Oral Health System: Pandemic Response

Virtual Meeting

December 17, 2020

4:00-5:30 pm ET

Group Memory

Convenor:
Michael Monopoli, Vice President, Grants 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. Start-Ups

A. Welcome

Mike Monopoli welcomed everyone to the meeting and thanked everyone for being here today.
This is an exciting time with the vaccinations coming online…it's exciting to have solutions in play. And yet it is a particularly dark time with so much disease and suffering and death in our communities – and we still have a long way to go to get to herd immunity. There is a continued sense that the pandemic is highlighting the inequities in our society and in the health care delivery system. The best we can do is work to address those and get to a new normal – keeping the good and addressing the challenges. To that end, the group has now identified critical issues on which to focus its efforts and has established the need to be grounded in racial justice, health equity, and overcoming root cause obstacles to success.

B. Participants, Guests, and Introductions

Pat Finnerty welcomed a new member who is joining the group to bring a community voice to the work, and a new Strategic Advisor. They are:

- Emily Stewart, Executive Director, Community Catalyst
- Dora Hughes, MD, MPH, Strategic Advisor

Each of them introduced their organizations and themselves.

Participants:

- American Association of Dental Boards (Tonia Socha-Mower, RDH, Executive Director; Robert Zena, DMD, President)
- American Dental Association (Jane Grover, DDS, MPH, Director, Council on Advocacy for Access and Prevention)
- American Dental Hygienists Association (Ann Battrell, MDSH, Chief Executive Officer)
- Association of Dental Support Organizations (Mitch Goldman, JD, MBA, Executive Committee ADSO and CEO of Mid-Atlantic Dental Partners, a Dental Support Organization)
- Arcora Foundation (Vanetta Abdellatif, President and CEO)
- Association of State and Territorial Dental Directors (Chris Wood, Executive Director)
- California Pan-Ethnic Health Network (Susan Flores, Senior Policy Coordinator)
- Community Catalyst (Emily Stewart, Executive Director)
- Delta Dental of Washington (Diane Oakes, MSW, MPH, Chief Mission Officer)
- Dental Trade Alliance (Sarah Miller, MPA, Development Coordinator)
- 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)
- Henry Schein (Steve William Kess, MBA, Vice President of Global Professional Relations)
- National Association of Community Health Centers (Vicki Young, PhD, Chief Operating Officer)
- Hispanic Dental Association (Edwin A. del Valle-Sepulveda, DMD, JD, President; Manuel A. Cordero, DDS, Executive Director)
- National Association of Dental Plans (Eme Augustini, Executive Director)
- National Dental Association (Hazel Harper, DDS, MPH, Past President)
- National Dental Hygienists Association (NDHA) (Latisha Canty, RDH, Interim President)
- Oral Health Progress and Equity Network (Ifetayo Johnson, MA, Executive Director)
- Oral Health Coordinating Committee/IHS/USPHS (RADM Tim Ricks, DMD, MPH, FICD, Chief Professional Officer)

- Project Accessible Oral Health (Barbie Vartanian, Executive Director)
- Santa Fe Group (Terri Dolan, DDS, MPH, President-Elect)

Unable to attend today's meeting
- American Dental Association (Chelsea Fosse, DMD, MPH, Senior Health Policy Analyst; Marko Vujicic, PhD, Vice President and Chief Economist, Health Policy Institute)
- National Dental Association (Sheila L. Armstrong, DDS, President)
- National Indian Health Board (Stacy Bohlen, CEO; Casey Long, Public Health Project Associate)
- National Rural Health Association (NHRA) (Alan Morgan, MPA, Chief Executive Officer)

Guests:
- Anita Glicken, MSW, Executive Director, National Interprofessional Initiative on Oral Health
- Erin Hartnett, DNP, PPCNP-BC, CPNP, FAAN, Program Director, Oral Health Nursing Education & Practice (OHNEP) Program, NYU Rory Meyers College of Nursing

Strategic Advisors and Staff:
- Marcia Brand, PhD, former Deputy Administrator, Health Resources and Services Administration
- Patrick Finnerty, former Medicaid Director for the Commonwealth of Virginia
- Dora Hughes, MD, MPH, Associate Research Professor, GWU Milken Institute School of Public Health and former Counselor for Science and Public Health, Department of Health and Human Services
- Marianne Hughes, former Executive Director, Interaction Institute for Social Change
- Laurie Norris, JD, former Senior Policy Advisor for Oral Health, Centers for Medicare & Medicaid Services
- Al Yee, MD, MPH, Senior Advisor to Community Catalyst Dental Access Project and leader in health care, public health, and philanthropy
- Brenda Cocuzzo, Executive Assistant, DentaQuest Partnership for Oral Health Advancement
- Hannah Cardosi, Administrative Coordinator, DentaQuest Partnership for Oral Health Advancement

C. Desired Outcomes

Pat reviewed the desired outcomes.

By the end of the meeting, the group is expected to have:
- An opportunity to welcome Dora Hughes, MD, and Emily Stewart to the group
- An update on COVID-19 infection control guidelines, vaccination issues, and school-based services
- An awareness of the ecosystem of organizations, and activists and their work on Integrating Oral Health into Overall Health and Amplifying Interprofessional Care
- A list of priorities for consideration for the Integrated Care Working Team to consider
- A sense of each PRW participant's interest in joining a specific Working Team

Pat also reviewed where we've been in recent meetings.

Last month we focused on Data & Research and Communications & Messaging. As you can see, today, we will be hearing about Integrating Oral Health into Overall Health and Amplifying Interprofessional Care with an equity lens. This will be followed in January when we hear about work underway regarding dental benefits in Medicaid & Medicare. Then, in February, we will dive more deeply into Health Equity & Root Cause Obstacles.

While we are participating in these learning events over the next few months, we will also be forming the Working Teams. We will be hearing more about that at the end of today's meeting.

Based on your feedback, we will also be staying informed on COVID 19, infection control, oral health's involvement in the vaccination process, school-based services and related topics, in this new phase of the pandemic.

Now, let's get started and hear from our guests, who have so graciously agreed to present today.

II. COVID-19 Updates

Mike Monopoli presented on some general updates related to COVID-19 in the context of oral health services.

- The CDC recently released guidelines on school based and mobile care. We are working with OSAP to develop aligned guidance on school-based care and we will share those with you as soon as they are released in the context of COVID highlighting inequities, it is clear that schools are about much more than instruction. They are probably the most equitable and effective ways to engage and support families around access to nutrition and health care including oral health care.
- Vaccines – Pfizer's has been approved, and Moderna's will be soon. It is a priority for dental professionals to be included as essential health care providers and vaccinated in phase 1, and that they play a role in providing vaccine to the community.

Jane Grover gave an overview of the Pfizer vaccine based on a recent very comprehensive webinar. The webinar addressed what clinicians need to know about the vaccine. The vaccine was explained, and all health care providers were encouraged to receive the vaccine so they can in turn encourage compliance in their health care settings. The MRNA technology is not new; providers who are well educated about some of the mechanics of the vaccine can allay fears. The webinar talked about the two-dose series. The second dose has a four-day grace period - can be day 17-21 days. The advice is that interchangeability between the Pfizer and Moderna vaccines is not recommended; however, if two different products are administered, no additional doses need to be administered. Patients need to be encouraged to complete the vaccine series – even if there is a reaction after the first dose. Protection takes one to two weeks following the second dose. And no vaccine is 100% effective, and all should continue to follow the protection guidance.

The V-Safe text system is being used to track signs and symptoms from those who are vaccinated. It is not mandated but highly encouraged. They will receive a text daily, after the first dose, to monitor the post vaccine symptoms. The differences in post-vaccine symptoms were clearly outlined. The signs and symptoms post-vaccine are different from symptoms of the disease. And they went into fascinating detail about some of the anaphylactic occurrences that have arisen in a small number of people. They talked about the fact that the vaccine consists of MRNA and some injectables, one of which is PEG. If you're allergic to shellfish or peanuts it does not necessarily mean you will have an anaphylactic reaction to the vaccine. They also stressed that ibuprofen and Tylenol are effective for post-vaccine symptom management, but they do not recommend you take it beforehand.

Link to the webinar https://emergency.cdc.gov/coca/calls/2020/callinfo_121420.asp

Discussion
Mike emphasized the important role dentists and other oral health care professionals can play in promoting the importance of the vaccine and all related safety protocols.
And there is a role we can play in offering the vaccine. We are working on that as well. New and different providers can be added during public health emergencies and while there are challenges and risks, we are lobbying HHS to include dental professionals within the PREP Act that would authorize dentists to administer the vaccine.

Dr. Zena Several states have approved that dentists can administer the vaccine…and as the availability of the vaccine increases beyond the providers that can administer it, I think this will increasingly be the case. And it will give more ready access to folks particularly in rural settings... any restrictions on tele-health should be lifted to make things easier for working class people – not on Medicaid, not wealthy.

Many states have dentists in tier one for the vaccine; others have not yet followed suit.

Tonia Socha-Mower We're hearing from folks in states where things are changing – such as in Kentucky where dentists are not at first in tier one and now are.

Pat invited others to share any COVID updates or other comments.

Q. I heard that it is still possible for people to be asymptomatic carriers after vaccination. Is that still the case after the second vaccination?
A. Yes, we are asked to maintain social distancing and mask wearing even after we are vaccinated.

Q. Have the states that have approved dentists administering the vaccine said how they will report it to the health departments and all other necessary follow-up?
A. Every state is different and they're working on it. Some of the states are still trying to figure it all out.

Q. Earlier today the ADA did a webinar in which there was a slide showing 44% of private practice dentists are willing to administer the vaccine. What's being done to encourage them to do so?
A. While there may be a survey percentage shared on the webinar, as dentists become more familiar with the process – all the aspects of it – some colleagues may be vaccine administration hesitant, as states become more comfortable so will the providers. Opinion leaders will likely get the ball rolling in this regard.

Q. People are concerned about CDC's definition of health care professionals. The definition is different in different contexts. We're working with CDC to adopt a standard definition, but I don't think they will.

Ann Battrell All licensed dental providers are typically included when we casually say "dentists." And we're hearing a similar split in the provider community – some comfortable and others not.

The survey results will be published in February with plenty of press around the release.

We did a Politico Live presentation on December 10 on closing the oral health care gap in America – there is a lot of feedback and interest in that. And we're hosting a leadership summit on Jan 15-16. It will include a diversity and inclusion panel that is growing larger. There is information on our website about the summit. Appreciation to DQP and Henry Schein for their support.

Mitch Goldman My understanding is CDC is now including dentists in the health care professional definition – seeing something else about this. There is a lot of disinformation – people are getting confused. E.g., In NY dentists can administer the vaccine but not in their offices; only at approved sites. We're working in 17 states and it's quite confusing.

III. Lay of the Land: Integrating Oral Health into Overall Health and Amplifying Interprofessional Care: Medical-Dental Integration

A. Anita Glicken, MSW, Executive Director, National Interprofessional Initiative on Oral Health

Anita's presentation slides are attached below.

Anita began by naming a select group of national entities who are addressing key systemic gaps in our siloed healthcare system.

- Since 2008, NIIOH has operated as a systems-change initiative providing backbone support to a growing network of educators, providers, delivery systems and national organizations who share a commitment to reducing oral health disparities and eliminating oral disease.
- NIIOH supports, aligns and connects these partner efforts to integrate oral into overall health, and to give voice to the importance of team based, interprofessional care that can increase access and advance the growth and optimization of our oral health workforce.
- This month, Smiles for Life, a free online educational oral health resource formally launched an updated 4th edition of the website and app, which has already served over 2.5 million visitors, with over >450K+ courses completed for credit.
- Smiles for Life was created to ensure the integration of oral health and primary care, addressing gaps in education and training of primary care and other health professionals.
- Modules include specific content on interprofessional practice, and a unique set of oral health modules designed for community health and other frontline workers who can extend provider impact into the community to address specific oral health needs including education, advocacy and access to care.

As one of six national centers supported by HRSA's Academic Units for Primary Care Training Enhancement (AU-PCTE) program, the Center for Integration of Primary Care and Oral Health (CIPCOH) serves as a national resource for systems-level research on oral health integration into primary care training with an emphasis on enhancements that can prepare primary care providers to deliver high quality, cost-effective, patient-centered care.

- CIPCOH began by evaluating data from a study describing oral health education integration across 13 health professions, which identified a consistent gap in oral health education across most professions with the exception of PAs, pediatric nurse practitioners and nurse midwives.
- Based in part, on those results they are now pilot testing an evaluation tool to assess the quality of oral health curriculum integration across primary care disciplines.
- A recent pilot project seeks to use this tool to develop a training program that supports recruitment of state oral health champions to further advance integration of oral health across education program curricula.
- HHS also supports the Oral Health Workforce Research Center, School of Public Health, University at Albany, SUNY, the only one of 9 HHS health workforce research centers and focused on oral health.

- This year the Center published a Compendium of Innovations in Oral Health Service Delivery summarizing over 40 case studies conducted by the center in recent years.
- Combined these research centers help inform gaps in future workforce planning related to both education and practice.

Over the past year, the Primary Care Collaborative, a multi-stakeholder membership organization, has held a series of advisory group convenings to inform the development of a compendium to demonstrate the dynamic and innovative ways that healthcare clinicians, community members, and public health leaders are working together to integrate oral health and primary care.

- This project is unique in that it views case examples through the lens of PCC's Shared Principles in Primary Care, a framework that allows us to consider the place of oral health within primary care and the health system at large.
- Successful examples of oral health integration activities, along with the accumulated wisdom of the PCMH and behavioral health integration movements, ground three overarching policy recommendations that include both short-term and long-term goals to address systemic gaps in health coverage, access, and health justice.
- The Compendium, and its call to action, is now scheduled for release in March with a convening to follow.

The Meharry Medical College School of Dentistry is also working with a national advisory committee from industry, academia, government, primary care and oral health, and professional associations to plan a series of three convenings on health equity tentatively titled "Health Integration, Innovation, and Racial Justice in a Time of Crisis."

- Led by Dean Farmer-Dixon, the virtual convenings will specifically focus on the oral-systemic health connection.
- The overall goal of the convenings is to create effective collaboration among thought leaders and medical and oral health experts providing an opportunity to re-imagine and advance health equity, towards the goal of developing a roadmap towards accessible and affordable healthcare.

The CDC's Division of Oral Health recently awarded funding to the National Association of Chronic Disease Directors to develop a national framework for medical-dental integration. Work is just beginning on this project, to create a framework that will outline opportunities to integrate medical and dental services in different healthcare and public health settings to further support populations with unmet oral health needs and associated chronic diseases.

- Given the bi-directional relationship between periodontal and other chronic diseases this work promoting medical-dental clinical integration is designed to reduce oral health disparities, particularly for those suffering from chronic disease.

The Bureau of Health Workforce Advisory Committee on Training in Primary Care Medicine and Dentistry makes recommendations to the HHS secretary and Congress on policy, program development, and performance measures concerning medicine and dentistry activities under the PHS Act.

- The committee recently responded to a request, embedded in the CARES act, for consultation on the Bureau's strategic plan for workforce development.
- Committee Work highlights interprofessional team-based education, payment and policy reform to support collaborative and integrated care models. Principles of access, prevention, value and population health are considered cross-cutting issues.
- Data analysis, forecasting and modeling to inform training and support identification of optimal team configurations to address community specific needs.

- Oral health and behavioral health exemplify collaborative models that have shown promise as a way to increase access; address provider role expansion and expand screening and preventive services across medical and dental settings.
- The committee is now working on its 18th report focused on rural health.

This diverse set of national initiatives all focus on the systemic issues that will need to be addressed to move medical-dental integration forward.

- Their very existence represents a significant shift in the oral health landscape over the past decade most notably in the area of medical-dental integration and the use of interprofessional teams for integrated care delivery.
- COVID-19 has created a new sense of urgency about our work, accelerated by temporary changes in policies, payment, professional regulations, and the use of technology.
- NIIOH has been pleased to be a part of framing these important conversations to integrate medical, dental and behavioral healthcare, and to grow the field of oral health by cultivating leaders, facilitating interprofessional learning and agreement, and supporting tools and resources that advance interprofessional practice and integrated oral health care.

B. Erin Hartnett, DNP, PPCNP-BC, CPNP, FAAN; Program Director, Oral Health Nursing Education & Practice (OHNEP) Program, NYU Rory Meyers College of Nursing

Erin's presentation slides are attached below.

Thank you, Mike, for inviting me here today. I want to thank the DentaQuest Foundation and Acora for funding our Oral Health Nursing Education and Practice Program. OHNEP's goals are to integrate oral health into the national nursing curriculum both graduate and undergraduate through faculty development and curriculum integration and to promote oral health best practices in clinical settings.

The COVID -19 pandemic has opened our eyes to the recognition that the social determinants of health, poverty, minority groups, environment, housing, transportation and workplace play a major role in health. Many of these factors have been heightened during the pandemic. Those populations disproportionately affected by COVID-19 are also the population at higher risk for oral diseases and oral health care disparities.

This pandemic has also showed us that dental care is essential. With dental offices being shuttered for 4 months, with 30 million people now collecting unemployment and having no dental insurance, with schools being closed and school dental programs are left with nowhere to go, all of this has led many medical providers to realize the importance of dental care and their role in prevention of oral health problems.

We now have unique opportunity to integrate oral care into overall care by focusing on prevention through oral health education, FV and sealants, HPV and COVID vaccines, screening for diabetes, COVID, HIV, and monitoring stress and psychosocial risk within primary care, using community health workers, integrated practices and referrals. The emergence of telehealth, telemedicine and teledentistry have made interprofessional education simulations, consults and collaboration quite easy to do.

But we still have many barriers to medical dental integration – scope of practice issues and regulatory issues, different EHR systems which don't communicate, different coding and reimbursement.

I would like to share with you 3 of our newest national interprofessional medical dental integration projects in cancer, NV-HAP and maternal care.

The COVID-19 pandemic has considerably amplified the need for remote health services in all spaces.

We have teamed up with GOMO Concierge cancer service to integrate oral health into their digital therapeutic cancer messaging service which is currently being used at the New Jersey Cancer Center and Cancer Centers of America.

This is an incredible resource which provides telehealth technology to deliver valuable care messaging to patients receiving cancer treatment – providers can manage patient-reported distress, identify warning signs of adverse events, and foster self-confidence for patients and caregivers. It reduces the cost of care, enhance patient satisfaction, improve patient outcomes.

OHNEP developed digital oral health care messaging for providers to manage patient oral health concerns and prevent further oral health problems. Patients receive a message every few days asking about their oral health and based on their response they will be given information on self-care measures or directed to a member of their interprofessional team, healthcare provider, nurse clinician, nurse practitioner, pharmacist or social worker.

For example, a patient will be asked if they are experiencing dry mouth. If they answer yes, they will go to a question asking about difficulty swallowing, decreased or thicken saliva, changes in taste, bad breath, cracked lips, problems with dentures. The goal is to get this implemented into many more oncology centers and we are planning a meeting with the ONS in January. If you are interested in having a demo at one of your meetings, I would be happy to arrange it.

HAPPEN and NOHAP

Non-Ventilator Hospital Acquired Pneumonia - NVHAP is the most common hospital acquired infection. It occurs 48 hours or more after a patient has been in the hospital. It is called NV-HAP - non-ventilator HAP and results in increased morbidity, mortality, cost, LOS.

Despite the common belief that oral care is a comfort measure, reduction of the bacterial load in the mouth by provision of regular oral care significantly reduces the risk of developing hospital acquired pneumonia, or NV-HAP. Yet 70% of inpatients do not get oral care.

HAPPEN (Hospital-Acquired Pneumonia Prevention by Engaging Nurses) is a unique VA program begun by a nurse – Shannon Munro at the Salem VA Medical. Nurses were taught to give oral care twice a day by following a scientific implementation model and using a specific "how to" toolkit.

Oral care increased 75% on this pilot unit.

The incidence rate of NV-HAP decreased from 105 cases to 8.3 cases per 1000 patient-days (by 92%) in the initial VA pilot, yielding an estimated cost avoidance of $2.84 million and 13 lives saved in 19 months post implementation.

The team was successful in translating this research into a meaningful quality improvement intervention in 8 VA hospitals (in North Carolina, Texas, and Virginia) and has now spread to a total of 75 VA hospitals so far (October 2020).

NV-HAP can be prevented by providing consistent oral care. The oral care intervention successfully utilized interdisciplinary partnerships to target patient and staff behavior addressing a serious patient safety issue. Prevention of NV-HAP by providing oral care saves lives, lowers health care costs, and improves patient care, safety, and quality of life. They predict that $200M and countless lives will be saved by this initiative annually.

From this, a National Organization for NV-HAP Prevention (NOHAP) team has formed – of which I am a member of the Implementation team. The is a network of healthcare leaders designing a national NV-HAP research agenda and developing policies to combat NV-HAP. The goal is to:

- implement effective prevention strategies to improve patient safety, enhance quality of life, and save lives.
- educate patients and staff on the importance of oral care for hospitalized patients and get this program in all hospitals.

HHS - Action Plan to Improve Maternal Health in America provides a roadmap for addressing serious problem of maternal health in the US. It discusses risk factors before and during pregnancy, improving the quality of and access to maternity and postpartum care, and supporting a research agenda to fill gaps in current evidence.

US Surgeon General's - Call to Acton to Improve Maternal Health examines the current state of maternal mortality and morbidity, including the extreme racial and ethnic, geographic, and age disparities in maternal care across America. It outlines the critical roles everyone can play to improve maternal health. It mentions that many risk factors for maternal mortality and morbidity develop prior to pregnancy and recommends focus on improving overall health by engaging in healthy behaviors and practices. A quote from the report: "Recognize that oral health is part of overall health and that pregnant mothers may be prone to gingivitis and cavities."

We have been focusing on developing oral health competencies of the RN workforce to improve oral health equity for high-risk pregnant women and young children by collaborating with the Nurse Family Partnership (NFP), a national evidence-based nurse home visiting program, in which RNs provide education, counseling, and support to high-risk first-time pregnant women until the child turns 2. We instituted an oral health education program for the NFP nurses in a Miami-Dade in which they taught these mothers about oral health for themselves and their babies. Our small sample showed that mothers increased their knowledge and oral hygiene behaviors for both themselves and their child. The most rewarding part was that the children at age 2 showed no signs of white or brown spots on their teeth. We are currently working with the National NFP office to get this to become a part of their regular homecare program.

Our new initiative is with Public Health Solutions, the largest public health nonprofit serving New York City to institute a similar oral health education program with their nurse home visitors.

Our MW and NP students work together with dental students in an interprofessional experience to do an oral health screening on pregnant patients in the Bellevue prenatal clinic. The MW and NP students learn the screening oral exam from their dental colleagues and the dental students learn about pregnancy from the NP and MW students.

I will end by saying the HP 2030 Objectives have come out this week, and again Oral Health is one of the objectives. The goal is to improve oral health by increasing access to prevention. And this will require medical dental collaboration.

Oral health should be included in policy considerations and continued research. Advocacy is crucial to address the immediate crisis, ensure access to oral health care, address disparities and inequities, and improve population health.

C. Small Groups

The participants met in small groups to discuss the following question: How might the PRW Integrating Oral Health into Primary Care Working Team contribute to the work already underway using a health equity lens?

Group 1: *From Eme Augustini*

- Medical providers are being asked to do oral health screening and there have been some complaints or concerns about reciprocity. Could dental providers perform medical screenings and make referrals as well (bidirectional)?
- Smiles for Life is a wonderful program. Could there be a similar set of modules for dental providers about the medical screenings they can do (e.g., blood pressure check)? Outreach to ADEA.
- Education and curriculum of providers are clearly important. Share evidence of dental-medical connection to medical orgs and educators. Include nursing home staff, home health aides, assisted living facilities.
- Re disparities, bring health and dental care to where people are like churches, housing, stores/retail. Support church-run health fairs that include dental.

Group 2: *From Diane Oakes*

- Focus on FQHCs, identify trusted community conveners to partner with, be in and with the community often
- Need to build positive opinion leaders among the fiscal leaders of health systems (CFOs)
- Integration of care is essential for patients with disabilities. St. Louis has a great model integrated clinic for patients with disabilities
- Consider CMS increased reimbursement for integrated clinics focusing on Medicaid/disability populations.

Group 3: *From Myechia Jordan and Terri Dolan*

- The PRW can leverage existing models of integration and uses data to drive integration.
- The population-based data should have a focus on race, gender and socio-economic factors.
- We should work to highlight the business case for integration

Group 4: n/a

Group 5: *From Mike Monopoli*

- What is happening has been happening for a long time and we need deliverables and a timeline.
- We need to reach out to new partners and include our work with them, i.e., the action council
- NADB is posting their survey data and HS can help to spread information
- We need more open dialogue time in the PRW meetings
- Should we include more federal agency representatives on the PRW?

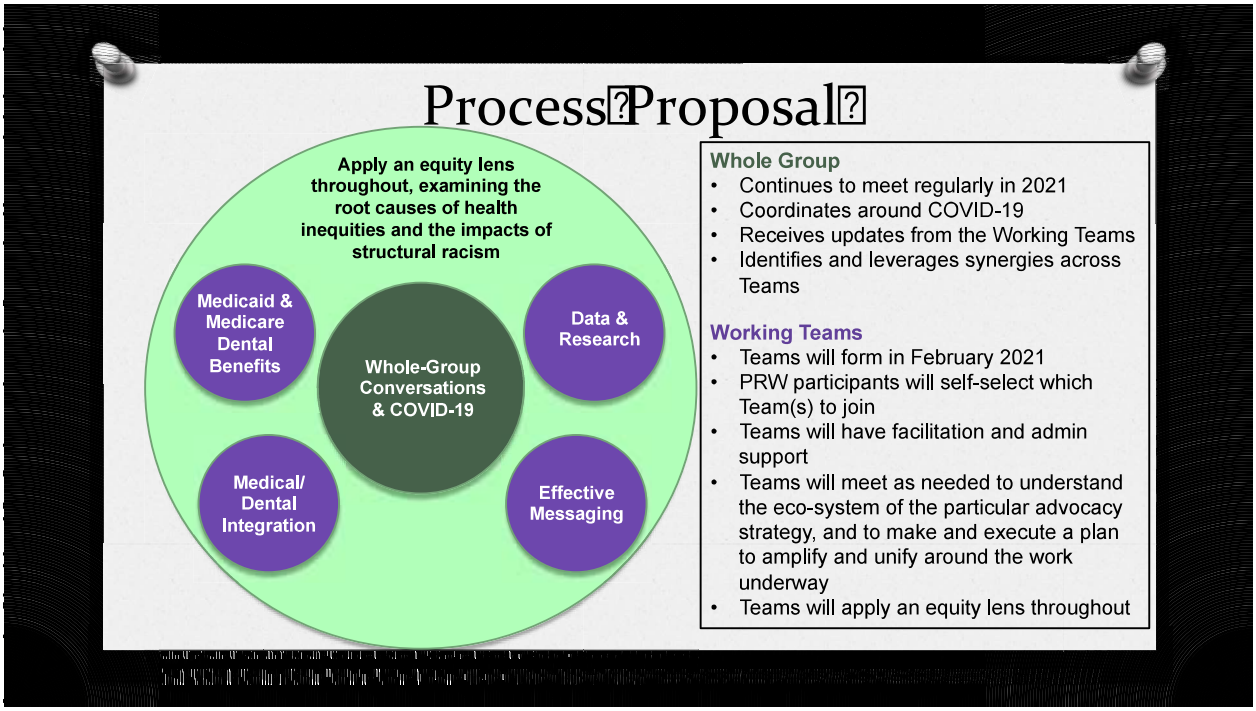
Group 6: *From Vanetta Abdellatif*

- Working w/VA Hospital on sites would be helpful.
- What does the data show about dentists and other dental professionals' participation has been in the past with public health/prevention and other counseling activities that helps patients? Because dentists spend more time with our patients there's more opportunity to do this important work. What does the data say about willingness to be involved in that type of education?
- FQHC's participate in Oral Health Network--touch both sides medical and dental providers integration. Could we learn more about how it can be done in other settings, like the VA for instance.
- Opportunity to increase education and how doing it well helps patients. Looking at how to do more shared learning and how to partners to do more of that.
- Pharmacist are key providers…can we get them involved in oral health. Inventory of scope of practice for pharmacist by state.

IV. Working Team Design and Process

Pat presented about the Working Team design and process.

A. Process Proposal – reviewed



B. Working Teams – More Details

Purpose of Our Work Together in 2021

a. continue monitoring the impacts of COVID-19 on safety, infection control, and access, and to discuss action steps as necessary; and
b. broaden our focus and identify ways to have a collective impact on the prioritized advocacy strategies selected by the group.

Purpose of the Working Teams

a. understand the eco-system of the particular advocacy strategy so that the PRW can contribute to, amplify, and unify around the work underway
b. apply an equity lens and root cause analysis to revise the advocacy strategy as needed, and
c. refine the strategy in the context of COVID-19 and the permanent changes likely to result from the pandemic

Audience

a. entities that can make or impede the desired changes (e.g., policymakers, thought leaders, the provider community, the consumer community, advocacy organizations, and others engaged in the U.S. oral health system)
b. specific audience will depend on the particular advocacy strategy

Staff Support & Schedule

a. a process facilitator and administrative support will be available for each Working Team
b. Working Teams will be formed and launched in February

Pat requested that participants express their interests in the Working Teams by entering into the chat the teams they are interested in joining. He emphasized that this is not a commitment, but rather will give the organizers a sense of where interests lie in terms of the Working Teams.

From the Chat:

Data & Research

- Christine Wood - ASTDD
- Ife Johnson
- Tonia Socha-Mower

Integrated Care

- RADM Tim Ricks
- Vicki Young
- Ann Battrell
- Hazel Harper
- Edwin Del Valle-Sepulveda

Effective Messaging

- Vicki Young
- Steve Kess
- Ife Johnson
- Barbie Vartanian

Medicaid & Medicare
- Teresa (Terri) Dolan
- Barbie Vartanian

V. Next Steps and Close

Pat thanked everyone for their time and participation and wished everyone a happy and healthy holiday season.

Dr. Jordan thanked everyone for their engagement today and for their commitment to this work.

As we close out this year – so indescribable on many levels – I want to convey how important this work is…how very critical. It's incredible how we've come together during this time. I want everyone to be clear this is not a DentaQuest Partnership initiative, but rather a group initiative. It will be what we make of it. We need to keep talking with one another about what will make it as much as it can be. As we continue, we need to articulate what we want to have come out of this, how this is an effective use of your time, and what else you feel we need as we think about our work in 2021 with the pandemic not over. What would be the most useful outcome of our work together and how can this group be the most effective it can be?

Comments –
- The benefit of the group is the expanded opportunities we have to hear the voices and feelings of one another and learn about each other's work. I would like to see some metrics established for the group, so we are driving toward a finish line – or at least progress that is measurable and meaningful. It's an extraordinary program – very well facilitated, great presentation. Great network opportunity. Really something that will become even more successful as the administration in DC transitions and there is increasing appreciation for oral health as part of overall health
- One of the great things about this group is the collective voice. We can think about what we take back to our organizations to share that collective voice. Such great timing.
- It would be great if the group could create white papers or letters of position statements or letters we can all sign on to. Build a voice, build visibility, and amplify the engagement of so many sectors that are represented here.
- Other comments in the chat

Myechia suggested that if there is anything written or shared that could benefit from being amplified by this group, please send it. She then closed by thanking everyone for their perspective and wished everyone well in the New Year.

VI. Additional Discussion from the Chat

From Ife Johnson: I heard that it is still possible for people to be asymptomatic carriers after vaccination. Is that still the case after the second vaccination?
From Steve.Kess: To date there has been no discussion of how dental offices will be able to receive covid vaccine ???
From Edwin Del Valle-Sepulveda: The problem with us dentists and dental clinics administering the COVID-19 vaccine is the required equipment (the refrigerators)...

From Christine Wood - ASTDD: Some states are encouraging dentists to volunteer to provide vaccines at local health department events rather than in their own offices.
From Myechia Jordan MD,MBA: My understanding Steve is that it is being handled at the local level and that the dental offices that are eligible would have to have the required equip as noted..
From Teresa (Terri) Dolan: Thanks, Jane. As you know, the ADA produced great resources throughout the pandemic. Will they be doing something similar to support clinicians who want to offer vaccinations?
From Myechia Jordan MD,MBA: The power of this group is the ability to advocate for all licensed providers to be able to distribute the vaccine. And to provide education to our communities
From Jane Grover : Absolutely. The ADA has a Communications document as well as employer information coming out VERY soon
From Hazel Harper: Will dental insurances reimburse dentists for delivering the vaccines?
From Myechia Jordan MD,MBA: My understanding is that the vaccine is free, does anyone know if medical reimbursement will happen for the vaccine
From Dora Hughes: The vaccine is free and plans can be billed for the admin costs. There is also a fund to cover admin costs for those who are uninsured.
From Myechia Jordan MD,MBA: CHCs are getting ready to distribute the vaccine.
From Myechia Jordan MD,MBA: Op eds will be helpful for all of us to consider. Ultimately this level of stepping up could help with broadening the definition of health care providers
From Jane Grover: Wouldn't it be great if the same people who reacted so positively to the Politico event also helped states retain their adult dental Medicaid benefits?
From Tonia Socha-Mower: www.dentalboards.org/covid-19-resources for latest updates re:COVID-19 vaccine report from the AADB
From Christine Wood - ASTDD: Jane, will the ADA be producing any information from practitioners and patients about the new home testing kits that are coming out?
From Jane Grover: I will check with our Science people who would be the ones looking closely at those kits
From Michael Monopoli - DentaQuest Partnership : great discussion, all important points when the rules are developed state by state and distribution is defined locally. we will work to support resources that will help to address the confusion
From Vicki Young: In SC, CHCs are working with the state to work through when they will receive vaccine as one of the entities in Phase 1b for vaccine distribution and administration to staff.
From RADM Tim Ricks: The definition of HCP in the infection control section of the CDC website excluded dental healthcare professionals (DHCP) – seehttps://www.cdc.gov/infectioncontrol/guidelines/healthcare-personnel/appendix/terminology.html#References. This was the original definition used by the Advisory Committee on Immunization Practices (ACIP). But like Dr. Goldman said, on the COVID website the CDC has now not excluded DHCP in the HCP definition – see https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html.
From Christine Wood - ASTDD: Is HAPPEN still taking place during COVID-19? I ask because Head Start has discontinued brushing programs in their centers.
From RADM Tim Ricks: Like Erin mentioned, oral health is once again a Leading Health Indicator in Healthy People! This raises the visibility of oral health. See https://health.gov/healthypeople/objectives-and-data/leading-health-indicators.

VII. APPENDIX

The slides are provided by the presenters are attached below, in this order:

A. Slide Deck: Anita Glicken, MSW, Executive Director, National Interprofessional Initiative on Oral Health

B. Slide Deck: Erin Hartnett, DNP, PPCNP-BC, CPNP, FAAN; Program Director, Oral Health Nursing Education & Practice (OHNEP) Program, NYU Rory Meyers College of Nursing