

**Virginia Health Catalyst  
Northern Virginia Adults Oral Health Workgroup Summary  
Friday, November 15, 2019 | 1:00 - 3:00p.m.**

**Desired Outcomes**

- Develop a common understanding of some oral health challenges and opportunities
- Agree on a strategy for moving forward

**Attendees**

Dr. Nicole Reaves, Provost of Medical Education Campus (MEC)  
Lisbeth G. Shewmaker, D.D.S., MEC Dental Assisting Program  
Dr. Mary Pryor, Director, MEC Restorative Dental Clinic  
Tricia Rodgers, Northern Virginia Health Foundation  
Ingrid Verlarde, Northern Virginia Family Service  
Tom Fonseca, The Fenwick Foundation  
Allen Lomax, Partnership for a Healthier Alexandria  
Carmen Regan, Northern Virginia Dental Clinic  
Tom Wilson, Northern Virginia Dental Clinic  
Betty Peebles, Jon C Burr Foundation  
Lori Cooper, Jon C Burr Foundation  
Dr. Anne Gaddy, Alexandria Health Department  
Rachel Lynch, Inova Population Health  
Erica Wood, Northern Virginia Aging Network  
Eduardo Mantilla-Torres, Neighborhood Health

*VaOHC Staff:*

Carrie Redden, Northern Virginia Oral Health Alliance

**Action items**

- Carrie will follow-up with Dr. Gaddy to see if Alexandria Health Department can help pull ICD-10 codes for Emergency Departments.
- Carrie will compile all strategies brainstormed and prioritized by the group to share and discuss in more detail.
- Members will meet again in January to outline action steps for prioritized strategies

**Next meeting: Wednesday, January 8<sup>th</sup> from 1-2:30, Northern Virginia Family Services,**  
Community Room, 10455 White Granite Drive - Suite 100, Oakton, VA

*Meeting summary on following page.*

## Meeting Summary

**Welcome and Introductions.** Dr. Nicole Reaves welcomed the workgroup to the Medical Education Campus (MEC). The MEC trains future hygienists and provides safety net dental care for people of all ages. The MEC is focused on prioritizing underserved populations. They have recently purchased a bus – [MEC Mobile](#) - to provide dental outreach and education to the community that the MEC serves.

**Overview of NVCC Restorative Dental Clinic.** Dr. Mary Pryor echoed Dr. Reaves welcome. She provided a tour prior to the meeting for those who wanted to come early to learn more about the Restorative Dental Clinic and MEC Mobile. The Restorative Dental Clinic offers access to affordable, comprehensive dental care services for low-income, uninsured individuals. NOVA Dental is a safety net dental clinic. It provides dental care for individuals regardless of their insurance status and welcomes all patients, including geriatric and those with special needs. Fees are on a sliding scale based on insurance. They do not provide anesthesia, but all other restorative care.

**Results of Alexandria FLOS Project** (*presentation slides and report attached*). Dr. Anne Gaddy of the Alexandria Health Department shared results from Alexandria's FLOS Project. Its goals were to identify determinants of oral health in Alexandria's long-term care (LTC) facilities and develop recommendations to improve oral health in those facilities. The comprehensive report and her presentation slides will be shared with the meeting summary. Some finding highlights include:

- Care coordination is resource intensive because it requires someone to identify the need, another person to make the appointment and figure out related insurance provider and logistical information, and two other people to provide transportation and a staff escort.
- No community dental office has shown a particular interest in treating older adults so there may be a lack of experience and comfort level with providing care to an older population. There are currently no mobile services available, but LTC facilities are interested. One shared that this service used to be available and residents loved it, but financially the providers had trouble sustaining it.
- Facilities are interested in staff education to support oral assessments and in providing daily oral health care.
- If families better understood the need, they could better support transportation and navigating the care coordination process.
- Most facilities want access to services for dental issues and report having trouble obtaining subspecialty services.
- Key recommendations include: identifying a regional champion for this work; providing education to facility staff, residents and their caregivers; providing physical aids such as electric or modified toothbrushes; increasing capacity of dental providers; developing a resource guide; and augmenting communication efforts.

**Update on Catalyst’s policy advocacy efforts.** Carrie Redden provided a summary of Virginia Health Catalyst’s current policy advocacy efforts. The Catalyst is particularly focusing on two areas:

- Adding a comprehensive dental benefit for adults enrolled in Medicaid. DMAS estimated the benefit would cost the General Fund \$34 million. Based on other State experiences, Catalyst estimates costs to be closer to \$24 million. At this point, we hope it will be in the Governor’s Budget which will be out on December 18<sup>th</sup>. If the benefit is not included in the budget, the Catalyst will seek a budget amendment (which will likely be sponsored by Senator Barker). This benefit has tremendous positive ripple effects for other vulnerable populations. Individuals enrolled in substance use disorder programs have had more success when they have access to oral health services (higher graduation rates, less recidivism, more likely to have a job at graduation). Children are more likely to utilize dental services earlier if their parents have dental benefits.
- Adding certified medical assistants (CMAs) to the professionals that can apply fluoride varnish in medical settings. Currently LNPs (through physicians) are able to apply varnish. Including CMAs as approved providers in the law will address some of the current workflow issues for practices. We’re feeling positive about this effort as it has the backing of a lot of state partners.

**Overview of Goals/Objectives.** To frame the brainstorming conversation, Carrie reviewed the goals and outcomes that the workgroup had revisited and fine-tuned at a previous meeting. They are listed below.

Goal 1: Increase public awareness and engagement around the issue of oral health and health equity in the NOVA region.

*Immediate outcomes:* More informed alliance members. New partners engaged tackling different social determinants of oral health. Local and state officials more aware of oral health status of vulnerable populations, barriers to care accessibility and delivery, and opportunities to collaboratively improve oral health in NOVA

Goal 2: Promote solutions for oral care needs in Northern VA.

*Immediate outcomes:* Local and state decision-makers more aware of oral health status of vulnerable populations, barriers to care accessibility and delivery, and opportunities to collaboratively improve oral health in NOVA. Local and state decision-makers incorporate oral health into policy, legislation, and/or program design.

**Round Robin Break-out Brainstorming Sessions.** The group broke into three groups of 4-6 people. Two groups focused on policy and advocacy while the third focused on access to care for older adults. Carrie asked each member of the group to write down a proposed strategy. The strategies were then passed around the small groups and refined as members identified challenges and solutions. The groups then shared their favorite idea. The strategies identified as

having the most potential are included below. A list of all the strategies are included at the end of this meeting summary.

*Priority strategies include:*

- Create a video series involving people with unmet needs to tell their stories. Share the videos with policy makers in person and via emails. Target audience: local policy makers.
- Provide grass roots education through presentations to increase awareness and promote partnerships. Starting point: Get seniors to advocate for themselves. Other target audiences: organizations, PTA/Book Clubs, Schools (Community Colleges)
- Encourage a local dental society to reach out to dentists to ask them to take on one patient a month (or every six months). Have the local society generate a list of patients who need care and provide the referral service. Host more Mission of Mercy events where patients could be treated for free.
- Host a "Senior" Day at the Dental Hygiene Clinic.

**Discussion of Next Steps.** The group will meet on Wednesday, January 8, 2020 from 1-2:30 to outline action steps to prioritized strategies and revisit other strategies outlined during the brainstorming session.

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*Additional strategies identified during brainstorming session include:*

- Develop a standard presentation with a set of data and key issues on oral health issues. Include a video series with individual stories. Focus video on a specific suggestion for action.
- Create toolkits to hold policy forums. Make the forums personal to get their attention and propose a solution that makes it easy to act.
- Create a town hall/public forum/conference with presentations from experts and panels to talk about 'lived experience' from a patient, provider and facility perspective.
- Expand dental benefits for Medicare/Medicaid recipients to provide dental services at community health centers and dental schools.
- A one-year funded coalition of medical, mental and dental health providers will devise a pilot educational program on oral health as a tool to report to City Council.
- Educate local leaders and the public regarding the importance of maintaining good oral health. Pursue legislative action to require dental professionals to take Medicaid/Medicare.
- Develop a robust local advocacy effort for dental benefits in Medicaid (same for Medicare) with more outreach and education through a coordinated campaign.

- Have dental schools cover challenges associated with older adults more extensively, perhaps by having fourth year dental students visit LTC facilities to train staff as an externship. Particularly if dental becomes part of a Medicaid adult benefit, then the numbers of providers need to increase also.
- Educate dentists on the importance of oral healthcare in the geriatric population through continuing education courses and professional societies.
- Provide a range of incentives (financial, professional, cultural and other) that encourage increasing access to care.
- Improve health literacy and education about oral care for (LTC?) facilities