Meeting of the
Integration of Care Committee
Danielle Beiling and Donald Powell, Chairs
February 19th, 2020, 10:00AM -12:00PM
God's Love We Deliver
166 Avenue of the Americas, Boardroom
New York, NY 10013
By Conference Call – 1-866-213-1863, Access Code 3587454#

Members Present: Danielle Beiling (Co-chair), Randall Bruce, Paul Carr, Mitchell Caponi, Bettina Carroll (non-voting), Dorothy Farley, Billy Fields, Ronnie Fortunato, Janet Goldberg, Deborah Greene, Bill Gross, Christopher Joseph (phone) David Klotz, Peter Laqeur, John Schoepp, Claire Simon (phone), Brenda Starks-Ross, Joel Zive
Members Absent: Lauren Benyola, Rose Chestnut, Mary Correa, Michael Ealy, Graham Harriman, Donald Powell, Annette Roque

Welcome/Introductions w Pronouns/Moment of Silence/ Review of the Meeting Packet/Review of the Minutes:

Ms. Beiling led introductions with pronouns and *Mr.* Bruce led the moment of silence. The minutes were accepted with corrections.

Mr. Klotz has been named Acting Director of the Planning Council

Presentation on Oral Health Care Access & Case Management

Ms. Farley noted that most FQHC's offer dental care, with a sliding fee that is integrated into primary care services. *Ms. Lawrence* noted that this is an area for more research as this did not come up during the subcommittee. An FQHC is a Federally Qualified Health Center that are meant to provide services to the undocumented, the uninsured, etc. such as Ryan Health Center.

Ms. Lawrence placed copies of the ADAP Codes, the Medicaid Dental Codes on the table and not in folders.

Request for Oral Health Care 101, and for the oral health care directives from other jurisdictions.

Catherine Zaw compiled an oral health literature review and developed a slide deck on her findings.

Summary of findings:

- PLWH less likely to access oral health care but more likely to have more complex oral health care needs.
- The more service that is available, the more likely PLWH will access care
- Linkage to oral health care is correlated with higher levels of viral suppression

Question of impact of co-location vs referrals for CHAIN.

- Recommendation for PLWH is 4 cleanings per year.
- Providers ask PLWH for viral loads prior to treatment. This is a best practice – but requires context to ensure it does not stigmatize patient
- Medicaid does not support the preservation of clients teeth – the least costly solution is the only funded option – typically an extraction
- Dental access measured by # of providers, # of clients served – HIV health outcomes – linkage to care and viral suppression rates
- Relationship between oral health care funding models and HIV outcomes needs more study
- How do you correlate the different periodicities cited when quantifying oral health care vs linkage to HIV care
- Dental anxiety is a significant concern and prevents many people from accessing care.
    - Higher levels of anxiety is associated with higher levels of need.
- Even where oral health care is widely available, anxiety is a barrier.

Ms. Farley asked why we need to add another care manager, just focused on dental? This is a relevant question that must consider the current burden on case managers, currently. What case management model would work best in NYC is the question. *Ms.*

Farley suggested that most PLWH can access dental care at FQHCs. *Mr. Schoepp* noted that case managers don't always know about the dental appointments clients have. A care manager inside the dental organization may be able to more responsive.
Ms. Farley noted that dental is part of medical care – and a case manager should be doing these things. *Mr. Laqueur* noted that dental care is often left out. *Ms. Goldberg* asked what percentage of people do access the dentist – in order to establish reasonable goals. *Ms. Azor* asked if we can add oral health to the master directive to highlight the need to coordinate such services. *Ms. Lawrence* asked if we can figure out how the portfolio can best support people accessing and being retained in dental care. *Mr. Bruce* said that the question of dental care needs to be better integrated into case management – many never ask about dental. Give the clients the information and allow them to make the decision of whether to access the dentist. *Ms. Starks-Ross* noted that case managers should be generalists – everything from hair to toes – but more training is needed. *Mr. Caponi* noted that a lot of infrastructure would need to be built out to support a dental program.

- Dental case managers have been found to be very effective at engaging and retaining clients in dental care, and associated with higher rates of dental plan completion. Medical case managers were not found as effective.
- Comparison of dental case management models.
    - One model focused on increasing the number of dentists accepting Medicaid
    - One model focused on education, and addressing barriers
    - One model focused on case management and a denturist
    - One model focused on Community Dental Health Educators
- Medicaid reimbursement level has no association with level of access

Takes 1-2 months to get an appointment for dental care. *Mr. Fields* requested we talk to the providers, such as Columbia, where it does not take long to get an appointment, a dental care manager reminds you of your appointments and offers emergency appointment care.
Ms. Greene asked if the number/volume of case managers can change the outcomes for clients – especially if they are struggling with drug use. *Ms. Goldberg* asked if we can look deeper at the models where the number of Medicaid accepting dentists were increased.
Mr. Laqueur asked if we could map what is currently available.
Mr. Zive noted that FQHC's get enhanced Medicaid rates.
Can we create a dental provider survey
Can we bring the Part F providers to the table: ask them about trends, wait times, complex procedure referrals, where the gaps in care exist – where funding is necessary?
Who else is funding this work?
What does access and utilization look like for non-PLWH? Does it make sense to use non-PLWH to establish a norm for access?
Mr. Caponi will contribute questions to the oral health provider survey.

May 20th is the tentative date for the Oral Health Forum