

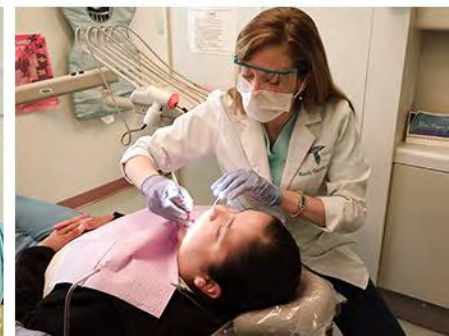
Division of Oral Health



Portland Area New Dental Staff Guide

Cheryl Sixkiller, DDS
Portland Area IHS Dental Consultant

Opportunity. Adventure. Purpose.



IHS and the Tribal Dental Program

Bruce R. Johnson, DDS
Clinical Consultant
Northwest Tribal Dental Support Center



Indian Health Service

Department of Health and Human Services

Established 1955

1975- Indian Self Determination and Education
Assistance Act PL 93-638

1992 - Tribal Self Governance Demonstration
Project extended to IHS

2000 - Tribal Self Governance Amendments
PL 106-260 Title V

Direct Programs – IHS Administered

Tribal Programs - Tribally Administered

Retained Area Shares

Taken Area Shares

- IHS Direct Programs:
Chemawa, Colville (Nespelem, Omak), Ft. Hall,
Warm Springs, Wellpinit, Yakama
- “638” Contract Programs
Chehalis, Klamath, Quileute, Nooksack, Puyallup
- “Title V” Compact Programs
Everyone else
Including NARA, Seattle Indian Health Board

Tribal clinics with retained dental shares:

Klamath, Nooksack, Puyallup, Quileute, Coos Lower
Umpqua, Shoalwater Bay, Siletz, Lake Roosevelt







A note about OSHA

They do have regulating authority over
Tribal Employers

- Department of Labor
 - For the protection of employees
 - Your organization is responsible for implementing and enforcing the Standards

IHS - Indian Health Service

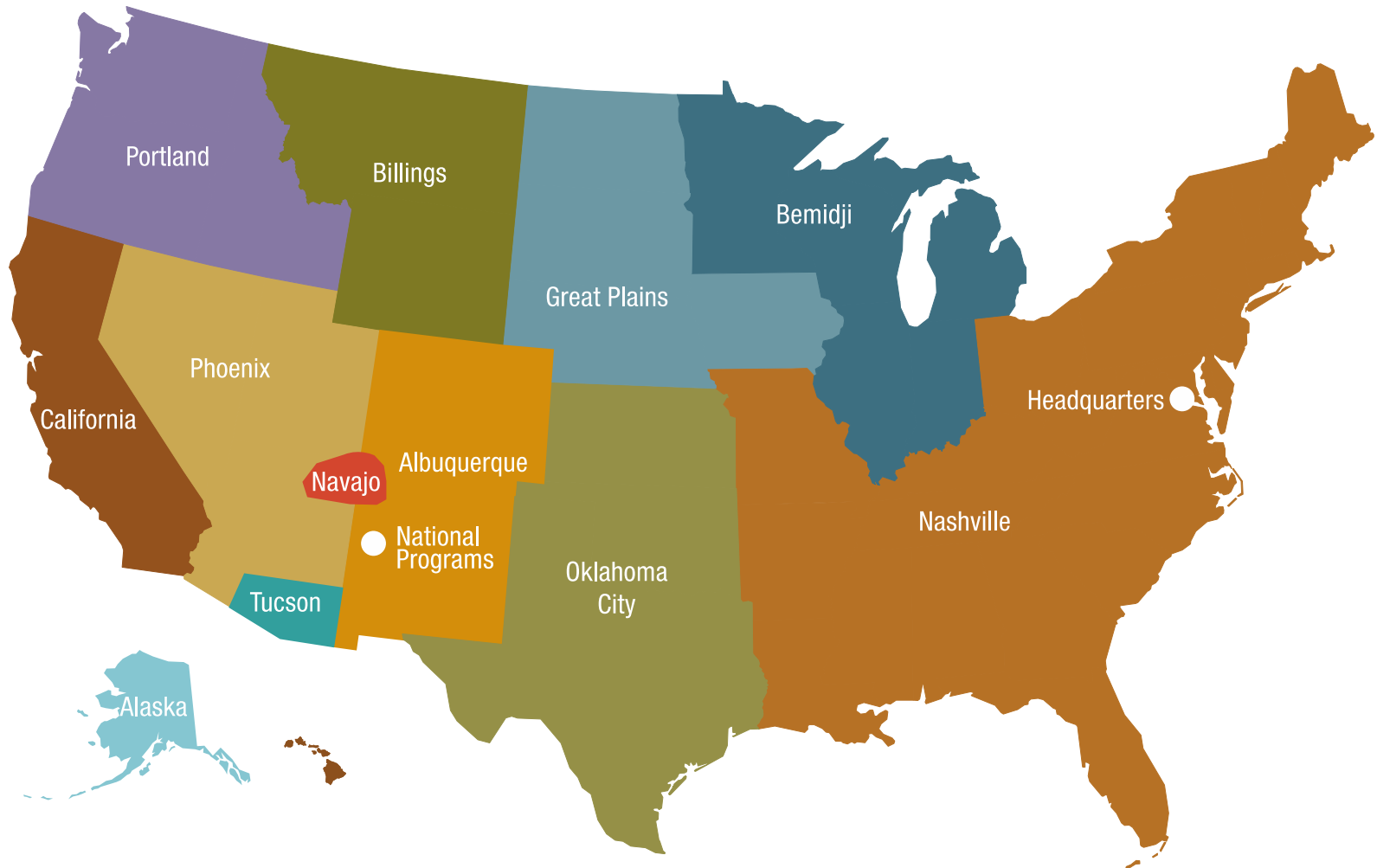


- Population
 - 2.3 million American Indians and Alaska Natives
 - Children, adolescents, and adults in 573 recognized Tribes
- Types of facilities
 - 404 dental programs located in 35 states
 - Most dental programs are co-located with medical programs
- IHS/Tribal/Urban Dental Programs (approximate)
 - Dentists: 1,000
 - Hygienists: 400
 - Assistants: 2,250
 - Office Staff: 500

IHS - Division of Oral Health (DOH)

Name	Role	Contact Information
Dr. Timothy Lozon	IHS DOH Director	Timothy.Lozon@ihs.gov
Rear Admiral/Dr. Tim Ricks	IHS Deputy Director, IHS CDE Coordinator, Oral Health Surveillance Coordinator, IHS HP/DP Coordinator, USPHS Chief Dental Officer	Tim.Ricks@ihs.gov
Dr. James Schaeffer	IHS Deputy Director, Deputy Project Manager for IHS Electronic Dental Record, Dental Support Center Coordinator	James.Schaeffer.ihs.gov
Dr. Chris Halliday	IHS Deputy Director, Dental Health Aide Therapist Lead	Chris.Halliday@ihs.gov
Dr. Joel Knutson	Dental Informatics and Project Manager for the IHS Electronic Dental Record	Joel.Knutson@ihs.gov

IHS - Areas



Indian Health Service Portland Area



Opportunity. Adventure. Purpose.



IHS - Personnel Systems

- Civil Service
 - Federal government employee of agency
 - Salary and benefits paid by U.S. government (set by Congress)
- Commissioned Corps (US Public Health Service)
 - Can work at federal or tribal clinics (memorandum of agreement required for tribal programs)
 - Same basic pay and benefits as Active Duty military
- Direct Tribal Hire
 - Employee of specific tribe
 - Negotiated salary, benefits, and work week comparable to civil service
- Contract Dentist

IHS - Loan Repayment Programs

- IHS Loan Repayment Program - <https://www.ihs.gov/loanrepayment/>



- Up to \$40,000 — in exchange for an initial two-year service commitment to practice in health facilities serving American Indian and Alaska Native communities.
- Eligible to extend your contract annually until your qualified student debt is paid.

- National Health Service Corps Loan Repayment Program - <https://nhsc.hrsa.gov/>



- Dentists may be eligible to receive an initial award of \$30,000 to \$50,000 for two years of full-time service when you select a service site with a qualifying Health Professional Shortage Area (HPSA) score

Note: you cannot receive federal financial support from both programs concurrently

Resources - LISTSERVs

- Stay connected with other dental providers on IHS dental topics by subscribing to the LISTSERVs:
 - **IHS Dental** (for dentists)
https://www.ihs.gov/listserv/topics/signup/?list_id=28
 - **IHS Dental Chiefs** (for dental directors)
https://www.ihs.gov/listserv/topics/signup/?list_id=137
 - **IHS Dental Hygienists** (for dental hygienists)
https://www.ihs.gov/listserv/topics/signup/?list_id=211
 - **IHS EDR** (for dentists)
https://www.ihs.gov/listserv/topics/signup/?list_id=222
 - **Bulletin Board for USPHS Dentists** (for USPHS Commissioned Corps and dental public health information) <https://list.nih.gov/cgi-bin/wa.exe?SUBED1=DENTALBULLETINBOARD&A=1>

Resources – Dental Directory

- Talk with your supervisor or Area Dental Officer to have them add you to the [IHS Dental Directory](#)
- Once you are added to the directory, you will be able to search for other dental providers and establish an IHS Dental Portal & continuing dental education (CDE) account

Resources - IHS Dental Portal

(www.ihs.gov/doh)

- Excellent resource for IHS and dental related topics
- Available content will vary based on your IHS position

The screenshot displays the IHS Dental Portal interface. On the left is a navigation menu with the following items: Home Page, ADO-HQ, CDE, Chiefs, Clinic, Directory, DPR, ECC Collaborative, EDR, Forms&Guidance, HP/DP, IHS Intranet, and FAC. The main content area is titled 'News & Announcements' and lists several items:

- NEW** [IHS National Dental Specialist Consultants Announced](#)
- [2018 IHS National Oral Health Council Clinical Excellence in Dentistry Awards](#)
- [Link to DePAC website](#)
- [2017 IHS National Oral Health Council Clinical Excellence in Dentistry Awards](#)
- [IHS Blog – Building Early Childhood Caries Prevention Into IHS Activities](#)
- [The Indian Health Service Early Childhood Caries Collaborative: A Five-year Summary](#)
- [Dental Preventive and Clinical Support Centers Program Awards](#)
- [New DA Radiology Certification Requirements](#)

Below the news section are two columns: 'IHS Dental Explorer' and 'IHS ECC Collaborative'. The 'IHS Dental Explorer' section features the text: 'The IHS ECC Collaborative. At the 2009 IHS Dental Updates Meeting, a group of innovative IHS oral health professionals began the planning for a program aimed at preventing Early Childhood Caries (ECC). The ECC Initiative was' and includes an illustration of a superhero character. The 'IHS ECC Collaborative' section features the text: 'The IHS Early Childhood Caries Initiative' and includes the IHS ECC logo and a link: 'Read the Newsletter. (1/20/2010 - PDF - 1MB)'.

Resources - IHS Dental Portal Highlights

- Clinic Tab
 - Caries Risk
 - » Silver Diamine Fluoride (SDF) information and video
 - » Caries risk classification and recall intervals
 - Dental Specialties Manual
 - » Comprehensive guide to each dental specialty (e.g. pediatric dentistry)
 - Oral Health Program Guide
 - » Tools and resources to manage clinical and community dental programs
 - » *Every dental provider should read this guide at least once*

Resources - Continuing Dental Education (CDE)

- Wide variety of in-person, online, and recorded CDE opportunities
 - No cost for federal clinics
 - Cost is \$10 per CDE hour for dental staff from tribal programs that have taken their HQ shares
 - » e.g. 40-hour course costs \$400
 - » 1/5- 1/10 the cost on the outside
 - » Once registered for course, you will receive a link to the Tuition Payment form and an updated IHS W-9 form
- CDE courses are promoted on dental LISTSERVs
- Webinar courses that may be helpful for IHS dentistry include:
 - IHS Electronic Dental Record (EDR) – if applicable to your site
 - Caries stabilization (e.g. Interim Therapeutic Restorations)
 - Hall Crowns (placement of stainless steel crown without preparing tooth)

Resources - Continuing Dental Education (CDE)

- To access the IHS CDE website (after you are added to IHS Dental Directory):
 - » Go to www.ihs.gov/doh
 - » Click on “please login” at the top
 - » Then click on “register for an account”
 - » Fill out the pertinent information, then click “submit”
 - » You will then receive an e-mail that confirms your account
 - » You can then log in at the aforementioned address, click on the CDE tab on the left
 - » Then look for the catalog and the course offerings

Resources - IHS CDE: Dental Updates

- Premier conference of the IHS Dental Program
- 3 day in-person meeting (location varies) with wide variety of presenters – both IHS as well as non-IHS
- Great opportunity to network with other dental team members
- Occurs every two years (2019, 2021, 2023, etc) generally in the spring or summer
- Watch for announcements on Dental LISTSERVs

Resources - IHS National Dental Specialty Consultants (2019-2021)

- The following consultants are available to help with questions related to their specialty:
 - 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. Jim Webb [James.Webb2@ihs.gov]

Key Concepts - Levels of Services

- **LEVEL I: EMERGENCY ORAL HEALTH SERVICES**
 - Dental services necessary for the relief of acute conditions e.g. pain and infection. Examples include: Emergency limited exams, palliative procedures, simple tooth extractions, temporary/sedative restorations, endodontic access preparations to relieve acute pain, denture repairs...
- **Level II: PREVENTIVE ORAL HEALTH SERVICES**
 - These services help prevent dental disease- e.g. caries and periodontal disease. Examples include: Prophy, fluoride varnish, sealants, OHI, athletic mouthguards...
- **LEVEL III: BASIC ORAL HEALTH SERVICES**
 - Basic dental care includes those services provided early in the disease process and which limit the disease from progressing further. Examples include: comprehensive exams, restorations, surgical extractions, pulpotomies, SSCs, scaling/root planning, biopsies...
- For more details, please consult the IHS Oral Health Program Guide, Chapter 5 Section D for additional guidance regarding establishing appropriate Levels of Care in specific dental programs. Log on to Dental Portal>Clinic>Oral Health Program Guide. IHS Oral Health Program Guide, Chapter 5,D 6-7.

Key Concepts - Federal Tort Claims Act

- Effective only under certain circumstances
 - Scope of work
 - Provider is privileged in writing for procedure
 - » Local privileges document
 - Treating patients covered by federal government or tribal contract with the government
 - If provider is paid (by patient) in any way
 - » Coverage may be void
 - Final determination by Justice Department
 - » Local administrators cannot guarantee coverage
 - » Borderline situations

Key Concepts - Forms and Guidance

- Various IHS official forms and guidance documents can be found along with a wealth of other useful information on the IHS Dental Portal at www.ihs.gov/doh.
- The following are examples of consent forms available for download from the Dental Portal:
 - Consent for Oral Surgery
 - Consent for Root Canal Treatment
 - Informed consent for Nitrous Oxide
 - Informed consent for Silver Ion Antimicrobials treatment
 - Informed consent for use of Protective Stabilization
 - Consent to treatment by visiting Dental or Dental Hygiene student

Key Concepts - Infection Control and Prevention

- During the provision of dental treatment, both patients and dental health care personnel (DHCP) can be exposed to pathogens through contact with blood, oral and respiratory secretions, and contaminated equipment. Following recommended infection control procedures can prevent transmission of infectious organisms among patients and dental health care personnel.
- The CDC develops evidence-based recommendations to guide infection prevention and control practices in all settings in which dental treatment is provided. For more information please visit <https://www.cdc.gov/oralhealth/infectioncontrol/index.html>.
- The Organization for Safety, Asepsis and Prevention (OSAP) offers an extensive online collection of resources and publications. In addition, live in-person and online courses are offered to help advance the level of knowledge and skills for every member of the dental team. For more information please visit www.osap.org.

Key Concepts – IHS Alternative Workforce Models

- **Expanded Function Dental Assistant (EFDA)**
 - Several types, including periodontal and restorative
 - IHS started training and certifying EFDAs in 1961
 - EFDAs can significantly increase clinical productivity and access to dental services (by freeing up the dentist to see additional patients)

Key Concepts – IHS Alternative Workforce Models

- **Dental Health Aide Therapist (DHAT)**
 - Training requires three academic years (which can be completed in two calendar years)
 - Training program is based in Alaska
 - » However, many tribes are considering this model in the lower 48 states
 - » For example, Washington plans to open a DHAT program in 2020
 - Training in dental disease prevention and dental treatment skills
 - Created by Alaskan tribes in 2004
- For more information on DHAs and DHATs visit:
<https://anthc.org/alaska-dental-therapy-education-programs/publications/>

Contributing to the Future - IHS Oral Health Surveillance

- Purpose: Provide recent prevalence data on dental diseases across most age groups.
 - » 2010: 0-5 year-olds; 8,461 sampled (largest sample of this age at that time)
 - » 2011-12: 6-9 year-olds; 15,611 sampled (record)
 - » 2013: 13-15 year-olds; 3,930 sampled (record)
 - » 2014: 0-5 year-olds again; 11,873 sampled (record)
 - » 2015: 35+ year-olds; 11,462 sampled (record)
 - » 2016-17: 6-9 year-olds again; 5,747 sampled (only national averages)
 - » 2018: 0-5 year-olds
 - » **2019: 13-15 year-olds**
 - » **2020: 35+ year-olds**
 - » See IHS Dental Portal (www.ihs.gov/doh) for summary reports
- Dental programs are randomly selected
 - » Participation is voluntary
 - » Even if your program is not selected, you are welcome to participate
 - » Local results are sent to clinic's dental director



Contributing to the Future - IHS Oral Health Surveillance

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

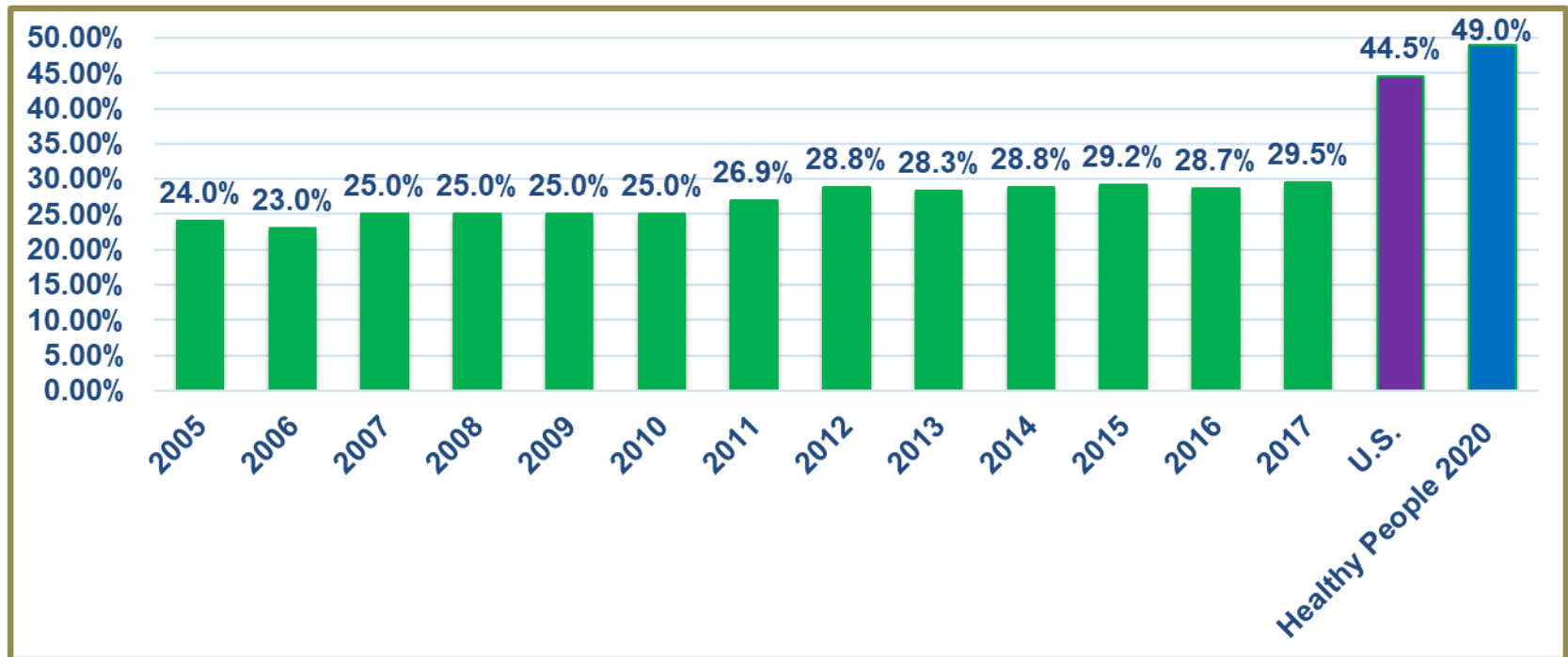
Age Group	Condition	AI/AN	U.S. Population
2-5	Decay & filled teeth (dft)	4.0	1.0 (white)
3-5	Untreated decay %	43%	11% (white)
6-8	Caries experience, primary teeth	86.1%	55.7%
6-8	Untreated caries, primary teeth	40.0%	20.1%
6-8	Caries experience, permanent teeth	27.3%	13.8%
6-8	Untreated caries, permanent 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%

Contributing to the Future - Government Performance and Results Act (GPRA)

- Dental GPRA Measures
 - Increase **access** to dental services for the American Indian/Alaska Native population – all ages (2019 Target: 27.2%)
 - Increase the proportion of 2-15 year-olds receiving dental **sealants** (2019 Target: 16.0%)
 - Increase the proportion of 1-15 year-olds receiving at least one application of **topical fluoride** (2019 Target: 30.0%)
- Strategy: use a public health approach (e.g. community-outreach activities) to help you to reach these goals

Contributing to the Future – GPRA Access

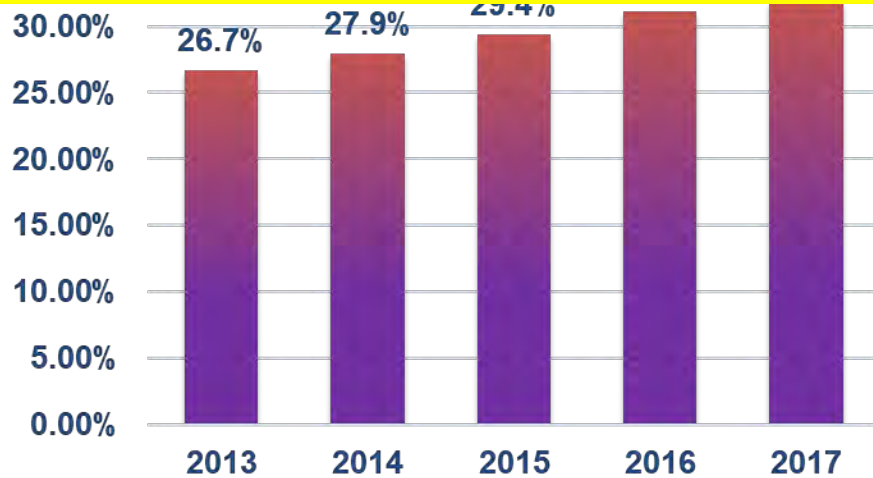
- AI/AN access to dental services vs. the general U.S. population & Healthy People 2020 goals



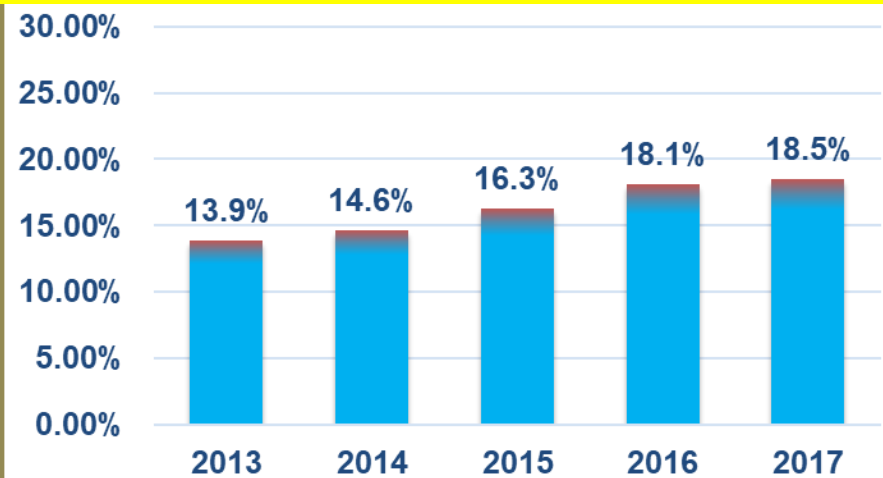
Contributing to the Future – GPR Topical Fluoride and Sealants

- Continually promote goal-setting with emphasis on preventive services for children

Proportion of 1-15 year-olds receiving topical fluoride



Proportion of 2-15 year-olds receiving dental sealants





Productivity, Efficiency, Effectiveness

Numbers

Population to Dentist Ratio

1200 : 1

Population served can be determined by:

- Total number of registered patients
- 3 year dental user population
- Population you anticipate serving

Chairs per dentist
Dental Assistants per dentist

2 : 1

Broken appointments

Broken Appointment Rate and Walk-In Rate Worksheet

<u>Day #</u>	<u>Date</u>	<u># Pts. Scheduled</u>	<u># BAs</u>	<u># WIs</u>
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____
5	_____	_____	_____	_____
6	_____	_____	_____	_____
7	_____	_____	_____	_____
8	_____	_____	_____	_____
9	_____	_____	_____	_____
10	_____	_____	_____	_____
11	_____	_____	_____	_____
12	_____	_____	_____	_____
13	_____	_____	_____	_____
14	_____	_____	_____	_____
15	_____	_____	_____	_____
16	_____	_____	_____	_____
17	_____	_____	_____	_____
18	_____	_____	_____	_____
19	_____	_____	_____	_____
20	_____	_____	_____	_____
Totals		_____	_____	_____

Less than 21%

Productivity

- Visits
- Services
- RVU's

What is an RVU?

**IHS Standards based on
averages from 50 IHS, Tribal,
and Urban Dental Programs
throughout the nation**

(Intended as recommendations only)

Patient visits

	<u>YEAR</u>	<u>DAY</u>
Dentist (FTE)	1,879	8.62
Hygienist (FTE)	1,357	6.40

(Daily average based on 218 working days/year)

Dental Services and RVU's per Year

	<u>Services</u>	<u>RVU's</u>
Dentist (FTE)	4,505	7,092
Hygienist (FTE)	1,992	2,788
Facility	6,497	9,880

(One year total divided by number of FTE Dentists)



IHS Division of Oral Health
Dental Clinic Productivity, Efficiency and Effectiveness Standards
 Effective August 10, 2016



	Indicator	Calculation	Standard
Resources	Population to Dentist Ratio	User population/# of FTE dentists ¹	1200:1
	Population to Staff Ratio	User population/# of FTE staff	500:1
	Assistant to Dentist Ratio	# of FTE DAs/# of FTE dentists	2:1
Services	Operator to Dentist Ratio	# of non-RDH chairs/# of FTE dentists	2:1
	Services per Dentist per Year	# of services/# of FTE dentists	4,505
	Services per Hygienist per Year ²	# of services/# of FTE hygienists	1,992
	Services per Facility per Year ³	# of services of all providers/# of FTE dentists only	6,497
	RVUs per Dentist per Year	# of RVUs by dentist/# of FTE dentists	7,092
Relative Value Units	RVUs per Hygienist per Year ²	# of RVUs by hygienist/# of FTE hygienists	2,788
	RVUs per Facility per Year ³	# of RVUs by all providers/# of FTE dentists	9,880
	RVUs per Staff per Year	# of RVUs (clinic)/# of FTE dental staff	2,770
	RVUs per Visit per Year	# of RVUs (clinic)/# of 0000+0190 codes	5.0
	RVUs per Patient per Year	# of RVUs (clinic)/# of 0000 codes	11.2
	RVUs per Operator per Year	# of RVUs (clinic)/# of operatories	3,293
	Visits per Dentist per Year	# of 0000+0190/# of FTE dentists	1,879
	Visits per Dentist per Day	# of 0000+0190/# of FTE dentist/218 days	8.62
	Visits per Hygienist per Year ²	# of 0000+0190 (hygienists)/# of FTE hygienists	1,357
	Visits per Hygienist per Day ²	# of 0000+0190 (hygienists)/# of FTE hygienists/218	6.40
Patient Visits	Visits per Facility per Year ³	# of 0000+0190 (all providers)/# of FTE dentists	3,236
	Visits per Operator per Year	# of 0000+0190 (clinic)/# of operatories	721
	Broken Appointment Rate ⁴	9986/(0000+0190+9986-9170)	≤21%
	% of Patient Treatment Planned ⁵	(0150+0145)/0000 x 100	≥53%
Quality	% of Patients Completing Treatment ⁶	9990/(0150+0145) x 100	≥46%
	% of Level I-III (Basic) Services	# of Level I, II, III Services/# of Levels I-V Services	≥80%

The IHS Division of Oral Health (DOH) recommends that Area Dental Officers, Dental Support Centers, or Dental Chiefs/Dental Directors assess these indicators once every one to two years. Please refer to the online training “Understanding Clinical Efficiency & Effectiveness Indicators” for more detail about these references. The above indicators are based upon an average of 50 selected IHS, Tribal, and urban dental programs, and serve only as a recommendations for assessing clinical productivity, efficiency, effectiveness, and quality of care provided.

Notes:

1. FTE is Full Time Equivalent. To calculate the FTE of a position, divide the total hours worked per week by 40 hours. For instance, to determine the FTE of a dentist working 2 8-hour days per week, one would divide 16 hours by 40, which would equal 0.4 FTE.
2. Includes community-based services and visits, and RVUs generated from those services.
3. If dentist and dental hygienist data cannot be obtained, use facility standards.
4. For previous years, 9130 should be substituted for 9986.
5. The proportion or percentage of patients treatment planned is contingent upon the program using 0150 or 0145 (age 3 and under) codes each year. If the clinic only uses these codes every three years, this indicator would need to be calculated in three-year increments.
6. The proportion or percentage of patients completing treatment is dependent upon the program using the 9990 code. If the clinic does not consistently use this code when a patient completes Level I-III services (note that all services do not need to be completed, only Levels I-III), this indicator would not produce reliable results.
7. These clinical productivity and efficiency indicators should be analyzed in total to gain a thorough understanding of a dental program. Individual indicators may fluctuate significantly and, if analyzed individually only, they may or may not indicate productivity or efficiency issues in the program.

Find it at:

<https://www.ihs.gov/DOH>

Clinic tab



How we can help

- Program Review – Complete or Focused
- Peer reviews (ADO)
- C & P
- AAAHC prep
- Personnel Issues
- New employee orientation
- Prevention Assistance
- Infection Control Guidance
- Grant Writing
- CDE

Site visit or email

Questions?

- Cheryl Sixkiller DDS, Portland Area IHS Dental Consultant
 - Cheryl.Sixkiller@ihs.gov

- Bruce Johnson DDS, Clinical Consultant, Northwest Tribal Dental Support Center
 - bj17308@hotmail.com