

**ECHO Grantee Meeting**  
**Minutes**  
**11/5/09-11/6/09**

**Sustainability Session**

Ralph Fuccillo

- “think beyond the choir”
- do not limit yourself to groups and organizations you are familiar with or have similar causes
- do we venture into for-profit sector? – can utilize their skills and knowledge
- integrity, honesty, transparency – important for working with industry
- plan your program, understand your objectives
- being involved with a media program is key

Steve Kess

- DentaQuest provides dental care to over 14 million Americans
  - Philanthropy – community involvement
  - Fundraising Development Plan
    - o Need to think about the formula investors will ask – how long will it take to see change and how much money do you need during that time to see results and what are those results
    - o United Front – are we better as a collaboration or separately addressing the issue
  - Resources – Fcaids.org (funders concerned about AIDS, grant bankers and health gih.org; regional association of grantmakers (RAG); aidsfund.org)
  - Cause for Concern – book on expanding role of social marketing; social responsibility foundations are less concerned with return on investment and more so with a new product line or a business acquisition
  - Need to look at your own core product/program – with grant-writing
  - Corporate cultural competence – guidelines and exclusions for funding are usually on corporate websites
  - Terry Dickinson (MOM) - provide health services in rural areas of VA
    - o As it expanded to different states, a few of the states came together to develop a core capacity to be able to each run their clinic days 38 times per year
    - o Branding the collective initiative – strategic and collective initiative
    - o Community-based participatory research
    - o Henryscheincare.com, henryschein.com
    - o Find out more about your patient population to reach out to the organizations in their community
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**Multisite evaluation**

- will run report on breakdown of latino population by site
- educated population, many with HIV primary care, “older” population (mean age 44)
- what brings you here today? – half reported coming in for a cleaning alone, but have other oral health problems

- disconnect between oral health and overall health still evident
  - half are dissatisfied with their appearance
  - Qualitative - go back to interviews to look at cultural beliefs; patients beliefs about personal versus environmental factors
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### **Chart Audit**

- want all the sites to do a spot check of their utilization data prior to site visits and periodically
  - bottom line – what services have we been providing?
  - Dental provider and auxiliary staff need to work together
  - Billing services are any services with a billing code attached to it
  - In a computerized practice – can use a travelling slip; whoever is performing the treatment writes down what services were provided and then brings it to the front desk and then compares what's on the slip to what's in dentrix before entering into the SPNS database
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### **H1N1**

- guidelines for infection control and H1N1 are still constantly being revised
  - ECHO website will have all related articles and resources addressing H1N1 and health care workers
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### **CQI**

- case managers become critical in the care of people with multiple social issues
  - working with the literature for oral health services for **adults** is limited
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### **Performance Measures**

Why is it harder to get standards of care for dental as opposed to medical?

- no national standard practice/movement
- disease indicators for dental less precise and used less

Jay Anderson mentioned that there were some thoughts about introducing quality measures into CHCs – OPR (Office of Performance Review at HRSA) currently they are recommended but might become required

Oral health education performance measure – what is the indication? – types of oral health education to consider nutrition, smoking cessation, etc.

Completed treatment plan – how can fqhc's get this information out to each other? – it's much more difficult to track without dentrix

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### **Dentures substudy**

Avi and David

Present: Avi Nath, David Reznik, John Graves, Kevin Hursch, Lohring Miller, Barry Cohen, Carol Tobias

Avi is interested in conducting a substudy on individuals who need full mouth extractions. The group reported the following numbers (approximately) among their SPNS study patients – Tenderloin (55), Harbor Health (8-10), NAHC (a few), HIV Alliance (a lot – 2-3/month), AIDS Care Group (12). There was much discussion about potential risk factors including drug use, years of drug use, trauma, perio disease, housing, mode of transmission, length of time HIV positive, disease stage, medications. There was also much discussion about inclusion criteria. The final decision was:

Those who received (or are scheduled to receive) full mouth extractions (and both full upper and full lower dentures) or almost full mouth extractions, leaving 2 teeth in lower mouth. Those who are edentulous already are excluded from the study, as are those who have 3 or more teeth remaining in the mouth.

Procedure: ECHO will obtain IRB approval to collect additional data, e.g. which study enrollees meeting the inclusion criteria above. Each site will obtain the list of ECHO ID's and indicate with a Y or N (Yes or No) which ID's meet the study inclusion criteria and send to ECHO. Carol will run the multi-site bivariate analysis using only the data from these sites and send it back out for further discussion. Once these data have been run the substudy group can make additional decisions about chart review ideas, such as the number of missing teeth, extent of decay, periodontal index, nadir CD4 count, etc.

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## **Publications and Dissemination**

The session began with an update on current dissemination activities. Celeste has a paper that is being published in Community Public Health. A multi-site panel is scheduled for the IDEA meeting on community-based dental care. A panel session on dental case management was convened at USCA last week, several individuals presented at the NOHA conference, and several sites have posters/roundtables scheduled for APHA.

The main topic for this session was the publication of a journal supplement. After much discussion the group agreed to try first to find a public health journal for the supplement, secondarily a dental journal, and thirdly an HIV/AIDS journal. In going with a public health journal, we would have an emphasis on the relevance of our findings to other adults with chronic illnesses, not just an HIV focus. Suggestions included the Journal for the Poor and Underserved, the American Journal of Public Health, the American Journal of Public Health Dentistry, the Journal of Community Health, Journal of Contemporary Dentistry, Oral Epidemiology and Community Dentistry.

Suggestions for potential articles include:

- Different models and costs
- Characteristics and predictors of OH status among PWHIV
- Strategies for retention in oral health care
- Dental case managers and patient navigators
- Behavior change in dental sessions
- Oral health and physical health status
- Appearance and oral health functional limitations
- History of IDU and patterns of care

- Factors associated with treatment plan completion
- Performance measures in dentistry
- Qualitative paper on changes in behaviors
- A policy paper on cultural issues, clinical issues, funding streams
- Outcomes – health outcomes such as CD4, VL and SF8
- Analysis of subpopulations within PLWHA
- Patterns of utilization
- The connection between dental anxiety and retention rates

Kim Nelson suggested we read the discussion and conclusion sections of journal articles to get a better sense of how to pitch our study results to a broader public health audience. Potential lead authors include:

- Celeste LeMay
- Michael DeMayo
- Lohring Miller
- Jane Fox
- Lisa Metsch (suggested by Yves Jenty)
- Jill Jones
- Jennifer Webster Cyriaque (suggested by K Ramsey)
- Jessica Lee (suggested by K Ramsey)
- Paul Meisner
- Carolyn Grey
- Carol Tobias
- Amanda McCluskey
- Sally Bachman
- Serena Rajabian

Note: most of the dentists were in another session, need to check in with them.

Potential dissemination topics for next year (now that we have made the rounds with DCM) include:

- Mobile vans, infection control
  - Patient education and behavior change
  - Patient Navigation – who do you spend the most time with?
  - Multi-site qualitative results
  - Care retention
  - Dental disease
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## **Problems paper group**

Present: Celeste LeMay, Yves Genty, Kim Nelson, Kathy Ramsey, Carol Tobias.

The group briefly reviewed the Swank article and there is agreement that the concept of preventive dental behavior is what we are looking at when dividing the study sample into those who came in just for a cleaning or check-up vs. those who came in with a problem. We reviewed the preliminary data tables and discussed why there is such variation across sites, especially with Miami and New Orleans the two large van sites. Yves mentioned that recruitment at Miami has been like a snowball, people first came through RW support groups and case managers and then increasing through word of mouth. It may be that the word of mouth is a male thing. At LSU the

case managers recruit saying this is just a check and cleaning, as a way to sell the service. Yves suggests looking at birth region by country. People from the Caribbean, Dominican Republic, Puerto Rico and Central America might be more likely to come in for a checkup if someone tells them this is a free service.

Other comments: is distance related to urban vs. rural location? Try splitting up the main reasons people were not able to get needed care differently. Get information on having a case manager. Re-run the SF syntax.

Next steps: Begin to run some stepwise regressions looking at:

#### **Predisposing Characteristics**

##### *Geography*

Birth region, site, urban/rural

##### *Model*

Van/not a van

##### *Demographics*

Age

Gender

Race

#### **Enabling factors**

Education

Employment

Income

Housing

Availability of care

HIV case manager

#### **Mediators**

Habits – brushing, flossing, sugar, drug and alcohol use

#### **Health Status**

Years positive

Overall health

PCS, MCS

Overall oral health

Dentures

**Next group call to discuss regressions: Dec. 3 at 12:00 Eastern time. Read articles by then!**

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#### **Ancillary data**

- there is a lag between when ancillary data is entered and when updated in our database
- Serena will resend the first table (Table 1) to reflect frequency and percentage
- SHRT will be doing an audit on their ancillary data
- What is the deadline for entering the ancillary data? How far back can they go in updating the data?

- Do sites have other tracking systems for ancillary data - SHRT – yes; TLH – not completely (will not be able to capture all previous ancillary data that was not entered since not all was documented); Montefiore – Yes (Niko created an encounter form)
- Montefiore – has completed their audit already
- TLH – Eileen created a new ancillary encounter form to improve capturing ancillary services
- TLH – ancillary services form on the database – you complete a form for every day ancillary services were provided – preferale to get the date the actual service was delivered
- How are sites using code “schedule a dental appt/coordinate service” – sites use it for scheduling all dental appts
- SHRT – makes 4 appt reminders
- TLH – schedule pts for next appt on day of dental visit; send a reminder the day of the appt
- Montefiore – sends a letter and 2 appt reminders
- start with clinic utilization data chart audits first – PRIORITY
- utilization and ancillary data – try to do simultaneously if data is available in the same place
- Ernesto recently did a chart audit where there was less than 1% error
- How do you use ancillary data form? Montefiore – RDH on van and patient navigator are the only people to enter ancillary data (same day as visit the data is entered); TLH (billable services on one side and ancillary services on the other side – dental assistant and Eileen both work on filling out ancillary data); UNC (do not have an ancillary form – person working with patient enters the data immediately into database after ancillary service was provided)
- SHRT created their own case management services form
- Other services you provide that the ancillary data form does not capture?
  - o TLH – escort patients home if given valium for a treatment
  - o UNC – does not do smoking cessation
- Timeline for ancillary data audit – baseline database December 1<sup>st</sup>; ancillary data – goal is January 2010
- **Next call – end of January 2010**
- **Ancillary data report on the multisite database by mid-December**
- **Niko will be moving from her position with SPNS oral Health to another position and new hire will take her place**