



Oral Health Work Group Meeting

Meeting Summary, 11/29/2017

Support and Backbone Staff: Jennifer Brackeen - CHOCIE, Christina Mitchell - CHOICE, Michael O'Neil - CHOICE, Megan Moore - CHOICE, Shannon Linkous – CHOICE, Katrin Palmer - CHOICE

In Attendance: Dr. David Meyers – Cowlitz Family Health Center, Karin Lewis - Arcora, Dr. Theresa Madden – Periodontist in Thurston County,

I. Welcome and Introductions

Jennifer facilitated introductions and reviewed the objectives for today's meeting which were to review the Project Plan submission and next steps, review the previous meeting summary, and review the Oral Health Strategies and how they can be incorporated into other project areas.

II. Review the Project Application Submittal and Next Steps

Jennifer started by thanking all of the CPAA Partners for their participation in the Project Plan proposal. Utilizing all the partner feedback, CPAA was able to create a very strong proposal. She emphasized that this was a group effort and CPAA could not have been successful without their partners. Although Oral Health was not a part of the final Project Plan, it can still be incorporated into other project areas.

CPAA successfully submitted the Project Plan November 16, 2017 to the Health Care Authority (HCA). The HCA hired an independent assessor to score each project area and provide write backs that the CPAA can use to improve the scores. There will be two write back periods from December through January, and CPAA will reach out to all of their partners to gain their input as well. The write back process will help determine if there are any gaps in the project areas that have room for improvement. The final application is due January 31st.

Although the Project Plan has been submitted, Jennifer highlighted that it is not too late to still submit an RFQ. Those are used to share ideas and express interests amongst partners.

III. Review Previous Meeting Summary

Jennifer reviewed the previous meeting summary with the group. From the previous discussions, the group decided that the Providence RFQ submitted does not fit in with this particular opportunity to incorporate Oral Health, but it will still be implemented within the community.

One problem identified from the group is the lack of a good referral source between oral surgeons and Medicaid patients. Another challenge in our community, is the lack of infrastructure for the potential of sharing data between ER doctors and dentists surrounding pain medication and patient information. There needs to be improvement with the communication process. One suggestion was to incorporate Emergency Department Information Exchange (EDIE) into certain counties. The group also wanted to engage Community Health Workers to identify and prevent ED visits.



The group did emphasize that they wanted to see a training in opioids for all providers, not just dentists because there are many alignments within the Opioid community and Oral Health community.

IV. Review Oral Health Strategies

Since Oral Health was not one of the selected project areas, the group referred to Arcora's suggestions on how to implement Oral Health into other project areas.

For Domain 1, some suggestions were to implement ICD 10 diagnostic coding in dental settings to track disease severity. One group member did highlight that some dental clinics were doing this but there was a problem with disrupting billing and payment. The group did discuss ways to marry the two ideas for the future. Jennifer suggested that this idea could be piloted in a couple of clinics to see how it goes. Arcora is also willing to provide technical assistance to dental clinics that are attempting to incorporate these codes.

Another suggestion by Arcora was the use of Dentist Link. It is a portal that links patients to dentists who have agreed to see a number of Medicaid patients. The project will be piloted in three counties: Spokane, Thurston, and Cowlitz.

Another suggestion was to incorporate Oral Health Connections. A pilot project from Senate Bill 5540, it grants Arcora and the Health Care Authority funding for three years. Similar to the ABCD program, it will focus on getting pregnant women and patients with diabetes oral health care, and dentists will have enhanced reimbursement rates to serve this population. Dentists will have to be trained and certified to participate. The project will be piloted in three counties: Spokane, Cowlitz, and Thurston.

For Domain 2, one suggestion supported strongly by the group, is Oral Health being integrated into primary care. There were concerns that there needs to be more training around this idea. Since the screenings are done by medical providers and not dentists, they need to be taught thoroughly on oral health education and always recommend their patients to go see a local dentist who has the proper equipment to give an oral exam. This eases the concern that patients are getting a false sense of a clean bill of health without visiting a dentist.

Arcora has already started some of this training with pediatricians to visually look for oral health concerns, give patients oral health education, and apply fluoride varnish. A group member brought up that there are enhanced reimbursements and this idea would be very easy to implement because the foundation for it is already in place.

The group then went through each project area and discussed ways to implement Oral Health into other project areas.

2B: Care Coordination (Pathways)



Michael gave an overview of the Pathways project. The core idea is instead of having organizations individually provide care coordination for patients, it standardizes care coordination in areas like workforce, education, referral systems, etc. All providers could refer patients to the Pathways HUB and the patients could then receive centralized care. Care Coordinators are payed based on the outcome of the patients upon completion of pathways, and the HUB model could include a pathway for Oral Health.

The Pathway HUB model will set the standard of training, such as oral health training, and it will use a specific pathway to connect with oral health providers. The care coordinator can also make sure patients are following up with their oral health providers. The group also discussed including an oral health assessment question into the primary care provider's assessment of a patient. Oral health is currently not its own pathway; it is part of a medical pathway.

3A: Opioid Response

One group member identified the need for an IT solution to improve communication between dental and medical providers, especially around opioid request from patients. The group also wants to include dentists in prescriber education and outreach, and provide education to all providers. There needs to be an increase in dental participation of the Prescription Monitoring Program. This makes it easier for providers to identify drug user behavior. Dr. Theresa Madden, a Periodontist, is more than willing to help with opioid work group training on how to identify abuser type of behavior.

3B: Maternal and Child Health (ACEs)

The group discussed incorporating oral health education into home visiting so nurses can ensure they are referring children to a dentist and providing them with oral health education.

3D: Chronic Disease

The group did not have any recommendation for this project area other than exploring oral health education and its relationship with other chronic diseases. They also wanted to target the chronic disease population because they are more at risk for more oral health needs.

V. Next Steps & Closing

The group decided that there is no longer a need to meet monthly for the Oral Health Work Group so the meetings will be held quarterly instead. In the meantime, Jennifer suggested the Oral Health Work Group members disburse into other work groups so they can represent the oral health community.

- ❖ Dr. Theresa Madden will help develop education around oral health
- ❖ The group will provide recommendations around PMP to the state - led by Dr. Rosen in Longview
 - Present to the Council and Board
 - Present to the Opioid Work Group
- ❖ Next quarterly Oral Health meeting will be held in February
 - No specific date set yet