ADA American Dental Association®

STATEMENT OF THE

AMERICAN DENTAL ASSOCIATION

TO THE

COMMITTEE ON INDIAN AFFAIRS

UNITED STATES SENATE

ON

"RESTORING ACCOUNTABILITY IN THE INDIAN HEALTH SERVICE ACT OF 2017"

S. 1250

BY

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My name is Dr. Joseph P. Crowley, president-elect of the American Dental Association (ADA) and a practicing general dentist from Cincinnati, Ohio. The ADA represents over 161,000 dentists nationwide, including many dentists working in the federal dental services, such as the Indian Health Service (IHS), as both U.S. Public Health Service commissioned officers and civil servants.

The ADA supports the "medical credentialing system" provision (section 102) of the "Restoring Accountability in the Indian Health Service Act of 2017" (S. 1250) that calls for the IHS to implement a Service-wide centralized credentialing system to credential licensed health care professionals who seek to provide health care services at any IHS facility.

Need for Centralized Credentialing

Based on discussions with current and former IHS officials and a number of private sector dentists and state dental associations who have had experience with the credentialing process at various IHS facilities, the ADA believes a centralized credentialing system would benefit both practitioners and the IHS.

According to former and current IHS area dental chiefs, credentialing is handled at the service unit level and generally assigned to a clerical employee. The credentialing process easily takes 8-12 hours of staff time for a full-time dentist, a part-time dentist, or a volunteer. Because of the challenges associated with this process and the cost (estimated to be about $1,000 per applicant), IHS dental chiefs do not put a high priority on recruiting volunteers, especially if they only have a limited block of time to devote to the assignment.

A private-sector dentist from Mayville, N.D., Dr. Rob Lauf, currently contracts with the Spirit Lake Reservation in Fort Totten, N.D. He describes the credentialing process as "arduous," noting that the IHS paperwork far exceeded the amount of paperwork required for his hospital privileging credentials. Despite this administrative burden, Dr. Lauf sees that the dental need is very apparent and he intends to continue to provide services. The most recent credentialing guide published by IHS is 74 pages long with one short paragraph on volunteer credentialing, which focuses solely on residencies through medical schools.

In 2012, the South Dakota Dental Association (SDDA), working with Delta Dental of South Dakota, made a serious attempt at placing volunteers in IHS dental clinics. The SDDA surveyed its membership of 400 practicing dentists and approximately 70 indicated a willingness to volunteer or contract with IHS. All of these dentists were sent the IHS credentialing packet and the instructions needed to complete them. Due in part to the fact that the packet is quite large and intimidating for the uninitiated, out of the 70 dentists who indicated interest in volunteering ultimately only two members, both pediatric dentists, became credentialed to work in an IHS facility. SDDA ultimately abandoned this project and established a partnership with the Jesuit Mission on the Rosebud Reservation, just eight miles down the road from the facility where the two pediatric dentists volunteered. In order to volunteer at the Mission, dentists must only have a current license to practice dentistry in South Dakota or, if they are from outside of the state, obtain a volunteer license issued by the South Dakota State Board of Dentistry. Of course, private charities are not subject to the same quality control constraints as those placed on federal facilities. This example is cited merely as a means of showing that many dentists are more than willing to help address the oral health care needs of the American Indian/Alaska Native population and that streamlining the credentialing process will facilitate those efforts.

In fact, the IHS dental officers that the ADA spoke with suggested that the IHS would benefit from a centralized credentialing unit with the proper technology that enabled applicants to upload documents. This would allow for the appropriate primary source verification of dental education, license verification, and National Practitioner Databank checks to be conducted in a timely manner, saving significant work at the service unit level.

Federal Agencies with Centralized Credentialing

The ADA inquired about centralized credentialing and privileging among the federal services. All three of the military services and the U.S. Coast Guard use the Centralized Credentials & Quality Assurance System (CCQAS).

According to information provided by the Coast Guard and verified by the Army, Navy and Air Force:

> The Centralized Credentials & Quality Assurance System is a standard Department of Defense (DOD) system jointly undertaken, operated, and controlled by the Army, Navy, and Air Force medical departments within the overall corporate sponsorship and policies of the Office of the Assistant Secretary of Defense for Health Affairs. The Defense Health Services System is responsible for the development, deployment, and maintenance of credentialing and quality policies. CCQAS is a Web-based worldwide credentialing, privileging, risk management, and adverse actions application that supports medical personnel readiness.
>
> This centralized system enables the military medical community to electronically manage provider credentialing and privileging, malpractice and disability claims, and adverse

action investigations of diverse, multi-disciplinary health care professionals and their support personnel at all levels of the Department of Defense.

The system provides the following features:

- Maintains and tracks the credentials and privileging history of all military and civilian health care providers, including Active Duty, Reserves, and National Guard.
- Contains comprehensive provider demographic, specialty, licensing, training, education, privileges, assignment history, and provider photographs for identification purposes.
- Enables providers to complete and submit an application for clinical privileges online.
- Automates the online review and approval of a provider's application for initial and renewal of privileges.
- Expedites the transfer of provider credentialing and privileging information for temporary change of assignment or Permanent Change of Station.

As noted in the last bullet, each facility is still charged with the responsibility for actually granting privileges to a provider when assigned to that facility either temporarily or permanently.

According to Dr. Patricia Arola, Assistant Under Secretary for Health for Dentistry, within the U.S. Department of Veterans Affairs (VA), “Centralization of the privileging process has been on the wish list for years; but unfortunately, the process remains local. There is, however, a repository for credentialing information called VetPro, which allows for online entry of

information by providers and credentialing staff." It appears that this particular VA process is similar to but distinct from the DOD centralized credentialing and privileging system.

IHS Making Progress toward Centralized Credentialing

The good news is that it appears that the IHS is making progress on the centralized credentialing issue and should be encouraged and supported to continue down this path with adequate funding for its project. The Office of Human Resources at the IHS is spearheading this initiative, based a November 16, 2016, press release, titled "Indian Health Service (IHS) Quality Framework, 2016-2017" at: (https://www.ihs.gov/newsroom/includes/themes/newihstheme/display_objects/documents/IHS_2016-2017_QualityFramework.PDF).

As you can see, the first order of business in this plan was to assign a key leader (https://www.ihs.gov/aboutihs/keyleaders/) as the Deputy Director for Quality Health Care. Mr. Jonathan Merrell, RN, BSN MBA has been assigned these duties in an acting role.

In the press release cited above, the IHS addresses the centralized credentialing issue in Objective 1B: Standardize Governance: Standardizing and strengthening governance processes and structures promotes reliability, consistency, and management excellence while emphasizing quality improvement as an Agency priority.

- A standard governing body structure will be developed to improve planning and oversight processes while ensuring that all Direct Service facilities are meeting external accreditation and certification Governance requirements.

- IHS will support a central repository of key IHS policies and procedures accessible to each Area Office and Service Unit to ensure consistency across the Agency and enable easy access to, and version control of, current policies and procedures. This effort will include a review of policies and procedures to reduce variation across the Agency.

- **IHS will standardize the credentialing business process and implement a single credentialing software system for Direct Service facilities.** IHS will automate business processes where possible and review, update, and **simplify credentialing and privileging policies and procedures**. Training and technical assistance will be provided to staff. The Quality Office will provide operational support and oversight to ensure system-wide high quality credentialing processes and procedures.

The ADA encourages the committee to ask the Indian Health Service to provide an update on its implementation of the Quality Framework, including implementing the credentialing business process. It is important to ensure there are adequate funds available to complete this initiative. As the committee knows, the IHS has approximately 100 funded dental vacancies at the time of this testimony. Other disciplines, such as nursing and medical, have similar recruitment challenges. Streamlining the credentialing process could help fill those vacancies with quality health care professionals in a timely, efficient manner.

Improving Oral Health in Tribal Communities

Working closely with Navajo tribal leaders, the ADA is currently supporting implementation of a 10 Year Health and Wellness Plan, which includes oral health and is designed to reduce oral disease by 50% among the Navajo tribal communities. This will be done by developing a

foundation of prevention, early detection and treatment of dental disease, and utilizing interprofessional models of care, while providing timely and accessible oral health services. This model is being considered by other Arizona and Washington State tribes. Centralizing the credentialing process will facilitate these efforts by getting more dentists into IHS and tribal clinics.

Having more dentists available to provide care will also greatly enhance access to oral health services as the Navajo Health Plan builds capacity utilizing existing resources, namely Community Health Representatives (CHRs). Utilizing both the *Smiles for Life* oral health curriculum and educating a number of Navajo CHRs and dental assistants with Community Dental Health Coordinator (CDHC) certification will enable greater community outreach, community education, and preventive services. The role of a CDHC is threefold: educating the community about the importance of oral health to overall health across the lifespan; providing limited preventive services, such as fluoride varnish and dental sealants; and connecting the community to oral health teams that can provide needed dental treatment. CDHCs work in inner cities, remote rural areas and Native American lands. Most grew up in these communities, allowing them, through cultural competence, to better understand the problems that limit access to dental care.

A September 2013 evaluation of 88 case studies of the CDHC program conducted by the ADA verified the real world value of the CDHC in making the dental team more efficient and effective. Screenings, dental education and certain preventive services were delivered by the CDHC and an increasing number of individuals needing dental care did not “fall through the cracks” of a complicated delivery system.

Before the end of this summer, the CDHC program will have over 100 graduates working in 21 states. This includes 16 CDHCs working in tribal facilities, including clinics serving the Chickasaw Nation Division of Health, Wewaka Indian Health, and the Muskogee Creek Nation in the Oklahoma City area. And more are being trained. For example, four additional Navajo CHRs are being trained at the Central Community College in New Mexico. These four will soon join two Navajo CDHCs serving in Fort Defiance on the Navajo Reservation. Following the lead of the Navajo Nation, the Chickasaw Nation is working on a grant to begin a CDHC program with Pontotoc Technical College.

Mr. Chairman, thank you for this opportunity to share with you and the members of the committee why the ADA supports the medical credentialing system provision of S. 1250, which calls for the IHS to implement a Service-wide centralized credentialing system. Please direct any questions to Ms. Jennifer Fisher of the ADA's Washington, D.C. office at fisherj@ada.org or 202-789-5160.