

Funders Oral Health Policy Group

*Thank you for
attending the July
FOHPG webinar!*



Thank you to everyone who joined us for yesterday's inspiring and motivating webinar! Below you will find notes from the sessions. You can also view a recording of the meeting [here](#).

If you didn't get a chance to yet, please take a minute to fill out the [evaluation for the July FOHPG Member Webinar](#). We value your feedback!

Thank you Suzanne Heckenlaible and Holli Seabury for leading the discussion and supporting our guest speakers, Dr. Jessica Williams and Barbie Vartanian!

July Webinar Notes

DELTA DENTAL OF IOWA
FOUNDATION OVERVIEW

- Funding an oral health care education research project at an in-patient facility to reduce non-ventilator hospital-acquired pneumonia.

- The project has continued during COVID - the hospital made it a priority.
- Other staff members (besides RNs) are interested in sharing oral health information with patients.
- Regulatory Action - Teledentistry
 - Statute existed to do teledentistry but rules did not.
 - Put together a framework for rules.
- Legislative Action - Settings Limitation for Dental Hygienists
 - Barrier to care
 - Iowa Dental Board removed the settings limitation allowing dental hygienists to practice in other locations and to work to the top of their licensure.

A REPORT FROM THE FIELD: RIVER HILLS COMMUNITY HEALTH CENTER

- FQHC located in SE Iowa offering Medical, Behavioral Health, Women's Health, Pediatric, and Dental Services.
- Safety Net with high-risk patients for cavities and COVID-19.
- Dentists, dental hygienists, and patients are at increased risk of COVID-19 due to aerosol-generating procedures (AGP).
- In March, amid shut down, introduced teledentistry to triage patients.
- Strategies used in June for re-opening:
 - Reduced patient volume and longer appointments
 - Addressed high needs patient first
 - Focused on children
 - Require less AGP
 - Annual school exams
 - Prioritized families
- Strategies and Efforts to Improve Oral Health Outcomes
 - Successes
 - Teledentistry was used to triage and educate
 - Decreasing AGP required more creativity
 - Increased use of Silver Diamine Fluoride (SDF) and Fluoride
 - Expanded functions (scope of work) increased workflow
 - Challenges
 - Advanced disease due to delay in care
 - Treatment plans became more complex
 - The increased amount of visits/patient = maxed out dental benefits
 - Need to learn the best use of teledentistry for their patient population

- Opportunities to Change
 - Support teledentistry
 - Need a dental focused platform
 - Should be covered by insurance
 - Need supportive regulations
 - Support preventive procedures
 - SDF
 - Allow more flexibility in fluoride application through teledentistry
 - Support safety nets
 - Support expanded scope for dental personnel
 - Support oral health care of adults/older adults (crowns and dentures)



DELTA DENTAL FOUNDATION OVERVIEW

- Pandemic brought to the forefront health disparities of the intellectually disabled community.
 - The public is largely unaware of this issue.
 - Funding *My Smile Matters* campaign.
- Working to expand the scope of practice for dentists in public health or FQHCs to administer vaccines for Hep A, flu, HPV, and COVID.
- Funding a project looking at the social determinants of health.
 - Working with two groups looking at oral health in outpatient psychiatric patients and FQHC patients and community health workers.

- Creating a unified screening tool that works for both groups to drive policy.

A REPORT FROM THE FIELD: PROJECT ACCESSIBLE ORAL HEALTH

- Access to and the ability to receive dental care is the most frequently cited unmet health need for children and adults with intellectual and physical disabilities.
- Goals of the campaign include:
 - Educating the parent/provider/individual that good oral health leads to better overall health.
 - Mainstream individuals with special needs into general medical/dental practice.
 - Provide inclusive/collaborative/comprehensive care.
- Barriers to oral health care for people with disabilities:
 - Dependence on others - caregivers are overwhelmed.
 - Insufficient provider training.
 - Accessibility of a practice.
 - Poverty.
- Americans with Disabilities Act (ADA) was signed into law on July 26, 1990.
 - Still, emergency dental services are costing healthcare systems \$1.6 billion due to lack of community-based dental care for individuals with special needs.
 - A survey in Indiana indicated that fewer than 20% of pediatric dentists would treat kids with special needs and less than 5% of dentists would treat adults with special needs.
- Potential funding models
 - Renal care - Congress decided at whatever age an individual suffers from kidney failure they can qualify for Medicaid benefits to cover dialysis.
 - Could we convince congress that oral health care for the disabled is just as justified?
 - State model - competition is good
 - 529 account-model - Health Savings Accounts (HSAs) for every child to fund dental services
 - Excise tax model - possibility to tax services/goods to fund dental care (similar to vaccines?)
- Policy Blueprint
 - Convene a task force of political leaders to ask for policy prescriptions and business commitments.

- Policy papers
- Private sector leadership - a celebrity push.
- Develop oral health champions to promote the campaign.



POLICY OPPORTUNITIES TO INCREASE ACCESS TO CARE FOR SPECIAL POPULATIONS

- Any policy changes brought forward at the state level with a monetary amount attached to it, likely won't be funded due to state budgets being cut.
 - There is interest in the renal model at the federal level.
- Pandemic may bring more light to special needs individuals getting oral health care.

POLICY OPPORTUNITIES IN TELEDENTISTRY/HRSA FUNDING/WORKFORCE

- Nationwide adoption and reimbursement for SDF:
 - All states cover SDF for dental providers and potentially non-dental providers.
 - Hospitals that were shut down during the pandemic administered SDF to dental patients in pain.
- Create different dental benefits for specific populations via Medicaid.

- Explore different state Medicaid waivers for creating specific benefits for subpopulations.
- Medicaid can have different eligibility for populations.
- Advocate for oral health professional - legislation for COVID-19 recovery payments or PPE payments.
- Advocate for the inclusion of oral health professionals in any legislation about healthcare providers.

Other Thoughts

- Advocating for more medical management of care is critical. Our mantra should be “Lose the Drill”.
- COVID-19 is providing an opportunity to help us think about these issues like silver dime fluoride (SDF) as a standard of care, treating the full mouth (not an individual tooth) and the expanded role of tele-dentistry.

**FOHPG AUGUST WEBINAR:
CULTIVATING ORAL HEALTH POLICY
CHAMPIONS IN LEGISLATORS**

Tuesday, August 25, 1 pm PST/2 pm MST/3 pm CST/4 pm EST

Join us on August 25th for a presentation by Alison Mondy, Policy Director at the Arcora Foundation and Washington State Representative Marcus Riccelli.

[Click here to register today!](#)

INTERESTING READS

- [30 on ADA 30 Campaign](#)
- [#ADA30 - Celebrate. Learn. Share.](#)
- [Scope of Practice Policy](#)
- [Addressing Oral Health Inequities During COVID-19 and Beyond](#)
- [Two Decades of Persisting Income-Disparities in Dental Caries Among U.S. Children and Adolescents](#)



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