December 17, 2015

To: Technical Review Board Members

The Oregon Health Authority’s Dental Pilot Project Technical Review Board convened on December 10, 2015 to review Dental Pilot Project Application #100: Oregon Tribes Dental Health Aide Therapist Pilot Project.

Technical Review Board Members Present:

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<th>Name</th>
<th>Organization</th>
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<tr>
<td>William S. Ten Pas, DMD</td>
<td>Oregon Dental Association</td>
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<td>Gail L. Aamodt RDH, MS</td>
<td>Oregon Dental Hygiene Association</td>
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<tr>
<td>Tony Finch, MPH</td>
<td>Oregon Oral Health Coalition</td>
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<td>Kenneth Wright, DMD, MPH</td>
<td>Kaiser Permanente</td>
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<tr>
<td>Shannon English, DDS</td>
<td>Willamette Dental</td>
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<tr>
<td>Kyle House, DDS</td>
<td>Private Practice, Pediatric Dentist</td>
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<td>Richie Kohli, BDS, MS</td>
<td>Oregon Health Science University</td>
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Subject Matter Experts Present:

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<tr>
<td>Maria Castro, MS</td>
<td>Office of Equity &amp; Inclusion</td>
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<tr>
<td>Paul Kleinstub, DMD</td>
<td>Oregon Board of Dentistry</td>
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<tr>
<td>Bruce Austin, DMD</td>
<td>Oregon Health Authority</td>
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Oregon Health Authority Program Staff Present:

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<tr>
<td>Sarah Kowalski, RDH</td>
<td>Oregon Health Authority</td>
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<tr>
<td>Laurie L. Johnson, DHSc, MA, RDH</td>
<td>Oregon Health Authority</td>
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<tr>
<td>Amy Umphlett, MPH</td>
<td>Oregon Health Authority</td>
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<td>Cate Wilcox, MPH</td>
<td>Oregon Health Authority</td>
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During this meeting, several questions or discussion points were made that require further clarification required from the applicant. The Oregon Health Authority will follow up with the applicants to ask the following clarifying questions.

Clarifying questions/issues:
Please address the following questions and/or issues. Please submit your response no later than January 6, 2016.
Program Affiliation Changes:
As stated on page 7 of the application, the DENTEX program is described as the collaborative partner in the training process. It is our understanding that this relationship is changing and a new partnership is being established with Ilisagvik College instead of DENTEX. Please describe in an addendum to the application the nature of the new relationship; the accreditation status of the institution; and other important points of consideration regarding this new development. Please develop a timeline for this change; identify the formal name of the DHAT training program; and include supporting letters/documentation outlining the relationship with Ilisagvik College.

CODA:
It is our understanding the training program utilized will be applying for CODA accreditation in 2017. Please briefly describe why you believe the training program meets the CODA requirements for Dental Therapy.

Certificates vs Degrees:
Will student trainees from the Oregon dental pilot project sites graduate with associate degrees or certificates? Will past trainees be eligible to apply retroactively to change their degree status from certificate to associates degree of applied science?

Site Locations:
Please elaborate on the site locations and describe all sites in the area the Dental Therapist will be working and providing clinical services. The application only defines site locations at the following addresses:

CITCHC 600 Miluk Drive, Coos Bay, OR 97420
CTCLUSI 1245 Fulton Ave, Coos Bay, OR 97420

New Sites:
What is the status of adding other tribal sites to your pilot project? When do you expect the other tribal sites to participate? Please provide a potential timeline for adding sites.

Supervision:
Will the Dental Therapist be working under direct, indirect or general supervision in the Oregon pilot project?

Patients:
Will your program only see tribal beneficiaries? Can any member of the public make an appointment to see a Dental Therapist at one of the site locations? How many native clients do you expect to serve with the Dental Therapist model? Please estimate how many general population/non-native clients will be served.

Clinicians:
Will the Dental Therapists be working with Nitrous Oxide? Do the sites have Nitrous Oxide? Please state the types of behavior management techniques utilized by Dental Therapists.
Please send in additional questions by close of business Thursday December 17, 2015. We sincerely appreciate your time commitment and service on the Dental Pilot Project Technical Review Board.

Sincerely,

Sarah Kowalski, RDH
Dental Pilot Project Coordinator
Dear Technical Review Board Members, Dental Pilot Project #100:

Attached please find a copy of the Addendum as requested by the TRB for clarification on certain points of the application.

Minutes from the TRB Meeting on December 10, 2015 will be posted tomorrow, January 8, 2016, on the Oregon Health Authority Website: healthoregon.org/dpp.

As you each indicated either a recommendation of approval or recommendation of approval with amendments noted, the Oregon Health Authority Dental Pilot Project Program will place the project under Intent to Approve Status as required by Oregon Administrative Rule 333-010-0445.

The Notice will contain the following information:

Intent to Approve Application #100 with Project Timeline of June 1, 2016-June 1, 2021. In addition, prior to June 1, 2016, MOU’s must be obtained and submitted to the Oregon Health Authority Dental Pilot Project Program for project site Coquille Indian Tribe: Coquille Indian Tribal Community Health Center (CITCHC) in order for it to be considered an approved project site.

The application will be placed under Public Comment for a period of ten business days starting January 11, 2016 ending January 22, 2016. A Notice of intent to approve the application will be sent to interested parties. The Application, Addendum and Appendix will be placed online at our website: healthoregon.org/dpp.

We sincerely appreciate your input, comments and work involved on the Technical Review Board for Dental Pilot Project #100. This document serves as notice that the review process has been completed for Dental Pilot Project #100.

Sincerely,

Sarah Kowalski, RDH
Oregon Pilot Project #100 Application Addendum: Clarifications in response to Technical Review Board’s questions.

Program Affiliation Changes: As stated on page 7 of the application, the DENTEX program is described as the collaborative partner in the training process. It is our understanding that this relationship is changing and a new partnership is being established with Ilisagvik College instead of DENTEX. Please describe in an addendum to the application the nature of the new relationship; the accreditation status of the institution; and other important points of consideration regarding this new development. Please develop a timeline for this change; identify the formal name of the DHAT training program; and include supporting letters/documentation outlining the relationship with Ilisagvik College.

ANTHC’s relationship with DENTEX is coming to an end, which is not unexpected. The original commitment from the University of Washington’s program was to provide an administrative home to the program and see it get off the ground. After 11 years, the program is thriving, and wanted to be affiliated with a college in Alaska, an accredited college for purposes of achieving eventual CODA accreditation, a college that will allow graduates of the DHAT Educational Program to get transferable credit for their coursework, and graduate with an associate’s degree. It is also appropriate and desirable for a tribal program to be housed at a tribal college. For all of these reasons ANTHC is now establishing that partnership with Ilisagvik College in Barrow Alaska. Ilishagvik achieved accreditation from the Northwest Commission on Colleges and Universities in 2003 and is authorized by the Alaska Commission on Postsecondary Education to operate in the state of Alaska. In 2006, it also became the first and only federally recognized tribal college in Alaska. University of Washington will not terminate their relationship with the program until the affiliation is secured. We will submit the formal letter of affiliation when that process is complete.
CODA: It is our understanding the training program utilized will be applying for CODA accreditation in 2017. Please briefly describe why you believe the training program meets the CODA requirements for Dental Therapy.

The Commission on Dental Accreditation recently recognized dental therapy as a profession and has offered standards for dental therapy education programs. The DHAT Education Program is planning to apply for accreditation as it currently meets the majority of the standards required. Moving the program’s affiliation to Ilisagvik College and adding limited coursework to meet standards should make this program eligible for CODA accreditation. Our application references a scope of practice for DHATs that is based on current coursework and competencies required for Community Health Aide Program (CHAP) certification. While the program intends to achieve CODA accreditation, its own rigorous standards under the CHAP Board ensures that students graduate as highly-trained professionals. The DHAT Educational Program has performed a crosswalk between their curriculum and the CODA standards. The few things that are lacking in the current program are minor and can be added with no additional time added to the current program.

Certificates vs Degrees: Will student trainees from the Oregon dental pilot project sites graduate with associate degrees or certificates? Will past trainees be eligible to apply retroactively to change their degree status from certificate to associates degree of applied science?

Currently students graduate and then apply for CHAP certification. It is anticipated that the class entering the DHAT Educational Program in the fall of 2016 will be enrolled as associate degree candidates through Ilisagvik College. On the slight chance that the affiliation is not in place by that time, the UW MEDEX program has agreed to continue their affiliation as long as needed. Assuming the affiliation with Ilisagvik is established by July 2016, they will also petition to have students who entered in July 2015 to be given credit and enrolled for an associate degree as well. This will depend on the college board of directors’ approval. Regardless of the outcome of the affiliation, those students are currently enrolled (entered in July 2015) at UW in a certificate program as has been the case for all previous DHAT students.
Site Locations: Please elaborate on the site locations and describe all sites in the area the Dental Therapist will be working and providing clinical services. The application only defines site locations at the following addresses:

CITCHC 600 Miluk Drive, Coos Bay, OR 97420

CTCLUSI 1245 Fulton Ave, Coos Bay, OR 97420

The CTCLUSI dental clinic at the address above will be the initial site for services. As Coquille develops plans for shared or independent facilities, and if other sites, such as schools, mobile van, or other locations are proposed, we will notify OHA with locations and plans for services at least 2 weeks in advance of delivery.

Supervision: Will the Dental Therapist be working under direct, indirect or general supervision in the Oregon pilot project?

Dental Therapists are trained to and will be working under general supervision.

Patients: Will your program only see tribal beneficiaries? Can any member of the public make an appointment to see a Dental Therapist at one of the site locations? How many native clients do you expect to serve with the Dental Therapist model? Please estimate how many general population/non-native clients will be served.

Indian health programs are generally not open to the public; they are established to serve AI/ANs, as provided in the IHCIA. The applicable eligibility rules are generally set out in IHS regulations at 42 C.F.R. Part 136. IHCIA §813 (25 U.S.C. §1680c*) sets out the circumstances under which certain non-AI/ANs connected with an AI/AN (such as minor children or a spouse) can receive services as beneficiaries. IHCIA § 813 also authorizes services to certain other non-AI/ANs if carefully defined requirements are satisfied.

*§ 1680c. Health services for ineligible persons
(a) Children. Any individual who-
(1) has not attained 19 years of age;
(2) is the natural or adopted child, stepchild, foster child, legal ward, or orphan of an eligible Indian; and
(3) is not otherwise eligible for health services provided by the Service, shall be eligible for all health services provided by the Service on the same basis and subject to the same rules that apply to eligible Indians until such individual attains 19 years of age. The existing and potential health needs of all such individuals shall be taken into consideration by the Service in determining the need for, or the allocation of, the health resources of the Service. If such an individual has been determined to be legally incompetent prior to attaining 19 years of age, such individual shall remain eligible for such services until 1 year after the date of a determination of competency.

(b) Spouses. Any spouse of an eligible Indian who is not an Indian, or who is of Indian descent but is not otherwise eligible for the health services provided by the Service, shall be eligible for such health services if all such spouses or spouses who are married to members of each Indian tribe being served are made eligible, as a class, by an appropriate resolution of the governing body of the Indian tribe or tribal organization providing such services. The health needs of persons made eligible under this paragraph shall not be taken into consideration by the Service in determining the need for, or allocation of, its health resources.

(c) Health facilities providing health services.
(1) In general. The Secretary is authorized to provide health services under this subsection through health facilities operated directly by the Service to individuals who reside within the Service unit and who are not otherwise eligible for such health services if-
(A) the Indian tribes served by such Service unit requests such provision of health services to such individuals, and
(B) the Secretary and the served Indian tribes have jointly determined that the provision of such health services will not result in a denial or diminution of health services to eligible Indians.

Clinicians: Will the Dental Therapists be working with Nitrous Oxide? Do the sites have Nitrous Oxide? Please state the types of behavior management techniques utilized by Dental Therapists.

The dental clinic at CTCLUSI uses Nitrous Oxide. Since the DHATs are not trained to use it, they will not be using Nitrous Oxide. Behavior management is a required competency in the DHAT training program. The training is outlined in the curriculum appendix, and excerpted below:

UNIT 10: Advanced Behavioral and Anxiety Control Behavioral Management of Children

This unit provides students with knowledge of managing fear and anxiety using behavioral management techniques and empathizing with patients in stressful situations. It is designed to help students understand behavior and
anxiety in children in a dental context and investigate appropriate management techniques to deal with them.

**Hours of Training**

- 4 hours didactic
- 24 hours clinical

**Recommended Reading:**

- Milgrom P, Weinstein P, Getz T. *Treating Fearful Dental Patients*  
  (Seattle: University of Washington, 2nd ed., 1995)

- Allan R. Pike. *Pediatric Dentistry: Building A No-fear Practice. Introducing Children to A Lifetime of Positive Dental Care*  
  (iUniverse, Inc. 2006)

**Learning Objectives:** At the conclusion of this unit students will be able to:

- Identify psycho-social development from birth to adolescence
- Understand the relevance of psycho-social development to dental care
- Describe factors that influence response to dental care
- Discuss approaches that might be taken to deal with the problems
- Understand the differences and similarities in the psychology of pain and anxiety in children and adults
- Describe techniques to prevent fear and anxiety in patients
- Understand the principles of management of the anxious pediatric patient
- Understand the principles of management of the anxious adult patient
- Manage fear and anxiety using behavioral management techniques