

2021 PA Oral Health Summit: Navigating a New Era



Topic #1: Our Heroes and Oral Health

what is the best way to direct a Veteran on how to locate or learn more about what they have benefit wise?

Philadelphia Va Hospital... many vets find it difficult to get the care they need.

Veterans do not have the correct information to receive service/care

Thank you for sharing on this topic - we had a lot of VA participants at the MOM events and this helps so much

How many Veterans are 100% service connected

Why aren't all veterans covered? 100% disability rating? Do you do outreach at veteran's outreach centers?

Can policy be changed to allow at least the same dental services as the Medicaid membership is provided with?

dental coverage should match medical coverage



who can support Veterans in navigating community resources?

Fear of having teeth pulled? Wow...

Decrease the level of disability % for eligibility for dental care for vets - talk to Veteran Groups to get their suggestions

Mission Act/travel time has to be over 60 minutes.VA does not coordinate patient care. Medically compromised or issues with PTSD

co-location medical/dental is great!

since percent service connection is so determining, do we have confidence that the percent determination uses objective metrics or is standardized?

who educates Veterans on oral health and the impact on their other conditions?

Please help civilian organizations know how to connect and relate to VA system

Are there any GKAS programs for Veterans and if no, is there grant monies/funding for something like this?

Topic #2: Community Water Fluoridation in Pennsylvania

How do we help water operators escalate their questions in a more effective manner?

Only 40% of dentists talk to patients about fluoride because "Anti" patients walk away from providers who support fluoridation.

WATER WITH FLUORIDE BUILDS A FOUNDATION FOR HEALTHY TEETH.



Brush with fluoride toothpaste.

Visit the dentist regularly.

Drink water with fluoride.

Fluoride in water: 70 years and going strong. At a faucet near you. www.cdc.gov/fluoridation



Is the anti-fluoridation faction still out there?

We have fluoride in the water supply in Philadelphia? I know there were those who wanted it removed.

How can we support those people who do not have community fluoridation? How can those of us who haven't a clue where half of these counties are located advocate for them?

Most of the people I know drink bottled water. How then does the fluoride in the water supply help those people? Is bottled water fluorinated?

how can we help migrant/refugee populations understand it is safe to drink

Need to help people switch from bottled to tap water. Could use filter or boil if don't have confidence in the water system. Plus, saves the planet from plastic!



Are there ways we can celebrate those that are fluoridating and share their successes? Who can these successes be shared with to help promote fluoridation?

What are the reasons people give for saying we don't need fluoride in the water supply?

Topic #3: An Integrated Approach to Oral Healthcare

IT'S ALL CONNECTED

The health of the mouth influences other aspects of health—and vice versa.

THE MENTAL HEALTH — MOUTH-HEALTH CONNECTION

Any serious or chronic pain issue can hamper mental health and daily life. If there is a painful injury or illness in the mouth, it's likely to get in the way of normal functions like smiling, eating, or talking — and also take a toll on mood.*

THE FAMILY HEALTH — MOUTH-HEALTH CONNECTION

Babies naturally pick up bacteria from their surroundings that build the immune system. Families with healthy mouths pass on helpful bacteria to babies, but if there is untreated oral disease in the family, infants can be exposed to the germs that cause cavities.*

THE MEDICINE — MOUTH-HEALTH CONNECTION

Some medications — like decongestants, antihistamines, or painkillers — can cause a dry mouth. Because saliva protects the mouth from the harmful bacteria that cause cavities and gum disease, the dry mouth "side effect" is one way that issues in other parts of the body influence oral health.*

THE IMMUNE SYSTEM — MOUTH-HEALTH CONNECTION

Because the mouth is an important part of the immune system, a healthy mouth boosts the body's ability to protect against disease. Auto-immune diseases, like Crohn's disease or lupus, can cause swelling in the mouth. In turn, inflammation can set off other health problems.*

THE VITAL ORGAN — MOUTH-HEALTH CONNECTION

Endocarditis, a heart infection, is often caused when bacteria from another part of the body gets into the bloodstream and spreads to the heart. It is also possible for infections in the mouth to spread to the brain. This is why gum disease is a serious infection that shouldn't be ignored.*

THE DIABETES — MOUTH-HEALTH CONNECTION

Diabetes can harm the mouth, and problems in the mouth make it harder to control diabetes. Uncontrolled blood sugar can cause swollen gums, which disrupts the mouth's natural defenses and makes cavities more likely. That's why oral health care is an important part of diabetes management.*

what a brilliant way to make a silver lining

PTSD is one of those things most adults will not share or even get help with. Even if they trust their PCP they still feel like this is something they cannot share or admit to themselves, let alone a stranger

how do you find the balance between meeting the needs of the office (policies, procedures, operations) and needs of the patients?

How can we get more dental practices engaged in SDOH assessments and referrals to community navigators to help resolve barriers?

What supports are in place for those people who need dental healthcare but can not take the vaccine? I have heard people who are not able to vaccinate are being told they could not get dental care

Do you do any caregiver burnout evaluations? Is this something that could be done? Child is patient but caregiver is assessed?

We need to do better - standardization will help move things in the right direction - then sharing information between each other

Many people who have experienced severe trauma begin to have declining oral health. Even with the best care there is always a decline, what do you think would be an effective way to support people in their oral health while moving through their trauma?

behavioral health carve out is a problem. In PA, behavioral health and dental live in two separate worlds. Dental should screen and refer.

Topic #4: Managed Care Organizations and Third Party Administrators: How a Dental Program Works



Endodontic procedures are not currently included in Medicaid

Paper claims processes need to go away in the TPA system

The ideal dental insurance would allow \$1500 per year per patient if preventive services are done.

EHRs make working with TPAs difficult

COST of dental care is a TENSION!

build a relationship with their Plan Providers to understand what is needed in terms of language and symptoms that will allow them to effectively self advocate, or to better support the work with

TPA needs to get more onboard with working with mid-level providers

Facilitate payment for replacing one incisor

Dental services are like a SPU but are not treated like that in the fee schedule processes - they are getting a global fee process

The frustration of being a patient is hearing those two words... "Pre-Authorization" is enough to discourage most from receiving the necessary preventive and critical care needed for optimal

There is not a way for practices to truly receive reimbursement based on the patient's needs

Can DHS delegate a point/contact person to help with licensure issues?

Do TPAs use artificial intelligence for their review processes

Is a Value-Based reimbursement system being considered?

TPAs seem to create more divide in dentistry - can they get more onboard with partnering with the medical coverage to be an aligned front

There needs to be a paradigm shift in the dental TPA world to allow for billing of medical codes as well as dental codes

Expansion of adult basic in Medicaid should facilitate 2021 dentistry

How likely is it that Skygen will cover tele dental preventive services if added to the Medicaid fee schedule?

There is a lot of challenges upcoming on Medicare getting dental services

As a patient hat can be done when you have a care plan with seemingly no clearly defined dental benefit. How can the dentist support you in understanding what may or may not be possible if needed within the framework of existing coverage

Topic #5: Special Session: Trauma-Informed Care in Dentistry

please post the link to this when you can - this should be watched by our groups working with membership across the board

How can policy changes be made to allow the bandwidth for providers to act in this way?

thank you for this - an incredible eye opening talk and truly painted the best picture of how we can do better seeing things through eyes of others

Would like to see more at future Summits on this topic!



,dentists be mind readers, just that they pay attention to body language and ask questions or at least be willing to ask a patient navigator to assist in helping to provide a dental

Topic #6: Human Papilloma Virus (HPV) Related Oropharyngeal Cancer and Prevention

How can we integrate HPV vaccinations into our oral health programs?

age range has increased, maybe up to age 35?

are there strategies we can borrow from other disciplines to help with the conversation with the family?

how can this be billed in a way that works for all payors

How can pediatricians/family practices work together with dentist to share the same/similar messages?

dentist as physician of oral cavity.

until EHRs or HIEs exist across provider types this will be very hard



How will this impact pediatricians/family practices - positives, negatives, etc.

Topic #7: Addressing Health Equity and Barriers to Educating Future Dental Professionals to Optimally Treat

Who Have Special Healthcare Needs

This is incredibly impressive - I appreciate the small incremental steps

the financial model needs to change. Pay for desensitization.

generalizing from the school to private practice is the issue.

How can payors support providers wanting to take care of special needs patients - extended appointments, modifiers, etc.

all dentists need to do a little piece. it's not financially viable to make a practice of it.

What sort of education could be added to support students to learn these techniques?

i love that you are bringing care to the patient in the clinical environment

the goal is broad-based, community care

LOVE the virtual follow up - this is so incredibly important especially those that multiple caregivers

General dentists should be trained to provide care for patients from cutting the first tooth lifelong including the presence of special needs/abilities

Support a policy to mandate a minimal number of PHDHPs on staff at ALL long-term care facilities specifying a ration of patients to PHDHP



one of my favorite images!!

concerned about liability

Hygienists need to be taught independent thinking skills.

strong place to begin though outreach and with the help of patient navigators to educate and develop pathways to support persons with special needs and their caregivers to allow all invested parties create the most optimal experience

Topic #8: Tobacco in 2021

Do you think that collective changes to how QUIT activities are branded would allow them to be more encompassing of all means?

Do the same products to help with nicotine replacement/quit work for synthetic tobacco?

Learning more about Tobacco Quit and support - adults/children/teens

How can dental providers address tobacco cessation for the parents while seeing the child for care?

Are there any studies on the effects of vaping on oral tissue? On teeth? How can we use this to educate families?

Sad to see some of my favorite celebrities promoting vaping products... Eye-opening!

Who are the professionals who should be educating users - children or adults? How do we centralize a common message?

How will information on tobacco cessation be tailored to help with addressing medical marijuana use?

tobacco use is to overall physical health. I am at a loss as just a layperson/patient how I can help educate and support my family, friends and neighbors in understanding how it impacts and

it's not always financial, It's the inertia of dentists

1-800-QUIT-NOW



Topic #9: How a Bill Really Becomes a Law



Advocacy Issues:

do you need a lobbyist or can you make the connection as a smaller group?

Do you recommend elevator speeches or one page of information?

extend student loan forgiveness to foreign trained dentists as well as US trained dentists

Table #11 - our advocacy issue would be to work with the schools to have full scope dental care be the only allowable service in a school

Experts in the communities need to go out and talk with the legislatures if a bill will be done correctly - make sure the right information gets to folks at the right time

what sort of "proof" of expertise or authority do you need to have legislators believe you are the right person to trust

I will be using schoolhouse rock with this

allowing PHDHPs into the schools. meet the kids in the schools, instead of requiring kids to go to the dentist.

have dental mean the same as immunizations - you absolutely need it for school

How do we emphasize the importance of "putting the mouth back in the body" to legislators?

With 4,000 bills at one given time, how do we make oral health issues stand out to legislators?

student loan forgiveness for providers treating persons with disabilities

make sure the assessment is shareable to all the care providers or at least their dental payor

public health and organized dentistry, should be able to align on access issue, maldistribution



Topic #10: Responding to the Needs of the Community: Developing an Oral Health Curriculum

Barriers:

not enough time

lack of medical school educators valuing oral health

a barrier here may be challenge to getting providers to see beyond the fee schedule

dental wants to continue as independent entrepreneurs v. medical providers which go into employee roles -- this is incredibly challenging

How do we encourage other medical programs to integrate oral health into their own curriculum?

this was so great to hear! Expanding champions

new students are going into old school practices on both sides so this is not carried on - need to bring everyone to the same place so that the new way will stick

need to have backing from the state to push this agenda

leverage tools - like the dental box to help bring existing staff up to speed on oral health care

It would be great if the medical and dental students took the first year's classes together. It's the same, why do we teach it separately?

Intentional medical-dental integration could help us decrease the number of dental patients visiting the ED/ER

Strategies:

What a great idea to adapt the curriculum to the needs identified in the CHNA!

I feel that all oral health curriculum should include in-person patient engagement

we have a committee across the 6 schools of the health sciences to come up with common competencies and shared curriculum around substance use disorder

making sure the professors and the programs have comfortability and training on oral health and dentists on systemic health

can the schools designate a champion, dental professional, to support the medical school curriculum?

could this be a first step to getting a dental professional in the ED?

Topic #1 1: Oral Health's Impact on Dentistry

Who knew there could be so many connections between the music industry and oral health??? Great presentation!

There is real value to using technology to reduce administrative tasks

Is PA ready for this type of thinking as a state? No. The delivery model in dentistry is still physical not digital. Still figuring out how to do dentistry, intervention, via digitally. Can't prescribe our way out of disease.

Thank you for recognizing the broadband issue in PA. Many take internet access for granted without realizing many Pennsylvanians go without it.

We need medical and dental ERH systems to talk to one another!

Barriers to care are the same as barriers to implementation of technology/innovation - costs, fear, perceived value!

Attention to decreasing the costs of overhead for dentists while supporting quality of care.



Topic #12: Oral Health Access and Workforce Planning in Pennsylvania

NNOHA has applications open for a new oral workforce learning collaborative!

engaging high school/middle school clubs to spend time with dental disciplines

What can we do to better disperse dental providers across the state?

opportunity with PHDHPs, state board and schools are the barrier.

encouraging hygiene and dental programs to have more experience opportunities with public health - volunteer hours etc.

too bad we can't cover missed salary for Medicaid beneficiaries.

development of educations programs that can be done during school hours/night hours/online

look for opportunities for overlap - Dental Assistant/Medical Assistant programs helps with more marketability

dental clinics in the projects. Meet them where they are. Respect the challenges of the people.

We need to focus more attention on Pennsylvanians living in rural counties.... especially children!

allow foreign-trained dentists to open practices to open practices in underserved areas. limited license

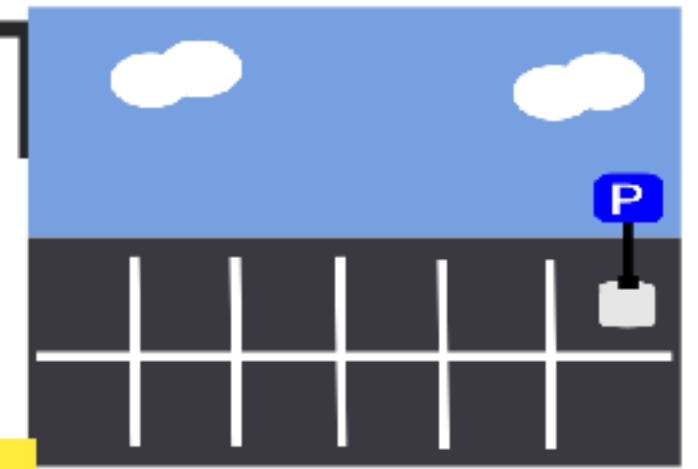
look for expediting routes to employment - making sure the dental assisting programs etc. are able to have sustainable income

How can we decrease the length of time for credentialing for dentists coming in from out of state or recent graduates?

offer dental careers as options at at programs like Life's Work, Bidwell Training

Salary decrease due to time off to attend appointments is a VERY important reason for missed appointments in addition to cost, fear, and perceived value.

IDEA PARKING LOT



Data sharing. Providers, e.g., FQHCs, sharing quality metrics and other data to one central data repository. Could help make the case for changes to the system.

Expanding on the sticky about FQHC data sharing. Mindy Diggins said she would be willing to share her quality data. This could tie in with Sean's presentation and the CareQuest presentation on Nov. 29. -Deb

Apparently Aetna Better Health approves BLE for periodontal care readily.

At table 12, we were talking about urgent care clinics for dental emergencies. Could be located in a pharmacy. It would keep patients out of the ED, and they could get definitive treatment. Larry Paul was skeptical.

Techniques to adapt to disturbed routines and function because this will be the norm in the future.

Surveying adult diabetes data with and without dental care would be a good way to show the impact of dental care on health.

A lot of activities could occur at dental offices, e.g., HPV conversations/vaccines, screening, tobacco cessation, treating special needs. We should consider them together, not separately. Doctor of the mouth. (Table 12)

Creative ways to teach so that important concepts are retained when taught

What Topics Interest You the Most?

TABLE 11

Brainstorming about how we will be able to use our OWN state data to inform our interventions

Ways to facilitate Medical/dental integration would be 1) requirement to observe in medical and dental offices and 2) sharing call rooms.

Decrease fear and incorporate technology!

Pay attention to the Board of Dentistry "out of state" discussions and requirements.

Look into success of dental schools that reserve positions/provide scholarships for students from DHPAS - East Carolina and Ohio

Outcome of the third grader surveillance - excited to see what we actually look like as a state opposed to just leveraging what others have! Will help us with telling the tale and apply for grants etc.

Interested to see what we can do to help Workforce in PA!

Reduction in taxes for serving Medicaid and Medicare patients.

medicaid might be malpractice coverage, loan repayment targeted to DDS and hygienists, tax breaks, and loan repayment if working in an underserved community for 5 years (rate of original amount at

PA government funding of dental schools has decreased over the years. Why?

Teach - fluoride, brushing, diet, and vertical + horizontal transmission

Mirror federal program of year for year payback of service for tuition payment

Including HEENOT in all history and physical training of medical and dental students would facilitate students being aware of impact of oral health

