Oral Health Florida Data Action Team
<mark>Minutes: August 21st, 2015 In-Person Meeting at Oral Health Florida Conference</mark>
3:00 p.m. - 3:45 p.m. EST

Members Attended: Lilli Copp (LC), Beth Genho (BG), Tara Hackney (TH), Jill Herndon (JH), Abigail Holicky (AH), Scott Tomar (ST)

Guests Attended: Nancy Sawyer (NS) from Special Olympics: Special Smiles, Zona Gale (ZG) from OHF

1. Welcome/Introductions
   A. Meeting called to order at 3:00 pm
2. Approval of Minutes from July 28th, 2015 Conference Call
   A. Moved (ST) and seconded (LC) to approve minutes. Approved.
3. Recap Accomplishments of Past Year
   A. Updated Roadmap Indicators – JH provided brief summary
   B. Collaborations on Other State Initiatives – JH provided brief summary
   C. Explore Potential New Indicators
      i. Are there other metrics that should be added to the Florida scorecard?
      ii. Is there a process to recommend additional metrics to be added to the Florida scorecard? If yes, this should be presented to OHF leadership council.
      Example: At each Data Action Team meeting, evaluate a different data set based on a set of criteria (i.e. impactful, communicable, reliable, useable, etc.), discuss strengths and limitations, and vote at the end of the meeting if the data source should be used.
      iii. Discussion:
         a) LC: Need to consider data quality and impact on data reporting. For example, a program with poor data can bring down the state-level numbers/performance.
         b) JH: Does there need to be a defined process for how data/indicators were chosen? Would additional data be "OHF endorsed"?
         c) ST: People use data on scorecard for all sorts of reasons. We might consider having OHF be a respository of OHF data.
         d) NS: When the road map was created, tough choices had to be made on what to report since reporting on all possible indicators on a routine basis is not practical; decisions on what to report were made based on what populations are most affected.
         e) Overall recommendation of group: Explore whether OHF could serve as a repository for oral health data in the state. But new data would not necessarily need to be official roadmap indicators.

4. Planning for Coming Year
   A. Potential new data sources/projects

      i.   LC: Head Start/Early Head Start
- a) Report separate indicators for Head Start and Early Head Start populations
- b) There have been some data sharing challenges in the past between dental providers and Head Start programs
- c) Implementation of managed care had a large impact on Head Start numbers; new data will hopefully show improvement now that there has been a full year of managed care
- d) Group discussed if there were opportunities to look at correlations between ER data and Head Start data

     ii.   TH: Recommended that the DAT evaluate cost of definitive care (offered at county health departments) vs ER care
- a) TH: Examine at how much more ER costs are compared to the Medicaid reimbursement for definitive care
- b) ST: ER data and charge data (total charges, mean charges) can easily be broken out by county; we could create a one-page summary for each county with ER dental service and cost information

B. Other Recommendations for DAT

      i.   JH: Could we help programs to improve their data quality?
- a) BG: An example of a quality improvement project would be creating a one-pager for data entry/collection procedures like has been done for SEALS
- b) LC: All Head Start programs have individual control over their data entry; the data is the same but the process of data collection varies greatly
- c) JH: Can the Data Action Team facilitate a discussion to encourage use of standardized data collection form?
- d) ST: Create a succinct useable form that people will voluntarily use
- e) LC: Host a webinar with head start programs to talk about best practices for data collection; has examples of "ideal" head start data collection forms
- f) TH: Compare Head Start vs 3rd grade surveillance forms for compatibility
- g) JH: Remind Head Start programs how impactful data can be and provide examples for how to use their data
- h) Overall: Group recommends exploring how the DAT can provide technical assistance related to Head Start data reporting

5. Summary of goals for next year (Group)
   A. Providing ER data stratified at the county level with the following:
      i. Basic utilization indicator (i.e. preventive services received)
      ii. ER indicators
      iii. Provider availability
   B. Enhancing the current scorecard and creating a repository for oral health data that would provide accurate state-level data
   C. Defining the role that the Data Action Team can have in assisting oral health programs improve their data quality
      i. Sponsor a webinar for Head Start data collectors
      ii. Compare examples of current data collection forms and create a standardized form

6. Other
   A. Send other data quality project ideas to jill.herndon@keyanalyticsconsulting.com

Meeting was adjourned at 4:00 pm.