

1 **Minutes of the Michigan Dental Association**
2 **Committee on Access to Care**
3 **Friday, February 4, 2022 - 9:00 a.m.**
4 **via Zoom Video Conference**

5
6 **Attended**

7 Curt Ralstrom, DDS, MS, chair
8 Lauren Johnson, DDS, vice-chair
9 Mert Aksu, DMD, member
10 Deborah Brown, DMD, member
11 Michael Campeau, DDS, member
12 Maria Manautou, DDS, member
13 Prabhjot Singh, DDS, member
14 Richard Small, JD, consultant (portion)
15 Christine Farrell, consultant (portion)
16 Christopher Gorecki, DDS, consultant
17 April Stopczynski, manager of access and prevention
18 Neema Katibai, JD, manager of insurance and governmental affairs
19 Bill Sullivan, JD, vice president of advocacy and professional relations
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21 **Absent**

22 Sarah Tomaka, DDS, member
23 Jenna Vander Velden, student member
24 Ila Sayed, student member
25 Gabriel Holdwick, DDS, CGIA liaison
26 Karn Cornell, Donated Dental coordinator
27 Domanique Brace, Donated Dental coordinator
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29 **Call to Order and Roll Call**

30 The meeting was called to order by Dr. Ralstrom at 9:05 a.m. and the requirement for a quorum
31 was met.
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33 **Health Literacy/Public Education/Prevention**

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35 **Dental Treatment for Pregnant Women**

36 The committee discussed the completion and distribution of the new video call to action for
37 dentists and dental offices. Dr. Ralstrom thanked the members of the committee who
38 participated in the video. MDA is working with partner organizations to help distribute the video
39 and a landing page is being developed on the MDA website to house resources for dental
40 offices.
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42 **Oral Health-Hypertension Summit – June 10, 2022**

43 The committee reviewed the hypertension screening guidance developed by the Michigan
44 Department of Health and Human Services (MDHHS) and an advisory workgroup March 2020.
45 The oral health division has been working with the heart disease/stroke prevention division and
46 MPRO to develop a virtual summit. This group is also developing a chairside guide and is
47 looking for the assistance of dentists to develop frequently asked questions. Several members
48 of the committee volunteered to provide input. Dr. Aksu shared an article as a resource for the
49 committee.

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Dental Treatment for Afghan Refugees

The committee was provided with an overview of the current situation with resettling Afghan refugees in Michigan. There are five large resettlement agencies working with Afghan refugees arriving in Michigan. Over 2,000 refugees are expected to settle in 10 counties by the end of February. Most have not had dental care and require extensive treatment. Language barriers are a concern. The MDA has offered to assist in finding dentists who speak the most common languages. The MDA has also been working to distribute information to the local component societies in the areas refugees are expected to settle.

While most will be eligible for Medicaid coverage (either fee-for-service, Healthy Michigan Plan or Healthy Kids Dental as appropriate), some are unaccompanied minors who may encounter delays in completing the enrollment process. Delta Dental and the Michigan Primary Care Association are helping to provide funding to meet the needs of these minors.

Michigan Oral Health Coalition – Update

The committee is aware that the MDA has renewed its membership with the Michigan Oral Health Coalition (MOHC) at an increased level of \$10,000 as approved by the MDA Executive Committee. There continues to be a need for more dentists to be involved. The MOHC does offer a \$75 individual membership. The MDA staff and several MDA members serve on a number of MOHC committees and workgroups and the MDA has continued to work closely with the MOHC on the hospital access/general anesthesia issue. The MOHC Economics workgroup held its first meeting to begin working on identifying ways to support dentists and dental clinics that want to establish in underserved communities. The MOHC will host a two-day spring conference on May 19-20. The first day will focus on special needs patients and persons with disabilities. The MDA is sponsoring ADA Health Policy Institute Medicaid expert Chelsea Fosse as a keynote speaker on May 20.

Medical-Dental Integration/Hospital Dentistry

Hospital Operating Room Access

The committee reviewed the “Critical Access” summary document developed to provide a brief summary of the MDA’s request to raise the Medicaid payment for the hospital facility fee and the payment for the anesthesiologist. The MDA is aware that the MOHC Board has indicated support with changes to the document. The MDA has not received those changes to-date.

The committee discussed the workforce issue with the limited number of specialists, as well as gaps in training and comfort level in treating this population between general dentists and specialists. The committee discussed the need for collaboration between medical and dental on this issue and the need for creative modeling for the future. The MOHC workgroup on this issue does include the Michigan Primary Care Association, dental anesthesia, and others in the medical and insurance fields. The workgroup originally identified the facility fee and anesthesia fee as the first priority, but has continued to discuss other solutions. The MDA has also been working on resources to communicate with dentists on determining the appropriate settings for treatment based on the patient. The Council on Dental Specialties is aware and has been monitoring the issue but has not been involved in these efforts at this time.

The committee is aware that the MDA Committee on Government and Insurance Affairs has reviewed and approved a resolution to support payment to anesthesiologists and certified registered nurse anesthetists who provide general anesthesia for dental procedures provided in

100 settings outside of hospitals and ambulatory surgical centers, as well as to pursue a change in
101 Medicaid policy to provide reimbursement in these situations. It is anticipated that this change
102 would allow for greater access for those who need general anesthesia but are lower risk by
103 increasing the number of places these services could be provided. This resolution will now go
104 to the MDA Board for consideration.

105
106 The MDA has also encountered some complications regarding payment for anesthesiologists
107 and the current billing system. The MDA is working with MOHC, the state House Fiscal Agency,
108 the ADA and others to identify ways to continue to move this forward.

109 Advocacy/Government/Insurance Programs

110 111 **Michigan Donated Dental Services**

112 The committee reviewed the first quarter report, as well as an update on the promotional plan
113 for the \$25 million milestone.

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115 The committee reviewed a proposal to increase the state grant funding for the program from
116 \$150,000 to \$200,000. The program has not received an increase since 2008. The increase
117 would support raising staff costs, including the increased time spent by the MDA's manager of
118 access and prevention on the program. This time has previously been fully donated by the
119 MDA. Staff turnover was previously an issue for the program, but the current staff have now
120 been with the MDA for more than 5 years.

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122 The additional funding would also allow for additional promotion and outreach to target eligible
123 populations with specific messaging. The advertising partnership with the veteran's magazine
124 has been very successfully and that would continue. In addition, the program would secure
125 advertising in a statewide senior publication and develop materials to reach marginalized
126 populations. MDHHS has been supportive of the increase and it will be included in the MDA's
127 state budget priorities.

128 129 **Legislative Update**

130 Mr. Katibai provided the committee with an update on several items.

- 131 • **Network leasing** – the MDA continues to work on improving transparency of network
132 leasing. A meeting was recently held with Blue Cross Blue Shield to discuss the issue.
- 133 • **Teledentistry** – the MDA has been working with MDHHS to develop clear guidelines
134 specific to teledentistry as the telehealth guidelines are too broad. Specific items the
135 MDA would like included are: informed consent, a Michigan license, follow up
136 requirements, HIPPA compliance, a Memorandum of Agreement for referral, and
137 availability of the patient record within 24 hours.
- 138 • **State budget** – the committee is aware that the Governor's budget proposal is
139 scheduled to be released on February 9.
- 140 • **COVID-19 resources** – the MDA continues to provide support for dental offices with
141 questions on pandemic requirements. The MDA website is updated regularly.
- 142 • **Student debt** – the MDA online student loan resource center is now available.
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144 145 **Dental Student and Faculty Update**

146 No dental students were in attendance. Dr. Mert Aksu, dean of University of Detroit Mercy
147 (UDM) Dental School, provided the committee with an update on the school's preparation for its
148 accreditation review, investments in technology and equipment, and the challenges post-COVID

149 with re-establishing clinical placements for community rotations. The number of dentists
150 graduating nationally and the number of dental schools is increasing. Demand for dentists is
151 also increasing. There is increased activity around ensuring that graduating dentists are going
152 to underserved areas. Dental schools including UDM are recruiting students from underserved
153 areas with the intent that those students would return to their communities upon graduation,
154 however, that may not often be the case. Additional funding is needed to support dentists in
155 returning to those communities to have sustainable practices including additional funding for the
156 National Health Services Corps and the Michigan Loan Repayment Program. The committee
157 discussed how structural changes may also be needed for those loan repayment programs due
158 to the difficulty of qualifying and requirements on employers to contribute.

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160 **ADA Council on Advocacy for Access and Prevention**

161 No ADA Council representative was in attendance.

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163 **Adult Dental Medicaid Reform**

164 The committee discussed background drafted to begin moving forward an effort to reform the
165 adult dental Medicaid program. The MDA has talked with legislators and others who are
166 interested in putting forth a proposal and looking to the MDA for specific input. This includes a
167 workgroup by the MOHC on this issue. The committee discussed the need to include
168 periodontal coverage, especially scaling and root planing, and the current gap between
169 coverage of procedures to address gingivitis versus periodontitis. This continues to be a barrier
170 to accessing additional treatment to save existing tooth structure. Root canals and crowns are
171 another large need for the adult Medicaid population as they seek to save existing teeth rather
172 than wait until they need extractions and dentures. These procedures are covered under
173 Healthy Kids Dental, but not for the adult population. Additional barriers exist for young adults
174 who are no longer eligible for Healthy Kids Dental and are transitioning to the lesser coverage
175 under fee-for-service, even as they may now have greater needs. Seniors without sufficient
176 bone structure to support dentures is an increasing issue as demand for implant supported
177 dentures increases and is becoming more common standard of care.

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179 The committee discussed the need for comprehensive coverage to get ahead of disease and
180 prevent additional health issues and greater costs. The committee agreed that modeling a
181 program after the Healthy Kids Dental program would address the majority of needs of the
182 population and provide sufficient reimbursement to improve access and outcomes. The
183 committee is aware that the state has a large amount of unspent money and discussed
184 concerns about sustainability of a funding increase. The committee is also aware of significant
185 funding increases for Medicaid programs in neighboring states.

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187 **Future Meeting Dates**

188 a. Friday, April 8, 2022 – via Zoom – 9:00 a.m. – 10:30 a.m.

189 The committee was notified that a list of meeting dates for the new term will be distributed
190 shortly. The committee will plan to have one meeting in person in August and the rest via
191 Zoom.

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193 **Adjournment**

194 The meeting was adjourned by the chair at 11:07 a.m.