

<u>Location:</u>	PATCH Office, Athol
<u>Time and Date:</u>	12 noon to 1:30pm, September 9, 2009
<u>Coalition Members Present:</u>	Mary Leary (lead); Kathy Myers; Pamela Smith; Marlene Barnett; Tracy Chase
<u>Community Attendees:</u>	Members of the North Quabbin Community Coalition, non-professional community representatives ('consumers'), workers from local community health centers, WIC and Head Start programs, and community action organizations.

Issues Discussed

- Dental care is expensive; insurance barely covers it; private insurance out-of-pocket is too high; individual stories of high cost of receiving delayed treatment needs. Many individuals, with or without dental insurance, complained about the cost and wonder how dental care is still expensive regardless of being insured.
- Dental care is not a part of the current health care reform package.
- Elders cannot find a health insurance plan with dental coverage
- Medically complex patients sometimes have dental treatment put on hold until dental needs are addressed.
- Lack of/insufficient education about importance of oral health is a gap experienced by many parents and families in Athol.
- Poor/no communication from MassHealth about changes to benefits. Many community members do not know that MassHealth dental for adults has been reinstated.
- Patients on government-run dental insurance have poor access to care: social responsibility values among health care providers when participating in plans like MassHealth is low. Some providers also complain about reimbursement issues with MassHealth, even though many changes in recent years have significantly improved the administrative process and reimbursement rates for children. Concern also expressed about possible incidents of "cherry-picking" patients based on the dental office's self-interest.
- Since there is a limited number of dentists and dental specialists, many community members have to travel to the major cities (Springfield, Boston and Amherst) to receive care, especially for patients with special challenges. Transportation for these appointments is also a problem.
- Number of dentists retiring vs. number of new ones establishing practices in the area is a concern.
- Insufficient faculty in nearby dental hygiene programs to increase the number of graduates from the area.
- The limitations to limited license dentistry in Community Health Centers prevent retention of these dentists in full-licensed roles in the communities that they served.

What is Working?

- Access in North Quabbin has been alleviated by recent CHC activity and expansion and the MDS mobile dentistry van's stops in the area.
- Disabled veterans needs' have been addressed by CHC but services are not completely covered by third party payers.
- Recent campaign to retain community water fluoridation in Athol was successful, but it highlighted the need to educate community members and leaders on its importance in oral health prevention. Caveat is that only about 50% of the area is dependent on public water sources.

Suggested Solutions

- Inclusion of dental insurance coverage in health coverage and work on reversing the mouth/body disconnect.
- Address transportation, language/cultural barriers for high-risk populations needing access to dental care.
- Need for additional reimbursement for chair time spent treating disabled children.
- Integration of dental care with all health services: 'First year, first tooth' programs through pediatricians' offices, educational sessions for pregnant women in gynecologists' offices, oral screening in pediatric well child visits etc
- Address the problems of maldistribution of dental providers with incentives such as tax breaks, relocation and start-up cost assistance, and loan forgiveness programs.
- Create education programs in schools to educate the pupils and their parents, including courses on proper oral hygiene and interaction through volunteer-based programs conducted by other parents with oral health knowledge and experience.
- Establish collaborations between CHCs and private offices to meet the needs of the communities, and maximize their combined reach.
- "Happy Parent" visit for apprehensive parents and other adults who have not received care in awhile to tour dental clinical facilities, aimed at reducing apprehension and misunderstanding about high-quality state of the art care available today, and increase their support and utilization of services, also.
- Emergency care department of hospital may need more dental professional staffing.
- Community outreach workers can increase their efforts to encourage parents to utilize health services, and assist in case management for dental services.
- Provide business development models and technical assistance to increase the efficiency of clinical operations of health centers.
- Expand successful dental programs that place an emphasis on providing dental care in hospital settings and in school-based clinics.
- Simplification of administrative parts of insurance to make it easier to understand available insurance benefits.
- Encourage legislative changes to allow limited-license dentists to practice outside CHCs after a set number of years, to encourage increased provider retention in the areas around the CHCs.