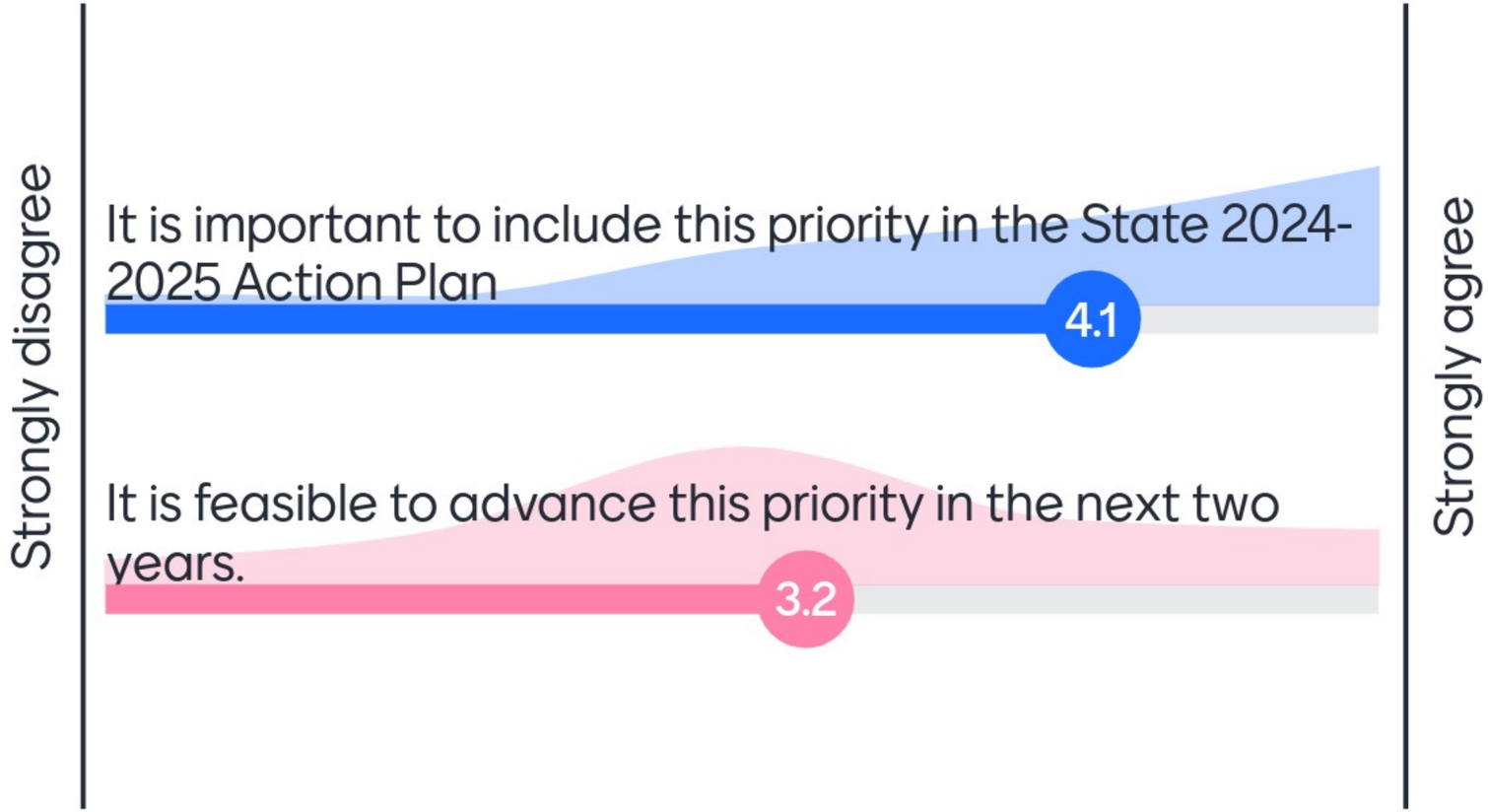
Expansion of FQHCs for Oral Health



Expansion of FQHCs for Oral Health (Include your table number in your response)

32 Answers

9- identify gaps then Incentivize expansion (satellite offices?) of FQHCs to fill gaps.-

22- improve accountability for Medi-Cal to report on more granular data that FQHCs are required to submit (CDT codes)

Table 20- Combining or aligning priorities and objectives so that we are able to collaborate easier. Our FQHC is beginning to explore teledentistry and we are trying to figure out how we can partner.

22- State could remove admin burdens and increase payments to FQHCs; increase trainings for care coordinators for dental care coordination;

Table #151. More funding 2. Retain staff3. Minimize staff turn over n retention 4. Higher locals ex. Retired individuals that want to help their local community.

25Incentives to attract dental students to practice at FQHCsMobile dental services to reach less accessible populationsTeledentistryPartnership building (w/in & across counties)

Have satellite clinics for rural areas. Table 9

Table 5: guidance and technical assistance from Medi-Cal Dental for FQHCs, partnership with FQHCs, public health, and specialists

Increase mobile and virtual dental capacity to FQHCs, invest in workforce/increase dental provider wages (especially RDHs). [table 12]

Expansion of FQHCs for Oral Health (Include your table number in your response)

32 Answers

Need workforce expansion, recruitment, and retainment strategies to support FQHC oral health care expansion (e.g., expand loan repayment programs, expand mid-level providers). Table 1

Table 25Partnership building (w/in and across counties)TeledentistryMobile services to reach less accessible populationsIncentives to attract dentist to work at FQHCs

Table 6. Collaborate with RDHAP providers to provide preventative services and enhance case management for referrals and care with FQHC's.

Need more staffing, 5 yr loan forgiveness, grant writer to cover non billable services rationale and why it's so important; it will improve overall health and save $ for them, flexible hrs & weekends

Expand dental provider training programs in FQHCs

10- Find funds to ID FQHCs without dental and/or with workforce issues and develop incentives to recruit/retain.

13- Funding from HRSA to include dental as a requirement.

16FQHC + LOHP-Increase dental residency-increase rotations to rural communities by telehealth -on the job training -extend student loan rein payment grant and provide education/promo

Create scopes of work for community members to be part of the oral health team and provide community Ed; hire more DH and DAs to provide services in community; more teledentistry and services . Tbl 4

Expansion of FQHCs for Oral Health (Include your table number in your response)

32 Answers

17- workforce development; recruit students/ workforce pipeline model and toolkits encouraging loan forgiveness; teledentistry & mobile vansfor rural area; req. 1 yr fqhc svc before licensure

19- partners:FQH, clinic managers, medical/dental directors, city councils, finders HR , licensing board esp for mobile services

Table 23: provide funding for expansion of services more mobile clinics, in rural areas or areas of not enough providers.

Identify innovative models and barriers in rural communities. Table 21

Table #3 Change regulations to allow billing outside of 4 walls. Create more pipeline programs to encourage people from remote communities to become medically trained

Workforce development for providers. Path forward for foreign providers to get licenses. Incentivize providers to come into FQHC. Table 11

Workforce enhanment and retention

Table number 7 says: yes to FQHC. We need funding to expand and guidance on mobile unit to bill out of the 4 walks

Legislative, activities, effort to approve dental therapists for CA, FQHC in countries with handicap accessibility devices, FQHC with expanded hours and days, allow dental therapist in VA & N H 18

Expansion of FQHCs for Oral Health (Include your table number in your response)

32 Answers

Already written....

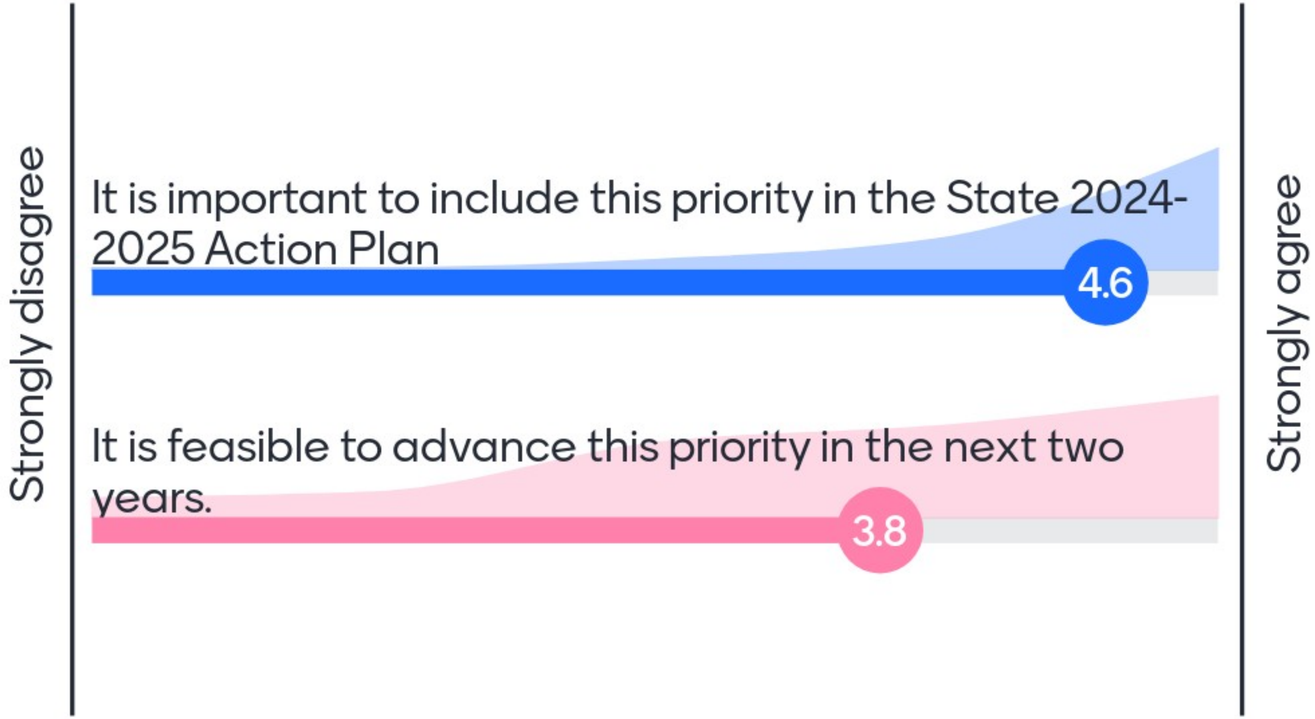
Increase in mobile dental units for VA hospitals, skilled nursing

18- More wheelchair tilt lifts for new construction clinics

11

Increase collaboration with dental schools and residency programs

Medical/Dental Integration – Fluoride Varnish, Diabetes, Pregnancy



Medical/Dental Integration – Fluoride Varnish, Diabetes, Pregnancy

33 Answers

22- work to increase direct referrals from medical to dental clinics, esp. during pregnancy (OB/GYNs refer to dental clinics)

Work with medical community and health plans to standardize oral health education and dental referral processes as part of comprehensive prenatal care (i.e., measures and incentives).

12 - Increased integration and infrastructure of dental services with FQHC medical services. Expanding dental services with CBOs/home visiting agencies.

Table #3 "Baby showers" that give away goodies along with nutritional counseling and OH ed. Get the leadership onboard to require screenings before EHR will move on. Make it all automatic.

Table 16: This is actionable if connections are built between the dental office and medical providers. Need a formalized referral system between specialties. Will providers be paid for integration?

9- a. On medical side, have leader ship, require the inclusion of all services. B. Ensure infrastructure. to support imultiple types of exams ie the electronic medical record needs that option

#20 Funding, community health workers, technology, creating network.

Table 8 - focus on workforce trainings. Integrate medical/dental starting with schools. Integrate EHR/referral system.

Fund CHW's for OH education, appointment scheduling and case management between medical and dental clinics

Medical/Dental Integration – Fluoride Varnish, Diabetes, Pregnancy

33 Answers

Applying for fluoride varnish at well visits.Medical providers promote the above. Community of practice. Utilize Smile CA training resources to dentists, including reimbursements.

17- reimburse/incentivize dds for A1c& BP screening, counciling, referal; provider training screening and counciling; train MAs FV app, screening/referral; CRA for pregnant women

Create infrastructure to support EHR and create more services in community settings. Table 4

Table #15- * children going in for their routine medical visits should be immediately also referred to their dentist

Accountability

Table 23: providing education of the importance of integrations of service and providing guidance of billing incentives of fluoride that can bring revenue. Providing correlation of benefits.

Table 16- more activities to boost buy-in to train MAs on fluoride varnish, the why MDI is important, personal stories of near misses. Using education materials AAPD and CDA . Wholeness and equity

table 5: education and promotion of FV medi-Cal codes, increasing Medi-Cal reimbursement rates, offering training to providers and line staff to do FV, survey LOHPs as to what you are doing

Table number 7: we need to bill for services such as varnish and the product to keep it going and how to bill properly. We need a champion to educate on why important.

Medical/Dental Integration – Fluoride Varnish, Diabetes, Pregnancy

33 Answers

2- establish an effective referral system between primary providers & dentists (especially OBGYN), partner with CHDP who can bill medical

22- pilot point of care diabetes testing at dental clinics

Already written...

Dental chair in providers offices

10- leverage provide information systems to provide education for high risk populations

Table 11: trainings/standardized toolkit for integration, push for medical providers to support, and EHR alerts and comparability

25EMR/EDR integrationFQHC expansion(UNIVERSAL HEALTHCARE!)

Integrating oral health language into well check questionnaires and doctors offices. Ask about a dental home and dental pain. Train medical assistants to teach about brushing.

19. Figure out the buy-in from the providers. Hard to see if feasible unless we mesure pt. Outcome vs. encountersLonger appt. Time of going to assess all services

Medical/Dental Integration – Fluoride Varnish, Diabetes, Pregnancy

33 Answers

13 - Leverage CalAIM incentives for whole person care and create accountability systems for managed care plans to focus on medical-dental integration

A

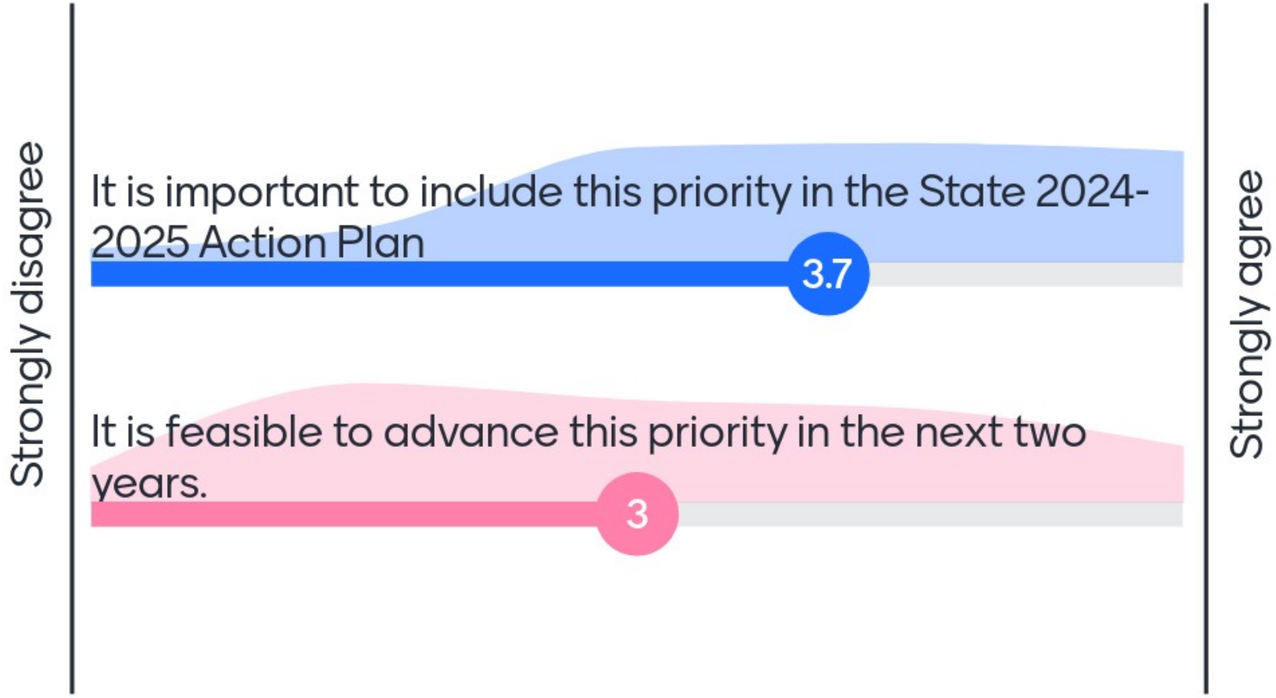
Train medical staff to empower them to better answer dental questions

Train the trainer of medical assistants

11

Having a space like CTCP tobacco with pre approved images that have been tested and convey messages effectively

Decreasing Dental-related Emergency Room Visits



Decreasing Dental-related Emergency Room Visits

30 Answers

22- Emergency room divergence through teledentistry

Increase number of Dentist accepting Medi-Cal, and improve system / awareness of after-hours, emergency access for dental care

Need hot line/advice nurses for people to call to see if they need to go to ED or what they should do instead. Goal is to prevent people from going. Table 4

22- embed dental care coordinators in the ED to do education, referral, follow up, etc.

Table 6. Provide onsite case management to FQHC system to make appointments, address any access barriers and follow up to ensure they made it to the appointment (closed loop referral system) .

#12: dental integration/connection with EDs,— more than a verbal referral. And have low-cost, quickly available dental care more available

Table #15- starting at a younger age to learn about hygiene. Promoting oral health literacy at a young age. Educating parents. "1st tooth 1st visit " proving a list of dentist to the local ED

Table 23- Creating an oral health provider list and supply them to Medical Clinics and Emergency Departments. They can also be incorporated in the KOHA process and for outreach.

Table #3 Stop doing dental treatment in the ER unless true emergency. Only encourages repeat visits. Warm hand offs are ideal. Establish a dental home for them at the ER visit (UCLA LADDERS program)

Decreasing Dental-related Emergency Room Visits

30 Answers

Need to connect with parent education and support programs to build education into programming on what to expect when a child is teething and provide clear guidance on when to seek ED care. Table 1

22- continue to do community education about the importance of preventive dental care; address the perception that preventive dental care is expensive or will be

Table 8 - educate public on dental benefits. Referral navigation to establish dental home to avoid repeat emergency room visits. Dental students support ER for education.

Table number 7: more dental providers and education on dental services if Medi-cal. Eligible. Navigate of system.

Table 2: 24 hour hotline/nurse line, and Telehealth/dental visits

19-urgent dental care co-op establish a dental co-op for dentist to be on call at clinics.

18 - More dental providers, expanded hours, dental emergency referral number for off hours, dental rotation for ED, dental referral from ED, dental residency program in hospital, mobile clinics,

#20 Utilize RDH in ED's, on call Dentist with ED, Dental students in EDs.

17 - updated medi-cal provider referral lists at EDs; dental operatory in ED (wont decrease those seeking ED svc but provide care); use CHWs to provide care coordination; set standard for referral f/u

Decreasing Dental-related Emergency Room Visits

30 Answers

21-Increase insurance reimbursement for dental care for affordability.. More providers for rural areas.

25Improve health literacyLinkages between ERs and dental practices, CHCs providing dental servicesExpand insurance benefitsEnsuring people have dental homes

Table 5: hospitals, CBO, CHW

Need to educate ED triage staff on when ED care is necessary and when a patient should be rerouted to a dentist. Also, should utilize CHW workforce as a way to deter ED care & establish a dental home.

Table 5: education campaign, have CHW to get people to care, dental partner for ED, prevention earlier in the disease process, bring care to where people are, split ED to urgent care and trauma side

10 - share data with local leaders to identify resources. Look at data by residence and by site of injury

Table 16- clarifying the codes used at the hospital. Adding a pano machine to the hospital, telehealth connection, CHW to refer to dental health center, data from hospitals for LOHPs

19. Analyze who is going into the ER to outreach to that population and educate

Table 14- provider info at ER's, establish dental homes, education to ER MD's, educate Medi-Cal recipients at Social Services of services available

Decreasing Dental-related Emergency Room Visits

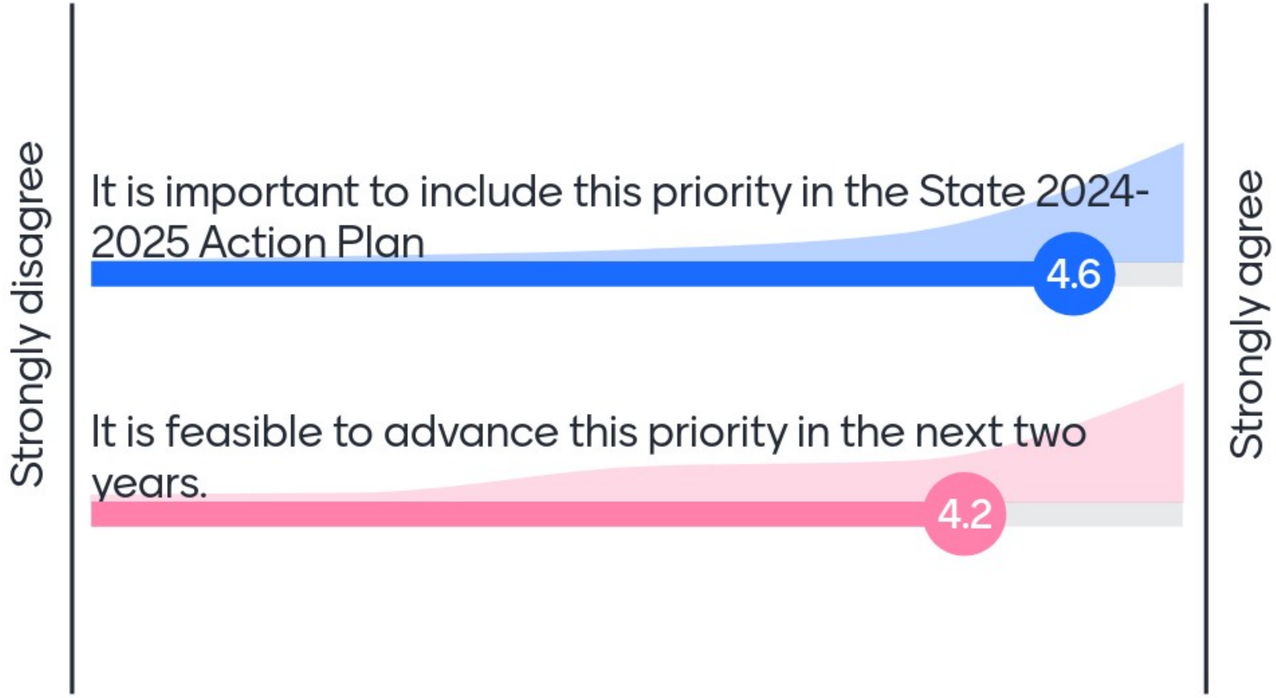
30 Answers

Investigate why dental programs may not contract with rotations at hospitals and clinics and provide assistance to make this a requirement in DDS, RDH, RDA programs

B

Etc

Advancing Communication/Oral Health Literacy



Advancing Communication/Oral Health Literacy

32 Answers

Education includes drawing out from not just pounding into - educare from the Latin . Think motivational interviewing ; engagement .

Allocate funds to employee staff at the state level for quick approvals and translations iin 4-5 languages quickly

Simple key messages based on age/population. Appropriate educational level, multilingual.

Community education via a well educated multilingual dental/medical provider.

Table 5: Better to be done preventatively before they are in the dental chair. Perhaps by CHWs consider the circumstances. Children may be a good conduit for providing education to parents

25Examine/navigate limitations to using social media for LOHPsEnsure providers are aware of resources/create CE opportunities to engage w/ resourcesOH ed in schools - tap into parent association

22- Provide CEs or other incentives to providers who implement the oral health literacy toolkit in their practices

Licensing bodies must include cultural humility as a course. Health literacy is important for all staff licensed and unlicensed. Include a language piece as part of needs assessment .

Training in how to prevent and counter misinformation

Advancing Communication/Oral Health Literacy

32 Answers

19- Outreach to providers, State to provide media campaign and county can customize around their county and provide any standardized materials in multiple languages,

Table 5: Follow up after teach back. Visual, video, poster with messages, multiple language, low grade reading level.

Prioritize health literacy training for all medical, dental schools and provide dental local dental societies CEU about better communication and patient education

Table #3 Utilize CHWs to communicate with the patients and let the dentists do the higher level stuff. Train CHWs in MI and teach-back.

10- Adopt universal oral health literacy precautions in all dental settings. Educate and promote awareness among dental professionals to adopt the health literacy toolkit.

10 - embed oral health literacy/communication as part of each objective/strategy into next 2 year plan

23- Speed up the approval process at the State level. Also, State materials created with appropriate literacy levels.

12- Sharing pre-approved/co-branded Smile CA materials, ex: streaming and movie theatre video ads; train the trainer: deliver OH education in schools, ex: nursing students; communities of practice

18 CEUs should be offered for health literacy education

Advancing Communication/Oral Health Literacy

32 Answers

17 - unified statewide campaign/ messaging schedule for lohps; verbal edu/comm training; use QR codes for immediate info; braille and photos; alt. language lit. tools/translation; field testing guides

22- engage communities of focus and have them be a part of developing oral health communication / educational materials so they address their wants and needs

Make resources available in multiple languages, partner with state or other partners for social media posts to avoid a lengthy revision process

Table #15- engagement with local school's community centers. Language barriers by expending bilingual resources.

9- decrease barriers to using social media - (rules) to share information. More pre- approved messages that we can post

8- library of approved materials, framework/guidelines to reduce barriers for LOHPs to use social media, user-friendly comprehensive local website, provider trainings in OHL and cultural humility

- hire promotoras, fully salaried roles (to educate in the waiting room)-partner with CBO's to disseminate information w/trusted network- advertise in movie theaters- video in waiting rooms

- hire promotoras , fully salaried to educate in the waiting room, partner with CBOs through grants, advertise in movie theaters, videos in waiting rooms, integrate full clinical team into teaching

Deceasing barriers to using social media, use QR codes to link with LOHP webpage. Table 14

Advancing Communication/Oral Health Literacy

32 Answers

Ensure oral health is within scope of CHWs and that they have the appropriate communication/health literacy tools.

Make sure that state, county, and school district materials (i.e., KOHA parent letters) reflect the pillars of the Magic Key.

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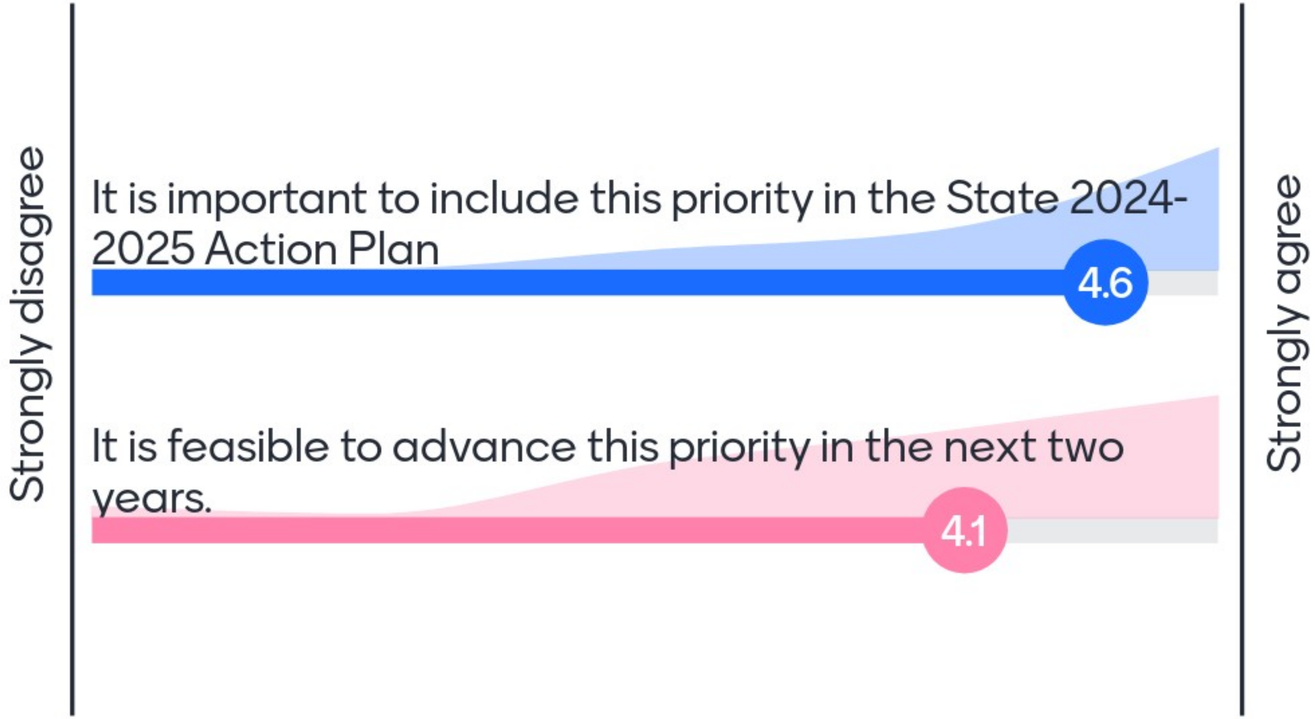
Having a database similar to tobacco with pre approved messages that are easy to understand and can expedite releasing community messages

QR codes to websites, over some institution barriers to social media. Table 14

Leveraging the Community Health Worker Benefit for Oral Health



Leveraging the Community Health Worker Benefit for Oral Health

26 Answers

Billing billing billing! How is the training incentivized to put in action?

#12; create a Quick Guide for how to use/implement CHw benefit from all stakeholders; include Oral Health specialty for CHWs, partner with migrant farm worker Promotora's programs

Table 5: Recruitment of CHW definition of role and what activities are included in that role. Partners are CBOs, providers, resource centers, WIC.

More widespread awareness on community health workers. Some at the table aren't understanding their role and scope of work. .

Oral health specific training for CHWs that incorporates motivational interviewing and hard reduction approaches.

11- provider training in how to integrate CHWs and billling.

Table 8- build networks of CHWs, referral system, education for providers and staff on how to utilize CHW, training for CHWs, integrate CHWs into care teams.

Develop a protocol for education and health navigation for oral health for CHW. Table 4

23- Creating the infrastructure for County's who don't have CHW's.

Leveraging the Community Health Worker Benefit for Oral Health

26 Answers

Grant funding to put school districts parent liaisons through CHW training

18 we need more information about the CHW benefit, is this someone public health can and should employ?

22- how to help community-based CHWs (a

Educate community about CHW- clarify their role, provide training. Define boundaries/ target areas

19- Train LOHPs about how to collaborate with CHWs

Table 2: collaborate with local CHWs and collaborate so they can meet their deliverables. be able to fund and/or incentivize them. Provide trainings

13 - Training and workforce development programs/support for CHWs in oral health

17- communicate what CHWs are, staffing variations, etc., establish sustainability models for OH partnership; promotion reasonable compensation (susta living wage; no exploiting)

25Training of CHWs on OH concepts and delivery, oral health literacy, billing, dental practiceWork w/ FQHCs to create opportunities new opportunities for CHWsPartner w/ MCPs

Leveraging the Community Health Worker Benefit for Oral Health

26 Answers

19- if we leverage CHWs additional staff is needed to train

Adding a cdt code for dental providers, getting a specialty training,

More handouts on this topic would be great!

21-Guidance on reimbursement application. Training for position.

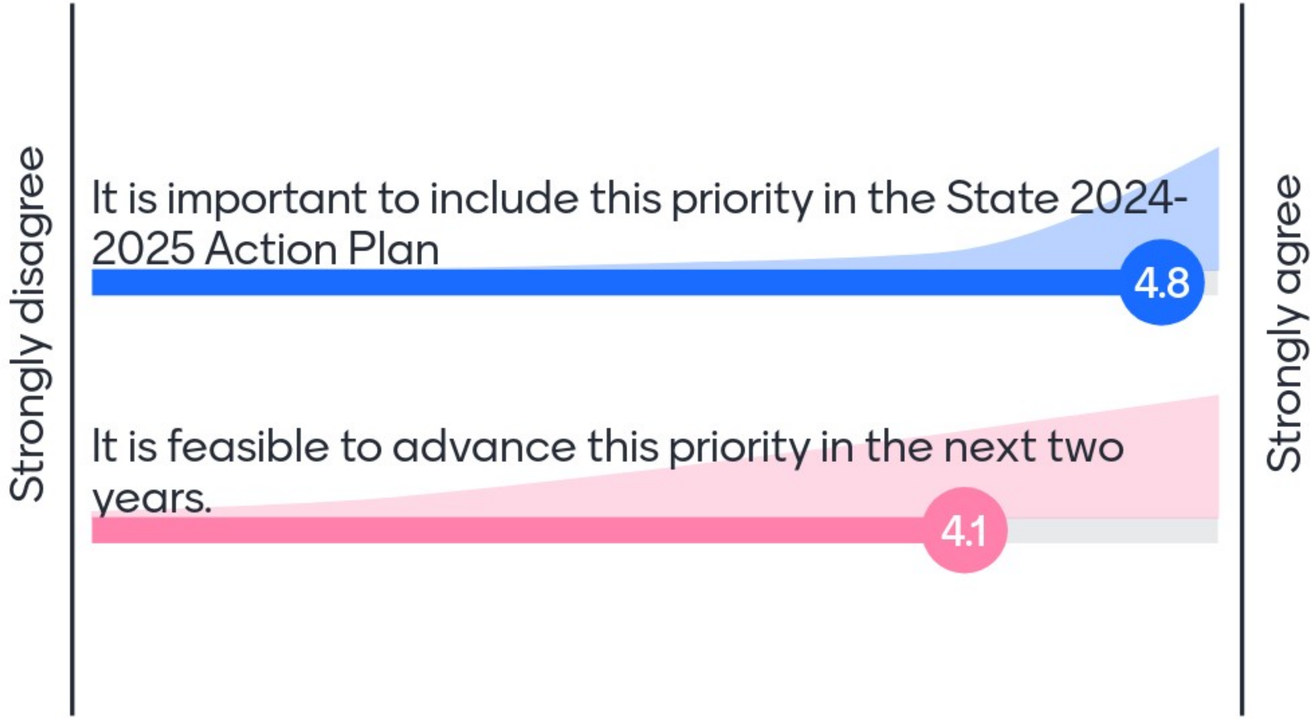
10 - address guidance confusion withlin CBOs and managed care

Table 14-educate LOHP's on who is hiring CHW's and how to pay them

Need to make a strong case for OH being part of core competencies of CHWs and the benefit to providers and payers alike to move contracting and reimbursement forward.

Table 14. Educate LOHP on using CHW

Implementing Evidence-based School Dental Programs



Implementing Evidence-based School Dental Programs

23 Answers

16- Quality improvement! Refining the processes we already have and sharing best practices across the state.

Table #3 Use some of that money to incentivize the schools to promote and participate. Hire retired dentists and hygienists to execute. They can still work, but the lite version.

Quality improvement, best practices, certification of program and oversight.

18 We need to bring dental to the SCHOOLS and add to LCAP for all ages. Dental affects mental health, physical heath. CA should have well-being clinics available to all students/campuses

21-Start young. Dentist on board. Hygienist reimbursement. Parents and school on Board. Medi-Cal billing number for child

17- Electronic eferral programs in place will help close the loop and show that KOHA is needed; 3rd grade OHA state policy; req. Edu in same grade as screenings

Pay LOHPS more so they have enough person power to support these

I agree with table #3, hire dental hygienists for this program.

Steps to move forward

Implementing Evidence-based School Dental Programs

23 Answers

Table 5: partner with schools, dentists, RDHAPs

10 - consider matching medical numbers by school site to ensure vulnerable population are being reached due to school lunch numbers not always reliable since all students are eligible for lunch

Table 23: provide funding to help dental providers to start program and buy equipment. Have MOU with school district.

9- Enforcement similar to vaccine requirement- the schools don't take the law seriously . Help promote the Koha requirement

25Create incentives to attract dental professionals to SDPsEstablish network of FQHCs, private practices, CBOs, etc.Establish buy-in with LEAsAddress health literacy gaps among parents

12 - Aligning screenings with koha so no duplication. Ensuring accurate data collection for reporting and evaluation.

Table 2- collaboration with providers, or other dental staff, and other staff to assist with school dental programs. Establish referral program with providers.

13 LOHPs need the funding to hire RDHAPs for all preventative services in schools including fluoride and sealants

Make a policy for schools to have a school base program

Implementing Evidence-based School Dental Programs

23 Answers

19-some LOHPS. can do screenings but no case management, have a relationship with school nurses for casase management not enough staff so they refer to CSS

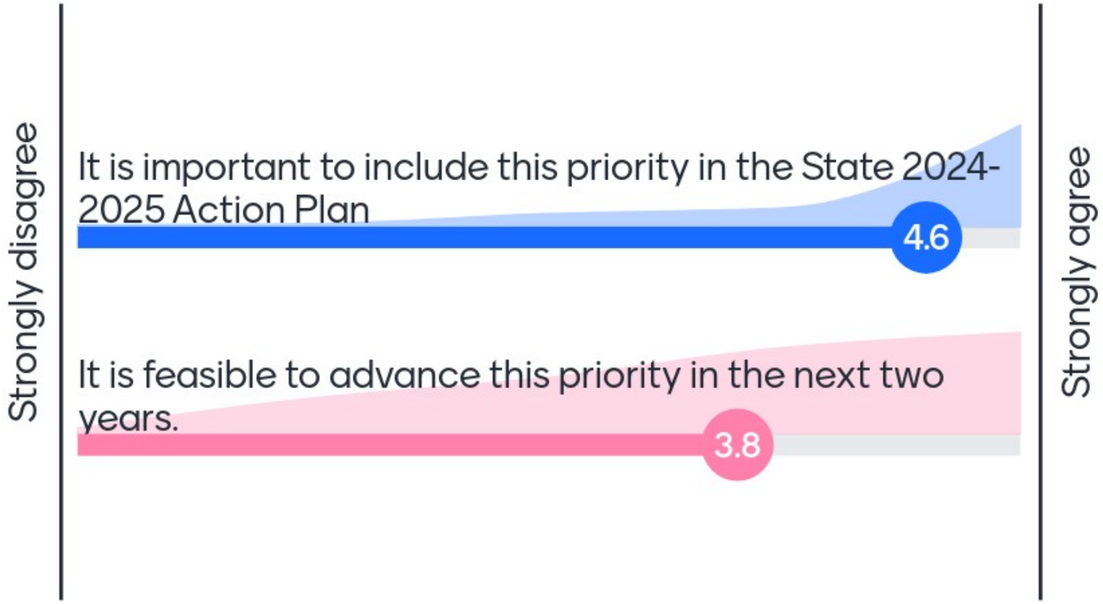
Figure out how to make SCOHR easier - pull from immunization forms and other required data fields that school nurses know to make it easier

Dental offices on school sites

Provide support and funding for mobile dental vans - place CHE at hubs, family resource center

9- provide support and funding for mobile dental vans. Place CHW at hubs - family resource centers.

Building Awareness about Community-based Dental Disease Prevention and Early Intervention



Building Awareness about Community-based Dental Disease Prevention and Early Intervention

21 Answers

22- have school nurses integrate oral health education into their work

What programs are we talking about?

Handouts to explain the funding piece for this program, if hygienist go to schools, who pays them? Is it the children's insurance?

Mobile dental vans to different kinds of institutions I.e. SLEs, nursing homes, homeless shelters, rehabs, nurseries, etc. table 12

Promote this alternative role in RDH and RN schools and develop small clinics at schools. LOHPs educate district-But, who pays for this and how does a dentist get paid for the tele dentistry?

Reach out to first 5, head start, preschools, infant education, pregnant

Table #3 Have to find a way to make it cost effective.

19- provide data/facts about the new dental services available to the LOHPs to provide information to public

Table 8- technical assistance to providers and community programs. Infrastructure framework. Referral management assistance.

Building Awareness about Community-based Dental Disease Prevention and Early Intervention

21 Answers

25Teledentistry, mobile dental services, tapping into and scaling use of new technologies, incentivize dental professionals to obtain "extended functions" certifications, improving health literacy

Expose dentists in private practice to community based prevention and care models and populations with severe needs; require community service for licensure renewal; Table 4

Table 16: this is great in theory but two years seems unlikely for all the infrastructure and transformation needed to complete goals! It's a good North Star

Reduce barriers to use and reimbursement for providers for SDF.

21-Nutrition education, telemedicine, prevention vs treatment. Reimbursement for RDH rural visits.

17-offer teledentistry; leverage RDHAPs (RDHAPconnect.com OR cdha.org to find an RDHAP);

10- LOHP develop MOUS with WICs to acquire aggregate data about dental needs based in survey (via WIC-wide data systems)?

19-LOHPs need to understand liability, multiple trainings to staff willing to provide the service

#9: Provide funding and support for mobile dental vans and place CHW's in Family Recourse Centers for OH education.

Building Awareness about Community-based Dental Disease Prevention and Early Intervention

21 Answers

Working with county office of education to disseminate information. Media campaigns

RDHAP workforce enhancement incentive to have providers for services. Can RDHAP use CHW reimbursement for dental screen8ngs and or case management?

13 Collaboration with all community based organizations to prioritize oral health education and prevention.