



## NOTICE: Prescription Drug Monitoring Program – Oregon Board of Dentistry Requirement

Recent communication from the Oregon Board of Dentistry is as follows:

**“Effective July 1, 2018 it is now a requirement that all Oregon licensed dentists with an active Oregon DEA registration be registered with the PDMP. Currently, only about 70% of licensees required to do so in Oregon have registered. Please note that failure to register with the PDMP could result in the Board taking action against a licensee.”**

**Following is the link to register with PDMP:** [Prescription Drug Monitoring Program](#)

## Tobacco Cessation Continuing Education

Capitol Dental Care continues to encourage providers to promote tobacco cessation. CDC aims to have all providers participate in a Tobacco Counseling Training and increase the number of dental practice locations that are a part of a tobacco free campus.

### Tobacco Cessation Education: OHA Transformation Center and Public Health Division Offer Free Online Tobacco Counseling Training with CMEs

- **What:** Tobacco cessation counseling online training for all types of providers and care team members. This training is a self-paced, online training that focuses on the Brief Tobacco Intervention and Motivational Interviewing techniques.
- **When:** The training takes approximately 45 minutes. This self-paced course can be started, paused, and resumed later as needed.
- **CMEs:** This training has been reviewed and is accepted for up to 1.0 prescribed credit from the American Academy of Family Physicians (AAFP). For other licensing boards that may not pre-approve continuing education credits (for example, the Board of Licensed Professional Counselors and Therapists), please submit the certificate of participation to your accrediting body.
- **Access the training here:** <https://www.oregon.gov/oha/HPA/dsi-tc/Pages/tobacco-cessation.aspx>

## Have you considered making your practice location a tobacco free campus?

Here are some things to think about:

- The majority of employees would prefer a stronger tobacco-use policy.
- The CDC puts a \$3,383 yearly price tag on each employee who smokes: \$1,760 in lost productivity and \$1,623 in excess medical expenditures.
- Decrease maintenance costs from cigarette butt litter clean up.
- Businesses pay an average of \$2,189 in workers' compensation costs for smokers, compared with \$176 for nonsmokers.
- The National Fire Protection Association found that in 1998 smoking materials caused 8,700 fires in nonresidential structures, resulting in direct property damage of \$60.5 million.
- Fire insurance is commonly reduced 25 percent to 30 percent for tobacco-free workplaces.
- The American Cancer Society reports that employees who smoke have an average insured payment for health care of \$1,145, while nonsmoking employees average \$762.
- Cigarettes are the 5th leading cause of wildfires on Oregon state protected lands. Oregon Department of Forestry's annual cost of suppressing fires is \$9.5 million.
- Oregon's Indoor Clean Air Act (ICAA) protects nearly all Oregonians from the harms of secondhand smoke. The ICAA creates smoke free public places and places of employment with the intent of protecting the health of employees and the public. Tobacco remains the main cause of preventable death and disease in the United States, including in Oregon. The ICAA applies to smoking, vaporizing and aerosolizing of inhalants in and around public places and places of employment. Smoking, vaporizing and aerosolizing of inhalants is also prohibited within 10 feet of all entrances (including stairs), exits (including stairs), and accessibility ramps that lead to and from an entrance or exit, windows that open and air-intake vents.

## Metrics

Reminder: We have a performance metric around dental sealants! It is very important for Capitol to reach this metric. This measurement year is almost complete, but we are already looking at next year!

Strategies to increase placement rates should include: placing sealant material on every restorative tray so that they can be easily placed along with another procedure, empower your EFDAs and RDHs to place sealants anytime there is a need and patient is in the chair (do not reschedule for sealants), create an office friendly competition between providers to increase sealants placed.

**2018 Metric: 22.9%**

**2019 Metric 26.8%**

## Getting to Know Our Capitol Dental Care Team – Part 2



We would like you to meet Gracie Barragan, our Call Center Supervisor. Gracie has been with Capitol for 6 years and is a strong role model and leader of our team. Gracie is a busy mom with a little girl named Jazz and a little boy named Leo. Gracie has a wealth of OHP knowledge and takes very good care of our members. Gracie also coordinates interpreter referrals and hospital pre-authorizations.

Please reach out to Gracie with any questions you may have at [Barragang@interdent.com](mailto:Barragang@interdent.com). She looks forward to talking to you and assisting you to take care of our members!

### Caries Risk Assessments

In 2018, Caries Risk Assessment codes were added to the CDT dental procedure codebook.

**D0601 – Low caries risk**

**D0602 – Moderate caries risk**

**D0603 – High caries risk**

Caries Risk Assessments are a valuable tool that dental providers can use to:

- identify a patient's risk of future caries
- determine the appropriate level of patient care
- treat the caries disease process instead of the outcome of the disease
- understand disease factors for a specific patient
- individualize preventive and behavior modification conversations

- individualize, select, and determine appropriate frequency of preventive and restorative treatment for each patient
- Anticipate caries progression or stabilization.

The American Dental Association has developed Caries Risk Assessment tools for patients [0-5 years old](#) and [6 years and older](#). The American Association of Pediatric Dentistry also has developed a [tool for children](#).

In 2019, regular utilization of Caries Risk Assessment will become more important as the State Sealant Metric changes to measure placement of sealants on children aged 6-15 who are High Caries Risk or have had a filling placed within the previous 12 months.

**Capitol Dental Care encourages its providers to utilize a Caries Risk Assessment tool as part of a comprehensive treatment planning approach. Capitol Dental Care currently reimburses \$10 for codes D0601, D0602 or D0603 once per year.**