COMMUNITY PARTNERSHIPS DIVISION
Health Care Services Section
115 S Andrews Avenue, Room A300 • Fort Lauderdale, Florida 33301 • 954-357-5390 • FAX 954-357-5897

ORAL HEALTH NETWORK

Wednesday, January 8, 2020 at 3:00 P.M.
Broward County Governmental Building
115 S. Andrews Ave., Ft. Lauderdale 33301
Conference Room GC-302

MINUTES

PROIVDERS PRESENT
Janet Carter, FL-DOH
Deborah Davis, AHF
Carlos Herrera, AHF
Michelle Carlisle, AHF
Kaitlin Mooney, Nova
Grace Chipamba,Nova
Amber Gibson, Care Resource
Elliot Romero, Care Resource

PROVIDERS ABSENT
BCFHC

GUESTS
None.

CLINICAL QUALITY MANAGEMENT (CQM) SUPPORT STAFF
Marcus Guice
Jessica Seitchick
Debbie Cestaro-Seifer

PART A RECIPIENT STAFF
Edith Garcia
Richard Morris
Leonard Jones

I. Call to Order
The meeting was called to order at 3:05 p.m.

II. Welcome/Introductions
CQM Support Staff welcomed everyone and individual introductions were made.

III. QI IQ Survey
Network members were asked to complete the QI IQ Survey. This survey measures quality improvement self-assessed skills and knowledge. These survey results will be compared to a pre-test given over the summer.

IV. Motivational Interview Training Planning
The CQM Support Staff provided an overview of motivational interviewing and benefits of this training. CQM Support Staff worked with Network members to determine attendance, training duration, timeline for training and goals of MI training. Menitmeter was used to collect Network member responses and develop a consensus among Network members.

The following are the results from the Mentimeter polling:

a. How important would it be for the following staff to attend an MI training? On a scale of 1-5 (1= Unnecessary, 5= Essential)

Front Desk Staff/Peers: 4
Hygienists: 4.7
Dental Assistants: 4.7
Dentists: 4.7
Administrative Staff:4.3

Six individuals responded to the poll. Verbal consensus was that all staff should attend MI training, however front desk staff may only attend a portion of the training due to limited time/privacy in interaction with clients.

b. What training option is more desirable?

Full-Day Session: 17%
Half-Day Session (Morning): 0%
Half-Day Session (Afternoon): 17%
2 Half-Day Sessions: 67%

Six individuals responded to the poll.

c. The purpose of the MI training is for learning and becoming skilled in:

- Customer service: handling difficult pts, helping a client facilitate change whether it be showing up for an appointment or start flossing daily, etc.
- Exceptional customer service, being intention and exceeding client expectations along with observing opportunists to take initiative.
- Better customer service approaches; cultural sensitivity, behavioral changes; adapting and acceptance to change.
- Be observant and interested in the patient. Keep them informed at all times.
- The patient is the most important thing. Don't focus on the negatives. You must maintain a positive atmosphere in the office.

Five individuals responded to the poll. Network members verbally indicated the importance of including information on how to receive feedback in a positive fashion.

CQM Support Staff and Network members verbally discussed a proposed timeline for the trainings. Network members developed the consensus that trainings between March and April were ideal. CQM Support Staff will develop date options and email them to Network members. CQM Support Staff also informed Network members that staff would be able to obtain continuing education credits for participation in this training via the AETC.

V. Focus Group: Oral Health Involvement in System-wide Care

CQM Support Staff initiated a discussion of oral health involvement in the wider system of care for clients utilizing the following discussion questions:

1) Identify poor oral conditions or any other risk factors in the mouth that represent a barrier to smooth clinical treatment processes or negatively impact patient health outcomes or the patient experience.
    a) Active periodontal disease and bleeding gums present a big issue. This can lead to hospitalizations and needs to be controlled prior to surgery.
    b) Diabetes can also present an issue due to slow healing and response to treatment.
    c) Systematic diseases often present first in the mouth.
    d) Oral lesions are commonly seen when patients have a high viral load including aphthous ulcers and xerostomia. Discomfort in mouth from these conditions can prevent patients from coming in for dental visits.
    e) Difficult to get patients to develop good habits because there is not a short term pay-off
2) What has been working well in your oral health clinics/practices that supports
    a) oral health treatment planning:
        i) The dentist conducts the physical exam and reviews the x-rays then explains treatment options to patient
        ii) Dental assistants and dentist work together to explain treatment plan to patient so that they understand, use an approach of partnering with the patient for treatment plan development
        iii) Sometimes partnering patient for treatment plan development can backfire if the patient gets overwhelmed
        iv) Helpful to ask the patient what they think they need (in terms of treatment), what are they willing to do for treatment
        v) Explaining that their smile defines who they are can help get patients engaged in treatment planning
    b) patient engagement in oral health care service delivery
        i) Language barriers can present a problem
            (1) Clinics can use data for languages spoken among clients to hire staff who speak that language
        ii) Important to use plain language and avoid the use of technical jargon so that patients understand
        iii) Helpful to utilize visual aids or models to explain oral health issues
        iv) Utilizing co-diagnosis can be helpful (i.e. using mirror to show patient plaque build-up and identify if it appears to be an issue) but it is important to monitor the patient's emotional response to minimize stress
    c) follow-up care
        i) Helpful to emphasize one thing during visit and verbalize to the patient that you want to check on that specific thing at next visit
        ii) Do not allow patients to leave office without the next appointment scheduled, although this can be difficult for some patients
        iii) When patients start off with poor oral health then attend subsequent cleaning appointments the discomfort and duration of treatment is reduced
        iv) It is important to stress maintenance and acknowledge that the patients have the biggest role in their health
    d) viral load suppression
        i) Viral suppression is not really an issue
        ii) Sometimes they can educate patients on medication adherence

iii) Often observe that patients are in pain (from active lesions) when not virally suppressed; frequently when they take HIV medications, they will feel better (improvement in pain from lesions)

3) What could oral health providers start doing or do more of to improve
   a) oral health treatment planning, (2)
   b) patient engagement in oral health service delivery,
   c) follow-up care
      i) Providers needs more specific reports/data
      ii) Reports are run at varying frequencies (never, monthly, quarterly)
      iii) Many clients are lost due to moving or transferring providers, but it can be hard to track
         (1) One provider noted that they use transfer letters to inform the previous provider when a patient transfer to their care so that previous provider can close the case
      iv) Clients who are unable to be reached via phone also present an issue because the clinic cannot do reminder calls. Possible solutions include using email or a backup phone number. The provider from FDOH noted their success in using a Dental DIS to conduct fieldwork to locate clients who miss appointments.
   d) viral load suppression
      i) Medical team will discuss viral load with clients; this is made easier for dental clinics in the same location as medical facility
      ii) Patients may comment to dentist when lab values change significantly or if they believe they should switch ART
      iii) One provider noted that they discuss the importance medication and adherence and recommend the CDC Every Dose Everyday application to patients to help with adherence.

VI. Announcements: N/A

VII. Evaluations

VIII. Adjournment

The meeting was adjourned at 4:52 p.m.

Next Meeting Date: April 1, 2020