November DSAC Meeting Minutes

11/21/2016

1 - 3 p.m.

Mosquito Control Building

Members Present: Craig Amundson (chair), Tom Green, Sheila Fuchs, Carla McMorris, Michelle Storlie, Mike Helgeson, Paul Walker, Carl Ebert

DHS: Jeff Schiff, Linda Maytan, Ellie Garrett, Redwan Hamza

MDH: Merry Jo Thoele

Guests: Majda Hodzic, David Maki, Dick Diercks, Robert Freeman, Michele Grose, Daniel Lightfoot, Nicole Ferrian, Ken Bence

Welcome and Introductions

Meeting called to order at 1:00 p.m. by Dr. Amundson. A motion was made to approve today’s agenda, which was seconded and approved.

The minutes from the Feb., May, and Sept. DSAC meetings were reviewed. With corrections as made, these minutes were passed.

Dr. Amundson led “Memories of Dr. Judy Gundersen,” who lost her battle with cancer on 11/11/2016. Members shared the significantly positive impact Dr. Gundersen had personally and professionally. A moment of silence was observed in her memory.

“DHS Update” – Dr. Schiff:

The budget proposals are due to the Governor’s Office. The DHS Commissioner, and the Governor, are aware of the issues regarding oral health, and are looking for opportunities for progress.

Acknowledgement of Carl Ebert’s appointment on the Board of Dentistry, joining Paul Walker.

Opioid Work Group continues, with Richard Nadeau as dental voice. The website for the workgroup is: http://mn.gov/dhs/opwg

Teledentistry codes / guidance will be published by the end of the month. 3 providers in the room acknowledge current use of teledentistry in their practices.
The CMCS Informational Memo, released 7/29/2016 ([https://www.medicaid.gov/federal-policy-guidance/downloads/cib072916.pdf](https://www.medicaid.gov/federal-policy-guidance/downloads/cib072916.pdf)) is concerning regarding CAD payments, as the distribution is up to the MCO’s. A copy of this memo was available. This topic should be a DSAC agenda item in 2017.

**Olmstead Plan and Jensen Settlement – Maytan:**

See Power Point slides

A list of existing dental measurements was compiled by Dr. Gundersen. These are presented to the group. **DSAC makes the following recommendations regarding which measurement tools on the list to use as a reporting mechanism for Olmstead:**

1. **DQA measure: % of enrolled adults who accessed / received at least one service within the reporting year**

2. **DQA Measure: % of all enrolled adults who received a comprehensive or periodic oral exam**

**Next Meeting:**

The next meeting is scheduled for March 20, 2017. The Committee sees fit to add a DSAC meeting in February after the release of the Governor’s Budget to discuss the dental elements. The other scheduled DSAC meetings for 2017 are acceptable. These are March 20, June 19, Sept. 18, and Nov. 20, all from 1-3- pm at Mosquito Control. The added meeting will be selected and distributed.

A motion was made and carried to adjourn at 2:55 p.m.
I. Welcome and introductions  
   Craig Amundson

II. Approval of the agenda  
    Craig Amundson

III. Approval of DSAC Minutes.  
    A. February 1, 2016 meeting  
    B. May 16, 2016 Phone meeting  
    C. September 19 2016 meeting  
    Craig Amundson

IV. Remembering Dr. Gundersen  
    A sympathy card will be present to sign for Judy’s family  
    Craig Amundson

V. DHS update  
    Jeff Schiff

VI. Olmstead Plan and oral Health  
    Linda Maytan

VII. 2017 DSAC meeting schedule  
    Craig Amundson

VIII. Public Comment  
    Craig Amundson

IX. Adjourn  
    Craig Amundson
Remembering Dr. Gundersen
The MN Olmstead Plan and Jensen Settlement

Oral Health Aspects
What is “Olmstead”? 

• Olmstead v LC (1999) is the landmark case decided by the US Supreme Court which requires states to:
  1. Eliminate unnecessary segregation of persons with disabilities
  2. Ensure that persons with disabilities receive services in the most integrated setting appropriate to their needs

“Olmstead” is the most important civil rights decision for people with disabilities in the US. The Supreme Court based its ruling in the ADA.

“……it is against the law for the state to discriminate against a person based on his or her disability.”
Olmstead Plan in MN

In December of 2011, the Department of Human Services and the Plaintiffs in the

Jensen et al v. Minnesota Department of Human Services, et al.

[Court File No. 09-cv-1775] entered into a settlement agreement that requires the development of a Minnesota Olmstead Plan.
But what is the Jensen Settlement?

• The Jensen Settlement Agreement is the result of a lawsuit filed in 2009 v. DHS, which alleged that residents of the former METO (Metropolitan Extended Treatment Options) program were unlawfully and unconstitutionally secluded and restrained.

• The Settlement Agreement avoided trial; the US District Court for the District of MN adopted this Settlement Agreement.

*The settlement is intended to bring significant improvements to the care and treatment of individuals with developmental and other disabilities in the state of Minnesota.*
Jensen Settlement

• In 2012, an independent consultant and court monitor was named.

• The Comprehensive Plan of Action has 3 components:

  1. Closure and Replacement of the Cambridge MSHS (MN Specialty Health System) Facility
  2. Modernization of Rule 40
  3. Development of MN Olmstead Plan
Jensen Internal Reviewer
Jensen Implementation Office

• Daniel J. Baker, Ph.D.

daniel.baker@state.mn.us

(p): 651.431.2161
Closure / Replacement to Cambridge MSHS

The final individual transitioned out of this facility on 8-29-14.
DHS has closed the facility.
Rule 40 Modernization

• **Rule 40** governs the use of aversive and deprivation procedures in licensed facilities that serve persons with developmental disabilities.

• The modernization of Rule 40 is underway.
  • **Person-Centered / Person-First**
    Person-centered care promotes choice, purpose and meaning in daily life.

  • **Positive Supports / Strengths Model**
    Strengths-based approach moves the focus away from deficits of consumers and focuses on the strengths and resources of the consumers.

• **Integrated Setting**
  A setting that enables individuals with disabilities to interact with non-disabled persons to the fullest extent possible
Development of MN Olmstead Plan

• Requirements per Court Order:

1. Comprehensive
2. Use measurable goals
Development of MN Olmstead Plan

The Olmstead Plan is a broad series of key activities our state must accomplish to ensure people with disabilities are living, learning, working, and enjoying life in the most integrated setting. The Plan will help achieve a better Minnesota for all Minnesotans, because it will help Minnesotans with disabilities have the opportunity, both now and in the future to:

- Live close to their family and friends
- Live more independently
- Engage in productive employment
- Participate in community life.

In short, it will offer Minnesotans with disabilities opportunities just like everyone else.

GOAL ONE:
By December 31, 2018, the number/percent of individuals with disabilities and/or serious mental illness accessing appropriate preventive care focusing specifically on cervical cancer screening and follow up care for cardiovascular conditions will increase by 833 people compared to the baseline.

GOAL TWO:
By December 31, 2018, the number of individuals with disabilities and/or serious mental illness accessing dental care will increase by 1,229 children and 1,055 adults over baseline.

STRATEGIES:
1. Improve dental care for people with disabilities
2. Expand the use of health care homes and behavioral health homes
3. Improve access to health care for people with disabilities
4. Develop and implement measures for health outcomes
<table>
<thead>
<tr>
<th></th>
<th>Key Activity</th>
<th>Expected Outcome</th>
<th>Deadline</th>
<th>Other Agency(s) or Partners</th>
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<tbody>
<tr>
<td>B.3</td>
<td>Provide Status update to Subcabinet on key activities to improve dental care for people with disabilities (B.4-B.7)</td>
<td>The Subcabinet will understand the status of activities underway for improving dental care for people with disabilities.</td>
<td>Provide Status Update by June 30, 2017.</td>
<td>MDH</td>
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<tr>
<td>B.4</td>
<td>Review the MN Oral Health Plan objectives and strategies for inclusivity of people with disabilities and mental illness including but not limited to the following partners: MDH Div. of Community and Family Health; MN Oral Health Coalition; Gillette Children’s Specialty Health Care; NAMI-MN; MN Hospital Assoc.; MN Health Plans</td>
<td>MN Oral Health Plan is amended based on the results of review.</td>
<td>Amend MN Oral Health Plan by December 31, 2017</td>
<td>MDH, Partners</td>
</tr>
<tr>
<td>B.5</td>
<td>Include care of children with disabilities and mental illness in oral health educational materials developed by the EDDPI (Early Dental Disease Prevention Initiative)</td>
<td>Culturally appropriate, consumer-friendly oral health educational materials disseminated to providers and caregivers of children ages 2 and under with disabilities and mental illness</td>
<td>Disseminate materials via EDDPI by Dec. 31, 2018</td>
<td>MDH</td>
</tr>
<tr>
<td>B.6</td>
<td>Promote best practices for providers and caregivers of people with disabilities and mental illness via the MDH Oral Health Program website, MN Oral Health Coalition, and other partners</td>
<td>Increased utilization of best practices in oral health by oral health providers</td>
<td>Disseminate best practices via partners by Dec. 31, 2018</td>
<td>MDH, MN Oral Health Coalition, Community other partners, Health Worker Alliance, Health Care Homes</td>
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<td>Key Activity</td>
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<td>1</td>
<td><strong>B.7</strong> Assess the “Special Needs Screening Questions” developed by Child and Adolescent Health Measurement Initiative for health literacy accessibility best practices. Modify if necessary and promote its use with school-based sealant programs and oral health providers. Post “Special Needs Screening Questions” on the MDH Oral Health Program website.</td>
<td>Increased access and utilization of special needs screening questions by school-based sealant programs and oral health providers. Special Needs Screening Questions posted on the MDH Oral Health Program website.</td>
<td>Post Questions on website by December 31, 2018</td>
<td>MDH</td>
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Oral Health and Olmstead

• The Olmstead Plan baseline data for current care includes only a single oral health performance measure, the HEDIS Annual Dental Visit measure.

• As part of the Olmstead Workplan review, one of the action activities is to consider adding more oral health performance measures to better assess improvements in dental care.
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<tr>
<th>Steward</th>
<th>Title</th>
<th>Description</th>
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<tbody>
<tr>
<td>DQA</td>
<td>Utilization of Services</td>
<td>Percentage of all enrolled children who accessed service within the last reporting year.</td>
</tr>
<tr>
<td>DQA</td>
<td>Oral Eval</td>
<td>Percentage of all enrolled children who received a comprehensive or periodic oral evaluation during the reporting year.</td>
</tr>
<tr>
<td>DQA</td>
<td>Prevention: Fluoride or Sealants</td>
<td>Percentage of all enrolled children with elevated caries risk who received topical fluoride and/or sealants within the reporting year.</td>
</tr>
<tr>
<td>DQA</td>
<td>Prevention: Sealants for 6 – 9 year olds</td>
<td>Percentage of all enrolled children in this age bracket with elevated caries risk who received a sealant on first permanent molar within the reporting year</td>
</tr>
<tr>
<td>DQA</td>
<td>Prevention: Sealants for 10 – 14 year olds</td>
<td>Percentage of all enrolled children in this age bracket with elevated caries risk who received a sealant on second permanent molar within the reporting year</td>
</tr>
<tr>
<td>DQA</td>
<td>Prevention: Topical Fluoride</td>
<td>Percentage of all enrolled children with elevated caries risk who received topical fluoride within the reporting year.</td>
</tr>
<tr>
<td>DQA</td>
<td>Treatment</td>
<td>Percentage of enrolled children who received dental treatment service within the reporting year.</td>
</tr>
<tr>
<td>ADA / DQA</td>
<td>ED visit for dental caries / children</td>
<td></td>
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<tr>
<td>ADA / DQA</td>
<td>Follow up for ED visit due to dental caries / children</td>
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# Adults – Recommended by Dr. Gundersen

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<th>Steward</th>
<th>Title</th>
<th>Description</th>
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<tr>
<td>DQA</td>
<td>Utilization of services</td>
<td>% of enrolled adults who accessed / received at least one service within the reporting year</td>
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<tr>
<td>DQA</td>
<td>Oral Evaluation</td>
<td>% of all enrolled adults who received a comprehensive or periodic oral exam</td>
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<tr>
<td>DQA</td>
<td>ED for non-traumatic dental</td>
<td></td>
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<tr>
<td>DQA</td>
<td>60 dental follow up after a non-traumatic dental ED visit</td>
<td></td>
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<tr>
<td>DQA</td>
<td>People with Diabetes / oral evaluation</td>
<td>% of enrolled adults ID’d as diabetic who accessed dental care</td>
</tr>
<tr>
<td>DQA</td>
<td>Utilization of dental services by nursing home residents</td>
<td>% of enrolled nursing home residents who accessed dental services within the reporting year.</td>
</tr>
<tr>
<td>DQA</td>
<td>Oral Evaluation for nursing home residents</td>
<td>Comprehensive or periodic exam</td>
</tr>
<tr>
<td>DQA</td>
<td>Prevention Services for nursing home residents</td>
<td>At least one preventive service</td>
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Discussion

1. Increase access to folks with disabilities
2. Measures

Discuss pros and cons.
2017 DSAC Meeting Schedule

• March 20
• June 19
• Sept. 18
• Nov. 20

All meetings are confirmed @ Mosquito Control - Board Room, from 1-3 pm.
Public Comment

Adjourn
September DSAC Meeting Minutes
9.19.16
1 – 3 pm
Mosquito Control Building

Members Present: Craig Amundson (chair), Sheila Riggs, Tom Green, Dan Rose, Jeanne Evold Larson, Sheila Fuchs, Carla McMorris, Michelle Storlie, Mike Helgeson

DHS: Jeff Schiff, Linda Maytan, Ellie Garrett, Redwan Hamza

MDH: Merry Jo Thoele

5 Guests: Majda Hodzic, David Maki, Dick Diercks, Robert Freeman, Michele Grose

Welcome and Introductions

Meeting called to order at 1:00 pm.

Prior to any other business, Dr. Riggs motioned to acknowledge and express deep appreciation for Dr. Gundersen. This was carried and passed unanimously.

Dr. Maytan is introduced as the new dental policy director at DHS. Round Robin introductions occurred throughout the meeting of all present for the purpose of meeting Dr. Maytan.

Minutes from the May 2016 teleconference will be available at the next DSAC meeting in Nov. 2016.

Dr. Schiff: “DHS Updates” Opiate Prescribing / Opioid Work Group (OPWG).

Richard Nadeau from University represents dentistry well on the OPWG, which is working on protocols for acute, post-acute and chronic phases. The potential in this project is around quality improvement; easier to ID dental practitioners than categorizing other prescribers (doc specialties, etc.). Discussion around OPWG: Jeff reports on the success of Little Falls opioid prescribing program. Sheila Riggs reports that 20% of opioid prescribing in Iowa are from Dentists. Members suggest an MDA initiative, to capture opioid activity by dentists from around the state, with anti-biotic prescribing included. Review dental measures in PMAP contracts this year. DHS is working to improve rates – proposals under consideration within administration. The governor’s proposal will be discussed once it is publicly known.

SNBC Update

Maytan: see PowerPoint slides; SNBC Dental Access Improvement and Evaluation

SNBC Discussion: Assists in accomplishing Olmstead goals. Teledentistry is an opportunity to increase access to many, especially those outstate. The measures embedded into SNBC are the final measures for this project; DHS has data access for those measures already. Refusal by a patient to seek care is not well documented. Training for providers with the purpose of increasing access to the special needs
populations is a key component of this project. The SNBC project is a place to start with mentorship (possibly with CEU’s), including patient management, safe patient handling, and shadowing program. Mike and Linda agree that shadowing is the most beneficial for providers. AppleTree is starting its first class of AEGD residents in July 2017. Rule 101 says that if you are going to accept SEGIP, school districts, etc., insurance, have to take 10% of Medicaid patients for dental. Unknown whether SNBC will impact. Care coordination is necessary. MCO’s are a hub, but cannot do it alone. Patients enrolled in SNBC will have designation on their insurance card.

Adjourned 2:50 pm

Next meeting Nov. 21, 2016 @ Mosquito Control at 1pm.
DSAC
9-19-16
Mosquito Control Building
Today’s Agenda

• Welcome / Intro’s Round 1
• Review DSAC minutes May 2016 – phone meeting
• Intro’s Round 2
• SNBC Project and quality measures
• Intro’s Round 3
• Comments / ?’s around SNBC
• Public Comments
• Adjourn

• Next Meeting: TBA
Welcome

• Introductions ~ Round 1

• Review of minutes from May 2016 phone meeting

• Introductions ~ Round 2
SNBC Project (Special Needs Basic Care)

- The Project = SNBC Dental Access Improvement and Evaluation Project

- Managed Care Organizations (MCO’s) were asked, in a 2016 RFP, to propose a dental access quality improvement and evaluation plan to result in significant sustained improvement.
  - Dental Home
  - Enrollee Case Management

- Collaboration between DHS / Special Needs Purchasing Division, MCO’s, and DHS / DCT clinics
  - Mentoring Model
SNBC Enrollees Snapshot

• 18 – 64 year olds
• Medicaid eligible
• Developmental, Physical, Behavioral Disabilities
• 5+ chronic health conditions
• Polypharmacy
• 52,000 individuals: 70 % = Age 40-64, 40% = minorities
Dental Access Problem for SNBC enrollees

• Only 46% of SNBC enrollees have had one or more dental visits in the calendar year.

• The goal is to raise this to 60% in 3 – 5 years.

• Annually, 700 SNBC enrollees use Emergency Departments to access acute dental care
6 Interventions for the SNBC Project

• Dental Case Management ★ ★
• Special Needs Community Dentist and Staff Mentoring Program ★
• Tele-dentistry Demonstration ★
• Expand Dental Service Contracts
• Provider Education
• Support Community Dental Treatment Clinics

Mandatory
1. Dental Case Management

- Dental Home / Care coordinator

- Focus on enrollees who have not had a dental visit in the last 12 months, had an ED visit for non-traumatic acute dental issue, and / or missed a scheduled dental appointment,
2. Special Needs Community Dentist and Staff Mentoring Program

• MCO’s + Special Needs Clinics (e.g. DCT) will create a mentoring program curriculum AND practical (hands on) experience to help all dental staff understand and accommodate SNBC enrollees, who should be served in their communities.
3. Tele-Dentistry Demonstration

- DCT + MCO’s will work together to develop and implement a tele-dentistry pilot project
4. Expand Dental Service Contracts

• MCO’s will appropriately expand dental service contracting opportunities, including development of new delivery and payment models with the goal of improving access for SNBC enrollees.
5. Provider Education

- MCO’s will develop and foster educational events focused on special dental care needs, including barriers to care
6. Support Community Dental Treatment Clinics

- MCO’s will interface with and support community dental treatment opportunities sponsored by community charitable organizations.
Data Collection and Measurement

• HEDIS (Health Care Effectiveness Data and Info Set)

• 1. HEDIS Annual Dental Visit Measure
• 2. DQA / HEDIS Use of Emergency Room for Non-Traumatic Dental Related Reasons Measure
• 3. DQA / HEDIS Follow Up after Emergency Department Visit Measure
Annual Surveys sponsored by DHS

- SNBC Enrollee Consumer Satisfaction Survey
- Provider Access Survey
- SNBC Enrollee “non-user” Survey (“Why didn’t you see a dentist?”)
Project Timeline

• 3 – 5 Years, starting Q2 2016.
MCO’s

DHS

Enrollee
DHS Project Leadership Team

Gretchen Ulbee JD
Manager, Special Needs Purchasing
Minnesota Department of Human Services
Phone: 651 431-2192;
email: Gretchen.ulbee@state.mn.us

Jared Greupner MBA
Dental Clinics Program Manager
Minnesota Department of Human Services
Phone: 651 431-3685
email: Jared.p.greupner@state.mn.us

Linda Maytan DDS MPH
Dental Policy Director
Minnesota Department of Human Services
Phone: 651 431-3314
email: Linda.M.Maytan@state.mn.us

Brian Kajewski DDS
DTC Community Dental Clinical Director
Minnesota Department of Human Services
Phone: 320 231-5315
email: Brian.kajewski@state.mn.us
Break

Introductions ~ Round 3
Questions and Discussion
Public Comments
Adjourn

Next DSAC Meeting = TBA
Dental Services Advisory Council

Minutes — May 16, 2016
2:00 – 3:00 p.m.
Via phone

DSAC Members and Guests Present
Jeanne Anderson, Dick Diercks, Carl Ebert, Nicole Ferrian, Sheila Fuchs, Erin Gunselman, Mike Helgeson, Deb Jacobi, Jeanne Larson, David Mackey, Carla McMorris, Sheila Riggs, Dan Rose, Jeff Schiff (non-voting), Mary Seieroie, Merry Jo Thoele, Claire Varkin, Paul Walker

DHS Staff Present
Ellie Garrett, Redwan Hamza, Robert Lloyd, Deb, Maruska, Diogo Reis, Gretchen Ulbee

Others Present

I. Welcome, introductions, updates and minutes
Craig Amundson called the meeting to order, and everyone on the call introduced themselves. Jeff Schiff reported that DHS was in the process of working to fill the dental director vacancy.

II. Overview: SNBC Dental Access Improvement and Evaluation Project
Robert Lloyd summarized the Special Needs Basic Care (SNBC) dental access improvement and evaluation project, which is responsive to the Olmstead plan for people with disabilities. The portion of the recent request for proposals to managed care partners that pertains to the project is attached. The project will be written into SNBC managed care contracts starting January 2017. Lloyd summarized the RFP. He also stated that the five DHS-owned and operated dental clinics are included in the project. The goal is to achieve improved access within three to five years and likely beyond.

Discussion ensued. In response to a question, Lloyd clarified that the project centers on improving access to dental care for people with disabilities. DHS will be building the dental access measure into the managed care withhold. DHS will be looking for strong, effective proposals.

Gretchen Ulbee stated that the targeted population is broad and varied, with disabilities that include physical, mental and/or developmental disabilities. Children under age 18 and seniors over age 65 are not included. Eligible enrollees total about 52,000 people, and the program is growing rapidly. She also clarified that this project is not creating a new benefit, code or service. Rather, the idea is to leverage care coordination that health plans are already providing and to hone in on dental care. Schiff: want to help close the gap on information among plans, providers; plans will be doing that, too.
Ulbee also clarified that DHS will be returning to DSAC from time to time for feedback about dental access projects.

Schiff stated that DHS’ managed care partners have some history of creativity and innovation. We’re hoping to see more such innovation for dental access among people with disabilities.

Discussion concluded.

### III. Conclusion

Jeanne Andersen thanked DSAC members and DHS for the opportunity to participate as a member of DSAC. This call marked her last meeting as a member, and all on the call thanked Jeanne for her many years of service to DSAC.

The meeting was adjourned.
Dental Services Advisory Committee

Minutes
Monday, February 1, 2016
Mosquito Control, St. Paul

Members present: Craig Amundson, Jeanne Anderson, Carl Ebert, Sheila Fuchs, Tom Green, Erin Gunselman, Jeanne Larson, Carla McMorris, Dan Rose, Michelle Storlie, Merry Jo Thoele, Paul Walker
Members absent: Ken Bence, Mike Helgeson, Sheila Riggs

DHS staff present: Judy Gundersen, Ellie Garrett, Redwan Hamza, Jeff Schiff

Others present: Dick Diercks (Park Dental), David Maki (Dental Associates), Kate Tonjum (Southern Heights Dental), Susan Schindelholz (Delta Dental), Tara Erickson (AppleTree Dental), Robert Freeman (HealthPartners)

Welcome and Introductions
The chair welcomed everyone, and introductions were made around the room. A motion to approve the agenda was presented and passed.

Minutes of November 16, 2015
Minutes from the last meeting were reviewed and corrected. A motion to approve the amended minutes was adopted.

DHS Update
1. The Opioid workgroup continues efforts to reduce overprescribing. It advises dosage for an acute pain episode to be not greater than 20 pills or 3 day supply. Dr. Richard Nadeau is representing dentistry on this workgroup.
2. DHS is working toward developing a payment structure that incorporates social risk factors.
3. After review of IOM “Vital Signs” paper, DHS has begun work on a white paper to reduce the quality measurement burden.

Member comments:
A member asked about the progress with the billing codes for teledentistry. Gundersen reported that DHS is waiting for the final report form the AUC.
A member asked what we can do to improve oral health in Minnesota. How does DSAC impact legislative action? Schiff replied that DSAC is an advisory body to the Commissioner. Members may directly contact their legislators. A member stated that the legislature wants an assurance of quality care if dental receives additional funding.
Another member reviewed complaints received from local dentists: DHS credentialing is taking over 4 months. This is a major impediment to enrolling providers. The dental benefit set is also a barrier. One PMAP covers the service of periodontal maintenance, but most do not. Also stainless steel crowns should be added as a benefit, especially for persons with disabilities. He suggested devoting the March meeting to developing a benefit set for people with disabilities.

Quality measures
Schiff began the discussion with the review of “Constructs and questions to move forward an oral health quality measurement agenda” (see attached)
All agreed with this concept.
Amundson reviewed the NQF endorsed DQA measures. He presented the DQA measures that are in testing. He reviewed the DSAC plan for quality measurement development. Amundson suggested a hierarchy of measures: without access, no other measure is relevant.
Dr. Rose suggested that we invite Dr. David Born to speak to DSAC about workforce and delivery models.
Schiff emphasised that the goal of measurement if to improve recipients oral health.
Schiff asked for examples of outcome measures. A member suggested number of cavity free visits, behavior change, treatment plans completed, and referrals completed. Another member reported that improvement in school attendance was an outcome measure.
A member discussed the Dental Practice Based Research Network. It was suggested that Dr. Brad Rindal speak to DSAC about PBRN and the possibility of developing clinical quality measures with them.

The group discussed the need for diagnostic codes. ICD 10 and SnoDent have dental codes, but few software systems allow codes. It was suggested that Dr. Mark Jurkovich present to DSAC on the current status of dental diagnostic codes. We could require the use of risk assessment codes. I motion was made to invite Dr. Jurkovich to DSAC. The motion was seconded and passed. Dr. Amundson agreed to arrange this for the next meeting.

Public Comments
Kate from Southern Heights discussed her frustration with the current designation of Critical access providers. Her for profit clinic sees many MA recipients. They draw from the surrounding countries. Because their country is not designated ad a DPSA, they cannot receive critical access designation. This is not DHS policy, but a legislative definition.

Meeting was adjourned at 2:40
Next meeting: Monday March 21 at Mosquito Control
Appendix K

Quality Assessment and Performance Improvement Program

The purpose of this Appendix is to evaluate the MCO’s quality assessment and performance improvement abilities with respect to people with disabilities by challenging the MCO to develop a quality improvement and evaluation plan.

The MCO shall propose a dental access quality improvement and evaluation plan that, through ongoing measurements and intervention, results in significant improvement, sustained over time, in administrative management and/or innovations in clinical care that is expected to have a favorable effect on dental access. Proposals submitted will be utilized in a future collaborative MCO intervention implementation workgroup comprised of SNBC MCOs to design and implement an effective dental access quality improvement and evaluation plan.

The proposal shall:

1. Describe at least two effective interventions to improve dental access, utilization and/or oral health for people with disabilities, including a specific plan to coordinate dental referrals to those dental providers that are capable and have the facilities to provide services to the SNBC population’s special needs. Responders are encouraged to include strategies such as collaboration with other MCOs providing services to SNBC enrollees, telemedicine, and leveraging of clinics and clinicians experienced behavioral management for people with special needs and providing care under sedation and/or general anesthesia. MCOs should consider approaches that collaborate with the five DHS Dental Clinics.

Additional potential topics for oral health quality improvement and evaluation planning:

1. Care coordination between primary care and dentist.
2. Diverting ED visits for atraumatic dental concerns.
3. Outreach to persons with disabilities who have not received a dental evaluation in the last 12 months.
4. Person-centered oral health.
5. Care giver oral health education and training.
6. Peer mentoring program on oral health practices for people with disabilities.
7. Plan for dental care as individual transitions for child to adult.
8. Risk based preventive services.

Required elements of the proposal:

The submission must provide:

1. Selection of the specific study topic(s) within the larger category of "improving dental access or oral health."

   Explain why topics were selected in terms of demographic characteristics, prevalence of disease, and the potential consequences of the disease.
2. **Definition of the study question(s).**
   The study question(s) must be clear, concise, and answerable. The study question(s) identifies the focus of the intervention and sets the framework for data collection, analysis, and interpretation.

3. **Selection of the study variables(s).**
   A study variable is a measurable characteristic, quality, trait, or attribute of a particular individual, object, or situation being studied. Variables may be quantitative or qualitative and continuous or discrete.

4. **Plan for reliable collection of data.**
   Data collection procedures must ensure that the data used to measure an indicator of performance are valid and reliable. A valid measure is one that measures what it intends to measure, while a reliable measure provides consistent results is an indication that the data will produce consistent, repeatable or reproducible measurements.

5. **Plan for implementation of the intervention and improvement strategies.**
   Real, sustained improvements result from a continuous cycle of measuring and analyzing performance, and developing and implementing system-wide improvements. Actual improvements depend on thorough analysis and implementation of appropriate solutions.

6. **Plan for analysis of data and interpretation of study results.**
   Data analysis begins with examining the performance on the selected clinical or non-clinical indicators. The examination should be initiated using statistical analysis techniques defined in the data analysis plan.

7. **Plan to detect "real" improvement.**
   It is important to determine if a reported change represents "real" change or is an artifact of a short-term event unrelated to the intervention, or random chance.

8. **Plan for sustaining any improvement achieved.**

9. Include a statement that the MCO will participate in a collaborative MCO workgroup to design and implement a dental access plan.

Responses will be graded on the strength of the proposed interventions, and the clear presence or absence of documentation of each of the 9 elements listed above. Element #9 will be graded on a pass/fail basis. Responses will get no points if the response fails to include a statement that the MCO will participate in a collaborative MCO work group to design and implement a dental access plan quality improvement and evaluation plan.