

Oral Health Advisory Committee

DRAFT Report of Meeting

March 10, 2006
Medical Care Development, Augusta, Maine



Good Group Decisions

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Opening

Judy Feinstein, Director of the Oral Health Program welcomed the group. She is coordinating the development of this plan with help from a federal grant for the state of Maine, not the federal government. Judy introduced Donna Levi, with Good Group Decisions, as the facilitator in Craig's absence and as the author of the draft of the Maine Oral Health Improvement Plan.

Donna welcomed the group and provided a brief summary of her background. She explained her process in developing the draft of the plan. Donna asked each person present to introduce themselves and their organization.

Attendance

- Ann Curtis University of Maine at Augusta Dental
- Debbie Littlefield Health Programs
- Larry Jacoby Community Dental
- Peter Kraut Governor's Office
- Shawn Yardley City of Bangor
- Pat Jones Maine Dental Access Coalition
- Grace Morgan Maine Department of Education
- Dan Meyer MDFPR
- Linda Wacholtz Prevention Partners
- Doreen McDaniel Office of Elder Services
- Kathleen B. Walker Northeast Delta Dental
- Bonnie W. Vaughn RDH Maine Oral Health Solution
- Jim Dowling Maine Primary Care Association
- Maurice Convey Maine Dental Association
- Frances Miliano Maine Dental Association
- Beryl Cole Maine Dental Hygienists Association
- Becky Whittemore Maine Public Health Association
- Linda Capone-Newton Maine Office of Child Care and Headstart
Special Projects Coordinator Oral Health
- Brenda McCormick MaineCare
- Judy Feinstein Maine Oral Health Program

- Jessica Dafni Good Group Decisions
- Donna Levi Good Group Decisions

Objectives

Donna reviewed with the group the objectives that were set for the meeting as follows:

- To review the Maine Oral Health Improvement Plan Draft
- To determine the method for formalizing commitment to the Maine Oral Health Improvement Plan

Ground Rules

The following ground rules were reviewed with and agreed to by the group:

- All views heard
 - Hands to speak
- We all help group efficiency
 - Minimize repeats
 - Raise questions and concerns in the moment
- Share ideas and information
 - No bad ideas
 - Website
- Constituent representation and education
- Facilitator serves the group
- Smiles are good!

Agenda

Donna reviewed the Agenda with the group as follows:

11:00 Opening

Welcome and introductions
Reminder of where we are in the group's process
Objectives, agenda, and ground rules for today's meeting

- 11:10 Review of the Draft Plan**
After some introductory comments, we will review the draft report and take comments. First, we will discuss the overall organization of the report. Then we will go through it section by section.
- 12:00 Lunch**
- 12:30 Continue Review of the Draft Plan**
- 1:40 Break**
- 1:50 Principles**
Let's discuss and identify a list of principles to be included in the report: principles that will guide implementation of ALL the strategies in the Plan.
- 2:20 Buy In**
Ideally, implementation partners are fully bought in to this plan. What process should we use to formalize but-in and commitment?
- 2:45 Review Next Steps and Closing Comments**
- 3:00 Adjourn**

Maine Oral Health Improvement Plan Draft Review

General Comments

Donna asked the group to make general comments about the overall draft which follow:

- The four sections make perfect sense
- Very coherent, logical, and pertinent
- Written in good language
- Transparent and understandable
- Unusual and good, plain language
- Would like to see a broader inclusion of oral disease
- Periodontal, systemic diseases

- Data and surveillance - Objective 11
- Wants to see language about milestones and evaluation
- Aligning the ten steps as a strategy for being part of the State Health Plan
- Data collection - what are the intentions for usage: need, funding, staffing
- Ten essential services and the three core functions
- Mention in the introduction

Peter Kraut from the Governor's Office answered questions related to how Oral Health has been incorporated into the State Health Plan which has been finalized and will be released publicly soon. He indicated that no further changes will be made. Peter said that the focus is on the concept of total health which depends on health care integration.

The Maine Oral Health Improvement Plan will not be an attachment to the State Health Plan, but is referenced in the plan. Peter stated that the committee should continue to move forward with the oral health plan and that he saw no red flags at this point.

About the Updated Draft

The notated, updated Draft is included as an Appendix of this report.

Donna asked the group to make comments on the draft by working through each of the 4 sections of the draft. Comments that were not able to be heard because of lack of time could be sent via e-mail within the next two weeks, by March 27th.

The draft has been revised based on the discussion at the meeting on March 10th. Comments made via e-mail after the meeting have not been incorporated into the draft.

Principles

The following principles were identified by the group. It was suggested that they become part of the introduction.

- The Plan is for all Maine citizens
- Disparities can be invisible
- Good Oral Health is a foundation of wellness/overall health
- Prevention is more cost effective than treatment

- Access to oral health services is crucial
- Changing the perception of the value of good oral health is important
- Evaluation of programs and services is necessary to provide proof of success
- Education is a key component to improving oral health
- Forming partnerships and working with collaborators is important for successful implementation
- A funding commitment is inherent in the plan

Buy In

The group discussed methods to ensure commitment from the organizations who have contributed to the development of the plan. The purpose of the commitment is to demonstrate willingness to work on the implementation of the plan.

Consensus was reached regarding the method of demonstrating commitment. All member organizations will sign a statement of support that will appear in the plan document. A draft statement will be provided to these organizations for review prior to signing.

It was agreed that there are many other groups who would be helpful to enlist to participate in the implementation phase. The plan will be presented to these groups to expand the work load to a larger stakeholder base.

Closing

Next Steps

Donna reminded the group that comments on the plan draft would be taken via e-mail until March 27th. The draft will be revised based on the comments from the meeting and e-mail. The revised draft will be distributed for final comments.

The next meeting will be held on May 19th. At this meeting, the final plan will be endorsed and implementation of the plan will be discussed.

A fall conference is being planned which will include a commitment ceremony.

Final Comments

Donna asked each person for a final comment:

- Impressed something has come out of the meeting and done well. Applaud the group.
- Agree. On time, everything was perfect.
- Meeting on a Friday is difficult, but tends to be a good surprise that so much gets accomplished and worked out.
- Good facilitation. Stay on schedule, hold group to task.
- Applaud the facilitator. Good exchange of ideas here.
- Great ideas. Size of the group and ideas are great.
- Diversity of the professions was outstanding. Good group of people knowing every avenue. Impressive.
- Appreciate the learning opportunity.
- Appreciate the progress and efficiency. Keep it up.
- Echo. Would like to see a surveillance system about how plan is used and what is implemented as a result.
- Good participation. Thanks Judy.
- Impressed by progress of the group.
- Echo. Looking forward to new partners coming on board.
- Important not to just have a plan, but to use it to address Maine's issues.
- Underscore the leadership and progress of the group.
- Very excited about the amount of progress the group makes. Develops at a great pace. Good participation and consistency.
- Maine will not have the distinction of NOT having a State Oral Health Plan.

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Introduction

Define oral health here

The Maine Oral Health Improvement Plan is designed to be utilized as a working document to provide guidance to all who can impact the status of oral health in Maine. The Oral Health Advisory Committee was charged with the mission of developing a plan that will improve oral health for people in Maine.

The plan was created to be:

- practical
- easy to use and understand
- inclusive of all who provide and promote oral health
- creative in identifying strategies
- able to incorporate new ideas
- adaptable
- present and future oriented
- able to be evaluated on an ongoing basis
- inclusive of general objectives and specific actions

The Oral Health Improvement Plan is based on the Surgeon General's "Call to Action", to change perceptions of oral health, overcome barriers by replicating effective programs and proven efforts, build the science base and accelerate science transfer, to increase oral health workforce diversity, capacity, and flexibility, and increase collaborations. These guidelines have been adapted to reflect the needs of the people of Maine.

The focus of the Maine Oral Health Improvement Plan is on improving state and local policies, increasing public awareness, expanding access to oral health care, increasing preventive care, improving the delivery of care, and ensuring the quality of care. Inherent in the implementation of this plan is the need for adequate funding to ensure the highest quality initiatives delivered in the most timely and effective manner.

The next component of the plan to be developed is a timeline which will be used to keep the plan active. The timeline will identify which of the strategies will be short or long

term actions, and as appropriate may identify specific activities. Ongoing monitoring will be used to ensure accountability for implementation.

This plan is not a detailed blueprint, but a flexible, working guide for those who have a role to play in improving oral health: dental and other health professionals, legislators, policy-makers, community agencies and all the people of Maine. Oral health must become an integrated component of overall health. The Maine Oral Health Improvement Plan presents a method for achieving this important goal.

Vision

To improve the quality of life of all Mainers by identifying oral health as a critical and integrated component of overall health and through increasing access to quality oral health care services.

A. Change Perception and Increase Awareness

Goal A: Define and support state and local policies to increase the understanding, value, and importance of oral health to overall health and to promote optimal oral health for the people of Maine.

Background and Challenges: According to “Oral Health in America: A report of the Surgeon General”, oral health is a key component of overall health. Scientific evidence shows that poor oral health negatively affects total health. Therefore, oral health policies need to be integrated with general health policies. Developing partnerships is a key to implementing this goal.

Currently, perceptions about oral health as an integral component of overall health may be inaccurate or limited. Fears and misconceptions exist about oral health and treatment which create additional barriers to seeking care. Changing these perceptions is important. The need for good oral health must be communicated to elected officials, health professionals and the general public.

Oral health has been referenced in the State Health Plan. Several risk factors identified in that Plan, such as tobacco and alcohol use and nutritional choices, also contribute to oral diseases and oral health status. Similarly, oral health can be a contributing factor in other health conditions.

Objective 1 - Inform and Educate Policy Makers and Elected Officials

Increase the awareness and knowledge of policy makers and elected officials regarding the importance of good oral health and the needs of the population in order to ensure that all oral health initiatives identified in this document are supported.

Strategies:

Collaborate with public health stakeholder groups throughout the state, for example: the Public Health Infrastructure Work Group, to facilitate communication regarding implementation and monitoring of the oral health initiatives.

Provide data on the burden of oral disease on the people of Maine to policy makers and elected officials to strengthen the commitment for oral health funding and resources. Develop and distribute an accompanying data report.

Support agency actions and legislation that will secure adequate funding for the Maine Oral Health Improvement Plan and to supplement the State Health Plan to ensure support for oral health programs.

Provide evidence of successful programs and services in Maine and other states.

Gather support for including oral health care in the Dirigo Health Plan.

Determine method for demonstrating overall savings to be realized from implementing the Oral Health Plan.

Invite policy makers and elected officials to and involve them in oral health conferences and events.

Key Players:

Policy makers, elected officials, health advocacy groups, public health and social services organizations, Public Health Infrastructure Work Group, Board of Dental Examiners, representatives from MDA/MDHA, health professional organizations, community and state agencies, educators, health care consumers.

Objective 2 - Increase general public awareness

Design and implement educational campaigns targeting the general public to provide oral health education, to change negative perceptions, and to increase awareness regarding the impact of good oral health on overall health throughout the life span.

Strategies:

Utilize existing programs, for example: Watch Your Mouth campaign.

Collaborate with the Healthy Maine Partnership organizations.

Coordinate educational activities with state and national health campaigns, for example: Children's Dental Health Month, Dental Hygiene Month, Nutrition Month

Design specific messages to target at-risk populations.

Incorporate oral cancer prevention messages into existing cancer prevention and tobacco-use reduction efforts.

Key Players:

Media personnel, parent groups, school leaders, community agencies, dental and medical professionals, professional associations, state agencies

B. Expand Access and Increase Prevention

Goal B: Expand access to high quality oral health services and increase prevention and early intervention programs for Maine people throughout the life span.

Background and Challenges: A majority of regions in the state do not have adequate access to dental care. Prevention programs are a viable way to reach underserved populations and to reduce the occurrence and prevalence of dental disease. Preventive care is inexpensive compared to the treatment costs associated with dental disease. Prevention focuses on changing personal oral health behaviors as well as community factors, and environmental influences. Providing education and early preventive interventions for children reduces the future demand for dental services.

Expansion of current dental disease prevention and oral health promotion programs is necessary. With an apparent shortage of dentists, Maine needs to consider the role of other dental and non-dental health professionals who can implement these programs. These providers need training specific to preventive oral health care. Adequate and sustainable funding is critical to support the development and implementation of preventive care programs and training for professionals. Further assessment may be needed to determine the scope of resources necessary to provide preventive care, especially for underserved population groups.

Objective 3 - Expand School and Community-based Programs

Expand the use of topical fluoride rinses, dental sealants and other preventive interventions in school-based and school-linked programs and promote community fluoridation to those not currently being served.

Strategies:

Create incentives for schools to adopt fluoride and sealant programs.

Explore alternative resources and partnerships with philanthropic foundations and community groups to support preventive oral health programs.

Establish protocols for implementation of school oral health programs to ensure good communication and coordination.

Educate school board members, administrators, nurses and school health educators regarding the efficacy of utilizing preventive services, for example: fluoride rinses and sealants.

Support increased resources for administering preventive services in schools, especially those that demonstrate unmet oral health needs.

Promote water fluoridation in communities that are not already being served.

Key Players:

Legislators, school board members, oral health and other health providers, school nurses, school administrators, school health coordinators, parents.

Objective 4 - Ensure Early Childhood Preventive Care

Support efforts to ensure that every child receives at least one dental care visit by their first birthday to provide a preventive screening and to educate parents and caregivers regarding the methods and importance of good oral health care.

Strategies:

Implement a promotional campaign directed to medical and dental providers, parents, teachers and child care providers regarding the importance of preventive care.

Facilitate inclusion of anticipatory guidance for oral health care into primary care providers' well child visit schedules.

Explore resources to enable primary care providers, after certified training, to receive reimbursement for providing oral health preventive care.

Promote oral health training for child care providers as part of the certification process.

Encourage collaboration among educators, prenatal care providers, DHHS, and home care personnel to promote positive and preventive oral health behaviors among their clients.

Key Players:

Primary care providers, dental professionals, parents, child care providers, early childhood teachers, immunization educators, legislators, state agencies, MaineCare.

Objective 5 - Promote MaineCare Coverage for Pregnant Women

Promote MaineCare coverage of dental prevention and treatment services for all pregnant women, regardless of age, who do not have dental insurance.

Strategies:

Explore models from other states to design the most effective and accessible program for Maine.

Research national standards for dental care of pregnant women.

Determine feasibility of adding uninsured pregnant women to MaineCare priorities for dental care.

Explore new resources for funding from private insurance and public programs.

Collaborate with obstetricians, nurse midwives, and other primary care medical providers to promote dental care for pregnant women.

Key Players:

Legislators, MaineCare staff, WIC agencies, obstetricians, nurse midwives, other medical providers, dental professionals, women's and children advocacy groups

Objective 6 - Use Nontraditional Settings to Reach Underserved

Expand preventive dental care and education capabilities in nontraditional settings to reach underserved individuals.

Waiting to hear from subgroup regarding this objective

Should we qualify this by age group? Needed primarily in the younger age groups, under age 5

Define what this means, needs to be broad enough to be inclusive

Different programs for different populations

What are nontraditional and traditional settings?

We need a subgroup to work on some definitions here and report back

Frances, Doreen, Brenda

Strategies:

Research existing models in Maine and other states of oral health services being provided in a setting that does not usually include dental care.

Explore models to integrate oral health and primary care health services.

Connect oral health education and screening to existing school health programs, services and school-based health centers.

Promote oral screening in all schools and yearly oral exams in elder care facilities.

Explore current role of hygienists in schools and in facilities for the elderly.

Collaborate with workplace wellness programs to include oral health services and education.

Support inclusion of oral health in Healthy Maine Partnership priorities, as well as adequate funding and legislation as necessary.

Expand dental preventive services in all WIC clinics for women and children.

Train home visitation program staff in techniques for oral health screening, preventive education, and early interventions.

Key Players:

Maine CDC, Healthy Maine Partnerships, Department of Education, MaineCare, private foundations, school boards, nursing home associations and other agencies involved with senior citizens, dental professionals, other health professionals

C. Improve Service Delivery

Goal C: Enhance oral health partnerships and infrastructure to improve delivery of services and knowledge base.

Background and Challenges: The delivery of oral health in Maine relies primarily on services delivered through the private sector by dental health professionals. Care available through public or private nonprofit organizations is not coordinated through a central agency. Services vary widely within geographical regions. The existing infrastructure does not meet the needs of the population.

More to be added here.

Objective 7 - Improve Current System Infrastructure

Examine the current infrastructure to improve delivery systems, determine unmet needs, and expand public oral health services (safety net) to better serve the oral health needs of the population.

Strategies:

Analyze data regarding the distribution of dental professionals, dental centers and clinics, uninsured persons, and related demographic factors to assess the current delivery system, gaps, and unmet needs.

Gather data from many sources, for example: the Board of Dental Examiners, reports from dental hygienists with public health supervision status.

Work with the Office of MaineCare Services, the Public Health Infrastructure Work Group, and others to support improvements in processes, enhancements to, and incentives in the MaineCare Dental Program that may increase access to dental services, for example: reviewing and adjusting reimbursement rates.

Explore and encourage changes in private insurance contracts in Maine, at the regulatory level, to support coverage of preventive oral health services provided by licensed

providers other than dentists, outside of traditional dental office settings, for example: dental hygienists working in public health settings and health providers in other settings.

Note: The Bureau of Insurance may have the authority to require companies licensed to provide insurance in Maine to reimburse for preventive oral health services directly to a provider other than a dentist. A review of other states regulations may be helpful.

Assess the capacity and sustainability of the existing public health delivery system relative to the provision of oral health care.

Develop effective strategies for recruitment and retention of professionals who are providing public health services for dental care.

Create opportunities to provide oral health services in settings that not currently providing these services, for example: Dartmouth family practice, free clinics

Support initiatives that maximize the ability of hygienists to provide preventive services within the public health system.

Explore models regarding ways to integrate oral health care within a hospital setting.

Investigate funding sources to support the public health system relative to oral health care.

Key Players:

Dental and medical professionals, legislators, Board of Dental Examiners, state agencies, MaineCare, community agencies, public health stakeholder groups, hospitals.

Objective 8 - Increase oral health knowledge base

Disseminate up-to-date and evidence-based scientific oral health information to all health professionals.

Strategies:

Provide information and training to health related associations and organizations.

Encourage inclusion of oral health in organizational strategic plans, especially in physician-related entities.

Develop and distribute an up-to-date statewide guide to oral health resources and information. Include in the distribution list, those who provide services to low-income people.

Promote the use of existing early intervention curricula by all health professionals and encourage the incorporation of oral health issues into health professional training schools' curricula.

Promote the provision of CEUs for non-dental professionals to encourage training in oral health promotion and dental disease prevention interventions.

Distribute guidelines for prevention and treatment of oral diseases to primary medical care providers and encourage their use. For example: the American Academy of Pediatrics' Bright Futures guidelines.

Focus educational efforts on pediatricians and other primary care physicians to support oral health. Provide posters and written materials to physicians' offices.

Key Players:

Physicians, physician's assistants, nurse practitioners, nurses, health associations and organizations, school boards, educational institutions and organizations, professional medical organizations

Objective 9 - Provide Evidence-Based Evaluation

Evaluate oral health services in Maine regarding access, application of best practices, and health outcomes to define future statewide oral health needs.

Strategies:

Develop and maintain a comprehensive oral health surveillance system to identify and monitor oral health status and access to oral health services.

Determine data collection tools to standardize measurement of outcomes.

Examine best and promising practices in Maine and in other states for models that can be replicated and/or adapted for use.

Disseminate best practice methods in clinical practice and policy.

Implement ongoing monitoring and analysis of impact of oral health initiatives on health status.

Key Players: Maine CDC, dental professional associations, Board of Dental Examiners, Maine Health Data Organization, Maine Health Information Center, educational institutions, public health stakeholder groups.

Objective 10 - Increase Partnerships

Collaborate with State departments and agencies to facilitate integration of oral health with general health initiatives and cultivate public-private partnerships to support oral health improvements for all residents of Maine.

Strategies:

Explore methods to enable successful partnerships that promote oral health services and awareness.

Identify state-funded programs for possible collaboration, for example: Head Start and WIC.

Utilize existing tools, programs (e.g., tobacco, cancer reduction), and policies that support the integration of oral health with general health programs.

Identify links to the business community to support oral health initiatives.

Waiting for rewritten strategy from Advisory Committee member for the following strategy:

Provide guidance and support for the implementation of oral health promotion and education within the Maine Learning Results.

Promote the inclusion of oral health activities in school and worksite wellness programs.

Increase awareness of the importance of oral health through education and collaboration with the Coordinated School Health Program.

Collaborate with home health agencies and Area Agencies on Aging to ensure inclusion of dental care and oral health services for the homebound and elderly.

Encourage employers with employee dental plans to promote oral health initiatives.

Key Players:

State departments, state agencies, community organizations, home health agencies, Area Agencies on Aging, school professionals, insurance companies, private foundations, health professional associations, Chamber of Commerce

D. Expand Dental Workforce

Goal D: Expand the capacity and ability of the dental workforce to provide cost-effective, high quality oral health services for all Mainers.

Background and Challenges: The availability of an adequate number of dental health professionals is necessary to meet the oral health needs throughout the state. Many areas of our state have a shortage of dentists and dental hygienists. Attracting practitioners to dentistry and utilizing current professionals in new ways will increase access to dental care and will enable expansion of services currently available. Maintaining a focus on prevention will maximize cost-effectiveness.

Distribution of dental professionals is a problem for our state with small population centers and geographic distances. The cost of attracting, training, and retaining health professionals in Maine is a challenge, particularly dental professionals.

More to be added here.

Objective 11 - Shift Roles to Improve Capacity and Productivity

Increase capacity and productivity of the dental workforce by shifting and expanding roles within the dental and medical professions, within and according to their respective scopes of practice.

Strategies:

Support the implementation of the Expanded Function Dental Assistants (EFDA) legislation that passed in 2005. *[Will add statutory citation here.]*

Review the national model for an Advanced Dental Hygiene Practitioner (ADHP) for possible implementation in Maine.

Assess and evaluate the impact of public health supervision status for hygienists on access to preventive services for underserved populations, and explore the development of models based on the current programs and initiatives.

Explore development of appropriate certifications and/or quality assurance mechanisms that expand the impact of public health supervision status, improve overall workforce

capacity and productivity, and facilitate interdisciplinary approaches to improving oral health in Maine.

Integrate oral care with well baby, well child and adult annual physician visits.

Encourage education in oral health promotion and dental disease prevention by physicians and their staff.

Explore ways to promote the study and practice of pediatric dentistry.

Key Players:

Oral health professionals, Board of Dental Examiners other health professionals and their regulatory boards, educators (secondary and university level), FAME

Objective 12 - Better Recruit and Retain Dental Professionals

Recruit and retain an adequate number of qualified dental professionals to meet the oral health needs of the people of Maine.

Strategies:

Support initiatives at secondary schools and colleges to interest students in oral health care careers.

Consult research regarding the retention of medical students and physicians serving externships and internships to determine feasibility of replication with dental professionals.

Support collaboration to establish a dental residency program in Maine.

Expand the number of externship programs for dental students to encourage relocation to Maine.

Encourage the expansion of loan forgiveness programs, especially for those serving at-risk and underserved populations.

Ensure the increase of dental professionals by recruiting from the military and out-of-state.

Determine a method to assure that retiring dentists' practices are transferred to a new dental professional to provide continuity of access to care.

Key Players:

Oral health professionals, oral health educators, private foundations, legislators, retiring dentists, FAME, professional associations, public health stakeholder groups, Dental Practice Brokers

Objective 13 - Expand Education of Oral Health Professionals

Promote educational opportunities and experiences to enable oral health professionals to expand services to at-risk and under-served populations.

Strategies:

Identify and publicize skill development training programs that focus on working with children, individuals with behavioral health concerns, older adults and the elderly, and children and adults with developmental disabilities.

Explore the use of financial incentives for professionals to serve at-risk and under-served populations.

Support the collaboration of cross-training health professionals. For example: the Maine Dental Association and the American College of Gynecologists (ACOG) to offer a CEU course on oral health during pregnancy.

Key Players:

Maine Dental Association, ACOG, MDHA, Maine CDC, other state, community and voluntary agencies.