

Dental Health Aide Therapists in Idaho

Idaho Council on Indian Service



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DECEMBER 5, 2017



Overview

- Why DHATs could work to overcome barriers to care for Tribal communities in Idaho
- Policy considerations for potential legislation
- Update on Coeur D'Alene Tribe's efforts



What are the barriers to care?

- Shortage and high turnover rate of dentists in tribal communities
- Lack of resources—IHS chronically underfunded
- Cost of care
- Historical trauma
- Lack of culturally competent providers
- Geographic isolation



An oral health care solution: Dental Health Aide Therapists



Alaska Model:

- Intentional Scope focusing on most routine preventive and restorative procedures
- Accessibility of Education allows for profession to attract and retain students
- Grounded in CHAP model of community participation
- General supervision allows DHATs to bring care to where it is needed



Provider model began in the 1920s, brought to US by Alaska Natives 2006. Dental Therapists are now authorized in AK, MN, VT, ME, WA and OR



DHAT model working in Alaska

- Over 50 certified DHATs in 80 communities
- Over 45,000 Alaska Natives now receiving direct oral health care
- DHATs stay in their communities providing continuity of care
- Dental teams with DHATs allow everyone to practice at the full extent of their license





Better oral health outcomes



Increased Dental Therapist treatment days significantly associated with:



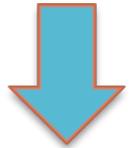
More children and adults who receive preventive care



Fewer children under age of 3 with extractions of the front four teeth



Fewer adults ages 18 and older with permanent tooth extractions



Fewer children OR visits for full mouth restorations.

*Dental Utilization for Communities Served by Dental Therapists in AK's Yukon Kuskokwim Delta.
University of Washington, August 2017. Principal Investigator
Donald Chi, DDS, PhD*



Federal Complications to Expanding DHAT Framework to lower-48

2010 Indian Health Care Improvement Act:

Expansion of the Community Health Aide Program
“shall exclude dental health aide therapist services from services covered under the program...”

“...shall not apply in the case of an election made by an Indian tribe or tribal organization located in a State (other than Alaska) in which the use of dental health aide therapist services or midlevel dental health provider services is authorized under State law...”



Successes in expanding to lower 48

- Pilot project in Oregon demonstrating how DHATs can improve access, lower costs and ultimately increase oral health
- Legislation passed last year in WA allowing DHATs to practice on tribal lands
- DHAT Education Program being built in Washington
- In the Portland Area (ID, WA, and OR) there are 10 students in the Alaska Dental Therapy Education Program, including a member of the Coeur D'Alene Tribe



Potential Legislation in Idaho

Policy Concepts to consider:

- At a minimum, legislation would remove federal barrier for Tribes that want to employ DHATs
- Recent communication from CMS regarding Washington legislation calls into question limiting patients to IHS eligible, and facility location to tribal lands. Coeur D'Alene serves as FQHC for Plummer area.
- Education model best left to CODA accreditation
- General supervision is key to success of model. Keeps dentist as lead of the dental team, yet allows for increased practice settings



Coeur D'Alene Tribe



The Tribe owns and operates Marimn Health (formerly Benewah Medical and Wellness Center) in Plummer, Idaho. Thirty percent of the 6000 patients utilize the dental clinic. Dental services are provided by 4 full time dentists and occasional part time dentists. They also serve as the region's FQHC, with the patient population split 55% AI/AN and 45% non AI/AN.

