

March 4th, 2021

Re: Supporting HB 2528

Chair Prusak, Vice Chair Hayden, Vice Chair Salinas, and Members of the Committee,

My name is Gita Yitta, and I am the Dental Director for the Oregon Tribes Dental Health Aide Therapist Pilot Project, or Pilot Project #100.

I have served as Dental Director for Pilot Project #100 for the past three years, and in that time have had the opportunity to work closely with Dental Therapists, Supervising Dentists, and Clinic Administrators to successfully work towards the goals of our project, and to ensure compliance with the extensive monitoring and evaluation required by the Oregon Health Authority (OHA), and our own Standard Operating Procedures.

I want to outline in detail the specific requirements of the pilot monitoring for two reasons:

First is to show that our Dental Therapists are highly scrutinized by myriad layers of chart reviews, quarterly data reports of every procedure performed, OHA site visits, and an Advisory Committee. If our Dental Therapists were practicing in a way that was unsafe, it would be highly documented by multiple External Dentists, agency staff, and our own project professionals reviewing their work.

Second is to demonstrate that the extent of administrative oversight required as part of the pilot project program is not sustainable if our clinics are going to truly maximize patient care, clinic efficiency, and full integration of Dental Therapists into their dental teams. We are willingly participating in this pilot, and also looking forward to Dental Therapy being a licensed profession in Oregon, working under the state's Dental Practice Act as amended by HB 2528.

Oversight requirements include, but are not limited to:

- Before our Dental Therapists are allowed work in the pilot, they first must graduate from Alaska Dental Therapy Education Program (ADTEP), which was approved by OHA as a qualified training site, and in the past year became the first Dental Therapy education program be accredited by the Commission on Dental Accreditation. ADTEP students cannot graduate without showing competency in every procedure, and have a full year's worth of clinic work as part of the program.
- Practice Agreements between the Dentist and the Dental Therapists includes all procedures allowed by Supervising Dentist, including any restrictions on supervision and additional documentation required. Every two years the Practice Agreement must be reviewed, and each procedure listed in the practice agreement successfully demonstrated at least once to supervising dentist for a minimum of 80 hours.

- Every week, the Supervising Dentist does a chart review of irreversible procedures which is submitted to OHA every quarter.
- Every quarter, an External Dentist reviews a random sample of 10 charts and required images of irreversible procedures, which is also submitted to OHA quarterly.
- Informed consent from the patient is required for each visit, no matter how many times the patient has seen the Dental Therapist. The patient must sign and date the general DHAT treatment administration consent form indicating they understand the DHAT role. Before proceeding with treatment, the DHAT must obtain and document verbal consent which includes possible complications of treatment.
- Procedures requiring tooth preparation and final restoration require pre-op, mid-op, and post-op intraoral photos when appropriate. Images must be of high quality with no debris, blood, or excess restorative material present. For extractions, recent radiograph of the tooth to be extracted is required including a pre-op intraoral photo. A post-op photo of the removed tooth must be taken including all residual coronal or root tip remnants.
- Adverse events are required to be reported within 24 hours to OHA, and also classified and included in quarterly report.
- OHA complete at least yearly site visits to training and utilization sites, including interviews with pilot participants, tour of facilities and chart reviews drawn from random sample of all DHAT charts. Charts are reviewed by qualified members of the OHA Advisory Committee and OHA Dental Director.
- The OHA Advisory Committee reviews and offers opinions on modifications, documents, protocols, and participates in site visits and chart reviews.

Because our evaluation and monitoring is so robust, we are able to report that after only a few years of our Dental Therapists entering the utilization phase at their clinics, we have the following early findings to share from the Confederated Tribes of Coos, Lower Umpqua and Siuslaw Indians Dental Clinic, where at least one dental therapist has been practicing since summer of 2017:

- **Shorter Wait Times.** Dentist average wait time went from 10 to under 8 weeks in first 3 years. Dental therapist wait times have averaged 1.5 weeks throughout.
- **High Quality and Safe Care.** 99% of chart reviews rated acceptable by Supervising Dentist and External Evaluating Dentist

- **More Care Delivered.** Since Dental Therapists joined the clinic, productivity has increased 70%, a clinic expansion was completed, and a community outreach program to serve tribal members outside of the clinic was developed.
- **Good Jobs Created.** Two members of the Tribe completed the CODA-accredited Alaska Dental Therapy Education Program. They now have full-time, professional wage jobs serving their Tribe, and are building a culturally relevant dental care workforce in Coos Bay.
- **Target Population Served.** The clinic serves the tribal populations for the CTCLUSI and Coquille Indian Tribe as well as members of other Tribes that live in the greater Coos Bay area. Eighty percent of patient care is billed to Medicaid or Indian Health Service Contract Purchases of Care.

Thank you for the opportunity to submit comments to the committee. I urge you to look at the evidence provided by our pilot project, and by Dental Therapists practicing in other states for over 15 years, as you consider HB 2528. Please support.

Respectfully,
Gita Yitta, DMD