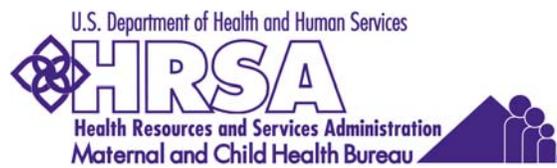


MONTANA DENTAL SUMMIT II: Building Community Partners

November 2, 2001

Funded by a grant from:



EXECUTIVE SUMMARY

Montana's oral health advocates met to discuss furthering strategies to improve access to oral health on November 2, 2001 in Helena, Montana as a follow-up action of the Montana Dental Summit I which was held November 18, 1999. The meeting was hosted by the Department of Public Health and Human Services (DPHHS) and interactive video satellite sites were also linked in for participation from 6 community sites and partly sponsored by the Montana Primary Care Association.

The morning agenda included:

- Montana's Congressional delegation representatives shared efforts at the federal level to improve access to care.
- Health Resources and Services Administration (HRSA)/Centers for Medicare and Medicaid Services Presentation
- Montana Dentist Survey Report
- Post Montana Dental Summit/Nov 1999 efforts and proposed actions to improve dental access presented by key organizations and individuals from across Montana
 - Accomplishments
 - Most important issues
- 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 Montana Dental Association sponsored lunch at all sites.

During the afternoon session, participants chose to work in one of three focus workgroups in Helena. Community sites chose to work on priority oral health issues for their local area. (The interactive video sites were down during this session.)

Workgroups included the following focus areas and were directed to review remaining strategies from Summit I and prioritize them along with developing action steps.

- **Dental Workforce Workgroup** – Recruitment & retention efforts; volunteer/student/resident programs; licensure and statutory change issues; loan repayment programs; internship and practicum programs; health career programs; scholarships; incentive programs; mobile clinics; workforce data collection.
- **Health Promotion Workgroup** – Oral health promotion and disease prevention activities; fluoride promotion strategies; increasing collaboration with primary health care providers for early childhood, developmentally

disabled and elderly populations; school-based activities; public education and media relations.

- **Community Systems & Network Development Workgroup** – Community coalitions and resources; infrastructure building; policy development and funding; best practices; “Virtual Workgroup” development; oral health data collection.

The Montana Primary Care Office sponsored an afternoon refreshment break.

All sites were brought back together via the interactive video system and delivered a summary of their priorities. These included strategies from a local level and also those that may require legislative authority and/or assistance from DPHHS. The priorities will help assist the Montana DPHHS and members of the Montana Dental Access Coalition in developing an action plan to work with members of the Children, Families, Health and Human Services Legislative Interim Committee to improve access for Montana citizens.

A formal presentation reviewing the outcomes of Summit II were shared with members of the Interim Committee on November 16, 2001 and also during the Healthy People 2010 workshop in Washington DC on November 4, 2001. Future meetings to develop the action plan are planned for spring 2002 to prepare for the 2003 legislative session.

DETAILED PROGRAM SUMMATION

HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA)/CENTERS FOR MEDICARE/MEDICAID SERVICES (CMS)

Comments

- 1998 meeting was the catalyst to begin addressing dental care access issues.
- HRSA financed a pilot, Comprehensive Systems of Quality Care, during which dental access was identified as a top 5 issue facing both Montana and North Dakota.
- The partnership between HRSA and CMS is a natural partnership of federal agencies, with recognition that the issues need to be addressed on state and regional levels, too.
- Fifteen dental summits have occurred since 1998, mostly at the state level, and there are 21 planned follow-up summits. The National Governors' Association and the Center for Best Practices have hosted academies in which 23 states have participated.

MONTANA DENTIST SURVEY REPORT

Surveys were disseminated to all 482 dentists in Montana. The survey resulted in a 90% response rate. Some of the findings include:

- There are 52 dentists per 100,000 people in Montana, ranking 23rd in the nation.
- Montana natives comprise 43.7% of Montana dentists.
- Similar to national statistics, 80% are solo practitioners.
- The out-of-state schools of dentistry from which Montana dentists graduate include Minnesota (15%), Nebraska (14%), Oregon (11%), and Illinois (9%).
- Sixty percent are age 45 or over with Montana's rate similar to the national average.
- Lower numbers of dentistry students are a result of fewer schools of dentistry in operation; 2000 more dentists currently retire every year than graduate. There are currently 300 vacant teaching positions in existing schools of dentistry.
- Approximately 40% of dentists in Montana spend 40-49 hours per week in clinical work in their offices; 12% spend 50 hours or more.
- Eighty-eight percent spent no time doing dental work in nursing homes.
- Sixty percent of the respondents indicated they would accept more Medicaid patients if the reimbursement rates were increased.
- Average overhead costs included in fees were 65% to 70%. Dentists have insurance and student loan payments to cover as well.
- The employment rate for hygienists by dentists is 80%, higher than the national average.
- Generally, dentists with high overhead rates end up losing money on Medicaid services.
- Currently there is no tax credit for dental services in Montana although there is a tax credit for doctors who serve in rural and underserved areas.

WORKGROUP REPORTS

A. Helena

Dental Workforce Work Group

1. Recommendations related to remaining Montana Dental Summit I strategies:

- Support a clinical rotation program with any statutory changes that would be necessary.
- A provisional licensure for retired dentists should be pursued.
- Delete language about reciprocity because the concept is difficult to explore because it has to be addressed state-by-state. Recognize that it is different from credentialing.
- Establish financial incentives for recruitment and work for loan repayment and forgiveness at the federal level.
- Explore tax credits.
- Support education K-12 to encourage dentistry as a career.
- Support increases in WICHE and Minnesota dental programs and encourage expansion.
- Evaluate all incentives to see if they are effective in bringing students back to Montana.
- Retain the concept of placing dental health care in public health settings.
- Support WAMI style funding.
- Support dental care in nursing homes including discussion of RDH's in public health settings. Develop information about requirements for nursing homes regarding provision of dental care.

2. New issues and strategies relevant to the Dental Workforce

- Explore expanding the statute that permits dentists/hygienists to be immune from liability in charitable situations.
- Explore ways to provide malpractice insurance for dentists/hygienists involved in charitable situations.
- Provide scholarships for dental and hygiene students. Establish an office of recruitment, either state or privately funded.
- Work collaboratively to support continued funding for the dental hygienist program

3. Prioritized issues, strategies and action steps

- Recruitment is considered the priority issue.

Health Promotion Work Group

Recommendations

1. **Fluoridation**

- Educate water system engineers on the benefits of fluoride.
- Expand circulation of the fluoridation packet to school nurses and health departments.
- Take a proactive stance on fluoride education and provide additional data on the positive impact of fluoridation.

2. **Oral Health Education**

- Add oral health curriculum for nurse training.
- Provide education on the amount of sugar on soft drinks, particularly related to diabetes and dental decay.
- Provide education on plaque control.
- Focus on adult education using economic points to get their attention.
- Work with other state agencies to identify information-sharing/education avenues.
- Link education to welfare reform requirements.

3. **Media**

- Issue monthly press releases and post messages on a website.
- Research and use existing media programs.

Community Systems & Network Development Work Group

1. **Recommendations related to remaining Montana Dental Summit I strategies:**

- In general, adopt all the existing strategies.
- Additional staff needs to be assigned to support the work that has already been done.
- Encourage K-12 to consider dental education and reach all segments of the dental delivery system including assistants.
- Continue a focused media campaign and facilitate support through all pertinent organizations.
- Support a budget increase for WICHE slots and provide incentives for returning to Montana to practice.
- Add residency to dental training programs and be as specific as possible.
- Review and continue to discuss focus areas; consider the most efficient way to meet again and make it efficient (i.e., virtual network, etc.); carry information down to the local level.

2. Recommendations on new issues and strategies relevant to Community Systems & Network Development

- Develop a good referral system for Medicaid patients.
- Look at best practices.
- Develop a quick call system and address the issue of broken appointments.
- Maximize reimbursement levels. Consider contractual arrangements and address reimbursement issues in a more effective way.
- Consider the use of dental hygienists in nursing homes. Explore ways that providing care in nursing homes can be funded and made more attractive to dentists in the state. Include prevention and education efforts.
- Look at best practices to see what is working related to the Emergency Room issue.
- Provide dental education birth to age 3; educate hospital staff including prenatal departments.

B. METNET Sites

Pablo

1. Recommendations related to remaining Montana Dental Summit I strategies

No comments submitted.

2. Local issues

- Need to place RDH's in public health settings (working with new RDH School to establish internships with community health centers with rotations for professional curriculum.
- Need for carefully defined, specific to rural, loan repayment program.
- Need for scholarship fund/endowment for Montana students through a collaborative effort among pertinent organizations.

3. Objectives related to local dental access and oral health:

- a. Provide access to care for those in financial need through community health centers.
- b. Find and allot money for transportation for those in financial need.
- c. Implement strategies that stress the importance of keeping appointments, perhaps through an incentive or reimbursement.
- d. Advocate for water fluoridation.

4. Needed State actions to help facilitate and support our objectives

- Help us with funding for an education drive to promote dental health through PSA's and multiple media modalities.
- Explore strategies for mandating fluoride statewide.

Hamilton/Bitterroot

1. Recommendations related to remaining Montana Dental Summit I strategies
 - Support the use of dental hygienists in public health settings and consider the Bitterroot as a pilot area with children rather than nursing homes.
 - Continue the joint media campaign, recruitment of high school students into oral health care professions, and development of models of community dental linkages.
2. Local objectives related to local dental access and oral health:
 - a. Develop a Western Montana WIC/Headstart Oral Health Coalition to implement “Healthy Smiles, Happy Kids” Project.
 - b. Educate the public regarding the need for fluoridation, preventive dental care as well as the dental crisis in Montana.
 - c. Work to assure that all WIC and Headstart children in Western Montana receive annual dental screenings and necessary follow-up treatment.
 - d. Secure funding for a mobile dental/health (immunizations, etc.) clinic; convert a used trailer, bus, motor home, etc. for this purpose.
 - e. Recruit local dentists to provide screenings/treatment for WIC and Headstart children when the mobile clinic is in their community.
3. Needed State actions to help facilitate and support our objectives
 - Develop a statewide public education plan.
 - Provide educational materials, toothbrushes and disclosure tablets to all WIC and Headstart families in Western Montana.
 - Help the coalition locate donated dental equipment for the mobile clinic and identify retired and active dentists interested in helping with the project.
 - If possible, assist with locating funding sources.

Culbertson

1. Recommendations related to remaining Montana Dental Summit I strategies
 - Prioritize the remaining strategies from Dental Summit I and the strategies from Dental Summit II.
 - Explore statutory changes in licensing that would expand oral health care resources.
 - Provide financial incentives.
 - Continue efforts to increase federal incentives on loan repayment.
 - Utilize a combination of 3 types of media for education.
 - Continue to explore and support the possibility of statewide fluoridation.

2. Local issues

- Fluoridation should receive high priority in the state.
- Everything revolves around recruitment and retention with emphasis on long-term incentives.
- Basic plaque control and oral hygiene education is an absolute must in reducing the need for access.

3. Objectives related to local dental access and oral health:

- a. Increase access to oral health care.

4. Needed State actions to help facilitate and support our objectives

- Facilitate a coordinated legislative effort with a coalition of all summit participants as soon as possible in order to be effective for the next Legislature.
- In order to encourage new dentists to try Medicaid, establish a one-year contract with Medicaid for dentists with options to opt out with no penalty.
- Hold a course on Medicaid with CE credit.
- Put more emphasis on reimbursement for special needs patients with possibility of report rather than code.
- Conduct an economic study of the effect of seeing Medicaid patients when the overhead is very high.
- Explore a program for dental student rotation in the state; consider using Indian Health Centers for a prototype.

Missoula

1. Recommendations related to remaining Montana Dental Summit I strategies

- Continue to explore increased federal assistance for loan repayment.
- Support an increase for the number of dental slots.
- Support the UDENT program.

2. Local issues

- Lack of funding.
- Dentists are reluctant to participate in public health efforts because of no-show rates.

3. Objectives related to local dental access and oral health:

- a. Encourage dentists to go to other facilities rather than have children go their offices.
- b. Develop programs for western Montana including Healthy Smiles Happy Kids.
- c. Implement a regional, oral health, public education campaign.

- d. Identify Headstart and WIC children and ensure they receive annual health screenings; look for funding for follow-up treatment if required.
- e. Purchase a trailer for screenings at all Headstart and WIC clinics.

4. Needed State actions to help facilitate and support our objectives

- Facilitate a coalition to support legislative work.
- Develop and implement a statewide, public education campaign.

Great Falls

1. Recommendations related to remaining Montana Dental Summit I strategies

- Continue advertisement of dental profession for recruitment (use different team members and roles to increase interest in the profession).
- Increase the feasibility of Medicaid acceptance.

2. Local issues

- Need for education.
- Need for Medicaid acceptance.
- Recruitment of oral health care professionals.

3. Objectives related to local dental access and oral health:

- a. Facilitate and increase Medicaid acceptance.
- b. Prevent dental diseases.
- c. Recruit and increase numbers of dental professionals for the Indian Health Service.
- d. Continue funding and student interest in dental hygiene and dental assistant programs.
- e. Increase volunteerism in Great Falls.

4. Needed State actions to help facilitate and support our objectives

- Create a tax break for dentists who accept Medicaid patients.
- Establish K-12 programs on the importance of dental health care.
- Work with other professions on prevention including pediatricians, hospitals, and public health nurses.
- Recruit Native Americans into the dental profession and encourage them to return to their home areas to practice.
- Advertise the need for dental professionals through possible scholarships, dental professional networks, and a program website; target advertisements to go beyond the traditional gender roles of the dental team.
- Offer CE credits for volunteerism.

Chester

1. Recommendations related to remaining Montana Dental Summit I strategies

- Continue to facilitate preventive education from several different aspects.
- Support a loan repayment program, support of dental students, Medicaid for nursing home patients and increased reimbursement rates.
- Support fluoridation of public water supplies because that is an answer to shortage of dentists and access to care.

2. Local issues

- Increased dental access in north central Montana.
- Lack of dentists.
- Need for oral health care education particularly for children.
- Need for good case management.
- Need for Medicaid patients to understand the need to show up for appointments.

3. Objectives related to local dental access and oral health:

- a. Teach children proper oral hygiene techniques and the role of diet.
- b. Provide education regarding what is available in detection methods.
- c. Work with caseworkers so they educate Medicaid patients on showing up on time for appointments.

4. Needed State actions to help facilitate and support our objectives

- Continue support for public education regarding fluoridation and funding capital equipment needs for water fluoridation. (Studies show that for every dollar spent on fluoridation, \$ 38.00 is saved in later care.)

Billings

1. Recommendations related to remaining Montana Dental Summit I strategies

- Support dental services in the Health Care Clinic in Billings.
- Support fluoridation programs.
- Explore the role of hospitals and retainers for emergency dental health care.
- Working with the Board of Dentistry, clean up the general supervision law for expanded services through dental hygienists.
- Support reciprocity agreements of licensure.
- Look at the Good Samaritan law to make the language clearer.
- Examine the status of retired dentists and create special licensure if necessary to support them in volunteer practice.

2. Local issues

- Need for dental residency (9th District is in support).
- Need for support for local dental scholarships and increasing the number of reciprocity agreements with universities.
- Need to work with Headstart and local hospitals regarding mobile equipment.

3. Objectives related to local dental access and oral health

- a. Launch the fluoridation program locally.
- b. Find funding for a public relations person, infrastructure and staff.

4. Needed State actions to help facilitate and support our objectives

- Facilitate a broad-based media campaign and target school and elderly populations in particular. Target one or two particular issues in the beginning.
- Assist communities with financial support as well as marketing expertise.
- Work closely with fluoride groups so it is a comprehensive effort.
- Assure follow-up summits in communities.