

Special Session
Oral health Coalition of Alabama (OHCA)
Meeting Minutes
Alabama Department of Public Health Oral Health Office
201 Monroe Street
Montgomery, Alabama
August 26, 2019

Members/Guests Present:

Thomas Walker – BDEA
Cory White – Sarrell/DentaQuest
Ryan Kelly – AL Rural Health Association
Stuart Lockwood – ADPH
Stephen Mitchell – UAB
Sonia Cleckler – ADRS/CRS
Brad Edmonds – Board Dental Examiners
Tessa Mitchell – DHR
Richard Simpson – ALAPD/OHCA Chair/AAP
Danny Rush – AMA
Zack Studstill – UAB
Summer Macias – ADPH
Lee Chapman – UAB
Rodney Marshall – Alabama Dental Association
Sherry Campbell – Board of Dental Examiners
Kelly Wilson – CHIP/ADPH
Aymee Anderson – ADPH
Lauren Overton – DentaQuest
CJ Duncan – Bradley
Linda Lee – AI Chapter – AAP
Cherri West – UAB
Cathy Caldwell – ADRS
Conan Davis – UAB
Nannette Phillips – Head Start
Michael Smith – ADPH – Telehealth
Lillian Mitchell – UAB School of Dentistry
Carolyn Bern, MPA – Director of Governmental Affairs & Community Relations
Tommy Johnson – ADPH-FHS-OHO

Special Session:

Dr. Simpson called the meeting to order, and gave a brief history of OHCA and stakeholders. For Coalition guest speakers, Dr. Simpson reviewed past accomplishments within the Coalition including the rise from number 50 in the country to number 29 with the help of a state oral health plan and a basic screening survey. Dr. Simpson announced the purpose of the special session meeting, which is to

present the new state oral health plan, and present the new advances in the telehealth program from ADPH.

Dr. Simpson introduced Dr. Tommy Johnson

Dr. Johnson introduced himself as the State Dental Director. Dr. Simpson asked that everyone go around, and introduce themselves and the programs they represent.

Dr. Johnson began with a PowerPoint presentation highlighting Oral Health Office initiatives such as the Share Your Smile with Alabama Smile Contest, including past winners, and plans for the upcoming contest year. He then discussed the State Oral Health Plan, the five goals, stakeholders, and the advancement of Alabama in Oral Health America from number 50 in the country to number 29. Dr. Johnson discussed the publication Oral Health Matters and that the Oral Health Office was invited to write an article called "State Shot Alabama". Dr. Johnson briefly reviewed the cover, art, framework, and statistics found within the State Oral Health Plan.

Dr. Johnson reviewed how each stakeholder is listed and represented beside each strategy and icon within the State Oral Health Plan.

Dr. Johnson introduced Carolyn Bern

Carolyn presented on rural Alabama communities and then asked why in a state with transportation challenges would we not have our own church vans taking people to their doctors' appointments. She stated Good Samaritan does not cover civil accident and injury civil cases, and in rural communities, poor social determinants of health mean having to make creative solutions for health care. Carolyn stated dental access for low-income populations is the main issue in Alabama. We do not have adult oral health in Medicare and it is very limited in Medicaid. She concluded that if people do not have access to care, how are they going to improve regardless of economics, education, and healthcare.

Carolyn introduced Telehealth Director Michael Smith:

Michael reviewed ways in which to use the telehealth cart including the stethoscope, volume controls, and hand held examination camera. He stated ultrasound probes, microscopes, and other devices on the cart can be used in training and education within county health departments throughout the state. Michael discussed a project with USA and UAB in internal fetal medicine delivering patient care for high-risk maternity patients, he then described how those programs use the telehealth cart to deliver access to care from an ultrasound tech located in Monroe County.

Michael mentioned Alabama is trying to build a statewide network, and telehealth carts are only \$10,000 to build within ADPH. All carts are identical, so there is no issue when it comes to tech support and training. Michael reviewed partners with telehealth such as the MAO Clinic, UAB, and The VA. He mentioned currently, there are 55 sites statewide utilizing telehealth carts. Michael spoke about resources such as the Telehealth Resource Center, and The American Telemedicine Association, which has an annual conference this year. It will be on the west coast and they have resources on tele-

dentistry. Michael stated that for a clinical appointment, a member of the nurse staff would act as the liaison between the patient and the clinician to perform the clinical visit.

For hands-on procedures, Michael stated, there are tools for making assessments, and if an in-person appointment is necessary, they can schedule one based on need. This eliminates travel for the patient when it is not necessary. In addition, assessments are written into the telehealth protocol where the nurse will have to write down and report their findings to the clinician. There are examination and assessment sheets completed by a nurse and given to the clinician as part of the workup.

Dr. Simpson introduced Dr. Carolyn Brown

Dr. Carolyn Brown presented on the virtual dental home regarding teledentistry. She stated her clinic was the first to test the virtual dental home idea together with Paul Glassman. The project was centered on maternal oral health.

Dr. Brown went on to review the two types of teledentistry transmission: synchronous (live feed) and asynchronous (sending a telehealth-enabled team into the community using mobile equipment). Dentists within days could access critical information and photographs to come up with a treatment plan. Dr. Brown reviewed her background stating that her path was not linear. When she started to run a large dental facility, she realized, we do not need to spend that much money to do exams for intervention. Dr. Brown realized the virtual dental home reaches the hard to reach populations like those who go to an adult senior center, but who do not actually go to a dental home. Dr. Brown stated, if we can figure out what the services are that people in those underserved populations need, there is an opportunity to reach Medicaid and non-Medicaid recipients.

Dr. Brown spoke briefly on the work between general dentists and specialists. She reported there is a 50% failure rate when a dental patient is given a referral due to no show appointments. However, with tele-referrals, this number is improved.

Dr. Brown discussed the reason for having teledentistry. She mentioned with the high cost of health care, oral health diseases are more costly and burdensome which prevents most from going to the dentist. She stated dentists make it tough on patients with odd office hours, multiple follow ups for the same issue, and the cost of transportation for low income patients (if its available) or having to take off work. The dental home and patient center dental home model and community support can ease some of that burden.

Dr. Brown spoke briefly about how teledentistry can expand the idea of a health home. She would like to focus on teledentistry services and how they allow us to connect with primary care providers. She reported that Arizona just passed legislation where primary care physicians can supervise hygienists in hospital settings. Dr. Brown reviewed the setup in a head start program and stated that in her program they would use a digital camera for small children to capture the image. She mentioned that in some places, connectivity could be a problem, so we would need to have a live link or invest in something

more than traditional Wi-Fi. All information is stored locally or in the cloud, and the provider can pull it when ready.

Dr. Brown stated there were no procedures found in California that were irreversible when teledentistry was involved. She spoke briefly about a waver program in the state of Oregon to be able to test things in a health care system. The program is a mix of community health services, HIS clinics, as well as larger dental clinics. She mentioned home health workers in other states are being deployed to use teledentistry by taking photos or recording what they are seeing to be used in potential triage situations. This is also seen in skilled nursing facilities. She stated that teledentistry is wherever you want it to be. Emergency departments, rural hospitals, schools, headstart programs, family health clinics, community health centers, anywhere with a vulnerable population.

Dr. Brown spoke briefly about the different codes that need to be followed in order to sustain the practice of teledentistry. If we are looking at changing non-invasive preventative measures, we need to think about how we would train and certify the care team. Dr. Brown reported Medicaid and Medicare are paying more attention to dentistry regarding diagnostic coding, and in Alabama, with so many rural areas and dentists retiring; teledentistry could be a solution to those upcoming changes. In closing, we need to think about dentistry from the patient's perspective and make it more accessible by building community support, a welcoming environment, and easier access regarding work and home life.

Questions/Comments

Dr. Simpson opened the discussion to questions and comments regarding individual programs and ideas of how to incorporate teledentistry in the community.

Dr. Nannett Phillips with Headstart spoke briefly about Lowndes County and the challenges that a single dentist faces in a rural community. She stated several headstart programs would go to neighboring communities and there may only be one pediatric dentist who then becomes overwhelmed by patient overflow. Dr. Phillips agreed telehealth is a great way to be able to have the opportunity to expand out to other counties. Especially when there is a 90 day mandate stating the child must have a dental exam within 90 days of their enrollment date in Headstart. She mentioned this is a great solution for counties with limited to no resources. The teledentistry cart can be set up in Headstart facilities.

Dr. Mitchell asked if anyone could see private practitioners around public health clinics referring patients to those clinics for a consultation. Michael Smith reported yes, we have several private practitioners we are working with such as UAB and the Alabama Department of Mental Health to empower pediatricians and connect them to children and behavioral health specialists if they need immediate care.

Linda Lee, Academy of Pediatrics, reported that sending the patient to the health department was not going to work so pediatric offices would have iPads connecting them, which has never been done before.

Dr. Simpson closed the special session by thanking guests and members of OHCA. He also invited those not currently in OHCA to reach out and become involved.

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Minutes/Approvals:

Dr. Simpson called the meeting to order, welcomed everyone, and asked that previous meeting minutes be approved as presented. The minutes were motioned for approval, seconded, all favored and approved.

New Business:

Dr. Simpson announced he is stepping aside as Chair of the Oral Health Coalition. He then opened the floor for nominations for our next chair. Linda Lee reported there is a vice chair mentioned in the by-laws, Dr. Simpson stated there is not currently a vice chair, but that will be something to look into for the future if there is someone who is willing to volunteer.

Dr. Simpson nominated Dr. Steve Mitchell as Chair of OHCA. The nomination was motioned for approval, seconded, all favored and approved. Dr. Simpson reviewed the structure of OHCA regarding quarterly meetings, and suggested the need to improve on voice or video conferencing with other organizations and leaders.

Dr. Mitchell spoke briefly on upcoming OHCA challenges including the need to review the state oral health plan and choose a project or two to focus on as a group. Dr. Mitchell suggested we focus on teledentistry at our next meeting and begin to identify the things that need to happen to bring that project to fruition.

Meeting adjourned.

Submitted by:

Dr. Richard Simpson, Chair

Summer Macias, PIS – Oral Health Office