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Oregon Health Authority
Dental Pilot Project Program
Rules Advisory Committee

MINUTES

Date: June 23, 2018

Time: 9:00 am - 11:00 am

Location: Portland State Office Building, 800 NE Oregon St., Room 1 A, Portland, OR 97232

Attendees:

Committee Attendees: Quanita Anwar (phone), Todd Beck, Jennifer Clemens, Shannon English, Christina Peters, Laura McKeane, James McMahan (phone), Conor McNulty, Eli Schwarz, Heather Simmons (phone), Emily Wineland (phone)

OHA Staff: Kelly Hansen, Sarah Kowalski, Mauri Mohler, Amy Umphlett, Cate Wilcox

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All meetings are recorded and transcribed. ***** indicate portions of the meeting that were not audible in the recording.

Agenda Topic: Welcome and Introductions

Meeting began at 9:02am. Committee Members and OHA Staff introduced themselves.

Beginning of Transcription:

Speaker: Uh, my name is Sarah Kowalski, and this is the dental pilot project RAC. This is Meeting No. 2 on June 25th, and we're starting at 9:02 a.m., and we're gonna go ahead, uh, go around and do introductions and, um, housekeeping and all the fun stuff.

Next Speaker: Okay.

Next Speaker: So, again, my name's Sarah Kowalski.

Next Speaker: Uh, this is Kelly Hansen. I'm the oral health research analyst for Oregon Health Authority.

Next Speaker: Okay.

Next Speaker: I'm Jennifer Clemens from Capitol Dental Care.

Next Speaker: Shannon English, Willamette Dental.

Next Speaker: Christina Peters, Northwest Portland Area Indian Health Board.

Next Speaker: Conor McNulty, Oregon Dental.

Next Speaker: Uh, Todd Beck, Oregon Board of Dentistry.

Next Speaker: Eli Schwarz, OHSU **** and Laura McKeane is standing outside here.

Next Speaker: Laura McKean's outside, okay, and then, um, those of you on the phone?

Next Speaker: How are you?

Next Speaker: Good morning.

Next Speaker: Morning.

Next Speaker: Go ahead, um –

Next Speaker: Yeah, this is Jim McMahan.

Next Speaker: Good morning.

Next Speaker: Jim McMahan from the ODA.

Next Speaker: Good morning.

Next Speaker: Sorry. I –

Next Speaker: I'm **** –

Next Speaker: Hi, this is Heather Simmons from Pacific ****.

Next Speaker: HI, Heather.

Next Speaker: Christina ****.

Next Speaker: This is Emily Wineland from Nara Dental.

Next Speaker: Good morning.

Next Speaker: How's the baby?

Next Speaker: I know, right? How is the baby? Um, anybody else on the phone? Yeah ****.

Next Speaker: I don't know ****. Jim McMahan –

Next Speaker: Yeah.

Next Speaker: – OD, uh, uh, ODA, excuse me.

Next Speaker: Yep. We heard ya, gotcha. Okay, all right, so, um, and then Amy, you wanna just say your name?

Next Speaker: Hi. This is Amy. I'm current policy analyst for the ****.

Next Speaker: Okay, and for those of you, um, in the room there's materials over there on the, um, tables and then just a sign-in sheet and then just to remind you that this meeting is being recorded and then later transcribed for the minutes sent. Okay, so, we do have this huge packet here. This is, um, the meeting minutes, and we're not gonna go through it but if you want to go through it at your leisure and then, um, at our next meeting we will approve the minutes 'cause there's 60 page in here so –

Next Speaker: I thought it **** –

Next Speaker: – there's lots of talking.

Next Speaker: I thought it was a joke.

Next Speaker: Yeah, there was lots of talking so no. We won't formally go through that this morning but, um, you can, uh, look that over.

Next Speaker: Don't you have people to summarize the minutes?

Next Speaker: Well, would you like to do that, Eli?

Next Speaker: No. I'm –

Next Speaker: Lotta –

Next Speaker: – just ****.

Next Speaker: – stuff.

Next Speaker: So **** –

Next Speaker: Yeah, a lotta, lotta stuff in there so, um, and then housekeeping. Um, the restrooms are down the hall by the elevators. If anything else that we need to know, did all of our introductions and just kinda get to it.

Agenda Topic: Review Draft Amended Rules

Next Speaker: So, the last time, um, we, we have a new, um, color-coded rack document here and we, I need to correspond where we stopped but it was under –

Next Speaker: Oh, I wrote it down.

Next Speaker: Tryin' to find the page number that would correspond in this document here.

Next Speaker: Is there anything that needs to be clarified from before where we stopped?

Next Speaker: Well, we're gonna go through –

Next Speaker: Probably.

Next Speaker: – to the end and then we're gonna go back –

Next Speaker: Back –

Next Speaker: – so I'm sure –

Next Speaker: **** see that we'll **** –

Next Speaker: – I'm sure that there are pieces that need to be clarified. I just wanna find the exact place

Next Speaker: ***** explain the color coding –

Next Speaker: Yeah.

Next Speaker: – on this version versus the first version.

Next Speaker: Yep, okay. Let's find our place here and then we'll - um, we are –

Next Speaker: Here's, um –

Next Speaker: We were under minimum standards, uh, we finished one of minimum standards.

Next Speaker: Under patient safety so Page 10?

Next Speaker: Yeah.

Next Speaker: So, we're on Page 10 of the new rack version and the page numbers are in the upper right-hand corner; so the black font is the original rule, like, language. The blue is the new language that was put in, uh, recommended, um, changes, amended changes and then tracked red changes are everything going forward, um, based on the conversations that we have in these meetings so for instance, um, under 1A, um, that red stricken language was originally blue and now it's red, and it's something we'll probably have to talk about again here but, um, as we move forward that's gonna be our methodology so you can kinda keep track of what's going on. Does anybody have any questions about that? Okay, so let's go ahead and start back up at minimum standard. We're under on Page 10, 1A and assure, uh, insure that every patient is, um. It should say provided or they provides. This is that, back in that –

Next Speaker: Yeah –

Next Speaker: – back in that –

Next Speaker: – every –

Next Speaker: – bucket –

Next Speaker: – patient –

Next Speaker: – at 10 –

Next Speaker: – **** should be taken out.

Next Speaker: Mm.

Next Speaker: Provides informed consent prior to the treatment in accordance with the OARs and then those brackets are referencing informed consent within the document here that they, we don't have actual rule numbers yet for them because they're going to be assigned so that's how you'll be able to reference and that's on the next page but you can, that make sense? Little, little confusing. Does anybody have any questions about 1A? Anything to add about informed consent on that piece, and we go into a deeper dive in informed consent, um, on the next pages. Um, provide treatment so under B, provide treatment, this is original language, provides treatment that does not expose a patient to risk or harm when equivalent or better treatment with less risk to the patient is available. Um, E was the compliance component with the, uh, X-ray radiography requirements then F is, um, a consolidation of language from what was in the original rules. I just kind of lumped it together, so it's actually not new language but just consolidated sentence and then I wanted to move - does anybody have any questions on F or G then we can move to H? This is where we have comply with listed applicable sections of the Oregon Dental Practice Act and did you, Todd, get a chance to look at anything in the Practice Act that –

Next Speaker: Yes –

Next Speaker: – you wanted –

Next Speaker: – and –

Next Speaker: – to talk about?

Next Speaker: Yes, and with the help of staff, um, so I think it comes down to, uh, do we wanna reinvent the wheel or, um, do we wanna just reference the rules in the DPA but there are, um, there are several sections that, um, I think are appropriate to reference –

Next Speaker: Do **** –

Next Speaker: – and I think that was the intent, correct –

Next Speaker: Yes.

Next Speaker: – to –

Next Speaker: Yeah.

Next Speaker: – reference this –

Next Speaker: So that they're all also kept up to date with.

Next Speaker: Okay, and so would you like me to list those now so that you have them –

Next Speaker: Well –

Next Speaker: – on the record or do you want –

Next Speaker: Um, yeah. Go ahead and list them but then also –

Next Speaker: I won't read the rules, just list the –

Next Speaker: I have ****.

Next Speaker: Yeah, well, list what you're talking about, too –

Next Speaker: Okay.

Next Speaker: – so that we can go back, um, and then we can later, we'll go back and –

Next Speaker: Yeah.

Next Speaker: Okay, okay. Um, so, um, uh, it would start with, uh, 679, uh, .520 treatment of dental waste materials containing mercury, 679.535 the requirement to test, heat sterilize devices and the rules therein, um, uh, and then all the 818-012 sections unacceptable patient care, uh, license to notify the board for certain events, um, unprofessional conduct and what the definition of that would be, uh, how we handle diagnostic records, what our responsibilities are for maintaining and transferring, infection control guidelines, um, uh, patient record parameters and rules. Uh, it'd be administration of local anesthesia. We have new rules, uh, that have to do with, uh, lip color procedures applicable, uh, because it's interesting how administer local anesthetic for things outside of the scope of just the practice of dentistry and so we want to make sure that's referenced that these DHATs or, uh, um, uh, um, hygienists are administering local anesthetic, um, prescribing practices if a, uh, applicable. We know that RDHs can apply or I'm sorry can prescribe. I don't know what the rules are gonna be around, uh, DHATs in the pr, uh, in 100. Um, obtaining controlled substances if that's applicable, um, the recordkeeping for, uh, requirements for controlled substances, uh, and then all the rules that have to do with diversion of controlled substances. Um, and then, uh, state and nationwide, nationwide criminal background checks, uh, fitness determinations, can ****, can teenage patient requirements, uh, diversion, um, and seizure requirements, radiographic certificating requirements, uh, uh, with regards to training and safety and then, um, initiation of IV line and all that which would go along with anesthesia if that's applicable to anything that's going to be done; so there, that's the big chunk of rules in DPA that we think should be referenced and that there should be some guidance on because it would directly, um, pertain to the practice of dentistry in most settings.

Next Speaker: And so what we will do is take that information and work with, um, the attorney, the, the DOJ to determine how that may be incorporated –

Next Speaker: Okay.

Next Speaker: – and be, because of what we talked about before, the word licensing. Um, it says licensee in the language of the Practice Act so because they're not licensed then it gets into that how do you in, enforce that piece of that –

Next Speaker: Yeah. We can't –

Next Speaker: – so –

Next Speaker: – we understand that the OBD, we can't, we have no enforcement over these projects –

Next Speaker: But, there –

Next Speaker: – but –

Next Speaker: – if we're **** –

Next Speaker: – we're just giving you what –

Next Speaker: Yeah.

Next Speaker: – how, this is how we do it with our licensees –

Next Speaker: Yeah, exactly.

Next Speaker: – so, um, it's **** –

Next Speaker: So, we can pull those specific –

Next Speaker: So, yeah.

Next Speaker: – **** and see if there's anything in there that is also ****.

Next Speaker: I, uh, I'm not sure I understand what it is that we're trying to do here. I mean, we are not trying to rewrite the Dental Practice Act, right?

Next Speaker: Right.

Next Speaker: No. We're trying to reference it instead of rewriting it. It's –

Next Speaker: We're just referencing it.

Next Speaker: S –

Next Speaker: Yeah. We don't, uh, that's why I said at the very beginning of my statement was we're not trying to, I don't think we're trying to reinvent the wheel. We're trying to reference those things in the DPA that we believe protect the public.

Next Speaker: And what the applicable such as –

Next Speaker: Yeah, what would be applicable to this –

Next Speaker: Recordkeeping so the same standards –

Next Speaker: Hmm.

Next Speaker: – should apply for recordkeeping, um, for a DHAT project or for an EPDH project. Everything should, you, you should have to do the same standards. That make s –

Next Speaker: So, what, what, but, so what have, what have we done until now? Isn't that what we have done until now?

Next Speaker: We've done that until now. Um, it's just putting it in the rules.

Next Speaker: I think we're codifying things now. We're just sort of making it more –

Next Speaker: Yeah.

Next Speaker: – formal. Is that correct?

Next Speaker: That is –

Next Speaker: Yeah.

Next Speaker: – more for, it is correct, exactly.

Next Speaker: And that wasn't in the rules before?

Next Speaker: There was no component in there on, it was more, like, okay, you know. Now we're gonna start looking at these different components of charts and these are the things that should be, the, these are the things that, um, we would expect to see under, like, a standard of care but you should have that in rule form that those are those are the expectations.

Next Speaker: Uh, so, so what I'm, what I am concerned about is that, um, I mean, the whole idea of the dental pilot projects is that we are doing something that is different from, from what is going on at the moment because if we were doing this at the moment we didn't actually need the di, dental pilot projects.

Next Speaker: So, there's certain things - this is the way that we were looking at it. There's certain things that would be applicable just across dentistry.

Next Speaker: Yeah, but if you're doing, I mean –

Next Speaker: But not –

Next Speaker: – okay –

Next Speaker: – clinical pieces –

Next Speaker: – but if we're to –

Next Speaker: – of that.

Next Speaker: – so we have several parameters. We have the supervising dentist who's a licensed dentist. We have –

Next Speaker: Mm hmm.

Next Speaker: – uh, external evaluation who is also usually a licensed dentist that we have, uh, um, I mean, we have, all the, this entire environment, um, we're licensed people who are in their practice under the Dental Practice Act.

Next Speaker: Right.

Next Speaker: But then we do stuff like, say, in the community in a, in a dental band or, or in a, in a school.

Next Speaker: Mm hmm.

Next Speaker: Um, you cannot have the same rules for mobile, for mobile work that you have if you have a stationary clinic with dental assistants and then everything, I mean. I mean, it, it just doesn't make sense to me.

Next Speaker: Wi, which rules would, would you not ha, I, I'm, I'm thinking along the lines of, you know, minimum standards of care. Um –

Next Speaker: Hmm.

Next Speaker: – I'm not thinking along the lines of maybe s, the logistics of recordkeeping, you know, where –

Next Speaker: Hmm.

Next Speaker: – where it is different on a dental band although we are going to do on a **** now so it –

Next Speaker: Mm hmm.

Next Speaker: – sort of brings us up to date –

Next Speaker: Mm hmm.

Next Speaker: – but you're absolutely correct. There are, there are different standards in how we do our jobs and maybe logistically how things, records are kept and –

Next Speaker: Mm hmm.

Next Speaker: – um, uh, we interact with the patients. It's not comprehensive care, right? It's putting out fires.

Next Speaker: Mm hmm.

Next Speaker: But the standards of care, the level at which the procures we do perform, there should be a minimum standard and I, that's my point with this is that w, uh, no matter who provides the care –

Next Speaker: Mm hmm.

Next Speaker: – for our citizens, there has to be a minimum standard of care and that's what these rules to my mind outline is what the minimum standard should be 'cause we don't have that codified and written down then when someone goes awry from that w, w, what do we do? How do we correct it?

Next Speaker: Mm hmm.

Next Speaker: Well, and I –

Next Speaker: This is Jim McMahon. I, I, I believe this should be in. Uh, I believe that, uh, if we're protecting the public, which is what the Dental Practice Act does, uh, we need to protect the public in the, in any pilot project setting as well as, uh, as we do in our own private practices.

Next Speaker: Yeah. I'm not, uh, sort of against protect the public. I mean, but I mean, uh, I'm just wondering if, if, uh, applying all these, um, rules or dic, it depends on wh, what, what way they are being set because minimum standard of care is, I mean, it's, I mean in the, in G it actually references comply with infection control procedures so that's already there.

Next Speaker: Yes.

Next Speaker: So, we don't need to write that again, right?

Next Speaker: Right.

Next Speaker: Uh, they're all, there are other things e, elsewhere. I mean, X-ray machines is up, uh, a little bit before that under C, right so I'm just kind of thi, we, it's, it just seems to me that we are sort of going totally overboard, I mean, in, in terms of trying to essentially, um, sort of kinda box in, you know, the **** of doing. I, I don't mind protecting the public. I don't think anybody's out to not protect the public but, but, I mean, clearly, um, we have done that by setting up a whole bunch of control mechanisms that don't exist in a dental practice. In a dental practice, you have the regular Dental Practice Act and then you trust that the dentist is going to do whatever he's trained to do and, and here we have more, like, three f, different types of dentists who are involved in, uh, in these dental pilot projects. I mean, which you don't have anybody who controls a private practitioner except the dental board who is not there but in our pilot projects we have dentists who are there are the time so I mean, I think your **** –

Next Speaker: So, if the dentist was –

Next Speaker: – your situation.

Next Speaker: Can I reference something –

Next Speaker: Jim McMahan again. If the dentists who are there are obligated to comply with the Oregon Dental Practice Act, what's wrong a, and therefore they're taking responsibility for making sure that happens within the pilot projects then how can it be wrong to include the Dental Practice Act and rebur, refer to, uh, the, the sections of it that apply to the patient care that's being provided? There's no, i, i, it may be redundant to have, uh, infection control in the G section before, and you can take that out because it's alrea, uh, it's also referred to in the pr, Dental Practice Act but there's nothing wrong with, with citing the rules that those three supervising dentists are complying with and making sure that the pilot project complies with within the, within the pilot project guidelines.

Next Speaker: Sure.

Next Speaker: I just add in, on the original legislation, Page 2, it references the standards have to be the same. Uh –

Next Speaker: Yeah.

Next Speaker: – a person practicing dentistry or dental hygiene without a license under the subsection is subject to the same standard of care. This de, def, define **** –

Next Speaker: Hasn't the problem been communication, uh, and, and, and, and currently haven't we talked about that? Then why not be sure that we're communicating that in the, in the guidelines?

Next Speaker: I think it just helps clarify the minimum standards and where the applicable sections of the, of the DPA are which are referenced here. It's just –

Next Speaker: Exactly.

Next Speaker: – minimum standards.

Next Speaker: And to be clear, uh, this is Todd. To be clear with the list that I just read, the charge that I had for the last meeting which I have to admit Jen very much helped me with putting together, thank you, was what out of the DPA might apply to what we're doing? I wasn't meaning to imply that we need to put everything single thing in. I was throwing on everything that seemed to make –

Next Speaker: Okay.

Next Speaker: Right.

Next Speaker: – have, uh –

Next Speaker: Well, and it may be that you just wanna keep comply with the, um, applicable sections of the Oregon Dental Practice Act in consult, in consultation with OHA because based on each project, if it's a dental assistant project it's gonna have a little bit different scope on the, um –

Next Speaker: I think that makes –

Next Speaker: – on the Practice Act.

Next Speaker: – a lot of sense.

Next Speaker: Yeah.

Next Speaker: – so that at least OHA can kinda work with them and say okay. Here's the sections in the Oregon Dental Practice Act that you guys are going to have to, um, this type of project would have to fall in line with these, and we could work with Todd to have just kind of, like, a checklist of, um, these are all the rules that could apply and then based on a scope of that project 'cause each one's gonna be very different.

Next Speaker: That's true.

Next Speaker: That makes a lot of sense.

Next Speaker: That's true. I mean, we're not –

Next Speaker: – having to **** –

Next Speaker: – to get a **** –

Next Speaker: – cite knowledge –

Next Speaker: – of rules and actually the rules –

Next Speaker: Mm hmm.

Next Speaker: – I guess.

Next Speaker: I disagree **** –

Next Speaker: And it is mentioned in, like –

Next Speaker: – chicken/egg scenario that **** –

Next Speaker: What about –

Next Speaker: – talked about last time. Uh, I fully understand that the difference that each of the projects is gonna be unique –

Next Speaker: Mm hmm.

Next Speaker: – in its own scope but I think what this gets back to is our discussion last time and I'm sure it will come up that req, the necessity of it which had to consult with the Board of Dentistry on each of these projects in advance and maybe it's a rule, uh, consulting with a s, a subgroup of the board or a couple designated representatives and bring the allocation process. I mean, when is the most appropriate time to, to review all this? We're talkin' about future pilots and, and obviously the operations of ones that are up and running. Uh, uh, I feel like that's gonna get to be, we're gonna keep running into this further down the

line if we don't have something formalized referencing the consultation with the Board of Dentistry.

Next Speaker: Okay.

Next Speaker: I was wondering if we could have everything that you mentioned. It was a pretty good list.

Next Speaker: List.

Next Speaker: Mm hmm.

Next Speaker: It's, you know, I was gonna try to keep notes but it was too –

Next Speaker: Yep.

Next Speaker: – much so and it would help me a lot if you –

Next Speaker: Sure, but –

Next Speaker: – could have –

Next Speaker: – what we'll do, we can, we can send you the, I mean they're all outlined in here so we'll just send you the, um –

Next Speaker: Perfect.

Next Speaker: – uh, the statute **** statute, sorry, the rule numbers.

Next Speaker: That would be very ****.

Next Speaker: Yeah.

Next Speaker: That'd be –

Next Speaker: Yeah.

Next Speaker: – great.

Next Speaker: Okay, so let's move on to, um, next number. Um, so, uh, No. 2, have appropriately qualified instructors to prepare trainees and then under A, a project must have a number and distribution of qualified instructors sufficient to meet project objectives who have been approved by the authority. Anybody have any questions about, um, okay and then B. Instructors must be currently licensed in dentistry, dental hygiene or another appropriate health discipline and have current knowledge and skill on the topics they will teach. Any questions on that?

Next Speaker: So, license in dentistry in the state of Oregon or license in dentistry in general?

Next Speaker: License in dentistry in general 'cause of the training program for, like, the No. 100 project they're training up in Alaska. Um, also, you know, the, uh, I don't know a lot about, um, military but you could have a license in –

Next Speaker: California –

Next Speaker: – wherever and you could –

Next Speaker: Mm hmm.

Next Speaker: – or trainers –

Next Speaker: –work on the military –

Next Speaker: –in California –

Next Speaker: – so, um –

Next Speaker: So, in these projects, how ma, so the, the way these work then is that they're trained, their, the, the basics or the, the, the school part of it is in another state, like, in California –

Next Speaker: No, could be online.

Next Speaker: Could be anywhere.

Next Speaker: Could be –

Next Speaker: Yeah.

Next Speaker: – anywhere.

Next Speaker: Anywhere.

Next Speaker: I was just online.

Next Speaker: Okay, so –

Next Speaker: Yeah.

Next Speaker: – the practice, a part where they're actually treating patients, though –

Next Speaker: Isn't **** –

Next Speaker: That's in **** –

Next Speaker: – where **** did we say that's supervised by a, a licensed Oregon dentist?

Next Speaker: Yeah, and that was –

Next Speaker: It, it –

Next Speaker: – what was ****.

Next Speaker: – is said in here for that, right?

Next Speaker: Mm hmm.

Next Speaker: Yeah.

Next Speaker: So, we're just talking about the instructors in general? We're not talking about supervising instructors –

Next Speaker: Correct.

Next Speaker: – in the clinical setting? Okay.

Next Speaker: Yeah.

Next Speaker: We're talking about the –

Next Speaker: That –

Next Speaker: – the ****.

Next Speaker: Okay.

Next Speaker: Then I –

Next Speaker: That makes sense.

Next Speaker: – would say on, on the supervision piece it's not applicable to our **** as it currently stands but all tribal programs as federal programs have the ability to hire dentists from, that are licensed in any state so –

Next Speaker: Yeah.

Next Speaker: – for example we work with dentists not in, as part of our project but in other clinics, um, travel clinics that have licenses not necessarily from the state that they're working in and that's just because of the way that the tribal health system is set up so I, if –

Next Speaker: It's similar with **** –

Next Speaker: Federal.

Next Speaker: – it's, the, it's the similar with the VA. Any federal program, um, so I would say I didn't, I don't think we're talking about that right now but –

Next Speaker: No.

Next Speaker: – I would say that that limitation would immediately exclude tribal programs. That would be a problem.

Next Speaker: But I think it's fine as it is.

Next Speaker: I, I do. I just want a clarification.

Next Speaker: Mm.

Next Speaker: Yeah.

Next Speaker: Yeah.

Next Speaker: Okay, so No. 3, provide instructions to trainees following the curriculum plan approved by the authority and this language is a little bit of a problem because we, um, on Page 4 under the curriculum plan language actually changed to training program so this is the only point we actually say this so we need to clean this up and probably just, we could say following the training plan.

Next Speaker: Yeah. I don't know why, though.

Next Speaker: I mean, that would –

Next Speaker: Where are you on Page 4 for referencing that?

Next Speaker: Oh, let me go there. Too many cases ****.

Next Speaker: Is it Page 3 that, that you defined training ****?

Next Speaker: I wonder if it got moved.

Next Speaker: It might've gotten moved but keep track of ****.

Next Speaker: Yeah. It is Page 3. It's under training phase, um, and that's, we don't approve a curriculum in, within there, either so it's a little bit. We need to, we can come back to this, um, and tighten the language up so it's reflective because right now that's the only place that that appears so I will put **** –

Next Speaker: Or why, why don't you just say training, Sarah? I mean, um, following the training approved by the authority?

Next Speaker: Yeah. That makes sense to me.

Next Speaker: Okay. Okay, we're back to Page 10 on No. 4. Assure that trainees, it, it's the same language from the past. Does anybody have any problem with No. 4? Starts with assure the trainees?

Next Speaker: And we only added email under A and B under –

Next Speaker: Under –

Next Speaker: – that –

Next Speaker: – Page 11 –

Next Speaker: Just –

Next Speaker: – um –

Next Speaker: – to keep up with the modern ****?

Next Speaker: Yeah. It didn't have email in there so we, we did under A and B add email. Um, under the next A and B, um, B, explain whether there's no assurance of a future change in law or regulations. Um, that language was in the, uh, doc, in the rules already. It was just moved, so it's not new, but it's new in its location so moving down to 6A, training materials must be provided to the authority upon request. Are there any questions about this?

Next Speaker: How are you defining training materials?

Next Speaker: Um –

Next Speaker: What is, and, and I'm asking because I know that there was a question about, um, s, about our curriculum and –

Next Speaker: What did say about it?

Next Speaker: Well, there was a request earlier in the year from our advisory committee for the full curriculum which now that I'm in the process of purchasing that full curriculum I recognize why they didn't want to just give it to us so I'm just wondering.

Next Speaker: Okay.

Next Speaker: I'm, like, oh.

Next Speaker: What was wrong with it?

Next Speaker: It's so expensive.

Next Speaker: The proprietary –

Next Speaker: Right, so I'm just wondering how you're defining, um, training materials.

Next Speaker: I think it's everything because I remember I, we opened up, uh, our online, um, online program to –

Next Speaker: Yeah.

Next Speaker: – uh, Kelly and Sarah so they were able to actually go in as trainees and essentially access all of the materials, um, so, I mean, I just think that that's the, the training –

Next Speaker: I mean **** –

Next Speaker: – materials that are being used to train the trainees. I mean, that's –

Next Speaker: Yeah.

Next Speaker: – essentially the –

Next Speaker: That makes sense.

Next Speaker: – that's it, right?

Next Speaker: Is there a way, um, so, to your, to your point though, would there be a way to limit the dissemination of those materials so that if, if it, authorization was given; like, we were, if we were able to see what you're talking about but you didn't want to distribute it?

Next Speaker: Um, yeah.

Next Speaker: Is that your concern?

Next Speaker: I don't, I don't, well, part of his concern is that the school just wouldn't give it to us, um –

Next Speaker: Okay.

Next Speaker: – like, no. We sell this for hundreds of thousands of dollars. You can't have it –

Next Speaker: Okay.

Next Speaker: – so, um, but they were, they did provide samples and –

Next Speaker: Yeah.

Next Speaker: – other things like that so you could get a general sense of it and honestly if you wanted to sit in on classes that **** be much ***** you would **** be absolutely appropriate, as well.

Next Speaker: Mm.

Next Speaker: It was just that they didn't wanna give over their full –

Next Speaker: Mm hmm.

Next Speaker: – curriculum –

Next Speaker: Okay.

Next Speaker: – um, to a place where it could be made public.

Next Speaker: But how can, how can it not, if they do that, how can it be a, a credit?

Next Speaker: Well, they gonna give it to their accrediting agency but –

Next Speaker: They don't wanna give it to us but they want, they can, they can give it to ****.

Next Speaker: But, like, they didn't give it to me. We're settin' –

Next Speaker: Okay.

Next Speaker: – up a training program. They wouldn't give it to me until we bought it –

Next Speaker: Okay.

Next Speaker: – and then we gave it to the college, right, because we're implementing a program.

Next Speaker: That's ****, that's **** –

Next Speaker: Well, I mean, but it's, that's standard practice, right? If you develop a humanities course and, you know, **** basket making or something and you want to have that curriculum at another school, that's a significant amount of intellectual property that you're handing to somebody that has money and time to develop and so schools sell them. I didn't know that. Now I know that.

Next Speaker: Well, that makes sense –

Next Speaker: Hmm.

Next Speaker: – so –

Next Speaker: Yeah. The problem is that if you give it to OHAs it's public record.

Next Speaker: Public record.

Next Speaker: And I –

Next Speaker: Like, uh, information –

Next Speaker: – **** okay.

Next Speaker: Yeah.

Next Speaker: All right, so we need to come back to this and determine how we can better define that based on the concerns****.

Next Speaker: Right. I mean, I ****, we're obviously I would imagine any training, any program would be happy to provide training materials and other things like that but I'm curious to what that, how that is defined 'cause it's not clear and so it could leave a project subject to somebody saying yes, but you signed up for this thing and it said you would send us this.

Next Speaker: Okay.

Next Speaker: So, just wanna make sure there's some protection there for the institutions that are participating.

Next Speaker: But it could be if you, you changed the wording because obviously you don't need to have it provided. If it is accessible to you then it's a different thing or it could be shared with you under, uh, negotiated conditions, um –

Next Speaker: Yeah.

Next Speaker: Then you just need to use a different word than –

Next Speaker: Yes.

Next Speaker: – provided so any materials must be shared with the authority **** –

Next Speaker: Or accessible to –

Next Speaker: Access –

Next Speaker: – or be accessible to –

Next Speaker: That's all ***** –

Next Speaker: – the authority.

Next Speaker: – you're, what you're talking about ****.

Next Speaker: Well, I don't know **** the whole thing if, like, just be –

Next Speaker: Mm hmm.

Next Speaker: – I wouldn't necessary be able to have access to it.

Next Speaker: Why not?

Next Speaker: Can we, can we talk a little bit about, um, what OHA would like to do with those training materials? Perhaps if we know that, we can find some other language to accommodate that.

Next Speaker: Um, what does OA, I think it's just part of the overall scope of the application was the training. I mean, that was a significant chunk of that –

Next Speaker: They, they –

Next Speaker: – goes into the training.

Next Speaker: – uh, what, uh, the way we, uh, interpreted it as I was, um, uh, that if you want to have something approved, you obviously need to be transparent and show what you are, what you are intending to do –

Next Speaker: Mm hmm.

Next Speaker: –um, and it could be for instance that we would not be overtraining, like, say, trainees that, uh, wouldn't be part of the curriculum that would be inappropriate for the, um, for the objectives of the, of the, uh, project that we were doing.

Next Speaker: You know, we provide **** –

Next Speaker: Maybe, would an outline be appropriate? Would that, um, would entities be able to comply with a detailed training outline?

Next Speaker: Right.

Next Speaker: Would –

Next Speaker: I think to Heather's point, we've p, I think we've provided a, a full course list. We've provided selected syllabi.

Next Speaker: Yeah.

Next Speaker: We've provided –

Next Speaker: Yeah.

Next Speaker: – the full materials from, like, one of the courses in the full course list so they could see how the courses were structured.

Next Speaker: Hmm.

Next Speaker: Um, but we didn't do that for the full 72-credit hours we –

Next Speaker: Right.

Next Speaker: – 'cause that woulda been an ex, an enormous amount of stuff. I don't think you'd be done reading it –

Next Speaker: Can ****.

Next Speaker: Right. You'd still be reading it today, um, and then they, there was a site visit to the training program. There was an opportunity to meet instructors. I mean, there was a lot of access to the program but I, there was a request at one point for the full curriculum –

Next Speaker: Mm hmm.

Next Speaker: – but the school said no –

Next Speaker: Right.

Next Speaker: – um, and then we just w, so then there woulda been no way for us to comply because –

Next Speaker: Mm hmm.

Next Speaker: – it's not like we –

Next Speaker: Yeah.

Next Speaker: – could've gotten that so.

Next Speaker: So, we need to work at, on the real world feasibility issues here.

Next Speaker: I think you could use the word accessible –

Next Speaker: Yeah.

Next Speaker: – and try and find a way to use that.

Next Speaker: We **** –

Next Speaker: Because it's really –

Next Speaker: – talked to our, our counsel about the, the, like, public record issues as well.

Next Speaker: Yeah, okay.

Next Speaker: Right.

Next Speaker: I mean, I think it's reasonable to ask or expect pilot projects to provide a list of courses, the training outline, maybe a brief description of those courses and course syllabi, um. If, I don't know that it's necessary to okay, send us all of your course activity. That seems a little overboard, but I think what's important is testing for robustness. You know, that students are actually engaged in meaningful curriculum and that they're getting hours in doing the right types of things. That's just my opinion.

Next Speaker: Why don't we –

Next Speaker: **** take us back to Shannon just for some language verification. Um, I mean, just that's the –

Next Speaker: Yep.

Next Speaker: – intent is to be able to just in transparency know what the training looks like for the providers.

Next Speaker: Absolutely.

Next Speaker: Yeah.

Next Speaker: Okay, so No. 7 is, uh, not new. Number, any, any questions with No. 7 and No. 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 and this'll be the project evaluation monitoring by sponsor, that, that new section. Um, da, new, let me get into

that in a little bit. Um, No. 9, report serious adverse events to the authority the day they occur. Uh, is this the adverse event **** –

Next Speaker: Uh, this is Jim McMahan. I, I'm kinda concerned about, uh, serious. How do you define serious?

Next Speaker: Yeah. We might need to go back and define serious. That is based on, um, uh, the, it, one of the handouts is a, uh, bibliography of adverse and patient safety reporting, and the very last one includes, um, the last page includes a, uh, Health and Human Services office research and, and the idea there is they, they describe serious as life threatening versus other adverse events that may occur. We don't wanna create a, a reporting bog down where every single adverse event has to be reported the day of but serious, life-threatening ones do need to, so we might need to add that to the, the definitions, I wonder of, um, actually serious, but this bibliography is just provided for your information, uh. It was requested last time so.

Next Speaker: Mm. Okay.

Next Speaker: I, I think, I think we need to be more, uh, more inclusive of adverse events. Uh, life threatening rarely occurs in dentistry. I mean, I can't think of a life-threatening event in my 35-year career, uh, uh, but there are lots of a, there are serious consequences that can threaten the longevity or retention of a tooth. I mean, we're talkin' about dentistry here and so I, I, I'm not comfortable entirely with the fact that we're only talking about serious, uh, life-threatening events –

Next Speaker: So –

Next Speaker: – when we're talking about a pilot project that's supposed to evaluate care –

Next Speaker: So, if you go –

Next Speaker: – quality of care.

Next Speaker: Um, this is Sarah. If you go back to Page 1 of your new RAC document under, and we were gonna get back here but since we're, we're talkin' about this right now we should just talk about it. Under definitions under No. 1, it says adverse event means harm caused by dental treatment regardless of whether it is associated with error or considered preventable, so it sounds like we're talking about two different things. We have dental adverse –

Next Speaker: Okay.

Next Speaker: – events –

Next Speaker: We have –

Next Speaker: – which would be part of the evaluation, that'd be part of the, and that also gets into that issue that we talked about last time are under complications under No. 5 where it says complications means a disease or injury that develops during the treatment of an earlier ****; so we have adverse events under b, No. 1 here, complications on No. 5 and then back on

Page 11 we have report serious adverse events to the authority the day they occur so **** so maybe that language there needs to be changed so we're not –

Next Speaker: Yeah.

Next Speaker: – confusing the two w, adverse events, death versus, like, problems with, with a tooth.

Next Speaker: Well, maybe the, the, the, the day they occur might be the problem, too.

Next Speaker: Right.

Next Speaker: Well, if we're talking, this is under, this is under minimum standards –

Next Speaker: Minimum standards.

Next Speaker: – so this is, like, and you're right. It's rare, and it probably will not happen but if somebody dies OHA needs to know about it the day it happens. It's not –

Next Speaker: **** the –

Next Speaker: –yeah.

Next Speaker: – uh.

Next Speaker: What's that?

Next Speaker: Well, the J **** –

Next Speaker: Or the beginning, yeah, exactly, exactly, uh, exactly.

Next Speaker: Is there a timeline for reporting? I mean, I know there is but do we spell out the timeline for reporting dental adverse events?

Next Speaker: That would be part of your evaluation and monitoring component.

Next Speaker: And quarterly one.

Next Speaker: And, yeah, exactly. So we, I think the language under No. 9, the serious adverse events could be changed to be reflective of the like life death, really bad thing.

Next Speaker: **** the dental practice act.

Next Speaker: I think we'd be comfortable, I'd be comfortable with that as long as that's addressed elsewhere. You know, we need to report all, uh, all, all complications, uh, un, untoward consequences, you know, whatever you want to call that and clarify the language and as long as that's covered elsewhere.

Next Speaker: Okay.

Next Speaker: Okay.

Next Speaker: What was your question?

Next Speaker: I'm just wondering where do a resides in the Dental Practice Act?

Next Speaker: I don't think they're in the Dental Practice Act.

Next Speaker: They aren't ****.

Next Speaker: ****.

Next Speaker: Okay.

Next Speaker: So if they **** more specifically with anesthesia, so if there is, um, if there is a death, um, or a complication and significant, like someone arrests or **** EMS has to be called, that has to be reported. I don't remember how long. I don't think it's the day of. I think **** amount of time, that has to be reported to the Board of Dentistry. As far as like, you know, the, uh, uh, a dental event that's not life threatening, that, I don't think there's any requirement to report that to the Board. I think it's just life threatening or actual death, uh, hospitalization, something that's a serious, uh, and that's ****.

Next Speaker: But, but in, but in the interest of making this, I mean, we were talking about that in the practice like just a moment ago, we, if we want to comply with the Dental Practice Act, why don't we use the same, uh, the same language as what is in the Dental Practice Act?

Next Speaker: We love all the ****, I mean if it can kind of make sense that –

Next Speaker: They, I mean, for school **** programs we require certified programs to notify us not within like 24 hours but to notify us of adverse events and there has been situations where a child had to seek medical care due to an allergic reaction during **** placement, so those are things that we wanted to be aware of just to make sure that that child, you know, that the care is followed up ****, even though it may not be in the Dental Practice Act, it's part, we did require that as part of the certification.

Next Speaker: But would you call that a serious adverse event or would you just call it an adverse event?

Next Speaker: Uh, no, we just, we didn't define, we just said any adverse event, but we didn't put, you know, not within 24 hours but obviously within like 1 week and a week, you know, talk to them during the training about that. So, and it's **** –

Next Speaker: So my, my problem, my problem is when we stop start changing sort of the meaning and language of things that has another meaning in, in regulations, in the stuff that we usually deal with like, if we deal with the Dental Practice Act and we are referring to the Dental Practice Act in this entire section of minimum standards, and we certainly then make something that is different that we don't even know what is, except if it is life threatening, if it is life threatening and somebody dies, for sure somebody would know about it, I mean, I don't think we need to have it in a set of regulations that it needs to be reported, I mean, and it's definitely an adverse event. And I, and so I, I'm just kind of wondering, you know –

Next Speaker: Well.

Next Speaker: – what is this language used for? I mean, what is it intended to do essentially?

Next Speaker: So remember the Board, Board of Dentistry isn't involved in this so nor, under the circumstances you're describing they would have reported to the Board, but the pilot project **** for the purview of what you're talking about. But because they're not involved, they have to, they would report to OHA. There's just some reporting mechanisms if somebody is, is aware of it.

Next Speaker: Okay. So here's, here's the thing.

Next Speaker: That's ****.

Next Speaker: If there is a supervising dentist who is licensed by the Board of Dentistry –

Next Speaker: It's ****.

Next Speaker: – and somebody dies under his or her care –

Next Speaker: Mm hmm.

Next Speaker: – I'm pretty sure that that would need to be reported to the Board –

Next Speaker: Yes.

Next Speaker: – of Dentistry, whether he was in the pilot practice or not.

Next Speaker: Right.

Next Speaker: Unless it's on, uh, like Jennie's records on tribal land that is ****.

Next Speaker: Okay. So, so then –

Next Speaker: No, it wouldn't.

Next Speaker: We'd still ****.

Next Speaker: – well, but they, but then it doesn't matter –

Next Speaker: Okay, well yeah.

Next Speaker: – whether it's ****.

Next Speaker: ****.

Next Speaker: No, no. I, I'm not tryin' to pick out. I'm just saying that's, that's a fact –

Next Speaker: Yes.

Next Speaker: I mean, that's –

Next Speaker: **** reported to the Board 'cause we have no authority.

Next Speaker: – But most of our dentists are like licensed in Oregon, just some of them just ****. Okay?

Next Speaker: So why don't we look the, the Dental Practice Act's language ****.

Next Speaker: ****.

Next Speaker: – I, I know you know, so, so we can be consistent with that. Rather than bring with the HSF language.

Next Speaker: Mm, okay.

Next Speaker: Um.

Next Speaker: Okay.

Next Speaker: I, I, I just because we were, we had used a lot of time to **** about the Dental Practice Act we are still in the same section of minimum standards.

Next Speaker: Yeah.

Next Speaker: And, and, uh, we have established that we would refer to the Dental Practice Act so let's do that.

Next Speaker: Okay.

Next Speaker: I mean then ensure that, that the language, uh, across the boarders consistently.

Next Speaker: So let's move down to, um, dental private project informed consent.

Next Speaker: Wait, you skipped No. 10, it's the only one I ****.

Next Speaker: Oh, I did. I'm sorry. So then a detailed quarterly monitoring data and a format requested by the program staff. And this –

Next Speaker: Now –

Next Speaker: – is, um, what the projects do now.

Next Speaker: – yeah, my only comment there is that we should add the language as approved in the evaluation and monitoring plan. I think it's prudent to have, um, requests, to have it tied back to the evaluation monitoring plan, um, and that it should be a conversation that sort of had a front because it takes significant, like for us to generate that we had to, **** Dentrix is nobody's friend, um, so there's been a lot of work on the back end of Dentrix to try to get all of them and it just takes a lot of resources and if we'd known of those resources up front as we were designing our evaluation and monitoring –

Next Speaker: Right.

Next Speaker: – so our structures around that plan it would have, it would have helped in our budgeting and so, um, –

Next Speaker: Mm hmm.

Next Speaker: – I just think for things like, like any detailed reports or any reports that the authority is asking for that they be ultimately included in the evaluation and monitoring plan, so that if there are changes to those, they have to go through that, that interim process of having a conversation about it and to make sure that everybody has a mutual understanding of what that is and has the available training and conversations happen so that the project can successfully provide those.

Next Speaker: ****.

Next Speaker: Okay. So moving down to informed consent, um, just to clarify this overall section here on page, starting at the bottom of Page 11 and moving on over to Page 12, um, informed consent, I mean this section is broken out in two components. You have an informed consent to see the trainee and the second case is that you have the informed consent, um, component where you are getting the actual dental treatment. So there's two sections here. So the first part is, um, that it's, um, is sponsor **** that each patient or person legally authorized to provide consent on behalf of the patient has provided written information about the dental pilot project and who will be providing the treatment gives written consent to be treated by the dental pilot project and gives informed consent for treatment. And then –

Next Speaker: Does informed consent imply that – I mean, I'm assuming that the word informed consent implies that you've discussed the risks and complications, alternatives, the whole thing, right? That, that is ****? Yeah? Okay.

Next Speaker: Uh huh.

Next Speaker: Okay.

Next Speaker: And then, Number 2, um, and this kind of, it spells, out what you just basically said, but written informed consent about the project, who will be providing treatment and must include, but is not limited to, an ex, and then A, top of Page 12, an explanation of the role and status of the trainee, including the availability of the trainee's supervisor for consultation, B, an explanation that the patient can refuse care from a trainee, without penalty for such a request, C, identification that consenting to treatment by a trainee does not constitute assumption of risk by the patient and the rest of this is fairly new. Uh, D, a description of the trainee's level of training and experience, whether trainee is licensed or unlicensed, who is supervising the trainee and the trainee's approved scope of practice. Any questions about any of this?

Next Speaker: Well, what's different in the, from the first three ones?

Next Speaker: Um, well –

Next Speaker: It's like it's giving a little bit more detail about in A, an explanation of the role and status of the trainee.

Next Speaker: But then why do we need A? I mean, it's the same, it's the same –

Next Speaker: Or, or do we –

Next Speaker: – language. It says a description of the trainee's level of training and experience, that's the role and status of the trainee, include the **** trainee supervisor for ****.

Next Speaker: You can say –

Next Speaker: And it said here who is supervising the trainee and the trainee's approved scope of practice.

Next Speaker: – all right, we could then give that specifically a description dah, dah, dah, dah and just put, tag D on the end of A.

Next Speaker: Yep, we could combine, combine that **** –

Next Speaker: So, so they are giving, uh, them what?

Next Speaker: The desire is to disclose exactly what level – I'm kind of with you on this, I don't understand the need for this particular part. Is it so that the patient is aware of exactly what level the trainee's been to? And if that's the case, this is gonna be a really legal **** document, right? 'Cause as the, –

Next Speaker: ****.

Next Speaker: – as the trainee matriculates, that's gonna change, –

Next Speaker: Right.

Next Speaker: – their, their scope and what they, what they can do so.

Next Speaker: So it could be, um, removed, the, the experience, it, description of the trainee's level of trainee.

Next Speaker: I also wonder whether a patient would really understand that.

Next Speaker: I don't know that they would, yeah.

Next Speaker: I mean, –

Next Speaker: Or the scope of practice either.

Next Speaker: – I wouldn't and I'm **** at this a little bit more than most.

Next Speaker: Yeah, yeah.

Next Speaker: Especially if the patient visit, 5 year old child.

Next Speaker: Yeah, well as a parent, yeah.

Next Speaker: Well then, it'd be the legally –

Next Speaker: Um, –

Next Speaker: Well but you have to have the parent's consent.

Next Speaker: Right.

Next Speaker: – I think the purpose of this is that the patient is informed that they are seeing an unlicensed, potentially for the scope that the person's doing.

Next Speaker: Sure.

Next Speaker: That's clear.

Next Speaker: And that makes sense.

Next Speaker: Mm hmm.

Next Speaker: And what, so what are the things that we struggle with too, that, and, and I appreciate that we've had these conversations so much at the board and we're doing rules about how we wanna get specific and we wanna cover every possible thing that can happen. Um, what we have found is that it's, it's, somewhat better to leave things not as specific sometimes –

Next Speaker: Mm hmm.

Next Speaker: – and not dive into so much detail because it boxes you in, –

Next Speaker: Yeah.

Next Speaker: – um, as a regulatory body –

Next Speaker: Mm hmm.

Next Speaker: – and so, uh, I, I think, I think A, um, just the explanation of the role and status of the trainee, to me, that tells the, the patient, or the –

Next Speaker: Mm hmm.

Next Speaker: – patient's guardian or parent probably everything they need to know about, I mean, they know, it's someone, it's someone in training, 'cause, um, at the school, uh, you know, we don't, the informed consent, does it, I don't even know, does it say anything about hey, a student's working on you and they're not licensed?

Next Speaker: ****.

Next Speaker: But it, but it doesn't go into a lotta detail as to, like, this is their second year, these are what they completed, right?

Next Speaker: No.

Next Speaker: It's just that a general statement that says –

Next Speaker: ****.

Next Speaker: – there's students and there's faculty and the faculty will be watching the students.

Next Speaker: Of course.

Next Speaker: Yeah, so I think, –

Next Speaker: See that might be a good ****.

Next Speaker: – I think that type of **** –

Next Speaker: Yeah.

Next Speaker: – the school uses would make a lot more sense than trying to get **** and saying well, they've done anesthetic but they haven't done a filling, you know, getting into some sort of, of list.

Next Speaker: Besides something like say the expanded practice dental hygienist is clearly licensed –

Next Speaker: Exactly.

Next Speaker: – but she's not licensed to do ITRs.

Next Speaker: Exactly.

Next Speaker: Right.

Next Speaker: That's what's ****.

Next Speaker: So should we start explaining, you know, so she's only licensed to do this, I mean, but now she's doing something else on you, I mean, so we hope that's okay, I mean, I mean, come on, I mean, you know, I mean, I, I just feel that sometimes this, this goes a little bit beyond, I mean, what is necessary.

Next Speaker: Sure.

Next Speaker: Okay.

Next Speaker: I appreciate the intent though, I do because we wanna be specific –

Next Speaker: Mm hmm.

Next Speaker: – if we wanna give people clarity, so –

Next Speaker: Mm hmm.

Next Speaker: – I very much appreciate the intent but it can get a little –

Next Speaker: ****.

Next Speaker: – a little ****.

Next Speaker: So they're consenting to be treated in a pilot project, essentially?

Next Speaker: Understanding they're being worked on by someone who's in training.

Next Speaker: Yeah.

Next Speaker: Which I, I, I think that, I don't think it needs to go much further than that actually.

Next Speaker: Yeah.

Next Speaker: Okay so we'll –

Next Speaker: And they can always ask questions.

Next Speaker: – look, look at that. Um, so let's move down to Number 4, 'cause it sounds like you need to work on some of the language about that, you know, –

Next Speaker: Oh, so Number 3 is –

Next Speaker: – what's gonna be in the document, you know, it needs to be, it needs to match all the language that potentially will be above it that will probably be re-worked. Does anybody have any questions about that?

Next Speaker: But, uh, you jumped over 3, is that what you mean?

Next Speaker: Well, we're gonna go back and revise the language above that, um, probably remove some of it, consolidate it. Um, it just, if we can read it says the following language must be included on the documents, so the long, language we're referencing above is gonna be different, um, and then I, and the name of person, have read and understand the above information concerning the treatment I can receive from this dental pilot project and I agree to the trainee of this project providing me the treatment. ****.

Next Speaker: I actually think that our consent form is much more detailed than that, –

Next Speaker: Probably.

Next Speaker: – I mean, uh, –

Next Speaker: This is the minimum, so you can go –

Next Speaker: Well, it, does it clearly state it that that's the ****.

Next Speaker: Well, you can go beyond that, –

Next Speaker: So –

Next Speaker: – I mean, why wouldn't you be able to go beyond that?

Next Speaker: Well, but we left the minimum standard section and we're now in informed consent, so you're right, as read, you could say well, this is –

Next Speaker: ****.

Next Speaker: But –

Next Speaker: – so you've written my informed consent form for me and so I –

Next Speaker: But, but ours went through IRP. IRP would not accept something like this.

Next Speaker: ****.

Next Speaker: I mean, you know, um, –

Next Speaker: Well and it sounds like you wanna look at the dental schools –

Next Speaker: Right.

Next Speaker: – as more of a template too, so –

Next Speaker: Yeah.

Next Speaker: – it might make more sense –

Next Speaker: So we might need to –

Next Speaker: – to just –

Next Speaker: – reconsider this whole section.

Next Speaker: Yeah, exactly.

Next Speaker: Okay.

Next Speaker: Okay so moving on to Number 4. This is a separate piece, um, informed consent for treatment. So this is the bottom of Page 12. Um, Big A, explaining in a language that the patient understands, in general terms, the procedure or treatment to be undertaken, that there may be alternative procedures or methods of treatment, if applicable and the risk to the procedure or treatment, if applicable. Any questions? B, um, after the explanation in Subsection A of this section, asking the patient if the patient wants a detailed, more detailed explanation. If the patient requests further explanation, such an explanation can be provided,

must, must be provided, including in substantial detail the procedure, the viable alternatives and the material risks, unless to do so would be material, detrimental to the patient in determining that further explanation would be material detrimental to the dental project manager shall give – and I don't know about that – shall give due consideration to the standards of –

Next Speaker: ****.

Next Speaker: – practice of reasonable dental practitioners in a same or a similar community under the same or similar circumstances.

Next Speaker: Wow, ****.

Next Speaker: Lots of words.

Next Speaker: Lotta words.

Next Speaker: Well, well –

Next Speaker: I'm not sure where all this comes from but –

Next Speaker: What's the meaning? What are you trying to –

Next Speaker: I, I, I'm curious, I mean.

Next Speaker: Uh huh.

Next Speaker: I think that, that she went, the purpose of this, she, we're trying to define it in terms of what's required, um, to be presented to patients, uh, regarding treatment and there was, it, there were, it, there were, there was, con, back and forth issues with one of the projects, um, related to this about what needs to be written, what needs to be verbally told, um, you know, practice act, if we're, if we're going back to language from the practice act – I'm pointing to you 'cause –

Next Speaker: I know.

Next Speaker: – you are the practice act.

Next Speaker: ****.

Next Speaker: Um, I'm thinking, like –

Next Speaker: And you don't know ****.

Next Speaker: – in there, I ****.

Next Speaker: Really?

Next Speaker: **** the only person who has ****.

Next Speaker: You know, I was like ****. I'm thinking, um, in there, they don't, they, theirs is, it's, it's very short, um, under informed consent, it's like PARQ and it –

Next Speaker: It's PARQ or it's equivalent, 'cause it, uh, –'

Next Speaker: Yeah, so why couldn't we reference that –'

Next Speaker: Well, that seems to make a lot of sense to me.

Next Speaker: – here, 'cause this is a lotta words.

Next Speaker: Exactly.

Next Speaker: – right? And, but then –

Next Speaker: Yeah.

Next Speaker: – this part here, where it gives a couple of outs, so you need to do that, unless to do so would be materially detrimental to the patient or materially, materially detrimental to the dental project manager. What the heck does that mean?

Next Speaker: No, no, that –

Next Speaker: I'm not –

Next Speaker: – should, that's missing a comma here.

Next Speaker: Okay.

Next Speaker: There should be a comma after detrimental.

Next Speaker: Yeah.

Next Speaker: The, the, the dent, then the manager should ****.

Next Speaker: The dental, yeah, **** there is, there is a comma missing. It's a very important comma.

Next Speaker: Comma, the dental.

Next Speaker: Eli, you're really good.

Next Speaker: ****.

Next Speaker: **** project manager shall give due consideration to the standards of practice. It's giving the dental project manager an out to not follow the standards of practice. Is that what I, am I reading that incorrectly?

Next Speaker: Um, –

Next Speaker: Do you mean the project dental, I mean, this goes back to the conversation we had last time. Who was the dental –

Next Speaker: Right.

Next Speaker: Yeah.

Next Speaker: – project manager? Is that the dental director person –

Next Speaker: Uh, it would be –

Next Speaker: – or is that, –

Next Speaker: – yeah.

Next Speaker: – okay.

Next Speaker: Um, what the, –

Next Speaker: The supervisor ****.

Next Speaker: – but what's interesting about this is –

Next Speaker: **** supervisor ****.

Next Speaker: – that person wouldn't be necessarily –

Next Speaker: Yeah.

Next Speaker: – in the clinic, like ever, so it would be, it'd have to be the supervising dentist in this point.

Next Speaker: Mm hmm.

Next Speaker: Um, I'm just wondering if this whole section, in general, –

Next Speaker: Mm hmm.

Next Speaker: – we could just use the language in the practice act –

Next Speaker: I, I, I –

Next Speaker: – because it's, it's, –

Next Speaker: We would prefer that.

Next Speaker: – **** because this gives whoever this entity is –

Next Speaker: Yeah.

Next Speaker: – an out not to follow the standard of care –

Next Speaker: That's ****.

Next Speaker: – the way I read it, even with the comma. I, I don't think that's, –

Next Speaker: Yeah.

Next Speaker: Maybe we'll just keep the comma and delete all the rest.

Next Speaker: – I don't think that's ****.

Next Speaker: So, –

Next Speaker: That's, yeah, let's keep the comma.

Next Speaker: – let's go, yeah, so I think what we're gonna do, 'cause this is, this is wonky, we're gonna go and look at that language and, and here and I know it's **** 'cause I've seen it, um, and then we will re, revisit this at our next meeting –

Next Speaker: Okay.

Next Speaker: – because that's a lotta stuff.

Next Speaker: And we, I mean, from our perspective, we are more comfortable doing what is currently required in a dental office, since our projects –

Next Speaker: Yeah, exactly, yeah.

Next Speaker: – are in dental offices and so –

Next Speaker: Mmm.

Next Speaker: – to, to have –

Next Speaker: This is weird.

Next Speaker: – all of your providers doing one thing, as prescribed by the dental practice act and then, one person in the office doing something totally different is just –

Next Speaker: Yeah, ****.

Next Speaker: – a recipe for disaster.

Next Speaker: Yeah, exactly.

Next Speaker: And so we want where, we're like we can tie it back to what's already happening in a clinic, that's what we want for all of our providers in our clinic.

Next Speaker: Mm hmm.

Next Speaker: Besides this, this really doesn't reflect what we are actually doing in our project. For instance, in our project, I don't know what other projects are doing, of course, but I mean, but ours is a several-step process, where they actually, I mean, I think we get to, like three informed consents at, at the end because first, it's a informed consent to come into the, to be seen, then it's an informed consent to get sealants, then it's informed consent, on top of that, to get an ITR.

Next Speaker: Yeah.

Next Speaker: So we end up with three different informed consent with different levels of information.

Next Speaker: Hmm.

Next Speaker: Right.

Next Speaker: Right.

Next Speaker: And I, I think that this actually doesn't cover that. I mean, uh, this just seems to be, I mean, –

Next Speaker: Okay.

Next Speaker: The **** –

Next Speaker: – and, I mean, and, and a lot of this is obviously in writing –

Next Speaker: Right.

Next Speaker: – because we need to be, we need to send it back, uh, send it home to the parents, uh, ****.

Next Speaker: So here's the, um, the, the biggest piece of this, of all these words, is whether it should be written or not.

Next Speaker: It needs to be written.

Next Speaker: ****.

Next Speaker: So the –

Next Speaker: ****.

Next Speaker: – **** first piece is that it's written to see the ****. The second component, if you go by the dental practice act language, it does not require you to obtain written informed consent, um, if, it can be documented as verbally obtained.

Next Speaker: Unless it's a s–

Next Speaker: Unless it's a surgical –

Next Speaker: I think you're right.

Next Speaker: – procedure.

Next Speaker: Exactly.

Next Speaker: Yeah.

Next Speaker: So if we're gonna follow that language, then is there, does anybody have any, under the treatment component, are there gonna be issues –

Next Speaker: Okay so here's my take on that.

Next Speaker: Next Speaker: – with that?

Next Speaker: **** treatment ****.

Next Speaker: The DPA sets out the minimum standard of practice. Although I don't have to have a written consent to do oral surgery in my office, according to this, I'm gonna set a rule in my office that I have written informed consent, just to make sure that it's, it's there.

Next Speaker: It's a good safe practice.

Next Speaker: There's nothing wrong, I think –

Next Speaker: Mm hmm.

Next Speaker: – with having a, an additional layer in these rules that say it has to be written. I mean, I think, yes, we should follow this but I think written is critically important. I think it's critically important.

Next Speaker: Right.

Next Speaker: So –

Next Speaker: ****.

Next Speaker: **** um, we've got 4, little A, which talks about the content and then, we're going to be switching that to a line of the DPA and then 4 little B says informed consent for treatment must be attained in writing.

Next Speaker: Mm hmm.

Next Speaker: Yeah.

Next Speaker: So if we, if we just leave those two pieces ****.

Next Speaker: I do have a question about that. So, I mean, I, I recognize that there are existing informed consents for like extractions and, um, –

Next Speaker: Root canals.

Next Speaker: – root canals and other invasive procedures. Are you talking about written informed consent for like sealants and –

Next Speaker: Yep.

Next Speaker: Mm hmm.

Next Speaker: – toothbrush ****.

Next Speaker: Hmm.

Next Speaker: Not, not –

Next Speaker: So a written –

Next Speaker: – toothbrush **** but I mean –

Next Speaker: For every single one?

Next Speaker: – but in a sense, you actually, you actually invite a consent to –

Next Speaker: I think ****.

Next Speaker: Hmm.

Next Speaker: – let the child be seen.

Next Speaker: Well 'cause they're currently doing, like for example, in our clinics, we currently do written informed consent for some of the more invasive procedures but verbal informed consent for some of the less invasive procedures, –

Next Speaker: **** probably should do that.

Next Speaker: – I thought was pretty standard in dental clinics.

Next Speaker: ****.

Next Speaker: I think PARQ handles that.

Next Speaker: Yeah.

Next Speaker: Right.

Next Speaker: Yeah.

Next Speaker: I and that's, I agree with you, –

Next Speaker: I don't think it needs to be written for –

Next Speaker: – I agree with you and I, and I, –

Next Speaker: – restorations.

Next Speaker: – **** what I just said, that I think that the minimum standard that's outlined here is that–

Next Speaker: Mm hmm.

Next Speaker: – it be written. I mean, I **** to be verbal.

Next Speaker: Right.

Next Speaker: I'm saying that there's nothing wrong with and I support the idea of having an extra layer of rules that we put down for this project, where it's written so there is no ambiguity, there's no question. You're gonna have a, you're gonna have a chain of custody on, on, uh, on these treatments, right? You're gonna have a supervising dentist, you're gonna have the trainee, you're gonna have other people that are ancillaries that are involved in treatment, um, written is going to really solidify that they got that informed consent. It's not gonna be ambiguous, it's not gonna be she said, he said, he said, he said type of thing.

Next Speaker: I under –

Next Speaker: I think it's a really good idea to have, for us to –

Next Speaker: Text ****.

Next Speaker: So, if –

Next Speaker: So if –

Next Speaker: – ****.

Next Speaker: – they have five fillings, five consents?

Next Speaker: No and remember I, I, I talked about this –

Next Speaker: Yeah.

Next Speaker: – at the last meeting to, so if you have a treatment plan outlined –

Next Speaker: Uh huh.

Next Speaker: That's ****.

Next Speaker: – and you have a patient that gives informed consent on that treatment plan, –

Next Speaker: Mm hmm.

Next Speaker: – if it takes you ten appointments to do it, that's implied informed consent, although I dictate PARQ on everything, –

Next Speaker: Mm hmm.

Next Speaker: – that's my personal preference.

Next Speaker: Yeah.

Next Speaker: Right.

Next Speaker: It's, and now if that changes and Number 5 was an MO, now it's an MOD, yes, you need to get – now in my case, it would be oral, 'cause I think that's a little overkill but –

Next Speaker: ****.

Next Speaker: – we can have a policy, where, where if anything changes, it has to be written and I think that's, –

Next Speaker: ****.

Next Speaker: – especially the pilot project, where we're training people and we wanna cross T's, dot I's, make sure everything's above board. I see nothing wrong with taking an extra step and having it, it written.

Next Speaker: But that's not what this says. This says five fillings, five informed consent forms that are, –

Next Speaker: No.

Next Speaker: I don't think that's ****.

Next Speaker: No, it doesn't say written at all and that, that's what I like.

Next Speaker: I don't think that's what it says.

Next Speaker: No, it says, it says, –

Next Speaker: It says written initially –

Next Speaker: – it says, –

Next Speaker: – but then informed consent, which is pretty much PARQ,

Next Speaker: Correct.

Next Speaker: **** down un, –

Next Speaker: – which I think is more appropriate –

Next Speaker: – under 4 –

Next Speaker: – because you're ****.

Next Speaker: ****.

Next Speaker: – B.

Next Speaker: B it says it must be obtained in writing and so if you take A and B together, you have to get written consent on each procedure or treatment and each and it must be in writing –

Next Speaker: ****.

Next Speaker: – what you're, what that says if it's taken together, –

Next Speaker: Okay, I see.

Next Speaker: – is five fillings, five –

Next Speaker: I don't read it that way.

Next Speaker: I don't read it that way either –

Next Speaker: So –

Next Speaker: – and I wouldn't interpret it that way.

Next Speaker: Yeah, yeah, so why, I mean, maybe we could informed consent, uh, per the, for the treatment, per the treatment plan or something like that.

Next Speaker: Yeah, I'm thinking like when you go in an office and you're given a treatment plan to a patient that's got, in Dent, I'm thinking like it's got all the teeth and it's got all the teeth listed out and then you sign it, you're c, you've, well, you're consenting to that treatment for –

Next Speaker: Mm hmm.

Next Speaker: – all of those procedures on that treatment plan.

Next Speaker: So, let me make sure –

Next Speaker: You wouldn't –

Next Speaker: – I, I just wanna make sure that I'm understanding what you're saying. You're saying that informed consent, in your view, means that you've talked through the treatment plan with the individual and they've signed off on that treatment plan? Not each procedure or treatment –

Next Speaker: Mm hmm.

Next Speaker: – because 4a says each procedure or treatment, not treatment plan, and so I just wanna make sure because this is something that, again, –

Next Speaker: It doesn't make sense to add –

Next Speaker: It doesn't mean separate, it just means I've looked at the whole treatment plan and I approve, I, I'm giving consent to each of the things that's on the plan.

Next Speaker: But I think I, I know what –

Next Speaker: Right I mean, that's, –

Next Speaker: – Christina is saying, –

Next Speaker: – as a person who **** failed the site visit –

Next Speaker: – **** that we'll come back and say –

Next Speaker: No, no, no, no.

Next Speaker: – oh, by the way, you did, uh, –

Next Speaker: Unless it's very, very, very clear, it's open for interpretation –

Next Speaker: **** sure.

Next Speaker: So –

Next Speaker: – you can say but I thought it said this and then somebody else could say actually, we thought it said that and then, you're in a place where you thought it said one thing and –

Next Speaker: 'Cause, right.

Next Speaker: – you went through the treatment plan and –

Next Speaker: So why, –

Next Speaker: So here it s –

Next Speaker: – you thought –

Next Speaker: – so why, why don't we say, uh, each patient must give informed consent to the treatment being undertaken.

Next Speaker: To the treatment plan.

Next Speaker: Or the treatment plan.

Next Speaker: Or the treatment plan or whatever.

Next Speaker: But the treatment plan's also going to include things that the, the provider may not be doing, may be done by the supervising dentist, **** a root canal or an extraction.

Next Speaker: 'Cause, well then they can, –

Next Speaker: That's not gonna be done.

Next Speaker: – they can make, I mean –

Next Speaker: So you want a separate treatment plan for what the DHAT or general therapist or –

Next Speaker: That would make sense to me because –

Next Speaker: Mm hmm.

Next Speaker: – you're consenting –

Next Speaker: Well, I mean but I don't think that **** –

Next Speaker: ****.

Next Speaker: – that's giving in to that –

Next Speaker: **** world of like ****.

Next Speaker: **** office. Does that really kind of like –

Next Speaker: 'Cause you have a new code for treatment plan completed so at what point then do you decide that that –

Next Speaker: Yeah, I was gonna say, I, I –

Next Speaker: – patient has completed if –

Next Speaker: – would just do it, –

Next Speaker: – you're breaking out their ****.

Next Speaker: – you're consenting to the treatment –

Next Speaker: – dictating the –

Next Speaker: Plan.

Next Speaker: – 'cause that's an internal office, you break it apart, you make, it's a mess.

Next Speaker: Right.

Next Speaker: Again, I'm gonna go back to my other statement. All of the things other providers do, it would be great to integrate providers into it that don't have, like, w, s, like extra things to do. It just becomes confusing for the clinic –

Next Speaker: Right.

Next Speaker: – and our supervising dentists are like we don't understand what's going on.

Next Speaker: Right.

Next Speaker: This is how we do dentistry, this is how we do it and now you want us to do all these other things. That would be really confusing.

Next Speaker: Okay. All right so this fun section will be reworked.

Next Speaker: I've got one more comment. This is Emily.

Next Speaker: Hi.

Next Speaker: Um, so the, currently, the therapist is not allowed to plan, um, if the patient needed a root canal or an extraction, it's not being plan, planned under the therapist's, um, name, so, you know, maybe we could have the patient sign the treatment plan that the therapist has planned and the other comment is, you know, oftentimes, we're doing something like a filling and you realize in that filling, you need to add another surface. I mean, this is not gonna be, this is gonna be something that's changed from the treatment plan –

Next Speaker: Sure.

Next Speaker: – mid-treatment, so just wondering what we wanna do about that situation.

Next Speaker: I think to, to Todd's point, like you can verbally document that –

Next Speaker: Yeah, I mean, so –

Next Speaker: – patient was made aware of it, could, is now ****.

Next Speaker: – yeah, and then, **** point and that happens daily.

Next Speaker: Yeah. Yeah.

Next Speaker: And so, uh, for me, again, and there's no **** 'cause the DPA, this is what I do. I set the patient up. I say hey, this is ****deeper, it's gonna now be this. Do you understand and, and do you have any questions and then I document, I dictate all my stuff and I said, you know, I say PARQ and I and I think verbal is fine in that case.

Next Speaker: Yeah.

Next Speaker: Yeah.

Next Speaker: It's fine.

Next Speaker: So we will make this clear.

Next Speaker: But we need to make that more clear.

Next Speaker: Yeah, just make it more clear.

Next Speaker: 'Cause this is not clear.

Next Speaker: Okay let's move on to, um, and Kelly you're gonna have to –

Next Speaker: Is P, uh, PARQ mentioned anywhere –

Next Speaker: It's not men, no, it's not.

Next Speaker: – here?

Next Speaker: So it's going to be.

Next Speaker: So can you define –

Next Speaker: What is mentioned ****.

Next Speaker: We'll get a DPA.

Next Speaker: – it in the beginning then?

Next Speaker: We will. Yeah, we can define it and up under definitions, –

Next Speaker: Because I can never remember what it means.

Next Speaker: Procedural alternatives –

Next Speaker: Mm hmm.

Next Speaker: – **** and Questions answered.

Next Speaker: Okay.

Next Speaker: Yeah but there's a different acronym at the school. There's, well, I, –

Next Speaker: And then they ****.

Next Speaker: They, they say PARQ.

Next Speaker: I say PARQ.

Next Speaker: ****.

Next Speaker: I mean, it could be something like, um, like a treatment standard, such as PARQ.

Next Speaker: Well, so what we say is –

Next Speaker: Yeah, there's language in the DPA.

Next Speaker: – we say PARQ or ****.

Next Speaker: Yeah, yeah.

Next Speaker: That's how we kinda get away with, not get away with, that's how we word it so –

Next Speaker: Right.

Next Speaker: – as, you know, 'cause not everyone knows PARQ, –

Next Speaker: Right.

Next Speaker: – they're trained differently but it's the same thing. You're talking about –

Next Speaker: Right.

Next Speaker: – those components so because in Oregon this is what we're used to when you say PARQ ****.

Next Speaker: PARQ.

Next Speaker: Yep.

Next Speaker: Having somebody write the same ****.

Next Speaker: Right.

Next Speaker: So we're at the top of Page 13, under Dental Pilot Project, Pilot Project Evaluation and Monitoring by Sponsor and Kelly, I'm gonna let you lead this section.

Next Speaker: Oh, okay.

Next Speaker: This is your fun section.

Next Speaker: Fun. Um, I can give them a moment to just read through it, if they'd like.

Next Speaker: And to clarify that this is the sponsor and next page is program so you've got, we'll be talking about them kind of in parallel and why, why we did this and how they're different.

Next Speaker: So, so sponsor meaning the, the project, um, themselves and their, whoever they contract out with.

Next Speaker: So before we **** I got, hopefully pertaining to your, a mandatory re-wording of that ****, uh, if you want me to give them some **** –

Next Speaker: Yeah.

Next Speaker: – just so they ****. I, ****, again, I just don't want to forget.

Next Speaker: Oh, okay

Next Speaker: Okay, all right. All right.

Next Speaker: ****.

Next Speaker: So, um, pilot project sponsors must submit a detailed evaluation monitoring plan, um, and that jus references back to the, uh, application process in the beginning. Um, and Number 2, uh, monitoring, evaluation monitoring plan must include, but is not limited to, a whole list of, um, components, list of a logic model **** project activities and intended effects. Uh, description of key evaluation questions to be addressed and including relative process and outcome measures. Um, C, D and E are original language. Um, E, we did add, uh, quality of care, um, and is a, um, aspect to be evaluated because to tie it to the original language, um, from the, uh, –

Next Speaker: ****738.

Next Speaker: – yes, thank you. Um, eh, and then, uh, G, a process for review of the evaluation plan for continuous quality improvement purposes. Um, and then H is the quarterly monitoring component, ongoing monitoring throughout the project and I'm not sure the, at the very end, it says and that is in, and is in the wrong spot on Page 14, so ****.

Next Speaker: Any questions?

Next Speaker: Any questions or input on the evaluation and monitoring by sponsor section.

Next Speaker: So this is what the project itself is doing with their internal components and then this next section's what OHA is required to do.

Next Speaker: Yes.

Next Speaker: So in ****, I just, I'm not clear what that means, exactly, logistically, so a process, 'cause it was added, right? A process for –

Next Speaker: Yeah.

Next Speaker: – review of the evaluation **** for continuous quality improvement purposes, so is there a subsection to that where there's a checklist or something or how, how is that reported? I, –

Next Speaker: I don't know if it'd be re, re, there's no checklist that we have.

Next Speaker: Okay. But what is the process, I guess, is what I'm asking. **** rules.

Next Speaker: Well, it's, it's asking for the evaluation, the sponsor to develop a process, –

Next Speaker: Oh, okay.

Next Speaker: – **** should look at their own evaluation plan and, as a living document.

Next Speaker: Okay, okay ****.

Next Speaker: Does that make sense?

Next Speaker: Um, yes.

Next Speaker: 'Cause things change. Might add something, you might decide to –

Next Speaker: And that's **** which becoming –

Next Speaker: It's becoming, like incorporate new –

Next Speaker: – **** new program evaluation.

Next Speaker: – stuff.

Next Speaker: Got it. And so that would come into the quarterly meetings that they have at OHA, what's changed in the process. Okay. Okay.

Next Speaker: Well, I think it's, I think, might be my, my take would be the process review would, would detail that, like these are the conversations we're gonna have with OHA before we can change all of these things and –

Next Speaker: Yes.

Next Speaker: – how we're gonna incorporate the advisory committee, I would think.

Next Speaker: Yeah, that, that's a good way to ****.

Next Speaker: Yeah.

Next Speaker: What's a monitoring component? A component. It's like a screw or something like.

Next Speaker: It's a piece. It's a piece of the, –

Next Speaker: It's just the part.

Next Speaker: – **** the plan must include **** –

Next Speaker: The section.

Next Speaker: – an ongoing **** monitoring component.

Next Speaker: Are you talking about things like our external dentist quarterly goes through a –

Next Speaker: Yes.

Next Speaker: Yeah, yeah.

Next Speaker: As opposed to just collecting data and looking it all at the end.

Next Speaker: Mm hmm.

Next Speaker: Exactly.

Next Speaker: But it's funny, I mean, there's, there's no, lemme see, ****.

Next Speaker: What if we just take out the word component.

Next Speaker: Component.

Next Speaker: Evaluation plan must include ongoing quarterly monitoring and ensures that ****.

Next Speaker: So okay at the end, component.

Next Speaker: Yeah, sometimes the –

Next Speaker: Yeah, additional words.

Next Speaker: Yeah, yeah.

Next Speaker: – **** words.

Next Speaker: Yeah.

Next Speaker: With –

Next Speaker: Some of us tend to use too many words.

Next Speaker: Words, me.

Next Speaker: Too, too many words.

Next Speaker: All right, um, and then similarly, OHA is also tasked at doing it's own version of, um, evaluation and monitoring, um, and so the next section is what, uh, pilot project monitoring and evaluation by program, program referring to OHA. Program staff shall monitor and evaluate approved pilot projects to determine the project's compliance with these rules and to check on the progress of the project. Monitoring and evaluation may include, but is not limited to, uh, requesting written information, interviews, uh, quarterly submitted data described in minimum standards, um, program staff shall conduct site visits at least once a year to project offices, locations or both, where trainees are being prepared or utilized and here, this section is where we had expand, taken the original idea for site visits and expanded it for clarification so the A, I hate going through the, describing –

Next Speaker: Mm hmm.

Next Speaker: – where I am but, uh, going down to the –

Next Speaker: This is Heather. Can I ask a question really quick?

Next Speaker: Yes, please do.

Next Speaker: So, um, is this review by OHA intended to be in addition to the quarterly evaluation monitoring activities?

Next Speaker: This, this is intended to be, um, a validation and, and, uh, it's independent review, or, evaluation of, um, project activities from a, from an outside viewpoint.

Next Speaker: Okay, so I guess, what I would like to suggest is that those activities take a look at the quarterly activities that are already being done because I think the quarterly monitoring and evaluation is already pretty intense and then to have OHA coming in and asking for a whole bunch of other things, on top of that, also seems like every time you turn around, you're having to spend hours preparing evaluation and monitoring and information. Maybe I'm the only one that's concerned about that but it –

Next Speaker: So the, the –

Next Speaker: – seems –

Next Speaker: – quarterly submitted data referenced here –

Next Speaker: – ****.

Next Speaker: – is the same data that we're, it's used, it's already been described.

Next Speaker: That's a report.

Next Speaker: Yeah.

Next Speaker: That's not a site visit.

Next Speaker: Right.

Next Speaker: Yes, that's not the site.

Next Speaker: That's not the site visit.

Next Speaker: Um, and –

Next Speaker: I, I, I, go ahead.

Next Speaker: – I do wanna stress that these are demonstration projects, so the evaluation is probably one of the most key aspects of the demonstration project, if we wanna be able to have all of the –

Next Speaker: Of course.

Next Speaker: – information so this is a –

Next Speaker: No, I mean, I'm not opp, obviously not opposed to the evaluation but I'm, uh, nor the site visits but I think –

Next Speaker: Oh, –

Next Speaker: – I'd like to see OHA with request to requesting written information or documents and so on, request the information that's been prepared in the quarterly fashion and not a new list, if possible.

Next Speaker: So looking at what's already, already being reported, um, and whether or not that will meet the needs of the OHA's other questions, as, as opposed to the OHA coming in and saying we already have all the stuff but can we have this other thing too. Is that what you're saying?

Next Speaker: Correct.

Next Speaker: So at the moment, we essentially compile a, a sort of a, the, the quarterly reports, um, so, so I mean, I, I think we figure it out, in a sense. I mean, –

Next Speaker: Yeah.

Next Speaker: Yeah.

Next Speaker: – it's –

Next Speaker: And I think, um, if, if we're looking at little A, requesting written information or documents in the project, that's sort of a, a way to not box us in to oh, well, we need this additional information that we may, may not have foreseen at the beginning of the project.

Next Speaker: Or it could be something very small like the, um, you guys are complying with infection control –

Next Speaker: I'm, I'm –

Next Speaker: – during the site visit.

Next Speaker: – I would just go back to my earlier statement about having things included in the evaluation and monitoring plan. I do think, absolutely, that if there's something that the OHA has realized that they wanted but they didn't know that they wanted it –

Next Speaker: Mm hmm.

Next Speaker: – until they got something else, like absolutely, there should be some ability for the Oregon Health Authority to get that information but I think it should be a process similar to the approval process for other things and –

Next Speaker: Yeah.

Next Speaker: – it should ultimately incor, be incorporated into that evaluation and monitoring plan just so there's a documented process for how that got added, that request got added, there's a documented start date, so that you can't say well, I want this thing but I want

you to go back 6 months and get all that informa, 'cause that's, again, we're just, it's a lotta resources, it's a lotta time and it's a lotta confusion for the sites and to Heather's point, it's really hard if you're already doing this entire body of work, to have something else come in from the side and you've already planned your entire body of work and then you're, and all your resources, and then this other thing comes in but you don't have any control over the timing of those things or when they come or how often they come or when they're due and so just to give the projects a little more sanity, –

Next Speaker: Mm hmm.

Next Speaker: – so that they can say oh, well this evaluation and monitoring plan, we know we're required to do –

Next Speaker: Mm hmm.

Next Speaker: – and these other things that we're adding in that's gonna go through this process to add in, so that everybody has time to adjust, you know? A project as big as ours is a slow-moving ship sometimes and so –

Next Speaker: Mm hmm.

Next Speaker: – you know, I mean, it, it, if you're doing a smaller project with one thing, it might be a little more nimble but our project is big so just writing in that time in order to comply, that time in order to make sure that everybody understands what's being asked of them and to do any necessary training and to have it all in writing in the evaluation monitoring plan, I think is important.

Next Speaker: Which, in your plan or in the program responsibilities. That's what I, I'm confused. Where do you want that information?

Next Speaker: See that's, that's, the, the program, evaluation and monitoring plan is, is –

Next Speaker: It's your –d

Next Speaker: Right.

Next Speaker: – in our mind is designed is what –

Next Speaker: Right but you're not asking yourself –

Next Speaker: – ****.

Next Speaker: – for this stuff, you're asking us for this stuff.

Next Speaker: Right.

Next Speaker: Right?

Next Speaker: I'm thinking like what kind of things –

Next Speaker: Right.

Next Speaker: – have we had to ask for in A, um, –

Next Speaker: Well, you, the detailed data report ended up being up this whole –

Next Speaker: Yeah.

Next Speaker: – huge thing because it was like you wanted, you recognized that there was something you didn't have that you wanted. You asked us for it. We repeatedly asked for how to use this thing. Never got any real s, support with that and then got this huge thing in our, our site visit from not passing that and it was like well, we never got the resources we needed in order to incorporate it into the plan –

Next Speaker: So –

Next Speaker: – and so and that was huge ask and it has, like 3 months later, I mean, we've got an entire dedicated data dentist person, who's going into Dentrix trying to create this format because and, and then, on top of that, after you get it, you're like oh, but we forgot tooth numbers and so then somebody's gotta go back by hand –

Next Speaker: Mm hmm.

Next Speaker: – and add in all those tooth numbers because automation hadn't happened yet. I mean, it became this, like –

Next Speaker: So –

Next Speaker: – month-long, months long thing and if it had been included in our evaluation and monitoring plan and we'd been able to have those conversations and understand what that would look like, –

Next Speaker: Uh huh.

Next Speaker: – everybody would've been happier from the very beginning.

Next Speaker: So that should be, though, under the monitoring by sponsor.

Next Speaker: Well, ultimately, –

Next Speaker: **** talking.

Next Speaker: – right but I'm saying –

Next Speaker: That's why ****.

Next Speaker: – any report that you ask from us, ultimately becomes part of our –

Next Speaker: Right.

Next Speaker: – plan, right?

Next Speaker: I think what is missing is a, uh, is a, uh, some pass, some kind of sentence that establishes that if during the monitoring and evaluation site visits or quarterly reports, that it is detected that something is missing in the evaluation plan, that the evaluation plan should be appropriately amended –

Next Speaker: Yes.

Next Speaker: – so that it gets included, so that you don't have that kind of back and forth, uh, and, and that's actually what is missing, uh, that, that –

Next Speaker: That's kind of what we are trying to do with G in the previous section.

Next Speaker: G.

Next Speaker: The, uh, process review and evaluation plan.

Next Speaker: But since nobody understood what that means.

Next Speaker: Yeah, so now that's gonna –

Next Speaker: Maybe it should be re-written –

Next Speaker: – be re-written.

Next Speaker: – so that it could be understood.

Next Speaker: Yeah, right and then but, and then the question is how does G relate to, you know, this next section, –

Next Speaker: 1a.

Next Speaker: – under A, where it says within 60 days, or, no, I'm sorry I'm but with whatever section we're talking about, where it says –

Next Speaker: Where ****.

Next Speaker: – we can ask for other written stuff.

Next Speaker: Yeah, that's at the 1a.

Next Speaker: Right.

Next Speaker: Yeah, I'm a little concerned about being ultra specific under A because we don't, sometimes we don't know, until later, what, what oh, this would be helpful to understand this.

Next Speaker: Absolutely.

Next Speaker: So it's a little hard sometimes to define. You know, I, I get that that's onerous. It's just kinda part of the –

Next Speaker: Well, it isn't, it, it, it's not so much that it's onerous, it's just that I think that there just has to be more, I, I mean, we want the state, and I would imagine any project would want the state to have exactly what it wants –

Next Speaker: Mm hmm.

Next Speaker: – but there has to be some, some accommodation for the projects we're tryin' to give you what you want, right?

Next Speaker: Mm hmm.

Next Speaker: There has to be some process that we can rely on –

Next Speaker: Mm hmm, okay.

Next Speaker: – and that we can be like okay, you've asked for this new thing, we need some clarification on how to use this thing. We need to be able to work it into our, you know, depending on how big or small it is, maybe it's just a, I don't know, a list of state capitals, that's great - we can just pull that off the internet – but if it's not something like that, if it's something that we actually have to go to Dentrix and hire a data person and do all this paces for, that should be part of our evaluation and monitoring, –

Next Speaker: Mm hmm.

Next Speaker: – uh, for sure and that should go through whatever process it was to come up with a new addition to your existing plan.

Next Speaker: Mm hmm.

Next Speaker: So, that, I mean, that's just my and then it should have a start date, –

Next Speaker: Mm hmm.

Next Speaker: – like from this date forward, we're gonna ask for this –

Next Speaker: ****.

Next Speaker: – and then let's say you get it and you're like ooh, it's really kinda, uh, Eli said it's really kinda missing this other thing, we can say okay, from this date forward, it's now gonna have this –

Next Speaker: Yeah.

Next Speaker: – new thing and we've had a conversation about it and everybody mutually understands what that is so that we're not going back and one by one adding tooth numbers to, –

Next Speaker: Yeah.

Next Speaker: – to an existing form or, you know, and it also limits the amount of time that we've gotta get this very expensive data person to go back and re-do an entire report into Dentrix and all these –

Next Speaker: Mm hmm.

Next Speaker: – other pieces, so.

Next Speaker: Okay.

Next Speaker: I mean, that's just what we're saying is we just wanna process or –

Next Speaker: So I think we need to –

Next Speaker: ****.

Next Speaker: – just put in some language here about, uh, if, if there's missing information, uh, um, create a process around amending the, the monitoring and evaluation plan, including a, a start date. Does that sound –

Next Speaker: That, that could be but so some, some of it could be put under the, uh, Capital G, –

Next Speaker: Mm hmm.

Next Speaker: Mm hmm.

Next Speaker: – uh, in the, –

Next Speaker: In the previous section.

Next Speaker: – in the, in the previous section.

Next Speaker: Yeah, yeah.

Next Speaker: Because you could continue that sentence by saying something like to the extent that this proce, process, um, um, uh, shows that, that the information, uh, should be added to the evaluation and monitoring but the, the plan can amended, uh, appropriately –

Next Speaker: Mm hmm.

Next Speaker: – or something like that and then –

Next Speaker: Okay.

Next Speaker: – maybe you refer to, uh, you know, the next section, where, –

Next Speaker: Mm hmm.

Next Speaker: – where this is where you could actually detect this kind of uh, lack of information.

Next Speaker: Yeah, and, and ****.

Next Speaker: But I agree with Christina, you know, I, I, you know, that there, it, because everything is so processed and so, I mean, you know, by 180 days, by 60 days, –

Next Speaker: I know.

Next Speaker: – by 5 days, by 2 minutes, you know, I mean, I think that, that if we actually make these kind of requests from each other, it should, it should sort of be, eh, along that same pattern.

Next Speaker: Okay.

Next Speaker: All right.

Next Speaker: Okay.

Next Speaker: And I just wanna second that, you know, really I brought this up because I think we need to look at, uh, evaluation as something that I love, um, but I, I have to remind myself that what's reasonable, um, with evaluation and are we actually doing something with all the information that we're asking parties to collect and secondly, I think that, again, for transparency sake, whatever OHA wants to review, really should be something that's being reviewed on an ongoing basis with the pilot project, so, um, –

Next Speaker: Mm hmm.

Next Speaker: – I'm hopeful about the language revisions I'm, I'm hearing I think we're gonna make –

Next Speaker: Mm hmm.

Next Speaker: Mm hmm.

Next Speaker: – but I would, again, strongly suggest that if OHA is thinking they might wanna review additional things, then just, you know, that should be part of the evaluation plan from the get go.

Next Speaker: Okay.

Next Speaker: Yeah, the, uh, **** I'm sorry – just to clarify – so **** program to **** change what they need is what they need for clarity, **** look at it, uh, some kind of projects and monitoring the **** program, more clear to ****.

Next Speaker: Or the authority.

Next Speaker: Or by authority.

Next Speaker: ****.

Next Speaker: Well, go back to the definition. All right it says program means the dental pilot project program administered by the authority –

Next Speaker: **** administered by ****.

Next Speaker: – yeah.

Next Speaker: Is that ****.

Next Speaker: Hmm.

Next Speaker: I like the suggestions but, I mean.

Next Speaker: Project.

Next Speaker: Yeah.

Next Speaker: I actually don't –

Next Speaker: I like ****.

Next Speaker: – because what, what, –

Next Speaker: I **** the first time I read it, I was like what ****.

Next Speaker: – what it, when it says staff, –

Next Speaker: Hmm.

Next Speaker: Program staff.

Next Speaker: – it, it's almost like, you know, eh, if Sarah wakes up one morning and says oh, I think I'm going to push this, uh, on these guys, you know, and then you know, that's like staff, you know, with, with the program, it's like this is the well-thought-out checkoff –

Next Speaker: The group.

Next Speaker: – with the state that will direct and so on, –

Next Speaker: Right.

Next Speaker: – so forth, so I like that better.

Next Speaker: Yes.

Next Speaker: Well, we know what you, what he thinks you do in your free time.

Next Speaker: I know.

Next Speaker: I can tell you. I just sit around thinkin' of all the things I do.

Next Speaker: **** staff for three kids ****.

Next Speaker: Yeah and my two dogs.

Next Speaker: It's her, **** place –

Next Speaker: ****.

Next Speaker: – from, away from her three children.

Next Speaker: Um, –

Next Speaker: That'd be, uh, wanted to comment about that.

Next Speaker: Yeah.

Next Speaker: I'm happy to a at a point, uh, what Sarah does for free time.

Next Speaker: Yeah, she doesn't have free time.

Next Speaker: Right. I don't have free time.

Next Speaker: Under, uh, under little A, I mean as, as this may be really splittin' hairs but when it says team proposed and representatives of the dental board professional organizations **** state **** bodies may be invited to participate in site visits, is it stronger to say shall? I know this is a legal interpretation, I'm sure.

Next Speaker: I don't, –

Next Speaker: Um, that is –

Next Speaker: ****.

Next Speaker: – but I can find out.

Next Speaker: – based on our, yeah, 'cause this is, that, most of that language is the original language and we, now we're jumping into site visits. Um, I think also in there –

Next Speaker: Yes.

Next Speaker: – it's sort of, yeah, ****.

Next Speaker: I, um, I can tell you that sometimes people don't –'

Next Speaker: You, you can't, people may not wanna participate –

Next Speaker: Yeah.

Next Speaker: – so if you –

Next Speaker: They ****.

Next Speaker: – invite them, you can't, it, we have to make sure that we're not –

Next Speaker: You can't force anybody to come.

Next Speaker: – forcing, like if the people don't participate, that, that, that we can't do the site visits, so I don't wanna get, I, it's some sort of legal thing.

Next Speaker: So we'll check with ****.

Next Speaker: Shall, may, must, will. They all mean something.

Next Speaker: Right.

Next Speaker: They can de – Jim McMahan – they can decline the invitation but shall be invited is all we're saying. I, I agree with that.

Next Speaker: Yeah.

Next Speaker: Okay.

Next Speaker: Um, and then, –

Next Speaker: Site visit shall be include but not are limited to, um, A, is safe, patient safeguards, B, validation of compliance and then C is reviews of patient records to evaluate patient safety and training competency and quality of care. Um, this is actually, was in a different section. We kind of moved it in here, for, uh, clarification. Um, the program will, unless there, and that should be C, um, there's, unless there are concerns about patient or trainee's safety, provide at least 14 days, business days, notice to the sponsor prior to the date of a site visit.

Next Speaker: Can I ask about this 14 days, um, –

Next Speaker: Yes and the 14 days if original language. We're just –

Next Speaker: Yeah, we can –

Next Speaker: – we expanded it to 14 business days.

Next Speaker: – maybe make it longer.

Next Speaker: Yeah, I just, um, –

Next Speaker: As it **** longer ****.

Next Speaker: – I don't know how long your clinics are scheduled out but for our clinics, they're scheduled out quite a ways –

Next Speaker: Yeah, yeah.

Next Speaker: – and so to free up the dentist and the DHAT and the hygienist 'cause when you come and you interview everybody so –

Next Speaker: Yeah.

Next Speaker: – essentially to shut down half the clinic –

Next Speaker: It is.

Next Speaker: – for a day –

Next Speaker: Yeah.

Next Speaker: – is –

Next Speaker: Yeah.

Next Speaker: – 14 days is not enough. I mean, we're scheduled out, I think they close their books at 6 weeks at one site but –

Next Speaker: Mm hmm.

Next Speaker: – CTCLUSI doesn't close their –

Next Speaker: Their books.

Next Speaker: –their books out period and –

Next Speaker: Yeah.

Next Speaker: – so they're scheduled out **** weeks.

Next Speaker: So do you have a recommendation?

Next Speaker: I would say, um, 90 days?

Next Speaker: Mm hmm.

Next Speaker: Unless it's in a, unless there's a concern about patient safety, –

Next Speaker: That's very –

Next Speaker: – then you can just show up.

Next Speaker: Why not –

Next Speaker: That's the, that's the issue is –

Next Speaker: Right but I think you say, unless, 'cause you can leave in the language unless there's concern about patient safety, leave that in and then say provide at least 6, uh, –

Next Speaker: Yes.

Next Speaker: – 'cause 90 days is 3 months, right?

Next Speaker: But you do that already, I mean, –

Next Speaker: I mean.

Next Speaker: Yeah, in practice, we've already done ****.

Next Speaker: – why, why not, why don't, why, why not –

Next Speaker: Right so why not ****.

Next Speaker: – really reflect it in the, in the, uh, –

Next Speaker: That's okay.

Next Speaker: – in the, in the paper?

Next Speaker: Um, okay.

Next Speaker: Right but you can show up anytime –

Next Speaker: We already **** when the next site visit is, right?

Next Speaker: – you want but –

Next Speaker: Right.

Next Speaker: I mean, it's in October.

Next Speaker: Right.

Next Speaker: So we might do 90 days –

Next Speaker: That's like 5 months away.

Next Speaker: – not 90 business days.

Next Speaker: Yeah.

Next Speaker: Yeah, 90 days.

Next Speaker: For **** purpose.

Next Speaker: Yeah, I was just thinking like **** –

Next Speaker: That's a really long time.

Next Speaker: Right.

Next Speaker: These are the, these are the planned site visits and then if there's any –

Next Speaker: Yeah, I was gonna say –

Next Speaker: – safety concerns –

Next Speaker: Yeah.

Next Speaker: – if the patients safety ****.

Next Speaker: – ****.

Next Speaker: Right.

Next Speaker: Right.

Next Speaker: Right so leave the language about concerns about patient's safety and then you can show up tomorrow but if –

Next Speaker: If ****.

Next Speaker: – you're gonna schedule this, give us a, give us a few months.

Next Speaker: Sure.

Next Speaker: Yeah.

Next Speaker: Because, honestly, in 90 days, if we need to reschedule somebody, if we've already got patients, it's less of a burden to have to schedule them. The schedule's a little more free out there so.

Next Speaker: No doubt.

Next Speaker: Um, and then, **** section is, uh, new because the original language said that the, originally there would be, within 60 –

Next Speaker: ****.

Next Speaker: – oh, is there somebody on the phone that wanted to say something?

Next Speaker: Yeah. Jim McMahon. I, I don't understand why the concern about 90 days. Uh, if the Board of Dentistry has a complaint against a dentist they get zero days' notice. Uh, so sites –

Next Speaker: But this isn't ****.

Next Speaker: – and the pilot programs are, are –

Next Speaker: So site visits –

Next Speaker: I know that the site is a site visit.

Next Speaker: So this, if you go back to look at the language –

Next Speaker: Right.

Next Speaker: – there's two pieces to this. If there is a concern about patient safety, we will show up the next day. We won't give them any –

Next Speaker: Or that day. Why not?

Next Speaker: – we ****

Next Speaker: Yeah.

Next Speaker: – for that, like we'll just get in a car and go there. Or drive. Or whatever.

Next Speaker: Um, if, if – an actual site visit is, we're meeting with a whole bunch of people, conducting interviews. It's an all–day process.

Next Speaker: Okay.

Next Speaker: And it's not meant to be punitive or exploratory or anything.

Next Speaker: Yeah. It's –

Next Speaker: ****

Next Speaker: You don't have lunch. It's a long day.

Next Speaker: Um, and it's also an opportunity for the project to update authority on various –

Next Speaker: Right.

Next Speaker: – act, activities. It's not a Board investigation in that sense.

Next Speaker: Yeah.

Next Speaker: Is it –

Next Speaker: – I agree. This is Emily. Um, we're a really, really busy clinic and we're booked out 5 or 6 weeks by Christina ****. In order to get, um, time with everyone on staff it's really, really helpful for us to have, you know, 90 days sounds great.

Next Speaker: ****. So we need to have –

Next Speaker: So the –

Next Speaker: – the next session will require us to issue a pass or fail within 60 days. Um, that did not – so we've, we've changed this to now say within 60 business days we'll 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.

Next Speaker: Okay.

Next Speaker: Um, and then with, um, within 100 business days, 180 business days, uh, receive a plan of correction and issue a final report to the sponsor. Uh, and then if there are no corrections needed, you want to assume, you can't assume that they'll always need corrections.

Next Speaker: I, I know, but just a –

Next Speaker: Yes, please.

Next Speaker: – upon receipt and review of patient records, evaluate patient safety and training, competency, quality of care. So whose standards? Is there a way to maybe strengthen this and, or – and reference those portions of the DPA that are governing as far as ****?

Next Speaker: It's –

Next Speaker: ****

Next Speaker: Well, uh –

Next Speaker: And is it **** why?

Next Speaker: – back in site visits, uh –

Next Speaker: It's sort of –

Next Speaker: I, uh, I thought it was sort of applied by the fact that we're already referencing them in minimum standards.

Next Speaker: Okay.

Next Speaker: So this is ensuring that these patient records show that they are, the project is working to the minimum standards already described.

Next Speaker: Okay.

Next Speaker: Do you think we need to be –

Next Speaker: I'm not ****. I just want to make sure that it's –

Next Speaker: And they're in compliance with their plan.

Next Speaker: Yeah.

Next Speaker: So would you want to say in compliance with the evaluation? I mean, well, that's a separate piece. Maybe that, maybe that's a little a.

Next Speaker: I thought that was already B, validation of project's requirements are **** –

Next Speaker: Yeah, ****.

Next Speaker: – approved.

Next Speaker: Approved, and then ****.

Next Speaker: Within the application.

Next Speaker: Okay. It's already – that's true. Okay, so we've done that. All right.

Next Speaker: Okay, so y'all –

Next Speaker: But the question is about the DPA **** reference.

Next Speaker: Correct. But we're all comfortable with, with the, that the, that when we talked about reviewing the records to evaluate competency and safety of patients, that –

Next Speaker: I don't want to get too specific there because it, there are so many different types of skills that –

Next Speaker: Well, there are, a standard of care. Standard of care.

Next Speaker: The standard of care. So that's why we reference that.

Next Speaker: So that's ****. And that was a concern, you know, bringing back from the Board –

Next Speaker: Okay.

Next Speaker: Yeah.

Next Speaker: – on, on the issues that have been going on in the past –

Next Speaker: Mm hmm.

Next Speaker: – which I know doesn't take ****, um, is that standard of care was not passed and that it, so I want to make sure that, that this, that we agree that this outlines –

Next Speaker: Okay.

Next Speaker: – that standard of care is being met. It's like who's evaluating this to make sure that, that what is being done as far as treatment to these patients meets the minimum standard of care as outlined in ****.

Next Speaker: So we might add that right there, just to be clear.

Next Speaker: I just think it would be okay to add that for, to strengthen that statement.

Next Speaker: All right. Okay.

Next Speaker: Since we are going backwards anyway, um –

Next Speaker: No!

Next Speaker: ****.

Next Speaker: I know it's not.

Next Speaker: Well, I've been thinking it's the way that you have put out these things. I mean, so on top of Page 14 I didn't realize that that's, um, belonged to the last part of, uh, Capital H in the previous thing, uh, little, uh Roman iv.

Next Speaker: Where is that?

Next Speaker: Employment Utilization, Site Compliance. Because I didn't understand what it meant, you know. So the evaluation plan must include an ongoing quarterly monitoring that ensures at a minimum – and then safety, training, com, competency, civil rights fulfillment and employment utilization, site compliance. Well, what does that mean?

Next Speaker: You were on the original rack.

Next Speaker: Yeah?

Next Speaker: That is –

Next Speaker: You tell us!

Next Speaker: You tell me!

Next Speaker: ****. I didn't know. I didn't –

Next Speaker: ****.

Next Speaker: It was probably put in by DOJ. I'm not **** –

Next Speaker: If none of us knows what any – is it something that should even be in there?

Next Speaker: Is it, is it something about the, the site itself maybe?

Next Speaker: Is the site being compliant with the sponsors?

Next Speaker: Compliant.

Next Speaker: No, I don't know.

Next Speaker: I, I just know that employment compliance is ****.

Next Speaker: Let's, let's just ask Shannon on that.

Next Speaker: Yeah. Exactly.

Next Speaker: ****.

Next Speaker: Oh, the an – I already know that.

Next Speaker: Did we say that the **** disappeared, but I, all I mean, but the, so there prob, probably was something even worse afterwards, you know.

Next Speaker: That's –

Next Speaker: Uh, we will, we will have a light on it.

Next Speaker: Can we? Can we?

Next Speaker: Okay. So –

Next Speaker: All right. So then we have, um –

Next Speaker: Top of Page 15.

Next Speaker: Top of Page 15. If there are no corrections needed, the program will issue a final report in 180 days.

Next Speaker: Can you actually do that?

Next Speaker: Mm hmm.

Next Speaker: Yeah.

Next Speaker: You keep within the 180 days?

Next Speaker: Well, that's 6 months, so it's –

Next Speaker: It's 6 months.

Next Speaker: We had a lot of – and –

Next Speaker: Paul was on that Board.

Next Speaker: A lot of internal, like how you, how much is in a site visit report versus what we're going to have to do in that closing report ****.

Next Speaker: Oh.

Next Speaker: So what do you put here now?

Next Speaker: Yeah.

Next Speaker: And what do you put – you know what I mean? So that was kind of the issue we were having with the first site visit, which was yours, Eli.

Next Speaker: Yeah. So out of –

Next Speaker: It got a little excessively long.

Next Speaker: It was huge.

Next Speaker: It would be like –

Next Speaker: Thanks for that. Yeah.

Next Speaker: We're not gonna do that every time.

Next Speaker: Yeah, yeah, yeah.

Next Speaker: Exactly. So now we have a process and a format that's gonna be more efficient to – and No. 4 –

Next Speaker: Before we move on to 4, just back to the, the 90 days' notice. There's also, uh, there are also some written components of the site visit and, and interviews and –

Next Speaker: Yeah.

Next Speaker: – other things like that, and chart numbers and all those other pieces.

Next Speaker: Mm hmm.

Next Speaker: I wonder if we could put, uh, a date by which, like if your site visit is on, maybe like, you know, 14 days before –

Next Speaker: It's like 2 weeks.

Next Speaker: Right. Before, that all of those components will be available to the site?

Next Speaker: ****. Yeah.

Next Speaker: So that they can, um, from **** –

Next Speaker: Written components available 2 weeks before they're –

Next Speaker: Before the – yes.

Next Speaker: They are given a 2-week turnaround time.

Next Speaker: Yeah, something like that, just to get, just so that we're not, 'cause I, you know, what happens often is I become Bruce's least favorite person when I'm like – so, can we have this? Can we have this? Do an agenda? Do you have this? Do this? Do this? Do this? Um, and the day's heating up and then the pilot sites are all stressed out and everybody's like oh, my God, what's happening? Who's gonna be interviewed? What's the schedule? What's

this? What's this? What text do you want? And then I become a crazy person trying to answer everybody's emails and saying I don't have an answer. Calm down, everybody. So –

Next Speaker: Okay. Okay.

Next Speaker: I mean when we, when we monitor our DCOs we give 'em at least 2 weeks for a short turnaround time.

Next Speaker: I mean that gives them –

Next Speaker: We do give them that.

Next Speaker: Yeah. Okay.

Next Speaker: For that. Yeah.

Next Speaker: But maybe we should put that in here.

Next Speaker: Yeah. And we wouldn't expect you to do that. I mean it's a lot of work. And No. 4, **** sponsor, anyone involved with approved pilot project to cooperate with a request for records, interviews, or a site visit is grounds for the program to suspend the – that would be ****.

Next Speaker: ****.

Next Speaker: To suspend or terminate a project. Failure to cooperate includes but is not limited to failure to provide information or documents in a manner requested by the program or within the timeframe requested by the program. This is just – anybody ****?

Next Speaker: My only comment on this was like for our earlier conversation about requests made to the site should have gone through a process. So, just so –

Next Speaker: Okay.

Next Speaker: – everybody has a date by which these are due –

Next Speaker: Mm hmm.

Next Speaker: – the available information in order to successfully comply with the requests, that kind of stuff. So that should be written in there.

Next Speaker: Okay. All right, moving down to project modifications. Um, so the way it was written before this just kinda cleans up the language, um, tightens up what is considered a modi, modification, and then what's really, what's not minor, what's gonna have to go through a set, a new application. So No. 1, an approved dental pilot project may make minor modifications to the project with written approval of the program. Proposed minor modifications may, or, excuse me, must be submitted to the program in writing for approval or disapproval except as described in Section 3 of this rule. No. 2, minor modifications include but are not limited to changes in selection criteria for trainings or supervisors, B, changes in employment utilization sites, removing sites or adding sites within the approved scope or nature of the project, C, changes in project staff or instructor, um, 3, changes in project staff or

instructors do not require prior approval by the program staff but shall be reported to the program staff within 2 weeks after the change occurs, blah, blah, blah, along with a CD. Uh, a question I had put in the notes over here is, uh, under minimum standards 2(a) the authority – where, uh, it says that it, authority is required to approve project staff or instructors but here we don't have to approve them.

Next Speaker: In a modification.

Next Speaker: In a modification, which seems kind of weird. Like why would you approve them at one point but then later not? So, um, it needs to match. Okay. Um, any questions about any of that? And then No. 4 is any modification to improve pilot project that is not a minor modification is not permitted through the project sponsor could submit a new application. So this would be like a, uh – this is what's difficult about this section is you're writing rules for all of the projects. Right? And in, different projects have different things going on. So, um, we first would have to make an accommodation if it's minor, falls within this minor piece or if it falls, stronger than that. Um, but there probably is **** –

Next Speaker: Uh, Jim, Jim McMahan. Oh, I'm sorry. It's hard to know when you're listening on the phone and when it's a good time to talk and when you're interrupting. I'm sorry.

Next Speaker: No, go ahead. You're fine. You're fine.

Next Speaker: Jump in. Please.

Next Speaker: Apologize. The re, uh, under B, 2(b) there, it, it talks about removing or adding sites as being a minor, uh, a minor modification. That doesn't sound minor to me, to add sites and, which occurred, uh, in the current pilot project and was a surprise to the advisory committee. Uh, so, I, I'm wondering if that's worth talking about.

Next Speaker: Um, so, we did consult the advisory committee on that just to be clear about that, so it was not a surprise. But secondly, um, we also have in here removing or adding sites within the approved scope or nature of the project. I think that the, that last part of that sentence is really kind of a key to that.

Next Speaker: So that's a caveat.

Next Speaker: Yeah. They have to be –

Next Speaker: That's the caveat right there.

Next Speaker: – yeah. So you're gonna go –

Next Speaker: It says, it's also understanding that projects, uh, may not have all the sites that they need right at the off site, and, and if they want to add an additional demonstration location that might be –

Next Speaker: I will –

Next Speaker: – useful to their projects –

Next Speaker: – I will give you a for instance. In the pilot project that's similar to this, the OHSU project, they added something like 40 sites over the duration of the 5 years. So –

Next Speaker: In California.

Next Speaker: – in California. So they went from like, you know, they got more money. They added more sites. I mean that's, that was, but it was within the scope of the, um, you know, they, they started schools and –

Next Speaker: Yeah, exactly.

Next Speaker: Exactly. So that's why that's there. Uh, does that make, I mean does that –

Next Speaker: And our application as approved said we would, we would add sites on a timeline. So the advisory committee should have known more sites were coming.

Next Speaker: And, and –

Next Speaker: Yeah. And we did submit the information, and, I mean there's, I mean that's a whole other conversation. Do we want to go to that? But that was, that did happen. So, um –

Next Speaker: But were all the sites within the scope of the original application?

Next Speaker: Yes.

Next Speaker: Mm hmm.

Next Speaker: Debatable.

Next Speaker: Yeah.

Next Speaker: That's what we, I mean that's the same for us.

Next Speaker: Yeah.

Next Speaker: Mm hmm.

Next Speaker: I mean we didn't –

Next Speaker: Yes.

Next Speaker: – change the project. We did add sites.

Next Speaker: You just added sites.

Next Speaker: Um, but, um, uh, so I think that's fine. Uh, could I suggest, uh, to that, uh, the changes in project staff and structures. I don't know why it says do not require final approval by program staff. Uh, because I'm pretty sure that we have always actually followed that.

Next Speaker: Mmm.

Next Speaker: Um, why don't you just make it, um, I mean just refer back to the place where you are actually approving this maybe?

Next Speaker: Mm hmm.

Next Speaker: I mean on the minimum standards or what else?

Next Speaker: Can we just say –

Next Speaker: I mean, you know, um –

Next Speaker: – changes in program staff instructors shall be reported to the program, and just take out –

Next Speaker: They shall be approved in the same way as the original.

Next Speaker: Yeah.

Next Speaker: Uh, you know, it – I ****.

Next Speaker: I'm not sure why that was – okay.

Next Speaker: Makes it – yeah. It is original language, but it's confusing.

Next Speaker: Mm hmm.

Next Speaker: Good. ****.

Next Speaker: All right. So, uh, any questions? We're gonna move on to our last – we have like 3 minutes, so I wanna –

Next Speaker: Oh, really?

Next Speaker: – I wanna get – we have ****.

Next Speaker: Yeah. Does anybody have any questions on the project? I thought I heard somebody about to say something.

Next Speaker: I have a question, Sarah. Can you hear me?

Next Speaker: Barely. Can you speak up a little bit?

Next Speaker: Yeah. Is that better?

Next Speaker: Yes, much better.

Next Speaker: All right. Uh, No. 4, approve any modification that is not a minor one would require a new application. Let's say this is like one of the modifications that is not under

the minor. Say it would be a major modification. Then does that mean they're starting from ground zero like new application with everything? Or could they just add on, like for example if they're wanting to change the scope a little bit or something could they just submit additional documentation instead of starting the whole application process all over?

Next Speaker: Um, I think that they would start a new, it would be a new application. It would be a new project.

Next Speaker: Your whole intent and your scope just changes entirely.

Next Speaker: Right.

Next Speaker: Which changes everything.

Next Speaker: Mmm.

Next Speaker: It's not just simply adding –

Next Speaker: Evaluation and –

Next Speaker: Yeah, it – so, because it's a data, I mean as, as Kelly said it's a demonstration project, you're adding and taking away and adding and taking away. It really undermines the, the data component of this, which is really key.

Next Speaker: Okay. Thank you.

Next Speaker: Yeah.

Next Speaker: Okay, so we're moving to the rest, uh, next section. It starts at the bottom, discontinuation or completion of project, moves onto the top of Page 16. Um, all of this language in here, it, there's nothing new in here, um, between these two, between Page 16 and 17. Um, does anybody have any – what, it basically indicates that the project has to submit a final, um, report of findings to the authority and then the authority like, we also have the authority, we submit a final –

Next Speaker: I guess that's not true. There is some new –

Next Speaker: Yeah.

Next Speaker: I didn't, I missed a couple blue font things here. Uh, because we did ask for a closing report within a – this is on 3 big A.

Next Speaker: 3.

Next Speaker: Provide a full report of finance to the authority within 180 business days of completion of the project. That's just your final report that you would be, be reporting out. Is, is that a sufficient amount of time? Is, is 6 months enough time for you to do what you would need to do?

Next Speaker: Mm hmm.

Next Speaker: I mean I imagine with all of the quarterly reporting –

Next Speaker: ****

Next Speaker: It's certainly accomplished by that.

Next Speaker: – **** reports.

Next Speaker: Yeah.

Next Speaker: And this is, I mean this is really, it's telling you you should do a report of your project. It seems a little weird that –

Next Speaker: Sure.

Next Speaker: – we would have to do that.

Next Speaker: We would have to do that. But it does have that.

Next Speaker: Yeah.

Next Speaker: No, no, because you have some reporting to do I think, uh, to the legislature and ****.

Next Speaker: We don't, if –

Next Speaker: Yeah, we would have –

Next Speaker: It's not formally in here, but we would be asked for it.

Next Speaker: Mm hmm.

Next Speaker: Yeah, so the next part, 4, program staff, talking about the **** evaluation project, cost completion and prepare a final report that may include but is not limited to – and then –

Next Speaker: All the things.

Next Speaker: So we're actually ****.

Next Speaker: I think, uh, may, I think should be ****. Right? Uh, the issues that are –

Next Speaker: Where are you at?

Next Speaker: These, these are the essentials for that report and it may include more, but it must include this.

Next Speaker: That's, um, that also goes back to, uh, we've had discussions with our DOJ about the legal implications of the work. They are actually –

Next Speaker: Right.

Next Speaker: – stronger than we think they are.

Next Speaker: So we'll check with Shannon on may and must. But –

Next Speaker: Yep.

Next Speaker: – but this should be the minimum of what's in the report.

Next Speaker: Yeah.

Next Speaker: Yeah.

Next Speaker: That was your comment? Okay.

Next Speaker: And then moving on over, um, into the very last part. We're under Page 17, on Page 17, suspension or termination of the project. This is a teeny bit different. Um, so if we go to small a, work – um, it says 2, 2. It just says we have the authority to determine that a dental pilot project is in violation, um, of the Oregon laws. Uh, then small a, work with the project to bring the project into compliance or b, issue a notice of proposed suspension or proposed termination. Um, and then the rest of that language is all original language. Does anybody have any questions about the suspension or termination language?

Next Speaker: I, I had a question. Is there any reason that we go back to authority rather than program?

Next Speaker: Um, I don't, I, I, I –

Next Speaker: Where is it?

Next Speaker: Page 16. So –

Next Speaker: Yeah, it's confusing. It's back and forth. So we need to stick with one.

Next Speaker: I noticed that.

Next Speaker: Yeah, so I will, I will go through that and I will find out –

Next Speaker: Okay.

Next Speaker: – which is the best one to, which is the best one to do continuously.

Next Speaker: Okay.

Next Speaker: Um, so those are the rules. And –

Next Speaker: I think, I actually think we should be the authority, uh, rather than program, uh, ****. I don't know why we, why we shouldn't. I mean –

Next Speaker: So would it make more sense to just say authority instead of that?

Next Speaker: Yeah. I think so.

Next Speaker: It's confusing. It gets confusing to leave that in.

Next Speaker: Yeah. The program, uh ****.

Next Speaker: These are the –

Next Speaker: And they both start with Ps.

Next Speaker: So, so you are the authority that makes decisions, that asks for these guest lists and so on.

Next Speaker: Yeah. Mm hmm.

Next Speaker: And then you have program evaluation, program facts and so on. I mean –

Next Speaker: Yeah.

Next Speaker: Exactly.

Next Speaker: So maybe we should say that as authority.

Next Speaker: – I know –

Next Speaker: I think authority does make more, it makes more sense. It also takes it off, um, you know, that I, I'm this single individual.

Next Speaker: You are the authority, right? I mean –

Next Speaker: Give me a decision for –

Next Speaker: – you have the badge here of authority.

Next Speaker: By myself.

Next Speaker: Exactly. Okay.

Next Speaker: And so real quickly I need you to do a public comment, but before I get to that, um, Eli you asked me to come up with a timeline and –

Next Speaker: That's my –

Next Speaker: – I did this from, I did this a long time ago when I had some more spare time in Publisher apparently, and then I added these extra pieces here, so if you want to take a look at that –

Next Speaker: Yeah.

Next Speaker: – not maybe right now, but, um, in the next couple of weeks, and you can, it, it, I've already identified it, that it needs some improvement, so I'm sure you'll see that, 'cause it's not specified. There's, it's, um, just a little unclear.

Agenda Topic: Public Comment

Next Speaker: So, um, now we need to do, uh, just public comments. So is there any public comment in the room? No? Okay.

Next Speaker: No.

Next Speaker: Anybody on their phone that would like to make a public comment?

Next Speaker: All my com, all my comments were public.

Next Speaker: Yes, they were. Um, nobody on the phone? All right. All right. Uh, Todd?

Next Speaker: You want the rules.

Next Speaker: Yes. I would like those rules. So go ahead and –

Next Speaker: Okay. So pertaining to, um, mandatory reporting and OAR 818-012-0015. That requires a licensee to notify the Board of certain events dealing with mortality, and OAR 818-026-0120, reporting of death, serious complication or injury.

Next Speaker: So –

Next Speaker: That might give 'em a reference to –

Next Speaker: Yeah. That might be it.

Next Speaker: – what we're talking about that.

Next Speaker: Okay. Thank you very much. It's making, making a whole lot more sense.

Next Speaker: Mm hmm.

Agenda Topic: Next Steps

Next Speaker: All right, so, um, our next steps, we have our next meeting on July 9th. Um, it'll be the same, not the same, you know, 1(d). Just – I think we're moving –

Next Speaker: Yeah. That was good.

Next Speaker: Thank you. Um, so that's pretty much it. So please take your stuff with you and –

Next Speaker: ****.

Next Speaker: Um, she's, yes, there's a ****. Yeah. They're supposed to be. Yeah. They're supposed to be. And, uh, DOJ should be here in two meetings. We have two more meetings. Um, so we will be sending out materials, um, probably a little earlier 'cause the holiday week is next week. We'll make something up a little quicker.

Next Speaker: Is the format where – like the new language in blue, is that working for you? Or do you want like a brand **** –

Next Speaker: Yeah.

Next Speaker: That's, uh, no, no, no, this is nice.

Next Speaker: This is nice.

Next Speaker: You like this? Okay.

Next Speaker: I'll make sure we continue with that.

Next Speaker: Good.

Next Speaker: Yes, that was good.

Next Speaker: That was a fun project.

Next Speaker: I can imagine.

Next Speaker: Okay.

Next Speaker: Yeah.

Next Speaker: All right. So, and then you also have, um, again you have the minutes, packets, and no, Eli, they're not consolidated, but it's a little light reading. So – and then –

Next Speaker: That's not fair to us.

Next Speaker: I read it and I got to Page 3 and then I fell asleep. I mean –

Next Speaker: With your ****?

Next Speaker: Yeah. It's like writing in a filament of **** or something like that. You don't miss the scene, uh, ****. You know.

Next Speaker: It's a lot of, lot of work.

Next Speaker: **** said ooh.

Next Speaker: I know.

Next Speaker: I know. I know. I'm like um, um, um.

Next Speaker: So you were actually identifying when you were ****?

Next Speaker: Yeah. Sometimes.

Next Speaker: **** said this is fun.

Next Speaker: Yeah.

Next Speaker: Because you say so.

Next Speaker: Because I say so. So next time I'm just gonna start blurting and not saying who I am.

Next Speaker: And then –

Next Speaker: And then the very last, um, thing, um, is Kelly's annotated – the ****. So –

Next Speaker: Yeah, that's very impressive.

Next Speaker: Is there an add to ****?

Next Speaker: Lots of words.

Next Speaker: Why don't you publish that, Kelly?

Next Speaker: Um, but anyway, so you came up through there and then it does define the adverse event.

Next Speaker: Lots of ****.

Next Speaker: It helped describe –

Next Speaker: It limits it to one sentence that we came up with and to, uh, the rules.

Next Speaker: Yeah.

Next Speaker: So that's the basis. So hopefully that helps a little bit. All right. So we're all done and we'll see you guys on July 9th.

Next Speaker: Okay.

Next Speaker: I, I may not be here, but I, if I, if I can I'll be sitting on the –

Meeting adjourned 10:55am.

Next RAC meeting:

July 9, 2018
9:00 AM - 11:00 AM
OHA Public Health Division 800 NE Oregon Street Portland, OR 97232
Conference Room 1D – First Floor

333-010-XXXX
Dental Pilot Projects: Purpose

(1) The Dental Pilot Projects are intended to evaluate the quality of care, access, cost, workforce, and efficacy by teaching new skills to existing categories of dental personnel; developing new categories of dental personnel; accelerating the training of existing categories of dental personnel; or teaching new oral health care roles to previously untrained persons. ~~The oral health status of Oregonians is poor and the most vulnerable are those with the least access to services~~. The purpose of the Dental Pilot Projects are to improve access to oral health care, reduce oral health disparities, and improve the oral health of Oregon's vulnerable and underserved populations.

(2) These rules establish the requirements of Dental Pilot Project applications, the process for reviewing application, approval or denial of applications, minimum standards for approved projects, evaluation and monitoring of Dental Pilot Projects, suspension or termination of an approved Dental Pilot Project, and discontinuation or closure of a project.

(3) These rules apply to:

(a) Applications for dental pilot projects received on or after November 1, 2018; and

(b) Dental pilot projects approved before or after the effective date of these rules.

Commented [KSE1]: Time for existing projects to come into compliance.

Statutory/Other Authority: 2011 OL Ch. 716
Statutes/Other Implemented: 2011 OL Ch. 716

333-010-XXXX
Dental Pilot Projects: Definitions

Commented [KSE2]: Definitions are in Alphabetical order A…Z

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

(1) "Adverse event" means harm caused by dental treatment, regardless of whether it is associated with error or considered preventable.

(~~2~~3) "Authority" means the Oregon Health Authority.

(~~3~~4) "Clinical evaluator" means a dentist, licensed in Oregon or another state who is responsible for conducting a clinical evaluation of an approved dental pilot project who is unaffiliated with the project and who has no financial or commercial interest in the project's outcome.

(45) "Clinical phase" means instructor supervised experience with a patient during which a 9/trainee applies knowledge presented by an instructor.

(56) "Complications" means a disease or injury that develops during the treatment of an earlier disorder.

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

(78) "Project Dental Director Project Manager" means an individual who is actively responsible for oversight of the dental pilot project and who is a dentist licensed in the State of Oregon or an individual approved by the Authority.

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

(1109) "Employment/Utilization Phase" means ongoing application of didactic and clinical knowledge and skills in an employment setting under the supervision of a supervisor.

(12110) "Employment/Utilization Site" means an Authority approved project site. Each site may be comprised of multiple locations and includes any setting where dental health care services are provided by the trainees, and the facilities or programs described in ORS 680.205(1).

(13211) "Instructor" means a person qualified to practice or teach the knowledge or skills a trainee is to learn.

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

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

(14312) "Program" means the Dental Pilot Projects program administered by the Authority.

(15413) "Program evaluation" means the systematic method for collecting, analyzing and using data to examine the effectiveness and efficiency of pilot programs by the Authority. program staff.

(1514) "Program staff" means the staff of the Authority with responsibility for the program.

(1615)"Project" means a Dental Pilot Project approved by the director Authorityor delegate.

(17~~16~~) "Project director" means the individual designated by the sponsor of a dental pilot project who is responsible for the conduct of the dental pilot project staff, instructors, supervisors, and trainees.

(18) "Project Dental Director-" – means an individual who is actively responsible for oversight of the dental pilot project and who is a dentist licensed in the State of Oregon or an individual approved by the Authority.

(18~~17~~) "Project evaluation" means a systematic method for collecting, analyzing and using data to examine the effectiveness and efficiency of pilot programs by the project sponsor.

(19~~18~~) "Reviewer" means an individual designated by the Authority ~~program staff~~ to review and comment on all or portions of a project application.

(20~~19~~) "Sponsor" means an entity that is a non-profit educational institution, professional dental organization, community hospital or clinic, coordinated care organization or dental care organization, tribal organization or clinic that:

(a) Submits a dental pilot project application; and

(b) If a dental pilot project is approved, has overall responsibility for ensuring the project complies with these rules.

(21~~20~~) "Supervisor" means a person designated by the project sponsor who already possesses the skills to be taught the trainees and is certified or licensed in Oregon to practice dentistry or dental hygiene.

(22~~21~~) "These rules" means OAR 333-010-XXXX through 333-010-XXXX.

(23~~22~~) "Trainee" means an individual who is part of an existing category of dental personnel; a new category of dental personnel; or a category of previously untrained dental personnel who has agreed to participate in an approved dental pilot project and will be taught the scope of practice as part of an approved dental pilot project.

(24~~23~~) "Training program" means an organized educational program within a dental pilot project that includes at least a didactic phase and~~,~~ a clinical phase. ~~, and usually an employment/utilization phase~~.

Statutory/Other Authority: 2011 OL Ch. 716
Statutes/Other Implemented: 2011 OL Ch. 716

333-010-XXXX
Dental Pilot Projects: Application Procedure

(1) A sponsor who wishes to operate a pilot project must submit an application in a form and manner prescribed by the Authority.

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

(3) The Authority will not accept new applications if it:

(a) Has determined that there is already a sufficient number of projects to provide a basis for testing the validity of the model as determined by the Authority.

(b) Has determined it does not have adequate resources to provide an appropriate level of oversight required by these rules.

(5) An application must include, at a minimum, the following information and documentation:

(a) The goals of the project, including whether the project can achieve at least one of the following:

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

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

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

(D) Develop new categories of dental personnel.

(b) Sponsor~~s~~.

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

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

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

(D) Documentation of the funding sources for the project;

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

(F) A statement of previous experience in providing related health care services.

(G) Have and follow written standard operating policies and procedures for specific use by the approved pilot project to ensure compliance with the project's approved application. Standard operating policies and procedures shall consist of the following procedures for implementation of the approved pilot project and must be readily accessible by trainees and provided to the Authority upon request:

(a) Clinic policies and protocols;

(b) Administrative policies and protocols;

(b) Data collection policies and protocols;

(c) Instructor and Supervisor information:

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

(B) Instructor-to-trainee ratio;

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

(D) The number of proposed supervisors and qualification of supervisors; and

(E) An explanation of how instructors and supervisors will be oriented to their roles and responsibilities and these rules.

(d) A training program that includes but is not limited to a description of:

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

(B) The skills trainees are to learn;

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

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

(E) The hours and months of the time required to complete the didactic and clinical phases; and

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

(e) Trainees.

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

(B) The number of proposed trainees;

(C) A copy of the contract that trainees will be required to enter into with the sponsor should the project be approved;

(D) The proposed scope of practice for trainees;

(E) Draft policies and procedures for ensuring compliance with OAR 333-010-XXXX [Minimum Standards] and

(F) Ensure ~~Draft polices and procedures for conducting~~ background checks are conducted on participating trainees.

~~(a) Trainees~~

(f) Documentation that the project has sufficient staff to monitor trainee performance and to monitor trainee supervision during the employment/utilization phase.

(g) The location or locations where patient care will be provided and the criteria used to select these locations.

(h) A description of how the project will provide care to populations that evidence-based studies show have the highest disease rates and the least access to dental care.

(i) Costs:

Commented [s3]: Request that projects must demonstrate financial resources prior to final approval? What about applying for a grant but not yet received?

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

(B) The estimated cost of care provided in the project, the likely cost of this care if performed by the trainees subsequent to the project, and the cost for provision of this care by current providers thereof.

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

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

(ii) Contractors and consultants to the project;

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

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

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

(j) An explanation of the feasibility of achieving the project objectives.

(k) A preliminary evaluation plan that includes but is not limited to:

(i) how the project sponsor will monitor and evaluate the project

(ii) a description of the key activities and their intended effects

(iii) how the project sponsor intends to use evaluation results for program improvement and decision making.

(l) An identified clinical evaluator, unaffiliated with the project and with no financial or commercial interest in the outcome of the project who will conduct the clinical evaluation of the project in accordance with the evaluation plan.

Statutory/Other Authority: 2011 OL Ch. 716
Statutes/Other Implemented: 2011 OL Ch. 716

333-010-XXXX
Dental Pilot Projects: Application Review Process

(1) The Authority ~~program staff~~ shall review an application to determine if it is complete within 60 business days from the date the application was received.

(a) If an applicant does not provide all the information required and the application is considered incomplete, the Authority ~~program~~ shall notify the applicant of the information that is missing, and shall allow the applicant 30 business days to submit the missing information.

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

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

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

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

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

Statutory/Other Authority: 2011 OL Ch. 716
Statutes/Other Implemented: 2011 OL Ch. 716

333-010-XXXX
Dental Pilot Projects: Project Application Provisional Approval or Denial

(1) Following the close of the public comment period described in OAR 333-010-XXXX [Application Review Process] the ~~director~~ Authority ~~or his or her designee~~ shall review the public comments that were received and issue, within 30 business days of the close of the public comment period:

(a) A provisional decision to grant an application; or

(b) A denial of the application.

(2) If the application is provisionally approved, the project sponsor must comply with the requirements in OAR 333-010-XXXX [Provisional Approval; Final Approval] before it can receive final approval.

(a) Projects that receive provisional approval may not operate until final approval is received from the Authority.

(3) If the Authority ~~director~~ denies the application the denial must be in writing and must describe the reasons for the denial. An application may be denied for any of these reasons:

(a) The application does not demonstrate that the project can meet the minimum standards or other provisions in these rules;

(b) The application does not demonstrate that the project is financially feasible; or

(c) The Authority ~~program~~ has previously approved a similar project.

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

Statutory/Other Authority: 2011 OL Ch. 716
Statutes/Other Implemented: 2011 OL Ch. 716

333-010-XXXX
Dental Pilot Projects: Provisional Approval; Final Approval

(1) A project sponsor that has been provisionally approved, must, within 3 months of provisional project approval, submit the following to the Authority ~~Program~~ for approval:

(a) A detailed evaluation and monitoring plan that meets the requirements in OAR 333-010-XXXX. [Pilot Project Evaluation and Monitoring by Sponsor]

(b) The project must have and follow policies and procedures for:

(i) Data collection and storage;

(ii) Protection and security of patient data;

(iii) Obtaining patient informed consent.

(iv) The provision of emergency treatment for patients and provide or arrange for emergency treatment for a patient currently receiving treatment as necessary;

~~(d) Have and follow written standard operating policies and procedures for specific use by the approved pilot project. Standard operating policies and procedures shall consist of the following~~

(2) The Authority ~~Program~~ will review the documentation required in section 1 of this rule and notify the project sponsor if the plan and policies and procedures are acceptable. The Authority ~~program~~ may request additional information and may request that the project sponsor revise the plan or policies and procedures to meet the requirements in these rules.

(3) Once the Authority ~~program~~ has received an acceptable plan and policies and procedures it will notify the project sponsor that the project has been approved, along with the plan and policies and procedures. The final approval letter must include:

(a) The permitted scope of the project;

(b) Any conditions the Authority ~~director~~ deems are necessary; and

(c) The length of time the project can operate, from between three to five years.

(6) The Authority ~~pProgram staff~~ shall notify the Oregon Board of Dentistry when a project is approved.

333-010-XXXX
Dental Pilot Projects: Minimum Standards

An approved dental pilot project shall:

(1) Provide for patient safety as follows:

(a) Comply with informed consent in accordance with ~~Ensure that every patient is provided information and gives informed consent prior to treatment in accordance with~~ OAR 333-010-XXXX. [Informed Consent]

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

~~(e) Comply with ORS 453.605 to 453.755 and OAR 333, Divisions XX to XX relating to the use of x-ray machines;~~

(c~~f~~) Prohibit a trainee from performing procedures the trainee is not capable of performing based on the trainee's level of education, training and experience, or which are outside of the trainee's approved scope of practice as is set out in the application and approved by the Authority;

(~~g) Comply with the infection control procedures in OAR 818-012-0040; and~~

~~(h) Comply with [listed applicable sections of the Oregon Dental Practice Act].~~

(d) Trainees participating in approved dental pilot projects are subject to applicable sections of the Oregon Dental Practice Act as though licensed by the Oregon Board of Dentistry; trainees must comply with listed applicable sections of the Oregon Dental Practice Act and in consultation with the Authority.

(i) Comply with ORS 419B.005 to 419B.010 related to the mandatory reporting of child abuse; and

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

(iii) Comply with ORS 679.520 or rules adopted pursuant thereto relating to the treatment of dental waste materials; and

(iv) Comply with ORS 679.535 or rules adopted pursuant thereto relating to the requirement to test heat sterilization devices; and

(v) Comply with OAR 818-012-0010 or rules adopted pursuant thereto relating to unacceptable patient care; and

(a) Trainees are prohibited from using the behavior management technique Hand Over Mouth (HOM) under OAR 818-012-0010.

(vi) Comply with OAR 818-012-0030 or rules adopted pursuant thereto relating to unprofessional conduct; and

(vii) Comply with OAR 818-012-0032 or rules adopted pursuant thereto relating to diagnostic records; and

(viii) Comply with OAR 818-012-0040 or rules adopted pursuant thereto relating to infection control; and

Commented [KSE4]: A person practicing dentistry or dental hygiene without a license under this section is subject to the same standard of care and is entitled to the same immunities as a person performing the services with a license.
SB738

Commented [KSE5]: Oregon Dental Association requested reference to the following under Minimum Standards in the Dental Pilot Project Amended Oregon Administrative Rules:

679.520 Treatment of dental waste materials containing mercury.
679.535 Requirement to test heat sterilization device; rules.
818-012-0010 Unacceptable Patient Care
818-012-0015 Licensee to Notify Board of Certain Events
818-012-0030 Unprofessional Conduct
818-012-0032 Diagnostic Records
818-012-0040 Infection Control Guidelines
818-012-0070 Patient Records
818-012-0075 Administration of Local Anesthesia – Lip Color Procedures (if applicable)
818-012-0080 Prescription Practices (if applicable)
818-012-0090 Obtaining Controlled Substances (if applicable)
818-012-0100 Controlled Substances Record Keeping Requirements (if applicable)
Division 15: Advertising
818-021-0026 State and Nationwide Criminal Background Checks, Fitness Determinations
Continuing Education requirements
Division 26: Anesthesia (if applicable)
Radiographs- certification, training, and safety (818-042-0050, 818-042-0060) (if applicable)
818-042-0117 Initiation of IV Line (if applicable)

(ix) Comply with OAR 818-012-0070 or rules adopted pursuant thereto relating to patient records;

-(2) Have appropriately qualified instructors to prepare trainees.

(a) A project must have a number and distribution of qualified instructors sufficient to meet project objectives, who have been approved by the Authority; and

(b) Instructors must be currently licensed in dentistry, dental hygiene or another appropriate health discipline and have current knowledge and skill in topics they will teach.

(3) Provide instruction to trainees following the training program ~~curriculum plan~~ approved by the Authority.

(4) Assure that trainees achieve a minimal level of competence before they are permitted to enter the employment/utilization phase. -The sponsor must provide notice to the Authority ~~program staff~~ within 14 calendar days of a trainee entering the employment/utilization phase. The notice shall include, but is not limited to the following:

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

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

(a) Information regarding the trainee's responsibilities and limitations under Oregon Laws 2011, chapter 716 and these rules.

(b) A disclaimer that there is no assurance of a future change in law or regulations that will allow them to practice without a license outside an approved dental pilot project.

(6). A description of the process used to orientate supervisors to their roles and responsibilities.

(a) Training materials must be made available for review by ~~provided to~~ the Authority upon request.

(7) Comply with the requirements of the Dental Pilot Projects statute, Oregon Laws 2011, chapter 716, these rules, and the approved application, including but not limited to the evaluation and monitoring plan

(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-XXXX. [Pilot Project Evaluation and Monitoring by Sponsor]

(9) ~~Report serious adverse events to the Authority the day they occur~~. Shall report to the Authority incidents which result in any untoward medical occurrence that is life-threatening, requires hospitalization, results in disability or permanent damage, requires medical or surgical intervention or results in death that occur in the provision of care by the trainee.

(a) The trainee performing the dental procedure must submit a written detailed report to the Authority within 24 hours of the incident along with the patient's complete ~~original~~ dental records.

(10) Submit detailed quarterly monitoring data in a format requested by the Authority. ~~Program staff~~.

Statutory/Other Authority: 2011 OL Ch. 716
Statutes/Other Implemented: 2011 OL Ch. 716

333-010-XXXX
Dental Pilot Projects: Informed Consent

(1) A sponsor must ensure that each patient or person legally authorized to provide consent on behalf of the patient, is provided written information about the dental pilot project and who will be providing treatment, gives written consent to be treated by the dental pilot project trainee, and gives informed consent for treatment by the trainee.

(2) Written information about the project and who will be providing treatment must include but is not limited to:

(a) An explanation of the role and status of the trainee, whether the trainee is licensed or unlicensed, including the availability of the trainee's supervisor for consultation;~~;~~

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

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

~~(d) A description of the trainee's level of training and experience, whether the trainee is licensed or unlicensed, who is supervising the trainee, and the trainee's approved scope of practice.~~

(3) At a minimum, ~~T~~the following language must be included on the document that requests consent to be treated by the dental pilot project:

"I _____[name of patient or person acting on patient's behalf] have read and understand the above information concerning the treatment I can receive from this dental pilot project and I agree to the trainee of this project providing me treatment."

_____ _____
Signature of patient or person acting on patient's behalf Date

(4) Informed consent for treatment.

(a) Each patient must give informed consent to ~~each procedure or~~ the treatment plan. Informed consent means:

(A) means the consent obtained following a thorough and easily understood explanation to the patient, or patient's guardian, of the proposed procedures, any available alternative procedures and any risks associated with the procedures. Following the explanation, the trainee shall ask the patient, or the patient's guardian, if there are any questions. The trainee shall provide thorough and easily understood answers to all questions asked.

Commented [KSE6]: From DPA, 818-001-002, removed word licensee and replaced with trainee

(B) After the explanation in subsection (A) of this section, trainees will not perform any procedure for which the patient or patient's guardian has not previously given informed consent provided, however, that in 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.

Commented [KSE7]: From DPA, 818-012-0010

~~(A) Explaining, in a language the patient understands, in general terms the procedure or treatment to be undertaken; that there may be alternative procedures or methods of treatment, if applicable; and the risks to the procedure or treatment, if applicable~~.

~~(B) After the explanation in subsection (A) of this section, asking the patient if the patient wants a more detailed explanation. If the patient requests further explanation, such an explanation must be provided, including in substantial detail the procedure, the viable alternatives and the material risks unless to do so would be materially detrimental to the patient. In determining that further explanation would be materially detrimental the dental project manager shall give due consideration to the standards of practice of reasonable dental practitioners in the same or a similar community under the same or similar circumstances~~.

~~(b) Informed consent for treatment must be obtained in writing and such consent must be included and documented in the patient's record~~.

(c) 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.

Commented [KSE8]: Language from the DPA, 818-012-0070

(d) Informed consent for treatment must be obtained in writing for select procedures as required by the Authority and such consent must be included and documented in the patient's record.

Statutory/Other Authority: 2011 OL Ch. 716
Statutes/Other Implemented: 2011 OL Ch. 716

333-010-XXXX
Dental Pilot Projects: Pilot Project Evaluation and Monitoring by Sponsor

(1) A ~~P~~pilot project sponsor~~s~~ must submit a detailed Evaluation and Monitoring Plan to the Authority in accordance with OAR 333-010-XXXX. [Provisional Approval; Final Approval]

(2) A Project Evaluation and Monitoring Plan must include but is not limited to:

(A) A logic model to depict the project activities and intended effects;

(B) A description of key evaluation questions to be addressed by the pilot project, including relevant process and outcome measures;

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

(D) A detailed description of baseline data and information to be collected about trainee performance, patient and community satisfaction, and cost effectiveness;

(E) A detailed description of the methodology and data sources to be used in collecting and analyzing the data about trainee performance, acceptance, quality of care and cost effectiveness;

(F) Defined measures to evaluate safety and quality of care provided; and

(G) A process for ~~review of the evaluation plan~~ regular evaluation of project activities across the lifecycle of the project for continuous quality improvement purposes. Any changes in project activities must be approved by the Authority.

(H) The evaluation plan must include ongoing quarterly monitoring that ensures at a minimum:

(i) Patient safety; The provisions for protecting the safety of patients seen or treated in the project;

(ii) Trainee competency;

(iii) Supervisor fulfillment of role and responsibilities; and

(iv) ~~Employment/utilization s~~Site compliance with evaluation plan ~~;~~ ~~and~~

333-010-XXXX
Dental Pilot Projects: Pilot Project Monitoring and Evaluation by ~~Program~~ Authority

(1) The Authority ~~Program staff~~ shall monitor and evaluate approved pilot projects to determine the project's compliance with these rules and to check on the progress of the project. Monitoring and evaluation may include but is not limited to:

(a) Requesting written information or documents from the project;

(b) Interviews with the project sponsor, instructors, supervisors, other staff or trainees; and

(d) Quarterly submitted data as described in 333-010-XXXX [Minimum Standards].

(2) The Authority ~~Program staff~~ shall conduct site visits, at least once a year, to project offices, locations, or both, where trainees are being prepared or utilized.

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

(b) 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) Reviews of patient records to evaluate patient safety, ~~and~~ trainee competency, ~~and~~ quality of care, minimum standard of care and compliance with the approved or amended application. ~~.~~

(i) The Authority will provide the project sponsor with at least 14 business days ~~notice for the project sponsor~~ to submit to the Authority required patient records, data or other documents as required for the site visit.

(~~c~~b) The Authority ~~program~~ will, unless there are concerns about patient or trainee safety, provide at least ~~14 business days notice~~ 90 calendar days to the sponsor prior to the date of a scheduled site visit.

(~~d~~e) Following a site visit the ~~program~~ Authority will:

(a) Within 60 business 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.

(b) Within 180 business days of receipt of a plan of correction, issue a final report to the sponsor.

(c) If there are no corrections needed, the Authority ~~program~~ will issue a final report within 180 business days.

(4) Failure of a sponsor or anyone involved with an approved pilot project to cooperate with a request for records, interviews or a site visit is grounds for the Authority ~~program~~ to suspend or terminate a project. Failure to cooperate includes but is not limited to failure to provide information or documents in a manner requested by the Authority ~~program~~ or within the timeframe requested by the Authority. ~~program~~.

Statutory/Other Authority: 2011 OL Ch. 716
Statutes/Other Implemented: 2011 OL Ch. 716

333-010-XXXX
Dental Pilot Projects: Project Modifications

(1) An approved dental pilot project may make minor modifications to the project with written approval of the Authority ~~program.~~ Proposed minor modifications must be submitted to the Authority ~~program~~ in writing for approval or disapproval, except as described in section (3) of this rule.

(2) Minor modifications include but are not limited to:

(a) Changes in selection criteria for trainees or supervisors

(b) Changes in employment/utilization sites; removing sites or adding sites within the approved scope or nature of the project.

(c) Changes in project staff or instructors.

(3) Changes in project staff or instructors ~~do not~~ require prior approval by the Authority, in accordance with 333-010-XXXX [Minimum Standards.] ~~program staff, but shall be reported to the program staff within two weeks after the change occurs along with the curriculum vitae for the new project staff and instructors.~~

(4) Any modification to an approved pilot project that is not a minor modification is not permitted though the project sponsor could submit a new application.

Statutory/Other Authority: 2011 OL Ch. 716
Statutes/Other Implemented: 2011 OL Ch. 716

333-010-XXXX
Dental Pilot Projects: Discontinuation or Completion of Project

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

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

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

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

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

(3) Project completion.

(a) A project sponsor must:

(A) Provide a full report of findings to the Authority within 180 business days of the completion of the project.

(B) Inform the Oregon Board of Dentistry that the project is completed and provide a list of trainee names associated with the project at least 14 business days prior to discontinuation.

(4) The Authority ~~Program staff~~ shall conduct an independent evaluation of the project upon its completion and prepare a final report that ~~may~~ must include but is not limited to;

(a) The new dental skills taught or extent that existing skills have been reallocated.

(b) Implication of the project for existing licensure laws with suggestions for changes in the law where appropriate.

(c) Implications of the project for dental services curricula and for the health care delivery systems.

(d) Teaching methods used in the project.

(e) The quality of care and patient acceptance in the project.

(f) The extent that persons with the new skills could find employment in the dental health care system, assuming laws were changed to incorporate their skill.

(g) The cost of care provided in the project, the likely cost of this care if performed by the trainees subsequent to the project, and the cost for provision of this care by current dental providers thereof.

Statutory/Other Authority: 2011 OL Ch. 716
Statutes/Other Implemented: 2011 OL Ch. 716

333-010-XXXX
Dental Pilot Projects: Suspension or Termination of Project

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

(2) If the Authority determines that a dental pilot project is in violation of 2011 Oregon Laws, chapter 716 or these rules, the Authority may:

(a) Work with the project to bring the project into compliance; or

(b) Issue a Notice of Proposed Suspension or Notice of Proposed Termination in accordance with ORS 183.411 through 183.470.

(3) A sponsor who receives a Notice may request an informal meeting with the Authority. ~~director and program staff.~~ A request for an informal meeting does not toll the time period for requesting a hearing as described in section (4) of this rule.

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

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

Statutory/Other Authority: 2011 OL Ch. 716
Statutes/Other Implemented: 2011 OL Ch. 716

Excerpts from the Oregon Dental Practice Act that may be referenced in the amended Oregon Administrative Rules for Dental Pilot Projects and may be included under Dental Pilot Projects: Minimum Standards.

The full version of the Oregon Dental Practice Act is available at https://www.oregon.gov/dentistry

Applicable sections, noted via roman numerals **i through viii** are highlighted below.

(i) Comply with ORS 419B.005 to 419B.010 related to the mandatory reporting of child abuse; and

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

(iii) Comply with ORS 679.520 or rules adopted pursuant thereto relating to the treatment of dental waste materials; and

(iv) Comply with ORS 679.535 or rules adopted pursuant thereto relating to the requirement to test heat sterilization devices; and

(v) Comply with OAR 818-012-0010 or rules adopted pursuant thereto relating to unacceptable patient care; and

(vi) Comply with OAR 818-012-0030 or rules adopted pursuant thereto relating to unprofessional conduct; and

(vii) Comply with OAR 818-012-0032 or rules adopted pursuant thereto relating to diagnostic records; and

(viii) Comply with OAR 818-012-0040 or rules adopted pursuant thereto relating to infection control; and

(ix) Comply with OAR 818-012-0070 or rules adopted pursuant thereto relating to patient records;

Excerpts of the full text from the Oregon Dental Practice Act have been copied below for sections V, VI, and IX.

Commented [KSE1]: 679.520 Treatment of dental waste materials containing mercury.
679.535 Requirement to test heat sterilization device; rules.
818-012-0010 Unacceptable Patient Care
818-012-0015 Licensee to Notify Board of Certain Events
818-012-0030 Unprofessional Conduct
818-012-0032 Diagnostic Records
818-012-0040 Infection Control Guidelines
818-012-0070 Patient Records
818-012-0075 Administration of Local Anesthesia – Lip Color Procedures (if applicable)
818-012-0080 Prescription Practices (if applicable)
818-012-0090 Obtaining Controlled Substances (if applicable)
818-012-0100 Controlled Substances Record Keeping Requirements (if applicable)
Division 15: Advertising
818-021-0026 State and Nationwide Criminal Background Checks, Fitness Determinations
Continuing Education requirements
Division 26: Anesthesia (if applicable)
Radiographs- certification, training, and safety (818-042-0050, 818-042-0060) (if applicable)
818-042-0117 Initiation of IV Line (if applicable)

(v) Comply with OAR 818-012-0010 or rules adopted pursuant thereto relating to unacceptable patient care; and

(a) Trainees are prohibited from using the behavior management technique Hand Over Mouth (HOM) under OAR 818-012-0010.

818-012-0010 Unacceptable Patient Care
The Board finds, using the criteria set forth in ORS 679. 140(4), that a licensee engages in or permits the performance of unacceptable patient care if the licensee does or permits any person to:
(1) Provide treatment which exposes a patient to risk of harm when equivalent or better treatment with less risk to the patient is available.

(2) Fails to 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; provided, however, that it is not a violation of this section to omit to seek consultation if other competent licensees in the same locality and in similar circumstances would not have sought such consultation.

(3) Fail to provide or arrange for emergency treatment for a patient currently receiving treatment.

(4) Fail to exercise supervision required by the Dental Practice Act over any person or permit any person to perform duties for which the person is not licensed or certified.

(5) Render services which the licensee is not licensed to provide.

(6) Fail to comply with ORS 453.605 to 453.755 or rules adopted pursuant thereto relating to the use of x-ray machines.

(7) Fail to maintain patient records in accordance with OAR 818-012-0070.

(8) Fail to provide goods or services in a reasonable period of time which are due to a patient pursuant to a contract with the patient or a third party.

(9) Attempt to perform procedures which the licensee is not capable of performing due to physical or mental disability.

(10) Perform any procedure for which the patient or patient's guardian has not previously given informed consent provided, however, that in an emergency situation, if the patient is a minor whose guardian is unavailable or the patient is unable to respond, a licensee may render treatment in a reasonable manner according to community standards.

(11) Use the behavior management technique of Hand Over Mouth (HOM) without first obtaining informed consent for the use of the technique~~.~~

(12) Use the behavior management technique of Hand Over Mouth Airway Restriction (HOMAR) on any patient.

(13) Fail to determine and document a dental justification prior to ordering a Cone Beam CT series with field greater than 10x10 cm for patients under 20 years of age where pathology, anatomical variation or potential treatment complications would not be otherwise visible with a Full Mouth Series, Panoramic or Cephalometric radiographs.

(14) Fail to advise a patient of any recognized treatment complications.

(vi) Comply with OAR 818-012-0030 or rules adopted pursuant thereto relating to unprofessional conduct; and

818-012-0030 Unprofessional Conduct

The Board finds that in addition to the conduct set forth in ORS 679.140(2), unprofessional conduct includes, but is not limited to, the following in which a licensee does or knowingly permits any person to:

(1) Attempt to obtain a fee by fraud, or misrepresentation.

(2) Obtain a fee by fraud, or misrepresentation. (a) A licensee obtains a fee by fraud if the licensee knowingly makes, or permits any person to make, a material, false statement intending that a recipient, who is unaware of the truth, rely upon the statement. (b) A licensee obtains a fee by misrepresentation if the licensee obtains a fee through making or permitting any person to make a material, false statement. (c) Giving cash discounts and not disclosing them to third party payers is not fraud or misrepresentation.

(3) Offer rebates, split fees, or commissions for services rendered to a patient to any person other than a partner, employee, or employer.

(4) Accept rebates, split fees, or commissions for services rendered to a patient from any person other than a partner, employee, or employer.

(5) Initiate, or engage in, with a patient, any behavior with sexual connotations. The behavior can include but is not limited to, inappropriate physical touching; kissing of a sexual nature; gestures or expressions, any of which are sexualized or sexually demeaning to a patient; inappropriate procedures, including, but not limited to, disrobing and draping practices that reflect a lack of respect for the patient's privacy; or initiating inappropriate communication, verbal or written, including, but not limited to, references to a patient's body or clothing that are sexualized or sexually demeaning to a patient; and inappropriate comments or queries about the professional's or patient's sexual orientation, sexual performance, sexual fantasies, sexual problems, or sexual preferences.

(6) Engage in an unlawful trade practice as defined in ORS 646.605 to 646.608.

(7) Fail to present a treatment plan with estimated costs to a patient upon request of the patient or to a patient's guardian upon request of the patient's guardian.

(8) Misrepresent any facts to a patient concerning treatment or fees.

(9)(a) Fail to provide a patient or patient's guardian within 14 days of written request: (A) Legible copies of records; and (B) Duplicates of study models, radiographs of the same quality as the originals, and photographs if they have been paid for. (b) The licensee may require the patient or guardian to pay in advance a fee reasonably calculated to cover the costs of making the copies or duplicates. The licensee may charge a fee not to exceed $30 for copying 10 or fewer pages of written material and no more than $0.50 per page for pages 11 through 50 and no more than $0.25 for each additional page (including records copied from microfilm), plus any postage costs to mail copies requested and actual costs of preparing an explanation or summary of information, if requested. The actual cost of duplicating radiographs may also be charged to the patient. Patient records or summaries may not be withheld from the patient because of any prior unpaid bills, except as provided in (9)(a)(B) of this rule.

(10) Fail to identify to a patient, patient's guardian, or the Board the name of an employee, employer, contractor, or agent who renders services.

(11) Use prescription forms pre-printed with any Drug Enforcement Administration number, name of controlled substances, or facsimile of a signature.

(12) Use a rubber stamp or like device to reproduce a signature on a prescription form or sign a blank prescription form.

(13) Order drugs listed on Schedule II of the Drug Abuse Prevention and Control Act, 21 U.S.C. Sec. 812, for office use on a prescription form.

(14) Violate any Federal or State law regarding controlled substances.

(15) Becomes addicted to, or dependent upon, or abuses alcohol, illegal or controlled drugs, or mind altering substances, or practice with an untreated substance use disorder diagnosis that renders the licensee unable to safely conduct the practice of dentistry or dental hygiene.

(16) Practice dentistry or dental hygiene in a dental office or clinic not owned by an Oregon licensed dentist(s), except for an entity described under ORS 679.020(3) and dental hygienists practicing pursuant to ORS 680.205(1)(2).

(17) Make an agreement with a patient or person, or any person or entity representing patients or persons, or provide any form of consideration that would prohibit, restrict, discourage or otherwise limit a person's ability to file a complaint with the Oregon Board of Dentistry; to truthfully and fully answer any questions posed by an agent or representative of the Board; or to participate as a witness in a Board proceeding.

(18) Fail to maintain at a minimum a current BLS for Healthcare Providers certificate or its equivalent. (Effective January 2015).

(19) Conduct unbecoming a licensee or detrimental to the best interests of the public, including conduct contrary to the recognized standards of ethics of the licensee's profession or conduct that endangers the health, safety or welfare of a patient or the public.

(20) Knowingly deceiving or attempting to deceive the Board, an employee of the Board, or an agent of the Board in any application or renewal, or in reference to any matter under investigation by the Board. This includes but is not limited to the omission, alteration or destruction of any record in order to obstruct or delay an investigation by the Board, or to omit, alter or falsify any information in patient or business records.

(21) Knowingly practicing with a physical or mental impairment that renders the Licensee unable to safely conduct the practice of dentistry or dental hygiene.

(22) Take any action which could reasonably be interpreted to constitute harassment or retaliation towards a person whom the licensee believes to be a complainant or witness.

(ix) Comply with OAR 818-012-0070 or rules adopted pursuant thereto relating to patient records;

818-012-0070 Patient Records

(1) Each licensee shall have prepared and maintained an accurate record for each person receiving dental services, regardless of whether any fee is charged. The record shall contain the name of the licensee rendering the service and include: (a) Name and address and, if a minor, name of guardian; (b) Date description of examination and diagnosis; (c) An entry that informed consent 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. (d) Date and description of treatment or services rendered; (e) Date, description and documentation of informing the patient of any recognized treatment complications; (f) Date and description of all radiographs, study models, and periodontal charting; (g) Health history; and (h) Date, name of, quantity of, and strength of all drugs dispensed, administered, or prescribed.

(2) Each licensee shall have prepared and maintained an accurate record of all charges and payments for services including source of payments.

(3) Each licensee shall maintain patient records and radiographs for at least seven years from the date of last entry unless: (a) The patient requests the records, radiographs, and models be transferred to another licensee who shall maintain the records and radiographs; (b) The licensee gives the records, radiographs, or models to the patient; or (c) The licensee transfers the licensee's practice to another licensee who shall maintain the records and radiographs.

(4) When changing practice locations, closing a practice location or retiring, each licensee must retain patient records for the required amount of time or transfer the custody of patient records to another licensee licensed and practicing dentistry in

Oregon. Transfer of patient records pursuant to this section of this rule must be reported to the Board in writing within 14 days of transfer, but not later than the effective date of the change in practice location, closure of the practice location or retirement. Failure to transfer the custody of patient records as required in this rule is unprofessional conduct.

(5) Upon the death or permanent disability of a licensee, the administrator, executor, personal representative, guardian, conservator or receiver of the former licensee must notify the Board in writing of the management arrangement for the custody and transfer of patient records. This individual must ensure the security of and access to patient records by the patient or other authorized party, and must report arrangements for permanent custody of patient records to the Board in writing within 90 days of the death of the licensee.