

February, 2012

Message from the Chair

As we greet the New Year, members of the New York State Oral Health Coalition continue efforts to increase access to oral health care by expanding its network of stakeholders and building upon efforts to expand the public's awareness of the intrinsic link between oral health and overall well-being. It's often a frustrating process, as we all confront budgetary issues, legislative deadlocks, too little time, and, at times, infighting among various groups which have conflicting viewpoints on how best to deliver and provide care.

I was elected to fulfill Dr. Tom Curran's unexpired term of office as Chair of this Coalition with the promise that I would whatever possible to resume a cooperative spirit of team work and collaboration among our members. I had hoped that the fact that I am neither a dentist nor a dental hygienist, but come from a policy-making and Foundation-administration background, would be a mediating influence on our proceedings. It is my firm intention to foment good will and to try to relocate communication back to the two-way street on which it belongs. I can promise you that I will do everything possible to be fair and objective on all issues which come before the Coalition's Steering Committee, and that when an issue on which the Association for which I work has a position, I will, when appropriate, recuse myself from any vote on that issue.

The Coalition is at an interesting crossroads. From its initial meetings, so long ago, to this point where inroads are being made to transform a loosely-organized mix of volunteer stakeholders to a more permanent and structured entity, the Coalition's mission has been guided and informed by the New York State Oral Health Plan. Intrinsicly important as we evolve is the work of our committees, whose recommendations will help to guide and shape the Coalition's future. As Chair, I will seek to facilitate the work of our committee chairs, whose leadership of their respective workgroups is greatly appreciated.

Despite some negatives, there are some bright spots on the horizon, such as Governor Cuomo's initiatives to expand the Primary Care Service Corps, sort of the dental equivalent to the Doctors Across New York program, to include dentists and dental hygienists; to establish a health insurance exchange, and to introduce and expand smoking cessation efforts. At the national level, President Obama has signed legislation that includes funding for oral health education and prevention. Recently, activists, including NYSOHC members, successfully retained fluoridation of the public water supply in central New York; undoubtedly, such campaigns will continue to be one of the centerpieces of the Coalition's work in advocacy and public education. Other opportunities exist: the promulgation of the Affordable Healthcare Act, which mandates the inclusion of pediatric dental benefits; working with state and federal leaders to increase sealant and fluoride varnish programs, and expanding the proportion of school-based health centers with an oral health component.

Here's to a successful 2012. I ask for your support, your consideration, your suggestions for improvement of Coalition work and structure, and your questions.

Sincerely,

Laura Leon

**We have redesigned
our website!**

Come see what's new.

www.nysohc.org

Coalition Hosts Sixth Annual Meeting

Oral health advocates from around New York State gathered in Albany, NY this past October to attend the New York State Oral Health Coalition's 6th Annual Meeting. Attendance was high, accommodations were great, the Speakers Roster was informative and the afternoon membership workshop produced some thoughtful ideas for opportunities to continue the work of our group.

Dr. John Rugge, CEO of Hudson Headwaters Health Network and a founding member of the Adirondack Health Institute and James R. Knickman, President/CEO of the New York State Health Foundation were our key speakers for the day.

Dr. Knickman spoke in detail about the opportunities for improving oral health in New York State from a funder's perspective. His four key topics for the day included informing the audience to the focus of the Foundation; how philanthropy works in general; possible ways oral health advocates can take advantage of philanthropy and topics the NYS Health Foundation are considering as they relate to oral health. Overall, Dr. Knickman gave everyone an excellent sense of what and how we, as advocates, must think in terms of getting things done and making funders our friends and supportive of our initiatives.

Dr. Rugge, an entertaining and thoroughly knowledgeable practitioner and speaker spoke about patient centered care and the intersection of oral health and medical homes. Dr. Rugge's enthusiasm for the health center model for care, particularly in a region such as his own Adirondack Park, was palpable throughout his presentation. His detailed presentation speaking to the emerging Adirondack crisis; his groups response and the coming about of the Patient-Centered Medical Home Pilot program gave many of us in the audience hope that there have been and still are, proven interventions to deal with health care crisis and certainly opened our minds to ways in which oral health needs to move in order to respond to our own crisis.

Dr. Jay Kumar from the NYSDOH Oral Health Program presented his updated process for revising the NYS Oral Health Plan. Dr. Kumar will be forming an advisory group involving yet to be named organizations and partners who will review the progress, update goals, objectives and strategies of

the NYS Oral Health Plan (2006). He will then identify roles for various organizations.

The afternoon Member Workshop segment was both informative and gave us a sense of potential action items for the coalition both over the short term and to be included in our future strategic plan development activities. Break-outs were devoted to facilitated roundtable discussions about how the strengths, weaknesses, opportunities and threats identified by our informal scanning process could be used to improve the work and beneficial outcomes we realize from that work.

Heard loud and clear was an almost unanimous recommendation to improve communication both internally and externally. Second to improved communications came the recommendation to increase working relationships with organizations – both oral health and other – whose shared goal is that of increasing access and utilization of care for those populations not currently included in an equitable allotment of oral health services. Recommendations that call for ongoing work include raising oral health awareness; expanding the oral healthcare workforce and advocating aggressively for fluoridation of public water supplies. The agreed upon need to have a strong organization resulted in recommendations to source and secure additional funding for the short term as well as planning for long term financial viability. Honoring our "Oral Health Heroes", those advocates going above and beyond, was deemed highly important in continuing to assure a strong, motivated, dedicated participatory membership. Finally, the need to focus on best practices; to pool resources and eliminate competition among our own; to clearly identify our strategies, our successes thus far and our need to formally measure our outcomes was offered as other work we needed to focus on in the coming year.

**February is
National Children's
Dental Health Month!**



Executive Budget Released

The Governor released his Executive Budget proposal on January 17 and Senate and Assembly committees have begun to hold hearings by topic area, to receive input from state agency leadership, advocates, service providers, localities, and the public about their perspectives on the state budget. The budget hearings present an opportunity for legislators to question the Administration's proposals and to make their own positions on those proposals known. The hearings provide advocates the chance to identify areas of concern and potential implications and to reinforce good ideas.

On the health front, the Governor included the creation of a health insurance Exchange in this year's proposed budget legislation. This legislation is similar to the final "three-way" (i.e., Senate, Assembly and Governor all agreed on it) language from last June that the Assembly passed but not the Senate. New York State needs this legislation in order to move forward in developing a health insurance marketplace that makes health coverage more affordable and that is ready to enroll people by January 2014. A further delay in passing Exchange legislation would mean minimal time for thoughtful planning, community engagement, and infrastructure development. For more information on the Exchanges, contact Bridget Walsh (bwalsh@scaany.org).



Significantly, the Governor also moves forward with the recommendation of the Medicaid Redesign Streamlining and State/Local Responsibilities Workgroup that the State should develop and implement a plan for Medicaid financing that reduces reliance on local property taxes.

Dental Proposals From the Medicaid Redesign Process

Last year the Governor created the Medicaid Redesign Team (MRT) to streamline the program, reduce costs and improve coordination and quality. The first round of MRT process culminated in proposals which were passed in the final state budget.

Subsequently the MRT convened into seven workgroups, to develop recommendations. All of the following recommendations were accepted by the full Medicaid Redesign Team and advanced to the Governor for his consideration. Some of the recommendations are contained in the 2012 Executive Budget, others will require federal waivers. Still other recommendations will need specific authorizing laws before they can be implemented.

The [MRT website](#) contains the reports of each workgroup along with status reports, a guide to recommendations in the Executive Budget and materials from meetings and webinars.

Dental-related recommendations are:

Water Fluoridation

- Medicaid funding should be made available to support costs of fluoridation equipment, supplies and staff time for public water systems in population centers (population over 50,000) where the majority of Medicaid eligible children reside. **From the Health Disparities Workgroup**

This change would require a federal waiver to implement. New York is planning to submit a "mega-waiver" to the federal government sometime in 2012; it is anticipated that this recommendation will be included in that waiver.

Smoking Cessation Reimbursement

- Expand access to tobacco counseling by reimbursing dentists. The proposal is included in the Executive Budget and if passed would take effect April 1, 2012. **From the Basic Benefit Workgroup**

Workforce Development

- Amend Title VIII of Education Law, Section § 6606 - Definition of practice of dental hygiene to allow for Collaborative Practice in Dental Hygiene and a redefinition of the practice of the profession. **Workforce Flexibility and Change of Scope of Practice Workgroup.**
- Amend education law, Section 903, 2.a. to include Registered Dental Hygienists as an additional oral health provider able to perform the school readiness oral health examination and by means of follow-up, case manage to enroll children within a dental home. **Workforce Flexibility and Change of Scope of Practice Workgroup.**

Since such changes in scope of practice require changes to statute, these proposals will have to go through the Legislature in order to take effect. The State has indicated that it will develop a plan to address a range of workforce issues.

While not representing the NYS Oral Health Coalition, Steering Committee Members Mary Ellen Yankosky and Dr. Tom Curran were both members of the *Workforce Flexibility and Change of Scope of Practice Workgroup*.



News from the Committees

Access to Care Committee

Update on Meaningful Use for Dentists:

The NYSOHC Access to Care Committee members have researched how dentists can participate in the Meaningful Use (MU) incentive program in New York State. This federally funded program provides a financial incentive for use of Electronic Dental Records (EDR) / Electronic Health Records (EHR) and can be a strategic step toward strengthening the connections between oral health and general health. The federal government has established a combination of voluntary financial incentives and eventual penalties to encourage the Meaningful Use of EDR/EHR for Medicare and Medicaid providers. Stimulus funds, designed to increase the use of EDR/EHRs, is only one of many information technology initiatives encouraged by the federal government. However, lack of Meaningful Use measures relating to oral health may lead to a reduction in dental provider participation in the stimulus fund program for EHR/EDR implementation and integration. The National Network for Oral Health Access (NNOHA) and Health Resources and Services Administration (HRSA) are proposing new CQMs for oral health to be evaluated.

Dentists must meet the same eligibility requirements as other eligible professionals (EPs) in order to qualify for payments under the

Medicaid Electronic Health Record (EHR) Incentive Program. This also means that they must demonstrate all 15 of the core set meaningful use objectives and five from the menu set of their choosing. The core set includes reporting of six clinical quality measures (three core and three from the menu of their choosing). Understanding that dentists may not be able to or need to observe, assess, and record certain areas of health, several meaningful use objectives have exclusion criteria. Dentists will have to evaluate whether they individually meet the exclusion criteria for each applicable objective. NNOHA, NYSOHC and other key stakeholders continue to advocate for the need for a dental specific certification and clinical quality measures for oral health.

NYOHC's Access to Care members Mary Ellen Yankosky, Janet Bozzone, Steven Russell and Terry Russell supported the NNOHA project by assisting in the research efforts for this project and identifying clinical quality measure for oral health. The committee has developed an extensive set of resources, which can be obtained by emailing Steven Russell at stevenrussell@frontiernet.net. The Access to Care committee will continue to update NYSOHC membership, but if in the meantime you have questions or you need assistance, contact Steven.

Committee on Water Fluoridation

In November 2011 we were able to ward off an attempt to turn off water fluoridation for the City of Geneva at the north end of Seneca Lake. This city has been fluoridated for twenty years. With the help of Jim Kennedy from our Steering Committee and Ralph Defelice DDS, the City Council was persuaded not to bring this to a vote in January 2012. Dr. Defelice was instrumental in getting fluoridation in Geneva and this time he rallied the dental community to support continuation of fluoridation. 10,000 residents will continue to have the advantage of water fluoridation and that includes the students of Hobart – Smith College.

In NY City the resolution to stop water fluoridation remains in the Health Committee of

the NYC Council. The resolution was first introduced in January 2010 by Councilman Rivera and then again in January 2011 by Councilman Peter Vellone. It appears that Mayor Michael Bloomberg supports fluoridation. In fact he is a strong proponent of public health.

The Medicaid Resign Team Subcommittee on Discrepancies recommended diverting Medicaid funds to support water fluoridation equipment and supplies. This is in line with Dr. Kumar's report that dental Medicaid recipients in fluoridated counties have \$23.65 less annual cost for care than recipients in non-fluoridated counties.

Working with the NYS Bureau of Dental Health and the Technical Assistance Center in Rochester, we have been able to partner with the Pew Trust Children's Project to launch a website that features water fluoridation. I urge all of you to visit the website because it moves us up the food chain when people search on the internet for water fluoridation. You can reach this site by going to ilikemyteeth.org, then click on Local Campaigns and then click on New York. An alternative is to go to <http://newyork.ilikemyteeth.org/fluoridation>. When you visit the website, if you have any suggestion, please contact me at tcurran@stny.rr.com.

The Water Fluoridation Committee will meet in February 2012 at time to be announced by e-mail.

Tom Curran, Chair of the Water Fluoridation Committee



Check out our Committees!



Contact the Appropriate Chairs to become involved:

Access to Care

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Perinatal Coalition Celebrates Children's Oral Health Month

The Perinatal Oral Health Coalition of Monroe County celebrates National Children's Oral Health Month every year by hosting an Oral Health Blitz. In the past, the Blitz has been held at retail stores, health centers, OB-GYN offices, beauty salons, and barbershops in low income neighborhoods in the City of Rochester. Attendees are provided with educational material and supplies.

For the 2012 Oral Health Blitz, the coalition has developed an oral health toolkit for pediatric offices. Each practitioner will receive 25 oral health kits to give to parents during a well-child visit. Pediatricians also will receive information regarding the resources available to them to replicate the kits if they so choose. Each kit contains one:

- Educational pamphlet
- List of dental providers who accept Medicaid
- Kit goes to the Dentist* coloring book
- Finger teething brush
- Toddler toothbrush

Also in honor of National Children's Oral Health Month, Coalition members have been invited to return to Unity Health System to participate in Oral Health "Chats" at the WIC office every Wednesday and Thursday during the month of February.

Give Kids A Smile! Day in Suffolk County

On February 3, 2012, the Suffolk County Dental Society hosted seven sites for Give Kids a Smile in conjunction with the School of Dental Medicine at SUNY/ Stony Brook, the School of Dental Hygiene at SUNY/ Farmingdale and St. Charles Hospital. The SCDS new site for 2012 was located at the Atlantis Marine World in Riverhead. There were also three satellite sites in Bay Shore, Brentwood and Wyandanch.

Approximately forty SCDS dentists volunteered to assist at all seven locations along with numerous dental residents, dental students, dental hygienists, faculty and staff. Approximately 300 children received examinations, prophylaxis, fluoride treatments, sealants and some emergent care.

They look forward to expanding the program even more in 2013!



Some of the dentists and hygienists who participated in Suffolk County Give Kids a Smile Day



Some of the happy children at the Suffolk County Give Kids a Smile Day.



Pooh helps welcome kids to the Suffolk County Give Kids a Smile Day.

**Want to
SHARE
with the
group?**

Oral Health Headlines will be distributed quarterly by the NYSOHC.

If you have something for our next edition, please email to Bridget Walsh at bwalsh0210@yahoo.com.