
Meeting Overview

Philadelphia, Pennsylvania

September 28 – 30, 2005

Prepared for:

Health Resource and Services Administration and Administration for Children and Families

Prepared by:

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Introduction

The Maternal and Child Health Bureau, through its “Building Maternal and Child Oral Health Knowledge and Enhancing Expertise in States and Communities” contract with Health Systems Research, Inc. (HSR), is investing resources in the development and execution of tailored oral health learning opportunities called Oral Health Institutes (OHIs). These OHIs have a special focus on developing and sustaining partnerships that improve oral health outcomes for the Maternal and Child Health Bureau’s (MCHB) target populations; mothers, children, pregnant women, and children with special health care needs (CSHCN). As defined by the MCHB leadership the intent of the OHIs is to:

- Create or reinforce partnerships between State MCH Programs and State Dental Programs
- Involve CSHCN Directors in State level oral health planning opportunities
- Elevate the visibility of oral health needs with MCH stakeholders and the general public
- Create learning components that are driven by the needs identified in, and advanced by participants.

In addition, the MCHB identified the following key stakeholders as the OHI participants most able to implement changes at the State level:

- MCHB Directors and key staff
- State Dental Directors
- CSHCN Directors and key staff
- Medicaid, State Children’s Health Insurance Program (SCHIP) and/or EPSDT Directors
- Head Start Collaborative and/or Regional Offices

HSR contract resources include airfare and accommodations for meeting participants, presenter honorarium and logistics costs for up to 40 attendees. In addition, followup on-site training and technical assistance will be made available to participating States.
In May, at an Early Childhood Caries meeting conducted at HSR, it was discovered that the Center for Health Care Strategies (CHCS) was also planning an Oral Health Institute to be held in early Fall 2005. Entitled the CHCS “Purchasing Institute” (PI) and funded by the Robert Wood Johnson Foundation through its State Action for Oral Health Access (SAOHA) initiative, this Institute was designed as a three-day interactive workshop for State executives to gain practical information through real-world case studies to aid in planning activities to improve the quality of and access to oral health services for beneficiaries of Medicaid and SCHIP. Similar to the design of the MCH OHIs, at the PI CHCS staff and faculty would work closely with selected State Teams to build agency capacity and create an action plan to improve oral health access for vulnerable populations.

The over arching purpose of the PI was to provide State executives with the tools to:

- Apply disease management principles to oral health care
- Get value out of the Medicaid dental benefit
- Work collaboratively to expand dental workforce options
- Decrease the administrative burden of contracting for Medicaid oral health services
- Engage providers in early detection and assessment of dental disease
- Engage and educate consumers through community-based organizations and case management services.

Since these goals are directly relevant to the oral health leaders identified as attendees at the MCH OHIs, approval was obtained from Nikki Highsmith, Director of the CHCS project and Mark Nehring, Chief Dental Officer at the MCHB, for HSR to use contract funds to cosponsor the PI scheduled for September 28 – 30 in Philadelphia. This collaboration between the CHCS and the MCH maximized the resources available to provide targeted training to State Dental Directors, Medicaid Directors and others regarding collaborative opportunities to assure the most effective usage of Medicaid/SCHIP funding to meet the needs of underserved populations. This report provides an overview of the collaborative planning efforts and outcomes of the HSR- and
the CHCS-funded PI as well as outlines State efforts to improve the oral health of MCH and Medicaid/SCHIP populations.

**The Application Process**

The CHCS established a competitive process to select up to 15 State Teams with five representatives from each to participate in the PI. The application required details regarding oral health service and workforce capacity in each State, Medicaid, and public health activities to address oral health disparities, and the capacity and commitment of State Team members to implement Action Plans. Applicants were informed that their participation at the PI would include the following activities:

- Provide an overview of their Medicaid and/or fee-for-service program and corresponding oral health service information to all team members
- Develop a State action plan that details overall goals, specific improvements to be made in the State's oral health program, and a strategy for measuring the impact of changes
- Submit brief two-, four-, and six-month progress reports on the activities identified in their strategic action plans
- Share information about their project with CHCS to be included in the Center's print and electronic communications products.

CHCS also requested that States avail themselves of PI followup activities such as conference calls and technical assistance. In order to maximize ability of State policymakers to impact oral health purchasing and planning upon their return home, CHCS required that the State Medicaid Director sign the application. Teams were also able to include:

- Additional Medicaid and State health officials
- Practicing Medicaid dentists
- Representatives from a dental service or managed care organization
• Representatives from community-based organizations
• Representatives from the primary care community and legislative staff.

CHCS funding was allocated for the expenses of three individuals per State and MCHB funding covered two more individuals who could support the Bureau’s objective of integrating MCH and State Oral Health programs. States were informed that additional team members beyond the five funded by the CHCS and the MCHB could be added at the team’s expense.

A Prospective Applicant conference call was conducted on Wednesday, June 8, 2005. On this call, CHCS staff discussed participation requirements, informed interested States on the availability of MCH funding for additional team members and answered questions from callers. Twenty-eight States participated in the call. Since MCHB OHI planning was underway in HRSA Regions I and VIII, four States were eligible for both Institutes. These States were Connecticut and New Hampshire in Region I, and Utah and Wyoming in Region VIII. CHCS and HSR decided that States could be eligible for consideration for both Institutes since the focus of the agendas was complimentary not redundant. The application deadline was set for Friday, July 1, 2005 at 5:00 pm EDT. Twenty-two States submitted applications.

On July 7th, HSR participated in the grant review and selection process with a team of reviewers identified by the CHCS. Each reviewer was given either two to three applications to consider. On the call they were asked to present an overview of the State’s oral health activities, the perceived readiness of the State to participate in the PI, and the appropriateness of the suggested team members. The results of the competitive review can be found below:

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<th>Oral Health PI</th>
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<td><strong>Accepted</strong></td>
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Although the initial intent was to invite 15 States, due to space limitations and the lack of perceived readiness of some States to participate in the process, the reviewers decided to offer invitations to only 13 State applicants.

**Day One**

**Plenary Session 1: The Purchasing Institute Welcome**

The PI convened in Philadelphia, PA at 1:00 PM on September 28 and adjourned at noon on the 30th. The agenda was a combination of plenary presentations, breakout sessions and State Team working sessions. All events were held at the Doubletree Hotel and a participants list can be found in Appendix A. During the opening plenary session, Nikki Highsmith, the Executive Director of the CHCS explained that the PI was designed to provide States with strategies to better manage the progression of oral disease, to develop linkages between oral health and overall physical health, and oral health and chronic illness, and to maximize the capacity of each State get the best quality and value from the Medicaid dental benefit.

After Ms. Highsmith’s remarks, Dr. John Rossetti, consultant to HSR on oral health issues also welcomed participants on behalf of Dr. Mark Nehring, Chief Dental Officer of the MCHB. He also reviewed opportunities for collaborating with MCH partners with regard to Medicaid/SCHIP resources and wished participants success in the development of their Action Plans.

**The State of the States**

During the next session, Carolyn Ballard, Deputy Director of the State Action for Oral Health Access (SAOHA) project at CHCS provided participants with an overview of the program and the progress of its grantees as they enter their final year of RWJ funding. She noted that efficient management of the SAOHA program provided the resources for the PI which was not originally
envisioned as part of this project. Next, Julie Scott Allen, Manager of Legislative and Regulatory Policy at the American Dental Association reviewed State progress in advancing access to oral health services by highlighting a recent report from the American Dental Association. The last speaker for this session was Dr. Jim Crall, Director of the MCHB’s National Oral Health Policy Center and Chair of Pediatric Dentistry at the University of California – Los Angeles. Dr. Crall discussed challenges to oral health access in Medicaid and SCHIP programs and underscored how States need to think differently about coverage, benefit design, and evidence-based practices in dental care.

State Team Presentations
During this session each State Team gave a short presentation highlighting its goals related to improving oral health access and quality. Using a PowerPoint template the Team Lead outlined ideas concerning their success in developing the oral health infrastructure and programs needed to improve the oral health of their Medicaid/SCHIP populations. They also discussed past strategies used to instill quality improvement approaches and to measure impact. After this plenary session, each State Team met to begin the development of their State Team action plan. It was suggested that the action plan detail activities that will produce measurable improvements in access to and quality of oral health services for low-income populations, especially with regard to Medicaid and SCHIP funding strategies. As described by Ms. Ballard, the purpose of the action plans was to focus on short-term steps to build the infrastructure and knowledge for longer-term change. To aid in this activity, PI faculty were assigned to State Teams to provide consultation and guidance.

Day Two
Plenary Session 2: How Can States Purchase Value?
The opening plenary session on Day Two discussed whether a paradigm shift is occurring in how Medicaid/SCHIP purchasers are building and evaluating their oral health programs. The first presenter was Cathye Smithwick from Mercer Human Resources Consulting who discussed how commercial purchasers are transforming the way they buy oral care by focusing on the purchase of the most efficient, high-quality care possible. Thomas McLellan, Director of Professional Services and Professional Review at Delta Dental Plan of Michigan continued the session with an exploration of the field of evidenced-based dentistry and how scientific knowledge can be
incorporated into current dental population and quality management. Finally, Patricia Leddy, Medicaid Administrator for the Center for Child and Family Health in Rhode Island and SAOHA grantee, made a compelling presentation on how her State has moved from a payor to a purchaser of oral health care services by focusing on measurable improvements especially regarding early prevention and treatment for young children. Ms. Leddy provided concrete examples of creative strategies to finance oral health services.

The remainder of the morning was devoted to participation in one of four breakout sessions. Due to limited HSR staffing at the PI, the descriptions for the breakout sessions are based on information provided on the meeting agenda which can be found in Appendix B.

**Breakout Sessions - Morning**

**Group A: Assessing Early Risk**

This breakout session explored programs that focused on the progression of oral disease and the need for early identification and stratification of disease burden in order to maximize the use of resources. Michael Shirtcliff, President of the Advantage Dental Plan of Oregon, discussed Oregon’s Early Childhood Cavities Prevention Project which creates a dental home for pregnant women and assures the availability of followup care for the mother and her child. His presentation was followed by remarks by Dr. Jessica Lee, Assistant Professor of Pediatric Dentistry at the University of North Carolina School of Dentistry. Dr. Lee presented findings from a study on the effectiveness of early preventive dental visits to reduce utilization and cost of oral health services in North Carolina.

**Group B: Measuring Access and Quality**

This breakout session explored how States can evaluate improvements in access and quality and use this data to reduce racial and ethnic disparities in oral health. Dr. Ray Lala, currently the Dental Officer of the Division of Medicine and Dentistry at HRSA and the former State Dental Director in South Carolina, explained how States can use public health and Medicaid data to develop a comprehensive planning and evaluation approach to oral health services. Dr. Lala was followed by Jane Deane Clark, Director of Evaluation and Analysis at CHCS, who reviewed SAOHA’s success in using access and program measures to assess performance in six States.
**Group C: Building an Extended Oral Health Workforce**

This breakout session examined how States can expand the capacity of their oral and physical health workforces to better identify, prevent, and treat oral health disease. Shelly Gehshan, Senior Program Director at the National Academy for State Health Policy gave an overview of the strategies States are currently using to expand the supply of dentists, to make better use of the ones they have, and to employ other practitioners to deliver oral health services. Tina Strickler from the Arizona Department of Health Services, and Leslie Best, of the Pennsylvania Department of Health then discussed opportunities that they have created to use dental hygienists and nurses (beyond the walls of the dental office) and expanded functional dental assistants (within the walls of the dental office) to expand access and promote clinical quality and efficiency in their States.

**Group D: Integrating Physical Health and Oral Health Care**

Dr. Bill Maas, the Director of the Division of Oral Health at the Centers for Disease Control & Prevention provided participants with an overview of “how to” integrate oral health initiatives and chronic disease programs from policy, community-based partnerships, and health program perspectives. Participants were invited to discuss how State, Federal, and community programs provide oral health services to pregnant women and low income children in their States and how additional planning can enhance the overall impact of oral health initiatives.

**Plenary Session 3:**

**The Role of Medicaid in an Optimal Oral Health Program**

During the afternoon plenary on Day Two, Dr. Mary McIntyre, Medical Director of the Alabama Medicaid Agency, and Chris Farrell, Medicaid Program Specialist in Michigan, discussed steps their States undertook to design an enhanced Medicaid oral health program by analyzing the burden of oral health disease, understanding access problems and barriers, and developing a comprehensive oral health program based on need. Key components of the these two programs were reviewed including an assessment of the oral health benefits and financing, strategies for building the dental care delivery system while decreasing administrative burden, and ideas for creating the building blocks to improve quality.
This presentation was followed by remarks by Dr. Don Schneider, former Oral Health Director at the Health Care Financing Administration (now know as Centers for Medicaid and Medicare Services or CMS) and currently an Oral Health Financing Consultant, provided a national context for how States have redesigned Medicaid/SCHIP programs to improve oral health access and quality. He referred to a report written by Dr. Crall and himself that is housed on the ADA Web site and can be found at the link www.prnewswire.com/mnr/ada/20973/#. This site includes specific details of oral health program design and funding for all States and territories and can be of help for States looking for effective models.

The remainder of the afternoon was devoted to breakout sessions and State Team action plan work sessions. As with the breakout sessions on Day One, State Team members were advised to either split up and attend multiple breakout sessions, or attend one session as a group based on the priorities identified during each team’s action planning session or perceived needs.

**Breakout Sessions - Afternoon**

**Group E: Building Effective Oral Health Coalitions and Partnerships**

Presenters in this breakout session discussed how oral health coalitions can build vital support for programs, develop creative programmatic linkages, and leverage additional funding to improve access to oral health services. Barry Daneman, of the University of Missouri-Kansas City School of Dentistry, and Lisa Waddell, from the South Carolina Department of Health and Environmental Control outlined the successes and outcomes of their effective Statewide oral health coalitions and provided insight into how to overcome barriers to coalition success during the Q&A that followed their presentations.

**Group F: Creating and Linking to a Dental Home**

Creating a dental home as a source of oral health care can lead to early prevention, intervention, and proper referrals and treatment can reduce the cost and burden of oral disease. Christine Veschusio, School Dental Program Coordinator of the South Carolina Department of Health and Environmental Control, and Dennis Barton, Director of the Office of Rural Health and Primary Care in Vermont discussed how they implemented dental homes for underserved populations in their
States and offered suggestions for how to link vital community and school-based programs in order to promote the concept of a the dental home.

**Group G: Pay Me Now or Pay Me Later**

Dr. Jim Crall, of the Maternal and Child Oral Health Policy Center, and Gordon Empey, from the Oregon Department of Human Services, discussed how States spend significant amounts of money every year on unneeded or avoidable services due to untreated oral health disease. They discussed how investment in better prevention and treatment of chronic oral diseases could reduce the exacerbation of illness and expense. They urged States to think differently about financing of oral health services by assessing overall oral health and physical health-related costs throughout the health care system and developing proactive strategies to use oral health resources most appropriately over time.

**Group H: Designing an Oral Health Quality Improvement Program**

The presentations during this breakout session detailed how oral health professionals can use the tools of quality improvement, such as evidence-based practices, performance measurement, information technology, and continuous-quality improvement to design and implement oral health quality improvement projects. Thomas McLellan, from Delta Dental, and Craig Amundson, from HealthPartners, lead a brainstorming session for PI participants to discuss ways States can tailor oral health benefits, program interventions, and quality improvement programs based on risk.

**Day Three**

**Plenary Session 4: Working with Policymakers**

The final day of the Institute began with compelling presentations on strategies to engage policymakers and make them champions for improved oral health care. Vicki Nardello, State Representative from Connecticut, and Dr. Burton Edelstein of the Columbia University School of Dental and Oral Surgery and the Children’s Dental Health Program, noted that advocacy can be done with the right message, the right spokespeople, and the right format. They provided information about which arguments are most persuasive to legislators and policy makers and detailed strategies to elevate the visibility of oral health issues at both the State and Federal levels. They also provided examples of what not to do when approaching policymakers.
After this presentation, State Teams reconvened to finalize their Action Plans for presentation during the Closing Plenary. Teams were asked to develop a sample *USA Today* headline that illustrated their State’s commitment to oral health policy change.

**Closing Plenary**

**California Headline: No Child’s Smile Left Behind**
Goals: to expand the Health Kids Healthy Teeth initiative Statewide using resources obtained from hospital restructuring. The Team also wants to promote an Early Childhood Caries (ECC) agenda and identify ways to entice more Medicaid providers.

**Georgia Headline: Is it Preventable? Yes: Fund Dental Benefits in Medicaid**
Goals: to reach out to the State Dental Association in order to increase the number of pediatric dentists seeing Medicaid clients. The Team expressed concern that their Medicaid program was becoming a managed care program with insufficient professionals available to provide services.

**Hawaii Headline: Keiki to Get Better Smiles**
Goals: to increase the number of Medicaid general and pediatric dentists; to increase the reimbursement schedule; and to increase the overall number of dentists receiving reimbursement. The Team also wanted to broaden their oral health coalition in order to comprehensively address ECC.

**Idaho Headline: Do Good Cheap**
Goals: to target children and pregnant women for behavioral change; to expand access to nontraditional providers; to perhaps to co-locate dental professionals in pediatric offices and; to increase reimbursement rates.
Illinois Headline: *Illinois Puts Money Where Their Mouths Are*
Goals: to educate and facilitate the ability of ObGyns to address ECC and toddler issues; to increase workforce capacity and; to focus on prevention strategies such as sealants and fluoride. The Team recognized that an effective coalition would be needed to achieve these goals.

Iowa Headline: *“I Smile”*: *Showing up on Kids Faces*
Goals: to improve access to care for children under 12 and pregnant women; to case manage dental homes; and to implement broader, more effective screening strategies.

Michigan Headline: *Take a Bite out of Infant Mortality and Children Suffering*
Goals: to reduce disparities in oral health status; to address the relationship between periodontal disease and birth outcomes and; to address the oral health needs of children ages 0 – 5 (as measured by the number of children of this age without extractions) and; to improve access to oral health care by pregnant women. The Team recognized the need to work more closely with MCH programs in their State in order to achieve these goals.

Minnesota Headline: *Voices Raised for the “Silent Epidemic”*
Goals: to include the introduction of an oral health pilot program that includes a new financing system for increasing the oral health workforce through funding restructuring. The State will issue an RFP in the Fall to identify what services providers want to buy. The Team notes resistance to any new approach that challenges current actuarial rates.

New Mexico Headline: *Celebrate the Year of the Child with a Healthy Smile*
Goals: to increase the provider base for children and children with special health care needs by conducting a survey addressing why providers do not provide services to these populations; to identify a health outcome measure for optimal oral health rather then relying solely on utilization data. The Team noted the need in the State for a dental school or other workforce development opportunities.
Utah Headline: *Lack of Access Causes Avoidable Suffering*
Goals: to increase access by addressing low reimbursement rates and to participate in State efforts to address obesity through a soda pop survey and perhaps advocate a tax to fund oral health access strategies.

Virginia Headline: *Virginia Drills Deep to Improve Dental Care for Children and Pregnant Women*
Goals: to devise strategies to recruit more specialists as Medicaid providers and; to improve the oral health of newborns by working closely with ObGyns. Virginia expressed pride in their newly restructured program that was designed with provider input, includes increased rates, and wants to continue their success by reducing “no show” rates using case management services.

Washington Headline: *Timely Treatment for Toddler’s Teeth*
Goals: to create a plan with incremental collaborative strategies that are able to measure success by showing a return on investment. The Team will focus on access issues for children ages 0 - 5 by implementing an ABCD model program linked to primary care. They also want to conserve resources by focusing care on high risk populations. They are challenged by the fact that they are a new team that is still building relationships and coalition support.

Wisconsin Headline: *Need to Bridge Historic Divides*
Goals: to increase reimbursement structure by leveraging key partnerships that will simplify Medicaid application and; to create a strong coalition to address oral health issues. The Team noted that the PI inspired them to commit to working on this issue.

**Summary Remarks**

Drs. Jim Crall and Don Schneider provided some final comments. They noted that the States are all starting at different places regarding their capacity to promote oral health or to deliver oral health services. They suggested that oral health promotion is a big picture issue and that often Medicaid focuses more on service delivery (the “drill and fill” approach to dentistry) instead of
prevention and promotion efforts. Despite their agreement that prevention is key to improving oral health outcomes for underserved populations, Drs. Crall and Schneider noted that prevention measures like sealants and fluoride varnishes are only partial solutions to a pervasive problem. They noted that measuring outcomes is the most effective method for making changes to Medicaid policy they urged States to investigate ways to link databases and otherwise systematically collect data to strengthen the argument for providers and policymakers that oral health disparities are costly and must be addressed.

Finally, the speakers emphasized the need for strong oral health coalitions at the community level as the most effective way to create lasting change. They asked States to identify ways that turf issues can be minimized in order to achieve success. They thanked the CHCS and the MCHB for funding this opportunity to convene State Teams and urged the teams to continue their efforts to create change. Drs. Crall and Schneider closed with a reminder that no rational oral health care “system” exists in the United States and that strategic partnerships and effective collaboration are the best means for addressing the chronic disease of dental caries in Medicaid populations.
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Appendix B: Curriculum and Agenda
CHCS Purchasing Institute: Best Practices for Oral Health

September 28-30, 2005

Doubletree Hotel
237 South Broad Street
Philadelphia, PA 19107

The CHCS Purchasing Institute will provide states with strategies to better manage the progression of oral health disease, to link oral health to overall physical health and chronic illness, and to get the best quality and value for the Medicaid dental benefit. State teams will leave the Institute with a follow-up State Team Action Plan to be supported by Technical Assistance from CHCS.

Wednesday, September 28th

11:00 am
Ormandy West Ballroom
Registration
(lunch buffet will also be available)

Marianne Ritchey, Center for Health Care Strategies
Timothy Lingle, Center for Health Care Strategies

1:00 pm
Ormandy West Ballroom
Welcome, Introductions and Orientation
Nikki Highsmith will welcome participants, underscore goals of the Purchasing Institute, and outline a framework for improving oral health care in Medicaid. Anne Weiss will highlight the multiple investments that RWJF has made in improving oral health access, workforce, and care delivery. Finally, Mark Nehring from Health Resources and Services Administration (HRSA) will underscore the importance of synchronizing Medicaid and Maternal/Child health policy.

Speakers:
Nikki Highsmith, Center for Health Care Strategies
Anne Weiss, The Robert Wood Johnson Foundation
Mark Nehring, Health Resources and Services Administration

1:30
Session 1: The State of the States
Carolyn Ballard will provide an overview of the State Action for Oral Health Access (SAOHA) program and the progress of its grantees. Julie Scott Allen will review state progress in advancing access to oral health services highlighted in a recent report from the American Dental Association. Finally, Jim Crall will discuss oral health access in Medicaid and SCHIP and underscore how states can think differently about coverage, benefit design, and evidence-based practices in dental care.
**CHCS Purchasing Institute:**  
*Best Practices for Oral Health Access*  

**Agenda**

**Speakers:**  
Carolyn Ballard, Center for Health Care Strategies  
Julie Scott Allen, American Dental Association  
James Crall, University of California Los Angeles, School of Dentistry

**2:15**  
**Break**

**2:30**  
**Session 2: State Team Presentations**  
*Ormandy East Ballroom*  
Each state team will give a short presentation highlighting its goals related to improving oral health access and quality, ideas about the infrastructure and programs needed to achieve such goals, and potential ways to instill quality improvement approaches and to measure impact. States will use a standardized template sent by CHCS in advance of the Institute.

**Facilitators:**  
Nikki Highsmith  
Carolyn Ballard

**3:45**  
**Team Meetings – Action Planning**  
State teams will meet to develop a state team action plan. The action plan will guide future state efforts to implement measurable improvements in access to and quality of oral health services for low-income populations. The action plans will focus on short-term steps to build the infrastructure and knowledge for longer-term change. Purchasing Institute faculty will be assigned to state teams to provide consultation and guidance.

**Introduction:**  
Jane Deane Clark, Center for Health Care Strategies  
Lindsay Palmer, Center for Health Care Strategies

**5:15**  
**Closing Remarks and Adjourn**

**Speaker:**  
Stephen Somers, Center for Health Care Strategies

**6:00**  
**Reception and Dinner at the Park Hyatt Philadelphia**  
(Th*e Park Hyatt is located across the street from the Doubletree, about a two minute walk*)

**Welcoming Remarks:**  
Conan Davis, Centers for Medicare and Medicaid Services
Thursday, September 29th

7:00 am Breakfast
Ormandy West Ballroom

8:00 Welcome and Overview of the Day
Ormandy West Ballroom
Speaker: Carolyn Ballard

8:10 Session 3: How Can States Purchase Value?
Is a paradigm shift occurring in how purchasers are building and evaluating their oral health programs? Cathye Smithwick describes how commercial purchasers are transforming the way they buy care to focus on value -- buying the most efficient, high-quality care possible. Thomas McLellan will explore the field of evidenced-based dentistry and how scientific knowledge can be incorporated into current dental population and quality management. Finally, Patricia Leddy will describe how Rhode Island has moved from a payor to a purchaser of oral health focused on measurable improvements in early prevention and treatment.

Moderator: Stephen Somers
Speakers: Cathye Smithwick, Mercer Human Resources Consulting
Thomas McLellan, Delta Dental
Patricia Leddy, Rhode Island Department of Human Services

9:10 Overview of Breakout Groups (Room locations for individual breakout groups will be announced at this time)

9:15 Session 4: Breakout Groups
This session will consist of four breakout groups. State team members can split up and attend multiple breakout groups or attend one group based on priorities identified in each team’s action plan.

Group A: Assessing Early Risk
This breakout explores programs with a focus on oral health disease progression and the need for early identification and stratification of disease burden. Michael Shirtcliff will discuss Oregon’s Early Childhood Cavities Prevention Project that creates a dental home for pregnant women and provides follow-up care for the mother and her child. Jessica Lee will present findings from a study on early preventive dental visits and effects on utilization and cost in North Carolina.

Moderator: Lindsay Palmer, Center for Health Care Strategies
Speakers: Michael Shirtcliff, Advantage Dental Plan  
Jessica Lee, University of North Carolina, School of Dentistry

Group B: Measuring Access and Quality  
This breakout will explore how states are evaluating improvements in access, quality, and reducing racial and ethnic disparities in oral health. Ray Lala will examine how states can use public health and Medicaid data to develop a comprehensive planning and evaluation approach. Jane Deane Clark will review SAOHA’s success in using access and program measures to assess performance across the six states.

Moderator: Carolyn Ballard
Speakers: Raymond Lala, Health Resources and Services Administration  
Jane Deane Clark

Group C: Building an Extended Oral Health Workforce  
This breakout explores how states are expanding their oral health and physical health workforce to better identify, prevent, and treat oral health disease. Shelly Gehshan will give an overview of the strategies states are using to expand the supply of dentists, better use the ones they have, and employ other practitioners to deliver oral health. Representatives from Arizona and Pennsylvania will discuss opportunities to use dental hygienists and nurses (beyond the walls of the dental office) and expanded functional dental assistants (within the walls of the dental office) to expand access and promote clinical quality and efficiency.

Moderator: Shelly Gehshan, National Academy for State Health Policy
Speakers: Tina Strickler, Arizona Department of Health Services  
Leslie Best, Pennsylvania Department of Health

Group D: Integrating Physical Health and Oral Health Care  
This breakout will provide an overview of “how to” integrate oral health initiatives and chronic disease programs from a policy, community-based partnership, and health program perspective. In addition, there will be an opportunity to discuss how state, federal, and community programs that provide oral health services to pregnant women can fit into your state’s overall health planning initiatives.

Moderator: James Crall
Speaker: Bill Maas, Centers for Disease Control and Prevention

10:15 Team Meetings – Action Planning  
State teams continue to develop state team action plans.
12:15 pm  
Lunch  
Academy Cafe

1:15  
Session 5: The Role of Medicaid in an Optimal Oral Health Program  
Ormandy West Ballroom  
Mary McIntyre and Chris Farrell will present on how Alabama and Michigan designed an enhanced Medicaid oral health program by analyzing the burden of oral health disease, understanding access problems and barriers, and developing a comprehensive oral health program based on need. Key components of these two state programs include assessing oral health benefits and financing, building the dental care delivery system, decreasing administrative burden, and creating the building blocks for improved quality. Don Schneider will react by providing an overall national context on how states have redesigned programs to improve oral health access and quality.

Moderator:  
Carolyn Ballard

Speakers:  
Mary McIntyre, Alabama Medicaid Agency  
Christine Farrell, Michigan Department of Community Health

Reactor:  
Don Schneider, Consultant

2:10  
Overview of Breakout Groups  
(Room locations for individual breakout groups will be announced at this time)

2:15  
Session 6: Breakout Groups  
This session will consist of four breakout groups. State team members can split up and attend multiple breakout groups or attend one group based on priorities identified in each team’s action plan.

Group A: Building Effective Oral Health Coalitions and Partnerships  
Effective oral health coalitions can build vital support for programs, develop creative programmatic linkages, and leverage additional funding to improve access to oral health services. Two presenters will outline successes and outcomes of oral health coalition building in their states.

Moderator:  
Carolyn Ballard

Speakers:  
Barry Daneman, University of Missouri-Kansas City, School of Dentistry  
Lisa Waddell, South Carolina Department of Health and Environmental Control
Group B: Creating and Linking to a Dental Home
Creating a dental home and a usual source of oral health care can lead to early prevention, intervention, and proper referrals when needed. Two states will discuss how to create a dental home and how to link vital community and school-based programs to the dental home.

Moderator: Mary McIntyre
Speakers: Christine Veschesio, South Carolina Department of Health and Environmental Control
           Dennis Barton, Vermont Department of Health

Group C: Pay Me Now or Pay Me Later
States spend significant amounts of money every year on unneeded or avoidable services due to untreated oral health disease. Investment in better prevention and chronic care could reduce the exacerbation of illness (and expense) over time. How can states think differently about financing of oral health services by assessing the total oral health and physical health-related costs in the system and by using oral health resources most appropriately over time?

Moderator: Stephen Somers
Speakers: James Crall
           Gordon Empey, Oregon Department of Human Services

Group D: Designing an Oral Health Quality Improvement Program
How can oral health use the tools of quality improvement, such as evidence-based practices, performance measurement, information technology, and continuous-quality improvement in designing and implementing an oral health quality improvement project? This will be a brainstorming session to explore whether states can tailor benefits, program interventions, and quality improvement programs based on risk.

Moderator: Nikki Highsmith
Speakers: Thomas McLellan, Delta Dental
           Craig Amundson, HealthPartners

3:15   State Team Meeting – Action Planning
       Ormandy East Ballroom
State teams continue to develop state team action plans.

6:00   Dinner on your own
Friday September 30th

7:30 am  Breakfast
Ormandy West Ballroom

8:00  Welcome and Overview
Ormandy West Ballroom
Speaker:  Nikki Highsmith

8:15  Session 7:  Working with Policymakers
Engaging policymakers to become champions for improved oral health care can be done with the right message, the right spokespeople, and the right format. Learn what information must be brought to the table to raise oral health into the state and federal policy spotlight.

Moderator:  Nikki Highsmith
Speakers:  Vicki Nardello, State Representative, Connecticut  
Burton Edelstein, Columbia University School of Dental and Oral Surgery

9:00  State Team Meetings – Finalize Action Plans/Develop USA Today Headline
Ormandy East Ballroom  
State teams will finalize state team action plans, identify technical assistance needs, and discuss the work that needs to begin post-Institute. In addition, teams will work on a presentation that summarizes their action plan.

10:15  Break

10:30  Session 8: Headline Story
States will be asked to summarize their state action plans in a pithy and compelling way. The moderators will highlight overall themes and challenges and provide a recap of the Institute.

Moderator:  Nikki Highsmith
Faculty:  James Crall  
Don Schneider
11:45  Closing Remarks

Speakers: Carolyn Ballard  
          Anne Weiss

12:00 pm  Adjourn/ Boxed Lunch Available