



Dental Public Health Activities & Practices

Practice Number: 29001
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SECTION I: PRACTICE OVERVIEW		
Name of the Practice: Montana Dental Summits		
Public Health Functions: Policy Development – Collaboration & Partnership for Planning and Integration Assurance – Building Linkages & Partnership for Intervention Assurance – Access to Care and Health System Interventions		
HP 2010 Objectives: 21-12 Increase preventive dental services for low-income children and adolescents 21-10 Increase utilization of oral health system		
State: Montana	Region: Northwest Region VIII	Key Words: Dental summit; oral health summit; access to care; planning; dental action plan; coalition
Abstract: The Montana Dental Summit I was held on 11/18/99 with the purpose of engaging the state in the National Oral Health Initiative. The event was hosted by the Health Resources and Services Administration (HRSA) and the Health Care Financing Administration (HCFA) in coordination with the Montana Department of Public Health and Human Services (DPHHS), the Montana Primary Care Association, the Montana Dental Association, and other partners. The results of the Summit included the establishment of the Montana Dental Access Coalition for improving oral health and access to dental care in the state, particularly for the underserved. The Coalition's accomplishments during the first year included: (1) developing an action plan and presenting the proposed strategies to the Legislative Interim Committee on Children, Families, Health, and Human Services for endorsement, (2) removing pre-authorization requirements for Medicaid dental services, (3) increasing the dental benefit for CHIP, (4) securing the support of the Board of Regents for expanding state-supported dental student education through the Western Interstate Commission for Higher Education (WICHE), and (5) developing the Montana Dental Summit/Dental Access Coalition website. In 2001, as a follow-up, the Montana Department of Public Health and Human Services hosted the Montana Dental Summit II giving stakeholders an opportunity to further review strategies for improving access to care. The Montana Dental Access Coalition, an outcome of the first summit, has gained a broader oral health focus beyond access to dental care after the second summit. The Coalition has developed a state oral health plan in 2006.		
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SECTION II: PRACTICE DESCRIPTION

History of the Practice:

The first Montana Dental Summit was held on November 18, 1999. A follow-up meeting, entitled "Montana's Dental Access Strategies: Making It Happen," was conducted in July 2000.

Justification of the Practice:

The purpose of the first Montana Dental Summit was to: (1) engage the state in the National Oral Health Initiative of the Health Resources and Services Administration (HRSA) and Health Care Financing Administration (HCFA), (2) develop strategies to increase access to dental services, particularly the underserved, and (3) follow up on dental issues generated by the Children's Oral Health Needs Workshop held in August 1999.

Administration, Operations, Services, Personnel, Expertise and Resources of the Practice:

A state and federal planning team directed by the Montana State Oral Health Program Director, with representatives from the Montana Department of Public Health and Human Services (DPHHS), the Montana Dental Association, the Montana Primary Care Association, HRSA and HCFA, organized the **Montana Dental Summit I**. Professional meeting facilitators were contracted for the Summit. To prepare for the Summit, invitees (including individuals able and unable to attend the Summit) were asked by the meeting facilitators to share their perspectives on access to dental services either by phone or a written questionnaire. Summit invitees were able to teleconference from remote sites via satellite linkage. A HRSA grant provided \$5,000 to support the Summit and the Montana Primary Care Association covered the satellite costs.

During the one-day event, the Summit drew 114 participants hosting a broad array of health professionals, program administrators and policy makers. The meeting provided:

- An introduction to the National Oral Health Initiative by HRSA and HCFA to eliminate disparities in access to oral health care and to improve oral health.
- Perspectives on access to dental services in Montana. A panel provided information and insight to dental services, and potential strategies to improve access from multiple perspectives: providers, consumers, policy makers and programs available in the state. The panel included the state's Medical Health Officer, dentists, a consumer, Primary Care Association, Primary Care Office of DPHHS, and the CHIP Program.
- Facilitated discussions on key issues that influence access to care in the state.
- A working session for each remote site's participants to develop advice and strategies for addressing issues to improve access to care.
- Wrap up and planning of subsequent steps that need to be taken.

A key outcome of the Summit was the creation of the Montana Dental Access Coalition. This Coalition included dental professionals, federal, state and local public health professionals, elected officials, executive branch agency representatives, representatives of higher education, and other people interested in improving oral health and access to dental care in Montana, particularly for the underserved. Four workgroups of the Coalition continued to meet to address the Summit strategies and reported progress to the Legislative Interim Committee on Children, Families, Health, and Human Services. A follow-up meeting was conducted eight months later, at which time the Coalition reviewed proposed strategies developed by the workgroups. The Coalition completed the Montana Dental Action Plan proposing strategies to improve dental access and presented the plan to the Legislative Interim Committee for endorsement.

Additional accomplishments of the Coalition in improving dental access include removing pre-authorization requirements (except for orthodontics) and expanding emergency coverage for Medicaid dental services, increasing the dental benefit for the Children's Health Insurance Program (CHIP), securing the support of the Board of Regents for expanding state-supported dental student education through the Western Interstate Commission for Higher Education (WICHE) and the University of Minnesota, securing funding to support opening of a dental hygiene school, creating the Montana Dental Summit/Dental Access Coalition website; increasing the Oral Health Program Director position to a full-time position, establishing a full-time Medicaid Dental Program Manager

position, surveying dental workforce trends and needs, and increasing the state dental HPSA designations.

Montana received a second HRSA grant in 2001 to support a second Dental Summit. Statewide partners and stakeholders were given an opportunity to convene again for a 2-year anniversary event. In November 2, 2001, as a follow-up, **Montana Dental Summit II** was hosted by the Department of Public Health and Human Services (DPHHS). The event was also partly sponsored by the Montana Primary Care Association and the Montana Dental Association. The second dental summit invited the state's oral health advocates to meet and to discuss furthering strategies to improve access to oral health. Interactive video satellite linked participation from six community sites. The morning session included presentations including: (1) the Montana's Congressional delegation's efforts at the federal level to improve access to care, (2) updates from the Health Resources and Services Administration (HRSA)/Centers for Medicare and Medicaid Services, (3) the Montana Dentist Survey Report, (4) accomplishments related to the Montana Dental Summit I and its proposed actions to improve dental access, and (5) the Montana Migrant/Community Health Center/Rural and Urban Indian Health Dental Clinic overview and review of President George Bush's New Access Point Initiative. The afternoon session offered participants at the central meeting location a choice to work in one of three focus workgroups: (1) Dental Workforce Workgroup (e.g., recruitment & retention efforts and volunteer/student/resident programs), (2) Health Promotion Workgroup (e.g., oral health promotion and disease prevention activities and fluoride promotion strategies), and (3) Community Systems & Network Development Workgroup (e.g., community coalitions and resources and infrastructure building). Workgroups were directed to review remaining strategies from Summit I and prioritize them along with developing action steps. At each community site that was linked by video satellite, participants worked on priority oral health issues for their local area. The workgroups and the community sites presented their priorities for strategies to the entire summit audience. The new priorities assisted the Montana DPHHS and members of the Montana Dental Access Coalition in developing an action plan and to work with members of the Children, Families, Health and Human Services Legislative Interim Committee to improve access to care.

The Montana Dental Access Coalition, an outcome of the first Montana Dental Summit, has continued to evolve after the second summit and has gained a broader oral health focus beyond access to dental care. The coalition is now called the Montana Oral Health Alliance. With the support of HRSA's State Oral Health Collaborative Systems (SOHCS) grant program, a state oral health strategic plan, the [Montana Oral Health Plan](#), has been developed, released and disseminated in 2006. The Montana Oral Health Plan was developed to promote oral health and prevent dental disease, reduce health disparities that affect low-income, underinsured or uninsured people, those who are geographically isolated, and persons who are vulnerable because of special health care needs. It reflects the Montana Oral Health Alliance's vision, guiding principals, goals and priority strategies to achieve these objectives. The state plan will serve as a roadmap for promoting oral health, preventing oral diseases, and improving access to dental services. Goals of the plan are:

- GOAL 1: Increase awareness of the importance of oral health as a part of overall health throughout the life cycle.
- GOAL 2: Increase oral health promotion and disease prevention efforts throughout the State.
- GOAL 3: Assure adequate numbers, diversity and distribution of dental professionals in Montana.
- GOAL 4: Increase access to dental care in the State.
- GOAL 5: Improve and increase funding and other resources for oral health and dental care in Montana.
- GOAL 6: Develop an integrated, comprehensive oral health surveillance system that can track data at state and community levels.

Priority strategies have been developed for each goal of the state plan. The aim for the next five years is to further improve the oral health of the citizens using the plan as the foundation and vision to move efforts in a thoughtful and collaborative approach to meeting the goals.

Budget Estimates and Formulas of the Practice:

For the first dental summit:

The professional facilitators were contracted for ~\$3,000 and their travel expenses were ~\$2,000. The six satellite linkages for three hours totaled ~\$1,500.

For the second dental summit:

The second summit was funded by HRSA for \$5000. The HRSA funds covered the costs of the facilitator and about \$2000 of the satellite linkage costs. The Primary Care Association sponsored \$1,000 of the satellite linkage cost and the Montana Dental Association sponsored the luncheon (\$300).

Lessons Learned and/or Plans for Improvement:

A critical piece of the Summit's success was having legislators hear the issues and become involved in developing strategies. Also, reporting to a legislative committee on a bi-monthly basis helped keep the Coalition focused on the task. Conducting the Summit meeting on a Friday will improve attendance by dental providers. Involve the state dental association early on in the planning of the Summit to provide notice to their membership. Develop (or borrow from another state) a list of federal, state and local partners to review prior to sending invitations to alleviate missing key stakeholders. Invite congressional delegations and/or their staff and the media. Allow time to highlight current federal activities and for questions. Hire a professional facilitator that allows everyone to share or express their points of view even if it doesn't fit into the agenda. Stress "there are no wrong answers or suggestions." Allow invitees a way to participate in the meeting even if they are not able to be present (e.g., phone interviews prior to the meeting or completing fax sheets to highlight issues/suggestions.) Have lunch on site to maintain attendance throughout the full-day meeting. Ask participants to sign up and commit to continue working on workgroups, community coalitions, etc. prior to leaving the meeting.

Available Resources - Models, Tools and Guidelines Relevant to the Practice

- Montana Dental Summit Meeting Proceedings
- Montana Dental Action Plan
(<http://www.mtpca.org/pdf/mt dental.pdf>)
- Montana Oral Health Summit I – Final Report
- Montana Oral Health Summit II – Final Report
(<http://www.astdd.org/summitreports/Montana.pdf>)
- National Maternal and Child Oral Health Resource Center: Regional and State Summits
(<http://www.mchoralhealth.org/summit2.html>)
- HRSA-HCFA Oral Health Initiative
- Montana Oral Health Plan (2006)
(<http://www.dphhs.mt.gov/PHSD/family-health/oral-health/documents/MT-State-Oral-Health-Plan2006.pdf>)

SECTION III: PRACTICE EVALUATION INFORMATION

Impact/Effectiveness

Does the practice demonstrate impact, applicability, and benefits to the oral health care and well-being of certain populations or communities (i.e., reference scientific evidence and outcomes of the practice)?

The first Montana Dental Summit established the Dental Access Coalition. This coalition accomplished the following during the first year to improve access to dental services for the state by:

- Expanding the emergency dental services coverage under Medicaid;
- Eliminating prior authorizations requirements for Medicaid dental services (except orthodontics);
- Increasing the CHIP dental benefit; simplifying the CHIP dental provider enrollment process;
- Reallocating the workload of the State Dental Director and the Medicaid Dental Program Manager to dedicate 100% of their time to oral health issues;
- Securing endorsement of the Montana Board of Regents to expand state-supported dental education through WICHE and University of Minnesota;
- Surveying dentists for workforce trends and needs; creating a Coalition website for communications; facilitating DPHHS request for an ASTDD onsite review;
- Adding oral health as a priority issue in the Montana Health Agenda; facilitating dental HPSA designations; and
- Being recognized by HRSA and HCFA as a model for coalition work to improve access to dental care.

The second Montana Dental Summit provided priorities, which assisted the Montana DPHHS and the Montana Dental Access Coalition in developing an action plan and direction in working with members of the Children, Families, Health and Human Services Legislative Interim Committee to improve access for Montana citizens.

Efforts resulting from the two Montana Dental Summits have led to establishing a state oral health coalition and developing a state oral health strategic plan released in 2006.

Efficiency

Does the practice demonstrate cost and resource efficiency where expenses are appropriate to benefits? Are staffing and time requirements realistic and reasonable?

The first Montana Dental Summit was funded in part by a HRSA grant. The Montana Primary Care Association covered the satellite linkage costs for the Summit meeting. The members of the Dental Access Coalition that resulted from the Summit donated their time and efforts (agencies/organizations commitments as well as personal commitment). Sources of funding to support Summit strategies are ongoing.

The second Montana Dental Summit was hosted by the Department of Public Health and Human Services (DPHHS) and was partly sponsored by the Montana Primary Care Association and the Montana Dental Association. Montana received a grant from HRSA to fund the second Dental Summit.

Demonstrated Sustainability

Does the practice show sustainable benefits and/or is the practice sustainable within populations/communities and between states/territories?

Sustainability is demonstrated by the second Dental Summit, which was conducted two years after the first event with a focus on engaging communities. Furthermore, sustainability is reflected in the commitment of the members of the Dental Access Coalition (established as a result of the first Dental Summit). The Coalition's accomplishments reflect policy and system changes that are sustainable.

Collaboration / Integration

Does the practice build effective partnerships/coalitions among various organizations and integrate oral health with other health projects and issues?

With the purpose of engaging the state to the HRSA-HCFA Oral Health Initiative to eliminate disparities in accessing oral health care, the Summit addressed the need to integrate state and national efforts. The Montana Summit I invited dental and other health providers, federal, state and local public health professionals, professional associations, elected officials, executive branch agency representatives, representatives of higher education, and other stakeholders to collaborate. The second Montana Dental Summit provided another opportunity for the state's oral health advocates to meet and further prioritize strategies.

Objectives / Rationale

Does the practice address HP 2010 objectives, the Surgeon General's Report on Oral Health, and/or build basic infrastructure and capacity for state/territorial oral health programs?

The Montana Dental Summit I & II built collaboration and partnership for planning and integration as well as improving access to dental services through health system interventions. The Summits initiated efforts to address needs to eliminate disparities in accessing oral health care. Further, the Summits addressed the HP 2010 objectives of increasing preventive dental services for low-income children and adolescents and increasing the utilization of the oral health system. Finally, the collaboration and partnership built capacity for the state oral health programs.

Extent of Use Among States

Is the practice or aspects of the practice used in other states?

States having conducted dental summits include Alabama, District of Columbia, Georgia, Illinois, Idaho, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Michigan, Missouri, Montana, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Pennsylvania, South Carolina, Utah, Virginia, Washington, and Wisconsin.