

Patrick Allen, Director, Oregon Health Authority
500 Summer Street, NE, E-20
Salem, OR 97301-1097
Delivered via email

October 16, 2018

Director Allen,

Thank you for taking the time to meet with the Oregon Dental Association. We appreciate Dr. Hargunani and you listening to our continued deep concerns about patient safety and the quality of care related to Oregon Dental Pilot Project #100. Several of our past presidents, as well as a former Board of Dentistry member, participated in the pilot project advisory committees and remain concerned about the oversight process and the reviewed patient charts. They fear that some critical issues raised by them are dismissed by Oregon Health Authority (OHA) staff as being overly protective of the dental profession, not relevant to a specific procedure, and biased in approach.

As authors of the original language creating the workforce pilot project, we hope we can jointly find a solution that protects Oregonians, while at the same time allows the OHA to be successful in overseeing the pilot projects. We believe Oregon should continue to be a leader in health care finding new innovative solutions to better care, while maintaining quality and safety for patients.

OHA recently issued a final report of the NARA clinic site visit that inaccurately states no patient harm occurred. We object to this notion and argue that, indeed, patient harm occurred. Dental practitioners identified several charts that provide clear evidence of patient harm. For example, one patient will have to revisit a provider to have work redone that a DHAT performed incorrectly, a child was put at serious risk when analgesics were delivered without adequate patient weights being recorded, and other patients did not consent to having a specific procedure performed on them. The report also found that providers were operating outside of their approved scope of practice, further putting patients at risk.

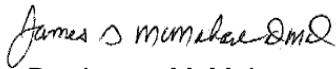
Additionally, during the next round of chart reviews, at the second Pilot Project #100 site, more issues arose. In just a few charts, advisory committee clinicians found cases where the DHAT misdiagnosed cavities. In one instance the DHAT diagnosed dental decay where there clearly showed none, and in two additional cases they left cavities behind while placing fillings. In four separate cases DHAT's failed to place a bevel or shape of a white filling preparation, dooming that filling for a decreased lifespan and reinfection of cavities. Finally, and perhaps most concerning — there was a case where an elderly patient was subjected to a very painful, unnecessary anesthetic delivery. These are all examples of harm — harm in dentistry is often delayed, or not obvious to the patient.

It is worth noting these clinics serve historically marginalized and underserved communities. Ignoring these concerns to allow a lower standard of care for already underserved Oregonians does not provide social or health care justice. In fact, it promotes the opposite. Patients in these

pilot projects deserve the same standard of care they would receive from any other practitioner in the state. Standards of care in Oregon should not be based on a patient's income or address.

As experts in the dental field, we are here, at the table, ready to assist to ensure patient safety. Please utilize our expertise and heed our suggestions and warnings about patient safety. Together we can work to ensure all Oregonians receive the quality of care they deserve.

Sincerely,



Dr. James McMahan
President



Dr. Barry Taylor
President-Elect



Dr. Scott Hansen
Treasurer

CC: Governor Kate Brown
Tina Edlund
Dr. Bruce Austin