Advisory Committee on the State Program for Oral Health (AC4OH)

Date: June 1, 2018

To: Julie Kotchevar, Ph.D., Administrator

Division of Public and Behavioral Health

From: Cathie Davenport, Chair

Advisory Committee on the State Program for Oral Health (AC40H)

Subject: <u>SFY 2018 (2017-2018) AC4OH Annual Report and Recommendations</u>

Purpose and Role

Pursuant to NRS 439.2792, the Advisory Committee on the State Program for Oral Health is a thirteen member committee. The purpose of this Advisory Committee shall be to advise and make recommendations to the Administrator of the Division of Public and Behavioral Health, Department of Health and Human Services (herein after referred to as "the Division") concerning the Oral Health Program.

The role of the Advisory Committee shall be to support the Division to promote the health and wellbeing of Nevadans through the delivery or facilitation of essential services to ensure families are strengthened, public health is protected, and individuals achieve their highest level of self-sufficiency as outline in NRS 439.271-493.2794:

Leadership and Participation

- 1. New Chair and Vice Chair elected:
 - a. Cathie Davenport, Chair
 - b. Christine Garvey, RDH, Vice Chair
- 2. Other current members include:
 - a. Keith Clark
 - b. Christina Demopoulos, DDS, MPH
 - c. Brandi Dupont, DMD
 - d. Mary Liveratti
 - e. Chris Elaine Mariano, APRN, CPNP-PC, MSN, RN
 - f. Bryce Putnam, DMD
 - g. Judith Skelton, PhD
 - h. Julie Stage-Rosenberg, RDH, MPH
 - i. Robert Talley, DDS
 - j. Kelly Taylor, RDH
 - k. Christine Wood, RDH

AC4OH Accomplishments and Activities

• The Oral Health Program (OHP)

- o The AC4OH board has a gifted group of professionals that are dedicated to improve oral health of Nevadans. Periodic Meetings are arranged with Dr. Capurro, the chair and the vice chair of AC4OH. This is done to continue the line of communication and to help support the efforts of the Oral Health Program. The chair of AC4OH also meets with Judy White to help facilitate the same support for Northern Nevada. AC4OH members understand the challenge of building an Oral Health Program from the beginning. We are not able to be an Advisory Committee unless we understand the challenges and the successes. Each decision made is to help enhance the delivery of dental care in Nevada.
- Oral Health Summit AC4OH secured a grant through DentaQuest to hold an oral health summit in Nevada. The oral health summit will focus on oral health education and will build strong partnerships between grassroots organizations and statewide oral health coalitions. AC4OH members welcomed the new Oral Health Program Manager, Danielle Cubit. They offered feedback on the position duties as they relate to the Oral Health Program needs and priorities. Collectively members expressed support for the continuation of the management team within the Oral Health Program.
- AC4OH members and leaders reviewed program materials and provided feedback, on such items as:
 - Letters from the Desk of the State Dental Health Officer
 - Policy for Urgent Dental Issue Identified During Community Screening
 - Health Assessment Before School Entrance Policy
 - 2017 Rural Nevada Head Start Survey
 - Proposal to Extend Periodontal Benefits to Adults with Diabetes
 - Nevada's grant application and grant activities for the State Oral Health Leadership Institute sponsored by the Centers for Health Care Strategies
 - 2017 Dental Workforce Survey
 - Women, Infant and Children (WIC) project to provide oral health education and dental hygiene supplies to 5,000 WIC recipients throughout Nevada through 16 local WIC agencies which operate 45 clinic locations. Volunteers from AC4OH and community partners helped complete this project.

Policy Topics Reviewed

- o Administrative Direction of the Division of Public and Behavioral Health
 - Amy Roukie, MBA, Administrator, Division of Public and Behavioral Health attended the December 2017 AC4OH meeting and provided a presentation on the general direction of the Department which included working with the Southern Nevada Health District and bringing oral health care to rural Nevada.

 Duane Young, MS, Deputy Administrator Division of Public and Behavioral Health attended the May 2018 AC4OH meeting and provided a general presentation on the direction of the Department and Division.

Medicaid –

The Division of Health Care Financing and Policy has a standing agenda item on the AC4OH meeting agendas. Mr. Jack Zenteno attended all meetings and graciously shared programmatic changes, challenges and accepted feedback from members. Topics ranged from the new Dental Benefits Administrator contracting process, to orthodontia coverage changes being considered, policies regarding reimbursing for various newly covered services, discrepancies in billing and instructions for providers to re-file their claims when the ICD-10 coding was updated in the system, and assistance to intervene when appropriate.

- Members brought concerns regarding limited benefits for adults;
- Reimbursement concerns with Liberty Dental
- Reimbursement for Dental Hygienists with Public Health Endorsement;
 and
- Limitations of provider panels, among other items.

In addition, LIBERTY Dental has recently become a standing agenda item on the AC4OH meeting agenda. Dr. Todd Gray has attended meetings since December 2017 and provides updates on LIBERTY Dental's administrative process. In addition, Dr. Gray fields questions from public members in attendance.

o Community Water Fluoridation

Through a grant from Delta Dental of California Foundation, Nevada was chosen as one of four states to receive fluoridation training and technical assistance from the American Fluoridation Society. Several AC4OH board members as well as Dr. Capurro and Ms. White are members of the Nevada Community Water Fluoridation Training Corps.

Community Engagement/ To Expand Access, Oral Health Education and/or Awareness

- Meetings included a standing agenda item to collect information and updates from Nevada's Oral Health Coalitions; Oral Health Nevada, Community Coalition for Oral Health(CCOH), and Northern Nevada Coalition for Underserved Populations (CUSP).
 - Support for the Nevada Oral Health Program grants:
 - HRSA 18-014 "Grants to States to Support Oral Health Workforce Activities"
 - CDC-RFA-18-1810 "State Actions to Improve Oral Health Outcomes"

The final pages of this report is a list of our recommendations for the coming year. Thank you for this opportunity to provide input and collaborate with the Division over the past year. We

would also like to thank the oral health program staff for their support. We look forward to continuing to promote optimum oral health for all Nevadans.

Respectfully submitted,

Cathie Davenport Chair Advisory Committee on the State Program for Oral Health

RECOMMENDATIONS

- 1. Reopen State Public Health Dental Hygienist position per NRS 429.279
 - **a.** In 2001, the State Public Health Dental Hygienist position was added to NRS. Nevada coalition leaders and oral health stakeholders urged the Division of Public and Behavioral Health to fill this position, and in 2016, Ms. Judy White has retained. However, two years later in 2018, the position was eliminated.
 - **b.** The State Public Health Dental Hygienist position is necessary to oversee data collection and state surveillance efforts including designing and analyzing Basic Screening Survey (BSS) reports in the state. High level national reporting is essential to support requests for federal funding and substantiate the current oral health needs in Nevada.
- 2. Establish the State Dental Health Officer as outlined in NRS 439.272 and State Public Health Dental Hygienist as outlined in NRS 429.279 as state positions to provide advice for quarterly meetings of the Advisory Committee on the State Program for Oral Health (AC4OH), access federal funding through grant applications, oversight of Medicaid policies, and provide dental public health consultation to other state entities.
 - a. Establish long term investment of OHP program by the State that will allow qualified licensed staff with public health training and experience to: conduct/collect surveillance data consistently, implement manage and evaluate community-based prevention programs and strategies, provide dental expertise to multiple programs in the Division and benefit the public through policy and education resulting in healthier outcomes.
 - **b.** Assure the OHP is linked to the oral health community through the expertise and resources of the AC4OH.
 - **c.** NRS 439.272 and 439.279 establishes justification to support the ongoing funding for the appointments of these licensed professionals and additionally, continues to allow for the positions to be converted into unclassified service.
 - **d.** By establishing state positions, the State Dental Health Officer and State Public Health Dental Hygienist will be approved to submit federal grant applications on behalf of the Division. The Oral Health Program complied with responding to HRSA 18-014 "Grants to States to Support Oral Health Workforce Activities" a

four year \$400,000.00 grant to expand and support dental workforce development in dental Health Professional Shortage Areas (HPSA). Unfortunately, grant submission can only be completed by a Nevada state employee. In the process of submitting the grant, Nevada's grant submission was denied due to the application exceeded the HRSA page limit. By having these positions be able to submit federal grant applications, the page limit requirement may not have been overlooked.

- e. Access Federal Medicaid funding allowed through Title 41 to partially support the State Dental Officer position. Provide dental expertise within the Division of Healthcare Financing and Policy (DHCFP), Medicaid, to be advisory for claims, policy and required federal reporting. Support state accountability for federal funds.
- **f.** Create mechanism for greater accountability from Medicaid vendors, which in turn will increase Nevada's Medicaid Dental utilization rating.
- **g.** Explore viability of partial funding stream from percentage of licensing fees and fines paid to the Nevada State Board of Dental Examiners.
- 3. Establish clear lines of reporting such that all Oral Health Program staff including the State Dental Health Officer, State Public Health Dental Hygienist and Oral Health Program Manager report to the Nevada Chief Medical Officer.
 - **a.** This will ensure that an environment of open and professional communication are created and stability for professionals that hold these positions is established. Historical knowledge is often lost from turn over within the Oral Health Program and administrative changes that occurs within the Division.
- 4. Identify and allocate funding sources or policy changes needed to support dental health direct services, access to care and needs assessment.
 - a. Expand and sustain partnerships and programs that provide services for dental care for rural citizens.
 - i. The Medical Smiles for Rural Smiles project completed in conjunction with the Southern Nevada Health District (SNHD) has provided dental services to many of Nevada's most vulnerable and underserved school age children, adults, and seniors. It is requested that this project be funded for fiscal year 2019 and expanded to incorporate the Washoe County Health Department.
 - ii. Teledentistry verbiage and practice should also be explored.
 - b. Develop a two-year pilot program as outlined in the budget concept proposal, to enhance Medicaid dental benefits for adult individuals enrolled in Medicaid, inclusive of persons with disabilities recognizing mental illness as a disability.
 - i. Utilize public health professionals and dental/dental hygiene students to leverage resources and improve access. Track data and conduct analysis of cost-avoidance from reduced emergency room utilization for acute dental

crisis. (Align Medicaid policy of wavier period to budget concept strategy to ensure effective utilization and that project success is possible).

- c. Open Medicaid dental provider panels for all dental public health providers/programs, as approved by the Nevada State Board of Dental Examiners and the DPBH through the OHP specifically recognizing the Public Health Endorsed Dental Hygienist as a Medicaid recognized provider type.
 - i. Public Health Endorsed Dental Hygienists are a licensed provider type by the Nevada State Board of Dental Examiners. However, they are not a recognized provider type under Medicaid provider type 22 and cannot bill for services legally provided. This provider type provides much of the school based dental sealant and public health dental services throughout the state. Without reimbursement for services provided, the public health dental services provided will not be sustainable.
 - ii. Dental decay is the most prevalent chronic childhood disease, above asthma and diabetes. School-based standards need to include professionals trained to identify and treat dental disease. (http://www.mychildrensteeth.org/assets/2/7/ECCstats.pdf).
- d. Close the current Reno and Las Vegas Oral Health Program Offices and relocate them into Dr. Capurro's office.
 - i. With the movement of the Oral Health Program Manager, to the Office of Public Health Information and Epidemiology (OHPIE), it is suggested that the Oral Health Program supplies and equipment be moved from the Las Vegas OPHIE West Charleston office to Dr. Capurro's office at the University of Nevada, Las Vegas (UNLV) School of Dental Medicine. In addition, the State Public Health Dental Hygienist position has been closed and her office at the OHPIE office in Reno should be relocated to Las Vegas. This would eliminate the rent associated with the housing of personnel and supplies in both of the current locations. The financial savings from the office rental fees could be used to support furthering dental health projects throughout the state.
 - ii. It is proposed that a portion of the money saved be used to develop an Oral Health Summit in Nevada. Part of the funding for an Oral Health Summit could be provided by Dentaquest. This summit would bring oral and systemic health leaders together to create a strategic plan to work with the medical providers in our community.
- e. Explore funding opportunities from voluntary monetary donations paid by dental providers through the stipulation process under the authority of the Nevada State Board of Dental Examiners to support school-based oral health prevention programs, veteran's and senior's dental programs that serve low income populations and to conduct surveillance activities.

- f. Utilize information within the tax expenditures report (required by AB 466; NRS 360) to identify/ develop diversified funding streams for oral health services.
- 5. Conduct analysis of existing data collection by epidemiologist to identify data gaps and/or possible modifications of current resources to support successful grant applications, federal reporting requirements and internal evaluations.
 - **a.** Leverage existing resources that may exist but have not been identified or aligned. Provides starting point to establish logic model to address gaps.
 - **b.** Identify oral health questions for inclusion within all federal health surveys implemented at the state level including but limited to Behavioral Risk Factor Surveillance System (BRFSS), Pregnancy Risk Assessment Monitoring System (PRAMS) and Youth Risk Behavioral Surveillance System (YRBS).
 - **c.** Grow opportunities to collect data, research and innovation within the state.
 - **d.** Bring federal dollars back to Nevada to go to work benefiting Nevadan's, both in access to care services and opportunities to expand workforce.
- 6. Standardization/alignment of the collection of data reported to the state that provides information required for Basic Screening Survey (BSS) surveillance reporting.
 - **a.** Provides opportunity to utilize surveillance information already being collected by agencies and organizations in a meaningful way that will fulfill the State's responsibility for BSS.
 - **b.** Funding through State sub-grants for direct services would motivate compliance.
 - **c.** Partner with private/public agencies to adopt low-cost options that allow efficient, relevant and timely data collection.
- 7. Encourage integration of importance of oral health and dental public health into primary medical care as well as expand knowledge within private sector dentistry.
 - **a.** Work with regulatory Boards to institute mandatory continuing education requirements for re-licensure of medical and dental licensees that focus on dental public health issues as they relate to general health and access.
 - **b.** Integrate oral health into the Chronic Disease Prevention and Health Promotion (CDPHP) programs, which currently lack a dental health component despite evidence of oral health's importance in over-all health.
 - **c.** Restructure State Boards to include one dental professional on the Nevada State Board of Medical Examiners and also on the Nevada State Board of Nursing; and one medical professional to the Nevada State Board of Dental Examiners.
 - **d.** Integration of dental elements into the States University Medical schools. This would allow for basic understanding of dental conditions and health impact of poor oral health, as well as establish cross discipline integration of emerging providers.
 - **e.** Work with state oral health coalitions and stakeholders to identify existing law or regulation that impedes access to care.

- 8. Align Medicaid dental policies to NRS, resulting in enhanced utilization of preventive services and early intervention when restorative dental services are needed.
 - **a.** Enhance communication and collaboration between state agencies to support intent of legislature and mission of the DHCFP facilitated by the State Dental Officer.
 - **b.** Monitor utilization for evaluation of policy effectiveness.