

**Dental Pilot Projects Program
Annual Advisory Committee Meeting
Dental Pilot Project #200
“Training Dental Hygienists to Place ITR” Meeting Notes
PSOB Building Room 1E. April 9th, 2018**

<p>Welcome and Introductions</p>	<p>Advisory Committee Attendees: Todd Beck, Karen Shimada, Lesley Harbison Advisory Committee Members Absent: Fred Bremner, Kenneth Wright DPP #200 Staff and Participants: Richie Kohli, Linda Mann, Katelyn Nichols, Meagan Newton, Neda Modaresi, Elizabeth Palumbo, Eli Schwarz OHA Staff: Bruce Austin, Kelly Hansen, Laurie Johnson, Sarah Kowalski, Karen Phillips, Wendy Morgan</p>
<p>Cultural Responsiveness; Harvard University Implicit Bias; Highlights and Review. <i>Wendy Morgan</i></p>	<p><i>Viewing of Implicit Bias video followed by a conversation.</i></p> <p>Implicit Bias test insights from participants’ results:</p> <ul style="list-style-type: none"> • Concerned about getting answers “right” • Unconscious bias we see it in hiring practices. <p>Question: Patients that are transitioning and pronouns changing. Suggested from participant to use pronouns they identify with in the stage they are in.</p> <p>Segway to think, how do you do your work? how do you move around in your life? By becoming more aware of your implicit bias, how do you see this impacting your work?</p> <p>Helpful things to keep in mind:</p> <ul style="list-style-type: none"> • For those that do direct service and do client satisfaction surveys for inventory, there are questions that may help inform how comfortable clients feel. Use that information to inform all staff. • Becoming more aware of how we treat people. We all have implicit bias but having awareness can have some impact moving forward.

	<p>Bias on the health care field has an impact on how we provide care. (race, socioeconomic status, etc.) Question: As far as addressing people, what is appropriate? (African American, Caucasian, Black) That's the culturally responsiveness piece. Break out of the grouping and ask questions as an individual instead of grouping.</p> <p>Follow up questions? Reach out to Wendy Morgan or Sarah Kowalski</p>
<p>Project Update; Modifications <i>Sarah Kowalski and Eli Schwarz</i></p>	<p>Dental Pilot Project Program. Annual Advisory Committee Meeting. <i>Please refer to Power Point Presentation Handout.</i></p> <p>We meet biannually, twice a year. We did a callout for application and Karen joined us. There has been some transitioning in and out.</p> <p>Where are we now? Free reduced lunch. In Oregon if you qualify for reduced you don't pay anything. Free- Reduced Lunch (FRL) is one indicator of poverty but not all of them. (More detailed information about FRL found on slide 5)</p> <p>Modifications About a year ago the project applied to modify. The intention was to allow projects to add sites. What we refer to site might have multiple locations.</p> <ul style="list-style-type: none"> ○ Site two: pediatrician office. That is all year. ○ Site three: Oregon child, encompasses two locations. ○ Third site: Linda has a lot of head start information please clarify info. <p>Oregon Child Development Coalition- Head Start: It is a federal program designed to give individuals that have children, and are below the federal poverty, opportunities for kids to attend a preschool program: head start, early head start, and migrant seasonal head start.</p> <p>Elizabeth Palumbo and Dr. Schwarz (OHSU)</p>

	<ul style="list-style-type: none"> • Since last time the team has had expansion of staff and has expanded to additional sites. • Timeline: they are still waiting for the final approval application, and funding. That’s for Sherman and Gilliam county. • We are still planning for the training during Summer 2018 and onboarding by September. • Planning to train the administrative staff and handful of clinicians in July.
<p>Data Updates <i>Elizabeth Palumbo and Eli Schwarz</i></p>	<p>Elizabeth Palumbo The way we approached data previously has been to report to OHA. But now that they have funding for someone to focus on data, we want to look back at the years we have been working on this project.</p> <p><i>*Refer to Polk County Preliminary Data slide</i> This slide isn’t looking at outcomes, this is looking at patients we have seen multiple times. The idea is to track patients we have seen multiple times, and how their condition has improved. Right now, you are seeing it by school year. This complicates things a bit because that’s not how we report to OHA. It gives you an idea by school year.</p> <ul style="list-style-type: none"> ○ 73 students were seen 3 times (look at 73 students to see how they have changed, and see them uniquely) ○ 28 students we saw twice ○ Unique 877 students <p>We don’t know what the outcomes might be but we track this to have the ability to look back. We can track all the unique students and see whether they have insurance. Once we build it all out we can do an analysis.</p>

This is a pilot of ITRs. Many of the students that receive ITRs receive it in many teeth. We have many more students diagnosed as needing ITRs and we send a consent home so they can consent to have that specific program. We don't know why parents might not return consent forms. Slide represents number of students that consented yes ITRs and had completed ITRs, not the diagnosed ones. Some of these 45 students might have received ITRs in the previous quarter.

**Refer to 2017-2018 Data slide*

733 eligible, of those 426 consents to participate

377 assessments because all the students' dentist didn't review all information. These are preliminary.

Recall exam vs. full assessment

What we hope to do for the project for this year is overt dental disease active caries, not the opposite. The data illustrates students treated in the community vs. at the dentist, and the bottom students kept healthy in the community. Keeping someone healthy in this context means there is no disease that would need referral to dentist, and can do all in the clinic: preventive, sealing, and cleaning.

If there is no overt dental disease, and referred to the dentist, is other needs.

Break down of who is being kept healthy in the community and of those receiving ITRs: 377 assessments, 205 overt dental disease (treated and untreated) some level of untreated caries.

**Refer to Satisfaction Survey slide*

All parents filled a satisfaction survey of kids who received services: overall people are satisfied.

Why someone would not be unsatisfied if no ITR?

- This survey is not sent specific for ITR
- My second thought is that many parents are confused what it is and they are filling it regarding their experience at the office since we have the logo of the dental office on the back of the survey. Some of these answers are unrelated to what we are looking for.

Eventually we would like to do a survey specific to ITRs but it is also nice to have information about other services received.

	<p>Consent forms are another reason parents aren't filling out the survey. Fear and cost reported as barriers to care. Less fear if school-based dental care. On site services helps parents as well as kids. If dental care was to be provided at the school most parents would have waited 6 months, or not having able to take the child at all.</p> <p>With ITR you seal the cavitation on the tooth. They both are valuable but it depends on the cases, or it can be a combination of both ITR(s). There is a consent form with the picture for each of them. This consent also explains this is not the final treatment. It's mainly for "buying time" and stopping the progression of caries, but it is the size of the region that would make one better than the other. Age is an important factor as well.</p>
<p>Site Visit Process; Outline of June 13th, 2018 Site Visit; Chart Abstraction; Attendee Sign Up Sarah Kowalski, Linda Mann, Kelly Hansen</p>	<p>We are doing another required site visit. We have discussed doing it at CHAS Wednesday June 13th. Part of our site visit's responsibility is chart reviews.</p> <p>Linda - For site visits, only one person at a time in the van, we will then meet back at capital office. They have been good at referring kids only 0-3. We would have more ITRS if we did in one of the schools. We will revisit that and see what would be appropriate, and invite a few Advisory Committee members.</p> <p>Even if you don't go to Salem you can still participate in the chart review.</p>
<p>Follow Up Items, Future Meeting Dates, and Closing Sarah Kowalski</p>	<p>Annual meeting in the fall 2018. Handout Oral health and aging. This is a project that might be happening in the future.</p> <p><i>*Meeting adjourned*</i></p>