Florida Oral Health Alliance

July 31, 2015
10 AM – 3 PM

West Palm Beach, Florida

Twitter: @FL_OH_Alliance
#OH2020FL
Result:
All Florida children, youth and families have good oral health and well-being, especially those that are vulnerable.
Eligible Medicaid Children Ages 0-20 Receiving any Dental Services

- United States
- Florida
- Louisiana
- Mississippi

Meeting Results

- View the work of the Alliance within the context of collective impact
- Connect with one another and to the work of the Florida Oral Health Alliance
- Reaffirm indicators for assessing the achievement of our result
- Continue to discuss the story behind the data for all three indicators
- Prioritize root causes as items for action
- Align statewide efforts and strategies
- Identify partners to be engaged
- Determine work groups
- Prioritize commitments to action
Collective Impact
Eligible Medicaid Children Ages 0-20 Receiving any Dental Services

### Other Indicators

<table>
<thead>
<tr>
<th>Number of pediatric Emergency Department visits for preventable oral health conditions</th>
<th>Percentage of eligible Medicaid children and youth that received preventative dental services</th>
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Eligible Medicaid Children Ages 0-20 Receiving Preventive Dental Services

2012 Pediatric Preventable Oral Health ER Visits by Age and Payor

Percentage of Visits by Payor

- **Birth to 5**
  - Kidcare: 7.06%
  - All Other Payors: 8.10%
  - Private Health Insurance: 20.18%
  - Medicaid/Managed: 62.64%

- **6-11**
  - Kidcare: 11.60%
  - All Other Payors: 12.27%
  - Private Health Insurance: 79.20%
  - Medicaid/Managed: 7.93%

- **12-18**
  - Kidcare: 12.44%
  - All Other Payors: 20.28%
  - Private Health Insurance: 81.21%
  - Medicaid/Managed: 0.00%

Florida Institute for Health Innovation

Results-Oriented, Responsive, Data-Driven
Turn-the-Curve Thinking™: Talk to Action

Impact

Indicator
Baseline

Story behind the baseline

Partners (with a role to play in turning the curve)

What Works

Strategic Action Plan (with/ Budget)
What’s the story behind the data?
Turn the Curve
What has caused the data to increase? (Contributing factors)

Contributed on May 22, 2015

• 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)

Contributed on May 22, 2015

- 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.
Factors as determined by the group on July 31, 2015

• Volunteer and free services
• Literacy and understanding next steps
• Provider and patient application processes
• Education
• Transportation
• Access to quality food
• Access to services doesn’t necessarily translate to better health
• Need a champion locally to infuse the conversation and work
Factors as determined by the group on July 31, 2015

- Education
- Value of oral health with total health
- Crossing cultural barriers
- Special needs (ability to treat)
- Nutritional counseling
- State implementation of MMA (should greatly improve availability of services and accountability for organizations)
- Awareness of connection between physical health and oral health is improving
Prioritized factors as determined by the group on July 31, 2015

1) Lack of consistent collaboration

2) Lack of uniformity of oral health
   1) Recording every oral health visit
   2) Data reporting and being able to “mesh” oral health community with health care in general.
   3) Acceptable claim process
   4) Accounting for every dental visit (Data is not always entered into system).
   5) No data results for lack of claim forms for free dental services.

3) Lack of (standardized) oral health infrastructure:
   1) Connecting providers, members, community members with each other
   2) Insufficient number of providers
   3) Lack of follow up after treatment

4) Lack of alignment of oral health with overall health literacy
   1) Legislators, providers, stakeholders, parents)
   2) Cultural diets; concepts of health; value of oral health
What other causes need to be included?

What are the most important causes to be addressed?
Other initiatives making an impact enough to turn the curve...
Other collaborative locally-based work as identified by the group on July 31, 2015

• School-based oral health (Miami–Dade County)
• Palm Beach County Oral Health Coalition
• Achieving Oral Health Equity (Tampa Bay)
• Miami Dade Oral Health Network
What works?

• What is currently in place to address the most important root causes?
• What is working?
• How are these efforts improving the data?
• What is not working?
• Why are some efforts not improving the data?
What works as identified by the group on July 31, 2015

• Partnering with FQHCs providing oral health literacy through local WIC and children’s programs
• Funding FQHCs to provide oral health services in schools
• Identification of gaps in oral health care (Union, Lee, Glades...)
• Community based organizations providing information on resources (PBC Bridges)
• Managed medical assistance program (direct accountability, private contracts with state with performance measures – a set of quality services)
• Using private practice approaches collaboratively
• Literacy efforts in place that are not effective and culturally sound
• Include oral health into physical health conversations:
  • Meaningful use
  • Existing health forum
What’s not working as identified by the group on July 31, 2015

• Reimbursement - A limited reimbursement system that pays for treatments but not for preventative services.

• Easy to exclude some populations

• People go to ER for basic oral health care after not receiving preventive services – costly and at crisis point

• A lot of community initiatives but not too many state initiatives. Local initiatives disconnected.

• Many strategies but they are not being implemented
  • Why? Lack of funding and competition for funds and resources
  • Oral health messages are not united
What do we propose to do?

- Specificity
- Values
- Leverage
- Reach
Possible strategies as developed by the group on July 31, 2015

<table>
<thead>
<tr>
<th>Specific</th>
<th>Leverage</th>
<th>Values</th>
<th>Reach</th>
</tr>
</thead>
<tbody>
<tr>
<td>1A. Create google forum to document oral health partners</td>
<td>M</td>
<td>L-M</td>
<td>H</td>
</tr>
<tr>
<td>1B. Convene MCOs to fund and partner with CBOs and community oral health providers and funders to meet HEDIS measures</td>
<td>M</td>
<td>H</td>
<td>H</td>
</tr>
<tr>
<td>2A. Develop statewide data warehouse exchange</td>
<td>M</td>
<td>H</td>
<td>H</td>
</tr>
<tr>
<td>3A. OHA will develop with AHCA standardized data collection methods and coordinate w/ CBOs to document services</td>
<td>H</td>
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### The Five Conditions of Collective Impact

<table>
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<tr>
<th>Condition</th>
<th>Description</th>
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<tr>
<td><strong>Common Agenda</strong></td>
<td>All participants have a shared vision for change including a common understanding of the problem and a joint approach to solving it through agreed upon actions.</td>
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<tr>
<td><strong>Shared Measurement</strong></td>
<td>Collecting data and measuring results consistently across all participants ensures efforts remain aligned and participants hold each other accountable.</td>
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<tr>
<td><strong>Mutually Reinforcing Activities</strong></td>
<td>Participant activities must be differentiated while still being coordinated through a mutually reinforcing plan of action.</td>
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<tr>
<td><strong>Continuous Communication</strong></td>
<td>Consistent and open communication is needed across the many players to build trust, assure mutual objectives, and create common motivation.</td>
</tr>
<tr>
<td><strong>Backbone Support</strong></td>
<td>Creating and managing collective impact requires a separate organization(s) with staff and a specific set of skills to serve as the backbone for the entire initiative and coordinate participating organizations and agencies.</td>
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</tbody>
</table>
Florida Oral Health Alliance and the Five Conditions

• What is our common agenda?

• How are we building shared measurement systems?

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

- Mutually reinforcing activities – What is in place and already working? Are the initiatives working in the state?
  - Are they duplicated?
  - Are they misaligned?
  - Are they not to scale?
Continuous communication

Using Turn the Curve™ as a way to maintain consistent conversation in service of our result

What other ways can we communicate with each other?
Backbone Organization
Steps to action

• How do we move forward with the work we’ve discussed today?
• How might the group measure its success?
• What are our next steps?
Next steps as identified by the group on July 31, 2015

• MMA 101
• Alliance to have: Centralized messaging: Media, PR, shared forum/collaborative tracking system, position statement
• Share contacts with community members (make connections)
  • Create contact list
  • More active participation from AHCA and other groups
  • Secure funds to sustain Florida Alliance
  • Propose today’s strategies to entire group of Alliance and obtain feedback regarding which ones to begin implementing; engage additional partners
Partners to be Engaged

- Florida Agency for Health Care Administration
- Florida Department of Education
- Human services providers (social services)
- Oral health consumers to tell their stories and participate on Alliance work committees
# Commitments to action

In order to move this work forward, I am willing to:

<table>
<thead>
<tr>
<th>Participant</th>
<th>Strategy Idea or Action Idea</th>
<th>What will you do?</th>
<th>Who will you connect with to make it happen?</th>
<th>When will you do it?</th>
<th>Level of Impact</th>
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<tr>
<td><strong>Tara Price</strong>&lt;br&gt;Dental Health &amp; Wellness</td>
<td><strong>Strategy:</strong> Engage Florida Agency for Health Care Administration (AHCA) on data discussion</td>
<td>To schedule meeting with AHCA to offer help</td>
<td>Sunshine Health colleagues</td>
<td>August 2015</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Nancy Zinser</strong>&lt;br&gt;Oral Health Florida</td>
<td><strong>Strategy:</strong> Use Tobacco Free Florida to communicate Oral Health information</td>
<td>Through statewide AHEC – promote oral health</td>
<td>E-AHEC</td>
<td>Now</td>
<td>Team</td>
</tr>
<tr>
<td><strong>Nancy Zinser</strong>&lt;br&gt;Oral Health Florida</td>
<td><strong>Action:</strong> Look for new partners in Palm Beach County to support Oral Health initiatives locally and statewide</td>
<td>To provide communication about oral health</td>
<td>Set up and communicate with community based leaders.</td>
<td>Beginning now</td>
<td>Team (Palm Beach County Oral Health Coalition)</td>
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| Michelle Coleman  
Children's Services Council of Broward County | **Strategy**: Connect community partners around oral health literature  
Through our countywide Broward Children's Strategy Plan committees | We have over 311 participants and 300 agencies | Next week (start) | Division |
| Sue Gallagher  
Children's Services Council of Broward County | **Strategy**: Connect MCOs and Broward Children’s Strategic Plan  
Convene Oral Health partners and 10 connections step Oral Health Alliance to get MCO contact information | Within 3 months | County |
| Ralph Attanasi  
South Florida Dental Association | **Strategy**: Dental Coordinator  
Discuss with Board of Trustees at Florida Dental Association | FDA Board of Trustees Lobbyists | Today | Team (High) |
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<td>Ralph Attanasi</td>
<td>Action: Have across the board dental insurance (MCOs) companies to fund 2 dental coordinators in the state</td>
<td>*Discuss *Meet *Coordinate action plan</td>
<td>FDA Board of Trustees Lobbyists</td>
<td>Today</td>
<td>Team (High)</td>
</tr>
<tr>
<td>South Florida Dental Association</td>
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<tr>
<td>Marissa Davis</td>
<td>Strategy: Engage potential additional stakeholders who could act as champions from Tampa for the Alliance</td>
<td>Host meetings</td>
<td>Christine Hom Tampa Bay HC members partnering on AOHE</td>
<td>Between now and the September 11th meeting</td>
<td>Individual - (TBHCs)</td>
</tr>
<tr>
<td>Tampa Bay Health Initiative</td>
<td></td>
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<tr>
<td>Marissa Davis</td>
<td>Action: Collaborate with community data collection efforts.</td>
<td>Administer surveys, host focus groups, facilitate conversations</td>
<td>Tara Price – referral to local contact FDA – Joe Anne Hart, others</td>
<td>Between now and the September 11th meeting</td>
<td>Individual - (TBHCs AOHE efforts)</td>
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<td>Tampa Bay Health Initiative</td>
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<td>Team - Alliance collaboration</td>
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<td><strong>Douglas Manning</strong>&lt;br&gt;DentaQuest</td>
<td><strong>Action</strong>: Ask health plans if they will fund statewide community organizers</td>
<td>Broach/connect with health plans</td>
<td>Health plans that do subcontracts with</td>
<td>Immediately</td>
<td><strong>Individual</strong></td>
</tr>
<tr>
<td><strong>Douglas Manning</strong>&lt;br&gt;DentaQuest</td>
<td><strong>Strategy</strong>: Convene MCOs to fund a partner with CBOs</td>
<td>Assess if DQ can leverage opportunities with community organizations to access members</td>
<td>Talk with Health Plan clients to gain their support and funding.</td>
<td>In next month</td>
<td><strong>N/A</strong></td>
</tr>
<tr>
<td><strong>Adam Reback</strong>&lt;br&gt;Florida Department of Health in Palm Beach County</td>
<td>N/A</td>
<td>Vote on OHA top strategy/strategies</td>
<td>The whole group</td>
<td>August 2015</td>
<td><strong>Individual</strong> - Once we decide on strategy/strategies, I will help in any way. I will need guidance because oral health is not something I have expertise on.</td>
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<td><strong>Santiago Bunce</strong></td>
<td><strong>Strategy:</strong> Create Google form to document oral health partners</td>
<td>Align and track who is working on Oral Health; Offer suggestions to Oral Health Alliance. Miami Dade Oral Health Network will plan summit with stakeholders that be connected to Oral Health Alliance.</td>
<td>Oral Health Alliance with Miami-Dade Oral Health Network Oral Health Alliance with potential grassroots partners (MDOHN).</td>
<td>Summit will be October 7</td>
<td>Individual Team and Organization</td>
</tr>
<tr>
<td>Catalyst Miami</td>
<td><strong>Action:</strong> Create an Oral Health Summit to convene stakeholders and address Oral Health with equity lens.</td>
<td>Same</td>
<td>Same</td>
<td>Same</td>
<td>Individual Team and Organization</td>
</tr>
<tr>
<td><strong>Delores Haynes</strong></td>
<td><strong>Strategy:</strong> Raise awareness</td>
<td>Increase awareness of the importance of Oral Health</td>
<td>CSC Healthy Beginnings Outreach Group</td>
<td>N/A</td>
<td>Individual and community knowledge</td>
</tr>
<tr>
<td>Children’s Services Council – Palm Beach County</td>
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| Delores Haynes  
Children’s Services Council – Palm Beach County | None | Participate as panel member at next forum. | HB Outreach group Faith community | N/A | Individual |
| Farren Hurwitz  
Health Choice Network, Inc. | **Strategy:** Develop a state wide data warehouse; already one under development and initially for primary care and mental health | Begin the oral health standard nomenclature to be used to aggregate the data. | N/A | Today | Team |
Upcoming meetings

Virtual meeting
Friday, August 28, 2015
12 pm – 2 pm

Face to face meeting
Friday, September 11, 2015
10 am – 3 pm

2701 North Australian Ave.
West Palm Beach, FL 33407