

ALABAMA ORAL HEALTH STRATEGIC TEAM MEETING

**February 19, 2009
4th Floor Boardroom
9:00am-10:00am**

Members Present:

Sherry Goode, Leigh Ann Hixon, Max Mayer, Martha Acker, Lavonya Chapman, Jessica Hardy, Debra Robbins, Chris Sellers, Charles Hall, Nakia Kyler, Mary McIntyre (Chair)

Medicaid Staff Present:

Colinder Chappelle, Lee Rawlinson, Ron Macksoud, Letrice Ware

Welcome:

Dr. McIntyre began the meeting at 9:05am by welcoming everyone. She also reminded members that we were also using the webinar to allow those members who because of distance may have otherwise been unable to participate. She then asked everyone to introduce themselves.

Minutes-Review/Acceptance:

Dr. McIntyre asked the members if there were any corrections to the minutes. There were none noted. A motion was then made and seconded. Motion carried with minutes being accepted as written.

Review and Discuss Subcommittee Goals:

Dr. McIntyre asked members to defer to the PowerPoint also viewable by those participating via web conference. She indicated that the ones needing more clarification would be the area of focus. She further indicated that she hoped that subcommittees would try to firm up the goals before the next meeting. At the end of the last meeting we had a subcommittee report and each subcommittee was asked to submit at least two measureable goals but could submit more. She then proceeded to walk through the goals of each subcommittee beginning with Availability and Access. She indicated that for Availability and Access that their focus is on how and what we could do to obtain more services. This does not necessarily mean for dental providers but it is dental services such as preventive, treatment and the complete dental process. One of the goals that this committee presented at the end of the meeting was to increase the number of dental providers in underserved areas of the state based on current sorted data from the Office of Rural Health. Dr. McIntyre indicated when we looked at this we need to know what areas are actually considered underserved because based on the last information we had before we did the updates every area was underserved. Dr. McIntyre asked if this was still the case and if it is not what areas are we talking about and what are the baselines for the measure? She indicated that the subcommittee would need this information to define the measure. She further indicated that this is one that we could probably get a measureable baseline in place and be able to follow. The second goal submitted by this subcommittee was to increase accessibility to dental services by 2010, Medicaid accessibility. What are we talking about? Are we talking about the number of Medicaid dental providers or utilization? Leigh Ann provides the numbers for this in the Dental Statistics sheet. When you look at dental enrollment unless a provider is actually seeing patients this will not equate to accessibility. Therefore, this one needs to be better defined. Also part of what we are going to talk about at the OHCA meeting which follows this meeting is that each

subcommittee will need to meet at least once before the April meeting. The subcommittees are currently not doing this. The work of the subcommittees needs to occur beyond our quarterly meetings and this is not happening now. They do not have to meet face-to-face but can have a conference call and can coordinate responses via email but the subcommittees need to be working to get everything finalized. The third goal noted was to increase the number of dentists providing services through partnerships with physicians in the 1st Look program. She indicated that she believed that this one is measureable because since the 1st Look program is brand new and we are starting with a base line of zero. An increase can be better defined by indicating clearly where we are headed. The subcommittee needs to identify these numbers and can do this by using the projections provided by AL Chapter-AAP. What is reasonable? When you get the 1st Look Update at the OHCA meeting it will give you a better idea of where we are. It will also give you an idea of what the goals are as far as knowing what providers need training and how many of those are Medicaid providers and we could use this to get an idea of where to set the goal for 2010. She further indicated that restrictions had been placed on the 1st Look program to see if it would work first and that a return on investment was conducted based on these limitations. She indicated that the people who are on the Availability & Access subcommittee need to make sure there are baselines and specific measures through the end of 2010.

The next slide deals with Education and Awareness and contains the actual goals that the subcommittee presented. The first goal focuses on care coordinators with the 1st Look Program to assist Patient 1st physicians in getting children to the dentist-special cases. Dr. McIntyre indicated that this one needs to be re-worked and clarified. She further indicated that we already have a care-coordinators list that is available on the web. Dr. McIntyre indicated that Leigh Ann will be presenting at the OCHA meeting today but the reality is that we have 54 Medicaid-enrolled physicians trained and that Leigh Ann pulled claims data on yesterday but Medicaid has not received one claim for the provision of 1st Look services. We have 54 physicians that have been trained as 1st Look Providers who are certified but to this date there is not a single claim from those providers. These providers are supposed to be doing the anticipatory guidance, the assessment for oral health risk assessment and applying the fluoride varnish. The second goal is to conduct a possible summit to emphasize existing programs. This needs to be clarified further. Is this a summit focusing on dentists or will it be focusing on the physicians' side or both i.e. attempting to get the physicians and the dentists together. This will need more detail and group will also need to figure out how this will be funded. Need to also include a timeframe such as by fall of 2010 because the current goal is too nebulous. Their third goal is to devise a program to support 1st Look Program to emphasize Patient 1st physicians/dental home at an earlier age. Dr. McIntyre indicated that maybe the first three goals could be combined into one because they are all dealing with the recipients getting a dental home or getting the Patient 1st physicians to refer them to a dentist. The next goal is check the statistical information failure rates. She indicated that she was unsure of the meaning of this. This is another one that needs to be clarified as to what this is referring to with the baselines identified including the source of data and a measurable goal and timeframe added.

The next subcommittee is Surveillance and Monitoring the first goal indicates that ADPH will generate a statistical report for CY 01-08 titled "AL ALL Kids Dental Statistics" using the Medicaid 10-yr review model. She indicated that this is pretty specific and the only thing lacking was documentation. Chris Seller indicated that they have already worked on this report

and they have the first seven years which are calendar years 02-07. He further indicated that they were unable to capture calendar year 01 because they are only able to capture so many years of claims and the first year has fallen off already. He indicated that they will have to wait a full quarter to capture 02-08. This will not be available until April of this year but should be ready by May. The second goal is that ADPH will screen High school children using a representative sample and generate an "AL H.S. Dental Statistic" report using Alabama Medicaid model. Dr. McIntyre asked when this would be done. Sherry Goode indicated that this will be ongoing due to travel limitations but that they will try to get it completed by 2010. The third goal is 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. They will ask for information regarding the dental home and screen for insurance, if no insurance they can then be tied in to All Kids. The group also listed a goal as "Consider having a possible summit in 2010". Sherry indicated that she will discuss this with Sharis Lemay, Director of Alabama Healthy Child Care to consider having a possible summit in 2010. Dr. McIntyre recommended that this one regarding a summit come off and be left with Education & Awareness because they have the same goal on their report and it appears to be more appropriate for this group. She also recommended that the subcommittees work together to make the summit a reality. The group then discussed ways to obtain the goals that each subcommittee had listed.

Discuss Subcommittee Interim Meetings:

Dr. McIntyre indicated that one of the reasons for the interim meetings is because we do not have enough time in either meeting to actually complete work on subcommittee specific issues and these meetings will allow collaboration on any items needing to be worked on. Leigh Ann indicated that her telephone number on the hand out is wrong and the correct number is 353-5263. Jessica Hardy suggested that maybe the subcommittee meetings could be held a month before the next meeting date. She recommended this from prior experience and indicated that a longer time period often meant that much of what was discussed had been forgotten. Lee Rawlinson discussed the new customer service center in Birmingham for their clients. She also offered the use of the customer service center and indicated that she would be happy to allow the committee members the use of the center for meetings if they would only give her advance notice. The center has five customer service representatives and five classrooms including the resource wall. They are located in the Palisades shopping center near Sam's grocery. Dr. McIntyre asked that the subcommittees always end up with a subcommittee report. This information should be sent to us and the Agency can then send it out to the other members. Dr. Hall asked for the name of the person they needed to contact in order to reserve the center to use for meetings. He was given Lee Rawlinson's name and her telephone number. Lee Rawlinson also mentioned the stimulus plan and the possibility of potential grant money for eligible providers. They further discussed the meaning of an "eligible provider" and that this will be determined at a later date. Dr. McIntyre asked if the members were aware that Medicaid has a pilot that has an electronic health record component called QTool. She further indicated that we have a pilot in 11 counties with nine counties having access to the QTool and the initial focus is on primary care because the grant is under the Patient 1st umbrella. She further stated that recently there has been some discussion about looking at an enhanced group regarding the electronic health records accessibility.

Adjourn:

Dr. McIntyre asked if there was anything further that the group wanted to discuss. A motion was made and seconded and the meeting was adjourned.

Respectfully submitted by:



Mary G. McIntyre, MD, MPH
Chair

April 7, 2009

Date



Colinder D. Chappelle
Recording Secretary