



HUMAN SERVICES DEPARTMENT

COMMUNITY PARTNERSHIPS DIVISION

115 S Andrews Avenue, Room A360 • Fort Lauderdale, Florida 33301 • 954-357-8647 • FAX 954-357-8204



ORAL HEALTH NETWORK MEETING

Date: July 11th, 2018 @ 3:00PM

Facilitator: Clinical Quality Management Staff

Location: Ryan White Part A Program Office

quality@brhpc.org

115 S. Andrews Ave., GC-301

(954) 561-9681 ext. 1250

Ft. Lauderdale, FL 33301

AGENDA

- I. **Welcome/Introductions**
- II. **You Asked, We Listened!**
 - [Communication between agencies about client referrals and follow-up](#)
- III. **Questions/Comments**
- IV. **Meeting Evaluations**
- V. **Adjournment**

Next Meeting Date: October 3rd, 2018

**Please see staff for a [Governmental Garage parking validation ticket*](#)*



COMMUNITY PARTNERSHIPS DIVISION

Health Care Services Section

115 S Andrews Avenue, Room A300 • Fort Lauderdale, Florida 33301 • 954-357-5390 • FAX 954-357-5897

ORAL HEALTH QI NETWORK

Wednesday, July 11, 2018 at 3:00 P.M.

Ryan White Part A Program Office, Room GC-301

115 S. Andrews Ave., Ft. Lauderdale 33301

MINUTES

PROVIDERS PRESENT

Dr. Deborah Davis-AHF
Michelle Carlisle-AHF
Dr. Shelly Taylor-BCFHC
Amanda Bruno-BCFHC
Dr. Ernest Alder-FLDOH
Janet Carter-FLDOH
Emmanuel Civil-FLDOH
Dr. Mark Schweizer-NSU
Katie Mooney-NSU

PROVIDERS ABSENT

Care Resource

**CLINICAL QUALITY
MANAGEMENT (CQM)**

SUPPORT STAFF

Kelsey Holloman
Linda Anyaduba

PART A RECIPIENT STAFF

Leonard Jones-Part A Grantee
Edith Garcia
Richard Morris, Jr.

I. Welcome/Introductions

The meeting was called to order at 3:10 pm. CQM Staff welcomed everyone and individual introductions were made.

II. You Asked, We Listened!

- [Communication between agencies about client referrals and follow-up](#)

Staff informed the group there will be no case study today and asked for volunteers for the next meeting. Two providers from NSU volunteered for the next case study meeting in October. Staff stated that today's conversation would focus on improving communication among providers, as this was a commonly requested topic from the last meeting. Staff asked providers to share issues, concerns, or suggestions in effort to improve communication. A provider mentioned he would like to hear issues from other providers and then share his feedback on their program. The NSU provider stated last year, the program saw 525 specialty care referrals total and this year they have seen 275 specialty care referral within the first four months, which means they are on track to see a lot more than last year. The provider mentioned all management plans for Medicaid have very strict criteria that must be followed. Before procedures are performed, there is a preauthorization, which takes a week to process. Afterwards, there's another preauthorization for extractions (taking another week) before services can be provided. In cases where the authorization takes longer than expected or a there's a rejection and a client is in

need of immediate help, services are provided without providers being compensated. This is due to the lag, as he points out, in the system which procedures are processed and executed.

Often times, when a patient needs a crown or an extraction and it's not done effectively, there is a delay between providers, in effort to provide the correct services needed. Services have already been expounded, and in effort to ensure proper treatment—including end treatments, the specialty care programs refer the patient back to the routine care. Another provider requested clarification on Medicare patients and procedures. The specialty care provider clarified, if it is an emergency extraction, the patient is referred to a Broward general hospital. The provider believes there is a barrier in the procedures in specialty referrals. For example, when a referral is listed, a thank you letter is sent by email, and after 3 attempts, a failed letter is then sent to the referring provider. For endo and pathology, a complete treatment letter is sent to the providers. When information sent to specialty care providers is incomplete, and the client is unaware of the reason to their visit, the program ends up taking the patient as a routine care instead of specialty care. This is costly and time consuming. He asked that providers provide more information on the letter so that specialty care providers are aware of the correct treatment plan to use on the patient.

A routine care provider mentioned their program is having issues with direct service not being used, as her program is only compensated for routine work instead of specialty work. She questioned the purpose of the treatment plan. The provider replied stating the MOUs have criteria on how referrals are processed. There was an issue about a client receiving poor experience after using self-referral. As a resolution, providers will work to eliminate discrepancies and ensure clients have the right information on where to seek out help. The recipient interjected pointing out that oral health is uniquely set up to have routine and specialty services based from historical perspectives. The issue is clients not knowing how to get to specialty care when needed and are receiving the correct specialty care. The issue has been voiced by many agencies. Recipient asked how can it be improved as a system and explained, that the deduction in budget, there must be an adequate way to balance and ensure services are provided to clients with the growing costs and health concerns. The recipient assured that the program is trying to maintain the integrity of oral health dentistry while budgets are managed properly. The recipient asked if there are some systematic changes to help facilitate the issues. A provider offered a solution which asks providers to reach out the correct staff when an issue arises with the client.

The NSU utilizes three forms for the referral process: routine, specialty and emergency, which were distributed at the meetings. If the form reads emergency, the patient is called immediately. Recipient reminded providers that staff might turnover, which may cause a loss of information, however, a procedure needs to be put in place to avoid miscommunication among providers and a loss of time. A provider stressed he cannot accommodate all patients due to limitation on funding and manpower as availabilities range in 2 weeks or more. The recipient mentioned although there is a cap on funding, providers need to take note and operate efficiently and effectively. Recipient stressed that communication is the key in solving the issue.

The recipient suggested having access to care in PE where case managers can put in their availabilities to be accessed by all providers. Information should be available for patients who would like an appointment for a regular visit. Provider shared that if there is a patient who needs an emergency service, the patient is seen within 48 hours. The provider stressed that providers need to be accessible for all providers as dentistry has a very inter-personal relationship with each other and their clients. Staff mentioned more trainings will be needed on consumer experience, but the discussion and issues still needs to be discussed within the agencies. The

provider also suggested that agencies should have someone who has a cell phone number on the access to care schedule for the agency that can be reached at any time. Staff asked if the issue is consistent across the board and a provider replied that their program has difficulties keeping someone at the front desk. Providers mentioned sensitivities with lab reports and ultra-tests. The providers explained the Guidelines for the Use of Antiretroviral Agents in HIV-1-Infected Adults and Adolescents were recently updated to say if the clients are virally suppressed consistently for more than two years, a CD4 count is only done once a year. The question becomes how to deal with this. Discussion will continue on best practices for the issues at hand.

III. Questions/Comments

Questions and comments were addressed in the topic section.

IV. Meeting Evaluations

Staff asked the providers to fill out the evaluation with any suggestions they would like to discuss in the next meeting.

V. Adjournment

The meeting was adjourned at 4:40p.m.

Next Meeting Date: October 3, 2018

Parking Lot

- Review case management in regards to handling referrals.

Action items

- Katie Mooney-NSU cell phone number will be added to the access to care schedule.
- Providers' availability and access to care schedule will be included in PE for agencies.
- Staff will send out training document focused on service delivery and clients