Oral Health Work Group Meeting

Meeting Summary, 9/13/2017

Support and Backbone Staff: Jennifer Brackeen – *CHOICE*, Megan Moore – *CHOICE,* Shannon Linkous – *CHOICE,* Liz Arjun and David Hanig -*HMA*
In Attendance: Heidi Zipperer – *Valley View*, Federico Cruz - *SeaMar*, Alex Narvareaz, Christine Noll – *Molina Healthcare,* Katrin Palmer – *CHOICE,* and David Meyers- *Cowlitz family Health Center*

I. Welcome and Introductions

Jennifer Brackeen, Program Director at CHOICE, welcomed attendees and facilitated introductions. Liz Arjun from HMA then walked through the desired outcomes of the meeting agenda which were understanding the role of projects in supporting the CPAA vision, an Oral Health overview and proposed work plan for a completed application, review of data and implications for target populations, and further focus on the desired target populations for Oral Health.

II. Overview Understanding Healthier Washington & Medicaid Transformation

Jennifer Brackeen reviewed the mission of CHOICE to improve health through collective planning and action, and Accountable Communities of Health (ACHs). She then provided the history of the Cascade Pacific action Alliance (CPAA), the Youth Behavioral Health Project (YBH), and the Youth Marijuana Prevention and Education Project (YMPEP). Jennifer also shared a brief overview of the goals and the role that CHOICE plays in supporting the different work groups including Oral Health.

I. Overview of the Cascade Pacific Action Alliance (CPAA) & the Role of Transformation Projects in Supporting the CPAA Vison

Jennifer provided an overview of the ACH in our region called the Cascade Pacific Action Alliance (CPAA) that stretches over 7 counties including Cowlitz, Grays Harbor, Lewis, Mason, Thurston, Pacific, and Wahkiakum. The CPAA works with partners in education, hospitals, elected officials, partnering tribes, and an array of different people to improve health equity and health outcomes for the community, whole person care with a focus on prevention and early interventions, and smarter spending to reduce per-capita health care costs while improving the quality of care.

II. Project Overview & Proposed Work plan for completed Application

Jennifer reviewed how the priorities of CPAA align with the Medicaid demonstration project and how that creates funding opportunities to incentivize service delivery improvements in Health Care. Liz then explained that every project, including Oral Health, has a list of required metrics, suggested strategies, and milestones that must be met in order to receive funding. She also emphasized that although there are specific metrics to meet to receive funding, the CPAA has much more flexibility on how those received funds are spent. She also pointed out that even though the focus of the work groups is on Medicaid recipients, Medicaid serves such large portion of population that it will benefit everyone not just Medicaid recipients.

For Oral Health specifically, the metrics focus on:

- Reducing outpatient emergency room visits
- The number of dental sealants for children with elevated risks
- Ongoing care in adults with chronic periodontitis
- Periodontal evaluation in adults with chronic periodontitis
- Primary carries prevention interventions as part of well/ill child offered by primary care medical providers
- Utilization of dental services by Medicaid beneficiaries

The group had a discussion around these metrics and pointed out some issues they had such as discrepancies between Medicaid only paying for two screenings a year vs. APA recommending 3 month screenings to prevent periodontitis.

The two suggested strategies in the provided toolkit for improving Oral Health are integrating it into Primary Care and creating Mobile/Portable Dentistry. The group had discussion around integrating Behavioral Health into Oral Health as well due to a number of potential interactions such as speech impediments and mood swings due to tooth pain. For Mobile/Portable Dentistry, the group discussed how this solution is not connected to any local dentists so It is only a short term solution and it is very costly. After further discussion, the group acknowledged that Mobile/Portable dentistry is a strategy to help move metrics but it is not a long term solution to provide access to Oral Health.

III. Opioid Crisis and Education

The group brought up the topic of the Opioid crisis because it has been a focus for local dentists and the State. The proposed solution is that each prescription can have no more than 12 tablets and only two prescriptions per patient. The group also highlighted that there needs to be correspondence between the ER and dentists because patients are going to the ER for dental emergencies and receiving prescriptions for pain medicine but dentists have no access to that information.

The group brainstormed solutions such as creating more education opportunities on pain medicine for patients because many providers believe that with a better understanding, patients will not push for pain medicine. They suggested hanging signs in waiting rooms, doctors' communicating risks to their patients during visits, limiting the number of tablets in one prescription, and providers being able to differentiate between chronic and acute pain. Also, there was talk of a proposed ADA outreach program that trains dental assistants to set up appointments, follow up with patients, and be a point of contact for people that need extra care.

IV. Identify Target Populations for Oral Health

The goal for the meeting was to discuss the initial selection of potential target populations. These populations are what the group decided:

- ED visits that have dental related condition
- Process for scheduling people for dental visits just like medical care, when past a certain time period
- Pregnant women
- Adults with periodontitis

- Smokers
- Diabetic Patients/Disease management issues (Arcora pilot project to create dental incentives for treating these types of patients)
- Behavioral Health patients
- No standardization of providers' decision to refer clients with low risk, just medium to high risk
- Hygienists make school visits to perform sealants with mobile units, but there is no coordination between private sectors and health department
- Dental care for children- application of dental sealants
- Children ages 6-9, focus on first molars
- Should we be focusing on older children (12+) with second molars?
- Education for providers on dental care and referrals
- Emphasis on use of dental code in order to move measure in the future/hassle on billing Medicaid (how can we make the process easier?)
    - Billing for fluoride treatment
    - Create incentives for providers to collaborate together

V. Next Steps & Closing

- Next meeting is October 25th from 9:15 am to 11:15 am at Valley View Health Center
    - 2690 Northeast Kresky Avenue, Chehalis, WA 98532
- CPAA will gather more information and bring forward providers that will potentially be involved
- Focus on getting Primary Care Representatives to attend the next meeting