

IHS HQ Division of Oral Health Updates



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**IHS Portland Area Dental Meeting
May 15, 2019
Timothy L. Lozon, DDS
Director, Division of Oral Health
Indian Health Service**



Agenda



- **Agency Overview**
- **Agency Hot Topics**
- **IHS HQ Division of Oral Health**
 - **HQ Staff**
 - **Ongoing activities**
 - **Contact information**

The Indian Health Care System



- **Population Served**

- Members of 573 federally recognized Tribes
- 2.6 million American Indians and Alaska Natives in 37 States
- Network of over 605 Hospitals, Clinics, and Health Stations

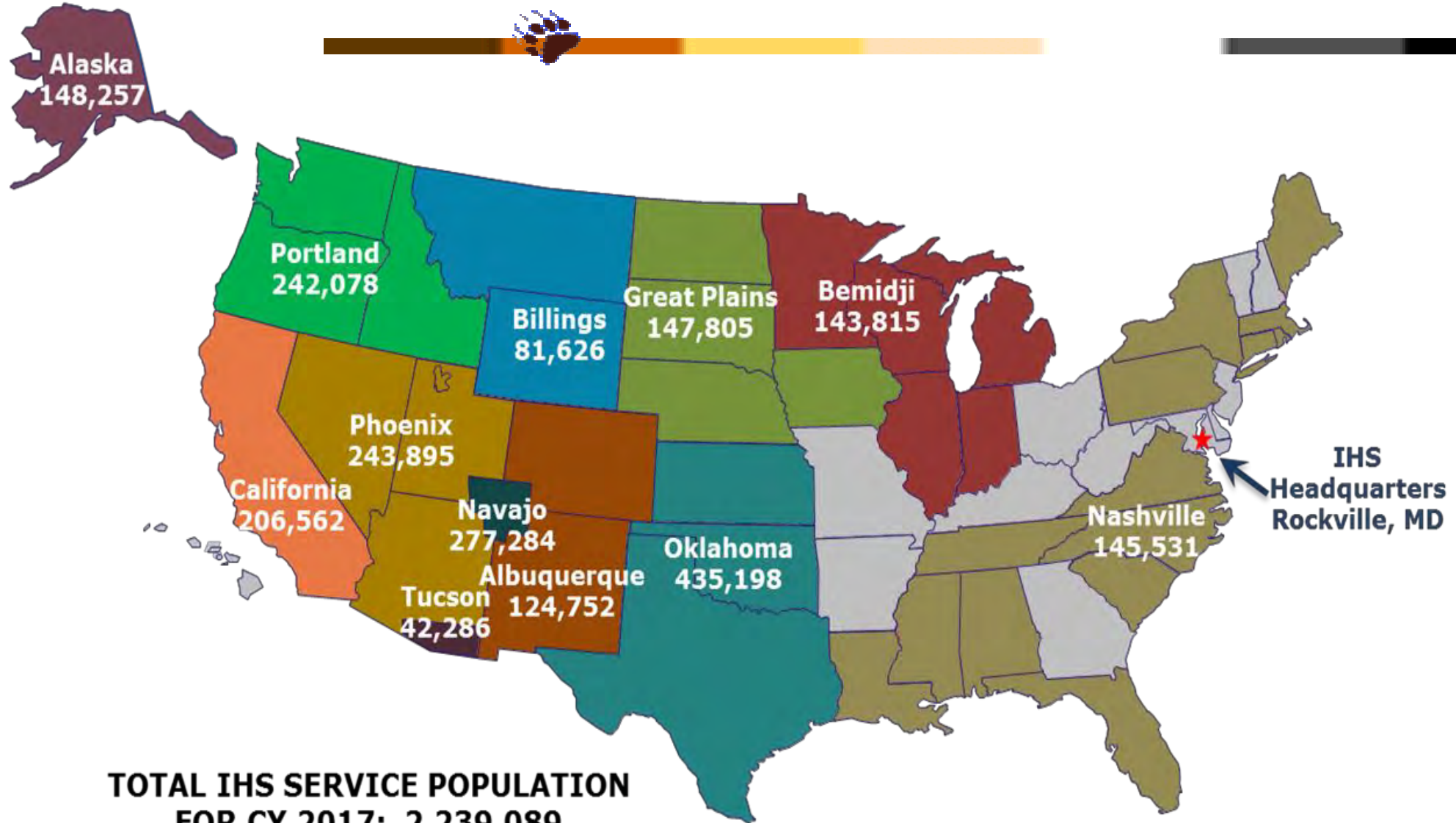
- **IHS services are administered through a system of 12 Area offices and 170 IHS and tribally managed service units**

- 404 total I/T/U dental clinics
 - 76 IHS Direct
 - 319 Tribal
 - 9 Urban

Area Offices



- Alaska Area
- Bemidji Area
- California Area
- Nashville Area
- Oklahoma City Area
- Portland Area
- Albuquerque Area
- Billings Area
- Great Plains Area
- Navajo Area
- Phoenix Area
- Tucson Area



**TOTAL IHS SERVICE POPULATION
FOR CY 2017: 2,239,089**

Types of Indian Health Care Programs



- Direct Care Programs
- Title I Programs (Contracts)
- Title V Programs (Compacts)
- Urban Indian Health Program (UIHP)

IHS Direct Program



- Organized through a “service unit,” an administrative component which may consist of up to 10 programs
- Funding is directly from IHS Headquarters to one of 12 Area Offices to the service unit
- Management of the program is through the IHS hierarchy

(program → service unit → Area Office → IHS HQ →

Department of Health and Human Service-DHHS)



Title I Programs – “Contracts”



- Authorized under Title I of P.L. 93-638 (Indian Self-Determination and Education Assistance Act or ISDEAA)
- Authorizes Tribes to administer programs and services the IHS would otherwise provide (Self-Determination Contracting)
- Management of the programs is through the Tribe with oversight by Area Contract Proposal Liaison Officers (CPLO)
- Tribes typically enter into annual funding agreements (AFAs)



Title V Programs – “Compacts”



- Authorized under Title V of P.L. 93-638 (Indian Self-Determination and Education Assistance Act or ISDEAA)
- Tribes assume control over health care programs and services that the IHS would otherwise provide (Title V Self-Governance Compacting or TSGP)
- Tribes typically enter into multi-year (3) funding agreements or MFAs.



Urban Indian Health Program (UIHP)



- Authorized and funded through Public Law (P.L.) 94-437, Title V (Indian Health Care Improvement Act)
- 34 community-based, nonprofit, 501(c)(3) urban Indian programs providing health care services at 41 sites
- 45% are designated as Federally Qualified Health Centers (FQHC)
- Management of programs is through the IHS Office of Urban Indian Health Programs



Agency Hot Topics



- **IHS Mission**
- **Agency Priorities (People, Partnerships, Quality, Resources)**
- **IHS Strategic Plan for FY 2019-2023**
- **Protecting Children from Sexual Abuse by Health Care Providers**
 - **Hotline to report Abuse**
- **Budget**
 - **FY 2019 Enacted Budget**
 - **FY 2020 President's Proposed Budget**

IHS Mission



Our Mission ... to raise the physical, mental, social, and spiritual health of American Indians and Alaska Natives to the highest level.

Agency Priorities



IHS Strategic Plan for FY 2019-2023



- Released on February 27, 2019
- IHS will achieve its mission through three strategic goals:
 1. To ensure that comprehensive, culturally appropriate personal and public health services are available and accessible to American Indians and Alaska Natives.
 2. To promote excellence and quality through innovation of the Indian health system into an optimally performing organization.
 3. To strengthen IHS program management and operations.

Read more about the Strategic Plan and these goals, objectives, and strategies at: www.ihs.gov/strategicplan

Protecting Children from Sexual Abuse by Health Care Providers



- [Request for Proposal](#) – Medical Quality Assurance Review (Contract to be awarded in coming days according to Senate Hearing last week)
- Indian Health Manual: [Chapter 20, Part 3 – Professional Services](#)
 - IHS prohibits the misuse of a health care provider’s authority and trust to take advantage of any patients, especially pediatric patients
 - IHS has a zero tolerance policy for misuse of this authority and trust to sexually abuse or exploit children
- Updates to [guidance on trauma informed care](#)

Hotline for Reporting Abuse



- Anyone with knowledge or suspicion of child abuse **must** report this information to local law enforcement, the [IHS Headquarters Division of Personnel and Security Ethics](#), or the [HHS Office of the Inspector General](#)
- IHS hotline: **(301) 443-0658**
- OIG hotline: **(800) 447-8477**
- “When reporting something you see or suspect, you can be confident that leadership will take the allegations seriously and without reprisal”

FY 2019 Enacted Budget



- \$5.8 billion for FY 2019
- Includes a \$266 million increase over the 2018 enacted budget for:
 - Tribal clinic operational costs
 - Recently recognized tribes
 - Opioid response
 - Urban Indian health
 - Indian health professions
 - Contract support costs

FY 2020 President's Proposed Budget



- [The President's Proposed Budget for FY 2020](#) was released on March 11
- Includes \$25 million for IHS to eliminate Hepatitis C and HIV/AIDS in Indian Country
- This focuses on both Hepatitis C and HIV/AIDS to maximize public health benefits
 - Hepatitis C prevention and treatment services help reduce active transmission of HIV/AIDS, a frequent co-infection
 - HRSA estimates about 25% of people living with HIV also have Hepatitis C, and people who are co-infected are more likely to have life threatening complications from Hepatitis C

IHS HQ Division of Oral Health



UPDATES/ONGOING WORK

HQ Division of Oral Health Contacts

Name	Role(s)
Begay, Melinda	Management Analyst
Halliday, Chris	Community Health Aide Program Expansion (Dental Lead), Co-Project Officer of the Dental Support Centers
Knutson, Joel	Project Officer for the IHS Electronic Dental Record, Chair of the Dental Professional Specialties Group (PSG), Dental Informatics Officer
Lozon, Tim	Director of the Division of Oral Health, Budget formulation and execution, Dental Recruitment, Chair of the National Oral Health Council, Credentialing Workgroup Co-Lead
Mork, Nathan	Oral Health Promotion/Disease Prevention Co-Coordinator, Oral Health Literacy Lead
Vacant Position	To Be Filled Soon
Ricks, Tim	Continuing Dental Education Coordinator, Credentialing Workgroup Lead, GPRA Coordinator, Oral Health Surveillance Coordinator, Area Dental Officer Trainer/Mentor, Oral Health Promotion/Disease Prevention Coordinator, contact for most IHS initiatives (ECC, Perio, EFDA, Efficiency & Effectiveness, RRM, Strategic Plan, etc.)
Roberts, Tal-ee	Dental Portal Webmaster
Schaeffer, Jim	Dental Forms Liaison, HQ Advisor to the National Oral Health Council Field Advisory Group, Dental Lead for Silver Ion Antimicrobials, Co-Project Officer of the Dental Support Centers
Webb, Jim	Special Projects Coordinator, LinkedIn Recruitment, Liaison to National Specialty Consultants, Risk Management

National Dental Specialty Consultants 2019-21



- Oral and Maxillofacial Surgery: Dr. Justin Sikes, Justin.Sikes@ihs.gov
- Pediatric Dentistry: Dr. Brian Talley, Brian.Talley@ihs.gov
- Pediatric Dentistry: Dr. Scott Williams, Scott.Williams@ihs.gov
- Periodontics: Dr. Eric Jewell, Eric.Jewell2@ihs.gov
- Endodontics: Dr. Jane Bleuel, JaBleuel@SouthCentralFoundation.com
- Dental Public Health: Dr. Nathan Mork, Nathan.Mork@ihs.gov
- Prosthodontics: Dr. Thomas Gunnell, Thomas.Gunnell@ihs.gov
- Specialists Liaison: Dr. James Webb, James.Webb2@ihs.gov

Oral Health Promotion/Disease Prevention

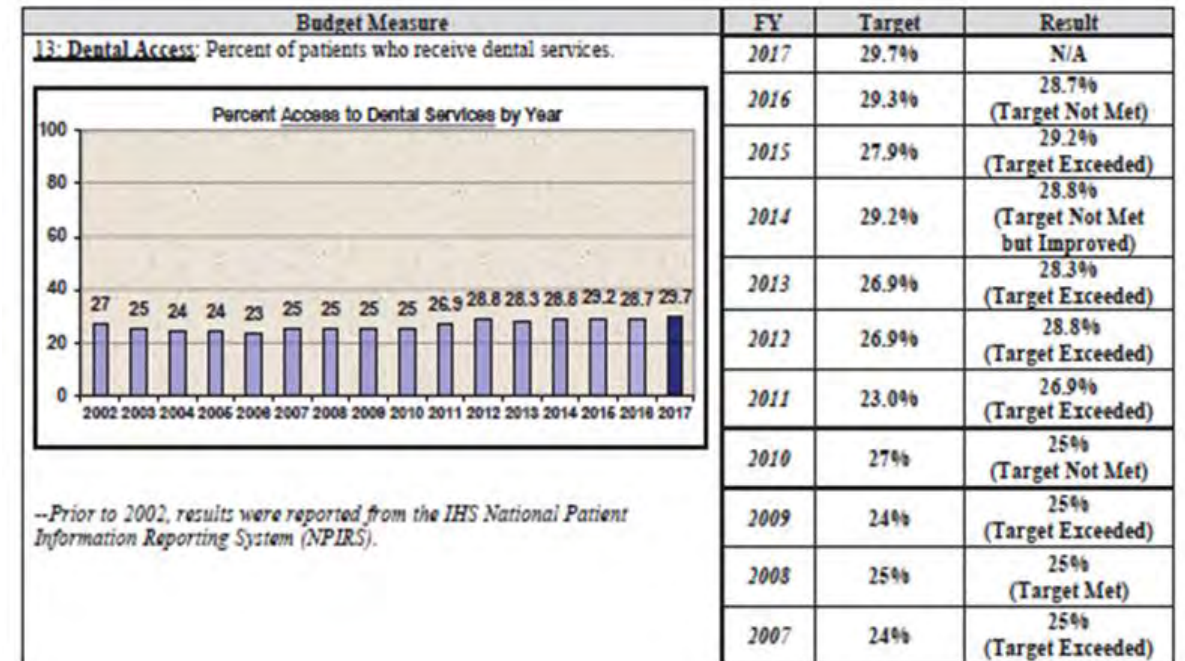


- DOH has funded prevention projects in I/T/U programs since 2000
- FY 2019, 6 projects funded, total of \$34,100 (2 from Portland Area)
 - Fort Hall Service Unit
 - Yellowhawk Tribal
- Go to the IHS Dental Portal (www.ihs.gov/doh), click on the HP/DP tab, look at completed project reports and other resources.

Government Performance Results Act (GPRA) Measures



- Access to dental care
 - Remember 0000 & 0190
 - Screenings count (if you include 0000 or 0190)
- Proportion of 2-15 year-olds receiving sealants
 - Remember 0007
- Proportion of 1-15 year-olds receiving fluoride
 - Count medical fluoride varnish applications



Clinical & Preventive Support Centers



- *Purpose:* Rebuild infrastructure
- *Start/End Dates:* Since 2000; ongoing
- 8 dental support centers serving 10/12 IHS Areas, \$2M/YR
 - 5 Grants and 3 Program Awards (\$250K each/year)
- Current 5 year cycle ends September 2020
- RFP Fall 2019 for September 2020-2025 (5 year cycle)

Clinical & Preventive Support Centers



- **Alaska Area:** Alaska Native Tribal Health Consortium (ANTHC) Dental Support Center – Dr. Mary Williard, Director
- **Albuquerque Area:** Native American Professional Parent Resources (NAPPR) Dental Support Center – Elaine Sanchez, Director
- **Billings Area:** Montana/Wyoming Tribal Dental Support Center – Travis Fisher, Director
- **California Area:** California Rural Indian Health Board (CRIHB) Dental Support Center – Eva Marie Del Puerto, Director

Clinical & Preventive Support Centers



- **Nashville Area:** United South and Eastern Tribes (USET) Dental Support Center – Frank Licht, Director
- **Oklahoma City Area:** Oklahoma City Area Inter-Tribal Health Board (OCAITHB) Dental Support Center, Keasha Myrick, Director
- **Navajo/Phoenix/Tucson Areas:** Southwest Dental Support Center – Nadine Brown, Director
- **Portland Area:** Northwest Tribal Dental Support Center (NTDSC) – Ticey Mason, Director

Field Advisory Committee (FAC)



- Supports National Oral Health Council (NOHC)
- Consists of 12 Area representatives and 1 each of a dental hygienist, dental assistant, dental specialist, and Area Dental Officer
- Responsible for:
 - Annual Clinical Excellence awards
 - NOHC CDE Quarterly webinars
 - Development of informed consent and other documents for clinical use
 - Bringing issues forward from the field

Dental Position Report (DPR)



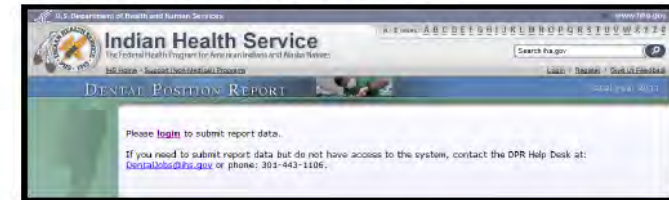
- IHS tracks vacant positions for loan repayment program priority—Switching to Auto-HPSA Scores January 2020
- Dental chiefs/directors should upload # of full-time positions & vacancies each month
- The web address to access the system is <http://www.ihs.gov/MedicalPrograms/dpr/index.cfm>

Dental Position Report: Guide for Regular Users, Version 1

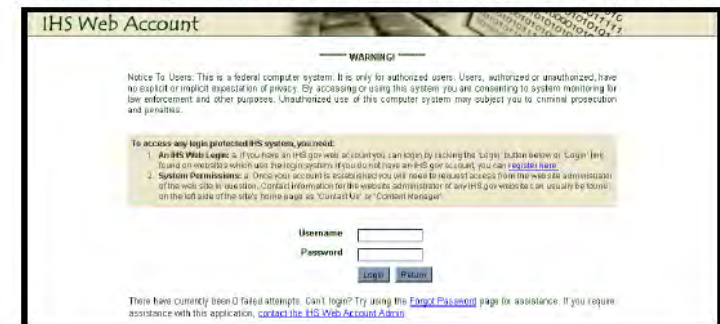
Dental Position Report Login

Home Page

The Dental Position Report (DPR) can be accessed by typing www.ihs.gov/MedicalPrograms/DPR/ into your browser. You will then be taken to a page that looks similar to this:



You will need to login using an IHS Web Login account in order to gain access to the web site. (If you don't already have a Web Login email the DPR Helpdesk at DentalJobs@ihs.gov or call 301-443-1106 for assistance.)



Professional Specialty Group (PSG)



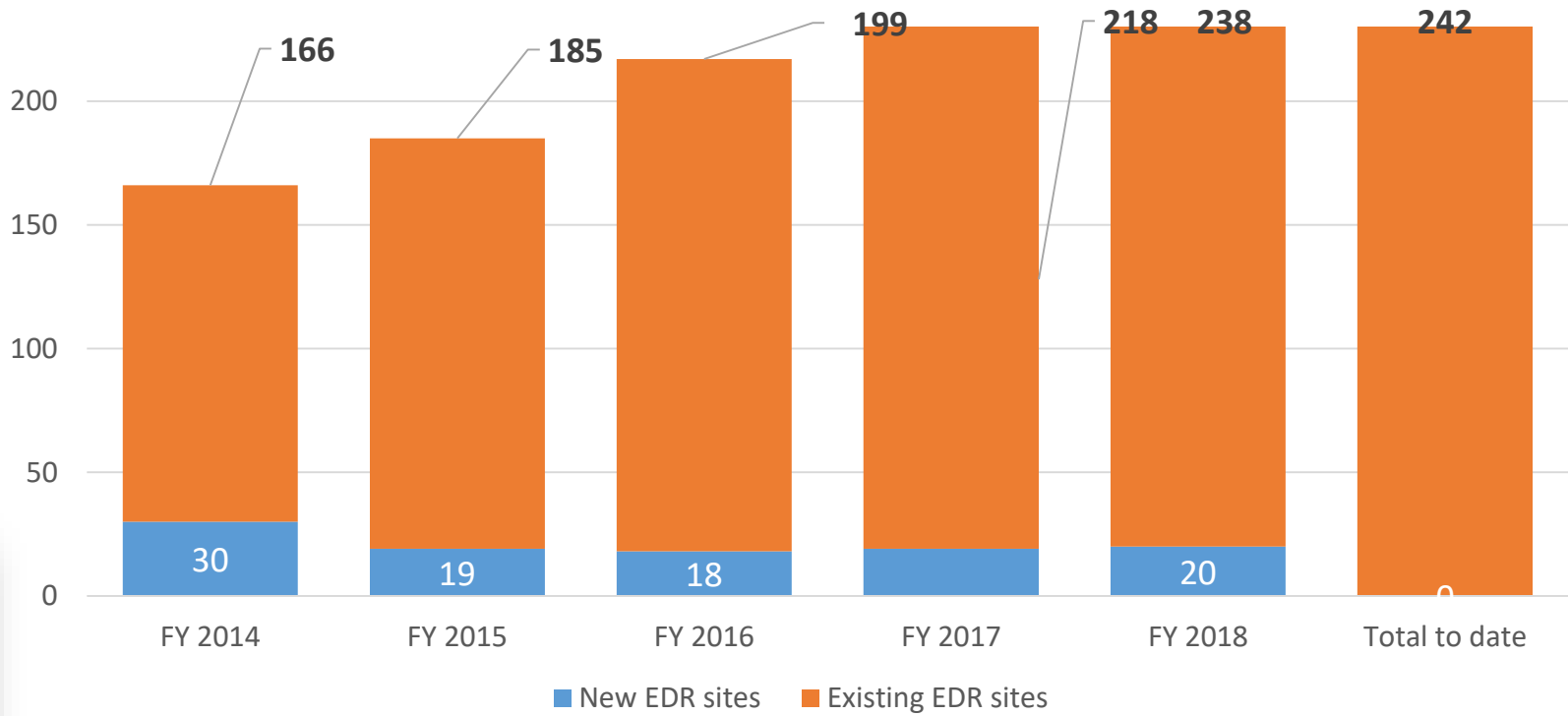
- Responsible for meeting each year to determine level of care and relative value units (RVUs) for all new ADA CDT codes
- After alpha testing of code patches in the lab by OIT, selects beta sites to test new RPMS and EDR code patches
- With OIT support, releases new RPMS/EDR patches each year

Professional Specialty Group (PSG)



- **Chair** – Dr. Joel Knutson (non-voting)
- **Headquarters** – Dr. James Schaeffer
- **Alaska Area** – Dr. Dane Lenaker
- **Albuquerque Area** – Dr. Kathryne Feng
- **Bemidji Area** – Dr. Brandy Larson
- **Billings Area** – Dr. Gary Pannabecker
- **California Area** – Dr. Steve Riggio
- **Great Plains Area** – Dr. Flauryse Baguidy
- **Nashville Area** – Dr. Jeffrey Stuart
- **Navajo Area** – Dr. Katrina Leslie-Puhuyaoma
- **Oklahoma City Area** – Dr. Bob Smith
- **Phoenix Area** – Dr. Sam Mortensen
- **Portland Area** – Dr. Cheryl Sixkiller
- **Tucson Area** – Dr. Joe Hosek

Electronic Dental Record (EDR)





Periodontal Treatment Initiative
Dental Workforce Efficiency Initiative
Dental Depression Screening Project
Oral Health Surveillance Program
Maternal Dental Access Project
Alternative Dental Workforce Model Evaluation Project

Periodontal Treatment Initiative



- ✓ *Restore Perio EFDA Program*
- ✓ *Develop new non-diabetic treatment protocol**
- ✓ *Develop new CPI screening guide**
- ✓ *Evaluate effectiveness of periodontal EFDAs*



Periodontal Treatment Initiative



- *Tim Ricks (Co-Chair)*
- *Todd Smith (Co-Chair)*
- *Travis Fisher*
- *Lori Goodman*
- *Ayana Blagrove*
- *Jen Eng*
- *Edwina Lee*
- *Mylene Santulan*
- *Sharon Lang*
- *Cornelia Begay*
- *Julie Black*
- *Nadine Brown*
- *Sharon Bydonie*
- *Emily Warnstadt*
- *Shannon Davis*
- *Beth Finnson*
- *Nida Lerch*
- *Tuan Nguyen*
- *Monica Rueben*
- *Eric Jewell*
- *Craig Barney*

Dental Workforce Efficiency Initiative



- ✓ *Develop new clinical efficiency & effectiveness indicators*
- ✓ *Average from 40 different I/T/U programs*
- ✓ *Available on Dental Portal*



- *Members: Tim Ricks, Chair; Mary Williard; Sarah Shoffstall-Cone; Lynn Van Pelt; Lisa Cone; and Tim Lozon*

New Efficiency & Effectiveness Indicators



Population to Dentist Ratio	1200:1
Population to Staff Ratio	500:1
Assistant to Dentist Ratio	2:1
Operatory to Dentist Ratio	2:1
Services per Dentist per Year	4,505
Services per Hygienist per Year ²	1,992
Services per Facility per Year ³	6,497
RVUs per Dentist per Year	7,092
RVUs per Hygienist per Year ²	2,788
RVUs per Facility per Year ³	9,880
RVUs per Staff per Year	2,770
RVUs per Visit per Year	5.0

RVUs per Patient per Year	11.2
RVUs per Operatory per Year	3,063
Visits per Dentist per Year	1,879
Visits per Dentist per Day	8.62
Visits per Hygienist per Year ²	1,357
Visits per Hygienist per Day ²	6.40
Visits per Provider per Year ³	3,236
Visits per Operatory per Year	721
Broken Appointment Rate ⁴	≤21%
% of Patient Treatment Planned ⁵	≥53%
% of Patients Completing Treatment ⁶	≥46%
% of Level I-III (Basic) Services	≥90%

Dental Depression Screening Pilot Project



- Screen dental patients ≥ 12 for depression
- Why screen patients in dental?
 - Depression often goes undiagnosed and can lead to many problems
 - Sometimes patients only get to the dental clinic, not elsewhere in the system
 - Depression has a direct effect on dental treatment

Dental Depression Screening Pilot Project

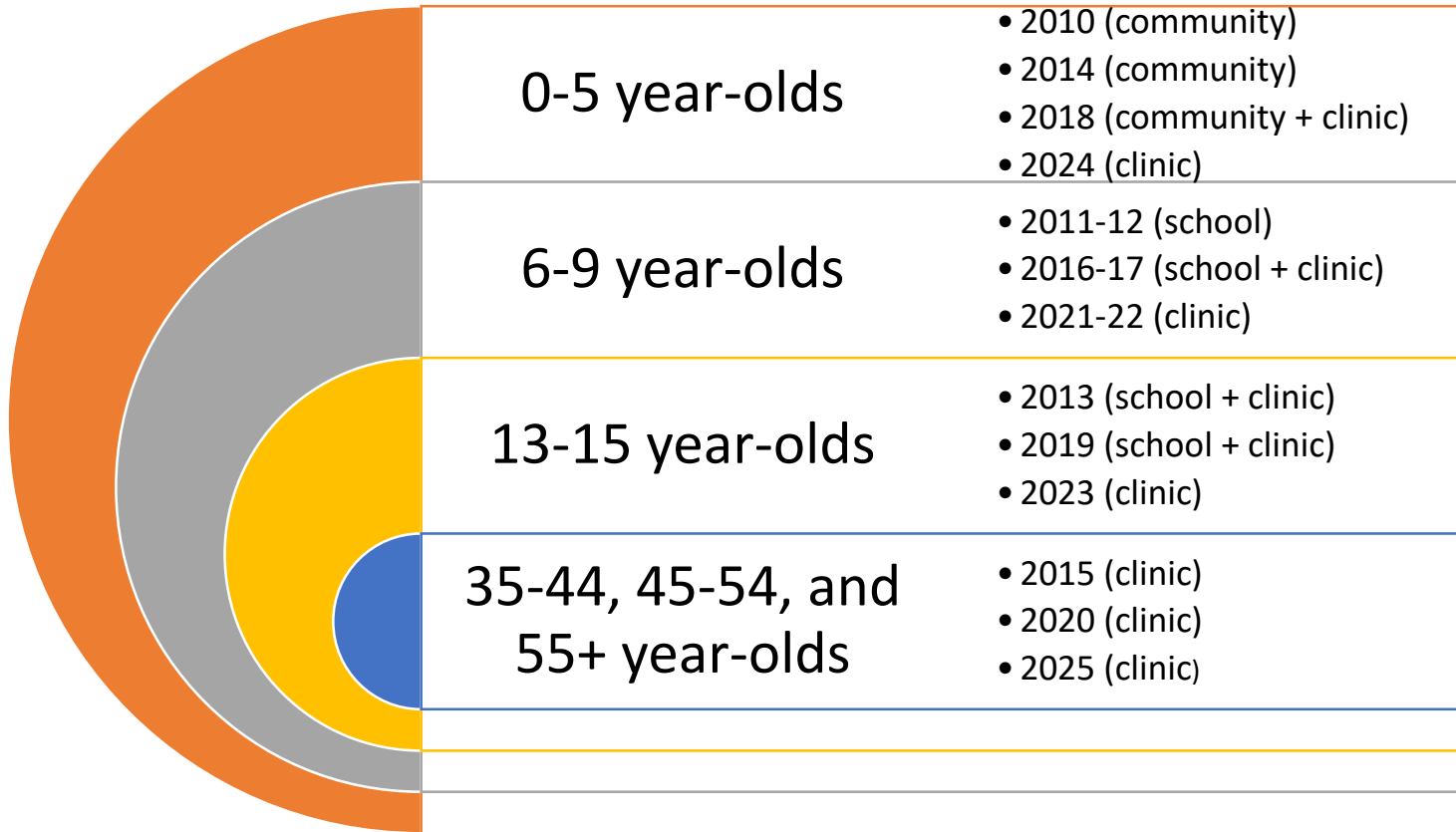


- *Chemawa*: Dr. Michael McLaughlin
- *Consolidated Tribal Health*: Dr. Mary Ann Gonzalez
- *White Earth*: Dr. Toby Imler
- *Taos/Picuris*: Dr. Ray Shelko
- *St. Regis Mohawk*: Jodanna Logan
- *Crow*: Dr. Wesley Johnson



- *Hopi*: Dr. Gary Wilson
- *Bad River*: Mary McRae
- *Rosebud*: Dr. Michael Cottrell
- *Wewoka*: Dr. Any Wilson
- *Ketchikan*: Dr. Elmer Guerrero
- *Ft. Belknap*: Dr. Craig Barney

IHS Oral Health Surveillance Program



- Previous surveys were 1984, 1991, and 1999, all convenience samples (clinic-based)
- Surveillance is designed to raise awareness of disparities and increase access to care
- Ongoing national efforts with largest-ever AI/AN sample sizes
- Collaborations with CDC and Association of State & Territorial Dental Directors

Survey Highlights: Disparities

- Across all age groups, AI/AN people suffer disproportionately from dental disease.

Age Group	Condition	AI/AN	U.S. Population
2-5	Decay & filled teeth (dft)	4.0	1.0 (white)
3-5	Untreated decay %	43%	11% (white)
6-8	Caries experience, primary teeth	86.1%	55.7%
6-8	Untreated caries, primary teeth	40.0%	20.1%
6-8	Caries experience, permanent teeth	27.3%	13.8%
6-8	Untreated caries, permanent teeth	17.9%	3.3%
13-15	Caries experience	66-80%	44%
13-15	Untreated caries	38-53%	11%
35-49	Untreated caries	64%	27%
50-64	Untreated caries	54%	26%
65-74	Untreated caries	45%	19%
75+	Untreated caries	48%	19%
35+	Severe periodontal disease (≥ 5.5 mm)	17%	10%
40-64	Missing teeth	83%	66%
35+	Self-reported poor oral health	50%	33%
35+	Self-reported painful toothache	43%	21%
35+	Self-reported food avoidance due to oral pain	40%	19%

Maternal Dental Access Project



- Collaboration with NIDCR
- Programs with higher proportions of pregnant/nursing women with dental visits are more correlated with lower percent of decay experience among children aged 1-5 years.
- We need to emphasize maternal access moving forward.

Alternative Dental Workforce Model Project



- Collaboration with Johns Hopkins University School of Public Health
- Purpose – Evaluate impact of different ADWMs on productivity (visits, RVUs), efficiency (services/patient, etc.), and GPRA (access, fluoride, sealants)

Levels of Services

- A central tenet of public health is doing the most good for the most people
- IHS encourages clinics to consider levels of services to prioritize care

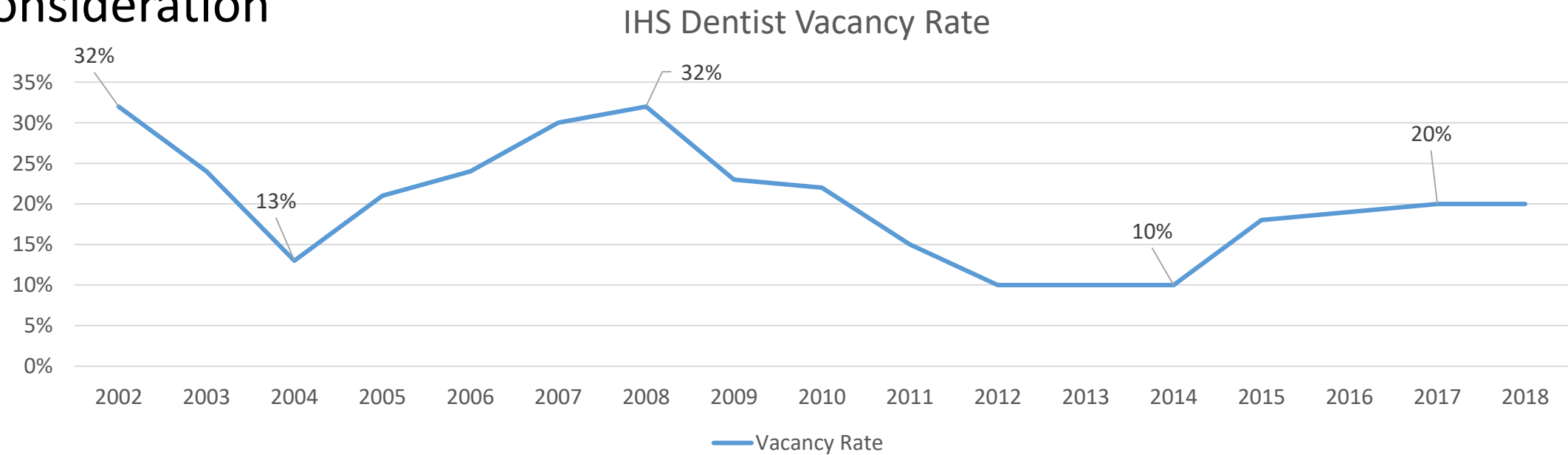
Highest priority



- Level I – Emergency Services
- Level II - Preventive Services
- Level III - Basic Oral Health Services
- Level IV - Basic Rehabilitative
- Level V - Complex Rehabilitative
- Level IX - Excluded Services

IHS Dentist Vacancy Rate

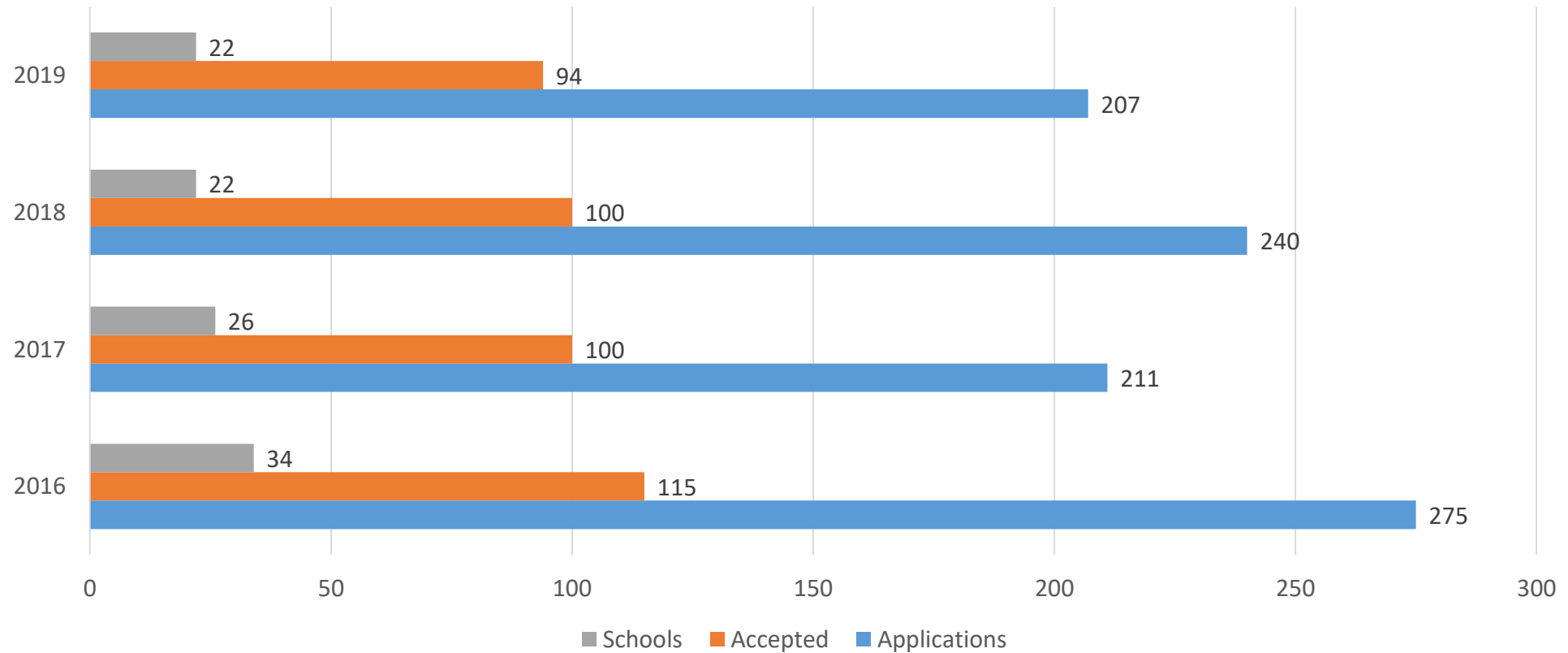
Increasing dentist vacancy rate + increasing AI/AN population and demand for services = need for increase in alternative dental workforce model consideration



Dental Externship Program



Externship Program, 2016-2019



Long-Term Training Opportunities



Recent long-term training

- Oral & Maxillofacial Surgeon – completed July 2015 – to Navajo Area-Shiprock
- Endodontist – completed July 2015 – to Navajo Area-Shiprock
- Periodontist – completed July 2016 – to Tucson Area-Sells
- Pediatric Dentists- 2 Completed July 2018
 - To Cass Lake SU Bemidji Area and to Claremore Hospital OKC Area

Current Long-Term Training

- Oral & Maxillofacial Surgeon – sch. to complete in 2018 – to Navajo Area- Ft. Defiance –Cancelled in 2017
- Pediatric Dentists – (2)
 - Fairbanks Dental Program- Alaska Area LTT scheduled to complete June 2019
 - ANTHC- Alaska Area LTT scheduled to be complete June 2020

FY 2020/2021 long-term training

- Pediatric Dentist - Navajo Area-Shiprock Start July 2020
- LTT Workgroup Advice Pending for 2021 Start-RFP Summer 2019

Long-Term Training Opportunities



\$125K/year HQ Funding for 4 years --Shared Responsibility

- IHS Division of Oral Health Identifies Funds available (1-2 at a time)
- IHS LTT Workgroup identifies recommended Specialty to prioritize.
- IHS DOH Director solicits Requests for Proposals from programs that want to stand up that specialty.
- Panel reviews proposals/ranks → IHS DOH Director selects Program
- Selected program advertises and recruits to send candidate to LTT
 - IHS and selected program share responsibility with HQ providing up to 4 years of funding
 - Candidate has 4 year commitment to serve HQ needs 20% time
 - Risk management, CDE, National Initiatives

Dental Therapists/Midlevel Providers



- Dear Tribal Leader letter released June 1, 2016
- CHAP TAG and IHS OCPS working on Interim Policy
 - Status-Tribal Leader Consultation
 - May 8 DTLL @ IHS.gov
- CHAP expansion policy for future midlevel dental providers in IHS and tribal sites



Dental Amalgam



- The Minamata Convention on Mercury has recommended a worldwide decrease in the use of dental amalgam.
- See “AMALGAM” Tab at www.ihs.gov/DOH
- The use of dental amalgam in the IHS has declined significantly over the last 13 years, with 55% fewer amalgam restorations in 2018 (96,202) compared to 2005 (175,421).

HQ Division of Oral Health Contacts

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Halliday

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IHS Division of Oral Health, 16 hours/weekly
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Risk Management, Specialist Liaison, Recruitment, IHS Division of Oral Health

16 hours weekly

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(480) 209-5913

Vacancies

Vice- DDS Times 2 (panel for 1)

Vice- Staff Analyst

IHS Division of Oral Health

Ms. Melinda Begay

Management Analyst, IHS Division of Oral Health

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Thank You for the invitation to attend!



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