SENATE HEALTH CARE COMMITTEE

RE: Testimony on behalf of SB 1550

Chair Monnes Anderson, Vice Chair Linthicum, and Members of the Committee:

For the record my name is Dr. Eli Schwarz. I am Professor and Chair of the Department of Community Dentistry, at the Oregon Health Science University School of Dentistry. I am also the Principal Investigator of Dental Pilot Project 200.

My portion of the presentation for SB 1550 today is to provide you with information about the pilot and its benefits and successes. Dr. Clemens provided you with information on SB 738 and the purpose and importance of the dental workforce pilot projects generally.

PILOT PROJECT #200

Pilot Project #200, entitled "Training Expanded Practice Dental Hygienists to Place Interim Therapeutic Restorations" was developed to achieve objective (A) under SB 738, namely to "teach new skills to existing categories of dental personnel." We received approval to begin on March 8, 2016.

Currently, according to the Oregon Revised Statutes Chapter 680, EPDHs may only perform placement and finishing with direct alloy and direct composite only after a dentist has prepared the tooth for restoration.[i] Adding the procedure, called Interim Therapeutic Restoration (ITR) for caries excavation (with hand instrumentation), into the

scope of EPDHs allows them to place ITRs and provide that care. There are many benefits of adding ITRs to the services an Expanded Practice Dental Hygienist can provide, including: 1) Provides access to dental care where there is none now; 2) Keeps almost half the children healthy in their community; 3) Demonstrates high potential value; 4) Indirect economic/social benefits for students and parents; 5) Cost reduction & avoidance.

As part of our application and its approval, various criteria to assist us in measuring our success with the Pilot Project were included. The following slides all address those criteria and our outcomes. This slide shows project achievements towards the targets outlined in the Pilot agreement. Our expected achievements and outcomes achieved on each selected evaluation metric our achievements toward target objectives are shown.

Forty-four percent of patients were kept healthy in the community and were managed by the EPDH and teledentist team with 56% needing a referral for an in-person dental visit for higher level procedures.

The high percentage of children with dental decay is also illustrated in Table 4 below. Seventy-four percent of children seen in the program had a cavity, either previously treated or untreated. The incidence of decay in this community is significantly higher than the 49% decay incidence noted statewide by the 2017 Smile Survey. The figure below highlights that, among those children who presented without dental decay, eight out of ten didn't have any need to be sent to the dentist. Conversely, eight out of ten children who presented with dental decay at the assessment had such serious needs that a dentist referral was necessary.

Satisfaction surveys were provided to parents and an analysis of satisfaction surveys completed and turned in by parents between April 2016 and June 2018 indicates very high levels of acceptance and satisfaction with treatment. Seventy-four percent of the parents expressed a high degree of satisfaction with the dental program.

The main way in which the project increases access to dental care in the population is by providing on-site care that reduces various barriers to access. Data collected on patient consent forms shows the following barriers to care faced by the population. Of the 493 parents who provided this information on the consent forms, 261 (53%) said they experienced at least

one barrier to care. The most common barriers cited by those 261 respondents are shown in this slide.

For comparison, Figure 4 shows information from Parent Satisfaction Survey respondents showing that the perceived benefits of their child receiving care through the project address many of the barriers to care.

Thank you for the opportunity to testify today.