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

Meeting Results:
By the end of this meeting participants will have:
- Shared understanding of each individual’s progress on commitments to action
- Update regarding Consumer Advisory Council’s (CAC) contributions to the story behind the data
- Shared understanding of the story behind the need for mandatory dental exams and change in permission (opt in vs opt out)
- Awareness of AHCA’s oral health partnerships and opportunities for alignment with AHCA
- Review of strategy ideas to be included in plan
- Action commitments that mutually reinforce existing activities to improve oral health

<table>
<thead>
<tr>
<th>Meeting participants</th>
<th>Organization</th>
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<tbody>
<tr>
<td>Philippe Bilger</td>
<td>Florida Department of Health (FDOH)</td>
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<tr>
<td>Nancy Sawyer</td>
<td>Special Olympics Florida</td>
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<tr>
<td>Inge Ford</td>
<td>Health Care District – Palm Beach County</td>
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<tr>
<td>Krista Wagner</td>
<td>Dental Health and Wellness</td>
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<td>Marguerite Lynch</td>
<td>Health Care District – Palm Beach County</td>
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<tr>
<td>Sharon Cohen</td>
<td>Children’s Services Council of Broward County</td>
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<tr>
<td>Douglas Manning</td>
<td>DentaQuest Foundation</td>
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<tr>
<td>Shelly Weiner</td>
<td>Liberty Dental</td>
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<tr>
<td>William Staten</td>
<td>Florida Department of Health of Palm Beach County</td>
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<tr>
<td>Saran Rai</td>
<td>Nova Southeastern University School of Dental Medicine</td>
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Project Staff

Deitre Epps, Facilitator
Results-Based Leadership
Christine Hom, Project Manager
Florida Institute for Health Innovation

Tallahassee Virtual Participants (afternoon only)

Erica Floyd-Thomas
Florida Agency for Health Care Administration (AHCA)
Bob Reifinger
Florida Agency for Health Care Administration (AHCA)
Casey Stoutamire
Florida Dental Association
**Result:** All Florida children, youth and families have good oral health and well-being, especially those that are vulnerable.

**Headline Indicator:** Percentage of Medicaid-eligible children 0-20 who received any dental service

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

**Headline Indicator #2:** Percentage of Medicaid-eligible children 0-20 who received any preventive dental service.

**Accountability Pathway - Updating Action Commitments**

Coach-Facilitator Deitre Epps asked each participant about their action commitments. Participants responded by noting actions that were a result of their participation in Florida Oral Health Alliance meeting. These included:

- Increased referrals from pediatricians to dental offices (access to quality improvement goal)
- Requested from Sunshine health a report of dental-related ER visits and requests
- Worked with quality improvement department at Sunshine Health to improve HEDIS scores for dental
- Met with state dental director and is waiting on strategies
- Increased managed care contracts in Palm Beach County; saw benefit of restarting in-school sealant pilot program
- Elicited DentaQuest support for new silver diamine fluoride SVF method to treat children; explored coding. There is no AHCA code for it. DentaQuest will start pilot.
• Discussing ER diversion program with health plans
• Began outreach to Medicaid members for a new partnership with medical
• Worked with pediatrician offices to teach how to apply fluoride varnish, identified codes for them and gave list of partner dental providers

March 18 updates to story behind the data:
• Stakeholders who are involved with oral health consumers do not know how the dental care system works. They need an orientation on how Medicaid system works. Benefits vary from company to company.
• Added verbiage to last prioritized factor: Services are not meeting the needs of the population including special needs and children needing special procedures.
  o Some dentists will not treat special needs patients because the dentists 1) not trained and 2) no enhanced payment for this through Medicaid. (FQHCs receive an enhanced rate for Medicaid and accept walk-ins and sliding scale fees, but many families cannot afford sliding scale)
  Health plans are required by the state to find dental care for consumers “in a timely manner” which includes 30 days non-emergent and 1-2 days for urgent needs.

Story updates within context of February “new” strategies around 1) changing permission forms from opt in to opt out and 2) establishing mandatory school-based oral health exams

Story behind opt in – opt out permission slip strategy:

Strategy: Consent forms for dental school based services should change to opt out instead of opt in
• Facts about how consent forms are used: Hearing and vision consents are sent home with students as a part of the initial packet. Parents must check box to opt out if they do not want their child to have this service. Oral health is not a part of the main health package opt out.
• Some school districts require that parents opt in for all dental screenings and services but a number of parents were opting out. Palm Beach County (PBC) changed consent to separate out fluoride rinses in order to increase parental permission for oral health screenings and services beyond fluoride.
• Why are parents opting out of fluoride treatments?
• Fearful because of misconceptions in media and online
• Why? Lack of education regarding fluoride
• Why? Anti-fluoridation groups say online that fluoride is government poison in the water
• Why? Certain dosages of fluoride are poison
  (People don’t understand the concept of dosages and community water fluoridation includes very low levels)
• Why are parents afraid? Flint Michigan crisis: Local government switched water
• Lack of trust of government
• Why does fluoride get poison label but not chlorine? Anti-fluoridationists information. Antifluoridation is a campaign. There isn’t any counter messaging.
• What is story in Florida? Perceived as government forced medication
• Why do parents not trust in-school dental services including fluoride? Negative fluoride rhetoric emerged within context of community water fluoridation. When parents see “fluoride” on school health permission forms, they see it as poison.

School districts require updated immunizations and physical exams for school entry. Alliance would like to add oral health screenings.

Update to research agenda for understanding the story behind the data
Christine gave a report on insights offered by the FIHI Oral Health Consumer Advisory Council. This included:
• Confusion over CMS and Medicaid services causing delays in dental services.
• Families are not sure where to turn to for complaints. A complaint line is available, but need additional awareness or announcement for families.
• Need additional education programs about CMS and Medicaid.
• Services are provided by different dental plans in different regions in Florida.
• Help families navigate through delays in services.
• Perception gap exists between – what parents think is going on and what is actually occurring (example: tooth brushing and flossing)
  • There is an answer bias to surveys. Parents worried about other’s perception.
  • Parents may be afraid to tell the truth because of fear. Root causes of parents’ fear:
    o Fear of being “in the chair” (needs clarification before next meeting)
    o Fear of losing benefits
    o Fear of being reported to ICE (immigration)

What works: Where has this school-based screening approach worked?
• Martin County health department worked with Martin County School District on oral health screening pilot project from 2007 - 2010.
• School health screened children as a component of existing screenings and referred them for fluoride varnish and follow up when needed.
• Follow up services then provided 1) Connection to dental home and 2) Fluoride varnish treatment
• School health accepted this as it was included in existing time allocation
• Thai was meant with resistance...School health liked it because the time was already allocated
• Not sustained – They used cadre of volunteer dentists (retired) (worked with Florida Dental Association)
• Martin county 2007 – 2010 – tried to get it to state level

What do we propose to do?
The group revised existing strategies regarding:
• Permission for school-based oral health services (opt-in/opt-out)
• Mandatory oral exams for school entry
  o Dr. Bilger proposed to research mandatory first before putting it in as strategy. – CDHP literature – has research around issues of mandatory: Who can do it? Is it billable? Are there enough providers?

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<tr>
<th>Focus Area</th>
<th>Prioritized Factors</th>
<th>Strategy</th>
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<tr>
<td>Barriers to care</td>
<td>Services are not meeting the needs of the population, including special needs and children needing special procedures</td>
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<td>Policy</td>
<td>Lack of understanding about the importance of preventive care (including legislators)</td>
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<td></td>
<td>Partner with the Florida Department of Health and the Florida Department of Education to research and develop a plan for mandatory oral exams to start the school year. (HLHH)</td>
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<td>Timeline: 12 – 18 months</td>
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<tr>
<td>Barriers to care</td>
<td>Lack of information regarding available services and how to access them</td>
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<tr>
<td>Policy</td>
<td>There are available dental health services that are not being accessed.</td>
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<td>Identify current school-based health programs and add dental screenings to school health consent forms as opt out (HHHH)</td>
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<td>Implement statewide school-based screenings and preventive dental services especially in Title One schools (HHHH) Partners: FQHCs, FDHA, FDA (Use Orange County example)</td>
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School-based dental screenings and services

The group consolidated unrated strategy ideas and presented the following:

- Oral Health Alliance create an all-inclusive statewide dental data exchange managed by the Florida Oral Health Alliance.*
- “The state” fund dental based on target utilization vs. past performance
- Create multimedia oral health campaign to include PSAs, TV and print.

**What is in place now and working:** AHCA update on SOHAP implementation and partnerships

Eric Floyd-Thomas gave an overview of the Florida Medicaid State Oral Health Action Plan and the various interventions that are currently being implemented:

- **Used single, streamlined query for CMS-416 data collection** (Determine how to accurately capture Medicaid-eligible recipients across both the fee-for-service and managed care delivery systems)
  - Internal workgroup conducted a line-by-line review of the coding used for the CMS-416 query
  - Achieved agreement on the areas where updates were required
  - Developed and programmed a single, refined query.
- **Discussed the Medicaid Recipient Survey.** AHCA will work with Liberty dental to conduct a survey specifically for Medicaid recipients. They will randomly select 25 enrollees of each plan and survey them about their dental benefits, to include likelihood questions. After 6 months, they plan to look at their data to determine if those patients did follow up and schedule a dental appointment. This survey is still under development.
- **Discussed the Florida Medicaid Provider Survey.** One of the most common barriers with Medicaid recipients is that providers (PCP and Dental) are unfamiliar with Medicaid dental benefits. Given this barrier, we plan to survey Medicaid providers. This survey is under development. We have learned that one of the health plans conducted focus groups with PCP about dental benefits. We have reached out to this plan and will use the information from this to continue in the development of our provider survey.
- **Mass media campaign:** AHCA is working with AHCA internal graphic designers and communications professionals to develop graphics and messaging for Medicaid dental benefits. They will then put this information on various social media platforms.
- **Performance improvement projects.** These are face to face meetings in February with all of the plans to work with them directly on their dental PIPs. AHCA has developed a tool to guide these discussions and part of our discussion will include questions related to their consumer engagement efforts.

**Next steps and commitments to action:**

1. Florida Dental Association is creating pro-fluoridation videos for different audiences. At the next meeting the group will discuss how to collaboratively work to disseminate it.
2. Participants made commitments to action.

**Next meeting:** Thursday April 7, 2016; 10 am – 3 pm
2701 North Australian Ave.; West Palm Beach, FL 33407

| Lack of understanding about the importance of preventive care (including legislators) |   |