

Commission to Study Pathways to Oral Health Care in New Hampshire (SB 193)

06/19/15

Present: Senator Bradley (Chair), Senator Donna Soucy (Senate), Michael Auerbach for Dr. Puneet Kochhar (NH Dental Society), Erika Argersinger (NH Kids Count), Gail Brown (NH Oral Health Coalition), Suzanne Kuehl for Pamela Delahanty (NH Dental Hygienists Association), Mary Ann Aldrich (Public), Dr. Roger Achong (NH Academy of Pediatric Dentistry), Dr. Margaret Snow (NH Medicaid Dental Director); Representative Jim MacKay (House), Charles Saia (Governor's Commission on Disability), Robert Ritchie (State Committee on Aging); Janet Laatsch (Bi-State)

Presentations:

- I. Dr. John P. Ahern and Dr. Kristine Blackwelder – NH Dental Society (see attached)

Questions:

Dr. Snow - In the programs mentioned- are the staff paid?

Dr. Ahern – Yes, staff are paid, dentists are not. A lot of what our public hygienists have been able to do is case management. Children are screened, educated, and referred for clinical treatment. If on Medicaid, a dentist will receive the Medicaid payment, if not on Medicaid, the care is given pro bono. His office has open capacity and 5 Medicaid providers.

Dr. Blackwelder – Specific to the Laconia Dental Initiative. We formulated a contract with the FQHC. We contracted with private practices. If a child has Medicaid, we bill, otherwise, the dentists perform the care pro bono. No problems.

Mr. Saia – What about people with disabilities – how are they being served?

Dr. Ahern – Some dentists have set up a service for disabled. Navigating is the problem. Need a conduit for getting the care coordinated. Some treat patients at Northeast Rehab. Has also worked on a pro bono program for the disabled, will forward information. Funding is also an issue. Drs. Wilson and Kochhar participate in a program where they volunteer to take a patient, as needed.

- II. Dr. Larry Hill, former dental director for City of Cincinnati – sponsored and funded by NH Kids Count and Pew Children's Dental Campaign.
(See attached)

Questions:

Senator Bradley – Are you from New Hampshire?

Dr. Hill – Actually, I'm from Ohio – was the former Director of program in the City of Cincinnati.

Rep. MacKay - Have you thought about treatment of severely and mentally ill patients? Delivery of services to that population is a special kind of problem.

Dr. Hill - In some communities with hospital residence, there may be a focus on kids with specialized needs (Ex. Children's Hospital in Cincinnati). Not every community has that. In Ohio, we are asking people to drive 2-3 hrs. It is a weakness in the system. One of the pediatric dentists said the less severe patients could be treated at general practices if they had knowledge, patience, understanding, reimbursement, etc. We could have more served in community, but it takes expertise. Dental is the greatest problem for people, but when we make healthcare policy, we leave out oral health. Has great empathy for those with disabilities.

Gail Brown - Agree that there is unmet dental need in mental health. Pain, infection, etc. This is a medical issue. Also talked about pain management. Untreated dental pain goes to ER, after several times, you are turned away because of a needing more drugs. Need to consider mental, medical and dental all as one.

Dr. Hill - Also talk about homeless - their dental pain is common. Also with addicts, once they get them off drugs and off numbness, they have dental pain. There is a Homeless dental program - 7 chairs in Cincinnati. We convinced people in HUD application for dental services in the homeless clinic. There is a need. Problems touch every population. Very spread out.

Janet Laatsch -- How are Minnesota and Alaska programs sustainable?

Dr. Hill - Kids are on Medicaid. Not sure - maybe in Alaska there is a form of tribal consortium funding, Medicaid pays terrible, but it doubles patients. Has made difference in states that have Medicaid expansion, is helping to sustain clinics.

Dr. Snow - In your presentation – include NH model in your presentation. In order to have a successful program you need rational rates, less administrative, work on patient behavior. We've almost doubled pediatric dentists in this state. The lion's share of access is in children's Medicaid. We can't do anything for adults because of limited benefit. Capturing excess capacity is better than rebuilding the system.

Dr. Hill - We would do better in Ohio if they acted like NH. Not suggesting we rebuild the whole system, but we need to look at special needs of special populations. ADA's model – the Community Dental Health Coordinator (i.e. case management) is huge. What I need, as a provider, is the full menu of options. I need all of it. One issue won't solve everything. I can pick from the menu. If pediatric dentists are taking care of the cities, what helps in the North Country? If there is good quality, then I want access to it.

Mary Ann Aldrich - Are you aware of collaborative practices between mid-levels and practices, like medical model?

Dr. Hill - nurse practitioners and physician assistants work well. Minnesota and Alaska are good models. Many states practice acts say hygienists can do these extended models but in public health facilities. How come you can only do it in public health facilities? How come dental therapists can only do public health and not other places?

Suzanne Kuehl - if we are talking about disease and aging population need to consider Periodontal disease that contribute to other things like diabetes and other diseases. Keeping the focus on disease. It doesn't always hurt, it is still disease.

Dr. Hill - We need to take better care of seniors before they get to nursing homes. Much of it is a hygiene issue in nursing homes. Ex. Bootsy Collins –his 24 yr old nephew died from dental infection. looked at mortality data. Over the course of 2 years, 217 deaths from dental disease, of those, 40 were from cancers that should have been picked up. Another 40 were from dental infections.

Dr. Achong - You said in your presentation that there were no pediatric dentists in north and western parts of the state?

Dr. Hill - Don't really know. Just know there is a concentration of dentists where the population is, and usually less in rural areas.

Dr. Achong – pointed out pediatric dentists serving the north country and western parts of the state.

III. Dr. Achong – NH Chapter Pediatric Dentistry. (See attachment)

Questions:

? Dr. Snow - How many Medicaid children have your practices seen?

Dr. Achong - not sure. Would need to ask office staff.

Dr. Snow – I can tell you it is thousands. Do you know when the last time you ever said “no” to my request to see a child?

Dr. Achong – I never say “no”. We don't cherry pick. We all see Medicaid patients.

Mr. Ritchie - why do you say the Minnesota study was flawed?

Dr. Achong – It was too small a sample.

Erika Argersinger - May have been because it was early on in the implementation of DTs. However it did find that patient satisfaction was equal to that of dentists. Also, other studies have been done and the care is competent.

Erika Argersinger - What is the difference between general dentistry and pediatric dentistry?

Dr. Achong – Pediatric dentists receive 2-3 years of training for dental specialty, except for oral surgery – which is more.

Erika Argersinger - Carsey study shows there are no dentists up above Belknap County. The information was drawn from the Board of Dental Examiners.

Dr. Achong - That is wrong. We have practices in Lincoln, and going to Littleton. We bear the risk of going to the northern areas. Had to borrow money from bank to establish practice. Hard to keep overhead going without patients. Tried 2 days a week, now down to 1 day a week to try to sustain practice.

Senator Soucy – Is hospital care part of your training?

Senator Bradley - So you are the northernmost practice?

Dr. Achong - Yes. New one going in Littleton. Dr. Spence in Claremont is westernmost.

Dr. Snow -- is intubation done in your practice or at hospital?

Dr. Achong—not done at office for safety reasons. Child or disabled adult sometimes have multiple health care needs taken care of at same time when under anesthesia.

Gail Brown - Sometimes care in hospital comes under medical insurance. Do you have contact with Ammonoosuc?

Dr. Achong – The Molar Express came to us and we are trying to work with them. Working to refer patients to Lincoln.

Dr. Hill - Want to make a point that, to his knowledge, the number of clinical hours trained for providing a limited scope of service actually exceeds the number of hours dentists get trained on those same procedures. An editor on evidence based care did the evaluation of the care in Alaska and found it equal.

IV. Acceptance of Minutes of May 8, 2015.

Gail Brown has change to minutes: Change section II, line 7 to biggest **perceived** barrier. Rep. MacKay moved for approval with amendments. Seconded by Senator Soucy. All in favor.

V. Discussion of Drafting of final report:

Senator Bradley discussed some of the issues he would like to see covered in the report:

- Commission was formed about dental access
- Discussion about adult Medicaid benefit. Dr. Snow will be helpful on this - can we look at what other states similar to NH use, can we see what it might cost? A ball park estimate?

Dr. Snow – may be able to provide several models (i.e. annual caps, etc.)

Senator Bradley - Multiple choices is good but keep to broad scope for after reauthorization of expanded Medicaid. Also want to cover issues in the report about access which talk about childhood access which is good based on the data seen, but there are pockets. Should cover Prevention and Education and public health are most important. Recommendations should consider this a priority. Brushing, etc., is preventive and key and that needs to be promoted. Some discussion about public health fluoridation. Didn't talk about it too much. It may not be a bad thing to think about.

Senator Soucy – Fluoridation is a good thing to discuss.

Senator Bradley - Report needs to discuss the implementation of the two new practitioners, EFDA & Certified Public Health Hygienists. There will probably be a debate in the report on dental therapist. Doubt this will be unanimous. We can at least say it was discussed and present both sides of the argument. Anything else I missed?

Mr. Ritchie - Would like to see something on older population; feel we don't know enough about the problem. Believes that is part of the adult Medicaid discussion.

Dr. Snow. There is also no Medicare coverage for older adults. But it would be good to consider the adult population, disabled and vulnerable.

Erika Argersinger- Would like to see something about the segment of the population not accessing the care we have now. How to get people out to different places – for example, co-locating with hospitals, schools, etc. Getting services out to communities.

Gail Brown - Hope we talk about more research from others and how to get these discussions out to people not in this room. She can help with that.

Michael Auerbach – New Hampshire Dental Society offers itself as a resource.

Dr. Snow - Discussion of expanding the Supply side so it is more convenient is one thing, but drivers of the demand side need to take place first. Clearly people in North Country go to the Concord Walmart. The challenge I see is driving demand.

Erika Argersinger - May see it as a supply side and demand side.

Senator Bradley - Erika and Jodi will work together to coordinate the report. Dr. Snow is critical and Gail is critical. Dentist voice is critical. Encourage others to volunteer. Not a long report - 20 page max is appropriate. Use footnotes and addendums. etc. Also think if the report recommends an adult Medicaid benefit, need citations. May take a long time to get it, but it is trending that way. That is the critical focus point.

Gail Brown- We are here because of last year's dental therapist debate - but this is far beyond any single issue. Stick with our charge. Underlying issues may have different opinions, but want to see opportunity to elevate oral health.

Meeting adjourned.