## **Implementation Kick-off Notes**

After a brief introduction of the planning process and an overview of the implementation grant, there were three work teams created to review the goals and objectives of the work plan, to identify individuals who can participate and to select a team leader. Those three teams included Reimbursement and Funding, Knowledge/Information, and Referral Network Development.

# Work team #1: Reimbursement and Funding

Participants: Kori Preble, DHHS-Dental Director's Office; Mary Vallier-Kaplan, NHOHC Steering Committee/DentaQuest Board; Nancy Frank, North Country Health Consortium; Hope Saltmarsh, Greater Derry Oral Health Collaborative; Keith Batchelder, Ammonoosuc Community Health Services; Ellen Gould, Polished, LLC; Susan Smith, NH Voices for Health; Susan Wnuk, Belknap-Merrimack Community Action Program; Joan Fitzgerald, American Dental Hygiene Association; Lauren Redden, NH Kids Count; Tom Bunnell, NH Voices for Health; Helen Taft, Families First Health and Support Center; Shannon Mills, Northeast Delta Dental. Staff: Gail T. Brown

Identify additional group members: Concord Sealant Coalition (S. Mills to represent at this time), Granite Health Network (Concord Hospital, Wentworth -Douglass, LRGHealthcare, So. NH Health System, and Elliot), legislators, medical and dental insurers including Martin's Point Health Plan (2014 Prime (HMO-POS includes enhanced preventive dental benefits), Anthem, Minuteman, Harvard Pilgrim; Medicaid including Kathleen Dunn, Director; Board of Dental Examiners; Public Health Networks; Dartmouth Hitchcock Alternate Delivery; NH Hospital Association, private dentists both in-state and out-of-state; banks/financial institutions; municipal organizations/town welfare officers; Community Development Block Grant (CDBG), veterans, managed care organizations, groups working on the "medical home models", pharmacists/quick clinics, etc.

## Prioritize objectives and activities:

- Understanding Medicaid oral health and dental service/reimbursement as currently done in NH; and as it could be done under CMS guidelines
- Establish a baseline data survey regarding public health dental hygienist work, reimbursement, location
- Explore business models for deployment of public health dental hygienists into public/private settings
- Reimbursement for the public health dental hygienists. Funding.

### Fill in the gaps:

- Dental benefits for Medicare (supplements currently can include dental, e.g. Martin's Point)
- Consider related pilot projects
- Identify considerations of dental managed care v. fee-for-service (as relates to public health dental hygienist services)
- Engaging billers, centralized billing representatives
- Right person for the right job exploring prevention
- Self-sustaining reimbursement and funding for public/private settings, especially Medicaid
- National Provider Identifiers (NPI) relating to public health dental hygienists
- Rate-limiting
- Additional public health dental hygienist service locations and reimbursement systems including nursing homes (ICF/SNF), SNF rehab, acute rehab, hospitals
- Consider the current data-bases of work force information, aggregate and affirm acceptance by participants

# ID leader(s):

Panel of 3 to include – Hope Saltmarsh, Joan Fitzgerald, and a third member, preferably
a dentist with a private practice knowledge (Robert Martin, Earl Simpson, others)

## Plan next meeting time:

• Use electronic and in-person methods; approximately 1 month.

GB

## Work team #2: Knowledge and Information

**Participants:** Adrienne Rupp (BIA), Lisa Richards (NH DHHS, WIC), Liz Kantowski, Justine Anastasoff (RDH), Francine Morgan (Molar Express), Louise Danforth (Healthy Teeth to Toes), Nicole Watson (Lamprey Health Care), Carlene Ferrier (CHAN), Sarah Finne (NHDS, GDOHCC), Tracey Tarr (DHHS, Elderly), Maggie Ray (NHTI), Susanne Kuehl (RDH) (To join: BJ Brown, Stacey Plourde (BODE) Staff: Jane Goodman

**ID Other Group Members:** Teachers, PTA, SAUs, School Nurses, Public Health Networks, Aging Services Networks (Home Health care and Senior Centers), legislative representatives

### **Prioritize objectives and activities:**

Initial discussion focused around understanding the value of dental care for Medicaid recipients. Messaging will need to be different for different types of consumers. It was noted that there is a strong disconnect between medical care and dental care.

- Elderly health ramifications
- Young child importance of prevention, stopping decay in the first place (sealants, fluoride)
- Physicians/ primary care providers
- Community Groups and organizations
- Dentists supervising responsibilities, new dentists need education and orientation (University of New England)

Educate "ourselves" on the function of the PHDH and the C-PHDH

- Clear information is needed road map
- Create a "cheat sheet" on the function, qualifications and skills of the PHDH
  - Sub-committee formed (Sarah Finne, Susanne Kuehl, and Maggie Ray)
- Flyer/information that PHDH can use to make connections in the community (From Referral Network Development work team)

Baseline Survey very important to inform our work (fill in gaps of service, look for efficiencies)

- Creation of survey instrument is underway
- Need reviewers of instrument (Suggestions, Francine Morgan, Hope Saltmarsh and Pam Delahanty, Keith Batchelder), run large programs currently.

## Fill in the Gaps:

Other Surveys mentioned:

- Survey list of RDHs in state (buy list from BODE)
- Survey of the dentists on potential to supervise or volunteer in schools

More information needed about what other Oral Health Grantees are doing in the State.

NHOHC to convene Grantees and disseminate information.

#### **ID leaders:**

Susanne Kuehl, RDH, would like a partner...

**Plan next meeting time:** Due to geographic diversity, the next meeting will most likely be held via webinar. Group may get together during Oral Health forum in June.

## **Work team #3: Referral Network Development**

**Participants:** Jim Williamson (NHDS), Pam Delahanty (Health Teeth to Toes), Paula Smith (AHEC), Alisa Druzba (NH DPHS, Rural Health and Primary Care), Nancy Dumont (Alice Peck Day), Nancy Snow (Lamprey Health Care).

**ID other group members:** NH Hospital Association, NH Technical Institute (NHTI) – (Connie George or Deb Albrecht), Bi-State Primary Care Association, Representative from Exeter area (Exeter Hospital has OR privileges), Pediatric Dentists, Special needs population

Specific Individuals: Jodi Carnes, Nancy Martin, Earl Simpson, Catrina Watson, Cindy Bishop, Regina Flynn, Doug Dreffer (NH Practice Residency Program?)

### **Prioritize objectives and activities:**

- PHDHs establishing relationships with stakeholders: It's important that the PHDH makes
  the connections in their own communities. Individuals in the community need to know
  who the PHDH is, what they do. The PHDHs need to know the dentists, programs, etc.
  BOOTS ON THE GROUND
  - One on one meetings
  - Educational events
  - Appreciation events
  - PHDHs with dental society → match by location
  - Pam Delahanty
    - Visits rotary clubs, other events in the community
    - Lunch and learn with doctors, dentists
    - Outreach within the hospital
    - Create some sort of "info sheet" that PHDHs can use to help them make ties in the community
- Regional Event Meetings
  - A way to gather individuals together in geographic regions. This will provide time for programs to share information, key individuals such as dentists/PHDHs/program managers, etc. to meet
- Events with students:
  - Paula Smith discussed inter-professional educational sessions for studentsincorporating oral health conditions during trainings
  - o Ex. A diabetic woman with HIV who has an abscess in mouth
  - Having dentists/PHDHs/others speak with students in PA programs, medical programs – integrate the curriculums

- Calibration Clinic
  - o Nancy Martin has the calibration clinic each year. This brings PHDHs together
  - A way for PHDHs to share information, updates or new challenges in the community
- Rural Health Roundtable
  - An example of medical/dental collaboration- getting oral health individuals with medical individuals
- Piggy back on other annual events such as the NH Oral Health Forum, other associations meetings

## Fill in the gaps:

- Inventory of existing resources, programs, supplies
- Creating a list of programs, dentists, who accepts Medicaid, etc
  - List must not be static- needs to be constantly updated
  - Something similar exists within DHHS but the list is always outdated
  - o Housed on OHC website?

#### ID Leader(s):

- Jim Williamson- only if there is a co-chair
- Nancy Dumont- only if Jim and/or Nancy Martin participate
- Stephanie Pagliuca and Nancy Martin nominated

# Plan next meeting time:

- Either webinar/phone
- Monthly to bi-monthly to assign sub-groups, action items