

Oral Health System: Pandemic Response Working Group
Virtual Meeting
October 27, 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
Pamela Alston, DDS	President, National Dental Association
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
Ann Lynch (for Ann Battrell)	American Dental Hygienist Association
Ifetayo Johnson, MA	Executive Director, Oral Health Progress and Equity Network
Steve Kess, MBA	VP, Global Professional Relations, Henry Schein
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
Emmet Scott	President, Association of Dental Service Organizations
Tonia Socha-Mower, MBA, EdD	Executive Director, American Association of Dental Boards
Barbie Vartanian	Executive Director, Project Accessible Oral Health
Christine Wood	Executive Director, Association of State and Territorial Dental Directors
Vicki Young, PhD	COO, South Carolina PHCA and member of National Association of Community Health Clinics

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

Name	Organization
Vanetta Abdellatif, MPH	President and CEO, Arcora Foundation
Eme Augustini	Executive Director, National Association of Dental Plans
Ann Battrell, MDSH	Chief Executive Officer, American Dental Hygienist Association
Gregory Chavez	Chief Executive Officer, Dental Trade Alliance
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
Jane Grover, DDS, MPH	Director, Council on Advocacy for Access and Prevention, American Dental Association
Hazel Harper, DDS, MPH	Past President, National Dental Association
LaVette Henderson	Executive Director, National Dental Association
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
Emily Stewart	Executive Director, Community Catalyst
Edwin A. del Valle-Sepulveda, DMD, JD	President, Hispanic Dental Association
Carolina Valle	Policy Director, California Pan-Ethnic Health Network
Marko Vujicic, PhD	Chief Economist and VP, American Dental Association
Brett Weber	Public Health Policy & Programs Manager, National Indian Health Board
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
- Hannah Cardosi, 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

- Dushanka Kleinman, DDS, Associate Dean for Research and Academic Affairs and Professor, University of Maryland School of Public Health
- Wendy Mouradian, MD, Strategic Advisor for Regional Affairs and Professor Emerita of Pediatric Dentistry at the University of Washington School of Dentistry
- 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.

B. Introductions

Pat welcomed two new members during the meeting; both introduced themselves.

- Janice Morrow, Executive Director, Society of American Indian Dentists
- Keith Perry, Executive Director, National Dental Association

C. 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, evolving case rates, and more
- An update on the efforts in Congress to add a dental benefit in Medicare and the ongoing advocacy needed
- A shared understanding of work across the field toward Integrating Oral Health into Overall Health and Amplifying Interprofessional Care, including progress and root cause challenges through a health equity lens
- A list of proposed upgrades to the draft collective action letters
- Agreement on next steps

III. COVID-19 Updates

Mike Monopoli presented these key updates:

- It appears that the Delta variant is still the primary variant causing the recent upticks. The other variants have not increased numbers in the same way– and hopefully won't.
- It appears we're turning a corner with the number of cases and deaths are trending down; however, there are regional differences in those trends, mostly corresponding to where there are lower percentages of people vaccinated.

An update of the numbers includes the following:

- 738k in the United States have died of COVID since the pandemic began
- Approximately 219m have had at least one dose of the vaccine in the US, about 66% of the population, and about 189k are fully vaccinated which is about 57% of the population, and there are variations within age groups – 84% of people over age 65 are fully vaccinated.
- The percentage is growing by about ½ percent per week, but a significant number of people remain unvaccinated.
- Booster strategies for all three vaccines have been approved; the eligible populations are starting to expand.

- Of the first group with access – those over 65 – about 18% have received a booster
- The FDA is on the brink of approving a vaccine for 5–12-year-olds – there is work to be done to help parents feel comfortable about vaccinating their children.
- Access to the vaccine seems to be prevalent – mostly now expanded to pharmacies, physicians’ offices, community health centers, and other sites.
- Oral health professionals and dentists – there was a big undercount of dentists who volunteered for mass vaccination sites at the beginning but still much work to be done for oral health professionals to be able to offer vaccinations in their offices. This is a long-term goal – advocating for dentists and hygienists to be able to administer vaccines and get them trained to do that.
- There are changes in treatment – started with injectable monoclonal antibodies – expensive and difficult to provide; more recently pills becoming available – Merck launching a partnership with a nonprofit to ensure wide distribution to all populations.

Additional Updates/Questions?

Q. Does the definition of “fully vaccinated” change now that boosters are available?

- No

IV. Dental Benefits in Medicare

Mike Monopoli introduced Liesl Sheehan and Kristen LaRoche to share an update.

Liesl’s highlights:

- Things are changing rapidly but we seem very close to a deal after a month of this dragging on very slowly. The pace picked up over the last 48 hours.
- The House is set to vote on the bipartisan infrastructure package that passed the Senate back in August may vote on Friday – that’s aggressive but it’s what they’re working toward.
- Progressive caucus made clear they’d not support bipartisan infrastructure bill until there is at a minimum a reconciliation framework.
- Joe Manchin and Kristen Sinema met with senior White House staff yesterday and today, and some new tax payment strategies were released – some to be included, some not.
- The dimensions of a deal on Medicare have changed so much over the past few days – internal conversations we’ve heard from the House is that the progressive caucus is pushing hard to get a sunset provision in and are pushing hard for the moderates to accept that. It’s commonly accepted that it’s harder to withdraw a benefit that is in place so this is perhaps where the give will need to be.
- Speaker Pelosi just sent out a “dear colleague” note and instructed the House Rules Committee to hold a hearing on the Build Back Better Act tomorrow afternoon. To do that, the Chair needs some text to work off of, if not the final bill. So the question is what can they get to him in time.
- It does not seem there is an actual agreement on Medicare yet, but the dear colleague letter does reference “nearly universal coverage hopefully with expanded benefits for

Medicare.” Nothing certain but it sounds promising that it will be included in the reconciliation package. If they do hold the hearing, we should know by then – at least in general – if it’s been included.

Kristen added that the advocacy effort has continued actively all along – and will not let up until the very end.

Discussion

Pat invited participants to share what additional information they would like to share and what advocacy efforts have they have undertaken and/or are undertaking now?

- *Emmett Scott of ADSO shared that they’ve been focused on helping with technical details.* This is where dentists have the most concerns. We provide input and confidence to get the provider support that’s needed. They want to know what it really means, what’s covered, what kind of benefit they will be expected to provide.
- *Steve Kess of Henry Schein shared that the Santa Fe Group has a report from 2017, updated in 2021, and recirculated about a Medicare dental benefit program...shared with the Senate Finance and House members – framing out a \$1,200/year basic dental benefit.* This was a shift in tactic because back in 2017 we were focused on a dental benefit for those suffering from a noncommunicable disease as the qualifier for eligibility because of the data that demonstrated better health outcomes when periodontal and other services were provided to those with diabetes, cardiovascular problems, and more. There is a lot of collaboration around the detail of what might be the plan before there is too much polarization around the idea of more work for dentists and more regulation without additional payment. The more transparency, the better to help move this forward to a win/win outcome.

Santa Fe Group updated report: https://santafegroup.org/wp-content/uploads/2021/10/2021_SFG-Medicare_Addendum.pdf

- *Ann Lynch, ADHA, shared an update on ADHA’s advocacy campaign for the comprehensive dental benefit in Part B.* We’ve had about 3,000 dental hygienists engaged in the campaign, which is effectively nearly 6,000. More recently – in the last 48 hours – we have targeted outreach to dental hygienists in West Virginia focusing on Senator Manchin. Separately from that, [ADHA hosted a podcast with Mike Monopoli and Melissa Burrough and Wey-Wey Kwok of the Center for Medicare Advocacy.](#) It does a nice job of talking to the American public about this issue and why it’s important. I am grateful for them sharing their expertise and talking about the issue in a conversational style that can go a long way to helping the American electorate understand this issue and how to engage.
- *Keith Perry of the NDA shared that the NDA has signed on to a number of letters and published a statement on their website and delivered their own letter to Congress.* Their board chair had a letter published in the WSJ a couple of weeks ago – a strong

statement regarding the expansion of Medicare to include a dental benefit. And we are engaging in additional advocacy efforts that are forthcoming.

- Ife Johnson of OPEN shared that there is a great deal of conversation at the APHA conference about vaccine hesitancy and how this can be discussed so that we get more uptake. And also how to get people on board with the expansion of dental benefits in Medicare. I am trying to pass all of this on to the full network – we’ve signed onto the various letters and sent out links to our toolkit, and have done targeted efforts with Senators Manchin and Sinema.

V. Integrating Oral Health into Overall Health and Amplifying Interprofessional

A. Opening Remarks

Marcia Brand, staff/facilitator of the working team, led the report.

Good afternoon, everyone. I’m pleased today to share with you highlights from the work that the Working Team on Care Integration has undertaken these past months.

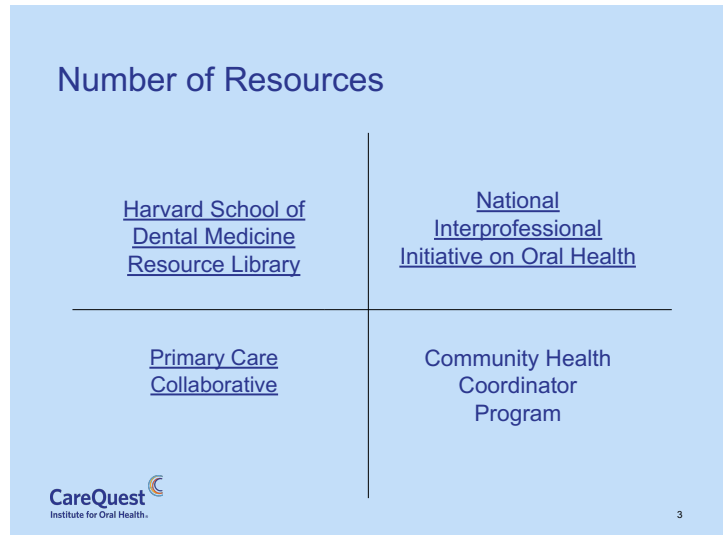
- Remarkably, perhaps the greatest challenge that our team faced - as we began our exploration - was where to focus our attention.
- We found that most organizations engaged in oral health are actively working to promote dental and medical integration, yet we kept hearing the same question – if there is so much support for medical/dental care integration, why doesn’t it happen?
- The collective actions that we propose today – two sign on letters – we hope will help accelerate efforts for medical/dental care integration, working through key members of HHS.
- For today - our team decided that what might be most useful – would be to highlight key resources that have been developed, spotlight the ongoing series by the Santa Fe Group Salon, and share a high-level overview of our discussions, and where we think gaps and challenges remain.
- We hope that will set the stage for our discussion about the two collective actions – the sign on letters we propose for the PRW, and how we think they might advance care integration.

B. Key Resources

Bianca Rogers described key resources that the working team identified.

- There is a lot of work going on in the integration of oral health and medical. And there are a number of resources available. These are the best and most comprehensive.

- The Resource Library for the Integration of Oral Health and Medicine provides a centralized repository of relevant resources developed by a variety of professions in and around health care. It's an online hub which includes promising practices, publications, toolkits, guides and training resources.



- The Primary Care Collaborative released a report this March called Innovations in Oral Health and Primary Care Integration. This report presents innovative ways to integrate oral health and primary care, and recommendations on how to give more people access to dental care and further health equity.
- The National Interprofessional Initiative on Oral Health is an organization which seeks to ensure that all patients have access to oral health services and referrals in the context of their primary care. Their website hosts tools like the Smiles for Life Curriculum, which is used in practice settings to educate all primary care staff in a common oral health curriculum, including specific instruction on team-based, interprofessional care.
- The Community Health Coordinator Program has graduated over 700 individuals who are trained to function as dental case managers, now in 48 states. In addition to over 18 Community Colleges offering or preparing to offer the curriculum, there is an FQHC and Dental School actively engaged with the training. Having dental case management achieve parity with medical case management would be a significant step towards relevant integration.

C. Santa Fe Group Spotlight

Drs. Dushanka Kleinman and Wendy Mouradian described the work that Santa Fe has been doing on care integration. By way of introduction, Marcia shared a bit about each presenter.

- Dushanka is a member of the Santa Fe Salon Group and works at the University of Maryland School of Public Health, where she is a Professor and Principal Associate Dean, and Associate Dean for Research. In her federal career, she was a Rear Admiral in the USPHS and Deputy Administrator of NIDCR; she also co-authored the Surgeon General's Report on Oral Health in 2000.
- Wendy is a member of the Santa Fe Salon Group and Professor Emeritus, University of Washington School of Dentistry, having also served as Dean of Academic and Regional Affairs. She is a pediatrician with special expertise in Developmental and Craniofacial Medicine, and has worked at the interface of medicine and dentistry for 3 decades.

Dushanka Kleinman and Wendy Mouradian both presented. Highlights of Dushanka's comments included:

- Santa Fe has long focused on improving overall health and well-being, including oral health, and we know integration is critical to all of it.
- The work of so many others named have inspired the Santa Fe Group to take a comprehensive look to see where the gaps might be and where additional investments might be considered.
- Santa Fe invested in the New York State Medicaid study looking at medical/dental integration. We wanted to learn more about the economic impact - costs and benefits as well as limitations if we don't integrate.
- The pandemic highlighted that the focus on integration needs to be on health equity – people will not benefit equally without integration.
- We sponsored a series of webinars and a virtual salon in September 2021.
- The framework was to look at evidence – what's lacking, at policies needing attention, and areas of alignment.
- We wanted to create a broader learning community to keep each other informed, and created centerpieces of activity in academia, and in the private sector and federal sector.
- We did not define integration – wanted to keep it open. Parameters are important – e.g., behavioral health integration into overall health; however, we wanted to open things up to thinking more broadly to society as a whole. How are we integrating in K-12 schools, what are we missing in the college arena, and what are we missing in the multiple cultures that exist in society?
- Ultimately, we asked the question: what do we need to do to accelerate movement? We're looking at integration in science, how to get demonstration programs going, what can be done in the clinical arena, what's happening in health systems integration, and technologies that move the needle.
- Ultimately, we're now in the process of digesting the inputs we received so we can work better to answer the question regarding where we can go now to make a difference. We can see that the table is broad and wide...with some things on the floor and others still in the kitchen!

Wendy shared these additional reflections:

- We will never achieve health equity in this country without integrating oral health into overall health, we will never achieve overall health without oral health, and we will never have a healthy democracy without equity and health care.
- We lead with evidence and the evidence is not just the science and health services research on systems that work and the economic benefits of integration oral and overall health.
- We won't get to equity without value-based models; there is increasing recognition of this. We have a lot of investment in fee-for-service health care but the costs are uncontrollable. We don't get to value-based models without team care.

- We need a diversified and diverse workforce to get there – it’s great to see the diversity of membership here.
- Whether we’re talking about dental hygienists in physicians’ offices or nurse practitioners working collaboratively in dental offices or systems that integrate on-site, like community health centers and other partnership examples...
- I also believe that the marketplace is taking us there. We have webinar #4 calling our attention to this movement of convergence between medical and dental insurance – happening in a variety of ways. These partnerships will help facilitate integration.
- Technologies will help, as well – e.g., smart toothbrushes, apps to track oral health care while undergoing cancer treatment, integration of medical/dental records.
- Everyone deserves dental care but it is critical for those with chronic illnesses, including enhanced benefits as a best practice in many coverages.
- Other messages I heard at the salon include that we not underestimate the value of family and community in the social determinants of health. The outcomes are so much based on what happens outside the health care offices. It’s before the patient gets to the emergency room.
- We need to listen more to patients and the public – we heard a lot from patients and clinicians caring for those with severe medical conditions. We heard for the first time that the primary organ donation organization got behind our efforts for Medicare expansion.
- The Joint Commission that accredits all hospitals recently released a call to action around preventing hospital-acquired pneumonia. The Veteran’s Administration has now rolled out to over 150 hospitals the simple effort to instill oral hygiene measures and this has been seen to lead to dramatic decreases in hospital-acquired pneumonia and costs overall.
- Medicare is a critical pressure point, as is Medicaid. This is something we can all get behind – the benefits of a single payer system. We featured at the salon the cost savings in New York State in health care costs with patients who received dental care.
- Many best practices are out there that are highlighted at the salon.
- We need focus and partnering – we cannot do this alone. There is a lot of good work going on and we may need a strategic change management group to bring it all together and focus our efforts across all areas – education, policy, delivery, and more – to take this tremendous energy to get us to the next step.

Wendy emphasized that the [four webinars and six salon sessions](#) are available (or soon will be) on the website, including written summaries.

D. Group Summary: Gaps/Challenges Discussed

Colin Reusch provided an overview of discussions and of the gaps and challenges identified – which will provide some context for the proposed collective actions.

This list is certainly not comprehensive; however, it does provide a good overview of what we’ve identified as the gaps and challenges.

- Getting health center directors on board to implement on-the-ground integration of co-located medical and dental providers.
 - How do we create consumer demand for a different approach to healthcare when most consumers aren't aware that it could be different. Capitalize on outrage! (Hugh Silk on GMA!)
 - Improve the poor referral system
 - How do we consider the whole provider team when discussing integration?
 - Smiles for Life - curriculum for non-dental individuals – is currently developing a module for pharmacists
 - Is provider training contributing to poor integration (Interprofessional Education Collaborative)
 - Reimbursement issues: Dental case management not reimbursed in medical world
 - Regulatory and policy challenges that impact providers locally – what's preventing care being delivered to a variety of populations in a variety of settings
 - State leadership can impact how individuals receive care depending on their policy beliefs
 - Embedded issues within state Practice Acts can also inhibit the integration of care
 - NEW: Increasing access to care relative to teledentistry without exclusionary language. For example, in some places you can't get access to teledentistry if you're not already a patient of record (Restrictive language to tele-dentistry)
 - No interoperability between the electronic health record (EHR) and the dental record
- Based on these challenges, our group developed a set of opportunities for the PRW to amplify and further promote integration. Marcia will now talk about our proposal.

E. Proposed Collective Actions

Marcia shared that the Working Team is proposing two collective actions – both are sign on letters. Both were shared in advance of today's meeting.

Proposed Collective Action Idea 1: [Joint Letter to National Coordinator for Health Information Technology](#)

The first sign-on letter is to the National Coordinator for Health Information Technology at HHS.

- As noted by our earlier speakers, sharing patient data between medical and dental providers could significantly improve care coordination and health outcomes.
- In our letter, we ask the "ONC" to
 - convene key individuals to examine the status of integration of medical and dental care data,
 - explore opportunities to improve coordination of health information between medical and dental providers, and
 - develop recommendations for accelerating data integration and interoperability.

Proposed Collective Action Idea 2: Joint Letter to Assistant Secretary for Health

The second sign-on letter is to the Assistant Secretary for Health (ASH), asking her to advance oral health across all administrative, policy-making, legislative and regulatory activities –

- ensuring that oral health experts are included on commissions, task forces, and in other meetings,
- that oral health is taken into account in all health policy decision-making, and
- suggesting that she convene a summit or create other opportunities to seek input from oral health stakeholders.

F. Small Groups

Laurie explained the four breakout groups that were organized by sectors (providers, community, public health & industry, think tanks & philanthropy). The groups were invited to discuss these questions:

- Are there any concepts in these draft letters that would need to be removed for your organization to sign on?
- What would you suggest adding to strengthen these draft letters?

Public Health/Industry

- Re: the interoperability letter - add language about being practical and realistic, and be specific about the differences between medical and dental practices and not try to get interoperability on all aspects of medical and dental care but rather on the specific key ones that will really make a difference. Steve Kess may have more details to share.
- Re: the second letter – there is an effort moving through HHS to redo the oral health framework so it would be good to mention that in the letter. RADM Ricks can share how that should be incorporated.
- Most of our conversation was on the need to think multidimensionally and multi-directionally about integration, and not just move oral health into medicine but to include behavioral health – physical, oral, and mental health should all be integrated. And on the need for stronger infrastructure at the state level to support integration.

Community

- Overall, be more pointed in demanding that these things happen, especially considering how long we've been asking.
- When we call out the importance for particular populations, include the disability community given how important care coordination is for them in particular, and the Indian Health Services, as well.
- Make sure we're illustrating the consequences of not doing some of these things – what will be lost if we maintain the status quo.

Thank Tanks/Philanthropy

- Re: the letter for Assistant Secretary Levine – Should the letter express gratitude for a few other longstanding oral health champions under the HHS umbrella? (Such as our friend and colleagues Rear Admiral Ricks, Andy Snyder, Captain Renee Joskow, etc.)
- Depending on the timing of the letter's distribution, should the letter acknowledge the call for input on the HHS strategic plan for 2022-26, and perhaps identify at least one specific comment on that plan that will be submitted?
- Re: the ONC letter – think through next steps re: who would be at the table if the coordinator reaches forward with that idea – specific subject matter experts.

From the Chat, RADM Tim Ricks: HHS Oral Health Strategic Framework is being revised; this is a blueprint for federal agencies on multiple key goals, including multi-directional integration of oral health and overall health. This work is being done by the HHS Oral Health Coordinating Committee, which is the only oral health group chartered/led by the Assistant Secretary for Health, ADM Rachel Levine (who the letter is addressed to).

Providers

- Everyone in our group is able and willing to sign the letters.
- Re: the HHS letter – while acknowledging their awareness of the oral health/systemic link...strengthen this to further support what the “why” is behind this.
- Noted that the letter specifically included including in any convening some oral health practitioners – this was appreciated.

G. Next steps in finalizing the letters

- We'll take the feedback that you offered today and, as appropriate, revise the letters to the ONC and the ASH.
- We hope to get the revised letters out to you for your review by the middle of next week, November 3rd.
- If there is general consensus that the letters are ready to go by November 10th, we'll create a sign-on platform and share them with you, giving you two weeks or so to get approval, as necessary from your organizations.
- Our hope would be to send these letters to the ASH and ONC in early December.

VI. Closing

Pat Finnerty closed the meeting by thanking everyone for being here and reminding participants that the next meeting will be on November 17, 4-5:30pm ET.