



HUMAN SERVICES DEPARTMENT
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 NETWORK MEETING

Date: July 7th, 2021 at 3 PM – 4:15 PM
Location: [WebEx Virtual Meeting Platform](#)

Facilitator: Clinical Quality Management Staff
quality@brhpc.org
(954) 561-9681 ext. 1250

AGENDA

- I. **Call to Order**
- II. **Welcome/Introductions**
- III. **Discussion: Ryan White and the ACA**
- IV. **Presentation: Oral Health QIPs of Interest**
- V. **Case Study: Nova Southeastern University**
- VI. **Announcements**
- VII. **Adjournment**

Next Meeting Date: October 6th, 2021

Broward County Board of County Commissioners
Mark D. Bogen • Lamar P. Fisher • Beam Furr • Steve Geller • Dale V.C. Holness • Nan H. Rich • Tim Ryan • Barbara Sharief • Michael Udine
Broward.org





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

Date: April 7th, 2021 at 3 PM – 4:15 PM
Location: [WebEx Virtual Meeting Platform](#)

Facilitator: Clinical Quality Management Staff
quality@brhpc.org
(954) 561-9681 ext. 1250

MINUTES

PROVIDERS PRESENT

Deborah Davis; AHF
Carlos Herrera; AHF
Michelle Carlisle; AHF
Ryan Robinson; BCOM
Mark Schweizer; Nova
Kaitlin Mooney; Nova

GUESTS

None

CLINICAL QUALITY MANAGEMENT (CQM) SUPPORT STAFF

Vanessa Oratien
Whitney Saint-Fleur
Dr. Gritell Berkeley-Martinez

PART A RECIPIENT STAFF

Timothy Thomas
Wismy Cius

I. Call to Order

The meeting was called to order at 3:02 p.m.

II. Welcome/Introductions

CQM Support Staff welcomed everyone, made a statement of the goal for the meeting, and individual introductions were made.

III. Network Meeting Evaluation Results

CQM Support Staff reviewed the results of the Network Meeting Evaluation. There were two responses to the survey, and network members were encouraged to provide additional feedback during the meeting. Motivational Interviewing was requested as it had previously been suggested for the entire network rather than only meeting attendees. There were no additional suggestions for training topics.

IV. Oral Health Patient Education Materials

Broward County Board of County Commissioners
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Broward.org



Based on discussion held during the previous meeting, the Oral Health Network reviewed patient education materials presented both in English and Spanish.

A network member expressed interest in utilizing the tool to better educate clients. Discussion regarding dissemination of the materials focused on having CIED specialists, oral health care providers, and case managers share the information with clients. Non-dental personnel including peers and case managers were identified for training on the materials.

V. Discussion: Waitlist for Clients

Nova is booked through July with an influx of referrals. There are 265 appointments booked for the next 3 months. Unless the patient is experiencing an emergency, routine clients are waiting until after July for an appointment. Nova reported a 25% increase compared to this time last year. The agency's representative noted that the longer waitlists are likely stemming from the loss of a provider agency. There are more clients than can be readily cared for by the rest of the network.

BCOM's waitlist is out through the first week of May. The organization had an immediate resignation, and this impacted the waitlist. The agency is currently working to replace the Dental Hygienist.

AHF is booked through the rest of the year. The agency will accept any emergency cases but has one dentist and no front desk staff at this time.

Recipient Staff ran a report comparing Oral Health Care referrals in 2019 & 2020 and found that utilization was similar. This report may not have been accurate because referrals to Oral Health Care services are not often reported in Provide Enterprise (PE). It was suggested that a report be run by new client code for a more accurate representation of the data. Network members noted that the most accurate referral data is the referral database that oral health care providers have.

The Florida Department of Health is no longer an Oral Health service provider for Ryan White Part A. It was previously the second-largest care provider for the system. Network members stated the only potential solution to the long wait times clients are currently experiencing would be to add another provider to the Ryan White Part A Program.

Another challenge has been the ongoing pandemic. Many changes had to be made in response to COVID-19 that delayed routine care for patients. As regulations are relaxed over time, clients are returning to care.

VI. Discussion: COVID-19 Vaccine

Nova did a survey related to this. Most patients have shared that they have already received or will be getting the vaccine. There are clients who express hesitancy, and the screener shares her vaccination story with those patients.

VII. Case Study Assignment

Agency representatives were asked to volunteer to share case studies. The purpose of presenting these case studies is to engage the network in robust discussion

during the meetings. After much discussion, Nova volunteered to present two case studies to the network at future meetings.

Network members discussed seeing more complex cases with need of multiple visits and procedures. Agencies are seeing younger clients with severe tooth decay related to drug use.

VIII. Announcements

- Retreatments and crown lengthenings were added back to the Ryan White Part A fee schedule.
- The Oral Health Broward Outcomes report has now been fixed in PE.

IX. Adjournment

The meeting was adjourned at 3:52 p.m.

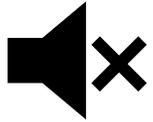
Next Meeting Date: July 7, 2021

Oral Health Network Meeting

July 7th, 2021 | 3:00 PM



Housekeeping Rules



Mute Microphone

Participants will be automatically muted to limit background noise



Identify Yourself

State your name and agency when speaking



Use the Chat Box

Type in the chat box to identify yourself and agency, ask questions, and request additional clarification



Raise Your Hand

The “raise hand” option will notify the presenter of any questions that may arise



Ask Questions

Please save questions until the end of each slide



Welcome & Introductions

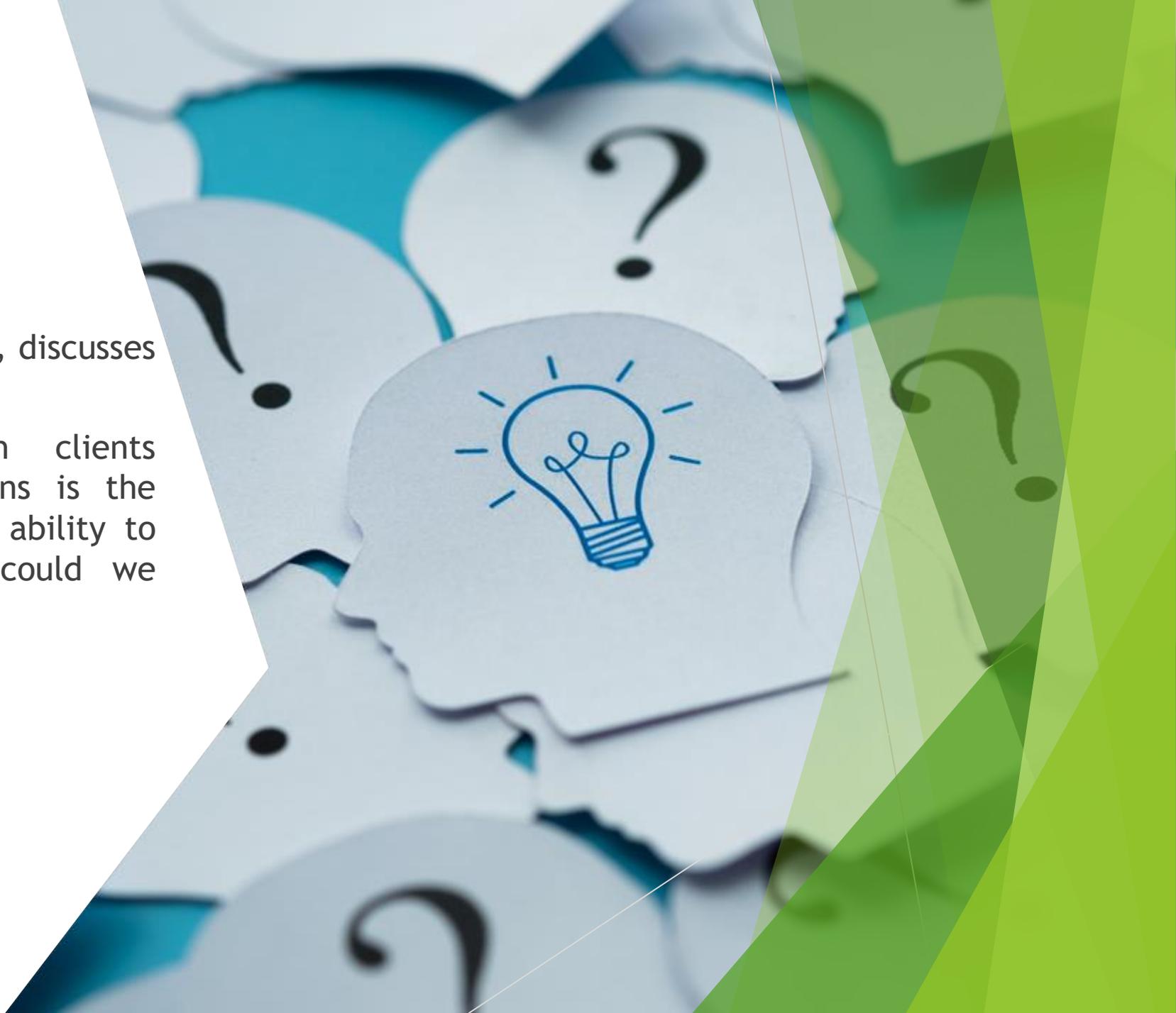
Ryan White and the ACA

Ryan White HIV/AIDS Program & the ACA

- ▶ RWHAP Clients who are enrolled in eligible ACA plans have access to the health care coverage of insurance in addition to the support services available through RWHAP.
- ▶ The federal marketplace is in a Special Open Enrollment period through August 15, 2021.

Discussion Questions

- ▶ Who in your agency, if anyone, discusses ACA enrollment with clients?
- ▶ One potential issue with clients enrolling in ACA dental plans is the effect it would have on our ability to monitor client care. How could we address this?



Oral Health QIPs of Interest

FROM STAGNATION TO CELEBRATION: AN OVERVIEW OF A COMMUNITY-BASED DENTAL PARTNERSHIP PROGRAM'S SUCCESS

University of Mississippi Medical Center

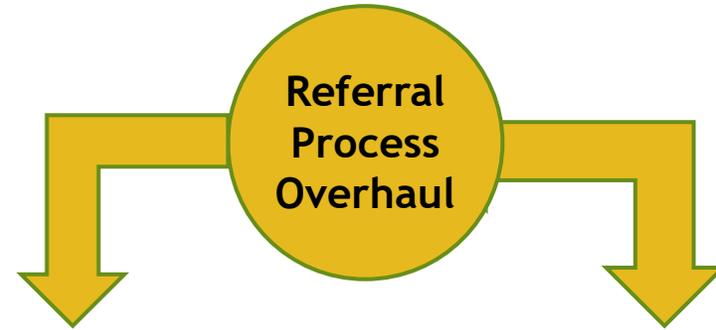
Presented August 2020



Problems

Increase	Dental providers need to increase the number of patients served with a limited budget
Identify	Dental support staff & other parties need to better identify what constitutes a legitimate “dental emergency”
Educate	Part C needs education on HIV oral healthcare for their SW/providers

Solutions



01

Establishing an MOU with Part C

02

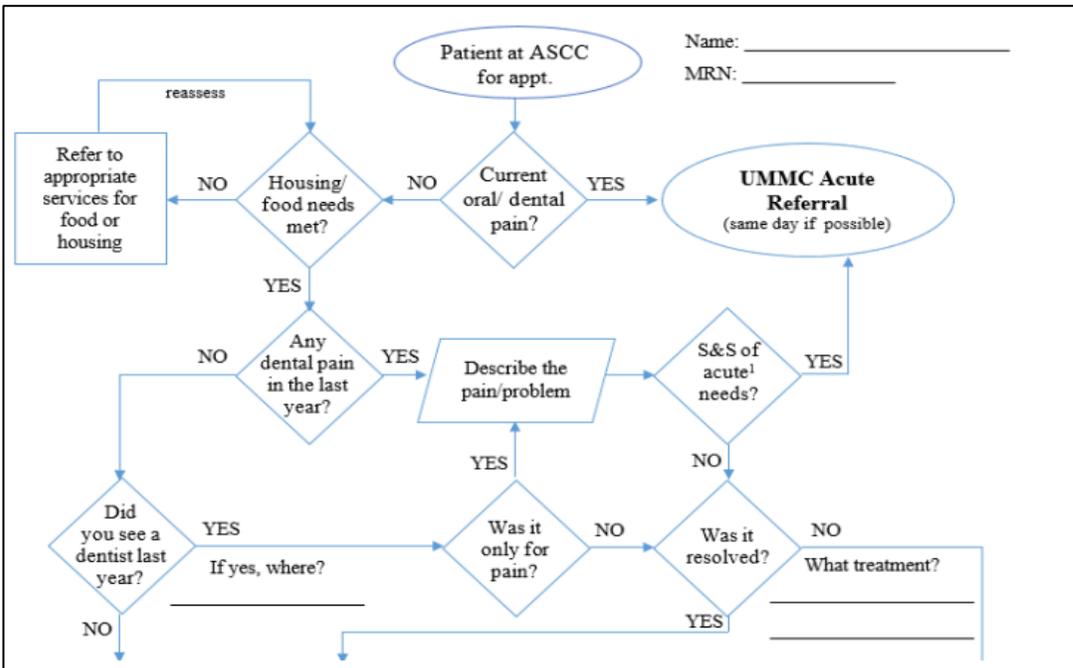
Implementing elements of dental case management between both programs

03

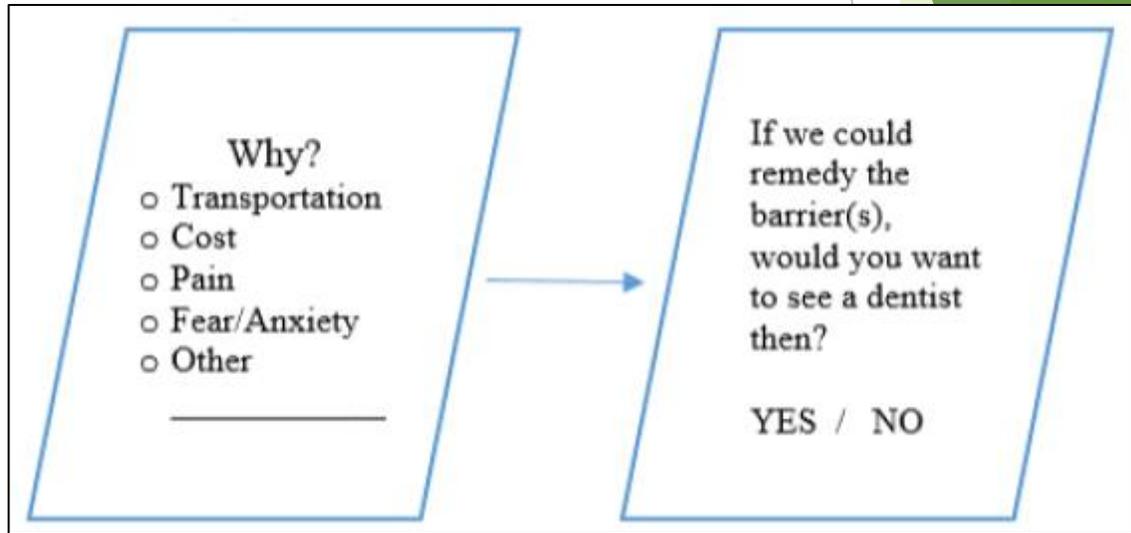
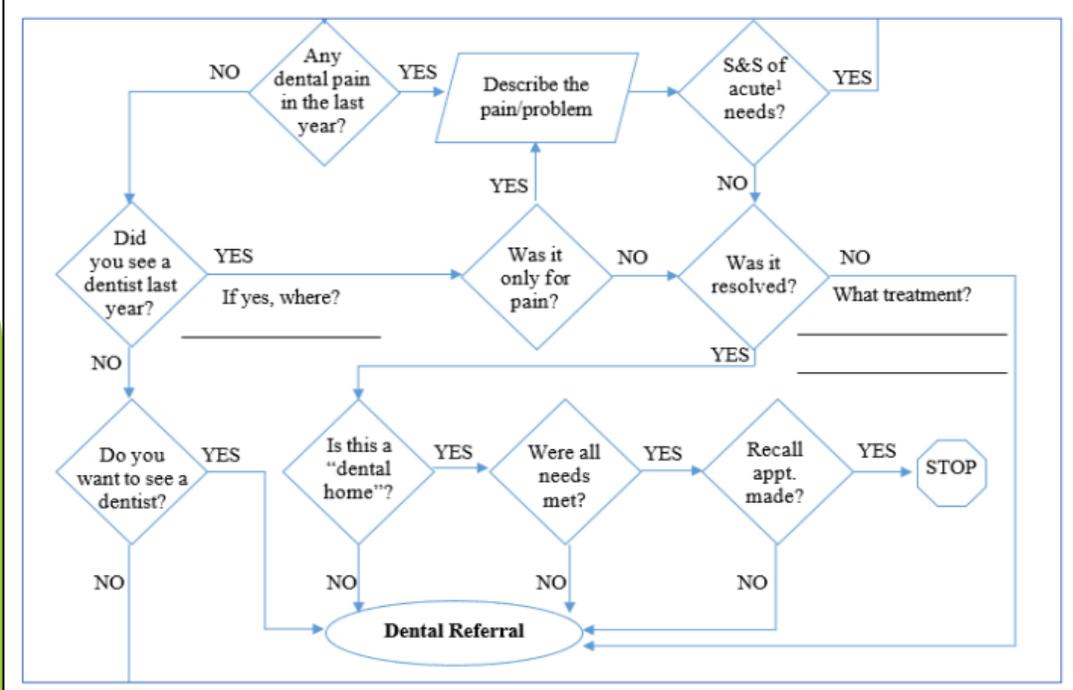
Recreating referral process w/ flowchart & referral sheet

04

Providing a “lunch & learn” on HIV oral healthcare for Part C



Outcomes | Referral Process Dental Referral Flowchart



Follow up questions to assess barriers to oral care

DENTAL REFERRAL FORM

Form Revised: 2019 July

DATE OF REFERRAL: _____

REASON (CIRCLE ONE):

- IMMEDIATE APPOINTMENT – IN PAIN OR DENTAL EMERGENCY
- ROUTINE APPOINTMENT – START OR CONTINUITY OF CARE

SEND REFERRAL TO:

- JMM DENTAL CLINIC CHELSEA (4-1924), TIFFANY (4-4198) DENTAL FRONT DESK (4-4196)
- CROSSROADS DENTAL CLINIC (601-432-3238)
- OTHER. NAME: _____

REFERRAL: FAXED EMAILED DELIVERED BY ASCC STAFF

CLIENT NAME: _____

CLIENT DATE OF BIRTH: _____

PHONE NUMBER: _____

ASCC CASE MANAGER: _____

NOTES: _____

DATE OF SCHEDULED APPT: _____ TIME OF SCHEDULED APPT: _____

Appt. Made by: _____

NOTES: _____

Outcomes | Referral Process Dental Referral Form

Outcomes | Expanding Capacity Results

	Number of Patients	% Increase
2016	225	
2017	252	12 %
2018	355	41 %
2019	578	63 %

Discussion

- ▶ In what ways would other parties being better at identifying “dental emergencies” aid in your ability to serve a greater number of patients?
- ▶ Does your agency currently have an existing referral flowchart in place?
 - ▶ Would you consider implementing the referral flowchart and dental referral form, that was presented, in your agency? Why or why not?

QUESTIONS, COMMENTS?



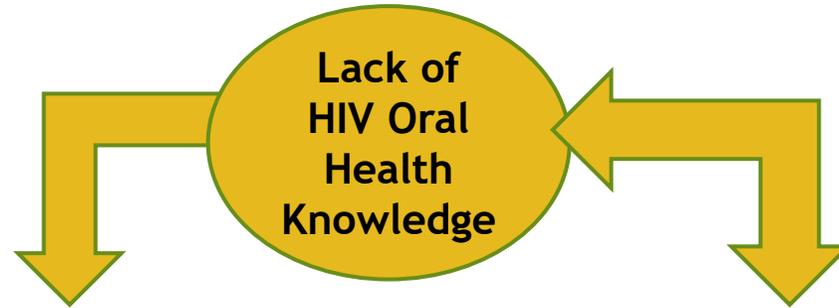
ORAL HEALTH AND PRIMARY CARE INTEGRATION FOR PEOPLE WITH HIV

Health Resources and Services Administration
HIV/AIDS Bureau (HRSA HAB)

Presented June 2019



Problems



01

PWH lack a warm hand-off to oral health services

02

Stigma & lack of encouragement dissuades PWH from seeking & remaining in oral health services

03

Lack of HIV oral health education for PCPs makes it difficult for them to refer their clients to oral health services

Solutions

Refer	PCPs identify an oral health point of contact for referral, to ensure a warm hand-off to their HIV clients
Connect	Oral Health providers better educated on patient history by connecting w/ PCP via linked EMR system
Support	Oral Health providers utilize various technological methods to support client appointment adherence
Train	PCPs are offered routine oral health cross-trainings to better educate their HIV clients on the importance of oral hygiene

Solutions

Referring provider: _____ Agency: _____
Primary care provider fax number (for consult note): _____
Reason for referral: General Care Urgent Care Other: _____

Patient Medical History and labs:

Please fax or attach a copy of the chronic problem list, medications, allergies, and labs from the patient's record or fill out the necessary fields below. Lab values are not grounds for denying patient oral health services; they are only used to guide treatment decisions. Please see the next page for explanations.

Medical History

Current medical conditions:

Past medical/surgical history:

Known allergies:

Current medications:

Lab date:

CD4 c/mm²:

Viral Load:

Platelets:

Hemoglobin:

Absolute Neutrophil Count:

HbA1C (if applicable):

INR (if applicable):

Development of Referral Forms
(ideally linked to EHR)

The screenshot shows the eClinicalWorks website interface. The top navigation menu includes: Home, Products, About eClinicalWorks, News and Events, Pricing, Contact Us, Partners, Resellers, Careers, Webinar Signup, Customer Support, and 09 Users Conference. A central banner features the eClinicalWorks logo and text: "Ranked Among Fastest-growing Private Companies for Two Consecutive Years by Inc. 500". Below this, it says "eClinicalWorks 8.0" with a link to "Click here to learn more". A pricing table is visible, showing options for "EMR" at \$250/month and "EMR with PM" at \$400/month. A sidebar on the right contains various utility links like "Sch", "Onli", "Why eCli", "Cus Test", "Use", "Awe", "Sigr Em", and "GO".

- Dental & Primary Care utilize the same EMR, eClinical Works (eCW)
- Patient receives automated & staff reminder calls through Patient Portal

Discussion

- ▶ How do our Ryan White Part A Providers, who offer both Primary & Oral Health services, feel about engaging in a warm hand-off between services?
- ▶ How do our Ryan White Part A Providers, who offer only Oral Health services, feel about engaging in a warm hand-off between services?
- ▶ As an oral health provider, what types of trainings would you offer PCPs to better equip them at referring/encouraging your services?

QUESTIONS/COMMENTS?





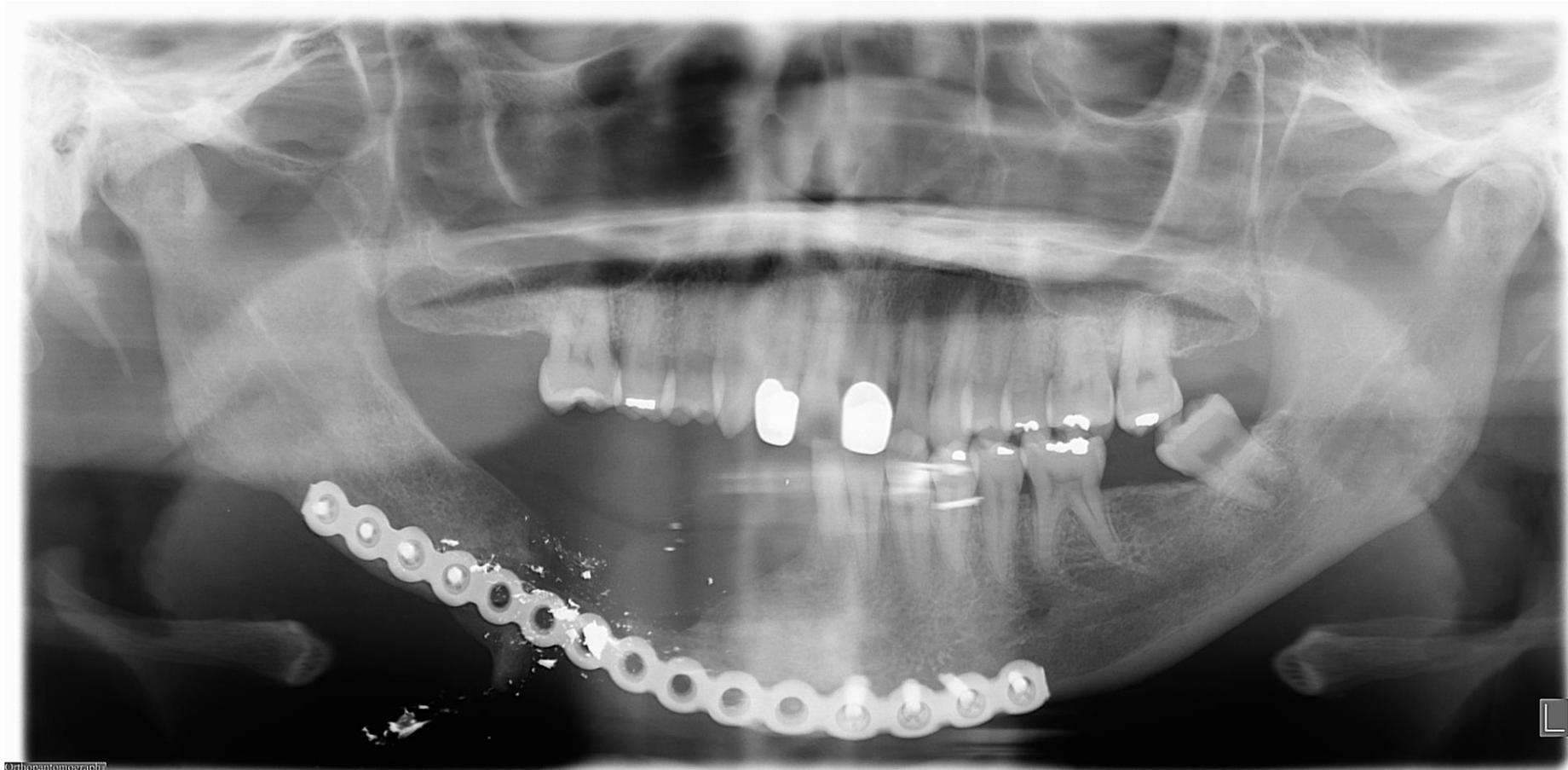
NSU CASE STUDY

An Inside Look at One of Our Complex Cases

Patient Background

- Patient presented to NSU in June 2012 as a 41-year-old female who was shot multiple times including the face. Incident took place in September 2011. Patient had surgery with our oral surgeons in July 2012. Prior to that, patient had been at Memorial Hospital for several months.
- Patient was cleared for regular dental treatment in 2013 and had her first appointment on 12/3/2013.

Initial Panoramic X-Ray



Patient History

- Patient had scaling and root planing and several restorations completed.
- 11/11/2014: Patient received a mandibular partial denture.
- Between November 2014- February 2016, patient had no issues and was only coming in for regular perio maintenance appointments.
- In February 2016, the patient presented to the clinic complaining of the comfort of her denture. The doctors determined patient would benefit from a new denture. Denture was fabricated and given to the patient on 3/18/2016.

Patient History Continued

- Patient continued receiving regular period maintenance and denture adjustments as needed.
- In July 2020, patient began complaining about the comfort of her denture. An adjustment was made but the patient still wasn't comfortable wearing the denture and was unable to eat with it in.
- Patient was referred to our PG Prosth Dept as her case became too complex for the students to handle.

Prosthodontics Department: Treatment Option 1

Provider	Diagnosis	Procedure	Procedure Description	Site	Surf.	Phase	Seq.	Sts.	Estimate	Ins. Est.
RDS0		D6010	Implant (fixture & placement)	27			0	P	840.00	0.00
RDS0		D6010	Implant (fixture & placement)	25			0	P	840.00	0.00
RDS0		D2799	Provisional crown-further tx or dx needed pri...	29	MODBL		0	P	215.00	0.00
RDS0		D2799	Provisional crown-further tx or dx needed pri...	28	MODBL		0	P	215.00	0.00
RDS0		D2799	Provisional crown-further tx or dx needed pri...	26	MIDFL		0	P	215.00	0.00
RDS0		D6085	Provisional Implant Crown	30	MODBL		0	P	215.00	0.00
RDS0		D6085	Provisional Implant Crown	27	MIDFL		0	P	215.00	0.00
RDS0		D6085	Provisional Implant Crown	25	MIDFL		0	P	215.00	0.00
RDS0		D6075	Screw-retained FPD Ceramic crown - implant...	30	MODBL		0	P	1265.00	0.00
RDS0		D6075	Screw-retained FPD Ceramic crown - implant...	27	MIDFL		0	P	1265.00	0.00
RDS0		D6075	Screw-retained FPD Ceramic crown - implant...	25	MIDFL		0	P	1265.00	0.00
RDS0		D6245	Pontic-porcelain/ceramic	29			0	P	815.00	0.00
RDS0		D6245	Pontic-porcelain/ceramic	28			0	P	815.00	0.00
RDS0		D6245	Pontic-porcelain/ceramic	26			0	P	815.00	0.00
RDS0		D6104	Bone graft at time of implant placement	30			0	P	165.00	0.00
RDS0		D6104	Bone graft at time of implant placement	27			0	P	165.00	0.00
RDS0		D6104	Bone graft at time of implant placement	25			0	P	165.00	0.00
RDS0		D4267	Membrane for GTR or GBR, non-resorbable	LR			0	P	215.00	0.00
			Estimated Total						10760...	0.00

Prosthodontics Department: Treatment Option 2

Tx Option 1 + (New Option)										
Tx Option Description Tx Option 1										
Provider	Diagnosis	Procedure	Procedure Description	Site	Surf.	Phase	Seq.	Sts.	Estimate	Ins. Est.
RDS0		D6010	Implant (fixture & placement)	30			0	P	840.00	0.00
RDS0		D6010	Implant (fixture & placement)	27			0	P	840.00	0.00
RDS0		D6010	Implant (fixture & placement)	25			0	P	840.00	0.00
RDS0		D6104	Bone graft at time of implant placement	30			0	P	165.00	0.00
RDS0		D6104	Bone graft at time of implant placement	27			0	P	165.00	0.00
RDS0		D6104	Bone graft at time of implant placement	25			0	P	165.00	0.00
RDS0		D4267	Membrane for GTR or GBR, non-resorbable	LR			0	P	215.00	0.00
RDS0		D6056	Prefabricated implant abutment	30			0	P	465.00	0.00
RDS0		D6056	Prefabricated implant abutment	27			0	P	465.00	0.00
RDS0		D6056	Prefabricated implant abutment	25			0	P	465.00	0.00
RDS0		D6055	Connecting bar - implant or abutment supported				0	P	2515.00	0.00
RDS0		D5214	Mand partial denture - cast metal framework w...	LA			0	P	965.00	0.00
			Estimated Total						8105.00	0.00
<u>New item</u>										

Treatment Process

- Prosth presented patient with 2 treatment options but due to financial reasons, patient was unable to afford either treatment option.
- Treatment options were presented to the Ryan White Part A Office and they agreed to pay for treatment option 2.
- Patient presented for her first appointment with Prosth on 4/9/2021.

Panoramic X-Ray Taken 7/17/2020



Patient Information

Viral Load:	<20- Undetectable
History of Viral Load:	<20- Undetectable since we have been seeing the patient since 2013
Mode of Transportation:	Personal vehicle
Housing Status:	Housing assistance through HOPWA.
Insurance Status:	Active with Ryan White and has Medicaid Share of Cost
Length of Time in Care:	9 years- Started 6/4/2012
Other Medical Conditions:	Hypertension, Asthma, Neuralgia, HIV
Support System (Family, Friends, etc.):	Good home life. Has 4 children. Legally separated. Patient is receiving all of her care through the RW system and everything is well coordinated by her case manager.
Other Barriers to Care:	RW oral health care coverage limitations (ie: implants and bone grafting are not covered)

QUESTIONS/COMMENTS?



Case Study Volunteers



Announcements



Next Meeting Date:

October 6th, 2021