



**Virginia Oral Health Report Card Design Meeting**  
**Monday, May 2, 2016**  
**4200 Innslake Drive, Glen Allen, Virginia**

**MINUTES**

**Attendees:** Tonya Adiches, Dawn Ault, David Black, Tegwyn H. Brickhouse, Lynn Browder, Howard Chapman, Denise M. Claiborne, Justin Crow, Steven Danyluk, Brianna Dickinson, Julie Duregger, Patrick Finnerty, Jernice Giles, Kristen F. Gilliam, Jacque Hale, Jill Hanken, Stephen Horan, Lanny Levenson, Benita Miller, Barb Nowak, Danielle Nugent, Tarang Patel, Regina Potis, Tara Quinn, Rachel Rees, Brenden Rivenbark, Raja'a Satouri, Elliot Schlang, Rick Shinn, Myra Shook, Tracey Van Marcke, Massey Whorley, Linda Wilkinson, Tammie Williams, Anne Zehner  
*VaOHC Staff:* Sarah Bedard Holland, Lauren Gray, Samantha Dorr  
*Facilitator:* John Sarvay

*Absent:* Lauren Bates-Rowe, Patricia Bonwell, Zachary Hairston, Cheryl Harris Sutton, Sarah Huddle, Maghboeba Mosavel, Nicole Pugar, Patricia Rodgers, David Vaamonde

**Action Items from Meeting:**

- VaOHC to recirculate a collapsed list of the categories that have been chosen
- Is there any data about average out of pocket cost for dental care for certain populations? Would have to look at it for each individual insurer. VaOHC will look into this. May be one out of pocket cost measure in self-reported data.
- Break list for pregnancy, 0-5, elder care, etc. – to hone in on area that affects their life
- Remove first measure under prevention and early detection
- Report card should be easily used by policy makers and stakeholders, but also show a depth of information.
- VaOHC will take efforts of today and be meaningful in how we package and present information.
- Howard Chapman suggested potential data point: VDH Areas of Need (2006-2011) (or Healthy People 2020) – standards can tell # of dentists needed per county
- Breakdown kids vs adults wherever possible
- Anyone interested in becoming involved at a regional level should let Sarah know
- VaOHC will continue to update website regarding report card progress
- VaOHC is convening workgroup to continue report card work through Summer; those interested in workgroup participation can indicate so on the evaluation

**Proceedings:**

***Introductions at Tables***

***Overview of Purpose (Sarah Holland)***

***Report Card Planning to Date (Lauren Gray, VaOHC)***

- Overview of data sources and background research
- Parameters for choosing metrics in small groups
- Impact/how participants can use the report card in their work



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**Group Discussion (John Sarvay)**

- Explanation of group work – each table has a list of available, statewide indicators that could be used to measure components of the state oral health plan. The lists are dense and organized by categories (cost, workforce, coverage, prevention/early detection, oral health status)
- Steve Horan noted that some of the measures aren't sensitive enough to show change year-to-year
- Groups choose top two or three measures
- Pat Finnerty asked if broader measures (like # of people without dental insurance) can be broken down into *reasons why* (eg. They don't have dental insurance because of cost, etc.); John asked them to indicate those breakdowns on the team sheet

**COST**

Group: Tegwyn Brickhouse, Denise Claiborne, Barb Nowak

- What is missing:
  - Need statewide data on everyone (all ages)
  - Need DMAS data to be available to us
  - Identify cost of prevention and restorative services
  - Available dental plans to employers in Virginia
  - An indication of the HRSA and NIH grant dollars spent on dental needs
- What should be removed:
  - Reason for not visiting DDS in the past year
- Top 3:
  - Prevention
  - Indicators in regard to emergency department use for dental issues
    - Dental pain
    - Where most Medicaid \$ are spent
  - Urgent care
- What is unclear:
  - Q: Is there any data about average out of pocket cost for dental care for certain populations? A: We would have to look at it for each individual insurer, payer.

**COVERAGE/INSURANCE**

Group 1: Kristen Gilliam, Lanny Levenson, Tara Quinn, Myra Shook, Massey Whorley

Group 2: Pat Finnerty, Jill Hanken, Raja'a Satouri

- What is missing:
  - Group 2
    - # of % covered (dental and health) – need more data re: age, income, public vs. private insurance
    - % of Medicaid providers with open panel
    - How many places can Virginians buy individual dental insurance? Cost?
    - Public coverage in other states for comparison
    - For those children and adults who are not covered, is there a way to access information about *why* they're not covered. Eg. if you were offered dental



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- insurance in the exchange or through an employer, why didn't you choose to purchase it? (VHCF Survey of Uninsured could be a possible resource)
- In regard to dental care in ED, is it possible to talk about if/when referrals are made?
- Interested in % of dentists who accept private insurance
- What should be removed:
  - Group 1
    - Length of time since last ED visit
  - Both groups
    - Effects of dental pain on daily life (too subjective)
- Top 3:
  - Group 1 – provided copy of measure list with 'keep' and 'remove' indicated
    - # Virginians with dental insurance (public/private, demographics) AND # Virginians with medical insurance – oral health as a part of overall health
    - # patients who put off dental treatment due to costs
    - Source of dental treatment
  - Group 2
    - #/% of Virginians with AND without dental insurance (demographics, public/private, geographic, socioeconomic)
    - #
  - Both groups
    - # people at ED and urgent care centers for chief complaints related to dental as way to quantify cost
    - # patients served by MOM, DDS, SN, FQHC, private insurance
- What is unclear:

**ORAL HEALTH STATUS:**

- What's missing:
  - At what age participant is starting dental care
  - What was the frequency of dental visits vs "did you go last year"
  - Frequency of brushing/flossing
  - Dental health awareness – eg. did they know fluorides are healthy
  - (group 2) oral health issue – individuals who use tobacco
  - (group 2) # of people with oral health issues coexisting with other illnesses
- No need to remove but possibility to combine measures to get precise estimates
- Patients with caries, need to expound for ages
- Top 3:
  - Access to dental care, breakdown by age group
  - Emphasis on education, income and insurance status
  - Need for immediate treatment: pregnant women, kids 0-5
  - Reason for no dental visit in the last year

**PREVENTION and EARLY DETECTION**

- What's missing:
  - Adults with special health care needs (ASHCN)



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- Separate indicators for kids and adults
- (group 2) Asked themselves what can they do with the data that is concrete? Honed in to access to care, not just preventive. Also fluoride system.
- (group 2) Focus on free/charitable doesn't capture kids
- (group 2) Is there a Medicaid dental benefit? If no, need subset for that.
- (group 2) Do they want to focus on indicators we have access to or failure markers (eg. if we know X # of kids need care, do they have access to prevention?)
- Top 3:
  - Individual has visited the ER or urgent care for dental reason
  - # children with untreated caries
  - # of people with SHCN with untreated caries?
  - (group 2) Education for BSB in children as basis for valuing lifetime of good oral health
  - (group 2) Measures for children

**WORKFORCE**

- What's missing:
  - Age/location of current practicing dentists (demographics)
    - Dental HPSAs – make certain that they're updated
  - State loan repayment money
  - In-school dental treatment programs – they should be comprehensive programs with referral policy in place to local dentists (MOA)
  - Working in a licensing capacity, possibly with dental assistants
  - Discussion about # of dental students graduating vs. need
  - (group 2) # of patients receiving care at long-term care, teledentistry, etc.
  - (group 2) # of dentists needed to remove all DHPSAs in VA
- More subcategories for list ( x2)
- (group 2) lots of room for combining measures
- Top 3:
  - Population to dentist ratios
  - Updating dental HPSAs for all counties
  - Nontraditional dental providers, FQHCs, dental clinics who serve low-income
  - Medicaid reimbursement across VA (x2)
  - VDH Areas of Need (2006-2011) (Healthy People 2020) – standards can tell # of dentists needed per county
  - (group 2) # FTEs at SN clinics (compare to non SN)
  - (group 2) # dental providers

**Report Out**

- The next iteration of the measures will be much shorter
- Indicators here are beginning of conversation, report card is continuation of conversation, and years 2-4 will be refining measures
- Need to keep metrics tight for a reason because of capacity

**TABLE REPORTS**



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- opportunity to use the report card to promote the view that oral health is health -- across sectors and also a very clinical focus across medicine, dentistry, behavioral health, interprofessional (IP) training (# IP training programs/integrated care programs are indicators). Count # of communities that have oral health coalitions or something like it. Available data doesn't get us there; we could have report card accompanied with narrative that interprets these indicators.
  - John response: where the data isn't available, we can have a call to action.
- it would be valuable to increase visibility of need. If report card is snapshot in time, we need to look backwards in time to show progress. Use it as a tool to start the conversations about oral health and continuing the need for a physical presence – eg. what is oral health and why is it important for Virginians?
- talked about audience – legislative audience for providing a dental benefit for adults in Medicaid and in Medicaid reimbursement. Attract more dentists to underserved areas. State loan repayment/forgiveness. Distribution of dentists.
- increase reimbursement/loan forgiveness in underserved areas
- Question posed of how will this work? Items of discussion – audience is statewide report card (many people need to look regionally); not having regional data may not be able to raise up issues. Combining kids and adults might wind up in the same place. Need the data broken out by kids and adults; could be accomplished with a narrative. Possibility to sync with SIM and other projects/opportunities, to have directives (eg. bring more dentists to X area or prevention/early detection brings restorative need down).
  - Sarah: regional meetings will happen Dec 2016 – 2017; each will be different in respect to regional needs.

**Next Steps**

- Smaller working group
  - Continue refinement
  - Determine weighting strategy
  - Determine measurement areas
- Workgroup updates online
- Report card reveal; 2016 VA Oral Health Summit, November 10 in Richmond, VA

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