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Oral Health Florida

Sealant Action Team Minutes

Wednesday, November 19, 2014, 12-1PM

Agenda and Action Items:

I.	<u>Welcome and Introductions:</u> <ul style="list-style-type: none">a) Elizabeth Orr welcomed all members to the call.b) Existing Members on Call: Elizabeth Orr, Christina Vracar, Donna Solovan-Gleason, Susan Gorman, Kimberlee McCarren, Carol Scheff, Betty Kabel, Janice Siegel, Darlene Parish, Karen Buckenheimer, Denise Marini, Jo Ann Weatherwaxc) Guests on the call: Sophia Hector, Dawn Krockta
II.	<u>Old Business (Smiles Across America Webinar):</u> <p>Elizabeth Orr</p> <ul style="list-style-type: none">a) Christina Vracar: attended the SEALS webinar and was more for beginners and those unfamiliar with the use of SEALS. Presentations/slides are available online.
III.	<u>Old Business (NNOHA Webinar):</u> <p>Elizabeth Orr</p> <ul style="list-style-type: none">a) School Based Oral Health Programs Operated by Health Centers, November 24 from 4-5pmb) Tools to assist Health Care Professionals Discuss the Benefits of Fluoride and Fluoridation, October 30, 3-3:30pm
IV.	<u>New Business (Survey Monkey Results on SEALS Training):</u> <p>Christina Vracar:</p> <ul style="list-style-type: none">a) 16 Responses<ul style="list-style-type: none">1) 1 DOH Central Office2) 12 counties representedb) Q3: Does your county currently operate a S-BSP?<ul style="list-style-type: none">1) Yes: 80%2) No: 20%c) Q4: What agency in your county currently operates a S-BSP?<ul style="list-style-type: none">1) DOH: 56.25%2) FQHC: 6.25%3) N/A: 25%4) Other: 12.5%d) Q5: Does you program currently use SEALS?<ul style="list-style-type: none">1) Yes: 35.71%2) No: 64.29%

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	<p>e) Q6: What is your comfort level using SEALS?</p> <ol style="list-style-type: none">1) Beginner: 53.85%2) Basic: 15.38%3) Intermediate: 7.69%4) Advanced: 23.08%5) Expert: 0% <p>f) Q7: What type of SEALS software training would you be interested in?</p> <ol style="list-style-type: none">1) County by county: 43.75%2) Regional: 25%3) Webinar: 56.25%4) None: 6.25%5) Other: 6.25%
V.	<p><u>New Business (Data Collection):</u> Christina Vracar:</p> <ol style="list-style-type: none">a) We are trying to work towards getting everyone's response for using SEALS as a statewide database. We are still working to contact all agencies providing school-based services. This is a voluntary participation and is not mandatory⁶. We believe this is the best way to collect both billable and unbillable services.b) Data collection will begin in the next few weeks. I will be sending out an excel spreadsheet to capture data from the 2013/2014 school year. I would appreciate everyone's cooperation to continue the data collection efforts of the Oral Health Florida's Sealant Action Team.
VI.	<p><u>Program Spotlight: The Florida Department of Health in Hillsborough County School-Based Program:</u> Sophia Hector, Carol Scheff, and Dawn Krockta</p> <ol style="list-style-type: none">a) Were in 8 schools the first year, 16 the second year, and this year are in 48 schools. Next year, they are looking to be in all 96 Title I elementary schools.b) Will be implementing SEALS to collect next year's data.c) Program consists of a program administrator, dental hygienist (serving as the coordinator), and a new coordinator beginning this year.d) Statistics<ol style="list-style-type: none">1) 80% Returned Forms2) 70% Positive Consents3) 95% children with positive consent are screened4) 85% 1-year retention rate5) All students receive OHI from the FQHC before the service visit6) 30% of children served are unbillablee) Transportation to services

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	<p>1) Jan Siegel followed up on this and found that “the responsibility is to the plan and not the administrator.” For more information, please see http://ahca.myflorida.com/Medicaid/statewide_mc/pdf/mma/Transportation_Service_Requirements_MMA_Program.pdf</p> <p>f) Incentives – pencils are given when they return the form. They were giving pizza parities for 70% returned rates per class but it has gotten too expensive to continue.</p> <p>g) Have access to one of the two FQHCs they work with to schedule the children</p> <p>h) The other FQHC schedules their own.</p> <p>i) First 2 years, the Florida Department of Health-Hillsborough County was providing supplies and now the FQHCs are purchasing their own.</p> <p>j) Everyone gets a referral form and urgent cases are followed up on by the FQHC.</p> <p>k) Access to the schools was achieved from a large school board meeting with all players involved in the beginning of this school year. School board members are very supportive of this initiative and they plan to see 5000 kids in 48 schools this school year.</p> <p>l) Schools are split between two FQHCs with two different models.</p> <p style="margin-left: 20px;">1) Tampa Family: Dentist</p> <p style="margin-left: 20px;">2) Suncoast: Hygiene</p> <p>m) Jo Ann Weatherwax suggested that SEALS is kept separate between the two FQHCs and their two models (dentist vs hygiene).</p> <p>n) Everyone on call agreed that assessing the financial aspect of the two different models in one program would help with best practices and program planning efforts.</p>
<p>VII.</p>	<p><u>Schedule for Future Conference Calls:</u> Elizabeth Orr a) Will continue every other month.</p>
<p>VIII.</p>	<p><u>Preferred Time/Date for 2015 Conference Calls:</u> Elizabeth Orr a) Survey monkey will be sent around to day and time preference for 2015 calls</p>
<p>IX.</p>	<p><u>Ideas for Topics, Guest Speakers for 2015:</u> Elizabeth Orr a) Please send any suggestions for guest speakers or program spotlights to Dr. Orr or Christina Vracar for 2015 conference calls. b) Goal is to have each program in the Sealant Action Team represented in a program spotlight.</p>
<p>X.</p>	<p><u>Adjournment:</u> a) Elizabeth Orr and Christina Vracar adjourned the call at 1:00pm.</p>

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