COMMONWEALTH OF MASSACHUSETTS
SPECIAL COMMISSION ON ORAL HEALTH MEETING
ACCESS & COVERAGE SUBCOMMITTEE

Friday, February 10, 2025
Via Microsoft Teams
1:00 PM
General (Open Session) Meeting Minutes

Commission Members
Present: 7

1. Chair: Michael Monopoli
2. Samantha Jordan
3. Michael Scailabba
4. Alex Sheff (at 1:10)
5. Siobhian Sprott
6. Caitlin Sullivan
7. Gina Terenzi

Commission Members
Not Present: 2

1. Erin Bonney
2. Tracye Moore

Staff Present:

1. Angela Verheyen

I. Welcome

II. Call to Order | Determination of Quorum
Time and call to order 1:05 AM by Michael Monopoli
#Present: 6

1. Chair: Michael Monopoli
2. Samantha Jordan
3. Michael Scailabba
4. Siobhian Sprott
5. Caitlin Sullivan
6. Gina Terenzi

Absent: 3

1. Erin Bonney

2. Tracye Moore
3. Alex Sheff

Recused: 0
Abstained:0

III. Approval of Agenda

DISCUSSION
Review the posted agenda, no changes

ACTION
Motion by Michael Monopoli to approve the agenda, seconded by Siobhian Sprott, and unanimously approved by a roll call vote as follows:
#Present: 6

1. Chair: Michael Monopoli
2. Samantha Jordan
3. Michael Scailabba
4. Siobhian Sprott
5. Caitlin Sullivan
6. Gina Terenzi

Absent: 3

1. Erin Bonney
2. Tracye Moore
3. Alex Sheff

Recused: 0
Abstained:0

IV. Approval of Meeting Minutes for 2-7-2025

DISCUSSION

Members were allowed time to review meeting minutes from 2-7-2025 and made the following changes before voting to approve.

- Pg. 4, "Emergency sites would be a driver of adequate access."
    - Amendment: Emergency department utilization for non-traumatic dental conditions is an indicator of inadequate access to routine dental care

- Pg. 5, "Was a dental exam given within the last 2 years"

- Amendment: Did a person get a dental exam at least once annually in 2 consecutive years

"Discussed the importance of distinguishing which work group would lead on issue areas where overlap would occur."

Please amend the "full adult dental coverage" statement to reflect "full adult dental coverage in MassHealth."

ACTION
Motion by Michael Monopoli to approve the 2-7-2025 meeting minutes, seconded by Michael Scialabba and approved by a roll call vote as follows:
Present:3

1. Chair: Michael Monopoli
2. Samantha Jordan
3. Caitlin Sullivan

Absent: 3

1. Erin Bonney
2. Tracye Moore
3. Alex Sheff

Recused: 0

Abstained:3

1. Michael Scailabba
2. Siobhian Sprott
3. Gina Terenzi

Michael Monopoli stated that he would let everyone know if he receives more feedback on the meeting minutes from those not present today but at the last meeting since only three members approved them.

IV. Work on the Plan for Developing an Oral Health Needs Assessment

DISCUSSION

Michael Monopoli asked for a volunteer to share and fill in the worksheet. Siobhan Sprott volunteered to complete it and update the plan in real time.

As discussed at the last meeting, the 80-20 rule document was shared with the subcommittee.

Alex Sheff joined the meeting at 1:10
Michael Monopoli stated that the goal of this subcommittee is to develop recommendations around topical areas that will inform an oral health assessment that DPH will carry out.

The results of the oral health assessment will be a set of recommendations and a plan for the Commonwealth.

- The goal is to discuss the topical areas of Access & Coverage.
- Our deliverable from this subcommittee will be to complete the worksheet

In the last meeting, we discussed oral health as a chronic disease and the 80-20 Rule: A document was shared with the subcommittee and reviewed

- The 80-20 rule can be used to describe and overemphasize the importance of access to care over policy and resources for the management of chronic disease. 80% of the time taken to manage chronic disease is by individuals/families at home, and 20% with a provider. We often overemphasize the importance of access to care over policy, resources, and the environment that supports daily home care.
- Example: Trying to manage a healthy weight, 80% is a nutritional choice and habits, and 20% is exercise

Comment: Various reasons can prevent people from having all the necessary agencies for success. The community and policy are responsible for providing access to and support for managing chronic diseases. With nutrition, personal decisions are being made, but there are also food deserts, differential access to more affordable sugary drinks and highly caloric processed snacks, and a lack of safe spaces for exercise.
Oral Health is not just between patient and provider: there are other policies regarding how much we want to explore this space and how much it influences oral health outcomes.
This goes across the legislative committee and is broader than just going to the dentist and cleaning your teeth.

The subcommittee worked on the worksheet together:

- The submission date is at the end of the week. We will use the information we completed today as a guide to complete the deliverable
- We need to create specific topics, subtopic areas, and data requests for each
- Bullet points were created from our other meetings

Our main topical area is access by dental coverage or dental benefits. Discussion:

- Dental benefits are an essential component, but insufficient
- Other factors influence access
- Define what the problem is, what the drivers and solutions are, and how we prioritize the problem and intervention
- How much do we or don't want to comment on access issues driven by workforce challenges
- Primarily focus on coverage-related issues and coverage policies
- Recognize that these two things intersect
- MassHealth coverage also relates to payment structures, access, and the workforce.
- Focus on Access but note how impactful workforce-related topics have on access.
- We should not assume that the workforce committee will have the same data recommendations or approach as we have

#1 Why should this topic area be included

- MassHealth is important for populations experiencing barriers

- Private Insurance and Medicare Advantage, Connector, and individual benefits offered
- Provider participation not only for MassHealth but also for other benefit models
- Definition for Access: Access to care and other resources and defining what this means
    - Risk Assessment and individualized recommendations for recall schedule
    - Dental benefits needed or no dental care because you thought you didn't need it
    - Is it care every 6 months?
    - What is a dental home, and how is this defined
- How do we measure provider participation
    - By utilization
- Language spoken in the dental practice
    - Do people feel comfortable
    - Providers sensitive to language access
    - Substitute Cultural Awareness or Attunement for Cultural Competency
    - Common barriers
        - Cost
        - Medical Debt and credit cards
        - Geography
        - General Health status
        - Other Barriers to access to care

Do we need a public campaign from the Commonwealth or Nationally

- Oral Health
- SDOH
- Perceived importance of one's health

The Connection to access and oral health outcomes

- improves. Does more access improve oral health outcomes?
- Collect the data to support

Everyone agrees this is the response to question #1
#2. How does this topic impact oral health
Why Access and Coverage are Important

- Benefits are essential but insufficient
- Risk Assessment assessing outcomes and a better understanding of when you need dental care
- Use Inefficacy of ED visits as an indicator of access to care
    - Surveillance
    - Scope and impact of OH team (workforce work)
    - Shortage of Dental Hygienists and Dental Assistants (workforce work)
        - This is the number one problem: hours worked for existing providers are not sufficient
    - Why is there a workforce shortage? Once you resolve the why, you can move forward to make changes
    - What is the capacity of the workforce, what is the need based on population, and what are the areas where the need is not met because of the capacity of the workforce, and what are the trends
    - Oral Health Care Provider shortage

- Disparities within the State for Access and Coverage by:
    - Geography
    - Gateway cities
    - Rural
    - Socio-Economic Status
    - Income
    - Race
    - Immigration Status
    - Language
- The importance of coverage and access to reduce disparities and oral health outcomes across designation
    - Defining the problem and finding solutions
    - Increasing the quality of oral health in the state
    - If you have a shortage, it will most likely be felt in areas with the least amount of resources
    - How do we increase the workforce
    - How do we increase the number of MassHealth providers
    - Recognize differences in communities across the state
    - Addressing one side of oral health disparity will not change oral health
    - It is not only access to care. It is also education and information and resources
    - Education and training for dentists can be provided in the areas of disparities. It is not just about increasing the number of dentists. It is about dental training and specific areas of expertise with special populations and disparities and adequately cared for
        - Pediatrics
        - IDD patients
        - General health issues and cancer
- Disparities and identify them to track them over time
    - Reduced by having a baseline to measure
    - How are we reducing disparities

Define subtopics

- Subtopics
    - Definition of Access
    - Provider adequacy (utilization)
    - Solutions and what ways we incentivize provider participation so there is an adequate provider panel
    - ADD - Coverage and Benefit Design is an essential part of access
        - Adult dental coverage
        - Benefit design for other types of dental benefits coverage
            - Financial barriers
            - Coverage policy
            - Cost sharing requirements
            - Maximum limits for coverage
            - Commercial and employer coverage
            - Subsidized (MassHealth)
            - Premiums

- What is the cost of the system

What are the specific pieces of data to collect to come up with a set of recommendations for the Commonwealth?
What are the populations and time frames?
What are the key outcomes and measures for each subtopic?

- CHIA question: Did you need to forgo care in the last year? Did you need or want care? (in the last year, did you need care, and could you access it)?
  - What was the barrier?
    - Access
    - Is there data on why
    - Perceived or lack of need
    - Cost
    - Provider who takes my insurance
    - Language
    - Transportation issues
    - There are many reasons why they don't seek care

CHIA asks this question in a couple of ways

- Did you go to the dentist in the past year
  - Utilization data on claims data
- Survey-style self-reporting data requests by:
  - CHIA data - Reports under the publicly reported data
  - Statewide data
  - Community-level data
  - Coverage types
  - Age and Ethnicity
  - Disability Status
  - Language
  - All ages, by age category
  - Geographic location
  - Populations
- Wait time for apt (patient and provider perspective) recommendation to add questions to a survey.
  - Data point -how soon do they schedule an appointment from the time they receive coverage to getting services (date of 1st claim to the date they received insurance)
  - Usual source of care - Utilization measures of Dental Quality Alliance as data sources and Emergency Department utilization for preventable dental conditions
  - Request from CHIA additional slices of data that are not publicly shared

The time frame of data for CHIA.

- They report every 2 years – 2022-2024 data request

We will use the same descriptors for the other outcomes we discussed
This document will be shared with the group to help guide filling out individual worksheets and developing outcome measures
The following members will be working on the following subtopics, also allowing members to weigh in on other areas if time allows

Alex and Sam - coverage and benefit design
Michael Scailabba - Provider Panel
Michael Monopoli/Gina Terenzi – Incentives

A request for another day to submit completed worksheets will be returned to the chair.

V. Adjourn

DISCUSSION
None.

ACTION
Motion by Michael Monopoli to adjourn the meeting (2:33 pm), seconded by Michael Scailabba, and unanimously approved by roll call vote as follows:
#Approve: 6

1. Chair: Michael Monopoli
2. Samantha Jordan
3. Tracye Moore
4. Michael Scailabba
5. Alex Sheff
6. Siobhian Sprott

Absent: 3

1. Erin Bonney
2. Gina Terenzi
3. Caitlin Sullivan

Recused: 0

Abstained:0

Let the record show that the meeting adjourned at 2:34 PM.