WORK GROUP NOTES – NOVEMBER 12, 2013

Four groups were created to address the main barriers identified in the first four colloquium. The goal of this exercise was for the stakeholder groups to identify objectives and action steps necessary to increase access to preventive health services via the PHDH in any health care or community setting. The presentations given by each group formed the basis of the NH Oral Health 2014 Implementation Grant objectives and actions.

Question 1: We have learned in past meeting that current reimbursement mechanisms do not always cover current service provision of preventive oral health care. If that is so, what should be changes?

Several issues identified had to do with Medicaid and how it covers or does not cover certain services. The group felt that temporary restorations needs to be billable. In addition, the Oral Health Education Code should be re-enacted. In addition, there was a desire for a Provider ID (NPI) for billing Medicaid and private insurance.

Other areas that the group wished to explore included removing or increasing reimbursement limits for fluoride varnish applications. They would like to explore the idea of a community oral health worker and how that would be reimbursed. The Certified Public Health Dental Hygienist should be able to accept out-of-pocket payments or explore a mechanism for them to accept private insurance.

FQHCs would like to get an encounter rate for dental as they do on the medical side rather than fee-for-service. FQHC PCPs need to be reimbursed by Medicaid for oral health encounters as currently the service is bundled with other preventive health care services. (Clarify).

Question 2: What other groups, organizations or individuals could be partners in funding oral health services and programs?

This group prefaced their presentation that sustainability of any program is a key factor. Actions needed to be taken include Medicaid expansion, convening corporate and insurance organizations, and involving Chambers of Commerce businesses, and volunteers.

The following ideas were presented as potential sources of funding: Medicaid increased coverage and payment, and fee-for-service opportunities with a sliding scale fee (cutting out insurance middle man).

Sources of in-kind support were identified as the following: volunteers from Rotary or Lions Club, retired dentists or hygienists.

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Question 3: We learned that gaps in knowledge and information are a key barrier in delivering oral health care. What would be the most effective way to provide information to organizations, professionals & consumers?

Many ideas were generated during this discussion. The best method of education for primary care providers (PCPs) was felt to be going directly to their offices and giving face-to-face presentations. It was also felt that we need to begin to educate provider institutions including hospitals, homecare organizations and social work agencies.

The dentists comprised a part of the proposed education program. It was felt that dentists needed to be reached one by one on the ways to provide other services – allowing PHDHs to practice with supervision, for example. Dentists also need support with case management of patients in need of services. Finally, it was felt that some sort of recognition should go to dentists who do participate in Public Health programs and supervise hygienists.

For consumers, the group wants to inform then how to be "good patients." They want them to be provided with information on community agencies and what services they provide and would like to see oral health providers and resources have more of a presence on the NH 211 information system.

Question 4: How can we build and strengthen inter-professional relationships among oral health stakeholders in order to ensure comprehensive care for the patient?

This group wished to identify the following:

- Stakeholders and their "buy-in" point
- Professional networks including dentists, PCPs, and nurses
- Hospital PCP practices and affiliations
- Aging services network – Service Link and nursing homes

Educate:
Multiple avenues including professional meetings, online educations and CEUs. The public, a media campaign is desired and for the payers (insurance companies). The ability to create "buy-in" will be admittedly different for each stakeholder.