Minutes
Texas Oral Health Coalition Meeting
Friday, December 4, 2009
Austin, Texas

Chairman Rex Law, D.D.S. called a meeting of the Texas Oral Health Coalition to order at 8:30 A.M. on Friday, December 4, 2009 at the House of Representatives Lounge in the Texas State Capital building. Members and guests introduced themselves.

Program:
Changes in Access to Care in the USA-Dr. Anthony Bolin presented information from a research study he did for Texas A&M University on Training of Dental Therapists in Alaska. Their diagnosis, treatment and documentation were reviewed. Other states, including Minnesota, are studying similar models of dentistry for underserved populations in remote areas. Native Alaskan Indians have 2.5 times the decay rates of other Alaskans. Services provided by the DHATS (Dental Health Aide Therapists) were in very impoverished and remote areas. Only irreversible procedures were examined. DHATS with direct vs. general supervision were reviewed using dentists as the control group. 640 procedures were reviewed with a very high rate of good work. There was statistically no significant difference in the DHAT and DDS results. DHATS saw generally very young patients and the dentists saw older patients. The diet is subsistence level with a high consumption of sugary sodas and treats. Oral hygiene is poor and there is no Fluoridated water. Obesity and diabetes are big problems for this population as well. The study was published in the Journal of the American Dental Assoc. (JADA). A large comprehensive follow up study is underway which is to present results in 2010. Forty other nations have DHAT programs, some for almost a century.

Mobile Dentistry in Louisiana Public Schools and Texas Nursing Homes-Dr. Greg Folse of Louisiana and Dr. Laurence Oliver of Colleyville, TX presented. Dr. Folse, an advocate for vulnerable populations such as the elderly, blind and disabled, was accused of doing third world dentistry, going in to do "cherry picking"-the easy and more profitable procedures and then disappearing when the more difficult and less profitable procedures are needed. He stated that sealant programs have long been proven to be highly effective, but having a dentist is along to do other procedures would be a more ideal model. Part of the concern of the Louisiana Dental Assn. (LDA) was that kids found to have decay may not get treatment in mobile programs and that unregulated programs may be substandard.

In Dr. Folse's program 15 dentists go to 275 schools using portable equipment for comprehensive dentistry. The program operates in several LA cities. Triple the number of families signed up for his program as they have the capacity to treat. They consider themselves the children's dental home. The program rotates among the schools served in six-month cycles. A digital hand-held x-ray is used. It can be emailed and reviewed very simply. Oral health instruction is provided for each child using the child's own x-ray to show them where decay is starting and how they can improve on oral hygiene to prevent decay in the future.

Dr. Laurence Oliver practices dentistry in nursing homes in Colleyville, TX. This is a very underserved population. There is a big need for prevention in nursing homes. Currently the patient must have a physician's referral for each round of treatment. An exam and 12 x-rays may be done annually. In Texas a hygienist may see a patient who has not been examined by a dentist as long as the patient is seen by a dentist within two months. Funding for these services is the problem. In a recent Texas study, in one year approximately 392 Medicaid kids ages 1-6 were admitted to hospital emergency rooms with life threatening oral infections at a cost to the taxpayers of approximately $4 million dollars. Fr. Folse presented case studies of severe health consequences on nursing home patients who had not had routine oral hygiene care. Dr. Folse offered his services for free to Texas to help work out the problems with state and HHSC regulations. He stated the regional CMS (Center for Medicaid and Medicare Services) office in Dallas has power to help change access to care regulatory issues. Nursing home inspectors are the key to change. Nursing home inspectors and owners need training on oral health issues. Aged, blind and disabled are 28% of the population but account for 72% of total Medicaid/Medicare expenditures. Half of these patients are seriously dentally infected. By reducing dental infections, overall health improves and costs decrease significantly. 45 states do not provide dental coverage for this population. The GAO estimates 6.5 million of 20.1 million children on Medicaid have active decay. A Healthy People 2010 goal was to have 60% of children see a dentist for preventive care.

Dr. Folse provided information of his struggles in Louisiana with factions of the LDA and the legislature. Currently the bill to prevent mobile dentistry in the state has been withdrawn and the Legislature asked the LDA to set up regulations for mobile dentistry in the state. He reported that Texas has restrictions on mobile dentistry. Medicaid requires that clients have an authorized adult present at the time of treatment.

Dr. Folse stated that he believes oral screenings to be a great idea. Like in nursing homes, the surveyors must be engaged in the process. Teledentistry could be very useful in some areas. Need should be triaged. Screenings cannot be charged but Dr. Folse does full dental exams, which are billable, in his programs.

Committee Reports:

Public School Oral Health Committee-Beth Stewart, RDH presented a Feasibility of Mandatory School Screenings report (attached). Twelve states that currently have school screenings were studied and compared along with a model in the United Kingdom which has been in practice since 1918. Beth created an ideal program scenario, keeping in mind both the successes and barriers found in other program.

Making screenings a requirement would be the ideal model. Some programs make them school-based and some allow for private dental screenings and a certificate is sent to the school. Kansas, Rhode Island and Pennsylvania have school-based screenings done by a dentist, hygienist or trained school employee. The persons eligible to do screenings needs to be spelled out in statute, with no gray areas. Ideally a dentist or hygienist would screen all grades every year. Examiner reliability is a concern for calibration, etc. Would students in both public and private schools have this requirement? Ideally, yes. Many require one screening at school entry. Ideally annually/all grades. Kids with decay need to be followed to be sure they receive care. Oral Health Instruction is a very important component to improvement and population-based change. Would our state allow waivers

for financial burden, previous screening, religious reasons, or none? Beth proposed a BSS annually to be kept in the child's school records. Data could be compiled per school district to be sent to DSHS surveillance. Record keeping quality is very important. Good data to determine oral health improvement over time is necessary because policy is data driven. Beth believes that education is the most important component and screenings need to be free to the children to have good compliance. Funding to cover costs is a challenge, as is funding to cover data compilation costs. Piggybacking onto existing things such as adding "dental permission" to existing vision, scoliosis and hearing screenings. Comparison to existing requirements such as immunizations that are unfunded was suggested. Teledentistry was suggested as a way to accomplish remote screenings where dentists are unavailable. Various groups who may be interested in and supportive of our cause were discussed.

Treasurer's Report: Dr. Anthony Bolin reported the only expense since our last report were the teleconference fees for meetings held by conference call. Funds available are $3,664.69. The report was filed for audit.

Sustainability: The coalition has the ability to apply for grants now that it is a 501 C 3. Rex Law knows of someone who may be interested in grant writing for us. If members see grants that may be appropriate for the coalition, please put the information on the TXOHC listserve. The possibility of offering CE credit at our Summits to raise funding was also considered.

United Concordia has helped to fund events that in turn have helped to fund the coalition. Houston and El Paso events are planned in the near future.

Bylaws: Dr. Johanna DeYoung presented bylaw changes: (3.3 a.) Board was reduced to nine members, four officers and five directors. (3.4) Liaisons will not have a vote. (3.8) Eliminate -board self-evaluation (5.1) Changed inconsistencies to be consistent with remainder of bylaws. (6.1) Reduced number of committees and number of face-to-face meetings (6.3) Coalition will operate on calendar year. (Article 7) Eliminated-work groups (previous Article 8 renumbered). Bylaws changes will be sent to current board of directors by –mail and a future date to be set to vote on the proposed changes.
Ginny Hickman moved to proceed with bylaw changes as discussed. Seconded. APPROVED.

Definition of "regional coalition" was discussed. The group decided that regional coalitions must give an annual report to TXOHC on their activities, have a designated contact person, attendance requirements, meeting minutes and a minimum of 3-5 members.

Sharon Dickinson moved that the TXOHC will develop a mandatory oral health exam/screening for all Texas school children. Seconded. APPROVED Sandy Tesch said that DSHS has a school nurse dental training video and manual. It is on the DSHS website for ease and cost effective dissemination. It was suggested that we get the information to school nurses and do CE's using dental people as trainers for the nurses.

Rex asked Sandy to send all of us the names of the Frew Committee and suggested we put forth an effort to get a coalition member on the Frew Committee.

Nominations: Dr. Gary Delz presented nominees for 2010 TXOHC officers- Dr. Rex Law-Chairman, Cindy Hines, RDH-Vice Chairman, Dr. Anthony Bolin-treasurer, Sally Hopper-secretary. **Dr. Johanna De Young moved to approve the slate of officers as presented. Seconded. APPROVED.** At large members from last year that agreed to another year of service are Beth Stewart, RDH; Dr. Gene Stevenson; Sharon Dickinson, Dr. David Capelli and Dr. John Hederman. **Dr. Johanna De Young moved to approve the slate of At-Large Members as presented. Seconded. APPROVED.**

Minutes of the December 5, 2008 and September 11, 2009 meetings were approved as printed.

Announcements:

Dr. Law announced that meetings would be held during 2010 by conference call and a face-to-face meeting will be held again near year's-end next year.

The coalition needs a new Webmaster as Dr. Bash wishes to retire from the position. Joe Babb will furnish web hosting on the Methodist Healthcare site but we still need a Webmaster. Please let Dr. Law know if you or someone you know might be interested.

Adjourned: 3:05 P.M.

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Rex Law, DDS, Chair   Sally Hopper, Secretary