

NH Oral Health 2014: A Journey of Discovery





Portsmouth, NH

August 1, 2013



- **Role of Public Health Hygienist**
- **Board of Dental Examiners: Presentation on New Rules for Certified Public Health Hygienists. (PHDHs)**
- **Local partner: Families First**

Visions

- Cradle-to-grave dental care
- Co-location with other services
- Portability of oral health services
- Strong education component
 - Consumer
 - Dentist, PCPs
 - RDH
- Greater coordination created between dentists and PCPS

Barriers

- REIMBURSEMENT
- FUNDING ALIGNMENT
- EDUCATION
 - Dentists
 - PHDH -- Training, Billing, ID#
 - Consumer -- Oral health importance
 - PCPs -- Integration of service

Discussion Points

- Your visions of the PHDH in New Hampshire
- Barriers to implementation of oral health programs



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- **Barriers to implementation of oral health programs**

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Keene, NH

September 5, 2013



- **County System**
- **Public Health Networks**
- **Local partner: Cheshire Smiles, Cheshire Medical Center**

County System

Strengths:

- Opportunity exists to have public health focus

Weaknesses:

- Lack of will and consistency among the counties

Public Health Networks

Strengths:

- Public health based
- Already engaged in some ways w/ partners they serve
- Amalgamation of people with skills & experience.

Weaknesses:

- Decision making process
- Timing -- just starting PHACs

Added to Vision

- Referral network for adults and children to dentists and other oral health specialists needs to be enhanced

- "No Wrong Door"

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- **"No Wrong Door"**



Littleton

September 25, 2013



- **CAPs: Community Action Programs**
- **Community Health Centers**
- **Local Partners: Molar Express, NCHIN, CCFHS**

Barriers

- Sustainability
 - Limited funding
 - Limited reimbursement
- Education for dentists, PCPs, consumers

Added Vision

- Holistic approach -- behavioral, medical, Rx
- RDH vision:
 - Better network for referral
 - Direct billing, provider ID#
 - Want to consistently provide education, fluoride and screenings
 - Temporary restorations
- Portability of services

CAPs & CHCs

- CAPs --
 - Statewide WIC programs
 - Commodities Food Program
 - Elderly housing
- CHCs:
 - Some oral health programs
 - Strong candidate for medical/dental integration

CAPs & CHCs

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- **Statewide WIC programs**
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Nashua, NH
October 17, 2013



Local partner: Lamprey Health Care

Advanced the vision of the PHDH in New Hampshire

- **Drafted changes to vision**

Introduced the public health infrastructure comparative

- **Gained clarification on systems**
- **Created the research list**

Affirmed the barriers to deployment of the PHDH

NH Oral Health 2014 Vision Statement

"Implement a sustainable oral health system to deploy PHDHs using a holistic, multi-faceted, public health, approach to provide evidence-based preventive oral health care; throughout the lifespan, with a focus on under-served populations. PHDHs will be integrated with other community or health programs, and will go directly to the target populations."



New Hampshire Public Health Infrastructure

Original Scope and Title

- Identification, engagement and development of in-state NH broad-spectrum oral health leadership for the purpose of examining analyzing and selecting a system for deployment of the public health dental hygienists into under served areas.

Key Findings and Issues

- All systems currently examined are informal in nature and in varying degrees of evolution
- Systems may have a convening or joining entity, e.g. association, but not a governing entity that directs the work of the members of the system
- Members of all systems provide some type of service but it varies widely and may vary within an individual system from member to member

Key Findings and Issues

All infrastructure systems examined:

- Include at least a few oral health delivery programs
- Could benefit from more knowledge on available reimbursement, funding, scope of preventive services, public health supervision, and further development of referral networks.

Additional infrastructure systems, e.g. hospitals, would benefit from the same informational components.



- How do we bridge the gap?
- Do we choose only one system?
- Do we create a universally applicable substructure?

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Identifying Levers

What can we do to fill the gaps?

Where can we take action?

- **Reimbursement/ Funding**
- **Education/Knowledge**
 - **PCP, Dentist, RDH, Consumer**
- **Network development for referral**



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