



Technical Review Board Dental Pilot Project Program Application Review #300 Meeting Minutes

Date: Wednesday, May 30, 2019
Time: 9:30 AM – 4:00 PM
Location: Oregon Oral Health Coalition
9140 SW Pioneer Court
Wilsonville, Oregon

Technical Review Board Members Present:

Daniel Blickenstaff	Oregon Board of Dentistry
Jennifer Lewis-Goff	Oregon Dental Association
Sharon Hagan	Lane Community College
Sharity Ludwig	Advantage Dental
Elisa Schofield	Oregon Dental Hygiene Association
Eli Schwarz	OHSU-School of Dentistry

Technical Review Board Members Absent:

Cara Kao-Young	Portland Community College
Karen Shimada	Oregon Oral Health Coalition

OHA Staff:

Sarah Kowalski	Oregon Health Authority
Allison Mobley	Oregon Health Authority
Karen Phillips	Oregon Health Authority

Project Sponsor Representatives:

Gail Aamodt	Pacific University
Toby Absher	Willamette Dental
Amy Coplen	Pacific University
Shannon English	Willamette Dental
Lisa Rowley	Pacific University
Dayna Steringer	Willamette Dental
Elisa Turpen	Willamette Dental



AGENDA

Technical Review Board
Dental Pilot Project Program
Application Review #300
Oregon Oral Health Coalition
9140 SW Pioneer Court, Wilsonville, Oregon
May 30, 2019
9:30am-4:00pm

9:30-9:40	Official Introductions, Agenda Review, Housekeeping	Sarah Kowalski, RDH, MS
9:40-10:40	Review Application; Discussion with TRB	TRB Members OHA Program Staff Project Applicant
10:40-10:50	Break	
10:50-12:30	Review Application; Discussion with TRB	TRB Members OHA Program Staff Project Applicant
12:30-1:00	Lunch Break	
1:00-2:45	Review Application; Discussion with TRB	TRB Members OHA Program Staff Project Applicant
2:45-3:00	Break	
3:00-3:55	Review Application; Discussion with TRB	TRB Members OHA Program Staff Project Applicant
3:55-4:00	Follow Up Item, Next Steps	Sarah Kowalski, RDH, MS

Public Comment Period Information: Pursuant to OAR 333-010-0730 Dental Pilot Projects: Application Review Process. (5) Once the Authority completes an application review, a Notice of Intent to provisionally approve or deny an application will be provided to the applicant. The Notice will be sent to interested parties and will be posted for **public comment for a period of 30 calendar days**, along with a link to the application and other materials submitted by the applicant.

Public Attendees:

Rick Asai, Kristen Hockema

Summary of Meeting

Agenda Item: Review Follow-Up Clarifications Required for Dental Pilot Project Applicant

Topic: Project Goals

Summary of Discussion: Discussion of Project Goals and Feasibility of Achieving Project Objectives

- Reviewed revised items in the pilot project application.
- **Primary themes of discussion:**
 - Applicant has revised sections around objectives.
 - OHA and TRB discussed the improved patient experience section and changes made to the language. Patients are being asked to measure the quality of care they are receiving. It is unclear how patient can measure this.
 - The questions asked on the surveys are not clear and the objectives for the surveys is unclear. For example, how does the Adverse Outcome Report measure patient's perception of customer service, safety and quality under "Improved Patient Experience"?
 - Under Improved Patient Experience, the project applicant has modified language to measure if care provided by the dental therapist is less than, equal to or better than a dentist. If the care is equal, this is not an improved experience. The language of "improved experience" is awkward here. Is that the goal? Or is the goal to demonstrate that Dental Therapists can provide the same level of care as a dentist? A patient's experience is different from the actual quality of care that is provided. Willamette Dental is not asking them to compare their experiences with what they are receiving or have received from a dentist. It is their perception of their care received.
 - Quality is assessed pre-prep and post photograph taken. Questions about the random sample process. Dentists will also be evaluated but it is blind. Third-party evaluator.
 - Monitoring – dentists and hygienists are not required to have chart audits after they graduate and pass their boards. The pilot project program requires extensive monitoring. The trainees are not licensed in Oregon. #100 reviews all irreversible procedures on a weekly basis. Willamette Dental is concerned about the requirements and it may be too onerous. A concern about the number of charts required to be monitored is a concern for Willamette Dental. The OBD has reviewed charts for #100 and they have concerns about the lack of monitoring. OBD would like at least 100% of the restorations evaluated by the supervising dentist. During the training phase. They would like at least 50% of the restorations

reviewed during the utilization phase. They have concerns. They see issues with licensees who have been practicing for years.

- The final monitoring plan would need to have this information in it, it is not part of the preliminary evaluation and monitoring plan.
- All restorations completed in Oregon by a restorative hygienist are checked by a dentist.
- Costs of care are to the organization not to the patient. Lowering the cost of care is not a benefit to the patients.
- Better outcomes. The process of how the Dental Team works at Willamette Dental is unclear. Adding a Dental Therapist to the Dental Team... clarity around this would be helpful to understand the overall goals of increasing the number of procedures by 20%.
- Under the goals of the project, there is still no mention of the populations that the project intends to serve as recommended by OHA and TRB. There is nothing in the goals about a focus of the project to serve specific populations that are evidenced-based populations with the highest disease rates and the least access to care.
- Concerns about the magnitude of the project persist. The project is starting out at such a large level that the likelihood of problems will likely become problematic at such a large scale. Not a lot of experience in practice of doing a project of this magnitude.
- Project needs enough data to support demonstration of the model as viable and providing safe/quality care.
- SB738(2011) was never thought about from a business perspective. Purpose was to target populations that have access to care issues, highest disease rates and least access to care.
- OHSU during the dental students rural rotations allow 1 dentist in a clinic at a time, a dentist is almost required to step away from practice because of the training, standards. Questions about CODA and requirements in practice – unclear. A great deal of community clinic-based training now in dental schools. Try to make it comparable to dental school. The dentists in the clinic are adjunct faculty.
- Scrutiny on a pilot project. Dentists are evidenced based. Highly reviewed, etc.
- Supervising dentist is ultimately responsible and an integral component of the pilot project.
- Changing language in red does not necessarily mean it now complies. It might still need work.

Decision: The section requires further clarification.

Action: OHA will follow up with project applicant on next steps required. TRB worksheet with additional comments and feedback will be provided. Clarification on which OARs are met will be indicated on the worksheet.

Agenda Item: Review Follow-Up Clarifications Required for Dental Pilot Project Applicant

Topic: Definition of “Focus”

Summary of Discussion: Discussion of Senate Bill 738

- Reviewed the terminology around the use of the word “focus” in the language in Senate Bill 738.
- **Primary themes of discussion:**
- TRB and OHA are concerned that project only intends to devote 25% of the Dental Therapists time to treating the “focus” required of SB738. The focus of the pilot project should be a primary goal of the pilot project.
- The rule does not provide a specific percentage or further clarification regarding the word “focus.”
- Legislative intent needs to be reviewed.
- Willamette is not willing to say 100% of their target populations will be seen.
- OHA and TRB are concerned that seeing only 25% of the targeted population is insufficient. Applicant wants clarification as to what is required. A discussion about what is acceptable ensued. Dialogue between all parties conceded that a legislative review is required in order to obtain better understanding about the intentions of the word focus.
- A question was asked if 51% would be acceptable. Sarah Kowalski stated that it will have to be reviewed by OHA and possibly DOJ. The other already operating pilot projects are seeing considerably higher percentages than 51%. It is unclear what OHA can require at this time. Data will be pulled to illustrate exactly how much each DPP#100 and DPP#200 are seeing. 51% is a slim majority and it may not be sufficient.
- Project applicant stated that they will under-promise and overdeliver on the number of patient’s seen from their targeted populations. OHA is only able to enforce what is approved in the project application. Project applicant stated that they plan to continue to push for the minimum percentage of patients required to be seen from their targeted populations.
- The Oregon Administrative Rules do not define the word “focus.”
- OHA’s position is that if a project exists to target or focus, it should be aiming to see as many of those patients as possible and not the bare minimum required. If a project can see 100%, that should be their goal. Concern that project is worried about the minimum number of patients that they have to see. Prior projects are trying to see 100% of their target populations and they are doing that.
- There was a question about what punitive process would ensue should a site not meet the minimum required amount of the percentage required. OHA stated they did not know and would have to follow up.
- #200 focuses on schools that are Free and Reduced Lunch, high percentage and high poverty needs schools.

- Concern that patients do not show up, what is going to happen if patients do not show up.
- Project is not just serving Medicaid. Project is not only serving one segment, i.e. diabetics, etc. Willamette Dental see's 1/10th of the Medicaid population in Oregon.
- How is this increasing access for patients?

Decision: No final decisions were made about what the acceptable minimum percentage is that the pilot project must see.

Action: OHA will consult with the Department of Justice to obtain a review of the legislative intent around the Dental Pilot Projects Program.

Agenda Item: Review Follow-Up Clarifications Required for Dental Pilot Project Applicant

Topic: Populations

Summary of Discussion: Discussion of changes made to the application around targeted populations.

- Reviewed revised items in the pilot project application.
- **Primary themes of discussion:**
- Project applicant clarified several points of concern on the population section on page 38 of the application.
- Low-income adults as determined by patient's Medicaid eligibility
- Children 0-18 who are low-income [i.e. Medicaid] and/or moderate to high risk for caries
- Adults 19-64 who have diabetes
- Older adults 65+
- Dual covered [i.e. Medicare/Medicaid]
- Pregnant women who are low-income [i.e. Medicaid] and/or moderate to high risk for caries
- People with disabilities/uninsured
- Project applicant will determine if they will remove "people with disabilities" or further define and cite sources. It is unclear.
- OHA and TRB had questions about how to count an individual, what if they are both pregnant, on Medicaid and diabetic for example.
- OHA and TRB would like to see the goal of the project to illustrate that they are targeting these specific populations and to align the goal with a percentage in their project objectives.
- Data provided is not complete. OHA must have more demographic details about the populations, specifically those defined as the target populations for this project, at the potential sites before approving the locations listed.

Decision: No final decisions were made about what the acceptable minimum percentage is that the pilot project must see of their target population.

Action: OHA will consult with the Department of Justice to obtain a review of the legislative intent around the Dental Pilot Projects Program.

Agenda Item: Review Follow-Up Clarifications Required for Dental Pilot Project Applicant

Topic: Competency

Summary of Discussion: Discussion of clarification made to the application around competency examinations.

- Reviewed revised items in the pilot project application.
- **Primary themes of discussion:**
- CRDTS has recommended a score of 75 or better to be a demonstration of sufficient competence.
- Pacific University is working with Western Regional Examining Board (WREB) as they are interested in developing a Dental Therapy board exam.
- Clarification was provided that trainees must pass the CRDTS exam before being allowed to move into the utilization phase.
- OHA and TRB requested that the project applicant develop an illustrated timeline for clarification on the sequence of steps required of the trainee.

Decision: No further information is needed. An illustrated timeline was requested.

Action: No actions required. An illustrated timeline was requested.

Agenda Item: Review Follow-Up Clarifications Required for Dental Pilot Project Applicant

Topic: Evaluation and Monitoring Plan

Summary of Discussion: Discussion of clarifications made to the application around preliminary evaluation and monitoring plan.

- Reviewed revised items in the pilot project application.
- **Primary themes of discussion:**
- OHA and TRB expressed concerns around the monitoring plan described in the application.
- Project applicant has requested information on the monitoring plans for DPP#100 and DPP#200.
- OHA and TRB recommend using a tiered approach, starting higher and possibly staggering over time. Auditing 5 charts per quarter is not satisfactory. The supervising dentist is responsible for care provided by the trainee. Needs to be a representative sample of charts reviewed each week by the supervising dentist. OHA and TRB recommends Willamette Dental draft an approach that is tiered, start high and as time goes on, can review less as trainees demonstrate over and over and over again their

competence and safety.

- OHA and TRB recommend evaluation of the curriculum itself, as part of the first part of the project, education phase.
- The Evaluation Plan is centered around the Quadruple aim. There are points in the application where it is confusing about how this is working. One example, better outcomes. Is it the intention of the pilot project to illustrate that dental therapists produce better outcomes than dentists? Is the quadruple aim a good fit to describe the project? Project should focus on what its goals are – it may not be a good fit.

Decision: The section requires further clarification.

Action: OHA will follow up with project applicant on next steps required. TRB worksheet with additional comments and feedback will be provided. Clarification on which OARs are met will be indicated on the worksheet.

Summary of Action Items:

1. OHA will consolidate feedback from TRB, describe the concerns or deficiencies and make recommendation to come into compliance with the applicable OAR.
2. OHA will consult with the Department of Justice to obtain a review of the legislative intent around the Dental Pilot Projects Program.
3. OHA will follow up after consultation with the DOJ with the TRB and the project applicant on the next steps required.

Public Comments: No comments accepted. Pursuant to OAR 333-010-0730 Dental Pilot Projects: Application Review Process. (5) Once the Authority completes an application review, a Notice of Intent to provisionally approve or deny an application will be provided to the applicant. The Notice will be sent to interested parties and will be posted for public comment for a period of 30 calendar days, along with a link to the application and other materials submitted by the applicant.

Next Meeting: At this time, there are not further meetings scheduled. The TRB and project applicant will be apprised of a future meeting, if needed.

Follow-Up Clarifications Required for Dental Pilot Project Applicant

	Description of concerns or deficiencies	Recommendations to come into compliance with OAR
Project Goals	<p>Clarification on the goals of the project is required around the populations that are targeted.</p> <p>Project identifies goals, under short term goals, “In addition, determine if adding a Dental Therapist to the dental team will expand access to consistent, routine, high quality oral health care to populations who experience limited access to care such as: individuals with OHP coverage, <u>uninsured</u> and <u>underinsured</u> individuals, those with <u>infirmity</u>, <u>language barriers</u>, <u>transportation barriers</u>, low socioeconomic status, <u>institutionalized</u>, elderly and children.”</p>	<p>Use SMART objectives or similar to describe objectives of the project. OAR 333-010-0720 – Required</p> <p>Alignment of the goals of the project is required with the populations that are intended to be targeted by the pilot. The applicant does not mention patients with infirmity, language barriers, transportation barriers, uninsured or the institutionalized as part of the target populations. Alignment between goals of the project and targeted populations is required. OAR 333-010-0720 - Required</p>
Need for the Project	<p>Background data is extensive but not for the targeted populations that the project intends to serve. There is a misalignment between the global, national and state specific oral health issues without actually describing the needs of the populations that project intends to serve.</p>	<p>Background data and citations must be used to support the need for the project in providing care to all of the intended focused populations. ORS 680.210 – Required</p>
Focus	<p>Focus is not quantitatively described in the application and is required to be defined.</p> <p>The applicant is required to identify what minimum percentage of patients the trainee will be required to provide services from the list of targeted population over a specific time frame. For example, over a month, etc.</p>	<p>Applicant must demonstrate a focus on providing care to populations that evidenced based studies have shown have the highest disease rates and the least access to care. ORS 680.210 - Required</p>
Populations	<p>Clarification is required on populations named on page 37</p>	<p>Recommendations to come into compliance with ORS 680.210 Outlined under Populations below.</p>

Targeted Population Descriptions (Pg. 37-38)

Population	Description of concerns or deficiencies	Recommendations to come into compliance with OAR
Medicaid	<p>Target population description includes the terminology % at the County Population rate.</p> <p>Oregon Health Plan¹ (OHP) is the name for the Medicaid program in Oregon. Medicaid offers comprehensive medical, dental and behavioral health to participants. Participants must meet eligibility requirements including income eligibility requirements.</p> <ul style="list-style-type: none"> • Adults - OHP is available to adults who earn up to 138 percent of the Federal Poverty Level • Children - OHP is available to kids and teens (0-18) whose family earns up to 300 percent of the Federal Poverty Level <p>Substantial evidence cited in background of the application on the Medicaid population.</p>	<p>Target population is satisfactory.</p> <p>Adequate description of background provided in the background information</p>
Children ages 0-18	<p>Background information describes certain segments of the population of children with no specific description regarding high caries rates which could be generalized to all children. Evidence is only provided and cited for low-income, socio-economically disadvantaged and Medicaid children.</p> <p>“Poor and low-income minority children and those with special needs were significantly more likely to have had a toothache on multivariable analysis.”²</p>	<p>Change description of target population to High-Caries Risk Children Ages 0-18.</p> <p>Evidence of the need must be provided in the background of the application and in the description of the targeted populations. If the project is going to say all children who are high-risk, evidence must be cited in the background to support the targeted population. ORS 680.210 - Required</p>

¹ <https://www.oregon.gov/oha/hsd/ohp/pages/apply.aspx> Oregon Health Plan

² Lewis C, Stout J. Toothache in US Children. Arch Pediatr Adolesc Med. 2010;164(11):1059–1063. doi:10.1001/archpediatrics.2010.206

	<p>“socioeconomically disadvantaged elementary and high school children in the Los Angeles Unified School District, matching their oral health status to their academic achievement and attendance records.”³ “Our data indicates that for disadvantaged children there is an impact on students’ academic performance due to dental problems.”⁴</p> <p>Applicant cites specific language “About 17 million low-income children go each year without basic care that could prevent the need for higher cost treatment later on. Children living below the poverty line are twice as likely as their more affluent peers to suffer from toothaches, and the likelihood of experiencing this pain is even greater for kids with special needs” – this supports the need to require specifications for the target population to include income parameters.</p> <p>Other citations supporting statements include children Medicaid or children who are low-income.</p>	
<p>Adults with Diabetes ages 19-64</p>	<p>Target population states “Adults with diabetes age 19-64.”</p> <p>Diabetes is mentioned on page 22 “diabetic patients with periodontitis are six times more at risk for worsening glycemic control and are at increased risk for other diabetic health complications (Mealey and Rose 2008).</p> <p>Mentioned on page 23, 27.</p>	<p>Target population is satisfactory.</p> <p>Adequate description of background provided in the background information</p>
<p>Older Adults</p>	<p>Various terminology is used to described the same population throughout the application. This is confusing. Populations must be described used the same terminology.</p> <p>Applicant uses terms “Older Adults, Seniors, Elderly” interchangeably.</p> <p>Term “Elderly” is used on pages 18, 27, 63, 153, 261</p> <p>Term “Seniors” is used on pages 21, 26, 27, 29</p> <p>Term “Older Adult” is used on pages 23, 29, 37.</p>	<p>Change description of target population to Older Adults, Age 65+</p> <p>Use the same terminology throughout the application. Recommended use is terminology “Older Adults” – currently accepted terminology when describing population of adults ages 65 plus.</p> <p>Adequate description of background provided in the background information</p>

³ <https://dentistry.usc.edu/2012/08/10/poor-oral-health-can-mean-missed-school-lower-grades/>

⁴ Ibid.

	<p>Evidence is supported that the Older Adult Population with barriers to care are ages 65+ and not 55+ as described in the target population. Age 65 and up is cited in background on page 24, 25, 28 and 29. Age 55 and up has no citations to support this age span. Project applicant describes “Older non-elderly adults, ages 45-64” which contradicts its target population age parameters.</p>	
Dual Eligible Medicaid-Medicare	<p>Substantial evidence cited in background of the application on the Medicaid population.</p> <p>Substantial evidence cited in background of the application on the Older Adult population.</p>	There is adequate evidence to support this as a target population.
Non-White ethnic/racial	<p>Terminology used in application is “Racial and ethnic minorities” page 23</p> <p>Page 37 “The Agency for Health Research and Quality (AHRQ), as mandated by Congress, has compiled a national report on healthcare quality and disparities – The National Healthcare Quality and Disparities Report (QDR). This Report provides a comprehensive overview of the quality of healthcare received by the general U.S. population and disparities in care experienced by different racial and socioeconomic groups.”</p> <p>Clarification is needed on specific targets, i.e., which racial and ethnic minorities. Racial and ethnic minorities and specific information regarding oral health disparities.</p>	<p>Change terminology to Racial and/or Ethnic Minorities</p> <p>Define population targets, as outlined in the referenced report by HRSA. ORS 680.210 - Required</p>
Pregnant Women	<p>Mentioned on page 22, 23, 37 “Individuals who are low-income, racial or ethnic minorities, pregnant women, older adults, those with special needs, and those who live in rural communities often have a much harder time accessing a dental provider than other groups of Americans.”</p>	Provide information in the background of the application on the needs of the population to demonstrate the target population is an evidenced based population with the highest disease rates and least access to care.

	There is no specific detailed information on the background of the needs of this specific population. Information must be supplied.	<p>Recommendation to change description of target population to High-Risk Pregnant Women</p> <p>High Risk is defined as.... Just caries? What about periodontal disease especially for pregnant women and concerns related to preterm low-birth weight? ORS 680.210 - Required</p>
Clarification on Terminology Used in the Application		
Low-Income	Low-income is mentioned multiple times throughout the application. OHA will use the low-income parameters defined by the US Department of Health and Human Services in defining the term low-income as used in the application.	US Department of Health and Human Services defines poverty. ⁵ Add specific parameters to application when describing the populations to be served as “low-income” mean that they are at 100% of the federal poverty line, for example. Recommend inclusion of the definition of low-income in the application.
High-Risk Caries	Description of high-risk caries “Patient Caries Risk Assessment” Page 244.	No modification needed. There are no notations or background in the application on periodontal diseases and association with pregnant women. Strongly recommended to include this disease and the association and concerns with pregnant women.
High-Needs Population	Terminology is used. By itself, this term is meaningless. Project applicant is required to be specific when describing populations.	If terminology is going to be used, clarification and a definition must be cited. Required ORS 680.210
Rural	Background information supports the need for dental care in communities that are defined as rural yet the project does not mention this as a target population on page 38. If rural is used, the acceptable definition will be the federal definition.	OHA will use the definition of Rural ⁶ as defined by the federal government. They use two major definitions of “rural,” along with many variants that are also available. One is produced by the U.S. Census Bureau and the other by the Office of Management and Budget. The Federal Office of Rural Health Policy uses components of each definition when determining a classification for a geographic region. Extensive details on the definition can be found at https://www.hrsa.gov/rural-health/about-us/definition/index.html

⁵ <https://aspe.hhs.gov/poverty-guidelines>

⁶ <https://www.hrsa.gov/rural-health/about-us/definition/index.html>

Other	People with special health care needs, People with Disabilities, Uninsured are mentioned in the short term goals of the project however they are not aligned with the populations intended to be targeted.	Clarification on the project goals or the population descriptions is required.
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Timeline	Request to break employment/utilization sites out in terms of cohort 1, 2, 3, etc.	There is no specific requirement under the statute or administrative rule to do this specific task. In order to gain a better understanding of the depth and scope of the project, the TRB is requesting the applicant outline which sites will be used in Year 1, addition sites in Year 2 and which sites are listed but likely may never be used.
Employment/ Utilization Sites	<p>The applicant is required to complete the data including Medicaid percentages each site currently provides care for and additionally, what the corresponding county level Medicaid data is for the most recently available data set. This was completed for many of the sites but not all.</p> <p>The project applicant was asked to clarify the cohorts and sites, see language under timeline.</p>	<p>All sites are required to meet the requirements of an Employment/utilization site.</p> <p>“(10) Employment/utilization site” means an Authority approved site for use during the employment/utilization phase that provides care to populations that evidence has shown have the highest disease rates and the least access to dental care. An employment utilization site includes any location where dental health care services are provided by a project’s trainees. 333-010-0710</p>
Description of Supervising Dentist	Please provide a description of the qualifications of a supervising dentist.	<p>“(21) "Supervisor" means an individual, licensed in the State of Oregon to practice dentistry, designated by the sponsor to oversee trainees at each approved employment/utilization site, with the skills necessary to teach trainees the scope of practice outlined in the approved project.”</p> <p>Required under OAR 333-010-0720</p>
Competence	Please provide criteria under CRDTS that is used to determine when an individual has passed.	Required under OAR 333-010-0720

A couple of other points:

- **Page 12. Instructor and Supervisor information.** There was a request to add information that the ratio of 1:1 be added, meaning each site will have one DT and 1 Supervising Dentist.
- **Page 15. Trainee Information and Background Check.** There was some confusion on when criminal background check will be conducted. Within 1 month or 6 months of acceptance into the program? Need to add details of when criminal background check will be required to be conducted and what this includes.
- **Page 21. Costs.** Regarding the average costs per trainee, would it be helpful to include information on how the average cost is calculated?

K. PRELIMINARY EVALUATION and MONITORING PLANS		
	Description of concerns or deficiencies	Recommendations to come into compliance with OAR
a. Preliminary evaluation plan that contains an outline of how the project sponsor intends to monitor and evaluate the project?	<p>Although only a preliminary plan is needed at this point, a few steps can strengthen the project plan and also the evaluation plan.</p> <p>During the TRB review, several comments involved confusion over what issue the project was addressing with which population(s). The background section (PN2) should lay the groundwork for the project. The information included should lay out the populations that evidence-based studies have shown have the highest disease rates and the least access to dental care in Oregon.</p> <p>It would be helpful to add a table with the Oregon populations and size (this will help with sample size later on) for the highest disease rates and the least access to dental care in Oregon and discuss how they will be prioritized for this pilot. It is unlikely that everyone in need will be reached, but given the resources available to Willamette and Pacific they will need to identify the segments they will be able to reach given their resources and locations of clinics. This is audience segmentation. This resource might be helpful: https://www.thecompassforsbc.org/how-to-guides/how-do-audience-segmentation</p>	<p>Statement of Need. Use the background information to create your “Statement of Need” and this will provide more clarity for the project. Could this statement “Limited oral health care is provided for populations that evidence-based studies have shown have the highest disease rates and the least access to dental care in Oregon” be a rough start?</p> <p>At this point, the goal and objectives need to be clarified and there are many resources that could help, see list at the end of this document.</p>

	<p>While the monitoring plan is only being evaluated under a preliminary status, revision will be required under the monitoring plan presented in the application. On pg. 18 of the application it states “Once we begin the utilization phase, we will continue to have the Supervising Dentists review a minimum of 5 random chart audits per quarter per participant.” In consideration that this is a pilot project in which the activities must be monitored, this is inadequate and not sufficient monitoring of the trainees by their supervising dentists.</p> <p>Have barriers been included that are preventing those with the highest disease rates and the least access to dental care? Is access the only barrier or is lack of knowledge that services are available, lack of transportation, language, etc.? How will the project address these barriers?</p> <p>All of this background information drives the direction of the project and evaluation. As earlier noted, the goals, objectives and target audience need to be clarified. Is the goal to increase dental care to populations that evidence-based studies have shown have the highest disease rates and the least access to dental care in Oregon? Is the strategy to teach new skills to existing categories of dental personnel? Are the activities to train dental hygienists as dental therapists; and employ dental therapists within an existing dental team?</p> <p>Here are a few rough draft objectives that may or may not work. How would you revise these draft objectives for your project? Are there more?</p> <p>Objective 1: By the end of the five-year program, the addition of a dental therapist to an existing dental team will improve patient experience by a minimum of X%.</p>	
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	<p>Objective 2: By the end of the five-year program, the addition of a dental therapist to an existing dental team will reduce the cost of care by a minimum of X%.</p> <p>Objective 3: By the end of the five-year program, the addition of a dental therapist to an existing dental team will increase the amount of care by a minimum of X%.</p> <p>Objective 4: By the end of the five-year program, the addition of a dental therapist to an existing dental team will improve the work life of the dental team staff by a minimum of X%.</p>	
<p>b. Preliminary evaluation plan that contains descriptions of the key project activities and their intended effects?</p>	<p>A preliminary plan is included, however, there are several areas where it needs to be clarified/revised.</p> <ul style="list-style-type: none"> • Patient Satisfaction survey (p. 180). I am not sure how effective this survey will be and what is the point of following up 6 months later. Will patients be able to distinguish between the care they may have received from a dental hygienist who is now serving in the role of dental therapist? Are you just asking about their experience or trying to determine difference in care by a dental hygienist, therapist, or dentist? On page 152 stated intend to determine if patient's perception of care is less than, equal to or better than that of a dentist for procedures provided. These questions are not included in the patient satisfaction survey. Are you planning to compare the surveys of those who received Dental Therapist care vs. those who received Dentist care? • Comparing quarterly costs. I imagine the costs of Dental Therapist will always be lower than Dentist without looking at any numbers. Am I missing something here? Is there some additional information that could be analyzed? How many more procedures dentist could perform that could not do before dental therapist implementing? • Better Outcomes. Unclear what this means, better than what? DWPP states that dental therapists will "expand access" but 	<p>After working through the Logic Model this information will be listed and easy to include.</p>

	<p>evaluation methods seem to be focusing more on safety and quality of care. If expanding access is the need, there are different questions to assess that. If not, then would you want to revise the description to support the need to measure changes in safety and quality?</p> <ul style="list-style-type: none"> • Provider Well-Being. Unclear what this means. 	
<p>c. Preliminary evaluation plan that contains a description of how the project sponsor intends to use the evaluation results for program improvement and decision making?</p>	<p>There does not appear to be a statement about using the evaluation results for program improvement and decision making.</p> <p>Has the project considered potential questions that others (schools, Dentists) would want addressed before they undertake a similar operation. Would you want to make sure those questions are being tracked and answered throughout your pilot?</p>	<p>Include a statement about using the evaluation results for program improvement and decision making.</p>
<p>d. Preliminary evaluation plan that contains a description of intended patient outcomes and metrics?</p>	<p>There does not appear to be a description of intended patient outcomes and metrics.</p> <p>Do you have a projected number of patients that will be reached during utilization phase?</p>	<p>Include a description of intended patient outcomes and metrics. After working through the Logic Model this information will be listed and easy to include.</p>

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Resources:

Here are a couple of slide shows that do a nice job of explaining the differences between goal and objectives and giving examples:

(This seems like the most complete example with links to other resources at the end)

SMART Objectives & Logic Modeling:

http://www.floridahealth.gov/diseases-and-conditions/aids/prevention/documents/resources_materials/SMART.pdf

(I like this “workshop” and inclusion of worksheets to show link between objective and the logic model)

Smart Objectives and Logic Models: <https://wvde.state.wv.us/21stcclcd/documents/CCLCSMARTObjectiveandLogicModelWorkshop.pdf>

(This is a little simplified, but clearly done)

Goals, Objectives and Logic Models:

<https://www.slideshare.net/jfxprior/goals-23252314>

Here are other links:

WK Kellogg Foundation resource page with links to two documents to download <https://www.wkkf.org/resource-directory>

W.K. Kellogg Foundation Evaluation Handbook

This handbook provides a framework for thinking about evaluation as a relevant and useful program tool. It was written primarily for project directors who have direct responsibility for the ongoing evaluation of W.K. Kellogg Foundation-funded projects.

W.K. Kellogg Foundation Logic Model Development Guide

Nonprofits today are being pressed to demonstrate the effectiveness of their program activities by initiating and completing outcome-oriented evaluation of projects. This guide was developed to provide practical assistance to nonprofits engaged in this process. In the pages of this guide, we hope to give staff of nonprofits and community members alike sufficient orientation to the underlying principles of "logic modeling" to use this tool to enhance their program planning, implementation, and dissemination activities.

(Very basic with links to other resources)

Logic Model Tip Sheet

<https://www.acf.hhs.gov/sites/default/files/fysb/prep-logic-model-ts.pdf>

Evaluation

<https://ctb.ku.edu/en/table-of-contents/evaluate/evaluation/framework-for-evaluation/main>

<https://ctb.ku.edu/en/table-of-contents/evaluate/evaluate-community-interventions/choose-evaluation-questions/main>

<https://ctb.ku.edu/en/table-of-contents/overview/models-for-community-health-and-development/logic-model-development/main>

CDC

<https://www.cdc.gov/eval/resources/index.htm#logicmodels>