

# Oral Health System: Pandemic Response

## Virtual Meeting

April 8, 2020

1:00-3:00pm EDT

## Group Memory

**Convenor:**

[Michael Monopoli](#), Executive Director, Grant Strategy  
DentaQuest Partnership for Oral Health Advancement

**Facilitator:**

[Patrick Finnerty](#), Strategic Advisor  
DentaQuest Partnership for Oral Health Advancement

**Content Manager:**

[Sara Oaklander](#), Interaction Institute for Social Change

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## ***I. Purpose***

To identify the key elements across the oral health system that are needed (in the immediate term) to create economic and point of access stability in the oral health care system

## ***II. Participants and Guests***

- American Dental Association (Marko Vujicic, PhD, Chief Economist and Vice President & Jane Grover, DDS, MPH, Director, Council on Advocacy for Access and Prevention)
- Santa Fe Group (Terri Dolan, DDS, MPH, President-Elect)
- Henry Schein (Steve William Kess, MBA, Vice President of Global Professional Relations)
- American Dental Hygienists Association (Ann Battrell, MDSH, Chief Executive Officer)
- DentaQuest Partnership for Oral Health Advancement (Myechia Minter-Jordan MD, MBA, President and CEO, DQP and Catalyst Institute) (Michael Monopoli, DMD, MPH, MS, Vice President for Grants Strategy)
- National Association of Dental Plans (Eme Augustini, Executive Director)
- National Association of Community Health Centers (*Unable to attend*: Lathran Woodard, Chair, NACHC Board of Directors; Chief Executive Officer, S.C. Primary Health Care Association. *Represented by*: Vicki Young, PhD, Chief Operating Officer S.C. Primary Health Care Association)
- Association of State and Territorial Health Officials (Janet Olszewski, Senior Fellow, Michigan Health Endowment Fund)
- Oral Health Progress and Equity Network (OPEN) (Ifetayo Johnson, MA, Executive Director)
- Association of Dental Support Organizations (ADSO) (Mitch Goldman, JD, MBA, Executive Committee ADSO and CEO of Mid-Atlantic Dental Partners, a Dental Support Organization)
- Oral Health Coordinating Committee/IHS/USPHS (RADM Tim Ricks, DMD, MPH, FICD, Chief Professional Officer)
- Delta Dental of Washington (Diane Oakes, MSW, MPH, Chief Mission Officer)

### *Unable to attend:*

- Dental Trade Alliance (Gregory Chavez, CEO)

### *Strategic Advisors:*

**Marcia Brand**, former Deputy Administrator, Health Resources and Services Administration

**Laurie Norris**, former Senior Policy Advisor for Oral Health, Centers for Medicare & Medicaid Services

**Marianne Hughes**, former Executive Director, Interaction Institute for Social Change.

### *Invited Guest:*

**Jennifer Lenoci-Edwards**, Regional Lead for North America, Institute for Healthcare Improvement

### **III. Desired Outcomes**

*By the end of this meeting, the group expected to have:*

- A shared understanding of how each sector across the oral health care system – Providers, Payors, Industry, Philanthropy/Community, and Government/Public Health – is currently responding to the Covid-19 Pandemic
- A list of key elements across sectors needed to stabilize the oral health provider/care system, to guide consumers in accessing urgent care needed during the pandemic, and to ensure continued connection between people and their oral health
- Agreement on next steps to synthesize and share today's results
- Agreement on next steps for ongoing collaboration and communication

### **IV. Start-Ups**

#### **A. Welcome**

*Myechia Minter-Jordan MD, MBA, President and CEO, DentaQuest Partnership and Catalyst Institute opened the meeting by introducing herself. Highlights of her comments included:*

- Welcome everyone to what we hope is an opportunity to connect across our various sectors within the oral health community, to both think together and to set the stage for further collaboration. I know that each and every one of you is dealing with incredible professional and personal stress and hope that by coming together today, it underscores that we are all in this together.

#### **B. Introductions**

*Myechia thanked those who were able to submit a paragraph describing their organizational concerns (see appendix) and then invited the participants to introduce themselves by summarizing those concerns in no more than two sentences. Note that full names and titles of participants are listed above.*

- Mike Monopoli, DentaQuest Partnership for Oral Health Advancement DentaQuest is focusing on supporting dentists to get through the issues they are facing. We also have a strong group of grantees and partners of various sizes around the country and are working with them on ways they can remain solvent during this crisis. All of our employees are actively working at home and supporting them is important to us, as well.
- Jennifer Lenoci-Edwards, Institute for Healthcare Improvement We are committed to health and healthcare and have been talking with Myechia about the role of oral health in the overall system.
- Ifetayo Johnson, Oral Health Progress and Equity Network OPEN is a newly forming organization so this is an interesting and trying time for us. Focusing on collaborative efforts of our membership – about 2400 in dental, medical, and nonmedical areas (CBOs, faith based, etc.). Looking at how all of this is impacting health equity.
- Tim Ricks, Oral Health Coordinating Committee/IHS/USPHS While I advise the Surgeon General on oral health issues, I was invited to this meeting in my role as chair of the HHS Oral Health Coordinating Committee. Our main focus is on communicating and collaborating with as many dental organizations as possible with a focus on the present, the near future, and the far future.
- Janet Olszewski, Association of State and Territorial Health Officials We represent sitting and former state health officials. Each state health department has oral health on its radar in that oral health is an important contributor to chronic disease. Our focus is also on the present, the near term, and the longer term future, as well.

- Eme Augustini, National Association of Dental Plans We are the largest non-profit trade association focused exclusively on the dental benefits industry. Our first focus on the pandemic was to implement our business continuity plans, ensuring we all remain operational to process and pay claims, assist employers with premium grace periods, and assist with seeking federal support. And we're helping enrollees with where to go with urgent dental needs.
- Mitch Goldman, Association of Dental Support Organizations We are a fast growing dental support organization with 250 practices in 18 states. Our focus is on figuring out how our dentists could participate meaningfully. It's frustrating in how it seems we don't count as health care providers. Elevating dental health in this context is our priority.
- Marko Vujicic, American Dental Association It's been a whirlwind to convert 400+ staff working from home under our business continuity plan. We're focusing on getting information out to dentists – with everything in front of the firewall (member/nonmember). We're on the forefront in DC in terms of advocacy – ensuring dental would be included in the CARES Act. We're focusing on teledentistry. We're releasing guidelines developed by our science group on care protocols. We have a poll of 20,000 dentists as we seek to gather information. This pandemic could be an opportunity to realize some of the changes we've been talking about for years.
- Vicki Young, National Association of Community Health Centers I'm here for our CEO, in her capacity as chair of the board of the National Association of Community Health Centers. We're in close contact with many others about how this is impacting FQHCs on a national level. We're seeing how oral health issues – in the context of integrated care – are impacting dental services but also primary care services – shifting to preventing and mitigating issues around COVID-19. We're also concerned about broader issues around patient and provider safety, looking at what services can be provided and how. We're focused also on what the shift to emergency care from preventative care will mean down the road in terms of health outcomes.
- Diane Oakes, Delta Dental of Washington We are focusing on concerns around limiting increased oral health disparities as we come out of the pandemic, and the impact on providers in the commercial provider worlds as well as in the safety net system. We're concerned with how to sustain these systems and recover later on. We're looking also at data collection and the integration of oral health into the overall health care system – how can data support this case?
- Ann Battrell, American Dental Hygienists Association We needed to provide an infrastructure at ADHA for the community to connect with us, which we've done by creating a COVID-19 webpage and we have an email address for 200,000+ hygienists to communicate with us. We're trying to strengthen our infrastructure to get the questions answered as best we can and to be transparent when answers are not available. Concerns include dentists not complying with regulations – causing a large outcry from hygienists being asked to work without the correct PPEs and concerns about aerosols – these are life and death decisions with risks to patients, to their own health, and to the health of their families. There is a high level of anxiety from clinicians, as well as among dental hygiene students in the final year of their education – they are bewildered, frustrated social activists who are organizing to take action. We're working with them on what might happen in licensure arenas. And our annual conference is likely to go virtual given that we were supposed to be in New Orleans.
- Terri Dolan, Santa Fe Group – We're a small nonprofit think tank in dentistry. We were focused on achieving a dental benefit in Medicare and we're now tracking the pandemic and thinking about the role of dental professionals during this crisis. We're thinking with others who have experience from 9/11...challenging ourselves to use that experience and apply it here, which is both different and similar. I'm happy that as of yesterday Diane Rico will join us as a senior scholar to develop a position paper on the role dentistry can serve in the crisis and we'll think also about solutions. From

the dental education perspective, dental schools are important safety net providers and we fear they will be severely financially damaged during this crisis.

- Steve Kess, Henry Schein As a global organization, the challenge of addressing this issue began for us in China. Lessons learned are helping us look at where the US is vis-à-vis preparedness and response. We're one of six distributors that joined with FEMA to organize distribution of PPE to where it's most needed. It's important from the industry perspective that the dental profession has been sidelined for all intent and purposes. The focus is on emergency work only and on ensuring safety for the team and patients. How do we identify who has/does not have the virus? The focus is to secure globally through the FEMA project additional resources for oral health's use – PPE that's needed, including the N95 mask instead of those traditionally used by dentistry. The pandemic is providing a pivot point for dentistry and health care going forward. We're looking to come out of this in a stronger place. We're doing two things: Bringing in rapid point of care testing and assembling medical/dental teams to treat emergency patients and address protocol development for use of point of care testing as part of overall protocol. More collaborative efforts will be needed from all sectors for the new normal, which will include the role of testing to get America back to work and oral health back to full operating capacity.

Myechia expressed her appreciation for everyone's participation in this important conversation. *We're all* in this together. You've raised so many of the issues I was going to talk about in setting the context.

- Across the world and in every sector of society, we are facing challenges from the COVID-19 pandemic. In our part of the health care system, oral health care services are completely curtailed and only emergency care is sanctioned.
- This pause is intended to protect both patients and providers from the spread of the Coronavirus, and to preserve scarce medical supplies and equipment needed more urgently elsewhere.
- While oral health providers and consumers appreciate the need for this suspension, the impacts are far reaching. Private practices and safety net clinics alike are facing urgent solvency issues and, depending on how things unfold, may face a threat to their very survival.
- Consumers have had their usual care routines and relationships disrupted, and the pathways to access urgently needed care are at best opaque.
- This crisis is revealing the inequities that result in the health care system and provides us with an opportunity to think anew about how we provide health care in the United States.

This conversation is critically important in these ways and all of the ways you've named. I join others in expressing appreciation for all providers of all types... And individuals and families who are in desperate need of care while balancing concern for their own health and that of their families.

Today is an opportunity for us to come together, share what we each see from our particular place within the system, and put our minds together to begin to identify solutions. Together, might we develop a framework to guide our individual and collective efforts going forward. We will tackle these issues in our small groups:

1. Ideas for how to stabilize the oral health provider/care systems
2. Ideas for how to guide consumers in safely accessing urgent care during the pandemic
3. Ideas for how to keep people connected to their oral health

Our hope is that we are all aiming for the same goals. Our belief is that we can increase our chances of achieving those goals by working together. We look forward to coming together, sharing information, and moving forward, collaboratively.

*Myechia introduced Pat Finnerty - a lead strategic advisor with DentaQuest Partnership for over ten years and former State Medicaid Director in Virginia.*

*Pat expressed his appreciation to everyone who joined the call today and introduced the three strategic advisors who are on the call - Marcia Brand, Marianne Hughes, and Laurie Norris – as well as Sara Oaklander as content manager. He then covered some housekeeping and process matters to help the participants understand the logistics of the call, including content management, confidentiality, Zoom logistics, and more.*

## **V. Providers, Payors, Industry, Philanthropy/Community, and Government/Public Health**

### **A. Break-Out Groups**

*Pat explained how the break-out sessions will work, emphasized the value of the paragraphs each of the participants contributed about their work, and the importance of cross-sector exchange of information and perspectives.*

#### **The desired outcomes for your conversations are:**

- A list of ideas/key elements to stabilize the oral health provider/care systems
- A list of ideas/key elements to guide consumers in safely accessing urgent care during the pandemic
- A list of ideas/key elements to keep people connected to their oral health

#### **Break-Out Groups (Full names listed above):**

- Group One: Marco Vujicic, ADA; Mitch Goldman, ADSO; Myechia Minter-Jordan, DQP
- Group Two: Jane Grover, ADA; Diane Oakes, DD of WA; Terri Dolan, Santa Fe Group; Ifé Johnson, OPEN
- Group Three: Vicki Young, NACHC; Eme Augustini, NADP; Janet Olszewski, ASTHO
- Group Four: Tim Ricks, OHCC/USPHS; Steve Kess, Henry Schein; Ann Batrell, ADHA; Mike Monopoli, DQP

### **B. Stabilizing the Provider System and Guiding Consumers: Group Reports**

*Groups were invited to report out on their top three-five ideas for each of the topics. The content of those reports are grouped here by topic.*

#### **A list of ideas/key elements to stabilize the oral health provider/care systems**

- Small business relief – create more resources for how to access
- More support for the applicability of business interruption insurance
- Teledentistry – continue to move the needle including broadening it to include prevention
- FQHCs, dental public health clinics, dental schools – ensure they are financially stable and sustainable, focusing on safety net providers
- Opportunity to collect data to better understand current treatment environment – nature and number of dental emergencies including connection to COVID

- Spaces in current hospitals or pop up clinics where care could be provided?
- Small business loans – get info out to people more broadly
- Is there value in trying to get a sense of what’s going on in workforce now? Are dental staff being redeployed elsewhere? And worry about people not coming back into the workforce
- Scope of practice laws a patchwork – but ease this in whatever ways would help
- Long-term stabilization is a question. State budgets will be in free-fall from the economic downturn. We’ll face budget cuts all around. We may see dental benefits and Medicaid being cut – now would be the time to prepare our advocacy for how that makes no sense and importance of protecting oral health care. Integrating it into overall health is really the only way this will happen.
- Focus on telehealth, as well
- Looked at short-term – what needs to be done today and tomorrow. Greatest concerns are dental practices across the country shutting down completely, including safety net clinics. We know 70% of emergency room dental visits are those with Medicaid or uninsured. Our emergency departments can’t handle dental patients, and this particularly hurts those most vulnerable. Need targeted messaging to patients to continue to use dental clinics. Also message providers to convince them to remain open for that reason alone.
- Teledentistry – CMS has issued some guidance but reimbursement is state dependent. Perhaps with the larger organizations involved we could provide some assistance to state Medicaid programs with the immediate reimbursement needed to help keep practices open

**A list of ideas/key elements to guide consumers in safely accessing urgent care during the pandemic**

- DQP has created a phone bank to provide referrals to our dental clinics that remain open for urgent care needs . Perhaps this could be expanded to serve others, and particularly in coordination with hospitals with the goal of redirecting dental emergencies to the right level of care.
- Push for education – how to access care and maintain oral health during the pandemic
- Expanded resources and information re: what oral health can be accessed
- Triage and telehealth for appropriate referrals – provide help via 211 or call centers to help consumers know where to go/what to do. Triage and appropriate referrals
- ADA has shared guidance on what constitutes oral health emergencies – make sure that is socialized beyond dentistry
- Engage community leaders, faith leaders, others, to make sure info is distributed broadly, and continue work to ensure guidelines are shared with other health professionals
- Confidence and fear important issues for consumers – how do we overcome people’s fear of seeking urgent care? No answer but it’s a concern
- Developing messaging to patients – idea to use what Red Cross has done about donating blood being safe. Create a series of public service announcements that dental care remains safe and effective.
- Establish a mechanism – hospital protocol – so they have a way to plug back into safety net and private practices for those who go to emergency rooms

**A list of ideas/key elements to keep people connected to their oral health care**

- Create guidelines for infection control, including a continuum of care – expanding on ADA’s work
- Develop a loan program – for oral health providers to adopt high level infection control practices
- Rapid point of care testing – what is role of dentists and teams in doing that



- Campaign to inform patients when it's safe to return for care – to support reconnecting with dental care professionals for routine care, and take opportunity to talk about importance of good oral health overall
- There are disparate outgoing communications from private practices...some people are not sure what they can go to their personal practice for and what not. Can state dental association help with this?
- Children – schools are doing a lot of on-line curriculum and paper packages. Can we add oral health care to that effort – such as the emphasis on hand washing?
- Use of social media
- Reinforcing the oral/systemic link. More research into the relationship b/w oral health and susceptibility re: worst symptoms of COVID-19. We know a lot about oral health and respiratory disease and reinforce that link
- With regard to oral health within overall health – upcoming SG's report – use that report over the long-term

## **VI. Next Steps**

*Pat shared about next steps, including plans for another meeting (watch for a Doodle poll), a request regarding additional people who should be invited to the next meeting, and distribution of this group memory.*

*Myechia shared her closing remarks.*

There have been many common threads and themes expressed today and this is really encouraging. As we go forward, it will be good to find out who is already working on some of these ideas – like the ADA - so we don't recreate the wheel.

Our hope and aspiration is that today's meeting will provide the foundation for further collaboration and communication.

I want to acknowledge and appreciate the central role Mike Monopoli has played in developing this gathering.

While Pat has detailed some of our immediate next steps, the longer term process we're envisioning is:

- The group will expand and as the group expands, we may break out into specific working groups that are time-sensitive, flexible, and responsive to the crisis
- We are envisioning that each of you in today's meeting will provide ongoing leadership as we find our way into this new reality – as workgroup leaders
- DQP and our partners are offering to coordinate the sharing of data and information among the participants in this effort

As we go into the future, we envision this group and other key stakeholders as creating the legacy of holding oral health care together in a way that ensures the future of oral health care delivery in the United States. Thank you all again for being here.

**VII. Close**

*Pat invited each participant on the call to close with one word that describes your key takeaway from today's conversation.*

Determined  
Catch-up  
Resilient  
Testing  
Optimistic  
Vision  
Community

Re-energized  
Opportunity  
Collaborative  
Powerful  
Hope  
Team  
Leadership

## Appendix I: From Chat

**From Marko Vujcic to Everyone via Zoom Chat:**

Employers who are choosing dental coverage plans. I feel this group is important. Health insurance premiums are going to rise, cost pressures, dental is under threat... Eme, would love your thoughts on this. Are you seeing employers looking to cut costs on dental premiums?

**From Eme Augustini to Everyone via Zoom Chat:**

Thanks, Marko. Great point. HMA found that up to 35 million Americans could lose their employer-provided health coverage. Not dental specific but the overall economic and employment picture (and also state funding for Medicaid) will almost certainly be reflected in dental coverage. Carriers are being asked for and extending grace periods, and at least 32 states have guidance either asking them or requiring them to do so. With rising cost for health insurance in the long term, there could be pressure on part of employers to lower dental premiums.

**From Vicki Young to Everyone via Zoom Chat:**

I TOTALLY agree with Marko!

## Appendix II: Group Break-Out Notes

### What are your key ideas for stabilizing the oral health provider and care systems?

- What more can we do to support safety net clinics? FQHCs? Dental schools
  - Financial perspective
  - Evidence based protocols – guidance
  - Small business relief – how to access small business loans
- **How do we ensure the financial stability/sustainability for dental clinics and offices**
  - **Additional federal support for those clinics**
  - **Collect data to understand the current treatment environment**
    - **Number of dental emergencies**
    - **Nature of the dental emergencies**
  - **Research the relationship of oral health status to lung/respiratory health**
- What's going on in terms of workforce, especially in the safety net providers
- Support dental schools, dental hygiene schools – support students during their final semester – can graduate and join the health care delivery system
- Important to integrate oral health into overall health care delivery -
- **Embedding dental care into hospitals** – private offices aren't prepared for safe delivery of care, don't have the negative pressure rooms, room disinfection, etc. as you would see in the hospital
- Pre-screening for all patients -as they begin dental care – when is it safe to re-start
  - Even for emergency care – when is it safe to provide even emergency dental care
- How do you continue to function in light of state budget cuts – what's the long term sustainability?

### What are your key ideas for guiding consumers to safely access urgent care during the pandemic?

- Confidence and fear drive care seeking behavior – what can we do to overcome this?
- Not clear to consumers where to go for help – 211 or call center or web site to understand what services/locations are open and available?
- **Triage/telehealth for appropriate referrals – need evidence-based protocols**
- Washington Delta Dental–foundation funds Dentist Link – and U Wash school of dentistry to connect patients with resources when they have urgent needs – issue gets triaged, telehealth, and then refer appropriately to the hospital/ED
- ADA has share guidance on what constitutes and emergency – for both dental professionals and for the public/consumer
- Work with community leaders, faith leaders, support local coalitions – can be used to share information about how to access care during this time
- **Continue IPE efforts, and provide appropriate guidelines to hospitals, health providers, etc.**

### What are your key ideas for helping people stay connected to their oral health?

- **Testing** – rapid point of care testing will be important –
  - If people could get quick tests, they would be happy to be tested in the dental office, reaffirm commitment to safety, help get patients back into their routine preventive care routine
  - Would be great to know who is recovered or immune to reinfection
  - How would the dentists be compensated for testing

- What would the costs be? Need guidance to plan, set fees, make a business case for testing
- **2002 ADA guidance** – ability to provide point of care testing during the time of pandemic, working with Rene Joskow HRSA – on taskforce resiliency task force
- **Most states have provision in state practice acts that allow dentists to perform duties during time of emergency – ADA sponsored workshops have been held in the past** – e.g. testing, immunization, etc.
- **Need a campaign to inform patients that it is safe to return to their care, and connect the dental profession to the overall healthcare team.** What can dentists provide, can they test, how do patients know that it is safe,
- **Encourage people to maintain good daily mouth care** – we are all established new habits... good time to reinforce good oral health habits
- **Move forward fluoridation policy** – and other effective public health measures
- **PSA** – dental care is safe and effective
- **Use social media, reinforcing the oral systemic link, use SGR**

## **Appendix II: Submissions regarding the impact of the COVID-19 pandemic on organizations**

### **American Dental Association (Marko Vujicic, Ph.D., Chief Economist and Vice President & Jane Grover, DDS MPH, Director, Council on Advocacy for Access and Prevention)**

The COVID impact on the American Dental Association has included an increased level of scientific information to dentists and launched new guidelines for managing dental patients during and after the pandemic.

While ADA staff work from home, cross divisional teams have been monitoring legislative activity relevant for financial relief for dental practices and providing resources like teledentistry support during the shutdown.

More information can be found on [ADA.org/virus](https://ada.org/virus).

### **Santa Fe Group (Terri Dolan, DDS, MPH, President-Elect)**

The Santa Fe Group has been closely tracking the pandemic and thinking about the role of dentistry and dental professionals during this crisis. Several members of the group were significant contributors to public health response to the 9/11 attacks (Mike Alfano and Diane Rekow from an NYU perspective, Steve Kess from a dental industry perspective, and Dushanka Kleinman from a public health perspective, as just a few examples). And emergency preparedness became a focus of the dental school curriculum for at least a short while post 9/11, largely due to the work published by the NYU faculty. The current crisis is a call to review those previous experiences and to take a fresh look at dental education and the role of dental professionals in a time of crisis.

The SFG will be inviting Diane Rekow to serve as a Santa Fe Group Senior Scholar to help focus our efforts related to the pandemic, and Dushanka Kleinman is taking the lead to write a position paper on “A Call to Action to the Dental Profession from SFG.” We are also planning a SFG Salon in 2021 and weave the topic of “the urgency for the dental profession to contribute to this stage of the response” into that Salon agenda.

From a dental education perspective, the pandemic is an unfortunate but “real life learning” experience about public health, the role of the various health professionals and federal and state agencies working together to address the response, the epidemiology of viral infections, and important discussions about the roles of dental professionals in times of crisis as first responders. This crisis also provides an opportunity to explore the ethics of care delivery, not just during typical times, but in times of crisis or with a limited supply of PPE, for example.

And of course, while we are all currently sheltering in place, we also need to plan how to safely restart dental care delivery and emerge from this pandemic as a stronger and safer profession.

### **American Dental Hygienists Association (Ann Battrell, MDSH, Chief Executive Officer)**

Most dental hygienists are currently serving in a clinician role with the private dental practice as their primary employment setting. The primary impact on the dental hygiene community has been the lack of compliance by their dentist employers with recommendations from the CDC, ADHA, the ADA and state/federal agencies. We immediately established interim policy on March 16th and created a COVID-19 dedicated web page and email address on for dental hygienists to directly communicate with us to ask questions, provide comments, and receive support from their national association. We have been inundated with emails and phone calls from dental hygienists expressing their concerns over having minimal appropriate PPE available, being forced to decide between the health and safety of their patients, themselves and their families and their need for employment and income. Many dental hygienists have been fired for refusing to provide dental hygiene services in their private practice setting when minimal or no appropriate PPE is available. Two ADHA federal advocacy campaigns were quickly developed and executed. The first campaign was executed on March 17th to the Nation's Governors asking that they take action to postpone non-essential procedures. The second campaign was executive on March 26th focusing on a message to congress urging them to include dental hygienists in economic relief legislation. The campaigns were very successful with 21,470 dental hygienists participating in the campaign with 64,457 messages being sent to their senators and representatives. In addition, ADHA has written letters to congressional leadership, US Department of Labor and to President Trump, Speaker Pelosi and Majority Leader McConnell. ADHA President, Matt Crespin, recorded two videos focusing first on the acknowledgement that dental hygienists are communicating with us, they are frightened, and that ADHA was listening to them and acting on their behalf. The third video focused on dental hygiene students who are significantly impacted in their dental hygiene education programs. Dental hygiene students are very active in expressing their concerns about being able to graduate and receive a dental hygiene license. ADHA organizationally is focusing on a communications plan and crises management strategy. We participate on federal partners call with the CDC and other agencies and professional associations. Outreach has included ongoing communication with the ADA, AADB, OSAP, ASTDD and many other oral health organizations. The primary question we hear now from the dental hygiene community is what oral health care delivery will look like if and when we return to practice. Please see our COVID-19 page at [www.adha.org/COVID19](http://www.adha.org/COVID19) for further information.

### **DentaQuest Partnership for Oral Health Advancement (Myechia Minter-Jordan MD, MBA, President and CEO, DQP and Catalyst Institute) (Michael Monopoli, DMD, MPH, MS, Vice President for Grants Strategy)**

**DentaQuest Employees:** Most DentaQuest and DentaQuest Partnership employees have been working from home since early March. A small group of essential employees are staffing sites around the country. Remote employees are connected through video conferencing software.

**Providers and Access to Care:** Since non-urgent oral health care services are currently not offered in most states, the DentaQuest Partnership and DentaQuest have worked to develop the infrastructure to support the use of tele-dentistry with bundled service reimbursement to support access to urgent dental care and assessment. The DentaQuest Partnership has also hosted a well attended webinar focused on updating infection control procedures in the new care environment that has resulted from the pandemic. Future webinars are planned.

**Communities:** The Corona virus pandemic is beginning to reveal the inequities created by our current health care system. As is usually the case, the inequities that develop in oral health access and oral

health status will be greater still. The DentaQuest Partnership has invested over one million dollars to support local and statewide community based Covid-19 response funds in six states and nationally to support Native American nations.

#### **National Association of Dental Plans (Eme Augustini, Executive Director)**

As the nation takes steps to address COVID-19, NADP remains committed to supporting and informing dental carriers, dentists, consumers and various stakeholders. NADP members are open and operating. We remain committed to assisting providers in the delivery of essential services and ensuring continuity of care in a safe manner for all dental consumers. Americans need regular oral health care to maintain and improve their oral and overall health, and dental coverage is an important gateway to oral health care. To support the delivery of essential dental treatment during the pandemic, NADP plan members have business continuity plans in place and are taking steps to minimize interruption of normal business processes while expanding work-from-home. Carriers are able to respond to inquiries, process and pay claims in addition to assisting members and dentists with questions. For dentists, carriers are also distributing information (e.g. FAQs) via online dentist portals and other electronic communication channels. Telehealth is one modality of care that can support access to care for dental consumers. Dental carriers typically pay for covered services that are provided on a telehealth basis, which will be important to many people in the current environment.

#### **Association of State and Territorial Health Officials (Janet Olszewski, Senior Fellow, Michigan Health Endowment Fund)**

The Association of State and Territorial Health Officials, ASTHO, is actively engaged in response to the novel Coronavirus-19. As the only national, nonprofit organization representing the nation's state and territorial public health officials and the agencies they lead, ASTHO has the distinctive capability to support the nations COVID-19 response through our members. ASTHO staff are currently working to facilitate peer to peer technical assistance exchanges between experts, develop tools and resources for state and territorial health agencies, and identify and convene critical health department staff, such as infectious disease and preparedness experts, as the COVID-19 pandemic impacts populations across the country.

#### **Oral Health Progress and Equity Network (Ifetayo Johnson, MA, Executive Director)**

##### **Negative:**

- Cancellation of our midyear convening will prevent OPEN from trying out a new format focused on capacity building workshops and network weaving.
- Suspension of travel resulted in a decrease in planned outreach and public awareness of our organization. The cancellation of conferences and travel curtailed opportunities to showcase OPEN, recruit new members, and register people for our Midyear OPEN Academy.
- Shelter in place requirements have increased demand for virtual applications among Network members and increased virtual connections between staff and Network. Many members have little or no virtual conferencing capability and OPEN is working to provide platforms and basic instructions on their use.
- Policy, advocacy, and legislative progress have been placed on hold in several states and may result in hard-fought legislative progress being delayed or revoked and key relationships needing to be rebuilt.



- Members need to find funding and in-kind donations to meet the increase in demand for services and help with how to safely, yet personally, deliver those services virtually.
- Members are concerned with availability of funding sources and whether there will be a decrement in funding levels and sources.
- How will member organizations recover after the virus - will they may need to revamp their organizations and services after the pandemic ends, will they be able to continue as a viable organization?
- Quarantine requirements and the increase in known and suspected cases have increased the personal stressors of the staff and those they serve.
- We have a missed opportunity to obtain equity data because of mismanagement on the national level. There is fractured data on the specific impact of the crisis on marginalized communities (immigrants, undocumented workers, impoverished groups, homeless, rural areas, ethnicities, etc.) there is no uniformity of data collection and analysis between states.

**Positive:**

- This crisis has driven home the realization that OPEN was designed for such a time as this and our ability to perform as a network, our fearlessness in raising our voice on behalf of those unheard, and our understanding of the profound impact of inequity and health disparity during this time places us in a unique position to weave tightly the fabric of our network and be bold in our representation of our members and their constituencies. We have real time, highly demonstratable data on the impact of inequities locally and world-wide.
- It has also afforded staff additional time to lay organizational and structural foundations with more focus and clarity.

**Association of Dental Support Organizations (ADSO) (C. Mitchell Goldman, JD, MBA, Executive Committee (ADSO) and CEO of Mid-Atlantic Dental Partners, a Dental Support Organization)**

The Covid-19 Pandemic has essentially shut down our business. In each state in which we operate (18) we were subject to gubernatorial executive orders prohibiting general dentistry from being provided except for emergencies. Because we did not have a national response to this crisis, we were subject different state definitions of emergency and in some cases, the state requirements for opening emergency dental services were not capable of being met by any practices (eg. negative pressure operatories). Some were withdrawn after significant intervention by dental stakeholders. Dental emergencies had to go to the hospitals. This was clearly not what policymakers wanted. Having met with significant policymakers, none had any real role for dentists and hygienists in addressing health care needs during this crisis. Offers to do testing in dental practices were met with lukewarm receptions at best. Clearly no follow through.

**Oral Health Coordinating Committee/IHS/USPHS (RADM Timothy Ricks, DMD, MPH, FICD, Chief Professional Officer)**

Like other sectors of the Federal government, COVID-19 has dramatically impacted day-to-day operations of the U.S. Public Health Service (USPHS) Dental Program. Beginning in early February 2020, USPHS Commissioned Corps officers, including dental officers, began to be deployed across the country and overseas to help in mitigation efforts against the virus. To date, over 1,500 of the 6,000 officers – a quarter of the workforce – have been deployed, and many more are expected to deploy in the coming months. This had somewhat impacted the USPHS primary mission of delivering health care and public

health support services to vulnerable and underserved populations in agencies such as the Indian Health Service. Beginning in mid-March (March 17, 2020), when Dr. Deborah Birx first recommended that dentist cancel all elective procedures, our dental programs in our four primary clinical agencies – the Indian Health Service, the Federal Bureau of Prisons, the Immigration and Customs Enforcement Health Service Corps, and the U.S. Coast Guard – have transitioned to providing only emergency and urgent services. With some of the delays in more specific guidance coming from the Centers for Disease Control and Prevention, our agencies have developed their own guidance regarding postponing dental care, talking to dental patients about safety in the dental clinic and COVID-19, and providing tele-dentistry guidance.

At the same time, as Chief Dental Officer and chair of the USPHS Oral Health Coordinating Committee, I have provided periodic updates through a four-pronged communications approach that has included: (1) creation of a COVID-19 Public-Private Partner Group consisting of multiple federal agencies and presidents/executive directors of 11 major dental organizations in the U.S.; (2) communication with other dental organizations; (3) communication with the federal dental services (U.S. Army, Air Force, Navy, and VA); and (4) communications with other federal entities including the Oral Health Coordinating Committee, Dental Professional Advisory Committee, various HHS agencies, the eight living former USPHS chief dental officers, and chief dental officers in Canada, the U.K., the World Health Organization, and others. One positive impact of the virus has been an amendment to H.R. 748, the Coronavirus Aid, Relief, and Economic Security (CARES) Act, in which a Ready Reserve Corps within the U.S. Public Health Service Commissioned Corps was authorized for the future. This Corps will provide an additional 2,500 officers who will be able to mobilize in the future for public health emergencies such as this one and has been more than 10 years in the making.

#### **Delta Dental of Washington (DDWA) (Diane Oakes, MSW, MPH, Chief Mission Officer)**

Since early March, we have been assessing and responding to the impact of COVID-19 to our four primary stakeholder groups.

**Providers and Access to Care:** Non-urgent dental visits have been prohibited in WA through May 18<sup>th</sup>. The economic impact to independent practices could be significant. Access to dental care over the long-term is at risk if dental practices are forced to close or downsize. Financial pressures would also likely reduce the number of private practice dentists serving Medicaid-insured patients, given our state’s very low Medicaid reimbursement rates. To assist independent dental practices, DDWA has launched two programs. The Reimbursement Advance Program provides practices up to 25% of their average weekly reimbursement payments in two lump sums over about the next 6 weeks not to exceed \$25,000. Repayment begins July 1<sup>st</sup> with 5% of the advance amount deducted from weekly claims payments due from DDWA. The Practice Assistance Fund provides grants up to \$15,000 for independent practices that demonstrate financial hardship. A total of \$10 million is available for the Practice Assistance Fund. Many dental safety net clinics are temporarily closing some of their locations and furloughing dental staff. There are concerns that once routine visits are allowed again, these clinics will be inadequately staffed to respond to the likely spike in demand. Arcora Foundation is assessing the short and long-term needs of safety net clinics in order to determine the best ways to support them. It is unknown how long it will take the dental delivery system to rebound, including if patients will be hesitant to seek dental care and if providers will be hesitant to deliver care that produces aerosol spray for fear of exposure to coronavirus among asymptomatic patients before a vaccine is available. Expanding scope of practice for dentists to offer rapid, point of service coronavirus testing could ameliorate some of these issues. Additionally, DDWA and Arcora are exploring ways to encourage preventive dental visits when dental

offices are open again. Finally, Arcora Foundation's DentistLink is a resource for people seeking urgent dental care. DentistLink is being promoted by the WA State Dental Association, Hospital Association, UW School of Dentistry and others in order to reduce ER dental visits at this critical time and get people the care they need. Arcora and Delta are looking at ways to track dental emergencies over this time period in order to inform public policy discussion related to public health and healthcare services.

**Communities:** The pandemic has a strong likelihood of increasing the economic inequities and health disparities that so many have been working hard to reduce. Populations already experiencing the greatest risk and burden of oral disease will likely be the hardest hit and slowest to recover. Unemployment and economic disenfranchisement are barriers to dental care. Arcora Foundation is providing emergency grants to organizations responding to immediate needs such as food security, providing continuing education training on teledentistry, and restructuring current grants so that recipients can re-direct the funds to meet emergency needs and relaxing reporting requirements. DDWA has also contributed financially to community foundations and organizations across the state. The WA State Community Water Fluoridation task force, convened by Arcora Foundation, is assessing the political climate to determine if the increased attention to public health could be an opportunity to strengthen fluoridation policy in our state.

**Employer Groups:** WA has required a 60-day grace period for healthcare premium payments. DDWA chose to comply with before it was extended to dental plans.

**DDWA/Arcora Employees:** WA is "staying home" through at least May 4<sup>th</sup>. Dental plans are an essential service but all DDWA employees are now working from home, including the call center staff. DDWA has also offered a number of protections and supports for employees.