



2017 WISCONSIN ORAL HEALTH CONFERENCE WORKGROUP MEETING NOTES

Prevention and Health Promotion 1

Big idea/strategy: Fact sheet for well-child visit

Timeline: October 2018

Who needs to be at the table: WOHC members, DHS, Diane Flanagan

Barriers/challenges and how they can be overcome:

- Time
- Planning
- Graphic design

What specific steps are necessary to begin implementation?

- Determine points of interest
- Research best practice
- Build into template

How will we know we've been successful: The fact sheet/infographic will be complete and ready for distribution.

Aim statement: By October 2018, we will have a fact sheet/infographic targeted for parents of children birth-2 years old.

Notes/questions:

- What about an implementation plan?
- Where will this be distributed?
- What will the focus of the infographic be?
- Will there be a QI aspect – how do we know the infographic is effective?
- How will we create buy-in for pediatricians to distribute the infographic?

Prevention and Health Promotion 2

Big idea/strategy: Incorporate/expand oral health into WIC

Timeline: September 2018

Who needs to be at the table:

- WIC directors

- Oral Health Workforce Educators
- Oral health professionals
- Local health departments

Barriers/challenges and how they can be overcome?

- Buy-in from WIC supervisors
- WIC staff attitude towards oral health
- Completing the survey
 - The group would like to conduct a survey as part of an environmental scan/needs assessment
- Availability of RN and/or RDH
- Implementation of the program

What specific steps are necessary to begin implementation:

1. An environmental scan to collect and compile data
2. Needs assessment
3. Compile best practices

How will we know we've been successful:

Aim statement: By September 1, 2018 this prevention workgroup will develop one best practices resource guide for oral health integration into WIC.

Workforce 1

Big idea/strategy: Increase oral health workforce in rural settings

Timeline: 1-3 years

Who needs to be at the table:

- Dental schools
- Residency programs
- RDH and dental assisting programs
- Student rotation program
- Health department (state and local)
- FQHCs, CHCS and safety nets

Barriers/challenges and how they can be overcome?

- Affiliation agreements between dental schools and dentists
- Chair time (scheduling to free up chair time)
- Finding a dentist that is not on any loan repayment program
 - Faculty cannot be attached to loan repayment preceptor
- Joint educational missions (partners who both value education)

What specific steps are necessary to begin implementation:

1. Have conversations with leadership
 - a. Internal conversations at dental, dental hygiene and dental assisting schools
 - b. Internal conversations at dental clinics
 - i. Establish a buy-in from dental team members
 - c. Joint conversation to discuss potential partnership between school(s) and dental clinic
2. Work plan, memo of understanding, business agreements and contracts between school and dental office
3. Onboarding
4. Starting a rotation
5. Monitoring outcomes and working with partners to ensure goals are met

How will we know we've been successful: When 4 affiliation agreements are complete, which includes onboarding, starting the rotation and monitoring outcomes.

Aim statement: Increase number of rotations and establish 4 additional affiliation agreements by October 2018

Notes:

- Carrie Roberts wants to work on finding dentists who are not on a loan repayment program
- Sheila Stover was very active in this group

Workforce 2

Big idea/strategy: Provide dentists who volunteer at a dental clinic providing services to patients with special health care needs, with continuing education credit. The goal is to increase the comfort level of dentists and dental hygienists who work with special health care needs patients.

Timeline: December 31, 2018

Who needs to be at the table:

- WDA
- WDHA
- Dental clinics (St. Ann)
- CE accreditation/governing body
 - DEB

Barriers/challenges and how they can be overcome?

- Cannot just lecture a person on working with special health care needs patients
- Increasing amount of WI dental clinics who provide services to patients with special health care needs

- Difficult for dentists to volunteer for a day at clinic to provide dental services to patients with special health care needs

What specific steps are necessary to begin implementation:

1. Find out how to provide CE
2. Create a connection with St. Ann's

How will we know we've been successful:

- Staff at clinics that provide dental services to patients with special health care needs will provide CE credit to volunteer dentists and dental hygienists
 - Specifically, St. Ann's

Aim statement: By December 31, 2018, we will have at least one dentist or dental hygienist in St. Ann's or another clinic that provides dental services to patients with special health care needs, completing their special needs CE

Notes:

- What type of CE is this? Is the intent to provide volunteer dentists and dental hygienists with training?
- What about evaluation – how will we know the training is effective?
- How do we know if more clinics begin seeing patients with special health care needs?

Infrastructure

Big idea/strategy: Create a one-pager for oral health providers and professional associations in Wisconsin on facts and myths about being a Medicaid provider

Timeline: April 2018

Who needs to be at the table:

- Professional associations
- DHS
- Funders
- Health educators
- Medicaid providers (for storytellers)
- Children's Health Alliance of Wisconsin
- SE dental funds administrators

Barriers/challenges and how they can be overcome?

- Funding
- Compiling data on current Medicaid providers
- Creating buy-in for dental providers who are not enrolled in Medicaid
- Distribution

What specific steps are necessary to begin implementation:

1. Identify who will distribute the one-pager
2. Identify the target audience
3. Identify information that will create buy-in to increase Medicaid enrollment
4. Determine funding sources
5. Generate content

How will we know we've been successful: The development and distribution of the one-pager.

Aim statement: By February 2018, create one educational document and distribute the document to oral health providers to educate on enhanced Medicaid reimbursement.

Notes:

- How will we know the effectiveness of the one-pager?
- Dose this only apply to the four pilot counties?

Access 1

Big idea/strategy:

- Increasing knowledge of the value of regular dental care to the general public (11 votes)
- Low utilization rate due to lack of knowledge of dental benefit; connection of dental to overall health.

Timeline:

Who needs to be at the table:

- DHS
- Medicaid Office
- HMO's
- ETS

Barriers/challenges and how they can be overcome?

What specific steps are necessary to begin implementation:

- Gain a better understanding of the current promotion of dental benefits by insurance providers i.e. Medicaid, ETS, Private insurance (Delta Dental).
- Increase member understanding of benefits and how to find dental providers.
- Create and insert a one pager that could go out via insurance providers to enrollees
- Utilize social workers/navigators who have direct contact with enrollees to communicate the message about importance of oral health/overall health.
- Utilize medical providers to promote oral health.
- Understand how the BadgerCare explanation of benefits is distributed.

How will we know we've been successful:

Aim statement: Increase access through awareness of the importance of oral health and the impact of oral health to overall health and wellbeing among people in Wisconsin.

Access 2

Big idea/strategy: Mandating oral health screenings in well-baby checks (replication of work done in Dane County on this). (8 votes)

Timeline:

Who needs to be at the table:

- Wisconsin Association of Family Physicians
- Health Systems
- Medical Homes

Barriers/challenges and how they can be overcome?

- Access to oral health; if provider finds something during screening NEEDS to have referral source.
- Meaningful use
- Identifying who is the right messenger; and what incentivizes providers/health systems

What specific steps are necessary to begin implementation:

- Identify health systems who currently do not require oral health screens and target them.
- Identify what incentives providers
- Identify areas with oral health access as starting area
- Identify what criteria to use for 'oral health screening'; look to others examples for starting point/ guidelines.

How will we know we've been successful:

Aim statement: Increase the number of primary care providers who conduct oral health screenings during well-baby visits.

Dental hygiene practice settings

Components to include in a comprehensive toolkit:

- Steps to complete prior to creating toolkit:
 - Interpretation of statute
 - Identify settings of care
- Create a toolkit for each practice setting and include the following items that pertain to that practice setting:
 - How to obtain a National Provider Identifier (NPI) number
 - Business model for setting of care
 - Regulatory guidelines
 - Examples of contracts and memorandums of understandings
 - Policy/procedures
 - Infrastructure within business models
 - Site specific insurance information
 - Electronic health record (EHR)

- Sustainability and funding sources
- Credentialing - obtain NA, tax exempt number
- Billing and CDT codes for dental hygiene
- Mobile dentistry registration
- Malpractice insurance information
- Equipment - purchase and maintenance
- Education component for practice settings
- Contact person/medical history/referral system
- Proactive outreach and awareness
- Partner engagement
- Continuing engagement (site specific – ex: school v. hospital)
- Resources for best practices
- Outcome data/measure of success
- Use of technology (i.e. teledentistry)