COMMONWEALTH OF MASSACHUSETTS
SPECIAL COMMISSION ON ORAL HEALTH MEETING
INTEGRATION SUBCOMMITTEE

Monday, January 6, 2025
Via Microsoft Teams
11:30 PM
General (Open Session) Meeting Minutes

Commission Members
Present: 9

1. Chair: Mary Foley
2. Jane Barrow
3. Helene Bednarsh
4. Katie Jahreis
5. Robert Lewando
6. Anthony Silva
7. Diana Vascones
8. Athanasios Zavras at 11:48 PM
9. Brian Swann at 12:05 PM

Commission Members
Not Present: 3

1. Anna Lubitz
2. Hugh Silk
3. Amina Khan

Staff Present:

1. Matthew Horan

I. Welcome

II. Call to Order | Determination of Quorum
Time and call to order (11:36 AM by Mary Foley)
#Present: 7

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

Absent: 5

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

Recused: 0
Abstained:0

III. Approval of Agenda

DISCUSSION
Review posted agenda, no changes

ACTION
Motion by Mary Foley to approve the agenda, seconded by Helene Bednarsh, and unanimously approved by a roll call vote as follows:
#Approve: 7

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

Absent: 5

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

#Recused: 0
#Abstained: 0

Document: Mary Foley shared "Integration Meeting AGENDA SLIDES 1.6.25"

Members who join late:

- Athanasios Zavras at 11:48 PM
- Brian Swann at 12:05 PM

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

DISCUSSION

- Slides shared by Mary Foley to help guide the conversation
- Group member introductions including their unique skills and passions for integration
- The concept of integration of oral health is broadly discussed:
    - Early work is limited to dentists taking blood pressure
    - Pediatricians using Fluoride varnish
    - Change efforts funded by federal partners focusing on clinical activities
    - A need for systems and infrastructure changes to support the providers making the changes in the field
        - A need for clinical incentives to drive change
    - The challenge of medical and dental systems not communicating
        - Software level, coding systems, outcomes, diagnostic codes
    - ICD (International Classification of Diseases) code use or a subset of codes suggested for use by dental providers
    - Clinical and non-clinical teams across the lifespan and workforce highlighted
    - Oral health plays a role in everything – what should we start with?
    - Working toward a dental benefit in Medicare – demonstrating a financial and health benefit through integration activities, coalition work, and data sets
    - Demonstration projects are crucial to success at the patient care level
    - Root causes include isolated dental training, need for more collaboration, dental is undervalued and often the first thing cut when facing financial challenges
- Integration sub-topics suggested by OOH (Office of Oral Health) discussed by the group
    - Integration of oral health across healthcare
    - Primary care partnerships
    - Emergency room diversion programs
    - In-patient oral care
    - Antibiotic stewardship
    - Behavioral health collaborations
    - Chronic disease collaborations
    - Point of care testing
    - Tobacco/nicotine cessation
    - Nutrition and pregnancy
    - Long-term care
- Other potential topics that may be missing in integration reviewed:
    - Infection control and exposure management in the sense of the health of the workforce was reviewed – a healthy workforce issue
    - Integration of non-clinical teams involved in care – social work, etc.
    - Common risk factor management – dental diseases have shared risk factors with diabetes, cardiovascular diseases, etc. with medical
- Most of the work has been focused on the provider level thus far
    - For improved health outcomes, there's a need to shift toward integration at the health plan level, and state agencies
        - Dental wasn't incorporated into the original ACO (Accountable Care Organization) model of care in MA
        - Dental remained a stand-alone payment system
        - Multiple state agencies with shared populations often work separately

        - Medicaid is now being directed to integrate community-based services within DPH
        - The need for state agencies and programs to become more integrated officially on an activity level
        - Population-level programs also need to be more formally linked and integrate (everyone who works with Medicaid DDS members for example)
        - The role of BORID (Board of Registration in Dentistry) was highlighted and other boards of licensure
    - Outside of public programs, the need to consider private programs (commercial plans) is highlighted
        - The concept of driving change via the profession or via the government
- A reconciliation and expansion of integration sub-topics included:
    - Public and private entities, finances
    - Improved branding of dentistry
    - Common risk factors (chronic disease)
    - Common resources
    - Integrated stakeholders, ACO
    - Programs to incentivize behaviors – providers, plans, infrastructure, education
    - Expanded infrastructure
- Where do we want to be at the end of the work? How do we get there?
- Group assigned to review the updated subtopics list and think about the data table related to each before the next meeting

V. Adjourn

DISCUSSION
None.

ACTION
Motion by Helene Bednarsh to adjourn the meeting, seconded by Athanasios Zavras, 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. Anthony Silva
7. Diana Vascones
8. Athanasios Zavras
9. Brian Swann

Absent: 3

1. Anna Lubitz

2. Hugh Silk
3. Amina Khan

Recused: 0
Abstained: 0

Let the record show the meeting adjourned at 1 PM.