

Minnesota Policy Assessment Tool Workshop

October 29, 2014
Brooklyn Center, MN

A Report of Activities and Outcomes, Utilizing a Policy Consensus Tool developed by the Children's Dental Health Project in Cooperation with the CDC Division of Oral Health

The workshop held in Brooklyn Park, Minnesota on October 29, 2014 was designed to bring together oral health advocates to facilitate critical thinking and consensus about the state's oral health policies and systems. This was the second time the Policy Consensus Tool had been utilized in Minnesota. Seventeen individuals attended the morning and afternoon session. Participants represented various oral health stakeholders including: Minnesota Dental Association, Apple Tree Dental, Health Partners, Community Dental Care, Central Minnesota Initiative Foundation, Minnesota Dept. of Health, Hennepin County Medical Center, Blue Cross Blue Shield of Minnesota, Childrens Dental Services, Ucare, Argosy University and private practice dental professionals. (See Attachment)

The workshop began with a brief welcome from Nancy Franke Wilson, Executive Director, Minnesota Oral Health Coalition. Lori Cofano, Children's Dental Health Project (CDHP) consultant, introduced the Policy Consensus Tool and the agenda for the session. Participants were provided an opportunity to introduce themselves and the organization they represented as well as indicate their policy experience, if any.

Upon registering for the Policy Consensus Tool session participants were provided a link to Survey Monkey and asked to provide five policy suggestions. These suggestions were then compiled into a list resulting in seventy-six suggestions. The list had been condensed to forty-eight suggestions and placed on flip chart sheets at the front of the room. Participants were asked to review the sheets prior to the start of the session. The full list of seventy-six was then provided to participants early in the session. Participants were asked to review the list and the charts and asked if they had any other suggestions to contribute around policy or systems change for discussion. One person had not responded to the Survey Monkey and felt their input was adequately covered by others suggestions. The group discussed the forty-eight suggestions and determined some should be combined and others should be completely eliminated as they were not deemed to be policy pieces. Participants reviewed the resulting policy suggestions and were instructed to choose their top five. One participant asked if they could vote for less than five. The resulting potential policies, as well as the number of votes, are included below:

- Mandate oral health screenings across the lifespan (7 votes)
- Match Medicaid reimbursement to services provided (3 votes)
- Increase/adequate reimbursement to sustain a network of providers to deliver care (13 votes)
- Simplification of administration and transparent funding in state dental programs (7 votes)

- Create appropriate incentives (i.e. loan forgiveness) for providers to serve in high need/low access patient population (14 votes)
- Funding for oral health data to determine needs and provision of care (14 votes)
- Increased focus on disease management/risk reduction (8 votes)
- Take advantage of potential integration of dental and medical care and financing (10 votes)
- (Health Disparities) Develop policy that recognizes the social determinants of health as it relates to oral health and cultural barriers to care (10 votes)

The resulting five policy/system change suggestions were determined based on participant votes. Those policy/system change suggestions that received the most number of votes were as follows:

- Increase/adequate reimbursement to sustain a network of providers to deliver care (13 votes)
- Create appropriate incentives (i.e. loan forgiveness) for providers to serve in high need/low access patient population (14 votes)
- Funding for oral health data to determine needs and provision of care (14 votes)
- Take advantage of potential integration of dental and medical care and financing (10 votes)
- (Health Disparities) Develop policy that recognizes the social determinants of health as it relates to oral health and cultural barriers to care (10 votes)

The group then had a discussion on making decisions about the potential opportunities for policy change or systems development. The group of seventeen was broken into two groups for the completion of Worksheet #1. The CDHP consultant instructed each group to identify a facilitator and a recorder. Using Worksheet #1, the policies were scored on whether they were quantifiable through data, the perceived sense of urgency, the community's perception of the problem, and whether it will reach the intended population. Potential policies scored as follows.

- Increase/adequate reimbursement to sustain a network of providers to deliver care (34 points)
- Create appropriate incentives (i.e. loan forgiveness) for providers to serve in high need/low access patient population (27 points)
- Funding for oral health data to determine needs and provision of care (30 points)
- Take advantage of potential integration of dental and medical care and financing (35 points)
- (Health Disparities) Develop policy that recognizes the social determinants of health as it relates to oral health and cultural barriers to care (27 points)



Following Worksheet #1 the group broke for lunch on site. After lunch the group was again broken into two groups and asked to select a facilitator and recorder for this exercise. They then received instruction for the feasibility and stakeholder priority scoring (Worksheet #2). The two groups were told they would have one hour to reach a consensus score on each of the potential policies using eighteen different criteria on Worksheet #2. Group 1 grappled with how to score areas of influence in the “Available resources” section. Scores from each group were recorded to arrive at a final determination (See Figure 1). The make-up of each small group allowed for lively discussions. There was a significant difference in feasibility scoring on three of the five policy opportunities.

Figure 1 – Policy feasibility scoring spreadsheet

	Increase Medicaid Reimbursement	Create Incentives	Funding OH Data	Health Disparities	Integration Dental/Medical
Feasibility Ranking					
Group 1	21	15	5	12	6
Group 2	24	19	21	28	19
Total	45	34	26	40	25



Policy opportunity scores were then added to feasibility scores to arrive at a final total (See Figure 2). Policies were then ranked according to the total scores as shown below.

Figure 2 – Opportunity scoring spreadsheet + feasibility scoring spreadsheet

	Increase Medicaid Reimbursement	Create Incentives	Funding OH Data	Health Disparities	Integration Dental/Medical
Opportunity Ranking					
SCORE	34	27	30	35	27
Feasibility Ranking					
SCORE	45	34	26	40	25
TOTAL SCORE	79	61	56	75	52
FINAL RANKING	1	3	4	2	5

Policies ranked by opportunity and feasibility:

- #1** – Increase/adequate reimbursement to sustain a network of providers to deliver care
- #2** – Create appropriate incentives (i.e. loan forgiveness) for providers to serve high needs/low access patient population
- #3** – Funding for oral health data to determine needs and provision of care
- #4** – Health Disparities – Develop policy that recognizes the social determinants of health as it relates to oral health and cultural barriers to care

#5 - Take advantage of potential integration of dental and medical care and financing

Following completion of the Policy Consensus Tool, Sarah Wovcha, Minnesota Oral Health Coalition Chair, thanked everyone for their participation.

Attendees were asked to complete evaluations of the use of the Policy Consensus Tool. participants completed the evaluation.

The members attending the workshop were well-informed and for the most part engaged in the process. The Children's Dental Health Project / CDC Division of Oral Health Policy Consensus Tool proved to be a useful exercise in critical thinking and thoughtful discussion about oral health policy.

| Submitted, October 30, 2014

Lori Kepler Cofano

Attachment I

Craig	Amundson		Health Partners
Suzanne	Beatty		
Carmelo	Cinqueonce	Executive Director	Minnesota Dental Association
Carl	Ebert		Community Dental Care
Erica	Gosso		Argosy University
Terri	Konczak		Central MN Initiative Foundation
Jane	Patrick		
Vacharee	Peterson		Community Dental Care
Merry Jo	Thoele	Oral Health Program	Minnesota Department of Health
Mary	Seieroe	Dental & Oral Surgery Center	Hennepin County Medical Center
Pat	Tarren	Dental & Oral Surgery Center	HCMC Pediatric Dentist
Sarah	Wovcha	Executive Director	Childrens Dental Services
Cathy	Jacobson		Apple Tree Dental
Joel	Ulland	Manager of Health Policy	Ucare
Cathy Jo	Gunvalson		Dental Hygienist
Kathi	Wilken		Blue Cross Blue Shield of Minnesota