

Dental Care: Tele-health and General Supervision

ECHO: Virtual Care Implementation

April 8, 2024

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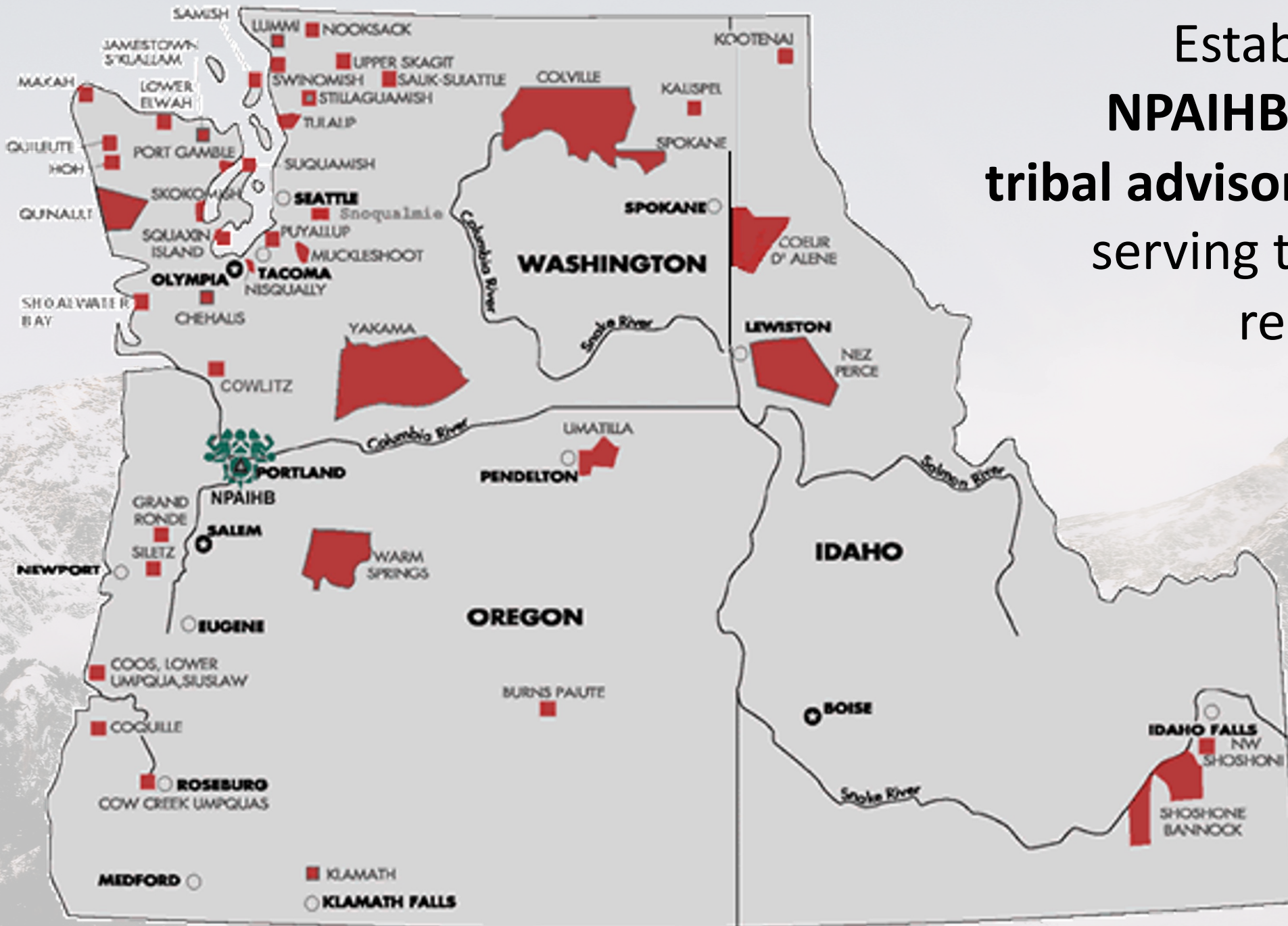


Objectives

1. Share two ideas about what “virtual care” can mean in dentistry
2. Describe how dental care is provided under general supervision
3. Name four factors that affect which services a Dental Therapist can provide



Established in 1972,
**NPAIHB is a non-profit
tribal advisory organization**
serving the 43 federally
recognized tribes
of Oregon,
Washington,
and Idaho.

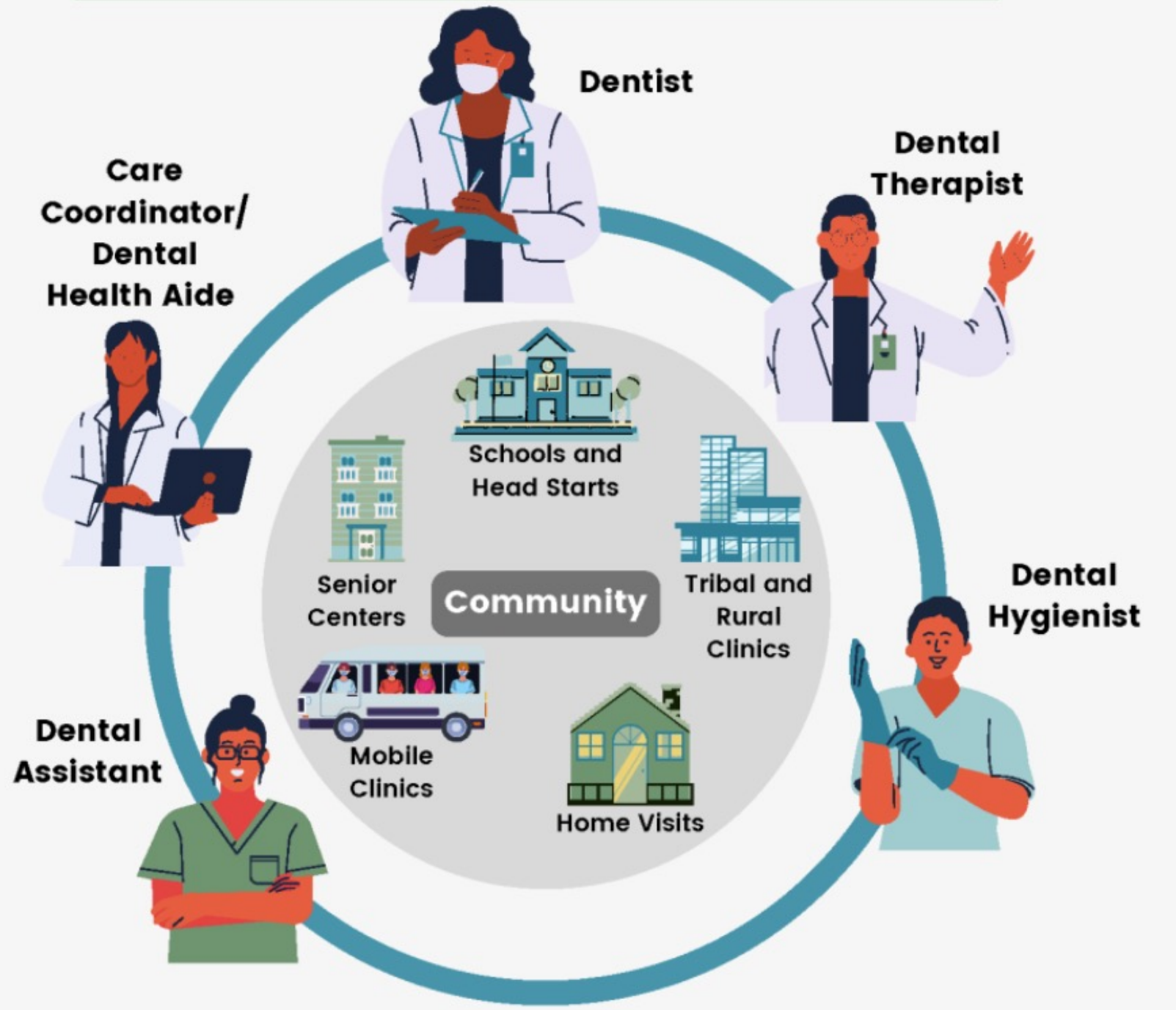


What does “virtual care” mean in dentistry?

Two ideas:

1. Dentist/provider provides direct care to a patient virtually
 - Phone/video/etc
 - Synchronous/asynchronous
2. The dentist provides supervision virtually to allow a non-dentist to provide dental care in-person
 - This has been called “teledentistry”

Expanded Dental Team



NORTHWEST CHAP:

Tribal Community Health Provider Program (TCHPP)

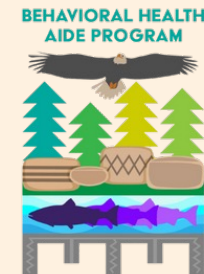
ESTABLISHED IN 2015



Dental Health Aide/Therapist (DHA/T)



Behavioral Health Aide/Practitioner (BHA/P)



Community Health Aide/Practitioner (CHA/P)



**NORTHWEST PORTLAND AREA
INDIAN HEALTH BOARD**
Indian Leadership for Indian Health

Community Health Aide Program (CHAP)



Dental Health Aide Program

Dental Health Aides (DHAs)

PDHA I & II

- OHI, motivational interviewing
- Polish, antimicrobials, fluoride
- Dental Assisting
- Coronal prophylaxis

EFDHA I & II

- PDHA I & II Skills
- Simple and Complex Restoration
- Coronal prophylaxis

DHAH

- RDH Procedures including Local Anesthetic

DHAT (DT)

- PDHA and EFDHA Skills
- Prep teeth and place restorations
- Non-surgical extractions
- Exams



Dental Therapy via General Supervision

Marissa Gardner, LDT

Confederated Tribes of Coos, Lower
Umpqua and Siuslaw Indians Dental

Rural Dental Clinic background

- High turnover of Dentist
 - (12 in 5 years)
- Underserved community population
- Dental Therapist is able to care for patients when no dentist on staff



5-year-old
female
presents to
clinic in
pain

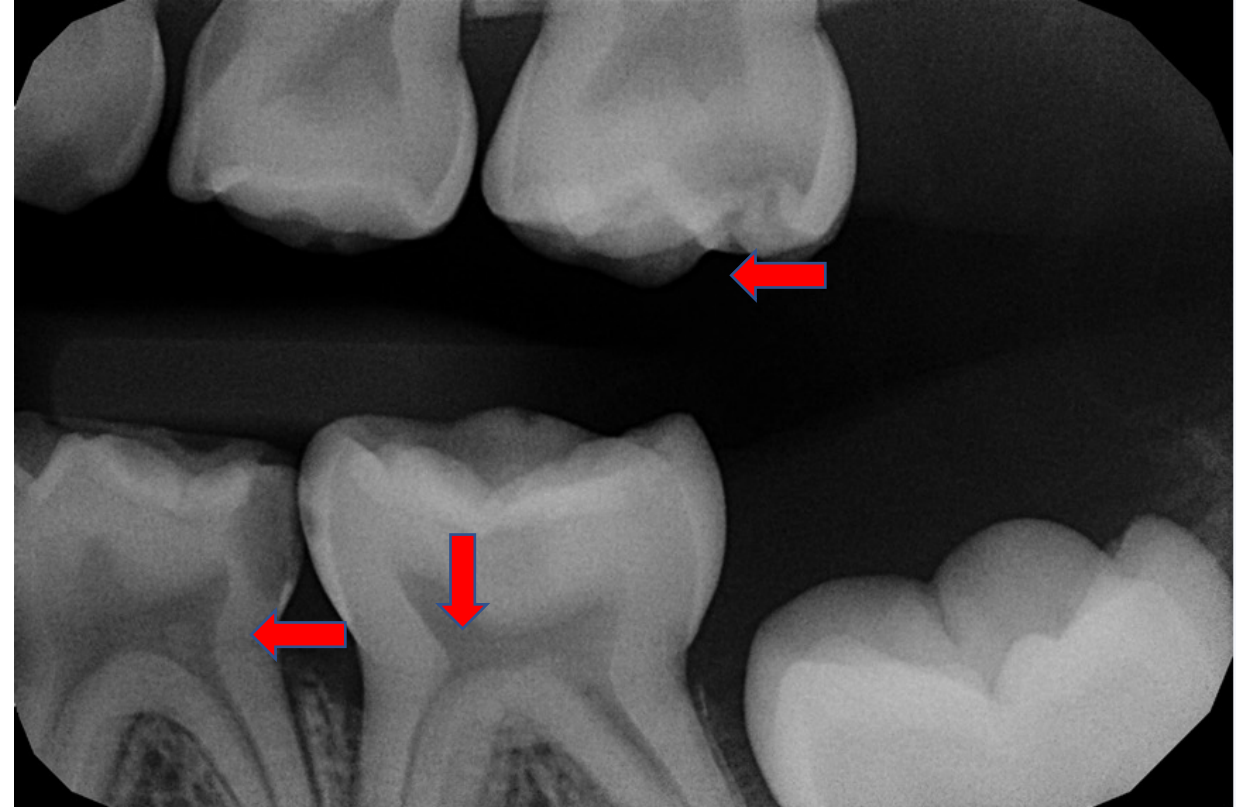
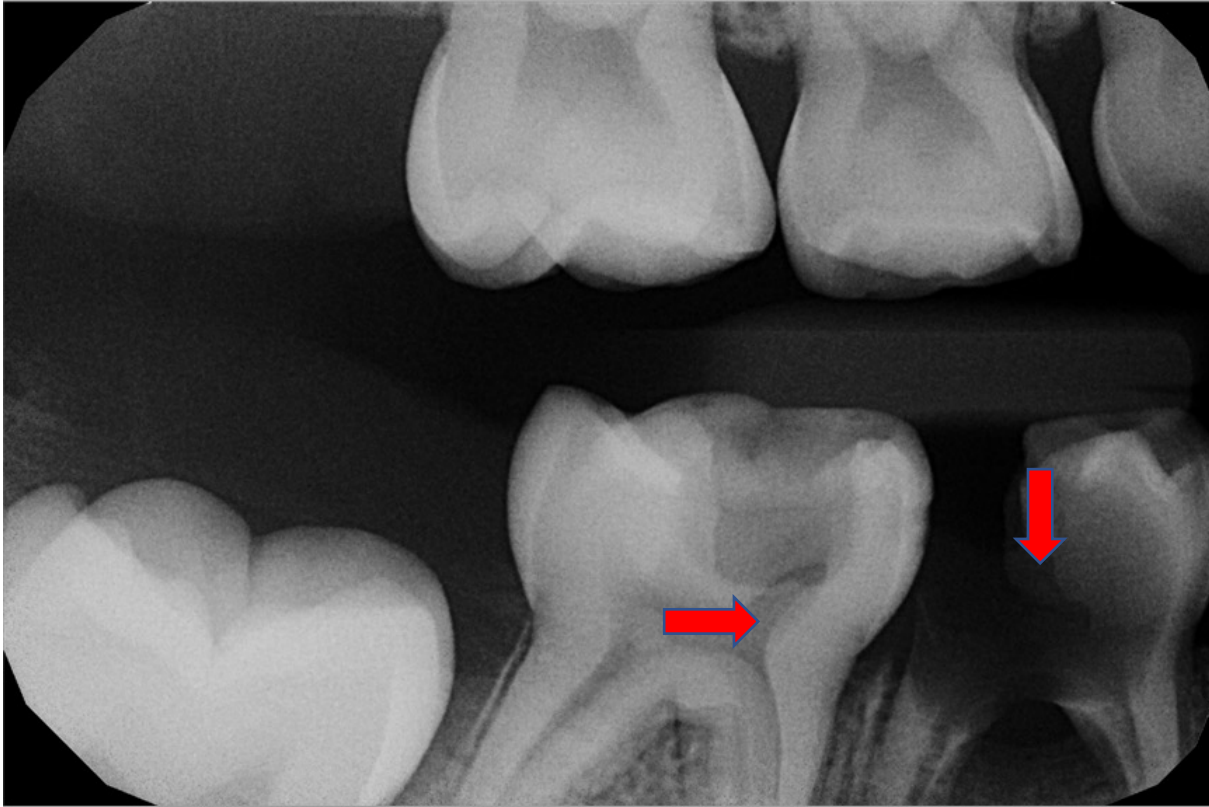
New patient

CLUSI Tribal Member

Brought in by grandmother

Severe dental disease and
infection

5-year-old in pain



- #S referred for extraction
- All others restored over multiple appointments with follow-up

Successful outcomes

- Care for patients who may not be able to receive care at other clinics
 - Transportation
 - Comfort
 - Cost
 - Culture
- Timely and culturally responsive care for the community
- Consistent provider
- Healthier patients



Dental Therapists work under the supervision of a Supervising Dentist

Levels of Supervision:

Close/Direct supervision:

SD diagnoses the condition to be treated, authorizes the procedure to be performed, and checks the completed procedure

Indirect supervision:

SD remains on premises

General supervision:

SD available for consultation
(can be phone or internet)



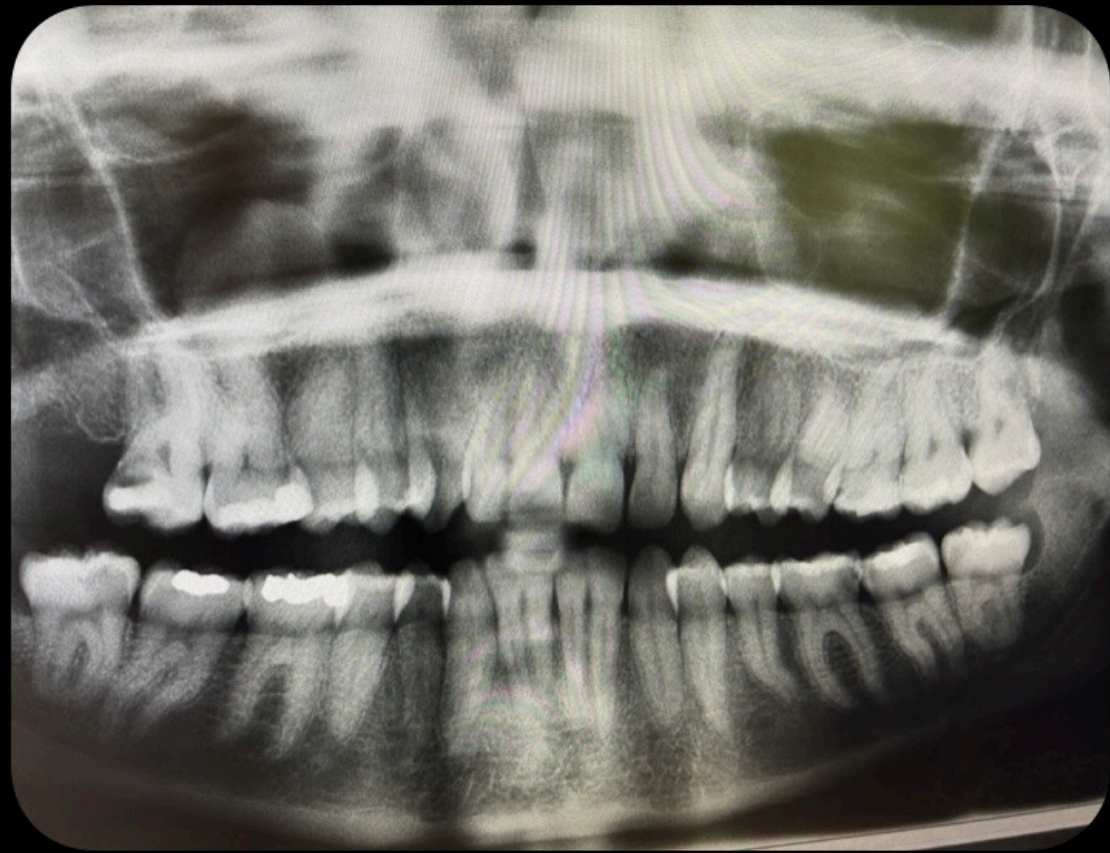
NPAIHB



When providing care under general supervision, the supervising dentist must be available for consultation

Ideally:

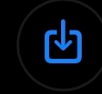
- quick communication method(s)
- remote access to EDR



16, 17 pain with swelling, decay and lack of access to keep clean. Would you like to prescribe abx. NKDA.



#13-rct with draining fistula and aching/throbbing. Distal has large cavitation. NKDA pt would prefer no amox. Due to diarrhea. I'm having her scheduled with you to evaluate and see if tooth can be saved after caries excavation. And then RCT referral at that time if needed



Hi. I have a pt that has ach/throb and keeping up at night. Palpitation, percussion positive, slight introral swelling I'm doing a complete exam, rampant decay and needing Extractions/RCTs NKDA, would you like to prescribe abx? Sending to OS



I have a pt with a root tip #16 that is infected and causing aching/throbbing. He has NKDA, would you like to prescribe anything? We're going to refer him back to the oral surgeon who removed #16 and then I'll talk with him about bone levels on 15-D

Supervision Agreement

A written agreement between the Dental Therapist (DT) and the Supervising Dentist
(Also called “*Standing Orders*” or “*Collaborative Agreement*” or “*Practice Plan*”)

- ❑ Details specific **procedures** the DT may perform
- ❑ Details specific **level of supervision** that is approved for each procedure



Oregon Board of Dentistry
Dental Therapist
Verification of Collaborative Agreement

I, (print your name) _____, a licensed Dentist pursuant to ORS 679.020 or exempt from licensure pursuant to ORS 679.025, license number _____, have entered into a Collaborative Agreement with (print your name) _____, an Oregon licensed Dental Therapist, license number DT _____. The Collaborative Agreement sets forth the agreed-upon practice limitations of the Dental Therapist's practice and adheres to all the requirements set forth by the Legislature and the Oregon Board of Dentistry.

Please describe the circumstances under which the prior knowledge and consent of the dentist is required to allow the dental therapist to provide a certain service or perform a certain procedure within the scope of dental therapy:

Please define the practice settings in which the dental therapist may provide care:

Please describe any limitation on the care the dental therapist may provide:

Please define patient age-specific and procedure-specific practice protocols, including case selection criteria, assessment guidelines and imaging frequency, (attach a copy of the guidelines):

Please describe procedures for creating and maintaining dental records for patients treated by the dental therapist:

Please describe guidelines for the management of medical emergencies in each of the practice settings in which the dental therapist provides care. Please provide specific protocols for each of the more probable (approximately 8-13) medical emergencies. This written protocol should comprehensively and concisely review what is currently taught in medical emergency lectures. Your medical emergency protocol should be in your own words, and should not be copied or attached from other literature, books, websites etc. (attach copy of guidelines):

Please provide a quality assurance plan for monitoring care provided by the dental therapist, including chart review, patient care review and referral follow-up, (attach copy of plan):

Please describe protocols for the dispensation and administration of local anesthetic, non-narcotic analgesic's, and anti-inflammatories or antibiotics; including the dispensation of oral or topical administration of non-narcotic analgesics, anti-inflammatories and antibiotics:

Please describe the criteria for the provision of care to patients with specific medical conditions or complex medical histories, including any requirements for consultation with the dentist prior to the provision of care:

Please describe protocols for when a patient requires treatment outside the dental therapist's scope of practice, including for referral of the patient for evaluation and treatment by the dentist, a physician licensed under ORS chapter 677, a nurse practitioner licensed under ORS 678.375 to 678.390 or other licensed health care provider, (attach protocols):

Please briefly summarize the following treatment parameters for when the dental therapist consults with a dentist, if the dental therapist intends to administer local anesthesia and perform an irreversible surgical procedure under general supervision on a patient who has a severe systemic disease. Severe systemic disease is defined as ASA III:



General Supervision: requires that a dentist authorize the procedures, but not requiring that a dentist be present when the authorized procedures are performed. The authorized procedures may also be performed at a place other than the usual place of practice of the dentist.

Indirect Supervision: requires that a dentist authorize the procedures and that a dentist be on the premises while the procedures are performed.

Direct Supervision: requires that a dentist diagnose the condition to be treated, that a dentist authorize the procedure to be performed, and that a dentist remain in the dental treatment room while the procedures are performed.

The below listed duties may be performed under general supervision, unless otherwise indicated.

If **all** duties listed below are allowed under **general supervision**, please initial here: _____

***If a duty listed below is **not** allowed, or allowed under a different level of supervision, please indicate that by checking the appropriate box.

Specific Supervision Levels	GS	IS	DS	Not Allowed
Identification of conditions requiring evaluation, diagnosis or treatment by a dentist, a physician licensed under ORS chapter 677, a nurse practitioner licensed under ORS 678.375 to 678.390				
Comprehensive charting of the oral cavity				
Oral health instruction and disease prevention education, including nutritional counseling and dietary analysis				
Exposing and evaluation of radiographic images				
Dental prophylaxis, including subgingival scaling and polishing procedures				
Application of topical preventative or prophylactic agents, including fluoride varnishes and pit and fissure sealants				
Administering local anesthetic				
Pulp vitality testing				
Application of desensitizing medication or resin				
Fabrication of athletic mouth guards				
Changing of periodontal dressings				
Simple extractions of erupted primary anterior teeth and coronal remnants of any primary teeth				
Emergency palliative treatment of dental pain				
Preparation and placement of direct restoration in primary and permanent teeth				

Fabrication and placement of single-tooth temporary crowns				
Preparation and placement of preformed crowns on primary teeth				
Indirect pulp capping in permanent teeth				
Indirect pulp capping on primary teeth				
Suture removal				
Minor adjustments and repairs of removable prosthetic devices				
Atraumatic restorative therapy and interim restorative therapy				
Oral examination, evaluation and diagnosis of conditions within the supervising dentist's authorization				
Removal of space maintainers				
The dispensation and oral or topical administration of: <ul style="list-style-type: none"> o Non-narcotic analgesics o Anti-inflammatories o Antibiotics 				

The below listed duties may be performed under indirect supervision, unless otherwise indicated.

If **all** duties listed below are allowed under **indirect supervision**, please initial here: _____

In accordance with OAR 818-038-0020 (3) Please indicate whether review with the supervising dentist is to be completed before the procedure, after the procedure, or both.

***If a duty listed below is **not** allowed, or allowed under a different level of supervision, please indicate that by checking the appropriate box.

Specific Supervision Levels	Review Before	Review After	IS	DS	Not Allowed
Placement of temporary restorations Additional comments:					
Fabrication of soft occlusal guards Additional comments:					
Tissue reconditioning and soft relines Additional comments:					

Tooth reimplantation and stabilization Additional comments:					
Recementing of permanent crowns Additional comments:					
Pulpotomies on primary teeth Additional comments:					
Simple extractions of: o Erupted posterior primary teeth; and Additional comments:					
Simple extractions of: o Permanent teeth that have horizontal movement of greater than two millimeters or vertical movement and that have at least 50 percent periodontal bone loss Additional comments:					
Brush biopsies Additional comments:					
Direct pulp capping on permanent teeth Additional comments:					

Dentist:

I understand that this agreement will remain in effect with the Oregon Board of Dentistry (OBD) until I submit a written change. If any changes are made to this agreement, a new verification and copy of the agreement must be submitted to the OBD as soon as reasonably possible (this means in less than 14 days of the change). Failure to do so may result in Board action.

I understand that I may supervise and enter into collaborative agreements with up to three dental therapists at one time.

I attest that a copy of the Collaborative Agreement, signed by both parties, is attached to this verification. I understand that failure to provide a copy of the agreement with the verification will result in the verification form being rejected and returned.

Dentist's Signature: _____ Date: _____

Address: _____

Cell phone # _____ Email: _____

Dental Therapist:

I understand that this agreement will remain in effect with the Oregon Board of Dentistry (OBD) until I submit a written change. I understand that I shall submit annually a signed copy of the collaborative agreement to the Oregon Board of Dentistry. If any changes are made to this agreement, a new verification and copy of the agreement must be submitted to the OBD as soon as reasonably possible (this means in less than 14 days of the change). Failure to do so may result in Board action.

I understand that I may enter into collaborative agreements with more than one dentist if each collaborative agreement includes the same supervision requirements and scope of practice.

I attest that a copy of my liability insurance is attached to this verification.

I attest that at least 51 percent of my dental therapy practice will be to patients who represent underserved populations, as defined by the Oregon Health Authority by rule, or patients located in dental care health professional shortage areas, as determined by the authority.

I attest that a copy of the Collaborative Agreement, signed by both parties, is attached to this verification. I understand that failure to provide a copy of the agreement with the verification will result in the verification form being rejected and returned.

Dental Therapist's Signature: _____ Date: _____

Address: _____

Cell phone # _____ Email _____

STOP – Did you remember to attach your....

1. **Patient age-specific and procedure-specific practice protocols, including case selection criteria, assessment guidelines and imaging frequency?**
2. **Medical emergency guidelines?**
3. **Quality assurance plan?**
4. **Protocols for when a patient requires treatment outside the dental therapist's scope of practice?**

What services can Dental Therapists provide?

Factors that affect the procedures a DT/DHAT may provide:

State Law

- Services authorized in state

Education Program

- Services taught in program

Supervision Agreement

- Services allowed by supervisor

Oversight Body

- Licensing board
- Certification board

Commission on Dental Accreditation

Accreditation Standards for Dental
Therapy Education Programs

DTEP Standards
-1-

Accreditation Standards for
Dental Therapy Education Programs

Commission on Dental Accreditation
211 East Chicago Avenue
Chicago, Illinois 60611-2078
(312) 440-4653
www.ada.org/en/coda
Effective: February 6, 2015

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Commission on Dental Accreditation
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DTEP Standards
-2-

	Procedure
	CODA SCOPE – Standard 2-21
a	Identify oral and systemic conditions requiring evaluation/treatment by dentists, physicians, or other providers and manage referrals
b	Comprehensive charting of oral cavity
c	OHI and disease prevention education, including nutritional counseling and dietary analysis
d	Exposing radiographic images (OR) “making radiographs” (WA)
e	Dental prophylaxis including sub-gingival scaling and/or polishing procedures
f	Dispensing/administering via oral/topical route non-narcotic analgesics, anti-inflammatory, and antibiotic medications as prescribed by a licensed provider
g	Applying topical preventive or prophylactic agents, including fluoride varnish, antimicrobial agents, and pit/fissure sealants
h	Pulp vitality testing
i	Applying desensitizing medication or resin
j	Fabricating athletic mouthguards
k	Changing periodontal dressings
l	Administering local anesthetic
m	Simple extraction of erupted primary teeth
n	Emergency palliative treatment of dental pain limited to procedures in this section
o	Prep and placement of direct restoration – primary and permanent teeth
p	Fabrication and placement of single-tooth temp crowns
q	Prep and placement of preformed crowns – primary teeth
r	Indirect and direct pulp capping – permanent teeth
s	Indirect pulp capping – primary teeth
t	Suture removal
u	Minor adjustments and repairs on removable prostheses
v	Removal of space maintainers

CODA Standard 2-21

Standard 2-21: Where graduates of a CODA-accredited dental therapy program are authorized to perform additional functions defined by the program’s state-specific dental board or regulatory agency, program curriculum **must** include content at the level, depth, and **scope required by the state**. Further, curriculum content **must** include didactic and laboratory/preclinical/clinical objectives for the additional dental therapy skills and functions. Students **must** demonstrate laboratory/preclinical/clinical competence in performing these skills.

Intent: *Functions allowed by the state dental board or regulatory agency for dental therapists are taught and evaluated at the depth and scope required by the state. The inclusion of additional functions cannot compromise the scope of the educational program or content required in the Accreditation Standards and may require extension of the program length.*

Examples: Space maintainers, sutures, nonsurgical permanent tooth extractions, pulpotomy, tissue conditioning, brush biopsy, splinting

Innovative dental care




ANGELA JOHNSON, LDT

LUMMI TRIBAL HEALTH CENTER



Objectives

- Outreach/Offsite dental care
 - Teledental Emergencies
 - Teledental Prevention
- 

Outreach/Offsite Dental Care

Lummi Nation
School (grades
K-12)

Head start

Little Bear
(elders home)

Health Fairs,
Events

Teledental

Lummi Nation School



Lummi Nation School



Grades K-12

Exam with x-rays

Hygiene: coronal polish, hand scaling, debridement

sealants

restorative

palliative care

we are doing a fluoride program with grades K-1

Head start /Early Learning programs

Exams

Hygiene

Sealants

Fluoride varnish

Palliative care

There are about 120 kids



Little Bear retirement and assisted living

exams with x-rays

restorative

dentures adjustments (full and
partials)

palliative care



Health Fairs and events

- Back to school bash
- Health fairs
- Diabetes conferences
- Stommish water canoe festival
- Canoe journey

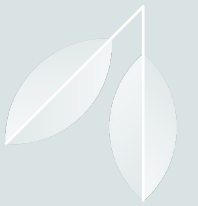




Teledental Emergencies



Teledental Prevention



TELEDENTAL

Emergencies only

Phone triage prior to scheduling

- 70% successful diagnosis

Teledental Team

- Provider, runner and support staff

Supplies

Base supplies: iPad, iPhone, Zoom, mifi (mobile wifi) and intraoral camera

TELEDENTAL EMERGENCIES

Prescribed packs:

- temporary fills, wisdom tooth/periodontal involvement, denture supplies, and tooth sensitivity.
- All packs included 10% povidone iodine and oral care supplies.

TELEDENTAL PREVENTION

Prescribed packets:

- Toothbrush, toothpaste, floss, timer, mouth rinse, disclosing agents, gauze, povidone iodine, varnish, xylitol sucker, and a prize.
- Activity kits were included for children – such as happy tooth/sad tooth, coloring picture and stickers.

Teledental: Triage

- Runner delivered supplies to home
- Runner checked wifi connection
- Runner set up appointment on Ipad
- Provider triaged prescribed pack to pt
- All supplies returned outside by pt
- Runner disposed and disinfected all supplies
- Area? Swelling? Spontaneous? Temperature?
- Intraoral camera and Iphone
- Provider instructs pt how to properly use and apply prescribed pack
- Provider had sample pack to use show, tell, do
- Deemed urgent/schedule immediately
- Pharmacy delivery available Antibiotics PRN

Teledental Prevention

Check wifi connection

Set up appointment on Ipad

Provider prescribed pack to pt

All supplies returned outside by pt

Runner disposed and disinfected all supplies

Barriers to teledental

- Complexity of technology
- Difficulty adapting
- Patients declining coming to the home during the pandemic

Lessons learned/ challenges

- Internet
- Service
- Transportation
- Pets/Animals



Pandemic Innovation

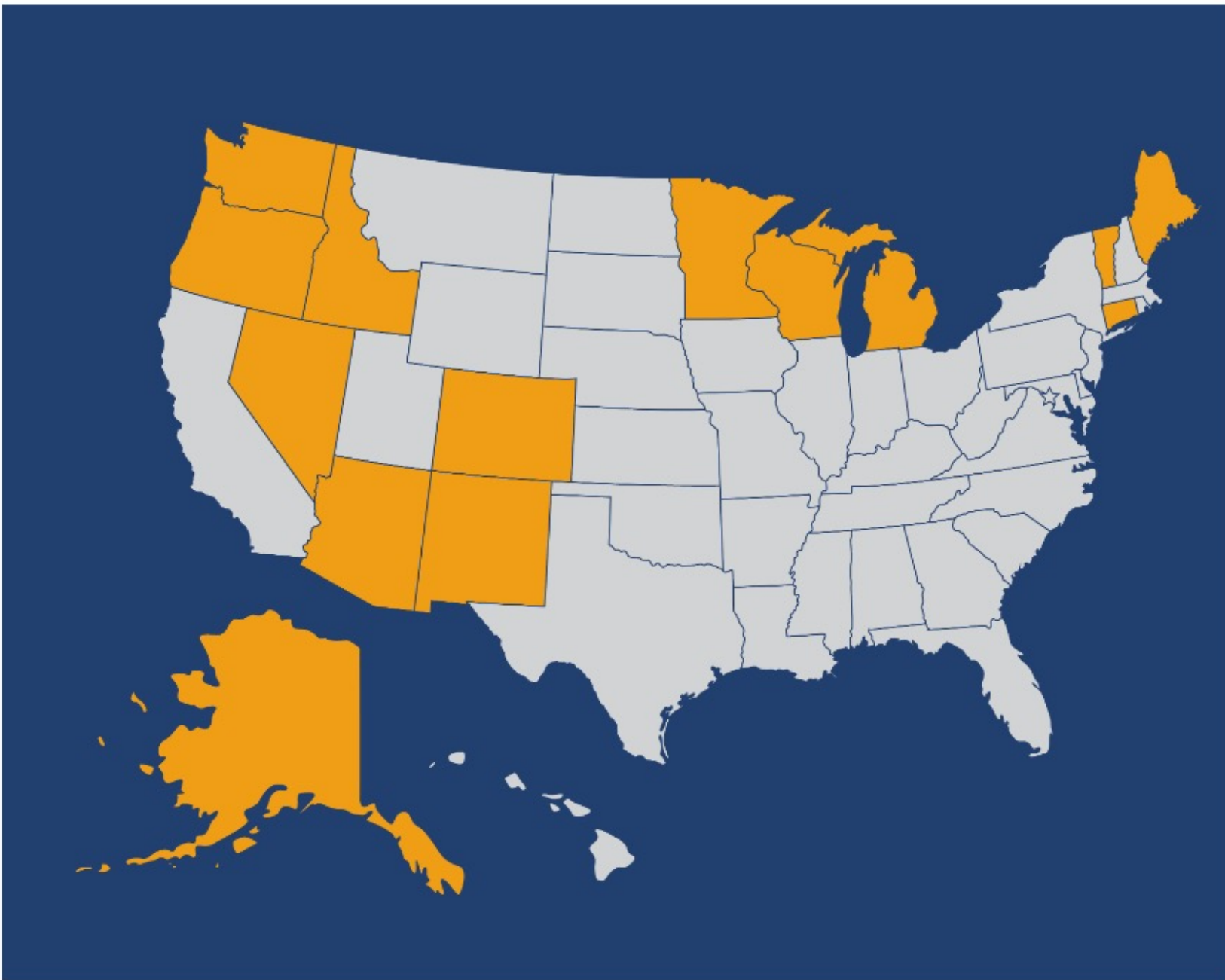
- Exams in community building near the housing
- Parking lot iodine and varnish applications



Questions or comments???

Thank you!





States that have
**authorized
dental
therapists**
in some or all
settings



National
Partnership *for*
Dental Therapy

Dental Therapy Education Programs in the US (April 2024)

<u>College/org</u>	<u>Location</u>	<u>Degree</u>	<u>CODA accreditation</u>
Ilisagvik/ANTHC	Anchorage, AK	AAS	2020
Skagit Valley College	Mt. Vernon, WA	AAS	2022
University of Minnesota	Minneapolis and St. Paul, MN	BSDH/MDT	2023
Minnesota State University, Mankato	Mankato, MN	ADT MS	
Metropolitan State University	Minneapolis and St. Paul, MN	MS ADT	Program is paused to focus on CODA



dəx^wχayəbus-Dental Therapy Program



NOW RECRUITING!

- Classes start September
- Applications due **May 1st**
- 3 academic years (9 quarters)
 - Completed in 28 months
 - AAS degree
- CODA Accredited



Skagit Valley College

Learn more about Dental Therapy

<https://arcorafoundation.org/professional-training/>



- ✓ Self-paced
- ✓ Free!
- ✓ 3 CDE credits (ADA CERP)



NORTHWEST PORTLAND AREA
INDIAN HEALTH BOARD
Indian Leadership for Indian Health



National Indian Health Board
Tribal Oral Health
Initiative

Online Courses



Optimize Dental Teams with Dental Therapists

FEBRUARY 2024

Optimize Dental Teams with Dental
Therapists (3 CDE Credits, Stored
Course) The "Optimize Dental Teams...

[Read more](#)

Thank you!

Miranda Davis, DDS, MPH
NW Dental Health Aide Program
Northwest Portland Area Indian
Health Board

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Naomi Petrie, LDT, with patient (2019)