2018 ORAL HEALTH SUMMIT

PURSUING NEW OPPORTUNITIES IN INNOVATIVE COLLABORATIONS

November 29-30, 2018

PURPOSE

This two-day summit will accelerate our efforts by bringing together leaders from across Pennsylvania to reconnect, discover intersections, and further the oral health movement through **innovative collaborations**. Together, we can find ways to continue to impact:

- Access – Pennsylvania is a diverse state by population and geography. Sufficient access to oral health care is a right of the people that we have struggled to meet in the past.
- Workforce – With new scalable prototypes arising from our 2016 Workforce Innovation Summit, PA is primed to fully utilize all its oral health workforce to meet population needs. We will continue to dive deeper into new and renewed models to identify solutions and strengthen the oral health safety net for all.
- Infrastructure – With the launch of the 2017-2020 PA Oral Health Plan since our last convening, PA infrastructure is supporting the oral health movement at all levels. Our work together at this summit aligns with and elevates the PA Oral Health Plan.

INTENTIONS

- Expand everyone's understanding of what's happening across the state…where we've made progress—stories of innovative collaborations that are already happening, diverse regional needs, and opportunities for innovative collaborations…
- Expand our collective understanding of the needs of underserved individuals in a way that addresses systemic barriers and has us experience our shared humanity…
- Apply what we're learning from each other to leverage efforts, launch new collaborations, and pursue individual actions…
- Continue to position the leadership role of PCOH as a "backbone organization"—as convener, connector…

At the heart of the matter is that everyone deserves the opportunity for good oral health.

DETAILED NOTES

Day 1: November 29th, 2018

WELCOME & INTRODUCTIONS AND ORIENTATION TO THE SUMMIT

Purpose: *Welcome people and set the frame for the day; connect people with each other*

Helen Hawkey, Executive Director, PA Coalition for Oral Health:

Good morning oral health advocates and friends! I want to start this year's summit by saying thank you all for taking the time out of your busy work and personal lives to join us at this very important event. For those who are not familiar with PCOH, we are a statewide advocacy and change making organization focused on improving the oral health of all Pennsylvanians. We work with over 600 stakeholders across the state on different initiatives. One of our proudest moments occurred two years ago in this very room where we held the 2016 Oral Health Workforce Innovation Summit, which many of you attended. My sincere hope is we might see a fraction of the momentum from 2016 continue. To make this all possible, PCOH relies on generous support from sponsors. Thank you to our sponsors. Without their assistance, we wouldn't be able to hold such amazing and inclusive events.

Who are we? Thank you for those who filled out the connections book. The number one answer to "what are the three adjectives that describe you?" is **caring**. It shows that you are the right people to have in the room.

Where are we from? More than half of the counties of PA are represented today – 39 counties and 7 states.

Jenny Englerth, President/CEO, Family First Health

Everyday I get to work in a community health center that values overall health and we think about mental, physical and oral health. We put the person all together. I am also the board chair of PCOH, which has been a great opportunity for me, personally to see the work advance. All of the board except one is here today. Thank you for being here. I am so grateful you took the time and place to focus on building a more welcoming and functional oral health system with a goal of serving and improving the overall health status of Pennsylvanians. Under this theme of "innovation collaborations" – the planning committee worked together to thoughtfully create the content that we will be moving through over the next two days. This theme was important because it represents the change we envision for PCOH, in both mindset and relationships. We will work together with a broad range of the stakeholders represented here to scope out, debate and talk through the improvements needed within this system that we all touch in some way shape or form. I've had the opportunity to do systems work through my career and while it can be challenging at times, what I appreciate the most is that the work in evolving a system can happen anywhere. The variety of skillsets and expertise we have in this room will help us be able to jump in at a variety of points along the continuum of care that exists today and what we will envision as a more inclusive and welcoming system as we move ahead.

This is not a forum where there will be a lot of people talking to you. It is an opportunity for you to roll up your sleeves, talk with colleagues, have time and space to think outside of your daily work. Two facilitators will lead us through activities. I encourage you to fully participate and think about the opportunities for innovative collaborations and how relationships can be constructed differently and how the work we are all doing touches you so dearly.

Table Introductions: Common Themes

- I am here because I am deathly afraid of the dentist. I haven't been in a long time but I know it is important to do so I can have better health. That is why I am here. There are a lot of amazing women at my table and they all said that they are here to push for better access for patients.
- The common themes were sense of collaboration and a feeling of learning. We all come here with a common purpose but everyone is here in their own silos and organizations and with different perspectives. The idea is that we are coming together with the common notion of creating solutions to the challenges we are all aware of.
- Increasing access and expanding upon the concept of oral and overall health.
- One of the themes that came up is a lot of us work on behalf of folks who are experiencing disabilities and folks who are experiencing disabilities as we move away from institutions. They weren't getting the best dental care because they are receiving public insurance, usually through Medicaid and because our benefits were scaled back so much.
- Relevance – we are all participating here in a larger group to keep oral health relevant. We cannot do that if we are not collaborating.
- Diverse backgrounds and sometimes working in our silos, we don't know what ideas are really working. If we can bounce ideas off one another, we can figure out what ideas are working, aren't working, and what ideas haven't been tried yet.
- Community and public health and having a reach into the community to break down barriers to access and giving a voice to the community.

Dr. Loren Robinson, MD, MSHP, Deputy Secretary for Health Promotion and Disease Prevention PA Department of Health

Health Equity is defined as everyone having the opportunity to have the highest level of health. Healthy Equity is achieved when every person is able to achieve his or her health potential. How do we think innovatively to serve the populations we need to reach?

Recent accomplishments the department has made:

- 150k appropriated from the state legislature. Supported dental services to Pennsylvanians over the age of 65, have disabilities or challenges in accessing health care.
- 2017-2018 the DPS program served 500 individuals and generated $1.1 million in care.
- Oral health and pregnancy: In 2017, DOH launched a communications campaign specifically for pregnant moms to learn about oral health and reached over 25,000 women, with over 7.4 million exposures across the commonwealth.

Sally Kozak, MHA, RN, Deputy Secretary of the Office of Medical Assistance Programs, PA Department of Human Services:

We share the same goals with DOH in wanting to improve access to dental care, especially for underserved populations. We have a number of initiatives in place:

- In 2017, began enrolling public health dental hygiene practitioners into the medical program. Helping to break down barriers to get people into the schools to get education.
- Included dental care visits and doubled the dollars for our managed care program.

- Started a new performance improvement cycle within our managed care program, focused on access to pediatric dental care.
- Added dental questions to our assessment for consumers.
- Many of our MCOs offer incentives to get care.

BUILDING THE FOUNDATION OF OUR WORK TOGETHER

Purpose: *Gather perspectives on barriers, accomplishments and our potential impact*

- **Barriers:**
    - Advocacy barrier: lack of representation from PDA, ADA, and state boards, Provider barrier: lack of support from within our community of dental providers, Supply barrier: no sponsors on a large scale from dental supply companies and Awareness barrier: rural areas need dental education
    - Financial barriers – reimbursement rates and student loans, transportation – how do they get there, especially in rural areas, fear, insurance – no insurance for dental, outside network and can't treat
    - Assumptions that that impact care: giving people choices, variability in treatment plans, truth in treatment plans, trust in dentists, trust in system, grey area with clinical guidelines and cost and lack of providers
    - Overall cost of care for all demographics, lack of education – oral health programs and lack of access for MA patients
    - Lack of access to care, lack of preventative care historically, shame for poor oral health, fear, and value of dental care/prevention
    - Finances/insurance, education and location
    - Lack of insurance acceptance, limited yearly coverage for those insured, high interest on payment plans, fear, lack of integration with medicine, language barriers, sensitivity to disabilities, and lack of awareness of community clinics
    - Access, language, transportation and cultural barriers
    - No dental insurance, welfare shaming, finding MA providers – specifically in rural areas, barriers to dentists participating – insufficient reimbursements, state policy/funding – no dental director, no dental coverage/benefits
    - Health issues, disability concerns, oral health literacy, cost, transportation, family-living challenges and fear of dentistry
    - Embarrassment from not taking care of one's oral health, prior trauma led to fear of dental treatment as an adult, delay in scheduling appointments, social determinants, lack of understanding and awareness of resources and how systems work, especially for immigrants, lack of providers in rural areas and lack of insurance coverage.
    - Finances, poverty, transportation, lack of dental insurance (esp. elderly/Medicaid), lack of knowledge, system navigation and importance of oral health
    - Lack of knowledge about the importance of oral health care, financial/workforce and social barriers
    - Organized dentistry and disproportionate access – rural and urban
    - Financial (payment/reimbursement), Education/re-education (system/consumer), access, and silos in practice
    - Military – not easy access to dental care, non-profits – minimal dental care/services, access in nursing homes to care with aids – educate them, pride and lack of resources available.

- Geographic and perceptual barriers (5 miles may seem like going to the moon), perceptual barriers differ for each patient – make accessible care based on perceptions, mental health barriers – oral health needs are not a priority, and unable to find dentists in rural areas who will see children with special health care needs.

- **Accomplishments:**
  - Reached out to schools – exams, Luzerne Co Community College– hygienists from school rotate, housing and transportation help, SDF, data sharing – identify dental deserts
  - Federal funding to address barriers, PHDHPs = utilizing for care and beginning stages working with DHs, collaborations
  - Increased FQHC dental sites, finding dentists to donate services, and provided community events for better access for children
  - PHDHP recognition by DHS/OMAP – MCO able to bill for their services, impacting women in the community through community coalition – raising awareness, intergenerational impacts behavior change because of work with moms
  - Care – passion for Public Health, motivated to immerse in PH, PHDHP, tele-dentistry, program innovation, realization to provide education, utilization of dental schools for increased access to care for and educate families, after school programs, Peru Manilla work (international), and OH disability programs
  - Increased knowledge of oral systemic health, incorporation of FL2 varnish to pediatrician office, and PHDHP!!!
  - Depth of knowledge in clinical and administrative aspects of dentistry, expanded reach of PCOH, increased utilization of PHDHP
  - Silver diamine, provider education, early dental exam, and apps for language
  - A meaningful coalition whose membership is statewide and diverse, starting to show progress with children, and sharing personal stories to help PCOH re-instate comprehensive adult dental benefits
  - New funding – grants, mission of mercy, partnerships – cross sector, state oral health plan and dental director, and medical providers asking about oral health and expanded workforce
  - Both to help the underserved, full circle – help others, corporate identity and positions, remain passionate through the years to help others, and lifelong learning.
  - Integration of medical professionals into oral health – completion of oral exam/assessment with potential solutions and MOM events
  - Care coordination/collaboration, collaborative participation of pediatricians and PCPs, oral health, government focus on oral health
  - Increased member engagement and finding ways to do the impossible
  - Collaboration with children advocacy org, CHIP reauthorization, push for medical/dental integration, and grants to build capacity at state level – dental director and BSS
  - Medical/dental integration connected with hygiene program, fee increase for providers, funding for donated dental service programs, agreed to cover all hygiene services, and ABH for parents of any age.
  - SDF coverage, increase in education, building trust with patients, and medical/dental integration for varnish

- **Potential Impact:**

- More workforce awareness of the needs of the population and optimize quality of care
- Equal attention to and for adults and stop segregating oral health from healthcare
- PHDHP more services, increase education, advocate for family, insurance company funding dental homes
- Educate parents and kids, ADA/PDA represent us at state and put pressure on them, dental provider to provide opportunity and incentive – moral recognition, advocacy opportunity, keep dentistry within the profession and reach out to our patients
- Coordinating efforts across teams, self-awareness about our own silos, and think outside the box about creating access
- Integration of medical and dental insurance, DDS/PHDHP into ER services, state mandated preventative health day/leave for hourly employers to attend appointments, increase scope of PHDHP, mid-level dental hygiene practitioner, PHDHP into peds offices/OBGYN specialty practices – cardio, and the "health home" rather than medical home or dental home
- Increase scope of practice for mid-level providers, create trust, access in rural areas, less cavities, prevention of dental disease, and universal access.
- Share ideas today, connect with others and plan to make a change, build on each other's successes, and encourage our inner voices to be brought out to affect change
- All children have access to oral health, integration medical and dental, PA oral health plan, recognize social differences impact of oral health
- Education of the general public on fluoride, sugar, and preventative care, better distribution of professional services
- Cutting red tape – streamline, and hygienists involved in home care for the elderly
- Collective advocacy, Medicare participation in oral health and universal dental/medical health insurance
- Including public health in medical and dental programs and physicians getting more involved with dental – adding oral health education to medical programs
- Oral health care for all in USA, intergenerational education to change behaviors, integrate care, and make it affordable and teach/educate in early learning programs – earlier education
- Greater water fluoridation, expansion of dental hygienist role – team approach to oral health care community health workers, improved reimbursement, integrated information systems and greater sense of urgency/energy
- Reward health, proactive vs. reactive, connect the programs to rural areas
- Establishing "health office" to access comprehensive care, decrease ER visits, fluoride varnish applied by individuals, universal healthcare, silver diamine for nursing home residents, inter-professional interaction and repeat for one another
- Communication between providers and insurance companies, incentivizing care, pay for dental schooling, and dental office reimbursement

PROMISING INNOVATIONS

Purpose: *Share updates that highlight collaborative efforts and offer clues to success and spark possibilities*

Speaker 1: Mindy Diggan

- **Initiative/Idea:** Dental Navigator.

- The idea started off towards pediatric patients on the medical side and providing oral health education and fluoride treatments. When we are in the medical exam room, we are talking TO the patients. We emphasize the education part. What became apparent was it became a family program. We hit the bacterial transmission very hard in the program.
- We sometimes don't understand the barriers patients face. I coordinate help, transportation, care for the parents, financial services, etc.
- We have expanded the program to include patients with diabetes, asthma, and are targeting the 18-21 age group to make sure they understand the importance of continued care. We also have an infant program and we continuously see that child through the program.

Speaker 2: Cherline Charles and Rebecca Gelser

- **Initiative/Idea: Harrisburg SMILES and UPMC Pinnacle**
    - Harrisburg SMILES and UPMC Pinnacle is a collaboration between two institutions and together formed a partnership to meet on our mutual interests. We have patients going to the emergency room for oral health care needs and there is nothing the emergency room can do for them. The Dental Society wanted to help but didn't have a connection so we collaborated.
    - We recruited with the dentists and UPMC Pinnacle to get patients who do not have insurance from the emergency room and connected them with a dentist.
    - We also have patients with insurance and without insurance. For patients without insurance, we connect them with our dentists. The patients that have insurances like Medicaid, we give them a list of dentists that take their insurances.
    - We are still looking for dentists and offices that will take patients/different insurances.
    - We see almost 45-50 patients a month. Each dentist that donates their time, they see one patient a month. We have 25 dentists signed up with us to donate their time for patients with no insurance.

Speaker 3: Dr. Cindy Olenwine

- **Initiative/Idea:** St. Luke's University Health Network
    - Our dental public health group received a grant for rural dental care. Our goal is to improve the oral health through education, prevention, access and training. We developed an oral health advocate program. Our mission is to recruit oral health advocates as ambassadors and to create resources for our schools. It could be a community member, parent, etc.
    - Our program is called Reach Out and Read and we reached 1500 families. The books are given to local schools for literacy efforts for community reading to increase literacy among school students.
    - As a dentist, I will go into offices and talk to pediatricians to link medical and dental. This is how I will advocate for the partnership. The intention of the training is to be consistent with trainings and talk not only about dental care but also the logistics/billing.
    - My challenge will be providers.
    - We will be incorporating the best practice for tele-dentistry and the PCOH workforce summit and pilot a tele-dentistry project on best practices. If all the stars line up, we will be initiating a portable dental clinic in a rural health center.

Large Group Dialogue: What struck you?

- Funding. This is all wonderful but where is the money?

- Power of the ER linkage concept and how it can be built into the continuity of care.
- Barrier is transportation for people with disabilities to get to and from the dentist.
- We need collaboration; less talk and more action. We need to come together as a group to provide the legislators with the tools they need in order for us to move forward.
- This is an infectious disease. At Head Start, we share this information with the parents and they are floored.
- Use of FQHC's as laboratories of change.
- We like the idea of medical professionals educating about dental care, but every area needs a general dentistry department to refer patients to.
- The ability to take action in each of the innovation ideas…Even if they hit barriers, they kept going.
- A lot goes on in the local level and the national level needs to be able to get to the local level and vice versa. A lot of the efforts made are there but people don't know it is happening so we need to improve how we share information.

Thank you for all of your hard work and years of service for the health of Pennsylvanians, Dr. Paul Westerberg!

MAKING SENSE OF OUR CURRENT ORAL HEALTH SYSTEM

Purpose: *Work together to create a snapshot of the current oral health system in your local region*

Large Group Report Outs on The Future Scenario:

- Have "healthcare." Acknowledge that healthcare co-location doesn't necessarily mean true integration. "Healthcare – when the visit starts with the primary care physician and the visit is head to toe, including oral health and do a referral like any other specialty." Better utilization with dental therapists, hygienists, etc.
- Comprehensive family centered care – care for the family, not just the individual person. Full family care from cradle to grave. First, we would create an accessible health home. If the office is not accessible to you, you are accessible to the office – focus on tele-dentistry. A home that encompasses all of the care a family needs, including primary care physician, physical therapy, nutritionist, etc. Through general oral health literacy with campaigns to increase the awareness of oral health, including different languages/pictures/braille.
- Puzzle – have a round table discussion with legislators, families, advocates, doctors, educators, etc. and do it once a month or quarterly to talk about what they can bring to the table to help overall health, mental health and transportation, etc. People don't get what people go through with disability issues, especially doctors with language barriers.
- Every community water system to have a fluoridated water system. Also, a dental hygienist in every school as well as a school-based or linked program. Local area agency on aging to partner with Uber to get our elderly folks to their dental appointments because in a few years, Medicare will pay for oral health.
- Regional health alliance to cross different community lines/community health center and have a director to assess what is needed by dental health professionals and centralize it in PA so it is equally distributed.
- One big comprehensive health clinic. Many services provided – pediatric services, adult dental care, pediatric dental care, WIC and food access, pharmacy, job and legal assistance, child care, community garden, playground, etc. We will also do tele-health if you cannot get to these centers. We would have a comprehensive data system to improve communication.

ESSENTIAL ELEMENTS

Purpose: *Envision and map the preferred future for the oral health system*

1. **Robust data collection and reporting systems**
2. **Education -> compliance -> prevention**
3. **Health literacy (including providers, dental auxiliaries and the community) and focus on urban and young kids**
4. **Care navigation – ease access and compliance and take care to patient**
    - Community health navigators: provide public with information on existing programs, promote oral-systemic link knowledge to the community, increase oral health literacy among existing community organizations, and collaboration of non-medical/non-dental organizations with the oral health initiatives
    - Care coordinators (navigators)
5. **Create programs to encourage greater participation in public programs – Medicaid and Medicare**
6. **Community education on systemic health – starting at an early age whole wellness is taught**
    - Curriculum based health education – formal health education, starting with early education. Integrating oral health, nutrition, and general health into the program.
7. **Value of oral health – create an environment of learning, empowerment and advocacy among stakeholders**
    - Utilization of advanced degree auxiliaries
    - Interdisciplinary education – medical, dental, and nursing all informed in overall care and wellness of an individual
    - Education and access – providers and general public to the need that exists
8. **Education for all stakeholders**
9. **Fair reimbursement for quality affordable care**
10. **Essentials of the oral health care**
    - Fluoridation of all community water systems
    - CWF expansion – citizens, advocates, and health professionals
    - Water fluoridation
    - Fluoride and H20
11. **Regional healthcare alliance**
    - Little organizations work under one umbrella
    - Tracking referrals
12. **Health policies to support oral health integration into all health**
    - Funding and policy – need policy for systemic changes and funding needed to implement those changes
13. **S.D.F.F.V (silver diamine fluoride and fluoride varnish) as a standard of health visits**
14. **Transportation – helping get better resources and bringing care into the community**
15. **Healthcare integration – whole health center. Medical and dental existing in a location to ease access and integrate practices and specialties**
    - “Health care” co-location doesn’t = integration
    - Health home – truly integrated health home model with telehealth too
    - Medical/dental integration
    - Fully integrated health care
16. **Comprehensive collaboration agreement**
    - Integration of providers – mental health providers, dental health specialists and prenatal/pediatrics
17. **Education/resource centers comprehensive health views – schools, health professionals, training programs, peer/CHW**
18. **Increased collaboration**
    - Open communication – talking, collaborating, partnering and consulting

19. **State dental director!**
    - Coordinates roles of providers within the region based on needs assessment
20. **Creating programs to enhance referrals between medical and dental – use enhancements/incentive payments for referrals and share education information**
    - Paying for value/quality rather than volume. State budgets are static so this can help close the perceived financial gaps for providers
21. **Funding**
    - Sustainable funding – taxes, lottery options to support oral health programs and continual resource source
22. **Innovation – increased access through mobile care, PHDHPs, tele-dentistry and SDF**
    - Access to appropriate/needed technology – integrated EMRs, internet, computers for tele-dentistry
    - Medical and dental technology fully synchronized (including coaching)
    - Integrated data
    - Tele-health to include tele-medicine and tele-dentistry for rural areas of PA and urban areas where patients have access to the physical office
    - Tele-health
23. **Innovative payment model**
    - Expanded coverage – Medicaid/Medicare. Impacted communities, advocates and providers
    - Equality in allocation of funds
    - Money saved = better care
24. **Maximize workforce efficiency**
    - Mid-level dental provider for PA – to increase providers willing to treat uninsured or under-insured PA residents' utilization in both the public health and private sectors

Large Group Dialogue: Reactions

- Very realistic. When I look at each of these, I see trends going on and I am optimistic.
- Surprised that robotics and artificial intelligence was not up there.

ADJOURN FOR THE DAY

Day 2: November 30th, 2018

IMPROMPTU NETWORKING

Purpose: *Opportunity to reflect on and share what's coming into focus and what's needed for next steps/action*

Large Group Dialogue:

- Our MCO (managed care organization) directors and PCOH working together could be an amazing catalyst for change.
- Rural PA be a laboratory for medical and dental integration through the hospital system. The hospitals seem to be serving rural PA very well. One of the problems we have is dentists do not want to move to rural areas if their spouse doesn't. Somehow the hospitals have no problem. I am sure they incentivize physicians to do it and if they do that with dentists, they can have them in their hospital. Public transportation will need to be enhanced and I think using the uber model of technology, we can furnish technology to get people from their home to the hospital. From the laboratory, move to the suburbs and then into the city.

- I am hoping that St. Luke's University will move that needle. If public health dental hygienists are not part of this, this will not happen.
- Collaboration of educating medical students on oral health and the importance of it in the medical curriculum. They do not get oral health education in medical school. That will spur more dentists as they are getting more calls from their physician colleagues.
- Being a consumer and patient, I had no idea that all of the stakeholders sit down to talk about how this can be better for those who need care. That is huge.
- There needs to be a doctor/patient confidential talk and the doctor needs to talk directly to the patient, not the patient's family or friends. The doctor needs to be upfront and work with the patient. Doctors do not know how to talk to patients especially with disabilities, older age and language barriers.
- There is a huge untapped potential with nurse home visitors. They go out to rural areas that work with clients 1-on-1, especially with kids. If we can train them to do things in the home, they can see more kids. In training then, they can go into the homes and help families to navigate the dental home and teach the importance of brushing and starting from the very beginning.
- Try rural first – because there are fewer moving parts and it is easier to see where you can intersect and how you can get results. There is no doubt there is a lot of passion from all of the various groups and a lot of interest and having a comprehensive structure for trainers, patients, providers, and then the data to compliment it will go a long way. That would be a non-partisan perspective. We need a champion in the house and senate as well.
- Some aspects I felt hopeful and some disheartening. When I heard some folks that work in the industry speak the way they spoke around why they don't take MA patients. One comment that stuck in my mind is how they charge a privately insured person an amount and an MA patient $40. Instead of worrying about the amount received from the person or their insurance, focus on the person needing the service. Being a part of the Poor People's Campaign, I learned more people are falling into the poor and low-income category vs. rising out of it. People need to put focus on the poor and low-income vs. the opposite because it is the direction our country is going in. Because we see dental as part of healthcare, if everyone thought healthcare is a human right, could you imagine if you all joined us in that aspect and how much further we could move to a more universal type healthcare to help not only low-income but you all as well. We need to unite and come together as a state to move in this direction because if we don't, you will see more people die from suicide, with opioid epidemic, etc. Nearly half the state is poor and low income.
- Unity. I personally would like to see from this gathering-- unity. We cannot fix all problems. But I hope we can highlight certain priorities that we have to tackle now as a unified force. There is strength in numbers. We need to do major legislative work and we need champions. If PCOH can be the mode for that, let's do it.
- There are so many great people in this summit that I have talked to and so many I haven't talked to yet. I know PCOH sends out a newsletter, but I would love to see a listserv to continue to talk and exchange new ideas.
- Focus on legislation. To have seen this grow from 10 people in Harrisburg to now is amazing but it still isn't enough. We need the Pennsylvania Dental Association on board. We need to take what we learned here and get our constituents on board with us.

PURSUING NEW INNOVATIVE COLLABORATIONS – IDENTIFYING POSSIBILITIES

Purpose: *Name the specific ideas where people have interest and energy.*

Topics:

1. **Dental care in special needs**
   Convener: Vivian Williams
   Interested Partners: Kate Flanagan, Alicia Risner-Bauman, Kaitlyn Gabriel, Bernie Wujcik, Ijeoma Okere, Judy Vas Korlis, Robyn Slater, Jean Searle
   Highlights:
   - Modules available to educate
   - Not enough support for caregivers
   - Oral health navigator
   - Waitlisted for special dental care
   - Community health advocate to facilitate communication
   - Kids get introduced to dentists prior to any procedures
2. **Rural dentistry as a laboratory using hospital system**
   Convener: Bernie Dishler
   Interested Partners: Brenda Forshey, Barbara Reiprich, Tanya Gayley, Lisa Davis, Cindy Olenwine, Kelly Braun
   Highlights:
   - Need medical and dental to "talk" to each other and speak the same language (barriers with billing)
   - Many barriers can be overcome
   - Health system value/prioritizing oral health (Community health link?)
   - Consider an unaffiliated Critical Access Hospital as a laboratory
     - Use data!
     - Healthy Communities Institute
     - Community Health Needs Assessment (CHNA)
   - Consider looking at multidisciplinary community service groups as another option for integrating dental – bring oral health to rural areas
3. **Legislation for public health**
   Convener: Cheryl Janssen
   Interested Partners: Marcie Banze, Jen Kaiser, Lee Rodems, Barbara Reiprich, Kyle Craig, Annette Myarick, Kristen Schintz, Anabela Amado
   Highlights:
   - Full-time dental director with a public health background, CDC and HRSA grants, PCOH; advocacy all aligns with the state Oral Health Plan
   - Increase role of Public Health Dental Hygiene Practitioners
   - Teledentistry legislation – multiple bills, likely support grassroots with PCOH to educate legislators and be a vehicle to gather large numbers of people to respond. Paul Glassman and Gov. Brown successful in CA
   - Sen Scarnati and Dr. Dishler discuss specific bucket for rural dentistry; rural dentist on-boarding (welcome package for dentists practicing in rural places)
   - Better understanding on the difference between advocacy/education/lobby and what a 501c3 can do
   - Myth vs. reality document

4. **School based/linked programs**
   Convener: Mindy Diggan?
   Interested Partners: Manal El Harrak, Doree Rossey, Mark Goldstein, Bari Levine, Jen Kaiser
   Highlights:
   - Challenges of getting consents signed and returned
   - School-based integrated care
   - Education laws and teaching in schools
   - Transportation of students
5. **Interprofessional curriculum/collaboration**
   Convener: Mana Mozaffarian
   Interested Partners: Stephanie Gill, Pat Bricker, Marcie Banze, Jessica Rhodes, Goldie Razban, Janine Musheno, Caitlin Crowell, Jan Miller
   Highlights:
   - Education of all (current) providers (medical/dental) in one location under continuing education courses such as opioids, periodontal disease, link between oral/physical health, tobacco cessation training, social determinants of health
   - Educate medical community on dental caries being the #1 chronic pediatric disease and provide education to get them to perform screenings, apply Fl varnish and Silver Diamine Fluoride (SDF) and give a proper referral to oral health visit
   - Educate dental on tobacco cessation: how to clinically conduct the conversation, write prescription if needed, and make proper referral to behavioral health and physical health appointments.
   - Organize community programs in schools with all interdisciplinary professions (social work, medical, dental, pharmacy, etc.) (future providers)
   - Provide info on MCOs/Medicaid system in schools to give updated info to providers on positive support, fast payments, etc. with joining Medicaid networks
   - Look up/form interprofessional coalition statewide to connect with others for support and for making changes in local areas in a united way
6. **Technology & Member/Patient Communication**
   Convener: Mana Mozaffarian
   Interested Partners: Bari Levine, Michael Weitzner, Kelley Owens, Pat Bricker, Christy Vowels, Ijeoma Okere, Ankita Garg
   Highlights:
   - MCO created app to include comprehensive health info
     - Capability to include children under legal guardian
     - Capability to switch between different specialties
     - Provide easy, visual, one-page member-specific info (pictures, videos, short writing)
   - Goal: Reduce no-show rates by appointment reminders and easy integration of appointment into calendar
   - Barriers: FQHCs and offices participating in technology that will inform MCOs of appointment for reminders (requires state mandate)
   - Young parents communicate best with technology and will have option to opt-in and out of these notifications through easy app switches
7. **Utilizing MCO (insurance) resources (dental directors) to further oral health objectives in PA**
   Convener: Eve Kimball
   Interested Partners: Renee Rapp, Ann Marie Healy, Steve Neidlinger, Cheryl Janssen, Nicole McKinsey, Cherline Charles, Amy Requa, John Roemig, Michael Halupa, Alexandra Dale, Kelley Owens, Rick Celko, Kristen Schintz, Lee Rodems, Bob Thielen, Annette Myarick, Michael Weitzner

Highlights:

- Need support of dentists in rural areas to build out capacity of networks
- Incentivize dentists participating in MA
- Increase UCR - reimbursement closer to commercial rate
- Texas example – pay a lot for dental, have more dentists taking MA
- Putting dentists in hospitals; raise salaries and reimburse to get them
- Pilot in WI – bumped up the UCR in 4 counties, participation went up
- Need PDA on board
- UPMC affiliated with Cleveland Clinic
- Leverage legislature to use money for increased reimbursement rates (tobacco cessation)
- Student debt is causing dentists to go to DSOs and DMOs, getting loan repayment
- Hospital-support system is necessary to prevent isolation
- Kids Smiles: spend much time on onboarding dentists; need more support, more than increased UCR
- Advanced education in PCPs waiting room yields low no-show rates
- $25 fee for a no-show was effectively reducing no-show rate
- Student loan repayment targeted to students who are open to going to rural areas (PA commitment is 2 years, must be in a DHPSA)
- Pathway to go to dental school needs clarifications and incentives built in
- Waiving malpractice costs to incentivize dentists to take MA; state could help if dentist would see 20% MA or something like that
- Pay up front for dental schools in rural areas rather than repayment options; recruitment and retention go hand in hand
- Student at Kids Smiles is analyzing why people no-show; many barriers
- How do we recognize and support people who do attend visits?
- Address DOH at MCO level
- Tax incentives to build offices
- Sports events ($1 for each hockey ticket)

Next Steps – Email participants and continue gathering

8. **Change in dental hygiene scope legislation**
   Convener: Mark Goldstein
   Interested Partners: Kim Erdman, Carolynn Wahl, Donna Schoenecker, Debra Barr, Laura DeHennis
9. **Funding - Resources**
   Convener: Darcie Schaffer
   Interested Partners: Carol Landis, Mae O'Brien, Karen Omniewski, Jennifer Pfleger, Devon Taranto, Merrilynn Marsh
   Highlights:
   - How do you keep the doors open (free clinics – working uninsured)
   - Supplies
   - Donations
   - Education
   - Need for sustainable resources – Barriers can be locations or these groups not caring to be involved (unrealized benefit by the community)
     - Grants
     - Schools
     - Volunteers
     - Employers

- Grants unrealistic for outcomes in certain instances
- MCOs to visit employers to show benefits

10. **FQHCs as laboratories for learning and change**
    Convener: Jenny Englerth
    Interested Partners: John Roemig, Manal El Harrak, Tanya Gayley, Ed Franchi, Cheryl Bumgardner, Monica Reyes, Paula Di Gregory, Mindy Diggan, Janine Musheno, Joy Brown-Walb, and LaJuan Mountain
    Highlights:
    - CE Opportunity – Support for broader invite/PACHC will help to get word out, content ideas for CE shared
    - Shared various models within FQHCs currently and discussed reasons behind differing models
    - Use "open space" process at PACHC bootcamp
    - FQHC specific lab
11. **Increase pedodontists in rural areas and who accept MA**
    Convener: Allyson Leskowsky
    Interested Partners: Deidre Matys, Debra Siglin, Chris Brehm-Stroman, Jim Mancini
    Highlights:
    - Discussion around
        - MATP
        - Legislation
        - Grant from OA
        - Portable Equipment
        - Teledentistry
        - RHC/FQHC
        - MCO Involvement
        - Local task forces
        - Paperwork and low fees
        - Incentives to increase providers
    - Action
        - Letters/calls to legislators
        - Contact leads of agencies
12. **Collaborating with private dentists**
    Convener: Bernie Dishler/Rebecca Geiser
    Interested Partners: Jim Mancini, Rick Celko, Jennifer Pfleger, Karen Omniewski, Mike Halupa, Marisa Swarney, Devon Taranto, Goldie Razban, Caitlin Crowell, Debra Barr, Alicia Risner-Bauman
    Highlights:
    - PDA views on PHDHP – concern expressed concerns about requirements for certifications; limited/no medical expertise for medically compromised patients
    - Differences between PDA officer opinions and official positions; Why not let PHDHP practice in pediatrician office?
    - Fear that patients will not visit the actual dentist
    - How can PHDHPs refuse patients who don't follow through on referrals?
    - What can we do to increase access through private dentists?
        - Spread out – each dentist could take 5-10 patients
        - Private dentists don't want to take for a variety of reasons
            - Reimbursement low, hard to pay student debt
            - No show
            - Bad experiences

        - Credentialing, length of time to get paid, treatment not covered, fear of being flooded
    - Long-term solutions
        - Education
        - Increased reimbursement rates
- Increased fee schedule or increased coverage (PDA would choose increase coverage)
- PDA and PCOH can work together on community water fluoridation
- Open community health clinics
- Safety net clinic relationships with emergency department – ED could provide meds for just two days and require follow-up before refill.
- Personal outreach to dentists who could take the ED follow-up patients
- MOM-n-PA, connect to a dental home after the event
    - Dental Lifeline Network (Donated Dental Services)
    - Grottos program individuals with special needs (related to Shriners)
    - Give Kids A Smile
- Dentists that don't take insurances may have more money to give; contractual write offs eat up the money they could give

13. **Medical/dental integration "health homes"**
    Convener: Cheryl Bumgardner
    Interested Partners: Carolynn Wahl, Catherine Asko, Laura DeHennis, Kimberly Erdman, Ed Franchi, Kyle Craig, Cliff Deardorff, Jenny Englerth, Mindy Diggan, and many more!
    Highlights:
    - Streamlining the process between oral health and physical health
    - Payment models – team-based models, tying in the quality issues, continuum of collaboration (dental insurance different than medical)
    - Use of care coordination
    - Public health dental navigator may be very helpful
    - Problems with communication between medical and dental (EHRs do not talk to each other): sharing of info, need follow through, and closing the loop on referrals
    - Needing better, comprehensive education for importance of understanding why both sides need to know who is seen for medical and dental
    - Use of the word "home" vs. clinic or office gives a sense of inclusion
    - Ask about sharing patient navigator
    - Use of PHDHPs (schools, specialty offices like cardiology)
    - PHDHP billing issues
    - Any organization statewide, coordinating body for PHDHP getting into long-term care centers requires a lot of self-motivation in order to setup
        - Assess need for creating a list to get started
        - Patient advocacy by those outside of practice
        - Regional list of positions available
        - A lot of issues with PHDHPs taking the first step

14. **Identifying and reaching missing partners for PCOH**
    Convener: Cliff Deardorff
    Interested Partners: Helen Hawkey, Nicole McKinsey, Lisa Davis
    Highlights:
    - PDA via more access/buy-in
    - PMS (Medical Society)

- PAFP (Family Physicians)
- Dr. Gus Geraci, Chief Medical Officer, AmeriHealth
- PA County Commissioners Association
- HAP (Hospital Association)
- Combined news article by PCOH and PORH
- Find champions within each organization
- Rural/Urban Leadership

15. **Bringing together community members in rural and urban areas to promote a one state coalition**
    Convener: Evockeea Wayenahan
    Interested Partners: Tammy Rojas, Kaitlyn Gabriel
    Highlights:
    - Poverty/prevention to stop the downward spiral of economic distress
    - Focus on the needs of the "common" man
    - Lack of viable employment – people in both areas need to understand how money is distributed within the state
    - Put People First! PA – working strategically to restore the adult dental benefit in Medicaid, also organizing and base building for those directly affected
16. **Acute Care/Emergency Departments**
    Convener: Cherline Charles and Rebecca Geiser
    Interested Partners: Mae O'Brien, Chris Brehm-Stroman, Darcie Schaffer, Melissa Stewart, Doree Rossey, Brenda Forshey, Judy Vas Korlis, Kelly Braun
    Highlights:
    - Routing/navigating from RD to care-preferably a dental home
    - Barriers in finding care patients qualify for
    - Insurance plans offering services like transportations patients don't know about or fully understand how to access
    - Placing a dentist in ED may not be sustainable since the patient base would not be large enough and it would not help establish a dental home
    - MA/MCO dentists – taking new patients vs. participating
        - 3rd party to advise which health plan might be best option based on access to oral health services

Large Group Dialogue:

- I am just inspired to be in a room with the range of people in here – their knowledge and how they feel about making sure their patients are taken care of. Thank you.
- Special needs dentistry and look at those patients as a person and not talk to their family. We need to treat them as knowledgeable.
- We made great strides in assessing the needs for children because of lack of providers and we have tools to better prepare them. With the conveners at our table, we can make it happen.
- This work rejuvenates me. This work takes collaboration. Brainstorming with all of you. Without all of you providing the services, support and enthusiasm, this couldn't happen. Thank you all. You give me enthusiasm to continue doing this.
- I am overwhelmed. 10 years ago we had 15 people in this room.
- We know we want to take care of everyone and all generations, but it requires listening to what the other side has to say and not feeling attacked. Hopefully we can make those connections.

WHERE DO WE WANT TO RAISE OUR COLLECTIVE VOICE?

Purpose: Tap the groups thinking about what we want to advocate

Top priorities for PCOH:

- PCOH to consistently advocate policies and procedures that are beneficial to the underserved population i.e. expanded adult benefit scaling and root planning for adults vs. hygienist being allowed to use nitrous and lasers in periodontal procedures
- Reimbursement rate and or the ability for office practice enhancement
- Medicaid policy change – e.g. eliminate the need for paperwork on denials
- Increased provider reimbursement through the state
- Do away with all dental/medical networks – e.g. Delta, BC/BS, Aetna – all on same field
- Student loans – PCOH to advocate for legislation to make low payments to help towards financial hardship.
- Dental workforce development/distribution – debt load and practice start up funding (Vermont model)
- Funding for access expansion
- Legislative advocacy: public health dental hygienist for independent practices in underserved areas and addressing the funding issues
- Oral health lobby day on Capitol Hill to take all the stakeholders to Capitol Hill to have our legislators aware of all of the disparities that exit, rather than going as separate lobby days.
- Dental CHIP benefit to be carved out so children can move to the CHIP program while maintaining on their parents medical insurance.
- State funding for an oral health program to make a state director permanent.
- PHDHP
- Expanding the scope of public health dental hygienists
- Adding dental navigators to the state oral health department
- Efforts to recruit dental and specialty offices to MA participation
- Encourage more dentists/providers to participate in Medicaid assistance – general dentists, specialists and pedodontists
- Integrated single payer health system which includes comprehensive oral health services

Second Priorities for PCOH:

- Addressing dental student debt
- Funding
- Increased legislative education
- Funding for free dental clinics and for the uninsured
- Official statewide task force to conduct research to develop accurate and reliable measurements on oral health disparities that exist within the state – similar to the task force on Lupus, arthritis, etc.
- Tele-dentistry procedures and code to branch out in PA
- Community water fluoridation
- Opportunities for all people interested in oral health to join together in advocacy – patients, doctors, policy makers and insurance companies.
- Medical dental integration to have dental be more of a part of the holistic view of the person and incorporated into behavioral, mental and pediatric health.
- School policy enhancements to encourage data repository and data requirements.
- Advocate for higher-fairer reimbursement rate for the school districts regarding student per capita rates
- Funding for and implementation of comprehensive “pre-ventistry” efforts to include oral health education, fluoride, nutrition and systemic health. “Community health program” this includes integration of health homes for children into educational systems (0-18 years)

- Explore what could be done to encourage more dentists or providers to participate in medical systems, not just general dentists but also specialist dentists.
- Advocate for a paid dental care coordinated services

INDIVIDUAL REFLECTION AND SIMPLE COMMITMENTS

Purpose: *Step back and reflect on own leadership; next steps and commitments*

Closing Commitments and Appreciations:

- I appreciate being able to support this group – it is a thrill to have been here two years ago and see the progress.
- Learning great ideas from my fellow peers
- Getting to see and meet new people and old friends
- Thank you all for sharing your knowledge with me and inspiring me to become a better dentist
- Improve my listening
- Grateful to be here and seeing old friends
- Thankful for all the people I met and the relationships I formed and hoping I can lead new people in my new venture
- Being a foreign dentist, it was great to meet everyone. I look forward to being a part of the work.
- Hear more of the needs and better where we can step into to help
- Meeting different people and eating a good breakfast and lunch
- Appreciate the learning's of oral health and bringing that information back
- Connecting with so many people and sharing resources instead of doing it all alone
- Commitment to organize a day for our head start
- Following up on these ideas, especially home health
- Making MCCC a Medicaid providing facility
- Thank everyone for your collaboration. I appreciate PCOH and everything they've done
- Thankful for new and old connections and being able to be re-energized
- Keep on pushing. Great that people from the community and with disabilities were here. Also the students.
- Tools to do what I do, especially in the emergency room and grateful to get the connections I need to continue my work
- Thank you to Helen for her inspirational leadership
- Grateful that as a state we have a coalition like PCOH that can spearhead these wonderful initiatives
- There is hope and optimism and we can reach our goals. 10 years isn't far off.
- Thankful to hear everyone's point of views and keeping the conversation open
- The group has motivated me to get more involved – I feel much more a part of the work and feel more appreciated
- This conference opened my eyes to the great need and how to help the underserved
- Pleasure to meet everyone and discuss how to move forward
- I will not lose the fact that I have heard from great people who are doing great things. It is an honor to be in your presence.
- Improving oral health access
- Thank you for allowing me to eavesdrop on the good conversations
- Reconnecting me with the incredible leadership that is already here.
- Thank you for having me and I hope to come back again. My goal is to keep advocating for my patients.

- Kudos to Nancy and Marie, their staff and those who helped plan
- Thank you for all of your ears and voices. They matter.
- Committed to contributing to the success of UPMC initiative.
- Thankful for the energy in the room the past two days and hope it will continue
- Impressed with the energy in the room and the commitment to the room. Special thanks to the leadership and planning committee.
- Recommit to being the voice of special needs patients and to bring everyone else's eyes of what they need and what they want as a person.
- Appreciative for the inspiration I pull from every couple of years we come together to spew out ideas in our little areas. My hope is one day as a group we move forward as a state. There is power in numbers. I want all of us to step onto the capitol steps together.
- I commit to help Helen identify people in organizations we want to reach and get on board to blend medicine and oral health
- Helen and everyone, congratulations on a great two days. My commitment is to continue to work for strong advocate services in rural areas and to make sure we don't lose Kelly Braun!
- Thank you to Helen and I hope I don't lose sight of the connections I made and the goals I set for myself
- Grateful for the connections I made and I am committed to taking some of the ideas I learned to the MCO's that I deal with on a day-to-day basis to create some initiatives for members. I am grateful for Nancy's humor.
- Thankful for the perspective I gained and the perspective I gave. Thankful for the collaboration and contacts I made.
- I committed to continuing to share. We work hard in York and sometimes our hands are bound. I am committed to continuing to collaborate.
- I am grateful and humbled to be in this room today.
- I am thankful to have been able to come. My commitment is to continue to help and work with public health hygienists to get all of our patients educated.
- Thankful for all of the members of PCOH and everyone's willingness to share resources and connections.
- Thank you for inviting me. I am committed to trying to take back to my community and see where these initiatives can fit. I am thankful to have resources to make it happen.
- I am thankful because Head Start came to this meeting. I am thankful to everyone for keeping Head Start top of mind. If you are missing someone at the table, always think of Head Start.
- It has been eye opening. People don't realize how much dental health is important.
- Appreciate the opportunity to be here with all of you and work to try to engage our communities/physicians/dentists and vulnerable members to get care.
- Inspired by everyone's work and efforts. I firmly believe that we are the solution and that the future is on our hands and that we can together move oral health in PA forward. I commit to establishing and school base in my community and pursuing an ER partnership.
- As a physician, I tend to be a small circle of other physicians. It is easy to feel very isolated in what I do and this is the most time I have had interacting with other people interested in oral health. I have been appreciative of all of the perspectives I have absorbed and I am looking forward to furthering connections I have made while here. I think it will put an interesting understanding of the work I am trying to convey to the medical students.
- Appreciate to be in a room with people who think outside of the box. I will commit to making sure to explore all of those opportunities and check things out.
- Thankful to be here and learn from you all. Committed to taking these ideas back to school and sharing them with classmates.

- I really appreciate being here. I want to take the knowledge I have gained and use it to bring to to my day to day and help push it forward in my own way.
- I am proud to have worked with all of you. On a personal note, I want to thank Dr. Bernie Dishler for his compassion. You have no idea what happens behind an organization like this and I hope I can last many decades that they have dedicated to this.
- I appreciate the opportunity to be here and have insightful conversations to make positive change for oral health.
- Thank you for this incredible team to put this together. To feel rejuvenated at my age is amazing.
- I didn't know anything about oral health going into my last semester of school. Thank you to Helen for teaching me about oral health.
- Thank you to our staff. The planning and logistics team have done an amazing job. We are small but mighty. Thank you for your commitment.
- As a dentist who has been in the field for 15 years, I have encountered a lot of different sides of the system and I am thankful to have found out about PCOH and am frustrated I didn't know about them before. I am committed to getting the word out in my community and continuing the collaboration with all of you.
- I am glad to be here. I have learned a lot. I will take better care of my teeth.
- I am grateful for all of you who helped me in my listening journey. You energized me and as I go into retirement, I have committed to continuing my oral health work and am super grateful for that.
- I am grateful to be here today. I didn't think I would have much to contribute because I am not an oral health stakeholder but after talking to people, I realized I do have some input on my own oral health story and see what more I could do.
- I am thankful to have been here and appreciate to everyone who has contributed.
- Appreciation for your energy, your smarts and commitments to making the world a better place and it helps me feel to be a part of something bigger than myself.
- Gratitude to be part of this really rare opportunity and have people from all corners of the state, this is really rare. Thank you to Marie, Nancy, Grace, Kenny, Chrissie, Helen, thank you so much. I have learned so much in the process.