

COLLOQUIUM REVIEW #4

NH Oral Health 2014/ Nashua, NH

October 17, 2013

Education to Analysis – Framing the Future

The fourth convening moved us from an education format into analysis. Hosted by our local partner, Lamprey Health Care in Nashua, we gathered to look at the developing vision of the public health dental hygienist (PHDH) and the comparative strengths of the identified infrastructures. Our thanks to Mariellen Durso and her team for their hospitality.

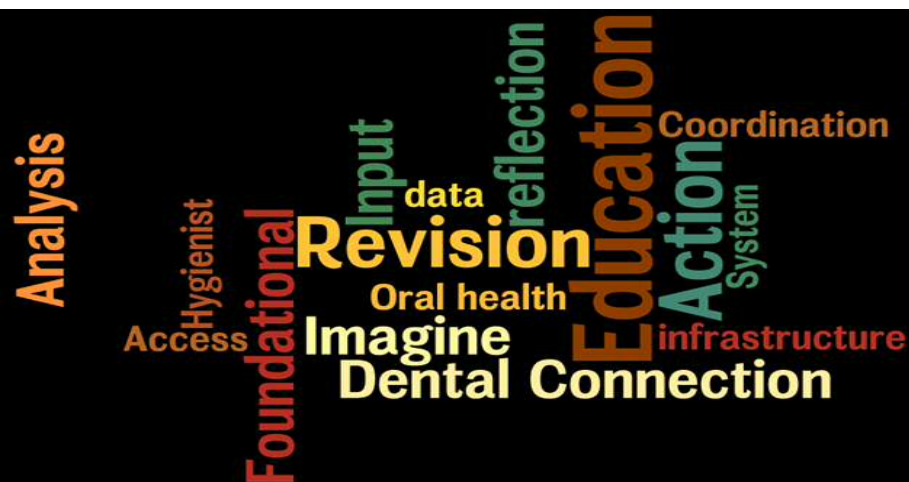
The colloquia process remained fluid as new members continued to join and participate in the network by bringing additional visions and perspectives on the role and future of the PHDH.

During this convening we shared in the realization that the public health infrastructures studied were not yet ready for deployment of hygienists due in part to the non-centralization of their systems structure and in part to the fact that there was a cross-sector lack of foundation of information, understanding and interrelationship among the provider community that was needed to support efficient and effective public health hygiene work and deployment - whether individually or systemically.

Our vision of impact began to shift from a short-term goal of infrastructure deployment to one of creating a foundational substructure of knowledge, information, and relationship that could be used by individual programs or infrastructures as they developed capacity to deploy.

This project is designed to identify and engage a state-wide, broad-spectrum oral health leadership group through a whole system in the room collaborative alliance based on development of trust, dialogue with active listening, identification of common ground, joint exploration of the issue, cross-education and a collaborative consensus-based decision-making process, for the purpose of examining, analyzing, and preparing recommendations for the deployment of public health dental hygienists within a natural infrastructure system in the state.

- NH Oral Health 2014



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Major Vision Theme Development – Small Group Evolution

Small group activity at each of the prior 3 colloquia provided the opportunity for group expansion and affirmation of the vision themes. Information was gathered through a variety of methods including small and large group discussion, written survey.

Emerging Visions:

- Dental care across the lifespan – pregnancy to geriatric
- Co-location of services with other providers including primary care, obstetrics, federally-qualified health centers, etc.
- Portability of services into the community including food pantries, nursing homes, schools, Women, Infants, and Children (WIC)
- Increased coordination of medical and dental providers
- Strong educational components to dentists, physicians, hygienists, etc.
- Consumers education on the importance of oral health
- Follow-up referrals for both adults and children to dentists, specialists, and physicians (Keene)
- “No wrong door” for entry into the oral health access system (Keene)
- Holistic approach – behavioral, medical, pharmaceutical and dental (Littleton)
- Strengthened networks for referrals beyond hygienists scope of practice (Littleton)
- Integration of the expanded hygiene activities in certified public health hygienists (C-PHDH) statute including temporary restorations, radiographs in the community, and nutritional counseling related to oral health (Littleton)
- Reimbursement and service alignment to ensure payment for hygiene and preventive services rendered through public and private systems including Medicaid and commercial insurance, and direct billing with NPI numbers (Littleton)



Developing Vision

“Coordinate a sustainably-funded system to deploy PHDHs using a holistic, multi-faceted “public health” approach to provide preventive oral health care; beginning with prenatal care, continuing with primary care, school based programs, elderly and other “at-risk” populations. PHDHs will be co-located with other services or will go directly to the target population.”



Revised Vision from #4

“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.”

Public Health Infrastructure – Seeking Readiness for Deployment

NH Oral Health 2014 was designed to identify, engage, and develop NH oral health stakeholder leadership *for the purpose of examining, analyzing and selecting a system for the deployment of public health dental hygienists into underserved areas.*

Our focus in analysis looked for the readiness and capacity of the infrastructure systems to implement a standardized process to deploy hygienists where needed.

We learned that the systems explored, as noted in the grid insert, had a variety of strengths and longevity in supporting health and public health services but that at the current time, none of the systems had a centralized governance process that could move forward within the next 12 to 24 months to the point of deployment readiness. Several of the systems do not yet have internal agreement on creating cross-system programming. In fact, each system was characterized by membership of individual business entities with some common funding sources, services, and communication capacity but in most ways they were “siloes” in operation.

The Public Health Networks are closest to being able to develop and deploy within 24 to 60 months. They are currently integrating the Department of Health and Human Services (DHHS) behavioral health contracting into their system. We can monitor and evaluate that process to determine if it is a system that could then integrate the DHHS oral health contracting. With the current oral health contracting being mid-cycle, we have time to further evaluate and prepare the PHNs for deployment. We also identified at least 2 additional infrastructure systems, hospitals and visiting nurse/home visiting associations that might provide structure for hygienist deployment.

Through the colloquia we recognized that the barriers identified illuminated some strong cross-sector themes critical to developing effective and efficient public health hygienists’ community programs. Consideration of those barriers lead us to identify 3 points for change where we could make an impact and help to develop the environment that is needed for any potential deployment either separately or through an infrastructure system. This process created the 3 levers that we used to develop the NH Oral Health 2014 Implementation Grant application.

Cross-sector barriers to further deployment of PHDHs include limited knowledge by hygienists, dentists, and program managers on current in-state and national funding methods; inconsistent use of available reimbursement and funding; limited knowledge of the role and potential for hygienists under NH public health supervision rules, the certified public health hygienist statute, and rules, and limited knowledge by consumers about oral health resources, practices, and access; and, limited availability and knowledge by physicians, hygienists, and general dentists about follow-up resources for restorative dental and further prevention services.

Through synthesis of the barriers, the levers for implementation action were defined as:

- Reimbursement and funding – mechanisms and understanding;
- Knowledge and information – for clinicians, program managers, policy/decision makers, and consumers; and
- Referral network options – for follow-up oral health, dental and medical care.

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Our primary funder for this project, the DentaQuest Foundation is committed to improving the systems that promote optimal oral health: Policy, Funding, Care and Community.

Through philanthropic investment, DentaQuest supports major national initiatives and state-based programs that are driving change from grassroots to grasstops. Their vision is the equitable access to knowledge, care, and community resources that supports optimal oral health.

Expanding the Network

American Dental Hygiene Association
Bi-State Primary Care Association
Board of Dental Examiners (BODE)
Community Action Program – Belknap/Merrimack
Community Health Access Network (CHAN)
Families First Health and Support Center
Greater Derry Oral Health Collaborative Corp
Greater Nashua Dental Connection
HNNFoundation
Lamprey Health Care
Milford School District
Nashua Division of Public Health and Community Services
NH Dental Society
NH Department of Health and Human Services
NH Kids Count
NH Dental Hygienists' Association
NH Oral Health Coalition
NH Public Health Association



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