

1 Meeting Logistics

Item	Oral Health Plan Advisory Group Meeting
Date	Friday, June 4, 2021
Time	12 p.m. to 3 p.m. ET
Location	Online via Zoom: https://us02web.zoom.us/j/6862025443
Purpose/Focus	The purpose of the meeting is to convene the members of the Oral Health Plan Advisory Group (OHPAG) to discuss the implementation of the Pennsylvania Oral Health Plan 2020-2030 (Plan).
Notetaker	Amy Tice, PA Coalition for Oral Health (PCOH)

Desired Meeting Outcomes

By the end of the meeting, attendees will have:

- an increased knowledge of the current population-based oral health issues impacting the Commonwealth;
- a prioritization of action steps for oral health stakeholders to pursue in the upcoming year;
- a deeper connection to one another as members of OHPAG; and
- an opportunity to expand and strengthen the work of implementing the Plan.

2 Agenda

ID	Description	Owner	Time
1	Welcome and Logistics	Jan Miller and Tim Golightly, Oral Health Program Administrators, Oral Health Program, Pennsylvania Department of Health (DOH)	12:00-12:05
2	Open Announcements	Jan Miller	12:05-12:20
3	Oral Health Program Update	Jan Miller	12:20-12:30
4	Small Group Introductions	Helen Hawkey, Executive Director, PCOH	12:30-12:35
5	Explanation of Action Steps and Polling (Priority A: Access)	Helen Hawkey	12:35-12:40
6	Access Discussion	Kristin Haegele Hill, Plan Evaluator, and Helen Hawkey	12:40-1:25
7	Polling (Priority B: Workforce)	All	1:25-1:30
8	Break	Helen Hawkey	1:30-1:40
9	Workforce Discussion	Kristin Haegele Hill and Helen Hawkey	1:40-2:15
10	Polling (Priority C: Infrastructure)	All	2:15-2:20
11	Infrastructure Discussion	Kristin Haegele Hill and Helen Hawkey	2:20-2:50
12	Meeting Summary and Next Steps	Tim Golightly and Jan Miller	2:50-3:00

3 Notes

- Welcome and Logistics
 - Tim reviewed the logistics for the Zoom meeting.
 - Jan shared the goals for the meeting which are listed in the agenda.
- Open Announcements

- Dr. Greenberg shared his concern about missing parts of the Plan regarding surveillance. Dr. Greenberg sent information on his examination data collection program to the group prior to the meeting. [Please refer to Dr. Greenberg's submission.](#) Specifically, he focused on medical dental integration and educating medical providers. Obstructive sleep apnea is not included anywhere in the Plan. Dr. Greenberg works specifically in Philadelphia. It is important to track. Funding is an issue, but shouldn't be the first priority. There is still growing oral disease, especially in inner cities. COVID-19 is also a challenge with oral disease.
 - Dr. Moni works in Berks County and found that there are families that share a single toothbrush which is concerning. Oral health education goes far and needs prioritized. Patients do not understand that oral health is integral to overall health.
- Dr. Kimball wants to focus on the impact and best practices for telehealth and teledentistry.
 - Dr. Horst shared about how CareQuest Innovation Partners invested in MouthWatch to drive their teledental program to drive their focus towards public oral health. They are also working on visually-oriented training generally and specifically for medical personnel.
 - Jessica R. shared that UPMC for You has worked with some providers on the MouthWatch platform and would like to provide feedback on important enhancements for the Medicaid population.
- Oral Health Program Update
 - Public Health Dental Director
 - The Department of Health posted the position for the Public Health Dental Director. This is a full-time contracted, one-year position. Interviews are scheduled with several qualified candidates.
 - Community Water Fluoridation Campaign
 - Jan reviewed the community water fluoridation campaign that is currently running through August 31, 2021. The campaign targets English-speaking, low-income women that are decision-makers for their families in counties that have been impacted by fluoridation rollbacks, initiation, or other related events. The message is about the importance of safe and optimally fluoridated public water in the communities. The campaign includes positive messaging about optimally fluoridated water and promoting drinking from the tap. In the last few years, several water systems decided to stop adding fluoride to their water. There will be a series of videos promoting drinking water. There was a similar campaign that ran last year with over three million impressions and over two million views.
 - Jessica R. shared that UPMC for You is working to debunk the concern of lead in drinking water and are encouraging tap water consumption.
 - Judelissa asked if the videos and materials could be translated to different languages for further reach.
 - The videos are in English but the postcards are in both English and Spanish.
 - Basic Screening Survey
 - This is required through the federal CDC grant. The goal is to screen over 8,000 third grade students in the state. The goal of this project is to obtain surveillance data during the 2021-2022 school year. Data should be available by 2022. There will be 80 elementary schools participating. PCOH will share updates as the project progresses. Jan clarified that this project is separate from the mandated dental screening program for third grade. The Association of State and Territorial Dental Directors (ASTDD) selected the schools through a strata. This is separate from the annual mandated school screening through the Dept. of Education and school health.
- Small Group Introductions
 - The large group was split into five smaller groups for quick introductions.
- Explanation of Action Steps and Polling (Priority A: Access)
 - Helen explained that the facilitation team will poll the group for each priority area. New action items are also welcomed. After polling, the group will discuss the potential partners and specific

needs for each item. Helen also explained that submitted ideas for new action items will be sent out to the group with the minutes.

- Jessica Rhodes shared an overview of her submission which focused on the role of managed care organizations and contracting. [Please refer to Jessica R.'s submission.](#)
- Jessica Brennan shared an overview of her submission which focused on the role of PHDHPs and expanding functions. She also included expanding the school dental screenings. [Please refer to Jessica B.'s submission.](#)
- PCOH polled for Priority A: Access Domain 1: Health Systems. The action step with the highest number of votes was “Increase the number of telemedicine programs that offer oral health services.”
- PCOH polled for Priority A: Access Domain 2: Health Surveillance and Evaluation. The action step with the highest number of votes was “Collect appropriate data to track access, prevention, and education needs across all age groups.”
- Access Discussion
 - See discussion template addendum.
- Polling (Priority B: Workforce)
 - PCOH polled for Priority B: Domain 1: Health Systems. The action step with the highest number of votes was “Explore new workforce models while fully utilizing the workforce currently working in PA.”
 - PCOH polled for Priority B: Domain 2: Health Surveillance and Evaluation. The action step with the highest number of votes was “Identify gaps in the oral health workforce and develop strategies to address them.”
- Break
- Workforce Discussion
 - See discussion template addendum.
- Polling (Priority C: Infrastructure)
 - PCOH polled for Priority C: Infrastructure Domain 1: Health Systems. The action step with the highest number of votes was “Recommend that the SOHP has the capability to effectively carry out the 10 Essential Dental Public Health Services, including a surveillance system, consisting of an epidemiologist, sealant coordinator, CWF coordinator, and health educator.”
- Infrastructure Discussion
 - See discussion template addendum.
- Meeting Summary and Next Steps
 - Tim thanked the group for participating and gave a summary of the meeting.
 - PCOH will send out the following items:
 - Meeting minutes
 - A Doodle poll to gauge availability for a meeting in August
 - The facilitation team will take the input from this meeting to work on the spreadsheet.
 - Questions can be sent directly to facilitation team members.

Priority A: Access, Prevention, and Education; Domain 1: Health Systems (Infrastructure and Capacity)

Selected Action Step: Increase the number of telemedicine programs that offer oral health services.

<p>Summary of Background</p>	<ul style="list-style-type: none"> ● There is no current regulation/law regarding teledentistry in PA. Determining services offered and payment models is decided locally or through federal mandates.
<p>Primary Needs - admin, legislative, programmatic, etc.</p>	<ul style="list-style-type: none"> ● FQHCs need to be able to use teledentistry, but the billing and coding needs to be in place for it to be sustainable. Asynchronous is a bigger advantage for FQHCs. ● The primary code for MCOs is for face-to-face encounters. As a PHDHP, Jessica uses it frequently. ● The state needs to figure out how teledentistry can be used, develop models for use and potential. Teledentistry needs to occur in a regulatory framework. ● As an MCO employee, Jess notes the importance of separation for telehealth and teledentistry. The roles for each are different and it is important to focus on teledentistry as a stand alone. Asynchronous is not esteemed in the Medicaid world. ● It needs to be leveraged so that access can be granted to all individuals. ● At PHAN, they also focus on advocating for patients with disabilities. This is a hard population to serve through teledentistry for a number of reasons. This is critically important for patients to overcome the wait time and accessibility issues. This should not replace in person visits. ● Some models are looking at providers to do only teledentistry work on certain days to be more sustainable. Scheduling and assignments are a big part of sustainability. ● Teledentistry is not meant to replace in-person care. It is meant to reach the people not able to seek or receive in-person care. ● It will be important to focus on how value is added with the addition of teledentistry for reimbursement. Teledentistry could add to the preliminary consultations to add more value to the in-person visits. ● Teledentistry has progressed significantly in the last decade, especially during the COVID-19 pandemic. ● As a physician, telehealth appointments are mixed into her daily schedule which is very challenging and not ideal. There are constant technology issues on both sides. ● Teledentistry could help optimize chair time for the dentist allowing for new patient establishment appointments and consultation to occur outside the practice. We would also look at operationalizing PHDHPs to allow prophylactic treatment to take place in alternative locations. Teledentistry could be used for individuals to address and triage oral health emergency situations.

	<ul style="list-style-type: none"> ● DHS is working on looking at teledentistry and how it can tie in with nutrition and other aspects of overall health. ● It is important to look at telemedicine, telehealth, and teledentistry as three separate terms. The action step focuses on adding oral health to telemedicine practices.
Potential Partners - ideas on who should be involved	<ul style="list-style-type: none"> ● Federally qualified health centers ● Rural health clinics ● Managed care organizations and plans ● DHS
What can we accomplish in a year? What goals can we set using SMART objectives?	<ul style="list-style-type: none"> ● Collect the models of practice. ● Categorize into teledentistry, oral health in telemedicine, etc. ● Determine best practices that can be replicated. ● Advocate for and support the replication process.
Next Steps (before next meeting)	<ul style="list-style-type: none"> ● There are different practice models implementing oral health in teledentistry and telemedicine. The group needs to identify the models before talking about policy or goals. ● The first step needs to be delineating all possible models. We need to develop ideas for reimbursement before policy comes into play. The policy needs to be constructed to ensure reimbursement.
Parking Lot	<ul style="list-style-type: none"> ● Broadband is also an issue, especially for rural residents.

Reminder – SMART goals are: Specific, Measurable, Attainable, Relevant, and Time-Bound

Priority A: Access, Prevention, and Education; Domain 2: Health Surveillance and Evaluation

Selected Action Step: Collect appropriate data to track access, prevention, and education needs across all age groups.

Summary of Background	<ul style="list-style-type: none"> ● Surveillance indicators are included in the Plan and will be tracked annually. DOH has all the data suggested by the CDC. ● There are 22 measurable outcomes in the Plan that will be tracked. Goals will be set for tracking. ● There is no data on older adults in PA, other states have conducted Basic Screening Surveys for older adults and adults with disabilities.
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Primary Needs - admin, legislative, programmatic, etc.	<ul style="list-style-type: none"> ● Through the leadership at DHS the MA, CHC, and CHIP plans have requirements to report out on oral health outcomes both tied to HEDIS as well as other quality metrics such as sealants, fluoride varnish, connections to care for pregnant women, adults, etc. - perhaps there could be a deeper dive into what is available. There is data already being collected that could be used.
Potential Partners - ideas on who should be involved	<ul style="list-style-type: none"> ● Dr. Greenberg’s program could be easily modified for older adults for a reasonable cost. ● DHS ● Managed care organizations and health programs
What can we accomplish in a year? What goals can we set using SMART objectives?	<ul style="list-style-type: none"> ● Look at the data already available to see what else is needed. Find data sources.
Next Steps (before next meeting)	
Parking Lot	

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Priority B: Workforce; Domain 1: Health Systems (Infrastructure and Capacity)

Selected Action Step: Explore new workforce models while fully utilizing the workforce currently working in PA.

Priority B: Workforce; Domain 2: Health Surveillance and Evaluation

Selected Action Step: Identify gaps in the oral health workforce and develop strategies to address them.

(The discussion around these items took place consecutively; the outcomes, needs, and partners are closely related.)

Summary of Background	<ul style="list-style-type: none"> ● Community health workers (CHWs) are included in the oral health workforce. ● Foreign-trained dentists are being better-utilized in other states; models have been suggested where they could work under supervision of licensed dentists.
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<p>Primary Needs - admin, legislative, programmatic, etc.</p>	<ul style="list-style-type: none"> ● PHDHP/Mid-level position <ul style="list-style-type: none"> ○ A mid-level dental position would be beneficial. Jessica works independently as a PHDHP at an FQHC. A new position with more education is needed. ○ We could expand on the PHDHP options and include teledentistry using a hub and spoke model. There could be unique opportunities to expand the role of PHDHPs. ○ Mentorship could be used to help ease the transition. ○ It is important to talk about mid-level oral health positions and make sure the PHDHPs in PA are being utilized. The dental community needs to agree on what is best for the state. ● CHWs <ul style="list-style-type: none"> ○ CHWs are needed. There are patients without coverage that need help getting coverage beyond being referred to a website. ○ CHWs are great resources, but more are needed. There is the issue of where the workers are referring patients to for care. ○ The FQHC in Williamsport has a wait list of over 1,200 dental patients. There are dentists willing to come to rural areas, which is an improvement. CHWs may uncover further needs that the state can't meet. ○ PHAN and PACHC provide in-person and high quality virtual assistance helping people understand and apply for coverage. The Helpline for the PA Health Access Network can be reached at 877-570-3642 or at helpline@pahealthaccess.org.
<p>Potential Partners - ideas on who should be involved</p>	<ul style="list-style-type: none"> ● Medical providers ● Oral health educators ● Private practice dentists ● Public health dentists ● PHDHPs ● CHWs ● FQHCs ● State Board of Dentistry?
<p>What can we accomplish in a year? What goals can we set using SMART objectives?</p>	<ul style="list-style-type: none"> ● Look at other states' models for CHWs to see what works. ● We could survey providers as to why other workforce models are not being utilized. ● Further education around the workforce models would be beneficial. ● It could be helpful to form a committee with different stakeholders that could be involved. PCOH could help convene stakeholders. We could also look at partners in the medical side. ● Focus on fully using the current workforce to the height of their scope. ● Educate the workforce on the different oral health roles and positions. ● It is important to collect data on CHWs and the needs to help guide the conversation. The PA Certification Board can be contacted about this (through PCOH).

Next Steps (before next meeting)	<ul style="list-style-type: none"> ● The group could poll providers that help with Mission of Mercy. The providers at Mission of Mercy are public health minded.
Parking Lot	<ul style="list-style-type: none"> ● SDF can be used to reduce the need for restorative dentistry. SDF can be applied by Dentists, RDHs, PHDHPs, and EFDAs. ● How can we change the stereotype that hygienists and assistants and EFDAs are female jobs? We need to market the dental field to all.

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Priority C: Infrastructure; Domain 1: Health Systems (Infrastructure and Capacity)

Selected Action Step: Recommend that the SOHP has the capability to effectively carry out the 10 Essential Dental Public Health Services, including a surveillance system, consisting of an epidemiologist, sealant coordinator, CWF coordinator, and health educator.

Priority C: Infrastructure; Domain 2: Health Surveillance and Evaluation

Selected Action Step: Utilize the SOHSS to monitor oral health-related trends and to evaluate and develop new programs, priorities, and policies.

(The discussion around these items took place consecutively; the outcomes, needs, and partners are closely related.)

Summary of Background	<ul style="list-style-type: none"> ● For comparison, Maryland’s oral health program has over 15 full time employees and Pennsylvania’s program only has two full time staff. ● DOH worked with Temple in the past to set up the proper structure for a SOHSS. Current surveillance indicators are listed in the back of the Plan in the Appendices.
Primary Needs - admin, legislative, programmatic, etc.	<ul style="list-style-type: none"> ● Funding <ul style="list-style-type: none"> ○ SOHP funding comes from federal grants only. There are no state appropriations for oral health in PA. ○ The SOHP does not receive funding from Title V, Maternal and Child Health, block grant funds. This is a potential funding source.
Potential Partners - ideas on who should be involved	<ul style="list-style-type: none"> ● Individuals or groups can lobby for increased state funding and staff for the SOHP. ● The Department would not have input on the advocacy work.
What can we accomplish in a year? What goals can we	<ul style="list-style-type: none"> ● The dental, dental hygiene, and dental assistant associations can help train their members to advocate. Promoting this toolkit to advocate for SOHP funding and staffing could be the focus.

set using SMART objectives?	<ul style="list-style-type: none"> ○ Temple has an oral health advocacy toolkit that can be used as a resource. ● It is important to collect stories about oral health issues from around the state to document the need. The group can pair the stories with the data for the most impact. Clinicians can help fill in the numbers.
Next Steps (before next meeting)	<ul style="list-style-type: none"> ● Dr. Greenberg can reach out to his state senator to help advocate for further appropriations.
Parking Lot	<ul style="list-style-type: none"> ● Xylitol is proven through research to prevent oral disease. It should be promoted in pregnant people and young kids.

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