DHAT: Alaska and Beyond!

CHRISTINA PETERS, PAM JOHNSON, NATIVE DENTAL THERAPY INITIATIVE

JOHN STEPHENS, SWINOMISH INDIAN TRIBAL COMMUNITY

NIHB JUNE 8, 2017
WE

ALASKA
We ♥ The Alaska Community Health Aide Program (CHAP)

Alaska Native Tribal Health Consortium
WE ❤️ ANTHC’s DHAT EDUCATION PROGRAM
We ❤ DHAT Successes

- 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
We ♥ better outcomes!

Children in communities with DHAT: 2006-2015*

D-E-F-G extractions (front four teeth):

284% decrease

General Anesthesia:

44% decrease

Preventive care:

60% increase

*Dental Therapists and Dental Utilization in Alaska’s YK Delta: Chi D, Lenaker D, Mancl L, Dunbar M, Babb M
Adults: 2006-2015*

Adults in communities with DHAT: 2006-2015*

Extractations

26% decrease

Preventive Care

75% increase

* Dental Therapists and Dental Utilization in Alaska’s YK Delta: Chi D, Lenaker D, Mancl L, Dunbar M, Babb M
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...”
Washington State Tribes Road to Success
Washington Tribes

- Over 40 Community, Health and Tribal Organizations are part of the coalition. There is one opponent, the Washington State Dental Association
- The coalition has stayed true to commitment of an equitable education model that models the AK program
- In 8 years, bill has never gotten past committee in both houses
February 1, 2017

Dear Legislator:

The sovereign Tribes of Washington State have the right and responsibility to provide the best health care for our people. We are writing to you today to ask that you stand with us in fully recognizing those rights and support SB5079 and HB1414, Concerning Dental Health Services in Tribal Settings.

There is an oral health crisis in Indian Country, and it doesn’t have to be this way. The Tribal Dental Health Aide Therapists (DHAT) program is one solution to the oral health crisis that will:

- optimize the oral health care system by improving the patient experience of care;
- increase and improve access and quality outcomes;
- increase the number of native oral health providers and;
- reduce the cost of care.

This bill is a tribal-led solution that adopts an evidence-based, culturally–competent care model with over a decade of demonstrated oral health quality outcomes in Tribal communities. The DHAT program is also economically efficient for Indian health programs because it increases access and lowers costs, while maintaining the same quality of care as that provided by a dentist. Even though tribes do not need this bill in order to move forward with integrating DHATs into our dental programs, we do need state authorization in order to use our Indian Health Service funding since DHATs are practicing. This is particularly important for tribes with fewer resources.

SB5079 and HB1414 do not require a tribal health program to adopt dental therapists but merely clears the way for tribes to choose to incorporate this provider into our oral health team if that is what the community and tribal leaders decide. It is a complement, rather than a replacement to other tools and resources available to tribal dental programs.

We respectfully urge you to support SB5079/HB1414.

Contact:
David Guranick, Phone: 360-561-1920
June 2015: Swinomish Indian Tribal Community Announces DHAT Initiative

Swinomish Chairman and NCAI President
Brian Cladoosby
January 2016: Dan Kennedy first DHAT in lower 48
February 2017: Tribal DHAT bill becomes law!
So what exactly is in the new law?

1. Authorization of DHAT services under certain conditions
2. Medicaid eligibility and state participation
Key Conditions

The person providing services is certified as a dental health aide therapist by:

- (i) A federally authorized community health aide program certification board; or

- (ii) A federally recognized Indian tribe that has adopted certification standards that meet or exceed the requirements of a federal community health aide program certification board;
Political Realities

All services are performed:

• (i) In a practice setting within the exterior boundaries of a tribal reservation and operated by an Indian health program;

• (iv) On persons who are members of a federally recognized tribe or otherwise eligible for services under Indian health service criteria, pursuant to the Indian Health Care Improvement Act
Funding

Two key Medicaid provisions:

1. It is the intent of the legislature to provide that dental health aide therapist services are eligible for Medicaid funding...

2. The health care authority is directed to coordinate with the centers for Medicare and Medicaid services to provide that dental health aide therapist services authorized...are eligible for federal funding of up to one hundred percent.
Oregon Tribes Road to Success

Naomi Petrie, Confederated Tribes of Coos, Lower Umpqua and Siuslaw Indians
Oregon Dental Pilot Projects were authorized by state legislation in 2011 to increase access and improve quality to oral health care by:

- Teaching new skills to existing providers,
- Developing new categories of dental providers, and
- Accelerating and expanding the training to current providers.
2016: Initial Pilot Sites Approved

Confederated Tribes of Coos, Lower Umpqua and Siuslaw Indians

Coquille Indian Tribe
2016: NARA NW Added as Site

- Started in 1970 as rehabilitation center, now operates 8 treatment, education and residential facilities
- New dental clinic opened May 2016 to serve NARA’s 5000+ client representing nearly 500 Tribes
- Multiple facilities will provide varied practice settings in Urban Indian Program.
2017: Oregon Pilots Start Evaluation

Pilot had to define measurable outcomes:

- Increased access—increased number of patients, decreased wait times,
- Improvement in services—getting through treatment plans and dentists being able to do more complex procedures
- Patient satisfaction
- Clinic efficiency and cost savings
Next Steps in Portland Area

(1) Continue to grow our DHAT workforce
(2) DHAT education program
(3) Oregon legislative campaign
(4) CHAP expansion
Naomi Petrie  
CTCLUSI, Class of 2017

Marissa Gardner  
CTCLUSI, Class of 2018

Alexandria Jones  
Coquille, Class of 2018

Jason Mecum  
Coquille, Class of 2018

Kari Douglass  
NARA, Class of 2019
Swinomish Indian Tribal Community (WA)

Asiah Gonzalez,
DHAT Class of 2019

Sarah Chagnon,
DHAT Class of 2019

Asiah Gonzalez,
DHAT Class of 2019
Lummi Nation (WA)

Avena Finkbonner, DHAT Class of 2019

Angela Johnson, DHAT Class of 2019
Coeur d’Alene Tribe of Indians (ID)

Anna Degraffenreid
DHAT class of 2019
Next Steps in Portland Area

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We ♡ the ANTHC DHAT Training program

- Currently in the planning phases for a DHAT training program in the Portland Area
- Working hard to replicate the ANTHC program – we are not recreating the wheel.
- Partnership between a local community college and Swinomish
- Swinomish will be the clinical site for the 2nd year
- Beginning an education campaign with tribal colleges in the area to lay the groundwork for a full CHAP expansion in the Portland Area.
Building an Oregon coalition
National CHAP Expansion Efforts

- Since 2010, state-by-state efforts to pass dental therapy legislation
- June 2016: Dear Tribal Leader Letter seeking tribal consultation on a policy statement describing the intention of the IHS to create a national Community Health Aide Program (CHAP)
- October 2016: The Tribal Consultation on the draft policy statement concluded
- IHS issued a DTLL and report on January 4, 2017 on the CHAP tribal consultation process.
January 4th Report Highlights

Summary of comments:

- Emphasized opportunity for CHAP to increase access to services
- Reiterated community nature of program and importance of community involvement
- Highlighted need for baseline standards with enough flexibility that each Area can set-up its own program.
- Nationalization intended not to disrupt existing CHAP programs
- Highlighted need for federal legislative change to fully utilize DHATs
Questions?
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