



Virginia Oral Health Report Card Work Group Meeting
Thursday, June 2, 2016
4200 Innslake Drive, Glen Allen, Virginia

MINUTES

Attendees: Justin Crow, Julie Duregger, Patrick Finnerty, Kristen F. Gilliam, Susan Moon, Tarang Patel, Tara Quinn, Brenden Rivenbark, Myra Shook, Massey Whorley
VaOHC Staff: Sarah Bedard Holland, Lauren Gray

Action Items from Meeting:

- VaOHC will produce a preliminary draft of the report card based on the measures selected at the June 2 Work Group meeting and update with more recent data, where possible
- VaOHC will produce an outline of the report card narrative
- At the next meeting, Work Group members will
 - Review the drafts
 - Provide additional feedback on the data and measures
 - Provide input on the weighting of measures
 - Provide input on the format/visualization of the report card measures
- Anyone interested in becoming involved at a regional level should let Sarah know
- VaOHC will continue to update website regarding report card progress
- Work Group members RSVP to next meeting on July 8, 10:30am-12:30pm

Proceedings:

Introductions at Tables

Overview of Purpose (Sarah Holland)

- VaOHC envisions one easy-to-digest report card with a small number of carefully chosen measures to provide a high-level snapshot of oral health in VA, accompanied by a narrative which can address health disparities, historical context, and policy context
- Where possible, statewide Report Card data will be aggregated by health planning district

Group Discussion Take-Aways

- It's important to keep in mind our ability aggregate data at the locality level and to highlight demographic disparities (such as by race/ethnicity and socioeconomic status)
- Local media will be particularly interested in the regional/local picture in addition to the state
- VaOHC replied that we intend to do regional outreach now and going into next year, but a regional breakdown is not feasible given the timeline of the statewide Report Card
- Some of the data (e.g., Medicaid data) can't be presented in too localized of a format because it can't be de-identified at that level in some cases, which poses a privacy concern
- Demographic differences in the measures need to be highlighted in some way, whether through the report card or accompanying narrative
- Where possible, we should not just focus on the negative but also emphasize areas where we are doing well



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- It was suggested that VaOHC incorporate call-out boxes into the format of the narrative to capture main take-aways
- The idea of a test audience for the Report Card was suggested
- VaOHC said our audience is broad, including media, legislators, and the public (mainly the provider community, but possibly also consumers); in addition, we should seek to identify a test audience of folks outside of the Work Group

Review of Draft Measure List

- Together we walked through each category and selected measures from the list that we judged to be
 - Most compelling
 - Most informative for quality improvement initiatives
 - Most informative for advocacy initiatives
 - Most informative for public awareness or garnering media attention

Action items and notes for each measure or category are in red.

1) ACCESS

VOHP Goal: Virginians have access to quality, affordable, and comprehensive dental coverage.

Do Virginians have access to affordable dental and medical coverage?

Adults

- In 2014, 69.2% (95% CI=66.8, 71.6) of Virginia adults reported having health insurance that included some dental coverage. (Lauren will check to see if the inverse of this is true – i.e., that 39.3% of VA adults reported not having any dental coverage in the 2014 Adult Oral Health Access Survey)
 - Source: VDH Adult Oral Access Survey 2014
 - Weighted for population-level estimates
- In 2014, 27.1% (95% CI=24.7, 29.5) of Virginia adults ages 18 and older reported putting off dental treatment due to costs in the past year. (Lauren will check to see if it is possible to link this information to insurance status, including those who may be underinsured)
 - Source: VDH Adult Oral Access Survey 2014
 - Weighted for population-level estimates

All Ages

- In 2015, an estimated 5.83 million people or 70% of the population had dental benefits in Virginia, compared to 65% of the U.S. population with dental benefits. (Lauren will check to see if this information can be split by kids vs. adults)
- In 2015, 2,028 dentists (33% of all licensed dentists in Virginia) accept Medicaid. (DMAS & DentaQuest can provide an updated number of all of the practicing dentists who accept Medicaid – vs. the number of licensed dentists, some of whom may not be practicing even though their licenses are up-to-date)



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How are low-income adults accessing oral health care?

- Emergency department data is forthcoming pending requests to VHHA & VHI; how impactful or meaningful this data is will depend on the number of hospitals we can obtain data for and the populations for which data is available
- Safety net data was not reviewed in depth in order to allow input from the VA Association of Free & Charitable Clinics and the Virginia Community Healthcare Association at the next meeting – measures for safety net utilization and access will be included in the draft report card for discussion purposes at the next meeting

2) WORKFORCE

VOHP Goal: The oral health workforce in Virginia adequately meets the needs of its citizens by working to the full extent of education and training.

Is the current workforce able to meet the oral health needs of all Virginians?

All Health Workers

- 77 out of Virginia's 133 counties and cities (57.89%) are federally-designated dental health professional shortage areas (HPSAs) based on geographic distribution or population. (Lauren will work with Justin Crow at VDH-OHE to get the estimate of the VA population living in a dental HPSA, stratified by race/ethnicity and income level)
 - Sources: VDH Office of Health Equity
- Non-dental providers can be reimbursed for fluoride varnish application. (Include in the narrative; opportunity to highlight medical-dental integration and boost fluoride varnish application numbers)
- The Medicaid fee-for-service reimbursement as a percentage of private dental benefit plan charges was 47% in 2013, compared to 49% nationally. (Kristen Gilliam commented that it would be more relevant to show change in the reimbursement rate over time because it has increased)
 - Sources: ADA Health Policy Institute

Dental Safety Net

- In Virginia, dental hygienists can only work under remote supervision in safety net settings, in a limited capacity. (This will be highlighted in the narrative portion)

3) PREVENTION, EARLY DIAGNOSIS, & TREATMENT

VOHP Goal: The prevalence of dental disease is reduced in Virginia through prevention activities and early diagnosis and treatment.

What is the current oral health status of Virginians?

Adults



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- In 2014, 40.8% (95% CI=39.5, 42.2) of Virginia adults age 18+ had at least one permanent tooth extracted. (Lauren will determine if it's possible to get the # of teeth extracted, as well as the comparison to the national rate and past years)
 - Source: Virginia BRFSS 2014
 - Weighted for population-level estimates
- In 2014, 15.1% (95% CI=13.3, 16.9) of Virginia adults age 65+ had all of their natural teeth extracted. (Lauren will get comparison to national rate and past years)
 - Source: Virginia BRFSS 2014
 - Weighted for population-level estimates

Young Children

- In 2014-2015, 10.0% (95% CI=9.2, 10.8) (n=578 out of 5783) of babies and very young children ages 0-3 receiving services through WIC and local health department clinics had "untreated tooth decay".
 - Source: Bright Smiles for Babies 2014-2015
 - Unweighted service data, not representative at the population level

Third Grade Children

- During the 2014-2015 school year, 47.2% (95% CI=44.9, 49.6) of all Virginia third graders were found to have some dental caries experience (treated decay, untreated decay or both). (Lauren will try to get the racial breakdown)
 - Source: Basic Screening Survey 2014-2015
 - Weighted for population-level estimates

What is the status of community water fluoridation in Virginia?

- In 2016, 96.3% of Virginia's population (6,660,830/6,918,863) on community water system received fluoridated water. This is compared to the national average of 74.7%, which was last reported in 2014.
 - Sources: VDH Water Fluoridation data and CDC Website

What percent of children utilize prevention services?

Young Children Enrolled in Medicaid/FAMIS

- In 2015, 42.74% of children ages 1-5 (95,986) enrolled in Medicaid or FAMIS received preventive dental services in Virginia. (This figure is updated to only include ages 1-5, eliminating the <1 category – previously the percentage was 37.15% including the <1 age group)
 - Sources: DMAS and Dentaquest

All Children Enrolled in Medicaid/FAMIS

- In 2015, 53.18% of children ages 1-21 (392,248) enrolled in Medicaid or FAMIS received preventive dental services in Virginia. (This figure is updated to only include ages 1-5, eliminating the <1 category; with the <1 category the percentage is 50.85%)
 - Sources: DMAS and Dentaquest



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All Children

- In 2011-2012, 21.5% of children ages 1-17 (364 out of 1790 surveyed) in Virginia had no preventive dental care such as check-ups and cleanings in the past year. (Lauren will check to see if this can be broken down into age groups, by race/ethnicity, etc.)
 - Sources: National Survey on Children's Health
 - Weighted for population-level estimates

Fluoride Varnish Application in Primary Care

- In 2015, 363 non-dental providers billed for the application of fluoride varnish through Medicaid, a 31% increase from 277 non-dental billing providers in 2014. (This will be included in the narrative since the majority of the audience for this report card may not be aware of what fluoride varnish is, etc.)
 - Sources: DMAS and Dentaquest

4) PUBLIC AWARENESS

VOHP Goal: Virginians know that good oral health is essential to overall health.

- The group agreed that the available measures of public awareness were insufficient. We are interpreting the whole report card as a public awareness effort.
- It was suggested that we compare oral health public awareness campaigns to other health-related causes to demonstrate the discrepancy in resources committed to raising public awareness of oral health.

Wrap-Up/Next Steps

CONSIDERATIONS FOR MOVING FORWARD

- The current categorization of the measures closely reflects and captures the spirit of the VOHP
- Our measures are restricted somewhat by the limitations of the datasets that they come from and the timeframe of data collection – new data may emerge in the coming months, necessitating that the Report Card drafts be continually updated as we go
- In the draft Report Card for the July 8 meeting, Lauren will provide comparisons at the national level and/or internal performance against our benchmarks, where possible
- The group raised the point that the oral health needs to be elevated as integral to overall health for everyone – insured and uninsured.

Next Steps

- July 8 Work Group Meeting, 4200 Innslake Dr, Henry Room, Glen Allen, VA 23059
 - Continue refinement
 - React to draft report card and narrative outline
 - Determine weighting strategy
- Work Group updates online
- Report Card reveal at 2016 VA Oral Health Summit, November 10 in Richmond, VA