

VaOHC Report Card Meeting
Wednesday, October 12, 2016 | 10:00 am – 12:00 pm
VaOHC Office | Glen Allen, VA

MINUTES

Attendees: Tonya Adiches (VDH); Tegwyn Brickhouse (VCU School of Dentistry); Denise Claiborne (ODU School of Dental Hygiene); Justin Crow (VDH); Karen Day (VDH); Julie Duregger (Smart Beginnings Virginia Peninsula); Pat Finnerty (PWF Consulting); Kristen Gilliam (DentaQuest); Shillpa Naavaal (VCU); Tara Quinn (VDAF); Brenden Rivenbark (VCHI); Tricia Rodgers (NHVF); Myra Shook (DMAS)

Staff: Sarah Bedard Holland, Lauren Gray

Proceedings:

Attachment: Draft technical notes of the high-level Report Card, including grading criteria.

Introductions & Sharing – “What are you most excited about for the Report Card?”

- The valuable data that the state collects around oral health will be available for public consumption in a user-friendly format
- To spur regional outreach efforts where we can make more meaningful use of the data
- To highlight the need for medical-dental collaboration, especially for young children (e.g., with fluoride varnish measure)
- To continue building a relationship with managed care organizations by having data to support/justify the need
- Opportunity to come together with such a diverse, collaborative group of stakeholders
- To highlight adults and the need for increased access to dental coverage

Review of Grading Scale

- Sarah walked through the grading criteria
 - Use of percentage difference between state and national indicators as the grading criteria
 - For indicators without a national benchmark, we chose to assign a ‘C’ because it seemed a conservative choice
 - Adult dental coverage %
 - % of non-dental pediatric providers applying fluoride varnish
- Discussion/Decisions about grading criteria
 - Some were concerned that grading indicators that have no national benchmark a ‘C’ will convey that the problems they represent are not as serious or pressing as they actually are
 - All in favor of keeping the measures in the Report Card, but proposed alternatives to grading a ‘C’:
 - 1) Don’t grade those measures – instead just note that we want to grade ourselves against our past performance in the future
 - 2) For the fluoride varnish measure, could use non-Medicaid FV billing providers as the benchmark for comparison, or look at national Medicaid FV billing %

VaOHC Report Card Meeting
Wednesday, October 12, 2016 | 10:00 am – 12:00 pm
VaOHC Office | Glen Allen, VA

- **Unanimous Consensus for option 1** – too difficult at this stage to get the national Medicaid or non-Medicaid FV billing data (could consider for the future, however)
- Change the wording of the grading criteria description from ‘improvement’ or ‘decline’ to ‘better’ or ‘worse’ than national
- Change ‘desired direction’ to ‘desired trend’ to indicate it’s how we want the indicator to improve going forward
- Show the absolute difference in the table in addition to the percentage difference to make it clear what the distinction is
- Explain key terminology somewhere in technical notes or methodology about what prevalence vs. proportion vs. rate are – use consistent wording for all the indicators in the table where possible

Changes to the Indicators

- Several changes were made to the indicator list after offline discussions with work group members and other stakeholders – Sarah provided a quick review and sought feedback on the changes
- Dental health professional shortage area (HPSA) measure – deleted from main report card, but still to be touched upon in narrative
 - The data has some issues that make grading over time difficult, and no national comparison is possible (only regional, which is still a stretch)
 - This will still be a high-level issue, but not considered for final grade – the limitations of the data are discussed specifically in the narrative as is the importance of an accessible workforce
 - Consensus: OK with this change
- Pregnant women dental visit measure – added to main report card
 - Originally the group decided not to focus on pregnant women, but over the last few weeks several stakeholders voiced strong support for including this population because much of the state’s efforts are focused on pregnant women
 - Measure is from the Pregnancy Risk Assessment & Monitoring data administered by VDH and it is reflective of all women regardless of insurance status
 - The data presented is from prior to the addition of a Medicaid dental benefit for pregnant women, which will probably move the needle on this going forward
 - Unanimous Consensus: OK with this change
- Medicaid kids preventive measure
 - Added 1-20 back in, along with 1-3 measure
 - Commonly reported on measure
 - Medicaid data broken out into certain age groups
 - <1
 - 1-2
 - 3-5
 - And so on up until 20
 - Discussion about issues with 1-3 measure

VaOHC Report Card Meeting
Wednesday, October 12, 2016 | 10:00 am – 12:00 pm
VaOHC Office | Glen Allen, VA

- Age range is really reported as 1-2, despite that the age includes kids age 2+364 days – concerns about incorrect characterization of the age range; also, the population of 1-2 is small (only about 100,000 kids out of 800,000)
- Option posed to remove 1-3 measure and instead use 1-5
 - Counterpoint: If we really want to emphasize the importance of early dental care, need to highlight this population
- **Unanimous Consensus:** Report as 1-2 to be consistent with the 1-20 measure

Other discussion

- How will health equity be highlighted?
 - Described in the narrative, and possibly on the graphic/visual report card as space allows
- Will the measures have any context on the graphic/visual report card?
 - They will be accompanied by a sentence to provide context (very brief)
 - E.g., sealants are important because ... etc.
- Component parts of the Report Card
 - High-level report card – infographics/visuals
 - Back of high-level report card – technical notes (attachment reviewed for this meeting)
 - Narrative
 - Methodology – will live online, for more in-depth review of the data

Action items:

- VaOHC will make suggested corrections to the technical notes
- **A preview of the visual/graphic portion of the report card will be offered via webinar – meeting invitation to be sent out ASAP – Wednesday October 19th at 4pm.**
- Individuals who cannot attend the webinar but still want to provide feedback on graphics (feedback on measures is closed based on unanimous consensus reached today) can reach out to Sarah/Lauren.

Meeting adjourned at 11:30 am