

VaOHC Report Card Meeting
Monday, July 18, 2016 | 1:00 p.m. – 2:30 p.m.
VaOHC Office | Glen Allen, VA

MINUTES

Attendees: Karen Day, VDH; Julie Duregger, Smart Beginnings Virginia Peninsula; Kristen Gilliam, DentaQuest; Susan Motley, Mission to Strategy; Tarang Patel, VDH; Brenden Rivenbark, Virginia Center for Health Innovation; Massey Whorley, The Commonwealth Institute

Staff: Sarah Bedard Holland, Lauren Gray, Regina Potis

Proceedings:

- Further refinement of draft list of measures
 - Revisited coverage metric – consensus around trying to determine measure for all dentally uninsured (not just individuals with medical but no dental)
 - Revisited safety net measures – consensus around using patients served by free clinics, CHCs, MOM projects and DDS as the preferred indicator, rather than proportion of localities containing a safety net dental clinic. This measure to be combined/communicated with coverage measure (xx of dentally uninsured .. safety net doing an excellent job but can only serve .xxx)
- Asked VDH to pull out particular data points
- Discussion of potential benchmarks for improvement
- Discussion of how to lift up the disparities on certain measures – consensus that an additional measure highlighting disparities is best course.

Draft Report Card Measures Cheat Sheet

Group asked to provide additional feedback or reactions to the refined list from the last meeting.

General comments:

- It was suggested to reword the questions (e.g., “How are low-income adults accessing oral health care?”) to yes/no questions (e.g., “Do low-income adults have access to oral health care?”), make those the indicators, and score based on supporting data points
- It was suggested that not all the measures be percentages – to tell the human story, also include raw person counts and numbers that bring home the impact on the population
- It was commented that the collection of measures here – once refined a bit more and put into plain language – will do a good job capturing the various dimensions of oral health access (e.g., coverage, safety net, provider distribution, Medicaid preventive services, community water fluoridation)
- It was suggested that we lead with the measures on kids since they tend to garner more attention than adults (particularly for the oral health status measures)
- Measures 1.1, 1.8, and 2.1 were discussed in depth (see below)

Access:

Do Virginians have access to affordable dental and medical coverage?

- 1.1) In 2014, 30.8% of Virginia adults ages 18 and older with medical insurance reported not having dental coverage.

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- This number (from VDH's adult oral health access survey) includes only individuals with medical insurance.
- The benchmark comes from VHCF estimates for adults up to age 65 – not an ideal comparison.
- Group weighed the relative pros and cons of leaving the measure as is
 - Pro: This measure highlights the fact that even adults with medical insurance often do not have dental insurance.
 - Con: Not capturing *all* adults who are uninsured.
- The NADP does have a measure of overall proportion of the population that has dental benefits (70% or 5.83 million Virginians) – however, that includes also kids which inflate the percentage.
- Action items:
 - Lauren will communicate with VDH partners to determine if it is possible to get the percentage of all dentally uninsured adults from the adult oral health access survey.
 - Massey volunteered to look at data from the Medical Expenditure Panel Survey (MEPS) to see if dental insurance data is available.

How are low-income adults accessing oral health care?

- 1.8) In 2016, 68 out of 136 Virginia localities (50%) of Virginia localities had a safety net dental clinic physically located in them.
 - The group agreed that this measure does not capture unmet need; several of the potential safety net measures do not adequately capture this dimension of access for low-income adult population
 - There was consensus that the safety net measure should, at a minimum, focus on the people to convey the greatest meaning and impact
 - Proposal: Sum the number of patients served by free clinics, CHCs, MOM projects, and DDS (approximately 82,000 in 2015).
 - Although there are some potential issues with aggregating the data in this way, we can acknowledge that
 - Action items:
 - Lauren will work with safety net partners to ensure that the data is correctly represented and that the benchmark is appropriate
- 1.14-1.15) Measure(s) related to ED use for oral health TBD

Discussion of Oral Health Measure Benchmarks & Disparities

Lauren provided overview of what types of benchmarks the group could consider:

- *Existing standards of care or state policies*
- *Set our own benchmarks*
- *Achieve minimal statistical significance above/below past state or national performance*
- *Achieve a certain number of standard deviations above/below past state or national performance*

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Most benchmark discussion centered around measure 1.1; the group would like to know, first of all, if we can find out the overall percentage of dentally uninsured (not just among the medically insured), and compare it to the medically uninsured percentage. VaOHC will work with agency partners to determine benchmarks, then get work group approval.

Certain measures for which disparities information could be shown are below, along with discussion points.

Workforce:

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

- 2.1) In 2015, 22.9% (1.87 million) of Virginia's population resided in a locality without enough dentists to meet the demand for services.
 - The HPSAs really look at maldistribution of dentists (rural vs. urban) rather than access by underserved populations
 - In most cases areas are designated dHPSAs because it is difficult to attract providers to rural areas, not to serve underserved populations

Prevention, Early Diagnosis, & Treatment:

What is the current oral health status of Virginians?

- 3.1) In 2014, 14.4% of adult Virginians ages 18 and older had six or more permanent teeth extracted.
 - Disparities emerge by race and income
- 3.3) During the 2014-2015 school year, 47.2% of all Virginia third graders were found to have some dental caries experience (treated decay, untreated decay or both).
 - Karen Day explained the differences between treated and untreated decay – treated decay no longer reported as a standalone measure
 - Disparities emerge by race, free lunch program status, insurance status, and region
 - Karen Day from VDH will check to ensure that the drastic change in caries rate in NW is not a methodological error
 - The group discussed how the caries rate has not changed much since 2009 – even though we do well compared to other states, the fact that we're still dealing with a high caries rate is proof that we still need to improve

What percent of children utilize prevention services?

- 3.4) In 2014-2015, 53.18% of children enrolled in Medicaid or FAMIS (ages 1-20) received preventive dental services.
 - VaOHC already has some race data from Medicaid, but it is for 'any dental services,' rather than 'preventive'
 - Action items
 - Lauren will request the statewide totals of preventive dental services by race

What is the status of community water fluoridation in Virginia?

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- 3.6) In 2014, 96.3% of Virginia’s population on community water systems received fluoridated water.
 - The group emphasized that fluoridation is an important preventive intervention for all the other outcomes - our success on the other measures depends on our performance here to a degree

General comments:

- Across all measures – income really seems to tell a story; it actually may be confounding the effects of race
- For some of these disparities we do not know for sure if they are actually statistically significant – Lauren can follow up on that
- Need to ensure that all the measures and disparities must be addressed in a way that is easy for a lay person to understand

Action items:

- Lauren will update the measures per group’s input where possible, incorporating missing data
- Lauren will work with agency partners to ensure selected benchmarks are appropriate
- Lauren will follow up on measures to determine if benchmarks and any disparities of interest are statistically significant
- Sarah will take first pass at converting the measures into plain language
- Karen Day from VDH will look into the regional disparities for dental caries experience to ensure there were no methodological issues with the estimate for NW VA
- Massey Whorley will look into whether or not dental insurance for all adults is available in MEPS
- Next meeting deliverables:
 - Review draft report card with the larger stakeholder group
- **Next meeting will be held Thurs., September 1 at 1:00 pm.**

Meeting adjourned at 2:30 p.m.