VaOHC Report Card Meeting
Friday, July 8, 2016 | 10:30 a.m. – 12:30 p.m.
VaOHC Office | Glen Allen, VA

MINUTES

Attendees: Rachel Rees, VHCF; Susan Moon, DBHDS; Massey Whorley, The Commonwealth Institute; Justin Crow, OMH; Tarang Patel, VDH; Tara Quinn, VDAF; Kristen Gilliam, DentaQuest LLC; Brenden Rivenbark, VCHI; Julie Duregger, Smart Beginnings VA Peninsula; Brennett Dickerson, DBHDS; Tonya Adiches, VDH
Staff: Sarah Bedard Holland, Lauren Gray, Samantha Dorr

Proceedings:

- Last meeting, pulled out the measures that were most impactful
- Asked VDH and DMAS to pull out particular data points
- Agenda for today:
    - Talk about safety net data/measures
    - DPSA/HPSA information
    - How are we lifting up the disparities?

Measures Cheat Sheet – Top Measures

Name your top choices and indicate if a demographic breakdown would be helpful.

Access:

Do Virginians have access to affordable dental and medical coverage?

- 1.1
    - Ties in with access because those individuals will have to go to a SN clinic; may not let you know if care is affordable though
    - Do people outside of health care understand how important insurance is to accessing care? Also, some insurance doesn't guarantee affordability.
    - This measure is more cut and dry vs. affordability, which is subjective.
    - Mirrors 1.3 as its inverse
    - DEMOGRAPHICS/RACE
- 1.2: **Could remove for space*
    - Might speak to individuals more personally, but may not work for the report card.
    - Also, self-reported data may have limitations.
    - DEMOGRAPHICS/RACE
- VDH plans to repeat Adult Oral Access Survey every five years, provided there is funding
- 1.4 is specific to kids and pregnant women; exclude

How are low-income adults accessing oral health care?

- 1.8:
    - Variations, and flesh out the data
- ED data:
    - proportion of ED visits related to dental – may be skewed by other factors, like an increase in primary care services
    - # ER visits or # of people vs. proportion may be more compelling

- VaOHC has requested a certain subset of dental diagnostic codes that comprise about 90% of dental visits; looked at national data and included additional codes
- Can separate VHI and VHHA data
  - VHI data is just Medicaid data and will include opioid data, so we can tie Medicaid visits to opioid prescriptions
  - VHHA data is voluntary to member hospitals
  - Can show legislators how much money Medicaid is spending on ED visits by individuals without Medicaid dental coverage

Workforce:

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

- 2.1
  - Have the ability for demographic breakdown
  - Many factors influence DHPSA designation, based on federal DHPSA guidelines
  - Usually SN providers are included unless they're part of a loan repayment program so providers in the area don't lose DHPSA benefits if they bring in providers who are part of loan repayment programs
  - Easy to put into layman's terms that there is no dental provider
  - DEMOGRAPHICS
- 2.2 may be hard for general public to understand its full context

Prevention, Early Diagnosis, & Treatment:

What is the current oral health status of Virginians?

- 3.1
  - VDH can break down 1-5, 6 or more, all or none
    - 6 or more plus ALL
  - Concern that just one tooth may be too broad and include individuals without true dental access issues
  - BRFSS includes 18-64 and 65+ edentulous and goes back to 1999
  - DEMOGRAPHICS/RACE
- 3.3
  - Virginia data, VDH is updating
- One adults, one children

What percent of children utilize prevention services?

- 3.4
  - Include all ages of children
  - Virginia data, easy to update
  - Can demonstrate increase in dental visits among ages 1-3
  - Can add 3.3 when talking about this measure to bolster the narrative
  - Break down 1-3 ages; a wider range will show a larger number
  - CMS measure is 0-20

What is the status of community water fluoridation in Virginia?

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- 3.6

Draft Measures Status Report – Safety Net Measures

- Safety net measures; measures to assess how low-income adults are accessing oral health care
- What we have: VDAF MOM & DDS data; VHCF data about localities that have SN clinic; info about volunteer providers and their total value at SN clinics; combined # of dental visits and patients served in the SN
- 1.5:
  - Important to note that free/charitable clinics and FQHCs don't collect data in the same way
  - Trying to find the common denominators in the data and report that out; VaOHC staff is looking into where there are consistencies in the data
  - Most similar data points are the # of patients and visits, least similar is how they assess value (Lauren will clarify, esp. with patients served – are they unique patients or total visits?)
  - Data is 2014-15, and there is an increase in the # of clinics reporting in 2015 (and may have been a change in the value of care, which accounts for the large increase in the value). Because of this, 2015 may be the best baseline for data. VAFCC did a study between 2014-15 and redefined the value of care.
- 1.8 – 1.9:
  - Should we combine these two to truly show localities without a clinic, even if there's a neighboring clinic?
    - Transportation barriers would prevent someone from traveling to a neighboring county
    - Free clinics will limit access based on where a person lives, an FQHC won't
    - Suggestion: is there a clinic, yes or no? Is it full- or part-time, yes or no?
    - Goal is to land on the simplest measure
  - Look at the counties who have part-time services only – does this really count as coverage for the whole county?
  - 1.8 is the better measure, use this one
    - Possibly combine with 1.9 but define access and lead with 1.8
    - VDH service data isn't included
  - Question of how to define "access"
  - We'd like to overlay full- and part-time vs. geographic to see a true picture of access
- 1.10:
  - Doesn't include paid staff and we don't have to exclude paid staff
  - Looking at volunteers only doesn't paint the full picture of dental providers
  - Value is reported as a total by clinic so it likely does include care provided by non-volunteer staff
  - DDS data doesn't include value of care provided pro-bono outside of DDS
- Which safety net measures would group pick?
  - 1.8 (reported as inverse)
    - "How are low-income adults accessing oral health care?" is better answered as "Through counties with dental safety net clinics and 50% (eg) have SN clinics"

        instead of reporting which don't have care; then also follow with a report on the value of care
        - Where are the individuals who need dental care? Compare to ED data.
        - "XX% of the population of Virginia lives in a locality without a SN clinic" i.e. what number/percent of the population does this affect?
            - Statistic may be more significant if we breakdown by region
            - Could consider the capacity of the clinics
        - Could pick several sub-categories under 1.8
        - Limited access to care is important to highlight
    - 1.11 (except doesn't include FQHCs)
        - Use a more recent figure as a baseline
        - Potential to include this in the narrative piece even if it doesn't fit in the report card
    - 1.7 + 1.13 – total # of people served by MOMs and SN
        - Can paint a picture that some are getting care but many are not
        - Also shows how much care the SN is giving and that they're completely overwhelmed
        - Will show the inverse of how many more people did not get SN care but need oral health care (relates also to 1.1)
        - If we report value, need to give it context. Could fluctuate.
    - 1.1
        - Extrapolate into a number of people using population data
        - May not be feasible on our time frame to break this out
    - ED data for dental issues will be total lives and visits
        - If ratio of uninsured correlates to ED visits, may demonstrate correlation between dentally uninsured and visits to the ED for dental care
    - Variables in the definition of "provider" and "access" may make those measures more inconsistent. Cost can also be variable, depending on how you define it.
        - May be difficult to report cost to the public and have it be digestible at a glance, without the entire context and complexity of the issue.
        - Think about audience.

Narrative:

- VaOHC will work with Community Health Solutions on the narrative
- 1.11
- 1.8:
    - Explain the safety net and how many people are affected by lack of access to a safety net clinic
- 1.2:
    - Address affordability and uninsured/underinsured.
    - VDH plans to repeat the survey once every five years.
    - Demographic information
- 3.4:
    - Break down by ages 1-3 in narrative

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Action items:

- Is there a way to better represent geographic access plus the part-time/full-time dental issues?
    - Rachel will share the map of part-time SN clinics
- VaOHC will look into different iterations of 1.8 to figure out a way to valid talk about it in an impactful way, considering audience
- Before we land on the final report card, send the draft to a test audience
- VaOHC to meet with epidemiologists to verify we're reporting the data in the most accurate way
- Lauren will share high-level shell of report card with group via email
- Next meeting deliverables:
    - Address disparities
    - Weighting of measures (VaOHC suggests to weight each measure equally)
- **Next meeting will be held Monday, July 18 at 1:00 p.m.**

Meeting adjourned at 12:30 p.m.