JIM DOYLE
GOVERNOR
STATE OF WISCONSIN

GOVERNOR DOYLE'S TASK FORCE TO IMPROVE ACCESS TO ORAL HEALTH
NOVEMBER 19, 2004
MEETING MINUTES
Revised and Approved

Members: Present: Erendira Almanza, Bill Bazan, Stephanie Burrell, David Carroll, Blane Christman (Chair), Carl Eisenberg, Curt Gielow, Monica Hebl, Wendy MacDougall, Midge Pfeffer, Graciela Villadoniga

Staff: Diane Welsh, Kay Lund, Nancy McKenney, Warren LeMay, Andy Snyder, Bob Dwyer

At 10:00 am, the Chair of the Task Force, Dr. Blane Christman, called the meeting to order.

The minutes from the meeting of October 22, 2004 were approved.

Key Issues for this Meeting: Prevention topics, including fluoridation applications and community water fluoridation, training and education, and dental sealants.

A discussion took place on not being able to address prevention in a vacuum without talking about all the other pieces, like funding. The group expressed reservations about making recommendations without additional information.

The Chair introduced Nancy McKenney to present the basics of evidence-based, proven oral health prevention measures.

Criteria for Department of Health and Family Services oral health programs include:

1. Is it accessible?
2. Is it affordable?
3. Is it acceptable to the client and the oral health provider?
4. Does it use best practices and evidenced-based techniques?

Techniques and evaluation of prevention programs: Nancy's presentation focused on proven programs for effective prevention of oral health problems. She brought pictures and examples to show the Task Force and defined the use and results of each program.

> **Fluoride**: Kay will send the group lists of communities that are not fluoridated and a list of communities that have natural fluoridation.
>
> The Wisconsin Dental Association just sent the Governor a letter in support of community water fluoridation.

Department of Health and Family Services prevention programs include several fluoride programs:

1. Community Water Fluoridation
2. Dietary Fluoride Supplement Programs (for those with non-fluoridated drinking water)
3. School-Based Fluoride Mouthrinse Programs
4. Training primary health care providers to integrate oral screening, topical fluoride varnish application, parent and caregiver education and guidance to prevent oral disease, and, if necessary, referral. (Fluoride varnish is an adjunct to community water fluoridation or dietary fluoride supplement programs.)

Concern was expressed that just placing fluoride varnishes was not enough. Wendy explained the Dunn County fluoride varnish program. Gracelia pointed out that the fluoride varnish placement appointment was also an opportunity to educate the parent or caregiver.

Seal-a-Smile. The Department contracts with the Children's Health Alliance of Wisconsin to manage this program, which has an average cost of $21 per child (compared to $41 per child under Medicaid) to deliver screening, preventive and referral services. The U.S. Centers for Disease Control and Prevention reports that the Wisconsin Seal-a-Smile program improves health outcomes and reduces state health expenditures. The first-year retention rate exceeded 90%. Midge Pfeffer provided a detailed summary of the Wisconsin Seal-a-Smile program.

Concern was expressed that dental sealants may seal in decay and that dentists needed to provide diagnosis.

Nancy defined the indicators/criteria for eligibility of teeth for dental sealants and stated that according to the evidence base, including the Surgeon General's Report, decay does not progress under dental sealants (seals out carbohydrates and bacteria).

Dental hygienists may legally conduct oral screenings, and with current clarifications, determine the need for and place dental sealants in three of eight dental hygiene practice settings.

Nancy was asked whether dental radiographs were taken when placing dental sealants. She noted that in school-based public health programs radiographs are not used. Grades are targeted that coincide with the ages that children present with newly erupted six- and twelve-year molars. When sealants are placed soon after teeth erupt, a visual evaluation of the marginal ridges of the teeth is possible (area around and adjacent to other teeth).

Questions were raised about the retention of dental sealants. Retention rates are not mandatory in Seal-a-Smile programs because national and state data have confirmed their retention is high. There are Seal-a-Smile programs that have the resources to collect data on retention rates and these have consistently shown high retention (over 95%). Since programs have limited resources, programs are encouraged to provide additional dental sealants to children and conduct retention checks of dental sealants when there are new practitioners or new materials used.

It was noted that retention rates are not routinely done on restorations and that there is an accepted failure rate.

Wendy provided a summary of their programs in Menomonie and Dunn County including the CESA 11 Menomonie Dental Clinic. The Clinic is listed in Rural Healthy People 2010 and provides both preventive and restorative services to western Wisconsin residents at four sites. They partner with local health departments, Head Start and others, and place an emphasis on community-based prevention.

Price County Health Department also has a model oral health program. Tracy Ellis is the Price County Health Officer and the program is coordinated by Nancy Rublee, RDH, CDHC. This program is also featured in Rural Healthy People 2010. The county is a federally designated dental health professional shortage area.

Preliminary thoughts on prevention options:

- Education component is a large part of each screening or preventive procedure.
- With enough education, could fluoride varnish be sold behind the counter for parents to apply to their children's teeth? Is this safe and would there be compliance? Eligible for FoodShare or WIC funding?
- Create a prevention system similar to an immunization record or make fluoride varnish and dental sealants (oral health) a part of the immunization record.
- Parents need to understand that oral health is an important tool in raising a completely healthy child.
- Wisconsin Dental Association letter to Governor in support of community water fluoridation.
- Technology to fluoridate home wells (as we do with water softeners).

For future discussion:

Reimbursement:: In considering reimbursement rates, look at distributing differently, not just higher rates.

Oral Health Access in Wisconsin: The committee is looking for more information on the issue of why there is not enough access to oral health in Wisconsin. The Department will provide information on the barriers to coverage from the point of view of clients seeking care and of oral health providers.

As a topic for a future meeting, the Task Force would like information from the Wisconsin Dental Association about why they think that more dentists do not take MA patients and information from DHFS Medicaid staff identifying the scope of the problem for all oral health providers and families in need of care.

We need to be more creative in solving the problem of access. Solo practice practitioners could contract privately as an FQHC. Look Alike funding.

Scope of Practice: Need to look at restrictions on foreign and out-of-state providers who are not able to practice in Wisconsin and at increasing the range of services that can be provided by certain oral health practitioners.

Next Meeting: The next meeting of the Governor's Task Force to Improve Access to Oral Health will be held on Friday, December 10 from 10 a.m. to 2 p.m. at the Madison Public Health Department at 3705 East Washington Avenue in Madison. ***(Note: December Meeting will be extended to 4 hours.)***

Agenda Items for the Next Meeting:

1. Regulatory barriers that limit oral health providers' scope of practice and authority to perform remediable procedures.
2. Regulatory burdens that limit qualified dentists and dental hygienists from outside Wisconsin to obtain Wisconsin licensure. Invite associations for hygienists and dentists. Include Mary Frieberg (Scenic Bluffs) to discuss out-of-state dental qualifications. Invite someone from Regulation and Licensing to discuss the legal regulation on foreign-trained dentists. Invite someone from the Dental Examining Board to discuss scope-of-practice issues.
3. Strategies for educating an adequate number of dental health professionals including curriculum of dental education. Invite Marquette to speak about workforce issues.
4. Recruitment and retention of dental professionals throughout Wisconsin, especially in shortage areas, including impediments to the number of dental practitioners.