

Oral Health System: Pandemic Response Workgroup

Virtual Meeting XXIV

March 16, 2022

4:00-5:00pm EDT

Group Memory

Convenor:

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

Facilitator:

Carrie Y. Brown-Hepburn
CEO & Principal Consultant
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I. Next Steps

| What | Who | By When |
|--|------------|-------------------------------------|
| Reach out to Bianca if your organization would like to share policy updates at the next meeting: bianca.n.rogers@gmail.com | All | Before the next meeting, April 20th |
| Send feedback on draft agenda for meeting with ONC | All | March 25 |
| Let Bianca know if your org has subject matter expertise on interoperability | All | |
| Send the group the <i>Implementing High-quality Care: Rebuilding the Foundations of Health Care</i> report | Mike | Before the next meeting, April 20th |

II. Key Agreements

During the meeting, the group agreed on the following:

- The planning team will add 15 or 30 additional minutes to the meeting going forward. The additional time will be used for committee work at the end of the meeting.

III. Participants

In attendance:

| Name | Organization |
|---------------------------------------|--|
| Ann Lynch | American Dental Hygienist Association |
| Chelsea Fosse, DMD, MPH | Senior Health Policy Analyst, American Dental Association Health Policy Institute |
| Christine Wood, RDH | Executive Director, Association of State and Territorial Dental Directors |
| Colin Reusch | Senior Advisor, Oral Health Policy, Dental Access Project Community Catalyst |
| Don Weaver, MD | National Association of Community Health Centers |
| Ifetayo Johnson | Executive Director, Oral Health Progress & Equity Network |
| Jane Grover, DDS, MPH | Director, Council on Advocacy for Access and Prevention, American Dental Association |
| Keith Perry | Executive Director, National Dental Association |
| LaVette Henderson, CMP, HMCC, FACD | President, Diverse Dental Society |
| Manuel A. Cordero, DDS, CPH, MAGD | Executive Director & Chief Executive Officer, Hispanic Dental Association |
| Mike Monopoli, DMD, MPH, MS | VP, Grants Strategy, CareQuest Institute for Oral Health |
| RADM Tim Ricks, DMD, MPH, FICD | Chief Professional Officer, USPHS, OHCC, IHS |

| | |
|------------------------------------|--|
| Steve Kess, MBA | VP, Global Professional Relations, Henry Schein |
| Terri Dolan, DDS. MPH | President-Elect, Santa Fe Group |
| Tonia Socha-Mower, MBA, EdD | Executive Director, American Association of Dental Boards |
| Vanetta Abdellatif, MPH | President and CEO, Arcora Foundation |

The following members were unable to attend:

| Name | Organization |
|--|--|
| Alan Morgan, MPA | Chief Executive Officer, National Rural Health Association |
| Barbie Vartanian | Executive Director, Project Accessible Oral Health |
| Brett Weber | Public Health Policy & Programs Manager, National Indian Health Board |
| Carolina Valle | Policy Director, California Pan-Ethnic Health Network |
| Cheryl Lee, DDS | President, National Dental Association |
| Diane Oakes, MSW, MPH | Chief Mission Officer, Delta Dental of Washington |
| Edwin A. del Valle-Sepulveda, DMD, JD | President, Hispanic Dental Association |
| Emily Stewart | Executive Director, Community Catalyst |

| | |
|---------------------------------------|---|
| Emmet Scott | President, Association of Dental Service Organizations |
| Gregory Chavez | Chief Executive Officer, Dental Trade Alliance |
| Hazel Harper, DDS, MPH | Past President, National Dental Association |
| James Sparks, DDS | President, American Association of Dental Boards |
| Latisha Canty, RDH, MS | President-Elect, National Dental Hygienist Association |
| Marko Vujicic, PhD | Chief Economist and VP, American Dental Association |
| Mitch Goldman, JD, MBA | Executive Committee, Association of Dental Services Organizations, and CEO, Mid-Atlantic Dental Partners |
| Myechia Minter-Jordan, MD, MBA | President and CEO, CareQuest Institute for Oral Health |
| Sarah Miller, MPA | Director of Philanthropy and Foundation Operations, Dental Trade Alliance |

IV. Meeting Overview

A. Meeting Purpose and Desired Outcomes

The following purpose and desired outcomes were shared at the start of the meeting:

Meeting Purpose:

To continue operationalizing our shared work in 2022, to understand current Congressional legislation, its impact on oral health, and upcoming issues, progress on the PRW's collective action efforts, and strengthen relationships.

Desired Outcomes: By the end of this meeting, we hope to have:

- An update on recent congressional activities impacting oral health and what to watch for in 2022
- A shared understanding of our work in 2022 and the tactics to begin to operationalize
- An update on the status of the ONC and ASH meetings

B. Agenda Overview

The following agenda was presented at the start of the meeting, with adjustments made during the meeting as needed:

| What | When |
|--|-------------|
| Start Ups: <ul style="list-style-type: none"> ● Welcome ● Purpose of the Meeting ● Desired Outcomes | 4:00-4:05 |
| Policy Updates <ul style="list-style-type: none"> ● Congressional Updates | 4:05-4:15 |
| Purpose of the Effort 2022 <ul style="list-style-type: none"> ● Recap ● Review & Approve SMARTIE Goals ● Identify Tactics & Metrics for Success ● Establish Accountability Mechanisms | 4:15-4:50 |
| ASH/ONC Update | 4:50-4:55 |
| Close | 4:55-5:00 |

V. Agenda Items

A. Welcome, Check-ins, and Agenda Review

Mike welcomed the group.

Mike: I always start these meetings saying a lot has happened since we last met. We just finished a listening session with CMS on the importance of Medicare and providing care for people who are eligible for Medicare. A lot of people from this group participated. It was a positive experience, and there will be more sessions in the coming months.

I sent out a Covid update. It's clear that rates are declining, and mitigation measures in the U.S. are reduced. The Omicron variant is still circulating, but at the same time hospitalization rates are also going down, and we are optimistic as we enter another phase of the pandemic. China is experiencing a large increase in cases and is in another lockdown now; they are continuing with a zero strategy. That will be something to watch closely. There is also an increase in cases in Europe and parts of Asia. It seems that even with these cases rising and the variant spreading, a measure that is better than cases that looks at the impact on the healthcare community is hospitalizations, and it still seems fairly optimistic. Recently Moderna and Pfizer asked for FDA approval for a second booster for people over 65 and people who are immunocompromised.

I'll now go ahead and turn things over to Carrie.

Carrie reviewed the agenda and desired outcomes, and then turned it over to Liesl Sheehan from Tremont Strategies Group for policy updates.

B. Policy Updates

Liesl: Since we last met, we finally have an omnibus that passed and was signed by President Biden. It did include some basic Covid funds, like replenishment for the strategic national stockpile, but did not include the Covid supplemental funding many hoped would be attached. That was introduced as standalone legislation the same day, and did not move through the House. There are real reservations on the Republican side about putting more money into Covid. There are still ongoing conversations about whether they will pass another supplemental bill with Covid funds. If so, the focus will be on testing and vaccines and antivirals. It remains to be seen over the coming weeks. It also depends on whether they need to put money in Ukraine, and what happens with these other variants at this time.

Yesterday the Senate Health Committee held a hearing on the PREVENT Act, which is the new bipartisan bill that addresses pandemics and tries to make sure we are better prepared for future pandemics. They will continue work on that package, and it is likely to move through the Senate soon and then be sent to the House for markup.

There was also a telehealth extension was included in the omnibus. It's a 151-day extension from the last day of the public health emergency, which we expect to be renewed one more time and go through July. That brings us to the end of the year. It will put pressure on Congress to decide what to keep in place, and what to change with the end of the public health emergency. There was a lot of pressure on the Biden administration to pull that PHE back. It's growing

bipartisan pressure. It will force conversations on both the pandemic side and the telehealth side that we expect to come to a head in a November/December time frame.

I'm happy to answer questions, or if I missed any topics let me know.

Participants had no questions.

Carrie: As a reminder, we are introducing a new process to open this part of the agenda for other organizations to participate in giving policy updates. If you have a policy person that you think would be interested in participating, they can reach out to Bianca to get scheduled. Next week we will hear from the National Association of Dental Plans. So think about how you might want to support this part of the work.

Bianca shared her email in the chat: bianca.n.rogers@gmail.com

C. Purpose of the Effort 2022

Carrie: I'm going to set us up with a bit of context, and then will move into small group discussions. You may remember that we did surveys at the end of last year about the continuation of this group. From the survey results, we identified some focus areas. Those were shared and discussed in our January meeting, which led to four individual focus areas: to monitor and respond, as appropriate, to the impacts of COVID-19; leverage the *Oral Health in America* report; explore and address oral health inequities; and promote multi-directional integration.

Because we also heard you say you wanted to move more into action and have more onus in the process, last month we introduced the framework of SMARTIE goals, which takes the traditional SMART goal model and adds equity and inclusion. There was some robust conversation that happened; we took those conversations and the design team put together some proposed goals inside the SMARTIE framework. We sent those out, and you may have had a chance to review them before this meeting. With today's discussion, we'll ask you to do three things. I'll pause first and ask if there are any questions about the process that got us to where we are today?

There were no questions from the participants.

- Jane (via chat): We used those SMARTIE goals with our Council in February....THANK YOU

Carrie: We are really talking here about operationalizing the work; we heard that you want action from the group. We hope we are supporting you and setting you up to do that.

Today we thought there could be a couple of things you could accomplish in order to take action. One thing is to review and upgrade the proposed goals. Another is to identify tactics

and success measures associated with the goal. And then to figure out the best accountability process for moving the work forward.

I'll show the format for each of the goals:

| Covid-19 SMARTIE Goals | |
|--|--------------------------------|
| Time Bound: My goals between March 2022 and December 2022 are to achieve this Strategic and Ambitious outcome: | |
| <ul style="list-style-type: none">Share X up to date COVID-19 vaccination resources, tailored with messages specific for oral health providers, with X organizations in anticipation of increasing vaccine confidence among dental team members. | |
| Question for group: Is the data on vaccination rates among dental team members broken down by demographics? Based on the answer, update smartie goal to include specifics around inclusivity and equity. | |
| We will know success when we see it using these Measurable standards: | |
| <ul style="list-style-type: none"> | |
| A Realistic plan to achieve this goal includes these tactics/activities (consider time, resources, capacity): | |
| | By <input type="text"/> (date) |
| | By <input type="text"/> (date) |
| | By <input type="text"/> (date) |
| Thinking about Equity and Inclusion : Can you imagine there being any unintentional <i>disparate impact</i> along lines of power and identity? How might inequity or exclusion show up? For whom? | |



This shares a bit of the highlight of the conversation around tailoring messages to increase vaccine confidence, so that more people may end up being vaccinated.

| OHA Report SMARTIE Goals | |
|--|-----------------|
| <p>Time Bound: My goals between March 2022 and December 2022 are to achieve this Strategic and Ambitious outcome:</p> <ul style="list-style-type: none"> • X% of PRW members will leverage the <i>Oral Health in America</i> Report and its key findings by using shared messages in anticipation of raising awareness of the importance of oral health to overall health among dental and non-dental organizations. | |
| <p>We will know success when we see it using these Measurable standards:</p> <ul style="list-style-type: none"> • • | |
| <p>A Realistic plan to achieve this goal includes these tactics/activities (consider time, resources, capacity):</p> | |
| <ul style="list-style-type: none"> • Develop & utilize a promotional toolkit with key messages & templates for social media, listserv email, etc. | By _____ (date) |
| <ul style="list-style-type: none"> • Host two Partner Webinars | By _____ (date) |
| <ul style="list-style-type: none"> • Draft joint letter asking for call to action (JFMA article) | By _____ (date) |
| <p>Thinking about Equity and Inclusion: Can you imagine there being any unintentional <i>disparate impact</i> along lines of power and identity? How might inequity or exclusion show up? For whom?</p> | |



For the *Oral Health America* report, we thought there may be an opportunity here to think about how many, what percentage of the group, might be able to leverage the report and some of the ways they may be able to do that. Part of this activity is a follow-up of the ongoing meetings that Bianca has been supporting of the folks who are already looking at how we might leverage the *Oral Health in America* report.

| Equity SMARTIE Goals | |
|---|-----------------|
| Time Bound: My goals between March 2022 and December 2022 are to achieve this Strategic and Ambitious outcome: | |
| PAUSE: Narrow the focus | |
| <ul style="list-style-type: none"> • Is the goal workforce level (professional regulations/guidelines in existence) focused OR system change focused (consumers/policy recommendations)? <ul style="list-style-type: none"> ○ Does the PRW want to understand what exists? ○ Does the PRW want to assess what needs improvement? ○ Does the PRW want to provide recommendations? | |
| We will know success when we see it using these Measurable standards: | |
| <ul style="list-style-type: none"> • • | |
| A Realistic plan to achieve this goal includes these tactics/activities (consider time, resources, capacity): | |
| | By _____ (date) |
| | By _____ (date) |
| | By _____ (date) |
| Thinking about Equity and Inclusion : Can you imagine there being any unintentional <i>disparate impact</i> along lines of power and identity? How might inequity or exclusion show up? For whom? | |



There was some really interesting discussion from the equity group. When we were reviewing the notes, we had a thought around trying to figure out which direction you want to focus on. We propose you start there, in defining which area you want to focus on for the goal.

| Integration SMARTIE Goals | |
|--|--------------------------------|
| <p>Time Bound: My goals between March 2022 and December 2022 are to achieve this Strategic and Ambitious outcome:</p> <ul style="list-style-type: none"> • Increase membership within the Pandemic Response Workgroup to include X non-dental stakeholders by doing outreach to X number of organizations within our respective networks; specifically targeting organizations with an eye towards representing underserved or marginalized communities, in order to diversify our collective which is focused on improving integration between medical and dental care. | |
| <p>We will know success when we see it using these Measurable standards:</p> <ul style="list-style-type: none"> • • | |
| <p>A Realistic plan to achieve this goal includes these tactics/activities (consider time, resources, capacity):</p> | |
| | By <input type="text"/> (date) |
| | By <input type="text"/> (date) |
| | By <input type="text"/> (date) |
| <p>Thinking about Equity and Inclusion: Can you imagine there being any unintentional <i>disparate impact</i> along lines of power and identity? How might inequity or exclusion show up? For whom?</p> | |



As it relates to integration, there is a pretty clear recommendation around reaching out to non-dental stakeholders who also have a stake in making sure integration happens between medical and dental care. So it's an opportunity to get to the specific numbers you think might be realistic, then add some of the success measures and tactics.

I think there is a spectrum for the accountability process. We hope you take time in your groups to discuss that. On one end is self-organizing, where folks from the group email each other in between, or coordinate moving this work in some way. Mid-way is something like getting support from the planning team to coordinate and send out correspondence. At the other end of the spectrum, we could have some group process where after we agree to the goals and measures of success, we would work in a larger format to move the goals forward. Those are the parameters we are thinking about. We'd love your best thinking on how what you think will work best individually and for the group.

We will go back to breakout groups. I know some folks have multiple areas of expertise. We'd like you to think about which group you are most interested in supporting for a longer period of time, and choose that one. One of the four planning team members will be the scribe in each group.

Small Group Discussion

- Select a group
 1. COVID-19
 2. Health Equity
 3. Integration
 4. OHA Report
- Identify a reporter
- Proposed Timing:
 - Review Goal ~ 5 minutes
 - Tactics & Measures ~ 10 minutes
 - Accountability ~5 minutes



Participants moved into breakout groups, and then reconvened in the large group.

Carrie: I hope you had a good discussion. We have just a bit more than a minute for each group to share. If you made updates to the goal, we want to hear that, then where you are in the process of trying to operationalize it, and what your recommendations would be in terms of accountability.

The small groups reported back on their discussions.

Covid

Chelsea: We had a good conversation and refined our goals. We focused on dental team vaccination rates when we spoke last month, and we made some more granular suggestions in terms of how to carry that out. We're very interested in continuing to collect data on this issue, and partner between our organizations and hopefully expand the partnership to represent others on the dental team, particularly dental assistants which we don't have great data on.

We also think it's important to continue educational efforts with the dental team. We don't need to create new things, but maybe re-package some tools offered by CDC already, then cater some messaging based on where we are currently in 2022 with vaccination on the dental team, coupled with educational materials to do another push to make sure dental teams are well-vaccinated. Collecting demographic information that allows us to stratify and understand where

there are differences in vaccination status among different groups, as well as targeted messaging, is how we would tie in the equity and inclusion aspect.

Oral Health America Report

Christine: There's already been a lot of work done about this. One thing we talked about is how the target audience needs to be policy makers. We talked about how we maybe need to identify some specific policy changes that need to occur, then who needs to hear those policy changes. We talked quite a bit about how for policy makers, probably the economic impacts of poor oral health, they would listen to. Including the economic impact of the prescribing of opioids for dental issues. We don't need to keep talking to ourselves about this; we need to talk to people who could actually affect the changes that would need to take place.

- Jane (via chat): Small business owners have plenty to say about oral health issues. I have a friend who owns 10 McDonald's restaurants and it costs him staff when someone has a toothache.

Equity

Dr. Cordero: We tried to figure out which approach we should take to address the equity issue. We had two perspectives: one is changing the workforce, and the other is looking into systematic change so we can originate some policy that will solve the problems. Our main tool, which would have been some sort of a survey, presented its own challenges. How can you identify someone's needs when they are not visible? Many people are not visible because they are not recognized for who they are, or because they do not participate, out of fear or something else. So we have a problem with our best tool, the poll. It's also imperative that we recognize the challenges of these people who are not present, but we may use some exemplary examples of communities that are concentrated in certain ethnic groups. We have some populations like in Detroit, the Arab Americans are a huge population, and they may have their own needs and perspectives. The same thing with the Oklahoma population, with a greater Native American population. That may help us get information related to those groups. Those are ways of analyzing data based on ethnicity and culture.

We came up with more questions than answers, and realized we need to come up with some system that can change policies so we can address issues that are fundamentally not done on purpose, but are hurting everyone.

Integration

Tim: We want to restate the goal: to promote and develop solutions to the bi-directional integration of oral health and overall health. So specifically, there are 28.2 million Americans who see a dental provider but not a medical provider. So what can oral health professionals do to embrace chronic disease screenings in a dental provider setting? That is the restated goal.

We didn't get to specific measurements, but we did say we need to create reimbursement potential for screenings by oral health professionals, which involve codes, and insurance

companies getting on board. We also have to increase medical provider acceptance, dental provider acceptance, and of course patient acceptance. Those are the broad buckets.

Terri: This topic is so complex, and there are so many dimensions, there is no way to come to consensus on a specific goal in such a short time. For example, the Santa Fe Group spent more than a year working on this topic, and there is still so much work to be done. The one thing I'd add is the other perspective which is to be sure we are engaging non-dentists in the conversation. That was the original goal- in addition to making sure we are integrating chronic disease management concepts into the practice of dentistry, that we are also broadening our discussion to include consumers and non-dentists, or even non-health professionals. There is so much to be done to transform the way we operate in silos, and to elevate oral health in a more general sense.

Carrie: I think every group highlighted one of the challenges we have. We've decreased the amount of time we are coming together, and we've increased the amount of activity that we want to accomplish. So the question for the planning team is, how do we move this forward, knowing there's a desire to have co-ownership of the work? We thought we would get to a certain place given the twenty minutes we had for breakouts, but that does not seem to be getting the group far enough. As we were running out of time, one of our group members asked if we could meet separately. How do you want to operationalize to get this work done? Do you want support from the planning team to have additional meetings outside of this meeting? Would you like this meeting to be entirely a work meeting? Would you like to add time to this meeting? How can we support moving the work forward?

- LaVette: I suggest we add at least another thirty minutes to our call, so we can have the group meetings, if the time is good for everyone.
- Jane (via chat): Agree
- Dr. Cordero: We do need a little more time, and it's true what LaVette said, I would have trouble finding another time for a meeting. So maybe let's try fifteen more minutes instead of half an hour, because time is an issue.
- Ifetayo: I suggest if we add on more time, that we make that the committee time. Not everyone may want to or need to meet.

Carrie: Okay, we will take those suggestions back to the planning team to discuss. There seems to be some level of agreement to add fifteen or thirty minutes back into the meeting to do committee work.

D. ASH/ONC Update

Mike: I wanted to give an update on our letters to the Office of the National Coordinator for Health, and the Assistant Secretary for Health. I'm sorry about how long it's taken to get

responses back, I have a feeling this is a very busy time for federal agencies and the executive branch. We just recently heard back from the Office of the National Coordinator and are setting up a time for that meeting to take place. It is one where we hope we'll have a discussion that is fairly technical on interoperability and how to move that forward. If any of your organizations have subject matter expertise on interoperability and ways we can make those connections, let Bianca know. We will have a straw man agenda in a few days; if you could review that and give us feedback on what things are most important to discuss with the office, that would be very useful.

We haven't heard back from the Assistant Secretary for Health yet. We'll continue to monitor that; I'm hopeful we will hear from them soon. We did get a response back from her about the work. They are feeling the importance of issues around oral health and working on that. We are pressing that it would be great for us to have a meeting and discussion about it.

VI. Close

Carrie: We want to continue to provide time for folks to either share organizational updates or resources, or mention upcoming events they have. Does anyone have something they want to mention?

- Christine: The National Oral Health Conference is coming up next month. We have about 475 people registered. Many people are saying this is their first live conference they will be going to, so we are really looking forward to it. If you have any interest in attending, you can google National Oral Health Conference to find out all the information, or just contact me.
- Don: It's just a mention as we think about meeting with these different groups... Looking at the National Academy of Science Education and Medicines' report *Implementing High-quality Care: Rebuilding the Foundations of Health Care*, from my quick review there is not a lot of mention of oral health there. If they are talking about rebuilding a system for the future, I think it's a great opportunity for us. In discussions, whether that's with the National Coordinator or with the Assistant Secretary for Health, I think it's a nice thing to fit into.
- Mike: We can share the report and send it out before the next meeting.
- Tim: I was just going to say, two months, fifteen days, and eight hours from now I will be retired. So if you see me dressed less formally these days, I'm on an easy streak.

Carrie: We wish you well!

- Chelsea (via chat:) Not super relevant to discussions today, but we in HPI put out some new data on the changing dentist workforce, in case this is useful to anyone in your work: <https://www.ada.org/resources/research/health-policy-institute/dentist-workforce/the-changing-dentist-workforce>

- Jane: The National Association of Community Health Centers has a large meeting every year called the PNI. They do a wonderful bootcamp for board members. There has never ever been a dental presence at the bootcamp. That's a particular area because in a community health center, you have medical and dental co-located, and you have the opportunity to include some of that chronic disease screening and interoperability. Board members frequently think of dental as some universe far, far away. Here's an opportunity to move that forward.
- Don: I just wanted to clarify that there has been an oral health presence at that bootcamp for almost 10 years, I've been that person who addresses that. I think as we think about interprofessional collaboration, all things oral health don't need to be presented by a dentist just as all things primary care do not need to be presented by a physician or nurse practitioner. I did carry your thoughts back.
- Jane: That's great, thank you. Just still looking for that dental officer presence there. But thank you for that.
- From Society of American Indian Dentists (via chat): Society of American Indian Dentists annual conference is June 22-25, 2022 at Isleta Pueblo Resort, just south of Albuquerque, NM. <http://www.thesaidonline.org/conference2022>
- Cheryl Lee-Butler (via chat): National Dental Association convention July 14th thru 17th Phoenix Az

Carrie: We'll add all this information to the email going out. Thank you everyone for your time and attention today.