



TRIBAL DENTAL THERAPY FORUM

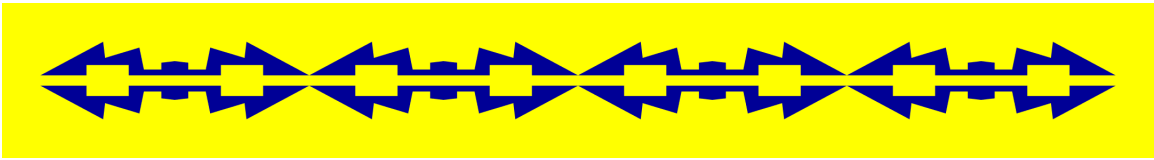
Implementing the New Arizona Dental Therapy Law



AUGUST 1 - 2, 2018

WE-KO-PA RESORT & CONFERENCE CENTER

10438 N Fort McDowell Rd, Scottsdale / Fountain Hills, AZ 85264



ACKNOWLEDGEMENTS

The Forum was planned by a voluntary, multi-agency, statewide planning committee comprised of representatives from Tribal Nations, state governmental agencies (which include the Arizona Advisory Council on Indian Health Care and the Arizona Department of Health Services), Native American Connections and the Inter Tribal Council of Arizona, Inc.

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SPONSORS

Without the generosity and support of our sponsors and support staff, the Symposium would not have been possible. Thank you!

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Arizona Advisory Council on Indian Health Care



Arizona American Indian Oral Health Initiative



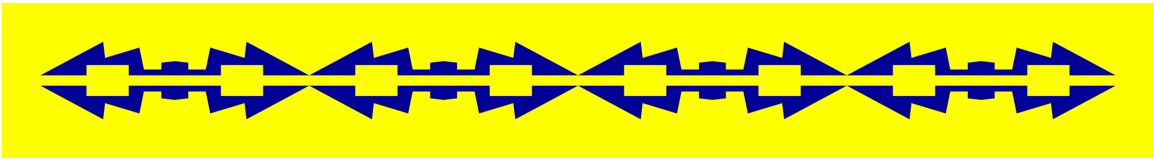
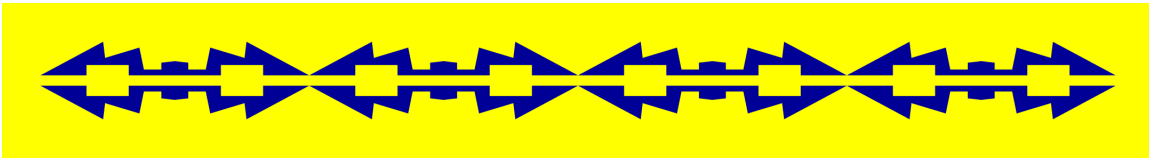


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EXECUTIVE SUMMARY

The Tribal Dental Therapy Forum was held at the We-Ko-Pa Resort & Conference Center on the Fort McDowell Yavapai Nation from Wednesday, August 1 to Thursday, August 2. The Forum brought together health care professionals, policymakers, tribal and state leaders, Indian Health Service (IHS) administrators, urban Indian organizations, and other dental therapy stakeholders to discuss the new Arizona dental therapy law.

Now including Arizona, seven states have authorized the use of dental therapists in some capacity. Dental therapists serve as midlevel providers and provide routine preventive and restorative dental work. Arizona currently ranks fourth (percent of total population) in the country for its population living in federally-designated dental shortage areas. The new dental therapy law creates opportunities to improve oral health access for Arizona's communities, particularly rural and tribal. Dental Care for Arizona, which is a broad, bipartisan coalition made up of Arizona Tribes, American Indian groups, and other diverse organizations, was instrumental in getting the dental therapy law passed.

Unique to Arizona's dental therapy law is a specific provision that allows Indian Health Service, Tribes and Urban Indian Health Programs (ITUs) to employ dental therapists that do not have to be licensed by the State, plus they are not subject to the hygienist model which is required of licensed dental therapists that work in the state. Tribes in Arizona were staunch supporters of the legislation. They passed numerous resolutions and provided testimony at many of the committee hearings at the Arizona State Legislature over a 2 year period. (2016–2018).

The Tribal Dental Therapy Forum highlighted key 'next steps' to move the dental therapy law towards full implementation. Key areas include advocacy to support expediting:

- Rulemaking and Licensure
- Medicaid reimbursement
- Establishing dental therapy training programs
- Recruiting and retaining American Indian/Alaska Native students
- Planning and implementation by ITU dental clinics



INTRODUCTION

The Tribal Dental Therapy Forum, hereafter referred to as the Forum, was held at the We-Ko-Pa Resort & Conference Center on the Fort McDowell Yavapai Nation in Arizona from Wednesday, August 1 to Thursday, August 2, 2018. The Forum brought together health care professionals, policymakers, tribal and state leaders, Indian Health Service (IHS) administrators, urban Indian organizations, and other dental therapy stakeholders to discuss House Bill (HB) 2235: dental therapy; regulation; licensure. The bill was signed into law on May 16, 2018.

The objectives of this two-day forum were to:

- 1) Review the history of Arizona's dental therapy law,
- 2) Review the provisions of the dental therapy law specific to the Indian health system, and
- 3) Provide insights on how to implement the new legislation.

This report documents the proceedings of the Tribal Dental Therapy Forum. The sponsors of the forum highly encourage that this report along with its recommendations be shared and discussed by ITU's in Arizona and with other Indian health stakeholders. This report and all presentation slides are located on the websites of the Arizona Advisory Council on Health Care (<https://acoihc.az.gov/>) and the Inter Tribal Council of Arizona (<http://itcaonline.com/>).

BACKGROUND

Access to oral health care is a serious problem for Tribes in Arizona. The shortage of dentists willing to work in IHS and Tribal facilities is an issue that Tribes have grappled with for years. Tribal and IHS facilities receive automatic facility Health Professional Shortage Area (HPSA) designations. In addition, reservation lands are automatically designated as population HPSAs.

Health Professional Shortage Areas (HPSAs) are federal designations that apply to areas, population groups, or medical, dental or behavioral health facilities in which there are unmet health care needs.

As one solution to address the dental shortages in tribal communities, Tribes sought to expand the types of providers authorized to work at an IHS or tribal facility beyond the traditional oral health care team of a dentist, dental hygienist, and a dental assistant. Tribes in Arizona were keenly aware of the dental therapy model that was being implemented in the Alaskan Native Villages and later in other tribal communities in



Oregon and Washington State. These Tribes provided examples of successful and viable dental delivery models for Tribes in Arizona to consider.

In the United States, the profession of Dental Therapy, also known as Dental Health Aide Therapists (DHATs), was grown out of the IHS Community Health Aide Program (CHAP) that was established in 1968 in the Native Villages of Alaska. Originally, CHAP only included mid-level medical providers known as Community Health Aides and later it was expanded to include Behavioral Health Aides and Dental Health Aides. Dental therapists allow all members of dental care teams to operate at their full capacity – dentists are able to perform higher levels of care and dental therapists are able to perform certain procedures that would normally have to be performed by a dentist. Also, dental therapists’ could serve the community better by being able to travel to patients, as opposed to patients traveling to a clinic for care. While the IHS system needs dentists, dental therapists will be a viable addition to the dental team that could include Expanded Function Dental Assistants, Advanced Dental Hygiene Practitioners and even Community Dental Health Coordinators that would help address prevention and education. Beyond this needed policy change, the ability of IHS and Tribes to expand the workforce will be hinged on resources afforded through appropriations and third party reimbursement.

An amendment to the Indian Health Care Improvement Act (IHCIA) in 2010 required that dental therapy services must be authorized under state law. Therefore, in order for these services to be provided in American Indian and non-Indian communities, ARS §32-1202 (scope of practice; practice of dentistry) and other sections, in particular sections pertaining to the Arizona State Board of Dental Examiners (AzBODEX) had to be amended.

The Arizona Senate Health and Human Services and House Health Committee of Reference approved the “Sunrise Application for the Licensure of Dental Therapists in Arizona” in 2017. In 2018, the advocates sought legislation to amend the statutes. This was achieved! Now the implementation of HB2235 begins!



PROCEEDINGS: DAY 1

Wednesday, August 1, 2018

WELCOME

Dede Yazzie Devine, Chief Executive Officer, Native American Connections (NAC) shared information of NAC's efforts in the Oral Health 2020 Initiative and with the dental therapy movement in Arizona.

In 2015, NAC was selected as a grassroots grantee by the DentaQuest Foundation to be a part of the national Oral Health 2020 campaign. As part of its efforts for the campaign, NAC has been raising awareness on the importance of oral health as part of whole health, educating community members on dental care resources, and developing community leaders to advocate for improved access to quality care. Ms. Devine acknowledged the barriers to dental care that exist in the communities that NAC serves. Those barriers motivated NAC to get involved in the dental therapy movement to ensure access to quality oral health care for both tribal and urban communities.

Ms. Yazzie Devine credited tribal communities and tribal leaders for making a profound impact on the passing of the new Arizona dental therapy bill. She concluded her welcome address by thanking the Forum attendees for their involvement.



ACKNOWLEDGEMENT OF SPONSORS & PLANNING COMMITTEE

Travis L. Lane, Assistant Director, Inter Tribal Council of Arizona, Inc. (ITCA) acknowledged the sponsors and planning committee for their contributions to the Tribal Dental Therapy Forum. Certificates were given to the acknowledged organizations and individuals.



OPENING REMARKS

Opening remarks were given by the Honorable Chester Antone, Council Member, Tohono O’odham Nation and the Honorable Jamescita Peshlakai, Senator, LD-7, Arizona State Senate.

Councilman Antone acknowledged key individuals responsible for aiding in the passing of the dental therapy bill, and highlighted the importance of collaboration in moving forward.

Senator Peshlakai thanked the advocates of the dental therapy movement for their work on the dental therapy legislation. The Senator shared an anecdote about the Navajo people’s beliefs related to teeth and dreams, and also shared her family’s experiences with oral health and dental therapy.

BACKGROUND AND OVERVIEW OF FORUM

Alida Montiel, Health Policy Director, ITCA began her presentation with brief personal and Yaqui cultural stories on the significance of medicinal herbs for oral health care that her grandmothers taught her. The remainder of Ms. Montiel’s presentation focused on the legislative accomplishments of the dental therapy movement.

- Sunrise Application Process: Arizona law stipulates a sunrise application review process to request regulation or expansion in scope of practice for health professions. The sunrise application for dental therapy was submitted and reviewed by the Joint House and Senate Committee of Reference in 2016, but it did not pass. However, in 2017, the sunrise application for dental therapy was successful and the proposal received recommendation to advance to the full legislature.
- Senate Bill (SB) 1377: dental therapy; regulation; licensure, was introduced on 1/29/18. The bill passed out of two committees with amendments, and it was amended again on the floor of the Senate. It passed by a vote of 22-8 on 2/21/18. SB1377 failed to pass the House Health Committee hearing on 3/15/18.
- House Bill (HB) 2235: dental therapy; regulation; licensure, was introduced on 3/19/18 as a “strike everything” amendment to revive the bill after it was defeated by the House Health Committee. The strike-everything bill passed the Senate Government Committee and was adopted by the full senate by a vote of 30-0 on 4/19/18. HB2235 received amendments by House of Representatives leadership. One of these amendments was the removal of private practice dentistry from the bill. The bill was adopted by the House by a vote of 47-13 on 5/3/18.
- Signed into Law: The dental therapy bill was signed into law on 5/16/18 by Governor Doug Ducey.



Finally, Ms. Montiel discussed the amendments that were adopted that are pertinent to Tribes, IHS and urban Indian Programs.

- Dental Therapists, whether or not licensed by the state of Arizona, are not prohibited from practicing at the Indian Health Service or while employed at a Tribal and Urban Indian Health Programs.
- A 10-mile service radius provision was eliminated. This restriction would have negatively impacted 13 IHS/638 dental clinics on the Navajo Nation and 23 IHS/638/UIO dental clinics in the Phoenix and Tucson Area IHS. (See appendix #, 10-mile reservation radius map).

UNDERSTANDING ARIZONA’S DENTAL THERAPY LAW

Kristen Boilini, Partner, Pivotal Policy Consulting gave an overview of the advocacy work by the Dental Care for Arizona coalition and expounded upon details in the dental therapy law. Ms. Boilini was contracted by the PEW Charitable Trusts as part of its dental campaign to aid Arizona’s dental therapy initiative.

Dental Care for Arizona is a broad, bipartisan coalition, comprised of several Tribes in Arizona, Inter Tribal Council of Arizona (ITCA)/Inter Tribal Association of Arizona (ITAA), Arizona Advisory Council on Indian Health Care (AACIHC), other American Indian groups, and many other diverse organizations. Arizona is the first state in the southwest region of the United States to adopt dental therapy, although there were active efforts in New Mexico. Arizona could serve as a model for other states interested in implementing dental therapy. In crafting the dental therapy legislation, the Dental Care for Arizona coalition was careful to structure the bill in a way that allowed for flexibility and adaptability so that it is useable by all communities. The coalition wanted to be sure dental therapy does not become another health profession shortage in underserved communities. This was kept in mind as the coalition structured the dental therapy bill. The bill adapts the standards set forth by the Commission on Dental Accreditation (CODA). CODA is an accrediting body for dental schools and programs (i.e., Dental hygiene) in the United States.

Licensure: Anyone practicing as a dental therapist in Arizona must be licensed through the Arizona State Board of Dental Examiners (AzBODEX), **EXCEPT**:

- individuals in the discharge of official duties on behalf of the Department of Veterans Affairs, the U.S. Public Health Service, and the Indian Health Service;
- or individuals employed at a Tribal health program and Urban Indian Health Program.



Supervision: A dental therapist can practice in two ways in Arizona's non-Indian communities – 1) under direct supervision of a dentist, or; 2) under a Collaborative Practice Agreement (CPA), which means a dental therapist can practice without direct supervision of a dentist. Dentists can only have four CPAs with dental therapists.

(Note: The statute policies and practices of the Indian Health Service system are not addressed in state statute).

Educational Requirements: A dental therapist must:

- be licensed as a dental hygienist, but there is no requirement for an individual to maintain hygiene license;
- graduate from a recognized dental therapy school (CODA accredited), however, currently, a CODA accredited dental therapy program does not exist anywhere in the country;

There is no degree level specified in the statute. The Dental Care for Arizona coalition, as well as the Dental Hygienist Association, worked hard to keep the legislature from setting minimum degree requirements. Potentially, tribal and community colleges in Arizona could offer dental therapy programs.

Scope of Practice: CODA requirements should be viewed as a minimum, in terms of dental therapists' scope of practice. The AZ law includes other elements in the scope of practice for dental therapists, including: extractions of certain permanent teeth, suturing, space maintainers, fabrication of athletic mouth guards, and the full dental hygiene scope of practice.

What do we still need to do?

- There exist eight CODA accredited dental hygiene programs in Arizona, currently. These schools could create programs for dental therapy.
- No national or regional dental therapy exam exists. Currently dental therapists take a subset of the same exam that dentists take.
- The AzBODEX rulemaking and licensure process have to be completed for off-reservation dental facilities.
- The Arizona Health Care Cost Containment System (AHCCCS) must initiate the process to develop a State Plan Amendment (SPA), Tribal consultation and submission of the SPA to the Centers for Medicare and Medicaid Services for approval.



PANEL: VISION FOR INCORPORATING DENTAL THERAPY IN INDIAN HEALTH SERVICES, TRIBAL & URBAN INDIAN HEALTH DENTAL PROGRAMS

Dr. Gregory Waite, DDS, Dental Director, San Carlos Apache Healthcare Corporation (SCAHC) gave a Tribal health program's perspective on the dental therapy law. Dr. Waite relayed stories of health disparities in the community he serves, and he highlighted potential ways dental therapists could be used. Dental therapists could be utilized at one of SCAHC's smaller, rural clinic, and in schools to treat children.

The SCAHC Board is currently not discussing implementing dental therapy due, in part, to a lack of dental therapy workforce. One of the biggest hurdles in implementing dental therapy is the nonexistence of CODA accredited dental therapy schools.

Dr. John Molina, MD, JD, Corporate Compliance Officer, Native Health gave a perspective on dental therapy from the viewpoint of an Urban Indian Health program. Dr. Molina highlighted the fact that over 60% of American Indians live in urban areas, as opposed to living on reservations. Urban American Indians still need quality health care.

Next, Dr. Molina highlighted the oral health efforts of Native Health. Native Health's Oral Health Outreach Program provides free pediatric dental screening and fluoride varnish treatments to infants and young adults. With over 25,000 American Indians living in the Phoenix metropolitan area, dental therapists could be vital to further success for Native Health.

Dr. Dan Huber, DDS, Dental Consultant, Phoenix Area Indian Health Service outlined an approach for Tribal leaders, Tribal health directors, dental program directors to determine if dental therapy is appropriate for their community:

- Determine needs of community first – data and resources are available (e.g. ihs.gov, dental assistants, patients, etc.)
- What is the current staffing? What is the best staffing mix?
- Look at challenges and resources available (i.e. clinic utilization, transportation, school programs)
- Evaluate options

Dr. Huber concluded his presentation by emphasizing that every community has its unique needs, resources, and priorities for care.



RECOGNITION OF STATE LEADERSHIP

The Honorable Nancy Barto, Senator, LD-15, Arizona State Senate, was honored and received recognition for her work as the prime sponsor of the bills to get the final dental therapy law passed. She received a plaque as a token of appreciation from the Tribes in Arizona for her dedication and commitment. She spoke about the perseverance of the dental therapy stakeholders that were engaged

in this significant accomplishment.

KEYNOTE: UTILIZING DENTAL THERAPISTS TO IMPROVE OUTCOMES & EFFICIENCIES IN IHS/TRIBAL/URBAN INDIAN HEALTH DENTAL CLINICS; GUIDANCE ON DEVELOPING TRAINING PROGRAMS

Dr. Todd Hartsfield, DDS, Former Director, ITCA Dental Support Center, Southeast Community Health Systems (FQCHC), Zachary, Louisiana began by sharing his experiences as a dentist during the Vietnam war, where he trained monks in simple dental procedures to provide care for other Vietnamese people. Dr. Hartsfield has 48 years of experience in the military, in public health, as an educator, and in his own private practice. He spent 20 years in Canada, training, supervising, and working with dental therapists. He was the Dental Director for the Northern Saskatchewan Dental Program, and an instructor at the Saskatchewan dental therapy training school and the National School of Dental Therapy. There is a problem in finding people to provide care, especially for lower income people, according to Dr. Hartsfield. As reported by the Health Policy Institute at the American Dental Association, only 27.2% of Arizona dentists participate in Medicaid. Dental therapists can help address the unmet need of dental disease that needs to be treated.

The Canadian Dental Therapy Program

Dr. Hartsfield shared information and his experiences with the Saskatchewan Dental Plan. There were two dental therapy programs started in Canada in 1974 – the Saskatchewan Dental Plan, which was a school-based children’s program, and a federal dental therapy program. The programs were both 2 years long and the curricula were similar. At the time, Saskatchewan children had the worst oral health in Canada. By 1987, when the program ended, Saskatchewan children had the best oral health in Canada due, in large part, to the Saskatchewan Dental Plan. The program installed a dental clinic in every elementary school to provide effective, quality care to children who enrolled in the program. The program utilized teams of dentists, dental therapists and dental assistants to provide care for children throughout Saskatchewan. Every team traveled to



meet the needs of the community. Next, Dr. Hartsfield gave an overview of Canada's federal dental therapy program. The National School of Dental Therapy (NSDT) trained dental therapists from 1974 until it closed in 2011. The closure of the school has resulted in a shortage of dental therapists throughout Canada. The Alaska Dental Health Aide Therapist (DHAT) training program now accepts Canadian First Nations' students.

Establishing Dental Therapy in Arizona

Several dental therapy training programs exist today including Ilisagvik Tribal College (AK), the University of Minnesota, Metropolitan State University (MN) and Vermont Technical College (due to begin in 2020). In partnership with the Swinomish Indian Tribe and the Skagit Valley College, the Northwest Portland Area Indian Health Board (NPAIHB) is creating a Dental Health Aide Therapist training program. Dr. Hartsfield shared his thoughts on a future Arizona dental therapy training program. He posed critical questions which would help shape Arizona's dental therapy program.

- Which IHS/Tribal/FQHC clinics want dental therapists?
- Which model? Alaska DHAT or dental hygiene/dental therapist?
- Consider optimal class size
- Consider accepting international students?
- Partner with an established educational institution?

Dr. Hartsfield also warned of not setting admission requirements too high for fear of eliminating candidates from underserved communities who do not have access to the highest quality education.

PANEL: UTILIZING DENTAL THERAPY IN THE CLINICAL PRACTICE SETTING

Dr. Tom Bornstein, DDS (Ret.), Former Dental Director, Southeast Regional Health Consortium (SEARHC), explained why dental therapy is utilized by SEARHC. There was an astounding carries rate in the community and a shortage of dentists (~30% vacancy rate for IHS dentist positions) at the time SEARHC began implementing dental therapy in 1998. The SEARHC team set out to combat tooth decay in the communities they served, which was a major problem in the late 90s. In 2000, the American Dental Association (ADA) reported 95% of 4 years old (AI) had carious teeth. SEARHC transitioned to a medical model of care to address the caries problem in the community. A methodology called Caries Managed By Risk Assessment (CaMBRA) was employed to identify the cause of caries by assessing the presence of risk factors in patients. This systematic approach allowed for, not only risk assessment, but also prevention and risk management. Many elements of the CaMBRA method are carried out by DHATs, or dental therapists.



Dr. Rachel Hogan, DDS, Dental Director, Swinomish Tribe, gave an overview of the Swinomish Tribe and the Swinomish Tribal Clinic, and she offered a method for incorporating DHATs into a well-rounded dental team. In 2016, the Swinomish Tribe hired its first Alaska-trained DHAT, who is also the first DHAT in the lower 48 states. Dr. Hogan outlined six items that were vital to a successful integration of a DHAT into her dental team.

- Prepare supervising dentists and staff
- Establish a licensing board (Swinomish adapted the Alaska CHAP standards)
- Establish a dental therapy coordinator
- Prepare clinic (policies and procedures)
- Establish Quality Assurance and Quality Improvement of care standards
- Recruit DHAT (internship program; dental advisory board; preceptorship)

Savannah Bonorden, Dental Therapist, Alaska Native Tribal Health Consortium, shared her experiences as a DHAT as part of a dental team. Ms. Bonorden began her dental career as a dental assistant. In 2013, she graduated from a two-year DHAT program, and joined the SEARHC Dental Health Aide Program. As a dental therapist, Ms. Bonorden carries out mid-level dental care across a large region. Her contributions as part of a dental team permit dentists to handle higher level work, allowing all providers to work at their full capacity. Next, Ms. Bonorden endeavors to go to dental school to become a dentist.

STEPS TO ACHIEVE MEDICAID REIMBURSEMENT

Christopher Vinyard, Chief Legislative Liaison, Arizona Health Care Cost Containment System (AHCCCS), discussed the dental therapy law in detail, and shared some issues related to AHCCCS implementation. The dental therapy law requires the Arizona Board of Dental Examiners (AzBODEX) to establish a standard of minimum requirements in line with the accreditation standards of the Commission on Dental Accreditation (CODA) that operates under the auspices of the American Dental Association. Also, the law requires AzBODEX to issue dental therapy licenses to eligible persons. Finally, the law specifies that dental therapy education and training be provided by a recognized dental therapy school that meets CODA accreditation standards. Mr. Vinyard further shared information on licensure exemptions and practice settings.

Finally, Mr. Vinyard discussed the service categories for dental therapy, which are diagnostic, preventative, restorative, surgical, and other or adjunct services. According to the law, there are approximately thirty dental therapy services.

AHCCCS Implementation of the Dental Therapy Law



Mr. Vinyard relayed potential challenges with regard to implementing the law. There are critical items that must be developed by AHCCCS such as: provider type; policy and contract language; and a fee schedule. Also, the State Plan Amendment is contingent on what AzBODEX needs to develop. The State Plan is a contract between AHCCCS and the Centers for Medicare and Medicaid Services (CMS) that describes the nature and scope of its Medicaid program and will need to be amended to include dental therapy.

The next steps for AHCCCS implementation include gathering stakeholder feedback through tribal consultation and the formal public comment process. With stakeholder's aid, current dental therapists need to be identified and informed of the new law. As a condition of participation, a dental therapy license is required through AHCCCS provider registration; however AzBODEX needs to establish licensure standards. Mr. Vinyard stated AHCCCS implementation is possible in 2019.

A question was raised if AHCCCS would consider proceeding with implementation in accordance with the tribal licensure exemption section of the law? And it was asked whether or not the state fee schedule would apply to IHS, Tribes, and urban Indian Health programs (ITUs) because they are normally reimbursed per the all-inclusive rate, also known as the encounter rate, at 100% FMAP?

INDIAN HEALTH SERVICE CHAP/DENTAL THERAPY EXPANSION UPDATE

Dr. Christopher Halliday, DDS, MPH, RADM (Ret.), USPHS, Deputy Director, Division of Oral Health, IHS Headquarters, gave an update on the expansion on the IHS Community Health Aide Program (CHAP). CHAP was first established in 1968 in the Alaska Native villages. In 2016, discussions began pertaining to an expansion of the program in the lower 48 states to address tribal communities' increasing demands for comprehensive, quality health care. The Indian Health Care Improvement Act is the authorizing legislation that allowed for the creation of the IHS CHAP.

A CHAP Tribal Advisory Group (TAG) with representation from each of the twelve IHS areas was created. The following is the most recent activity of the CHAP TAG:

- CHAP TAG's first meeting occurred in March 2018
 - Tribal members requested a National/Regional certification board
 - Discussions and clarification about Community Health Representatives (CHRs) and Community Health Aides (CHAs) – CHRs will not be grouped with CHAs under the CHAP expansion
 - All tribal TAG members from the twelve IHS areas were interested in replicating the roles (Community Health Aides, Behavioral Health Aides,



Dental Health Aides, & Dental Health Aide Therapists) from the Alaska model

- Behavioral Health Aide and Dental Health Aide workgroups formed in May 2018

Next, Dr. Halliday shared an update on the CHAP website, which serves as a hub for all CHAP information. See: www.ihs.gov/chap. It contains information on IHS activities, a timeline of CHAP expansion across the nation and information on the CHAP Tribal Advisory Group (TAG).

Lastly, Dr. Halliday detailed the differences between Dental Health Aides (DHAs) and Dental Health Aide Therapists (DHATs).

- Primary DHA – disease prevention educators
- Expanded Function DHA – restoration, cleanings, temporary fillings
- DHA Hygienist – more complex cleanings – in some cases, local anesthesia
- Therapist – prevention and limited scope of dental services; highest level of training

NATIONAL INDIAN HEALTH BOARD 2018 TRIBAL ORAL HEALTH ASSESSMENT RESULTS

Brett Weber, Congressional Relations Coordinator, National Indian Health Board (NIHB), shared the findings from the NIHB Tribal Oral Health Assessment. In 2016, NIHB conducted an oral health survey to understand the extent of oral health disparities in tribal communities and to gauge tribal peoples' interest and understanding in dental therapy. Next, in 2018, NIHB conducted the assessment to gather data from people that are most capable of implementing change at the tribal level. The assessment was open to tribal leaders, health directors, and dental program directors. Some conclusions from the assessment are that:

- Indian Country understands the link between oral health and overall health;
- access barriers to oral health care are systemic throughout Indian Country;
- Indian Country needs a new delivery model for oral health care;
- among respondents who were familiar with dental therapy, 85% supported dental therapy;
- and more education on dental therapy for tribal members and leaders is needed,

Mr. Weber concluded his presentation with NIHB's planned next steps, which include: following up with tribal leaders, health directors, and dental directors who wanted to learn more, continuing the dental therapy campaign, and examining how to encourage tribal citizens to become dental therapists. NIHB also plans to work with Tribal colleges and universities interested in learning more about creating programs for dental therapy education.



PROCEEDINGS: DAY 2

Thursday, August 2, 2018

ALASKA NATIVE DENTAL THERAPY TRAINING PROGRAM

Dr. Mary Williard, DDS, CAPT, US Public Health Services, Area Dental Office, Director, gave an overview of the Alaska Dental Therapy Educational Program (ADTEP) at Iḷisaġvik College. ADTEP's mission is to educate dental therapists to meet the oral health care needs of Alaskan Native people living in rural communities. ADTEP's dental therapy training program is two calendar years long (year round) but is equal to three academic years. Dr. Williard stated the two-year associates degree is a good fit for people from rural villages.

ADTEP is working towards CODA accreditation. CODA accreditation would benefit the program in several ways: credibility; transferability; acceptance of financial aid; funding streams; and improved programs. To prepare ADTEP for CODA accreditation, contractors were hired to aid with the year-long process. ADTEP submitted for CODA accreditation in April 2018, but it was not successful and work is underway to resubmit the application.

Dr. Williard shared the latest data, which illustrates the effectiveness of DHATs. The data compared the oral health of communities with and without DHAT services. Communities with DHAT services had better oral health outcomes than communities without DHAT services.

- Fewer extractions of 4 front teeth
- Fewer adult with permanent tooth extraction
- More people, all ages, received prevention

PANEL: DEVELOPMENT OF SOUTHWEST TRAINING OPPORTUNITIES

Three individuals, Karen Tam, PH.D., Dental Hygiene Faculty Member, Pima Community College, Tucson, AZ, Holly Harper, Faculty Chair of Dental Programs, Rio Salado Community College, Maricopa County and Valerie Montoya, Vice President, Academic Programs, Southwestern Indian Polytechnic Institute (SIPI), Albuquerque, NM participated in a panel discussion about starting dental therapy training programs.

Status of Dental Therapy Programs: SIPI's Board of Regents gave its approval to establish a Dental Therapy program. SIPI is in discussion with IHS providers to provide space for a dental clinic; Pima Community College is highly interested and examining



establishing a Dental Therapy program; and Rio Salado Community College has begun discussions about offering a Dental Therapy program.

Resources for Dental Therapy Program: Each school reported having the resources (faculty, training, equipment, etc.) already available for a Dental Therapy program. All schools have existing dental hygiene training programs.

Student Services for American Indian Students: Each school has established services and resources for their students.

Determining Demand for Dental Therapy: Ms. Montoya of SIPI suggested traveling to communities and inquiring if dental therapy would be a good fit. Dr. Tam suggested using existing data to determine fit.

Tribal Communities and Colleges: Pima Community College has an Intergovernmental Agreement with Tribes near the college; Maricopa Community college also has agreements with Tribes.

ARIZONA STATE RULEMAKING OVERVIEW

Will Humble, Executive Director, Arizona Public Health Association, provided an explanation of what rulemaking is and why it is important. Rulemaking to establish the administrative code will provide the details to make the dental therapy law work. HB 2235 charged the AzBODEX with licensing dental therapists and authorized it to adopt rules. A positive element of HB 2235 is it is quite prescriptive, meaning it provides detailed framework from which to formulate rules. Of the categories of rulemaking, HB 2235 provides for regular rulemaking, which is the slowest kind. Also, HB 2235 does not include a timeframe for AzBODEX to meet, and this could potentially be problematic because the regular rulemaking process can be time consuming. Mr. Humble emphasized the need for advocacy to get AzBODEX to expedite rulemaking.



EVALUATION

Attendees participated in evaluating the contents of the Forum through submittals of a paper evaluation form. Almost every presentation averaged a score that reflected an “Excellent” or “Very Good” evaluation.

(38 Respondents)	Excel- lent	Very Good	Good	Fair	Poor	Did not Attend	Average Score
	= 1	= 2	= 3	= 4	= 5	= 0	
Background & Overview of Forum	20	15	2	1			1.6
Understanding AZ’s Dental Therapy Law	24	12	1	1			1.4
Vision for Incorporating Dental Therapy	19	15	4				1.6
Keynote Presentation: Utilizing Dental Therapists	31	6	1				1.2
Dental Therapy in the Clinical Practice Setting	22	12	4				1.5
Steps to Achieve Medicaid Reimbursement	7	15	8	7		1	2.4
IHS CHAP/Dental Therapy Expansion Update	13	16	6	2		1	1.9
Alaska Native Dental Therapy Training Model	31	4	2			1	1.2
Development of Southwest Training Opportunities	18	13	6			1	1.7
Arizona State Rulemaking Overview	19	13	3			3	1.5



NEXT STEPS & RECOMMENDATIONS

Discussions during the Forum allowed for a clearer picture of the next steps that Tribes, urban Indian health programs, IHS, members of the Dental Care for Arizona Coalition and other stakeholders need to take to fully implement the dental therapy law.

A first step would be to establish an ITU workgroup who will address and guide implementation in the following areas:

- Advocacy
 - Establish a tribal workgroup with a cross sector of tribal representatives and professions (dental, education, legal)
 - Engage and reach out to tribal leaders to keep informed of implementation
 - Focus on need for improved oral healthcare throughout the ITU system
 - Maintain relationships developed during legislative process
 - Monitor any future amendments to the statute
 - Clarify the ITU exemption language so that dental clinics may begin dental therapy services.
 - Include dental therapy in federal and state loan repayment and scholarship programs eligibility
 - Advocate for additional funding in the IHS dental and scholarship/loan repayment line item as well as CHAP.
- AzBODEX (Rulemaking and Licensure)
 - Ensure communication between AzBODEX and ITU.
 - Monitor timeline for rule making process
 - Clarify any reciprocity issues that arise
 - Provide technical assistance to AzBODEX on questions related to the Indian health care system
- AHCCCS Implementation
 - Prioritize implementation of dental therapy reimbursement authority
 - Stay engaged by attending AHCCCS Tribal Consultation Meetings
 - Provide input in the development of the State Plan Amendment (SPA)
 - Affirm the Medicaid reimbursement rate for IHS/638's at the all-inclusive or encounter rate at 100% FMAP and the billing process for dental therapy services
- Education
 - Conduct dental therapist need/market assessment among ITUs
 - Support achievement of CODA accreditation at tribal colleges and other institutions
 - Engage tribal colleges to develop dental therapy curriculums
 - Research HRSA grants and other funding for dental therapy training program start up



- Encourage dental therapy schools to assist dental therapy graduates with job opportunity placements
- Examine if schools may train foreign students
- Recruit and Retain American Indian/Alaska Native students
 - Collaborate with AHECs to increase recruitment of American Indian students into dental therapy training programs
 - Inform Tribal Education departments of dental therapy workforce model
 - Assist dental therapy training programs to actively recruit and support AI/AN students
 - Identify scholarship opportunities for AI/AN students, including state and federal resources
- Planning and Implementation
 - Clarify how the ITU licensure exemption applies
 - Prioritize dental therapy integration by:
 - Completing community/program needs assessments
 - Understand the potential efficiency of dental therapy integration
 - Seek input from dentists about utilization models of dental therapists in the clinical setting
 - Assist ITUs to implement dental therapist by:
 - Creating dental therapy policies (supervision, compensation, malpractice, billing, etc.)
 - Introduce dental therapists to the community
 - Link ITUs to other oral health programs who utilize dental therapists
 - Continue to monitor the outcomes of Alaska and Swinomish dental therapy programs
 - Verify if ITUs can employ foreign trained dental therapists

Please contact the following individuals for more information:

<p>Kim Russell, Executive Director Arizona Advisory Council on Indian Health Care 141 East Palm Lane, Suite 108, Phoenix, AZ 85004 Office: 602-542-5725 Email: Kim.Russell@azahcccs.gov</p>	<p>Maria Dadgar, Executive Director Inter Tribal Council of Arizona 2214 N. Central Avenue Phoenix, Arizona 85004 Office: 602-258-4822 Fax: (602)-258-4825 Email: Maria.Dadgar@itcaonline.com</p> <p>Travis Lane, Assistant Director Email: Travis.Lane@itcaonline.com</p> <p>Alida Montiel, Health Policy Director Email: Alida.Montiel@itcaonline.com</p>
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Appendix A: List of Attendees

Rosie Abad	Archie Hendricks Sr. Skilled Nursing Facility
Sally Aday	San Carlos Apache Tribe
Tina Aguilar	Tohono O'odham Nation
Michael Allison	Arizona Department of Health Services
Sherry Allison	Southwestern Indian Polytechnic Institute
Chester Antone	Tohono O'odham Nation
Nancy Barto	Arizona State Legislature
Jessica Beach	First Things First
Kavita Bernstein	First Things First
Savannah Blonorden	Alaska Native Tribal Health Consortium
Kristen Boilini	Pivotal Policy Consulting
Dr. Tom Bornstein	S.E. Regional Health Consortium
Nadine Brown	Indian Health Services
Mary Busch	Fortis College DH Program
Hong Chartrand	Arizona Department of Health Services
Kimberlee Chicharello	Phoenix Indian Medical Center-Dental
Wayne Cottam	Arizona School of Dentistry & Oral Health
Diana Cudeii	none
Jennifer Dangremond	Native American Connections
Lydia Enriquez	Arizona Advisory Council on Indian Health Care
Cheryl Esquerra	Colorado River Indian Tribes
Joyce Flieger	So. AZ Oral Health Coalition
Lisa Folson	Archie Hendricks Sr. Skilled Nursing Facility
Josie Gaisthea	GRHC Dental Services
Jan Grutzius	Arizona Alliance for Community Health Centers
Christopher Halliday	Indian Health Service
Holly Harper	MCCCD Rio Salado College
Dr. Todd Hartsfield	Southeast Community Health Systems
Gerilene Haskon	Arizona Department of Health Services
Corey Hemstreet	Native American Connections
Jody Herschenhorn	Gila River Health Care
Bonnie Hillsberg	Centers for Medicare & Medicaid Services
Vivek Hirani	Avesis, Phoenix College
Dr. Rachel Hogan	Swinomish Tribe
Veronica Homer	Colorado River Indian Tribes
Reuben Howard	Pascua Yaqui Tribe Health Services Division
Dr. Dan Huber	Indian Health Services
Will Humble	AZ Public Health Association
Candida Hunter	First Things First
Yvette Joseph	Kauffman & Associates, Inc.
Jan Josephson	Phoenix Indian medical Center
Lloyd Joshweseoma	Second Mesa Day School
Lori Joshweseoma	Hopi Department of Health & Human Services
Dr. Pallavi Jugale	Arizona Alliance for Community Health Centers
Deb Kappes	Arizona Dental Hygienists' Association



Michael Kincaid DDS, MPH
JL
Filmer Lallo
Travis Lane
Katrina Leslie-Puhuyaoma
Dollie Luna Smallcanyon
Jeanette Mallery
Dr. John Molina
Alida Montiel
Valerie Montoya
Michele L. Morris
Victoria Nez
Kate O'Connor-Moran
Dr. Kalpana Pandya
Diana Patch
Margaret Perry
Jamesita Peshlakai
Leland Pond
Daniel Preston
Jason Price
Patricia Price
Margaret Quiller
Glenda Ramon
Roselyn Riggs
Kevin Russell
Kim Russell
Kathleen Shurba
Yvonne Smith
Rosemary Sullivan
Karen Tam
Alicia Thompson
Chris Toretsky
Chris Vinyard
Julia Wacloff
Gregory Waite
Brett Weber
Dr. Mary Williard
Diana Yazzie Devine

Phoenix Indian Medical Center
Gila River Health Care
Arizona American Indian Oral Health Initiative
Inter Tribal Council of Arizona
Indian Health Services
Tuba City Regional Health Care
Mercy Care
Native Health
Inter Tribal Council of Arizona
Southwestern Indian Polytechnic Institute
Navajo Department of Health
Native American Connections
Tuba City Regional Health Care Corporation
San Carlos Apache Healthcare Corporation.
Colorado River Indian Tribes
Pima County Health Department
Arizona State Senate
Salt River Dental
Tohono O'odham Nation
Tse'hootsooi' Medical Center (FDIHB, Inc.)
Rio Salado College
Hopi Health Care Center
Gila River Health Care
Tuba City Regional Health Care Corp
Rosewater Consulting
Arizona Advisory Council on Indian Health Care
Native Health
Phoenix Indian Medical Center/IHS
Hualapai Tribe
Pima Community College
Southern Arizona Oral Health Coalition
University of California, San Francisco
Arizona Health Care Cost Containment
Arizona Department of Health Services
San Carlos Apache Healthcare Corporation
National Indian Health Board
Alaska Native Tribal Health Consortium
Native American Connections



Appendix B: Forum Agenda

WEDNESDAY, AUGUST 1, 2018

- 8:00 am** **Registration and Continental Breakfast (provided)**
- 8:30 am** **Opening Prayer**
Dr. John Molina, MD, JD, Corporate Compliance Officer, Native Health
- 8:40 am** **Welcome**
Dede Yazzie Devine, Chief Executive Officer, Native American Connections
Acknowledgement of Sponsors & Planning Committee
Travis L. Lane, Assistant Director, Inter Tribal Council of Arizona, Inc.
- 8:50 am** **Opening Remarks**
Honorable Chester Antone, Council Member, Tohono O’odham Nation
Honorable Jamescita Peshlakai, Senator, LD-7, Arizona State Senate
- 9:10 am** **Background and Overview of Forum**
Alida Montiel, Health Policy Director, Inter Tribal Council of Arizona, Inc.
- 9:30 am** **Understanding Arizona’s Dental Therapy Law**
Kristen Boilini, Partner, Pivotal Policy Consulting, Dental Care for Arizona
- 10:45 am** **BREAK**
- 11:00 am** **Vision for Incorporating Dental Therapy in Indian Health Service, Tribal & Urban Indian Health Dental Programs**
Dr. Gregory Waite, DDS, Dental Director, San Carlos Apache Healthcare Corporation
Dr. John Molina, MD, JD, Corporate Compliance Officer, Native Health
Dr. Dan Huber, DDS, Dental Consultant, Phoenix Area Indian Health Service
- 12:00 pm** **LUNCHEON**
Recognition of State Leadership (ITCA/AACIHC/AAIOHI)
Honorable Nancy Barto, Senator, LD-15, Arizona State Senate
Keynote Presentation: Utilizing Dental Therapists to Improve Outcomes & Efficiencies in IHS/Tribal/Urban Indian Health Dental Clinics; Guidance on Developing Training Programs
Dr. Todd Hartsfield, DDS, Former Director of the Inter Tribal Council of Arizona (ITCA) Dental Support Center, Southeast Community Health Systems (FQHC), Zachary, Louisiana



- 1:30 pm Utilizing Dental Therapy in the Clinical Practice Setting**
Dr. Tom Bornstein, DDS (Ret.) Former Director, Southeast Regional Health Consortium
Dr. Rachel Hogan, DDS, Dental Director, Swinomish Tribe
Savannah Blonorden, Dental Therapist, Alaska Native Tribal Health Consortium
- 2:30 pm BREAK**
- 2:45 pm Steps to Achieve Medicaid Reimbursement**
Chris Vinyard, Chief Legislative Liaison, Arizona Health Care Cost Containment System
- 3:15 pm Indian Health Service CHAP/Dental Therapy Expansion Update**
Dr. Christopher Halliday, DDS, M.P.H., RADM (Ret.), USPHS, Deputy Director, Division Of Oral Health, IHS Headquarters
- 3:45 pm National Indian Health Board 2018 Tribal Oral Health Assessment Results**
Brett Weber, Congressional Relations Coordinator, National Indian Health Board
- 4:15 pm Recap of Day 1**
Alida Montiel, Health Policy Director, Inter Tribal Council of Arizona, Inc.
- 4:30 pm Adjourn**



THURSDAY, AUGUST 2, 2018 8:30 AM – 12:30 PM

- 8:30 am** **Continental Breakfast (provided)**
- 9:00 am** **Day 2 Overview**
Corey Hemstreet, Community Health Representative, Native American Connections, Inc.
- 9:10 am** **Alaska Native Dental Therapy Training Program**
Dr. Mary Williard, DDS, CAPT, US Public Health Service, Area Dental Office, Director, Alaska Dental Therapy Educational Program at Iḷisaġvik College
- 9:45 am** **Development of Southwest Training Opportunities**
Karen Tam, Ph.D. Dental Hygiene Faculty Member, Pima Community College
Holly Harper, Faculty Chair of Dental Programs, Rio Salado Community College
Valerie Montoya, Vice President, Academic Programs, Southwest Indian Polytechnic Institute
- 10:45 am** **BREAK**
- 11:00 am** **Arizona State Rulemaking Overview**
Will Humble, Executive Director, Arizona Public Health Association
- 11:30 am** **Next Steps**
Michael Allison, Native American Liaison, Arizona Department of Health Services
- 11:50 am** **Closing Remarks**
Honorable Daniel Preston, Councilman, Tohono O’odham Nation
- 12:00 pm** **Networking and Luncheon (provided)**
- 12:30 pm** **Adjourn**



Appendix C: HB 2235 dental therapy; regulation; licensure (Chaptered Version)

<https://www.azleg.gov/legtext/53leg/2R/laws/0296.pdf>