervising dentist initially after preceptorship and every two years. ~~These monitoring sessions, where DHATs are monitored by the supervising dentist, will work toward the recertification that every DHAT must acquire every two years. Please see the attached PN13d to view the DHAT Recertification Log which details the procedure and requirements for recertification.~~ DHATs are also required to attain Continuing Education *and will use the requirements for dental hygienists from OAR 818-021-0070.*



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Impact on Project of Modification 5:

- No impact on safety and quality of care in the project as our DHATs will all have met the competency requirements upon graduation from the Alaska Dental Therapy Training Program.
- Makes the approved application more clear by ensuring that all sections agree with each other
- Creates parameters for continuing education for DHATs based on Oregon state requirements for Hygienists.



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Modification #6, pg 63, Monitoring (Extractions) (PN13): Original Language

Experienced DHATs and DHAT Trainees will arrive at the pilot site with at least two years of training, and over 3000 clinical hours of training. They will have met all the relevant requirements in Section 2 Chapter 30 of the CHAP CB Standards and Procedures. They will have fulfilled the federal training and education requirements per Sec. 2.30.600 in the CHAP CB Standards and Procedures. They will have fulfilled the competencies and follow the supervision requirements in Sec. 2.30.610 of the CHAP CB Standards and Procedures.

Dr. Lenaker is going to cover this modification at length in a separate presentation so we will come back to these slides.



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Modification #6, pg 63, Monitoring (Extractions) (PN13): Modified Language

Experienced DHATs and DHAT Trainees will arrive at the pilot site with at least two years of training, and over 3,000 clinical hours of training. They will have met all the relevant requirements in Section 2 Chapter 30 of the CHAPCB Standards and Procedures. They will have fulfilled the federal training and education requirements per Sec. 2.30.600 in the CHAPCB Standards and Procedures. They will have fulfilled the competencies ~~and follow the supervision~~-requirements in Sec. 2.30.610 (b) of the CHAPCB Standards and Procedures.

Section 2.30.610 (a) Dental Supervision, include requirements concerning both supervision and limitations of scope. As stated in Section 2.30.610 (a) DHATs in our pilot project will work, at a minimum, under the general supervision of a licensed dentist at all times, and will consult with a licensed dentist when performing pulpal therapy or extractions on adult teeth. However, this section includes limitations on the DHAT scope of practice which are unsupported by any research found to date. Therefore Pilot Project #100 will not require pulpal therapy and uncomplicated extractions of adult teeth to be performed only when the supervising dentist determines it is a “medical emergency.”

Prior to extraction, the dental therapist should document objective findings that support their tooth assessment. The tooth assessment should indicate why an extraction is indicated. The dental therapist will ensure they have a radiograph and/or intra-oral photo of all teeth planned for extraction. The dental therapist will consult with a dentist prior to extraction, and the dentist will make the determination if the tooth meets the criteria for extraction by a dental therapist. The dental therapist will make note of any specific instructions or orders from their supervising and/or consulting dentist.



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Modification #7, pg. 13, Abstract (AB1) – Original Language

One year prior to the graduation of the trainees, a trained and experienced DHAT will come to the pilot site to begin offering services alongside the supervising dentist. When the trainee returns to his or her tribe to complete their 400 hour preceptorship with the supervising dentist, the experienced DHAT will continue to serve the community and work as part of the dental team. After the trainee has completed the preceptorship, the experienced DHAT, the supervising dentist, and the newly trained DHAT will work together for at least one year.



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Modification #7, pg. 13, Abstract (AB1): Modified Language

Whenever possible, one year prior to the graduation of the trainees, a trained and experienced DHAT will come to the pilot site to begin offering services alongside the supervising dentist. When the trainee returns to his or her tribe to complete their 400 hour preceptorship with the supervising dentist, the experienced DHAT ~~will~~ *can* continue to serve the community and work as part of the dental team. ~~After the trainee has completed the preceptorship, the experienced DHAT, the supervising dentist, and the newly trained DHAT will work together for at least one year.~~



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Impact on project of modification 7

- No impact on safety and quality of care in the project as our DHATs will all have met the competency requirements upon graduation from the Alaska Dental Therapy Training Program.
- If experienced DHATs are identified that fit the criteria of the project and the individual site would like to hire that DHAT, they can.



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Modification #8, pg. 16, Summary of Project (PN1) – Original language

One year prior to the graduation of the trainees, an experienced DHAT will come to the pilot site to begin offering services alongside the supervising dentist. When the DHAT trainee returns to his or her tribe to complete a minimum 400-hour preceptorship with the supervising dentist, the experienced DHAT will continue to serve the community and work as part of the dental team. After the trainee has completed the preceptorship, the experienced DHAT, the supervising dentist, and the newly trained DHAT will work together for at least one year. We intend in the first 3 years of the pilot project to educate a total of 5-7 DHAT trainees in up to 4 pilot sites and to have experienced DHATs working in each site during the training period of the DHAT trainees. As part of our yearly evaluation of the program, in year 3 we will evaluate the program with our pilot sites and make decisions at that point about whether or not we will add additional sites and trainees.



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Modification #8, pg. 16, Summary of Project (PN1) – Original language

Whenever possible, one year prior to the graduation of the trainees, an experienced DHAT will come to the pilot site to begin offering services alongside the supervising dentist. When the DHAT trainee returns to his or her tribe to complete a minimum 400-hour preceptorship with the supervising dentist, the experienced DHAT ~~will~~ *can* continue to serve the community and work as part of the dental team. ~~After the trainee has completed the preceptorship, the experienced DHAT, the supervising dentist, and the newly trained DHAT will work together for at least one year.~~ We intend in the first 3 years of the pilot project to educate a total of 5-7 DHAT trainees in up to 4 pilot sites ~~and to have experienced DHATs working in each site during the training period of the DHAT trainees.~~ As part of our yearly evaluation of the program, in year 3 we will evaluate the program with our pilot sites and make decisions at that point about whether or not we will add additional sites and trainees.



Impact on project of modification 8

- No impact on safety and quality of care in the project as our DHATs will all have met the competency requirements upon graduation from the Alaska Dental Therapy Training Program.
- If experienced DHATs are identified that fit the criteria of the project and the individual site would like to hire that DHAT, they can.



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Modification #9, pg. 26, Instructor and Supervisor Information (PN4): Original Language

In addition to the direct training, each pilot site will recruit and employ an experienced DHAT for a minimum of two years to work with the supervising dentist and the rest of the dental team to provide on-site, in-depth training for how a dental team works with a DHAT.



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Modification #9, pg. 26, Instructor and Supervisor Information (PN4): Modified Language

In addition to the direct training, each pilot site ~~will~~ *may* recruit and employ an experienced DHAT ~~for a minimum of two years~~ to work with the supervising dentist and the rest of the dental team to provide on-site, in-depth training for how a dental team works with a DHAT.



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Impact on project of modification 9

- No impact on safety and quality of care in the project as our DHATs will all have met the competency requirements upon graduation from the Alaska Dental Therapy Training Program.
- If experienced DHATs are identified that fit the criteria of the project and the individual site would like to hire that DHAT, they can.
- Supervising dentist training has been expanded to three days and includes site visit in Alaska with mature dentist/DHAT team in Sitka, AK to provide resources to new supervising dentists to help them work in their newly expanded dental team





**Thank you!
Questions?**



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DPP #100: Advisory Committee Meeting

Q3 and 4 Data Report : Highlights based on raw data reporting

	NARA		CTCLUSI	
	2017 Q3	2017 Q4	2017 Q3	2017 Q4
Total Patients	24	23	23	35
Restorations	21	16	9	10
Stainless Steel Crowns	0	3	0	2
Pulpotomy	1	2	0	0
Extractions	8	5	1	1
Preventive Services (including Evaluation)	7	23	128	137

Mekinak Consulting Reports

- CTCLUSI Dental Clinic July 17 through October 13, 2017

Level	S.Rodgers (Dentist)		R.Macy (Dentist)		J. Ingersoll (Hygienist)		N. Petrie (DHAT)		Total by Level	
	#	%	#	%	#	%	#	%	#	%
1	160	10%	8	30%	20	2%	10	6%	198	7%
2	190	12%	0	0%	608	56%	27	16%	825	29%
3	434	27%	6	22%	122	11%	68	40%	630	22%
4	59	4%	3	11%	18	2%	0	0%	80	3%
5	28	2%	0	0%	5	0%	12	7%	45	2%
9	736	46%	10	37%	311	29%	52	31%	1109	38%
Total	1607	100%	27	100%	1084	100%	169	100%	2887	100%

Mekinak Consulting Reports

- NARA Dental Clinic, September 11 through December 8, 2017

Level	A. Ahmed (Dentist)		E. Wineland (Dentist)		S. Beach (Hygienist)		B. Steward (DHAT)	
	#	% of Ahmed Total	#	% of Wineland Total	#	% of Beach Total	#	% of Steward Total
1	334	15%	413	20%	12	1%	18	25%
2	355	16%	341	16%	432	47%	11	15%
3	631	28%	586	28%	123	13%	42	58%
4	27	1%	15	1%	3	< 1%	1	1%
5	12	1%	10	< 1%	1	< 1%	0	0%
9	894	40%	748	35%	357	38%	1	1%
Total	225 3	100%	2113	100%	928	100%	73	100%

DPP #100: Advisory Committee Meeting

- Site Visits
- Required by Oregon Administrative Rules
- 333-010-0455 Program Responsibilities
 - (b) Periodic, but at least annual, site visits to project offices, locations, or both, where trainees are being prepared or utilized.

DPP #100: Advisory Committee Meeting

- 333-010-0455 Program Responsibilities
 - (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; and
 - (C) **Interviews** with **project participants** and **recipients of care**.

DPP #100: Advisory Committee Meeting

- Site Visit: February 26, 2018
- Conduct a site visit to the NARA Dental Clinic location
- 5 Advisory Committee Members to Attend Site Visit
Attendees:
 1. Leon Assael
 2. Paula Hendrix
 3. Kelli Swanson Jaecks
 4. Richie Kohli
 5. Conor McNulty

DPP #100: Advisory Committee Meeting

- Chart Review Training this afternoon 1-3:30pm
- Goal is calibration among evaluators

DPP #100: Advisory Committee Meeting

Future Meetings

- Quarterly:
 - April 23, 2018
- Annual Meeting:
 - June 18, 2018 (All day)

