

**ORAL HEALTH COALITION OF ALABAMA (OHCA)
MEETING
November 6, 2008
10:00A.M.-12:00P.M.**

Members Present:

David Savage, Leigh Ann Hixon, Max Mayer, Linda Hampton, Charles R. Hall, Sherry Goode, Linda Lee, Linda Champion, Gwendolyn Lipscomb, Christopher Sellers, Gayla Caddell, Stuart Lockwood, Richard Simpson, Holley Midgley, Teumbay Barnes, Carlisle Harrison, Sheila Brantley, Cathy Caldwell, Nakia Kyler, Nancy Headley, Mary McIntyre (Chair)

Medicaid Staff Present:

Colinder Chappelle

Welcome/Introduction:

Dr. McIntyre officially called the meeting to order at 10:05am. She then asked the members to introduce themselves giving their organization's affiliation. She informed the members that she would like to share some exciting news with them today and indicated that we recently learned that Alabama was number 14 in the country when it came to oral health access for Medicaid dental services. This is a huge accomplishment considering where we started from.

Dr. Lockwood has recently written an article that will be appearing in ALDA and hopefully he will be doing additional things for the coalition. Dr. Lockwood indicated that the article was a review from 1998-2007 looking at the tremendous increases in the number of children that have been served over that time and also in the number of providers enrolled during that period of time. The most remarkable part since receiving the Robert Wood Johnson Foundation grant which was awarded in 2001 has been that every county within the state has seen significant improvements in the number of children treated. In 2007 the lowest percentage of children utilizing Medicaid dental services is 33% and we had one county where 53% of the Medicaid eligible children received dental services.

Minutes-Review/Acceptance:

Dr. McIntyre asked for someone to offer a motion that the minutes of the last meeting be accepted. No corrections were noted and a motion was made and seconded. Motion carried with the minutes being accepted as written.

Overview of Oral Health Strategic Plan & Subcommittee Breakouts:

Dr. McIntyre gave a brief discussion of the information contained in their packet. She reminded the subcommittee chairs and co-chairs of what needed to be accomplished during the breakout sessions. Dr. McIntyre explained the Federal Bill which is H.R. 2472 and the reason it is included in the packet; a one page summary is included with the Agency's talking points on this bill. We have a constituent affairs office that is basically responsible for looking at federal and state legislation and identifying any potential issues with it. A summary of this bill is that it would mostly give tax relief on the federal side for dentists who agree to see patients who fall within the uninsured or low income category. These dentists would have to agree to discount their services by 90%. You will see some concerns in our talking points regarding what is in the

bill because this is one of the issues that we looked at. It would also allow us to get an enhanced rate and with where we are this would mean a 90/10 match. For those who aren't aware of what the federal match is this means that the state would only have to put in ten percent of the money and the federal government would put in the other ninety percent. There are certain things that a state would have to do in order to meet the requirements to qualify for the enhanced match. There is an example in your packet of draft legislation which can be used by the Availability and Access group to get the state to do something about getting legislation passed for tax incentive for dentists within our state. We have the highest percentage of enrolled dentists who are actually seeing children that we have ever had.

Dr. Lockwood went over the information he had provided to the group. He indicated that this is a summary over five years of 186 schools and 26,000 children that were surveyed over these years. We have 27% of school children predominately in the third grade that have untreated decay that need to see a dentist because they have cavities. If you look at Jefferson County they are ranked from the worst to the best and you will see a school in Jefferson County in the Bessemer City School District where 61% of their school children have untreated decay. The very best in that county which include Shelby and Jefferson County is Chelsea that has only 10% with untreated tooth decay. The remarkable part about this is that every person in Jefferson County is on fluoridated water. Therefore, it tells you that in these communities that poverty outweighs the effect of fluoridation. This is critical within the inner city schools and the rural sections of the county. Dr. Lockwood then discussed some of the other counties and their percentage of untreated tooth decay. He explained that the very worst was in Mobile County. During dental health month Mobile County does screenings in all of their city schools and there is a school in Mobile, Coral Cassel's Elementary where while only 22 students were screened in that third grade class, 64% of those children had untreated tooth decay.

Dr. Rick Simpson gave an update on the 1st Look Program discussing where we are and where we are going. He indicated that the 1st Look program was something that they were able to put together in under twelve months which consists of physicians doing oral health risk assessments, training, and referrals to dental homes for high risk kids and application of fluoride varnish. This takes effect in January but this has not been publicized yet. They had their first training for pediatricians in September and had over 70 physicians certified as 1st Look providers at the Alabama Chapter of the Academy of Pediatrics meeting held in Birmingham. The winter meeting of the Academy of Family Physicians is scheduled for December and he will be the speaker. They will also be training other dentists at their February meeting to become trainers so that they can train others in their districts. They will have an article in the ALDA news and they will also be sending a letter out to all the pediatricians within the state which also needs to be publicized among the dental community as well. Over the next year we should be able to see a dramatic increase in the number of physicians who are trained and the number of dentists who are aware of this and the number of physicians and providers who are trained. Dr. McIntyre reminded the members that we will need to link training of provider staff with the provider and that no provider will get paid if they are not a Medicaid provider. She further indicated that the dental budget had gone from \$11 million (1999) to \$60 million dollars as of this year.

Chairs and Co-Chairs were asked to stand as each workgroup was called. Dr. McIntyre indicated that assignments would be explained by the chair or acting chair. She indicated that they were to

return with at least one goal for their subcommittee and with an indication of interim meeting frequency. Chairs and Co-Chairs was asked to plan on having at least one interim committee meeting before the next coalition meeting and was told that the Agency had access to web meeting capability or telephone conferences could be scheduled. They were asked to contact Colinder Chappelle for assistance in establishing a date for either. Colinder will coordinate this with the meetings organizer.

Committee Reports:
(Committee reports are listed below)

Oral Health Coalition of Alabama Subcommittee Report

Date: November 6, 2008

Select one: Availability and Access
 Education and Awareness
 Surveillance and Monitoring

Recorder: Linda Hampton **Reporter:** Linda Hampton

Chair: Linda Hampton **Co-Chair:** Rick Simpson

Three Key Objectives

- To provide the state with assistance in information dissemination and building public awareness on oral health related issues
- To serve in an advisory capacity in the development, implementation and monitoring of the state strategic plan for oral health
- To create and reinforce relationships between key stakeholders to ensure the success of state efforts in improving oral health care in Alabama

Discussion Summary:

Focus on care coordination and place the emphasis on 1st Look Program and Patient 1st physicians. Also focus program on awareness/education, access to case manager (workforce) issues. Monitor training and progress of referrals to the dental home.

1. Health Department care coordination meeting update on Dental program special referral cases. Emphasize 1st Look.

2. Add the Oral Health Strategic Plan to the Medicaid Agency website. Utilize summary, priority format only with links to additional information and details. Utilize peers and members. Need noted for

1. Updates to the committee lists
2. Update of the OH Fact Sheet

Goals for CY 2009/2010 (should be measurable)

- Focus on care coordinators with 1st Look Program to assist Patient 1st physicians in getting children to the dentist-special cases.
- Conduct possible summit to emphasize existing programs.
- Revise program to support 1st Look Program to emphasize Patient 1st physicians/dental home at an earlier age.
- Check the statistical information failure rates. (*Linda H.-Please provide clarification as to what this is referring to*).

MEMBERS PRESENT

1. Gayla M. Caddell - DMR/MR
2. Nancy Headley - AMA
3. David Savage Children's Rehabilitation Services david.savage@rehab.alabama.gov
4. Holley Midgley-Alabama Academy or Family Practice_alfamdoc@charter.net
5. Richard Simpson-Alabama Academy of Pediatric Dentistry
6. Linda Champion -Alabama Chapter of AAP lchampion@knology.net
7. Leigh Ann Hixon- Alabama Medicaid Agency
8. Linda Hampton- Head Start Collaboration Office

Oral Health Coalition of Alabama Subcommittee Report

Date November 6, 2008

Select one: Availability and Access
 Education and Awareness
 Surveillance and Monitoring

Recorder: Gwendolyn Lipscomb **Reporter:** Nakia Kyler

Chair: Dr. John Thornton **Co-Chair:** Dr. Charles Hall

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Discussion Summary:

1. List was updated
2. Built a partnership with Faith-based organization

Goals for CY 2009/2010 (should be measurable)

- To increase the number of dental providers in underserved areas of the state based on current shortage data from ORH form.
- To increase accessibility for dental services by 2010 (Medicaid Accessibility).
- To increase the number of dentists providing services and codes by office through partnerships with the 1st Look program.

MEMBERS PRESENT

1. Sheila Brantley (for Lynn Beshear) lynn@envision2020.org
2. Carlisle Harrison (Dr. Leon Davis) charrison@ccncares.org
3. Nakia Kyler (for Lisa Costaldo)
4. Linda Lee –Al Chapter AAP
5. Gwendolyn Lipscomb Office of Minority Health –ADPH
6. Dr. Charles Hall
7. Dr. Max Mayer

Oral Health Coalition of Alabama Subcommittee Report

Date November 6, 2008

Select one: Availability and Access
 Education and Awareness
 Surveillance and Monitoring

Recorder: Sherry Goode **Reporter:** Dr. Stuart Lockwood

Chair: Dr. Stuart Lockwood **Co-Chair:** Sherry Goode

Three Key Objectives

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Discussion Summary:

Dr. Lockwood presented a 2002-2007 dental data summary report for 26, 124 preschool and school aged children who were screened for dental health status. The state average for children screened was 27% with untreated dental decay. The data was run by District Dental Societies and % of decay of school was ranked from highest to lowest. The data was published in the February 2009 AL Dental Association Newsletter.

Goals for CY 2009/2010 (should be measurable)

- ADPH will generate a statistical report for CY 01-08 titled “*AL ALL Kids Dental Statistics*” using the Medicaid 10-yr review model.
- ADPH Will screen High school children using a representative sample and generate an “*AL H.S. Dental Statistic*” report using Alabama Medicaid model.
- ADPH will screen 25% of 500 daycare programs, targeting 1 & 2 yr olds and generate an “*AL Daycare Dental Statistics*” report using the Alabama Medicaid reporting format as a model. Ask for information regarding dental home and screen for insurance, if no insurance they can then be tied in to All Kids. Consider having a possible summit in 2010.

MEMBERS PRESENT

1. Christopher Sellers- ALLKIDS
2. Teumbay Barnes -FOCAL
3. Sherry Goode-ADPH
4. Stuart Lockwood- AARP

Dr. McIntyre asked for dates to have our next meeting in the following year. January 15th was suggested as a tentative date for the next meeting. Also was informed by some of the members that they had problems accessing the agenda when it was emailed to them. Dr. McIntyre indicated that we would cut and paste the agenda in the body of the email so that everyone would have access to it if it was not accessible as an attachment.

Adjournment:

Dr. McIntyre indicated that if there was nothing further to discuss that a motion be made to adjourn. A motion was made then seconded and the meeting was adjourned.

Respectfully submitted by:

Mary G. McIntyre, MD, MPH
Chair

Date

Colinder D. Chappelle
Recording Secretary