Oral Health System: Pandemic Response Working Group
Virtual Meeting XX
November 17, 2021
4:00-5:30 pm ET

Group Memory

Convenor:
Michael Monopoli, Vice President, Grants Strategy
CareQuest Institute for Oral Health

Facilitator:
Patrick Finnerty, Strategic Advisor
CareQuest Institute for Oral Health

Content Manager:
Sara Oaklander, Interaction Institute for Social Change

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I. *Participants*

A. Pandemic Response Workgroup

The following Pandemic Response Workgroup members were present at the meeting.

Name	Organization
Eme Augustini	Executive Director, National Association of Dental Plans
Latisha Canty, RDH, MS	President-Elect, National Dental Hygienist Association
Manuel A. Cordero, DDS, CPH, MAGD	Executive Director & Chief Executive Officer, Hispanic Dental Association
Chelsea Fosse, DMD, MPH	Senior Health Policy Analyst, American Dental Association Health Policy Institute
Jane Grover, DDS, MPH	Director, Council on Advocacy for Access and Prevention, American Dental Association
LaVette Henderson	Executive Director, National Dental Association
Ifetayo Johnson, MA	Executive Director, Oral Health Progress and Equity Network
Ann Lynch (for Ann Battrell)	American Dental Hygienist Association
Mike Monopoli, DMD, MPH, MS	VP, Grants Strategy, CareQuest Institute for Oral Health
Alan Morgan, MPA	Chief Executive Officer, National Rural Health Association
Janice Morrow	Executive Director, Society of American Indian Dentists
Keith Perry	Executive Director, National Dental Association
Colin Reusch	Senior Advisor, Oral Health Policy, Dental Access Project Community Catalyst
RADM Tim Ricks, DMD, MPH, FICD	Chief Professional Officer, USPHS, OHCC, IHS
Tonia Socha-Mower, MBA, EdD	Executive Director, American Association of Dental Boards
Emily Stewart	Executive Director, Community Catalyst
Christine Wood	Executive Director, Association of State and Territorial Dental Directors

The following Pandemic Response Workgroup members were unable to attend today's meeting.

Name	Organization
Vanetta Abdellatif, MPH	President and CEO, Arcora Foundation
Pamela Alston, DDS	President, National Dental Association
Ann Battrell, MDSH	Chief Executive Officer, American Dental Hygienist Association
Gregory Chavez	Chief Executive Officer, Dental Trade Alliance
Edwin A. del Valle-Sepulveda, DMD, JD	President, Hispanic Dental Association
Terri Dolan, DDS, MPH	President-Elect, Santa Fe Group
Mitch Goldman, JD, MBA	Executive Committee, Association of Dental Services Organizations, and CEO, Mid-Atlantic Dental Partners

Hazel Harper, DDS, MPH	Past President, National Dental Association
Steve Kess, MBA	VP, Global Professional Relations, Henry Schein
Sarah Miller, MPA	Director of Philanthropy and Foundation Operations, Dental Trade Alliance
Myechia Minter-Jordan, MD, MBA	President and CEO, CareQuest Institute for Oral Health
Diane Oakes, MSW, MPH	Chief Mission Officer, Delta Dental of Washington
Emmet Scott	President, Association of Dental Service Organizations
Carolina Valle	Policy Director, California Pan-Ethnic Health Network
Barbie Vartanian	Executive Director, Project Accessible Oral Health
Marko Vujicic, PhD	Chief Economist and VP, American Dental Association
Brett Weber	Public Health Policy & Programs Manager, National Indian Health Board
Vicki Young, PhD	COO, South Carolina PHCA and member of National Association of Community Health Clinics
Robert Zena, DMD	President, American Association of Dental Boards

B. Strategic Advisors and Staff

- Marcia Brand, PhD, former Deputy Administrator, Health Resources and Services Administration
- Kim Delus, Administrative Coordinator, CareQuest Institute for Oral Health
- Patrick Finnerty, former Medicaid Director for the Commonwealth of Virginia
- Marianne Hughes, former Executive Director, Interaction Institute for Social Change
- Kristin LaRoche, Vice President, Public Relations, CareQuest Institute for Oral Health
- Laurie Norris, JD, former Senior Policy Advisor for Oral Health, Centers for Medicare & Medicaid Services
- Bianca Rogers, PRW Working Teams Coordinator and Medicare Policy Advisor, CareQuest Institute for Oral Health
- Al Yee, MD, MPH, Senior Advisor to Community Catalyst Dental Access Project and leader in health care, public health, and philanthropy

C. Guests

- Liesl Sheehan, Tremont Strategies Group

II. Start-Ups

A. Welcome

Mike Monopoli opened the meeting by welcoming everyone and thanking them for being here today.

Pat Finnerty spoke about how impressive it is that this is our 20th meeting and how fortunate we are to have had this group's commitment to our efforts throughout COVID.

B. Desired Outcomes

Pat reviewed the desired outcomes.

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

- An update on COVID-19, the boosters, the impact of vaccinating 5–12-year-olds, new treatments, evolving case rates, etc.
- An update on the efforts to add a dental benefit to Medicare and mandatory dental in Medicaid, and the ongoing advocacy needed
- An update on the status of the PRW collective action letters
- An awareness of the content and current plans of the NIH in publishing Oral Health in America (OHA): Advances and Challenges, including expected date of release and related activities
- A shared understanding of a proposal for collective action from the Communications Working Team and the CareQuest Institute, in promoting and distributing the OHA report, and in developing additional ideas on how to leverage the OHA report into an ongoing change effort
- Agreement on a design team to work with CQI to move this process forward

III. COVID-19 Updates

Mike Monopoli presented a number of key updates. He referred to this resource for the information on life expectancy.

- Life expectancy has increased steadily from 2005-2019, especially in more affluent countries; then COVID struck.
- The United States had the second-steepest decline in life expectancy among high-income countries last year. Russia was first and 37 other countries also had a reduction in life expectancy.
- U.S. men saw life expectancy fall by nearly 2.3 years, from about 76.7 to 74.4. Women lost more than 1.6 years of life expectancy, from about 81.8 to 80.2.
- In previous times when there was a decrease in life expectancy, a .1% decrease was considered a really big deal and problem, so the context of these numbers is huge.
- The drop in life expectancy in the U.S. was driven by the increase in deaths of younger people, due in large part to COVID-19 and the Delta variant.

- Other factors were at play, as well, including homicides and drug overdose deaths that were exacerbated by COVID.

Mike shared these additional updates:

- We shared some information in advance of today's meeting from Tremont Strategies: updated information on recent federal vaccine mandates and how they affect large employers, health care settings, and federal contractors.
- The daily COVID averages are still high, which is difficult. We've had 47.3m cases and 765,000 deaths thus far.
- It appears there have been upticks lately and we're likely to be experiencing a fifth wave; hopefully, moderated by how many people are vaccinated. But we're still at a rate of 78k people testing positive each day, which is too high to have a sense of control over how the fifth wave might go. And we're seeing a positivity rate of 7.8%, whereas we want to be as much below 5% as possible.
- In terms of vaccinations across the country, 227m have had at least one dose = 69.1%; 194m have been fully vaccinated = 58.9%
- There is a sense that the impact of vaccines administered early on is waning and boosters are helping with that. The target population for boosters was at first people over 65 and those with pre-existing conditions. Hopefully, boosters soon will be recommended for everyone.
- The vaccine seems to be readily available with fewer barriers. There are still some barriers we continue to work on. At this point, the percentage of people getting boosters is greater than those getting their first vaccination, which is the crux of the problem as the unvaccinated continue to be disproportionately impacted now by COVID.
- Pfizer now has an approved vaccine for children age 5-12. It's about 1/3 of the adult dose and it is being distributed widely through schools, doctors' offices, and pharmacies. Approximately 1m kids have received their first doses of the vaccine so it's still early on.
- There are new approved pill-based COVID treatments from both Pfizer and Merck that appear to be effective, especially if taken early on as is essential with any viral medication. Both Pfizer and Merck are allowing other countries access to the intellectual property to manufacture the pills which should promote access worldwide.

Additional Updates/Questions?

Pat invited participants to share additional updates or ask questions; there were none.

IV. Dental Benefits in Medicare

Liesl Sheehan shared an update. Key elements included:

- We are currently waiting for the CBO to score the Build Back Better Act – anticipating that on Friday, after which the House can vote and send it over to the Senate.
- The Build Back Better Act does not include Medicare dental benefits.
- A compromise drug pricing reform piece was added – the savings offset there is likely to be used to cover four weeks of paid leave.

- A Medicare dental benefit seems unlikely to be added at this point and members on the budget committee are now looking at adding enhanced Medicaid coverage for an adult dental benefit. That language is currently being reviewed to see if it will meet the various requirements.
- Meanwhile, the Senate is working on the National Defense Authorization Act and probably a shorter, continuing resolution for two-three more weeks of current government funding. And likely will address the debt ceiling, before the Senate takes up the Build Back Better Act.

A. Additional Comments/Discussion

Mike invited participants to share additional thoughts, particularly about how we might move things forward given these developments.

- *Ann Lynch, ADHA* – Along with others, we have had some good conversations with folks at HHS and with CMS CDO Natalia Chalmers. My sense is that HHS has an appetite to do something – maybe in the area of utilizing its existing authority to authorize "medically necessary" dental care. While we were not necessarily championing a pilot, we were open to it if that's what could happen. Our sense is that CMS and HHS do not appear to be entertaining any kind of pilot projects. I'm encouraged by the communication we've had to this point with HHS. It's worth noting that one of Senator Cardin's former staff is now with HHS and is a great champion there on the inside.
- Jane Grover asked whether there is a definition of "medical necessity" that this group agrees on – a dentally universal description of "medical necessity?"
- Ann Lynch responded by referring to the "community statement" that over 150 stakeholder groups have signed on to and is the document that has been used in these discussions. But I agree that there is a range of opinions about this.
- As the Medicare dental benefits conversation subsides, it's critical that we push adult Medicaid dental benefits that are predictable and rational. There could be a definition of Medicaid dental benefits that is comprehensive, that has universal meaning in order to move states to consider adult Medicaid dental benefits that are consistent across the states. Is there a dental standard of what we consider medical necessity and what an adult Medicaid dental benefit should include? We've been talking about this for the last few years.
- Mike offered that there has been lots of conversation about this and there is no consensus on this yet, but we have tools we can use to come to consensus.
- The time is right for Medicaid adult dental benefits because it's a path we can all agree on today and with all the people and programs in the legislative landscape right now, it makes a lot of sense. It looks like people on the national level want to step up and make this happen.
- Pat Finnerty suggested that an adult dental benefit in Medicaid would pick up a lot of dual eligibles so it would make some dent in the Medicare population.

Laurie Norris offered in the chat:
My understanding is that right now “medical necessity” in MEDICARE for dental is very very narrow. Only to support kidney transplants or something like that. (Jane, I think you are asking about Medicaid, not Medicare.) CMS has the authority to broaden the MEDICARE definition that administratively, without Congressional action.

Colin Reusch offered in the chat:
Both the Cardin and Barragan bills do attempt to set a baseline for comprehensiveness beyond what's currently in statute for Medicaid.

Chelsea Fosse offered in the chat:
From my understanding, even for medical stakeholders, there's no legislative or regulatory legal definition of "medically necessary." Is that right? But CMS does have a glossary description of the term here: https://www.cms.gov/apps/glossary/default.asp?Letter=M&Language=English. Not helpful for a dental-focused definition, I realize (sorry!).

V. Collective Action Letters

Bianca updated the group on the collective action letters we discussed last month.

The Integration Working Team developed two letters:

1) The first sign-on letter is to the National Coordinator for Health Information Technology at HHS asking that there be improved interoperability between medical and dental records.
2) The second sign-on letter is to the Assistant Secretary for Health, asking that oral health be at the table when making decisions about health policy.

Marcia has updated the letters with your upgrades. Please reach out to Marcia, Mike, or me if those upgrades do not reflect your input.

I want to thank everyone who has already signed on, including the ADHA, NDA, NRHA, ASTDD. We are extending the timeline to December 1 because of the holiday. The links to the sign-on form and letters are as follows:

- Sign-on Form: https://forms.gle/6KETJ2BQsDcw9xdD7
- ONC Letter: https://docs.google.com/document/d/1mfhcUidM6LhV01tSPYUG0y28qWh5ZZvY/edit?usp=sharing&ouid=102993735571198198901&rtpof=true&sd=true
- Assistant Sec. Health Letter: https://docs.google.com/document/d/1rOarPOuu2D_z2W75Q8V6SDZgljIjXbx_/edit?usp=sharing&ouid=102993735571198198901&rtpof=true&sd=true

VI. Oral Health in America: Advances and Challenges (OHA)

A. Overview of the Report

Mike Monopoli shared information about the report.

- We've talked in the past about how a Surgeon General's report could have been a pivotal piece to move visibility on oral health, with greater impact internationally.
- We thank and congratulate NIDCR for keeping the report on track to move forward and taking on the role of its release. Given that the NIDCR OHA report will not get the same kind of notice and spread as a Surgeon General's report, we need to work together to support and augment the awareness about and impact of the report.

Admiral Ricks shared the following about the report:

- The report went through HHS clearance – all agencies and operating divisions.
- There were some comments that had to be addressed and NIDCR has done that.
- NIDCR is creating an external communications plan – I have not seen it yet but once it's shared, we'll have a better idea what the role will be for all external stakeholders, in particular all of the organizations represented here in the PRW, in amplifying the messaging of the report.
- This is the same outcome as the Surgeon General report; it just does not have the Surgeon General's brand on it. But it's the same content as I reviewed earlier on when it was still a Surgeon General's report.
- NIDCR's communications plan does not preclude any other group developing its own messaging because it will be in the public domain.
- I will be promoting key messages from the report around the country.
- I am hoping there will be some strategy regarding prioritization of the messaging such that we are aligned on what to emphasize and we do not throw everything at stakeholders at one time.
- Timing-wise, Dr. D'Souza, director of NIDCR, said it will absolutely be distributed before December 31. But we cannot know for sure.

Mike added that our efforts do not need to happen immediately upon the report's release.

Pat invited questions and there were none.

B. A Proposal for PRW Collective Action.

Alan Morgan, National Rural Health Association and member of the Communications Working Team, shared the proposal on behalf of the team.

The **Communications Working Team (CWT)** has been meeting and reflecting on the conversation that emerged over the last year within this group, noting that it has been over a decade since there was any sort of public messaging campaign on the importance of oral health. We see this NIDCR report as a great opportunity. And cannot help but wonder if there had been a coordinated oral health messaging campaign during the Medicare debate it perhaps could have created more public momentum in the fight for the Medicare benefit. We are

hoping the OHA report can be the foundation for a broader oral health public messaging campaign in 2022.

The CWT proposes that there be a coordinated rollout for the field to implement around the OHA report. I want to emphasize the importance of a coordinated effort - with media, advocacy, grassroots, network among our organizations with all of it coming together at the same time.

To that end, we are about to hear from Mike and Kristin about CQI's willingness to step into coordinating the awareness and distribution effort of the report.

Mike Monopoli added that there would have been a collateral component of the report if this has been a Surgeon General's report that made it accessible to the public and community but that is no longer included. Admiral Ricks suggested that for this reason we need to consider how to convey the key points of the report to the public and our nontraditional stakeholders.

Kristin LaRoche walked the group through CQI's early thoughts about the forms our collective action might take by outlining the possible elements of a campaign.

- An event sponsored by an "in the belt-way" organization (e.g., Politico)
- Legislative briefings (House & Senate hill briefings)
- Other stakeholder briefings via webinar (e.g., AADR, APHA, etc.)
- National Oral Health Conference and other national convenings
- Media and social media toolkits

At the light end we are thinking of consistent messaging covering the basics, with a messaging toolkit that can be used by all of us. And at the other end of the spectrum would be a coordinated media engagement effort and a large national event.

We want to talk about what's in the realm of possibility for how we proceed so that we can develop a full proposal for the group.

C. Discussion

Discussion Questions

Pat shared two questions to guide the discussion:

- What feedback do you have about Mike and Kristin's proposal?
- What other ideas or questions do you have to ensure that we are not missing anything and that we are maximally leveraging this opportunity?

Comments

- To the extent it's possible it would be ideal if we can collaborate with the feds on the release of the report…we might have more difficulty getting media attention if the

report is released in December, and we aren't ready to promote it until February. How will we pitch it as new if this is how it works out?

- *(Kristin)* We can think about creating a drumbeat over time as opposed to one big splash
- We can still do a big splash because until we do, many people won't know it exists.
- The Communications Working Team wants to inquire of all of us if we have media and communications leads or resources that could be helpful.
- Perhaps we could follow up with the producer of the piece the Hill did on the establishment of an oral health benefit in Medicare regarding doing a follow-up.
- *(Kristin)* Yes, CareQuest was involved with that piece and it got a lot of attention. This is something we can sponsor to ensure they do it, or we can do another such national event with prominence.

Mike added that in the context of an event like this there tend to be legislative briefings and other opportunities such as webinars that will help spread the word.

- A prepared list with talking points and social media messages would be very helpful and would promote consistent messaging.
- OPEN is planning to try to do a Hill Day in October, but perhaps we should think about a virtual one earlier to keep pushing on the importance of this with legislators.
- Op Ed pieces in key newspapers / online in certain cities? And parts of this report could be leveraged for February National Children's Dental Health Month
- Given that we have issue-specific working groups, it might make sense for each group to review the report and its findings and identify how those connect to each of these areas – how it supports it, does it inspire new thinking?
- Does the current Surgeon General have oral health on his radar?
- Yes, it is my understanding that he does.
- The Surgeon General is doing a session with six speakers about health centers and oral health is not included.

Pat Finnerty spoke to the importance of engaging the less traditional oral health stakeholders who understand the importance, and leveraging existing events and opportunities.

- If anyone feels comfortable answering this - are any of your organizations already planning to do your own activities around the release of this report?
- The ADA has had a brief discussion recently, but has not agreed upon a mapped-out timeline.
- NADP has volunteers pre-assigned to different sections of the report to do a deep dive when it's released and identify findings and data we can promote in comms and public statements.

Pat invited participants to volunteer to serve on a design team with CQI to work out the details of a communications plan. He invited folks to sign up in the chat and mentioned that Bianca will follow-up with volunteers in the coming weeks. Part of the design team's role will be to develop a process for engaging all members of the Pandemic Response Workgroup.

Kristin explained further that the design team would help decide CareQuest's actions based on where the collective lands.

Volunteers in the chat:
Ife Johnson
Alan Morgan
Tonia Socha-Mower
Keith Andrew Perry

Alan Morgan added one final comment on this subject.
I can't emphasize enough how important it is that this be a coordinated effort with consistent messaging and a long-term coordinated strategy. We need communications expertise to develop this "battle plan."

VII. PRW December Meeting

Mike spoke to the future of this group.

We're coming to the end of 2021 and anticipating 2022. I want to thank you all for your participation on this group over the past year and 3/4 and hope you all feel it was time well spent. We had a lot of success around keeping informed re the pandemic and doing some collective action around infection control and Medicare and more.

This feels like an important inflection moment, and it seems appropriate to take some time in December to engage in a thought process around where we are now and where we could be going:

- Should we continue the group in 2022?
- What are the challenges to do so?
- What are the opportunities for further collective action toward a more equitable oral health delivery system?

We'll be sending out a survey to gather some of your thoughts about this in advance of the meeting.

Admiral Ricks has also had a large group that has been meeting…and OPEN has been engaging more members of the community. We can look at the full context and how to best be aligned. We're hoping for a rich discussion about this a the December meeting and that it will be a safe space where everyone can share what they think. We faced and issue in the past around which we did not have unity and we were able to have good discussions and continue in a positive way.

VIII. Closing

Pat Finnerty closed the meeting by thanking everyone for being here and reminding participants that the next meeting will be on December 15, 4-5:30pm ET.