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

Headline Indicator 1: Percentage of eligible Medicaid children ages 0-20 receiving any dental services
Headline Indicator 2: Percentage of eligible Medicaid children ages 1-20 receiving any preventive dental service

Meeting Results:
During the meeting, participants:
- Updated one another on commitments to action
- Updated the Alliance on progress made towards partner outreach and collaboration
- Addressed challenges in aligning with Oral Health groups in Florida and proposed solutions
- Collaborated around strategies to continue implementing at state and local levels
- Shared data around preventive dental services
- Reviewed communications and messaging plan for state and local partners, including community residents

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<thead>
<tr>
<th>Meeting participants</th>
<th>Title</th>
<th>Organization</th>
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<tbody>
<tr>
<td>Philippe Bilger</td>
<td>Dentist Consultant</td>
<td>Florida Department of Health, Public Health Dental Program</td>
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<td>Sabine Dulcio</td>
<td>Contract Administrator</td>
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<td>Krista Wagner</td>
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<td>Envolve Dental Inc./Dental Health &amp; Wellness, Inc.</td>
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<td>Nina Thompkins</td>
<td>Community Health Manager</td>
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<td>Tampa Bay virtual participants</td>
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<td>Samantha Nevins</td>
<td>Project Coordinator</td>
<td>Tampa Bay Healthcare Collaborative</td>
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<td>Betty Gilbert</td>
<td>VP, Professional Relations</td>
<td>LIBERTY Dental Plan</td>
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<td>Christine Vongsyprasom</td>
<td>Dental Services Manager</td>
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<td>Tallahassee virtual participants (afternoon only)</td>
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<tr>
<td>Jena Grignon</td>
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<td>Florida Healthy Kids Corporation</td>
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<td>Anne Swerlick</td>
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<td>Former Florida CHAIN Policy Director</td>
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<td>Danielle Lewald</td>
<td>Project Assistant</td>
<td>FIHI</td>
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What Works?

Discussion of Prioritized Strategies in FOHA Plan:

- **Strategy #7:** Expand school-based dental sealant programs through sharing best practices already in place.
  - A) Identify current school-based oral health programs
  - B) Promote incentive programs to increase the rate of affirmative consent for the school-based oral health services

- **Strategy #5:** Utilize primary care/pediatric providers so that children can receive medical and dental treatment on the same day. *(Focus Area - Barriers to Oral Health Care)*
  - A) Place dental hygienists in pediatricians’ offices to provide fluoride varnish and assist with dental referral and follow up.
  - B) Leverage dental schools to provide services in pediatricians’ offices.
  - C) Increase utilization among pediatricians, licensed social workers, WIC, Healthy Mothers programs.

**Barriers:**

- Pediatricians don’t know where to refer patients for Medicaid.

What do we propose to do?

- **Action steps:** Create a list of Medicaid partners to hand out to pediatricians—Krista Wagner

Story Behind the Curve

- **Prioritized Factor #5:** There is a lack of consistent collaboration from partners and stakeholders, including oral health understanding by legislators.

What do we propose to do?

- **Discussion of strategies for breaking down silos and aligning efforts with other oral health groups:**
  - Share the plan with targeted oral health partners such as agencies and organizations that have control over oral health funding and policy and who are responsible for increasing indicator scores (AHCA, health plans-quality improvement dept., etc.)
  - Share the plan effectively by outlining which strategies their work aligns with and what they should focus on first.
  - Look for opportunities to align with the School Health & Wellness Advisory Council (SWAC)—Alina Soto
  - Identify speaking opportunities for presenting the plan (2 levels: 1. General 2. Specific)

**Potential Opportunities:**

- [The School District of Palm Beach County Wellness Promotion Task Force](#)
- [Florida Public Health Association](#)
- [Florida Dental Association](#)
- [South Florida District Dental Association](#)
- [American Association of Public Health Dentistry](#)
- [American Dental Association](#)

- **Increasing engagement and collaboration among other oral health groups in Florida**
  - **Oral Health 2020 Network**
    - **Grantees:**
      - Tampa Bay Healthcare Collaborative
      - Florida Institute for Health Innovation
      - Catalyst Miami
  - **MDOHN: Miami-Dade Oral Health Network facilitated through Catalyst Miami**
  - **Oral Health Florida**
Turning the Curve: Performance Management and Data Tracking

- Clear Impact presented scorecard tool to consider for tracking data and performance measures, and for sharing the plan with partners.
- Suggested edits:
  - Add strategy numbers to Turn the Curve section and page numbers of where it can be found in the plan.
  - Change “strategies” at bottom to “actions”.

Benefits of the tool:

- Shows how each partner or program is contributing to improving the data over time.
- Aligns efforts by capturing and displaying the data in one place.
- Each partner can walk through the Turn the Curve process and create a story behind the data for their clients and record what strategies work to improve their own data.
- Can customize by selecting a performance measure that you wish to have in common. (Can add a strategy and performance measure around any oral health service).

Barriers:

- Capturing rolling data and parsing out the data (Medicaid vs. non-Medicaid).

What do we propose to do?

- Report data on a calendar year basis.
- Report # of clients rather than # of services.
- Separate out Medicaid from non-Medicaid clients (Dr. Bilger will begin sharing data on performance measures at county level (#of medicaid vs non-medicaid that are provided).
- Separate school programs and clinic programs.
- Leverage Oral Health Data Resources:
  - Oral Health Florida Scorecard.
  - Florida Head Start data.

Questions/Comments:

- 92% of Medicaid recipients have a dental home. What does a dental home mean?
- Medicaid recipients are assigned a health plan but not a medical home. They can currently see any provider.
  - If they can be mandated this can be more controlled.
  - Sunshine and Enolve have Primary Care Dental (PCD) assignments on their card based on geography. Providers have access to this list.
- Head start data: How often does the data come out? Time period (calendar year)? Definition of measures? -- Alina Soto to check with Lilli Copp.
- Pediatric Society Fellman Agreement and how it relates to dental and oral health for children. Very specific metrics in that settlement that relates to the data issue. AHCA is largely being driven on those measures. State is collecting that data. Need to look at what AHCA is collecting and how that relates to other partners.

What is a direct action that we can take in the next 4-6 weeks to create more collaboration and less silos?

- Look at AHCA data and align efforts.
- Gather more data at county level.
- Align partners with local agency/entities.
- Contact AAP with list of Medical Dental providers and information on what is happening.
• Create a centralized place to send oral health program updates and scheduled events/meetings so that we can see what everyone is working on, where the needs are, and how we can help one another. (i.e. Monthly or quarterly reporting system).
• Identify everyone’s roles and involvement in oral health
• Share goals/objectives of each group; establish commonalities; based on those find out action steps and how we can work together.
• Have each county look at their community-based organizations as a resource for connecting with individual community members. Help connect community-based organizations with residents and residents with dental providers.
• Health plans to look at enrollment of clients. Where are gaps? Ask community-based partners about barriers.
• Create a shared website/space where we can discuss ideas, questions; display data (i.e. Listserv, online forum, FB group?)

Aligning FL Oral Health Alliance Plan with Youth Master Plan of Palm Beach County

Potential alignment:
1. PB Action Area (pg. 33): Increase outreach to parents through communications, natural support networks and mentors.
   a. FOHA Strategy 1 (pg. 22): **Create and consistently implement oral health education and messaging in the community for parents and guardians regarding the importance of oral health prevention and how it relates to educational attainment.

2. PB Action Area (pg. 33): Increase effective parent support programming
   a. FOHA Strategy 1: referenced above.

3. PB Action Area (pg. 33): Increase parent, community and business involvement in education
   a. FOHA Strategy 1: referenced above.

4. PB Action Area (pg. 33): Improve physical and behavioral health care access
   a. FOHA Strategy 4 (pg. 22): Increase outreach efforts by managed care plans to improve access to dental care by aligning with community stakeholders to maximize local resources. Stakeholders include hospitals, school districts, academic and medical and allied health training institutions, health providers, state and county agencies, and various community groups such as charities, foundations and other non-for profits.
   b. FOHA Strategy 5 (pg. 23): Utilize primary care/pediatric providers so that children can receive medical and dental treatment on the same day.

Discussion/Comments:
• Connecting with parents and guardians could be tied into a pediatric setting.
• Could work to get some of these strategies into the Palm Beach County health improvement plan (Adam Reback).
• Palm Beach County Alliance members to work with this group on collaboration.

Story Behind the Data
• When expanding school-based oral health practices, there are some community-based locations that are not billing, but offering services (example: Nova Southeastern). These programs need to be identified so that they can be properly tracked.
  o The Children’s Trust tells Nova that they cannot bill because then they would be billed twice through the grant and then through Medicaid.
  o When organizations fill out a claim/encounter form to managed care company and put $0 in billed amount column, it indicates that the child has received care but they will not receive payment for that care.
Certain programs like lower numbers (billing $0) because their grant funding is then higher. Question as to whether or not they would need to be registered with the state to put zero. Krista believes they do not need to be registered but that they need to be credentialed. (Betty Gilbert to get clarification)

- Tammi Miller (Oral Health Florida) runs a Head Start program in Orlando related to this data
- 41 school dental programs in County Health Department (67 counties)
  - Where are school-based programs registered?
    - FQHC’s, dental schools, etc.

**Review/Feedback of Communications and Messaging Tools**

- Communications PPT Template, Executive Summary, and Scorecard were shared as ways for Alliance members to communicate the plan to external partners with uniform and clear messaging.
- Alliance will begin sharing the plan, especially the executive summary and prioritized strategies for 2017, with specific request of partners/key stakeholders. Ask “what do you think?” to start a discussion.
- Need to answer: How can people get involved?

**Priorities for 2017**

- Align efforts around strategy #7 (Expand school-based dental sealant programs through sharing best practices already in place), that can be implemented by all oral health coalitions.
  - Who are the partners that you will connect with? Are they the same partners that you committed to before, or are there any new partners you can engage?
- Prioritize strategy #1 (Create and consistently implement oral health education and messaging in the community for parents and guardians regarding the importance of oral health prevention and how it relates to educational attainment).
  - Is there a campaign on Oral Health in Florida that you could align with?

*(Please review Action Commitments attached separately)*