

EDH/PIOHQI Project Advisory Board Meeting
November 29, 2017
Washington Room, VaOHC offices

Desired Outcomes

- Shared understanding of data collection among partners and how it relates to PIOHQI grant objectives and partner priorities
- Shared understanding of partner activities
- Shared understanding of BSS data
- Shared understanding of benefit utilization

Agenda

1:30-1:45	Welcome and Introductions
1:45-2:45	Updates <ul style="list-style-type: none">• Medicaid pregnancy benefit• Basic Screening Survey• DMAS learning collaborative• Other partners
2:45-3:00	Data reporting requirements for PIOHQI
3:00-3:15	Discussion: How does partner data help us meet PIOHQI goals?
3:15-3:30	Next Steps/Next Meeting

Next Meeting:

March 7, 2018, 1pm-3pm

Attendees:

Stephanie Daniel	Trinette Randolph
Julie Duregger	Myra Shook
Kristen Gilliam	Ally Singer Wright
Jane Glasgow	Casey Tupea
Sarah Bedard Holland	Jackie Wake
Matt Jones	JoAnn Wells
Mylinda Moore	Tiffany Wright
Natalie Pennywell	

Introductions:

- Brief reminder of how your agency works with young children and/or pregnant women
- What sort of data are you collecting? Consider qualitative, quantitative, and anecdotal
- How do you use your data? How do they shape your activities or your understanding of the population?
- Do the data offer insight into access to dental services? Or attitudes about oral health care?

Natalie Pennywell – VDH, Division of Community Nutrition

- Work in WIC offices
- Client surveys which include 2 questions about oral health which have revealed gaps in oral health services

Jackie Wake – DentaQuest

- Tracking Medicaid claims data
 - Where is utilization higher or lower
 - Provide this data to other agencies

Kristen Gilliam – DentaQuest

- Medicaid data

Jane Glasgow – Minus 9 to 5

- Minus 9 to 5 is a collective impact initiative serving the 5 cities in the South Hampton Roads area focusing on outcomes for populations during pregnancy to age 5.
- Consists of 16 working groups including food insecurity, kindergarten readiness, health, etc.
- Data collection currently focused on establishing baselines

Myra Shook – DMAS

- Track utilization rates
- Able to send that information, but only with a FOIA request

Casey Tupea – DBHDS

- Information for community dental programs in areas that no longer have programs
- Type of care and services needed
- Mobile dental and screenings
- Need for education in the ID/DD community and for providers who are working with ID/DD patients
- Looking into early intervention

Ally Singer Wright – Virginia Health Care Foundation

- Use VAHCA funding to:
 - Watch indicators on number of patients seen
 - Monitor school based programs
 - Look at data about who is getting seen
 - Try to find ways to get pregnant women into programs

My linda Moore – CHIP of VA (not the Federal CHIP)

- Home Visiting Program
- Has an oral health component
- Nurses apply varnish and provide assessments

- CHIP has access to:
 - Dental care surveys
 - Number of Fluoride Varnish applications
 - Who is receiving care
 - Able to monitor dental referrals

Trinette Randolph – Virginia Community Healthcare Association

- Use data to tell Community Center stories

Julie Duregger – Smart Beginnings Virginia Peninsula

- Pregnancy screening program
 - Risk assessment is funded through VDH, limited to their assessment tool which does not include an oral health component
- Oral Health Initiative
 - Increase utilization of school based initiatives
 - Increase the number of children receiving care
 - Compare Fall vs Spring numbers
- VIEW program, oral health component
 - Number of clients spoken to about OH care
 - Self report: what did you learn today (about OH care)?
 - Other qualitative measures
- WIC orientations
 - There is one part-time person to do all the engagement work
- ER pilot program
 - Diversion program mean to keep patients from using the ED for primary care

Stephanie Daniel – VDSS

- Professional Development for Professionals
 - So far there are 29,000 childcare professionals that have completed the trainings

JoAnn Wells – VDH PIOHQI Grant Coordinator

- Survey data
 - Basic Screening Survey (more information below)
 - 3rd grade survey
 - Elder survey through feeding programs
 - Parent participant survey from school based sealant program (CDC)
- Hampton Healthy Families
 - Able to get a policy change for Home Visitors to follow up with dental visits (still needs data collection)
- Healthy Start
 - Is collecting dental data, but has not yet been able to use it
- There is a new Epidemiology Evaluator, Pooja Mehta, who will be at the next meeting

Tiffany Wright – VDH Fluoride Varnish Program, BSS screener

- Create monthly report of WIC encounters
- Provide medical provider trainings
- Give anticipatory guidance

Sharon Logue (via JoAnn) – Remote Supervision Dental Hygienist program

- Provide:
 - Fluoride Varnish applications in WIC clinics
 - Examiners with BSS
 - Reinforce the Medicaid dental benefit for pregnant women and children
 - Provide Head Start education
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Medicaid Dental Benefit for Pregnant Women, Utilization: Kristen Gilliam

- 2015: 4000 women
- 2016: 6000 women
- 2017, with 4 months left to go: 5000 women
 - It is estimated that we will pass the previous year

Dollars Spent:

- 2015: 3 million
- 2016: 5 million
- 2017, not yet through 3Q, over 6 million

Discussion:

- Likely approximately 15,000 women who are enrolled in Medicaid and eligible for the Medicaid dental benefit in VA.
 - VaOHC website provides links to dental services and VDA information to give to providers about providing oral health care to pregnant women and infants
 - There are additional barriers to receiving care than coverage, i.e., coverage doesn't guarantee care
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DMAS Learning Collaborative: Jackie Wake

Members: VDH, DMAS, VaOHC, DentaQuest

Goal: Increase preventative services and sealants for children (see attached document: DQA Quality Innovators Spotlight)

To achieve this goal, we:

- Outreach with medical professional staff
 - Set up booths at conferences
 - Send out newsletters
 - Provide trainings
 - Work with MCOs
 - Train staff
 - Provide articles for their newsletters
 - Provide pregnant woman oral health kits (approx. 3000/yr)
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WIC Basic Screening Survey: JoAnn Wells

The BSS is a screening tool, currently being used at WIC clinic sites to survey participation, knowledge, and oral health status of pregnant women enrolled in WIC. (see attached document: WIC basic screening survey)

Discussion:

- Hygienists refer patients to dental providers in the area
- There is no cap on benefits but the benefit ends 60 days post-partum

Issues that emerged:

- Rural areas are poorly served by providers and transportation is often prohibitive
 - Providers need an easy way to communicate the oral health message and pregnancy benefit to women
 - Oral health education is missing in many home visiting programs
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PIOHQI Grant Report Requirements: JoAnn Wells

Data needed from EDH partners for the mid-year grant report:

- Number of trainings and people trained
- Implementations
- Fluoride varnish numbers
- Results
- Baby Basics Program
 - Direct training numbers
 - Pre- and post- test results
- Medicaid/DentaQuest
 - Utilization
 - Access to care

- Outreach efforts
- WIC testing sites
 - Utilization
 - Impact

Discussion:

- We need more patient input to understand why the benefit is not being utilized
 - Suggestions:
 - focus group of WIC participants
 - survey of home visiting outreach workers
 - VaOHC will work with Mylinda and Natalie to coordinate
 - Potentially share information via Facebook live
 - DentaQuest may be able to establish a call-in number for participants to ask questions, discuss barriers, share concerns
- We need to engage more OBs and Dentists
 - Suggestions:
 - Engage with front office staff
 - DMAS may send reminders of benefit and updates to providers
 - DentaQuest/VaOHC will continue to sponsor CE opportunities to promote pregnant dental benefit and early dental homes