

Oral Health System: Pandemic Response

Virtual Meeting

April 30, 2020

3:00-4:30 pm EDT

Group Memory

Convenor:

Michael Monopoli, Executive Director, Grant Strategy
DentaQuest Partnership for Oral Health Advancement

Facilitator:

Marianne Hughes, Strategic Advisor
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Content Manager:

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I. Start-Ups

A. Welcome

Myechia Minter-Jordan MD, MBA, President and CEO, DentaQuest Partnership for Oral Health Advancement and Catalyst Institute opened the meeting by introducing herself and welcoming everyone. Highlights of her comments included:

- Never in our professional lives has the need for information sharing, innovation and collaboration been so imperative, as we seek to protect dental providers and their patients and promote our nation's oral health in the face of COVID-19.
- As we learned when we met on April 8th, which seems so long ago, you are the knowledgeable, thoughtful, connected, committed people who represent our nation's best hope for addressing the pandemic challenges we face, both immediately, and in the future.
- A great deal has changed over these past three weeks. Since that meeting, it has become even more clear that stakeholders need to build alignment and communicate clearly on issues related to patient and provider safety. And we are doing this while the landscape "shifts" at both the national and state levels, making these challenges even more complex.
- We know we must collaborate to move things forward. No organization or group of organizations can do this alone. In this unprecedented moment, we need all voices engaged to ensure that the best information and guidance is shared.
- We may do that in our "usual roles" – or we may need to step into roles and responsibilities for which we have less experience – that are somewhat out of our comfort zones – to tackle new challenges.
- I find myself participating on a task force created by the Mayor of Boston to explore how the city may respond to and reduce the inequities in access to care and safety information and risk that this pandemic highlights. I have been committed to addressing health equity throughout my career, and this is an opportunity to express that passion. Similarly, you may find yourself called to use your oral health skills and expertise in new areas, and I hope you will.

B. Introductions

Participants and Guests

- American Dental Association (*Unable to attend*: Marko Vujicic, PhD, Chief Economist and Vice President; *In attendance*: 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)
- Dental Trade Alliance (Gregory Chavez, CEO)
- 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)
- Association of State and Territorial Dental Directors (Chris Wood, Executive Director)

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

C. Purpose of the Effort

To gather key stakeholders within the oral health system to deepen relationships, build alignment, and develop priorities that will guide our individual, organizational, and collaborative action in order to create economic and point of access stability in the oral health care system and to begin to envision what the post-pandemic oral healthcare stem will look like.

D. Purpose of the Meeting

To review and deepen our understanding of the priorities and actions that have emerged and to build alignment on a path forward - both in the immediate and near term.

IV. Desired Outcomes

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

- A shared understanding of the evolution of the crisis and shifts in thinking, since we last met, overall and within our organizations in the Covid-19 Pandemic context
- A shared understanding of the current priorities, including urgent and immediate action steps, and who should implement
- A list of ideas for how to further our collaboration and next steps

IV. Current Reality

A. Current Reality: Broad View

Marianne invited the following participants to provide a quick overview of how the crisis has evolved and shifts in thinking since we met on April 8.

Myechia Minter-Jordan, President & CEO, DentaQuest Partnership for Oral Health Advancement

Since we met three weeks ago, DQP has continued to monitor the changing oral health landscape that is the result of the current pandemic. We continue to work to build alignment across sectors in response and to provide support and leadership to the health care system in the area of tele-dentistry, financial stability of the oral health delivery system, and patient and provider safety. The rapidity of change and differences across states in terms of oral health care delivery and the role of the dental team in health care reinforces our belief that no one organization is positioned to respond in an effective way.

Rear Admiral Tim Ricks, Chief Dental Officer, U.S. Public Health Service

Last three weeks there has been a steady push to reopen. From the federal perspective, trying to coordinate efforts, get organizations to talk with one another. Some don't typically do so. This has allowed people who don't normally do so to come together to work on common messaging.

We are bringing in key federal agencies – CDC, FDA, CMS, and so forth. CDC released some guidance on April 8 and updated dental specific guidance a couple days ago. OSHA will release dental specific guidance, as well. ADA has released a toolkit. And there's more. We're trying to get a handle on all of it, Appreciate the information sharing we're doing as we move forward.

Ann Battrell, Chief Executive Officer, American Dental Hygienists' Association

Late breaking news – ADHA is releasing interim guidance on returning to work. Task force finished its work today. There will be a large-scale distribution on the website later tonight or early tomorrow.

We have continued to gather the perspective of the dental hygiene community and have taken in all guidance released. We have a task force charged with vetting and culling all of that information. Many dental hygienists are very fearful of returning to work. In some cases, there is good communication among entire dental teams and those teams are approaching re-opening as a soft launch and this seems to be helpful.

Our shift in thinking comes at both ends of workforce. Some dental hygiene programs will not survive the pandemic. We have 328 dental hygiene programs – some of them are small - and they have completely stopped providing education to students. No clinical boards are available. The student community is at odds about their choice of professions given all this. At the other end, we're hearing from hygienists who have been in practice 20-25 years and were considering their next move and this has settled their choice – they will not be returning to practice.

What will this do to the oral health care delivery system? How do we get good solid information out in this regard?

Another shift is that there is a high level increase in teledentistry – not just for underserved populations which hygienists have been doing already but now it's being introduced into the more traditional dental delivery system. The community is scrambling for information about this.

Jane Grover, DDS, MPH, Director, Council on Advocacy for Access and Prevention

The ADA has accomplished a lot. We are dialoguing with the dental team. We appreciate ADHA's input. We are working closely with members and other organizations and federal agencies to collaborate on the fact that we have more questions than answers. Even esteemed experts have conflicting information. We are trying to make the best sense of it as we can.

We've released a return to work toolkit and a FAQ document about testing. We're trying to release the most useful and up to date information for members, and we are holding weekly digital events on various topics. We are leaning in on advocacy from the legislative arena and have seen an interest in dental case management because are entering a new era – one in which more people will understand the value of case management and teledentistry.

We also are trying to promote and encourage health and well-being of members during this stressful time...especially the patchwork quilt of messaging from governors. We are remaining steadfast on advocacy for patients – particularly for those who are underserved.

Christine Wood, Executive Director, ASTDD

Back when this group met on April 8 (though I was not on the call), most dental directors were involved with decision making with health departments and governors about routine dental care not being provided, only urgent care. And now we've shifted to discussions about whether it's appropriate to re-open for elective care.

There is a call this afternoon on the new guidance from the CDC that appears to indicate that only emergency services should be provided – including to those whose COVID-19 status is unsure. Without a fast test or antibody test, we must assume a person has the virus and should not be providing aerosol generating procedures in the office. And there are questions about whether we are required to follow CDC guidance or not. The ADA toolkit suggests we use professional judgment. All of this is raising a lot of concern.

B. Current Reality: Within Organizations

Marianne invited others who have not yet spoken to share examples of other shifts in thinking or changes since our last meeting on April 8.

Mitch/ADSO - I know so little about all of this. With rules changing so frequently...it's a mess! The system is so fragmented. The real time information was that we were supposed to open in a few states and every time we decided... Testing is so unclear... we better be able to test people first. We need to know who we are treating. Dental boards have not been clear that testing is ok. Currently, testing requires going to a medical doctor (or CVS).

Dental practices that reopened in Kansas, Oklahoma, Utah were slammed with patients. The problem is that with infection control and social distancing, we can serve fewer people. There is a lot of strategizing around how patients are being treated – but pent up demand seems to be proven.

98% of employees surveyed said they want to come back. Folks on the front lines are sticking their hands in the mouths of people who may be COVID positive...they do this every day...and no one is celebrating dentists like they are celebrating health care workers in NYC. Some folks are not wanting to come back out because they are making more money on unemployment. We need to clarify communications across the platform.

Terri Dolan, Santa Fe Group – We are convening multistakeholder groups to address critical issues over the last 25 years. We have issued comments on the COVID situation ... applauding work this group is doing. We've undertaken a facilitative role on testing. Two point-of-care rapid tests are being used and tested in some labs. We're seeking EUA from FDA...development of protocols for testing prior to staff returning and patients coming in...this is an area that can take uncertainty re: health of staff and patients out of the equation.

The priority is to bring back safety through protocols and focused efforts of providers. We've engaged seven university health centers in screening and providing testing to hospital staff and front line responders. Protocols are being developed. A request for EUA submitted for antibody tests from FDA.

Approval was received for an antigen point of care test. Between these two we can give confidence to the health care community – medical and dental.

We also are reviewing the opportunity to collaborate with others with respect to an approach to the elimination of the anxiety, uncertainty, and impact on the oral health community during this crisis.

Ifetayo Johnson, Oral Health Progress and Equity Network

Issues that have come up for us are around fear and trust. Many dentists are wanting to do screening but there is tremendous anxiety around PPE and protocols, liability issues, and reliability of tests. We are looking at a campaign to re-establish trust for staff and patients alike. We are talking a lot about the impact of COVID on communities of color. I'm in Detroit – it's just beginning to drop a little bit. We are seeing folks in rural areas ignoring social distancing – which means we are likely to see another surge there that will hit hard as they are less prepared to handle it.

V. Priorities and Recommendations

A. Priorities

Marianne organized the participants into the following break-out groups.

- Safety and infection control as dental offices re-open (2 groups)
- Access to services
- Telehealth and technology
- Communication and messaging

The desired outcomes for your conversations are:

- A list of the most urgent and immediate actions that need to be taken in your priority area
- A list of the stakeholder groups that can leverage their expertise to implement these actions – who in this meeting, who within their spheres of influence, and other stakeholders

B. Recommendations: Small Groups

These are report outs by break-out groups (full names listed above).

Safety – Group One

Steve (Henry Schein), Chris (ASTDD), Jane (ADA)

- Testing at the point of care is critical to assess virus status before exam or treatment.
- Protocol is needed, including reimbursement, for point of care testing that meets EUA guidelines by FDA.
- The testing – once formally approved along with proper protocols – can be promoted to all practitioners.
- In addition to guidance from various groups, we need to hear from OSHA with respect to workplace safety and liability issues to protect providers and the public.
- Testing is a way to build confidence.

Safety – Group Two

Ife (OPEN), Eme (NADP), Ann (ADHA)

- Testing and PPE discussed for safety for patients and staff.
- Discussed need for a national dental care safety plan.

- Testing – re: potential liability in a dental office – could a rapid test help with that and help drive utilization?
- PPE – many questions around how you operate a dental office when there is so much we don't know. Determining where and how to get PPE is a question. Demand, distribution, economies of scale are in question.
- PPE – Is there a private actor or advocate who can help with this in the absence of the federal government addressing this.
- What stays in the practice after COVID (e.g., HIV/AIDS changed procedures)? Could offices become places of immunization?

Access to Care

Terri (Santa Fe Group), Greg (DTA), Tim (USPHS & OHCC)

- Re-instill consumer and staff confidence and trust (organized dentistry).
- Make sure most vulnerable people are not shed from practices. As new controls are put in after other emergency situations, we've seen practices letting go patients who could not pay and for other reasons. Need to remind people of the link between oral disease and overall health (Surgeon General's report will address this).
- Promote an expanded workforce where everyone is working at the top of their abilities – this is a great time to do that, especially for the vulnerable populations (ADA, ADHA, others).
- Stakeholder groups – organized dentistry critical to be involved in re-instilling confidence. Insurance plans as well.

Communications

Myechia (DQP), Diane (DDW), Vicki (NACHC)

- Communications plans needed for providers and general public.
- Communication re: importance of prevention, teledentistry, infection control in offices, importance of oral health to overall health.
- Communications to states to retain benefits.
- Providers – highlight them as essential healthcare providers, providers on front lines, what happens when people can't get the care they need – emergency rooms. Cost increases. Oral health as part of primary care in integrated way.
- Providers – ADA, ADHA, NAC, NOA, state health agencies.
- Patients – CBOs, community organizations – national and local, DQP, CDC, Health for All, others.

Comments from chat:

Add ADSO and vendors as groups to be leveraged in communication efforts.

Would like to see IADR on this group - Chris Fox, Ex. Director

Technology

Janet (ASTHO), Mike (DQP), Mitch (ADSO)

- Focused on telehealth – biggest issue is fragmentation among states and regulatory barriers with state board regulating differently. Not easily addressed other than with local advocacy within individual states to allow more telehealth. Great opportunity for triaging but not if not allowed. Need a more national solution – similar to medical professions and licensing. And more state compacts.
- Testing – need national level advocacy that dentists are medical providers and are allowed to do testing.

- Underlying issue not unique to dentistry but in rural communities and POC communities – lack of access to technology. Broad swaths have no access to broadband and when there is access to cellular service, there are economic challenges, e.g., paying for data.

C. Group Reflections

What did you hear as most challenging, surprising, promising?

- Point of service rapid testing is so critical. Does anyone have information about states where this is happening? *Mitch offered to share a list through Mike. He mentioned that there are only a handful so far and there are issues about requiring that this happen under supervision of a medical doctor and other challenges. Jane of ADA will share a document about this as well.*
- Include training for testing in the roll-out of point of service testing
- Encouraged when Steve said he believes by end of June there will be valid tests available.
- (*From the chat: RADM Tim Ricks*) My only overall comment is that dentistry has created this silo that we are all trying to break out of, and this silo has been what has kept oral health professionals marginalized through this whole crisis. This is our wake-up call to build more long-lasting relationships and to do everything we can do to break down this silo.

VI. Close

Myechia closed the meeting with the following remarks:

Thank you all for your time and attention in this meeting. During our discussion this afternoon, we learned your thoughts about the most urgent and immediate actions that need to be taken to address our priorities of safety and infection control as dental offices re-open, access to services, telehealth and technology, and communication and messaging.

We also learned your thoughts about who needs to be engaged going forward, and how that might happen. As I said at the outset of our meeting, I think that there has never been a time in our professional lives where the need for information sharing, innovation and collaboration has been so imperative.

We've heard from you, as we have started to meet, that there is value in the opportunity to participate in a discussion among a broad group of stakeholders. We hope that through those discussions you will notice and act on possible collaborative efforts that will inform and strengthen your own work and priorities and that of your organizations and that will lessen duplication of efforts. We also hope that the spheres of influence exercise and document will inform your collaboration decisions. I will note that after Attending Dr. Rick's meeting last week, DQP has reached out to OSAP, Organization for Safety Asepsis and Prevention, to discuss a collaborative effort.

I hope that we will continue to meet and function as a learning community – IHI has put out a great article about learning communities which is how this group has been functioning since we first gathered, that will contribute to action.

You'll hear from us soon and we'll create concrete action steps based on today's discussion. And we'll compile resources that have been offered. Thank you again.

VII. Appendix I: From the Zoom Chat

From Myechia Minter-Jordan:

It would be great to continue the collection and distribution of emerging guidelines like Admiral's email today from this group

From RADM Tim Ricks:

For anyone not on the distribution list who wishes to receive my USPHS Chief Dental Officer newsletter, please e-mail me at USPHSCDO@ihs.gov. I gather information from a variety of organizations and agencies and publish them once a month or so (I have a staff of 0, so it's whenever there is time). Just e-mail me and I can add you to the list and share past issues of the newsletter if you're interested. Thanks, Tim

From Vicki Young:

We're seeing similar shifts as outlined by others who already shared are being seen in SC FQHCs, as well as other FQHCs.

From RADM Tim Ricks:

FDA EUA website:

<https://www.fda.gov/medical-devices/emergency-situations-medical-devices/emergency-use-authorizations#covid19ivd>

From Janet Olszewski:

in the development of the testing protocols is it planned that the results would be share with public health departments for surveillance and follow up as necessary?

From Terri Dolan:

To add to Steve's comments regarding the work of the Santa Fe Group, we need more research on testing protocols, and also about aerosols as a means of transmission of the disease, and modes of transmission and risk levels in dental practice.

From Jennifer:

I am really struck that many of the issues many of you voiced today were longstanding issues in the pre-Covid world and that we believe this is the time to make and sustain these key changes for access, safety and communication.