Florid Oral Health Workforce Workgroup
April 3, 2009 Conference Call

April 3, 2009 - The Florida Oral Health Workforce Workgroup held their 4th teleconference on Friday, April 3, 2009. The purpose of the meeting was to review the results of the Ft. Lauderdale face to face meeting and begin discussions on allied dental providers – how to utilize them more effectively and looking at new models.

Roll call and introductions

Workgroup members present:
Steve Abel, D.D.S., M.S.D., Nova Southeastern University College of Dental Medicine (proxy for Dean Uchin)
Michael Bolin, Agency for Health Care Administration
Cathy Cabanzon, R.D.H., Florida Public Health Institute (proxy for Dr. Fox)
Glen Davis, Department of Health, Office of Health Professional Recruitment
Teresa (Terri) A. Dolan, D.D.S., M.P.H., University of Florida College of Dentistry
Howard Fisher, D.D.S., Florida Society of Oral & Maxillary Facial Surgery
Inge Ford, D.M.D., M.S., Martin County Department of Health
Charles Hoffman, Ph.D., D.M.D., Florida Dental Association
Holly Kahler, C.D.A., R.D.H., Ed.D, Department of Education
Douglas Manning, D.M.D., J.D., M.P.H., Department of Health
Karen Miller, M.S.W., M.P.A., Health Foundation of South Florida
J. Thaddeous Morgan, D.M.D., Florida Board of Dentistry
Maria Pardo, D.D.S., Area Health Education Center Network
Nancy Zinser, R.D.H., M.S., Florida Dental Hygiene Association

Members not present:
Claude Earl Fox, M.D., M.P.H., Florida Public Health Association
Representative Alan Hays
Robert Uchin, D.D.S., Nova Southeastern University College of Dental Medicine

Department staff:
Amy Cober, R.D., L.D., M.P.H.
Rory Reese, R.D.H., B.H.S.

Guests (others on the call):
Frank Catalanotto, D.M.D., University of Florida College of Dentistry
Jo Ann Hart, J.D., Florida Dental Association
Jill Herndon, Ph.D., University of Florida, Institute for Child Health Policy
Pat Shepherd, D.D.S., Florida Academy of General Dentistry (FAGD)

Housekeeping

Rory Reese went over logistics for the upcoming face-to-face meeting at Palm Beach Community College slated for Friday, May 1st. Within the next 2 weeks a map of the campus, a parking pass and the location of the meeting room will be sent to participants. Arrangements have been made (for those coming in the night before), at the Doubletree on Australian Avenue in West Palm Beach.
Boxed lunches will be available for a fee (for our working lunch) through the college's catering service. There will be an assortment of ham, turkey and roast beef wraps. Each boxed lunch comes with a bag of chips, a cookie and either a soft drink or water. Participants are to notify Rory if they have special dietary needs and require a veggie wrap. More information on the lunches will be sent out.

The topic for this meeting will be scope of practice/supervision rules-regulations of dental auxiliaries. Dr. Manning inquired if anyone would require/request teleconferencing capability. Dr. Dolan requested teleconferencing capability and Dr. Ford indicated that her administration is requesting it as well.

Discussion

Dr. Catalanotto spoke to the issue of medical doctors extracting teeth in Maine (article that appeared in the Maine newspapers). He mentioned the article may be misleading. He spoke with Dr. Jim Schneider of Maine, who is providing training to family medical residents in an effort to help medical doctors understand oral health better. They are being taught to provide a screening type exam to ascertain which teeth are damaged/need care. Dr. Schneider has helped residents extract teeth in their residency programs; however, there has only been 1 MD in practice who has taken out a tooth and Dr. Schneider does not anticipate that this will be a growing trend.

Dr. Catalanotto spoke to the 2 bills in Maine regarding midlevel providers. As of 10 days ago there were 2 competing bills to provide for midlevel providers. They are modeled after the dental therapist. One bill provides for supervision (supported by the Maine Dental Association) ; the other does not (supported by Maine dental hygienists). These midlevel providers would be trained in the new New England dental school (to begin in a year or two).

Dr. Hoffman suggested that Maine has a very different state - population-wise – aging dentists, very rural and an aging population.

Nancy Zinser spoke to the midlevel providers in Minnesota. Minnesota is one of 26 states that provide for “direct access” for dental hygienists. This status has been in effect since 2001 in Minnesota. Hygienists may be employed by a program, facility or a non-profit in a collaborative agreement model (with a dentist). This model allows the hygienist to provide preventive services such as root planning, x-rays, polishing restorations, sealants, applying topical fluorides. Since 2002 the Department of Human Services has permitted hygienists to apply for a medical provider number for Medicaid reimbursement.

In May 2008, the Advanced Dental Hygiene Practitioner/Oral Health Practitioner statute was put in place (legislation was provided to define scope of practice). Additionally, the University of Minnesota established a program consisting of 80 hours for hygienist and/or assistants to instruct them how to complete extractions, filling and drilling onsite under the general supervision of a dentist (once a credentialing exam has been completed).

Currently there are 6 bills in Minnesota to outline scope of practice.

Dean Dolan felt that Dean Pat Lloyd (from U of Minn) could join a conference call to speak to some of these issues.

Dr. Hoffman mentioned criteria overlooked in the legislation for Minnesota was the distance of the dentist to the midlevel provider. Some dentists were as far as 200 miles away from the midlevel provider that had a collaborative agreement.

Nancy Zinser pointed out that teledentistry has been used very successfully.
Dean Dolan pointed out that we have the technology for teledentistry, while Dr. Manning pointed out that Nassau and Wakulla counties here in Florida have been using teledentistry.

Jill Herndon of the University of Florida Institute for Child Health Policy gave an update on the needs assessment study that UF is doing for our workforce grant. The study includes 1) a statewide analysis of oral health workforce (distribution and composition related to population; urban/rural status) which will include GIS mapping is in the process of being compiled from data is being collected from the Census Bureau as well as a DOH workforce study; and 2) access to dental care for low income children from 1200 surveys from parents involved with Kid Care; claims and encounter data. In one week the data sets will be completed.

Jill reported that the data will be ready in July (toward the end of the grant period). The final results will be in a published report in August. She will provide updates to the Workgroup periodically over the next months.

Glen Davis offered access to data from DOH recruitment (DHAT).

Amy Cober reported on the Chicago ADA Oral Health Access Meeting. Nearly 150 stakeholders from non-profit groups, government agencies and private industry met March 23-25 at a summit on access to dental care convened by the American Dental Association (ADA) to create a common vision toward improving the oral health of underserved populations. Participants included dental special interest groups, federal agencies, health care policymakers, advocacy groups, dental industry, dental education and research communities, financing communities, including third-party payers and philanthropic organizations, safety net providers, non-dental health care providers, ADA leadership, dental volunteer leaders and state dental society executive directors. Twelve different stakeholder groups discussed “what are we going to do in the long term and short term to address access to care issues?” Representation was widespread with dental representation as well as non dental representatives (Veteran’s Administration, registered nurses, medical doctors, HRSA, US Armed Forces, Children Medical Services and many more including advocacy groups).

One of the questions posed was: what are your regrets (regarding access to care) over the past years? Organized dentistry (ADA) stated that they regretted having a closed mind and being insular.

Among the major topics discussed were increasing collaboration between the dental and medical communities; workforce development strategies; strengthening dental delivery systems, the dental public health infrastructure, and population-based prevention strategies; improving oral health literacy through social marketing; and finding better ways to define and measure the access issue.

There was a strong consistency of vision for the future.

The next item on the agenda was developing the strategic plan and discussing the Volunteerism and Integration templates that had been distributed to everyone prior to the teleconference (via email). These templates contain a recommendation, a strategy and an objective as well as Action steps (funding and/or policy---see attached).

Dr. Manning mentioned that our grant ends 8/31/09 and that we need to put together a strategic plan which outlines how to implement specific strategies, not just a set of recommendations. We have budgeted 2 more face-to-face meetings after the Palm Beach meeting.

Future meeting sites: Gainesville, Orlando and/or Tampa. Dr. Manning would like to take Dean Dolan up on UF’s offer to host a meeting (UF has 2 sites: Seminole and Gainesville). Meeting dates would need to be June and either July or August for the final meeting. Conference calls may be within 2 weeks of the meeting to discuss what was accomplished at the previous meeting.

Discussion began on volunteerism.
Nancy Zinser asked how we are going to track if an incentive is working? That evaluation needs to be a component of almost every strategy.

Dean Dolan felt that perhaps we need to catalog and publicize benefits to volunteers. She also suggested the need to have education and clinical supervision count as volunteer hours for CE and licensure waivers (and any other new incentive programs)

Jo Ann Hart of FDA said that FDA, through a bill now before the Legislature, is trying to promote more flexibility of some of the incentives, such as 160 hours of volunteer service every 2 years instead of 80 hours each year.

Dr. Manning summarized what we had discussed regarding objective #1, #2, #3, #4, #5, and #6

Objective #1 Extend the availability of sovereign immunity for volunteerism---keep it in
Objective #2 Reduce or waive licensure fees for volunteer service in health access settings
This already exists; FDA is working on a proposal to tweak---remove from plan or add as part of new strategy to catalogue and publicize existing incentive programs.
Objective #3 Reduce or waive continuing education requirements for volunteer service in health access settings
In statute---- remove from plan or add as part of new strategy to catalogue and publicize existing incentive programs.
Objective #4 Reduce or waive ADA membership fees for volunteer service in health access settings
Remove form strategic plan and let ADA deal with it
Objective #5 Provide an opportunity to join the state pension plan for volunteer service in health access settings
It was decided to table this for now, set as a long term goal that DOH will need to research as to its feasibility.
Objective #6 Provide tax credits (property or federal) for volunteer service in health access settings
Long term goal - need to research if this is possible.

It was suggested that for objective #2 and #3 that we need to define dental practitioner so that dental hygienists and dental assistants are included, as they do volunteer although dental assistants are not regulated currently with CE and licensure requirements.

The question arose as to strategy #2—increase volunteer networks---how would this be sustained.
It was voiced that it cannot be the ONLY approach, but can be a powerful approach; needs to be included in plan.

Another idea was to offer CEs to get providers to volunteer. It was mentioned that at the last dental board meeting, they were adamant that CEs are for learning; the board does not want someone getting all their CEs through volunteering.

The question arose as to what mechanism does DOH use to market dental health access license? (The new health access license bill that was passed last year.)
Dr. Manning mentioned until the rules are fully laid out, we aren't doing any marketing; the military has been told about it as well as advertising on People First and 3RNet.org (our main ways of marketing for dental professionals.)
Glen Davis reported that he doesn't believe anyone has obtained a health access license.

Dr. Manning asked the participants to provide him with comments and edits for the strategic plan template so we do not have to discuss in detail each recommendation and strategy. Dr. Dolan felt that it may be helpful to have a wiki site or utilize collaborative software to assist us so that we don't have to keep up with different versions of what has been suggested as we are working in between teleconferences.

Dr. Manning guided the Workgroup to Medicaid Administrative burdens.
It was asked if we need to have a separate subcommittee for this topic.
Michael Bolin of AHCA stated that Medicaid is open to any suggestions or comments.
Nancy Zinser asked if dental hygienists could please be included in Medicaid provider discussions (as far as them becoming providers). The Workgroup decided to forma Subcommittee on Medicaid administrative barriers and burdens (for providers and patients).

The Workgroup discussed who should be on this subcommittee, if they should have a teleconference or meet face-to-face. Michael Bolin felt that it is important to have lower volume Medicaid providers of services (not necessarily all high volume) so that we can find out why they aren't willing to provide more services.

Jo Ann Hart mentioned that FDA gets calls all the time that claims are not getting paid.
The 9930 code allows for 100% reimbursement for the 1st procedure; however, the next procedure is reimbursed at 50% and the next at 25%. It is not feasible to provide oral surgery for 15% of UCR.

Dr. Steve Abel felt that a major contention was the application to become a provider---it is taking 3 or 4 months and that is not acceptable.

The Subcommittee would start with a conference call and see if it needed to meet face to face at a later date. Those interested are to notify Dr. Manning.

The meeting was adjourned at 1:38 PM.