

Regional Meetings Content Summary Organized by Theme/Question

Consumer barriers & challenges

- Health is Health
 - Have to go different places for different body parts
 - Dental care ≠ body care
 - Optional service
 - Seniors lose with Medicare
 - Managed care does not focus oral health
 - Division of health and dental in our culture
 - Affects language
 - Which affects practices
- Number & Location of Dentists & Dental Specialists
 - Limited # of dentists in Athens area
 - *All dentists in my area are private practice
 - No dentist who will see autistic children
 - No pediatric dentists
 - Medicaid
 - Especially in an emergency
 - Go to ER
 - We refer to FQHCs, but
 - Wait list too long
 - Co-pays too high
 - Transferring records a problem
 - Providers who accept Medicaid/Medicare
 - Inflexible delivery strategies
 - Turnover of staff
 - Not enough dentists in rural areas close to where live, including both
 - FQHC
 - Private practice
 - 40 % - 46% of dentists won't see them
 - Practices limit # of Medicaid in practice
 - Practices don't have time to do the whole process
 - Limited number of pediatric dentists taking Medicaid
 - Wait lists — long wait
 - Driving distance
 - Hours inconvenient
 - Pickerington closest DD (developmentally disabled) dentist
 - Lack of dentists providing care for pediatrics, especially with Medicaid
 - Middle class have insurance but, beyond cleaning, costs for services is too high
 - Only ¼ dentists taking are taking new Medicaid patients
 - In this area no safety net clinics are close
 - Dentists who do take Medicaid are already taking their limit
 - Not getting word out about who is taking new patients and Medicaid: — consumers' advocates are not aware of some options
 - Timeline for oral surgery - wait lists

Regional Meetings Content Summary Organized by Theme/Question

- 6-month waits for immediate need!
- Dental staff doesn't understand or clarify parameters regarding geographic barriers, catchment areas, etc.
 - (Place closest to me may not be covered or take me)
- Providers have Medicaid quotas
- Can't find dentist who will take indigent patients
- They want cash up front, especially for surgery
- Not enough culturally competent providers****
- When available
- Lack of interpreters
- Translated material
- Where available
- Cultural competency
 - Dentists often refer to patients in disrespectful terms
 - Patients feel disrespected
- Practice act limits hygienists from working to level of training
 - Can't go certain places where they could make a difference
 - Schools
 - Head Start
 - Home
 - Etc.
- Oral Health Knowledge, Fears & Myths
 - Anxiety, afraid to go, all ages
 - Fear
 - Wait until pain is too bad ... fear prevents routine care
 - Perception: dentist will pull teeth
 - Afraid will lose teeth if get treatment
 - Children are "Going to lose baby teeth anyway."
 - Not important when young
 - Generational issue: parents lost teeth
 - Baby teeth going to fall out anyway (Dentist)
 - Family / schools used to do education
 - Next generation, hope not repeat the same conditions
 - TV: yellow mouth
- Ability to Pay/Coverage Issues
 - Insurance
 - Have/Not Have
 - Type
 - Private
 - Medicaid
 - Wait time to get covered care is very long
 - After Head Start screening
 - For follow up to exam
 - Even longer when sedation is needed
 - Losing insurance
 - It covers less

Regional Meetings Content Summary Organized by Theme/Question

- The changing economy affects funding
 - There is less prevention
- Cost
 - Market driven
 - All health care costs up
- May know of resources, but there is no sliding scale
- Dental inconsistently covered, depending on
 - Age
 - Geographic location
 - ICF: Intermittent Care Facility
 - Etc.
- Managed care enrollment process
 - Approval for coverage
 - Must select a plan within a particular period of time
 - Information to help choose is
 - Too complicated
 - Doesn't help person at risk differentiate one from another
 - If you don't choose within a particular period of time you will be assigned to a plan
 - Lack sense of having had a choices or being in charge of own health care
- There are so many kinds of care sources/plans
- 5 managed care plans in Ohio
 - Medicaid
 - Geographic distribution
 - Doctors opt out
- Coverage does not correlate with needs
- Ability to pay
- No safety net
- Insurance policies contradictory/paradox:
 - Can't use food stamps for tooth brush or toothpaste, but
 - Will pay for sugar filled and other non-nutritious food
- Menu of covered services does not meet needs
- Having an annual event oral health not enough
- Lack of dental insurance (I have medical insurance)
- Providers won't take my insurance (or Medicaid)
 - Specialists
 - Surgeon
 - Pediatric dentist
- Life Span/Womb to Tomb
 - Geriatric Concerns
 - General practice dentists don't serve them, except
 - in their office and
 - usually only if they are long term patients
 - Older adults have transportation challenges
 - Mobility challenges getting into a doctor's office

Regional Meetings Content Summary Organized by Theme/Question

- Nursing Homes/Assisted Living Settings
 - No clinic
 - The hair salon is often the setting most similar to a dentist's office
 - Dentists can't do procedures there
 - Hygienists not allowed to do much
- Getting nursing home aids oral health education and skill training is a need
 - Not many want to work in the mouth
- Geriatric complications related to medications
- No Medicare dental
- Nursing homes
 - bathe them
 - not teeth
- Everyone at nursing home has a disability
- Need ambulance to bring to office
- No caretaker... someone who has permission to give or refuse permission
- Nursing homes/Assisted living facilities not equipped for care
- Infections can lead to death
- Not enough geriatric dentists
- Medicare does not cover dental
- Hard to take care to nursing homes
- Dental care @ nursing homes is poor
- ICF (Intermittent Care Facilities)
 - Medicaid requires dental care every 6 months
 - More may be needed and is not authorized
- Pediatric/Early Childhood Concerns
 - For very young children & families don't know what is expected re: first visit: age 1 or 3?
 - Pediatricians and dentists are not aligned
 - Dentists not aligned
 - Early childhood issues:
 - Cultural Diversity
 - Language barriers
 - Child
 - Adults
 - General literacy
 - Lack of family education regarding oral health
 - "You are just going to lose your baby teeth anyway."
 - Family or Local Culture:
 - It has never been a family priority in some areas
 - "We are no-teeth people."
 - Missing teeth across lifespan
 - Lack of nutrition education to address some of the causes
 - Dietitians cut from school budgets

Regional Meetings Content Summary Organized by Theme/Question

- Bad lifestyle habits:
 - Tobacco
 - Mountain Dew
 - Etc.
- Lack of education re: oral health of parents
 - By the time they get to school a lot of damage has already done
 - Head Start reports “They get used to pain.”
- PER screenings:
 - Only 25% have seen dentist
 - 30ish% needed care
 - Not getting treatment after assessment
- FEAR:
 - Bad experience
 - Bad stories
- Child + Family Health Program
 - identifies need
 - may not get care
- Pediatric mobile dentist (especially from Michigan) provides exams /not treatment... money lost for care
- Mobility:
 - Families move
 - Change school districts
- Pediatric care is essential, but
 - It’s not in all packages
 - The deductible is too high
- Families are not aware of importance of early teeth
 - First visit should be at year 1
 - Pediatricians not aware of recommendation for visits before age 3
 - Some dentists prefer the old standard: age 3
- Not to be confused with the Michigan vans
 - They assess and clean but don’t do or refer for treatment
 - They target schools
 - Bill Medicaid
 - For profit
- School Age Concerns
 - Decrease in school nurses
 - School nurses
 - School nurse shut us down when DDS offered help
 - Contract school nurses not local
 - Schools saying “too busy” to education programs
 - Elementary education school nurse quotes child after education session, “Mom didn’t tell me it was important.”
 - Lack of oral health education
 - School nurses being cut

Regional Meetings Content Summary Organized by Theme/Question

- No prevention opportunities
- Education
 - They don't know the importance of dental
 - No longer get supplies and education in school
- Lack of oral health education
 - Teenage orthodontics needed but not done
 - no insurance
 - small insurance
 - Age 25-45 embarrassed
- Special Needs
 - Developmental Disabilities
 - Won't work with person with DD
 - Parents overwhelmed with DD issues
 - Just one dentist who will treat DD
 - Have to go to Columbus
 - Children's Hospital
 - Nisonger Center
 - DD (Developmental Disability) have physical problems that require special attention
 - Medically compromised: unsafe in private, general practice office
 - DD dental health providers who will serve adults + kids
 - Sedation an issue
 - Especially if bad experience
 - Especially home-based consumers
 - Dentist not patient with patients
 - General anesthetic in Dayton
 - Cost
 - Fear
 - May not know source of pain
 - Can't articulate problem
 - Fears exaggerated
 - Medications complicate
 - Vulnerability
 - Care
 - DD assumption: Not all need sedation
 - Patient is not prepared for visit
 - Need training
 - Takes special training
 - Wait times
 - Lift to dental chair (office size)
 - Access to "home" based office
 - Noise
 - Machines
 - Tactile — touch mouth
 - Sedation

Regional Meetings Content Summary Organized by Theme/Question

- Papoose
- Behavioral/Mental Health Concerns
 - Some are very difficult to treat
 - Some are violent
 - Taking psych meds makes it hard to “put them out”
 - Dentists won’t see them
 - Education needed in dental school
 - Mental health group home
 - Poor nutrition
 - Smoking
 - The emotional/behavioral challenge of going to dentist (esp. for DD children & adults, some typical children, some typical adults, some others)
- Sedation is an issue for some
 - With DD
 - Seniors &
 - Children
- For special needs it’s hard to get through the system requirements
 - Sedation adds complexity
 - Adult DD different than kids
 - Lack of DD training
- Refugees
 - Language
 - Oral health education
 - Perception of value of oral health
 - Don’t know dental is covered by Medicaid
- Migrants
 - Seasonal workforce
 - Will put up with pain until it is an emergency
 - Competing priorities
- Undocumented populations:
 - Self-pay (cost)
 - Wait lists
 - Hopeless
 - ER
 - Fear of being reported
- Veterans
- Veterans in need — outreach in community
- Culture of Poverty
 - Poverty: other challenges that affect people in poverty when it comes to oral health
 - Lack of permanent housing,
 - Lack of child care,
 - Lack of transportation
 - Transportation
 - Follow up: We tell them — they don’t go

Regional Meetings Content Summary Organized by Theme/Question

- Live in crisis mode from infancy — takes 48 hours to get care
- Willingness to buy toothbrush
- Patient attitudes
 - Cost
 - Fear
- Care providers lack of knowledge of poverty
 - On staff
 - Lack knowledge
 - Uncomfortable
- Families can't take off work for
 - Self
 - Family member
- Folks with lower economic means don't know what resources are available
 - Takes an advocate to navigate the system
- Old habits/family practices die hard
- Letters from JFS are often a source of fear of bad news
 - Expectations from past experience
 - Will I open this?
 - Will I understand it?
 - Will dentist understand what it says?
- Language barrier
 - Fill out forms in English
 - Translation take more time
- No show
 - If you miss 3 appointments, then we won't see you
 - 5 minutes late due to travel
 - Wait list
 - My crisis didn't matter
- Bill is owed
- Child care needed
- When they can't get regular care they
 - Show up with more severe disease
 - Go to ER for care
 - Given medication and told to see dentist, but no follow up
 - Diversity of workforce
 - "They ... "
 - Assumptions re: values based on behavior, such as
 - Show up 10 minutes late
 - No service
 - Not welcome back
 - Double standard
- Coordination of Services
 - There is a lack of coordination of resources
 - Lack of coordination of care
 - Lack of publicity re: resources

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- Case management doesn't always know what's available
- Oral health check not required like other medical checks
- State requires a physical to enroll in child care, but
 - Not dental
 - We have less leverage
- Transportation
 - Transportation ///
 - Transportation limited
 - Transportation a challenge
 - Public transportation is unavailable or inadequate
 - How to get there: transportation
 - Need specialized transportation
 - Elderly: special transport needs
 - Head Start: transportation a challenge, but available
 - Can't go for medical or dental
 - For well-baby visits and shots
 - Don't know transportation is covered
- Emergency Room
 - Emergency Room Department not equipped for dental
 - ER treatment
 - Wrong treatment
 - No dental in medical school
 - Antibiotics
 - Pain
 - Bills paid
- Nutrition
 - Nutrition
 - Oral health educators cut
 - Grant funds dried up
 - Families aren't aware of connection of nutrition to overall health
 - Children's families may not be able to afford good choices
 - Schools with pop sponsorship contracts
 - Airports: hard to get healthy drinks (sugar, caffeine, etc)

Regional Meetings Content Summary Organized by Theme/Question

Consumers - What's Working

- Health is Health
- Putting a dental clinic in an FQHC
 - Some patients can come to the center
 - Can take some patients to the dentistry clinic
 - Prepare the patient: s/he can get used to chair/environment
 - Mobile services
 - Preliminary visit to dental office
- FQHCs
 - Combine dental and medical (although they may refer out)
 - Especially valuable in urban settings
- Health Department clinic is packed
 - Private practice dentists can't do it all
- Health departments
 - Health Department — as dental home but varies
 - Lack of dentists for Health Department
 - Lack of wrap-around for related issues
 - 100 new patients at one Health Department
 - Offer a sliding scale
- Connect all disciplines
- Number & Location of Dentists
- There is a pediatric dentist in Lancaster
- Dr. Griffin in Chillicothe has been helping provide care
- Gallipolis
- Great “customer service”
- Some safety net clinics have been established (but we need more safety net clinics)
- ODA: the state dental society
 - Fights for Medicaid
 - Debt relief
 - Some more options
- Dental Options
 - Good case management ...
 - But may be funding issues
- Dental Options
 - Match patients + docs
 - Placements
 - Referrals
- Dental Options program
 - Donated services
 - Enforce sanctions for no show
 - Cinci Smiles local support
 - United Way supports
- Dental Options — for working poor
- Give a Child a Smile

Regional Meetings Content Summary Organized by Theme/Question

- Give Kids a Smile — increase in the number treated
- Volunteer dentists
 - Private dentists will provide free care in office
 - Not well known, voluntary
 - Don't know numbers
- Mobile dentists
- Dental Center NW Ohio
 - Mobile van
 - Expensive to operate
- Mobile dental
 - When care is provided or referral made
 - Some mobile units do exam and cleaning but no treatment
 - Lose time and money
- Mobile van, when they do
 - Exam
 - Cleaning
 - Treatment
 - Referral for treatment
 - Follow up
 - (NOT the so-called Michigan vans)
- Not all vans good
- When dental practitioner comes to where patient is
- Dental hygiene Days of Care + training
- Sinclair Dental in Dayton: Hygienists exams
- Oral Health Knowledge
- Perception: Clinic dentists not as good
 - Clinic = poor
 - Center = okay
- PBS: educational messages prevention
- Word of mouth
- Build a relationship
 - Don't call me "Mom"
 - Respect is important for all
- Ability to Pay
- Managed care offering incentives: accumulate points
- We are trying incentives
- MCO provides transportation
- Life Span
- Word of mouth
- Build a relationship
 - Don't call me "Mom"
 - Respect is important for all
- Seniors
- Jackson County: Jenkins Nursing Home contracts to bring in
 - Dental

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- Optometry
- Podiatry
- Etc. (private services)
- Pediatric
- Pre-school is first visit — or else can't enroll
- Starting to link with Head Start
 - Head Start helps
- Head Start enrollment day
 - Parents are there ... but we still can't get them to go to follow up
- Head start
 - Relationships of staff and family to influence learning
 - Dental education
 - Required to find dental home
- Ronald McDonald/CWRU does good work linking children to treatment
- Children's Hospital in Columbus
 - Concerns also medical
- When there is a children's hospital — esp. for DD
- Children's Hospital walk-in hours
- As parent (caregivers): I could go back with child during first visits
- When parents are supportive
- Grandparents' support network
- School-based prevention:
 - Sealant program
 - Some make the effort to get treatment
- School nurses major resource + source of intelligence
 - Promotion days in schools to get kids ready
 - Get info to kids
- School nurses
 - Some schools (nurses, others) refer
 - Some school nurses great — but being cut
 - Kids have other health needs
- School nurses
 - Though releases can be a concern
- School-based clinic
 - 5 days
 - 3-4 chairs — in school
 - Helps address no-show
 - Requires volunteer dentist
- Sealants/fluoride varnish
 - Dental sealant in schools (Although some resist)
 - CWRU Sealant program in all Cleveland schools
 - WIC is an opportunity for fluoride varnish
 - We are in non-fluoridated area — schools don't have time for fluoride varnish or sealants, even if there is no cost
- Special Needs

Regional Meetings Content Summary Organized by Theme/Question

- DD
- Nisonger in Columbus
- OSU Nisonger Center
 - Dental clinic / dental training
 - Affordable
- When there is a children's hospital, especially for DD
- BMH
- Sedate
- Migrant
- Migrants
 - Aggressive outreach
 - Long work hours/day/week
 - Want annual dental checkup
 - Mobile units + follow up
 - Go to camps
 - Still miss some people
 - Education is part of outreach
 - A medical doctor working with migrants networks with dentists
 - County borders matter in getting care
 - Where you live
 - Where you work
- Vets: Program to donate care once a year
 - Few vets covered dental
- Poverty
- Dumb luck of personal circumstances
- Take care to patients
 - Mental health group home: dental practitioners come to consumer for dental
 - Take equipment / care to residential settings
- Coordination of Services
- Resource coordinators (various titles, organization affiliations, professional training)
 - Schools
 - School nurses
 - School nurses (when they have not been cut or spread too thin) help with follow up
 - We are seeing the children of children we served in the past;
 - Suggests we had an impact when they come back
 - Staff from sealant program
 - Job and Family Services Liaison
 - AmeriCorps
 - Managed Care
- Resource Coordinators help with
 - Transportation
 - Scheduling
 - Follow up
 - More, depending on organizational affiliation

Regional Meetings Content Summary Organized by Theme/Question

- Where there is no resource coordination function we develop our own resource lists
- Canton Schools: Care Coordinator
 - 75/100 exams referred for follow-up
 - Some school “jump start”
- Homeless co-located with med /wrap around
 - Support from industry
 - Supplier discounts equipment
- Transport
- ER
- Nutrition

Regional Meetings Content Summary Organized by Theme/Question

Consumers Ideal System

What would be the attributes/elements of an ideal system that increases oral health and access to dental care in a patient/consumer friendly manner?

- Health is Health
- Educate medical doctors re: oral health
- Urgent care centers should include oral health
- Affordable Care Act should include dental, vision, mental health
- All resources are provided under one roof
- Dental care is health care
- Oral Health is important
- Educate medical side about role of oral health
- Mouth is body/Health is health
- Review identified claims data
- Doctors prescribe tooth brushes/toothpaste
- One stop community health
- Health records follow patient
- Metrics
 - How many are being served versus how many are not being served?
 - How does the change in the rate of increase or decrease in those getting care compare to the rate of increase or decrease of those not getting care?
- Tie payment by Medicaid / Medicare to meeting QA outcome measures for dental care
- Educate other medical practitioners to recognize problems to refer
- Education of all medical providers to know more about dental and connection to all health
- Patient-centered care
 - Includes dental
 - Comprehensive
- One standard of care for all
- Requirement of screenings and exams for dental the same as medical
- Education: Dental health is health
- Number & Location of Dentists
- Make Medicaid more attractive to dentists
- Incentives to get providers to work/live in underserved areas, such as loan forgiveness
- Have at least one safety net per county
- High-quality mobile units that work w/local provider community, especially in rural areas
- There are more care settings & providers
 - Hospital clinics
 - Residencies
 - Pediatric specialists
 - Etc.

Regional Meetings Content Summary Organized by Theme/Question

- Culture of “well visits” carries over to oral health
- More mobile units: the good kind
- Dental office next to ER
 - ER ... pharmacy partnership to get meds
 - Partner : ER : Clinic : Dentist
 - Better communication among partners
- Evening & Saturday hours
- Dental care convenient
- Expanded work force — dentists, hygiene, mid-levels, etc.
- Pay tuition for providing service in MUAs
- Medical/dental students learn to address special needs
- Dental education includes a special needs rotation
- Dental workforce recruited from shortage areas + return to shortage areas
- Expose kids to dental careers early (junior high)
- Tele-dentistry helps
- Expanded practice/mid-levels are helping more
- Improve education of dentists
- Oral Health Knowledge
- Much better access to information
 - A clearing house
 - Use technology
 - Educate about resources available...
- Increase oral health awareness/education
 - Increase public service announcements on TV: spread the word
 - Encourage oral health across life span
 - Make dental care less fearful
 - Make oral health more routine
- Marketing messages
 - prevention
 - overall health
 - Good oral health = good general health
- Messaging will be clear and consistent
 - Conduct first visit to dentist by age one (!?)
 - Crisp, K.I.S.S.
 - Messages look like bills in the mail: they make me want to open it
- Family, patient attitudes reflect desire to
 - Learn
 - Get care
 - Take advise
 - Be proactive about prevention & treatment
- Consumer dental education
- Dental info and education at all community agencies (like United Way of Central Ohio)
- APP (Computer Application) makes oral health easier

Regional Meetings Content Summary Organized by Theme/Question

- Marketing campaign
 - “Got milk”
- More support to “raise” [and] train dentists
- Educate families: outreach
- Education
 - Website in multiple languages
 - Dentist goes to site and provides info to patient
- Driven by patient choice
 - Who to go to
 - What work gets done
 - When work gets done
- Ability to Pay
- Mandatory Medicare coverage for oral health
- Simplification: We currently have multiple competing elements
- Relationship with provider
- Real person answers phone at
 - JFS
 - Medicaid
 - Managed Care Organization
 - And then they really listen to me
- Availability of one standard of care
 - What is the standard?
 - Which MCO/insurance card doesn’t affect
 - Access
 - Quality
- Education will be provided regarding coverage
 - Patient will be knowledgeable, understand policy
 - Utilize member services manual
 - Consumer aware of options
 - Patient has ability to make informed choice
- Cover ...
- Periodontal care
- Orthodontic care: reasonable access, especially kids
- All patients in need have access to needed care
- Affordability is key
- Adequate funding is provided on ongoing basis
- Social media messages
 - All stations, all media: repeat
- Insurance covers all
 - Optical
 - Dental
 - Etc.
- Single payer system for all health
- Universal healthcare
- Affordable insurance that includes dental (required)

Regional Meetings Content Summary Organized by Theme/Question

- Business donations for dental supplies, etc.
- Incentives for parents to bring in children
- Incentives for patients to bring in children
- More resources/requirements
- Insurance matches need
- Easier prior authorization
- Medicaid/Medicare
 - Medicare to include dental
 - More dentists take Medicare/Medicaid
 - Eliminate Medicaid
 - Medicare starts at birth
- Lots of money to pay for
 - Access
 - Care
- Adequately funded dental in FQHCs
- Increase reimbursements to match costs
- MCOs — Members matter line for help
- Affordable specialties
 - DD
 - Pediatric
 - Seniors
- Replicate CARENET
 - It's working
 - Lucas Co. Health Dept.
 - Free or low cost coverage
 - Volunteers
 - Dentist volunteer — donate
 - Use prevention to divert from ER
 - Served a lot/more unserved
 - Access to brush + toothpaste
- More provider selection
- One plan, one system, good anywhere versus 5 Ohio plans
- Identify, refer, fund specialties
- Expand coverage areas
- Eliminate red tape
- Life Span
- Life span
 - Age is not a barrier to continuity of care (currently if one starts a course of care too late s/he can't finish)
 - No age limitation
 - Continuity of care across ages
- Starts prenatal
 - Obstetrician is key
 - Pediatrician is critical
- Community programs help provide access to

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- Pregnant women
- Young/new mothers
- Mandatory, age-appropriate prevention services available at all levels
 - (Address the fact that many provider & advocate agencies are already burdened by other requirements)
- Guardians:
 - Address consent for treatment barrier
 - Staff takes but not guardian
- Continuity of care across life span — especially DD
- Seniors
- Convene/facilitate discussions/programs where older adults gather, where they already are
- Oral health assessment for senior living settings
 - Accountability in nursing homes
- Pediatric
- WIC programs (and other prenatal & young mother programs)
 - Newborn to age 5 included in oral health
 - Mandatory oral health as a condition of services
- Prenatal
 - Education of mom
 - Treatment of mom
- Dental students go to preschools to conduct screenings
- Pediatrician and dentists talk to one another
- Pediatric clinics: Schedule parents at same time
- Mandate care as part of enrollment in preschool, primary school, school programs, etc.
- Head Start required to provide dental exam
 - Expand requirement to other publicly funded programs
 - With enough money
- Third grade guarantee of oral health
- Oral health and hygiene are part of (health) education in all levels of school
 - Pre-school
 - Primary
 - Junior High
 - Senior High
- Schools release children for dental visits
- Enough school nurses to provide brushes, education, etc.
- Schools
 - School nurses
 - Increase the number
 - Make it more important
 - Education
 - Coordination
 - ID
 - Exam

Regional Meetings Content Summary Organized by Theme/Question

- Care
- Schools “allow” time for dental visits
- State sealant program: require schools to opt out, not opt in
 - Coordinate:
 - Paperwork
 - Consent
 - Staff
- Kid focus - oral health education
 - A high schooler/Junior high schooler partners with an elementary school (grade 4)
 - Grade 4 partners with a Head Start child
 - Oral health awareness
 - Career track
- Special Needs
- Clinics will be more open/accessible (comply w/Americans with Disabilities Act)
- Medical/dental students learn to address special needs
- Recruit people who want to serve those with special needs
- Authorized advocates/representatives for
 - Elderly
 - Language
 - Children
- Dental education includes a special needs rotation
- Continuity of care across life span — especially DD
- DD
- Developmental Disabilities
 - Adult medical guardianships will be available
 - More dentists acquire the ability and wiliness to manage behavioral issues
- Cover the transition from child to adult, especially for DD
- Replicate Nisonger model
- Guardians:
 - Address consent for treatment barrier
 - Staff takes but not guardian
- Solutions for mobility issues:
 - Go to patients
 - Institutions
 - Home-based
 - Mobile vans //
- Prepare DD patients for dentist visit
- Skill development plans
- Out of order (?)
- Extended, structured walk-in hours
- BMH
- Mental Health
 - Providers are available within reasonable timeframe
 - Care is provided in context of better overall mental health:

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- Oral health is health
- Mental health is health
- NAMI: Health home should include dental health, mental health, etc.
- Drug abuse: dentist might be only provider they see re: drug abuse
- Veterans: Get what they need, not just what is combat related
- Sedate
- Migrant
- Have access to enough certified translators
- Aggressive outreach
 - Get messages on Spanish-speaking radio
 - Go to culturally-based stores
 - Mobile vans
- Poverty
- Child care would be provided during appointments
- Won't be so worried about county/catchment boundaries
- Evening hours/Weekends
- Start working in the communities
- Go where patients in need already congregate
 - Churches,
 - Faith groups
 - Churches, synagogues, mosques, etc.
 - Faith-based child care
 - Community organizations
- Oral health providers and advocates have effective communication skills
 - Multi-lingual literature
 - Who am I communicating with
 - What am I trying to communicate
 - other family
- Religious/faith-based community as partners
 - Parish nurses, etc.
 - Already helping
- Parents/patients won't lose job for getting care
- Cultural competence is typical of all care
- Dentists at food banks
- Child care available
- Employers and schools
 - Allow release
 - Provide care
- Address culture of poverty — competing crisis
 - Office hours: evening hours (only 10% no show)
- Employers have to allow time off for health
- Coordination of Services
- Dental advocates in dental “centers”
 - Paid and/or
 - Volunteers

Regional Meetings Content Summary Organized by Theme/Question

- Health Navigator help
 - Coordinate services and
- Gain access to care
- Resource list — share among players
- Build relationships
- Care source liaisons / Care coordinators
- More collaboration among partners in system
- Community health workers
 - Know where there is care
 - Coordinate
 - Navigate
- Care Coordinators
- ☆ Central coordination of referrals
- Transport
- Shuttles would be available to get people to where treatment is
 - Better Public Transportation
 - Covered by Medicaid, Medicare, private insurance
 - Support the real cost of transportation
- Transportation
 - Age appropriate
 - Ability/status appropriate
 - People know about transportation
- ER
- ER visit ends with appointment to dentist will provide care
 - Give patient only one pain pill to get follow up
 - Same day scheduling
- ER Dentistry
 - ER has a relationship to clinic
 - A clinic resource alternative to ER — diversion
- Dentists at ER from Friday to Sunday
- Nutrition
- Look for substitutes for sugar
- Lump energy drinks with pop

Regional Meetings Content Summary Organized by Theme/Question

Other Consumer Questions

Who provides your care?

- All private practice general dentists (but not all satisfied)
- All go to private practice ... face time as an attribute that matters

Who refers you to dentist?

- Pediatrician
- Dermatologist
- Kindergarten screening
- Head Start screening
- OB/GYN/Midwife prenatal
- DDS who knew the local resources referred patient to ER, which referred care center, where
- Visit was scheduled promptly
- Care was covered
- One ER noticed problem, but made no referral ☹
- School based hygienists
- School nurses
- One dentist talked with pediatricians in his area and pediatric referrals increased
- Some mobile dentists make referrals to area dentists

Where does oral health fit in range of needs for consumers?

- Well-intentioned
- Lots of concerns
- If you don't live the life, you don't get it
 - Working two low wage jobs
 - Employment
 - May lose hours or job
 - Lose job/find job
 - Job
 - Get off for care
 - Work schedule
 - No schedule until last minute
 - Childcare
 - Limited time
 - Limited finances
 - Food: no all qualify food stamps
 - Food: access
 - Food
 - House payment
 - Shelter
 - Residence
 - Roof
 - Utilities

Regional Meetings Content Summary Organized by Theme/Question

- Other health issues
- Addictions (theirs or family's)
- High deductible health insurance
- Transportation
 - Bus
 - Car
 - Take other children
- On call transport
- Transportation
- Dependable auto/transportation
- Home insurance
- Money
- Unexpected costs
- Emotional Energy
- Caught between generations: caring for kids + parents
- Lack of support network
- Past traumatic experiences
- Other trauma
- Cell phones
- Dish TV
- Seniors:
 - Food,
 - Shelter
 - Heat
 - Medications
- Costs increase but not income
- Oral health at bottom of lists after many other life challenges
 - or not on the list at all

One Patient: Challenges from a particular patient, not an advocate

- Dentists may think they treat all patients the same, or that we can't tell what they think, but we know
 - It's easy for you to assign motivation
 - We don't feel valued
 - We do feel labelled
- Monitor interaction with dentists and you may notice:
 - "It's only \$600"
 - Attitude when asked
 - \$600.00 is a lot for me
 - "Take out a loan"
 - As if affordable credit is easy for me to get
 - "Go to the dentist down the street"
 - Yes, I can walk, and...
 - I may even prefer to go to another, but...
 - They are not covered in my plan

Regional Meetings Content Summary Organized by Theme/Question

Another Patient: Challenges from a particular patient who is also an advocate

- It's a battle:
- I don't know where to turn
- I know the system and it's hard for me to manage
- People are in a crisis mode always
- Transportation is a barrier, not a solution
- Barriers:
 - Car
 - Job
 - Tooth
 - Fear
 - Real dentist or substandard care
 - Does it hurt or am I immune to pain
- Wait, I forgot
 - They (dentists) don't care
 - I tried to get their help, they (dentists) said no
- Judged me by middle class values

Regional Meetings Content Summary Organized by Theme/Question

PROVIDER Challenges

What makes it hard?

- Health is Health
- The larger world does not act as if oral health is health
- The other medical support systems
 - Don't check oral health indicators
 - Lack sufficient education to begin to address oral health
 - Don't refer if/when they find oral health problem
- Lip service to importance of oral health
 - Overlooked
 - Lacks leadership
- Education treats dental tangent to health
- Disconnect dental from overall health by
 - Legislators
 - Policy makers
- Pediatricians
 - Do enough with Well Child visits
 - Oral Health is too much
- Univ. of Toledo Oral Health Risk Assess
 - Schedule appointment incentives
 - Patient follow up — not sure what they got
- Vicious cycle: we don't provide care so it devalues all care at all levels
- Number & Location of Dentists
- Money
 - Medicaid reimbursement rate limits have remained the same for many years
 - Dentists recover approximately \$.40/dollar compared to other rates
 - Can't break even at this rate
- Low reimbursement rates
- Reimbursement rates unsustainable
- Feds decrease funding
- Can't meet overhead with Medicaid — low reimbursement rates
- Money
 - Solutions cost money
 - Tradeoffs have to be made
 - Funding is capped
- Funding
 - Business Model 60% - 65% overhead
 - Medicaid funding rate: 40% of typical fee
 - Below break even
 - Red tape to get reimbursed cumbersome
 - Volunteerism unsustainable
- Dental student debt
- Dental student loan rates

Regional Meetings Content Summary Organized by Theme/Question

- Inadequate funding of public care system
 - Medicaid reimbursement fees low
 - Money limited
 - Money misallocated
- Lack [of] uniformity of public funded programs
 - Availability of providers to the serve
 - Perceived by some as not desirable
 - Not as remunerative for dentist
- Limited funding streams for oral health beyond private pay
- Restrictions related to publicly-funded care
- Practice management consultants advise
 - Steer away from Medicaid
 - Be lean & mean/Do more with less
 - People don't keep appointments
- Don't know how to get to "right" people to come in (low hanging fruit)
- Volunteerism helps, but is not enough
 - It takes lots of energy
 - The return is low
- Oral health practice
 - Owned by a hospital
 - They won't practice locally
- Hygienist tethered to dentist
 - Trained to do some "procedures"
 - But rules related to dental board regulations limit practice
 - Under-used — trained as much as nurse
 - Now freed up to go into nursing homes without the dentist if the dentist goes first
- Dentist
 - Liability (not hygienist)
 - Coverage by dentist
 - Analogy with nursing (nurse practitioner) disputed by some hygienists and dentists
- Fear of liability is a barrier/challenge
- Dentist may not want to do extractions if they don't do them regularly
- Wait lists are long
- Lack of sufficient incentives for dental students to go to MUAs
 - Low fees
 - High debt
 - Current numbers of projected number of dentists needed are rooted in old data
 - State loan repayment insufficient
- Barriers created by legislation
- Financial sustainability issues

Regional Meetings Content Summary Organized by Theme/Question

- Not enough clinics for most vulnerable patients
 - A chicken and egg question: which do we need to first - attract dentists or clinics?
 - Providers' lifestyle needs are not met in rural areas
 - How many dentists are in the pipeline?
 - How many hygienists are in the pipeline?
 - How many retirements are in the pipeline?
- FQHC
 - Hard to get capital resources to add dental
 - Hard to get capital to sustain long term
 - Need additional resources to add/maintain dental
- Free Clinic
 - Hard to provide
 - In general
- Business model unsustainable
- What is the basic model for delivery? This isn't being looked at.
- Oral Health Knowledge
- Lack of education
 - How they do/don't care for own teeth
- Low oral health literacy in general
- Mixed messages in system
 - Children be like adults (Don't go)
 - Reward with candy
 - Television educates
 - "Crest White Strips?!"
 - Lack of advertising
- Fear
- Lack of understanding
 - Baby teeth fall out anyway
- Not popular to support education
- Ability to Pay
- Challenges dealing with Medicaid
 - The Ohio Medicaid Department
 - Managed Care Organizations
 - Not allowed to do procedures the same day as the assessment
- Adult Medicaid is optional: We have to fight for oral health every 4 years (or 2 years, depending on who you talk to)
- Differential ratings by insurance companies based on patient characteristics
- Dealing with Medicaid & Managed Care Organizations
 - Complicated procedures
 - Frequently changing procedures
 - Can't talk to real person
 - Credentialing of provider process is difficult
 - Too many Managed Care Organizations
 - Narrow range of services covered by Medicaid

Regional Meetings Content Summary Organized by Theme/Question

- Level of care & reimbursement is unequal among managed care
- Difficulty getting Medicaid reimbursement
 - Providers: reimbursement is low
 - Specialists: reimbursement does not reflect the additional level of complexity
- Repeated care problem
 - Do exam,
 - Identify multiple concerns
 - 6 months later can do the work
 - Can't address problem at session —
 - Can't do problem-focused exam
- Orthodontics and Medicaid
 - Orthodontics can only approve treatment in 6-month intervals
 - Authorization lapses
 - Rules limit time lapse (was 4 years)
- Process for certification of dentists to get Medicaid is too long and complicated
- Insurance doesn't confirm appointments
- Limits on which needs of underserved will be met
- The payment for services is not aligned with
 - Complexity of needs, or
 - Wholeness of treatment
 - Payment modalities don't reflect best practice
- Complicated billing practices
- Lack of preservation services
 - We pull teeth
 - Patients can't pay
- Some Medicare products include dental, but
 - So little coverage as to prevent achieve oral health
 - Extract one benefit per year
 - Build the crown or bridge next year
 - Annual limits
- Changing laws, policies and procedures slow
- State practices are inconsistent
 - Inconsistencies related to
 - Coverage
 - Paperwork
 - Policies
 - Too much red tape
- Dental plans for middle and upper classes are also inconsistent
 - It's not just private / public
 - How do insurers decide?
- Get insurance
 - At work
 - Individual policy
 - Major work
- With Medicaid expansion:

Regional Meetings Content Summary Organized by Theme/Question

- Dentist who doesn't take Medicaid referred to hospital ER which referred to St. Vincent's
- Got to St. Vincent's
- Go to Jump the Line
- Add ER charge
- More cost than direct referral
- Little or no Medicare dental
- Catchment areas as a barrier
 - Helps get some in
 - Prevents others nearby from getting in
- Life Span
- Getting consent forms
- Seniors
- Geriatric: patients have multiple needs, we need to sedate or spread work over multiple visits
- Elderly population lacks treatment options
 - (60+ ∅)
 - (70+ collapsing)
 - All
- Alzheimer's patients may
 - Yell, bite, attack, or
 - Not know symptoms/need
 - Nursing home does nothing
- Nursing homes
 - Don't provide transportation
 - Unable /unwilling to do oral health
 - Oral Health compromised by
 - Medication
 - Other disease
 - Aging
 - Put it off
 - Not much time left
- Seniors
 - Medically compromised
 - Mentally compromised
 - Nursing homes don't have suitable oral health settings on site
 - Dentists will assess then refer, not threat
 - Dental education needs to provide more on geriatrics
- Assisted living / nursing home
 - Poor oral hygiene
 - Mobile services not requested
 - Staff have other responsibilities
 - Patients / staff overwhelmed
 - STNA: State Trained Nursing Assistants
 - Not trained

Regional Meetings Content Summary Organized by Theme/Question

- They are in the population we are discussing
 - They don't value oral health
 - They don't like to do oral health
- Trained other professionals
 - 1/3 did not value oral health for self
 - Health care valued, not dental
- Pediatric
- Pediatric Care: Limited to 22 minutes, unседated
- Need more pediatric dentists
- Pediatrics
 - Not enough pediatric dentists
 - Not really aligned on
 - Core messages
 - Dentists not in sync about first visit by age 1 or 3, despite recent push
 - Pediatricians still not as involved in oral health
- Medication is a concern of pediatric dentists
- Parents scare kids
- Lost school dentists
- Children
 - Lack of attention to prenatal care
 - Lack of attention to perinatal care
 - Limited providers who work with children
- Once you ID someone in a school-based program who needs a dentist for any reason
 - It's hard to find one, especially to take Medicaid, then
 - The waiting lists is so long that disease may go untreated until it's too late
 - Need transportation at the right time
 - Waiting lists and transportation don't account for the severity of the need, leaving well intentioned patients to go to the ER
 - Specialists are even harder to get into... an even longer wait list
- Mobile dentist (Michigan style - exam, clean, no treatment)
 - We can't get reimbursed
 - Can't access records or x-rays
- Special Needs
- Dentists not comfortable with disabled/acting out kids
 - Dentist skill set for at risk
 - Limited exposure dental school
 - Can't have a day full of disabled or behavioral health patients
 - Many require operating room dentistry
 - Hospital
 - Capacity
 - Privileges
 - Availability
 - Require special transportation
- Getting consent forms

Regional Meetings Content Summary Organized by Theme/Question

- Behavior issues before + during care (inconsistent)
- Emotional reactions
 - Providers lack intervention strategies for emotional/behavioral reactions to dental care
 - Developmental disabilities pose additional challenges
- DD
- BMH
- Mental Health patients need
 - Case management
 - Care coordination
 - Both in group homes and home base
- Escalating problem of substance abuse — parents' abuse affects child follow up
- Sedation
- Sedation/I.V. sedation & general anesthetic problematic
 - Reimbursement in appropriate
 - Patients with developmental disabilities
 - Pediatric patients
 - Other patients
- Sedation
 - Medically necessary
 - Expensive
- Limited access to sedation
 - Time
 - Expense
 - Travel
 - Hospital setting required
- Migrant
- Poverty
- Patients don't follow through
 - Patient perceives they are getting worse quality in nonprofit compared to for profit
 - Patient may be getting poorer quality (such as amalgam to fill a tooth)
 - Referring for treatment seems to be at the whim of facility
- No shows
- No shows
 - They don't care
 - Even (especially) if it's free
 - What you give away isn't valued
 - Ownership of care
 - Don't value care
 - Regardless of class
- No shows
- No shows
 - Call for follow up
 - When it is free, "I don't care."

Regional Meetings Content Summary Organized by Theme/Question

- No shows
 - They don't value care
 - I have them thank someone
 - Reducing no shows
 - Require call backs or
 - Cancel visit
 - If eliminated from practice they will value next time
- Patient perceived need
 - If they don't value, they don't seek
 - Not until it hurts (too late)
 - Breaks appointments
 - Donate expensive treatment
 - Don't follow up
- Parental involvement not there for
 - Health
 - Oral
 - Behavior
 - Changing diet
 - Processed food
 - Pop
 - Etc.
 - Etc.
- Lack of follow up by families
- Access limited due to
 - Can't get out of school
 - Long distance to travel
- Medicaid patients are hard to contact
 - They move
 - They change phone number
- Their phones are cut off
- There is no reimbursement for education to change culture
- Not enough emphasis on prevention
 - Overall hygiene
 - Nutrition
 - etc.
- Poor patient compliance
 - Hygiene
 - Diet
 - Show up for appointments
- Finding culturally competent providers in shortage areas
- Transportation a challenge
- Might lose job to get care
- Dental workforce doesn't account for the effect of social determinants on care seeking
- Only access 30-40% of at risk/vulnerable populations
 - Trying to apply old strategies

Regional Meetings Content Summary Organized by Theme/Question

- Need new strategies
- Targeted to particular populations
- Do we tailor system to dentist or patient?
- Patients in crisis mode
- Low income, but employed
 - More and more people at risk
 - Entering middle class can't make deductible / co-pay
 - Oral health is only one part of the dance and tumbling
 - If insurance won't pay, I won't pay
- Social trend to expect health care to be paid for
- Can't legislate fiscal responsibility
 - Don't brush teeth
 - Pull 'em all / Give me dentures
 - Lack of education that starts young
 - We send out for talks, to no avail
- Complicated by other social issues
 - Example: Fresh food & veggies not in neighborhood stores
- At risk population does need prevention
- Oral health is totally preventable
- Middle class people have other priorities
 - Many "Don't care"
 - Don't do prevention, then
 - Don't get treatment
 - 1/2 use dental insurance they have
- Coordination
- Lack of provider collaboration
 - There was a provider coalition
 - But not lately
- Perception of lack of available care
 - Don't know where it is
 - Or can't get there
- Dentists and Providers are misinformed about options
- Transportation
- Transportation limited
- ER
- Hospital Emergency Room does not appropriately address oral health
 - Pain medication/antibiotics but no treatment
 - Hospital ER oral treatment hard to get (providers are usually not close by)
- Patients are used to going to the ER, and the ER gets paid
- Nutrition
- Parents not (need to be) educated and motivated to
 - Decrease sugar to
 - Improve poor nutrition
 - Address effects on children's behavior

Regional Meetings Content Summary Organized by Theme/Question

- Lack of awareness that “nutrition” drinks increase caries like soft drinks
- Media messages re: food / beverages
- Food as pacifier
- Food stamps don’t pay for toothbrush, toothpaste
- They don’t use toothpaste, toothbrush
- Nutrition habits
 - Especially children
 - It’s not just economics
- Schools have soda sponsorships
 - Pouring Rights

Regional Meetings Content Summary Organized by Theme/Question

Provider Helps

What helps/is working?

- Health is Health
- Nurses with Well Child can bill
- Metrics
- Inter-professional care fluoride varnish by pediatrician
- Training for pediatric offices re: dental
- Being paid per head, not per procedure
- Number & Location of Dentists
- Safety net dental clinics help
 - They are non-profit - a different financial model
 - They target the underserved
 - Great when they have the “right” dentist
- FQHC parameters:
- Determined based on the number of physicians/hospitals in medically underserved area
- Dental may be added, but oral health service gap is not figured into criteria — (false positive)
- Dental Center NW Ohio
 - Centers
 - Mobile Unit
- UTMC(The university of Toledo Medical Center) provides lots of care
- Knowing a dentist/personal associate
- Success in pockets
- ODA
 - Give Kids a Smile (once a year)
 - Dental Options
 - Dental loan repayment (but does not include hygienists)
 - Grants
- Give Kids a Smile
- Give Kids a Smile
- Dental Options
- Give Kids a Smile
- Dental Options — matches patients + dentists
- Dental Options
- Dental Options : for people who don't qualify for entitlements
 - \$2 million for care
 - 5:1 ROI
- Incentives for working with (to) hard to serve:
 - Reimburse tuition
 - ODLRP
 - National Health Service Loan Repayment (ODLRP)
 - Loan forgiveness
 - No interest business loan for equipment)

Regional Meetings Content Summary Organized by Theme/Question

- ODA/ADA (?): Action for dental health
- Connecticut
 - Increased reimbursement
 - Only single payer/provider
- Michigan Delta Dental: Increase allowable fee
- Michigan Medicaid plan a possibility
- Loan repayment program is fully subscribed
- Ohio Project — 50 days in underserved areas by 4th year students
- Access Mahoning Valley Thursday Volunteer Prescreen
- Dental residencies are working
- Students coming through FQHC helps train trainers
- Free clinic: Area dentists each take one day a year to bring their team to see 30 patients in one day
- Choose Ohio First is working for medical
 - Expand to dental
 - It's in the legislature
- Amount of free care is working, but goes unreported
- In non-fluoridated communities we did fluoride varnish, but it is being cut
 - Was a successful WIC fluoride varnish program
 - Health Dept./Dental schools
 - Provided
 - Sealant
 - Fluoride varnish
- Paying private dentists enough works
- Good Neighbor House: dental /medical for working poor
- Student Loan Fund — ODA
 - Graduates go to underserved areas
 - They often stay
- Dental schools
 - Good education
 - Internships
 - Residency programs
- Children's hospitals
- Reimburse fluoride done by pediatrician
- Volunteer hours (instead of billing Medicaid)
- Raise Medicaid reimbursement fees
 - Indexing fees over time
 - Connecticut, Michigan
- Location a barrier
 - Cross the river
 - Downtown
 - Drive around
 - Distance
- ODH grants

Regional Meetings Content Summary Organized by Theme/Question

- Mobile units
- Community-based fluoride
- Workforce questions:
 - How many dentists needed?
 - How many hygienists needed?
 - More dental schools planned, how many needed?
 - Hygienist
 - EFDAs
 - CDA
- Dentist as head of dental team
- Expanded function / duties
 - Assistants
 - Hygienists
 - EFDAs
 - Good team work, we have excess capacity
- Use midlevel practitioners more (Minnesota)
- Oral Health Knowledge
- Rocky Boots supports oral health
- Perceptions ... all unpleasant
- Ability to Pay
- Adult Dental Medicaid
 - Ohio funded dental Medicaid, even if it is low
 - Have to keep pressure on
- Safety nets
- BCMH: Services
 - DD
 - Medicaid
- Safety net grants
- Life Span
- Seniors
- Taking high quality equipment to nursing home
- Pediatric
- Every pediatric dentist takes Medicaid
- Dental sealant program
- Head Start
 - Family-based connection
 - Address fears, past history, social determinates
- For children in Lucas County
 - No access barriers
 - Utilization challenges
- Schools
 - Sealant program
 - prevention

Regional Meetings Content Summary Organized by Theme/Question

- get kids early
 - (Child may be first to get care)
 - School fluoride programs (optional)
- Parent education ... starting in high school
- School nurses are seeing the kids of kids they worked with in the past (so it may have had an impact)
- School staff
- Dental schools do fluoride varnish
- Sealant program (in schools)
- School-based dental program
- School based dental sealants
 - HB 59 clarifies who can do what
 - Work each person to capacity of license
- School based programs
- School based health centers
- Dental sealants program
- Fluoride varnish
- Special Needs
- Take patient to dentist office to reduce no shows
- Special needs
 - Have to go to operating room.
 - Behavioral problems
 - Get consultation
- DD
- Cross-training DDS re: DD
- BMH
- Sedate
- Leave No Vets Behind
- Dentures for vets
- Migrant
- Poverty
- AmeriCorps funded positions
- Cultural implications
- Coordination
- Work with Job & Family Services coordinator
- When agencies have people who can help get there — a JFS payment will show
 - Case management increases the number of dentists
 - JFS transport — medical/dental high priority
 - Free local transportation (but need to schedule it well in advance)
- Assess, treat, refer, follow up
 - Although parents don't do enough to follow up
- Collaboration among providers
- Partner with local programs
 - Head Start

Regional Meetings Content Summary Organized by Theme/Question

- Schools
- Etc.
- Highlight local programs
- Case workers helped get people to care
- Other case coordination strategies
- Providers coordinating with managed care plans
- Transport
- ER
- ER Diversion Program
 - Give a dental home
 - Divert or refer
- Nutrition

Regional Meetings Content Summary Organized by Theme/Question

Provider Ideal System

What would be the attributes/elements of an ideal system that increases oral health and access to dental care in a provider friendly manner?

- Health is Health
- Cooperation among medical/dental professionals, etc.
- Make sure all insurance is all health
- Health care is a right, not a privilege
 - There should be no barriers
 - Everybody can get care
 - Individualize/best practices
 - [Best care for all ← or → Set best base level of care for all
- Health component in every public policy
- Physicians/Dentists as team
 - General health
 - Oral health
- Hospitals expand dental facilities
- Gain access to claims data by area
- Measure quality of results
 - Standardize
 - CMS
 - Credible
 - Work in progress
 - For system improvement (not gotcha)
 - Define
 - Who is patient?
 - How do they choose care?
 - The number of dentists serving at risk populations
 - All options considered/seek
 - Hygienists
 - Pediatricians
 - School nurses,
 - Etc.
- Evidence based practices
- Appropriate metrics, including outcome measures, to evaluate investments
- Hospitals could
 - Treat underserved
 - Use of recent grads
 - Reduce Dental Debt
- Dental “exam” is part of every medical visit
- Every OB does
 - Oral health status assessment ... and

Regional Meetings Content Summary Organized by Theme/Question

- Follow up
- Health = Health
- Patient centered care
- Dentist recognizes medical conditions & refers to appropriate medical resource, and vice versa
- All patients deserve
- 1-tier system
 - prevention
 - treatment
 - cosmetic
- Easy to access + share information
 - Digital records
- Health is health
- Core Values *
 - Available
 - Affordable
 - Accessible
- Best practices
- Number & Location of Dentists
- Task force membership should include private practice general dentists
- \$\$\$\$\$\$³
- Raise the reimbursement rate
- Increase reimbursement rate
- Provide a tax credit for donating services (More cost effective to donate than to accept Medicaid)
- Medicaid reimbursements
- Funders understand small business owner: private practice general dentistry
- More incentives to providers
- Incentives for providers to see, treat, follow up
- Loan forgiveness
 - No/low interest loans to start business
 - Home grown people return as professionals
- Obligation to serve in clinic
 - (x amount of the time)
 - (pace/profit balance)
- Increase residency programs (in underserved areas)
- Provide incentives (\$) to serve (in underserved areas)
- ADA supported strategies
- Enough FQHCs
- Enough private dentists
 - Tie FQHC incentives to working in partnership

Regional Meetings Content Summary Organized by Theme/Question

- Loan forgiveness
- More financial resources
- Dental school interns
- Dental residencies in at-risk areas
- Tuition reimburse / loan forgiveness
- Dentists matched with patients
- Dental vans
 - Practice going to dentist
 - Link to care
- Cultural variations inform education
- Address time spent not serving patients in safety nets
 - Reduce no shows
 - Reduce red tape
 - Make efficient
 - What else?
 - Mobile units
 - Educate
 - Treat
- Loan repayment
- Loan reduction for working with the underserved
- Less expensive education
- Funders understand small business owner: private practice general dentistry
- Less liability exposure
- Continuing to expand functions
- Rescind requirement of radiology manual
 - Not require assistant
 - Assistant radiographer's certification
- Dental school in Toledo
 - Would add substantially to
 - safety net, also help
 - A ERs and other settings
 - Increase continuing education
 - Would attract more middle class patients
 - Substandard care?
- Oral Health Knowledge
- Increase awareness
 - Newspapers
 - Media
- PSAs
 - Sell: the message needs to hit 7x
 - Be more targeted
- Well-educated consumer who values health

Regional Meetings Content Summary Organized by Theme/Question

- Cultural variations inform education
- Messaging clear, consistent, wide spread
- Junior League: Mouth in art museum
- Career mentorship: Starting early
 - Example — Dental student participating in the session, “My dentist encouraged me to pursue dentistry.”
 - Start with 9-10 years olds
 - Link to hope & aspirations
 - Set appropriate high/stretch expectations
- Youth-based awareness project
 - Junior high kid teaches elementary child
 - Elementary child teaches Head Start child
- Cohesion among all members of dental team: not turf
- High quality team of providers who want to be there
- Legalize EFDAs
- Allow folks to work to full capability of training and license
- Work top of license (collaboration)
- Hygienist loan repayment
- Ability to Pay
- Change regulations that undermine care
- Require every dentist to see some Medicaid patients, spread the work around
- Dentists are not allowed to refuse insurance
- Make the process of enrolling as Medicaid provider easier to complete, submit & review
- Make Permanent adult dental a requirement
- Medicare pays dental... permanently
- Increase Medicaid reimbursement
 - Medicaid reimbursement on par with typical plans U.C.R.
 - Index fees over time
Ike Michigan Delta Dental
- Medicaid
 - Rates increase to level of insurance to mainstream Medicaid patients to private practice model
 - Medicaid credentials and process more realistic
 - Payment process simplified
 - More services covered
 - Parity with more traditional insurance rates
- Single:
 - Consistent standard
 - Consistent fees
 - Business model

Regional Meetings Content Summary Organized by Theme/Question

- Easy contact with real person at Medicaid
- Dental supply vendors — share profits to help expand care
- Timely access, including
 - Specialty services
 - Access to general anesthesia
- Comprehensive care regardless of status
- Universal claims forms
- All plans
 - Some coverage
 - Levels of service
 - Reasonable
- Choice: providers practice within standard of care
 - Floor : “Standard of care” for all
 - You can buy more in a plan
- Dental is mandated purchase
 - Coverage (not all offered)
 - Covered by subsidy
 - Health insurance includes teeth
 - Cover orthodontics
- Respect judgment of dentist
 - No prior authorization
 - Dental diagnosis accepted
 - Exams are more like milestones
 - Individualized care for individual patients
 - Not justify to insurance company
 - Boards + other government bodies provide oversight
- Life Span
- Requirement to get exam or care for enrollment
 - WIC
 - Head Start
 - Etc.
- Deal with consent
- Seniors
- Nursing homes: Mandated to provide oral health/prevention
- Dental clinics in nursing home facilities are key
- Medicaid
 - If you can cut funds to nursing homes for bed sores, then
 - Find a way to cut funds to nursing homes that don't do mouth swab
- Topical fluoride in geriatric patients
- Pediatric
- Target oral health in pregnant women
- Every child gets dental sealant

Regional Meetings Content Summary Organized by Theme/Question

- WIC and JFS continue to be involved
- Add dentists at Head Start
- Schools
 - Dental sealant
 - Educate
 - Reimburse for education
 - Engage families
 - Dental alliance (spouse)
- School nurses
- School-based programs
- Restore dentists in schools
- Partner with hygienists in schools
- Increase school nurses //
- Provide comprehensive school based services
- Clinics in schools
- Special Needs
- Some patients can practice going to dentists
- Handicap accessibility
- DD
- Increasing variety of dental residencies
- BMH
- Sedate
- Better serve veterans
 - Remove government regulations that are in the way
 - Increased access and flexibility at VA
- Available for vets
- Migrant
- Interpreter services
- Poverty
- Sufficient public assistance
- Someone on the ground every day who cares and advocates
- Services are place based, in the community
- Workforce cares and believes there can be a significant impact
- Address financial obstacles for patients
- More flexible hours
- Coordination
- Partnerships
- Build a robust private/public provider mix in communities ... provide more options
- Communication
- Community dental health coordinators
- ADA — dental health coordinators would prevent the majority of disease
- How to use “system” better

Regional Meetings Content Summary Organized by Theme/Question

- Transport
- Dental vans
 - Practice going to dentist
 - Link to care
- Mobile units
 - Educate
 - Treat
- ER
- Dental emergency services are easily available in multiple settings, depending on level of service needed, including
 - Urgent care
 - Emergency rom
 - General practice dentist
 - Clinics
- Nutrition
- Tax “sweets” to help fund dentistry
- Food stamps for healthy food groups
- Healthy diet & nutrition

Regional Meetings Content Summary Organized by Theme/Question

Additional Provider Questions

Where/How/From whom do you get your patient referrals?

Athens Provider Where do you get referrals?

- Some pediatricians doing oral health education and refer for fluoride varnish
- First toothbrush at fair
- Health fairs for high school (no time)
- Dentists have Facebook page: "Tell the Story"
- Health fairs for high school (but I have no time)
- Concept of best practices seen as both a plus and minus
 - May help tell the story
 - But the evidence base is a barrier
- Not a lot from other medical professionals
- [May need incentives?]

How do you educate your patients?

- Free clinic: tell them about links
- Every first appointment I turn to parent
 - Parent looks in mouth
 - Talk about brushing
 - Discuss water, sugar, beverages
 - This exam is for you also
 - Review plan with patient or care giver
 - Provide pamphlets
 - Ask them why they are here
- Assistants talk about hygiene, care
- Dentist: discuss gum disease, tobacco
- What is ODH doing to educate?
- Share training opportunities with primary care physicians, pediatrics, etc., elderly
- Building relationships helps
- See parents
 - Talk, explain oral health
 - Invite family member to be in room
- Educate physicians
 - Explain the reason for being seen by age 1
 - Increase awareness
 - Do their part
- Prenatal classes: opportunity to educate parents
- Community dental health coordinators
- Educate teachers / role model
- Barbershop /salons are a good location for education of some groups
- Health Department/Columbus Public Health
 - We speak at city council to inform public officials
 - We fund education programs for parents of young children/families

Regional Meetings Content Summary Organized by Theme/Question

- Head Start
 - Provide materials
 - Offer training to families
 - CDCFC has a train the trainer
 - Work with pregnant women already involved in HS programs
- Dentists
 - Talk one on one
 - Talk to patients when they do come in
- School nurses make referrals
- Provide mock dental office to help prepare patients
- Go to where do people congregate in community
 - Churches
 - Clubs
 - Places open during “off hours
 - May or may not follow up
- Midlevel practitioners provide education in community
- ADA prevention program
- WIC
 - Promote healthy eating
 - Nutrition
 - Dental
 - Work with pregnant moms — prenatal

What is the role of publically funded programs in oral health and dentistry?

- Should focus on prevention
- Should provide mandatory education to families to get assistance
- Clinics would improve overall health impact
- To be safety net
- Reimbursement models differ
 - procedure
 - encounter
- Monitoring chumming ∅
- Cleveland Metro:
 - Hospital setting
 - 75% Medicaid
 - Write off
 - Residents learn procedures
- Look at different reimbursement models
- Include overhead
- Explain business model
 - They operate by different standards

Regional Meetings Content Summary Organized by Theme/Question

- Reimbursement
- No shows
- Health center — another dental home or stop gap
- Quality of public is as good as private
- Public funded patients scare typical patients
- Public funded programs for
 - Safety net
 - Shortage areas
- Private practice: looks down on
- Private practice could meet all the needs if remove barriers, especially if raise fees

What is/are the appropriate role(s) for non-dental professionals?

- ODH should tap profits of dental suppliers
- Head Start helps with families & young children
- WIC helps with families & young children
- They can make sure people know
 - What is available
 - Where to go
- Should require dental exam for many social benefit programs to assure first visit
- Care coordinator/ADA community Dental Health Coordinator (various approaches cited)
 - Follow up calls
 - Reminders
 - Transport
- Education
- Make referrals
- Outreach
- Provide reminders
- Social worker can go to visit
- Recognize potential problems and refer
 - Schools
 - Nursing homes
- Relationship building
- Groups that reach out work together
- Collaboration across organizations + discipline
- Engage other medical professionals (all health)
- Engage insurance providers (all health)
- Fund outcomes, not procedures
- Social services teams
- Those who provide tech tools
- Business investments
- Education in schools
- ECE programs
- Anyone who works with children

Regional Meetings Content Summary Organized by Theme/Question

Provider What do you mean by diverse workforce?

- Several agencies work together
- Having an adequate number of trained people from various disciplines
- Having “local” people
- We need to get home grown people to return to practice
- A culturally diverse workforce
- Hygienists
 - Full/part time
 - Go to underserved areas — general supervision
 - Not enough to be present
 - Give more responsibilities
 - Multiple classifications in office
- Oral Health Access Program
 - Hygienists can serve
 - Dentist must see
- Cultural barriers addressed
 - When people can relate to diverse patients in changing world
 - Choose Ohio First — only medicine
- Person working on me can deal with whatever my oral health issues may be
- Health interventions
- Intercultural competence
 - Language / communication barriers
 - Changing demographics of dental students
- Diverse members on team
 - Mid-level providers
 - Expose young children to career early
 - Someone who is able + willing to serve people w/ challenges
 - Can meet a variety of needs
- Dentist/oral health team as change agents
- Diversity & inclusion
 - Ethnic diversity
 - Gender
 - LGBTQ
 - Code word... negative for some
- What does the dental team look like
 - People who come from underserved areas
 - Diverse mindsets — approaches to problem solving
 - Touched by someone with disability
- It's complicated
 - Don't want to take sides
 - Heard at FQHC, “Go see a real dentist.”

Regional Meetings Content Summary Organized by Theme/Question

- Dental Therapist: perceptions vary widely and bitterly
- Diverse work force
 - Student diversity in dental school works better if
 - Academic programs and faculty reflect diversity
 - Go to junior high to start recruiting young people as dentists
 - Do they look like my patients
 - Language diversity
- Cultural competency
 - Helps recruit dental students and patients
 - Success in certificate program
 - Return for more education
- Guarantee an interview if you volunteer in indigent area MUA (medically underserved area)
- San Antonio — high schoolers can get experience
- Have care coordinators with community connection

Two additional conversations arose in Bowling Green

- Patient trust
 - Intergenerational changes
 - In baseline care
 - In baseline costs
 - Demographics
 - Age shift
 - Geographic distribution
 - Providers: public pictures the “successful” dentists of old, not today’s reality

BG - Corporate dentistry

- Lots of students start there
- Valiant goal — reach out
- Answer to private equity firm
 - Efficiency
 - Buying power
 - Share staff
 - Overhead
 - Double books
 - Calling all the time
 - Add work