

COMMONWEALTH OF MASSACHUSETTS
SPECIAL COMMISSION ON ORAL HEALTH MEETING
INTEGRATION SUBCOMMITTEE

Monday, January 28, 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: 9

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

Commission Members Not Present: 3

1. Amina Khan
2. Anna Lubitz
3. Athanasios Zavras

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: 9

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

Absent: 3

1. Amina Khan
2. Anna Lubitz
3. Athanasios Zavras

Recused: 0

Abstained: 0

III. Approval of Agenda

DISCUSSION

Review the posted agenda; no changes

ACTION

Motion by Jane Barrow to approve the agenda, Anthony Silva second, and unanimously approved by a roll call vote as follows:

#Approve: 9

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

Absent: 3

1. Anna Lubitz
2. Athanasios Zavras
3. Amina Khan

#Recused: 0

#Abstained: 0

IV. Approval of Meeting Minutes for 1-16-2025

DISCUSSION

The chair, Mary Foley, gave the subcommittee members time to review the meeting minutes from 1-16-25. Jane Barrow made a correction; she indicated that she was present at the last meeting, but that she arrived late.

ACTION

Jane Barrow then motioned to approve the meeting minutes, and Katie Jahreis seconded and unanimously approved them by roll call vote.

#Approved: 9

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

Absent: 3

1. Anna Lubitz
2. Athanasios Zavras
3. 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 the development of the needs assessment plan and the subcommittee's responsibilities to meet the deliverable deadline of February 13.

Consider how deliverable one impacts *surveillance, health communications, emerging topics, community engagement, and policy*. These are the activities of the Office of Oral Health (OOH). Consider challenges and barriers.

At the last meeting, we discussed what it would take to integrate oral health programs and services across Massachusetts agencies. Questions considered included:

- What does it mean to integrate at the systems level, state level, intra- and inter-agency level?

- What data collection systems do we need? What kind of data would we want?
- What infrastructure do we need to support it?
- What currently exists?
- What do we have to do to build and/or expand these data collection systems?

How can the MA Department of Public Health (DPH), OOH collaborate with other Executive Office of Health and Human Services (EOHHS) agencies to support surveillance? Creating a defined intra- and inter-agency relationship between OOH and other agencies within EOHHS could facilitate improved oral health surveillance which could then quantify the prevalence of oral disease among all MA residents and identify disparities and inequities in oral healthcare and oral health across the Commonwealth

Additional questions considered:

- What data is needed to establish an effective oral health surveillance system?
- Other offices outside of OOH currently collect program data on enrollees?
- How is this information collected and integrated, and are they stratifying data by equity metrics?
- How can the OOH improve surveillance through an equity lens?
- Do we have the capacity to collect demographic, health status, utilization, and outcome data?
- How does OOH identify inequities in access to oral healthcare, oral health status and healthcare outcomes?
- How do other agencies and EEOHS agencies collect, use and or share their data?

If we agree that data from these agencies would support and advance oral health for disadvantaged individuals, what measures would we need and want to gain knowledge and understanding, to create opportunities for improvement. Inter- and intra-agency data collection is necessary to better identify system inequities. What type of infrastructure is required to support and advance surveillance systems and stratify data?

Other subtopics were discussed regarding data collection. These included:

- Recommending agencies that provide direct, and support services collect oral health information from enrollees. Items to be determined.
- Data driver would be: How many and what questions do they ask?
- Establish a mechanism for shared data collection among specified EOHHS agencies.
- Recommend the Board of Registration in Dentistry (BORID) include required continuing education (CE) on systemic health:
 - How many credits should we consider?
 - Recommend all medical clinicians be required to take a course on oral health.
 - Recommend expanding the scope of services for medical providers to include oral health screenings as part of EOHHS and other Primary Care Services (PCS).
- Medical Requirements
 - Medical licensure requirements are generally established at the national level.

- We may need to devise a different strategy to incentivize multidisciplinary healthcare training.
 - What is the medical board's opinion on oral health, and will it be accepted?
 - Care Coordination should be incorporated. What should it look like?
 - Mechanism to close the loop on referrals, or care coordination efforts.
- Accountable care data – incentive data
- Fluoride application and referral to the dentist
- What info do we need from the emergency department (ED)?
 - We need a mechanism for ensuring accurate collection of ED OH visits.
 - Currently unable to quantify number of people using the ED for dental care
 - Need to quantify the number of people using ED for non-traumatic dental service as well as Emergency treatment. Nature of the visit; Nature of the treatment
 - Improve coding—medical and dental do not use the same codes
 - Difficult to find oral health information and care from the ED data other than “their mouth hurts.
 - Collaborate with the MA Hospital Association about what data is assessed or collected
- Within government, where can we get data, and what type of data can we get? It is the role of DPH to collect data from hospitals and send it to the OOH
- Take a look at the EOHHS top 3-4 agencies.
 - What measures would we want to collect?
 - What type of oral health data would we want partnering agencies to collect?
- Special Population Groups and focus on the special needs of their populations.
- One or two standard questions might be adequate to start. Also, identify which enrollees are also enrolled in MassHealth.
- OOH surveillance would send out a request for annual reports; or a shared platform for data entry.
- Recommend during Social Determinant of Health (SDOH) screening to also screen for OH questions
- Data collection is not easy, and there should be degrees of collection; there are no mechanisms from special populations who are collecting data, and can these questions be added to collect oral health (OH) data
- Recommendation all “specified” EOHHS agencies collect OH data.
- Develop legislation to support OH initiatives and require data collection.
- Identifying data and the need for data
- MassHealth collects data and measures report to OOH
- They should
 - Integrate all members’ dental diagnostic (ICD-10)
 - Document
 - Data and measures we can create
- Department of Elementary and Secondary Education (DESE) Data
 - And how they collect data
 - Where it is reported
 - Recommend a universal oral health question

The subcommittee requests an additional meeting and to send out blank deliverable worksheets to subcommittee members.

Angela to send out the Mary Foley PowerPoint along with the example worksheet.

Assignment for subcommittee members prior to the next meeting: look at the topics discussed to complete the worksheet.

If you have any questions, direct them to oral.health@mass.gov attention Matt or Angela

ACTION

None.

V. Adjourn

DISCUSSION

None.

ACTION

Motion by Mary Foley to adjourn, Brian Swann seconded, and unanimously approved by roll call vote as follows:

#Approve: 9

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

Absent: 3

1. Anna Lubitz
2. Athanasios Zavras
3. Amina Khan

Recused: 0

Abstained: 0

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