FLORIDA ORAL HEALTH ALLIANCE
JANUARY 22, 2016
MEETING NOTES V5

Meeting Results
• A shared understanding of the story behind the trend line/data including three prioritized factors.
• A list of four – six proposed strategies that the group can begin to implement to improve the oral health of Florida’s vulnerable children.
• A Florida Oral Health Alliance structure for taking action.
• An agreement on how to prepare to engage in mutually reinforcing activities; an opportunity to align with other initiatives and partners, including AHCA and grassroots action.

The following Alliance members were present for the meeting (1/22/2016).

<table>
<thead>
<tr>
<th>Name</th>
<th>Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Philippe Bilger</td>
<td>Florida Department of Health</td>
</tr>
<tr>
<td>Marissa Davis</td>
<td>Tampa Bay Health Collaborative</td>
</tr>
<tr>
<td>Santra Denis</td>
<td>Catalyst Miami</td>
</tr>
<tr>
<td>Inge Ford</td>
<td>Health Care District – Palm Beach County</td>
</tr>
<tr>
<td>Jason Hirsch</td>
<td>Pediatric dentist</td>
</tr>
<tr>
<td>Marguerite Lynch</td>
<td>Health Care District – Palm Beach County</td>
</tr>
<tr>
<td>Douglas Manning</td>
<td>DentaQuest Foundation</td>
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<tr>
<td>Camilo Mejia</td>
<td>Catalyst Miami</td>
</tr>
<tr>
<td>Fabio Nascimento</td>
<td>Miami Dade College – Medical Campus</td>
</tr>
<tr>
<td>Jose Peralta</td>
<td>Premier Community HealthCare Group, Inc.</td>
</tr>
<tr>
<td>Saran Rai</td>
<td>Nova Southeastern University</td>
</tr>
<tr>
<td>William Staten</td>
<td>Florida Department of Health – Palm Beach County</td>
</tr>
<tr>
<td>Eric Floyd Thomas</td>
<td>AHCA</td>
</tr>
<tr>
<td>Kevin Thomas</td>
<td>Children’s Dental Health Project (Elevate Oral Care)</td>
</tr>
<tr>
<td>Krista Wagner</td>
<td>Dental Health &amp; Wellness</td>
</tr>
<tr>
<td>Meg Wallace</td>
<td>Children’s Services Council - Broward</td>
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<tr>
<td><strong>Project Staff</strong></td>
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<tr>
<td>Deitre Epps, Facilitator</td>
<td>Results-Based Leadership</td>
</tr>
<tr>
<td>Christine Hom, Project Manager</td>
<td>Florida Institute for Health Innovation</td>
</tr>
<tr>
<td>Mario Aguilar, Project Assistant</td>
<td>Florida Institute for Health Innovation</td>
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</tbody>
</table>
POPULATION ACCOUNTABILITY

Results Statement(s): Florida Oral Health Alliance
Result: All Florida children, youth and families have good oral health and well-being, especially those that are vulnerable.

Selected Indicators:
*Indicators= measures that help to quantify the achievement of the result.*

(Rated as high (H), medium (M) or low (L))

<table>
<thead>
<tr>
<th>Candidate Indicators</th>
<th>Communication Power</th>
<th>Proxy Power</th>
<th>Data Power</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of Eligible Medicaid Children Ages 0-20 Receiving Any Dental Services</td>
<td>H</td>
<td>H</td>
<td>H</td>
<td></td>
</tr>
<tr>
<td>Number of preventable ER visits with oral health</td>
<td>H</td>
<td>H</td>
<td>H</td>
<td></td>
</tr>
<tr>
<td>Percentage of eligible Medicaid children and youth that received preventative dental services</td>
<td>H</td>
<td>H</td>
<td>H</td>
<td></td>
</tr>
<tr>
<td>Number of preventable oral surgeries</td>
<td>Not rated</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percentage of counties and/or municipalities without fluoride programs</td>
<td>Not rated</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of restorative visits</td>
<td>Not rated</td>
<td></td>
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</tbody>
</table>

*Communication Power:* does this indicator communicate to a broad range of audiences? Would those who pay attention to your work know what this measure means?

*Proxy Power:* Does this indicator say something of central importance about the result? Is it a good proxy for other indicators? Data tend to run in a “herd” – in the same direction. Pick an indicator that will tend to run with the herd of all the other indicators that could be used.

*Data Power:* Is there quality data for this indicator on a timely basis? To be credible, the data must be consistent and reliable. Timeliness is necessary to track progress.

**Headline Indicators (rated as H, H, H):**
Of the candidate indicators you listed above, which will be your headline indicator(s)?

Headline Indicator: Percentage of Eligible Medicaid Children Ages 0-20 Receiving Any Dental Services

*Data Source:* Our headline indicator was taken from national and state CMS-416 form line item that reads: CMS Total eligibles receiving any dental services. Form CMS-416 is used by CMS to collect basic information on State Medicaid and CHIP programs to assess the effectiveness of EPSDT (Early and Periodic Screening, Diagnostic and Treatment). Data was retrieved between the years 2010-2014. Our trend line was added for a couple of additional years (up to 2016). Data for children 0-20 years old retrieved from Florida, Louisiana, Mississippi, Texas and National CMS 416 Data.

- Florida is now at 27% in 2014, 27% of Medicaid eligible children received dental service in that year.

**Secondary Indicator**: Percentage of eligible Medicaid children and youth that received preventive dental services. Our secondary indicator was taken from national and state CMS-416 form line item that reads: CMS Total eligibles receiving any preventive dental services. Form CMS-416 is used by CMS to collect basic information on State Medicaid and CHIP programs to assess the effectiveness of EPSDT (Early and Periodic Screening, Diagnostic and Treatment). Data was retrieved between the years 2010-2014. Our trend line was added for a couple of additional years (up to 2016). Data for children 0-20 years old retrieved from Florida, Louisiana, Mississippi, Texas and National CMS 416 Data. **Data Source**: http://www.medicaid.gov/medicaid-chip-program-information/by-topics/benefits/downloads/cms-416-instructions.pdf

**Additional Indicator**: Number of preventable ER visits with oral health
These remaining possible indicators have not been addressed since the May 22, 2015 meeting.

**Indicator:** Percentage of counties and/or municipalities without fluoride programs  
**Data Source:** Florida Department of Health  

As of July 1, 2015, 21% (14 counties) are without community water fluoridation.

**Indicator:** Number of preventable oral surgeries  
**Data Source:** Pending Submission

**Indicator:** Number of restorative visits  
**Data Source:** Pending Submission

**Data Development agenda (rated as H, H, L):**  
*Are there any candidate indicators with high communication power, high proxy power but low data power (data is not available)? This would mean that a data development agenda is needed.*

**On July 31, 2015, the group identified the following data development agenda:**

As part of their action commitment work, five members were identified to become a data subcommittee to explore alternatives to our headline indicator.

- Free dental services (no claims)
- CDT codes (billing codes)
- Ages
- Additional concerns: 1) No-show and utilization rates are not captured. 2) Our headline indicator does not capture anything provided by non-dentist or someone not supervised by a dentist

**Data work group volunteers:**

Individuals who volunteered to form a data work group included:

*Indicates participation in data subcommittee conference call


**Notes on missing data:**

- Other professionals that are delivering dental services is not captured.
- Other non-Medicaid eligible children and youth that received dental services.
- Utilization and no show rates are not available.
• Florida shows poor results. There is a lack of understanding about the impact of dental care.
• There are children and youth who have access that are not receiving dental services.
• Reimbursement for dental services is low.
• A limited reimbursement system that pays for treatments but not for preventative services.
• No data results for lack of claim forms for free dental services.

**Turn the Curve Report as contributed on January 22, 2016**

**(POPULATION)**

**Result**

All Florida children, youth and families have good oral health and well-being, especially those that are vulnerable.

**Headline INDICATOR**

- Florida is now at 27% in 2014, 27% of Medicaid eligible children received dental service in that year.

**Story behind the data**

**Contributed on January 22, 2016**

Prioritized factors were groups into three themes:

1. Oral health education - Consumers do not know why they need to go.
2. Increased funding - Consumers do not know where to go due to a low number of providers, lack of coverage, and benefits. Not enough proactivity from providers.
3. Barriers to care - Services not provided in a way that meets population needs. There are locations with inconvenient office hours, child friendly and language translation.
What works: (known solutions)

Not discussed at the January 22, 2016 meeting.

What is our STRATEGIC plan with our ROLE, to improve the data?

What do we propose to do?
(Deitre Epps asked the group to propose how to close the gap between the headline indicator and the result.)

At the January 22, 2016th meeting, the group presented the following proposals:

- Propose that the Florida Oral Health Alliance commit to increasing the number of preventative Medicaid services provided to Medicaid children and that no one is hurt or taken advantage of.
- Reaching possibly 1% (or 30,000) of total Medicaid eligible children in Florida.
- To sophisticate what good oral health means, and is it measurable.
- Achieve increased participation of dental workforce in programs to improve access to care.
- Achieve increased participation of patients in the managed care programs to improve access to care.
- Provide stats and data to show patients not injured receiving dental care.
- Provide oral health care referral/appointment for services to a FQHC during emergency room visits for any repeat dental condition within a certain period of time.
- Immediate access points at community based organizations, and community action agencies.
- A resource guide; compiled understanding of knowledge; knowledge of oral health, local assets & resources; Cultural appropriate materials.

What do we propose to do to turn the curve?
Small group s developed these strategies for action:

On January 22, 2016 the group identified the following additional strategies:

<table>
<thead>
<tr>
<th>Oral Health education</th>
<th>Specific</th>
<th>Leverage</th>
<th>Values</th>
<th>Reach</th>
<th>Partners</th>
</tr>
</thead>
<tbody>
<tr>
<td>Create and consistently implement the message in the community for parents and guardians regarding the importance of oral health prevention and how it relates to educational attainment.</td>
<td>H</td>
<td>H</td>
<td>H</td>
<td>H</td>
<td>Children’s Dental Health Project FDA Workforce Development/Solutions Florida Chamber of Commerce Florid Department of Education Cell phone carriers School based Health Alliances</td>
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<tr>
<td>Improve patient access to care in the managed care programs by:</td>
<td>H</td>
<td>H</td>
<td>H</td>
<td>M</td>
<td>Hospitals Schools (districts) Academic institutions</td>
</tr>
<tr>
<td>1. Aligning with stakeholders (hospitals, schools (districts), academic institutions (professional) that train other healthcare professionals.</td>
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<td>2. Aligning with faith-based programs.</td>
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<td>3. Increased utilization among pediatricians,</td>
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<td><strong>licensed social workers, WIC, Healthy Mothers programs.</strong></td>
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<td>----------------------------------------------------------</td>
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<tr>
<td>Mandate inter-professional professionals regarding oral health.</td>
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<td>H</td>
<td>H</td>
<td>H</td>
<td>H</td>
<td>Nova Southeastern University (model)</td>
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<td></td>
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<td></td>
<td></td>
<td>Academic institutions</td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td>Medical providers (Pediatricians, OB/GYN, nurses)</td>
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<td></td>
<td>Florida Oral Heal Alliance</td>
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<td></td>
<td>The Children’s Trust</td>
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</tbody>
</table>

| Increase family, caregiver, and community knowledge of available services and how to access them by creating local “champions” within the education system, faith-based, community health organizations, technology, and medical providers. |
| H | H | H | H | Oral health coordinator (several sites) |
|  |  |  |  | American Academy of Pediatricians |
|  |  |  |  | Florida Academy of Pediatric Dentistry |
|  |  |  |  | FDA |
|  |  |  |  | Florida College of Emergency Physicians |
|  |  |  |  | Medical Societies |
|  |  |  |  | Florida Association of Community Health |
|  |  |  |  | United Way |
|  |  |  |  | Florida Dental Hygiene Association |
|  |  |  |  | Florida Area Health Education Centers |
|  |  |  |  | Florida Institute for Health Innovation |
|  |  |  |  | Employers |
|  |  |  |  | Heros |
|  |  |  |  | Hospitals |

**Increased funding**

| Change reimbursement model by promoting medical management of caries (Pay for performance/wellness) in the dental delivery system. Incentive is wellness – treatment of chronic condition with a chronic solution modality has a high profit margin but the thought pattern should be that well care is beneficial and profitable. |
| H | H | H | H | Funders (Medicaid system0 Foundations (Quantum) |
|  |  |  |  | Dental providers |
|  |  |  |  | DentaQuest |
|  |  |  |  | FDA |
|  |  |  |  | Elected officials, Governor |
|  |  |  |  | Academic institutions |
|  |  |  |  | (universities) |

**Barriers to access**

| Provide a full time employee in the ER to provide a dental referral & appointment for patients to avoid repeat ER visits for oral health services. |
| H | H | H | H | FQHCs |
|  |  |  |  | Hospitals |
|  |  |  |  | Urgent Care |
Additional notes of strategies not included in the What do Propose to do? (Contributed on January 22, 2016):

1. Provider (reimbursement for wellness & prevention vs. surgical treatments), Patient (reduce dental disease), and Payer (funders & state to reduce costs) system that works with the insurance companies.
2. Achieve increased participation of dental providers by creating a sustainable profit margin.
3. Achieve increased participation by protecting dental patients, of harm or injury. Patients learn about good local dentists through word of mouth.
4. Achieve increased participation by collaboration among dental funders, state of Florida, and insurance companies by improving the “Payer system”, whereby reducing the high end procedures to save money in managed care. Open to input on “Payer system”.
   a. Can be aligned with others implementing that model.
   b. Empower providers to have conversations with patients about care.
   c. Perform outreach in underserved areas.

**Cumulative Turn the Curve**

**Report (POPULATION)**

This is a summary of the work to date.

**Indicator:** Total number of Medicaid eligible children age birth – 20 who are receiving any dental service Current: **27%**

**Story behind the baseline:**

**What positive factors have contributed to the baseline?**

- Efforts on behalf of community organizations that focus on oral health
- School based services that provide oral care
- FQHC’s that focus on oral health while achieving oral health equity
- An increase in efforts throughout Florida to improve access to dental care
- Increase in awareness of the importance of oral health
- Grassroots efforts directed at improving oral health

**What negative factors have contributed to the baseline?**

- An exclusion of certain populations, primarily undocumented population in state.
• Insufficient data of ER visits for basic care that did not receive preventative services.
• An increase of local and community initiatives but not many statewide initiatives.
• A limited reimbursement system that pays for treatments but not for preventative services.
• An ineffective and realistic oral health policy focus in the state.
• A lack of integration between physical medicine and oral health.
• An isolated approach between private providers and public collaborative efforts.
• A lack of follow up case management systems for patients and members, continuation of care, and post-op.
• Inadequate number of providers in care network and access points.
• There is a lack of consistent collaboration and disparity from partners and stakeholders.
• Low or poor oral health literacy exists.
• Available dental services are not being accessed.
• There is a need to increase parental education and overall oral health literacy.
• There is a need to work consistently and improve the data.
• Payment to dentists (fees) for preventative services is low which leads to a lack of quality providers.
• Inadequate funding does not provide access to services which leads to a low number of providers, lack of coverage, and benefits.

Story behind the baseline: Prioritized factors (Contributed on July 31st, 2015)
• Lack of parent knowledge or understanding of importance of preventative care, which includes nutrition, safe sleep and oral cancer.
• Low or poor oral health literacy exists and includes factors such as cultural diets, concepts of health and value of oral health.
• There are available dental health services that are not being accessed.
• Inadequate funding does not provide access to services which leads to a low number of providers, lack of coverage, and benefits.
• There is a lack of consistent collaboration from partners and stakeholders, including oral health understanding by legislators.
• There is a need to increase requirements and gather “meaningful use” data across oral health community.

Partners: Who are the partners that have a role to play to address the prioritized factors?

<table>
<thead>
<tr>
<th>School boards</th>
<th>WIC</th>
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<tbody>
<tr>
<td>School nurses</td>
<td>FQHCs</td>
</tr>
<tr>
<td>Community centers</td>
<td>HMO/Insurance companies</td>
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<tr>
<td>Public health education campaigns (FDOH)</td>
<td>Professional associations</td>
</tr>
<tr>
<td>Parents</td>
<td>Legislature</td>
</tr>
<tr>
<td>Pediatrcians</td>
<td>Social services</td>
</tr>
<tr>
<td>Faith based organizations</td>
<td>Children’s Services Councils</td>
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<tr>
<td>Navigators</td>
<td>AHCA</td>
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<tr>
<td>Medikids</td>
<td>DCF</td>
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<tr>
<td>Special Olympics Florida</td>
<td>Public Schools</td>
</tr>
<tr>
<td>Florida Department of Education</td>
<td>Oral health consumers to tell their stories</td>
</tr>
<tr>
<td>Human services providers/social services</td>
<td>and participate on Alliance work committees</td>
</tr>
</tbody>
</table>

What works to turn the curve?
• Collaboration among stakeholders including legislators
• Use of best practices used by other states
• Implementation of dental programs through advocacy and education
• Grassroots mobilization of community members to develop and promote greater awareness of the importance of good oral health
• Partnerships with FQHC’s providing oral health.
• Literacy and education for women with infants.
• All successful school based oral health services

**What worked in Texas:**
• Medicaid provided transportation
• Dental carve out plan
• Increased reimbursement rates resulted in more dentists accepting Medicaid
• “Buy in” of dental association
• Collaboration between dental association and state department of health

**What do we propose to do?**

**Strategies contributed on May 22, 2015**

• Engage legislators and advocates to support governmental program to include expansion of Medicaid.
• Increase the number of participating providers including non-dental.
• Implement best practices used in other states to increase participation in Medicaid programs.
• Consistent collaboration between oral health providers, stakeholders and legislators.
• Improve dentist payments for preventative services.
• Increase outreach and network development.
• Promote increased participation of dental providers in managed care programs to improve access to care.
• Increase number of providers to reduce costs and improve reimbursements.
• Align with hospitals (whole health care) that integrate dental care.
• Educate legislature on importance of dental care and reimbursement Health plans need to take advantage of payment (rate).
• Provide flexibility to pay dentists more for preventative care.
• Demonstrate improved outcomes.
• Increase state funding.
• Increase a number of providers to improve access and reduce costs and improve reimbursements.
• Increase parent knowledge.
• Increase Alliance media and communication tools for participants.
• Create local “champions” to provide information and infuse value of oral health, through schools, faith and community based organizations.

**Strategies contributed on July 31, 2015**

• Florida Oral Health Alliance will develop, along with AHCA, to standardize data collection and create “meaningful use” requirements.
• To convene health plans with community organizations and partners to meet HEDIS measure as it applies to oral health.
• Create Google form to document Florida Oral Health Alliance partners.
• Develop statewide data warehouse exchange.
• Secure funding and other opportunities (i.e. Kickstarter) to fund mandates.

**Strategies contributed on November 20:**

• Engage legislators and advocates to support governmental program to include expansion of Medicaid
• Increase the number of participating providers including non-dental
• Implement best practices used in other states to increase participation in Medicaid programs
• Improve dentist payments for preventative services
• Compare laws and rules around delivery of dental care (eg. Mobile, DHS, school oral health exams, covered services).
• Reduce wasteful fraud
• Locate providers being where greatest needs are.
• Greater fluoridation provision.
• Improved appointment design for patients.
• Medicaid cover adult preventive.
• Dentists seeing children under age 2.
• Comprehensive oral health education and literacy.
• The number and type of dental plans offered in the state, can be simplified.

Additional strategies were contributed on January 22, 2016 applying the four criteria (leverage, feasibility (or reach), specificity, and values) to determine if they have a reasonable chance to turn the curve:
• Create and consistently implement the message in the community for parents and guardians regarding the importance of oral health prevention and how it relates to educational attainment.
• Mandate inter-professional professionals regarding oral health.
• Increase family, caregiver, and community knowledge of available services and how to access them by creating local “champions” within the education system, faith-based, community health organizations, technology, and medical providers.
• Improve patient access to care in the managed care programs by:
  a) Aligning with stakeholders (hospitals, schools (districts), academic institutions (professional) that train other healthcare professionals.
  b) Aligning with faith-based programs.
  c) Increased utilization among pediatricians, licensed social workers, WIC, Healthy Mothers programs.
• Change reimbursement model by promoting medical management of caries (Pay for performance/wellness) in the dental delivery system. Incentive is wellness – treatment of chronic condition with a chronic solution modality has a high profit margin but the thought pattern should be that well care is beneficial and profitable.
• Provide a full time employee in the ER to provide a dental referral & appointment for patients to avoid repeat ER visits for oral health services.

Next steps and commitments to action

• Next Alliance meeting February 22, 2016 10 am – 3 pm same location
• Complete action commitments