Oral Health Florida
Leadership Council Meeting
Friday, August 9, 2013 8:00 am – 4:00 pm
Meeting Notes

Contents:

In Attendance

Leadership Council Voting Members

Philippe Bilger, County Health Department Dental Programs
Donna Solovan-Gleason, Department of Health Public Health Dental Program
Andy Behrman, Florida Association of Community Health Centers
Bill D'Aiuto, Florida Dental Association (for Rick Stevenson)
Tami Miller, OHF Co-chair, Florida Dental Hygiene Association
Roderick King, Florida Public Health Institute
Nancy Zinser, Palm Beach County Oral Health Coalition
Frank Catalanotto, OHF Chair, University of Florida College of Dentistry
Lilli Copp, Head Start State Collaboration Office
Elizabeth Orr, Lake County Health Department
Nancy Sawyer, Special Olympics
Ann Papadelias, Escambia Community Clinic

Leadership Council Non-voting Members

Micaela Gibbs, University of Florida College of Dentistry
Mary Pelletier, Florida Allied Dental Educators
Cathy Cabanzon, Florida Board of Dentistry
Erica Floyd-Thomas, Agency for Health Care Administration (for Beth Kidder)

Action Team Leads

Sean Isaac, Fluoridation Action Team Chair
Bob MacDonald, Senior Oral Health Action Team Co-chair

Additional Participants

Anthony Jackson, Agency for Health Care Administration
Casey Stoutamire, Florida Dental Association
Deitre Epps, Trainer/Facilitator, Results Leadership Group
Cristy Kovach Hom, Project Manager/Administrative Support Florida Public Health Institute

Meeting Results

By the end of the meeting participants were able to:

- Affirm OHF areas of focus to be oral health care access, untreated decay and fluoridation and select headline indicators for assessing each
- Review recently collected trend line data for oral health care access for certain populations, public water fluoridation and Head Start and Special Olympics oral health performance measures
- Identify new and improved data needed (data development agenda)
- Choose headline and candidate indicators according to their communication, proxy and data power
- Use data-based decision-making to tell the positive and negative factors that contributed to the "story behind the baseline" and begin to generate strategy ideas for improving Floridians' access to oral health care, untreated decay and fluoridation
- Form action teams in the areas of access, untreated decay in addition to adding to fluoridation team agenda
- Agree to determine OHF's role in the statewide effort to achieve oral health and well-being
- Establish consensus regarding the relationship of this work to the new statewide plan for oral health

Meeting Notes

Welcome, Purpose and Introductions

Dr. Catalanotto welcomed the group and stated goals for the session.

Brief Introduction to Results-Based Accountability™ and Data-Driven Decision-Making

- Deitre Epps (facilitator) reviewed meeting results and gave a short introduction to Results-Based Accountability™ (RBA).
- Clarified difference between "result" and "mission statement"
    - Result speaks to what your mission is. (Bill D'Aiuto asked about forming a mission statement). Tami Miller stated that "We need to throw away [context] of all of our strategic planning." RBA is "results-based planning." Mission will describe OHF's role in getting to result.
    - The group finalized OHF result: all people in Florida have optimal oral health and well-being, and worked in three small groups according to focus area – oral health care access, untreated decay, and fluoridation to choose indicators for measurement.
- Dr. Catalanotto stated that the Centers for Medicare and Medicaid (CMS) are having bi-monthly phone calls with Florida stakeholders around improving child Medicaid access to care.
- Sean Isaac gave a quick explanation of the fluoridation trend line that was distributed to the group:
    - Fluoridation increased in 2000; leveled off from 2006-2011. Population has increased faster than fluoridation systems; target is 76.9% of Florida communities according to Healthy People 2020 (77% is target for Florida). In 2008 the economic recession affected this trend as cities began "cutting back." This is the story behind the curve.
    - Sean stressed that the state has no power to instate fluoridation and that it is determined by a community/local level decision only.
    - Dr. Catalanotto announced that recently requested HRSA oral health workforce funding included a line item for fluoridation spokespeople. The number of FDA and FDHA representatives trained will be a performance measure.

Data Report – Tami Miller

- In 2011 the data committee rewrote its goals according to OHF's State Oral Health Improvement Plan (SOHIP). After the January 2013 Leadership Council meeting, the data committee began collecting data under three focus areas of oral health care access, untreated decay and fluoridation. Using the "selecting the best data" indicator exercise, the data work group selected leading indicators and then researched and developed trend lines over the last few years.
- Ms. Miller stated that as we form a data development agenda (prioritized list of what new or improved outstanding needs to be collected), it would be advantageous to have a statistician and/or epidemiologist to assist. Dr. Catalanotto is working to identify comparative measures such as HP2020 or CMS data indicators.
- Ms. Miller stated that the next step is to determine the most reliable and consistent data.
- Mr. D'Aiuto stated that the FDA has philanthropic data (dentists' pro bono work).

Three small groups chose indicators for each area according to RBA criteria. The following three headline indicators scored high on all three criteria.
Rate each Candidate Data Indictor High (H), Medium (M) or Low (L) for each criterion: The full group decided upon 3 headline indicators for oral health and also developed a data development agenda.

Headline Indicators (highest support)	**Communication Power**	**Proxy Power**	**Data Power**
1) Number of individuals who have received any dental treatment	10H 2M	12H	10H 3M
2) Oral Health Emergency Room Spending in Florida (charges by visits and payors) *Breaks down by Medicaid and total spending; by age; and reflects results of a lack of access; includes age data, zip code, county.*	13H	11H	12H 1M
3) Percentage of population on public water supplies receiving optimally fluoridated drinking water	H9 M5 L3	H10 M3 L2	H18

The following charts give detail regarding the rating of other indicators

OHF Focus – Target indicator: Access – dental visits
CMS uses two indicators: 1) those receiving preventive treatment 2) those receiving any kind of treatment

Candidate Data Indicators	**Communication Power**	**Proxy Power**	**Data Power**	**Notes**
#1 Number of individuals receiving any dental treatment	10H 2M	12H	10H 3M	
#2 Oral Health Emergency Room Spending in Florida (charges by visits and payors) *Number of patient visits and costs is included in ER data.*	13H	11H	12H 1M	This is broken into Medicaid and total and is the best other measure we have. Allows for breaking down by age and reflects results of a lack of access; includes age data, zip code, county.
#3 CMS/AHCA data of the number receiving preventive treatment	5H 5M	9H 3M	11H	CMS measures with AHCA** available annually - 0-20 any preventive service and - 90 continuous days of eligibility.

				This needs to be grouped according to age: birth-20; 21-64; 65+; CMS prevention target data measures age 6-9 sealants.
There is no statewide indicator for untreated decay in the state. This could be a priority for OHF.				

- FDA can provide philanthropic data.
- CMS data (which accounts for 5 million people in Florida) needs to be distinguished from the total number of people.

WHAT DATA IS MISSING? Data Development Agenda

- Nursing home access to dental care
- Workforce distribution
- Poverty levels
- Community health centers
- Encounters vs. billing dentists
- Accurate provider data to include data on counties without providers
  - Corporate dentistry skews these numbers as they are putting every dentist in every area.

OHF Focus – Target indicator: Untreated Decay

Trend line data from Head Start and Special Olympics is performance measure data but is the best available. These performance measures can be used as a model. Special Olympics data is random but they are planning to collect longitudinal.

Candidate Data Indicators	Communication Power	Proxy Power	Data Power	Notes
Percentage needing treatment Percentage receiving treatment	H5 L1	3H 3M	3H 3M	Definition of dental home and underserved
Number of untreated decay Urgency of need	H4 M2	H4 M2	H1 M3 L2	L2 – athletes only

Issues to consider include:

- Mobility of population being served
- Percentage needing treatment
- Need to track the number/percentage of those who complete treatment (continuum of treatment)
- For Special Olympics – need to know where to refer those with special needs

WHAT DATA IS MISSING? Data Development Agenda

- Statewide survey data: 1) 3rd grade (Dec. 13-Jan 13) 2) elders 3) Head Start
- Rerun of current S.O. data
- In-office pro bono
- FQHC data
- County data

OHF Focus – Target indicator: Fluoridation

Rate each Candidate Data Indictor High (H), Medium (M) or Low (L) for each criterion

Candidate Data Indicators	*Communication Power	Proxy Power	Data Power	Notes
Percentage of population on public water supplies receiving optimally fluoridated drinking water	H9 M5 L3	H10 M3 L2	H18	

RBA and Shared Accountability for Improved Indicators

Result: All people in Florida have optimal oral health and well-being

See pages 5 – for the Turning the Curve™ action planning for each of the three focus area small groups.

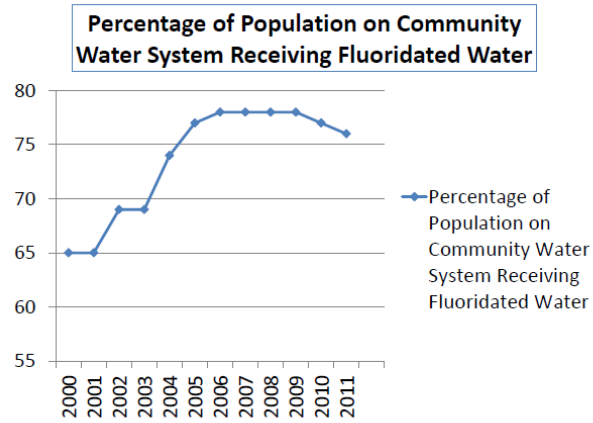
Focus Area: Fluoridation

Indicator: Percentage of population on community water systems with fluoridated water

Story behind the baseline

What positive factors have contributed to the baseline?

1) Team approach of stakeholders (FDA, FDHA, OHF, FDOH, UFCD, local coalitions)
2) State and local legislative policies: Surgeon General, 3) Local budgets for fluoridation systems (resources)
4) Advocacy/PR/media: Public hearings, articles, speakers, education materials
5) Research to offset anti-fluoridation (CDC, ADA)



*Data estimates used were collected from community water system population data provided by the Florida Department of Environmental Protection.

What negative factors have contributed to the baseline?

1) Anti-fluoridationists giving false information about fluoride chemical

- Generates confusion/fear/doubt/lack of trust
- Lack of information, common language and health literacy

2) Economics

- Municipal budgets decree
- Easy to cut fluoride budget
- Optional service - not a high priority
- Don't understand ROI

Fluoridation Turn the Curve Report - Summary

Current: No change – 77%

Goal: Healthy People 2020 79.6%

Story behind the baseline:

- Stakeholder team approach
- Legislation

Reasons for decrease in fluoridation trend:

- Anti-fluoridationists
- Economics

- Resources
- Advocacy – PR/media
- Research to offset anti-fluoridation

Fluoridation partners:
- Association of Counties
- Consumers
- Water operators
- Local dental groups
- Dental insurance companies

What works:
- Increase information distribution
- Advocacy and political involvement (support a fluoridation candidate)
- Word of mouth, a no cost idea
- State mandate, and "off the wall" idea
- Focus on large water systems

Focus Area: Access to Care

Indicator: Number of children birth – 20 who are receiving preventive dental services

Story behind the baseline

What positive factors have contributed to the baseline?

1) Access to care legislation – sealant programs
   - More children receive sealants through funded, implemented programs
   - National publicity exists for programs. Florida's bad publicity created embarrassment.
2) Fluoride-varnish program out of "traditional dental home" – health access settings
   - More people providing varnish increases workforce
   - Services reimbursed
   - Publicity for program
   - Advancements in research trends for service
   - Improved technology for procedure creates easier application process
   - Increased parental acceptance
3) Link between oral health and primary care
   - Better understanding of prevention; industry is behind it
   - Revenue generation
   - Research strongly supports link between mouth and body
   - National publicity increased use of spokespersons

What negative factors have contributed to the baseline?

1) Lack of funding/reimbursement for oral health programs (Medicaid)
   - Legislature doesn't place enough value on oral health
   - Lack of strong, unified advocacy voice/message due to competing and misaligned priorities*

   *(*How to better align priorities/how to get legislature to support oral health priorities – messaging of data to legislature – how to best craft message – and who is best messenger? Patient? Provider?)*
2). Negative image of dentists
   - Fear/pain leads to not accessing care
3). Parents do not value/buy into child's oral health.
   - Lack of knowledge of importance of oral health; school-based programs don't explain available programs to parents; cultural issues

- Decreasing school programs and health education stems from a lack of regulation/mandate for routine dental screening prior to school enrollment

4). Lack of providers available for population
- Poor reimbursement for health access setting procedures/treatment and providers leads to underutilization of current workforce

5). Focus on acute care – prevention not valued

6). Dental is segregated from "health care"
- Insurance is separate

Access to Care Partners
- Florida Association of Primary Care (FACHC)
- Agency for Health Care Administration (AHCA)
- Florida Department of Health
- Pediatricians – Florida Chapter of American Academy of Pediatrics
- Florida CHAIN
- Community Catalyst
- Legislative champs: Negron, Gaetz, Gardner, Hudson, D. Grimsley
- Department of Education
- Governor's staff
- Florida Legal Services
- Parents – PTAs
- Human services organizations
- Area Agencies on Aging
- Managed care plans
- Social workers (NASW-FL)

Additional discussion notes from access conversation: Andy Behrman stated that theoretically, because Medicaid dental is switching to managed care, there may be more people seen by dentists. Others in the group think that dentists will still be at capacity.

Focus Area: Untreated Decay

There is no statewide indicator for untreated decay in the state.

Story behind the baseline

What positive factors have contributed to the baseline?

1) Greater access to preventive dental information; people realize importance
2) Fluoridation
3) People with jobs are going to the dentist because of dental benefits

What negative factors have contributed to the baseline?

1). Lack of access to oral health provider leads to a decrease in fluoride applications
- Fewer dental visits per year
- Mid-income can't afford care because of high and rising costs, lack of dental insurance

2). Parents can't find someone to treat those with disabilities or special needs
- Dentists are not trained to treat very young or special needs

3). People drinking more bottled water and soft drinks
- Vending machines in schools without water
- High fructose corn syrup in foods/drinks

4). Different perception of need for treatment by each generation

Prioritized Factors and Partners

- People cannot afford oral health services

Partners: group practices, lobbyists, legislature, insurance groups, managed care

- Low health literacy; people don't know they need it

Partners: K-12 schools, hospitals, health care professionals, oral health coalitions, early childhood coalitions

- Inability to find providers for the very young; the very old (non-ambulatory or institutions); special needs

What works:

- Increased Medicaid fees expand eligibility for Medicaid/care
- Public awareness campaigns about the importance of oral health
- Continuing education for oral health care providers to increase proficiency to treat vulnerable populations
- Education of other health care providers on the importance of oral health

Untreated Decay Turn the Curve Report – Summary

Story:
1. People cannot afford oral health care
2. Low health literacy
3. Inability to find providers for vulnerable populations

Best ideas:
1. Increase Medicaid/Medicare fees
2. Education of other health care providers
3. Education and continuing education for oral health care providers
4. Offer pro bono health programs to vulnerable populations

The Role of OHF

- Leadership Council discussed becoming an advocacy group and/or information provider (like a Think Tank – caution around using that title).
- Cathy Cabanzon stated that the group needs to determine who can and cannot advocate.
- Donna Solovan-Gleason stated that OHF is the only statewide group that can get all partners together.
- Dr. King discussed using this work to develop a statewide roadmap/strategic plan for oral health for Florida. This plan would consolidate all existing state plans. After the plan is designed, stakeholders will be engaged to implement the plan.
- Dr. Catalanotto stated that the decision may mean a fundamental change in the way OHF operates and is governed. He stated that OHF is quite young, this iteration being just two years old.
- Dr. King explained the Results Scorecard as a way to track performance measures for programs and for the state planning process. Programs, FDOH, FPHI, OHF could all input progress. This would give an overview of state oral health strategies being implemented.
- Strategic direction:
    - Statewide roadmap for oral health
    - Raise awareness

The group decided to form the strategic plan – roadmap – before defining OHF's role.

Next steps and commitments to action

1. HRSA response to be shared
2. Face to face meetings to follow up on work group tasks and complete Turn the Curve™
3. Existing work groups continue their work
4. Focus area work groups and leads:
    a. Fluoridation – Sean Isaac
    b. Untreated decay – Frank Catalanotto

c. Access to care – Tami Miller, Roderick King
    i. Senior, sealant will fall under this focus area
5. Leadership Council will consider a possible change in work group structure.

Fluoridation
Sean Isaac – Lead
Philippe Bilger
Bob MacDonald

Untreated Decay
Frank Catalanotto – Lead
Bill D'Aiuto
Lilli Copp
Nancy Sawyer

Access to Care

Tami Miller – Co-lead	Elizabeth Orr
Roderick King – Co-lead	Ann Papadelias
Donna Solovan-Gleason	Mary Pelletier
Andy Behrman	Cathy Cabanzon
Nancy Zinser	Erica Floyd-Thomas
Anthony Jackson	Casey Stoutamire