



Dental Pilot Project Program: Site Visit Report

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

The Oregon Health Authority (OHA) is responsible for monitoring approved pilot projects and ascertaining the progress of each project in meeting its stated objectives and complying with program statutes and regulations. The primary role of OHA is monitoring for patient safety. Secondly, OHA shall evaluate approved projects and the evaluation shall include, but is not limited to, reviewing progress reports and conducting site visits.

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

Project Name & ID Number:	Dental Pilot Project #200, ""Training Dental Hygienists to Place Interim Therapeutic Restorations" has been approved."
Project Sponsor:	Oregon Health and Science University-School of Dentistry-Department of Community Dentistry
Date of Site Visit:	June 13, 2018
Site Location:	Childhood Health Associates of Salem (CHAOS) 891 23rd St NE, Salem, OR 97301 Website: https://www.childhoodhealth.com/
Primary Contact Name and Title:	Eli Schwarz, DDS, MPH, PhD, KOD Professor of Community Dentistry, School of Dentistry

Pass or Fail Site Visit

Per Oregon Administrative Rule (OAR) 333-010-0455, a report of findings and an indication of pass or fail for site visits shall be provided to the project director in written format within 60 calendar days following a site visit. The Oregon Health Authority has determined that Dental Pilot Project #100 is in compliance with the requirements set forth in OARs 333-010-0400 through 333-010-0470, and therefore has **passed** the site visit. Please see Appendix A for a copy of the preliminary report of findings.

Objectives of the Site Visit:	Methodology:
<ol style="list-style-type: none"> 1. Determination that adequate patient safeguards are being utilized. 2. Validation that the project is complying with the approved or amended application 3. Compliance with OARs 333-010-0400 – 333-010-0470. 	<ol style="list-style-type: none"> 1. Interviews with project participants 2. Clinical records review

Attendees:

Name	Title	Organization
Bruce Austin, DMD	Statewide Dental Director	OHA*
Kelly Hansen	Research Analyst, Oral Health Program	OHA
Kimberly Heggen, MD	Physician, Pediatrician	CHAOS**
Kristin Hockema, RDH, EPDH	EPDH Trainee	Capitol***
Richie Kohli, MS, BDS	Professor, OHSU School of Dentistry	OHSU****
Sarah Kowalski, RDH, MS	Dental Pilot Project Program Coordinator	OHA
Linda Mann, RDH, EPDH	Director, Community Outreach	Capitol
Meagan Newton, RDH, EPDH	EPDH Trainee	Capitol
Katie Nichols, DDS	EPDH Trainee	Capitol
Elizabeth Palumbo, MS	Project Manager	OHSU
Eli Schwarz, DDS, MPH, PhD	Project Director	OHSU

*Oregon Health Authority (OHA)

** Childhood Health Associates of Salem (CHAOS)

*** Capitol Dental Care, Dental Care Organization (DCO)

**** Oregon Health & Science University, School of Dentistry, Department of Community Dentistry. OHSU is the sponsor of DPP#200.

Record Reviewers:

Name	Title	Organization
Bruce Austin, DMD	Statewide Dental Director	Oregon Health Authority
Todd Beck, DMD	General Dentist	DPP#200 Advisory Committee

Fred Bremner, DMD	Periodontist, Retired	DPP#200 Advisory Committee
Rose McPharlin, DDS	General Dentist	OHSU-School of Dentistry

Clinical Records Review:

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

Altogether, 22 procedures were reviewed completed by the EPDH at the under the project from May 1, 2017 through June 5, 2018. Each procedure was reviewed by a minimum of three licensed dentists. The full panel of reviewers, which was comprised of a collaboration between the Advisory Committee, an external contracted expert from the OHSU-School of Dentistry and the Oregon Board of Dentistry, was required to attend a chart review training and calibration session before reviewing charts.

Charts were reviewed by DPP #200 Advisory Committee members as subject matter experts and by the OHA Statewide Dental Director for signs of EPDH trainee competency and patient safety. All charts were reviewed for documentation of informed consent, basic patient encounter notes, radiograph and intraoral photograph quality, ITR placement, quality and retention. All charts reviewed were deemed acceptable according to criteria developed for assessment of the records, which can be found in Appendix B. All charts adequately documented required processes.

Clinical Record Review Results:

I. Adverse Events

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

II. Intra-oral Images and Radiographs

Intra-oral images were rated as being acceptable and deemed sufficient by most reviewers in all cases. Reviewers were asked to rate images using a Likert scale - Strongly agree / Agree / Undecided / Disagree / Strongly Disagree.

Radiographs were rated as being acceptable and deemed sufficient by most reviewers in all cases. Reviewers were asked to rate images using a Likert scale - Strongly agree / Agree / Undecided / Disagree / Strongly Disagree.

III. Treatment

In all cases, the majority of reviewers agreed that the treatment given was appropriate given the patient's listed diagnosis. The EPDH makes an assessment whether an ITR is recommended; the supervising dentist reviews the electronic record

IV. Overall impression of procedure quality

All ITRs were given an overall “impression” review on a Likert scale of 1 – 5. A score of 3 or higher is considered minimum standard of care. All ITRs reviewed had an average score of 3 or higher. The majority of reviews had a coefficient of variation between individual reviewers of less than 30%, indicating good reviewer level of agreement. Each procedure was reviewed by a minimum of three dentists. See Figure 1 for average score by procedure.

Based on the ratings provided by reviewers for the overall impression of procedure quality, all 22 procedures were rated at or above the minimum standard of care by the majority of reviewers.

Figure 1: Procedure	Average Score by procedure	Coefficient of Variation
#3-OL	5.00	0%
#14-OL	5.00	0%
#19-B	4.67	12%
#19-B (Repair)	4.33	13%
#3-O (Repair)	3.67	42%
#14-OL (Repair)	4.67	12%
#A-OL	4.67	12%
#K-OB	4.00	25%
#T-O	4.00	25%
#K-O	4.67	12%
#S-O	4.67	12%
#K-O	3.67	63%
#A-OL	4.67	12%
#K-OB	4.67	12%
#T-OB	4.67	12%
#K-O(Repair)	4.33	13%
#T-O (Repair)	4.67	12%
#A-OL	4.00	43%
#C-F	4.33	27%

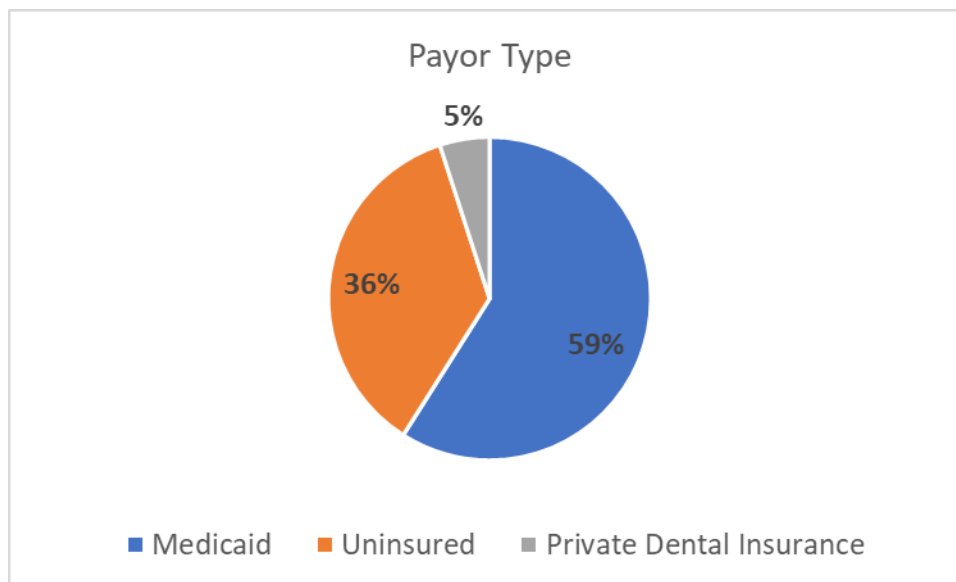
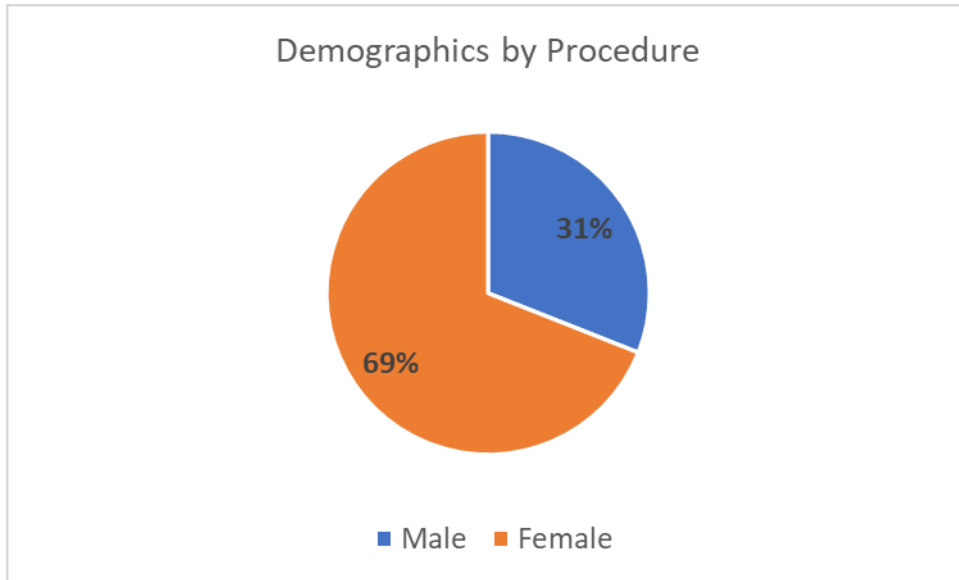
#T-O	3.00	58%
#J-OL	4.67	12%
#J-O	5.00	0%
	4.41	8%

V. Other Notes:

Chart Reviewer Comments/Themes

1. Clarification is requested on why an intra-oral image is not taken after the caries removal but prior to the placement of the restoration.
2. Clarification is requested as to when the ITR is considered a failure and the patient should be referred on for a traditional restoration.

Demographics of Patients Records Review:



Summary of Findings:

- There were no instances of patient harm that were revealed during the site visit.
- There were no adverse events reported to the Authority by the project sponsor as required under OAR 333-010-0435. (Appendix C)
- EPDH trainees are operating under their approved scope of practice.
- The project is in full compliance with their approved amended application.

333-010-0455: Program Responsibilities

(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.

Conclusion

The Oregon Health Authority (OHA) conducted the second required site visit for Dental Pilot Project #200, "Training Dental Hygienists to Place Interim Therapeutic Restorations", on June 13, 2018 in Salem, Oregon.

The OHA Dental Pilot Project Program is responsible for monitoring approved pilot projects and ascertaining the progress of each project in meeting its stated objectives and complying with program statutes and regulations. The primary role of the Oregon Health Authority is monitoring for patient safety. Secondly, OHA staff shall evaluate approved projects and the evaluation shall include, but is not limited to, reviewing progress reports and conducting site visits.

OHA has determined that Dental Pilot Project #200 is in compliance with the requirements set forth in the Oregon Administrative Rules (OARs) 333-010-0400 through 333-010-0470 and therefore has **passed** the site visit.

Report of Findings

333-010-0410: Dental Pilot Projects: 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;		ID Number MS1A
Program Requirements	Met <input checked="" type="checkbox"/>	Not Met <input type="checkbox"/>
Observations and/or Identified Deficiencies:	No deficiencies identified.	
Corrective Action	Not applicable.	
Required Next Steps	Not applicable.	

333-010-0410: Dental Pilot Projects: Minimum Standards A dental pilot project shall: (1) Provide for patient safety as follows: (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;		ID Number MS1B
Dental Pilot Project Program Requirements	Met <input checked="" type="checkbox"/>	Not Met <input type="checkbox"/>
Observations and/or Identified Deficiencies:	No deficiencies identified.	
Corrective Action	Not applicable.	
Required Next Steps	Not applicable.	

333-010-0410: Dental Pilot Projects: Minimum Standards A dental pilot project shall: (1) Provide for patient safety as follows: (c) Provide or arrange for emergency treatment for a patient currently receiving treatment;		ID Number MS1C
Dental Pilot Project Program Requirements	Met <input checked="" type="checkbox"/>	Not Met <input type="checkbox"/>
Observations and/or Identified Deficiencies:	No deficiencies identified. There were no instances of emergencies.	
Corrective Action	Not applicable.	
Required Next Steps	Not applicable.	

333-010-0410: Dental Pilot Projects: Minimum Standards		ID Number
A dental pilot project shall: (1) Provide for patient safety as follows: (d) Comply with ORS 453.605 to 453.755 or rules adopted pursuant thereto relating to the use of x-ray machines;		MS1D
Dental Pilot Project Program Requirements	Met <input checked="" type="checkbox"/>	Not Met <input type="checkbox"/>
Observations and/or Identified Deficiencies:	No deficiencies identified.	
Corrective Action	Not applicable.	
Required Next Steps	Not applicable.	

333-010-0410: Dental Pilot Projects: Minimum Standards		ID Number
A dental pilot project shall: (1) Provide for patient safety as follows: (f) Comply with the infection control procedures in OAR 818-012-0040		MS1F
Dental Pilot Project Program Requirements	Met <input checked="" type="checkbox"/>	Not Met <input type="checkbox"/>
Observations and/or Identified Deficiencies:	No deficiencies identified.	
Corrective Action	Not applicable.	
Required Next Steps	Not applicable.	

333-010-0410: Dental Pilot Projects: Minimum Standards		ID Number
(3) Assure that trainees have achieved a minimal level of competence before they enter the employment/utilization phase;		MS3
Dental Pilot Project Program Requirements	Met <input checked="" type="checkbox"/>	Not Met <input type="checkbox"/>
Observations and/or Identified Deficiencies:	No deficiencies identified.	
Corrective Action	Not applicable.	
Required Next Steps	Not applicable.	

333-010-0420: Dental Pilot Projects: Trainees		ID Number
(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.		T1
Dental Pilot Project Program Requirements	Met <input checked="" type="checkbox"/>	Not Met <input type="checkbox"/>
Observations and	No deficiencies identified.	

Identified Deficiencies:	
Corrective Action	Not applicable.
Required Next Steps	Not applicable.

333-010-0425: Dental Pilot Projects: Instructor and Supervisor Information		ID Number
A dental pilot project must have: (2) A plan to orient supervisors to their roles and responsibilities.		S2
Dental Pilot Project Program Requirements	Met <input checked="" type="checkbox"/>	Not Met <input type="checkbox"/>
Observations and Identified Deficiencies:	No deficiencies identified.	
Corrective Action	Not applicable.	
Required Next Steps	Not applicable.	

333-010-0435: Dental Pilot Projects: Evaluation and Monitoring		ID Number
(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;		EM2A
Dental Pilot Project Program Requirements	Met <input checked="" type="checkbox"/>	Not Met <input type="checkbox"/>
Observations and Identified Deficiencies:	No observed deficiencies. Quarterly Reports: The pilot project is in full compliance with quarterly reporting requirements. The most recent quarterly report was submitted in April for Q1 2018 and can be viewed under Appendix D.	
Corrective Action	Not applicable.	
Required Next Steps	Not applicable.	

333-010-0435: Dental Pilot Projects: Evaluation and Monitoring		ID Number
(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: (b) Trainee competency;		EM2B
Dental Pilot Project Program Requirements	Met <input checked="" type="checkbox"/>	Not Met <input type="checkbox"/>

Observations and Identified Deficiencies:	<p>No deficiencies identified.</p> <p>Quarterly Reports: The pilot project is in full compliance with quarterly reporting requirements. The most recent quarterly report was submitted in April for Q1 2018 and can be viewed under Appendix D.</p> <p>Competency: Competency assessment records are available for all EPDH trainees from the lab and clinical training. Comments and records of all procedures are adequately documented in patient records. Any complications or difficulties in procedure would be documented in electronic health records.</p>
Corrective Action	Not applicable.
Required Next Steps	Not applicable.

333-010-0435: Dental Pilot Projects: Evaluation and Monitoring		ID Number
(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: (c) Supervisor fulfillment of role and responsibilities;		EM2C
Dental Pilot Project Program Requirements	Met <input checked="" type="checkbox"/>	Not Met <input type="checkbox"/>
Observations and Identified Deficiencies:	<p>No deficiencies identified.</p> <p>Quarterly Reports: The pilot project is in full compliance with quarterly reporting requirements. The most recent quarterly report was submitted in April for Q1 2018 and can be viewed under Appendix D.</p> <p>Supervising Dentist:</p> <ul style="list-style-type: none"> • Dr. Jennifer Clemens DMD is the Dental Director for Capitol Dental and provides overall supervision to the telehealth dentist, EPDH, and dental assistants reviewing health information records, treatment plan ITRs, evaluating ITR placement and follow-up visits. • Dr. Katelyn Nichols, DMD is the direct supervising dentist and works directly with the Expanded Practice Dental Hygienist (EPDH) and dental assistants reviewing health information records, treatment plan ITRs, evaluating ITR placement and follow-up visits. 	
Corrective Action	Not applicable.	
Required Next Steps	Not applicable.	

333-010-0435: Dental Pilot Projects: Evaluation and Monitoring		ID Number
(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: (d) Employment/utilization site compliance.		EM2D
Dental Pilot Project Program Requirements	Met <input checked="" type="checkbox"/>	Not Met <input type="checkbox"/>
Observations and Identified Deficiencies:	No deficiencies identified. Quarterly Reports: The pilot project is in full compliance with quarterly reporting requirements. The most recent quarterly report was submitted in April for Q1 2018 and can be viewed under Appendix D.	
Corrective Action	Not applicable.	
Required Next Steps	Not applicable.	

333-010-0435: Dental Pilot Projects: Evaluation and Monitoring		ID Number
(3) Data. A sponsor's evaluation and monitoring plans must describe: (b) How data will be monitored for completeness;		EM3B
Dental Pilot Project Program Requirements	Met <input checked="" type="checkbox"/>	Not Met <input type="checkbox"/>
Observations and Identified Deficiencies:	No deficiencies identified.	
Corrective Action	Not applicable.	
Required Next Steps	Not applicable.	

333-010-0435: Dental Pilot Projects: Evaluation and Monitoring		ID Number
5) A sponsor must provide a report of information requested by the program in a format and timeframe requested.		EM5
Dental Pilot Project Program Requirements	Met <input checked="" type="checkbox"/>	Not Met <input type="checkbox"/>
Observations and Identified Deficiencies:	No deficiencies identified. Quarterly Reports: The pilot project is in full compliance with quarterly reporting requirements. The most recent quarterly report was submitted in April for Q1 2018 and can be viewed under Appendix D.	
Corrective Action	Not applicable.	
Required Next Steps	Not applicable.	

333-010-0435: Dental Pilot Projects: Evaluation and Monitoring		ID Number
(6) A sponsor must report adverse events to the program the day they occur.		EM6
Dental Pilot Project Program Requirements	Met <input checked="" type="checkbox"/>	Not Met <input type="checkbox"/>
Observations and Identified Deficiencies:	No deficiencies. There were no instances of adverse events.	
Corrective Action	Not applicable.	
Required Next Steps	Not applicable.	

333-010-0440: Dental Pilot Projects: Informed Consent		ID Number
(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.		IC1
Dental Pilot Project Program Requirements	Met <input checked="" type="checkbox"/>	Not Met <input type="checkbox"/>
Observations and Identified Deficiencies:	No deficiencies identified.	
Corrective Action	Not applicable.	
Required Next Steps	Not applicable.	

333-010-0440: Dental Pilot Projects: Informed Consent		ID Number
(4) Dental pilot project staff or trainees must document informed consent in the patient record prior to providing care to the patient.		IC4
Dental Pilot Project Program Requirements	Met <input type="checkbox"/>	Not Met <input checked="" type="checkbox"/>
Observations and Identified Deficiencies:	No deficiencies identified.	
Corrective Action	Not applicable.	
Required Next Steps	Not applicable.	

333-010-0440: Dental Pilot Projects: Informed Consent		ID Number
(5) Informed consent needs to be obtained specifically for those tasks, services, or functions to be provided by a pilot project trainee.		IC5
Dental Pilot Project Program Requirements	Met <input checked="" type="checkbox"/>	Not Met <input checked="" type="checkbox"/>
Observations and Identified Deficiencies:	No deficiencies identified. Each patient with a positive informed consent form receives an evaluation and preventive services by the EPDH trainee who	

	<p>works under general supervision of the supervising dentist. The consent form template can be found in Appendix E. The EPDH trainee makes recommendations based on an oral examination, radiographs and intraoral images that are then stored and forwarded to the supervising dentist who is located offsite. The supervising dentist is available by phone, text messaging and secure electronic communication through Denticon EHR software that is housed on an encrypted laptop.</p> <p>Identified Issues: A primary issue that was identified at the previous site visit concerns barriers to contacting parents when they do not return consent to treat forms. The school secretary is an important factor in parent communication, as parents have a high degree of trust in familiar school staff. The school secretary works to assist the EPDH in obtaining consent. Unfortunately, if parents do not respond to requests for consent to treat, the EPDH trainee and the school do not have the capacity to continue communication attempts after a third phone call. The project is reviewing the consent form and looking at ways to improve the form to minimize this issue.</p>
Corrective Action	Not applicable.
Required Next Steps	Not applicable.

333-010-0455 Dental Pilot Projects: Program Responsibilities		ID Number
(2) Site visits. (A) Determination that adequate patient safeguards are being utilized;		PR2A
Dental Pilot Project Program Requirements	Met <input checked="" type="checkbox"/>	Not Met <input type="checkbox"/>
Observations and Identified Deficiencies:	<p>No deficiencies observed.</p> <p>Process of Care: A mobile dental van is located in the parking lot of the CHAOS clinic facility. Patients are referred to the dental van by staff at the CHAOS clinic. Currently, preventative services are provided on the dental van by the EPDH. In the event more extensive restorative services are required outside the scope of practice of the EPDH, a referral to the dental clinic is made.</p> <p>In addition to the mobile dental can, the approved pilot project includes multiple school locations in Polk County as well as head start locations.</p> <p>Patients are treated in the mobile dental van which is equipped with standard dental equipment. Infection control procedures, found in Appendix F, follow necessary requirements under OAR 818-012-0040. Dental instruments are sterilized onsite.</p>	

	<p>After initial evaluation, diagnosis and approval from the supervising dentist, the patient is seen for the necessary procedures once the appropriate consent form is returned. A separate Consent to Perform Specific Procedures is provided to the parents if an ITR is required, and the child is treated later upon receipt of the signed consent form. This process may require two or three visits by the patient to receive the ITR procedure under the pilot project.</p> <p>Patients are requested to return to receive a follow-up visit 3 to 6 months after treatment. The follow-up visit evaluates the retention of the ITR and whether additional treatment or referrals are required. A retention check intra-oral photograph is taken and sent to the supervising dentist for assessment of the ITR as to whether it is still clinically acceptable based on ITR clinical protocols.</p> <p>The supervising dentist is the individual who diagnoses the decay. EPDH's do not have the scope of practice to diagnose and it is not within the purview of the pilot project to diagnose decay. The EPDH makes an assessment and diagnosis is confirmed by the dentist.</p> <p>It was reported that most patients who need treatment receive one or two ITRs, although sometimes up to three are required on a single child. Both the EPDH trainee and the supervising dentist feel that the EPDH trainee is more conservative (or "gun shy") than the supervising dentist in recommending an ITR, although they have a 95% agreement rate.</p> <p>Complications: Complications from the ITR procedure would be seen over time for a variety of reasons. Examples include if there was accidental exposure of the pulp and subsequent pain and/or infection occurred. ITRs can also fracture and may require removal and/or repair using a dental drill by a dentist. Dental caries can also develop around the margins of the ITR over time. The project officials report no complications have occurred to date.</p>
Corrective Action	Not applicable.
Required Next Steps	Not applicable.

333-010-0455 Dental Pilot Projects: Program Responsibilities		ID Number
(2) Site visits. (B) Validation that the project is complying with the approved or amended application		PR2B
Dental Pilot Project Program Requirements	Met <input checked="" type="checkbox"/>	Not Met <input checked="" type="checkbox"/>
Observations and Identified Deficiencies:	<p>No deficiencies identified.</p> <p>EPDH Trainee(s): As of the site visit date, DPP #200 has included three participant EPDH trainees. Trainees are EPDHs that are hand-selected by Capitol Dental Care and project staff based on a history of quality performance, personal interest and location in the project areas. Three EPDH trainees have completed all required clinical and didactic training materials.</p> <p>Licensing information for each trainee is located at Capitol Dental offices.</p> <p>The overall scope of DPP #200 is relatively small, with trainees implementing a single procedure outside of the authorized scope of practice for an EPDH. EPDH's do not have the scope of practice to remove tooth structure and perform irreversible procedures under the Oregon Dental Practice Act. The EPDH is authorized under the pilot project to "scoop" out the decay utilizing hand instruments. The process of removing decay may include the removal of decayed tooth structure which is considered outside of the authorized scope of practice at this time under Oregon law.</p> <p>Curriculum and Clinical Protocols: The training curriculum being used for the pilot project, "Guidelines for Placement of Interim Therapeutic Restorations" (ITRs), consists of a didactic online module developed by Paul Glassman DDS, MA, MBA, followed by lab in a clinical setting. In the clinical laboratory, dentists watch and oversee both radiographs and ITR placement. EPDH trainees were given three weeks to complete the online didactic portion of the training program. Webinars were developed and made available to answer specific questions. In the laboratory portion of training, EPDH trainees were required to complete five ITRs on a typodont with observation and five ITRs independently before being allowed to move on. Training materials are available online for future use of the EPDH trainee and supervising dentist(s), although project staff indicate that materials are rarely needed. Clinical protocols are freely available to EPDH trainees in electronic form and are included in Appendix G.</p>	
Corrective Action	Not applicable.	
Required Next Steps	Not applicable.	

333-010-0455 Dental Pilot Projects: Program Responsibilities (2) Site visits. (C) Interviews with project participants and recipients of care.		ID Number PR2C
Dental Pilot Project Program Requirements	Met <input checked="" type="checkbox"/>	Not Met <input type="checkbox"/>
Observations and Identified Deficiencies:	<p>No deficiencies observed.</p> <p>Interview with Patients: The mother of two children was interviewed by OHA program staff and members of the advisory committee for the pilot project. The individual is currently on the Oregon Health Plan (OHP) and has two children, ages 4 and 6 years old, who are patients at the CHAOS clinic. The mother reported a great degree of difficulty in obtaining dental care for both herself and her children. She reported that while she lives in Salem, Oregon in an urban area of the city, most of the dentists do not accept OHP. She reported one clinic would only see OHP patients on Tuesdays between the hours of ten and noon. The dental office would not pre-appoint patients and she reported that this was an access barrier as she was unable to take off work during the middle of a Tuesday without a guarantee that she would be seen. She reported that she had been unable to obtain dental care for her children to her pediatrician at the CHAOS clinic. She was referred to the mobile dental van and had not been previously aware of it prior to the referral from the CHAOS clinic. She reports that her children have been seen twice now at the dental van and reports a positive experience with the care and is grateful for the increased access the mobile dental van has provided.</p> <p>Interview with CHAOS Pediatrician: A pediatrician, Dr. Kimberly Heggen was interviewed by OHA program staff and members of the advisory committee for the pilot project. Dr. Heggen provided an overview of the demographics of the patient population at the clinic, almost half of the patients are on the Oregon Health Plan. Primary concerns that Dr. Heggen described are a lack of oral health care access and awareness of dental coverage for their children. A large percentage of children have not seen a dentist for over two years. Due to concerns regarding immigration status, Dr. Heggen explained that many families are afraid to seek care now for fear of being deported or separated from their families.</p> <p>Dr. Heggen explained the process of care and referral of care prior to the arrival of the dental van and a continued lack of follow up by parents due to difficulty finding a dentist who accepted OHP. The dental van has created an access point</p>	

for children who would otherwise continue to be unserved.

Staff are alerted that a referral to the dental van is required by the physician or nurse. The staff call to make an appointment with the dental van. On some occasions, the patient may arrive on the same day the dental van is present and an immediate referral may be made.

Dr. Heggen reports that children continue to have rampant decay and sometimes infections. Oral health access and the lack of availability have been a historical issue for the patients she sees and continues to be a problem.

Interview with Supervising Dentist(s): Jennifer Clemens, DMD, is the current supervising dentist for the project, and she works as a general dentist at Smile Keepers Dental in Salem, OR. Dr. Clemens reports spending two days in clinic and one day in surgical centers per week. She indicated that she currently has a six-month waiting list for surgical restorative procedures. Her inspiration for participating in this pilot project is her desire to look at alternate ways to reach populations that are not currently accessing care – fixing the population health needs to start upstream.

Previously, Dr. Clemens was the direct supervising dentist. Her role is now to supervise the entire project including the supervising dentist Dr. Katelyn Nichols.

Katelyn Nichols, DMD, is the new supervising dentist for the pilot project. She describes her duties as reviewing patient charts to identify patients qualifying for an ITR and being a support for the EPDH trainee and oral health in the community. Previous work experience in direct supervision with the trainee has been invaluable for their current working relationship. Dr. Nichols reports that the EPDH trainee's evaluations are accurate and comprehensive. She reports that, based upon charting and images, there is a high level of confidence in the quality of patient care and ITR placement.

Interview with Trainees: EPDH Trainees and the Supervising Dentist explained that there have been instances of students (patients) who required referral for urgent care needs for treatment by a dentist. In two instances antibiotics were required. Triage was coordinated by the EPDH, school nurse and the supervising dentist in these cases. Urgent needs were identified during the oral health assessment made by the EPDH. In one instance the school principal contacted the EPDH due to a student complaining of tooth pain to their teacher and later school nurse.

	EPDH Trainees report satisfaction with the pilot project and increased job satisfaction overall.
Corrective Action	Not applicable.
Required Next Steps	Not applicable.

333-010-0460 Dental Pilot Projects: Modifications		ID Number
(1) Any modifications or additions to an approved project shall be submitted in writing to program staff.		M1
Dental Pilot Project Program Requirements	Met <input checked="" type="checkbox"/>	Not Met <input type="checkbox"/>
Observations and Identified Deficiencies:	No deficiencies identified.	
Corrective Action	Not applicable.	
Required Next Steps	Not applicable.	

333-010-0460 Dental Pilot Projects: Modifications		ID Number
(3) All other modifications require program staff approval prior to implementation.		M3
Dental Pilot Project Program Requirements	Met <input checked="" type="checkbox"/>	Not Met <input type="checkbox"/>
Observations and Identified Deficiencies:	No deficiencies identified.	
Corrective Action	Not applicable.	
Required Next Steps	Not applicable.	

REPORT END