Arizona American Indian Oral Health Initiative
History

• April 2011-Historic Statewide Oral Health Summit held

• Oct. 2011- DentaQuest Grant Awarded
  o Two year grant

• 2011-2012-Roundtables conducted
  o White Mountain Apache
  o Colorado River Tribes
  o Urban Indian Centers
  o Pasqua Yaqui Tribe
  o Winslow, AZ
  o Navajo Nation

• 2014-Renewal of DentaQuest Grant
  o Three year cycle-Annual renewal required
Mission

• AAIOHI’s mission is to facilitate strategic collaboration among tribes, urban Indian organizations, communities, the oral health delivery system, and critical stakeholders to improve the oral health and wellness of American Indian communities in Arizona — on and off reservations.
Partnerships

- Arizona Dental Association
  - Fiscal Agent
- Advisory Council on Indian Health Care
  - Staff housed at Advisory Council on Indian Health Care
Governing Body

- Statewide Executive Committee
- Meetings held quarterly
- Participation includes, tribes, tribal consultants and urban Indian consults
- Eight Tribes Represented on SEC
  - Navajo Nation
  - Pasqua Yaqui
  - Colorado River Indian Tribes
  - Hopi
  - Tohono O’odham
  - Hualapai
  - San Carlos Apache
  - White Mountain Apache
Core Values

1. Knowledge and Information sharing
2. Strategic Interdisciplinary Collaboration and Partnerships
3. Capacity Building, Training and Technical Assistance
Contact Information

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Oral Health Care Delivery Policies in Tribal Communities

P.L. 111-148 - Patient Protection and Affordable Care Act (ACA)
P.L. 94-437 (as amended) - Indian Health Care Improvement Act (IHCIA)
Key Legal Authorities of the American Indian Health Care System

- Snyder Act of 1921 (P.L. 94–482)
- Indian Sanitation Facilities Act of 1959 (P.L. 86-121)
- Indian Self-Determination and Education Assistance Act (ISDEAA), of 1975 (P.L. 93-638, as amended)
- Indian Health Care Improvement Act (IHCIA) of 1976 (P.L. 94-437, as amended, includes Social Security Act provisions)
- Special Diabetes Program for Indians (SDPI) of 1998 (42 U.S.C. 254c-3) (Authorized until 9/30/15)
- Tribal Self-Governance Amendments of 2000 (P.L. 106-260) (demonstration program made permanent.)
Key Authorities

- **P.L. 94-437** was reauthorized four times since 1976. The Alaska Native & American Indian Direct Reimbursement Act of 2000 allows Tribes to directly manage Medicare, Medicaid and private insurance billing and collections, rather than channel them through IHS.

- **P.L. 111-148**, permanently reauthorized the IHCIA. Alaska’s Community Health Aide Program, established in 1992, was authorized to continue & expand to the lower 48 states. But stipulates - a Tribe in the lower 48 that elects to use a dental health aide therapist or a midlevel provider dental health provider can only do so where such services are authorized under state law. IHS is prohibited to fill any vacancy for a certified dentist with a dental health therapist.
Other Key ACA Authorities

- **Sec. 4102** requires the CDC, to carry out: (1) a national campaign on oral health care prevention and education and (2) provide grants to:
  - Research dental caries disease management activities
  - Develop school-based dental sealant programs
  - Establish cooperative agreements with states, territories, Tribes or Tribal organizations for oral health data collection
  - Design delivery systems for oral health science-based programs to improve oral health.

- **Sec. 5303** establishes dentistry professional training programs.

- **Sec. 5304** authorizes demonstrations for alternative dental health care provider training programs to increase access to dental health services in rural and other underserved communities.
Dental Workforce Models to Consider

- CURRENT AHCCCS PROVIDER TYPES:
  Affiliated Practice Dental Hygienist
  Dental Lab
  Dentist

- PRIVATE PRACTICE: A Pew Charitable Trust report (2010) examined the impact of hiring dental therapists and hygienist-therapists in private dental practice, where more than 90 percent of the nation's dentists work. The study also assessed the impact of dental hygienists, who are currently employed by most dental practices.

- “Dental therapists and hygienist-therapists are trained to perform a broader range of services including filling cavities. Hiring new provider types in some private practice scenarios can enable a practice to expand services and see more low income patients without hindering the practice's profits.”
Dental Workforce Models to Consider

- AZ legislative approval is required to restore Medicaid optional benefits to the general population. This would allow AHCCCS to seek CMS approval to amend the Arizona Section 1115 Demonstration Waiver.

- Some states have elected to expand their dental teams to include public health positions, such as Community Dental Health Coordinators.

- The state dental practice act should include, at minimum, all of the provider types employed in the IHS system. They are: Dentists, Dental Therapists (AK, MN, ME & 50 countries. Efforts underway in NM, OH, OR, KS, KS, VT, WA), Dental Assistants, including Expanded Function Dental Assistants, Dental Lab Technicians, Dental Hygienists, Dental Administrative Assistants, Dental Clerical Personnel.

- Services include emergency, preventive and secondary dental care and rehabilitation and complex rehabilitation services. (The later may be limited due to funding constraints).
Thank you...

Alida Montiel (Member, Pascua Yaqui Tribe)
Health Systems Director
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Inter Tribal Council of Arizona, Inc.

Chairperson, Arizona Advisory Council on Indian Health Care (AACOIHC)

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Dental Health Aide Therapist
Dental Therapist: Definition

- Primary oral health care professionals
  - Basic clinical dental treatment and preventative services
  - Multidisciplinary team members
  - Advocate for the needs of clients
  - Refer for services beyond the scope of the dental therapist practice
Dental Therapist Breakdown

- Median Age: 34 (23-57)
- Gender: 80% female, 20% male
- AI/AN 88%
- Percent practicing in their home villages: 78%
- Median years on the job: 5.1
- Retention rate over 10 years: 81%
Curriculum

Adapted by American Association of Public Health Dentistry Panel

- 11 Person academic panel
- Model curriculum
- Two year, post secondary education
Dental Therapist Impact

- 25 certified Dental Therapist in the US
- 81 communities in rural Alaska
  - Over 40,000 people have access
- Continuity of Care
  - Higher level of care possible
  - Dentist working up to their licensure
Dental Therapist Revenues

- Net annual revenue stream
- $125K-$250K after costs
- Additional savings of $40K
- 19 Dental Therapist generate 76 jobs
- $9 million economic activity in rural Alaska
Benefits of Dental Therapists\textsuperscript{2,4}

- Decrease the cost of care
- Improve access to care
- Provide care safely
- Public values the role of dental therapists
- Traditionally two years of education required
- Graduates return to their Communities sooner
- Cost of social commitments for trainees lower
Benefits of Dental Therapists

- Procedure review for FY 2012 and 2013 for Swinomish-Upper Skagit Dental Clinic showed that over 50% of procedures and services could have been provided by trained Dental Health Aide Therapists under the Alaska model.
- DHAT Licensure Authorization would help I/T/U Clinics fill a huge gap in service demand across the Indian Health Service system for Native patients.
- Work Force Development based in the Community assures longer term benefits.
Scope of Practice

- DHAT
  
  [----]----------------------------------------
  
  <50 Billable Procedures

- DDS
  
  [---------------------------]
  
  >500 Billable Procedures
Legal and Political Issues

- **Worcester v. Georgia (1832)** - Indian Nations are distinct political communities with inherent sovereign rights free from interference from states.

- Indian reservations borders are protective barriers from states and their citizens.

- Clearly established that state law and jurisprudence did not reach into the confines of a reservation.

- The Affordable Care Act has allowed the legitimacy of Indian Nations as self-determining governments to be chipped away.
Dental Therapy under ACA

- Via lobbying from groups as the American Dental Association, The Affordable Care Act Title X Reauthorization of the Indian Health Care Improvement Act stipulates:
- Community Health Aide Program “shall exclude dental health aide therapist services from services covered under the program.”
- UNLESS – “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 to supply such services in accordance with State law.”
Thank you!

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References:


