FLORIDA ORAL HEALTH ALLIANCE
July 1, 2015
MEETING NOTES

Meeting Results
- Affirm Florida Oral Health Alliance result and confirm our headline indicator
- Confirm additional candidate indicators for assessing the achievement of our result
- Review results from the May 22, 2015 Turn the Curve™ exercise
- Prioritize root causes as items for action
- Identify additional oral health initiatives that are making a statewide impact
- Have knowledge of the Florida Agency for Health Care Administration’s Strategic Oral Health Action Plan (SOHAP)
- Make commitments to action

Florida Oral Health Alliance meeting notes represent the entire process to date beginning on May 22, 2015.

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 0-18 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</td>
<td>Not rated</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
municipalities without fluoride programs

| Number of restorative visits | Not rated |

**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)?

Indicator: Percentage of Eligible Medicaid Children Ages 0-18 Receiving Any Dental Services
Indicator: Number of preventable ER visits with oral health

2012 Pediatric Preventable Oral Health ER Visits by Age and Payor

Percentage of Visits by Payor

<table>
<thead>
<tr>
<th>Age</th>
<th>Kicicare</th>
<th>All Other Payors</th>
<th>Private Health Insurance</th>
<th>Self Pay</th>
<th>Medicaid/ Managed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth to 5</td>
<td>7.98%</td>
<td>8.10%</td>
<td>12.77%</td>
<td>12.60%</td>
<td>13.44%</td>
</tr>
<tr>
<td>6-11</td>
<td>22.10%</td>
<td>78.00%</td>
<td>20.60%</td>
<td>17.20%</td>
<td>10.00%</td>
</tr>
<tr>
<td>12-18</td>
<td>81.21%</td>
<td>18.79%</td>
<td>10.20%</td>
<td>8.80%</td>
<td>7.80%</td>
</tr>
</tbody>
</table>

Indicator: Percentage of eligible Medicaid children and youth that received preventative dental services
Data Source: The data was obtained from national and state CMS-416 form. Data for children ages 0-18 was retrieved for item 12a: CMS Total eligibles receiving any dental services. Data was retrieved between the years 2009-2013. The trend line was added for a couple of additional years (up to 2016). Data for children 0-18 years old retrieved from Florida and national CMS 416 Data. 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). For more information on form items: [http://www.medicaid.gov/medicaid-chip-program-information/by-topics/benefits/downloads/cms-416-instructions.pdf](http://www.medicaid.gov/medicaid-chip-program-information/by-topics/benefits/downloads/cms-416-instructions.pdf)
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.

- The group has not yet identified data development agenda items.

Notes:  
- 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.

Turn the Curve Report  
(POPULATION)

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

Headline INDICATOR (line graph inserted here)

Percent of Eligible Medicaid Children (Ages 0-18) Receiving Any Dental Services

Story behind the data
What has caused the data to increase? (Contributing factors)
- 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 has caused the data to decrease? (Restricting factors)
- 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.

What are the most important root causes to address:
- These root causes have not yet been defined by the group. However, common factors that arose from small group activities included:
  1. Lack of parent knowledge or understanding of importance of preventative care
  2. Low or poor oral health literacy exists.
  3. There are available dental health services that are not being accessed.
  4. Inadequate funding does not provide access to services which leads to a low number of providers, lack of coverage, and benefits.
  5. There is a lack of consistent collaboration from partners and stakeholders.

What works: (known solutions)
At the May 22, 2015 face to face meeting, participants identified the following three strategies as strategies that work to turn the curve.

1. Collaboration among stakeholders
2. Use of best practices used by other states
3. Implementation of dental programs through advocacy and education

In response to a call for other successful strategies that work, Tara Price, (V.P., Operations) Dental Health & Wellness and Mary Weaver (Senior Health Services Analyst, Public Health Dental Program) from the Florida Department of Health provided their successful strategies. These strategies were presented at the July 1, 2015 virtual meeting:
- Florida Department of Health Initiatives that increase access to fluoridation using a Community Water Fluoridation grant and a statewide initiative to provide dental sealants utilizing a school based program.
- Successful tactics from Dental Health & Wellness
  - Contracting with county health departments to pay them for school based services and other health access settings to help promote that program
  - Partnering with Sunshine Health Provider Relations representatives to visit pediatrician offices and educating staff on how to view dental care gaps in Sunshine’s provider web portal;
  - Providing the office with a list of participating dentists in their area to which they can refer.
  - Holding a health and dental fair for Sunshine members in an area where we have a high concentration of members with care gaps
Strategies for Action

Multiple oral health action plans exist throughout the state. During this meeting, the Agency for Healthcare Administration (AHCA) presented their State Oral Health Action Plan (SOHAP). This plan can be accessed by request by contacting Robert Reifinger, (Dental & Child Health Check-up, Primary and Preventive Care Policy, Robert.Reifinger@ahca.myflorida.com).

- Also presented during the meeting were the Florida Dental Association’s Action for Dental Health statewide plan to promote attainable dental care for the uninsured and underserved in Florida. This included:
  - FDA to collaborate to maximize use and capacity of the current dental workforce to optimally serve Floridians with preventive and therapeutic dental care.
  - FDA will expand opportunities for public health dentistry to serve Floridians.
- Oral Health Florida’s Roadmap for Oral Health addresses several areas for oral health improvement including building partnerships and utilizing Roadmap strategies for future success. Oral Health Florida gave an overview of its current plans and work groups. For more information: www.oralhealthflorida.org.

The following strategies were designed through a small group activity at the face to face meeting on May 22, 2015. This work will continue during the face to face Florida Oral Health Alliance meeting on July 31, 2015 in West Palm Beach, Florida. What is our STRATEGIC plan with our ROLE, to improve the data?

To further engage local and state wide partners, such as legislators, school board, as well as Special Olympics Florida.

<table>
<thead>
<tr>
<th>Factor/ Cause*</th>
<th>STRATEGY</th>
<th>Partner(s)</th>
</tr>
</thead>
</table>
| An increase in Florida to improve access to dental care. | • 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 | • School boards  
• School nurses  
• Community centers  
• State based education campaign – through public health  
• Parents  
• Pediatricians  
• Faith based organizations  
• HMO/Insurance Companies  
• FQHC’s  
• Professional associations  
• WIC |
| Payment to dentists (fees) for preventative services is low which leads to a lack of quality providers. | • 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 | • AHCA  
• Managed care dental plans  
• Legislature  
• Faith based communities  
• Social services  
• CSC’s |
Lack of understanding of Medicaid dental insurance

- 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

Fear

Strategies were not identified during the meeting.

Low or poor oral health literacy exists.

- Increase parent knowledge
- Lack of parent knowledge or understanding of importance of preventative care
- A lack of knowledge of community dental resources exists.

Additional partners to be engaged

Florida Department of Education
Human services providers (social services)
Oral health consumers to tell their stories and participate on Alliance work committees

*List the priority root causes to be addressed*

This has not yet been defined by the group.