

2024 Annual Portland Area Dental Director's Meeting

WELCOME!



NORTHWEST PORTLAND AREA
INDIAN HEALTH BOARD
Indian Leadership for Indian Health



2024 Annual Portland Area Dental Director's Meeting

DISCLAIMER:

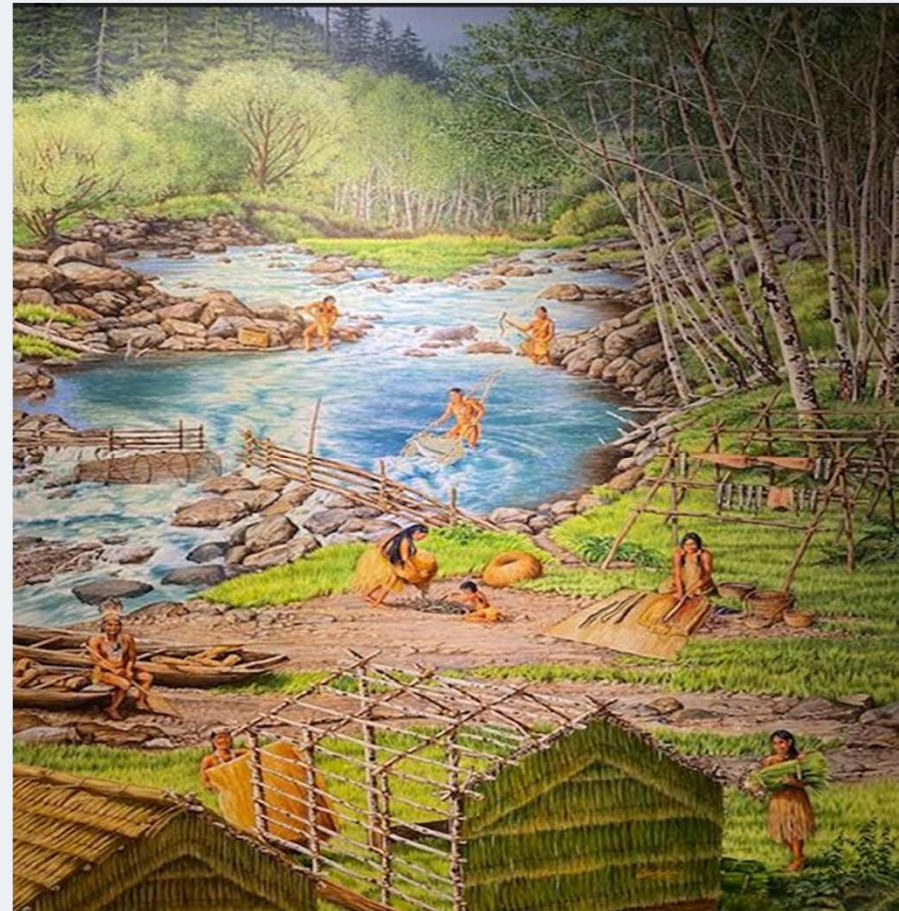
We have no financial disclosures or conflicts of interest with the information in this presentation.

However, we may thank the Arcora Foundation for their sponsoring this meeting and providing our breakfast and lunch.



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Photo of artwork in CTCLUSI tribal offices



Northwest Tribal Dental Support Center Staff and Consultants



Ticey Mason, MAOL
NTDSC Director



Sean Kelly, DDS, MSHS
NTDSC Clinical Consultant



Miranda Davis, DDS, MPH
NTDSC Prevention Consultant



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Learning Objectives:

Upon completion of this course, participants will be able to:

1. Identify resources to update clinic policies and procedures, protocols and standard operating procedures
2. Use data to design and implement quality assurance and quality improvement methods
3. Employ strategies to manage conflicts in the clinic



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Learning Objectives:

Most importantly:

Participate and enjoy yourselves!

Additionally, some quizzes have been added to this presentation:

For Example, each equation contains initials for words that when completed make a correct statement.

Example: 26 = L of the A.

26 Letters of the Alphabet.



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Today's Agenda

7:30 am	Registration opens
8:00 - 9:00 am	Breakfast (Provided)
8:30 am	Welcome and Introductions
9:00 am	IHS and NTDSC Updates
9:30 am	Policies, Procedures, and Protocols
10:15 am	Break
10:30 am	Data and QI/QA
11:00 am	Conflict Management and Resolution
12:00 pm	Final Comments/Closing
12:15 pm	Lunch (Provided)



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GO FIGURE:

4 = Q in a G

Shout out the
answer!



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A ribbon-cutting ceremony kicks off the grand opening of the Klamath Tribal Health & Family Services Center May 19. (Photo by Ken Smith/Klamath Tribes. Image is available for media use.)



Image: Klamath Tribal Health & Family Services, Facebook

IHS Updates:



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IHS Updates:

Portland Area Dental Consultant - Acting (or Area Dental Officer (ADO))

<u>Name</u>	<u>Position</u>	<u>Primary Location</u>	<u>Contact Info</u>
<u>Jon Sok</u>	Dental Director	Area: PORTLAND SU: <u>WELLPINIT</u> Facility: <u>WELLPINIT</u>	Phone: 509-258-4517 ext: 4122 Facility: 509-258-4517 E-Mail: <u>jon.sok@ihs.gov</u>

<https://www.ihs.gov/ihm/pc/part-3/p3c2/#3-2.2F>



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**Spokane Tribe
of Indians**

IHS Updates:

Dentist and RDH Vacancy announcement template and instructions (monthly repeat)



 Knutson, Joel (IHS/HQ)
to LISTSERV-IHS, Dental, ADO ▾
May 2, 2024, 8:49 PM (3 days ago) ☆ 😊 ↶ ⋮

ADOs and Dental Directors,

Attached is the [IHS Dental Portal] ADO Vacancy listing template using the positions that were approved at the July, 2018, ADO meeting. **(Note: This template is updated for years through 2025. If the template you are currently using ends with 2019, please use the new template.)** As discussed in 2018, we can enter any position title you feel is appropriate for your specific position vacancy; this template is provided to make the dental vacancy listing process easier for you.

•

Please continue to use the DOH Vacancy listing template to advertise your openings on the [DOH] Dental Portal. This remains one of the best ways for applicants to see IHS available positions!! The opening does not need to be advertised on USAJOBS in order for it to be announced on the Dental Portal.



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6 Attachments • Scanned by Gmail



IHS Updates:

Dentist and RDH Vacancy announcement template and instructions (monthly repeat)

ADOs and Dental Directors,

Attached is the [IHS Dental Portal] ADO Vacancy listing template using the positions that were approved at the July, 2018, ADO meeting. (Note: This template is updated for years through 2025. If the template you are currently using ends with 2019, please use the new template.) As discussed in 2018, we can enter any position title you feel is appropriate for your specific position vacancy; this template is provided to make the dental vacancy listing process easier for you.

Please continue to use the DOH Vacancy listing template to advertise your openings on the [DOH] Dental Portal. This remains one of the best ways for applicants to see IHS available positions!! The opening does not need to be advertised on USAJOBS in order for it to be announced on the Dental Portal.

Note: There are two IHS systems advertising vacancies on the IHS.gov website



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IHS Updates:

IHS Title 38 special salary rate table for IHS dental assistants



[IHS Title 38 Special Salary Rate Table for Dental Assistants, GS-0681, effective 5/19/2024 - overtime/holiday pay](#)



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From: Ricks, Tim DMD (IHS/HQ) <Tim.Ricks@ihs.gov>

Sent: Tuesday, April 30, 2024 3:04 PM

To: ADO HQ Dental Group <ADOHQ@ihs.gov>; Dental Support Centers <DentalSupportCenters@ihs.gov>; LISTSERV-IHS Dental Chiefs <DENTALCHIEFS@listserv.ihs.gov>

Cc: Jarvis, Christopher (IHS/HQ) <Christopher.Jarvis@ihs.gov>; Fallon, Angela B (IHS/HQ) <angela.fallon@ihs.gov>; Hochuli, Sarah (IHS/HQ) <Sarah.Hochuli@ihs.gov>; Hicks, Mary (IHS/HQ) <Mary.Hicks2@ihs.gov>

Subject: IHS Title 38 Special Salary Rate Table for Dental Assistants, GS-0681, effective 5/19/2024

Good Afternoon Area Dental Officers, Dental Support Center Directors, Division of Oral Health Staff, and IHS Dental Directors.

After seven months of planning, a new IHS Title 38 special salary rate table for IHS dental assistants, GS-0681, has now been established. The attached new pay table applies to all IHS dental assistants compensated under the General Schedule (GS) pay system. As most of you know, we have had a dental assistant vacancy crisis for the past few years in our federal programs and this has greatly impacted overall access to dental care, clinical efficiency, and clinical effectiveness. We hope that this new table will provide yet another tool to help recruit and retain dental assistants in our service units. We continue to work on other projects designed to also improve dental assistant recruitment, retention, and skills such as development of an on-the-job training curriculum.

IHS Updates:

IHS DOH Dental Portal access to Salary Data

<https://www.ihs.gov/DOH/chiefs/index.cfm?fuseaction=personnel.display>



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Forms & Guidance

COVID-19 Response

HP/DP Resources

Surveillance

Support Centers

Manager's Toolkit

National Oral Health Council

Manager's Toolkit

Policies and Procedures

Credentialing and Privileging

New Staff Orientation

Staff Training and Annual Competencies

Concepts in Dental Management Course Materials

Human Resources (HR)

Accreditation and Quality Assurance

EDR User Guides

Infection Control

Efficiency and Effectiveness Manual

Policies and Procedures

Credentialing and Privileging

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Concepts in Dental Management Course Materials

Human Resources (HR)

Accreditation and Quality Assurance

EDR User Guides

Infection Control

Efficiency and Effectiveness Manual



Human Resources (HR)

Hire

- **Process**
 - [IHS \(federal sites\) End-to-End Hiring Process](#) – Overview of element
 - [Overview of Pre-recruitment Process \(Albuquerque Area\)](#) (DOC - 15)
- **Forms**
 - [FLSA Determination Questionnaire for Managers](#) (DOC - 25KB)
 - [IHS Recruitment Worksheet](#) (PDF - 224KB)
 - [Management Risk Designation Survey](#) (PDF - 166KB)
 - [OF-8 fillable 2020](#) (PDF - 80KB)
- **Position Description (PD) Examples**
 - [EFDA Position Description \(PD\)](#) (PDF - 1.6MB)
 - [DA Position Description \(PD\)](#) (DOC - 21KB)
 - [DA \(GS 2-3-4-5\) Position Description](#) (PDF - 1.5MB)
 - [Supervisory Dentist Position Description](#) (PDF - 2.4MB)
- **Pay**
 - See Pay section below for information on recruitment incentives, cor
 - Creditable Service for Annual Leave Accrual Rate.

Interview

- [Example Dentist Interview Questions](#) (PDF - 249KB) – Behavioral-based in
- [Example Supervisory Dental Assistant Interview Questions](#) (PDF - 200KB)
- [Example Dental Hygienist Interview Questions](#) (XLS - 12KB) - Interview qu

Pay

- **General Pay Information**
 - [USPHS Pay](#) – USPHS Commissioned Corps salary and benefits
 - [Civil Service](#) - Federal General Schedule (GS) pay tables
 - [Dental Assistant Wage Statistics](#) – U.S. Bureau of Labor Statistics
 - [Dental Hygienist Wage Statistics](#) – U.S. Bureau of Labor Statistics
 - [Dentist Wage Statistics](#) – U.S. Bureau of Labor Statistics
- **Recruitment, Relocation and Retention (3Rs) – Federal Programs**
 - Note: Please consult with Area/Service Unit Human Resources (HR) Staff f

IHS Updates:

IHS DOH Dental Portal access to Salary Data

Policies and Procedures	Human Resources (HR)
Credentialing and Privileging	Hire
New Staff Orientation	<ul style="list-style-type: none">• Process<ul style="list-style-type: none">◦ IHS (federal sites) End-to-End Hiring Process – Overview of element◦ Overview of Pre-recruitment Process (Albuquerque Area) (DOC - 15• Forms<ul style="list-style-type: none">◦ FLSA Determination Questionnaire for Managers (DOC - 25KB)◦ IHS Recruitment Worksheet (PDF - 224KB)◦ Management Risk Designation Survey (PDF - 166KB)◦ OF-8 fillable 2020 (PDF - 80KB)• Position Description (PD) Examples<ul style="list-style-type: none">◦ EFDA Position Description (PD) (PDF - 1.6MB)◦ DA Position Description (PD) (DOC - 21KB)◦ DA (GS 2-3-4-5) Position Description (PDF - 1.5MB)◦ Supervisory Dentist Position Description (PDF - 2.4MB)• Pay<ul style="list-style-type: none">◦ See Pay section below for information on recruitment incentives, cor◦ Creditable Service for Annual Leave Accrual Rate.
Staff Training and Annual Competencies	Interview
Concepts in Dental Management Course Materials	<ul style="list-style-type: none">• Example Dentist Interview Questions (PDF - 249KB) – Behavioral-based in• Example Supervisory Dental Assistant Interview Questions (PDF - 200KB)• Example Dental Hygienist Interview Questions (XLS - 12KB) - Interview qu
Human Resources (HR)	Pay
Accreditation and Quality Assurance	<ul style="list-style-type: none">• General Pay Information<ul style="list-style-type: none">◦ USPHS Pay – USPHS Commissioned Corps salary and benefits◦ Civil Service – Federal General Schedule (GS) pay tables◦ Dental Assistant Wage Statistics – U.S. Bureau of Labor Statistics◦ Dental Hygienist Wage Statistics – U.S. Bureau of Labor Statistics◦ Dentist Wage Statistics – U.S. Bureau of Labor Statistics• Recruitment, Relocation and Retention (3Rs) – Federal Programs
EDR User Guides	<i>Note: Please consult with Area/Service Unit Human Resources (HR) Staff f</i>
Infection Control	
Efficiency and Effectiveness Manual	
Oral Health Program Guide (OHPG)	
Purchased/Referred Care	
Billing and Coding	
Risk Management	
Dental Portal	

Pay

• General Pay Information

- [USPHS Pay](#) – USPHS Commissioned Corps salary and benefits
- [Civil Service](#) - Federal General Schedule (GS) pay tables
- [Dental Assistant Wage Statistics](#) – U.S. Bureau of Labor Statistics
- [Dental Hygienist Wage Statistics](#) – U.S. Bureau of Labor Statistics
- [Dentist Wage Statistics](#) – U.S. Bureau of Labor Statistics



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IHS Updates:

IHS DOH Dental Portal access to Salary Data

Pay

• General Pay Information

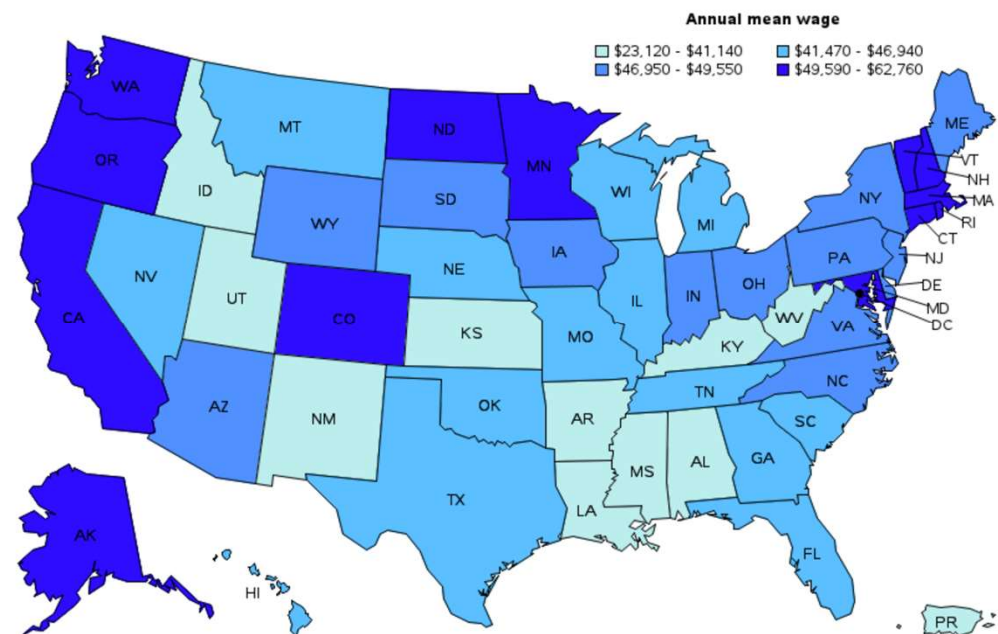
- [USPHS Pay](#) – USPHS Commissioned Corps salary and benefits
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- [Dental Assistant Wage Statistics](#) – U.S. Bureau of Labor Statistics



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Annual mean wage of dental assistants, by state, May 2023



Blank areas indicate data not available.

IHS Updates:

Sensitivity, specificity, positive predictive value and negative predictive value.
And an example using the Community Periodontal Index (CPI)



Do you know the differences
between sensitivity, specificity,
positive predictive value and
negative predictive value?



Inbox x IHS x



Ricks, Tim DMD (IHS/HQ... Mar 6, 2024, 3:53 PM



to ▼

Good afternoon dental colleagues,



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IHS Updates:

Sensitivity, specificity, positive predictive value and negative predictive value. And an example using the Community Periodontal Index (CPI)

As oral health professionals, we sometimes are asked, or read, about the sensitivity or specificity of certain screening tests. We all know that one wants a test with both high sensitive and high specificity, but how does positive (or negative) predictive value play into it?

Here is a simply vignette I found that describes all of these values: <https://www.dental.upenn.edu/research/center-for-integrative-global-oral-health/education/stats-with-crayons/>. It is only 6 ½ minutes long and is produced by Penn Dental Medicine Center for Integrative and Global Oral Health.

There is also a unique disease screening interpretation calculator developed by Dr. Michael Glick that helps calculate predictive values and actual results by combining the sensitivity, specificity, prevalence of disease, and population into one formula: <https://www.dental.upenn.edu/research/center-for-integrative-global-oral-health/education/disease-screening-interpretation/>.



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IHS Updates:

**Sensitivity, specificity, positive predictive value and negative predictive value.
And an example using the Community Periodontal Index (CPI)**

For example, the Community Periodontal Index (CPI) – used to screen patients for periodontal disease – has a 58% sensitivity and an 80.6% specificity according to one study. In our most recent national survey of AI/AN dental patients 45+ years of age, we learned that the prevalence of moderate to severe periodontal disease had a prevalence of 20%. If we use the above calculator and know the population for those we are screening (for 2022, using a population of 528,621 for ≥ 45 years of age), we can calculate the following with regard to the CPI:

- An estimated 61,320 true positives
- An estimated 82,042 false positives (which you could confirm with full-mouth probing and radiographs)
- An estimated 44,404 false negatives (which is why the CPI alone should not be the basis of your periodontal diagnosis)
- An estimated 340,855 true negatives
- Accuracy rate of 76.1%
- Positive predictive value of 42.8%
- Negative predictive value of 88.5%



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Try out the calculator for yourself using other screening tests.



GO FIGURE:

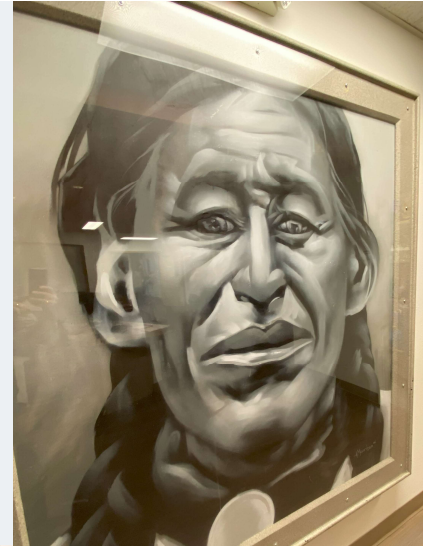
88 = PK

Shout out the
answer!



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(Seattle Indian Health Board)



IHS Updates:

Dentrix Enterprise: Ad Hoc Reports

Generating AD Hoc
Reports Using
Dynamic Reporting
Interface (DRI)

NEED DENTRIX
ENTERPRISE VERSION
11.0.44



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SAVE THE DATE: IHS Dentrix EDR Webinar Series April 17th, 2024:
Dynamic Reporting Interface: Part 2 – Using Scenarios for I/T/U Dental
Clinics to Generate Ad Hoc Reports IHS/Dentrix x

Pope, Damon (IHS/HQ)

Fri, Apr 12, 6:39 AM

to LISTSERV-IHS, Dental, LISTSERV-IHS, ADO, IHS-DH@listserv.ihs.gov, LISTSERV-IHS, IHS, IHS, LISTSERV-Electronic ▼

Second Reminder: IHS Dentrix EDR Webinar Series

Dynamic Reporting Interface: Part 2 – Using Scenarios for I/T/U
Dental Clinics to Generate Ad Hoc Reports

Live webinar (DE0944) Recorded (DE0945)

Wednesday, April 17th, 2024 2:00-3:00 pm Eastern

(1:00 pm Central | 12:00 pm Mountain | 11:00 am Pacific | 10:00 am Alaska)

The session offers 1 hour of CDE credit via DOH CDE website: <https://www.ihs.gov/DentalCDE/>

IHS Updates:

Staff Rosters: IHS vs. NTDSC

U.S. Department of Health and Human Services
Indian Health Service
The Federal Health Program for American Indians and Alaska Natives

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Dental Directory

Welcome: Sean Kelly
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Sean Kelly
CONTRACT DENTIST (PART TIME)

Contact Information
Phone: Area PORTLAND
Facility: Northwest Portland Area Indian Health Board
Email: My Listing

Directory
Browse by Area
Advanced Search
Print Directory
Report Generator
My Listing
Overview
Staff
Help
Dental Portal

Facility Staff PUYALLUP HC

Name	Position	Contact Info
Jesse Brannan	Dental Director	Phone: 253-593-0232 ext: 205 E-Mail: jbrannan@geha.com
Brian Anthony Bucher	TRIBAL DENTIST	Phone: bbucher@geha.com E-Mail: bbucher@geha.com
Ann Jones	TRIBAL DENTIST	Phone: 253-593-0232 E-Mail: ajones@geha.com
Julia Richman	TRIBAL PEDIATRIC DENTIST	Phone: 253-593-0232 ext: 190 E-Mail: jrichman@geha.com
Aerika Anderson Elter	TRIBAL PEDIATRIC DENTIST	Phone: 253-593-0232 ext: 190 E-Mail: aanderson@geha.com
Jae Rhee	TRIBAL DENTIST	Phone: jrhee@geha.com E-Mail: jrhee@geha.com



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<p>Northwest Tribal Dental Support Center Dental Roster</p> <p>BAWO</p> <p>Case of New Hire</p> <p>Northwest Tribal Dental Support Center Dental Roster</p>	<p>Northwest Tribal Dental Support Center Dental Roster</p> <p>BAWO</p> <p>Case of New Hire</p> <p>Northwest Tribal Dental Support Center Dental Roster</p>	<p>Northwest Tribal Dental Support Center Dental Roster</p> <p>BAWO</p> <p>Case of New Hire</p> <p>Northwest Tribal Dental Support Center Dental Roster</p>	<p>Northwest Tribal Dental Support Center Dental Roster</p> <p>BAWO</p> <p>Case of New Hire</p> <p>Northwest Tribal Dental Support Center Dental Roster</p>
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IHS Updates:

Staff Rosters: IHS vs. NTDSC

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U.S. Department of Health and Human Services

Indian Health Service
The Federal Health Program for American Indians and Alaska Natives

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A to Z Index Employee Resources Feedback

About IHS Locations for Patients for Providers Community Health Careers@IHS Newsroom My Account

Dental Directory Welcome: Sean Kelly
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Sean Kelly
CONTRACT DENTIST (PART TIME)

Contact Information
Phone:
Area: PORTLAND
Facility: Northwest Portland Area Indian Health Board
Edit My Listing

Directory

Browse by Area

Advanced Search

Print Directory

Report Generator

My Listing

Overview

Staff

Help

Dental Portal

PUYALLUP HC

A picture of the facility, if available.

An urban AAAHC accredited clinic situated in the beautiful northwest approximately 35 miles south of Seattle, Washington. Provides all specialties of dental care and has a strong school and community prevention program.

**Area: PORTLAND
SU: PUYALLUP**

Contact:
Phone: 253-593-0232 ext 7324
Fax: 253-441-2624

Street Address:
Address: 2209 E 32ND ST
City: TACOMA
State: WA
Zip: 98404

Other Information:
Gen DB — Name: Puyallup Health Center
(Gen & Dental DB) ASUFAC ID: 75410
Gen DB — RPMS ID: 10816
Gen DB — Affiliation: GOVERNMENT
Gen DB — Facility Type: Health Center
of Operators: 19
of Staff: 33

Facility Staff	PUYALLUP HC	Contact Info
Name	Position	
Jesse Brannan	Dental Director	Phone: 253-593-0232 ext: 205 E-Mail: jbrannan@eptha.com
Brian Anthony Bucher	TRIBAL DENTIST	Phone: E-Mail: bbucher@eptha.com
Ann Jones	TRIBAL DENTIST	Phone: 253-593-0232 E-Mail: ajones@eptha.com
Julia Richman	TRIBAL PEDIATRIC DENTIST	Phone: 253-593-0232 ext: 190 E-Mail: jrichman@eptha.com
Aarika Anderson Elter	TRIBAL PEDIATRIC DENTIST	Phone: 253-593-0232 ext: 190 E-Mail: aanderson@eptha.com
Jae Rhee	TRIBAL DENTIST	Phone: E-Mail: jrhee@eptha.com



IHS Updates:

Staff Rosters: IHS

<https://www.ihs.gov/DentalDIR/index.cfm?fuseaction=Directory.directory>



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U.S. Department of Health and Human Services

Indian Health Service
The Federal Health Program for American Indians and Alaska Natives

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A to Z Index Employee Resources Feedback

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Welcome: Sean Kelly
Logoff before closing browser

Dental Directory

Dental Directory > Directory > PUYALLUP HC

All personnel assigned to this facility are listed below the facility description provided here. To edit the facility information, click the "Edit Facility" link.

Sean Kelly
CONTRACT DENTIST (PART TIME)

Contact Information
Phone:
Area: PORTLAND
Facility: Northwest Portland Area Indian Health Board
Edit My Listing

Directory

Browse by Area

Advanced Search

Print Directory

Report Generator

My Listing

Overview

Staff

Help

Dental Portal

PUYALLUP HC

A picture of the facility, if available.

An urban AAAHC accredited clinic situated in the beautiful northwest approximately 35 miles south of Seattle, Washington. Provides all specialties of dental care and has a strong school and community prevention program.

**Area: PORTLAND
SU: PUYALLUP**

Contact:
Phone: 253-593-0232 ext 7324
Fax: 253-441-2624

Street Address:
Address: 2209 E 32ND ST
City: TACOMA
State: WA
Zip: 98404

Other Information:
Gen DB — Name: Puyallup Health Center
(Gen & Dental DB) ASUFAC ID: 758410
Gen DB — RPMS ID: 10816
Gen DB — Affiliation: GOVERNMENT
Gen DB — Facility Type: Health Center
of Operators: 19
of Staff: 33

Facility Staff		PUYALLUP HC
Name	Position	Contact Info
Jesse Brannan	Dental Director	Phone: 253-593-0232 ext: 205 E-Mail: JBrannan@eptha.com
Brian Anthony Bucher	TRIBAL DENTIST	Phone: E-Mail: bbucher@eptha.com
Ann Jones	TRIBAL DENTIST	Phone: 253-593-0232 E-Mail: ajones@eptha.com
Julia Richman	TRIBAL PEDIATRIC DENTIST	Phone: 253-593-0232 ext: 190 E-Mail: jrichman@eptha.com
Aarika Anderson Elter	TRIBAL PEDIATRIC DENTIST	Phone: 253-593-0232 ext: 190 E-Mail: aanderson@eptha.com
Jae Rhee	TRIBAL DENTIST	Phone: E-Mail: jrhee@eptha.com

Staff Rosters: IHS vs. NTDSC

[illegible]

	<h1 style="text-align: center;">Northwest Tribal Dental Support Center Dental Roster</h1>	
John Mendenhall, Service Tech phone number: (202)		jmendenhall@nwtdsc.com jmendenhall@nwtdsc.com
Washington American Tribes of the East-Hill Reservation		
John Lindholm, DSO, Dental Director Richard "Randy" Reed, DSO, staff Dental Director Assistant Amy Hargreaves, DSO Dental Director, Day Reception	Dr. Neal Jensen, DSO Dental Director Dr. Bill O'Connell Dentist in Charge	(202) 334-7444 john.lindholm@tribesoftheeast.com randyreed@tribesoftheeast.com amyhargreaves@tribesoftheeast.com neal.jensen@tribesoftheeast.com bill.oconnell@tribesoftheeast.com
Dennis Hayslett, DSO		dennis.hayslett@tribesoftheeast.com
Black River Tribe		
Margaret Decker, DSO, Dental Director David Gertler, DSO, Dental Director Michelle Wadsworth, DSO Dental Director, Day Reception Day Receptionist	Margaret Decker, Dental Office 1111 Washington St Lewiston, ID 83501 (208) 842-6666 Working address: 100 W. Idaho St Lewiston, ID 83501	(202) ext. 227-7 Telex/Email: margaret@blackrivertribe.com davidgertler@blackrivertribe.com michelle@blackrivertribe.com dayreception@blackrivertribe.com

[illegible]



Northwest Tribal Dental Support Center

Dental Roster



<p>Christine Peterson, RDA 10001 10th Ave, #100 Seattle, WA 98148 206-461-2200 christine.peterson@nwtdsc.org</p>	<p>Barbara Thompson MS, RD 800-461-2200 barbara.thompson@nwtdsc.org</p>	<p>www.nwtdsc.org info@nwtdsc.org barbara.thompson@nwtdsc.org christine.peterson@nwtdsc.org barbara.thompson@nwtdsc.org info@nwtdsc.org</p>
<p>Coordinating Office of Core Loans (Oregon, Washington, Idaho & WY) (2014)</p>		
<p>Christine Peterson, RDH 10001 10th Ave, #100 Seattle, WA 98148 206-461-2200 christine.peterson@nwtdsc.org</p>	<p>Christine Peterson, RDH 10001 10th Ave, #100 Seattle, WA 98148 206-461-2200 christine.peterson@nwtdsc.org</p>	<p>Christine Peterson, RDH 10001 10th Ave, #100 Seattle, WA 98148 206-461-2200 christine.peterson@nwtdsc.org</p>
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[illegible][illegible][illegible][illegible]

	<h2 style="margin: 0;">Northwest Tribal Dental Support Center Dental Roster</h2>	
Home		Contact Us
<h3 style="margin: 0;">WASHINGTON</h3>		
<h4 style="margin: 0;">Charities (Confederated Tribes of the Colville Reservation)</h4>		
Charities, Confederated Tribes of the Colville Reservation 2000 N. 1st St. P.O. Box 175 Colville, WA 99115 (509) 368-5555 21 Confederated Tribes Blvd Colville, WA 99115	509-368-5555 509-368-5555	charities@tribesofcolville.org http://www.tribesofcolville.org http://www.tribesofcolville.org

[illegible]



Northwest Tribal Dental Support Center

Dental Roster



Grand Location, ID 10000 1st St, Grand Junction Grand Junction, ID 83401 Phone: 208/635-4020 Fax: 208/635-4021 Email: info@nwtdsc.com	The list of dentists for Northwest Tribal Dental Support Center is available at: www.nwtdsc.com Grand Junction, ID 83401 Dentists (Location ID: 10000) Dentists (Location ID: 10000)	208/635-4020 208/635-4021 www.nwtdsc.com info@nwtdsc.com
--	---	---



NC
INE
Indi

IHS Updates:

Staff Rosters: IHS vs. NTDSC



Northwest Tribal Dental Support Center Dental Roster



IDAHO

Coeur d'Alene Tribe

Taylor Wilkens, DDS, Director
Frank Allen, DMD
Matthew Johnson, DDS
Adam Holecek, DDS
Darrin Rich, DMD (PT)
Kirk Bean, DDS (Ortho/PT)
Rachel Davidson, DDS Fill-in
Kim Legaspi, RDH
Cathleen Bourque, RDH

Marimn Health Center
427 North 12th
Plummer, ID 83851

NextGen

AAAHC Accredited
Provide Services to All Community
Members

208-686-1931

Tribal Clinic

twilkens@marimnhealth.org
fallen@marimnhealth.org
mjohnson@marimnhealth.org
aholecek@marimnhealth.org
drich@marimnhealth.org
kbean@marimnhealth.org
rdavidson@marimnhealth.org
klegaspi@marimnhealth.org
cbourque@marimnhealth.org



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

GO FIGURE:

54 = C in a D (with the J)

Shout out the
answer!



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NTDSC Updates:

1. Site Visits
2. Collaboratives
3. Dental Dashboard
4. CDE
5. Needs Assessment
6. Perio EFDA
7. Medicaid Change (WA) 2024
8. Annual Dental Meeting



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NTDSC Updates:

1. Site Visits

Infection Control - Address current guidelines and processes to include the evaluation of your clinic's space, function, and workflows.

Prevention Program - Evaluate how to best serve your community by offering the most effective preventive care that is evidence based and utilizes current and emerging standards of care.

Clinical Efficiency - Evaluate workflows and/or processes, scheduling, and staff/room ratios to best meet patient needs. Strategize a well-balanced program that functions efficiently and effectively.

Transitioning your Clinic - Assistance with planning for growth and transitions, including clinic expansion, outreach, and training for staff.



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NTDSC Updates:

1. Site Visits

Records and Data - Use information from your Electronic Dental (Health) Record to generate meaningful reports that allow you to better evaluate your program; monitoring data that can lead to improvements.

Peer Review and Chart Audits - Assess and establish peer review programs to maintain quality assurance for dental providers. We provide peer review for smaller clinics where staffing is prohibitive of providing your own internal review.

Quality assurance/improvement - Advise the creation and implementation of a comprehensive plan to assure your clinic and providers meet standards for quality care.

Prepare for Accreditation - Detailed and thorough examination of accreditation standards and actions needed by a clinic to meet those standards.



NTDSC Updates:

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Northwest Tribal Dental Support Center

*"Weaving Oral Health
into Healthy Lives"*

Wee Smile Collaborative 2023-2025

Clinical Program Support

- Training
- Assistance/Coaching
- Materials
- Shared Experiences

CDE Opportunities

- Quarterly In-person
- Webinars/Indian Country ECHOs
- Case Presentations

AIMS

- Increase Access
- Decrease Disease
- Improve Patient Satisfaction

Data

- Measured Progress
- Quality Improvement & Quality Assurance
- Area Dental Dashboard
- Meet GPRA Measures

We Smile: MID Style (2021-2023) Participants

Lower Elwha

Grand Ronde

Swinomish

Klamath

Colville
Lake Roosevelt

Coeur d'Alene

Puyallup



ARCORA
Foundation
Bending the Arc of Oral Health Toward Equity

Put a smile on your face and
your patients too by joining
the 2023-2025 Wee Smile
Collaborative.
Sign up by using the QR Code



NTDSC/ Arcora Collaboratives

- Baby Teeth Matter 2012-2016
- Elders Initiative 2017-2019
- We Smile, MID Style 2021-2023
- Wee Smile 2023-2025



NTDSC Updates:

1. Site Visits
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Portland Area Dental Dashboard (PADD) Launch

NTDSC/Arcora - Collaborative/PADD x



Ticey Mason

Wed, Apr 3, 10:31AM



to Ticey, me ▾

Good morning, please see the email below from Dr. Sean Kelly about the Portland Area Dental Dashboard:

Hello Portland Area Dental Programs,

The Northwest Tribal Dental Support Center in collaboration with the Arcora Foundation is now launching the new dental data project known as the Portland Area Dental Dashboard or PADD. Following are two links for programs to use who wish to participate. The first will be a sign-up form and will contain demographic information to enter your program into the PADD database. This will allow us to manage which programs are participating in this new project. Please complete this form as soon as possible. The second link will be for submitting your data and is due the 15th of each month. Data will be entered in increments for this fiscal (2024) year, beginning with data for October, 2023. This data will be due April 15th. We will have a catch up period in the next 3-4 months to include data for the other months that have yet to be reported for this year. For example we will request November and December data to be due May 15th.

Instructions are also provided to assist you with the data entry. If you missed our previous PADD Orientation (January 24th) and/or PADD Training (February 13th) please contact us and we will send you the PowerPoint presentation(s). We will also be available to answer any questions regarding this project to include data entry. We can also provide individual coaching sessions as needed. We all look forward to working with you and your clinic in having this new project assist you with data that is useful for improving your dental program. Thank you.

Seán R. Kelly, DDS, MSHS

Sign-up form.

<https://app.smartsheet.com/b/form/7d4fe62fc2eb44eb8f5449eff2140a94>

Data Collection Form

<https://app.smartsheet.com/b/form/e5082a3b05be4be78c6c68482fa4f83c>

~Seán

Seán R. Kelly, DDS, MSHS

Clinical Consultant

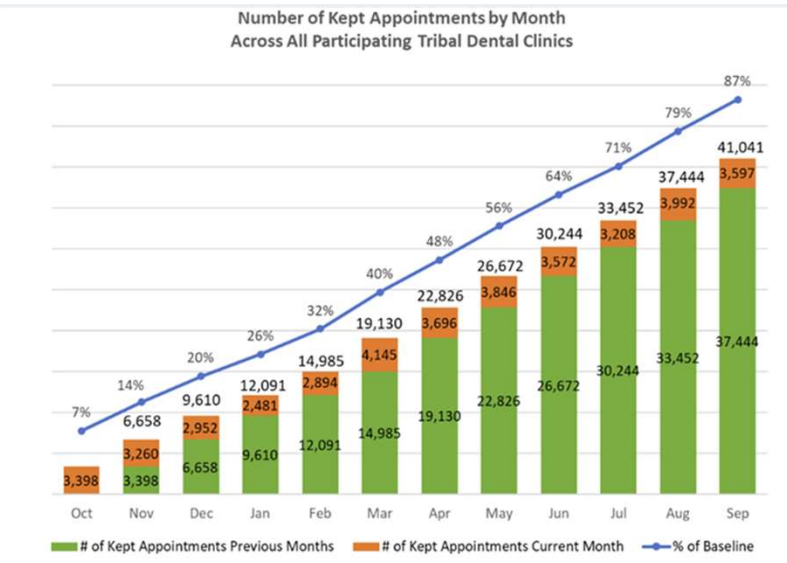
Northwest Tribal Dental Support Center

NTDSC Updates:

1. Site Visits
2. Collaboratives
3. Dental Dashboard (PADD)

As explained during the PADD Orientation (January 24th) we will focus the data sets on:

- Access** (number of patients or unique users, number of available appointments, and number of kept appointments),
- Dental Health** (number of exams, number of planned treatment completed), and
- Prevention** (number of sealants, number of patients treated with sealants, number of patients treated with fluoride).

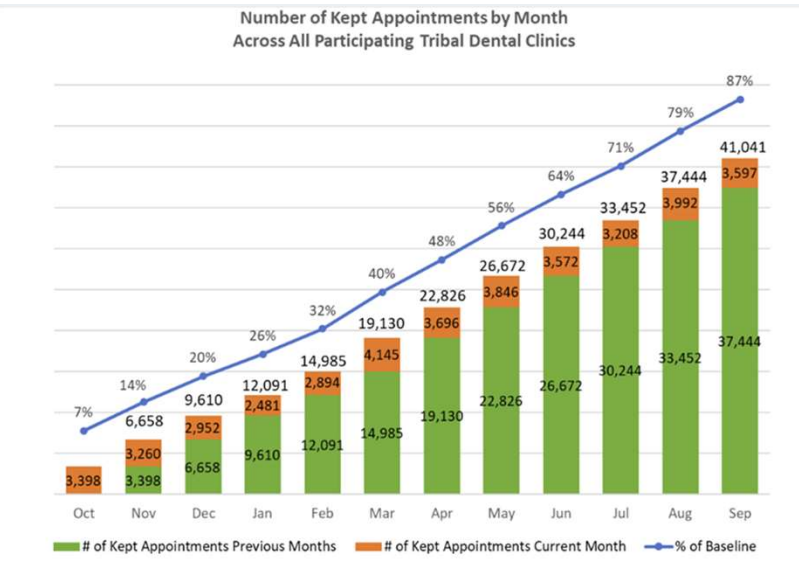


NORTHWEST PORTLAND AREA
INDIAN HEALTH BOARD
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NTDSC Updates:

1. Site Visits
2. Collaboratives
3. Dental Data Dashboard (PADD)

Why is this of value for our Portland Area Dental Programs? Dental metrics allow each program to monitor their own progress and evaluate for improvement. The dashboard will not only allow you to follow your own trends for these measures but will also allow you to compare your program with the aggregated data from our area. You will have the needed information to plan Quality Assurance and/or Quality Improvement projects that are meaningful. Only you and the administrators for this Portland Area Dental Dashboard will be able to see the data you submit. Data from all programs will be aggregated, giving an area wide view of these measures. The more programs that participate the stronger the data sets will be as they show area wide averages and trends. Such will also allow the NTDSC to further assess the needs of our area programs so that we may better serve the dental clinics, delegating resources appropriately.



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NTDSC Updates:

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NORTHWEST PORTLAND AREA
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Your CliftonStrengths 34 Results

You are uniquely powerful. Your distinct CliftonStrengths 34 profile sets you apart from everyone else. This is your talent DNA, shown in rank order based on your responses to the assessment.

Use this report to make the most of your strongest CliftonStrengths themes, navigate the rest and maximize your infinite potential:

- **Read and reflect on your results** to understand what you naturally do best.
- **Learn how to apply** your strongest CliftonStrengths every day.
- **Share your results with others** to create stronger relationships and improve teamwork.



STRENGTHEN

1. Analytical
2. Relator
3. Focus
4. Connectedness
5. Learner
6. Discipline
7. Includer
8. Positivity
9. Responsibility
10. Intellection

NAVIGATE

11. Input
12. Developer
13. Competition
14. Command
15. Consistency
16. Futuristic
17. Empathy
18. Strategic
19. Achiever
20. Belief
21. Ideation
22. Activator
23. Self-Assurance
24. Arranger
25. Deliberative
26. Communication
27. Maximizer
28. Context
29. Adaptability
30. Harmony
31. Restorative
32. Significance
33. Individualization
34. Woo

You lead with **Strategic Thinking** CliftonStrengths themes.

■ **EXECUTING** themes help you make things happen.

■ **INFLUENCING** themes help you take charge, speak up and make sure others are heard.

■ **RELATIONSHIP BUILDING** themes help you build strong relationships that hold a team together.

■ **STRATEGIC THINKING** themes help you absorb and analyze information that informs better decisions.

READ "IDENTIFY YOUR UNIQUE CONTRIBUTION: THE CLIFTONSTRENGTHS DOMAINS" SECTION TO [LEARN MORE >](#)

NTDSC Updates:

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-Suicide Recognition and Referral for Dental Providers

-Periodontal Disease and its Association with Vascular Dementia

-Oral Health Manifestations of Syphilis and other STIs

-Minimally Invasive Dentistry – Restorations and Topicals

-Maximally Effective Dentistry! What's New?

-Module 1: "Opioids and Pain: An Overview"

-Module 2: "Opioids and Pain Management in Dental Settings"

-Module 3: "Trauma Responsive Care for Oral Health Providers"

-Module 4: "Effective Patient Communication"

-Indian Country Oral Health ECHO



NORTHWEST PORTLAND AREA
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Indian Country Oral Health ECHO: Minimally Invasive Dentistry and Case Presentation

Objectives: **NEXT is July 10th: MEDICAL-DENTAL INTEGRATION**

Upon completion of this course, participants will be able to:

1. Build minimally invasive dentistry skills.
2. Recognize risk factors and apply preventive measures to reduce the occurrence of oral health disease.
3. Learn techniques on how to treat patients with holistic and culturally appropriate care.



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NTDSC Updates:

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NORTHWEST PORTLAND AREA
INDIAN HEALTH BOARD
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U.S. Department of Health and Human Services

Indian Health Service
The Federal Health Program for American Indians and Alaska Natives

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Welcome: Sean Kelly
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CDE

[Catalog](#) [E-Learning](#) [My CDE](#) [My Staff](#) [My Instruct](#) [Overview](#) [Help](#) [Dental Portal](#)

[Home](#) > [Catalog](#) > All

Catalog

Use the catalog tabs to filter the catalog according to your interests. Sort by clicking any of the headings in the catalog table.
To view course detail, click the Course Number.

[Print the 2024 Catalog.](#)

2024 Courses

All	Dentist	Assistant	Hygienist	E-Learning	General
Open Registration					
Search Catalog				GO	
Course	Title	Date	Location	Level	Status
DA0001	Periodontal Expanded Functions - Basic Prerequisites [must take before registering for perio EFDA course]	10/1/2022 - 9/30/2025	Online	Basic	Available
DA0002	Periodontal Expanded Functions - CERTIFICATION	10/1/2023 - 9/30/2024	Online	Basic	Available
DA0003	Restorative Expanded Functions - CERTIFICATION [COMPOSITE-only]	10/1/2023 - 9/30/2024	Online	Advanced	Available
DA0004	Restorative Expanded Functions - Basic Prerequisites [must take before registering for restorative EFDA course]	10/1/2022 - 9/30/2025	Online	Basic	Available

Tools

2024 Selected Courses

Sean Kelly, you do not have any selected courses.

Completed Courses

4/18/2024 - [DE0944](#): FY 2024 IHS Monthly EDR Webinar: Dynamic Reporting Interface: Part 2 - Using Scenarios for ITIU Dental Clinics to Generate Ad Hoc Reports [Live Webinar]

11/16/2023 - [DE0887](#): FY 2024 Portland Area Wee Smile Initiative: MID Style Learning Session [In-Person]

8/16/2023 - [DE0827](#): Portland Area Dental Meeting

[View all Completed Courses](#)

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2023 Northwest Tribal Dental Support Center Needs Assessment Results

55.22%	Infection Control
52.24%	Prevention
50.75%	Conflict Resolution/Team Building
49.25%	Pediatrics
47.76%	Working in AI/AN communities
44.78%	Minimally Invasive Dentistry
43.28%	Innovations in Dental Care (Artificial Intelligence, etc)
41.79%	Stress Management
41.79%	Diet/Nutrition



NORTHWEST PORTLAND AREA
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NORTHWEST PORTLAND AREA
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Pam Ready (Puyallup)
RDH, MSDH
TCHPP-
DHA Education
Manager

CDE

Welcome: Sean Kelly
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Catalog

E-Learning

My CDE

My Staff

My Instruct

Overview

Help

Dental Portal

[Home](#) > [Catalog](#) > [All](#) > DA0020

2024 Catalog: All Courses

To view other courses in this category, use the "Previous" and "Next" buttons. [Need more help reading this page?](#)

Previous Course

9 of 178 All Courses

Next Course

DA0020: Periodontal Expanded Function Dental Assistant [EFDA] Course - AIDC

Select Course

Date: 4/15/2024 - 4/19/2024

Course Status: Full

Facility: Albuquerque IHS Dental Clinic

Location: Albuquerque, NM

Instructor: [Justin Balderrama](#), [Angela Janke](#)

Director: [Justin Balderrama](#)

Level: Basic

Audience: Assistants

Quota: 0 - 6 students

Tuition: \$320.00

Hours: 32.00 (Total CDE); 32.00 (DANB Clinical); 32.00 (AGD - 490)

Joint Sponsorship: No

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Dental Benefit Increase for People with Diabetes

Periodontal Benefit Increase for Diabetes

- > 1/1/2024 the allowable number of periodontal treatments with increase to up to four per 12-month period for Apple Health eligible clients, ages 21 and over, with a current diagnosis of diabetes.
- > Periodontal maintenance is allowed once every three months when criteria is met.



51 Arcora Foundation

ARCORA
Foundation
Bending the Arc of Oral Health Toward Equity



NORTHWEST PORTLAND AREA
INDIAN HEALTH BOARD
Indian Leadership for Indian Health

2023 Annual Portland Area Dental Director's Meeting

Why?

- > Up to 4 periodontal maintenance visit per 12 months is aligned with the standard of care
- > Periodontal disease and diabetes are considered to have a bidirectional relationship: hyperglycemia negatively influences oral health and periodontitis negatively influences glycemic control.

6 | Arcora Foundation

ARCORA
Foundation
Bending the Arc of Oral Health Toward Equity



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Why?

- > People with diabetes are 2-3 times more likely to have periodontal disease and for it to be more severe
- > Treatment improves glycemic control, reduces complications
- > Treatment reduces medical costs & decreases hospitalization



7 | Arcora Foundation

NTDSC Updates:

1. Site Visits
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NORTHWEST PORTLAND AREA
INDIAN HEALTH BOARD
Indian Leadership for Indian Health



Portland Area Dental Meeting
May 7th-9th, 2024

Welcome

Xaa-wan'-t'i

Salishan Coastal Lodge
7760 North Highway 101
Glenden Beach, OR 97388

GO FIGURE:

12 = S of the Z

Shout out the
answer!



NORTHWEST PORTLAND AREA
INDIAN HEALTH BOARD
Indian Leadership for Indian Health



Today's Agenda

7:30 am	Registration opens
8:00 - 9:00 am	Breakfast (Provided)
8:30 am	Welcome and Introductions
9:00 am	IHS and NTDSC Updates
9:30 am	Policies, Procedures, and Protocols
10:15 am	Break
10:30 am	Data and QI/QA
11:00 am	Conflict Management and Resolution
12:00 pm	Final Comments/Closing
12:15 pm	Lunch (Provided)



NORTHWEST PORTLAND AREA
INDIAN HEALTH BOARD
Indian Leadership for Indian Health

IHS Division of Oral Health (DOH) website

Dental Portal

<https://www.ihs.gov/DOH/index.cfm?fuseaction=home.showportalhome&CFID=90172535&CFTOKEN=15330717>



U.S. Department of Health and Human Services

Indian Health Service
The Federal Health Program for American Indians and Alaska Natives

Search IHS

A to Z Index Employee Resources Feedback

The Indian Health Service is working closely with our tribal partners to coordinate a comprehensive public health response to both [COVID-19](#) and [mpox](#).

About IHS Locations for Patients for Providers Community Health Careers@IHS Newsroom Login

Dental Portal

Login

Externships, Volunteer, & Career

Dental Directory

Division of Oral Health COVID-19 Response



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Policies and Procedures, Protocols and Standard Operating Procedures:

1. Policy and Procedures
 - a. Organizational wide or Interdepartmental
 - b. Require Governing Body approval
 - i. Tribal Council or Health Board
2. Protocols and Standard Operating Procedures
 - a. Departmental
 - b. Day to day activities
 - c. Easier to update as new workflows are developed or new information is provided.
3. No paper! **Central electronic access only!**
4. IHS DOH Dental Portal Examples



<https://www.ihs.gov/DOH/chiefs/index.cfm?fuseaction=duties.display>



NORTHWEST PORTLAND AREA
INDIAN HEALTH BOARD

Indian Leadership for Indian Health (Puyallup Tribal Health Authority)

Policies and Procedures, Protocols and Standard Operating Procedures:

Hierarchy approach to safe practices:

1. Rules and Regulations (OSHA, FDA, EPA, FGI)
2. State and Local requirements. (State & Local health department)
3. Manufacturers Instructions for Use (IFUs)
4. Evidence-Based Guidelines and National Standards (CDC)
5. Consensus Documents (AAMI) (stricter, if you use AMMI for one aspect of IC, then you need to use it for all other aspects, can't pick and choose.)
6. Organization's Infection Prevention and Control Policy

Credit for this outline to:

Damon Pope, DMD

IHS DOH National Dental Infection Control & Safety Coordinator

Indian Health Service HQ



NORTHWEST PORTLAND AREA
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Policies and Procedures, Protocols and Standard Operating Procedures:

AAAHC



1

AAAHC Survey Information

Your survey has been confirmed. Attached is your confirmation packet that includes:

What	Description	Page number
The Notice of Accreditation Survey	Action required - please print this notice and post it in your organization for a minimum of 30 days	2
A reminder and instructions for the Notice of Accreditation Survey	The Notice of Accreditation Survey must be posted in prominent locations throughout the organization for 30 days prior to the survey start date	3
General Information Regarding the Survey	This provides details about the survey processes that will take place during your survey	4-7
Checklist of materials to be reviewed by your survey team	A checklist of documents you will need to provide to the surveyor(s)	8
AAAHC Policies	This contains the policies regarding payment of survey fees, and survey postponement and cancellation fees	9-10

To contact AAAHC, please call 847-853-6060.



8

Checklist of materials to be reviewed by your survey team

Please ensure the following documents are clearly identified and accessible to the AAAHC survey team's work area. **If these documents are available electronically, please do not print copies.** If electronic documents are available, the surveyor will need assistance accessing them.

- ☐ A complete set of staff and committee/governing body meeting minutes (past 12 months for initial surveys; re-accreditations should include minutes from the entire past accreditation term).
- ☐ Personnel/credential records for all health care providers and other staff.
- ☐ Personnel policies.
- ☐ Most recent financial records, e.g., audit and/or balance sheet.
- ☐ Documentation of the maintenance and calibration of equipment used in providing patient care, including any reports generated by outside companies.
- ☐ Written and most current manufacturers' instructions for use for cleaning, disinfection, and sterilization equipment and supplies.
- ☐ Documentation related to all emergency drills (e.g., power failure, weather, disruptive patient, bomb threat, medical event, cardiopulmonary [CPR]) conducted over past three (3) years at all patient care locations listed in the application for survey.
- ☐ Copy of Memorandum of Understanding (MoU) or transfer agreement with local hospital regarding transfer and admission of patients, if applicable.
- ☐ Documentation related to patient deaths and adverse events in the past three (3) years.

A comprehensive review of your organization's clinical records will occur. During the survey, the surveyor(s) will select the specific records to be reviewed.

In addition, if any of the following have been changed or updated since submitting your application, the most recent copies should be available on-site for review by the survey team:

- ☐ Policies governing credentialing
- ☐ Emergency policies and procedures
- ☐ Information reflecting patient satisfaction with services provided

Please note that the list above addresses basic documentation only. Your surveyor is likely to ask to review additional documents.



NORTHWEST PORTLAND AREA
INDIAN HEALTH BOARD
Indian Leadership for Indian Health

Policies and Procedures, Protocols and Standard Operating Procedures: AAAHC



NORTHWEST PORTLAND AREA
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Indian Leadership for Indian Health

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Policies and Procedures, Protocols and Standard Operating Procedures: AAAHC



P. A time-out is conducted immediately prior to beginning a procedure.

Elements of compliance

- | | YES | NO |
|--|--------------------------|--------------------------|
| 1. The provider performing the procedure assumes responsibility for the time-out. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. The entire team is engaged in the time-out. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. During the time-out, the following items are verified: | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Patient identification. | | |
| b. Intended procedure. | | |
| c. Correct surgical/procedural site. | | |
| d. All equipment necessary for performing the scheduled procedure is immediately available and functional in the operating/procedure room. | | |
| e. Any implantable devices intended for use during the procedure were prepared before the procedure and are available. | | |



Policies and Procedures, Protocols and Standard Operating Procedures: AAAHC (the newest version as of 2024)



Accreditation Handbook for
Ambulatory
Health Care, v43

quality every day
1095 STRONG

Standards by Category

ADM Administration	25
ASG Anesthesia and Surgery.....	33
BEH Behavioral Health	45
CMC Care Management and Coordination	55
CPV Credentialing and Privileging	61
CRD Clinical Records	69
EMG Emergency Management	77
FAC Facilities and Equipment	85
GOV Governance	89
IPC Infection Prevention and Control.....	97
LRD Laboratory and Radiology	101
MED Medication Management	107
MHM Medical Home	111
DHM Dental Home	117
OCS Other Clinical Services	121
QUA Quality	127
PRR Patient Rights, Responsibilities and Protections.....	139
SAF Safety	145
VAL Validation.....	159



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Policies and Procedures, Protocols and Standard Operating Procedures: Dental Director's responses:

"I am hoping to get more information on how to write policy and procedures. I know what I want to implement, but often I can get lengthy and too specific."

"P and P for managing safety checks on dental equipment. As an example, I've struggled over the years finding someone to safety check our mobile nitrous system to ensure it is working properly."

"Pain management protocol continues to be a big topic. Interesting to hear what others do. I rarely prescribe a controlled med."

"Emergency Preparedness is a topic I don't feel our dental clinic has clear plans outlined for. We recently had power out at the clinic."

"No show policies. Where is the line between too punitive and not putting enough onus on the patient."

"Office inventory management. We are working out how it would be best to ensure we have the supplies we need on hand."

"Review current resources that are available for tribal sites for policy development and review ... e.g. access to templates, and checklists for regulatory compliance."



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IHS Division of Oral Health (DOH) website

Dental Portal

<https://www.ihs.gov/DOH/index.cfm?fuseaction=home.showportalhome&CFID=90172535&CFTOKEN=15330717>



U.S. Department of Health and Human Services

Indian Health Service
The Federal Health Program for American Indians and Alaska Natives

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A to Z Index Employee Resources Feedback

The Indian Health Service is working closely with our tribal partners to coordinate a comprehensive public health response to both [COVID-19](#) and [mpox](#).

About IHS Locations for Patients for Providers Community Health Careers@IHS Newsroom Login

Dental Portal

Login

Externships, Volunteer, & Career

Dental Directory

Division of Oral Health COVID-19 Response



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IHS Division of Oral Health (DOH) website

Oral Health Program Guide

<https://www.ihs.gov/DOH/chiefs/index.cfm?fuseaction=clinic.ohpg>



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Manager's Toolkit

- Policies and Procedures
- Credentialing and Privileging
- New Staff Orientation
- Staff Training and Annual Competencies
- Concepts in Dental Management Course Materials
- Human Resources (HR)
- Accreditation and Quality Assurance
- EDR User Guides
- Infection Control
- Efficiency and Effectiveness Manual
- Oral Health Program Guide (OHPG)**
- Purchased/Referred Care
- Billing and Coding
- Risk Management
- Dental Portal

Welcome: Sean Kelly
[Logoff before closing browser](#)

Oral Health Program Guide

The intent of the Oral Health Program Guide is to present tools and resources to manage clinical and con-
tribal, and urban dental public health professionals who are experienced in preventing and treating dental

Browse the OHPG by Chapter

PLEASE READ [THE INSTRUCTIONS ON HOW TO USE THE MANUAL](#) BEFORE PROCEEDING

Chapter 1: Management of Oral Health Programs

- A. [Historical and Legislative Highlights](#) — 2007
- B. [Mission, Goal, and Foundation of the IHS](#) — 2007
- C. [Diversity of Programs](#) — 2007
- D. [Dental Program Policies and Procedures](#) — 2007
- E. [Incident Reporting](#) — 2012
- F. [Program Management and Planning](#) — 2007
- G. [Legal Aspects of Medical/Dental Care](#) — 2012
- H. [Resource Requirement Methodology and HSP](#) — 2012
- I. [Guide for Reporting a Request for Control \(RFC\)](#) — 2007

GO FIGURE:

9 = P in the SS

Shout out the
answer!



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15 minute Break

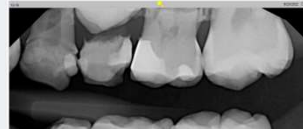
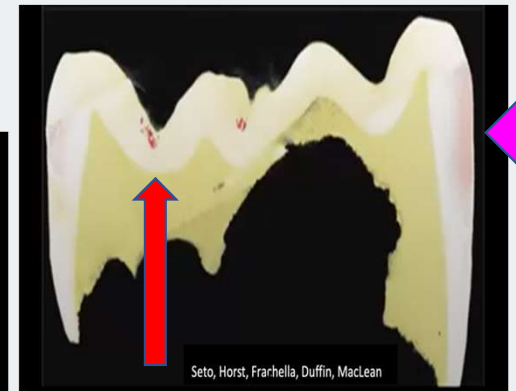
Dr. Davis's 2nd favorite Dental Prevention Slide, who can name her favorite?



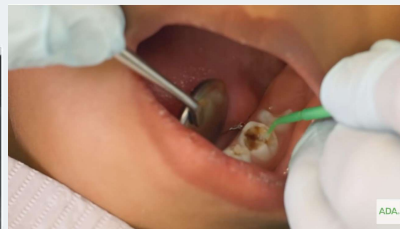
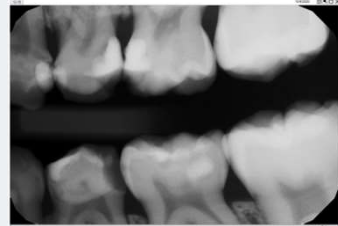
SDF hardens carious dentin

The outer layer of an SDF-arrested lesion is intensely hard, condensed necrotic dentin

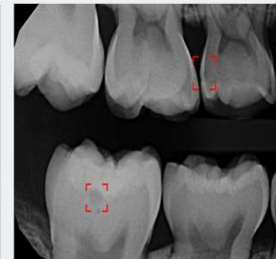
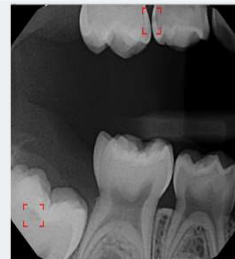
Seto, Horst, Frarhella, Duffin, MacLean



Cathy Boyce, Dr. Jeanette MacLean



John McDowell, DDS



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GO FIGURE:

90 = D in a RA

Shout out the answer!

Photo of artwork in Nez Perce National Historical Park Visitor Center



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Data, QA/QI:

1. An example using Data for a Quality Assurance or Quality Improvement project and/or Peer Review.
 - A. Want to open the schedule from 4 weeks out to 3 months. How will this change affect kept appointments (broken appointment rate)?
 - B. Is staff entering the broken appointment code? A Peer Review is established that includes chart/schedule review and the entry of the BA code. This may include only providers (dentists, hygienists and dental therapists), or auxiliary personnel.
 - C. Once the peer review provides the needed information, then proceed as necessary. More training and accountability for code entry? More automation in the EDR? Code entry is appropriate? If so proceed with the change, but.....
2. Proceed with a smaller sample, test first (PDSA). Perhaps schedule 8 weeks out. Monitor broken appointment rate and make changes to your plan as necessary.



Data, QA/QI:



Assess QI studies—especially goals—against **SMART** criteria:

Specific: The goal is clear and easy to understand. It translates into action by using words like “increase” or “decrease”

Measurable: The goal is objective and can be assessed by gathering quantitative data, e.g., 25%, 20 minutes, all, none

Achievable: Those responsible for the goal have the knowledge, skills and resources to deliver the result

Relevant: The goal “matches” the purpose and is relevant to the services the organization provides and the patients the organization serves, e.g., improves compliance, increases patient satisfaction, or saves money

Time-bound: The goal has a completion date, e.g., by 12/31, third quarter



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-2020 AAAHC QUALITY ROADMAP • Accreditation Association for Ambulatory Health Care

Data, QA/QI:

The best darn Data, QA/QI CDE ever!

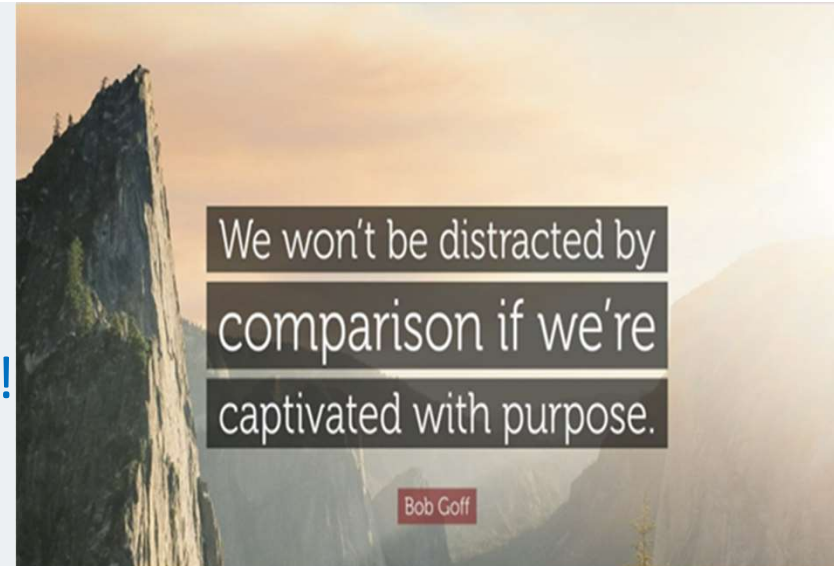
DE0389

2020 OCA-BEM-GPA Area Dental Meeting, Session 2 [Recorded Webinar]

10/1/2022 - 9/30/2023

Learning Objectives:

Upon completion of this course, participants will be able to: 1. Describe how to use IHS recommendations for clinical efficiency and effectiveness as a benchmark for their programs. 2. Utilize Excel spreadsheets to manage monthly QI/QA Data. 3. Develop a meaningful QI/QA Plan.



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Data, QA/QI:

The best darn Data,
QA/QI CDE ever!

<https://www.ihs.gov/DentalCDE/index.cfm?fuseaction=elearning.display&cat=online&sort=title&order=asc>



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The Indian Health Service is working closely with our tribal partners to coordinate a comprehensive public health response to both [COVID-19](#) and [mumps](#).

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Welcome: Sean Kelly
[Logoff before closing browser](#)

CDE

Catalog
E-Learning
My CDE
My Staff
My Instruct
Overview
Help
Dental Portal

2023 E-Learning Courses

["How to" Practical Tips: Assess Reading Level, Remove Autocorrections, Compress Files \[recorded webinar\]](#)

Course Number: [DD0014](#) Course Status: Available lecture

Upon completion of this course, participants will be able to: 1. Explain how to assess reading level in a document; 2. Describe how to remove autocorrections in Word and Outlook; and 3. Describe how to compress pictures and files.

To learn more or to take this course, [continue to the course page for "How to" Practical Tips: Assess Reading Level, Remove Autocorrections, Compress Files \[recorded webinar\]](#)

[2020 OCA-BEM-GPA Area Dental Meeting, Session 1 \[Recorded Webinar\]](#)

Course Number: [DE0388](#) Course Status: Available lecture

At the end of this course, participants will be able to: 1. Understand how your mindset and attitude influence the level of progress you experience. 2. Discuss the importance of consistent and clear communication, individually and as a team, when addressing change. 3. Identify opportunities for change in your life and create a plan of action by utilizing a powerful goal accomplishment process. 4. Develop an effective system for problem solving.

To learn more or to take this course, [continue to the course page for 2020 OCA-BEM-GPA Area Dental Meeting, Session 1 \[Recorded Webinar\]](#)

[2020 OCA-BEM-GPA Area Dental Meeting, Session 2 \[Recorded Webinar\]](#)

Course Number: [DE0389](#) Course Status: Available lecture

Upon completion of this course, participants will be able to: 1. Describe how to use IHS recommendations for clinical efficiency and effectiveness as a benchmark for their programs. 2. Utilize Excel spreadsheets to manage monthly QI/QA Data. 3. Develop a meaningful QI/QA Plan.

To learn more or to take this course, [continue to the course page for 2020 OCA-BEM-GPA Area Dental Meeting, Session 2 \[Recorded Webinar\]](#)

Data, QA/QI:

Clinical Productivity,
Efficiency and
Effectiveness Standards
are available on the
IHS DOH Dental Portal
(updated 2024)

<https://www.ihs.gov/doh/index.cfm?fuseaction=clinicmanagement.ee>



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Appendix V: Efficiency and Effectiveness Data Indicators Worksheet

	Indicator	Calculation	2016	2024
Resources	Population to Dentist Ratio	User population/# of FTE dentists ¹	1200:1	1,200:1
	Population to Staff Ratio	User population/# of FTE staff	500:1	500:1
	Assistant to Dentist Ratio	# of FTE DAs/# of FTE dentists	2:1	2:1
	Operator to Dentist Ratio	# of non-RDH chairs/# of FTE dentists	2:1	2:1
Services	Services per Dentist per Year	# of services/# of FTE dentists	4,505	5,097
	Services per Hygienist per Year ²	# of services/# of FTE hygienists	1,992	2,902
	Services per Facility per Year ³	# of services of all providers/# of FTE dentists only	6,497	6,604
Relative Value Units	RVUs per Dentist per Year	# of RVUs by dentist/# of FTE dentists	7,092	7,175
	RVUs per Hygienist per Year ²	# of RVUs by hygienist/# of FTE hygienists	2,788	3,640
	RVUs per Facility per Year ³	# of RVUs by all providers/# of FTE dentists	9,880	9,083
	RVUs per Staff per Year	# of RVUs (clinic)/# of FTE dental staff	2,770	2,860
	RVUs per Visit per Year	# of RVUs (clinic)/# of 0000+0190 codes	5.0	5.8
	RVUs per Patient per Year	# of RVUs (clinic)/# of 0000 codes	11.2	13.6
	RVUs per Operatory per Year	# of RVUs (clinic)/# of operatories	3,293	3,442
	Visits per Dentist per Year	# of 0000+0190/# of FTE dentists	1,879	1,645
Patient Visits	Visits per Dentist per Day	# of 0000+0190/# of FTE dentist/218 days	8.62	7.6
	Visits per Hygienist per Year ²	# of 0000+0190 (hygienists)/# of FTE hygienists	1,357	1,056
	Visits per Hygienist per Day ²	# of 0000+0190 (hygienists)/# of FTE hygienists/218	6.40	5.0
	Visits per Facility per Year ³	# of 0000+0190 (all providers)/# of FTE dentists	3,236	2,206
	Visits per Operatory per Year	# of 0000+0190 (clinic)/# of operatories	721	691
Quality	Broken Appointment Rate ⁴	9986/(0000+0190+9986-9170)	<21%	<17%
	% of Patient Treatment Planned ⁵	(0150+0145)/0000 x 100	>53%	>44%
	% of Patients Completing Treatment ⁶	9990/(0150+0145) x 100	>46%	>41%
	% of Level I-III (Basic) Services	# of Level I, II, III Services/# of Levels I-V Services	>80%	>90%

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 on services, RVUs, visits, and quality are based upon an average of 12 selected IHS, Tribal, and urban dental programs using FY 2023 data, while the resource indicators are long-standing DOH recommendations. Collectively, these indicators serve only as recommendations for assessing clinical productivity, efficiency, effectiveness, and quality of care provided.

Data, QA/QI:

Clinical Productivity,
Efficiency and
Effectiveness Standards
are available on the
IHS DOH Dental Portal
(updated 2024)

<https://www.ihs.gov/doh/index.cfm?fuseaction=clinicmanagement.ee>



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Quality	% of Patient Treatment Planned ⁵	$(0150+0145)/0000 \times 100$	<u>≥53%</u>	<u>≥44%</u>
	% of Patients Completing Treatment ⁶	$9990/(0150+0145) \times 100$	<u>≥46%</u>	<u>≥41%</u>
	% of Level I-III (Basic) Services	# of Level I, II, III Services/# of Levels I-V Services	<u>≥80%</u>	<u>≥90%</u>

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 on services, RVUs, visits, and quality are based upon an average of 12 selected IHS, Tribal, and urban dental programs using FY 2023 data, while the resource indicators are long-standing DOH recommendations. Collectively, these indicators serve only as 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 28-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 prior to 2015, 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. Use of 0120 is not recommended as it will provide a >100% rate as patients often have multiple recall exams in a year.
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. Use of 0120 in the denominator is not recommended as it will significantly lower the completion rate.
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.

Data, QA/QI:

1. IHS Portland Area User Population
2. It's complicated..... uses a 3-year period for patient access to any healthcare service (not just dental)
3. PRCDA's are Purchased Referred Care Delivery Areas



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December 22, 2022

IHS User Population - FY 2022 Portland Area Level Internal Reallocation of Users by Tribal Health Program

PAIHS FY 2022 USER POPULATION		PAIHS FY 2022 USER POPULATION	
<u>Tribal Health Program</u>		<u>Tribal Health Program - Continued</u>	
Burns Paiute	103	Port Gamble	1,457
Chehalis	1,680	Puyallup	7,481
Coeur d'Alene	7,211	Quileute	525
Colville	7,245	Quinault	2,250
Coos, Lower Umpqua, Siuslaw	632	Samish	681
Coquille	1,304	Sauk-Suiattle	39
Cow Creek	2,229	Shoalwater Bay	402
Cowlitz	4,739	Shoshone Bannock	5,900
Grand Ronde	5,083	Siletz	5,767
Hoh	24	Skokomish	721
Jamestown S'Klallam	437	Snoqualmie	434
Kalispel	355	Spokane	1,632
Klamath	2,788	Squaxin Island	991
Kootenai	160	Stillaguamish	47
Lower Elwha	833	Suquamish	476
Lummi	4,766	Swinomish	1,277
Makah	2,389	Tulalip	5,289
Muckleshoot	5,769	Umatilla	3,324
Nez Perce	3,960	Upper Skagit	565
Nisqually	1,705	Warm Springs	5,516
Nooksack	1,229	Western Oregon Service Unit	2,057
NW Band of Shoshoni	25	Yakama	11,563

-Table is reflective of Tribal Health Program and not historic Service Unit concept

-Per recommendation of Portland Area Fund Distribution Workgroup, the Portland Area Director has approved the following:

-Due to the Portland Area's unique situation where most Tribal PRCDA's are overlapping, resulting in multiple counties being shared by two or more Tribes, UP is determined through a combination of both Tribal affiliation and workload

-Each Tribe receives as part of its total UP all of its own Tribal members who reside in its PRCDA counties

-AI/AN who are not members of the Tribe(s) whose PRCDA county they reside in are Unaffiliateds. These unaffiliateds are apportioned among the Tribe(s) whose PRCDA includes that county, based on workload data accepted at the NDW

Data, QA/QI:

1. IHS Portland Area User Population
2. It's complicated..... uses a 3-year period for patient access to any healthcare service (not just dental)
3. PRCDA's are Purchased Referred Care Delivery Areas



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IHS User Population - FY 2023 Portland Area Level Internal Reallocation of Users by Tribal Health Program

PAIHS FY 2023 <u>USER</u> <u>POPULATION</u>		PAIHS FY 2023 <u>USER</u> <u>POPULATION</u>	
<u>Tribal Health Program</u>		<u>Tribal Health Program - Continued</u>	
Burns Paiute	101	Port Gamble	1,427
Chehalis	1,894	Puyallup	7,377
Coeur d’Alene	6,970	Quileute	560
Colville	6,778	Quinault	2,041
Coos, Lower Umpqua, Siuslaw	672	Samish	688
Coquille	1,241	Sauk-Suiattle	18
Cow Creek	2,230	Shoalwater Bay	383
Cowlitz	4,775	Shoshone Bannock	5,810
Grand Ronde	4,933	Siletz	5,451
Hoh	21	Skokomish	754
Jamestown S’Klallam	436	Snoqualmie	358
Kalispel	682	Spokane	1,642
Klamath	2,933	Squaxin Island	950
Kootenai	166	Stillaguamish	57
Lower Elwha	893	Suquamish	475
Lummi	4,546	Swinomish	1,296
Makah	2,442	Tulalip	5,100
Muckleshoot	5,880	Umatilla	3,381
Nez Perce	4,010	Upper Skagit	600
Nisqually	1,629	Warm Springs	5,304
Nooksack	1,273	Western Oregon Service Unit	2,022
NW Band of Shoshoni	41	Yakama	11,227

Staffing:

Who is working in your clinic?



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IHS Websites (Not the Dental Portal)

Resource Requirements Methodology (RRM)

The RRM estimates the requirements for dental staff to provide dental clinical treatment and community dental health promotion and dental disease prevention services. The workload parameter that is the key variable in the staffing estimation is User Population.

<https://www.ihs.gov/dper/planning/rrm-references/dental/>

IHS

<https://www.ihs.gov/index.cfm>



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Data, QA/QI:

Dental Director's responses:

"I would like to know how many DAs to 1 provider there are and how many patients they can comfortably see with that ratio."

"How do other clinics set up their schedules/templates or no templates and take into consideration staffing levels. "

"A basic review of core metrics common to most practice settings or those metrics you focus on during your site reviews to gain an understanding of practice characteristics."



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GO FIGURE:

12 = S of the Z

Shout out the
answer!



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Today's Agenda

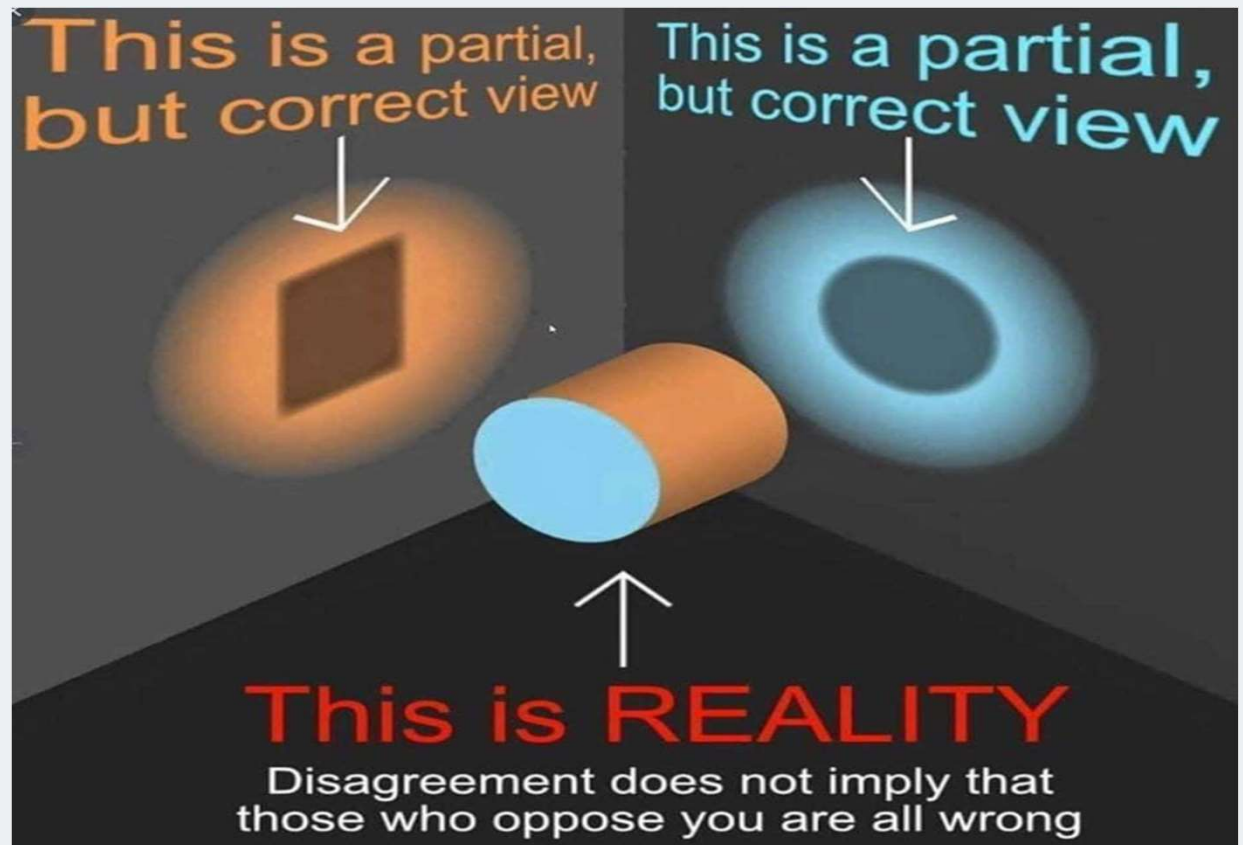
7:30 am	Registration opens
8:00 - 9:00 am	Breakfast (Provided)
8:30 am	Welcome and Introductions
9:00 am	IHS and NTDSC Updates
9:30 am	Policies, Procedures, and Protocols
10:15 am	Break
10:30 am	Data and QI/QA (Dental Dashboard)
11:00 am	Conflict Management and Resolution
12:00 pm	Final Comments/Closing
12:15 pm	Lunch (Provided)



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Conflict Management and Resolution:

Getting the
whole
picture, how
do we do
this?



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Conflict Management and Resolution:

1. Patient's Rights and Responsibilities
2. Employee's Right and Responsibilities
3. Policy and Procedure for:
 - a. Patient Complaints
 - b. Incident or Unusual Occurrence Report
 - c. Staff Counseling
 - i. Verbal and/or Written
 - ii. Employee Assistance Programs (EAP)



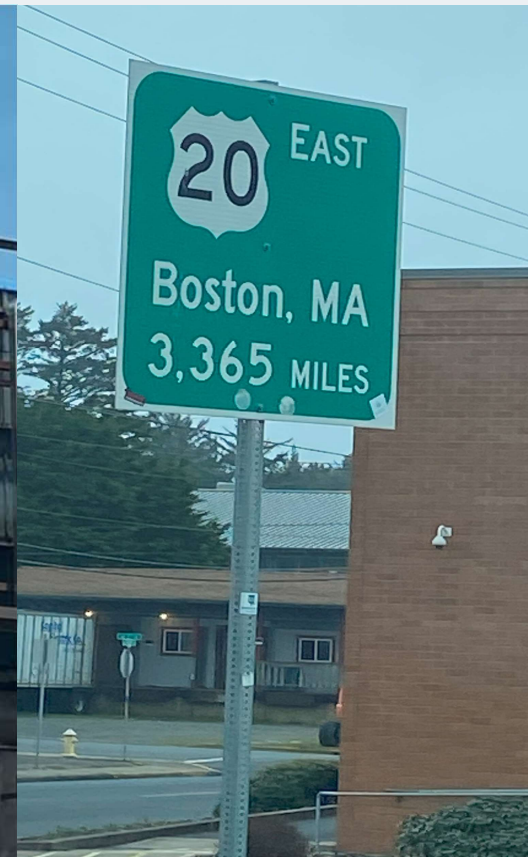
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Conflict Management and Resolution:

How is our
messaging?

Are we clear in
our
communication?

Is it applicable?



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Conflict Management and Resolution:

1. Attunement:
 - a. Listen with full receptivity
 - b. Ask questions
 - c. Be comfortable with silence (pause)
 - d. Positive attitude, providing reassurance
2. Good Organizational Citizenship: address issues, conflicts, problems with the mindset to improve. Going above and beyond!
3. Is being social necessary?



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“People don’t care what you know
until they know that you care”
Share examples from your clinic!



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Conflict Management and Resolution: Dental Director's responses:

"Conflicts in my clinic often range from people feeling like others aren't doing enough, when in reality they are working just as hard, but at different times and for different assignments. I often find this gets brought up if they have community ties outside of our program. When forced to interact, it comes with a lack of empathy and sometimes villainizing of the other party.."

"Bullying-confrontational behavior from patients towards staff that leads to emotional distress and pressure to alter practice decisions (access to care, level of services provided). Attempts at resolution have been direct discussion regarding expected behavior and formal written letters of warning with consequence of dismissal from access to the clinic. The difficulty of the situation is the stress involved in direct confrontation, the community is small, and that there are social repercussions for any actions taken. The easiest route is often appeasement/accommodation but this does not change the overall situation. "



GO FIGURE:

3 = BM (SHTR)

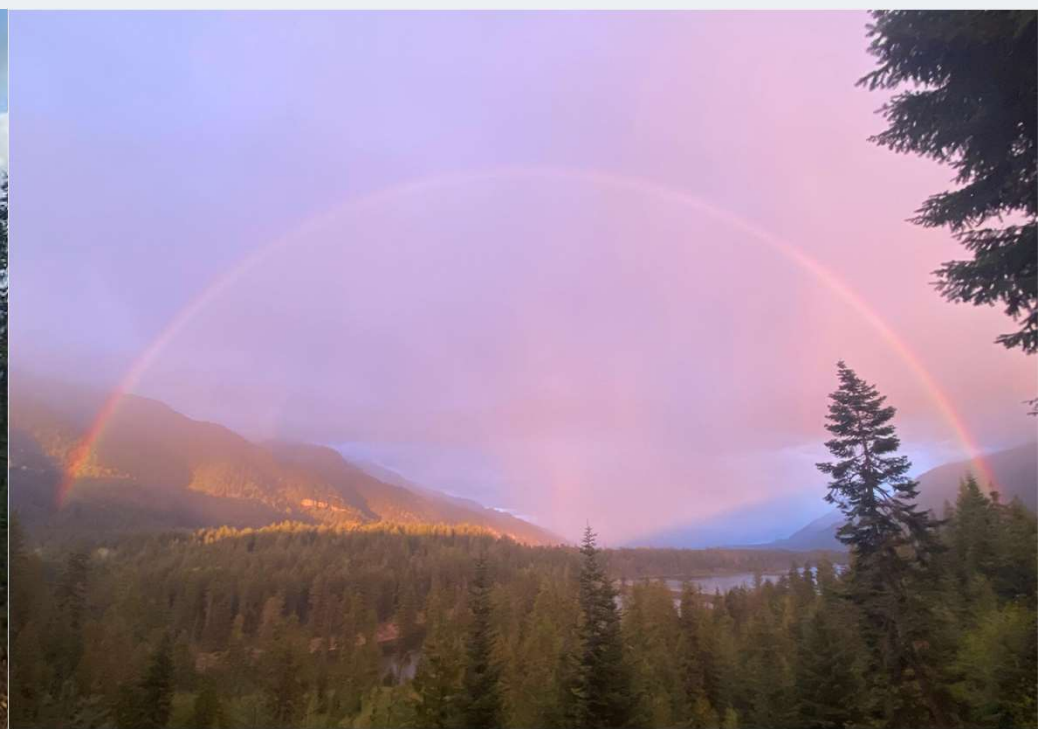
Shout out the
answer!



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Questions?



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Thank You!



CDE Course =

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