

ADVISORY COMMITTEE ON THE STATE PROGRAM FOR  
ORAL HEALTH MEETING

Agenda  
June 28, 2019  
9:00 AM to 12:00 PM

**Attend/Video Conference/Teleconference Availability**

Division of Public and Behavioral Health Bureau of Child, Family & Community Wellness 4150 Technology Way, Ste 204 Carson City, NV 89706 (775) 684-4285	Division of Health Care Financing & Policy 1210 S. Valley View Blvd., Ste 104 Las Vegas, NV 89102 (702) 668-4203	Division of Health Care Financing and Policy 1010 Ruby Vista Dr, Ste 103 Elko, Nevada 89801 (775) 753-1191	Division of Health Care Financing and Policy 745 W Moana Lane #200 Reno, Nevada 89501 (775) 687-1908
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**Teleconference:**

First dial 1-415-655-0002. When the auto attendant answers, you will be prompted for the following information:

- Your conference number is: 809 623 141 followed by the # symbol.

You should then be joined into the conference.

*All phone participants please mute their phone unless they are going to speak.*

**NOTE:**

**Agenda Items May be Taken Out Of Order, Combined for Consideration, and/or Removed from the Agenda at the Chairperson's Discretion**

1.	Call to Order Roll Call	Chair Davenport
2.	Approval of March 1, 2019 minutes  <b>Public Comment For Possible Action</b>	Chair Davenport
3.	Introduction from the Department of Health and Human Services and the Division of Public and Behavioral Health  <b>Public Comment</b>	Ihsan Azzam, MD, PhD, Chief Medical Officer Division of Public and Behavioral Health
4.	Pilot Emergency Room Redirect for Non-Traumatic Dental Conditions Utilizing Teladentistry  Discussion and Possible Advisory Committee Recommendations <b>Public Comment For Possible Action</b>	Antonina C. Capurro, DMD, MPH, MBA, State Dental Health Officer  Amy Tongsiri, DMD, Nevada Dental Officer Liberty Dental Plan  Chair Davenport
5.	Presentation on the Direction of the State Oral Health Program  Discussion and Possible Advisory Committee Recommendations <b>Public Comment For Possible Action</b>	Antonina C. Capurro, DMD, MPH, MBA, State Dental Health Officer  Elizabeth Chartier, RDH, MPH, Interim State Public Health Dental Hygienist  Chair Davenport
6.	Presentation on Nevada Medicaid Dental Benefits	Shauna Tavcar Social Services Program Specialist III-Dental

	Discussion and Possible Advisory Committee Recommendations <b>Public Comment For Possible Action</b>	Division of Health Care Financing and Policy  Chair Davenport
7.	Liberty Dental Plan  Discussion and Possible Advisory Committee Recommendations <b>Public Comment For Possible Action</b>	Amy Tongsiri, DMD, Nevada Dental Officer Liberty Dental Plan  Chair Davenport
8.	AC4OH Board Retreat Workgroup Report  Discussion and Possible Advisory Committee Recommendations <b>Public Comment For Possible Action</b>	Chris Garvey, RDH, Oral Health Nevada, Inc., Chair  Chris Wood, RDH, BS ASTDD, Executive Director  Chair Davenport
9.	Discussion and Approval of the Advisory Committee's Annual Written Report Summarizing the Activities of the Advisory Committee and any Recommendations on the State Program for Oral Health. <i>Per NRS 439.792, paragraph 7c, report is due on or before July 1 of each year to the Administrator of the Division of Public and Behavioral Health.</i>  <b>Public Comment For Possible Action</b>	Chair Davenport
10.	Discussion on the Financial Sustainability of the Oral Health Program and Letters of Support from AC4OH  Discussion and Possible Advisory Committee Recommendations <b>Public Comment For Possible Action</b>	Chair Davenport
11.	Appointment of New Appointee(s) and Reappointment of Committee Members with Terms Expiring June of 2019 to Serve on the Advisory Committee on the State Program for Oral Health  Discussion and Possible Advisory Committee Recommendations <b>Public Comment For Possible Action</b>	Chair Davenport
12.	Discussion of Member to Be Removed from the Advisory Committee on the State Program for Oral Health  Discussion and Possible Advisory Committee Recommendations <b>Public Comment For Possible Action</b>	Chair Davenport
13.	Recommendation for SFY20 Chair and Authority of Chair to Write Letters of Support on Behalf of AC4OH  Discussion and Possible Advisory Committee Recommendations <b>Public Comment For Possible Action</b>	Chair Davenport
14.	Recommendations for Future Agenda Items  Discussion and Possible Advisory Committee Recommendations <b>Public Comment For Possible Action</b>	Chair Davenport

15.	<p style="text-align: center;"><b>Public Comment</b></p> <p><i>Public Comment will be taken during this agenda item. No action may be taken on a matter raised under this item until the matter is included on an agenda as an item on which action may be taken. The Chair may elect to allow public comment on a specific agenda item when that item is being considered.</i></p>	Chair Davenport
16.	<p style="text-align: center;"><b>Adjournment</b></p>	

*This notice and agenda has been posted on or before 9:00 a.m. on the third working day before the meeting at the following locations:*

BUREAU OF CHILD, FAMILY AND COMMUNITY WELLNESS – 4150 Technology Way, Carson City  
 DIVISION OF PUBLIC AND BEHAVIORAL HEALTH – 4126 Technology Way, Carson City  
 WASHOE COUNTY HEALTH DISTRICT – 1001 E. Ninth Street, Reno, NV.  
 SOUTHERN NEVADA HEALTH DISTRICT - 280 S. Decatur Blvd, Las Vegas, NV  
 NEVADA DIVISION OF PUBLIC AND BEHAVIORAL HEALTH – 3811 W. Charleston Blvd, Las Vegas, NV.  
 On the Internet at the Nevada Division of Public and Behavioral Health website:

<http://www.notice.nv.gov>  
<http://www.dpbh.nv.gov>

Written comments in excess of one typed page on any agenda items which requires a vote are respectfully requested to be submitted to the Oral Health Program at the above address five (5) calendar days prior to the meeting to ensure that adequate consideration is given to the material. We are pleased to make reasonable accommodations for members of the public who are disabled and wish to attend the meeting.

Supporting materials for the agenda can be found on the State Oral Health Website: <http://dpbh.nv.gov/Programs/OH/dta/Boards/AC4OH-Home/> or you can contact Dr. Antonina Capurro, Bureau of Child, Family and Community Wellness, Oral Health Program, in writing to the Oral Health Program Office at 1001 Shadow Lane, MS 7411, Las Vegas, NV 89106 or by calling (702)774-2573.

If special arrangements are necessary, please notify Dr. Antonina Capurro, Bureau of Child, Family and Community Wellness, Oral Health Program, in writing to the Oral Health Program Office at 1001 Shadow Lane, MS 7411, Las Vegas, NV 89106 or by calling (702)774-2573 before the meeting date. Anyone who wants to be on the Advisory Committee on the State Program for Oral Health mailing list must submit a written request every six months to the Nevada Division of Public and Behavioral Health at the address listed in the previous paragraph.

# Emergency Room Redirect for Non-Traumatic Dental Conditions Pilot Program



A collaborative effort by:

Department of Health and Human Services,

LIBERTY Dental Plan, University Medical Center, and Teladentistry.com.



**Steve Sisolak**  
*Governor*



**Richard Whitley**  
*Director*

**State of Nevada**  
**Department of Health and Human Services,**  
**Division of Public and Behavioral Health**

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**Antonina Capurro, DMD, MPH, MBA**  
**State Dental Health Officer**  
**Oral Health Program**  
**June 7, 2019**





**Amy Tongsiri, DMD**  
**Nevada Dental Director**  
**Liberty Dental Plan**

**LIBERTY.**  
DENTAL PLAN

# Why University Medical Center of Southern Nevada(UMC)?



One of the 50 largest public hospitals in America



Affiliated with both UNLV School of Medicine and School of Dental Medicine



Forward thinking administration



Large Medicaid population



Highest encounter rate for non-traumatic dental conditions in the Emergency Department



# Non-Traumatic Dental Conditions



**Definition:** Emergency room visit for an oral condition that results from disease and decay due to long term neglect.

A traumatic dental condition results from an accident or sports injury such as a fall, car accident, or gun shot wound.



Non-Traumatic

VS



Traumatic

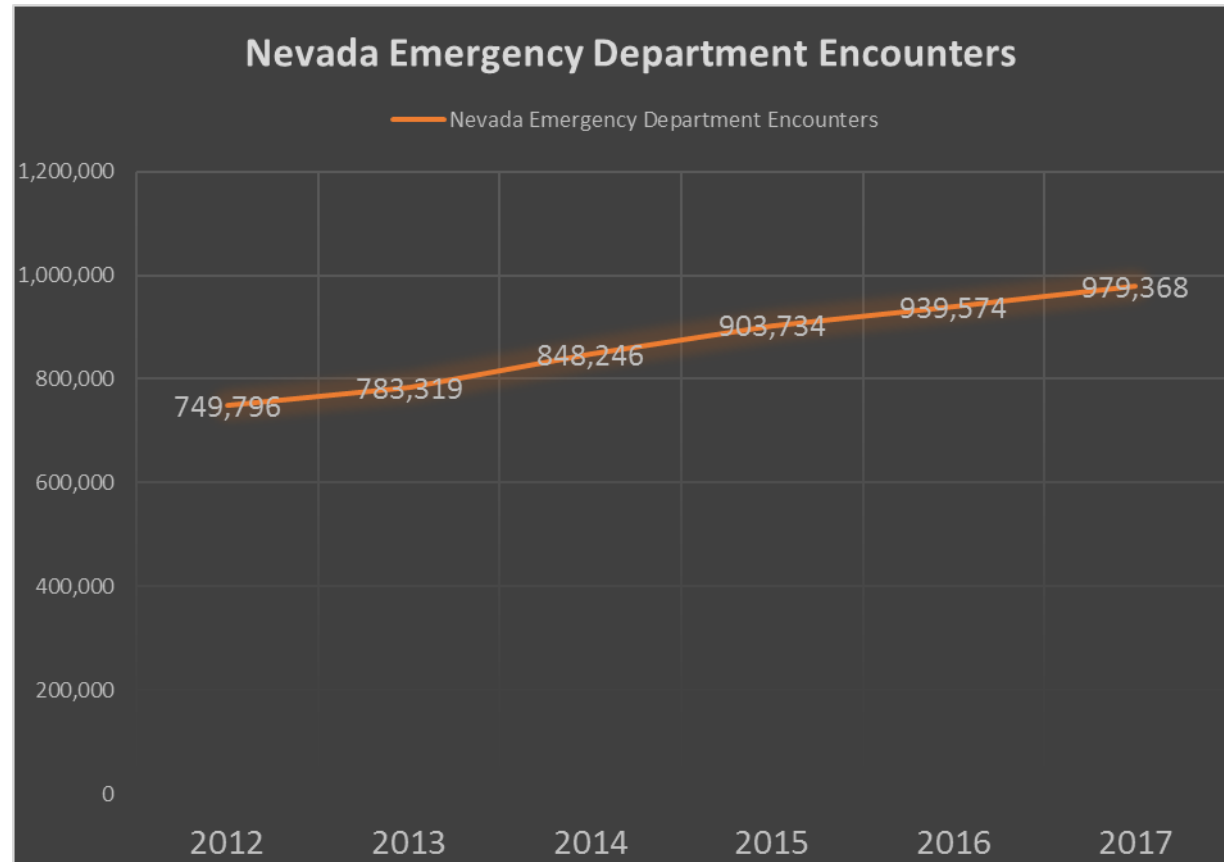


# Fiscal Impact of Oral Conditions in the Emergency Departments

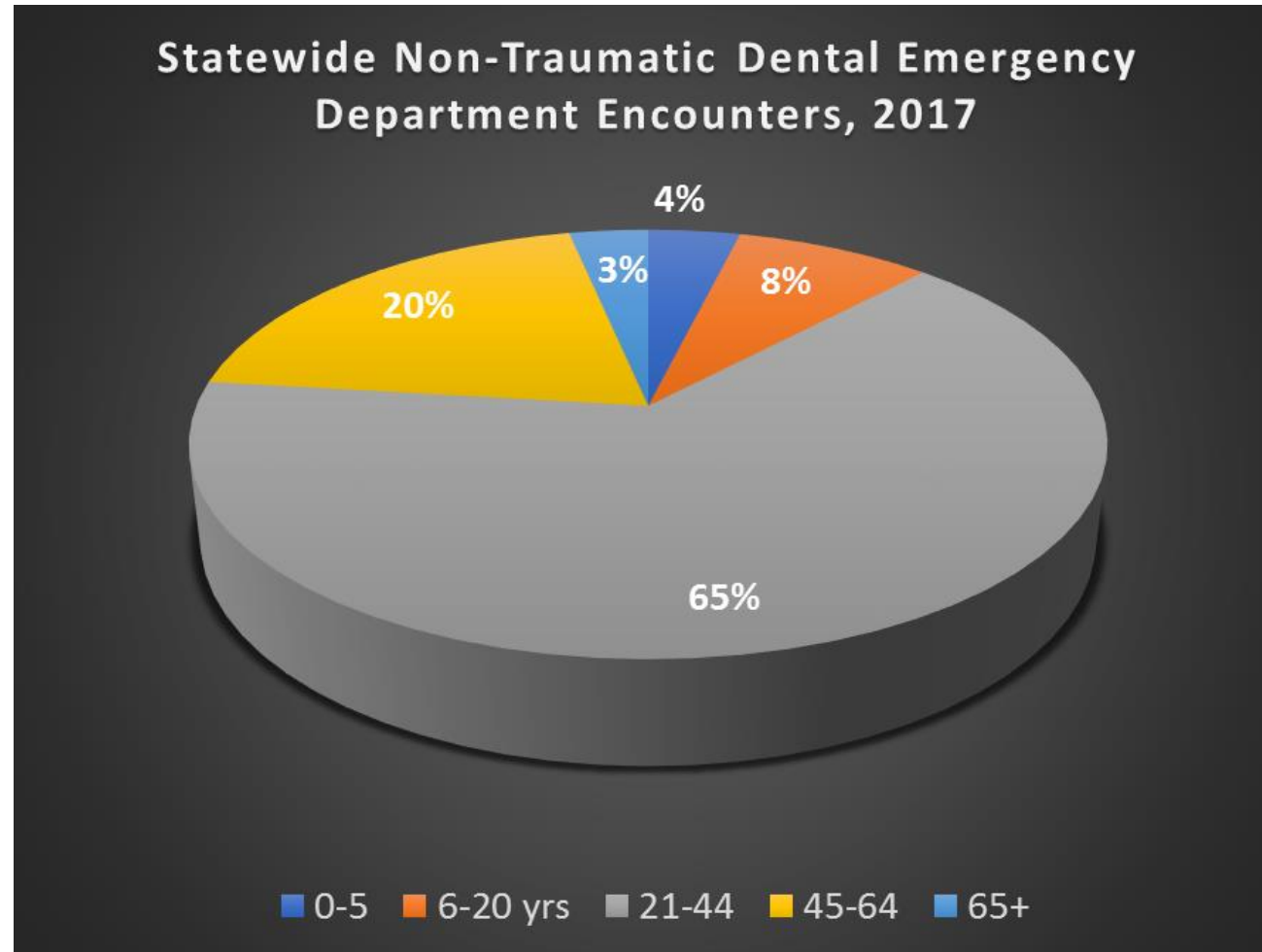
- \$867 million to \$2.1 billion in 2010 – according to ADA’s Health Policy Institute
- From 1997 to 2000, dental related discharge diagnostic codes encompassed 0.7% or 4.1 million visits of all emergency department encounters.
- The ER is often the safety net of the health care system for those that are unable to access care from a primary medical or dental provider due to
  - Geographic
  - Financial
  - Cultural or
  - Attitudinal barriers



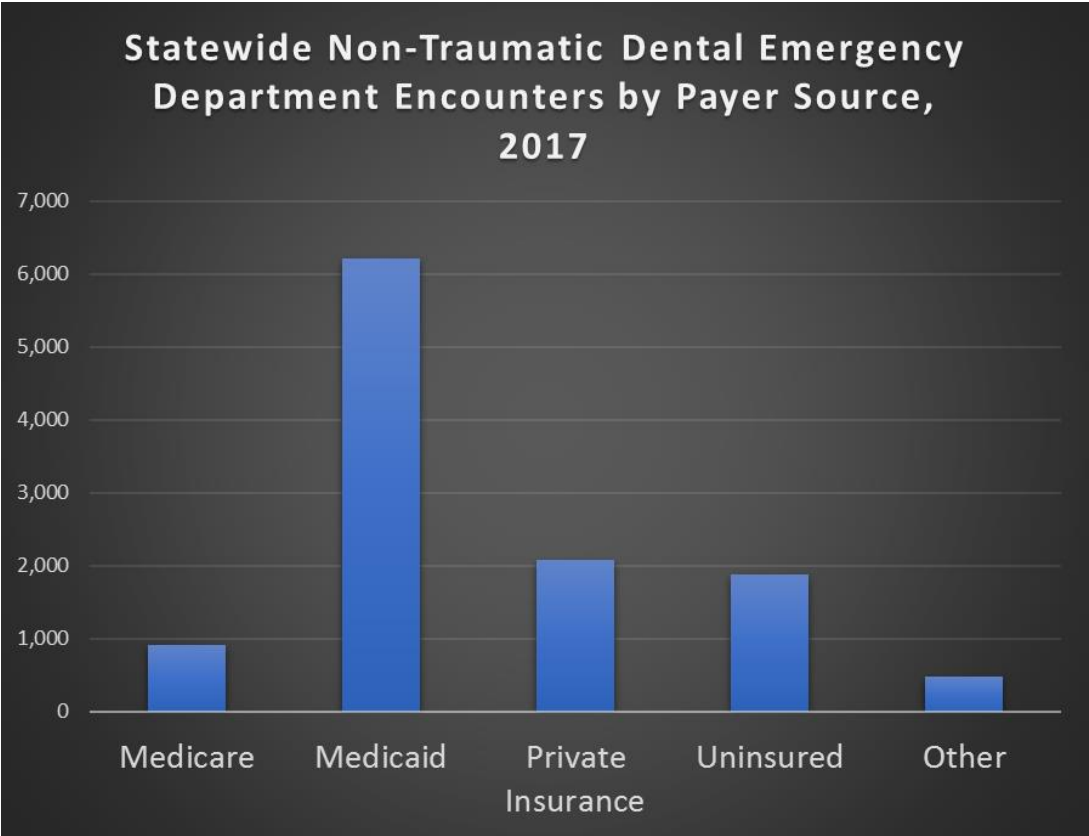
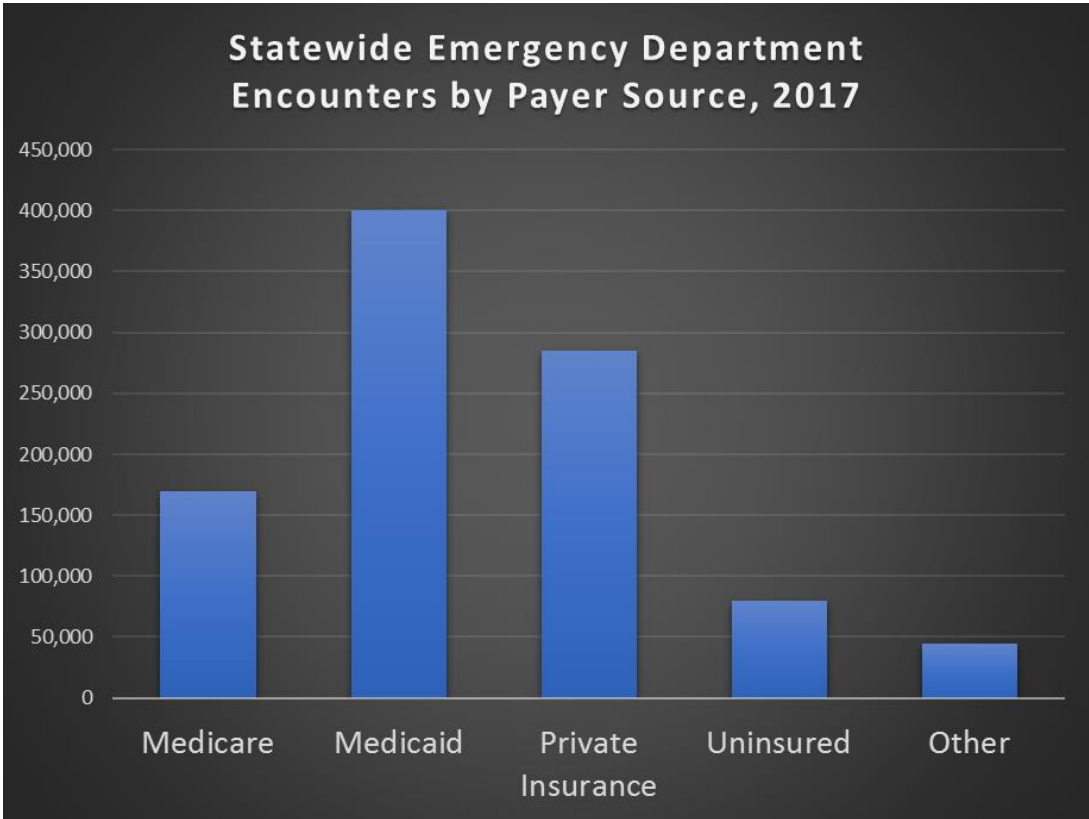
# Nevada Emergency Room Visits 2012-2017



# Utilization by Age Group



# Payer Sources in Emergency Departments



# Lessons from Other State Programs



## **Missouri:**

- 30 day pilot program had such a significant impact the model was implemented.
- Decrease in number of opioid prescriptions as well as decrease of 8-9,000 total ED visits to the hospital.
- Half of patients referred for care came to the dental clinic for treatment.

## **Michigan:**

- Care coordinator within the hospital triages patient and determines eligibility (financial and dental needs).
- Must volunteer 8 hours and attend health education class to receive dental services (urgent care received treatment).
- 30% of patients referred to the program followed the protocol to become a participant.

## **South Carolina:**

- Hospital partnered with local dentists and allocates 10% of revenue to sustain community health programs.
- ED patients are referred to a local dentists who provides restorative and emergency care at no charge to the patient.
- Created a dental home, 36% reduction in ED visits, sustainable model due to hospital support.

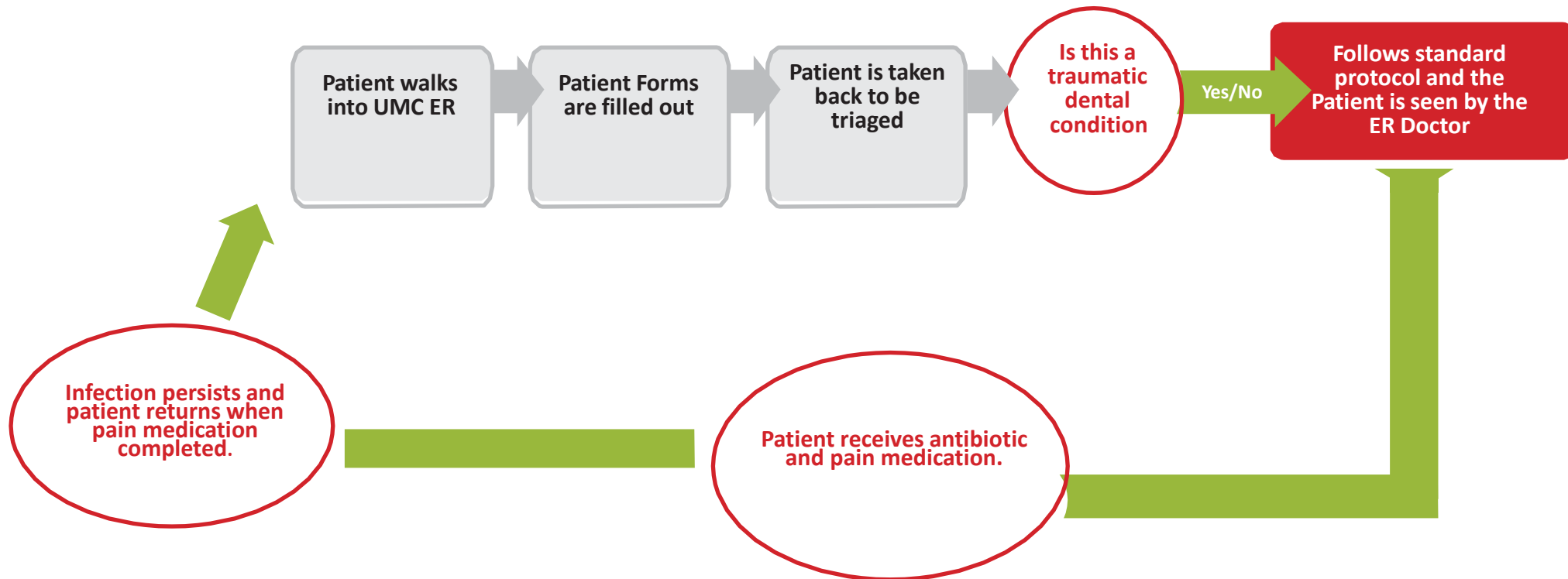
# Collaborative Objectives



- Decrease admission rate for non-traumatic dental conditions in ER
- Reduce the number of opioids prescribed
- Increase dental treatment for dental pain and decay
- Educate for oral health among health care providers
- Coordinate Medicaid members to dental home for proper care with transportation assistance.
- Increase visibility and build partnerships between dental and medical practitioners
- Improve health outcomes for emergency room patients at University Medical Center.

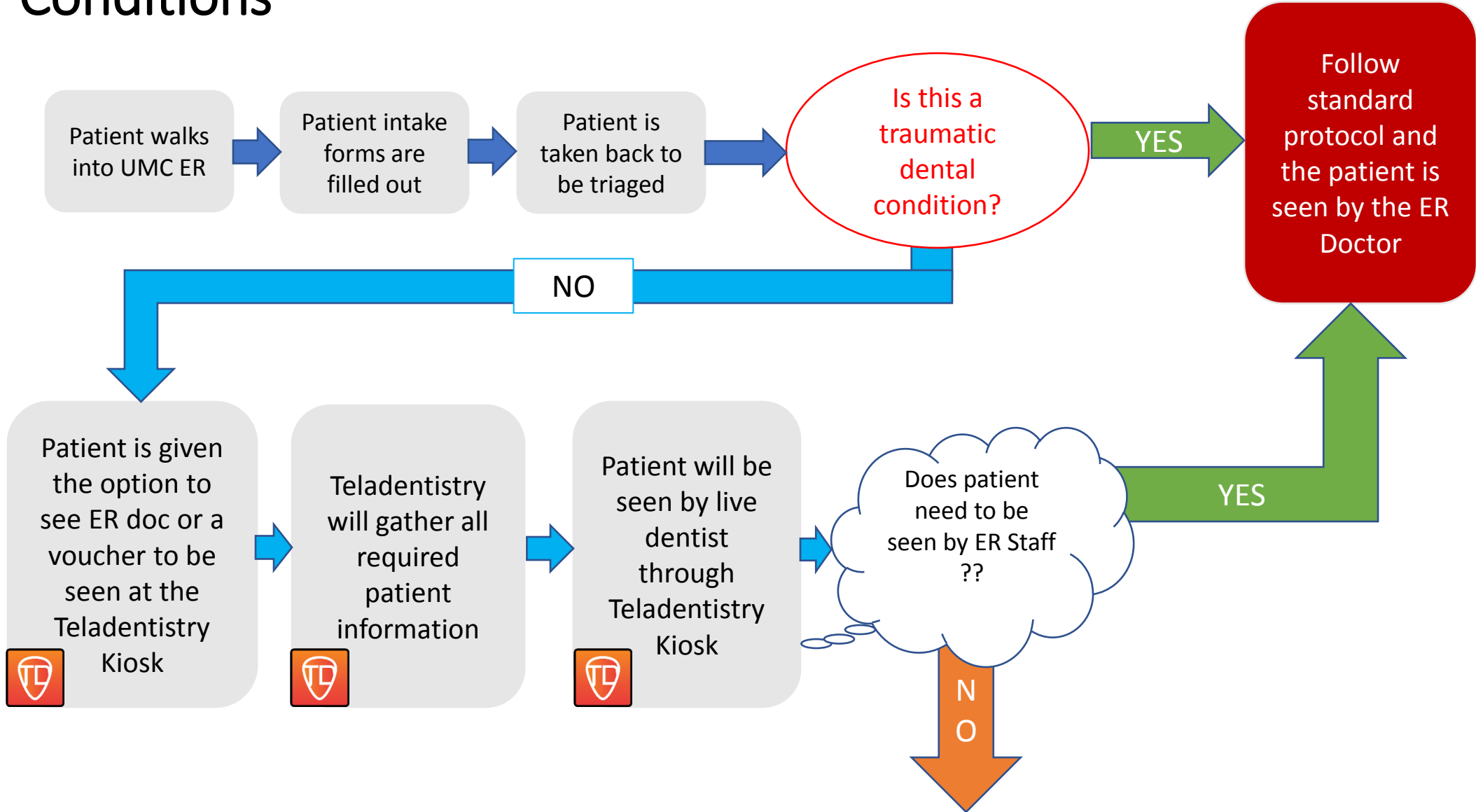


# Current Utilization of the ED for Non-Traumatic Dental Conditions

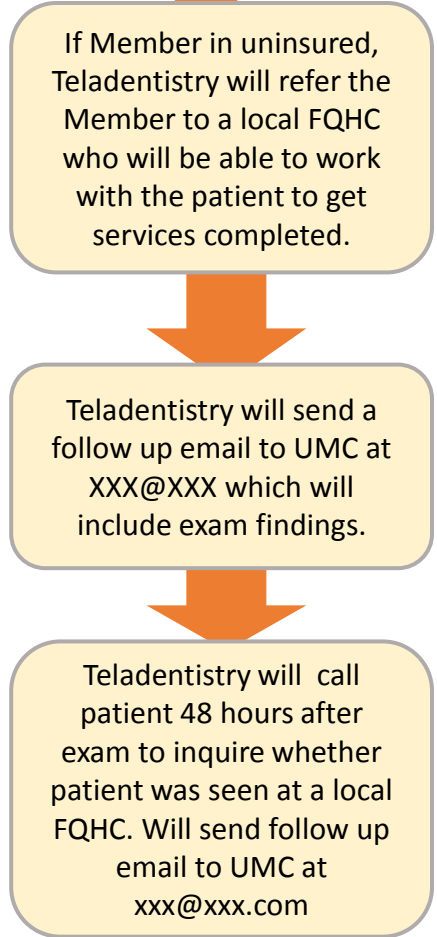
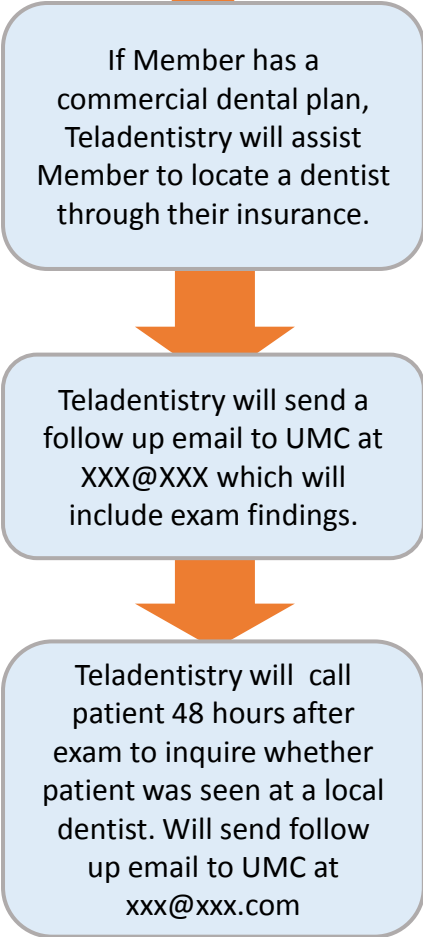
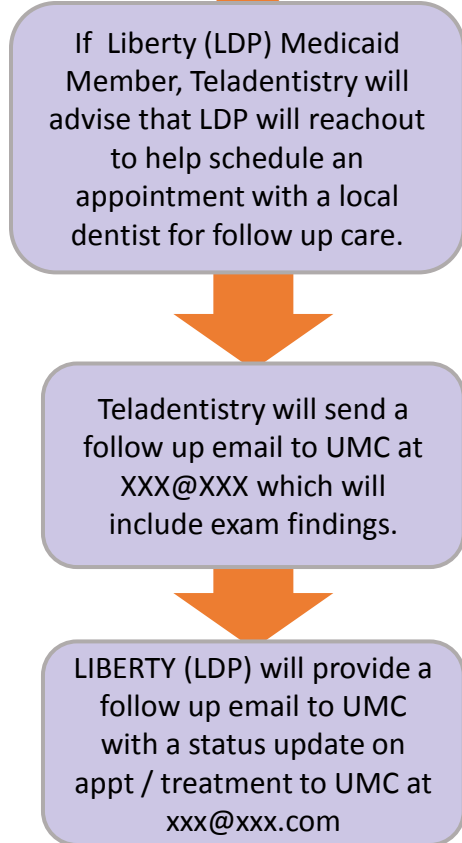




# Proposed Utilization of the ED for Non-Traumatic Dental Conditions



# Options



## Teladentistry Kiosk Types

D9995 Teledentistry- synchronous; real-time

Live video (synchronous): Two-way interaction between a patient and a dental provider using audiovisual telecommunications technology.



Currently used by Liberty Dental Plan



# Measurements of Success –



Project is scheduled to launch in Summer 2019

- Analyze patients routed to teladentistry area vs. the number of patients that complete the consultation or request other forms of treatment
  - Analyze patterns of emergency department utilization
  - Average length of emergency department visit for non-traumatic dental condition
  - Summarize cost savings to the ER
- 
- Once proven successful we will do full implementation of referrals to the teledentistry area within the hospital
  - The next goal would be to model this program within other hospitals throughout the state especially those in rural Nevada.



# References

1. Allareddy V, Rampa S, Lee MK, Allareddy V, Nalliah RP. Hospital-based emergency department visits involving dental conditions: profile and predictors of poor outcomes and resource utilization. *JADA* 2014; 145(4):331-337
2. Institute of Medicine and National Research Council. Improving access to oral health care for vulnerable and underserved populations. Washington, DC: National Academies Press; 2011.
3. Lewis C, Lynch H, Johnston B. Dental complaints in emergency departments: A national perspective. *Ann Emerg Med* 2003; 42:93-99
4. Okunseri C, Okunseri E, Thorpe JM, Xiang Q, and Szabo, A. Patient characteristics and trends in non-traumatic dental condition visits to emergency departments in the United States. *Clinical, Cosmetic and Investigational Dentistry* 2012:4 1-7
5. Shortridge, E. F., & Moore, J. R. Use of emergency departments for conditions related to poor oral healthcare: Implications for rural and low-resource urban areas for three states. *Journal of Public Health Management Practice* 2009; 15(3): 238-245
6. The Patient-Centered Medical Home Model. Approved by the ACEP Board of Directors August 2008. Available at: <http://www.acep.org/Clinical---Practice-Management/The-Patient-Centered-Medical-Home-Model/> Accessed on November 10, 2015
7. United States Department of Health and Human Services. Oral Health in America: A report of the surgeon General. Rockville, MD: U.S. Department of Health and Human Services, National Institute of Dental and Craniofacial Research, National Institute of Health, 2000.

# Saving Nevada Smiles, One Tooth at a Time

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Governor



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**FROM THE DESK OF THE  
STATE DENTAL HEALTH OFFICER**

*“You may encounter many defeats, but you must not be defeated.”* Maya Angelou  
*“Most of the important things in the world have been accomplished by people who have kept on trying when there seemed to be no hope at all.”* Dale Carnegie

As the 80<sup>th</sup> Legislative Session and the 2019 fiscal year come to a close, it is a time of reflection for the Oral Health Program(OHP). Since the last AC4OH meeting, Ms. Chartier and I have had the opportunity to be a part of both the Nevada Dental Association and the Community Coalition for Oral Health Legislative days. In addition, we have met with national partners and been encouraged by the cutting-edge work being done by other state dental teams during the National Oral Health Conference.

Despite the renewed comradery found this quarter, this has also been a period of great uncertainty and disappointment. In April, our respected and gracious Administrator, Dr. Kotchevar, resigned from her position with the Division. Dr. Kotchevar was a true friend of the Program and an advocate for health care reform in the state. We wish her all the best in her future endeavors. In her place, we welcome the new Interim Administrator, Lisa Sherych.

Additionally, due to financial hardships, the school-based sealant programs in Washoe and Lyon Counties administered by Community Health Alliance and Future Smiles respectively were discontinued. The Oral Health Program intends to support Community Health Alliance, Healthy Smiles, Healthy Child, and Healthy Communities Coalition to bring these services back to underserved and vulnerable children in Northern Nevada.

Furthermore, despite Program funding for fiscal year 20 and 21 being submitted as part of the Division budget, during Legislative review the funding source for fiscal year 21 was removed. The Program has been tasked with finding sustainable funding sources to continue operation or may face restructuring in twelve months. For the past three years, the Program has applied for multiple grant opportunities; nevertheless, in order for oral health to be sustainable in Nevada, the Oral Health Program needs a five-year history of effective projects, impact, and outcomes along with data on the burden of oral disease in the state to share with private and federal funders. Typically, private donors provide support that enables innovative projects to reach a new level of success. The Medical Miles for Rural Smiles is one example, which has garnered interest from private dental companies. Over the next year, the Oral Health Program will explore innovative funding streams and build its oral health surveillance plan with an aspiration to launch an open-mouth survey of third grade students in 2020.

In the spirit of informational transparency, I would like to present our latest projects and update you on our progress.



*Helping People --  
It's Who We Are And What We Do*

**Oral Health Program Mission:** To protect, promote, and improve the oral health of the people of Nevada.  
**Core Values:** Integrity, Compassionate Care, Innovation, Quality, and Hard Work.

**80th Legislative Session**

Dr. Capurro and Ms. Chartier attended the Nevada Dental Association Legislative Day on February 27<sup>th</sup> and the Community Coalition for Oral Health Legislative Day with Northern Nevada Dental Coalition for Underserved Populations and Oral Health Nevada on March 22<sup>nd</sup>.



**Pictured:** Local dentists, members of the Nevada Dental Association, and the State Oral Health Program met with Governor Sisolak at the 2019 NDA Legislative Day.



**Pictured:** Wendy Madson (Healthy Communities Coalition); Elizabeth Chartier and Antonnina Capurro (NV State Oral Health Program); Lancette VanGuilder (NDHA); Patti Sanford (NDHA, TMCC); Cassandra Klein, Sakura Brandon, Erica Ortega (TMCC students, SADHA); Caryn Solie and Syd McKenzie (NDHA) at the 2019 Oral Health Legislative Day.

Bills being reviewed and tracked:

<b>AB-223</b>	<b>Assemblywoman Neal</b> Requires the Department of Health and Human Services to seek a federal waiver to provide certain dental care for persons with diabetes.	Amended and passed as amended. Currently heard by the Assembly Ways and Means Committee.
<b>AB-225</b>	<b>Assembly Committee on Commerce and Labor</b>	Failed Deadline of Friday, April 12, 2019. (Pursuant to Joint Standing

	Revises provisions relating to health insurance.	Rule No. 14.3.1, no further action allowed.)
<b>AB-239</b>	<b>Assembly Committee on Health and Human Services</b> Revises provisions relating to controlled substances.	Amended and passed as amended.
<b>AB-310</b>	<b>Assemblyman Frierson</b> Revises provisions regarding the manner in which prescriptions are given to pharmacies.	Amended and passed as amended.
<b>AB-487</b>	<b>Assembly Committee on Ways and Means</b> Makes an appropriation to the Department of Veterans Services to provide financial assistance and support for the Adopt a Vet Dental Program.	Currently heard by the Assembly Ways and Means Committee.
<b>SB-171</b>	<b>Senator Hardy</b> Provides for the collection of information from certain providers of health care.	Amended and passed as amended. Currently heard by the Senate Commerce and Labor Committee
<b>SB-130</b>	<b>Senator Woodhouse</b> Provides for the licensing and regulation of certain persons who administer radiation.	Dental Hygienist, dental assistant or qualified dental technician removed from the bill. Amended and passed as amended.
<b>SB-187</b>	<b>Senators Denis, Goicoechea, Harris, and Settlemeyer and Assemblyman Roberts</b> Revises provisions governing prescriptions for controlled substances by a dentist, optometrist or physician for the treatment of pain.	Amended and passed as amended.
<b>SB-366</b>	<b>Senator Ratti</b> Establishes provisions relating to dental therapy.	Amended and passed as amended. Currently heard by the Senate Finance Committee.

### **Joint Projects with Medicaid Office**

We welcome Robyn Gonzalez who will be joining Ms. Tavcar within the Division of Health Care Financing and Policy (DHCFP) for Managed Care and Quality-Dental.

- **Medicaid Chapter 1000 Dental**

Dr. Capurro and Ms. Tavcar are collaborated in reviewing and rewriting the Medicaid Services Manual 1000 Dental. The goal of the revision is to increase preventative dental services while identifying areas to reduce redundancies and clarify the intent of the chapter.

- **Medicaid Dental Benefit Schedule**

Dr. Capurro, Dr. Tongsiri, and Ms. Tavcar collaborated to analyze the coverage, limitations, and prior authorization requirements for the Nevada Medicaid and Nevada Check Up Dental Program. CDT codes and service limits have been reviewed and the fiscal impact is currently being evaluated.

- **CPT 41899**

In April, DHCFP increased the reimbursement rate of CPT 41899, ‘Other Procedures on the Dentoalveolar Structures’. The Oral Health Program is conducting an analysis to understand the impact the rate change has had on access to dental services.

- **AB223**

The Oral Health Program is thankful for the leadership and support of Assemblywoman Dina Neal in sponsoring AB223 to expand Medicaid dental benefits for adults with diabetes. Dr. Capurro co-authored and co-presented the bill with Assemblywoman Neal. For more information, please visit:

<https://www.leg.state.nv.us/App/NELIS/REL/80th2019/Bill/6387/Overview>

- **UMC ER Redirect Project**

OHP has recently collaborated with Liberty Dental Plan and University Medical Center of Southern Nevada to redirect non-traumatic dental conditions within the emergency department and refer for definitive dental care. The project team provided a formal presentation to the April meeting of the Nevada Medical Care Advisory Committee. The presentation was well received.

### **OHP Project Report**

- **Nevada Maternal, Child and Adolescent Health**

Salary savings from a position funded by the Maternal and Child Health Block Grant has been reallocated to launch the Rural Southern Nevada Expectant Mother Medicaid Dental Access Program. The project goals are:

- ✓ to create an innovative method to educate expecting mothers on the importance of oral health while also providing medical clearance for dental treatment
- ✓ to provide case management to connect patient's to a dental home
- ✓ to develop healthcare networks in the community to promote better access to and understanding of oral health care needs of rural patients, and
- ✓ to develop dental educational modules targeting the engagement of interdisciplinary groups of health professionals.

- **Basic Screening Survey for Licensed Childcare Centers in Rural Nevada**

A proposal has been submitted to the Department of Education for FY20 to launch a non-invasive open-mouth basic screening survey, create educational webinars, and build classroom toothbrush stations and protocols for licensed childcare centers throughout rural Nevada. The data collected as a part of this project will be compared to the 2017 Head Start BSS to better understand what health disparities and educational opportunities exist in rural Nevada.

- **Support for Those Entering the Nevada Dental Workforce**

The Oral Health Program is aware that program visibility and participation from dental professionals will come from supporting the accomplishments of the Nevada's dental and dental hygiene students.

A certificate of achievement and letter from the DPBH NV Oral Health Program has been provided to each 2019 dental/dental hygiene graduate at the UNLV School of Dental Medicine, Truckee Meadows Community College (TMCC), and the College of Southern Nevada (CSN). A formal presentation was made by Dr. Capurro and Ms. Chartier at the CSN Dental Hygiene Pinning Ceremony for the Class of 2019.





## Growth

### • Grant Applications

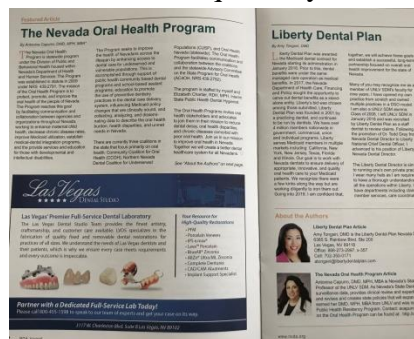
- **HRSA 19-031**, Ryan White HIV/AIDS Program Part C Capacity Development Program, a one-year \$150,000 grant to build organizational infrastructure. OHP was a grant contributor and the application was submitted by the Southern Nevada Health District.
- **HRSA 19-025**, Rural Health Network Development Planning Program, a one-year \$100,000 grant to increase the availability of health care services in medically underserved communities in rural Nevada through network development of critical access hospitals and community partners was submitted in November. OHP was a grant contributor and member of the staffing plan. The application was submitted by the PACE Coalition and the funding decision was released in May. Although the application scored high, it was not selected for funding.
- **Dental Trade Alliance Foundation**, a one-year ~\$25,000 grant to fund a Rural Norther Nevada Expectant Mother Medicaid Dental Access Program for Churchill, Douglas, Elko, Eureka, Lander, Mineral, Lyon, Pershing, and Humboldt Counties was submitted by OHP in May.
- **Mountain West CTR-IN**, a one-year, \$66,000 grant to fund a collaborative medical-dental research project to identify the relationship between food insecurity and food deserts in Las Vegas on the oral health and overall health of patients with diabetes. OHP was a grant contributor and co-investigator. The application was submitted by the PI, Dr. Izuora, Associate Professor of Internal Medicine at the UNLV School of Medicine.

### • Guest Lecture

Dr. Capurro provided a presentation on the Nevada Oral Health Program to Den 7255-Dental Public Health Research and Practice, a course for second year dental students at UNLV SDM.

### • Publications

- Dr. Capurro prepared an article on the history and direction of OHP for the Spring 2019 Nevada Dental Association Journal. The article was published in the spring edition. The Program plans to submit an article that highlights program activities on a quarterly basis for publication.



- Dr. Capurro created an article on the Medical Miles for Rural Smiles program that was published in the University Medical Center of Southern Nevada monthly newsletter. The article can be accessed at:

[http://issuu.com/umcmarketing/docs/the\\_pulse](http://issuu.com/umcmarketing/docs/the_pulse)

- **Abstracts**

- **American Public Health Association 2019 Annual Meeting and Expo**

Dr. Capurro scored presentation abstracts on oral health topics for the American Public Health Association 2019 Annual Meeting and Expo to ensure the presentations successfully contribute to the NPHA’s goal of making the U.S. the healthiest nation in one generation.

- **American Dental Education Association 2020 Annual Session and Expo**

Dr. Capurro scored presentation abstracts on oral health topics for the ADEA 2020 Annual Session and Expo to ensure the presentations successfully contribute to ADEA’s goal to address contemporary issues influencing education, research, and the delivery of oral health care for overall health and safety of the public.

- **Nevada Primary Care Association 2019 Annual Conference**

Presentation abstract titled, “Pilot Emergency Room Redirect for Non-Traumatic Dental Conditions Utilizing Teladentistry”

- **2019 Nevada Public Health Annual Conference**

Presentation abstract titled, “Medicaid Dental Benefits Evolve to Tackle Chronic Health Conditions in Nevada through AB223”

- **2019 Nevada Health Conference**

Presentation abstract titled, “Emergency Room Redirect Pilot Program Using Teladentistry”

## People

- **State Public Health Dental Hygienist**

Interviews for the State Public Health Dental Hygienist position have been completed and an offer letter will be mailed in June. The part-time Interim State Public Health Dental Hygienist, Ms. Elizabeth Chartier, currently staffs the position. The Oral Health Program is thankful for Ms. Chartier’s leadership and dedication to dental public health.

- **OHP Interns**

Marcin Chmiel is completing a master’s degree in public health at University of Nevada, Reno. His project focuses on water fluoridation in Nevada, and he is working with OHP to update state water fluoridation levels through the CDC’s online Water Fluoridation Reporting System (WFRS) and is completing WFRS online training.

- **American Dental Association 10 Under 10 Award**

Dr. Capurro was named by the ADA as a winner of the 10 Under 10 award which “honors new dentists making their mark on the profession”. <https://www.ada.org/en/publications/ada-news/2019-archive/march/10-under-10-awards-recognizing-dentistrys-brightest-rising-stars>

- **Advisory Committee on the State Program for Oral Health (AC4OH)**

Welcome new AC4OH members. We look forward to working with you to improve oral health in Nevada.

## Service

- **Dental Smile Packages for Rural Community Health Nurses**

The Oral Health Program is dedicated to aiding community health nurses that offer oral health educational and fluoride varnish application to patients throughout Nevada. Dental smile packages containing oral hygiene products, fluoride varnish, and oral health educational brochures were mailed to support the

essential public health services provided by community health nurses in rural counties. Each dental smile package serves 100 patients.

Product	Amount shipped
Toothbrushes (Colgate - 360 Whole Mouth Clean)	475
Toothpaste (Colgate - Total Clean Mint Paste)	500
Floss (Colgate - Total Dental Floss)	275
Varnish (Colgate - PreviDent Varnish)	425
Baby toothbrushes (Colgate - Smiles My First Baby Soft Toothbrushes)	48
Fluoride Varnish Oral Health Brochure	450
Brushing Techniques Oral Health Brochure	100
Love Your Teeth Coloring Book	5
Your Child's First Visit to the Dentist Brochure	250
Training Cups & Preventing Tooth Decay Brochure	50
A Healthy Smile for Your Baby Brochure	500
Keeping my Teeth Healthy Booklet	20
A Healthy Mouth for Your Baby Booklet	125
Colgate – Free Patient Sample Bags	720

- **National Oral Health Conference (NOHC)**

NOHC collaborated with the Women’s Foundation for Greater Memphis on a community service project as part of their Vision 2020 strategy to provide school and oral hygiene supplies to families in the Memphis area. OHP contributed 200 adult toothbrushes to support this project in Shelby County.

- **Special Olympics, Special Smiles**

- **March 9<sup>th</sup>:** The Oral Health Program joined UNLV School of Dental Medicine to provide oral hygiene instruction, dental screenings, and oral hygiene kits to Special Olympics athletes at the spring basketball game in Las Vegas.



- **Special Olympics Clinical Director Training:**

Dr. Capurro joined health professionals from across the country to complete clinical director training for the Special Olympics Healthy Athletes program. Healthy Athletes offers health screenings and education to Special Olympic athletes in eight areas (podiatry, physical therapy, health promotion, audiology, sports physicals, vision, emotional well-being, and dentistry). Special Smiles is the dental division. The Global Clinical Advisors for Special Smiles are Dr. Steve Perlman and Dr. Allen Wong. Dr. Wong conducted the clinical director training for Dr. Capurro.





**Pictured:**  
 Alicia Grady,  
 Ann Marie Magill,  
 Allen Wong, Miran Ho,  
 Antonina Capurro, and  
 Mai-Ly Duong

- **May 31<sup>st</sup>:** The Oral Health Program joined a team of dental professionals to screen 101 Special Olympic athletes to provide oral hygiene instruction, mouth guards, dental assessments, and oral hygiene kits during the Special Olympics Nevada Annual Summer Games in Reno. Thank you to all our volunteers!



**Pictured:** Beth Chartier, Xenia Pyne, Allen Wong, Civon Gewelber, Kerry Handon, Antonina Capurro, Gemma Ramirez, Jaime Valencia  
**Not Pictured:** Julie Stage-Rosenberg, Guadalupe Lopez, Christine Jacintoc, and Iris Soriano



**Pictured:** Julie Stage-Rosenberg, Antonina Capurro, Civon Gewelber, Christine Jacintoc, and Iris Soriano



Two athletes won grand prizes at the evening's opening ceremony. Each winner received an Oral-B electric toothbrush bundle.  
**Congratulations!**

- **September 2019:** 2<sup>nd</sup> Annual Las Vegas Health Fair. Come and support Special Smiles. The event will be held on: September 14<sup>th</sup>  
At: Opportunity Village-Engelstad Campus, 6050 S. Buffalo Dr, Las Vegas, NV 89113  
From: 11am to 3pm.  
**We hope to see you there!**

### **Oral Health Program Projected Plans for FY20**

1. Promote sustainability including pursuing and securing FY21 and future funding for the Oral Health Program.
2. Build Nevada Oral Health Program infrastructure and capacity.
3. Create the framework of an oral health surveillance plan.
4. Oversee implementation of new legislation that is specific to chronic diseases comorbid with poor oral health and provide pertinent education to legislators to improve dental public health legislation in Nevada.
5. Educate to promote the use of preventive dentistry practices into the dental care delivery system, to increase utilization of Early and Periodic Screening, Diagnosis, and Treatment (EPSDT), and to provide clinical expertise to the Division of Health Care Financing and Policy.
6. Collaborate with existing systems, programs, and sister agencies to improve access to care for individuals in dental health professional shortage areas.
7. Expand the reach of oral health messaging on decay prevention and evidence based oral health practices for children, children and youth with special healthcare needs, adolescents, and women of childbearing age.
8. Timely and accurate completion and submission of pertinent reports and documents; monitoring program expenditures; and performing other program management activities.

Respectfully submitted,  
Antonina Capurro, DMD, MPH, MBA  
Nevada State Dental Health Officer

# NEVADA POLICY FOR THE APPLICATION OF SILVER DIAMINE FLUORIDE BY LICENSED PUBLIC HEALTH ENDORSED DENTAL HYGIENISTS

## Introduction

Silver Diamine Fluoride (SDF) is an antimicrobial topical medicament used to slow or completely arrest dental caries in both primary and permanent teeth. In 2014, the United States Food and Drug Administration (FDA) approved SDF for use as a desensitizing agent. By 2017, the FDA granted a “Breakthrough Therapy Designation” to silver diamine fluoride (SDF) (38%) for clinical trials on its ability to arrest dental caries. SDF continues to be used for the off-label purpose of caries arrest.

The American Academy of Pediatric Dentistry (AAPD) acknowledges that traditionally surgical interventions have been required for removal of dental decay and placement of restorative materials to repair a tooth’s form and function. However, alternative strategies may be needed for those that require behavioral modifications, have limited finances, or experience difficulties accessing care. In such instances, silver diamine fluoride may be indicated as an effective approach to manage the oral disease process. AAPD cautions that before SDF is applied a comprehensive dental examination and treatment plan for ongoing patient care should be developed.

SDF has been used globally for many years to arrest, treat and prevent cavities and as an anti-hypersensitivity agent. Bi-annual applications of SDF are suggested for maximum benefit of an almost 80% reduction in both the progression and development of carious lesions (Horst, 2017).. In instances where the patient cannot be seen for a second application, the placement of glass ionomer can be applied over a cavitated area as an interim restoration. The silver modified atraumatic restorative technique (SMART) is one such method, offering an interim solution to the patient’s restorative needs. Promising results of laboratory studies and clinical trials have suggested that SDF is more effective than other fluoride agents to halt the caries process. A literature review concluded that SDF is a safe, effective, efficient, and equitable caries control agent that has a potentially broad application in dentistry (Mei, Lo, Chu, 2016).

The costs associated with SDF is minimal. It is estimated that application of SDF is approximately \$.91 per patient (\$0.80 for one drop of SDF, \$0.11 for the micro brush). To improve esthetics as well as function, a temporary restoration using glass ionomer cement can be placed immediately after the SDF application, similar to the placement of a dental sealant. Previously mentioned as SMART is a viable solution to treat Nevadans in school based or public health settings in which access to dental care is limited. Additional training in this technique can be found through numerous continuing educational course taught throughout the U.S. SDF with placement of glass ionomer is not intended to replace a permanent restoration and should only be used as a temporary restoration. Furthermore, patients should always be referred to a dental home. According to NAC 631.210 1(I), a dental hygienist can place a non-permanent restoration for palliative treatment before the patient is examined by a dentist. Since there is no need for an anesthetic and drill, nor is there any permanent removal of dentition, not only does SMART greatly reduce anxiety and discomfort for the patient, it falls well within the scope of practice for the Public Health Endorsed Dental Hygienist.

## Mechanism of Action

SDF is a colorless liquid although blue tinted SDF is now also available. It contains 38% (44,800 ppm) fluoride ion that consist of 25% silver, 8% ammonia, 5% fluoride, and 62% water. It can be applied with a micro brush in a simple and noninvasive fashion. During the carious process, bacterial acids demineralize enamel and if left untreated will eventually lead to exposure of the dentinal tubules. SDF releases silver and fluoride ions that penetrate into the enamel and dentin forming a protective layer of mineral deposits that block the dentin tubules,

strengthen the tooth from future bacterial acids, and promote remineralization. Caries arrest occurs through the free silver ions that act as an antimicrobial agent to inactivate bacterial metabolism and prevent the formation of new biofilm and remineralization occurs through topical fluoride release. SDF has also been shown to have an indirect preventive effect which means that it can help prevent caries on teeth that are not treated by SDF (Horst, 2017). By placing SMART restorations, bacteria that have been treated with SDF are cut off from nutrient rich saliva and the use of glass ionomer ensures that remineralization continues preserving tooth structure and enhancing pulp vitality until a final restoration can be placed (Fa, Jew, Wong, & Young, 2016).

### **Indications**

- SDF is a safe effective, non-invasive caries management product that can be used for patients of all ages.
- As an interim treatment for patients that cannot receive traditional restorative treatment.
- Around margins of cavities to prevent secondary decay.
- For carious lesions that cannot be treated in one visit.
- For patients who have difficulty accessing dental care due to location or finances.
- Special needs patients who have behavioral or developmental concerns that inhibit their ability to receive dental treatment or are medically compromised.
- For difficult to treat carious lesions due to location in the mouth etc.
- Patients with a high caries risk to arrest the progression of cavitated lesions on crown and root surfaces.

OR

- Treatment of dentinal hypersensitivity.

### **Contraindications**

SDF is contraindicated in patients with:

- ulcerative gingivitis or stomatitis
- a known sensitivity to silver or other heavy-metal ions, and
- a tooth that is pulpally involved.

Patients having had full mouth gingivectomies and patients showing abnormal skin sensitization in daily circumstances are recommended for exclusion. Riva Star brand which includes a potassium iodide solution as a non-staining additive is also contraindicated in people undergoing thyroid gland therapy.

**Note:** SDF will stain teeth and informed consent including pictures of the staining should be used before beginning treatment.

### **Warnings**

SDF is intended for local application only. Not for ingestion. Protect the patient's eyes. Use caution to avoid contact with skin or clothing due to staining. In the event of exposure to eyes, flush the area copiously with water and immediately seek medical consultation.

### **Application Procedure**

#### **Pre-application Instructions:**

- Obtain individual/parental consent for SDF application and review the patient's health history. Sample consent form can be found at the end of this report.
- Provide "Information for Parents About Silver Diamine Fluoride" sheet. Sample sheet can be found at the end of this report.

- If the child is breastfed on demand, is using a bottle at any age, or a sippy cup ad lib throughout the day with liquids other than water give the parent the pamphlet "Early Childhood Caries (cavities) Prevention". (Available from the Oral Health Program. (702- 774-2573)
- Provide the adult with similar dental health preventive education.
- Advise the individual/parent about staining!

Staining is an indicator of antimicrobial effectiveness.

The functional indicator of effectiveness is when the silver oxide is bound to the diseased collagen and intrinsic pigmentation of a carious lesion occurs. These oxides don't polish away because the blackened lesion retains its dark color for a long period, which is why the antimicrobial effect is long lasting.

SDF stains demineralized areas and soft-tissues. Soft tissue stains can be reduced by gentle polishing with tincture of weak iodine solution.

The staining is not immediate but will be noticed within hours. It will be limited to direct areas of contact. For soft-tissue, it will fade over a period of 24 to 72 hours.

SDF does not stain sound or healthy enamel or dentin.

SDF stains clothing, counters, floors and instruments

- If person receiving SDF is under the age of 21 and is covered by Medicaid or is under the age of 18 and is covered by Nevada Check Up, obtain a copy of the medical card.
  - Additionally, Medicaid will pay for expanded dental services for adult women who are pregnant. During pregnancy, regular dental exams and dental cleanings are important for overall maternal and child health.
  - Transportation to and from the dental appointment may also be covered for Medicaid recipients; call 1-844-879-7341.

#### **Supplies:**

- Gauze sponges (2 x 2)
- Personal protective equipment
- Preferred brand of Silver Diamine Fluoride 38%
- Most SDF is supplied in boxes of (30) .1 mL unit dose and applied with an applicator brush
- One brand of 38% SDF-Advantage Arrest- contains 160 drops in one bottle and instructs that 1 drop can treat four to six lesions.
- 

#### **Position the Patient:**

- For a young child-place the child in a supine or sitting position and work from above the head. Or adapt a method that works best for you
- For an adult, adapt a method that works best for you.

#### **The Application:**

- Wear proper personal protective equipment when handling SDF.

- Patient should wear protective eyewear and care should be exercised to prevent SDF contact with skin. An application of petrolatum jelly on the lips and surrounding areas aids in protecting skin from staining is recommended.
- Protect hard surfaces with plastic and use care not to get SDF on clothing because stain is permanent.
- Place a unit-dose upright on a plastic lined tray or protected countertop.
- Tap the unit on the counter/tray to ensure the liquid is at the bottom of the container.
- Hold 2x2 gauze over the ampule and snap off the cap while holding the base.
- Dispose of the gauze and cap inside of your gloves in proper receptacle.
- Isolate the affected area of the tooth with cotton rolls or protect the gingival tissue of the affected tooth with petroleum jelly. Alternatively, a rubber dam can be used for isolation.
- Clean and dry the affected tooth surface.
- One drop can cover up to 5 sites per patient.
- Transfer material directly to the tooth surface with an applicator.
- Scrub the material into the tooth and allow it to absorb for 1 minute.
- Allow to air-dry for up to 60 seconds.
- Wipe any excess material from the tooth with a 2x2 or cotton roll.
- Use superfloss to access interproximal lesions by applying SDF to the floss from both the buccal and lingual aspects.
- Apply fluoride varnish to the tooth surface after SDF application.
- Video demonstrating the application of SDF plus glass ionomer or (SMART) application on a young child by simply cleaning the perimeter of the carious lesion with cotton tip applicator. <https://www.youtube.com/watch?v=0kiqG0z66qs>
- Video supporting the medically compromised children/adults can avoid general anesthesia with the use of SDF with oftentimes greater success <https://www.youtube.com/watch?v=zUAJkqcltco>

#### **Post-Application Instructions:**

- Do not eat or drink for one hour after treatment.
- There may be a slight metallic taste for a short period after application.

#### **The SDF application can be repeated:**

- It is recommended that two applications be administered within one year and may be re-applied at intervals of one week.
- If it is not feasible to apply two applications then SMART is recommended.

#### **Remember:**

Even though the child may fuss, the SDF application is not unpleasant and will provide the child with oral health protection.

#### **Documentation:**

- Document the exam results and SDF application on the consent form.
  - Include a notation on the patient's consent form of which tooth received SDF and if a tooth is not yet erupted or is missing.
  - Keep a copy in the patient's chart or a clinic file
  - Give a copy of your findings to the patient or parent indicating that SDF is not a permanent solution and provide a referral to dentist for a permanent restoration.
  - Record the SDF dispensing in the clinic medication dispensing log
  - Mark the take home finds form



### Charge and billing for the service:

- Medicaid can be billed for those under the age of 21 and for pregnant adult women. Nevada Check Up can be billed for those under the age of 18.
  - Verify eligibility/coverage prior to providing service.
  - If SDF is provided during a well child exam, include the application in the documentation of the exam on the age appropriate Healthy Kids Screening Assessment form and submit to the Public Health and clinical Services Central Office in Carson City.
  - If it is a stand-alone service, document the application on the age appropriate Healthy Kids Screening Assessment form or Medicaid billing form and submit the billing to the Public Health and Clinical Services Central Office in Carson City.

### Billing codes: Add these to your billing form.

D1354 –interim caries arresting medicament application. Effective January 1, 2018, it should be recorded as per tooth application.

### References/Resources:

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12. Li R, Lo EC, Liu BY, Wong MC, Chu CH. [Randomized clinical trial on arresting dental root caries through silver diamine fluoride applications in community-dwelling elders](#). J Dent. 2016 Aug;51:15-20. doi: 10.1016/j.jdent.2016.05.005. Epub 2016 May 18.
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15. Monse B, Heinrich-Weltzien R, Mulder J, Holmgren C, van Palenstein, Helderma WH. [Caries preventive efficacy of silver diamine fluoride \(SDF\) and ART sealants in a school-based daily fluoride toothbrushing program in the Philippines](#). BMC Oral Health. 2012 Nov 21;12:52.
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The patient questionnaire can be found below the sample consent form and is attached for your convenience. These are nationally standardized questions about a child’s oral health, and their ability to access dental care in their/your community. Responses will provide the state with valuable information. Please send electronic responses to the State Oral Health Program at [acapurro@health.nv.gov](mailto:acapurro@health.nv.gov)

Silver diamine fluoride is safe.

Silver diamine fluoride prevents tooth decay and stops some cavities from growing bigger. SDF is the least aggressive/invasive treatment to stop active tooth decay in your child's mouth.

The silver kills germs; the fluoride makes teeth stronger.

Silver diamine fluoride has been used in other countries for more than 80 years.

It is simple and painless to apply. A very small amount is used.

Because it can stop cavities from growing bigger, by killing the germs in the cavity, there may not be a need for a filling.

After silver diamine fluoride is applied to a cavity, the cavity will get dark brown or black over time. This means that it is working. Where the cavities were will be black, but this means there is less disease and less chance your child will have pain because of cavities.

An appointment with a dentist is needed following application of SDF to make sure the cavity is not still growing bigger. A dentist must decide if a filling or crown or other restoration is needed.

Silver diamine fluoride is effective after one application, but multiple applications make it more effective. It may be reapplied every six months for up to two years.

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Silver diamine fluoride is best for:

- Treating sensitive teeth
- Stabilizing tooth decay for patients at high risk for getting more new decay
- Treating patients with high risk for getting tooth decay
- Treating patients with limited access to restorative care
- Treating very young children that may be uncooperative for having teeth restored

Silver diamine fluoride should **not be used** if a patient:

- Is pregnant or nursing;
- Has an allergy to silver;
- Has mucosal irritation – including oral ulcers, desquamative gingivitis, or mucositis; or
- Has tooth decay with symptoms of pulpal involvement.

# SAMPLE INFORMED CONSENT FOR SILVER DIAMINE FLUORIDE

## Authorization for Dental Treatment

I hereby authorize Dr./RDH \_\_\_\_\_ and his/her associates to provide and/or administer the dental service Silver Diamine Fluoride that he/she or his/her associates deem, in their professional judgement, necessary or appropriate in my care.

I am informed and fully understand that there are inherent risks involved in the administration of any drug, medicament, antibiotic, or local anesthetic. I am informed and fully understand that there are inherent risks involved in any dental treatment. The most common risks for this treatment can include,, but are not limited to:

- *The affected area will stain black permanently. Health tooth structure will not stain. Stained tooth structure can be replaced with a filling or crown.*
- *Tooth-colored fillings and crowns may also discolor if SDF is applied to them. Normally this color change is temporary and can be polished off.*
- *If accidentally applied to the skin or gums, a brown stain may appear that causes no harm, cannot be washed off, and will disappear in 1-3 weeks.*
- *You may notice a metallic taste. This will go away rapidly.*
- *If tooth decay is not arrested, the decay will progress. In that case the tooth will require further treatment, such as repeat SDF, a filling or crown, root canal treatment, or extraction.*
- *These side effects may not include all of the possible situations reported by the manufacturer. If you notice other effects, please contact your dental provider.*

Silver Diamine Fluoride (SDF) is an antibiotic liquid. We use SDF on cavities to help stop tooth decay. We also use it to treat tooth sensitivity.

Treatment with SDF does not eliminate the need for dental fillings or crowns to repair function or esthetics. Additional procedures will incur a separate level of consent.

I should not be treated with SDF if I (or my child) is allergic to silver, or there are painful sores or raw areas on my gums (ie., ulcerative gingivitis) or anywhere in my mouth (ie. Stomatitis).

I realize that it is mandatory that I follow any instruction given by the dentist/dental hygienist. Alternative treatment options, including no treatment, have been discussed and understood. No guarantees have been made as to the results of treatment. A full explanation of all complication is available to me upon request from the dentist.

**I CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THIS DOCUMENT, AND ALL OF MY QUESTIONS WERE ANSWERED:**

**I CERTIFY THAT TEETH NUMBER/LETTER \_\_\_\_\_ WILL BE TREATED WITH SDF.**

\_\_\_\_\_  
(Signature of Guardian/Patient) \_\_\_\_\_ DATE

\_\_\_\_\_  
(Signature of Witness) \_\_\_\_\_ DATE



Photo: Gao, S.S.; Zhao, I.S.; Duffin, S.; Duangthip, D.; Lo, E.C.M.; Chu, C.H. Revitalising Silver Nitrate for Caries Management. *Int. J. Environ. Res. Public Health* 2018, 15, 80.

## Silver Diamine Fluoride (SDF)

**38% Silver Diamine Fluoride is an FDA-approved liquid antibiotic that helps with:**

- active tooth decay
- tooth sensitivity

**It is easy and does not require numbing or drilling.**

### **Why do we use this medicine?**

SDF is a liquid antibiotic that can be applied to teeth with certain kinds of cavities or sensitivity. SDF kills the bacteria causing the cavity and strengthens that part of the tooth. It makes the cavity hard like concrete so the cavity does not get bigger and the tooth becomes less sensitive. Using SDF “buys time” to fix the cavities – especially if your child is young or anxious and cannot cooperate for fillings or crowns.

### **How do we do it?**

1. The dentist will dry the affected tooth or teeth.
2. The dentist will paint a small drop of SDF on the tooth with a small brush.
3. The dentist will allow SDF to dry for up to one minute.
4. The dentist will rinse the area or apply fluoride varnish on top of the SDF.

The dentist will re-evaluate the tooth in about a month and then may re-apply this medicine to the teeth in the dental clinic every 6 to 12 months after that.

### **Things you should know:**

- This medicine will stain the cavity dark black. The healthy parts of the tooth will not be stained. The black color indicates that the SDF is working. Stained areas can later be covered with fillings or crowns.
- This medicine will not put back tooth structure that has been lost because of the cavity. Thus, if your child has a hole in the tooth, we may still recommend a filling or crown (cap) for the tooth.
- Not all tooth decay can be treated with SDF.
- Tell other doctors or dentists treating your child that SDF has been used. They may wonder why the cavities are stained black.
- Tooth decay treated with SDF is not guaranteed to stop. It is possible that multiple applications of SDF may be required. Decay that continues to progress will require further treatment with SDF and/or fillings, crowns, root canal treatment or extraction.
- We do not use SDF in patients with a silver allergy or with painful sores or cuts anywhere in the mouth.
- If SDF accidentally gets on the skin, tongue, gums, cheek, or lip, you will see a stain that causes no harm, like a temporary tattoo. This stain should disappear on its own within one to three weeks.
- Tooth-colored fillings that are exposed to SDF may change color. These may be able to be polished off.
- SDF may cause a temporary metallic taste. This is why we rinse or apply fluoride varnish afterwards.
- Additional side effects are possible. Please contact your doctor or dentist if you notice anything.

### **Alternatives to SDF include:**

- No treatment, which may lead to progression of tooth decay.
- Alternative treatments depend on location and extent of tooth decay and may include fluoride varnish,

fillings/crowns, extraction, or referral for advanced treatment.

**The following information is important to help us understand access to dental care in your community.**

- 7. About how long has it been since your child last visited (saw) a dentist?** Include all types of dentists, such as orthodontists, oral surgeons, and all other dental specialists, as well as dental hygienists. (Circle only one)
- a) 12 months or less
  - b) More than 1 year, but not more than 3 years ago
  - c) More than 3 years ago
  - d) My child has never been to a dentist
  - e) Don't know/don't remember
- 9. What was the main reason your child last visited a dentist?** (Circle only one)
- a) Went in on own for routine check-up, examination or cleaning
  - b) Was called in by the dentist for check-up, examination or cleaning
  - c) Something was wrong, bothering or hurting
  - d) Went for treatment of a condition that dentist discovered at earlier check-up or examination
  - e) Other
  - f) Don't know/don't remember
- 10. During the past 12 months, was there a time when your child needed dental care but could not get it at that time?** (Circle only one)
- a) No
  - b) Yes
  - c) Don't know/don't remember
- 11. IF YES TO QUESTION 10: What were the reasons that your child could not get the dental care she/he needed?** (Circle all that apply)
- a) Could not afford the cost
  - b) Did not want to spend the money
  - c) No insurance
  - d) Insurance did not cover recommended procedures
  - e) Dental office is too far away
  - f) Dental office is not open at convenient times
  - g) Another dentist recommended not doing it
  - h) Afraid or do not like dentists
  - i) Unable to take time off of work
  - j) Too busy
  - k) I did not think anything serious was wrong/expected dental problems to go away
  - l) Dentist did not accept Medicaid
  - m) Other
  - n) Don't know/don't remember
- 12. Do you have any kind of insurance that pays for some or all of your child's DENTAL CARE?** (Note: NO insurance will be billed – these services are completely free). (Check only one)
- Private dental insurance (Delta Dental, BC/BS, etc.)     Medicaid     Other government dental insurance (TriCare, etc.)     None
- 13. During the past six months, did your child have a toothache more than once when biting or chewing?** (Circle only one)
- a) No
  - b) Yes
  - c) Don't know/don't remember

**Thank you for your participation!**

## La información que sigue es importante para poder entender su acceso al cuidado dental en su comunidad.

7. **¿Cuánto tiempo hace que su hijo/a va al dentista?** Incluye todos tipos de dentistas, ortodontistas, cirujanos orales, y todos los especialistas dentales, incluyendo higienistas dentales. (circule uno)
- f) Dentro de un año  
g) Más de un año, pero no más de 3 años  
h) Más de 3 años  
d) Nunca ha ido a un dentista  
e) No lo sé/No me acuerdo
9. **¿Cuál fue la razón primaria por la última visita al dentista de su hijo/a?** (Circule uno)
- g) Fue por si solo para un chequeo de rutina, examinación o limpieza dental  
h) Le llamaron para un chequeo de rutina, examinación o limpieza dental  
i) Algo estaba mal, molestando, o doliendo  
j) Fue por tratamiento por una condición que le descubrieron en un chequeo previo  
k) Otro (Por favor especifique) \_\_\_\_\_  
l) No lo sé/No me acuerdo
10. **¿Durante los últimos 12 meses, hubo alguna vez que su hijo/a necesitaba cuidado dental pero no pudo obtenerlo en ese momento?** (Circule uno)
1. No  
2. Si  
3. No lo sé/No me acuerdo
11. **SI RESPONDISTES “SI” EN PREGUNTA 11: ¿Cuál fue la razón que su hijo/a no pudo obtener cuidado dental que necesitaba?** (Circule todas las que correspondan)
- a) No tiene seguro médico  
b) No fue problema serio  
c) La salud de otro miembro de familia  
d) El horario del dentista no era conveniente  
e) Hablan un lenguaje diferente  
f) No supe a donde ir  
g) Fue difícil obtener una cita  
h) La espera es demasiada larga en la oficina  
i) No me gustan/ no confió en los dentistas  
j) No lo puedo pagar  
k) No hay dentistas disponibles  
l) No tengo manera de llegar  
m) El dentista no acepta mi seguro médico o Medicaid  
n) Otro dentista recomendó no hacerlo  
o) No puedo salir del trabajo  
p) No quise gastar dinero  
q) No lo se  
r) Otra razón: (Especifique) \_\_\_\_\_
12. **¿Tiene algún seguro médico que paga por una porción o todo el CUIDADO DENTAL de su hijo/a?** (Nota: NINGUN seguro médico será cobrado-estos servicios son totalmente gratis). (Cheque una)
- Seguro dental privada (Delta Dental, BC/BS, etc.)  
 Medicaid  
 Otro seguro médico del gobierno (TriCare, etc.)  
 Ninguno
13. **¿Durante los últimos seis meses, ha tenido su hijo/a dolor de diente cuando muerde o mastica?** (Cheque una)
- No  
 Si  
 No lo sé/No me acuerdo

**¡Gracias por su participación!**



### Oral Hygiene Tips

- Eat fruits and vegetables and drink plenty of water. Avoid sugar, soda pop, and juice. A healthy diet is important.
- Visit the dentist regularly starting when the first tooth erupts at about 6-12 months of age.
- Brush for two minutes twice a day with a fluoride toothpaste and floss regularly.
- Use a smear of toothpaste before age 3 and a pea size amount for older kids who can spit out the toothpaste.



Smear vs Pea size

- Remember, even baby teeth and gums are important. Never put baby to bed with a bottle and clean baby's mouth with a damp cloth after each feeding.

**"You are not healthy without good oral health"**  
**Dr. C. Everett Koop,**  
 Surgeon General of the United States, 1981-1989

### Improving Dental Health in Nevada



### Department of Health and Human Services

#### Division of Public and Behavioral Health

4150 Technology Way  
 Carson City, Nevada 89076

775-684-4285

<http://dpbh.nv.gov/Programs/OH/OH-Home/>

# Silver Diamine Fluoride

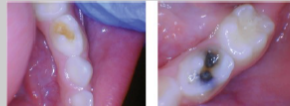


**Stop cavities in their tracks!**

## Saving Nevada Smiles One Tooth At A Time

### How Is Silver Diamine Fluoride Applied?

- \* A trained health professional will dry the teeth that will be treated, and paint a tiny amount on with a small disposable brush.
- \* The SDF application takes less than 2 minutes and may slightly stain the gums but will go away in 12-24 hours.
- \* As the coating dries, the cavity will turn dark but this is how we know that the tooth is being protected.
- \* SDF is an easy way to treat small cavities without drilling, anesthesia or sedation.
- \* If needed, a temporary filling will be placed.
- \*



### Why Use Silver Diamine Fluoride?

- Fluoride is a natural mineral found in water sources. SDF contains 38% Fluoride and is an antimicrobial topical medication that can slow down cavities on both baby teeth and permanent teeth.
- SDF keeps the cavity from getting bigger by releasing fluoride which remineralizes the cavity.
- Children as young as 12 months old can get cavities.
- SDF is much easier for the patient. There is no drilling, anesthesia or sedation.
- If a temporary filling is placed after SDF, see a dentist as soon as possible to get a permanent restoration.

### After The SDF Is Applied:

- \* Do not eat or drink for at least an hour after treatment.
- \* SDF will harden the soft tooth structure and will turn the damaged portion of the tooth black in color.
- \* You will need to continue seeing your dentist for routine exams and cleanings and for a permanent restoration on the treated teeth.
- \* Brush and floss your teeth everyday to help protect your healthy teeth from cavities.



### Silver Diamine Fluoride-Is It Safe?

Yes, SDF is safe. SDF is approved by the US Food and Drug Administration as a safe way to treat tooth sensitivity as well as smaller cavities and is found to be 70-90% effective

### Ask your dentist if SDF is right for you or your child

"Tooth decay is the single most common chronic childhood disease—5 times more common than asthma, 4 times more common than early childhood obesity, and 20 times more common than diabetes."  
 American Academy of Pediatric Dentistry

### How Long Will It Last?

SDF can last for years however it may need to be reapplied several times for best results. The best defense to keep your teeth healthy is to brush at least twice a day with a fluoridated toothpaste, floss daily and see your dental professional at least twice a year.

# **Advisory Committee on the State Program for Oral Health (AC4OH)**

**Date:** June 1, 2019

**To:** Lisa Sherych, Interim Administrator  
Division of Public and Behavioral Health

**From:** Cathie Davenport, Chair  
Advisory Committee on the State Program for Oral Health (AC4OH)

**Subject:** SFY 2019 (2018-2019) AC4OH Annual Report and Recommendations

## **Purpose and Role**

Pursuant to NRS 439.2792, the Advisory Committee on the State Program for Oral Health is a thirteen member committee. The purpose of this Advisory Committee shall be to advise and make recommendations to the Administrator of the Division of Public and Behavioral Health, Department of Health and Human Services (herein after referred to as “the Division”) concerning the Oral Health Program.

The role of the Advisory Committee shall be to support the Division to promote the health and wellbeing of Nevadans through the delivery or facilitation of essential services to ensure families are strengthened, public health is protected, and individuals achieve their highest level of self-sufficiency as outlined in NRS 439.271-493.2794:

## **Leadership and Participation**

1. Current Chair and Vice Chair:
  - a. Cathie Davenport, Chair
  - b. Christine Garvey, RDH, Vice Chair
2. Other current members include:
  - a. Keith Clark
  - b. Brandi Dupont, DMD
  - c. Mary Liveratti
  - d. Chris Elaine Mariano, APRN, CPNP-PC, MSN, RN
  - e. Bryce Putnam, DMD
  - f. Judith Skelton, PhD
  - g. Julie Stage-Rosenberg, RDH, MPH
  - h. Robert Talley, DDS
  - i. Kelly Taylor, RDH
  - j. Christine Wood, RDH
3. New members as of July 1, 2019:
  - a. Terri Chandler, RDH
  - b. Max Coppes, MD
  - c. Benjamin Prohaskha, PA
  - d. Tina Brandon Abbatangelo, DMD

## AC4OH Accomplishments and Activities

### • **The Oral Health Program (OHP)**

- The AC4OH board has a gifted group of professionals that are dedicated to improve oral health of Nevadans. Quarterly meetings are arranged with Dr. Capurro, the chair and the vice chair of AC4OH. This is done to continue the line of communication and to help support the efforts of the Oral Health Program. The chair of AC4OH also met with the State Public Health Dental Hygienist to help facilitate the same support for Northern Nevada. AC4OH members understand the challenge of building an Oral Health Program from the beginning. We are not able to be an Advisory Committee unless we understand the challenges and the successes. Each decision made is to help enhance the delivery of dental care in Nevada.
- Oral Health Summit – AC4OH continues to explore funding opportunities to hold an oral health summit in Nevada. The oral health summit would focus on oral health education and will build strong partnerships between grassroots organizations and statewide oral health coalitions.
- AC4OH members and leaders reviewed program materials and provided feedback, on such items as:
  - Letters from the Desk of the State Dental Health Officer
  - Policy for Urgent Dental Issue Identified During Community Screening
  - AB223, Proposal to Extend Periodontal Benefits to Adults with Diabetes
  - Nevada’s grant application and grant activities for the State Oral Health Program:
    - ✓ HRSA 19-025” Rural Health Network Development Planning Program”
    - ✓ Delta Dental “Rural Nevada Expectant Mother Medicaid Dental Access Program”
    - ✓ Dental Trade Alliance “Rural Northern Nevada Expectant Mother Medicaid Dental Access Program”
    - ✓ Mountain West CTR-IN grant “Determinants of Nutritional Status among Patients with Diabetes and their Impact on Oral Health Outcomes”
  - University Medical Center of Southern Nevada, Emergency Department Dental Redirect Program
  - Proposal for BOE, 2019 Basic Screening Survey of Licensed Childcare Centers in rural Nevada

### • **Policy Topics Reviewed**

- **Administrative Direction of the Division of Public and Behavioral Health**
  - Julie Kotchevar, PhD, Administrator, Division of Public and Behavioral Health regularly attends AC4OH meetings and provides a direction from the Division.
  - Ihsan Azzam, MD, PhD, regularly attends AC4OH meetings and provides a general presentation on the direction of the Department and Division.
- **Medicaid –**

The Division of Health Care Financing and Policy has a standing agenda item on the AC4OH meeting agendas. Ms. Shauna Tavcar attended all meetings and graciously shared programmatic changes, challenges and accepted feedback from members. Topics ranged from the new Dental Benefits Administrator contracting process, ambulatory surgical centers, to orthodontia coverage changes being considered, policies regarding reimbursing for various newly covered services,

discrepancies in billing and instructions for providers to re-file their claims when the ICD-10 coding was updated in the system, and assistance to intervene when appropriate.

- Members brought concerns regarding limited benefits for adults;
- Reimbursement concerns with Liberty Dental
- Reimbursement for Dental Hygienists with Public Health Endorsement; and
- Limitations of provider panels, among other items.

In addition, LIBERTY Dental, the dental benefits administrator for Nevada, whose contract is overseen by DHCFP and DPBH, OHP, has recently become a standing agenda item on the AC4OH meeting agenda. Dr. Amy Tongsirir has attended meetings since June 2018 and provides updates on LIBERTY Dental's administrative process. In addition, Dr. Tongsirir fields questions from public members in attendance.

○ **Community Water Fluoridation**

Through a grant from Delta Dental of California Foundation, Nevada was chosen as one of four states to receive fluoridation training and technical assistance from the American Fluoridation Society. Several AC4OH board members as well as Dr. Capurro are members of the Nevada Community Water Fluoridation Training Corps.

○ **Community Engagement/ To Expand Access, Oral Health Education and/or Awareness**

- Meetings included a standing agenda item to collect information and updates from Nevada's Oral Health Coalitions; Oral Health Nevada, Community Coalition for Oral Health(CCOH), and Northern Nevada Coalition for Underserved Populations (CUSP).
- Additional funding support for the Nevada Oral Health Program including these grants:
  - HRSA 19-025" Rural Health Network Development Planning Program"
  - Delta Dental "Rural Nevada Expectant Mother Medicaid Dental Access Program"
  - Dental Trade Alliance "Rural Northern Nevada Expectant Mother Medicaid Dental Access Program"
  - Mountain West CTR-IN grant "Determinants of Nutritional Status among Patients with Diabetes and their Impact on Oral Health Outcomes"

The final pages of this report is a list of our recommendations for the coming year. Thank you for this opportunity to provide input and collaborate with the Division over the past year. We would also like to thank the oral health program staff for their support. We look forward to continuing to promote optimum oral health for all Nevadans.

Respectfully submitted,

Cathie Davenport  
Chair  
Advisory Committee on the State Program for Oral Health

## **RECOMMENDATIONS**

### **1. Provide State Appropriations to Financially Support the State Oral Health Program, State Dental Health Officer, and State Public Health Dental Hygienist per NRS 429.279, 429.2791, 429.2792 and Provide Continued Administrative Assistant Support for Organization of AC4OH Meetings.**

- a. Establish long term investment of the Oral Health Program by the State that will allow qualified licensed staff with public health training and experience to: conduct/collect surveillance data consistently, implement manage and evaluate community-based prevention programs and strategies, provide dental expertise to multiple programs in the Division and benefit the public through policy and education resulting in healthier outcomes.
- b. Assure OHP is linked to the oral health community through the expertise and resources of the AC4OH.
- c. Provide continued administrative assistant support by DPBH staff for the organization and open law meeting oversight of AC4OH meetings.
- d. NRS 439.272 and 439.279 establishes justification to support the ongoing funding for the appointments of the State Dental Health Officer and State Public Health Dental Hygienists as essential and critical additions to the medical team within the Department of Health and Human Services.
- e. Access Federal Medicaid funding allowed through Title 41 to partially support the State Dental Officer position. Provide dental expertise within the Division of Healthcare Financing and Policy (DHCFP), Medicaid, to be advisory for claims, policy and required federal reporting. Support state accountability for federal funds.
- f. Create mechanism for greater accountability from Medicaid vendors, which in turn will increase Nevada's Medicaid Dental utilization rating and effectiveness.
- g. Explore viability of partial funding stream from percentage of licensing fees and fines paid to the Nevada State Board of Dental Examiners.

### **2. Identify and allocate funding sources or policy changes needed to support dental health – direct services, access to care and needs assessment.**

- a. **Expand and sustain partnerships and programs that provide services for dental care for rural citizens.**
  - i. The Medical Smiles for Rural Smiles project completed in conjunction with the Southern Nevada Health District (SNHD) has provided dental services to many of Nevada's most vulnerable and underserved school age children, adults, and seniors. It is requested that the current project description be funded for fiscal year 2020 and expanded to incorporate the Washoe County Health Department.
  - ii. Teledentistry practice should also be expanded and explored in rural areas.
  - iii. Facilitate use and expansion of portable delivery systems and Teladentistry pilot project to allow a greater geographical reach, connect community based and clinical settings, and help dentists to work more frequently with dental hygienists and public health endorsed dental hygienists. Include teledentistry as part of regional pilots. Provide funding for purchase of needed equipment in rural settings. Disseminate new DHCFP guidelines for attestation and billing of teledental services.
  - iv. Encourage Critical Access Hospitals (CAHs) to open dental units. Provide incentives, possibly via higher reimbursement levels made possible

through emergency room savings, for CAHs that operate or house such services. Partner with the Nevada Hospital Association, the Nevada Dental Association and others to bring CAHs and dental experts together to learn from hospitals that operate dental clinics and examine how such partnerships might expand in rural Nevada. Build on the relationship between oral health and overall health, including the potential to drive down costs for chronic diseases and emergency department use.

- b. Develop a statewide school-based sealant program**
- c. Develop provider training and expand Medicaid dental benefits for adults with special health care needs.**
- d. Develop a training program for oral health providers in screening, brief interventions, and referral to treatment for substance use problems.**
  - i. As a prescriber of controlled substances, oral health providers should be provided with state training to work with substance use disorder patients and to screen patients for substance use disorder.
  - ii. Establish Medicaid reimbursement for dental providers that provide substance use disorder screening and explore mechanism to expand Medicaid dental benefits for those undergoing substance use disorder treatment.
- e. Develop funding lines that will support dental workforce development and opportunities for dental/dental hygiene students and residents to interact and volunteer with Nevada dentists in rural Nevada.**
  - i. Develop and implement innovative programs that will engage the dental workforce within dental health professional shortage areas (HPSA) and encourage dental providers, students, and residents in surrounding areas throughout Nevada to enhance dental services offered to populations living in dental health professional shortage areas. Expanded mobile dental clinics and workforce development to address oral health of dental HPSAs in Nevada.
- f. Open Medicaid dental provider panels for all dental public health providers/programs, as approved by the Nevada State Board of Dental Examiners and the DPBH through the OHP specifically recognizing the Public Health Endorsed Dental Hygienist as a Medicaid recognized provider type.**
  - i. Public Health Endorsed Dental Hygienists are a licensed provider type by the Nevada State Board of Dental Examiners. However, they are not a recognized provider type under Medicaid provider type 22 and cannot bill for services legally provided. This provider type provides much of the school based dental sealant and public health dental services throughout the state. Without reimbursement for services provided, the public health dental services provided will not be sustainable.
  - ii. Dental decay is the most prevalent chronic childhood disease, above asthma and diabetes. School-based standards need to include professionals trained to identify and treat dental disease.  
(<http://www.mychildrensteeth.org/assets/2/7/ECCstats.pdf>).





- b. Work with regulatory Boards to institute mandatory continuing education requirements for re-licensure of medical and dental licensees that focus on dental public health issues as they relate to general health and access.
- c. Integrate oral health into the Chronic Disease Prevention and Health Promotion (CDPHP) programs, which currently lack a dental health component despite evidence of oral health's importance in over-all health.
- d. Restructure State Boards to include one dental professional on the Nevada State Board of Medical Examiners and also on the Nevada State Board of Nursing; and one medical professional to the Nevada State Board of Dental Examiners.
- e. Integration of dental elements into the States University Medical schools. This would allow for basic understanding of dental conditions and health impact of poor oral health, as well as establish cross discipline integration of emerging providers.
- f. Work with state oral health coalitions and stakeholders to identify existing law or regulation that impedes access to care.

**7. Align Medicaid dental policies to NRS, resulting in enhanced utilization of preventive services and early intervention when restorative dental services are needed.**

- a. Enhance communication and collaboration between state agencies to support intent of legislature and mission of the DHCFP facilitated by the State Dental Officer.
- b. Monitor utilization for evaluation of policy effectiveness.
- c. Increase Medicaid reimbursement for preventive dental services such as sealants, fluoride varnish application, dental cleanings, and silver diamine fluoride application.

## Advisory Committee on the State Program for Oral Health (AC4OH)

Last	First	Organization	Position	Term	Up for Renewal
Coppes	Max J. (MD, PhD, MBA, FAAP)	UNLV School of Medicine Renown Children's Hospital Renown Health	Professor, Physician-in-Chief, VP	7/1/19 – 6/30/21	
Davenport	Cathie	Nevada Dental Benefits, Ltd.	VP of Client Relations	7/1/19 – 6/30/21	
Cappelli	David (DMD, PhD)	UNLV School of Dental Med	Chair, Dept of Biomedical Sciences	7/1/18 – 6/30/20	
Prohaska	Benjamin (PA-C, BC-ADM)	Renown Health Medical Group	Physician Assistant	7/1/19 – 6/30/21	
Garvey	Christina (RDH)	Private Practice	OHN Co-Founder CCSD Trustee	7/1/19 – 6/30/21	
Liveratti	Mary	Retired, DHHS Deputy Admin.	Retired	7/1/19 – 6/30/21	
Mariano	Chris Elaine (APRN, CPNP-PC, MSN, RN)	Southern Nevada Health District	Pediatric APRN, Community Health Nursing	9/7/18 – 9/7/20	
Putnam	Bryce (DMD)	Nevada Health Centers	Dentist	7/1/19 – 6/30/21	
Skelton	Judith (PhD)	UNLV School of Dental Med	Professor	7/1/18 – 6/30/20	
Chandler	Mary Teresa (Terri) (RDH)	Future Smiles	Executive Director	7/1/19 – 6/30/21	
Talley	Robert (DDS)	Nevada Dental Association	Executive Director	7/1/18 – 6/30/20	
Taylor	Kelly (RDH)	Future Smiles	Hygienist	7/1/19 – 6/30/21	
Brandon Abbatangelo	Tina (MD)	UNLV SDM	Clinical Director	7/1/19 – 6/30/21	

**Nevada’s Oral Health Coalitions - Update Template**

<b>Coalition Name: Community Coalition for Oral Health</b>	
<b>Prepared by: Cathie Davenport 5/29/19</b>	<b>Coalition Role: Chair</b>
<b>Successes</b>	
<b>CCOH Fundraising Meeting- April 3</b>	
<b>Cathie Davenport, Terry Chandler, Dr, Capurro and Beth Chartier</b>	
The meeting was to share ideas on how money could be raised for the OHP. Ms. Chandler suggested having a fund raiser luncheon that possibly revolved around a silent auction. Suggestions such as inviting Las Vegas socialites, minor celebrities, honoring a supportive Politian or oral health advocate and oral health champions were discussed. There was an optimistic brain storming session on whom and how CCOH may accomplish this task. It was concluded that CCOH would need to compile a list of invitees and ideas for the luncheon and have a vote.	
Ms. Davenport also suggested a CE event to get local dentists together to have a discussion on the state’s oral health issues. The discussion was also raised that the state needs a third grade BSS.	
There was agreement among the attendees that the third grade BSS is very important and an estimated \$10,000 would need to be raised to fund this project.	
<b>CCOH Meeting Notes</b>	
As the current chair, I am very excited to share some of our committee members accomplishments in this report. We appreciate having Liberty Dental attend our meetings and share their outreach activities in Southern and Northern Nevada.	
<b>CCOH Participant Reports from March 2019</b>	
<b>Liberty Health:</b> Laurie Curfman, Liberty Health reports the completion of 60 Oral Workshops from January to current, 17 Health and Wellness Fairs, and 8 Food Pantries.	
Liberty Dental, Xenia Pyne has stated that these events are scheduled in Northern Nevada:	
3/20 Silver Summit (Mac meeting)	
3/23 Nevada Urban Indian Diabetes Health Fair	
4/1 Truckee Meadows Community College	
4/13 Health Plan of Nevada member appreciation fair	
4/8 and 4/24 Soup Pantry for Catholic Charities	
4/27 Nevada Community Baby fair	
5/4 and 5/18 Outreach Food Pantry	
Dates of Outreach in Southern Nevada:	
3/16 Spring Cleaning Event	

## Nevada's Oral Health Coalitions - Update Template

- 3/19 Pop-up Event for the Homeless
- 3/20 Baby Shower at Stupak's.
- 3/21 Southern Nevada Health Fair
- 3/23 Traffic Safety Event
- 4/7 Asian Chamber of Commerce Health and Resource Fair

The mobile app for Liberty has been re-vamped for Dental Health.

A new oral health book for children has been designed and will be available during outreach events and school presentations.

Currently, LDP is gathering resources for Veterans in both Northern and Southern Nevada. They will be dispensing flyers for the different resources, such as UNLV-SDM, Compassion Clinic and Social Services.

### **Future Smiles:** Jan Taylor

Future Smiles participated in Team Smile with the Golden Knights at City National Arena, which provided dental services for 4 schools with 75 children each. The event is currently being planned to continue next year.

Future Smiles will be opening a new Dental Wellness Center that provides comprehensive dental services and will be open 2 days a week beginning April 1, 2019. There will be a ceremonial ribbon cutting for the new Dental Wellness Center at the Winn Elementary School campus on March 22<sup>nd</sup>. Dental Director Dr. Erich will be the attending and will oversee the clinic.

Ms. Taylor reported the planned, completed, and in-progress preventive service efforts of Future Smiles.

Planned service until the end of the school year:

- 55 Schools plan to be seen.
- 5,165 Students plan to be seen.
- 5,165 fluoride varnish plan to be applied
- 40,950 Anticipated Smile Bags to give out.
- 5,165 Oral Health Education pamphlets to give out.
- 13,600 Planned sealants to apply.

In-progress service until the end of the school year:

There are 18 schools remaining to be scheduled with:

- 1,412 Students to be seen
- 1,542 Varnish to be applied
- 3,089 Sealants available for applying
- 21,774 Oral Hygiene Education pamphlets for education
- 21,761 Smile bags given to be given away

## Nevada's Oral Health Coalitions - Update Template

On April 25, 2019, the Future Smiles Wellness Center celebrated its grand opening. There is a dentist who is working two days a week providing treatment. The have received approval for reimbursement from HPN and will soon with Liberty Dental.

### **Volunteers in Medicine:** Dr. Lydia Wyatt

Provide free and charitable medical and dental service to those who are gainfully employed but do not have any other insurance. Financial standards are 200% below poverty level which equals approximately 13/ \$14,000.00 per year for an individual and \$30,000.00 for Families. Comprehensive care available at two locations.

### **Committee Report from the Chair:**

Chair Davenport discussed new surgical codes. As of April 1, 2019, the DHCFP has established a new rate for CPT surgical code: 41899, which will now have a reimbursement amount of \$968.15. This surgical code is not retro-active. There were also updates shared from the last AC4OH meeting. Fundraising ideas were also discussed.

### **Report from Nevada Division of Public and Behavioral Health/Oral Health Program:**

The Oral Health Program is moving forward with an emergency room redirect for non-traumatic dental conditions pilot program with Liberty Dental Plan. UMC hospital has been identified as the location for this pilot program and negotiations are underway.

AB223, which will expand Medicaid dental benefits for adults with diabetes, was heard by Assembly on Health and Human Services on March 8<sup>th</sup>. The hearing was very positive and there were no negative or neutral comments.

Additional OHP projects:

- 2019 Basic Screening Survey of licensed childcare facilities. Funded by the Department of Education
- 2019 Expectant Mother Rural Dental Access Project. Funded by MCAH
- Medical Miles for Rural Smiles (MM4RS) 2019 proposal submitted for funding. \$160,000 will be needed for 12 months of trips through rural Nevada to provide medical and dental services.
- Hiring of State Public Health Dental Hygienist continues. Interviews have been scheduled and completed.

School-based sealant programs in the North were discussed and Xenia Pyne provided further information on Healthy Smiles, Health Child. 32 schools are affected by the closure of school-based sealant programs by Community Health Alliance and Future Smiles.

### **May 2019**

The CSN Dental Hygiene class just finished their last day of clinic on 5/10 and are taking finals this week. Pinning for the Class of 2019 will be held on May 20<sup>th</sup> @ 10:00 am (refreshments begin at 9:30 am) in the Horn Theatre on the Cheyenne campus. Formal graduation will be at the Thomas and Mack that same evening at 6pm.



## Nevada's Oral Health Coalitions - Update Template

### 2019 Highlights:

National Board Exam- 100% pass rate

WREB Anesthesia (written)- 100% pass rate (of those who have taken it to this point)

### Community Service Highlights (totals of services donated, including student time and mileage):

Volunteers in Medicine Southern NV- \$10,434.00

Head Start and Seal Nevada South-\$20,518.00

CCSD (3 Elementary Schools/1Preschool OHE & Supplies) - \$8,821.00

Florence McClure Women's Correctional Center – \$18,210.00

Future Smiles- \$18,834.00

GKAS (UNLV and DCI)- \$ 6,484.00

RAM (Pahrump) - 9,814.00

### Students Community Project Totals (totals of services donated, including student time and mileage):

CSN Interprofessional Education Project- Radiology - \$109

Silvestri Middle School - \$320

Family 2 Family Connections - \$183

Nevada Blind Children's Foundation - \$309

Shade Tree - \$269

Grand total of \$95,335

There are 21 graduates for the Bachelor of Science in Dental Hygiene for 2019 and we have accepted 5 new students for next year in the BSDH program. We have been approved to move from an ASDH to a full BSDH degree program. We will be accepting the first class in 2021.

The Class of 2020 (15 students) has completed all their requirements and are finishing up finals as well. This week we will also have orientation for the Class of 2021 that has been accepted for the Associate of Science in DH (20 students).

**Barriers** – It has been a challenge to get the CCOH members to attend the meeting. This is a wonderful committee which means they all have very busy schedules. All members that attend have their own jobs which means we don't have the extra time to do outreach in the communities representing CCOH. We are also in need of someone in the position of Secretary for CCOH. This position has not nor been filled for several months.

### **Partners**

Jan Taylor – Future Smiles

Jan is currently the Treasurer for CCOH and such a valuable person in the oral health community. Jan has extensive experience in the past running a dental office. She is committed to better oral health in Nevada and to serving others. I want to personally thank Jan for serving on CCOH.

**Nevada’s Oral Health Coalitions - Update Template**

**Current Events**

There are no current events planned for CCOH. We must address working on a fundraising event to help support salaries for the Oral Health Program. The funding for the OHP has been eliminated effective 2020.

I am personally very proud of all the efforts that are made and completed by the members and their groups on this committee. Taking the time to network and share the success of their projects is very important. It is encouraging as we share our outreach stories it inspires everyone to keep educating and working to better oral health in Nevada.

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