Appendix A

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

Oregon Health Authority

800 NE Oregon St, Ste 825
Portland, Oregon 97232-2186
Office: 971-673-1563
Cell: 509-413-9318
Fax: 971-673-0231
www.healthoregon.org/dpp

August 13, 2018

Eli Schwarz, DDS, MPH, PhD
Department of Community Dentistry
Oregon Health & Science University
3030 SW Moody Ave, Suite 135B
Portland, OR 97201

Re: Site Visit #2: Pass

Dear Dr. Schwarz,

On April 5, 2017, the Oregon Health Authority conducted a required site visit for Dental Pilot Project #200, “Training Dental Hygienists to Place Interim Therapeutic Restorations” in Salem, Oregon at the Children’s Health Associates of Salem.

The OHA Dental Pilot Project Program is responsible for monitoring approved pilot projects. The primary role of the Oregon Health Authority is monitoring for patient safety. Secondarily, program staff shall evaluate approved projects and the evaluation shall include, but is not limited to, reviewing progress reports and conducting site visits.

The Oregon Health Authority is responsible for ascertaining the progress of the project in meeting its stated objectives and in complying with program statutes and regulations.

The Oregon Health Authority has determined that Dental Pilot Project #200 is in compliance with the requirements set forth in the Oregon Administrative Rules 333-010-0400 through 333-010-0470 and therefor has **passed** the site visit.

A full report of findings will be issued on or before December 10, 2018.

Sincerely,

Bruce W Austin

Bruce Austin
Statewide Dental Director

Oregon Health Authority

Dental Pilot Project Program Clinical Records Review Form DPP #200

Chart ID #:_____Provider ID #: _____Reviewer:_____ Date of Review: _____

CRITERIA	Acceptable / Present	Not Acceptable / Not Present	N/A	Comments
Chart and progress notes are understandable and clearly describe the treatment provided	Strongly agree / Agree / Undecided / Disagree / Strongly Disagree			
Appropriate images	Strongly agree / Agree / Undecided / Disagree / Strongly Disagree			
Isolation documented				
Documentation of amount of remaining caries – please comment on your response				
Any complications noted				
Incidents or Unusual Occurrences				
Comment on ITR Placement by <u>tooth</u>. Criteria for evaluation successful completion of Interim Therapeutic Restorations includes the following: 1. Restorative Material is not in hyper-occlusion. 2. There are no marginal voids. 3. There is minimal excess material.				

CRITERIA	Acceptable / Present	Not Acceptable / Not Present	N/A	Comments
Tooth Number: ***Date of Service:***				
Occlusion is **Acceptable** or **Not Acceptable**				
There is minimal excess material	Strongly agree / Agree / Undecided / Disagree / Strongly Disagree			
Margins are **Acceptable** or **Not Acceptable**				
There are no marginal voids	Strongly agree / Agree / Undecided / Disagree / Strongly Disagree			
Materials are **Acceptable** or **Not Acceptable** (Material Used is the same product for all ITRs reviewed)				
Overall impression of ITR quality	(Worst) 1 2 3 4 5 (Best)			
*Comment on Post-Treatment Evaluations/Follow up care and Case Management** *Trainee Records Indicate Follow-Up at the following intervals: 3-Months, 6-Months, 1-Year*				
*3-Months				
*6-Months				

CRITERIA	Acceptable / Present	Not Acceptable / Not Present	N/A	Comments
*1 Year				
Post-treatment evaluation is appropriate				
Follow up/ recall consistent with patient needs				
Supervising Dentist reviewed ITR post-placement and deemed ITR acceptable based on ITR Placement Protocols				

Were there any Adverse Events? Circle One: Yes or No

Adverse Events are categorized according to the following Dental AE Type Classification:

Table 1. Dental AE Type Classification[1], [2]

AE Category
1. **Allergy/Hypersensitivity reactions**
2. **Aspiration of foreign body**
3. **Delayed appropriate treatment/Disease progression and/or unnecessary treatment associated with misdiagnosis**
4. **Foreign body response/rejection**
5. **Hard-tissue damage**
6. **Harm, not otherwise specified**
7. **Ingestion of foreign body**
8. **Nerve damage or injury**
9. **Ocular damage**
10. **Orofacial infection**
11. **Other orofacial complications**
12. **Other systemic complications including adverse reactions to device/materials/procedure**
13. **Other Wrong/unnecessary treatment**
14. **Poor aesthetic results post-dental treatment**
15. **Poor hemostasis/prolonged bleeding**
16. **Procedure on wrong patient**
17. **Procedure on wrong site**
18. **Psychological distress/disorder (including suicide)**
19. **Retention of foreign object(s) in patient with sequela**
20. **Soft tissue injury/inflammation**
21. **Systemic infection**
22. **Toxicity-drug overdose**

[1] Kalenderian E, Obadan-Udoh E, Maramaldi P, Etolue J, Yansane A, Stewart D et al. Classifying Adverse Events in the Dental Office. Journal of Patient Safety. 2017 Jun 30. Available from, DOI: 10.1097/PTS.0000000000000407

[2] Kalenderian E, Obadan-Udoh E, Ramoni R, Lessons learnt from Dental Patient Safety Case Reports. J Am Dent Assoc. 2015 May; 146(5): 318–326.e2. doi: 10.1016/j.adaj.2015.01.003

Please describe the AE Category associated with Adverse Event based on the descriptions outlined in Table 1. Dental AE Type Classification, i.e. Category 5, Hard tissue damage, etc.

Estimated time to complete chart:_____

Flag chart for further review: Circle One: Yes or No

Other Comments:

Oregon Administrative Rules: Dental Pilot Projects

333-010-0400: Description of Dental Pilot Projects

The Dental Pilot Projects are intended to evaluate the quality of care, access, cost, workforce, and efficacy by teaching new skills to existing categories of dental personnel; developing new categories of dental personnel; accelerating the training of existing categories of dental personnel; or teaching new oral health care roles to previously untrained persons. The oral health status of Oregonians is poor and the most vulnerable are those with the least access to services. OAR 333-010-0400 through 333-010-0470 provides administrative guidance to the required content of Dental Pilot Project applications, process for review, approval and monitoring of Dental Pilot Projects, and steps to terminate or conclude a Dental Pilot Project.

Stat. Auth.: 2011 OL Ch. 716
Stats. Implemented: 2011 OL Ch. 716
Hist.: PH 5-2013, f. & cert. ef. 2-4-13

333-010-0405: Dental Pilot Projects: Definitions

For purposes of OAR 333-010-0400 through 333-010-0470, the following definitions apply:

(1) "Authority" means the Oregon Health Authority.

(2) "Clinical phase" means instructor supervised experience with a patient during which a trainee applies knowledge presented by an instructor.

(3) "Didactic phase" means an organized body of knowledge presented by an instructor.

(4) "Director" means the Public Health Director within the Oregon Health Authority, or his or her designee.

(5) "Employment/Utilization Phase" means ongoing application of didactic and clinical knowledge and skills in an employment setting under the supervision of a supervisor.

(6) "Employment/Utilization Site" means a health facility, any clinical setting where health care services are provided, and the facilities or programs described in ORS 680.205(1).

(7) "Evaluator" means an individual who will conduct an evaluation of the pilot project and is unaffiliated with the project and who has no financial or commercial interest in the project's outcome.

(8) "Instructor" means a person qualified to practice or teach the knowledge or skills a trainee is to learn.

(a) "Clinical instructor" is a person who is certified or licensed in the field for which clinical instruction is occurring.

(b) "Non-clinical instructor" is a person with specific training or expertise as demonstrated through a degree or years of experience relevant to the content of instruction.

(9) "Program" means the Dental Pilot Projects program administered by the Authority.

(10) "Program staff" means the staff of the Authority with responsibility for the program.

(11) “Project” means a Dental Pilot Project approved by the director or delegate.

(12) "Project director" means the individual designated by the sponsor to have responsibilities for the conduct of the project staff, instructors, supervisors, and trainees.

(13) "Reviewer" means an individual designated by program staff to review and comment on all or portions of a project application.

(14) "Sponsor" means an entity putting forth an application for a dental pilot project.

(15) "These rules" means OAR 333-010-0400 through 333-010-0470.

(16) "Training program" means an organized educational program that includes at least a didactic phase, clinical phase, and usually an employment/utilization phase.

Stat. Auth.: 2011 OL Ch. 716
Stats. Implemented: 2011 OL Ch. 716
Hist.: PH 5-2013, f. & cert. ef. 2-4-13; PH 37-2016, f. & cert. ef. 12-12-16

333-010-0410: Minimum Standards

A dental pilot project shall:

(1) Provide for patient safety as follows:

(a) Provide treatment which does not expose a patient to risk of harm when equivalent or better treatment with less risk to the patient is available;

(b) Seek consultation whenever the welfare of a patient would be safeguarded or advanced by having recourse to those who have special skills, knowledge and experience;

(c) Provide or arrange for emergency treatment for a patient currently receiving treatment;

(d) Comply with ORS 453.605 to 453.755 or rules adopted pursuant thereto relating to the use of x-ray machines;

(e) Not attempt to perform procedures which the trainee is not capable of performing due to physical or mental disability; and

(f) Comply with the infection control procedures in OAR 818-012-0040.

(2) Provide appropriately qualified instructors to prepare trainees;

(3) Assure that trainees have achieved a minimal level of competence before they enter the employment/utilization phase;

(4) Inform trainees in writing that there is no assurance of a future change in law or regulations to legalize their role;

(5) Demonstrate that the project has sufficient staff to monitor trainee performance and to monitor trainee supervision during the employment/utilization phase;

(6) Demonstrate the feasibility of achieving the project objectives;

(7) Comply with the requirements of the Dental Pilot Projects statute, Oregon Laws 2011, chapter 716 and rules adopted thereunder;

(8) Evaluate quality of care, access, cost, workforce, and efficacy;

(9) Achieve at least one of the following:

(a) Teach new skills to existing categories of dental personnel;

(b) Accelerate the training of existing categories of dental personnel;

(c) Teach new oral health care roles to previously untrained personnel; or

(d) Develop new categories of dental personnel.

Stat. Auth.: 2011 OL Ch. 716
Stats. Implemented: 2011 OL Ch. 716
Hist.: PH 5-2013, f. & cert. ef. 2-4-13

333-010-0415: Dental Pilot Projects: Application Procedure

(1) A sponsor may submit an application for a dental pilot project on a form prescribed by the Authority.

(2) The application must demonstrate how the pilot project will comply with the requirements of these rules.

(3) An application must include, but is not limited to the following information:

(a) Sponsors:

(A) A description of the sponsor, including a copy of an organizational chart that identifies how the project relates organizationally to the sponsor;

(B) A copy of a document verifying the sponsor's status as a non-profit educational institution, professional dental organization, or community hospital or clinic, coordinated care organization or dental care organization;

(C) A description of the functions of the project director, instructors, and other project staff;

(D) The funding sources for the project; and

(E) Documentation of liability insurance relevant to services provided by trainees.

(b) Trainee information:

(A) The criteria that will be used to select trainees; and

(B) The number of proposed trainees.

(c) Instructor/Supervisor information:

(A) The criteria used to select instructors and supervisors;

(B) Instructor-to-trainee ratio;

(C) The background of instructors in training techniques and methodology;

(D) The number of proposed supervisors; and

(E) The criteria used to select an employment/utilization site.

(d) Costs:

(A) The average cost of preparing a trainee, including but not limited to the cost information related to instruction, instructional materials and equipment, space for conducting didactic and clinical phases, and other pertinent costs;

(B) The predicted average cost per patient visit for the care rendered by a trainee; and

(C) A budget narrative that lists costs associated with key project areas, including but not limited to:

(i) Personnel and fringe benefits for project director, instructors, and staff associated with the project;

(ii) Contractors and consultants to the project;

(iii) Materials and supplies used in the clinical, didactic, and employment/utilization phases of the project;

(iv) Equipment and other capital costs associated with the project; and

(v) Travel required for implementing and monitoring the project.

Stat. Auth.: 2011 OL Ch. 716
Stats. Implemented: 2011 OL Ch. 716
Hist.: PH 5-2013, f. & cert. ef. 2-4-13; PH 37-2016, f. & cert. ef. 12-12-16

333-010-0420: Trainees

(1) A dental pilot project must have a plan to inform trainees of their responsibilities and limitations under Oregon Laws 2011, chapter 716 and these rules.

(2) A project must provide notice to program staff within 14 days of a trainee entering the employment/utilization phase. The notice shall include, but is not limited to the following:

(a) Name, work address and telephone number of the trainee; and

(b) Name, work address, telephone number and license number of the supervisor.

Stat. Auth.: 2011 OL Ch. 716
Stats. Implemented: 2011 OL Ch. 716
Hist.: PH 5-2013, f. & cert. ef. 2-4-13

333-010-0425: Instructor and Supervisor Information

A dental pilot project must have:

(1) Instructors:

(a) A number and distribution of instructors sufficient to meet project objectives; and

(b) Instructors with current knowledge and skill in topics they will teach.

(2) A plan to orient supervisors to their roles and responsibilities.

Stat. Auth.: 2011 OL Ch. 716
Stats. Implemented: 2011 OL Ch. 716
Hist.: PH 5-2013, f. & cert. ef. 2-4-13

333-010-0430: Curriculum

A sponsor of a dental pilot project must have a curriculum plan that includes but is not limited to a description of:

(1) The level of competence the trainee shall have before entering the employment/utilization phase of the project;

(2) The instructional content required to meet the level of competence;

(3) The skills trainees are to learn;

(4) The methodology utilized in the didactic and clinical phases;

(5) The evaluation process used to determine when trainees have achieved the level of competence; and

(6) The hours and months of the time required to complete the didactic and clinical phases.

Stat. Auth.: 2011 OL Ch. 716
Stats. Implemented: 2011 OL Ch. 716
Hist.: PH 5-2013, f. & cert. ef. 2-4-13

333-010-0435: Dental Pilot Projects: Evaluation and Monitoring

(1) Evaluation Plan. A sponsor of a dental pilot project must have an evaluation plan approved by the Authority that includes, but is not limited to the following:

(a) A description of the baseline data and information collected about the availability or provision of oral health care delivery, or both, prior to utilization of the trainee;

(b) A description of baseline data and information to be collected about trainee performance, acceptance among patient and community, and cost effectiveness;

(c) A description of methodology to be used in collecting and analyzing the data about trainee performance, acceptance, and cost effectiveness;

(d) A provision for reviewing and modifying objectives and methodology at least annually; and

(e) Identification of an evaluator unaffiliated with the project and with no financial or commercial interest in the outcome of the project that will conduct the pilot project's evaluation.

(2) Monitoring Plan. A sponsor of a dental pilot project must have a monitoring plan approved by the Authority that ensures at least quarterly monitoring and describes how the sponsor will monitor and ensure:

(a) Patient safety;

(b) Trainee competency;

(c) Supervisor fulfillment of role and responsibilities; and

(d) Employment/utilization site compliance.

(3) Data. A sponsor's evaluation and monitoring plans must describe:

(a) How data will be collected;

(b) How data will be monitored for completeness; and

(c) How data will be protected and secured.

(4) A sponsor must permit project staff or their designees to visit each employment/utilization site at least monthly during the first six month period and at least quarterly thereafter.

(5) A sponsor must provide a report of information requested by the program in a format and timeframe requested.

(6) A sponsor must report adverse events to the program the day they occur.

(7) A dental pilot project must re-submit its evaluation and monitoring plan by January 2, 2017 for review and approval by the Authority.

(a) If the Authority determines that an evaluation or monitoring plan does not comply with these rules the Authority must notify the sponsor of any deficiencies and provide a deadline for the sponsor to resubmit the plan.

(b) If a sponsor does not submit an evaluation or monitoring plan that complies with these rules, after being given an opportunity to correct the deficiencies, the sponsor may be subject to suspension or termination in accordance with OAR 333-010-0470.

(c) The Authority shall notify a sponsor of its approval of an evaluation or monitoring plan.

Stat. Auth.: 2011 OL Ch. 716
Stats. Implemented: 2011 OL Ch. 716
Hist.: PH 5-2013, f. & cert. ef. 2-4-13; PH 37-2016, f. & cert. ef. 12-12-16

333-010-0440: Informed Consent

(1) A sponsor must ensure that informed consent for treatment is obtained from each patient or a person legally authorized to consent to treatment on behalf of the patient.

(2) A sponsor must submit an informed consent form and any accompanying information to program staff for review. Informed consent must include but is not limited to the following:

(a) An explanation of the role and status of the trainee, including the ready availability of the trainee's supervisor for consultation;

(b) Assurance that the patient can refuse care from a trainee without penalty for such a request; and

(c) Identification that consenting to treatment by a trainee does not constitute assumption of risk by the patient.

(3) Informed consent shall be provided in a language in which the patient is fluent.

(4) Dental pilot project staff or trainees must document informed consent in the patient record prior to providing care to the patient.

(5) Informed consent needs to be obtained specifically for those tasks, services, or functions to be provided by a pilot project trainee.

Stat. Auth.: 2011 OL Ch. 716
Stats. Implemented: 2011 OL Ch. 716
Hist.: PH 5-2013, f. & cert. ef. 2-4-13

333-010-0445: Application Review Process

(1) The program staff shall review an application to determine if it is complete within 45 calendar days from the date the application was received.

(a) If an applicant does not provide all the information required and the application is considered incomplete, the program shall notify the applicant of the information that is missing, and shall allow the applicant 15 days to submit the missing information.

(b) If an applicant does not submit the missing information within the timeframe specified in the notice the application shall be rejected as incomplete. An applicant whose application is rejected as incomplete may reapply at any time.

(2) An application deemed complete will continue through a review process.

(3) The program may have individuals outside the program review applications but no individual who has contributed to or helped prepare an application will be permitted to do a review.

(4) Program staff may request additional information from an applicant during the review process.

(5) Once project staff have completed an application review a Notice of Intent to approve or deny an application will be provided to the applicant and the Notice and application will be posted for public comment for a period of 10 business days. The Notice will be sent to interested parties.

Stat. Auth.: 2011 OL Ch. 716
Stats. Implemented: 2011 OL Ch. 716
Hist.: PH 5-2013, f. & cert. ef. 2-4-13

333-010-0450: Project Approval

(1) Once the public comment period described in OAR 333-010-0445(5) has closed the director or his or

her designee shall grant or deny approval of a pilot project applicant within 30 calendar days of receiving the application from the program.

(2) If the director grants approval, he or she will specify the length of time the project can operate.

(3) The director's decision shall be transmitted in writing to the applicant.

(4) A sponsor whose project has been denied may not submit a new application within six months from the date the director denied the application.

(5) The program staff shall notify the Oregon Board of Dentistry when a project is approved.

(6) The director or his or her designee may extend the length of time a project can operate at his or her discretion.

Stat. Auth.: 2011 OL Ch. 716
Stats. Implemented: 2011 OL Ch. 716
Hist.: PH 5-2013, f. & cert. ef. 2-4-13

333-010-0455: Program Responsibilities

(1) Project evaluation. Program staff shall evaluate approved projects and the evaluation shall include but is not limited to:

(a) Periodically requesting written information from the project, at least annually to ascertain the progress of the project in meeting its stated objectives and in complying with program statutes and regulations; and

(b) Periodic, but at least annual, site visits to project offices, locations, or both, where trainees are being prepared or utilized.

(2) Site visits.

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

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

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

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

(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.

(c) Written notification of the date, purpose, and principal members of the site visit team shall be sent to the project director at least 14 calendar days prior to the date of the site visit.

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

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

(f) A report of findings and an indication of pass or fail for site visits shall be prepared by program staff and provided to the project director in written format within 60 calendar days following a site visit.

Stat. Auth.: 2011 OL Ch. 716
Stats. Implemented: 2011 OL Ch. 716
Hist.: PH 5-2013, f. & cert. ef. 2-4-13

333-010-0460: 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.

Stat. Auth.: 2011 OL Ch. 716
Stats. Implemented: 2011 OL Ch. 716
Hist.: PH 5-2013, f. & cert. ef. 2-4-13

333-010-0465: Completion of Project

(1) An approved project must notify the Authority in writing if it intends to discontinue its status as a Dental Pilot Project, at least 60 calendar days prior to discontinuation. Notification must include a closing report that includes but is not limited to:

(a) The reasons for discontinuation as a pilot project;

(b) A summary of pilot project activities including the number of persons who entered the employment/utilization phase; and

(c) A description of the plan to inform trainees of the project's discontinuation, and that they are precluded from performing the skills authorized under the pilot project after discontinuation unless the role has been legalized.

(2) The project must obtain written acknowledgement from trainees regarding notification of the project's discontinuation and preclusion from performing skills authorized under the pilot project after discontinuation unless the role has been legalized and the trainee has met necessary licensure requirements.

(3) The project must inform the Oregon Board of Dentistry that the project is completed and provide a list of trainee names associated with the project at least 14 calendar days prior to discontinuation.

Stat. Auth.: 2011 OL Ch. 716
Stats. Implemented: 2011 OL Ch. 716
Hist.: PH 5-2013, f. & cert. ef. 2-4-13

333-010-0470: Suspension or Termination of Project

(1) A pilot project may be suspended or terminated during the term of approval for violation of 2011 Oregon Laws, chapter 716 or any of these rules.

(2) If the Authority determines that a dental pilot project is in violation of 2011 Oregon Laws, chapter 716 or these rules, the Authority may issue a Notice of Proposed Suspension or Notice of Proposed Termination in accordance with ORS 183.411 through 183.470. A sponsor who receives a Notice may request an informal meeting with the director and program staff. A request for an informal meeting does not toll the time period for requesting a hearing as described in section (3) of this rule.

(3) If the Authority issues a Notice of Proposed Suspension or Notice of Proposed Termination the sponsor is entitled to a contested case hearing as provided under ORS chapter 183. The sponsor has 30 days to request a hearing.

(4) If the Authority terminates a dental pilot project the order shall specify when, if ever, the sponsor may reapply for approval of a dental pilot project.

Stat. Auth.: 2011 OL Ch. 716
Stats. Implemented: 2011 OL Ch. 716
Hist.: PH 5-2013, f. & cert. ef. 2-4-13

COVER SHEET
DENTAL PILOT PROJECT PROGRAM

QUARTERLY REPORTING PERIOD DUE DATE:
[Check One Box Only: Double-Click Box, Under Default Value Change to Checked]

☐ January 3, 2017	☐ April 3, 2017	☐ July 5, 2017	☐ October 2, 2017
☐ January 3, 2018	☒ April 2, 2018	☐ July 2, 2018	☐ October 1, 2018
☐ January 2, 2019	☐ April 1, 2019	☐ July 1, 2019	☐ October 1, 2019

Project Name & ID Number:	"Training Dental Hygienists to Place Interim Therapeutic Restorations" Dental Pilot Project #200
Indicate Date Span of Reporting Period (e.g., 10/1/2016-1/3/2017):	January 1, 2018 to March 31, 2018
Primary Contact Name and Title:	Eli Schwarz, DDS, MPH, PhD, Project Manager
Submission Date:	04/20/2018

Send completed Quarterly Report and attachments in **one email**. Each page of an attachment must be labeled per the submission instructions, ie. LL1 in upper right hand corner. Attachments must be in PDF format unless indicated otherwise.

Email to: sarah.e.kowalski@state.or.us

Contact Information:

Sarah Kowalski, RDH
Dental Pilot Project Coordinator
CENTER FOR PREVENTION & HEALTH PROMOTION
Oral Health Program, Oregon Health Authority
800 NE Oregon Street,
Portland, Oregon 97232
Office: 971-673.1563
Work Cell: 509-413-9318
Fax: 971-673.0231

Dental Pilot Project Program #200 - Quarterly Progress Report for Q1 2018

Project Name & ID Number:	Dental Pilot Project #200: "Training Dental Hygienists to Place Interim Therapeutic Restorations"
Date Span of Reporting Period:	January 1, 2018 to March 31, 2018
Primary Contact Name and Title:	Eli Schwarz, DDS, MPH, PhD – schwarz@ohsu.edu Elizabeth Palumbo, Project Manager – palumboe@ohsu.edu
Submission Date:	April 20, 2018

1. Accomplishments/Highlights.

In Quarter 1, OHSU began discussions with Advantage Dental Care regarding bringing them on as a partner to expand services under the project. Advantage Dental is an independent practice association founded in 1994, now geographically the largest dental care organization in the state of Oregon and the main dental care provider in 35 of Oregon's 36 counties.

Advantage Dental has a network of approximately 150 primary care dental practices to serve the OHP Medicaid population, as well as 28 EPDHs affiliated with its company-owned clinics and owns and operates 41 staff model clinics located throughout the State, particularly in rural counties. Advantage has a strong commitment to improve the access to dental care The Advantage Dental community outreach program closely resembles the Virtual Dental Home model by utilizing EPDHs to provide oral health education, assessments, triage, sealants and other services throughout the state. Advantage Dental is already in schools, WIC, Head Start and long-term care facilities.

As a partner on the Dental Pilot Project 200, Advantage Dental plans to provide teledentistry ITR placement in Sherman and Gilliam Counties. The Primary Care Office recently submitted a revision that combines these two counties in to one Low Income Dental HPSA with a score of 16.

Also during the quarter, OHSU began onboarding Dr. Neda Modaresi as the project's new external evaluator. Dr. Modaresi is a pediatric dentist with OHSU School of Dentistry. The project has received approval from OHSU's institutional IRB for her inclusion in the project.

Capitol Dental Care is bringing on a telehealth dentist, Dr. Katelyn Nichols. Dr. Nichols will be taking over telehealth activities from Dr. Jennifer Clemens. Dr. Clemens will continue to participate in the project in an oversight and training capacity.

2. Lessons Learned/Challenges.

Virginia Garcia had previously indicated an interest in participating in the Pilot Project and underwent an internal pilot of the teledentistry component only (without ITRs) in 2017. Virginia Garcia not yet been able to cost out reimbursement mechanisms for teledentistry services, and as a result they will not begin participating in the Pilot Project at this time.

As new evidence is gathered, we will need to revise our activities to integrate updated best practices in to our program. For example, the use of Silver Diamine Fluoride is increasingly recognized as a best practice to prevent dental caries management. Currently the pilot program is not using SDF for patient treatment and is discussing possibilities for how and when to integrate SDF in to the program in the future.

3. Timeline.

The project plans to hold web-based and lab-based training of new staff and providers by the end of August 2018 in order to be ready to begin placing ITRs in the new school year. We have pushed the ITR training back by a few months than was previously reported to ensure staff availability.

4. Data.

Definitions

Patient assessment: Full assessment of new and returning patients. The Dentist reviews patient charts, pictures, and x-rays completed by the EPDH and provides a treatment recommendation. This may be an initiation assessment of a new patient, an annual assessment, or a visit that was planned as a prophylaxis cleaning during which the EPDH identified a change in the health status of the patient that required the Dentist to review the updated information and provide a new treatment recommendation. This definition corresponds to the CDT procedure code D0191 – Assessment of a patient.

Recall visit: This is a non-assessment visit when the Dentist does not review patient records. This may be a regular prophylaxis visit where there is no change in health status that requires Dentist review, or a visit to follow-up on a previously suggested treatment, e.g. to place or check on an ITR once that treatment recommendation has been made at an assessment visit.

No overt dental disease: Includes patients without signs of untreated decay (both with and without existing fillings)

Overt dental disease: Includes patients with untreated decay (both with and without existing fillings)

Community: The clinical team has determined that the patient can receive treatment in the community.

Dentist: The clinical team has determined that the patient is best treated at a dental office.

Kept healthy in the community: When the EPDH and supervising teledentist concur that the patient's oral health needs can be met on-site through the telehealth and ITR services provided by the program.

Planned vs. placed ITRs: When the dentist recommends placement of an ITR in the community, the EPDH sends home an ITR consent form. Patients who return affirmative consent forms and are present on the day of treatment receive ITRs. If a planned ITR has not been placed, it is may be because the consent form has not been returned or because the student was not present at the recall visit. The EPDH tracks all planned ITRs, whether she received consent forms, date of placement if applicable, and follow up information.

a) Clinical Data

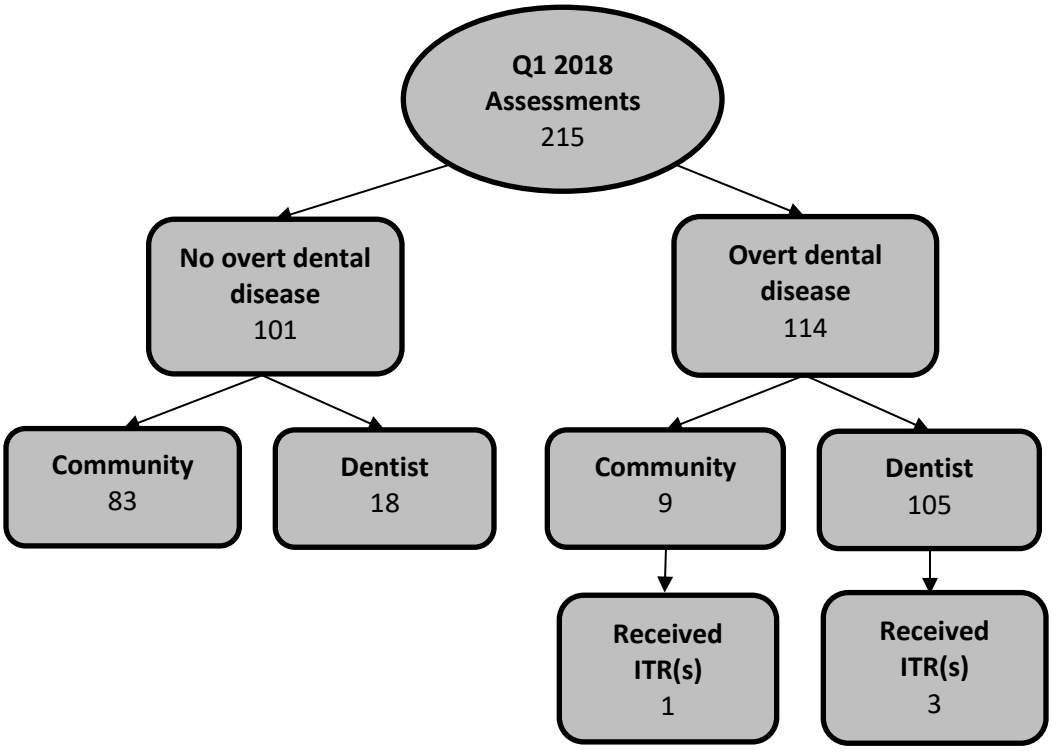
During Quarter 1, the program saw students at two sites: Monmouth Elementary School and Community Action Head Start. At these sites, there were 388 students eligible for services (349 students aged 5-11 at Monmouth and 39 students aged 3-6 at Community Action).

Of these 388 students, 327 (84%) returned consent forms. Out of those students who returned consent forms, 222 (68%) parents consented 'yes' to have their student participate in the program.

The EPDH performed 215 assessments, and 7 recall exams. The data for these 215 exams is as follows:

	No overt dental disease	**Overt dental disease**
Q1 2018	Decay - No	Decay - Yes
Fillings - No	64	60
Fillings - Yes	37	54
TOTAL	**101** (47%)	**114** (53%)

The clinical team diagnosed 16 students as being eligible for ITRs placement. Of the 16 planned ITRs, six of these students returned ITR consent forms; all six consented to an ITR. Four of these patients were present to receive ITR placement.

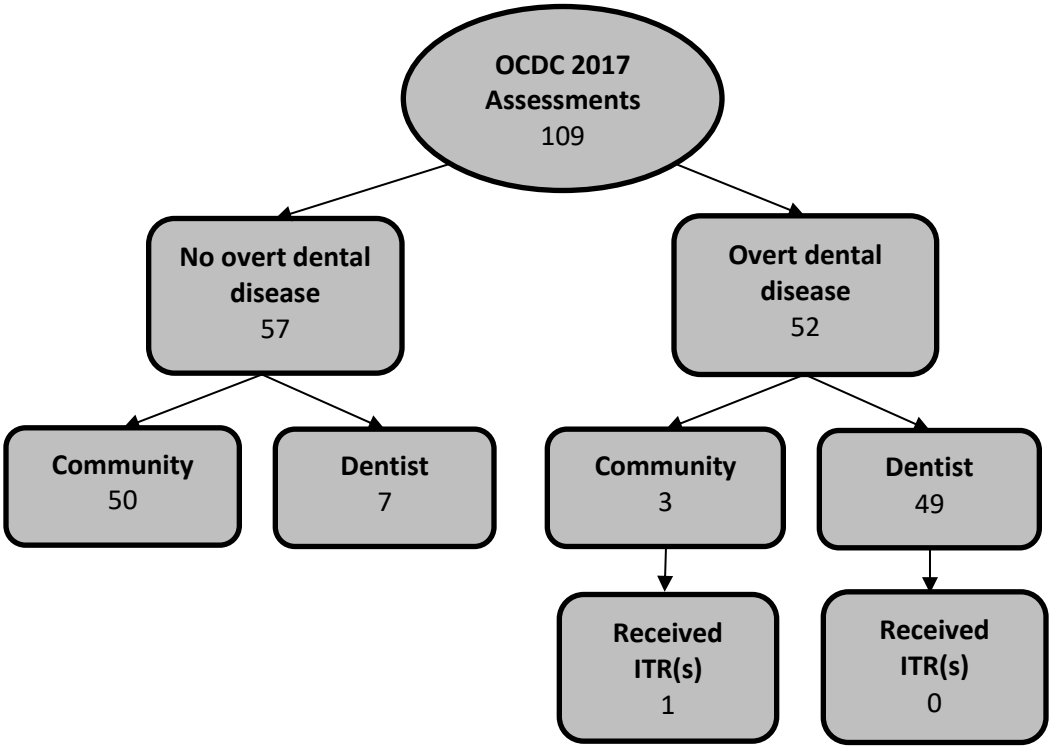


A total of 92 patients (43% of patients assessed) were kept healthy in the community.

Previously unreported data

In March and between June and August 2017, the program experimented with providing services in partnership with the Oregon Child Development Coalition. The program saw 109 students aged 3-6 at three OCDC locations: Settlemeier, Independence, and Concordia.

OCDC – 2017	No overt dental disease Decay - No	Overt dental disease Decay - Yes
Fillings - No	42	37
Fillings - Yes	15	15
TOTAL	**57** (52%)	**52** (48%)



b) Satisfaction Survey:

Dr. Kohli presented the initial satisfaction survey results at the 1) OHSU School of Dentistry Research Day on March 8, 2018 and 2) ADR in Fort Lauderdale, FL on March 21, 2018. The abstract presented at the meeting is located in Appendix A.

The project has collected 63 additional satisfaction surveys from new and returning patients and will be working over the next quarter to analyze the data and incorporate the results with the existing survey data to expand the analysis.

5. Training/Didactic.

No training activities have taken place during this reporting period.

6. Employment/Utilization.

N/A

7. Patient Safety. Trainee Competency.

N/A

8. Complaints.

No complaints have been reported.

9. Adverse Events.

No adverse events have been reported.

10. Steering Committee Meetings.

On January 4, 2018, the project held an in person meeting with staff from Capitol Dental, Advantage Dental Care, University of the Pacific, and Virginia Garcia. Each partner presented on their current teledentistry experience and discussed opportunities for expanding pilot program activities.

11. Evaluation & Monitoring.

Dr. Modaresi is currently reviewing records for ITR placements carried out between Q2 2017 and Q1 2018, and plans to complete the evaluation in Q2 2018.

12. Financial Status Update.

The project continues to receive support from the Oregon Family Foundation and the Ford Family Foundation.

13. Next Steps.

- Carry out a site visit with OHS planned in Quarter 2
- Carry out ITR training for new Capitol and Advantage Dental staff as noted above
- Refine data analysis over the life of the project
- Draft manuscript for publication purposes

APPENDIX A.

PRESENTATION

Behavioral Factors and Interventions in Early Childhood and Pediatric Caries

0038 - Parents' Satisfaction With Telehealth Connected School-Based Preventive Dental Program

Oral Presentation

2:30 pm–2:45 pm Mar 21

CC, Floridian B/C

Speaker: Dr. Richie Kohli

Oregon Health and Science University

Title: 0038 - Parents' Satisfaction With Telehealth Connected School-Based Preventive Dental Program

Authors: Richie Kohli **(Presenter)**
Oregon Health & Science University

Paul Glassman, University of Pacific
Linda Mann, Capitol Dental Care
Meagan Newton, Capitol Dental Care
Jennifer Clemens, Capitol Dental Care
Andrew McKee, Oregon Health & Science University
Eli Schwarz, Oregon Health & Science University

Abstract:

Objectives: To assess parents' satisfaction with the quality of dental care provided to K-2nd grade children in a telehealth supported school-based preventive dental program.

Methods: Three elementary schools in Oregon were included in a dental screening and prevention program in the school-based setting. Intensive collaboration with schools preceded screening, dental sealants and/or fluoride treatments performed by an Expanded Practice Dental Hygienist (EPDH). Clinical information including intra and extra oral pictures and bitewings (Nomad) was recorded and uploaded to secure cloud based dental record. An offsite supervising dentist reviewed the recorded material for each child and returned diagnosis and treatment plan within 48 hours. Parents completed a satisfaction survey distributed in person or put in child's take home folder.

Results: Of 142 surveys completed by the parents, 102 (72%) responded that they were very satisfied with the services provided. Fifty (35%) mentioned that their child needed additional dental care, while 50 (35%) reported that their child did not need additional dental care. 117 (82%) of the parents said that if they needed dental care again, they would like it to be provided at school. Major benefits perceived by the parents for getting their child's dental care at school were convenience (n=117, 83%), less wait time (n=52, 37%), less fear (n=46, 32%) and lower cost (n=35, 25%). 66 (47%) of the parents reported that if their child's dental care was not done at the school, they would have taken their child to the dentist in a couple of months, 16 (11%) thought that it would be at least 6 months while 4 (3%) thought that they would not be able to take their child to the dentist

Conclusions: Telehealth supported dental care in school-based setting increases access and convenience and satisfy parents. Further studies are needed to determine the cost-effectiveness of this model.

This abstract is based on research that was funded entirely or partially by an outside source:
Oregon Health Authority

Disclosure Statement:
The submitter must disclose the names of the organizations with which any author have a relationship, the nature of the relationship, and the clinical or research area involved. The following is submitted: **None**

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

Oregon Health Authority

800 NE Oregon St, Ste 825
Portland, Oregon 97232-2186
Office: 971-673-1563
Cell: 509-413-9318
Fax: 971-673-0231
www.healthoregon.org/dpp

Dental Pilot Projects Compliance with Infection Control Procedures

Approved Dental Pilot Projects are required to follow infection control procedures as outlined under OAR 333-010-0410 Dental Pilot Projects: Minimum Standards, a dental pilot project shall: (f) Comply with the infection control procedures in OAR 818-012-0040.

Under the State of Oregon Board of Dentistry Dental Practice Act, Oregon Administrative Rules, Chapter 818:

DIVISION 12 STANDARDS OF PRACTICE: 818-012-0040 Infection Control Guidelines In determining what constitutes unacceptable patient care with respect to infection control, the Board may consider current infection control guidelines such as those of the Centers for Disease Control and Prevention and the American Dental Association. Additionally, licensees must comply with the following requirements:

(1) Disposable gloves shall be worn whenever placing fingers into the mouth of a patient or when handling blood or saliva contaminated instruments or equipment. Appropriate hand hygiene shall be performed prior to gloving.

(2) Masks and protective eyewear or chin-length shields shall be worn by licensees and other dental care workers when spattering of blood or other body fluids is likely.

(3) Between each patient use, instruments or other equipment that come in contact with body fluids shall be sterilized.

(4) Heat sterilizing devices shall be tested for proper function by means of a biological monitoring system that indicates micro-organisms kill each calendar week in which scheduled patients are treated. Testing results shall be retained by the licensee for the current calendar year and the two preceding calendar years.

(5) Environmental surfaces that are contaminated by blood or saliva shall be disinfected with a chemical germicide which is mycobactericidal at use.

(6) Impervious backed paper, aluminum foil, or plastic wrap may be used to cover surfaces that may be contaminated by blood or saliva and are difficult or impossible to disinfect. The cover shall be replaced between patients.

(7) All contaminated wastes and sharps shall be disposed of according to any governmental requirements.

Stat. Auth.: ORS 679.120, 679.250(7), 680.075 & 680.150 Stats. Implemented: ORS 679.140, 679.140(4) & 680.100 Hist.: DE 1-1988, f. 12-28-88, cert. ef. 2-1-89; DE 1-1989, f. 127-89, cert. ef. 2-1-89; DE 2-1992, f. & cert. ef. 6-24-92; OBD 12004, f. 5-27-04, cert. ef. 6-1-04; OBD 1-2008, f. 11-10-08, cert. ef. 12-1-08; OBD 3-2013, f. 10-24-13, cert. ef. 1-1-14; OBD 62014, f. 7-2-14, cert. ef. 8-1-2014

Guiding Principles of Infection Control:

PRINCIPLE 1. TAKE ACTION TO STAY HEALTHY

PRINCIPLE 2. AVOID CONTACT WITH BLOOD AND OTHER POTENTIALLY INFECTIOUS BODY SUBSTANCES

PRINCIPLE 3. MAKE PATIENT CARE ITEMS (instruments, devices, equipment) SAFE FOR USE

PRINCIPLE 4. LIMIT THE SPREAD OF BLOOD AND OTHER INFECTIOUS BODY SUBSTANCES

Levels of Anticipated Contact between the dental health care professional (DHCP) or volunteer and the patient's mucous membranes, blood or saliva visibly contaminated with blood to determine the suggested elements for the infection control program. This checklist is designed to provide information for 3 levels of programs:

I. **Anticipated contact with the patient's mucous membranes, blood or saliva visibly contaminated with blood.**

II. **Anticipated contact with the patient's mucous membranes but not with blood or saliva visibly contaminated with blood.**

III. **No anticipated contact with the patient's mucous membranes, blood, or saliva visibly contaminated with blood.**

P.O. Box 6297 Annapolis, MD 21401
P: 410-571-0003
F: 410-571-0028
office@OSAP.org **www.OSAP.org**

OSAP.org
The Safest Dental Visit™

ALL PROGRAMS SHOULD MEET THE MINIMUM REQUIREMENTS BASED ON THE CENTERS FOR DISEASE CONTROL AND PREVENTION'S (CDC) GUIDING PRINCIPLES OF INFECTION CONTROL

Level I	Level II	Level III	INFECTION CONTROL PRACTICE	Yes	No	Comments
X	X	X	**Infection Control Program Operating Procedures**			
			Is there a written infection control program?			
			Is there a designated person(s) responsible for program oversight?			
			Are there methods for monitoring and evaluating the program?			
			Is there a training program for dental health-care personnel (DHCP) (initial and ongoing) in infection control policies and practices?			
X	X	X	**Immunizations**			
			Are DHCP adequately immunized against vaccine-preventable diseases? Immunizations should meet or exceed federal, state and local guidelines. (May not be necessary for screenings)			
			Hepatitis B			
			Annual Influenza			
			Additional immunizations needed for program:			
X	X	X	**Hand Hygiene**			
			Are sinks available close to the area where care is provided?			
			If not, are alcohol-based hand sanitizers available?			
			Is staff properly trained in the use of alcohol handrub products?			
X	X		**Personal Protective Equipment (PPE) (e.g., gloves, masks, protective eyewear, protective clothing)**			
			Is there a protocol that outlines what PPE are worn for which procedures?			
			Is PPE storage available and close to care?			
			Are facilities available to disinfect PPE (DHCP evewear, patient eyewear, heavy duty utility gloves)?			

Level I	Level II	Level III	INFECTION CONTROL PRACTICE	Yes	No	Comments
X	**X**	**As necessary**	**Environmental Surfaces: Clinical Contact Surfaces (e.g., light handles and countertops)**			
			Is there a list of what surfaces will be cleaned, disinfected or barrier protected and the process and products to be used?			
			If chemical disinfectants are used, is there a protocol for how they are managed, stored and disposed?			
X	**X**		**Housekeeping Surfaces (e.g., floors, walls)**			
			Is there a list of which housekeeping surfaces will need to be cleaned and disinfected and how often?			
X	**X**		**Safe Handling of Sharp Instruments and Devices**			
			Are DHCP trained in the safe handling and management of sharps?			
			Are sharps containers safely located as close as possible to the user?			
			Is there a written protocol for transporting and disposing of sharps and sharps containers?			
X	**X**		**Management and Follow-Up of Occupational Exposures**			
			Is there a written procedures manual for post-exposure management?			
			Is there a designated person responsible for post-exposure management?			
			Is there a mechanism to document the exposure incident?			
			Where is the closest medical facility for wound care and post-exposure management?			
			Is there a mechanism to refer the source and DHCP for testing and follow-up?			
			Is there a mechanism for expert consultation by phone?			
			Are post-exposure prophylaxis medications readily available onsite, at an emergent care facility or nearby pharmacy?			
			Who is the responsible party for post-exposure care costs?			
			Does Workers' Compensation apply?			
			Have DHCP been trained in post-exposure management procedures?			

Level I	Level II	Level III	INFECTION CONTROL PRACTICE	Yes	No	Comments
X	**X**	If used	**Reusable Patient Items**			
			Are reusable patient items processed onsite?			
			IF YES:			
			Is there a protocol for how and where contaminated instruments are cleaned and processed?			
X	**X**	If used	**Reusable Patient Items, continued**			
			Is there adequate space for the processing area to be divided into clean and dirty areas?			
			Has the person who is performing the processing been adequately trained?			
			Is the sterilizer(s) spore tested at least weekly?			
			Are protocols in place to handle positive tests?			
			Can dental equipment and patient items be safely stored and secured if left on site?			
			IF NO:			
			Is there an adequate inventory of instruments for the number of patients to be treated?			
			Are containers for holding or transporting contaminated instruments puncture-proof, secured, & labeled as a biohazard?			
X	**X**	**X**	**Single-Use (Disposable) Items and Devices**			
			Is there a protocol for which single-use, disposable items will be used and how they will be disposed? e.g., gloves, tongue depressors			
			Are disposable items unit-dosed for each patient?			
			Are syringes that deliver sealant and composite material barrier-protected if they aren't single-use, disposable syringes?			
X	**X**	**X**	**Management of Dental Unit Water Quality**			
			Is there a protocol for how dental unit water quality will be maintained and monitored?			

Level I	Level II	Level III	INFECTION CONTROL PRACTICE	Yes	No	Comments
X	X	X	**Management of Regulated and Non-Regulated Medical Waste**			
			Is there a protocol and designated person responsible for proper disposal of regulated waste (e.g., sharps containers, extracted teeth) and non-regulated waste (regular trash)?			

CONSENT TO PERFORM
SPECIFIC PROCEDURES

Patient Name:_____Chart Number: _____

Dental Professional's Name:
Dental Professional License Category:
❒ Expanded Practice Dental Hygienist (EPDH)

PURPOSE. The purpose of this form is to obtain your consent to have procedures performed that are recommended for you.

I understand that the dental treatment that may be performed by the dental professional listed above is part of an educational training. The training is designed to teach dental professionals a new procedure. As a participant in the training, I understand the following:

1. The new duty being taught is:
   - Place an "**Interim Therapeutic Restoration" (ITR),** which is a temporary filling that will stabilize my tooth or teeth until I can have further evaluation or treatment by a dentist.
2. An ITR may prevent more decay or slow down tooth decay.
   a. Loose, food, debris or soft decay will be removed with a hand instrument.
   b. Some decay may be left in the tooth.
   c. A filling will be placed in my tooth or teeth to fill the hole in the tooth until I am able to have further evaluation or treatment by a dentist.
   d. Covering any decay left in the tooth will slow down the progression of decay and reduce the chance of having a toothache or infection.
   e. This procedure is generally comfortable and pain free.
   f. No local anesthetic is necessary. However, there may be some minor discomfort during the procedure.
   g. There is a small possibility of feeling pain in my tooth after the procedure.
   h. I may have an uncomfortable bite, or the filling may not last.
   i. If I experience problems with the filling, I may need additional dental work.
3. The services listed above are not a substitute for a complete dental examination, diagnosis and treatment by a dentist. I can choose not to have the procedure performed. If I decide not to have this procedure performed on me, it will not affect my right to future care or treatment.
4. No warranty or guarantee has been made to me regarding any treatment or procedure that I receive.

5. If a problem occurs during or after the dental professional places an ITR, I understand that I can notify the Central Health and Wellness Center for any follow up required. The dental clinic will arrange for evaluation of the problem and may arrange for follow-up care.
6. My identity will not be disclosed without my separate consent, except as specifically described in this form or allowed or required by law.

I have been given full opportunity to ask questions about this training, the procedure that will be performed, and any risks involved. I voluntarily consent to authorize this procedure to be performed should they be recommended for me. I certify that I have read this form and that I understand its contents.

_____

Name of Patient (PRINT) **Signature of Patient**

_____

Name of Patient's Parent/Legal Guardian (PRINT) **Signature of Patient's Parent/Legal Guardian**

Date:_____

REFUSAL: I refuse to participate in this training as described above and I refuse to have the procedure described in this form performed on me.

Signature: _____

For more information contact:
Linda Mann
Director of Community Outreach, Capitol Dental Care 503-587-7162