

<u>Location:</u>	Community Action Committee Offices, Hyannis
<u>Time and Date:</u>	12pm to 2pm and 3pm to 5pm, September 16, 2009
<u>Coalition Members Present:</u>	BL Hathaway (lead); Giusy Romano Clarke; Michelle Henshaw; Michael Monopoli; Kathy Eklund; Pamela Smith; Harris Contos
<u>Community Attendees:</u>	Members of the Tri-county Collaborative for Oral Health Excellence: representatives of oral health programs, child care programs and community organizations active in the Tri-County Area; non-professional community representatives ('consumers').

Issues Discussed

- Lack of oral health services in general; elders, island residents and children being extremely affected.
 - It is very stressful (and nearly impossible on Martha's Vineyard or Nantucket) to get a dental appointment if you cannot afford to pay for private practice. Community members report spending up to 8 months looking for a dentist, and having to travel many hours to the cities to receive care.
 - Transportation costs and time off work to get to Boston for care is a real challenge, often leading to deferral of care.
 - There is a lack of capacity for young children who have untreated decay, often seen in WIC and Head start programs with low-income and/or immigrant parents. Services for children 1 year and below are impossible.
 - The elderly often cannot afford dental services and dentists do not accept payment plans. Support through case management is an important component of oral health access, but it is not reimbursed.
 - Nursing homes do not seem to follow guidelines of having a staff dentist. They just have a name on record.
 - With the elders, there is a huge problem with dentures. They get lost by residents of nursing homes, often don't fit properly and cause mouth ulcers and eating difficulties.
 - Cultural barriers to accessing care also exist, especially for the Portuguese-speaking community. Sometimes, patients have to find an interpreter to accompany them to their dental visit to be able to communicate.
 - The underinsured also face challenges with the cost of copays, especially for children in need of orthodontic treatment.
 - Concerns were raised regarding 9C cuts and the potential to lose adult Mass Health coverage.
- An inadequate workforce to meet the demand for care
 - There are 40,000+ MassHealth insured people and only 25 full time dentists in the Tri-county area. Only 9 FTEs are safety net providers. The Cape alone needs 25 FTE dentists to meet the needs of just its MassHealth population.
 - Community health center capacity is growing, but still booking 4-5 months out.
 - With the capacity issues, CHCs see 8-10 dental emergencies each day.
 - It is also thought that the quality of services may not be optimal, with a differing standard of care for MassHealth patients compared to those who are privately insured.
 - With the 5year limit on licensing for foreign trained dentists who are working in CHCs, limited license dentists in the region usually leave after a few years.
 - The single dentist on Martha's Vineyard that sees MassHealth patients has a 1 year waiting list.
 - Mashpee Community Health Center will only see individuals for dental care if they receive their primary medical care at the health center.

- For private dentists, the cap allowed for MassHealth patients is said to be used ‘capriciously’.
- Specialists are also lacking for MassHealth patients or those in the Cape Cod Dentists Care program: people have to travel to Boston to get implants and some other procedures.
- Issues with accessing preventive services
 - Lack of fluoride in the water in the Tri-County Area is a big problem.
 - Geographic isolation for people living on the islands makes access to dental care very hard.
 - Many pediatricians still do not carry out fluoride varnishes: according to them, it is too much work and it is too difficult to figure out eligibility. Need professional development. Trainings are available online, or the OOH will train in office.
 - Cape Cod Child Development (Head Start) program feels isolated from dental providers and programs and have a difficult time getting cleanings done
 - Very few parents in WIC programs are given fluoride prescriptions for their children. For those few who do get the prescriptions most don’t get them filled for financial and prioritization reasons: there doesn’t seem to be a fear about giving their children fluoride tablets, it just isn’t seen as important. The attitude seems to be that daily tooth brushing is enough.
 - Medical providers are better about giving fluoride prescriptions on initial appointment, but then forget the refills.

What is Working?

- Forsyth program in school has been helpful in delivering services to kids, but it is still hard to secure a permanent dental home.
- People with dental insurance do not seem to have problems with access to dental care in the Cape.
- Cape Cod Dentists Care has linked many people to care, serving a lot of elders and young families and has a growing roster of specialists who have agreed to see patients from the community health centers. But it also has many limitations. It is not open to individuals living in Martha’s Vineyard, where up to 80% of individuals don’t have dental insurance. The program also has a long wait list and needs more dentists.
- Community health center capacity is growing, but they are still booking 4-5 months out.
- The number of providers signing up to take MassHealth is increasing.
- School based programs in elementary schools help provide care to children, but since some schools provide dental programs and others don’t, there is confusion and uneven access.

Suggested Solutions

- Recommendations to extend the limited license limit of foreign trained dentists to help with the workforce issues.
- Expand on the Cape Cod Dentists Care model to provide care for more groups of people without any dental insurance.
- Reaching out to children to deliver preventive services in schools, Head Start and Early Head Start programs.
- Families with multiple, complex issues need assistance to access oral health services (transportation, translation, etc.).
- Need to educate people on
 - how to use their dental insurance;
 - prolonged baby bottle use and other poor oral habits for parents and kids; and
 - the importance of prioritizing dental care.

Possible avenues for outreach include programs at the mall to inform people about their oral health and dentists available in their community. Multiple languages are important.

- Outreach to senior centers may be a good strategy to deliver preventive services, or to inform elderly residents about dental providers in the community willing to offer services. Public health hygienists going to nursing homes may also provide preventive care and could educate the nursing home staff on the proper way to provide oral hygiene care for elders.
- Increase reimbursement fees for complicated patients to cover case management.
- MassHealth resources need to be in additional languages such as Portuguese.
- A referral system guide would be beneficial, especially to find services for children 0-3 and children with severe needs.
- Consider developing a toolkit regarding understanding of insurance coverage and how to use it.
- Toolkit regarding dental services and other resources

Specific Feedback on the Oral Health Plan

Assessment and Surveillance

- Simplify terms
- Need strong leadership at DPH

Policy, Advocacy and Public Awareness

- Pay attention to cost control and look at other models of delivery of oral health services when considering policies to increase access to oral health care.
- Need to look at dental insurance. Current insurance is a “joke”. People end up paying a large part of their care out of pocket.

Prevention and Access

- For goal 2, change “basic oral health services” to ‘comprehensive oral health services and care coordination’.

Workforce

- Capacity goal: think about new providers’ model similar to the concept of partners in care promoted by Paul Farmer.