



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. (Appendix A, Agenda)

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:	May 6, 2019
Site Location:	Central Health and Wellness Center (CHWC) 1601 Monmouth Street Independence, Oregon 97351 Falls City Elementary School 177 Prospect Ave, Falls City, Oregon 97344
Primary Contact Name and Title:	Eli Schwarz, DDS, MPH, PhD, KOD Professor of Community Dentistry, School of Dentistry

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 333-010-0820 – 333-010-0700. 	<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*
Todd Beck, DMD	General Dentist	DPP#200 Advisory Committee
Fred Bremner, DMD	Periodontist, Retired	DPP#200 Advisory Committee
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
Jennifer Lewis-Goff	Government Relations, Oregon Dental Association	DPP#200 Advisory Committee
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)

** 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. As there were very few ITRs completed within the evaluation timeframe, all procedures were reviewed.

Altogether, three procedures were reviewed that were completed by the EPDH at the under the project from January 2, 2019 through June 30, 2019. Each procedure was reviewed by a panel of four licensed dentists. The full panel of reviewers, which was comprised of a collaboration between the Advisory Committee and an external contracted expert from the OHSU-School 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

Radiographs and intra-oral images were rated as being acceptable and deemed sufficient for review by all reviewers in all cases.

III. Overall impression of procedure quality

Raters were asked to score the “overall impression of procedure quality” for all ITRs on a 1-5 scale as follows:

- 1: Significant deficiencies exist. Procedure can be considered a failure
- 2: Significant deficiencies exist, procedure falls under absolute minimum standard of care
- 3: Minimum standard of care. Only minor deficiencies present.

4: Procedure quality is adequate to good. Only minor deficiencies present.

5: Procedure is highly successful, no deficiencies present.

A score of 3 or higher is considered minimum standard of care. The average median score for overall impression of procedure quality was 3.67 (SD = 0.58, 95%CI 2.2 – 5.1)¹. All reviewers rated all three ITRs at or above the minimum standard of care.

IV. Occlusions, Margins and Materials

Reviewers were asked to evaluate ITRs for the minimum standard of care for in the specific context of occlusion, excess material and marginal voids. See the below table for rating criteria for these categories.

Category	Unacceptable	Acceptable	Optimal
Occlusion	Occlusion is grossly in hyper-occlusion	Occlusion is restored to proper centric but there are some lateral interferences	Occlusion is restored to proper centric with no lateral interferences.
Material	Excessive material remains	Minimal excess material remains	Margins are clean and free from excess restorative material
Margins		There are no marginal voids	

Material and margins were rated at or above minimum standard of care by all reviewers for all three ITRs reviewed. Several reviewers commented that there was “slight excess [material]” and margins were “acceptable but not ideal.” Only one of three ITRs had occlusions to assess, all reviewers agreed that the ITR was at or above the minimum standard of care.

¹ The 95% Confidence Interval for the average median score is wider than the observed values due to the extremely small sample size. It is reported here for transparency and should be interpreted with caution.

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.

333-010-0790 Dental Pilot Projects: Authority Responsibilities

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;
 - (C) Interviews with project participants and recipients of care; and
 - (D) Reviews of patient records to monitor for patient safety and the applicable standard of care.
- (b) If the Authority has convened an advisory committee, representatives of the committee may be invited by the Authority to participate in the site visit though the Authority may, at its discretion, limit the number of members who can participate;
- (c) Written notification of the date, purpose and principal members of the site visit team shall be sent to the project director at least 90 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) The Authority will provide the project sponsor with at least 14 business days to submit to the Authority required patient records, data or other documents as required for the site visit;

Site Visit Reporting Process

(g) Following a site visit the Authority will:

- (A) Within 60 calendar days, issue a written preliminary report to the sponsor of findings of the site visit, any deficiencies that were found, and provide the sponsor with the opportunity to submit a plan of corrective action;

Corrective Action Plan Process and Requirements

- (i) A signed plan of correction must be received by the Authority within 30 calendar days from the date the preliminary report of findings was provided to the project sponsor;
- (ii) The Authority shall determine if the written plan of correction is acceptable no later than 30 calendar days after receipt. If the plan of correction is not acceptable to the Authority, the Authority shall notify the project sponsor in writing and request that the plan of correction be modified and resubmitted no later than 10 business days from the date the letter of non-acceptance was mailed to the project sponsor;
- (iii) The project sponsor shall correct all deficiencies within 30 calendar days from the date of correction provided by the Authority, unless an extension of time is requested from the

Authority. A request for such an extension shall be submitted in writing and must accompany the plan of correction.

(iv) If the project sponsor does not come into compliance by the date of correction reflected on the approved plan of correction, the Authority may propose to suspend or terminate the project as defined under OAR 333-010-0820, Suspension or Termination of Project.

(B) Within 90 calendar days of receipt of a plan of correction, issue a final report to the sponsor;

Final Site Visit Report Process

(C) If there are no corrections needed, the Authority will issue a final report within 180 calendar days.

(4) The Authority may also provide the sponsor with the opportunity to submit a corrective action plan to address any deficiencies found by the Authority during any project monitoring as described in section (1) of this rule. The Authority shall notify the sponsor in writing of the requirement to submit a plan of correction. The sponsor must submit, and the Authority must receive the plan of correction by the deadline set in the notification. All of the requirements and deadlines described in section (3) of this rule for corrective action plans apply to a project sponsor when directed to submit a corrective action plan under this section (4).

Report of Findings

333-010-0760: Dental Pilot Projects: Minimum Standards A dental pilot project shall: (1) Provide for patient safety as follows: (a) Comply with informed consent in accordance with OAR 333-010-0770, Informed Consent;		ID Number MS1A
Program Requirements	Met <input checked="" type="checkbox"/>	Not Met <input type="checkbox"/>
Observations and/or Identified Deficiencies:	No deficiencies identified. Observed: DPP#200 requires consent to treat patient for the ITR with a second informed consent document signed by parents after the initial exam indicates the need for the treatment. All forms are uploaded stored electronically after signatures are obtained from the parents.	
Corrective Action	Not applicable.	
Required Next Steps	Not applicable.	

333-010-0760: Dental Pilot Projects: Minimum Standards A dental pilot project shall: (1) Provide for patient safety as follows: (b) Prohibit a trainee from performing procedures the trainee is not capable of performing based on the trainee's level of education, training and experience, physical or mental disability, or which are outside of the trainee's approved scope of practice as outlined in the approved application by the Authority;		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.	

333-010-0760: 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 and needs emergency care;		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. There have been	

	<p>patients who staff members sought out advice for due to their concerns about the condition of a student in the classroom who was complaining of dental pain. The EPDH arranged for care from the supervising dentist, either immediate care or referral care.</p> <p>There were no emergencies that occurred while the EPDH was treating a patient.</p>
Corrective Action	Not applicable.
Required Next Steps	Not applicable.

333-010-0760: Dental Pilot Projects: Minimum Standards		ID Number
<p>A dental pilot project shall:</p> <p>(1) Provide for patient safety as follows:</p> <p>(d) Not use the behavior management technique of Hand Over Mouth (HOM) or Hand Over Mouth Airway Restriction (HOMAR) on any patient;</p>		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.	

333-010-0760: Dental Pilot Projects: Minimum Standards		ID Number
<p>A dental pilot project shall:</p> <p>(1) Provide for patient safety as follows:</p> <p>(e) Comply with ORS 419B.005 to 419B.010 related to the mandatory reporting of child abuse;</p>		MS1E
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.	

333-010-0760: Dental Pilot Projects: Minimum Standards		ID Number
<p>A dental pilot project shall:</p> <p>(1) Provide for patient safety as follows:</p> <p>(f) Comply with ORS 453.605 to 453.755 or rules adopted pursuant thereto relating to the use of X-ray machines;</p>		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.	

333-010-0760: Dental Pilot Projects: Minimum Standards		ID Number
A dental pilot project shall: (1) Provide for patient safety as follows: (g) (g) Comply with ORS 679.520 or rules adopted pursuant thereto relating to the treatment of dental waste materials;		MS1G
Dental Pilot Project Program Requirements	Met <input checked="" type="checkbox"/>	Not Met <input type="checkbox"/>
Observations and/or Identified Deficiencies:	No deficiencies identified. Observation: Records kept and clinic is in compliance.	
Corrective Action	Not applicable.	
Required Next Steps	Not applicable.	

333-010-0760: Dental Pilot Projects: Minimum Standards		ID Number
A dental pilot project shall: (1) Provide for patient safety as follows: (h) Comply with ORS 679.535 or rules adopted pursuant thereto relating to the requirement to test heat sterilization devices;		MS1H
Dental Pilot Project Program Requirements	Met <input checked="" type="checkbox"/>	Not Met <input type="checkbox"/>
Observations and/or Identified Deficiencies:	No deficiencies identified. Observation: Mobile dental equipment is utilized and transported back to the main clinic site for sterilization. Appendix D, Infection Control for Mobile Dental Clinics	
Corrective Action	Not applicable.	
Required Next Steps	Not applicable.	

333-010-0760: Dental Pilot Projects: Minimum Standards		ID Number
A dental pilot project shall:		MS1IAB

<p>(1) Provide for patient safety as follows: (i) Ensure that project participants involved in direct patient care: (A) Have not been convicted of any crimes, within the last 10 years, that is a crime of violence or crime of dishonesty. (B) Have not been denied or disciplined by a state entity that issues licenses or certificates.</p>		
Dental Pilot Project Program Requirements	Met <input checked="" type="checkbox"/>	Not Met <input type="checkbox"/>
Observations and/or Identified Deficiencies:	<p>No deficiencies identified.</p> <p>Observation: All trainees are licensed registered dental hygienists in the State of Oregon and are in good standing with the Oregon Board of Dentistry.</p>	
Corrective Action	Not applicable.	
Required Next Steps	Not applicable.	

<p>333-010-0760: Dental Pilot Projects: Minimum Standards A dental pilot project shall: (1) Provide for patient safety as follows: (j) Ensure adequate supervision and evaluation of trainees, including but not limited to: (A) Timely review of trainee procedures and addressing any deficiencies;</p>		<p>ID Number MS1JA</p>
Dental Pilot Project Program Requirements	Met <input checked="" type="checkbox"/>	Not Met <input type="checkbox"/>
Observations and/or Identified Deficiencies:	<p>No deficiencies identified.</p> <p>Observation: The EPDH works under general supervision of their supervising dentist. They collaborate on all reviews of patient records. The supervising dentist diagnoses the need for the ITR after reviewing the patient record and images sent via teledentistry methods. The dentist makes the final determination if an ITR is needed, the EPDH does not diagnose. The supervising dentist reviews the ITR upon completion and notes whether it is acceptable or not based upon pre-determined criteria outlined in the project's approved application.</p>	
Corrective Action	Not applicable.	
Required Next Steps	Not applicable.	

333-010-0760: Dental Pilot Projects: Minimum Standards	ID Number
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<p>A dental pilot project shall:</p> <p>(1) Provide for patient safety as follows:</p> <p>(j) Ensure adequate supervision and evaluation of trainees, including but not limited to:</p> <p>(B) Monitoring for adverse events and addressing any deficiencies;</p>		MS1JB
Dental Pilot Project Program Requirements	Met <input checked="" type="checkbox"/>	Not Met <input type="checkbox"/>
Observations and/or Identified Deficiencies:	<p>No deficiencies identified.</p> <p>Observations: No adverse events were identified or reported.</p>	
Corrective Action	Not applicable.	
Required Next Steps	Not applicable.	

<p>333-010-0760: Dental Pilot Projects: Minimum Standards</p> <p>A dental pilot project shall:</p> <p>(1) Provide for patient safety as follows:</p> <p>(j) Ensure adequate supervision and evaluation of trainees, including but not limited to:</p> <p>(C) Monitoring and evaluating trainees and addressing any deficiencies.</p>		<p>ID Number</p> <p>MS1JC</p>
Dental Pilot Project Program Requirements	Met <input checked="" type="checkbox"/>	Not Met <input type="checkbox"/>
Observations and/or Identified Deficiencies:	<p>No deficiencies identified.</p>	
Corrective Action	Not applicable.	
Required Next Steps	Not applicable.	

<p>333-010-0760: Dental Pilot Projects: Minimum Standards</p> <p>A dental pilot project shall:</p> <p>(2) Ensure that participants in the project, including trainees, do not engage in unprofessional conduct as that is defined in ORS 676.150.</p>		<p>ID Number</p> <p>MS2</p>
Dental Pilot Project Program Requirements	Met <input checked="" type="checkbox"/>	Not Met <input type="checkbox"/>
Observations and/or Identified Deficiencies:	<p>No deficiencies identified.</p>	
Corrective Action	Not applicable.	
Required Next Steps	Not applicable.	

333-010-0760: Dental Pilot Projects: Minimum Standards		ID Number
A dental pilot project shall: <ol style="list-style-type: none"> 1. Ensure that an accurate patient record is prepared and maintained for each person receiving dental services, regardless of whether any fee is charged. The record shall contain the name of the trainee rendering the service and include, but is not limited to: <ol style="list-style-type: none"> (a) Name and address and, if a minor, name of guardian; (b) Date and description of examination and diagnosis; (c) An entry that informed consent has been obtained in accordance with OAR 333-010-0770, Informed Consent; (d) Date and description of treatment or services rendered; (e) Date and description of all radiographs, study models, and periodontal charting; (f) Health history; and (g) Date, name of, quantity of, and strength of all drugs dispensed, administered, or prescribed. 		MS3
Dental Pilot Project Program Requirements	Met <input checked="" type="checkbox"/>	Not Met <input type="checkbox"/>
Observations and/or Identified Deficiencies:	No deficiencies identified. Observations: Clinical records in compliance with all requirements outlined under 333-010-0760.	
Corrective Action	Not applicable.	
Required Next Steps	Not applicable.	

333-010-0760: Dental Pilot Projects: Minimum Standards		ID Number
A dental pilot project shall: <ol style="list-style-type: none"> (4) Have a sufficient number and distribution of qualified clinical and non-clinical instructors to meet project objectives, as identified in the approved application. 		MS4
Dental Pilot Project Program Requirements	Met <input checked="" type="checkbox"/>	Not Met <input type="checkbox"/>
Observations and/or Identified Deficiencies:	No deficiencies identified. Observations: Dr. Katie Nichols is the supervising dentist. Dr. Nichols oversee two EPDH trainees that are currently providing services under DPP#200.	
Corrective Action	Not applicable.	
Required Next Steps	Not applicable.	

333-010-0760: Dental Pilot Projects: Minimum Standards	ID Number
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A dental pilot project shall: (5) Provide instruction to trainees following the training program outlined in the approved application by the Authority.		MS5
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.	

333-010-0760: Dental Pilot Projects: Minimum Standards A dental pilot project shall: (6) Assure that trainees achieve a minimal level of competence before they are permitted to enter the employment/utilization phase.		ID Number MS6
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.	

333-010-0760: Dental Pilot Projects: Minimum Standards A dental pilot project shall: (6) (e) Trainee monitoring records shall be provided to the Authority.		ID Number MS6E
Dental Pilot Project Program Requirements	Met <input checked="" type="checkbox"/>	Not Met <input type="checkbox"/>
Observations and Identified Deficiencies:	No deficiencies identified. Observations: OHA requested a random sample of clinical records for review by OHA and clinical record reviewers on the Dental Pilot Project #200 Advisory Committee. All records were supplied by the due date required.	
Corrective Action	Not applicable.	
Required Next Steps	Not applicable.	

333-010-0760: Dental Pilot Projects: Minimum Standards A dental pilot project shall: (7) Comply with the requirements of the Dental Pilot Projects statute, Oregon Laws 2011, chapter 716; these rules [OARs]; and the approved application including, but not limited to, the evaluation and monitoring plan.		ID Number MS7
Dental Pilot Project Program Requirements	Met <input checked="" type="checkbox"/>	Not Met <input type="checkbox"/>

Observations and Identified Deficiencies:	No deficiencies identified. Observations: The clinic and pilot project are in compliance with all aspects of the approved application and evaluation and monitoring plan.
Corrective Action	Not applicable.
Required Next Steps	Not applicable.

333-010-0760: Dental Pilot Projects: Minimum Standards		ID Number
A dental pilot project shall: (8) Evaluate quality of care, access, cost, workforce, and efficacy in accordance with the evaluation and monitoring plan approved by the Authority and as described in OAR 333-010-0780, Pilot Project Evaluation and Monitoring by Sponsor.		MS8
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>Observations: The project submits quarterly reports to demonstrate compliance with 333-010-0760.</p> <p>(10) Submit detailed quarterly monitoring reports in a format prescribed by the Authority that include but are not limited to the following information for the previous quarter:</p> <ul style="list-style-type: none"> (a) Accomplishments or highlights. (b) Challenges faced and continuous quality improvement activities. (c) Updated project timeline. (d) Data reports: <ul style="list-style-type: none"> (A) A comprehensive breakdown of each of the data points the project is capturing in its approved evaluation and monitoring plan including anonymized client level data. (B) Data generated by the clinical evaluator. (C) Number and type of any adverse event or complication that occurred during the reporting period. <p>Update to qualitative evaluation studies are provided on an annual basis.</p>	
Corrective Action	Not applicable.	
Required Next Steps	Not applicable.	

333-010-0760: Dental Pilot Projects: Minimum Standards		ID Number
A dental pilot project shall: (9) Within 24 hours of any incident involving a patient in the care of a trainee which results in any medical occurrence that is life-threatening, requires hospitalization, results in disability or permanent damage, requires medical or surgical intervention or results in death, the sponsor must ensure that a detailed		MS9

written report, along with the patient's complete dental records, is submitted to the Authority by the supervising dentist.		
Dental Pilot Project Program Requirements	Met <input checked="" type="checkbox"/>	Not Met <input type="checkbox"/>
Observations and Identified Deficiencies:	No deficiencies identified. Observations: No incidents reported.	
Corrective Action	Not applicable.	
Required Next Steps	Not applicable.	

333-010-0760: Dental Pilot Projects: Minimum Standards		ID Number
A dental pilot project shall: (10) Submit detailed quarterly monitoring reports in a format prescribed by the Authority that include but are not limited to the following categories for the previous quarter: (a) Accomplishments or highlights. (b) Challenges faced and continuous quality improvement activities. (c) Updated project timeline.		MS10ABC
Dental Pilot Project Program Requirements	Met <input checked="" type="checkbox"/>	Not Met <input type="checkbox"/>
Observations and Identified Deficiencies:	No deficiencies identified. Observations: Project is in compliance and has submitted the required quarterly monitoring reports to OHA on time.	
Corrective Action	Not applicable.	
Required Next Steps	Not applicable.	

333-010-0760: Dental Pilot Projects: Minimum Standards		ID Number
A dental pilot project shall: (10) Submit detailed quarterly monitoring reports in a format prescribed by the Authority that include but are not limited to the following categories for the previous quarter: (d) Data reports: (A) A comprehensive breakdown of each of the data points the project is capturing in its approved evaluation and monitoring plan including anonymized client level data. (B) Data generated by the clinical evaluator.		MS10D
Dental Pilot Project Program Requirements	Met <input checked="" type="checkbox"/>	Not Met <input type="checkbox"/>
Observations and Identified Deficiencies:	No deficiencies identified. Observations: Project is in compliance and has submitted the required quarterly monitoring reports to OHA on time.	

Corrective Action	Not applicable.
Required Next Steps	Not applicable.

333-010-0760: Dental Pilot Projects: Minimum Standards		ID Number
(1) "Adverse event" means unnecessary harm due to dental treatment. (C) Number and type of any adverse event or complication that occurred during the reporting period.		MS10C
Dental Pilot Project Program Requirements	Met <input checked="" type="checkbox"/>	Not Met <input type="checkbox"/>
Observations and Identified Deficiencies:	No deficiencies identified. Observations: No adverse events or complications have been reported.	
Corrective Action	Not applicable.	
Required Next Steps	Not applicable.	

333-010-0760: Dental Pilot Projects: Minimum Standards		ID Number
A dental pilot project shall: (11) Follow written standard operating policies and procedures approved by the Authority as outlined in OAR 333-010-0750, Provisional Approval; Final Approval.		MS11
Dental Pilot Project Program Requirements	Met <input checked="" type="checkbox"/>	Not Met <input type="checkbox"/>
Observations and Identified Deficiencies:	No deficiencies identified. Observations: All newly hired individuals are trained on the standard operating procedures requirements and manual.	
Corrective Action	Not applicable.	
Required Next Steps	Not applicable.	

333-010-0760: Dental Pilot Projects: Minimum Standards		ID Number
A dental pilot project shall: (12) Use templates and follow guidelines for the submission of documents and other reporting requirements as prescribed by the Authority.		MS12
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.	

333-010-0760: Dental Pilot Projects: Minimum Standards	ID Number
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(13) Provide care only at Authority approved employment/utilization sites.		MS13
Dental Pilot Project Program Requirements	Met <input checked="" type="checkbox"/>	Not Met <input type="checkbox"/>
Observations and Identified Deficiencies:	No deficiencies identified. Observations: Care is only provided at approved employment/utilization sites and locations.	
Corrective Action	Not applicable.	
Required Next Steps	Not applicable.	

333-010-0770: Dental Pilot Projects: Informed Consent		ID Number
(1) A sponsor must ensure that each patient or person legally authorized to provide consent on behalf of the patient: (a) Is provided written information about the dental pilot project and who will be providing treatment;		IC1A
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.	

333-010-0770: Dental Pilot Projects: Informed Consent		ID Number
(1) A sponsor must ensure that each patient or person legally authorized to provide consent on behalf of the patient: (b) Gives written consent to be treated by the dental pilot project trainee;		IC1B
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.	

333-010-0770: Dental Pilot Projects: Informed Consent		ID Number
(1) A sponsor must ensure that each patient or person legally authorized to provide consent on behalf of the patient: (c) Gives informed consent for treatment by the trainee.		IC1C
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.

333-010-0770: Dental Pilot Projects: Informed Consent		ID Number
(4) Informed consent for treatment: (b) Patient records must document an entry that informed consent for treatment has been obtained and the date the informed consent was obtained. Documentation may be in the form of an acronym such as "PARQ" (Procedure, Alternatives, Risks and Questions) or "SOAP" (Subjective Objective Assessment Plan) or their equivalent;		IC4B
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.	

333-010-0770: Dental Pilot Projects: Informed Consent		ID Number
(4) Informed consent for treatment: (c) Informed consent for treatment must be obtained in writing for procedures identified by the Authority in the application approval letter, and such consent must be included and documented in the patient's record;		IC4C
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.	

333-010-0770: Dental Pilot Projects: Informed Consent		ID Number
(4) Informed consent for treatment: (d) A trainee may not perform any procedure for which the patient or patient's guardian has not given informed consent provided; however, in the event of an emergency situation, if the patient is a minor whose guardian is unavailable or the patient is unable to respond, a trainee may render treatment in a reasonable manner according to community standards and in accordance with the trainees approved scope of practice.		IC4D
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.	

333-010-0790 Dental Pilot Projects: Authority Responsibilities	ID Number
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(2) Site visits. (A) Determination that adequate patient safeguards are being utilized;		AR3AA
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>Observations: OHA has approved Dental Pilot Project #200 to operate under an approved application process and evaluation and monitoring plan.</p> <p>The approved Evaluation and Monitoring Plan requires that all procedures completed by the EPDH trainee are documented with a pre and post-operative intra-oral image.</p> <p>Every quarter, a random sample of ITRs are reviewed by an external evaluating dentist. A clinical evaluator is required under 333-010-0760. The external evaluator has no financial or commercial interest in the project and is responsible for conducting a clinical evaluation of the approved pilot project.</p>	
Corrective Action	Not applicable.	
Required Next Steps	Not applicable.	

333-010-0790 Dental Pilot Projects: Program Responsibilities (3) Site visits. (a) Site visits shall include, but are not limited to: (B) Validation that the project is complying with the approved or amended application;		ID Number AR3AB
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>Observations: The project is in compliance.</p>	
Corrective Action	Not applicable.	
Required Next Steps	Not applicable.	

333-010-0790 Dental Pilot Projects: Program Responsibilities (3) Site visits. (a) Site visits shall include, but are not limited to: (C) Interviews with project participants and recipients of care;		ID Number AR3AC
Dental Pilot Project Program Requirements	Met <input checked="" type="checkbox"/>	Not Met <input type="checkbox"/>

<p>Observations and Identified Deficiencies:</p>	<p>No deficiencies identified.</p> <p>Falls City Elementary School is located at 177 Prospect Ave, Falls City, Oregon 97344</p> <p>Data for the school indicates the following:</p> <ul style="list-style-type: none"> • Over 95% of students are eligible for the Free and Reduced Lunch Program (FRL) • There are approximately 115 students in grades K-8 who attend the school. <p><i>See Appendix E for Oregon Department of Education School Profile for Falls City Elementary. Oregon Department of Education²</i></p> <p>Data³ for Falls City, Oregon indicates:</p> <ul style="list-style-type: none"> • The largest Falls City racial/ethnic groups are White (84.6%) followed by Hispanic (8.4%) and Asian (6.1%). • 61.8% of the population of Falls City have public health insurance (Medicaid - Oregon Health Plan.) • 25.5% of the population lives below the poverty line. • 39.0% of the population received Food Stamp/SNAP benefits in the last 12 months. • Unemployment rate is 16.8% <p>Observations: OHA conducted interviews with project participants including EPDH trainees, project staff, the supervising dentist and school staff. (Appendix F)</p> <p>Summary of Interview with trainee and project staff:</p> <ul style="list-style-type: none"> ○ The EPDH trainee has been provided with a small room on the basement level of the elementary school. She works with a dental assistant most of the time. All of the equipment is portable. She rotates throughout the schools under the pilot project returning every 3 months or more frequently, as long as there are patients to be seen. ○ Parents are required to complete a consent form prior to being seen for their first visit with the trainee. All services are provided to the patient including radiographs, prophylaxis, sodium diamine fluoride (SDF), fluoride varnish and/or sealants. Eligible students are in the first or second grade under the pilot project. ○ The trainee uploads the information into an encrypted
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² Oregon Department of Education, At-A-Glance School Profile, Falls City Elementary School, 2018-2019. For more information please visit: www.oregon.gov/ode/reports-and-data/

³ U.S. Census Bureau; American Community Survey, 2019 US Census Bureau Quick Facts, Falls City, Oregon, American Community Survey; (7 January 2020). For more information please visit: <https://www.census.gov/programs-surveys/acs>

computer where it is stored and later forwarded to the supervising dentist for review. Due to poor Wi-Fi, the transmission of information is not completed until the trainee returns to the main clinic site in Independence, Oregon.

- The trainee reports that she has seen significant decay in the students seen at the school. There are many children at the school who she has seen previously but the parents have not followed up on the recommended treatment.
- School staff assists in obtaining consents from the parents as well as coordinating care as they are able to.

Summary of Interview with School Staff, Administrators & School Counselor:

- Interviewees indicate that poverty is a barrier to care and following up on care. Many parents do not have transportation. There are many families with children at the school who are considered people without conventional housing. According to staff, there is an RV park in the town and most of the RVs and trailers are not hooked up to running water or sewer connections.
- Interviewees stated that there are many single parents due to the other parent being incarcerated due to a substance abuse disorder (SUD) and activities associated with SUD.
- Interviewees have developed a list of resources to assist families with hunger via different charitable resources in the community.
- Interviewees indicated that on several occasions there have been students who did not come to school due to dental pain. Other students have come to the school in significant pain due to an abscess or other dental complaint. On two occasions the EPDH trainee was already at the school and was asked to see a student in pain. The EPDH assessed the patient and spoke with the supervising dentist, arranged for antibiotics for the student and scheduled the patient to be seen for treatment in the dental clinic. School staff arranged for the student to be transported to the dental clinic.
- Interviewees and administrators indicated positive impacts of the oral health services provided on site at the school.

Advisory Committee members, OHA Program Staff, OHSU/Capitol Dental Care Staff, School Staff and trainees discussed the overwhelming needs exhibited in the community.

Primary Points of the Discussion:

- The goals of the pilot project are to keep individuals healthy in the community.
- DPP#200 allows individuals who would otherwise not receive any care to receive preventative care and some restorative care via the Interim Therapeutic Restoration which allows the EPDH trainee to complete the procedure at the school site.
- The majority of the students are covered by Medicaid however patient surveys completed by the parents indicated they did not have a provider who took their OHP insurance. Many indicated it was difficult for them to take their child to see a dentist as they could not afford to take time off of work. Others indicated that a lack of reliable transportation limited their ability to seek care.
- The project will continue to obtain feedback from the parent surveys.
- Dental services provided by an EPDH are cost-effective when compared to those same services provided by a dentist. Most services are reimbursed by Medicaid, some students have no insurance coverage at all but are still seen by the EPDH at no cost the student. It would be cost-prohibitive to provide the same services by a dentist due to the higher wages required by a dentist. The average wage of a dentist in Oregon⁴ was \$96.96 per hour. The average wage of a RDH in Oregon \$41.96.
- Example: If a patient was seen by the EPDH, and billed out under OHP Fee-For-Service 2019⁵ Schedule for services provided under teledentistry a common preventative visit would reimburse the following fees:
 - \$12.97 Application topical fluoride varnish

⁴ United States Bureau of Labor Statistics, Occupational Employment Statistics, May 2019. For more information see: <https://www.bls.gov/>

⁵ Oregon Health Plan, OHP Fee-for-Service Fee Schedule, November 2019 Fee Schedule, Report Date 11/22/2019. For more information see: www.oregon.gov Health Systems – Oregon Health Plan – OHP Fee-for-Service Fee Schedule <https://www.oregon.gov/oha/HSD/OHP/Pages/Fee-Schedule.aspx>

	<ul style="list-style-type: none"> - \$12.01 Dental bitewings two images (radiographs) - \$26.03 Periodic oral evaluation (exam) - \$31.45 Dental prophylaxis child (cleaning) <p style="text-align: center;">Total reimbursed \$82.49</p> <ul style="list-style-type: none"> • The reimbursement of \$82.49 covers the EPDH wage of \$41.96 per hours but would not cover the dentist wage at \$96.96 per hour.
Corrective Action	Not applicable.
Required Next Steps	Not applicable.

333-010-0790 Dental Pilot Projects: Program Responsibilities		ID Number
(3) Site visits. (a) Site visits shall include, but are not limited to: (D) Reviews of patient records to monitor for patient safety, quality of care, minimum standard of care and compliance with the approved or amended application.		AR3AD
Dental Pilot Project Program Requirements	Met <input checked="" type="checkbox"/>	Not Met <input type="checkbox"/>
Observations and Identified Deficiencies:	No deficiencies identified. Charts were reviewed by OHA Program Staff's State Dental Director, OHSU Consultant to the Dental Pilot Project Program and Advisory Committee Members, all who hold credentials as either a DDS or DMD.	
Corrective Action	Not applicable.	
Required Next Steps	Not applicable.	

REPORT END

