



**Benton, Lincoln, Linn Regional
Oral Health Coalition of Oregon (Regional
Oral Health Coalition-ROHC)
Joint Meeting with Benton County, Lincoln County
and Linn County Oral Health Coalitions
Meeting Summary
Microsoft Teams
February 15, 2022
2:00 p.m. – 3:30 p.m.**

Attendance: Britny Chandler, Constance Adams, Shelagh Baird, Kassi Coleman, Jill Ewanchuk, Karen Hall, Linda Mann, Sommer McLeish, JoAnn Miller, Christian Moller-Andersen, Molly Perino, Kaz Rafia, DDS, FAGD, Oregon Dental Director, Paul Smith, Kaylynne Todd, and Shelley Hazelton

Welcome:

Britny Chandler welcomed everyone to the meeting and led introductions.

Everyone introduced themselves and discussed a moment of joy.

Meeting Minutes:

The November 16, 2021, meeting minutes of the Benton, Lincoln, Linn Regional Oral Health Coalition of Oregon Joint Meeting with Benton County, Lincoln County, and Linn County Oral Health Coalitions was presented. **Shelagh Baird made a motion and Dr. Kaz Rafia seconded the motion to approve the November 16, 2021, meeting minutes of the Benton, Lincoln, Linn Regional Oral Health Coalition of Oregon Joint Meeting with Benton County, Lincoln County, and Linn County Oral Health Coalitions as presented. The motion was voted upon and was unanimously approved.**

**Communities Helping Addicts Negotiate Change Effectively (C.H.A.N.C.E.)
Dental Clinic Discussion:**

Britny Chandler reported on the C.H.A.N.C.E. Dental Clinic.

- We had discussed with the previous Executive Director of C.H.A.N.C.E. regarding their goal to provide access to dental services for adults that are low income in Linn County. At their new Albany location, they have created a clinical setting and had expressed interest in offering dental services to their clients and at the time were looking for a dental chair and dental supplies and help with the clinic. They wanted to provide basic exams, cleanings, and referrals.

- **Britny Chandler** - C.H.A.N.C.E. did experience a change in leadership and she could reach out further with them to see if there was still interest or we could also wait until after the Strategic Plan to further explore.
- **JoAnn Miller** – She and Marty Cahill had a site visit last week with C.H.A.N.C.E. to review the grants that we are responsible for. It was a good visit and she was pleased with the information she received and what she seen at C.H.A.N.C.E. They had clients in the facility, there was social distancing, they took temperatures of individuals coming into the building, people were masked, and hand sanitizer was provided. Staff provide a walk through. DHS was also there utilizing some of the space. Michelle Shannon, Board Chair, did say they are still interested in a medical/dental clinic. There had been discussion of InReach Clinic moving after C.H.A.N.C.E. had stabilized. C.H.A.N.C.E. is doing some internal review and has an outside agency completing an audit.
 - a. Michelle Shannon and staff are still hoping we will consider helping with the dental clinic since they still have space if we are still interested.
 - b. Molly Perino had offered a couple of dental chairs previously. Molly Perino noted, “yes” these are still available.
 - c. C.H.A.N.C.E. would like to offer dental services more than one day a week.
 - d. ***Britny Chandler noted that she would follow up with C.H.A.N.C.E. and let them know the Coalition is still interested and that the dental chairs are available.***

Health Resources and Services Administration (HRSA) Rural Health Care Services Outreach Program Oral Health Grant - Co-location Project Update: Shelagh Baird provided an update on the Oral Health Grant – Co-location Project in Lincoln County placing an Expanded Practice Dental Hygienist (EPDH) in Samaritan North Lincoln Hospital (SNLH) and Samaritan Pacific Communities Hospital (SPCH).

- The Noncompeting Continuation Progress report was submitted to HRSA on January 31, 2022.
- The Performance Improvement Measurement System report is due to HRSA on May 31, 2022.
- The Strategic Plan is due to HRSA on March 15, 2022. ***Shelagh Baird will work with Brandan Kearney to finalize the plan.***
- Things are going well with the grant. Karen Hall is the EPDH at SNLH and she has been positively received by staff.
- Karen Hall has seen 87 patients at SNLH.
- Kaylynn Todd will start in the Spring at SPCH as the EPDH. She is in the process of being credentialed. Materials and supplies will be ordered soon.
- The question was asked - Since Karen Hall is credentialed at SNLH can she go to any hospital?
 - a. **Shelagh Baird** – No, she is credentialed for SNLH only. The credentialing process is specific to each hospital. There is also an overseeing dentist that needs to be credentialed. The credentialing process takes between 30-90 days.

SHS Dental Encounter Data:

JoAnn miller shared dental encounter data from SHS.

- The data shows 2021 dental encounters by hospital site, by race, ethnicity, age, and gender. We can also see information by payor code. 2021 is the first year that we have received Ethnicity data.
 - a. **By Site** - We can see that Samaritan Albany General Hospital has the highest numbers for dental encounters at 289 for 2021.
 - b. **By Race** – White or Caucasian – Encounters – 1,174.
 - c. **By Ethnicity** – Not Hispanic or Latino – 1,175 followed by Hispanic or Latino – 101.
 - d. **By Age** – The largest age group seeking care is the 20 to 65 years old age group with the largest number between the 30 to 39-year-old age group at 288.
 - e. **By Gender** – Males are the largest number seeking dental care through SHS at 695, Female at 614, and Other at 2.
- **JoAnn Miller** - We are seeing quite a few IHN members presenting to the Emergency Departments for dental.
 - a. **Britny Chandler** – Workflows are in place and they access the system that hooks up to the Emergency Department. Dental Plans have most likely reached out to these patients. All have a care coordinator and outreach efforts are provided to members.
 - b. **JoAnn Miller** – Looking at payor information – IHN – 512 patients, which is 39%; Miscellaneous Medicaid was 16, and Out of State Medicaid – 12.
 - c. There are quite a few patients from out of state mainly when at the coast – WA, CA, Nevada, Fairfax-VA, Jefferson-CO, NW region, or West Coast.
 - d. Uninsured – Self Pay – 82 or 6%.
 - e. **Britny Chandler** – There’s so many layers under the CCO and levels of coverage. It could be that CCO members don’t have dental coverage and would still be flagged as IHN.
- **Karen Hall** – Finds it interesting that over half of them are in the 20–50-year-old age group. The few that she has seen in the Emergency Department she asks why they come to the Emergency Department for dental pain instead of a dentist and she doesn’t get a clear answer. Tries to explain that the Emergency is not a place to get dental care because it cannot help them like a dentist can. There are two dentists across from the hospital. Sometimes she even gives them a name to contact. Sometimes patients don’t understand and some people may not think to go to a dentist for dental pain. Some think they should go to Urgent Care. She tries to provide education to each patient.
- **Britny Chandler** – Reviews dental grievances for the CCO. There may be some patients that may never have had the opportunity to go to the dentist.
- Post pandemic education and community level education on the appropriate avenue would be helpful, and we don’t want people to fill that they can’t go to the Emergency Department for care in an emergency.

- **Molly Perino** – Antidotally, we have heard both insured and non-insured folks had appointments cancelled due to COVID, or lack of providers, and assumed they still weren't able to return to a dental office.
- **Christian Moller-Andersen** – Can we put a dental therapist, in the Emergency Department. This has been approved for Oregon.
 - a. What is a dental therapist?
 - b. **Christian Moller-Andersen** – They can work under the supervision of a dentist and take care of a lot more than a dental hygienist.
 - c. When were they approved for Oregon?
 - d. **Linda Mann** – It passed last year. A dental therapist can work in traditional dental offices and clinics, or in a community setting and provide preventive and routine restorative care, including filling cavities, placing temporary crowns, and extracting badly diseased or loose teeth and provide long-lasting anesthetic. They are equivalent to a nurse practitioner in the medical world.
 - e. **Karen Hall** – As an EPDH, she can provide long lasting anesthetic.
 - f. **Linda Mann** – Pacific University won't have a 3rd cohort of students noting the administration burden was too great. Several people are trying to save the program for Oregon.
- **Linda Mann** – Heard of some good ideas for Emergency Departments regarding dental patients in other states. Both she and Karen Hall will be attending the National Oral Health Conference and will keep their ears open. Britny Chandler noted to bring an update back to this group. ***Will have this as an agenda item after the conference.*** Linda Mann noted that the National Oral Health Conference is in early April so they can bring back information and discuss after that meeting.
- **Linda Mann** – She and Karen Hall attended a webinar on non-ventilated hospital acquired pneumonia. Would be good to monitor this type of data in SHS to see if the EPDH co-location program and daily home care does make a difference. Will soon be a Joint Commission on Accreditation of Healthcare Organizations (JCAHO) standard. This can make the program sustainable to show the cost savings. The webinar was recorded. ***Linda Mann noted she would forward information to Shelagh Baird.*** It's a data driven cost savings measure by just brushing teeth. It would be helpful to get attention of QI Directors in the hospital.
- **JoAnn Miller** - Had a meeting with IHN, Hospital Systems staff, and Health Plans today and will follow up further with QI staff to discuss this and look at data.
- **Britny Chandler** – Used to pull Emergency Department utilization data with top 5 diagnosis. The top 3-4 diagnoses was of the periodontal and infection nature.
- **Karen Hall** – More rural communities are looking at having an EPDH in medical settings. The Confederated Tribes of Siletz Indians have reached out to her for information.
- **JoAnn Miller** – Can we get information for Benton County (Molly Perino) from the dental clinic – Data for the last year?
 - a. **Molly Perino** – Is this any patients seen in the dental clinic for services? Using exam codes might be the most efficient way to do.

- b. **JoAnn** – Ones who are patients and uninsured.
- c. **Molly Perino** – Will run a report of everyone seen in 2021 and how many are limited and how many are complete exams.

Needs/Trends/Strategic Plan:

Discussion followed around trends and needs and the regional Strategic Plan.

- **Britny Chandler** – At the November meeting she shared information that she reported on at the Coast to Cascades Community Wellness Network (CCCWN). Expressed needs moving forward included:
 - a. Adult Dental Clinic based in Albany – C.H.A.N.C.E.
 - b. Albany Adult Voucher Program.
 - c. Expansion of the Lincoln County Voucher Program.
 - d. Increase in regional workforce.
 - e. Expand coverage and outreach for orthodontia services.
 - f. Expand use of community based EPDHs in rural communities (Hospitals, clinics, and community-based locations).
 - g. Continue efforts to reach the child population with education, prevention, and readily accessible treatment options.
 - h. Community-wide denture need.
 - i. Updated needs assessment.
- **Shelagh Baird** - Developing a Strategic Plan is part of the grant deliverable. The Strategic Plan is due to HRSA on March 15, 2022.
- Shelagh Baird noted that she, Britny Chandler, and JoAnn Miller discussed developing a regional Strategic Plan that will include language that is also specific to this grant.
- HRSA has provided a template for the Strategic Plan. As part of developing the plan we are seeking input on the Strengths, Weaknesses, Opportunities, and Threats (SWOT) section of the template.
- Strengths – What resources, expertise, skills, etc. do we have to help us accomplish our mission?
 - a. Britny Chandler shared the Mission statement of the Regional Oral Health Coalition – *“The Benton, Lincoln, Linn County Regional Oral Health Coalition provides leadership through partnerships in obtaining the necessary community resources for sustaining and integrating oral health as an essential component of overall health of the residents of the region throughout the life cycle.”*
 - b. ***It was agreed to keep the Mission statement of the Regional Oral Health Coalition.***
- Feedback was requested for the SWOT section of the plan.

SWOT Analysis:

Strengths:

- a. We have strong Dental Care Organizations (DCOs) partners and community partners and years of experience in obtaining and implementing grants. *We have a strong community Coalition and strong community voice.*
- b. We maintain a strong relationship with the state and counties outside our region.

- c. Members and partners are open-minded and innovative in meeting the needs of our communities.
- d. We were successful with the first EPDH pilot project in Linn County.

Weaknesses:

- a. Workforce – Could be considered more of a “Threat.”
- b. Limited voucher program.
- c. No partnership with dental, dental hygiene, and dental assisting programs.
- d. Sustainability of pilot projects.
- e. Alignment efforts – Without necessary administrative support and resources, it can make it difficult to achieve sustainability.
- f. Community stigma around oral health access.
- g. Dental coverage for people who struggle with substance use disorder (SUD) and mental health – Limited for private practice.
- h. DCOs are unwilling to take SUD/mental health patients because of past behavioral issues. It can be a risk for providers who take on that level of work when they’re unsure of prognosis due to behavioral abilities. *(It was noted that Oregon is first in drug usage, 50th in SUD treatment, and 49th in mental health access.)*

Opportunities:

- a. **Kassi Coleman** – New InReach dentist, Dr. Gregory Soriano, also works with the dental school and has been discussing a way to bring students to our InReach dental clinic – This may be something we can eventually elaborate on with getting a partnership with the dental school.
- b. Innovative projects – Promote the innovation we are doing.
- c. Identify best practices and innovative programs outside our region.
- d. Identify ways to replicate success in our region.
- e. QIM and other metrics could be opportunities.
- f. Share and compare best practices with other Coalitions so we are not reinventing things. Will have a quarterly statewide Oral Health quorum.

Threats:

- a. Lack of workforce.
- b. Lack of volunteers at dentist level or specialist level.
- c. Lack of awareness about oral health options among Oregon Health Plan (OHP) patients. OHP can be confusing for dental patients.
- d. Community health oral literacy.
- e. Policy threats (something comes from the outside with no control over it).

It is important to link the financial benefit of having an EPDH or even a Dental Therapist in the hospital. This will help with sustainability. This could even be an opportunity.

Program Updates:

Oral Health Resources Trifold (Benton, Lincoln, Linn Counties) – Being worked on. Will discuss further at the next meeting.

Christian Moller-Andersen noted that he is reaching out to collaborate and meet at a state level to share best practices.

2022 Meetings:

The question was asked do we want to continue having local Oral Health Coalitions meet quarterly with the Regional Oral Health Coalition or go back to meeting locally?

- a. Attendees present, agreed to continue to have local Oral Health Coalitions meet quarterly with the Regional Oral Health Coalition if it continues to be representative of the region. ***Britny Chandler agreed to send out an email or Doodle Poll to all members to confirm consensus and schedule future meetings.***

Adjourn:

With no further business to discuss, the meeting adjourned at 3:30 p.m.

Respectfully Submitted

Shelley Hazelton

Community Health Promotion

Department Assistant