On December 3, 2004 the LSUHSC School of Dentistry Oral Health Program coordinated with the Office of Public Health, Maternal and Child Health Program to host ‘Another Bite of the Apple’ Louisiana’s 2nd Oral Health Summit. The first summit was held on December 6, 2002. Grant monies from the Association of State and Territorial Dental Directors (ASTDD) through cooperative agreements with Health Resources and Services Administration (HRSA) sponsored both summits. Additional sponsors for the 2004 summit included Patterson Dental, Louisiana Maternal and Child Health Program and Hibernia National Bank.

Over 100 participants attended the summit, including the State Dental Director from Mississippi, representatives of numerous developmental centers, federally qualified health care centers, rural health care centers, the rural water association, community care nurses, Head Start Programs, the Office of Citizens with Disabilities, the Medicaid Outreach Program, the Louisiana Dental Association and the Louisiana Dental Hygiene Association. In addition, the Secretary of the Department of Health and Hospitals, the Deputy Secretary of the Department of Health and Hospitals, the Director of Louisiana Medicaid and the Dental Medicaid Program Manager were in attendance.

The morning session included presentations on Medicaid by Dr. James Crall (Maternal and Child Health Dental Policy Director) and Mr. Ben Bearden (Director of the Bureau of Health Services Financing - Medicaid) and an update of the current status of the Expanded Dental Services for Pregnant Women Program. A facilitated group discussion took place focusing on the steps that could be identified to enroll and retain dentists in the Medicaid program so more children could access dental services.

The afternoon session included presentations from the Deputy Director of the Department of Health and Hospitals on dental services for our special needs population and a joint presentation on Federally Qualified Health Care Centers by the Executive Director of the Louisiana Primary Care Association and the Director of the Bureau of Primary Care and Rural Health discussed oral health in the rural settings. Facilitated group discussions followed identifying ways to increase dental care to our special needs population and how to increase the number of dental providers in rural areas. A wrap-up summary and facilitated discussion ended the one-day summit.

Evaluation of the summit by the attendees follows:
Another Bite of the Apple  
Louisiana Oral Health Summit  
Evaluation Form and Summary of Evaluations

<table>
<thead>
<tr>
<th>Evaluation Summary</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
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<tbody>
<tr>
<td>1. The content of the summit was informative and useful.</td>
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<td>2. Dr. James Crall was organized and will-informed on the topic.</td>
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<td>3. The Medicaid/Improving Oral Health Outcomes presentation was organized and adequately covered the topic.</td>
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<td>4. The facilitated group discussions were organized and allowed for ample participant input.</td>
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<td>5. Dental Services for Special Needs Population presentation was organized and adequately covered the topic.</td>
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<td>6. FQHC’s: The Dental Safety Net presentation was organized and adequately covered the topic.</td>
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<td>7. There was adequate time for questions.</td>
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<td>8. The overall evaluation of the Oral Health Summit.</td>
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Facilitated Group Discussion Results

Listed below are the ideas presented during or after the first group discussion on ways to increase the number of dentists currently providing services to Medicaid patients.

1. Survey those dentists who stop offering service to Medicaid patients to find out exactly what caused them to make that decision.
   a. *Action Steps:* Oral Health Program to develop survey and mail to dentists who no longer accept Medicaid Patients to find out reasons why dentists are no longer participating in the program. *Time Line:* December 2005
   b. *Action Steps:* Communicate the results of survey to LDA and Medicaid Program and work together to find solutions. *Time Line:* April 2006

2. Work with groups of dentists in a community to each commit to a certain amount of days per month or year treating Medicaid patients.
   a. *Action Steps:* LDA president to write open letter to membership asking for more participation in Medicaid program. *Time Line:* January 2005

3. Investigate loan forgiveness options for dentists treating Medicaid patients/special needs patients.
   a. *Action Steps:* Current legislation for loan forgiveness applies only to newly graduated dentists in designated manpower shortage areas; Work with rural health to identify more dental shortage areas for designation. *Time Line:* Start June 2005

4. Investigate options of a cancellation fee for missed appointments.
   a. *Action Steps:* Investigate possibility with Medicaid officials; identifying this as a possible area for Medicaid fraud and abuse and methods to handle this problem. *Time Line:* January 2005
5. Develop a flyer or brochure explaining to new patients the importance of showing up for every appointment and their responsibilities as patients. Develop materials for dentists to post in their offices or give to their existing patients about the problem and their decision to treat Medicaid patients.
   a. **Action Steps**: Oral Health Program to develop patient education brochure and distribute to Medicaid outreach programs, WIC programs, public health clinics. **Time Line**: December 2005
   b. **Action Steps**: Oral Health Program to develop materials for dentists to give to patients. **Time Line**: December 2005

6. Make sure that the concepts of public service, treating children, and working with Medicaid patients are all part of the dental school curriculum.
   a. **Action Steps**: Continue to work with the dental school to integrate dental public health into the curriculum. **Time Line**: Ongoing

7. Investigate options with a deferred compensation program for those dentists treating a certain volume of Medicaid patients/special needs patients. Develop new incentives for dentists agreeing to start or continue the treatment of Medicaid patients/special needs patients.
   a. **Action Steps**: Work with Medicaid program to discuss feasibility of this idea. **Time Line**: January 2005

8. Have periodic seminars with CE credit on how to handle Medicaid patients, children, special needs patients, etc. Develop a program to education dentists about the magnitude and severity of the problem of access to care for Medicaid children. A DVD or cd could be developed and distributed to all dentists statewide.
   a. **Action Steps**: Oral Health Program to develop and present continuing education course to dentists on this topic. **Time Line**: June 2005
   b. **Action Steps**: Development of DVD on this topic. **Time Line**: January 2006

9. Develop an awareness program to educate business people about the impact of poor dental habits and care on overall health costs.
   a. **Action steps**: Oral health program and LDA short power point presentation on this topic at community and business sessions. Work to get on the agendas with event planners. **Time Line**: January 2006

10. Continue to work at raising reimbursement rates.
    a. **Action Steps**: Support the work of the LDA Medicaid Task Force in lobbying efforts to increase dental reimbursement fees. **Time Line**: Ongoing

11. Create a means of dentists getting the Medicaid paperwork software at a reduced fee if they commit to a certain volume of Medicaid patients.
    a. **Action Steps**: None. This probably can’t be reasonably implemented. No identification of who would help pay for this.
Facilitated Group Discussion Results

Listed below are the ideas presented during or after the group discussion on ways to increase access to dental services for our special needs populations.

1. Expand the Resource Center on Medical and Dental Support Model. This model provides training for dental professionals and students, identifies best practices, collects dental data on this population and provides limited dental services to the special needs population.
   a. **Action Steps**: Work with the resource center to obtain funding for expansion of this model into other areas of the state. **Time Line**: Ongoing

2. Increase the number of dental screenings that are integrated into other health care aspects and completed by other medical professionals.
   a. **Action Steps**: Oral Health Program to continue to train public health and school nurses to conduct oral health screenings utilizing the ASTDD model. **Time Line**: Ongoing as requested by nursing organizations and groups.

3. Improve and coordinate data collection on this population.
   a. **Action Steps**: Work with the resource center on the collection of oral health data on special needs population. **Time Line**: Ongoing

4. Make decisions and design programs based on the research and data collection.
   a. **Action Steps**: Work with the Oral Health Task Force and the Resource Center to analyze data and implement programs based on the data. **Time Line**: January 2006

5. Dentists need to work with the medical profession and consult with the physician about the patient’s medical history to best determine the treatment plan.
   a. **Action Steps**: Work with LSU dental school to implement the importance of consultation with other medical providers in the dental curriculum.
      **Time Line**: Ongoing
   b. **Action Steps**: Encourage the Continuing education department to develop a continuing education course on this topic. **Time Line**: January 2006

6. Local dental associations should provide continuing education courses on the treatment and management of special needs population.
   a. **Action Steps**: Encourage LDA members to request this topic at future continuing education courses sponsored by the LDA. **Time Line**: Ongoing

7. State Board of Dentistry should develop a policy on the use of restraints for better patient management.
Listed below are the ideas presented during or after the group discussions on the challenges facing dental rural health.

1. Encourage site designation (proximity) to Health Professional Shortage Areas.
   a. **Action Steps**: None at this time. This needs further discussion and clarification.

2. Develop “dental enterprise zones” similar to business enterprise zones
   a. **Action Steps**: Appoint a committee to look into this topic. **Time Line**: January 2006

3. Explore possibility of mobile dental clinics that go into schools in rural areas where there is a dental manpower shortage.
   a. **Action Steps**: Pilot a program that determines dental needs of a community based on the emergency room visits for dental treatment; provide a mobile dental clinic in that area and examine the cost effectiveness of the program based on the cost of the mobile clinic vs. emergency rooms costs. **Time Line**: June 2006
   b. Work with Medicaid on possible funding of mobile clinics as a pilot test to see if improves access to oral health in these areas. **Time Line**: June 2006

4. Develop admissions criteria for admission into dental professional programs for students from rural areas willing to return and practice in these areas.
   a. **Action Steps**: Encourage dental school admission committee to look into this possibility as criteria for admission for potential students from rural areas. **Time Line**: December 2006

5. Educate the dental students on opportunities available to them for setting up a practice in a rural area.
   a. **Action Steps**: Incorporate into the dental curriculum information on the state and federal loan forgiveness programs for graduating dental students. **Time Line**: Ongoing

Listed below are the ideas presented during the group discussion that was called the ‘wish list’.

1. Change state practice act to include an Advanced Practice Dental Hygienist. Work to increase the level of services that can be administered by a dental hygienist versus a dentist.
   a. **Action Steps**: Work with the LDHA committee on general supervision, LDA and the State Board of Dentistry to expand the dental practice act and include public health services delivered by a dental hygienist. **Time Line**: Next State Board Meeting 2005
2. Mandate community water fluoridation. Link state funding to community water fluoridation (fl and DWRL Fund).
   a. **Action Steps**: Work with the Fluoridation Advisory Board and LDA to promote mandatory water fluoridation. This will require a state legislative act. **Time Line**: Ongoing

3. Provide a dental health education program in all elementary and secondary schools.
   a. **Action Steps**: This item needs further investigation. **Time Line**: None

4. Identify avenues for partnerships with businesses, chambers of commerce, etc to promote health dental behaviors.
   a. **Action Steps**: This item needs further investigation and a contact person in the community to be the oral health contact point. **Time Line**: July 2005 to identify contact point.

5. Encourage women of conception age to get dental treatment.
   a. **Action Steps**: Continue to work with the Maternal and Child Health program and provide dental information to this population. **Time Line**: Ongoing

6. Institute case management program for dental EPSDT. Work with the current Community Care contractor to ensure that children are being referred for dental services as part of the case management program.
   a. **Action Steps**: Medicaid would have to research and decide if dental services should be covered under the EPSDT case management program and implement this program with the case worker. **Time Line**: July 2006
   b. **Action Steps**: Determine what the current dental referral process in the Community Care case management program and work with case managers to encourage dental referrals. **Time Line**: February 2005

7. Promote dental sealant in primary health care centers and school settings.
   a. **Action Steps**: Oral Health Program to continue the expansion of the HRSA Dental Sealant Initiative into other areas of the state. **Time Line**: Ongoing for next three years

8. Develop Public Service Announcements on dental health.
   a. **Action Steps**: Oral Health Program to continue to pursue funding opportunities for a media oral health campaign to promote oral health to the public sector. **Time Line**: Ongoing
9. Encourage professional associations to realize that there is an ethical responsibility to see that needed dental services are available to this population.
   a. **Action Steps**: Work with the LDA and LDHA to encourage ethical responsibility of the dental professions to provide dental services to the underserved population. **Time Line**: Ongoing

10. Increase transportation opportunities for travel to dental appointments in order to reduce missed appointments.
    a. **Action Steps**: Medicaid will need to evaluate the mandated transportation system currently in place to determine what improvements need to be made and in what areas of the state. **Time Line**: Ongoing as a federal mandate for Medicaid program.

11. Provide to all WIC nurses in all nine regions the names and email addresses of the pediatric dentistry residents so that they can exchange information easily to ensure that the mothers are receiving dental health information for their children.
    a. **Action Steps**: Work with the WIC nutritionist to identify the email addresses of the WIC regional nurses and link them with the Pedodontic Department at LSUHSC School of Dentistry. **Time Line**: January 2005

12. Push to eliminate snack machines with sugar-laden products in schools.

13. Promote programs like teaching children how to brush properly in schools and distribute toothbrushes to students.
    a. **Action Steps**: This needs further investigation. Group brushing demonstrations have been shown to be ineffective. Individualized learning is much more effective. Need to determine where the manpower for this will come from. **Time Line**: None