

IHS Division of Oral Health Overview: Improvements & Initiatives

Presentation for CareQuest Institute for Oral Health
April 4, 2023

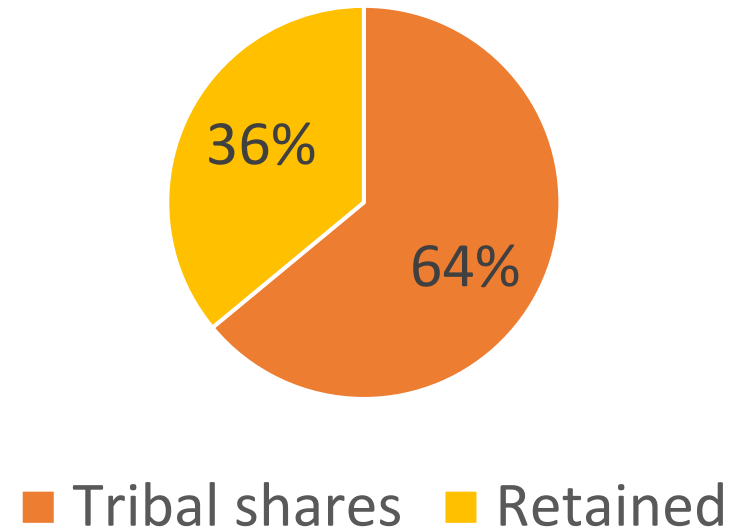
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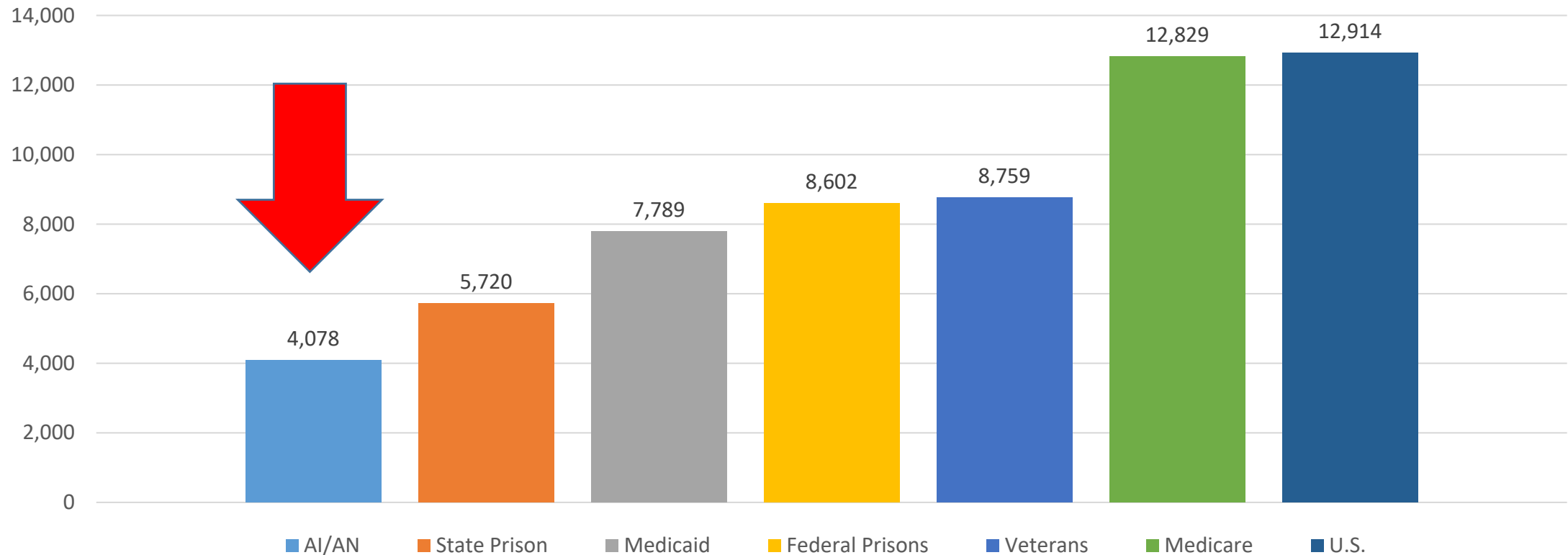
Part I – AI/AN Oral Health Disparities

Fiscal Year	Amount
2019	\$197,949,000
2020	\$210,602,000
2021 Final	\$214,687,000
2022 Enacted	\$235,788,000
2023 Enacted	\$237,000,000

Overall Dental



Per Capita Healthcare Spending

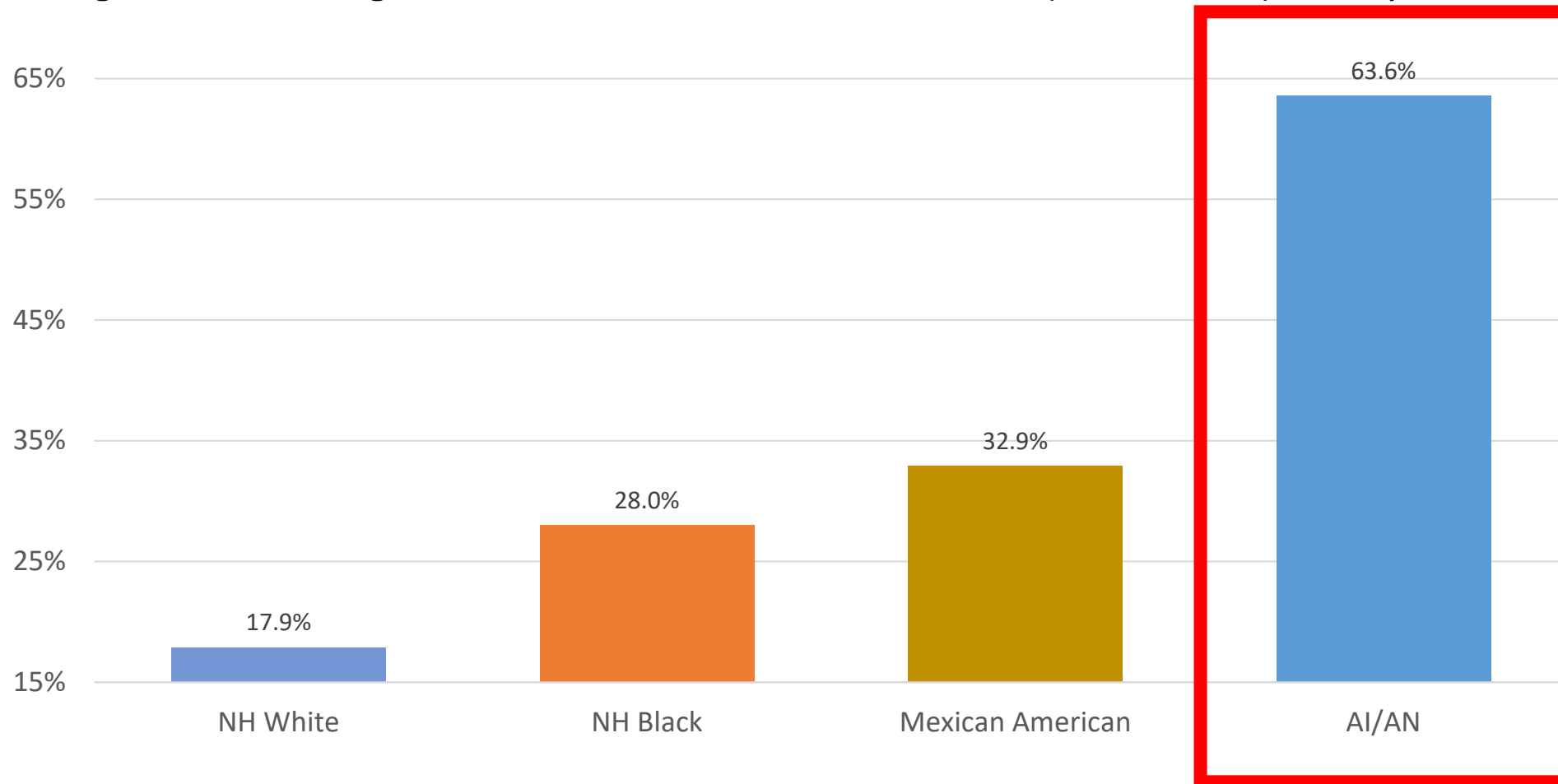


<https://www.ihs.gov/newsroom/factsheets/ihsprofile/>
<https://www.pewtrusts.org/en/research-and-analysis/articles/2017/12/15/prison-health-care-spending-varies-dramatically-by-state>
<https://www.gao.gov/products/gao-17-379>
[https://www.cms.gov/research-statistics-data-and-systems/statistics-trends-and-reports/nationalhealthexpenddata/nhe-fact-sheet#:~:text=NHE%20grew%202.7%25%20to%20%244.3,Gross%20Domestic%20Product%20\(GDP\)](https://www.cms.gov/research-statistics-data-and-systems/statistics-trends-and-reports/nationalhealthexpenddata/nhe-fact-sheet#:~:text=NHE%20grew%202.7%25%20to%20%244.3,Gross%20Domestic%20Product%20(GDP))
https://www.ihs.gov/sites/ihsif/themes/responsive2017/display_objects/documents/2018/2017_IHS_Expenditures.pdf



Early Childhood Caries Burden

Percentage of children ages 2-5 with dental caries, 2011-2016 (AI/AN 2019) – early childhood caries



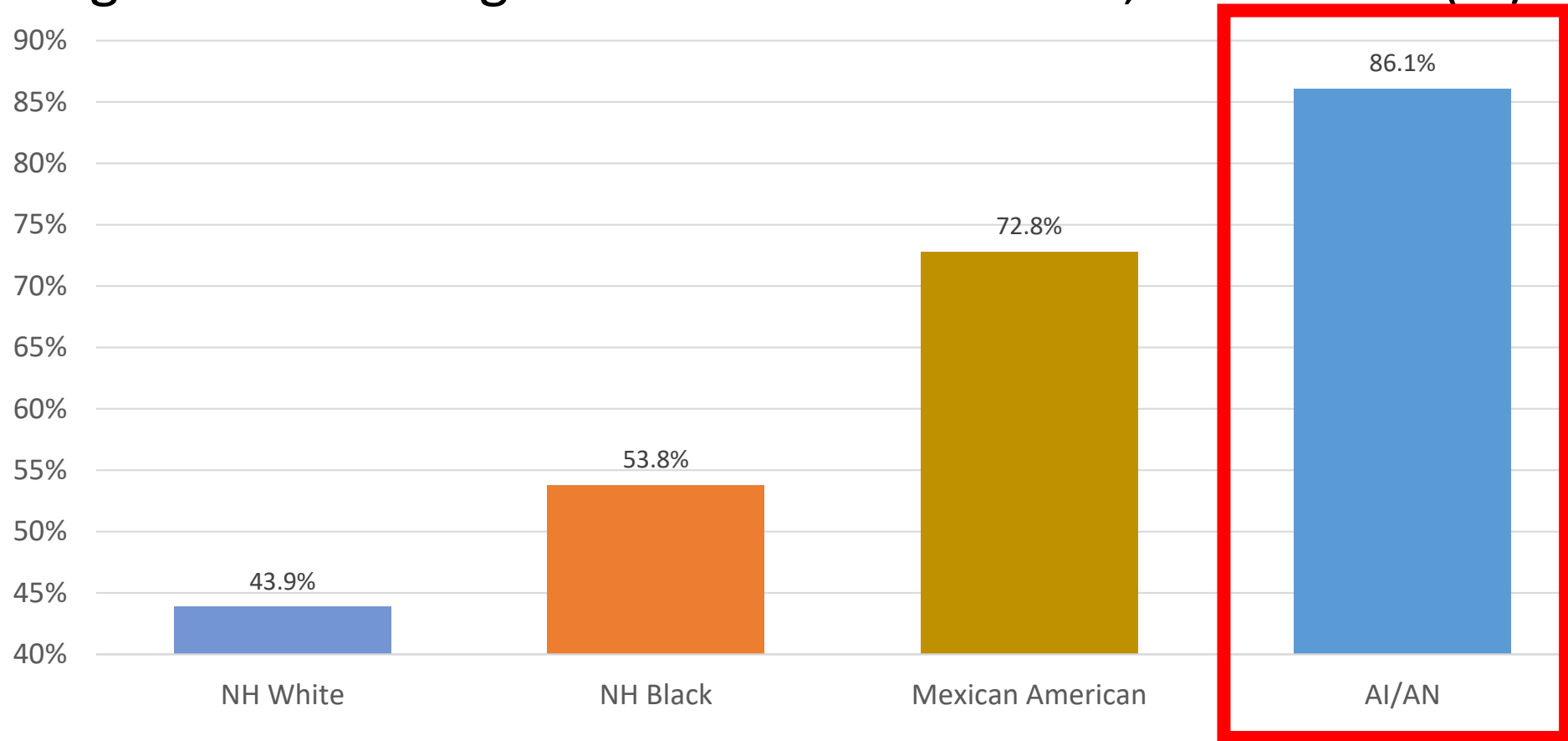
CDC, 2019. <https://www.cdc.gov/oralhealth/publications/OHSR2019-table-1.html>

Phipps K, Ricks T, Mork N, Lozon T. 2019 IHS Data Brief. <https://www.ihs.gov/doh/documents/surveillance/2018-19%20Data%20Brief%20of%201-5%20Year-Old%20AI-AN%20Preschool%20Children.pdf>



6-9 Year-Old Elementary Schoolchildren

Percentage of children ages 6-8 with dental caries, 2011-2016 (AI/AN 2017)



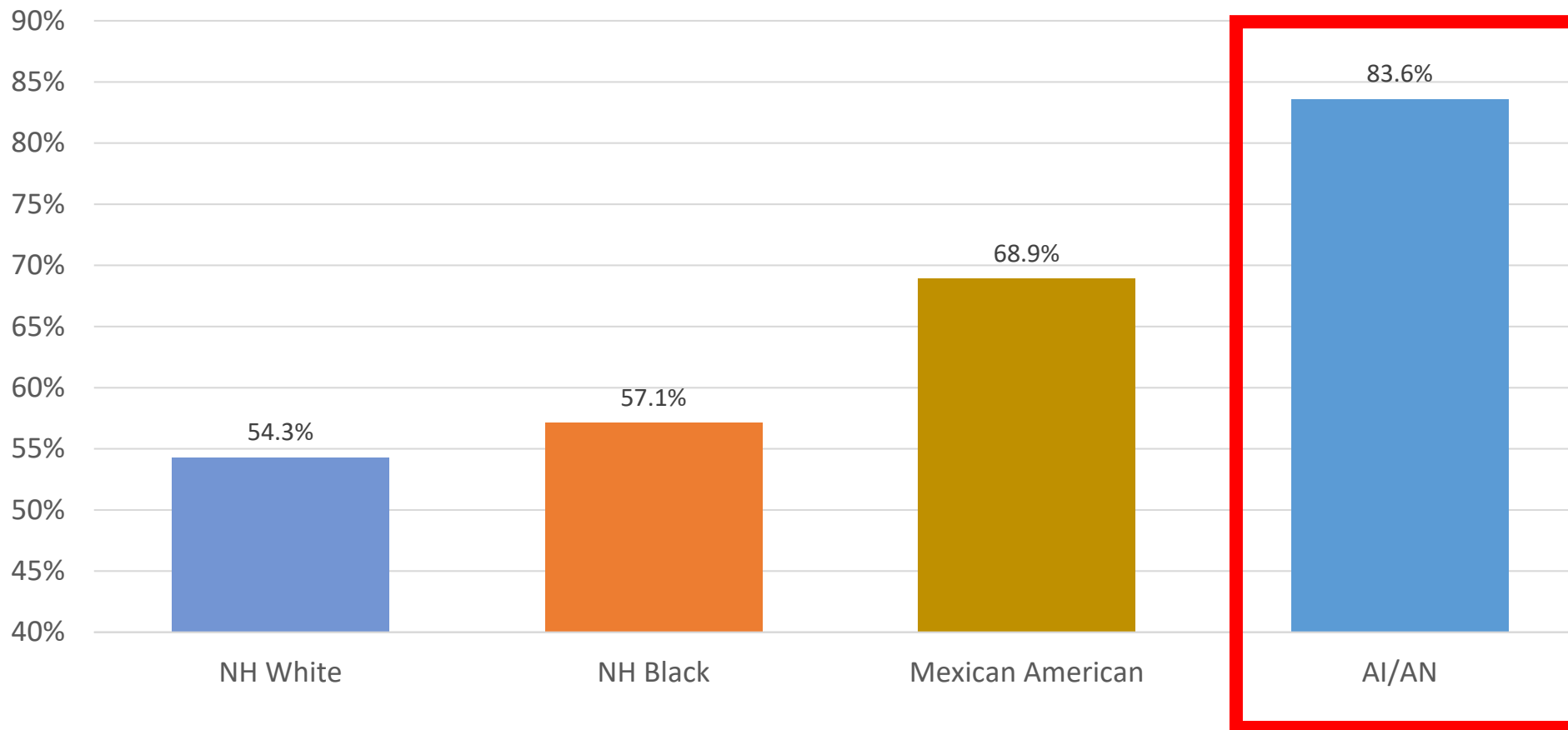
CDC, 2019. <https://www.cdc.gov/oralhealth/publications/OHSR2019-table-5.html>

Phipps K, Ricks T, Mork N, Lozon T. 2017 IHS Data Brief. <https://www.ihs.gov/doh/documents/surveillance/Data%20Brief%20IHS%206-9%20Year%20Olds%2003-30-2017.pdf>



13-15 Year-Old Adolescents

Percentage of youth ages 12-15 with dental caries, 2011-2016 (AI/AN, 13-15 2020)



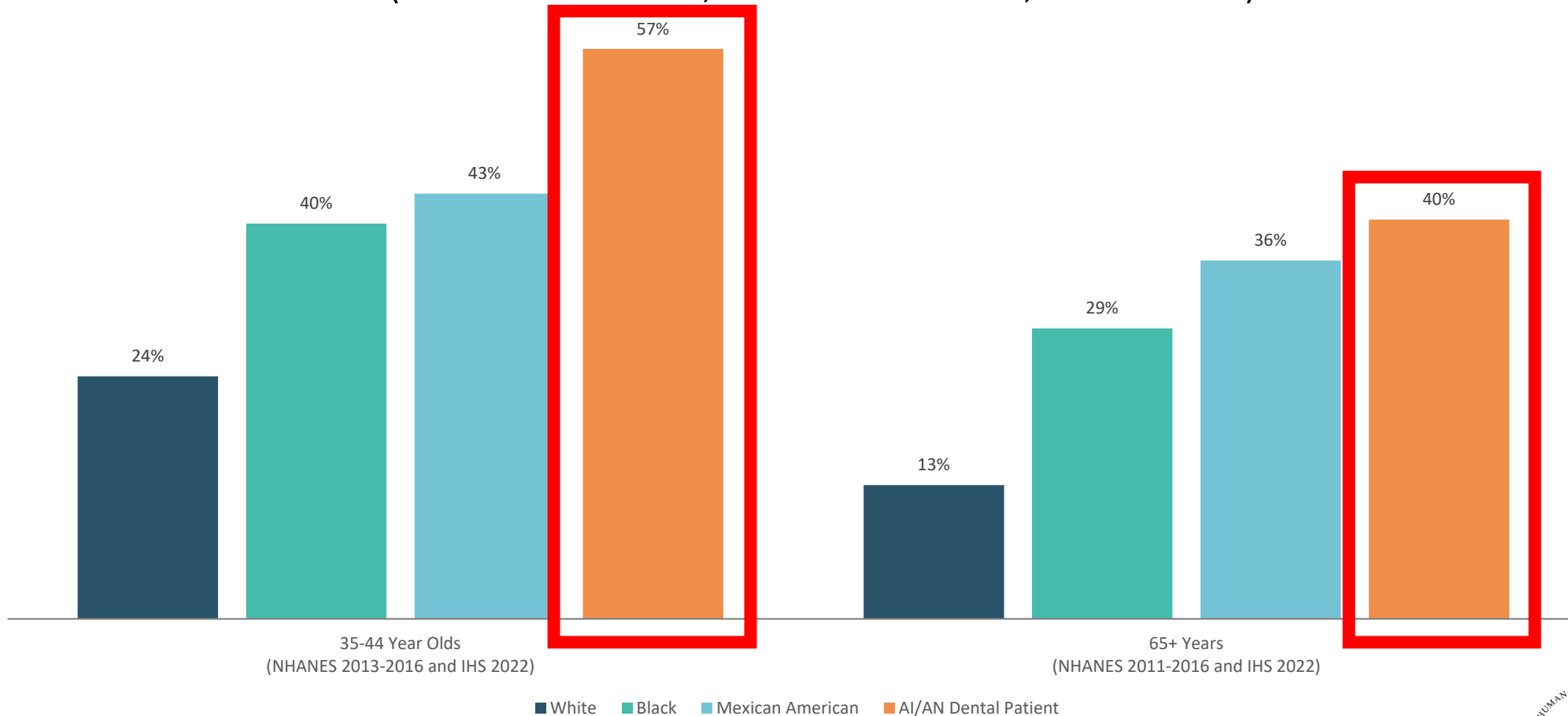
CDC, 2019. <https://www.cdc.gov/oralhealth/publications/OHSR2019-table-14.html>

Phipps K, Ricks T, Mork N, Lozon T. 2020 IHS Data Brief. https://www.ihs.gov/doh/documents/surveillance/IHS_Data_Brief_Oral_Health_13-15_Year_Old_Follow-Up_to_2013_Survey.pdf



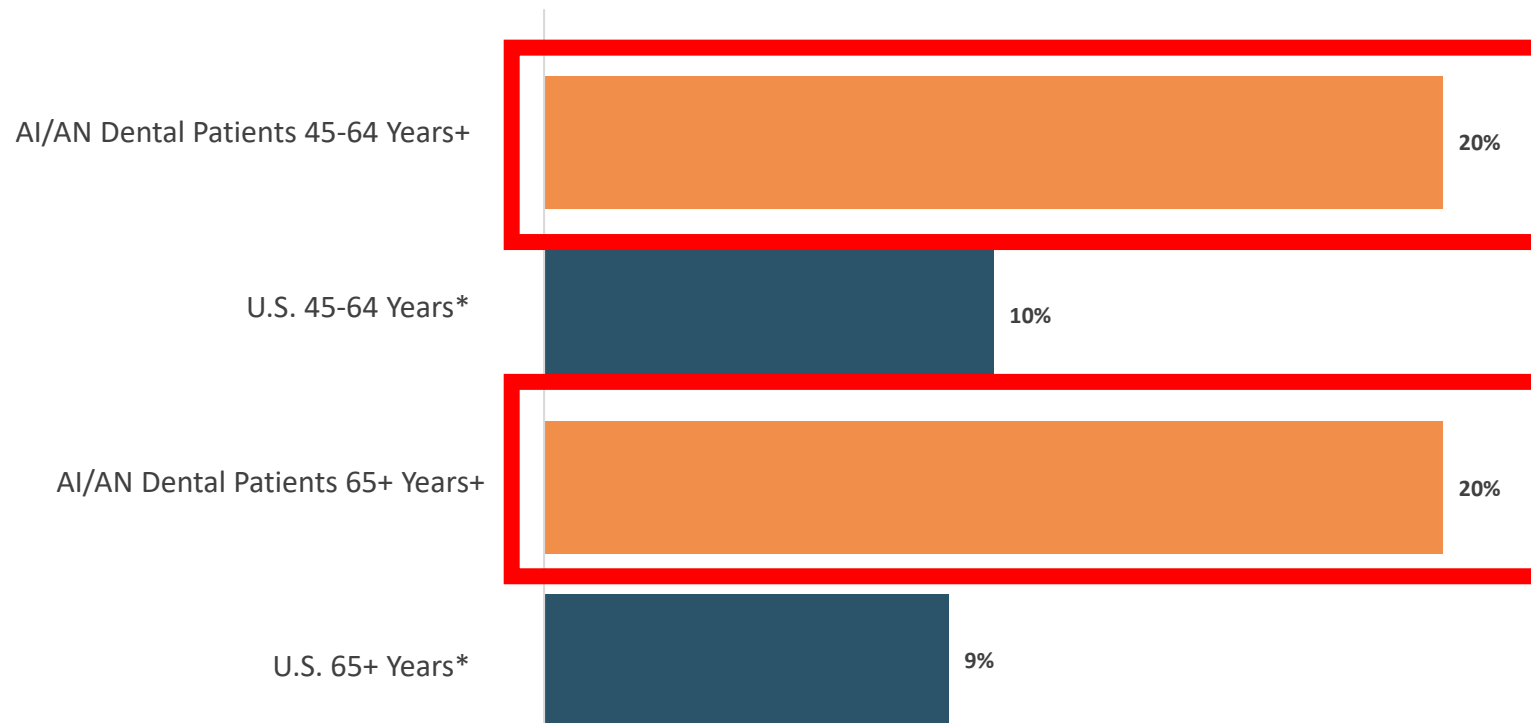
Adults 35+: Untreated Dental Caries

Percentage of Adults with Untreated Dental Caries by Age Group and Race/Ethnicity
(NHANES 2013-2016, NHANES 2011-2016, and IHS 2022)



Adults 35+: Periodontal Disease

Percentage of Adults with Severe Periodontal Disease by Age Group
U.S. Overall (NHANES 2009-2014) vs. AI/AN Dental Patients (IHS 2022)



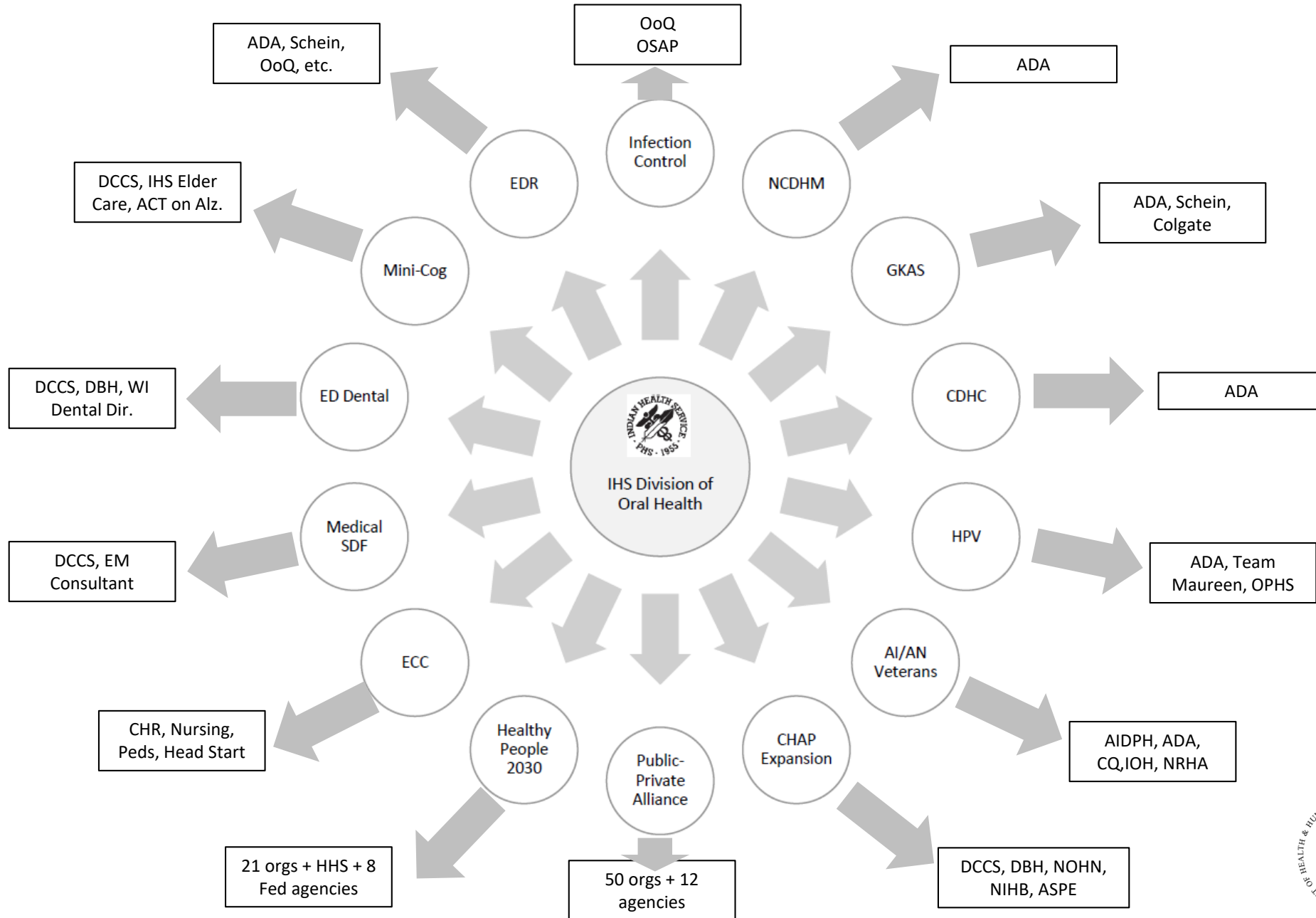
+Periodontal pockets \geq 5.5mm
*Periodontal pockets \geq 6.0 mm



Part 2 – IHS Initiatives & Collaborations



IHS Division of Oral Health Projects/Collaborations



IHS Collaborations with CareQuest

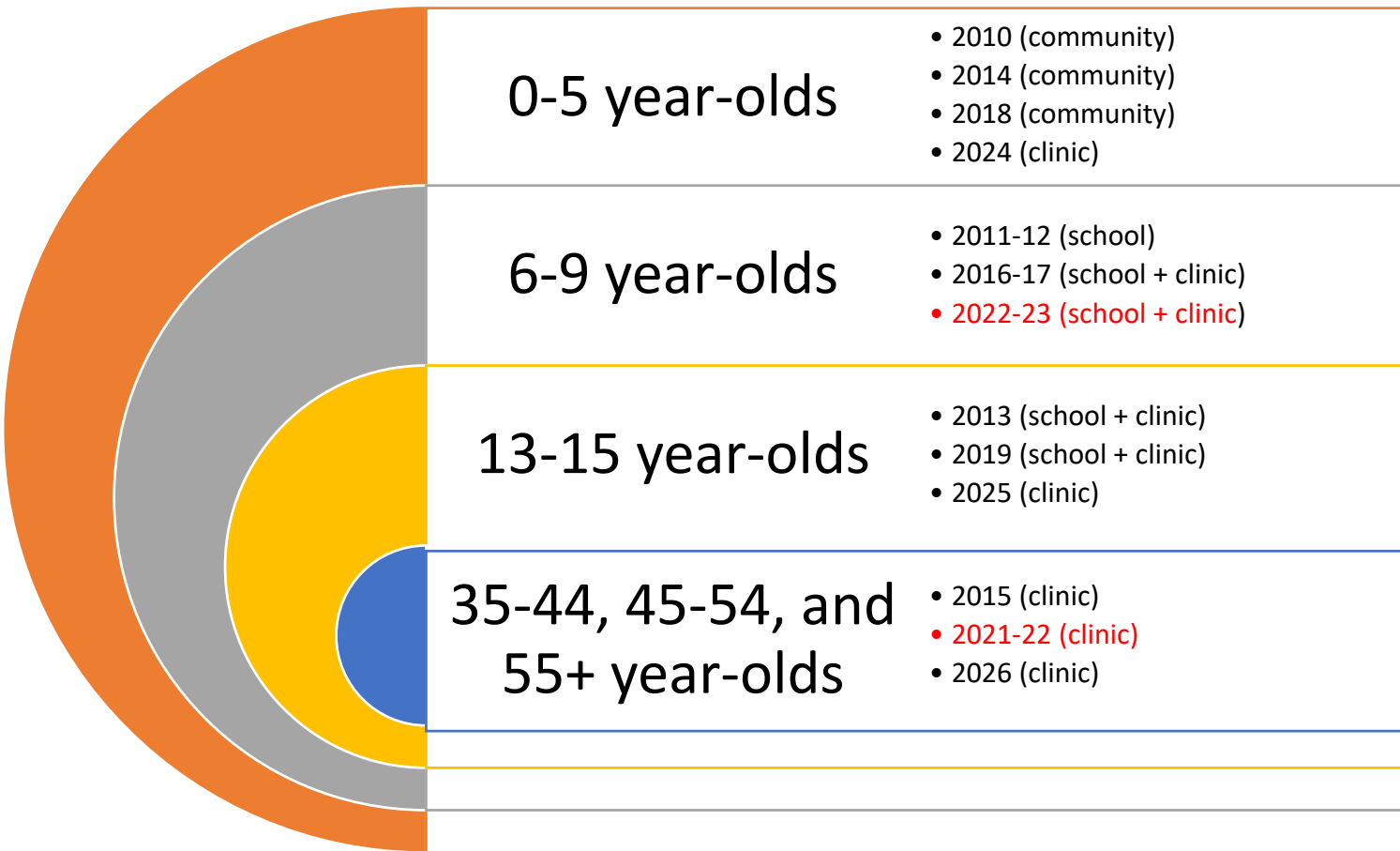
- 2017 Indian Health Service AI/AN Oral Health Summit (Drs. Monopoli and Brand)
- Work with Dr. Jeremy Horst on Silver Diamine Fluoride (while he was at UCSF and continuing now) – latest collaboration is on our medical-led SDF initiative in 2022-2023
- Pandemic Response Group participation (representing USPHS and IHS), 2020-2023 (unsure if it is still active)
- Public-Private Partner Oral Health Alliance (Drs. Monopoli and Brand)
- Healthy People 2030 Oral Health Objective Webinar Series
 - October 19, 2022 – reducing adult untreated tooth decay (with Horowitz, Kumar, and Atchison)
 - May 3, 2023 – reducing adult untreated root surface decay (with AOS)
 - May 2024 (date TBD) – reduce complete edentulism (with ACP)
- 479 communications over the past four years



Part III – 2022 Highlights



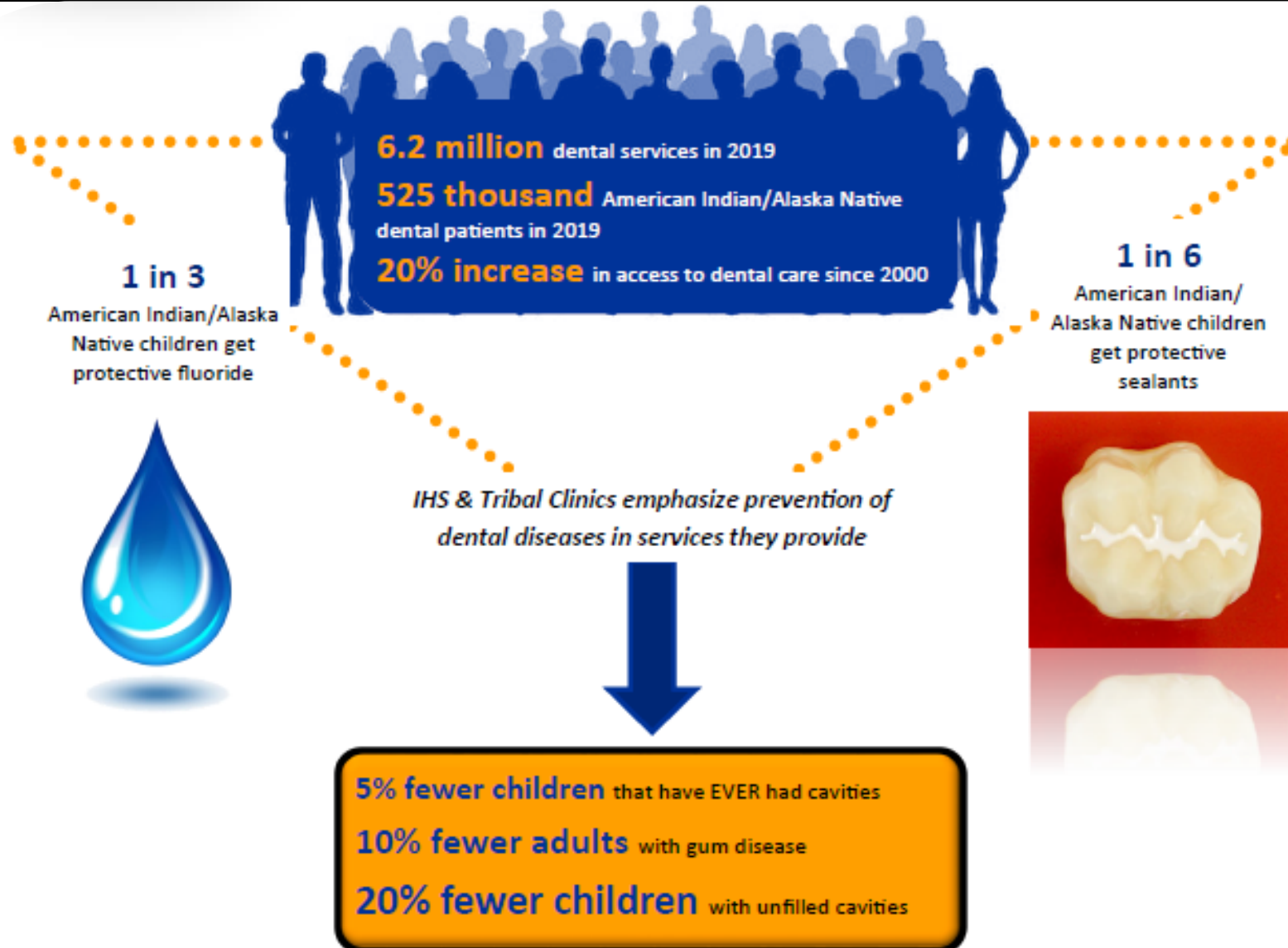
IHS Oral Health Surveillance Program



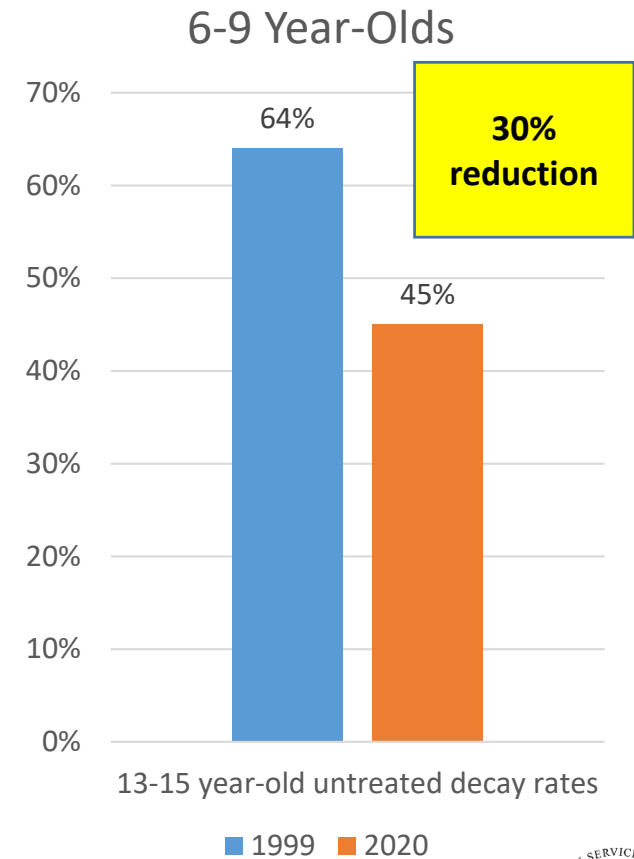
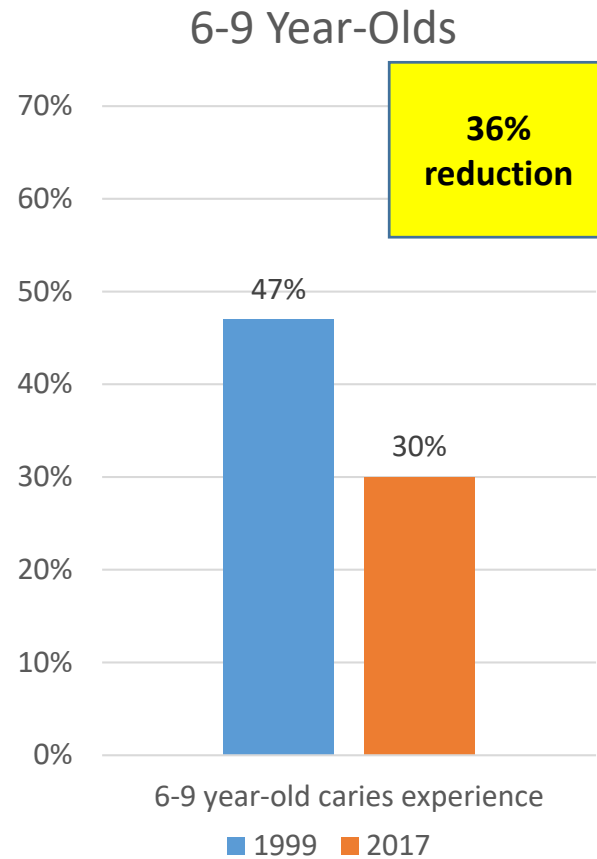
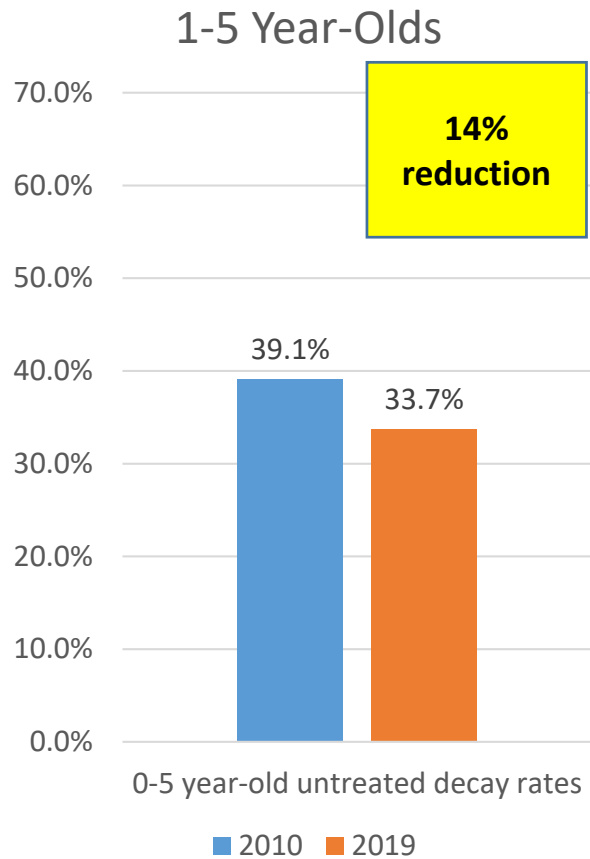
- Previous surveys were 1984, 1991, and 1999, all convenience samples (clinic-based)
- Surveillance is designed to raise awareness of disparities and increase access to care
- Ongoing national efforts with largest-ever AI/AN sample sizes
- Collaborations with CDC and Association of State & Territorial Dental Directors



Surveillance Overall Statistics



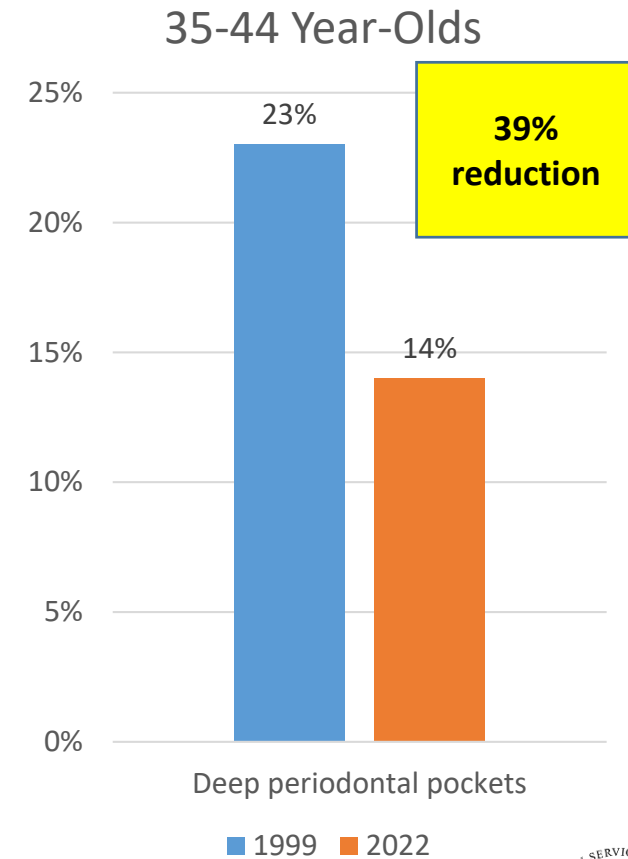
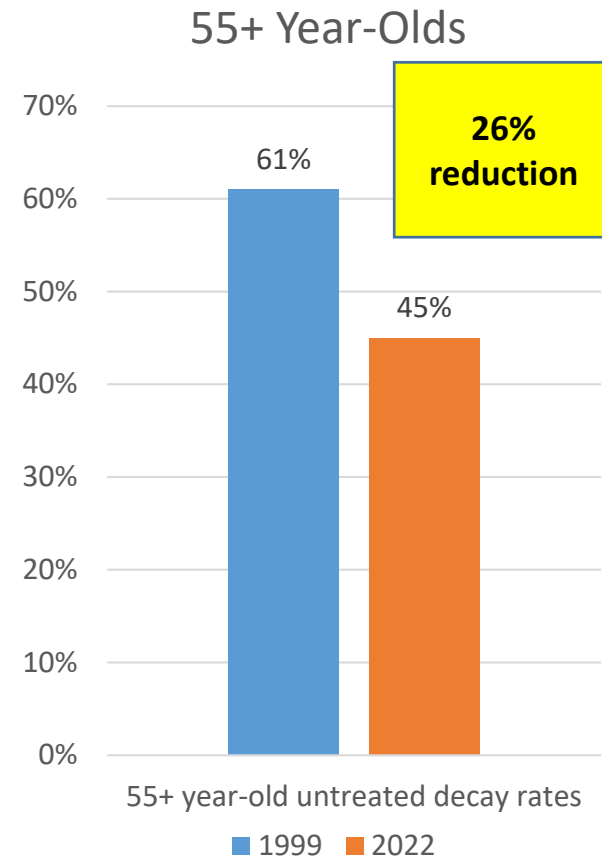
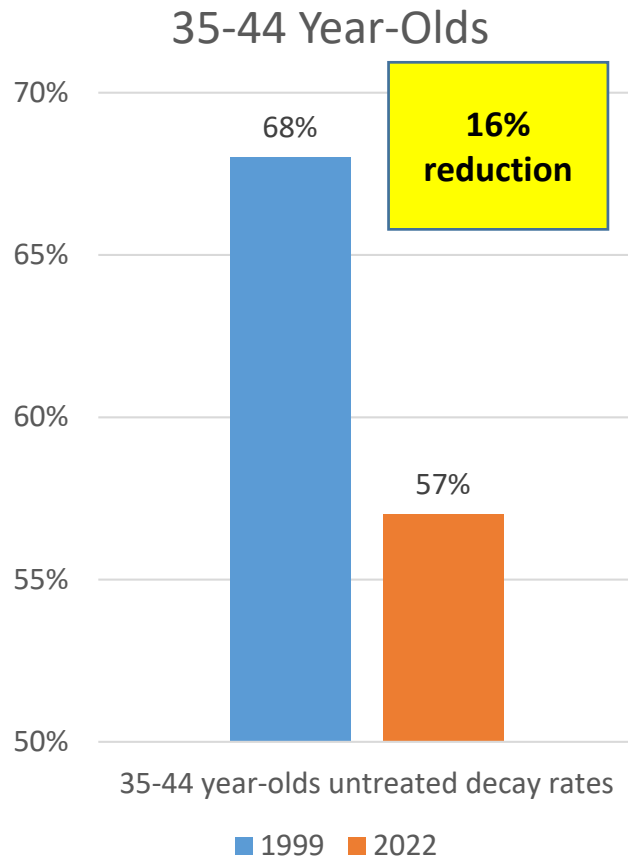
Surveillance has shown us improvements



<https://www.ihs.gov/doh/index.cfm?fuseaction=home.databriefs>



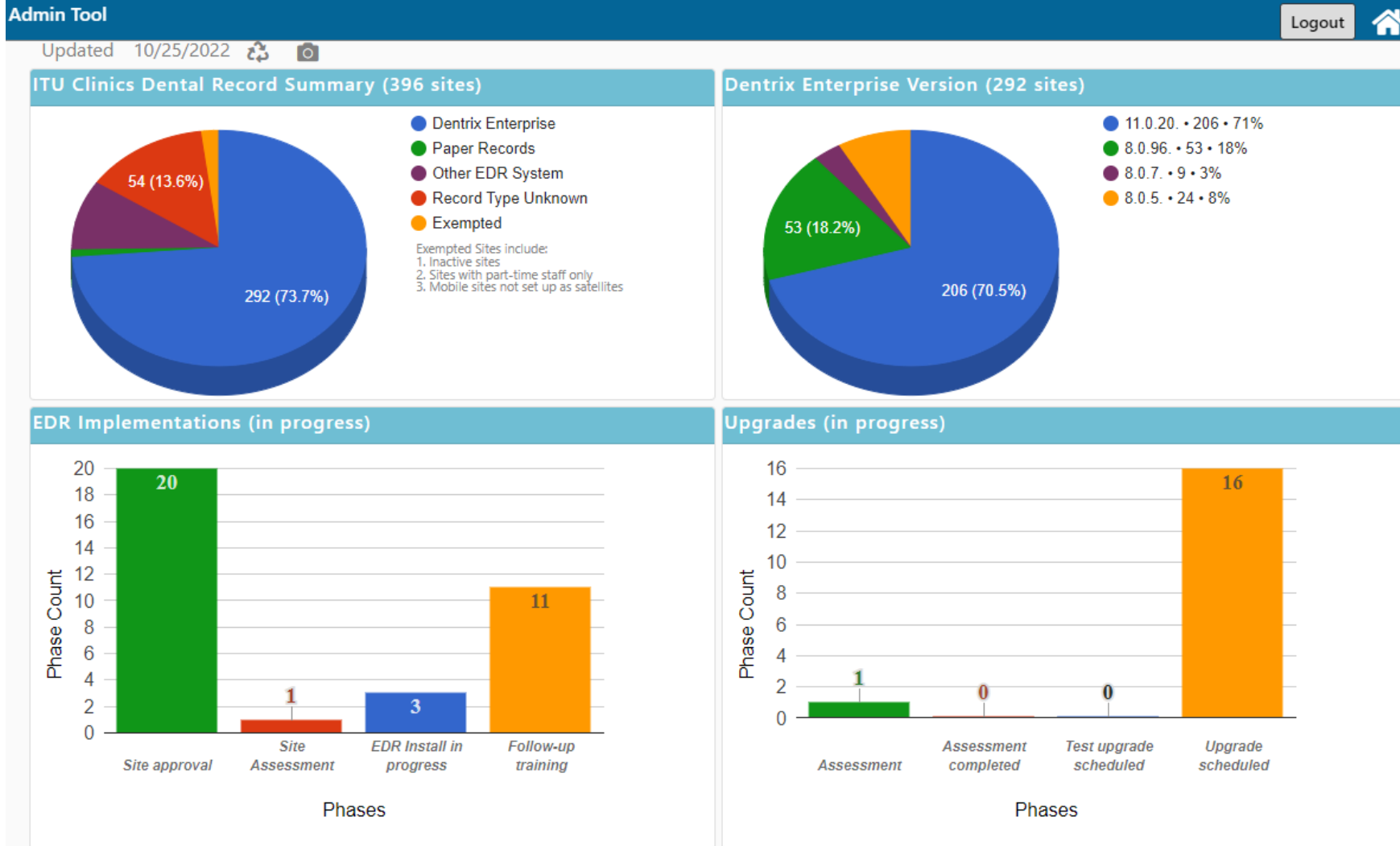
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IHS Electronic Dental Record



IHS EDR statistics:

Dentrix Enterprise (DXE) EDR system selected in 2008.

292 IHS I/T/U dental clinics use the IHS version of DXE

35 more IHS I/T/U clinics are in various stages of implementing IHS DXE program.

IHS EDR Program also assists with continual DXE upgrades for all sites. (206 on 'current' version: 11.0.20; 17 in upgrade process.)

IHS EDR Program also manages / provides DXE training during initial implementation and with upgrades.



Different Models Employed in the IHS/Tribes

Expanded Function
Dental Assistants
(Perio and Restorative
EFDAs)

Dental Health Aide
Therapists
(DHATs)

Community Health
Workers &
Representatives (CHRs)

Community Dental
Health Coordinators
(CDHCs)

Associate/Collaborative
Practice Dental
Hygienists

Develop relationships
with non-traditional
partners at the
community level



Expanded Function Dental Assistant

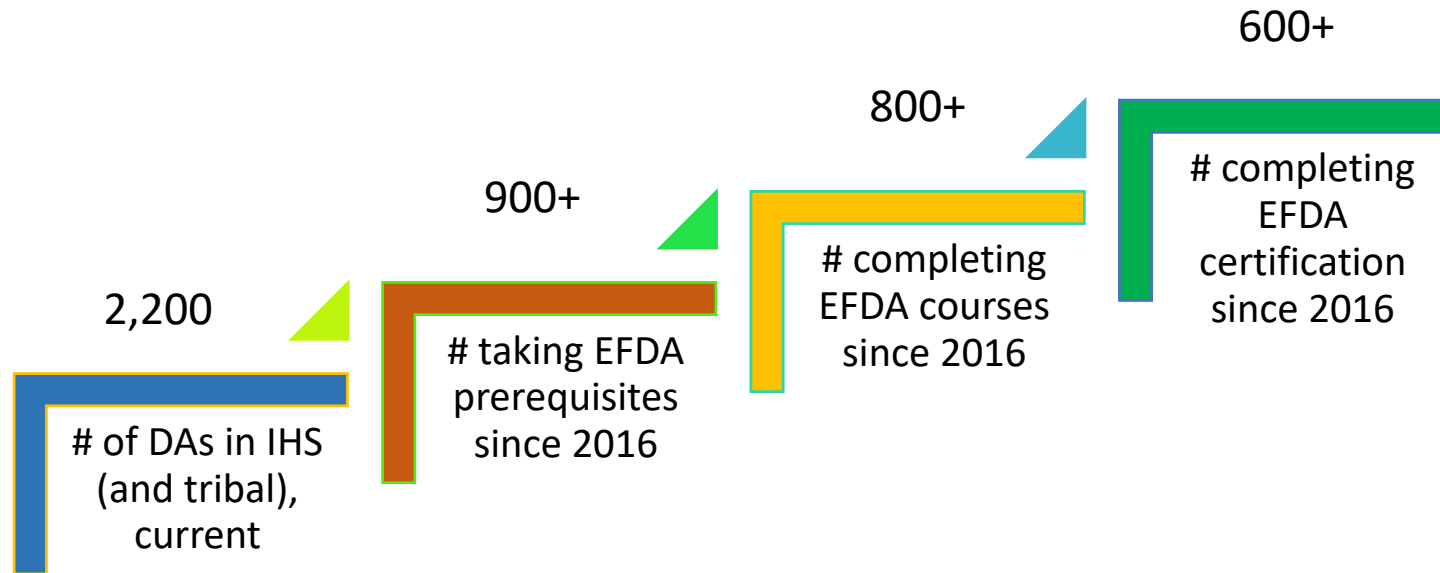
- Pioneered by the IHS in 1961
- Standardized curriculum which includes pre-course modules, a week-long combined didactic and clinical course, and post-course requirements at the dental assistants duty station, leading to certification
- Course types:
 - Periodontal – can do basic cleanings (does not replace a dental hygienist)
 - Restorative – 3 types (basic, advanced, and composite-only) with specific requirements for each type



IHS Expanded Function Dental Assistant Program

108 courses since 2016:

47 restorative - 32 restorative basic, 11 restorative advanced, 4 restorative composite only; 61 periodontal (43 + 18)



Evaluation of EFDAs

Metric	Periodontal EFDAs	Restorative EFDAs
1. Clinic Utilization (total visits)	+ 0.7%	+ 3.0%
1. Total Services (level 1-5)	+ 5.1%	+ 4.0%
1. Level II Services (most preventive services)	+ 6.5%	NA
1. Level III Services (most restorative services)	NA	-1.0%
1. Relative Value Units	+ 1.8%	-2.0%
1. Level II RVUs (most preventive services)	+ 6.2%	NA
1. Level III RVUs (most restorative services)	NA	-4.0%
1. Services per Patient	-3.1%	+ 1.0%
1. Services per Visit	+ 7.5%	+ 14.0%



Community Dental Health Coordinator

- This model was created by the American Dental Association in response to the dental therapy movement.
- The Community Dental Health Coordinator (CDHC) Program was established as one of several strategies to break down the barriers that prevent people from receiving regular dental care and enjoying optimal oral health. The new program focused on community-based prevention, care coordination and patient navigation to link people with dental health resources near them.
- Most CDHCs are dental hygienists, although some are dental assistants. They provide oral health education, prophylaxis, sealants, and fluoride varnish to patients while also connecting them to dental resources.
- IHS signed an MOU with the ADA in 2022 to implement a CDHC program in the IHS for the first time. Three dental hygienist coaches have already been trained and certified as CDHCs, and we are currently training 7 dental assistants through a very detailed 8 month curriculum.



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Dental Health Aide Therapist



- New Zealand model brought to ANTHC, with first graduates in 2004
- Dental Health Aide Therapists (DHATs) provide professional and culturally competent dental care and prevention services, and improving access to dental care for American Indian/Alaska Native people.
- A DHAT is a dental team member who works under the supervision of a licensed dentist providing a limited range of services.
- Those services include patient and community-based preventive dental services, basic restorations and uncomplicated extractions.
- Currently, DHATs are in Alaska, Idaho, Washington, and Oregon.
- 14 states have passed dental therapy legislation.
- IHS DOH is working with the CHAP Expansion Team to expand DHAT potential to all I/T/U programs.



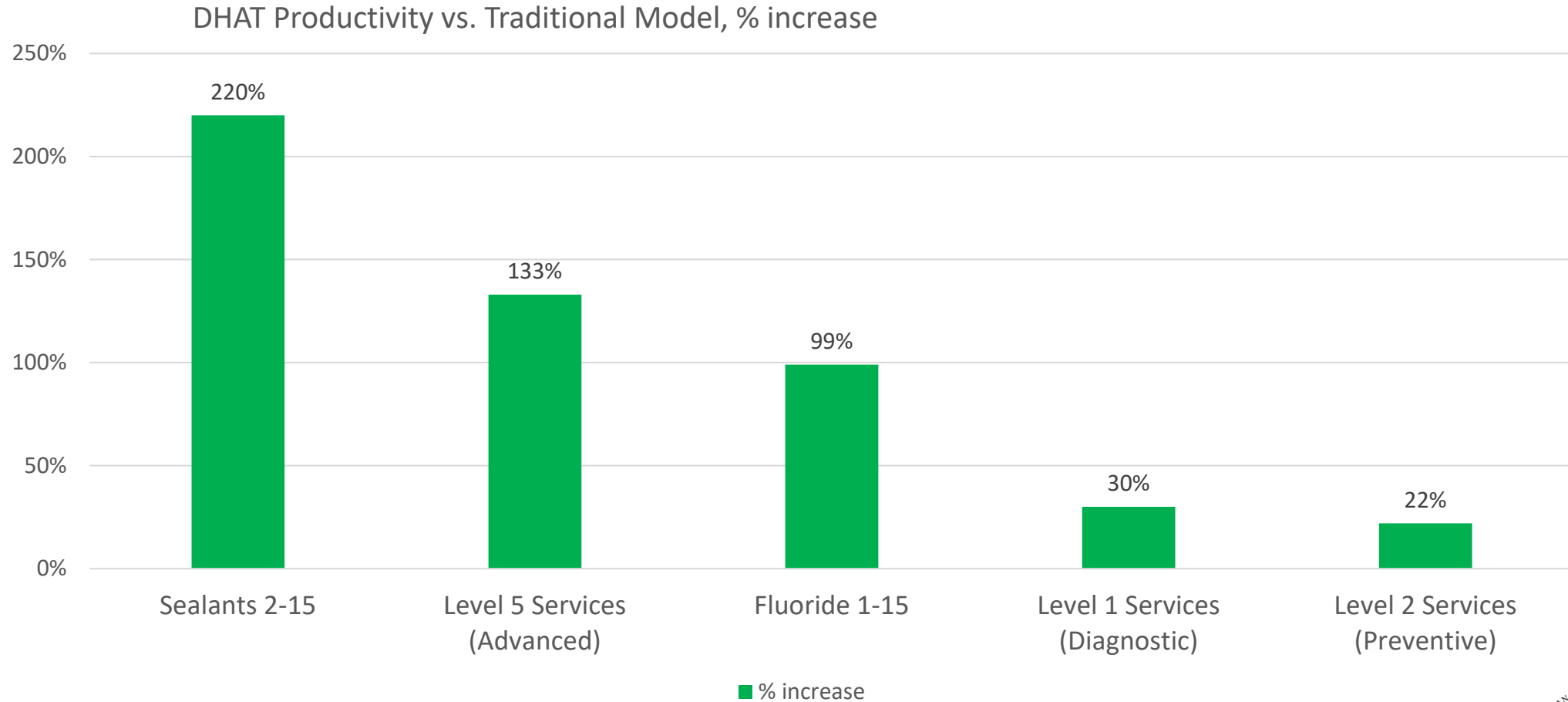
DHAT vs. Physician's Assistant (PA)



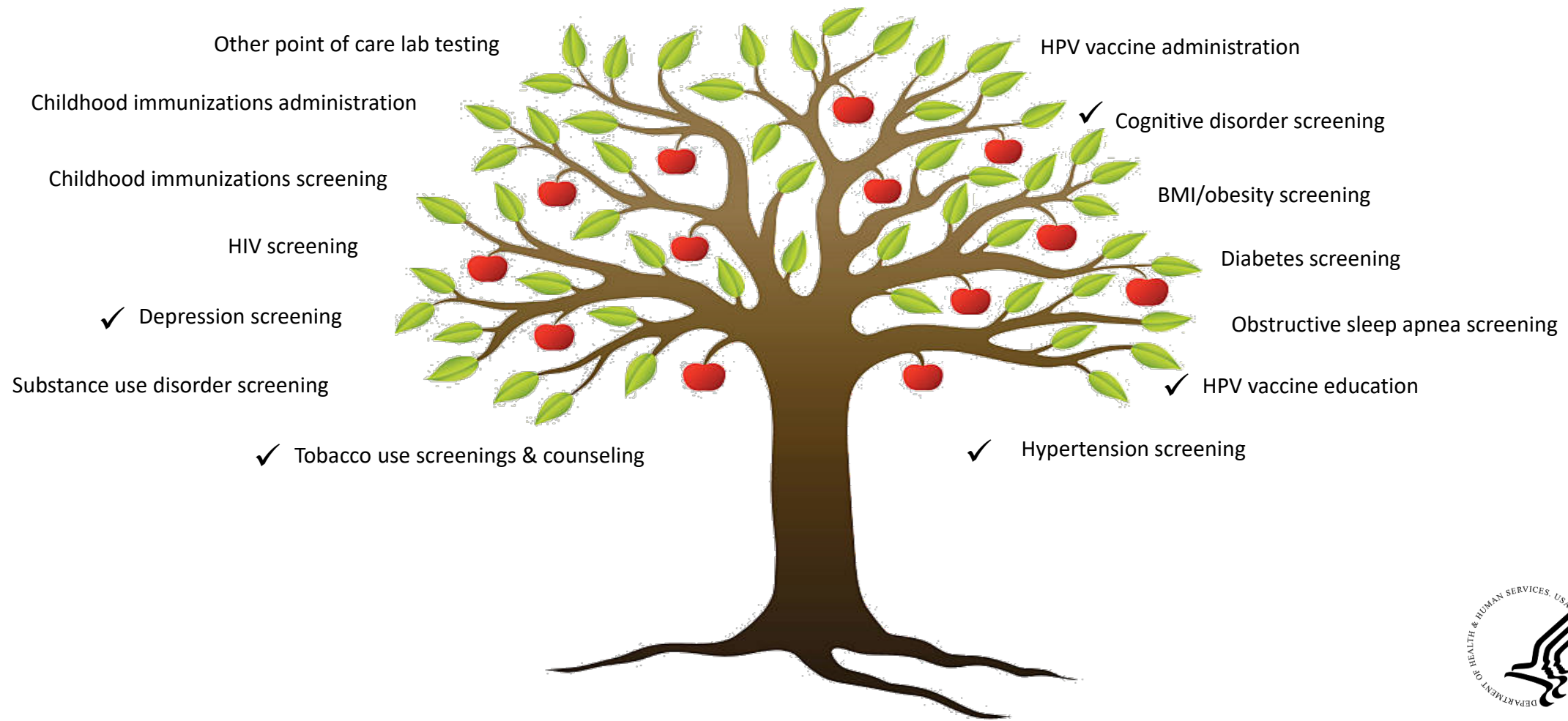
Characteristic	Dental Health Aide Therapist (DHAT)	Physician's Assistant (PA)
Created	2004	1960s
Degree		Master's
Length of Program	24 months	26 months
Clinical Hours	3,000	2,580
Preceptorship	400	?
Recertification	Every 2 years	Ever 10 th year



Evaluation of DHATs



Future Initiatives: Continued Bi-Directional Integration



2022-23: New Initiatives

- Community Dental Health Coordinator – 3 RDHs trained, training 7 dental assistants now
- Oral Health Surveillance of 6-9 year-old AI/AN children
- Cognitive Assessment of AI/AN Elders
- Triaging and Treating Dental Conditions in the Emergency Department
- Sexually Transmitted Infection Education Initiative
- AI/AN Veterans Oral Health Initiative – November 12, 2023 (with AIDPH)
- Healthy People 2030 Oral Health Objective Promotion Webinar Series (IHS-led)
- Phase 2 of the Medical Silver Diamine Fluoride (SDF) Project
- New HPV Vaccination Education Initiative later in 2023



Triaging and Treating Dental Conditions in the Emergency Department Pilot Project

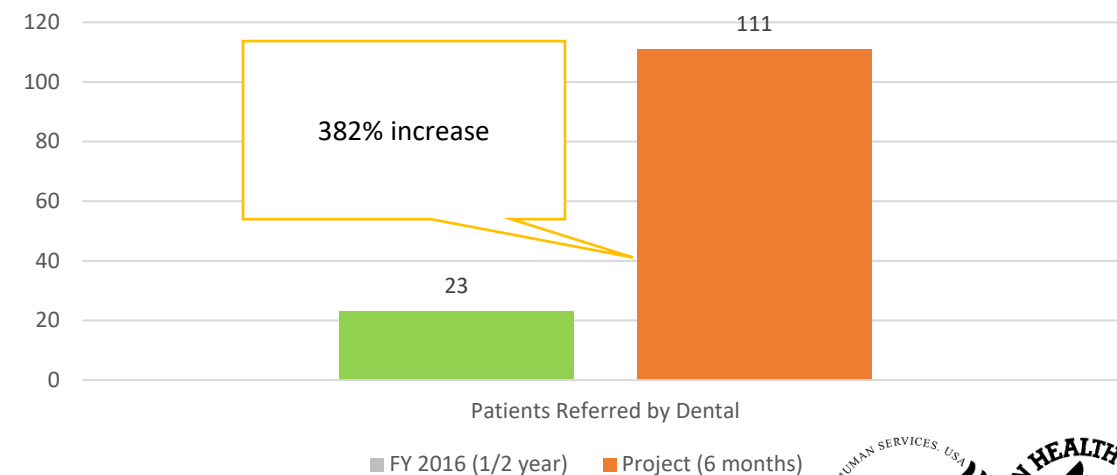
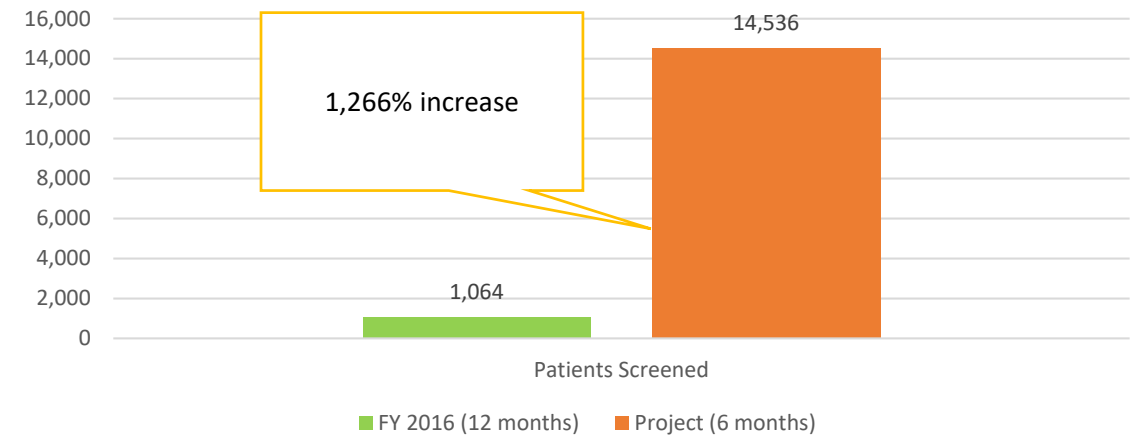
- Premise: Most opioid prescriptions for dental conditions are given in emergency departments.
- This project, which began in FY 2023, is designed to:
 - Increase knowledge of Emergency Department (ED) physicians in triaging and treating dental conditions using an algorithm that has already been developed
 - Train ED physicians in how to administer specific dental anesthesia blocks to relieve pain until the patient can see a dentist
 - Reduce the unnecessary prescribing of opioids and antibiotics in EDs for treatment of dental conditions
 - Increase and improve upon the medical-dental referral network
- 5 sites – Belcourt, Cass Lake, Gallup, Lawton, and Red Lake – will be participating in this project



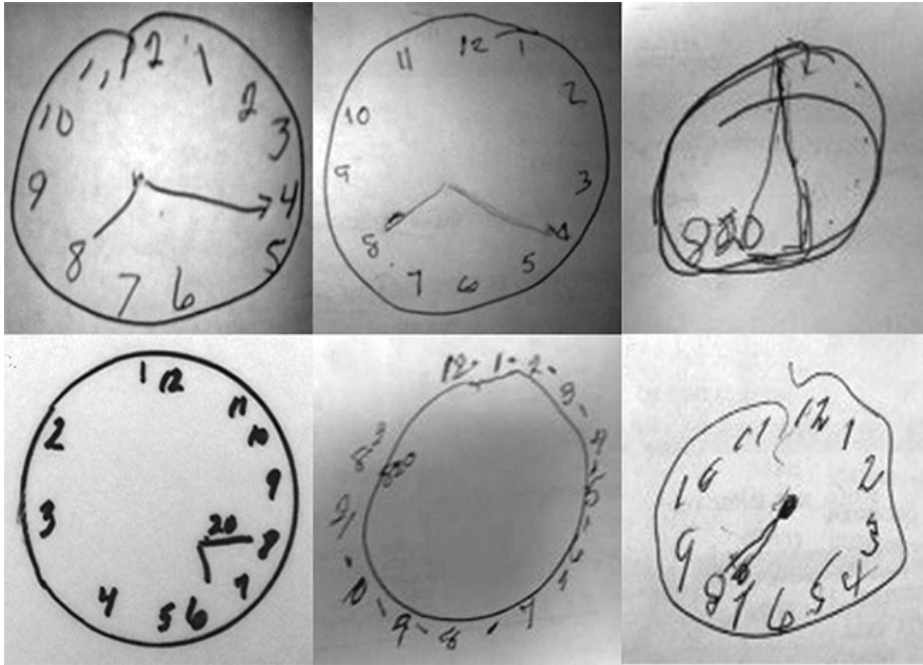
Depression Screenings in a Dental Setting Pilot Project

- Premise: Studies have shown a relationship between clinical depression and unfavorable dental treatment outcomes.
- Goal of the project was to implement depression screenings in dental settings.
- 12 sites (IHS and tribal) participated in this pilot project in 2016-17.
- As a result of the project, new clinical guideline was developed & PHQ-2 was added to medical history form.

PHQ-2 (adults)(adolescents)	Not at all	Several days	> half the days	Nearly every day
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed, irritable, or hopeless	0	1	2	3



Cognitive Screenings in a Dental Setting Pilot Project



- Premise: After the successful depression screening project in 2016-17, and upon request of the Division of Clinical and Community Services (DCCS), we will be exploring the possibility of doing cognitive screenings in dental settings with 5-10 programs.
- There is a link between Alzheimer's Disease and the inflammatory process seen in periodontitis.
- Two webinars have already been held, and DCCS will provide coaching to project sites on the use of the Mini-Cog®.
- This project should help establish a dental-behavioral health referral network as well.



Thank You

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