Early Dental Home Workgroup/PIOHQI Advisory Board Meeting
February 6, 2019 | 1:00 – 3:00 p.m.
VaOHC Offices, Glen Allen, VA

Attendees: Sharon Logue, Meg Pienkowski, Jane Glasgow, Monalisa Mbaitsi, Julie Duregger, Sarah Holland, JoAnn Wells, Chernise Harris, Kristen Gilliam, Samantha Dorr, Marcia Cowart, Natalie Pennywell, Casey Tupea, Mylinda Moore, Pat Purcell, Tonya Adiches

Resources:
- WIC BBS Survey 2017-2018; data specific to BSS surveillance conducted as part of the PIOHQI grant
- Aligning Dental Payment Policies and Periodicity Schedules in the Medicaid and CHIP Programs
- Bright Futures Periodicity Schedule

Proceedings

Group Purpose and Accomplishments:
- JoAnn Wells provided an overview of the PIOHQI advisory board, it’s role, and progress over the past five years.
  - Purpose of PIOHQI is to get pregnant women access to dental care
  - PIOHQI grant runs through July 2019; VDH is looking for other funding sources
  - This grant has provided oral health trainings in all health regions but one in Virginia
  - Provided training and educational resources to home visitors, resulting in some positive policy change
  - The message is for all women – pregnant or not – to know the importance of dental care
- Virginia Oral Health Coalition (VaOHC) will continue the Early Dental Home (EDH) workgroup beyond the PIOHQI grant to continue lifting up issues that impact oral health for pregnant women and children
- VaOHC has partnered with Families Forward to provide technical assistance as they develop an online oral health training for home visitors
- Smart Beginnings is working with partners in the Tidewater area to maintain their school-age oral health programs despite funding changes
- Maternal and Child Health block grant includes oral health for pregnant women and infants as a priority area; trying to expand that to include school-age children
- VDH’s Bright Smiles for Babies program is still active; JoAnn Wells is the contact person. They offer online training and in-person trainings.
- JoAnn recognized nationally at AMCHP for her work in Virginia.
- Minus 9 to 5 leveraged partnerships and donations to start a Brush Book Bed project in Tidewater that will reach several thousand children without spending much resources.
- DBHDS is working on legislation to allow their hygienists to deliver the same remote supervision services as VDH-employed dental hygienists.
- Family Lifeline’s home visitors are providing oral health education; nurses do provide fluoride varnish. They participate in EDH meetings to catch up on innovative new practices.
- DOE removed the question on school health forms regarding a “medical home;” VDH and VaOHC are working to have the question added back and potentially add a question about a dental home. The EDH group may be asked for their support to re-add this question.
ODU and VCU are sending a survey to OBGYN and nurse practitioner organizations throughout the state with questions about their work to deliver oral health information to pregnant women.

**Basic Screening Survey Results and Trends, Monalisa Mboitsi**

- **PowerPoint Slides**
  - Of note, the number of women who reported knowing about the pregnancy Medicaid dental benefit in 2018 (37%) was way down from 2017 (52%).
    - Potentially competing priorities, particularly among the Hispanic/immigrant communities, may account for some of the decrease.
    - Additionally, the marketing push for the benefit may have been stronger in prior years after its initial rollout.
    - DentaQuest is continuing to increase its outreach and partnerships to promote the dental benefit.
  - BSS data can be aggregated by race, age, and region; may be an opportunity to explore barriers within particular regions, populations, etc. by breaking down the data. However, the data set is too small to be statistically significant when broken down.
  - Community hospitals and smaller hospitals are closing which is decreasing access to prenatal care. Some women aren’t accessing the WIC clinics until after they’ve had their babies.
  - Some dental providers may not understand the coverage and benefits. VA Dental Association can help to provide education about the dental benefit to providers.
    - Some providers may have been trained *not* to treat pregnant women.
    - Online curriculum will include how providers can talk with patients about oral health care and Virginia’s pregnancy Medicaid dental benefit.
    - Some providers may also be weary of treating pregnant women if they’re unable to continue that treatment after the woman rolls off of her Medicaid coverage.
  - VaOHC can provide technical assistance and communications about the dental benefit.
  - Many more women are eligible for WIC than the number who actually participate, so it’s important to partner with the care providers to reach more pregnant women.
  - VaOHC may be able to write a white paper on the BSS 2018 data and publicize it; requires some VDH approval. VCU School of Public Affairs is doing a pilot program with the City of Richmond to interview pregnant women about oral health.
  - Push to include oral health information in local prenatal classes; reach health systems and prenatal health educators.

**Policy Update, Sarah Bedard Holland**

- Crossover is happening this week
- Major priority for VaOHC is a budget amendment (Barker) to study to cost of dental-related emergency department (ED) visits. In other states, dental problems are among the top reasons why uninsured individuals visit the ED.
  - The study amendment was included in the Senate budget; it’s likely to be included in the House.
  - No fiscal impact; however, we included it as a budget amendment because its studying costs and the study results will be reported back to the budget committees so they’ll get to review the findings and the fiscal impact of dental-related issues. It’s also a way to key up a request for comprehensive adult Medicaid dental benefits in 2020. A comprehensive Medicaid dental benefit for all adults will increase utilization for the entire family and allow providers to continue treating pregnant women after their pregnancy Medicaid expires.
• VaOHC is also supporting legislation to allow Dept of Behavioral Health & Development Services hygienists to practice under the same remote supervision provisions as VDH hygienists.
• VaOHC supports legislation to allow the VDH to identify an entity to certify Community Health Workers (CHW). The legislation died in committee, due to opposition from Del. Garrett (Lynchburg); however, there is still opportunity to reach out to Del. Garrett to ask him to support the committee when it’s reviewed again.
• VA Delegates passed legislation to raise the tobacco and vaping age to 21.
• VaOHC legislative day was successful; please plan to join us in 2020 for legislative day to lobby for a comprehensive dental benefit for all adults enrolled in Medicaid.

Richmond Safety Net Survey Results, Sarah Bedard Holland
• VaOHC’s regional alliance in Richmond/Petersburg conducted a qualitative research study (with funding from Richmond Memorial Health Foundation) with Richmond-based safety net dental clinics to understand why patients who access medical services are not accessing dental services. Partners were local safety net clinics, VaOHC and Community Health Solutions. No plan yet to repeat survey in the same area, but it’s not off the table.
  o Survey interviewed 100 patients, 50 providers, and 50 referrers.
  o There was significant disconnect between the reasons patients offered for not seeking care and the reasons providers suggested patients were not seeking care.
  o #1 reason patients reported not accessing care was cost; patients also lifted up issues related to shame/embarrassment and pointed to a lack of cultural competency by providers and office staff.
  o In addition to cost, providers indicated they thought the reason patients didn’t access dental services was because they didn’t care; #2 was transportation. Incongruence among the patient/provider answers. Disconnect between providers and those they serve, potentially some implicit bias issues.
• VDH is interested in partnering with a group to work on cultural competency training opportunities. Reach providers while they’re still in training. Potential to develop collateral or model (i.e. tangible resource) for how providers to use to improve cultural competency.
• VaOHC will roll out a white paper or summary of the survey; group is asked to share widely.
• Survey results will inform some changes in Richmond/Petersburg safety net clinics.
• The entire survey and process from the Richmond group is available to other groups as a package, so it’s replicable.
• VaOHC alliances are replicating survey in South Hampton Roads through that regional alliance.
• Potential to have Remote Area Medical complete survey, or individuals who aren’t accessing the health system at all.

Bright Futures/EPSDT
• CMS notice from May 2019 (shared as handout) encourages all states to reimburse for oral health services based on the American Academy of Pediatrics’ EPSDT protocol. Virginia has room for improvement to match the AAP protocol, specifically in the areas of fluoride varnish and oral health assessments.
• EDH group representatives/VaOHC staff can get in front of DMAS and their MCO meetings to reinforce the importance of matching the AAP protocol. EPSDT guidelines in Virginia can change. Also update standard code for nurses as well so they can get paid.
Action Items:

- Share the online oral health training for childcare providers (DSS) with Jane at Minus 9 to 5.
- VDH will share results of the ODU/VCU survey with the EDH group when it is complete.
- VaOHC will share Monalisa’s slides with the group.
- EDH members, let VaOHC staff know if we can provide any communications/resources to help spread the word.
- Home visitor training/online curriculum should be strong on troubleshooting with patients when they run into barriers, like providers who say they can’t treat pregnant women and how to navigate insurance options in Virginia.
- VaOHC will ask group to support a comprehensive dental benefit for all adults in Medicaid in the next legislative session.
- Minus 9 to 5 may be able to connect VaOHC with the “mermaid” clinic so they can participate in the Hampton Roads survey.
- VaOHC staff will share a write up of the safety net survey results; EDH group can discuss the write up and next steps at a future meeting.
- Cornelia Deagle can help Sarah Holland work with CHIPAC to discuss reimbursement for EPSDT to match AAP, including the standard code for nurses.
- VaOHC will share the AAP’s full EPSDT statement/resources. Please look over the AAP’s specific recommendations related to oral health prior to the next EDH meeting, particularly in regard to the fluoride varnish and oral health risk assessment.

Next meeting will be June 11, 2019, at 1pm.