CENTER FOR PREVENTION AND HEALTH PROMOTION
Oral Health Program
Kate Brown, Governor

Oregon Health Authority

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AGENDA

Dental Pilot Project #200 "Training Dental Hygienists to Place ITR"
Annual Dental Pilot Project Program Advisory Committee Meeting DPP #200
September 22, 2017, 10:00am – 3:00pm

Location: 9140 SW Pioneer Ct, Wilsonville, OR 97070		
10:00-10:15	Official Introductions, Agenda Review	Bruce Austin, DMD Sarah Kowalski, MS, RDH
10:15-10:45	Overview of Pilot Project, Timeline Update	Eli Schwarz, DDS, MPH, Phd
11:00-11:30	Site Visit Report Overview	Sarah Kowalski, MS, RDH
11:30-12:00	Site Visit, Advisory Committee Members, Q & A	Fred Bremner, DMD Tony Finch, MA, MPH Kyle Johnstone, MHA, RDH, EPP
12:00 – 12:30	**Lunch**	
12:30-1:00	Data/Chart Abstraction Overview, Quarterly Reports	Kelly Hansen
1:00-1:15	Overview Voucher Program	Linda Mann, RDH, EPDH
1:15-2:00	Pilot Project Updates, Request for Modification, Update Project Partners, Requests for Additional Funding, Quarterly Reports	Eli Schwarz
2:00 – 2:30	Discussion, Review Request for Modification	Sarah Kowalski, MS, RDH
2:30 – 2:45	OHA Dental Pilot Project Program Updates, Committee Charter, Meeting Schedule, Site Visit Update	Sarah Kowalski, MS, RDH Bruce Austin, DMD Kelly Hansen Advisory Committee
2:45 - 3:00	Follow Up Items, Future Meeting Dates: Doodle Survey, Next Site Visit, Closing	Sarah Kowalski, MS, RDH

Annual Dental Pilot Project Program Advisory Committee Meeting DPP #200
September 22, 2017 MEETING NOTES

Welcome and Introductions

Advisory Committee Attendees: Todd Beck, Fred Bremner, Tony Finch, Karen Hall, Lesley Harbison, Kyle Johnstone
Advisory Committee Members Absent: Kelli Swanson Jaecks, Kenneth Wright
DPP #200 Staff: Ritchie Koli, Linda Mann, Eli Schwarz,
OHA Staff: Bruce Austin, Kelly Hansen, Sarah Kowalski, Laurie Johnson, Karen Phillips, Amy Umphlett

Overview of Pilot Project

Eli has been involved with the dental pilot program since its inception with the passage of Senate Bill 738 and rulemaking process.

DPP #200 builds upon past work from Paul Glassman's group that invented the virtual dental home.

A special thank you goes to staff at Capitol Dental Care involved with the project: Linda Mann, Jennifer Clemens, Jon Klein and Meagan Kintz.

The pilot project is built around the context for Oregon children:

- Population covered by community water coverage among the lowest in the nation (23%)
- Around 25% of the population are enrolled in Medicaid (and have dental benefits)
- Oregon has among the nation's largest gaps in annual dental visits between low and high income children (42% ~ 70%)
- Oregon's Medicaid children have less than national average annual dental visits
- Among 6-9 year old children around 50% have caries experiences – considerable racial, ethnic, urban-rural disparities

Project aims:

- Use telehealth-connected oral health teams to reach children who have not been receiving dental care on a regular basis at their school.
- Provide community-based dental diagnostic, prevention and early intervention services.
- Demonstrate a reduced need for most children to be seen by dentists in stationary dental practices or clinics (the virtual dental home).
- Develop lessons that can be used to disseminate the virtual dental home concept throughout Oregon.

Senate Bill 786 passed during the 2017 legislative session that supports teledentistry. Not all of the implications are known, but how does this work with the existing reimbursement and managed care systems?

In 2012, Paul Glassman published the report, "The Virtual Dental Home: Bringing Oral Health to Vulnerable and Underserved Populations".

Key attributes of a virtual dental home system:

- Emphasize prevention and early intervention
- Keep and verify most children healthy in the community site with minimal infrastructure and at low cost
- Continuous presence system improves oral health awareness and adoption of healthy behaviors
- Creates complete low cost care system using the "community-clinical linkages" framework

Model of a telehealth connected dental team

- Staff uses a laptop connected to a sensor and intraoral camera that is then linked to a computer.
- Clinical dental data is transferred to a cloud-based electronic health record. The dentist "pulls down" the data from the cloud that is recorded by the dental hygienist.
- The dentist then provides a diagnosis and sends back tasks to be completed by the dental hygienist. The pilot project allows the dental hygienist to do interim therapeutic restorations (ITRs).
- X-rays, clinical photos and dental records are all uploaded to a cloud system.
- The external evaluator uses the same data material to extract information to look at the quality of work that gets done.

Measures and targets for year 1

- Used benchmarks from California

Measures	Target	Actual
Distribution and collection of consent forms	70% consent forms are returned	83%
Percent of children who receive prevention services in the school setting	75% of children with "yes" consent form receive prevention services	90%
By June 2016, 60% of children receiving tele-dentistry services maintain oral health in their school setting	60% of children seen maintain health in school setting	47%
Demonstrate the viability of this method of providing care	Target date July 2016	Goal achieved

Preliminary outcomes after 1 year (Polk County, 2nd grade)

- Examined 349 children

- 48% of children kept healthy in the community; 52% referred to dentist

N = 349	Untreated Decay	
Fillings	-	+
-	34%	23%
+	14%	29%
Total	48%	52%

Preliminary data for year 2

- Examined 499 children
- 43% of children kept healthy in the community; 57% referred to dentist

N = 499	Untreated Decay	
Fillings	-	+
-	26%	27%
+	17%	30%
Total	43%	57%

Year 2 activities

Period	ITRs Planned	ITRs completed	Dental sealants completed	Stayed healthy in community	Referred to dentist
Q4 2016	25	20	95	55%	45%
Q1 2017	35	12	169	48%	52%
Q2 2017	39	19	188	38%	62%

Several questions were raised around the definition for "stayed healthy in the community".

- The philosophy in dentistry is that every child should get to the dentist every year. This project actually checks these kids and made the determination they do not need to go to the dentist. It reflects the realities.

Comment was made that a better pilot project would be why Medicaid patients do not utilize the dentists that the Oregon Dental Association (ODA) has said are within 15 miles.

- The methodology is controversial.
- Eli Schwarz has asked OHA Health Policy & Analytics (HPA) for data that shows how many claims a provider has made, whether they accept new patients, etc.

For the pilot project, we have a serious problem not getting permission forms back from parents. Discussion ensued:

- There are basic issues around serving the Medicaid population: daily life issues, transportation, trauma, etc. This pilot project alleviates the transportation factor.

- There is enormous bias against Medicaid clients that can set them up to fail. For example, dedicating Medicaid appointments to only at 8 AM.
- As you move down the socioeconomic ladder, there are higher priorities than dental appointments. We are not going to solve this.
- We need to prioritize the most effective methods for the dollars we have.
- The main advantage of this model is that children are seen in the school. We are trying to expand the model into nursing homes.

Results need to be better stratified. The data should be subdivided into how many children were seen by the dental hygienist and doing ITRs.

How can you ensure those referred to the dentist actually get there?

- 3 month monitoring of ITRs and checking in on the 3rd graders that received ITRs.

Challenges of the pilot project:

- Technology glitches
- Expectations related to time
- Space limitations
- Follow-up care

What is the future for the dental pilot project?

- The pilot project is operating under the OHA Dental Pilot Projects Program and Office of Rural Health. We ran out of funding from the Office of Rural Health, but have secured grant funding for the next three years from the Ford Family Foundation and Oregon Community Foundation (OCF).
- As part of the grant, we will establish an Oregon Telehealth Network for Oral Health (OTNOH). The goal is to expand more over the next three years and try to test the model in different settings.
    - Capitol Dental is expanding to Lincoln County.
    - Advantage Dental in going to use the model in Gilliam and Sherman Counties.
    - Virginia Garcia is interested in using the model.
- An immediate goal is to hire a project manager that can keep up with data reports and requirements for the OHA Dental Pilot Projects Program.

Conclusions so far:

- The school based telehealth connected dental team was effective in:
    - Achieving high consent rates for participation;
    - Keeping almost half the children healthy in the community; and
    - Reducing existing dental care access issues from both patient and provider perspective.
- Further research will focus in improving consent, on expanding the EPDH scope of intervention to ITRs, and on demonstrating economic sustainability.

Other Questions and Comments:

- Can you compare your data with Paul Glassman's data?
    - That is tricky, since Paul has not been very good about publishing his data.
    - Our challenges with disease rates compared to California are different.
    - OHSU is pretty much in line with what his group is doing.
- Parent/guardian consent rates are a continual issue for everyone nationwide.
- In California, are ITRs needed to be diagnosed and approved by the dentist?
    - It is part of their system of care. Consensus is that dentists will still be involved with the decision-making process in the future.
- Independence has community water fluoridation. Will this have an impact on results?
    - Unknown, as the data would have to be stratified where the children live versus where the school is located.
- Do you see lower disease rates at the school in Independence? The pilot project should see if there are differences in the rates.
    - Eli Schwarz said they will have to think about this.

Site Visit Report Overview

The site visit report is in draft format. The report template will be used for all dental pilot projects.

OHA tried to develop a standardized form for the "Interview with Trainee Tool". Answers will be consolidated into a summary in the site visit report.

Based on the draft report, on page 25, DPP #200 will need to provide further clarification or follow-up on these items:

- Signature of the provider or provider initials should be entered with each chart note to clarify who has entered the note into the EHR.
- Clarification is needed on the procedures and sequence of steps for the process of communicating with the supervising dentist and EPDH. It should be written out in a procedure format and available for review by the Advisory Committee and OHA.
    - It has been confusing to keep the procedures separate from the telehealth work and ITR pilot. Teledentistry is part of the methodology of applying ITRs, but the pilot project is applying ITRs.
- Emergency procedures should be clarified as to the sequence of steps taken when a child presents to the trainee with a dental emergency that requires immediate dental attention.
- There is no definition for adverse events. OHA will collaborate with DPP #200 project managers to provide a framework for reporting out adverse events. As per the rules, pilot projects must report adverse events to OHA the day they occur.
    - OHA reviewed 75 articles as part of a literature review on adverse event reporting.

    - When OHSU applied for IRB approval, the dental pilot project was under the "delivery of dental care" and does not require overall IRB oversight.
        - The satisfaction survey is the only thing covered by the IRB.
    - OHA is going to continue the conversation about developing a guidance or framework.

Comment was made that reviewers at the first visit would like to see the same patients at the next site visit. They want to see the data after some time has gone by, as well as determine if the ITR is still there. Reviewers only saw follow-up after 2 weeks, which was not enough time.

- What is the pilot project follow-up protocol?
    - 3 and 6 months
- Can the project also follow-up every year as the kid's progress through the school system?

Regarding retention of ITRs, comment was made that they do not want to hold the dental hygienist at a higher standard than what is required of dentists. Is there a standard or can we compare to other rates?

- Even a dentist has failed fillings. There is not a lot of research to compare ITR rates.
- The Indian Health Services (IHS) does a lot of ITRs. Do they have anything that the pilot project could compare their rates to?
    - OHSU will check with Paul Glassman's group about their rates.

Are we looking at whether the ITRs are successful or whether the provider is providing quality ITRs?

- Scoop and fill is really the only thing outside the current scope of practice. Some are so tiny that you cannot even scoop. Currently, hygienists can restore after the dentist has prepped the tooth. The scope of review is difficult to determine.
    - OHSU said it is not realistic to take a picture after scooping and sending it to the dentist for review and approval before filling it. Data transmission is not in real time.

Eli Schwarz and Linda Mann offered to talk about the pilot project with the Board of Dentistry.

- The Board had invited Bruce Austin and Sarah Kowalski to come and talk about dental pilot project #100, Oregon Tribes Dental Health Aide Therapists, but it is up to each project to present at the Board of Dentistry.

Site Visit Experience

The interface did not work well for members, so maybe google docs should be used.

Reviewers were in small spaces at the school and school-based health center (SBHC).

The relationship between the dental team was impressive. It was very obvious that Dr. Clemens and Meagan Kintz had mutual confidence. Knowing who you work seems like a huge plus.

Closing the referral loop needs more work, ensuring the child is seen even when there are 4 DCOs in the area. Having a protocol in place is needed for closed loop referrals.

- Due to HIPAA regulations, Capitol Dental cannot call another DCO about a client.
- The project chose Polk County because Capitol Dental has the market share.
- Can the CCO follow-up to ensure the dental referral actually happened?
    - Very few CCOs are really engaged in dental care.

Taking kids out of class too many times can cause a school to view the oral health program in a negative light. If "care in place" is the system of care, then more work is needed at other levels (e.g. education) to encourage this. A stronger relationship between the school system and health care system is needed.

- Reimbursement for school health services is a huge problem.

Guidelines for Chart Review

OHA is asking for feedback on the chart review process. Would it be better to do an in-person chart review meeting and go thru them all together?

- Some people did not like the electronic method. In the future, OHA may do it in-person as a group or an electronic survey field that is more user friendly.

OHA would like to calculate concordance in the future. As more numbers are available, it can be done.

Evaluators would like to know the percentage of agreement on what they are reviewing. How do you define calibration?

- Anecdotally, calibration between reviewers was pretty good. Some people were more critical of the margins.
- In the final report, tell people you calibrated the evaluators and criterion used. There may be only a few criteria, but it is important to state those.

There would be benefit in having the evaluators together at some point to do a calibration training. There should be as much validity as possible since the committee is making a recommendation on whether to continue with the model in Oregon.

- Committee members recommended OHA conduct an in-person calibration.

It should not be the same people to grade examinations. They should not know the hygienists at all. This would eliminate personal bias.

- Chart reviews can be done a week before the site visit, so you would not necessarily know the hygienist. You make your assessment and then meet the hygienist at the site visit.

- Dentists have to review the ITR scope of practice, and there are only 4 evaluators for this dental pilot project.
- OHA conducted another round of soliciting applications to participate in the dental pilot projects. We only received a couple of new applications, but they were for the other dental pilot project #100. No one was interested in being on this pilot project.
    - OHA can do another solicitation specifically for the #200 project. Committee members will need to help spread the word.

Quarterly Report #2 – Voucher Program

When Meagan Kintz started year 2, she was frustrated that children from year 1 still had caries. They were either uninsured, not an U.S. citizen, had not applied for the Oregon Health Plan (OHP), or their OHP coverage had lapsed. Salem Health Foundation provided a community grant through the Community Action Agency that "passes thru" funds to Capitol Dental.

- Since Capitol is a for-profit entity, they are unable to directly apply for the grant funding.

The grant covers 3 treatment vouchers and 1 assessment voucher per each child. Capitol Dental found it took a couple of months to find takers of the vouchers. Originally, it was for ages 3-6 or up to 8 years old. Capitol had to expand the age range to pregnant women thru age 10 in Marion and Polk Counties.

- They reserved $5,000 for 8 general anesthesia cases.
- Capitol will get $100 per each voucher, which will not cover all of their costs.

As of January 2018, undocumented children should have coverage as part of the "Cover All Kids" legislation. But clients are scared to apply for benefits out of fear they will be reported to ICE, so work is needed with community programs to assure parents social security information will not be asked for.

Request for Modifications

DPP #200 wants to expand the number of providers and different sites. OHA does not have any concerns at this time.

- There is precedent in California for adding 50 schools to a pilot project.
- Sites are not required to be designated as a dental health professional shortage area (HPSA).

OHA can approve the current modification request that is ready to be submitted. If Virginia Garcia and Advantage Dental decide to use the model, then OHSU will need to submit another modification request once those providers and sites are selected.

- OHSU received additional grant funding and is talking with Gary Allen at Advantage Dental about adding teledentistry to their model. Since Advantage has so many counties involved in the silver diamine fluoride (SDF) study trials, they do not want to mess with any of the control counties. There are no studies going on in Sherman and Gilliam counties, so they are interested in adding these locations to DPP #200.

- OHSU is also interested in using the model in geriatric centers. OHSU is working with Mary Ann Wren from Advantage Dental on this project.
    - A modification request will be needed if OHSU wants to serve a different population: seniors.
- Most of the additions will most likely occur over the next quarter. Grant funding is for three years, ending in 2020.

There are challenges adding different organizations to the pilot project, especially working with different electronic health records. Not everyone can use Paul Glassman's system, so at some stage a system will need to be identified that can work across different systems that will be used for teledentistry.

OHSU is going to post the announcement for the project management position soon. It will probably be 2 months before that person is on board. Grant funds are being used for the position, training and travel.

Meeting Schedule

The other dental pilot project wants to meet every quarter. As a committee, what do you want to do?

- The current meeting will only be done once a year. The rest of the meetings will be two hours with an option for conference call.
- Any possibility of doing evening meetings?
    - No, OHA cannot ask staff to work outside normal business hours.
- These meetings are open to the public, so there will be a public comment period at the end of every meeting.
- The next site visit will be in April or May 2018.
- The next annual meeting will be in September 2018. Maybe we should have another meeting in the spring? What about February?
    - Sarah will send out another doodle poll to members to schedule a meeting.
- Preference of the committee was to start right at 8 AM and alternate between first and last of the day.

Would it be valuable to have the trainees and supervising dentists come to the next annual meeting in September?

- More dentists are needed to be on the Advisory Committee.

Dental Pilot Projects Program

Annual Advisory Committee Meeting
Dental Pilot Project #200
“Training Dental Hygienists to Place ITR”

September 22, 2017

Oregon Health Authority

Oral Health Program
Public Health Division

DPP #200

- Name
- Organization

- Where is your next vacation? Where would you like to go?

Oregon Health Authority

DPP #200

- Public Record
- Minutes will be published

DPP #200

Agenda Review

DPP #200

Site Visit

- OHA Program Responsibilities
- Site Visit Framework/ Process
- Goals
  - Site Visit: Pass or Fail
  - Site Visit Report

DPP #200

- 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 #200

- 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 #200

- 333-010-0455 Program Responsibilities

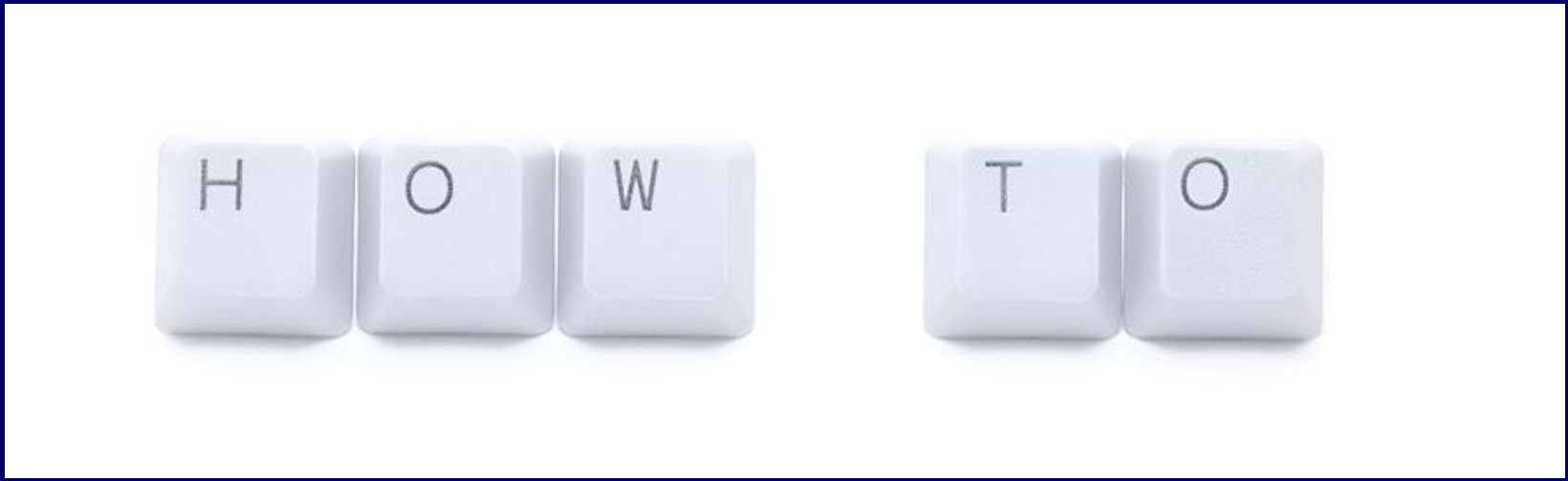
  (b) An interdisciplinary team composed of representatives of the dental boards, professional organizations, and other state regulatory bodies may be invited to participate in the site visit.

Oregon Health Authority

Dental Pilot Projects Program

- Report Pass or Fail based on criteria
- Report issued within 60 days of site visit
- Advisory Committee Members integral to the process

Dental Pilot Projects Program



DPP #200

- OHA Developed a Standardized Site Visit Process Document that included Six Evaluation Tools
  - Administrative/Operations Form
  - Trainee Interview Form
  - Collaborating/Supervising Dentist Interview Form
  - External Evaluator Interview Form
  - School Staff/Administrators Interview Form
  - Clinical Records Review Form

DPP #200

- Interview with Trainee Tool (See Example)

DPP #200

Modification

DPP #200

- Pilot Projects can apply for a modification to the project at any time

- Modifications may include the addition of sites to the project

DPP #200

- Progress Reports
- Due at the end of each quarter

DPP #200

- Committee Charter
- Next Site Visit: Schedule for spring 2018
- Meeting Schedule: Consensus to meet every 6 months