

# Division of Oral Health



## [Name of Area] Area New Dentist Guide



*Opportunity. Adventure. Purpose.*



# Overview

- Indian Health Service (IHS)
  - Clinics, Areas, Personnel Systems, and Loan Repayment Programs
- Resources
  - IHS Dental LISTSERVs, Dental Directory, Dental Portal, Continuing Dental Education opportunities, IHS National Dental Specialty Consultants, Dental Support Centers, Field Advisory Committee, and Infection Control Committee
- Key Concepts
  - Levels of Services, Federal Tort Claims Act, Strategies to Avoid Malpractice Claims, Forms/Guidance, Opioid Prescribing, Infection Control and Prevention, and Alternative Workforce Models

# Overview (cont.)

- Oral Health Projects and Initiatives
- Contributing to the Future
  - IHS Dental Student Externship Program, IHS Oral Health Surveillance, Oral Health Promotion Disease Prevention Funding Initiative, Recruitment, and Government Performance and Results Act
- Dental Directors
  - Dental Directors' Meeting, Concepts Management Series, Advertising Dental Vacancies, Dental Position Report, Coding, Billing, and Accreditation

# IHS - Indian Health Service



- Comprehensive health service delivery system serving
  - Approximately 2.8 million American Indians and Alaska Natives
  - Children, adolescents, and adults in 574 recognized Tribes
- Types of facilities
  - Over 350 dental programs located in 35 states
  - All but 1 dental program is co-located with a medical program
- IHS/Tribal/Urban Dental Programs Employees
  - Dentists: ~1,100
  - Dental Hygienists: ~500
  - Dental Assistants (including EFDAs): ~2,200
  - Expanded Function Dental Assistants: ~1,000
  - Dental Health Aide Therapists: ~30

# IHS - Division of Oral Health (DOH)

Name	Role	Contact Information
Dr. Timothy Lozon	IHS DOH Director	<a href="mailto:Timothy.Lozon@ihs.gov">Timothy.Lozon@ihs.gov</a>
Dr. Tim Ricks	IHS DOH Deputy Director, IHS CDE Coordinator, Oral Health Surveillance Coordinator, IHS HP/DP Coordinator, IHS DOH GPRA Lead, IHS EFDA and CDHC Coordinator	<a href="mailto:Tim.Ricks@ihs.gov">Tim.Ricks@ihs.gov</a>
Dr. Chris Halliday	IHS DOH Deputy Director, Dental Health Aide/Therapist Lead, Dental Support Center Coordinator	<a href="mailto:Christopher.Halliday@ihs.gov">Christopher.Halliday@ihs.gov</a>
Dr. Joel Knutson	Dental Informatics and Project Manager for the IHS Electronic Dental Record	<a href="mailto:Joel.Knutson@ihs.gov">Joel.Knutson@ihs.gov</a>
Dr. Cheryl Sixkiller	National Community Health Aide Program Dental Health Aide Specialist	<a href="mailto:Cheryl.Sixkiller@ihs.gov">Cheryl.Sixkiller@ihs.gov</a>
Dr. Nathan Mork	Oral Health Surveillance Co-Coordinator, IHS HP/DP Co-Coordinator, IHS DOH Recruitment Officer, IHS DOH Risk Management Consultant	<a href="mailto:Nathan.Mork@ihs.gov">Nathan.Mork@ihs.gov</a>
Dr. Damon Pope	Deputy Project Manager for the IHS Electronic Dental Record, IHS DOH National Dental Infection Prevention, Control & Safety Coordinator	<a href="mailto:Damon.Pope@ihs.gov">Damon.Pope@ihs.gov</a>

# IHS - Areas



# IHS – [Name of Area]

The [Name of Area] Area of the Indian Health Service (IHS) provides comprehensive health care services through hospitals, clinics, walk-in centers and community health stations.

- \_\_\_\_\_ Federal/direct service
- \_\_\_\_\_ Tribally-administered
- \_\_\_\_\_ Urban Indian Health Programs.

[Picture and information about Area]

# 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 - PHS)
  - Can work at tribal clinics (memorandum of agreement required) and federal clinics
  - 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
- Volunteer Dentist



# IHS - Loan Repayment Programs



- IHS Loan Repayment Program <https://www.ihs.gov/loanrepayment/>
  - Up to \$50,000 (minus tax payments) — 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
  - Eligible professions: dentists, dental hygienists, dental therapists, and dental assistants
- National Health Service Corps Loan Repayment Program <https://nhsc.hrsa.gov/loan-repayment/nhsc-loan-repayment-program>
  - Dentists may be eligible to receive an initial award of up to \$50,000 for two years of full-time service when they select a service site with a qualifying Health Professional Shortage Area (HPSA) score
  - Eligible professions: dentists and dental hygienists



**Note:** A recipient 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 I/T/U dental staff)
    - [https://www.ihs.gov/listserv/topics/signup/?list\\_id=28](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](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](https://www.ihs.gov/listserv/topics/signup/?list_id=211)
  - **IHS EDR** (for I/T/U dental staff)
    - [https://www.ihs.gov/listserv/topics/signup/?list\\_id=222](https://www.ihs.gov/listserv/topics/signup/?list_id=222)

# Resources - LISTSERVs

- **General instructions for joining IHS LISTSERVs:**
  - » Go to [www.ihs.gov/](http://www.ihs.gov/)
  - » Under the “for Providers” tab, click on “Listserv E-mail Groups”
  - » Click on topics on the left-hand side
  - » Type in “dental” in the search field and then click “search”
  - » Click on the IHS dental LISTSERVs you wish to join
  - » Type in your name and e-mail, then click “subscribe”
  - » Once you have been approved for the LISTSERV, you will receive an e-mail notification

# 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 a Dental Portal & Continuing Dental Education (CDE) account

# Resources - IHS Dental Portal [www.ihs.gov/doh](http://www.ihs.gov/doh)

- Primary resource for all IHS oral health topics

Home Page

ADO Resources

Continuing Dental Education

Dental Directory

Initiatives

Clinic

EDR

Forms & Guidance

COVID-19 Response

HP/DP Resources

Surveillance

Support Centers

Select Externs

Manager's Toolkit

National Oral Health Council

IHS Intranet

MORE System

## News & Announcements


**NEW** [New IHS Oral Health Survey Data Brief Released](#)

- ▶ [DA Radiology Certification Requirements](#)
- ▶ [IHS National Dental Specialist Consultants, 2022-2024](#)
- ▶ [Dental Clinic Design Considerations Added to Infection Control Section](#)
- ▶ [Recruitment, Relocation, and Retention \(3Rs\) Resources Added to Manager's Toolkit](#)
- ▶ [Alternative Dental Workforce Models](#)
- ▶ [The Oral Health Program Guide](#)
- ▶ [ADA releases Action for Dental Health paper on prevention](#)

## Search Portal Documents


### IHS Dental Explorer

**ECC Collaborative:**  
Are YOU Protecting Children's Teeth with Mighty Mouth Sealants and Restorations?



Wow, what a difference a year makes! A year ago, many dentists seemed a little cautious to provide glass ionomer interim therapeutic restorations (ITRs) or glass ionomer sealants.

### The IHS Early Childhood Caries Initiative



[Read the Newsletter](#). (1/20/2010 - PDF 1MB)

The IHS Early Childhood Caries Initiative is a new program designed to promote prevention and early intervention of dental caries (tooth decay) in young children through an interdisciplinary approach.

# Resources - IHS Dental Portal Highlights

- Clinic Tab
  - Caries Risk
    - » Silver Diamine Fluoride (SDF) information and videos
    - » 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 - IHS Dental Portal Highlights

- HPDP (Health Promotion/ Disease Prevention) Resources Tab
  - » Past HPDP Project Reports
  - » Resources – National Children’s Dental Health Month Presentations, GPRA information, dental public health presentations, prevention tools, etc.
  - » Monitoring Oral Health – IHS Oral Health Surveillance
  - » Support Centers – Contact information
- Explore the IHS Dental Portal
  - There are several additional sections with valuable information

# 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 of non-IHS courses
    - » 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



# Resources - Continuing Dental Education (CDE)

- To access the IHS Dental Portal and CDE website (after you are added to IHS Dental Directory):
  - » Go to [www.ihs.gov/doh](http://www.ihs.gov/doh) (Dental Portal)
  - » Click on 'Login'
  - » Click on 'register for an account'
  - » Complete the form, then click 'submit'
  - » You will receive an e-mail that confirms your account
  - » Log in to the Dental Portal
  - » Click on the CDE tab on the left to view CDE catalog and course offerings

# Resources - IHS CDE: Enduring Challenges and In-person Challenges Courses

- **Enduring Challenges (recorded webinars)**
  - Orientation course for dentists new to I/T/U dental programs - whether directly out of school or coming from private practice - about the standards of care within our system
  - Search for “Enduring Challenges” on IHS CDE website
  - Topics include: Dental Public Health, Endodontics, Dental Infection Control, Operative Dentistry, Oral Surgery, Orthodontics, Pediatric Dentistry, Periodontics, and Prosthodontics
- **Challenges (in-person)**
  - Generally available nationally every two years.

*Both courses are highly recommend for all new I/T/U dentists*

# Resources - IHS CDE: Dental Updates

- Premier conference of the IHS Dental Program
- 3-4 day in-person meeting (location varies) with wide variety of presenters – both IHS as well as non-IHS
- Great opportunity to network with I/T/U oral health community
- 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 (2022-2024)

- The following consultants are available to help with clinical questions related to their specialty:
  - Oral and Maxillofacial Surgery: Dr. Amy Suhr [[Amy.Suhr@tchealth.org](mailto:Amy.Suhr@tchealth.org)]
  - Pediatric Dentistry: Dr. Brian Talley [[Brian.Talley@ihs.gov](mailto:Brian.Talley@ihs.gov)]
  - Pediatric Dentistry: Dr. Scott Williams [[Scott.Williams@ihs.gov](mailto:Scott.Williams@ihs.gov)]
  - Periodontics: Dr. Eric Jewell [[Eric.Jewell2@ihs.gov](mailto:Eric.Jewell2@ihs.gov)]
  - Endodontics: Dr. Emily Ikahihifo [[Emily.Ikahihifo@ihs.gov](mailto:Emily.Ikahihifo@ihs.gov)]
  - Dental Public Health: Dr. Sarah Shoffstall-Cone [[sshoffstallcone@anthc.org](mailto:sshoffstallcone@anthc.org)]
  - Prosthodontics: Dr. Roger Oldroyd [[Roger.Oldroyd@ihs.gov](mailto:Roger.Oldroyd@ihs.gov)]
  - Orthodontics: Dr. Amber Foster [[AFoster@SouthcentralFoundation.com](mailto:AFoster@SouthcentralFoundation.com)]
  - Specialists Liaison: Dr. Nathan Mork [[Nathan.Mork@ihs.gov](mailto:Nathan.Mork@ihs.gov)]

# Resources– Dental Support Centers (DSC)

- Get to know your DSC staff
  - [Alaska Area Dental Support Center](#)
  - [Albuquerque Area Dental Support Center](#)
  - [California Dental Support Center](#)
  - Great Plains Dental Support Center
  - [Montana/Wyoming Tribal Dental Support Center](#)
    - » Billings Area
  - [Nashville Area Dental Support Center](#)
  - [Oklahoma Area Dental Support Center](#)
    - » Also provides support for Bemidji Area
  - [Southwest Dental Support Center](#)
    - » Phoenix, Navajo, and Tucson Areas
  - [Northwest Tribal Dental Support Center](#)
    - » Portland Area

# Resources– Field Advisory Committee (FAC)

- The FAC consists of the entire IHS dental staff, including USPHS officers, civil servants, as well as tribal and urban dental staff.
- The FAC is represented by an executive committee, which consists of one dental provider representatives from each of the twelve IHS Service Areas, as well as one representative from each of the following categories: Area Dental Officer, clinical specialists, registered dental hygienist, and dental assistant.
- The guiding principle and ultimate goal of the FAC is to improve the oral health of the Native American / Alaskan Native populations.
- Learn more about the FAC by visiting [www.ihs.gov/doh/nohc](http://www.ihs.gov/doh/nohc)

# Resources- IHS DOH National Infection Control (IC) Committee

- 13 Committee members comprised of Dentists and Hygienists

## Goals:

- Develop Area Subject Matter Experts (SMEs)
- Promote a Culture of Safety
- Review New IC Guidance/Training
- Develop and Present Dental IC CDE
- Inform HQ on Dental IC Changes

# Key Concepts - Levels of Services

- A central tenet of public health is doing the most good for the most people with limited resources, or simply put, do more with less. This reoccurring theme exists among many underserved communities across America, particularly Native Americans communities where the demand for dental care far exceeds existing public resources.
- Therefore, it would seem prudent to adopt dental public health strategies that provide **basic dental care** to the largest number of patients.
- Basic dental care is comprised of levels I-III services which are the most cost effective means to deliver care on a community wide basis.
- Dental services that alleviate pain (level I) or prevent disease (level II) have a higher priority than services to treat disease in its early stage (level III) or to treat disease that is well established (level IV-V).
- Level IV and V services are complex, time consuming and quite expensive to deliver. In general, treatment is difficult to render and often requires specialized skills and more chair side time.



# 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](#).

# Key Concepts - Federal Tort Claims Act (FTCA)

- Effective only under certain circumstances, including:
  - Scope of official duties (employment) - provider is privileged in writing for procedure
    - » Local privileges document
  - Treating patients covered by federal government or tribal contract with the government
- If a provider is paid (by the patient) in any way
  - » Coverage may be void
- Some contract dentists may not have FTCA coverage
- If claim is filed, final determination of FTCA coverage is made by Justice Department
  - » Local administrators cannot guarantee coverage or give you a letter stating you have FTCA coverage

**Key Resource** for FTCA and risk management topics: [IHS Risk Management Manual](#)

# Key Concepts - What Constitutes Malpractice?

- Duty / Breach of duty
  - Necessary elements
    - » Deviation from standard of care
    - » Injury to the patient
    - » Deviation directly caused injury

# Key Concepts - Standard of Care

- Definition
  - The knowledge and skills that a reasonable practitioner would use under similar circumstances.
- Not necessarily ideal care/outcomes

# Key Concepts - Informed Consent

- Purpose
  - Allows the patient to make an intelligent decision about what is done to his/her body
  - Right to know what they are “getting into”
  - Uninformed consent = no consent
- Includes all patient contact that is documented
  - Informed consent, clinical notes, and other forms
  - Documentation of any transfer of information (e.g. phone conversations)

# Key Concepts - Informed Consent

- Elements
  - Nature of the condition (in words the patient can understand)
  - Nature of the proposed treatment
  - Alternative to such treatment
  - General risks involved with the proposed treatment/alternative treatment/no treatment
  - Relative chance for success and failure

# Key Concepts - Strategies to Avoid Malpractice Claims

- Extractions are the most common procedure that elicits a malpractice claim; almost half of extraction claims involve third molars.
- Gain true informed consent, document it, especially for oral surgery and endodontic procedures. Use official IHS consent forms found on the IHS Dental Portal website [www.ihs.gov/doh](http://www.ihs.gov/doh).
- Provide oral and written post-operative instructions.
- Substantial dental bills and negative remarks from private sector providers who provided follow up care can generate malpractice claims. This can potentially be avoided by providing timely access to follow up care.
- Document accurately. Consider documentation as part of the treatment, rather than something “added on” after treatment is rendered.
- Avoid heroics. Promote realistic expectations.
- Treat one patient at a time: “Be here now.”
- Communicate and empathize. Always practice good **“bedside manners”**.

Please contact the IHS Dental Risk Management Officer, Dr. Nathan Mork, for questions or consultations at [Nathan.Mork@ihs.gov](mailto:Nathan.Mork@ihs.gov).

# Key Concepts - Forms and Guidance

- IHS official forms and guidance documents are located on the IHS Dental Portal at [www.ihs.gov/doh](http://www.ihs.gov/doh), Forms & Guidance Tab.
- The following are examples of consent forms available for download:
  - 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

Direct link to forms:

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



# Key Concepts - Opioid Prescribing

- Reducing unnecessary opioid prescribing is a Surgeon General priority.
- Dentists across the U.S. (not IHS only) provide 18.5 million opioid prescriptions annually.
- Dentists often provide a patient's first exposure to opioids and are one of the most common prescribers of opioids to patients whose brains are not fully developed, which can alter brain development.
- More than ½ of all opioids prescribed by dentists go unused or are diverted for non-medical use.
- Literature states that Tylenol + NSAID is as effective in treating acute dental pain as opioids and many studies state that it is actually superior to opioids.
- ADA and state dental boards now have guidance on opioid prescribing, opioid training requirements, PDMP use, etc. <https://www.ada.org/en/advocacy/advocacy-issues/opioid-crisis>
- IHS has Recommendations for Management of Acute Dental Pain document listed at <https://www.ihs.gov/doh> that assists dentists with selecting the most appropriate pain medication for patients based on individual medical conditions and situations.
- All Federal IHS prescribers must complete Essential Training on Pain and Addiction (ETPA) within six months from the start of employment and complete a refresher course every 3 years. <https://www.ihs.gov/opioids/trainingopportunities/essentialtraining/>

# 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](http://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)
  - EFDAs must be certified by Headquarters (there are specific requirements) and can only practice under direct or indirect (not general) supervision

# Key Concepts - IHS Alternative Workforce Models

- **Community Dental Health Coordinators (CDHC)**
  - Created by the American Dental Association (ADA) in 2006 “to break down the barriers that prevent people from receiving regular dental care and enjoying optimal oral health,” focusing on “community-based prevention, care coordination and patient navigation to link people with dental health resources.”
- **Dental Health Aide (DHA)**
  - Includes:
    - » Primary Dental Health Aide (PDHA) I & II
    - » Expanded Function Dental Health Aide (EFDHA) I & II
    - » Dental Health Aide Hygienist (DHAH)
  - Implemented by Alaskan tribes in 2004
  - Can provide a variety of treatments based on level of training

# Key Concepts - IHS Alternative Workforce Models

- **Dental Health Aide Therapist (DHAT)**
  - DHAT training requires the equivalent of three academic years of training, which can be accomplished in two calendar years, via compressed academic schedules
  - The Alaska Native Tribal Health Consortium (ANTHC) DHAT training program was implemented in 2004
  - Training programs are currently located in Alaska and Washington state
  - Training in dental disease prevention and dental treatment skills
  - DHATs are now practicing in Alaska, Washington, Oregon, and Idaho
- For more information on DHAs and DHATs visit:  
<https://anthc.org/alaska-dental-therapy-education-programs/publications/>

# Key Concepts - DHA/DHAT Background

- An innovative local solution to meet a local need
- Since the inception of the DHA/DHAT Initiative, a greater number of American Indian and Alaska Native communities have had access to oral health care
- Dental Health Aides and Dental Health Aide Therapists have become integrated into many healthcare teams serving American Indian and Alaska Native communities
- Many Dental Health Aides and Dental Health Aide Therapists have personal and cultural ties to the communities and populations they serve, and their relevant knowledge of traditions, norms and practices lead to great acceptance and appreciation of the care they provide

# Recent Oral Health Initiatives & Projects

- Learn about IHS oral health initiatives by visiting the initiatives section of the Dental Portal ([www.ihs.gov/doh](http://www.ihs.gov/doh)).
- Initiatives include:
  - Early Childhood Caries (ECC) Collaborative (2010-2017)
  - Silver Ion Antimicrobial Demonstration Project (2014-2017)
  - Periodontal Treatment Initiative (2015-2017)
  - Dental Workforce Efficiency Initiative (2016-2017)
  - Oral Health Literacy Initiative (2019-2022)
  - Give Kids A Smile Campaign (2020-present)
  - Medical-Led SDF Project (2022)
  - Dental Cognitive Assessment Project (2023)
  - Sexually Transmitted Infection Education Initiative (2023)
  - Triageing and Treating Dental Conditions in the Emergency Department (2022-2023)
  - Community Dental Health Program (2023-present)

# Contributing to the Future - IHS Dental Externship Program

- Consider becoming a dental student externship site
  - » Requires I/T/U clinic - school agreement
- Available for third-year dental students (between 3<sup>rd</sup> and 4<sup>th</sup> year)
- Excellent opportunity for dental students to learn about the IHS and to become ambassadors for IHS dental careers
  - » IHS DOH would like to offer this opportunity to as many schools as possible
- For more information on the dental externship program visit:  
<https://www.ihs.gov/dentistry/dentalexternships/>



# Contributing to the Future - IHS Oral Health Surveillance

- For I/T/U dental programs to better understand the oral health of their patients, dental programs are encouraged to participate in IHS Oral Health Surveys.
- During survey years, the survey focuses on one of four age groups:
  - 1-5 years old
  - 6-9 years old
  - 13-15 years old
  - 35+ years old
- For the survey, dental programs are randomly selected
  - » Participation is voluntary
  - » Even if your program is not selected, you are welcome to participate
  - » Local results are shared with clinic's dental director
  - » National results are reported in data briefs.
- To learn more about the IHS Oral Health Surveillance Program and to view past data briefs, please visit [www.ihs.gov/doh](http://www.ihs.gov/doh) and click on "Data Briefs."



# Contributing to the Future - Oral Health Promotion Disease Prevention (HP/DP) Funding Initiative

- Funding initiative (up to \$10,000, pending funds available) for dental program HP/DP projects
  - Project focus (e.g. children under six years of age) is described in request for proposals
  - Great way to start prevention or early intervention programs for the communities you serve
  - Request for applications generally announced in October
- Any IHS-direct, Tribal, or IHS-funded Urban dental program is eligible to apply for funding
- Awarded programs submit a final written report and participate in a national webinar

# Contributing to the Future - Recruitment

- Consider recruiting for the Indian Health Service:
  - Schools – Dental, Dental Hygiene, and Dental Assisting
    - » Talk with your Area Dental Officer about presentation slides that may be available
    - » Mention potential IHS externship opportunities
  - Dental meetings
    - » Contact your Area Dental Officer or Area Recruitment Officer if you are interested in volunteering at a booth
    - » You generally need to register several months in advance for a booth

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

- GPRA is based on a federal law (established 1997) to show Congress how different agencies, including the IHS, perform on a specified set of metrics.
- GPRA Modernization Act of 2010 (GPRAMA) requires agencies to use performance data to drive decision making
- GPRA year is October 1 – September 30 (same as fiscal year)

# 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 (2023 Target: 28.8%)
  - Increase the proportion of 2-15 year olds receiving dental **sealants** (2023 Target: 13.7%)
  - Increase the proportion of 1-15 year olds receiving at least one application of **topical fluoride** (2023 Target: 26.8%)
- Strategy: use a public health approach (e.g. community-outreach activities) to reach these goals
- For additional strategies to improve GPRA performance, view [recorded webinar]: <https://www.ihs.gov/DentalCDE/> - search for course DE0236 (2019)



# Additional Information for New Dental Directors

# Dental Directors' Meeting

- Meeting focuses on dental clinic management topics
- Excellent way to share ideas and network with other dental directors
- Meeting details are sent via the Dental Chiefs LISTSERV
- Coordinators:
  - Dr. Monica McKee ([monica.m@okcic.com](mailto:monica.m@okcic.com))
  - Dr. Joseph Salamon ([joseph.salamon@senecahealth.org](mailto:joseph.salamon@senecahealth.org))
  - Dr. Angela Fornetti ([angela.fornetti@hichealth.org](mailto:angela.fornetti@hichealth.org))

# Dental Directors - Concepts Management Series

- IHS Concepts of Dental Clinic Management Series
  - In-person courses open to all IHS direct and Tribal Dental Directors
  - Introductory (Concepts I), Intermediate (Concepts II) and Advanced (Concepts III)
  - Topics include: personnel management, budget management, program management, leadership, and socio-behavioral skills
  - Learn more about this course at the [IHS CDE website](#)



# Dental Directors - IHS Dental Vacancies

- There are two IHS systems to advertise vacancies at [www.ihs.gov/dentistry](http://www.ihs.gov/dentistry):
  - 1) [Job Opportunities](#) – managed by the IHS Office of Human Resources (OHR), this list includes dental staff job openings at IHS-direct sites only.
  - 2) [More Jobs](#) – managed by IHS DOH, this list is available for I/T/U dental programs to advertise dentist and dental hygienist openings.
    - » To submit new vacancies to ‘More Jobs,’ please contact your ADO, for the vacancy announcement form. After completing the form, send it to your ADO who will review and submit the information for you.
    - » Note: Future openings can be advertised on ‘More Jobs’ before an official advertisement.

# Dental Directors - Dental Position Report (DPR)

- Uses information from the IHS Dental Directory ([www.ihs.gov/dentaldir](http://www.ihs.gov/dentaldir)) to calculate staffing levels at each clinic
- Loan Repayment Program (LRP) eligibility is partially dependent on 24 months of reported DPR records
- Dental directors should update the dental directory when new positions are added or when staffing changes.
- For detailed instructions on how to update your clinic's DPR, email [IHSEDR@IHS.GOV](mailto:IHSEDR@IHS.GOV).
  - Instructions are routinely shared on the IHS Dental Chiefs listserv

# Dental Directors - Coding

- If your coding is bad, your reimbursement will suffer, no matter how good your billing department / procedures are! Coding is critical and can't be changed once it is submitted for payment.
- Have at least one ADA CDT code book (for current year) readily available in the clinic. Supplemental CDT book guides are available as well.
- Often there are multiple codes that are appropriate, but only 1 of them will result in reimbursement (acceptable vs. best).
- Know what private insurances & Medicaid reimburses for and educate dental staff & billing staff at least every January about codes & reimbursement changes. Set your staff up to succeed and make it as easy for them to choose the BEST code! Remember, the actual service provided and clinical documentation MUST support the use of the code selected.
- Quick buttons should only have most common codes that your clinic uses listed in each category. Example:
  - If your clinic doesn't do resin based permanent partials, then only have interim partials show up in the Removable Pros quick button. This ensures your staff won't choose resin based partial when you deliver an interim partial.
  - If your clinic only has F- varnish (D1206), make sure D1208 does NOT show up in Prevention quick button.

# Dental Directors - Coding

- Do coding chairside, in real time. Consider having the DAs enter codes while the DDS is in the OP rather than guessing later (“Did you do an indirect pulp cap? What surfaces did you treat? Should I invalidate the caries for the ITR?”). Real time coding (and charting) is generally more accurate than trying to remember 6 patients later what was done.
- Also, it is generally not an efficient use of DDS time to have to review previous codes in order to select correct code (0000 vs. 0190, D0150 vs. D0120, etc.). This is something a DA could be doing while DDS is polishing, carving, doing post-op instructions, etc., at the end of an appointment.
- DDS have to review all coding / charting / documentation and make corrections before closing out the visit. Remember, clinical notes documentation **MUST** support the code selected!
- If submitting claims out of Dentrix, make sure to have the dental insurance assigned to the patient before you bring them into the OP and complete codes. If you have no insurance assigned, there will be \$0 attached to the codes. Fees won't automatically change from \$0 if insurance is added after codes have been entered.
- Chart reviews should include review of coding to ensure compliance.
- Consider coding & documentation competencies for auxiliary staff.

# Dental Directors - Billing

- Critical components:
  - Insurance capture during registration
  - BEST coding
  - Pre-auths, as required
  - Submission of claims and following up on denials
- Be involved! Revenue generation pays dental budget – including staff salaries! Knowing & contributing to dental revenue generation is crucial when advocating for new positions, new services, etc. All staff need to understand their specific role in the process.
- Know what services require pre-authorizations and make sure pre-auths are done and readily available to billing staff.
- If dental staff is NOT submitting the dental claims, communicate with billing staff regularly. They need to know this is a team effort and that you will work with them to maximize reimbursement. If possible, provide Dentrix training so they can do their own reports, download pre-auths, etc.
- Update your fee schedule at least every 2 years! Your facility can purchase fee schedules from consulting firms (some Area Offices will do this for you) or you can purchase the ADA's fee surveys (released every 2-3 yrs. and free for ADA members).
- If submitting claims out of RPMS, billing department should be updating the fee schedule(s). If dental staff is submitting claims out of Dentrix, it is up to dental to update fee schedules in Dentrix & RPMS – they should match as closely as possible!

# Dental Directors - Billing

- IHS has special pricing to do claims submission out of the Dentrrix as an alternative option to billing out of RPMS 3PB. Unlike RPMS, Dentrrix allows x-rays, probing depths, pre-auths, etc. to be attached to claims that are submitted electronically.
- More and more private dental insurances are requiring electronic dental claim submission, which is not possible for most RPMS 3PB packages. This means these dental claims get written off! How much this affects your program depends on how many patients have private, billable dental insurance (not Medicaid or Tribal Self-Funded).
- Who should do claims submission and which software should be utilized (RPMS vs. Dentrrix) is a local program decision and depends on things like:
  - How good is the current process? Is billing consistently asking us for pre-auths, etc. to get claims paid?
  - Do we have patients with private dental insurances that require electronic claim submission?
  - Do we know how well codes are crossing the interface into RPMS? If codes don't always cross, then RPMS won't generate a claim.
- Separation of duties is crucial. Whomever submits claims should NOT be processing payments.
- Make sure you know what you are signing up for when you enroll/credential with an insurance company. Are you committing to charging patient co-pays? Are you signing up for a Medicaid MCO plan that would prevent you from submitting claims directly to Medicaid (i.e. preventing your facility from collecting the all-inclusive encounter rates)?
- There are several webinars listed on <https://www.ihs.gov/doh/> website that review dental billing in IHS utilizing Dentrrix & RPMS.

# Dental Directors - Accreditation

- Accreditation is a determination by an accrediting body, based on site visitation and in-depth evaluation, that an eligible health care organization complies with applicable standards.

–IHS Oral Health Program Guide

- Accrediting organizations:
  - The Joint Commission (formerly JCAHO)
  - Accreditation Association for Ambulatory Health Care (AAAHC)
- Certifying Organizations
  - Centers for Medicare and Medicaid services (CMS)
    - » Does not accredit
    - » Hospitals may elect to be directly “certified” by CMS
    - » CMS can also inspect as an enforcement activity

# Dental Directors - Accreditation

- Common Dental Topics

- Policy and procedure manuals
- Dental home
- Credentialing, privileging and peer review of credentialed staff
- Primary source verification and competency assessment for licensed staff that are not part of the credentialed medical staff
- Orientation and competencies of non-licensed independent practitioners
- In-house quality improvement (PI) programs
- Infection control protocols (must be consistent with the rest of the facility)
- Facilities and biomedical maintenance
- Safety procedures
- Evidence of staff meetings and in-service training
- Drug storage and utilization
- Emergency drug kits
- Nitrous oxide or sedation protocols and maintenance of equipment
- Adequacy of documentation of the medical record for dental treatment procedures
- Safety of staff and patients with imaging equipment

- Work with your local leadership team to prepare for the review



## Summary

- There are many opportunities to contribute to the IHS and your dental career.
- If you have a question, find someone who can help.
- Together we can make a difference!

# Questions?

- ADO name, phone number, and email