Sault Tribe of Chippewa
Sault Ste. Marie, MI

7 County Service Area
~ 15,000 patients
3 Dental Clinics:
Sault Ste. Marie - 3 Dentists (3)
St. Ignace - 2 Dentists (1)
Manistique - 1 Dentist (Locums)
Why am I using Silver Nitrate/Fluoride Varnish (SN/FV) at Sault Ste. Marie?

Frankly, I was tired of having:

- less than desirable outcomes by referring to pediatric dentists that are 2-3 hours away.
- To fight the kids and have them hate me now and dentistry for their entire lives
- Have kids go to the OR
Why am I using Silver Nitrate/Fluoride Varnish (SN/FV) at Sault Ste. Marie (SSM)?

➢ Idea offered by Drs. Pat Blahut and Dee Robertson in 2015
➢ Had opportunity to shadow Dr. Frank Mendoza at Warm Springs in 2016 and saw success
➢ Able to implement SN/FV at SSM using our timeline
➢ Will have opportunity to assess outcomes
➢ Watch fellow dentists still struggle with treatment planning decisions and either fight through treatment appointments or not be able to complete them requiring referral to pediatric dentist
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Challenges facing a practicing dentist to implement medical model into tribal program

- Clinical dentist – patient care
- Infection Control Committee
- Staff Training/Recertification
- Reinstate water fluoridation to Kinross township
- Credential Professional staff
- Advocate for professional staff to Admin/Tribal Board
- Dental clinic renovation
- Help manage volatile staff
- Institute periodontal program initiative
- Iowa Student Externship Program
- Quality Improvement
- Dentist Peer review
- 3D imaging
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Implementing a Medical Management of Caries Approach in a Tribal Dental Program

- Decide to pursue – get permission from Governing Director
- Educate self (shadow Warm Springs 2016)
- Introduce to Community (newspaper articles – Health Board presentations – Head Start presentations)
- Train Staff
- Find time in schedule
- Negotiate with administration to purchase database (nominal cost)
- Arrange for IT department to install (layers upon layers upon layers of dysfunction...)
- Evaluate outcomes (can assess only if good data is collected)
- How do we manage follow-up? Who does exams? What about patient no-shows?
- How can we coordinate with the medical department to refer kids or maybe even help us in treating patients in their setting?
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What about the patient – what is “in the best interest of the child”?

**Typical exam for SN/FV Patient:**
- Interrupt provider’s procedure/transition
- Introduce provider
- Assess patient: Health Hx. – Radiographs – Disease risk – Patient cooperation level-home situation- parent issues- ability to follow through
- Explain options of treatment to parent of the child (what is silver nitrate – is it safe?
- What are the implications of my treatment plan decisions on the future of this child?

This process is rough enough for any provider. What about a new dentist? This process all happens in a few short minutes.
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Big Picture

“Everything we do is a decision NOT to do something else”