



APRIL 21, 2021

SENATE HEALTH CARE COMMITTEE

RE: Testimony on behalf of HB 2627

Chair Patterson, Vice Chair Knopp, and Members of the Committee:

For the record my name is 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 HB 2627 today is to provide you with information about the pilot and its benefits and successes. Linda provided you with some 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 OHA 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 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.

In closing, I want to highlight that during the course of our pilot project the main professional organization in children's dentistry, American Academy of Pediatric Dentistry (AAPD) issued the following Policy Statement:

"The AAPD recognizes ITR as a beneficial provisional technique in contemporary pediatric restorative dentistry. ITR may be used to restore and prevent the progression of dental caries in young patients, uncooperative patients, patients with special health care needs, and situations in which traditional cavity preparation and/or placement of traditional dental restorations are not feasible."

Thank you for the opportunity to testify today.
