

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, DePAC, and Dental Support Centers
- 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.)

- Recent Oral Health Projects and Initiatives
 - Early Childhood Caries Collaborative and Periodontal Treatment Initiative
- 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' Call, Concepts Management Series, Posting Dental Vacancies, Dental Position Report, Coding, Billing, and Accreditation

IHS - Indian Health Service



- Population
 - 2.56 million American Indians and Alaska Natives (2019)
 - Children, adolescents, and adults in 573 recognized Tribes
- Types of facilities
 - 404 dental programs located in 35 states
 - Most dental programs are co-located with medical programs
- IHS/Tribal/Urban Dental Programs Employees (approximate)
 - Dentists: 1,000
 - Hygienists: 400
 - Assistants: 2,250
 - Office Staff: 500

IHS - Division of Oral Health (DOH)

Name	Role	Contact Information
Dr. Timothy Lozon	IHS DOH Director	Timothy.Lozon@ihs.gov
Rear Admiral/Dr. Tim Ricks	USPHS Chief Dental Officer, IHS Deputy Director, IHS CDE Coordinator, Oral Health Surveillance Coordinator, IHS HP/DP Coordinator,	Tim.Ricks@ihs.gov
Dr. Chris Halliday	IHS Deputy Director, Dental Health Aide/Therapist Lead, Dental Support Center Co-Coordinator	Christopher.Halliday@ihs.gov
Dr. Joel Knutson	Dental Informatics and Project Manager for the IHS Electronic Dental Record	Joel.Knutson@ihs.gov
Dr. Jim Webb	IHS DOH Recruitment Officer and Risk Management Consultant	James.webb2@ihs.gov
Dr. Cheryl Sixkiller	IHS DOH Special Projects Officer and Dental Support Centers Co-Coordinator	Cheryl.Sixkiller@ihs.gov

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)
 - Can work at federal or tribal clinics (memorandum of agreement required for tribal programs)
 - Same basic pay and benefits as Active Duty military
- Direct Tribal Hire
 - Employee of specific tribe
 - Negotiated salary, benefits, and work week comparable to civil service
- Contract Dentist

IHS - Civil Service Dentists

- Federal government employee of agency
 - Salary and benefits paid by U.S. government (set by Congress)
 - Paid vacation and sick leave, 10 annual federal holidays
 - 40-hour work week with overtime (unless receiving market pay)
 - For dentists, Title 38 market pay is now available in the IHS
 - Career advancement and relocation expenses
- Find open positions on <http://www.usajobs.gov>
 - Filter for agency or location

IHS - Civil Service Pay and Benefits

- Annual Base Pay, increases as approved by Congress AND
- Locality pay based on location (e.g. Denver adds 25.47%) AND
- Additional Title 38 Market Pay to more closely match median dentist salaries (e.g. total pay may be approximately \$120K)
- Matching 401K (TSP) contributions up to 5% of base pay
- Retirement plan (percentage of highest 3 years)

IHS - Commissioned Corps Dentists

- Commissioned on Active Duty in USPHS
 - Same basic pay and benefits as Active Duty military
 - 30 days paid vacation, 10 annual federal holidays
 - 40-hour work week without overtime
 - Natural disaster and significant event deployments
 - Career advancement and relocation expenses
 - Work in all agencies
- Application Process
 - Apply to the USPHS Commissioned Corps (<https://usphs.gov/>) and agency
 - Hired first by an agency, then contact Commissioned Corps to convert
 - Lengthy medical, financial, and FBI clearance screening process

IHS - Commissioned Corps Pay and Benefits

- Monthly Base Pay, Congress approves change
- Locality pay based on location/rank (e.g. Denver adds \$2,500 per month)
- Annual Specialty Pay (\$20,000 up to \$125,000) with commitment
- Signing Bonus^ (\$150,000 to \$300,000) with 4-year commitment
- Matching 401K (TSP) contributions up to 5% of base pay*
- Retirement plan (percentage of highest 3 years)
- Post-9/11 GI Bill benefits (transferrable to spouse/child with commitment)

^Must meet eligibility requirements
*Blended Retirement System (BRS) only

IHS - Other Personnel Systems

- Direct Tribal Hire
 - Employee of specific tribe
 - Negotiated salary, benefits, and work week comparable to civil service
 - IHS loan repayment eligible
 - Dental procedures and hours approved by tribe
 - Openings found at <https://www.ihs.gov/dentistry/currentopenings/>
- Contractors
 - Hired directly by agency or tribe
 - Employment salary and work period established by contract
 - Responsible for paying income tax and FICA quarterly
 - No workplace retirement benefits

IHS - Loan Repayment Programs

- IHS Loan Repayment Program -

- <https://www.ihs.gov/loanrepayment/>

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



- National Health Service Corps Loan Repayment Program

- <https://nhsc.hrsa.gov/>

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



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

Resources - LISTSERVs

- **General instructions for joining IHS LISTSERVs:**
 - » Go to 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 one or more of the IHS dental LISTSERVs you wish to join
 - » Type in name and e-mail, then click “subscribe”
 - » Once you have been approved for the particular LISTSERV, you will receive an e-mail notification and begin receiving e-mails distributed via that LISTSERV

Resources - Dental Directory

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

Resources - IHS Dental Portal

www.ihs.gov/doh

- Excellent resource for IHS and dental related topics
- Available content will vary based on your IHS position (e.g. dental director or staff dentist)

The screenshot displays the IHS Dental Portal website. On the left is a vertical navigation menu with the following items: Home Page (highlighted), ADO-HQ, CDE, Chiefs, Clinic, Directory, DPR, ECC Collaborative, EDR, Forms&Guidance, HP/DP, IHS Intranet, and FAC. The main content area is titled "News & Announcements" and features a "NEW" badge next to the first item: "IHS National Dental Specialist Consultants Announced". Below this are several other news items, each with a right-pointing arrow icon: "2018 IHS National Oral Health Council Clinical Excellence in Dentistry Awards", "Link to DePAC website", "2017 IHS National Oral Health Council Clinical Excellence in Dentistry Awards", "IHS Blog – Building Early Childhood Caries Prevention Into IHS Activities", "The Indian Health Service Early Childhood Caries Collaborative: A Five-year Summary", "Dental Preventive and Clinical Support Centers Program Awards", and "New DA Radiology Certification Requirements". Below the news section are two columns: "IHS Dental Explorer" and "IHS ECC Collaborative". The "IHS Dental Explorer" section includes the text "The IHS ECC Collaborative" and "At the 2009 IHS Dental Updates Meeting, a group of innovative IHS oral health professionals began the planning for a program aimed at preventing Early Childhood Caries (ECC). The ECC Initiative was" followed by an image of a superhero character and the text "MOUTH protects my teeth!". The "IHS ECC Collaborative" section includes the text "The IHS Early Childhood Caries Initiative" and "Read the Newsletter. (1/20/2010 - PDF - 1MB)" with an image of the ECC logo.

Resources - IHS Dental Portal Highlights

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

Resources - IHS Dental Portal Highlights

- HPDP (Health Promotion/ Disease Prevention) 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 on the outside
 - » Once registered for course, you will receive a link to the Tuition Payment form and an updated IHS W-9 form
- CDE courses are promoted on dental LISTSERVs
- Webinar courses that may be helpful for IHS dentistry include:
 - IHS Electronic Dental Record (EDR) – if applicable to your site
 - Caries stabilization (e.g. Interim Therapeutic Restorations)
 - Hall Crowns (placement of stainless steel crown without preparing tooth)

Resources - Continuing Dental Education (CDE)

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

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

- **Enduring Challenges (recorded webinars)**
 - Orientation course for dentists new to our dental programs (whether right 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 in 3-4 Areas/year and Nationally on Dental Updates off years

Both courses are highly recommend for all new dentists (whether right out of school or coming from private practice)

Resources - IHS CDE: Dental Updates

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

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

- The following consultants are available to help with questions related to their specialty:
 - Oral and Maxillofacial Surgery: Dr. Justin Sikes [Justin.Sikes@ihs.gov]
 - Pediatric Dentistry: Dr. Brian Talley [Brian.Talley@ihs.gov]
 - Pediatric Dentistry: Dr. Scott Williams [Scott.Williams@ihs.gov]
 - Periodontics: Dr. Eric Jewell [Eric.Jewell2@ihs.gov]
 - Endodontics: Dr. Jane Bleuel [jableuel@SouthcentralFoundation.com]
 - Dental Public Health: Dr. Nathan Mork [Nathan.Mork@ihs.gov]
 - Prosthodontics: Dr. Thomas Gunnell [Thomas.Gunnell@ihs.gov]
 - Specialists Liaison: Dr. Jim Webb [James.Webb2@ihs.gov]

Resources – Dental Professional Advisory Committee (DePAC)

- Represents the interests, concerns, and responsibilities of USPHS dentists
- Highlights:
 - **Mentoring program** – great opportunity to learn about USPHS career from an experienced dentist
 - **Recruitment** – learn how you can help to promote USPHS dental careers
 - **Newsletter** – excellent articles about dental category related topics (e.g. spotlights of fellow dentists, upcoming meetings, clinical recommendations from specialists, etc.)
- Learn more about DePAC and consider joining one of the committees*:

<https://dcp.psc.gov/osg/dentist/>

*Commissioned corps and civil service dentists

Resources– Dental Support Centers (DSC)

- Get to know your DSC staff
- 10 of 12 Areas have DSC*:
 - [Alaska Area Dental Support Center](#)
 - [Albuquerque Area Dental Support Center](#)
 - [California Dental Support Center](#)
 - [Montana/Wyoming Tribal Dental Support Center](#)
 - » Billings Area
 - [Nashville Area Dental Support Center](#)
 - [Oklahoma Area Dental Support Center](#)
 - [Southwest Dental Support Center](#)
 - » Phoenix, Navajo, and Tucson Areas
 - [Northwest Tribal Dental Support Center](#)
 - » Portland Area

*Bemidji and Great Plains Areas do not currently have DSCs

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 for additional guidance regarding establishing appropriate Levels of Care in specific dental programs. Log on to Dental Portal>Clinic>Oral Health Program Guide. IHS Oral Health Program Guide, Chapter 5,D 6-7.

Key Concepts - Federal Tort Claims Act (FTCA)

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

Key Concepts - What Constitutes Malpractice?

- Duty / Breach of duty
 - Necessary elements
 - » Deviation from standard of care
 - » Injury to the patient
 - » Deviation directly caused injury
- Providers do cause injury
 - Operative, oral surgery...
 - The question is whether the standard of care was met or not

Key Concepts - Standard of Care

- Definition
 - The knowledge and skills that a reasonable practitioner would use under similar circumstances.
- Not ideal care
- Standard of care
 - Does not imply ideal outcomes
 - Best to address as expected “less than ideal 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 and other forms, notes ...
 - Documentation of any transfer of information

Key Concepts - Informed Consent

- Elements
 - Nature of the condition
 - 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 - Informed Consent

- Informed consent will slow you down
- Treatment without consent may be assault...
- If assault, may not be covered by FTCA
- If informed consent + problems = malpractice
- If no informed consent + problems = assault

Key Concepts - Strategies to Avoid Malpractice Claims

- Extractions are the most common procedure that elicits a malpractice claim; almost half 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.
- Substantial dental bills and negative remarks from private sector providers who provided follow up care can generate malpractice claims. Avoid this by simply providing timely access to follow up care and after hours contact info.
- Provide oral and written post-operative instructions.
- 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. Jim Webb for questions or consultations at 301-443-1106 ext 5 or email james.webb2@ihs.gov.

Key Concepts - Forms and Guidance

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

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 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.
- Consider asking your BLS trainers to incorporate Naloxone training into BLS.

Key Concepts - Infection Control and Prevention

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

Key Concepts - IHS Alternative Workforce Models

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

Key Concepts - IHS Alternative Workforce Models

- **Dental Health Aide (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
 - Training program is based in Alaska
 - » However, many tribes are considering this model in the lower 48 states
 - » For example, the Swinomish Tribe (in Washington state) plans to open a DHAT training program by 2021
 - Training in dental disease prevention and dental treatment skills
 - The Alaska Native Tribal Health Consortium (ANTHC) DHAT training program was implemented in 2004
- 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

- IHS Electronic Dental Record (2007- present)
- 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)
- Maternal Dental Access – ECC Project (2017)
- Oral Health Literacy Initiative (2019-present)

Please visit the IHS DOH Portal (www.ihs.gov/doh) for additional information on many of these topics.

IHS Oral Health Initiative - Oral Health Literacy

- Goal: to give oral health providers tools to improve oral health literacy among AI/AN
- Theme: **SMILE** — **S**haring oral health **M**essages to **I**mprove **L**iteracy for **E**veryone
- Visit the IHS DOH Portal – Oral Health Literacy tab - for educational materials, presentations, articles, videos, and other resources

Sharing oral health Messages to Improve Literacy for Everyone

Smile

IHS Oral Health Initiative - ECC Collaborative

- The IHS Early Childhood Caries Initiative was designed to promote prevention and early intervention of dental caries in young children through an multi-disciplinary approach.
- It was both comprehensive (includes prevention and early intervention) and collaborative (multi-disciplinary).
- Results from 2010-2014:
 - 0-5 Access to care ↑ 7.9%
 - 0-5 Sealants ↑ 65.0%
 - 0-5 Fluoride ↑ 68.2%
 - 0-5 ITRs ↑ 161.0%



IHS Oral Health Initiative - Periodontal Treatment Initiative



- Developed new non-diabetic treatment protocol
- Developed new Community Periodontal Index (CPI) screening guide
- Evaluated effectiveness of EFDAs
- Results, total number of DAs trained:

Fiscal Year	# of Courses	Basic Trained	Advanced Trained	Refresher Trained	Total Trained
2012	5	30	0	0	30
2013	5	20	0	0	20
2014	3	12	0	0	12
2015	5	30	6	0	36
2016	7	49	6	0	55
2017	15	75	13	10	98
Totals	37	216	25	10	251

} Initiative Years

Contributing to the Future - IHS Dental Externship Program

- Consider having dental student externs at your clinic
 - » Requires I/T/U clinic - school agreement
- Available for third-year dental students (between 3rd and 4th 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

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



Contributing to the Future - IHS Oral Health Surveillance

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

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

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

- Mini-grants (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
 - This is a great way to start prevention or early intervention programs for the communities you serve
 - Application period 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)

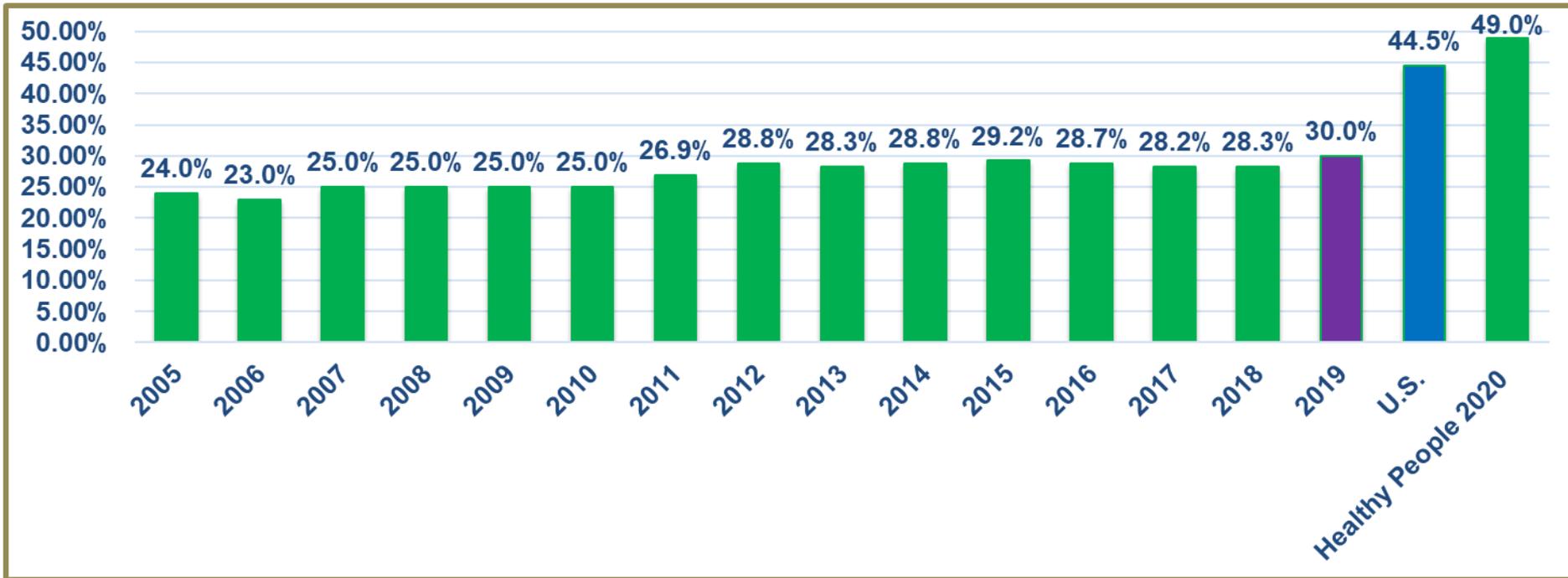
- GPRA is based on a federal law (established 1997) to show Congress how different agencies, including the IHS, perform on a specified set of metrics.
- GPRA Modernization Act of 2010 (GPRAMA) requires agencies to use performance data to drive decision making
- GPRA year is October 1 – September 30 (same 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 (2020 Target: 29.7%)
 - Increase the proportion of 2-15 year olds receiving dental **sealants** (2020 Target: 17.2%)
 - Increase the proportion of 1-15 year olds receiving at least one application of **topical fluoride** (2020 Target: 34.5%)
- Strategy: use a public health approach (e.g. community-outreach activities) to help you to reach these goals
- For additional strategies to improve GPRA performance, view [recorded webinar]: <https://www.ihs.gov/DentalCDE/> - search for course DE0236 (2019)

Contributing to the Future - GPRA Access

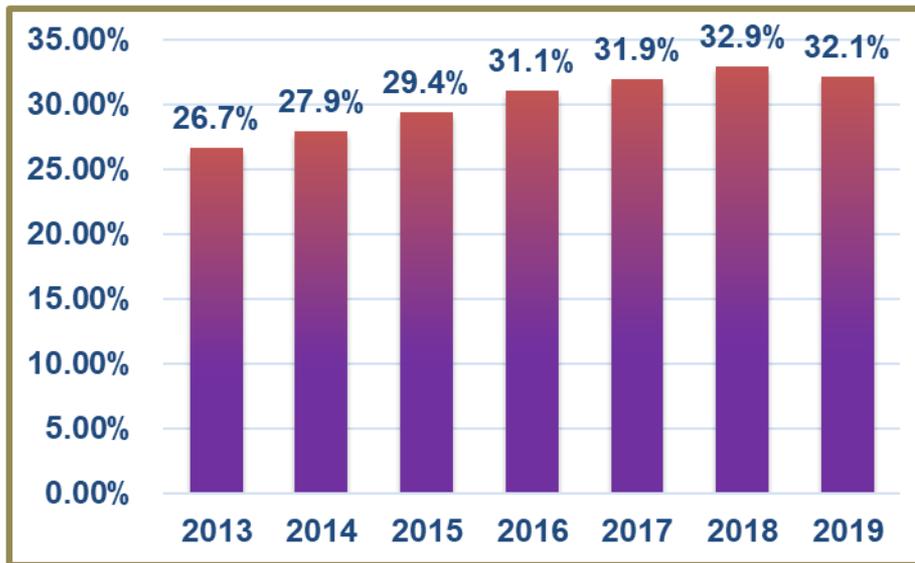
- AI/AN access to dental services vs. the general U.S. population & Healthy People 2020 goals



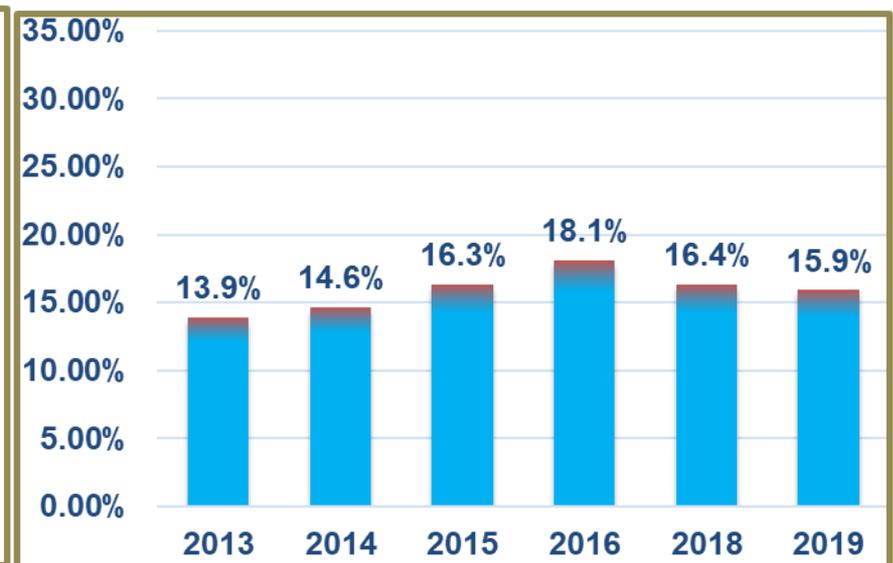
Contributing to the Future - GPRA Topical Fluoride and Sealants

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

Proportion of 1-15 year olds receiving topical fluoride



Proportion of 2-15 year olds receiving dental sealants



Dental Directors - Quarterly Call

- For Dental Directors
- Excellent way to learn about current dental topics and network with other dental directors
- Meeting details are sent via the Dental Chiefs LISTSERV
- Coordinator: Dr. Brandy Larson (Brandy.Larson@ihs.gov)

Welcome to the Quarterly Dental Directors' Call

Recurring calls 3rd Tuesday of each quarter
(January, April, July, October)



- 2:00 pm Eastern
- 1:00 pm Central
- 12:00 Mountain
- 11:00 am Pacific
- 10:00 am Alaska

PLEASE ADD THESE RECURRING CALLS TO YOUR OUTLOOK & CLINIC CALENDARS

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)
 - The only prerequisite for Concepts I is to be a dental supervisor (Dental Director, Deputy Director, Acting Director or Chief Satellite)
The prerequisite for Concepts II is concepts I and prerequisite for Concepts III is Concepts I & II. (Each course builds on principles learned and applied in the previous course).
 - 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

- Post dental provider vacancies on [IHS DOH current openings website](#)
 - To submit new vacancies you may contact your ADO or submit a request to IHSEDR@ihs.gov
 - After the position is filled contact your ADO or notify IHSEDR@ihs.gov to remove the listing
- Future openings can be advertised before official announcement
- Talk with your ADO about opportunities to advertise dental vacancies through LinkedIn (IHS direct clinics only) or social media

Dental Directors - Dental Position Report (DPR)

- Online IHS system for tracking dental provider vacancies
 - <http://www.ihs.gov/MedicalPrograms/dpr/index.cfm>
- Loan Repayment Program (LRP) eligibility is partially dependent on 24 months of reported DPR records
- Reports are accepted on days 1-15 of the month following the report period. For example, January's data is due on February 1-15.
- If you are a first time user and need to submit report data but do not have access to the system, contact DPR Assistance at IHSEDR@IHS.GOV with the following information: First and Last Name, IHS Web Login Username, Duty Station, and Phone Number.

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

- The IHS is a great choice for a dental career
- There are many opportunities to learn
- If you have a question, find someone who can help
- Together we can make a difference!

Questions?

- ADO name, phone number, and email