COMMONWEALTH OF MASSACHUSETTS
SPECIAL COMMISSION ON ORAL HEALTH MEETING
INTEGRATION SUBCOMMITTEE

Monday, January 16, 2025
Via Microsoft Teams
12:30 PM
General (Open Session) Meeting Minutes

Commission Members - 12
1. Chair: Mary Foley
2. Jane Barrow
3. Helene Bednarsh
4. Katie Jahreis
5. Robert Lewando
6. Anna Lubitz
7. Hugh Silk
8. Anthony Silva
9. Brian Swann
10. Athanasios Zavras
11. Amina Khan
12. Diana Vascones

Commission Members
Present: - 8
1. Chair: Mary Foley
2. Jane Barrow 1:08 PM
3. Helene Bednarsh
4. Katie Jahreis
5. Robert Lewando
6. Anthony Silva
7. Brian Swann
8. Diana Vascones

Commission Members
Not Present: 4
1. Anna Lubitz
2. Hugh Silk
3. Athanasios Zavras
4. Amina Khan

Staff Present:
1. Angela Verheyen

I. Welcome

II. Call to Order | Determination of Quorum
Time and call to order (12:34 Chair: Mary Foley)
#Present: 7

1. Chair: Mary Foley
2. Helene Bednarsh
3. Katie Jahreis
4. Robert Lewando
5. Anthony Silva
6. Brian Swann
7. Diana Vascones

Absent: 5

1. Jane Barrow
2. Anna Lubitz
3. Hugh Silk
4. Athanasios Zavras
5. Amina Khan

Recused: 0
Abstained:0

III. Approval of Agenda

<u>DISCUSSION</u>
Review the posted agenda; no changes

<u>ACTION</u>
Motion by Helene Bednarsh to approve the agenda, Robert Lewando second, and unanimously approved by a roll call vote as follows:
#Approve: 7

1. Chair: Mary Foley
2. Helene Bednarsh
3. Katie Jahreis
4. Robert Lewando
5. Anthony Silva
6. Brian Swann
7. Diana Vascones

Absent: 5

1. Jane Barrow

2. Anna Lubitz
3. Hugh Silk
4. Athanasios Zavras
5. Amina Khan

#Recused: 0
#Abstained: 0

IV. Approval of Meeting Minutes for 1-6-2025

DISCUSSION

The chair inquired if any amendments were needed for the meeting minutes sent to the subcommittee appointees. No changes were made.

ACTION
Helene Bednarsh motioned to approve the meeting minutes, Brian Swann seconded and unanimously approved by roll call vote.
#Approved: 7

1. Chair: Mary Foley
2. Helene Bednarsh
3. Katie Jahreis
4. Robert Lewando
5. Anthony Silva
6. Brian Swann
7. Diana Vascones

Absent: 5
1. Jane Barrow
2. Anna Lubitz
3. Hugh Silk
4. Athanasios Zavras
5. Amina Khan

#Recused: 0
#Abstained: 0

V. Work on the Plan for Developing an Oral Health Needs Assessment - Integration

DISCUSSION

- Chair Mary Foley shared slides to review and guide the discussion

- Review of goal and deliverable worksheet dates
- Consider a series of questions and review the list of subtopics
    - Subtopic through an equity lens
    - Consider how they impact surveillance efforts
    - Health Communication
    - Emerging Topics
    - Community Engagement
    - Public Policy
    - Challenges and barriers to incorporate into subtopic areas
- Review of subtopics drafted by the Office of Oral Health
- How do we organize our work to submit our deliverables and plan for the needs assessment
    - Integration and build on last week's discussion
    - Integration of oral health as a broader topic
    - Integration of oral health care into the broader realm of healthcare
- Strategies for each
- What will it take to integrate oral health across programs and services in MA effectively
    - What kind of systems do we need
    - What data systems exist
    - What data systems do we need to build or expand
    - Understand what systems for data collection work well
- Oral Health on a Systems Level Integration
    - State programs and services
    - DPH intra-agency collaborations
    - DPH inter-agency collaborations
- Healthcare Level Integration
    - State Program Level
    - Agency Level
    - Health Plans
    - Providers
- The infrastructure of DPH was shared, and where the Office of Oral Health sits.
    - If any integration takes place, it will happen through the Office of Oral Health.
    - Any intra-agency on the list shared:
        - Can the OOH integrate or make recommendations to integrate
        - Is the Special Commission on Oral Health (SCOH) an opportunity to create better-integrated systems that will support healthcare with DPH
        - EOHHS's different health agencies work in silos. Is this SCOH an opportunity to recommend more meaningful integration between inter-agencies?
        - What changes are needed at the systems level within DPH or across agencies
        - Integration of OOH and the boards of licensure
- The Board of Registration licensing agency requires continuing education and infection control. Nursing and medical boards do not require oral health or continuing education on oral health.
    - There needs to be more integration between the Board of Registration and OOH to support oral health.
    - Any licensure regulations for any profession have a dental competency or dental measure.

- o Require licensing boards to cross-train medical and dental
- o Why are medical and dental in different programs
- o What is the level of communication between medical and dental
- o What systems need to be in place for a fully integrated system to take place for medical and dental licensure
- o Identify the gaps and any crossover requirements for medical and dental boards for licensure.
- o The medical licensing boards have questions about oral health.
- o Education and prioritizing oral health inter-agency and state government to place oral health as important as the SCOH does
- Agencies within DPH
  - o Look at programs within DPH and how to integrate them with oral health
  - o What type of data exists
  - o For example, what is DPH doing in WIC to support oral health for individuals enrolled in WIC? Is there any data already collected? Is there a dental measure? This thought process can be applied to any program.

Jane Barrow joined the meeting at 1:08

Assignment

- Pick topics and identify the data
- Look through the list to see if there is any opportunity for the OOH to integrate with other DPH programs and EEOHS.
- Inter-agency integration beyond DPH and playing an oral health role, as well as how these agencies collect program data.
- Example: The Department of Developmental Services funds most of these service programs. How is oral health integrated into services, and what data exists within the agency that tracks or monitors oral health outcomes, prevalence of disease, and oral health preventive care
  - o How does the agency collect data, what kind of data, and what population is served, and how can any gaps be identified?
  - o Integrating data from other agencies using Medicaid data
  - o Providing direct or support services
  - o Look for quantifiable data to look at the prevalence of disease
- How do programs within DPH collect data?
- Example: Social determinant of health and other social risk factors. How does this affect whether they use their dental benefits? Social service programs receive money from the state and DPH to support social needs. What are the bureaus that OOH can integrate with? Is there data we can use to reduce risk factors
- Is there a standard enrollment form across the different agencies, and are dental questions asked and documented? What agencies have dental measures? And how do we create a data set and use the data already being collected?
  - o Opportunity to engage community health workers (CHWS) to collect this data and include an oral health component for CHW certification
- Inter-Agency: What kind of data do they have

- We should promote integration because we are concerned that we would have all this data, but no one is integrating it.
  - Years have been spent on education and getting into various academia to cross-train with nurses, pharmacists, etc. This area of Silo, having data supporting policy changes is vital while we have the opportunity to talk about sustainability
- Every agency on the list would have a reason to ask about oral care. Why do dental care and oral health matter? What piece of survey data from an agency or program on the list makes sense?
- How are we going to integrate oral healthcare
  - Provider level
  - Electronic medical record
  - Health and diagnostic data
  - Claims and payments
  - Insurance
  - All one health record EPIC and universal coding system (dental has no other records, and medical has all records except dental)
  - Dental is fully integrated into healthcare.
- MassHealth's potential changes would include integrating dental services into primary healthcare.
  - Documenting medical necessities
  - Quantifying health status and treatment outcomes
  - Identical coding system to medical (IC10 codes)
  - Diagnostic data and services through the paid billing codes and stratify by age, gender, etc
- Dentistry is a logistical term commonly used, but oral health is at a higher level and on a broader spectrum. In most cases, oral health should be substituted for dentistry.
- Centers for Medicare and Medicaid Services has established a mechanism to collect claims forms from dentists; the submission of those claims forms requires the dentist to submit a diagnostic code.
- Propose diagnostic codes as a subtopic and explain why they are important for a needs assessment—identifying a fundamental problem that keeps dental from doing the same thing as medical. Dental professionals can report what we do, but we can't report why we are doing it, which impedes research.
- MassHealth cannot quantify the need. They can only quantify who has received services.
- How do you improve programs?
- Medicare Advantage plans in 2025; you need a physician referral for dental, but it didn't distinguish what that would be for. This is why we need diagnostic codes and people to understand their use.
- Integration through our current health systems and how they operate
  - Public – slide presented (connector-marketplace, etc.) already uses integration for income and eligibility
  - Private – employer-based plans
  - Uninsured
- 1. Where does the integration need to take place
- 2. What data systems need to be built to support integration
- 3. How does the integration need to take place

- At the end of the Commission, we can provide a process to integrate our systems effectively.
- Accountable Care Organizations and Care Coordination/Care Management and 1115 Demonstration Waiver and recommend the coordination of care for oral health and outcomes
- Review slide on five subtopics to incorporate in the needs assessment

V. Adjourn

DISCUSSION
None.

ACTION
Motion by Robert Lewando to adjourn the meeting, Anthony Silva seconded, and unanimously approved by roll call vote as follows:
#Approve: 8
1. Chair: Mary Foley
2. Jane Barrow
3. Helene Bednarsh
4. Katie Jahreis
5. Robert Lewando
6. Anthony Silva
7. Brian Swann
8. Diana Vascones

Absent: 4
1. Anna Lubitz
2. Hugh Silk
3. Athanasios Zavras
4. Amina Khan

Recused: 0
Abstained: 0

Let the record show the meeting adjourned at 2:01 PM.