

STRATEGIC PLAN

Oral Health in Kentucky



2017 Strategic Plan on Oral Health

from the Kentucky Oral Health Program

Kentucky Department for Public Health
Division of Maternal and Child Health

December 2017



Kentucky Public Health
Prevent. Promote. Protect.

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Suggested Citation:

Kentucky Cabinet for Health and Family Services. *Kentucky's Strategic Plan for Oral Health, December 2017*. Frankfort, KY: KY Cabinet for Health and Family Services, Department for Public Health, Division of Maternal and Child Health, 2017.



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February 08, 2018

In May 2006, the state's dental director, James C. Cecil, DMD, MPH, published the document: "Healthy Kentucky Smiles: A Lifetime of Oral Health" as the strategic plan for oral health in our Commonwealth. The 2006 plan has been used by the oral health partners without revision since its original release.

The Cabinet for Health and Family Services Secretary's Office views Oral Health as important in overall health. This viewpoint aligns with the Kentucky Youth Advocates' annual "Blueprint for Kentucky's Children," which included the establishment of a state oral health plan. Thus began the work to develop a strategic plan for oral health with additional partners including the Kentucky Oral Health Coalition, the Kentucky Dental Association, the Kentucky Dental Hygienists Association, the Kentucky Primary Care Association, State Senator Max Wise, and the Cabinet for Health and Family Services.

After months of statewide oral health summits and follow-up meetings, focus groups, conversations, and administrative work, the result is the 2017 Kentucky Strategic Plan for Oral Health. The overall goal of this document has not changed over the last decade: Optimal Oral Health for a Lifetime of Smiles. The plan is the product of the stakeholders and their work during two meetings and focused work between the meetings. It represents the stakeholders' priorities and goals regardless of priorities of the department or the cabinet. It remains a living document that outlines the path to improve and enhance the oral and general health status of Kentuckians.

The creation of the 2017 Strategic Plan involved over 130 Kentucky stakeholders across many facets of Kentucky to provide valuable input to improve oral health in Kentucky. Through this wide spectrum of participants, it solidified that oral health is important to overall health, education, and economic stability and growth in Kentucky. The Kentucky Oral Health Program is considered cross-cutting over many facets of the Department for Public Health, the Cabinet for Health and Family Services, and other entities that involve oral health policy.

Respectfully submitted,

Jeffrey D. Howard, MD
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Table of Contents

Executive Summary	6
Introduction	7
Vision, Mission, and Value Statement	10
Survey and Maps	11
Who Responded?	11
What Did the Respondents Think?	12
Should Registered Dental Hygienists Be Able to Do More?	13
How Many Dentists Accept Medicaid for Established Patients?	14
How Do Hospitals View Oral Health Care as a Component of the Hospital Experience?	14
How Do Physicians Rate the Importance of Oral Health in Their Practice Philosophy?	15
What Are Nurses Seeing in Their Practices?	16
What Do Public Health Professionals (Non-Nurse) Think about Oral Health?	18
Map of Distribution of General Dentists: Kentucky	19
Map of Medicaid Dentists and Medicaid Members	20
Workforce	21
Feasibility Graph	24
Strategic Area Initiative: Workforce Grid	25
Data Collection and Metrics	26
Feasibility Graph	28
Strategic Area Initiative: Data Collection and Metrics Grid	29
Dentistry as a Business	30
Feasibility Graph	31
Strategic Area Initiative: Dentistry as a Business	32
Inter-Professional Dental/Medical Collaboration	33
Feasibility Graph	34
Strategic Area Initiative: Inter-Professional Dental/Medical Collaboration	35
Prevention	36
Feasibility Graph	38
Strategic Area Initiative: Prevention	39

Oral Health Literacy	41
Feasibility Graph	42
Strategic Area Initiative: Oral Health Literacy	43
Policy	44
Feasibility Graph	45
Strategic Area Initiative: Policy	46
Emerging Issues	47
Feasibility Graph	48
Strategic Area Initiative: Emerging Issues	49
Strategic Areas and Oral Health Issues are Interconnected Graph	50
Goals and Action Items Referenced by Primary Responsible Party	51
Kentucky Oral Health Program	51
Department for Medicaid Services	53
Kentucky Oral Health Coalition	54
Kentucky Dental Association	55
State Primary Care Office	55
Kentucky Department for Education	55
Cabinet for Health and Family Services	56
Kentucky Board of Dentistry	56
Department for Public Health’s Office of Health Equity	56
Dental and Medical School Collaboration	57
Health Kentucky	57
Delta Dental of Kentucky	57
Kentucky Telehealth Board	57

Kentucky's Strategic Plan for Oral Health

Executive Summary

Much has changed in oral health over the last decade; not just in Kentucky, but across the nation. The need for Kentucky to address the current environments of dental health and update its *Strategic Plan for Oral Health* was suggested by many stakeholders. Work on a revised oral health strategic plan began in December 2016.

Stakeholders throughout the state were interested in participating in the update of the state's oral health plan to reflect current issues in oral health, dentistry, and general well-being. Through a series of surveys, summits, meetings, and focus group work throughout the summer of 2017, stakeholders discussed many issues that impact the oral health of Kentuckians. The stakeholders at the statewide Oral Health Summit narrowed the focus down to the following subjects: Workforce, Data Collection and Metrics, Dentistry as a Business, Inter-Professional Dental Medical Collaboration, Prevention, Oral Health Literacy, Policy, and Emerging Issues.

From the beginning of this work, common interests were found across many of the focus groups. The need for data, funding, loan repayment programs, Medicaid reimbursement, and the public health dental hygiene program were discussed in most of the groups' work. Each of the groups finalized their goals with an action plan and assigned primary responsibility of each action item that worked toward the goal. The second meeting of stakeholders considered the feasibility of each goal.

The plan is the product of the stakeholders' work during two meetings and focused work between the meetings. It represents the stakeholders' priorities and goals regardless of priorities of the department or the cabinet. The report's recommendations are not solely an action plan for the Kentucky Oral Health Program. Stakeholders understood and were supportive of the reality that many entities and persons must share the responsibility of the goals in order to improve oral health in our state.

With the publication and distribution of *Kentucky's Strategic Plan for Oral Health*, the Kentucky Oral Health Program shares with the Commonwealth the interest and willingness of various stakeholders to improve oral health in Kentucky. After publication and distribution, stakeholders throughout the state will continue work on the plan. It is the intent of the Kentucky Oral Health Program to review, analyze, and update this document annually. This can only be successful by continuing to engage the state's diverse stakeholders to form the strategies and achieve the goals just as they were involved in the plan's development in 2017.

The key recommendations of the report focus on many areas but it was clear much of the focus was on understanding the scope of oral health through data collection, expanding the dental workforce in underserved areas through economic incentives, expanding public health dentistry throughout the state, and enhancing prevention through policy action and improved oral health literacy.

It is evident that many of the strategic actions presented in the report are ready to move forward, but there are clear barriers to other issues that may hinder the expansion of the dental workforce including the Medicaid reimbursement for dental services and support for dentists practicing in underserved areas.

Kentucky's Strategic Plan for Oral Health

Introduction

In 2006, the Kentucky Oral Health Program, under the leadership of James C. Cecil, DMD, MPH, published “Healthy Kentucky Smiles: A Lifetime of Oral Health.” This has been Kentucky’s oral health strategic plan since its publication. A review of this plan was completed to prepare for its update. Many issues and needs identified over a decade ago remain current with Kentucky’s oral health champions and stakeholders. People interested in oral health remain concerned of the policy separation of oral health and the rest of healthcare. Kentucky continues to struggle with having dentists willing to practice in underserved areas. The need for sustainable funding for oral health prevention, education, and treatment is still current.

Many things in oral health have changed over the last decade. Medicaid Managed Care is an established concept that was just emerging in 2006. Public health in the state expanded with the establishment of the role of the Public Health Registered Dental Hygienist. The cost of dental education skyrocketed and affects where new dentists establish their practices. In addition, treatment has shifted to include a focus on prevention and disease management of conditions in the mouth.

The need for Kentucky to update its *Strategic Plan for Oral Health* to address the current environments of oral health was suggested by CHFS with the support of key stakeholders. There was renewed and robust interest in developing policies and guiding activities to improve oral health for all Kentuckians. The Kentucky Oral Health Program worked to revise this guiding document during the summer of 2017.

The Kentucky Oral Health Program outlined a strategy to develop a state oral health plan. The plan included surveying interested stakeholders on oral health issues and convening a statewide oral health summit followed by a series of meetings to develop and finalize the plan. An updated oral health strategic plan would be distributed to the public.

A survey was sent to a diverse group of stakeholders inquiring about their opinions on oral health issues. Four hundred and seventy-four individuals responded to the survey. Physicians were the largest group of respondents. Other groups that responded to the survey were public health professionals, dental hygienists, dentists, nurses, and health agency administrators including hospitals. Significant interest was reported in improving access to care especially in underserved areas of Kentucky, increasing reimbursements for preventive dental care especially for high-risk populations and increasing oral health literacy and knowledge of the link to overall health status. Details of the survey are included in the ‘Survey and Maps’ section of this document. Natural divisions of idea generation, priority setting, and feasibility became the design of the strategic plan work as the stakeholders became engaged.

Idea Generation

On May 31 and June 1, 2017, the Kentucky Oral Health Program convened a two-day stakeholders’ Oral Health Summit in Lexington, Kentucky. Over 120 Kentuckians interested in Oral Health attended. The meeting was used to collaborate and collect ideas from many facets of Kentucky to guide this strategic plan.

Presenters on national and state trends in oral health were invited to give background and ideas to generate discussion. Dr. Larry Hill, a public health dentist from Cincinnati, OH, made a presentation on national trends in oral health. Dr. Raynor Mullins, a public health dentist from the University of Kentucky, spoke about Kentucky's history of oral health. Lindsey Meadors, the Oral Health Program Epidemiologist, reviewed the findings of a pre-summit survey and maps of dentists distribution. The stakeholders participated in a Strengths, Weaknesses, Opportunities and Threats (SWOT) analysis. The results were reviewed, resulting in the formation of seven groups. An eighth group, Dentistry as a Business, was added by general consensus. Stakeholders self-selected into a group for the remainder of the meeting based on their interest.

Workforce	Prevention
Data Collection and Metrics	Oral Health Literacy
Dentistry as a Business	Policy
Inter-Professional Dental/Medical Collaboration	Emerging Issues

On the second day, the stakeholders dispersed to facilitated breakout groups to discuss the subject matter in detail. Their first task was to determine the oral health issues that need to be addressed, what actions need to happen to achieve success and what agency should be in charge of overseeing the activities. Their second task was to discuss what resources are needed to achieve success and what barriers may be present that impede success. They prioritized their issues to select the five most important issues. Subsequent work focused on these top five issues as determined within each group.

The focus groups were tasked to meet before a second statewide stakeholders' meeting to add to their discussions and develop work grids on their subject matter. Over 65 stakeholders attended. Their final products were distributed to all stakeholders in advance of the second meeting.

Priority Setting

The stakeholders reconvened on September 21, 2017, to refine and prioritize a strategic plan for oral health in Kentucky to serve as a roadmap to improve oral health for all Kentuckians. They reviewed the work grids and content of all focus groups. Some goals or action items were added, others were combined or moved to a different focus area, and some were deleted as they had been addressed or completed since the work on the plan began.

The stakeholders updated the Vision and Mission statements and refined the Values that guide our work. Finally, the group recommitted to the Vision, Mission, and Values of the Strategic Plan. These can be found after the Introduction of this document.

Some major themes recurred over the course of the strategic planning sessions. While these themes were discussed in most of the focus groups, the strategic plan has them listed in the work grid that best aligns with the theme. The recurring themes include:

- expansion of the scope of practice and geographic coverage of the Public Health Registered Dental Hygienist,
- reduction of educational debt by a sustainable loan repayment program or tax incentives for current dental providers to meet the needs of underserved areas, and
- adjustment of Medicaid fees to increase dentists' participation and to increase services to the underserved Medicaid population.

Feasibility

In the September meeting, the stakeholders assigned feasibility to each of the goals using a scale of 1 being “not feasible” and 4 being “highly feasible.” The stakeholders used the value of 5 as “shovel ready” or “already occurring.” The feasibility results are at the end of each focus group’s narrative.

During the interim period between meetings, the stakeholders reviewed what issues did not find their way into the top five issues. These issues included:

- Access to specialists (with a focus of oral surgeons)
- Geriatric dentistry
- How other states allow unsupervised care in a nursing facility by a hygienist
- Optimal aging/other geriatric issues
- Hospital support of dental practice establishment
- Philanthropy as a vehicle to fund dental schools
- Patient navigation through established paraprofessional levels such as the community health worker and the community dental healthcare worker
- Other social work roles in the community

These issues will be revisited as this plan is reviewed and revised. After publication and distribution, stakeholders throughout the state will continue work on the plan. It is the intent of the Kentucky Oral Health Program to review, analyze, and update this document annually. This can only be successful by continuing to engage the state’s diverse stakeholders in the update process just as they were involved in its development in 2017.

The Strategic Plan for Oral Health

Our Vision

Optimal Oral Health for a Lifetime of Smiles

Our Mission

We will achieve our vision by collaborating to build oral health equity in Kentucky through access to care, education, workforce readiness, and effective use of resources.

Our Values

We believe in:

Patient Focus

- People have a personal responsibility for their own wellness
 - Individuals are responsible for their own well-being
 - Parents and caregivers have a responsibility
- Optimal oral health is achievable
- Oral health is an integral part of an overall preventive health lifestyle
- Oral health primary prevention should start early in life
- Children's oral health is a foundation for a healthy lifetime
- Oral health is an essential component of overall health
- Optimal oral health has no age limit

Inter-professional Education

- Professional oral care is an important part of the healthcare delivery system
- Collaboration among many multi-sector parties is essential to solving oral health problems
- Access to dental care is essential
- The pursuit of health is a right
- We all (the community) have a responsibility to promote health in our communities
- The dental profession has an obligation to work toward the improvement of oral health for all

Public Health

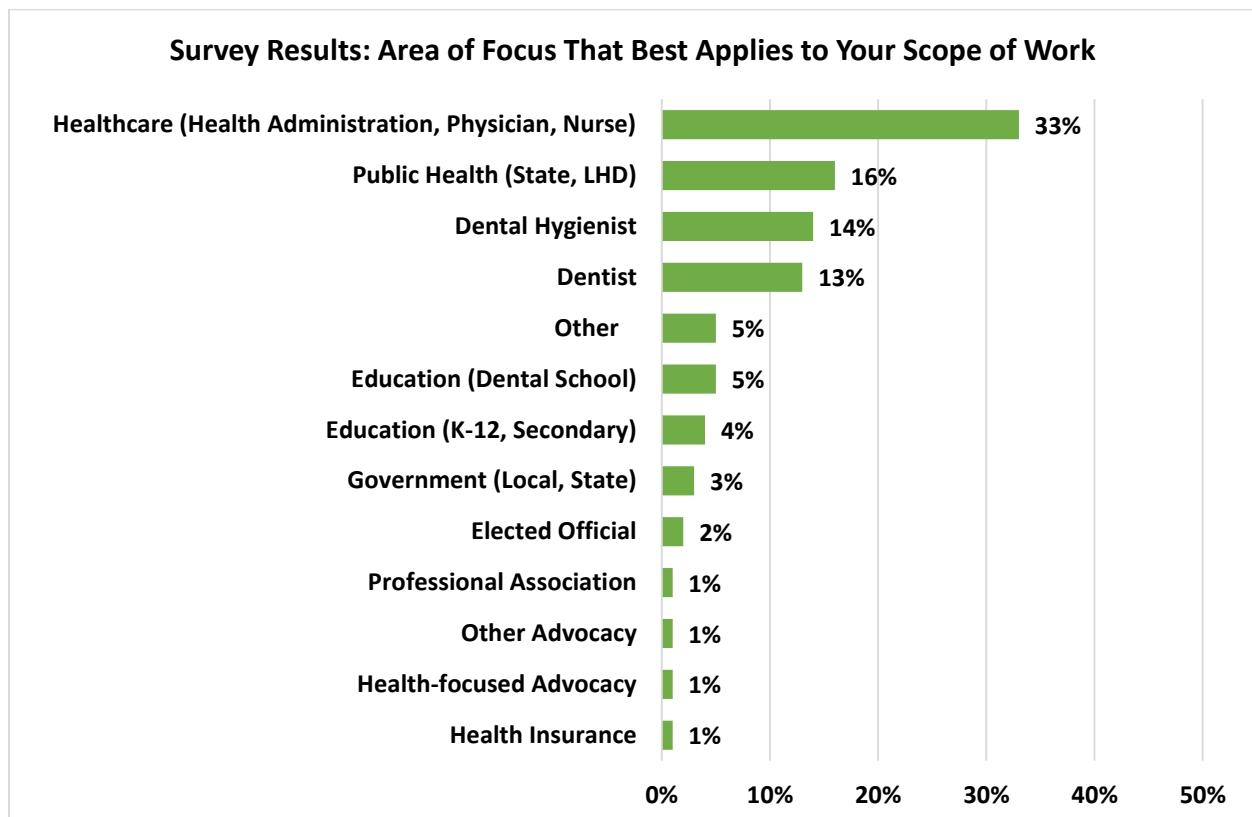
- Poverty and other social determinants of health are barriers to health and access to care
- Oral health problems are systemic societal problems
- Population-based oral health assessment is a basis to drive scarce resource allocation
- Oral health education is important in the training of all health care providers and oral health consumer education is imperative
- Volunteerism is practiced by many Kentucky oral health professionals through faith-based and non-faith-based venues and by their acceptance of patients with public insurance
- Prevention is the cornerstone of community health
- Oral health is an economic development issue

Kentucky's Strategic Plan for Oral Health

Survey and Maps

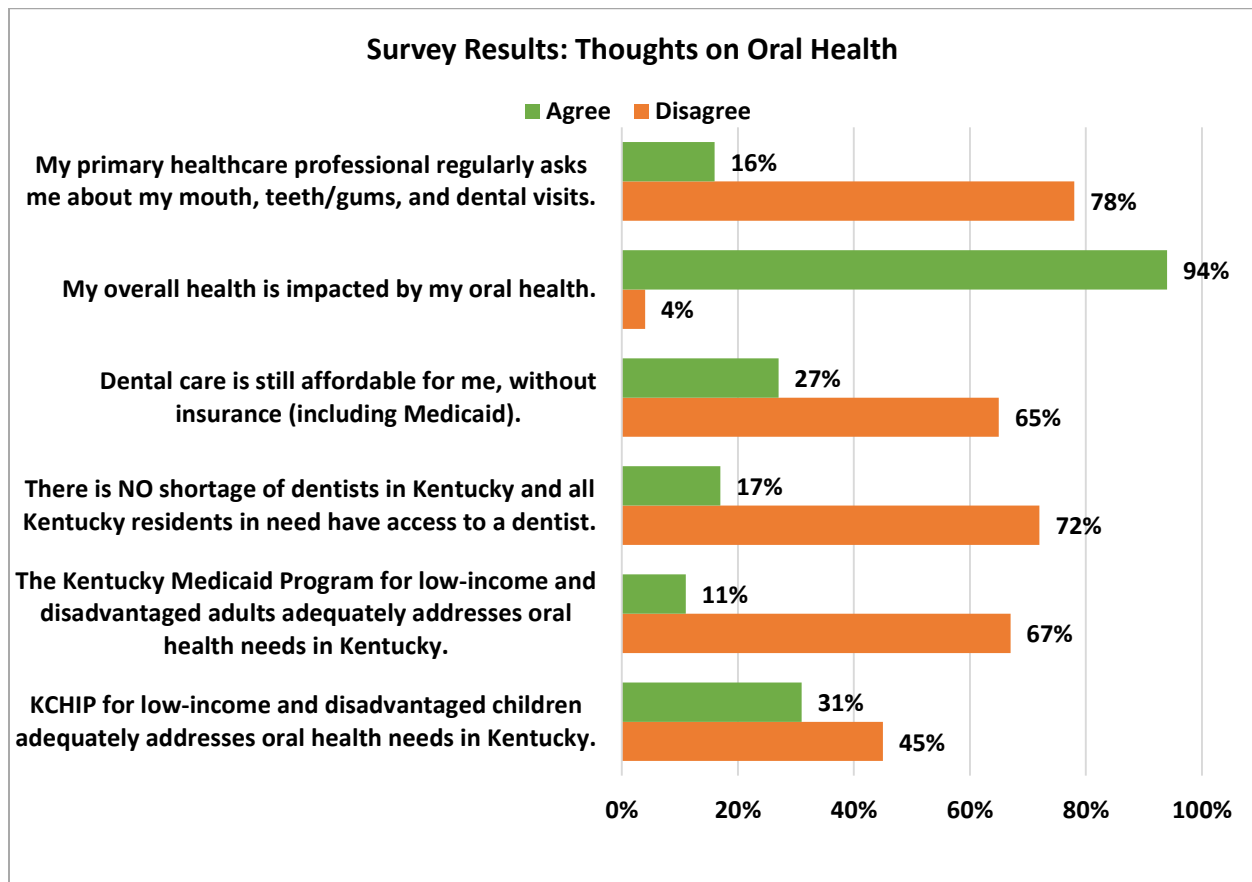
The work on the strategic plan began with a survey to individuals interested in Kentucky's oral health. What follows is a review of the questions asked through the survey that went to thousands of people through direct e-mails or as a request to professional and advocacy groups to promote among their members.

Who Responded?



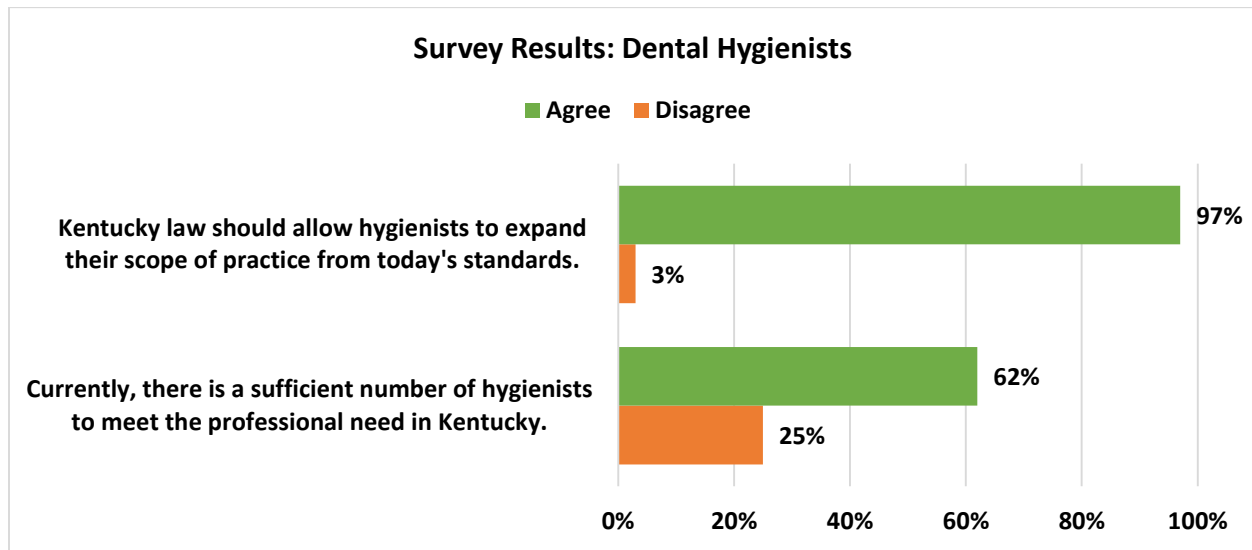
Healthcare professionals accounted for thirty-three percent (33%) of survey respondents. Healthcare professionals include Health Administrators, Physicians and Nurses. Physicians were the leading the respondent with 101 responses (21%). Sixteen percent (16%) of respondents were from the Public Health sector, either State (3%) or Local Health Departments (13%). Sixty-seven Dental Hygienists (14%) and 64 Dentists (13%) responded to the survey.

What Did the Respondents Think?

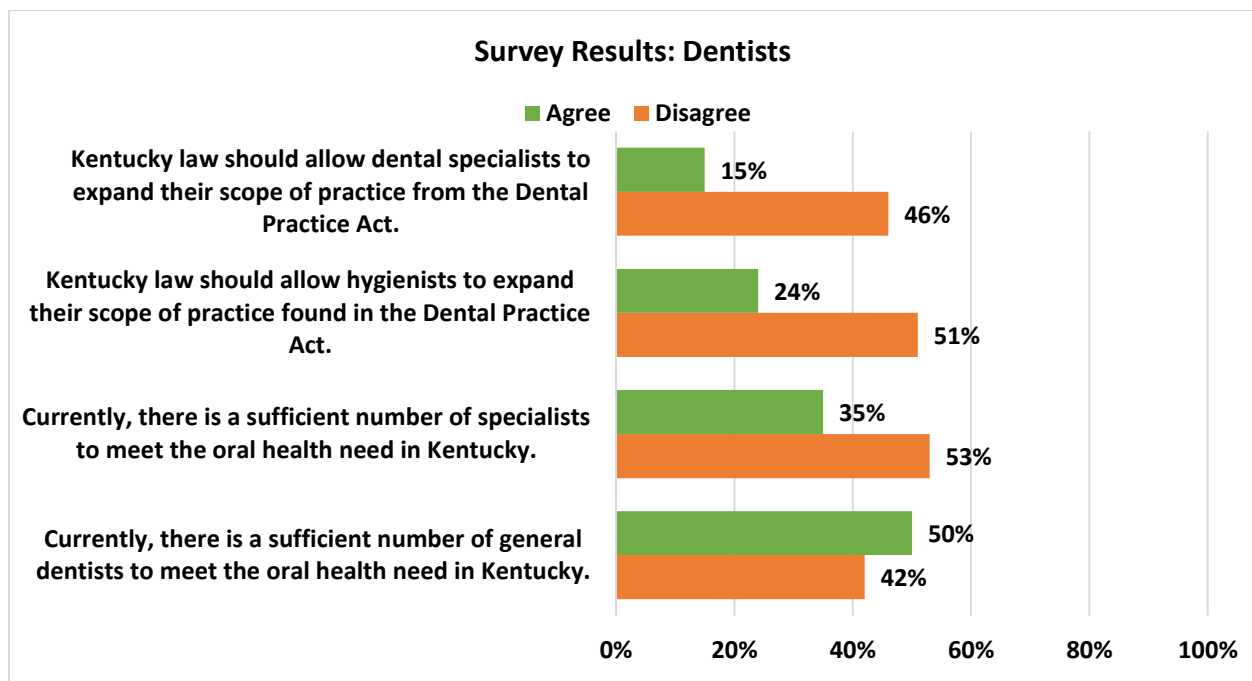


The majority of survey respondents disagreed that the Kentucky Medicaid Program (67%) and/or the Kentucky Children’s Health Insurance Program (KCHIP) (45%) adequately meets the oral health needs in Kentucky. Seventy-two percent (72%) believe there is a shortage of dentists across the state. It was also noted that affordability for dental care without insurance (including Medicaid) was nearly impossible with 65% of participants stating they could not afford dental care without insurance. With the condition and diseases of the mouth impacting general health, primary healthcare professionals should incorporate oral health in their assessment of patients’ overall health and understand how good oral health reduces the morbidity of the chronic diseases that physicians manage.

Should registered dental hygienists be able to do more?



Ninety-seven percent (97%) of hygienist respondents agree that Kentucky law should allow them to expand their existing scope of practice (i.e. basic hygiene, “general supervision”, “Public Health Registered Dental Hygienist”, “coronal polishing”, “local anesthesia”). Only 62% agree there is a sufficient number of hygienists to meet the professional need in the state.



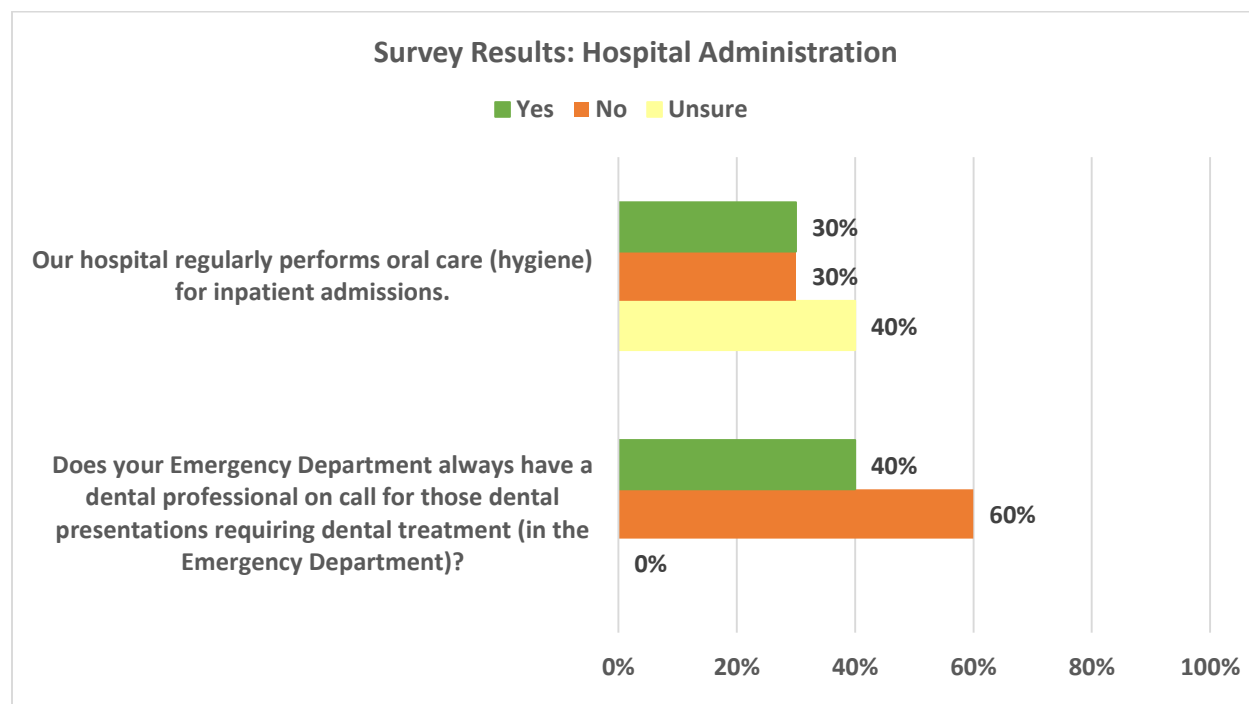
More dentists (50%) agree there is a sufficient number of general dentists to meet the oral health need in Kentucky than those who do not (42%), while 53% disagree that there is a sufficient number of specialists. A majority of dentists disagree that dental specialists or hygienists (46% and 51%, respectively) should expand their scope of practice.

How many dentists accept Medicaid for established patients?

Slightly more than one-third of dentists do not accept Medicaid as a payment source. One in five dentists report less than one-third of their patients being covered by Medicaid.

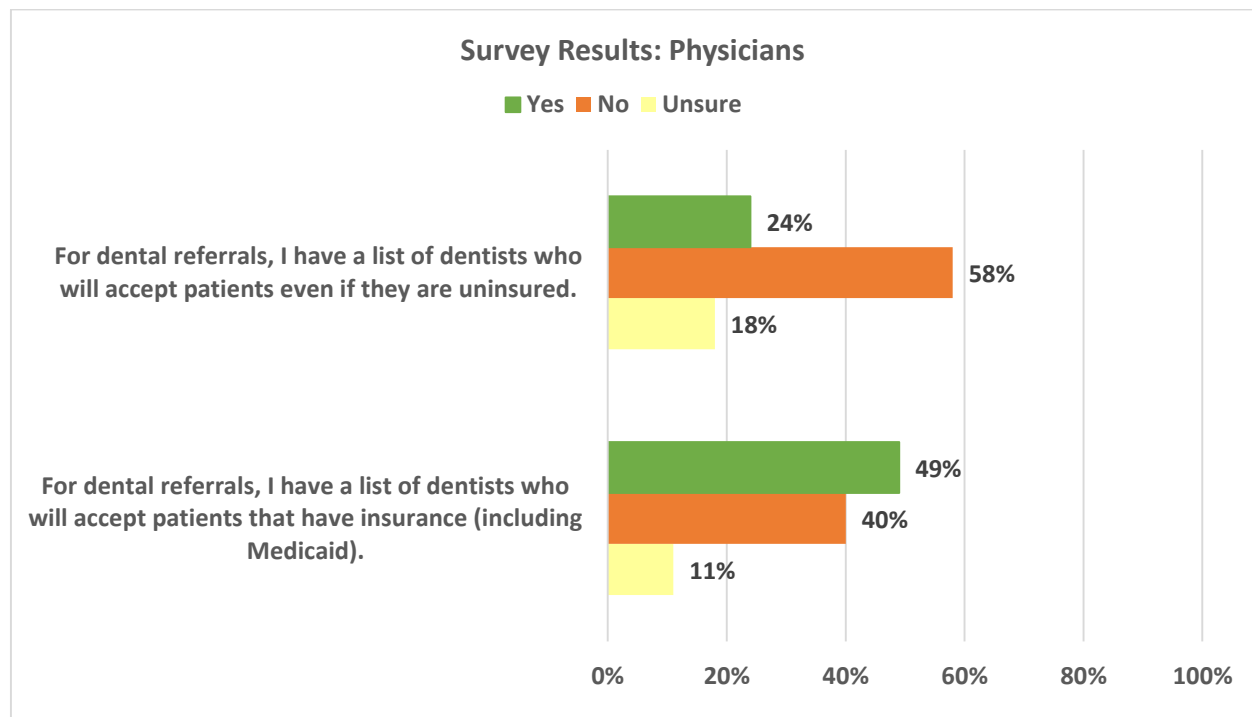
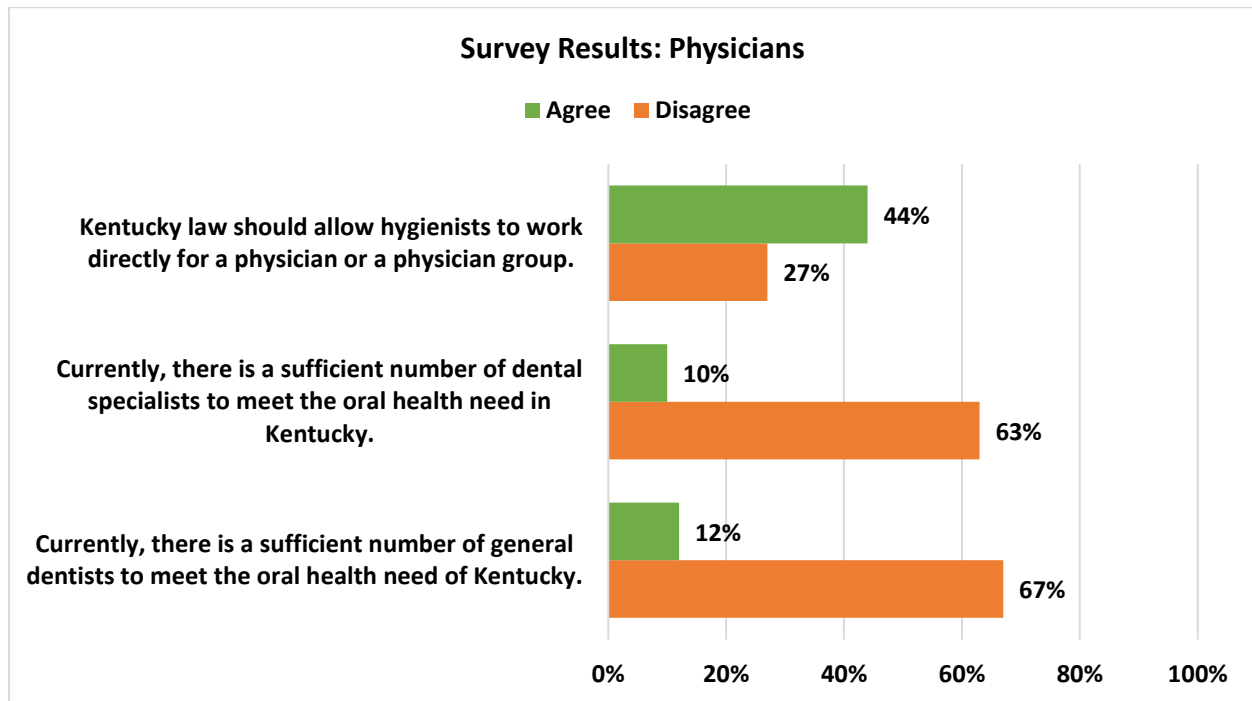
Percentage categories	<30%	30% - 39%	40% - 49%	>= 50%	I don't take Medicaid
In my practice, the proportion of Medicaid clients is:	20%	5%	10%	29%	36%

How do hospitals view oral health care as a component of the hospital experience?



Forty percent (40%) of hospital administration respondents were unsure if their hospital regularly performed oral hygiene for inpatient admissions. Most hospital administration participants (60%) reported their emergency department did not have a dental professional on call for dental treatment.

How do physicians rate the importance of oral health in their practice philosophy?



Physicians stated that there are not sufficient numbers of dental specialists or general dentists to meet the oral health needs of Kentuckians (63% and 67%, respectively). Forty-four percent (44%) of the physicians agreed that Kentucky law should allow dental hygienists to work directly for a physician or a physician group. Fifty-eight percent (58%) of physicians stated they do not have a list of dentists who will accept patients if they are uninsured while 40% stated they do not have a list of dentists who will accept insured patients.

The following tables show the breakdown of the surveyed physicians who took part in the survey and what percentage of physicians accept Medicaid clients.

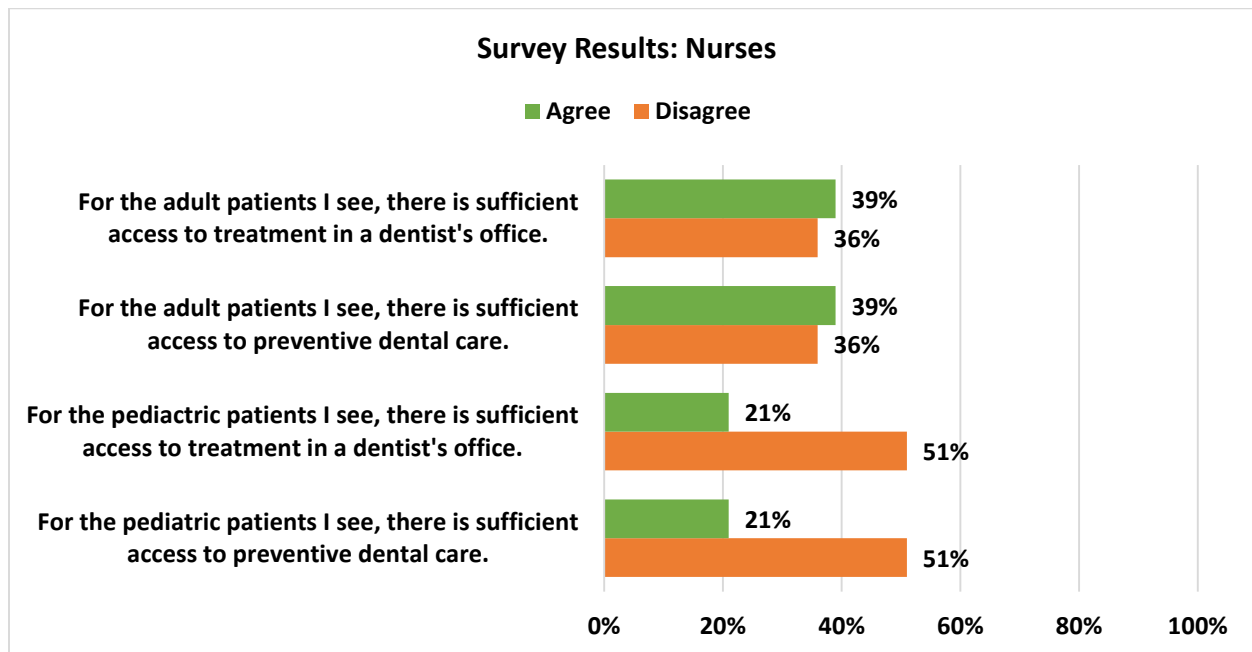
Type of Physician Licensure

Please indicate your license type.	Family Practice	Internal Medicine	Pediatrics	Surgeon	Other Specialty
	32%	21%	42%	1%	4%

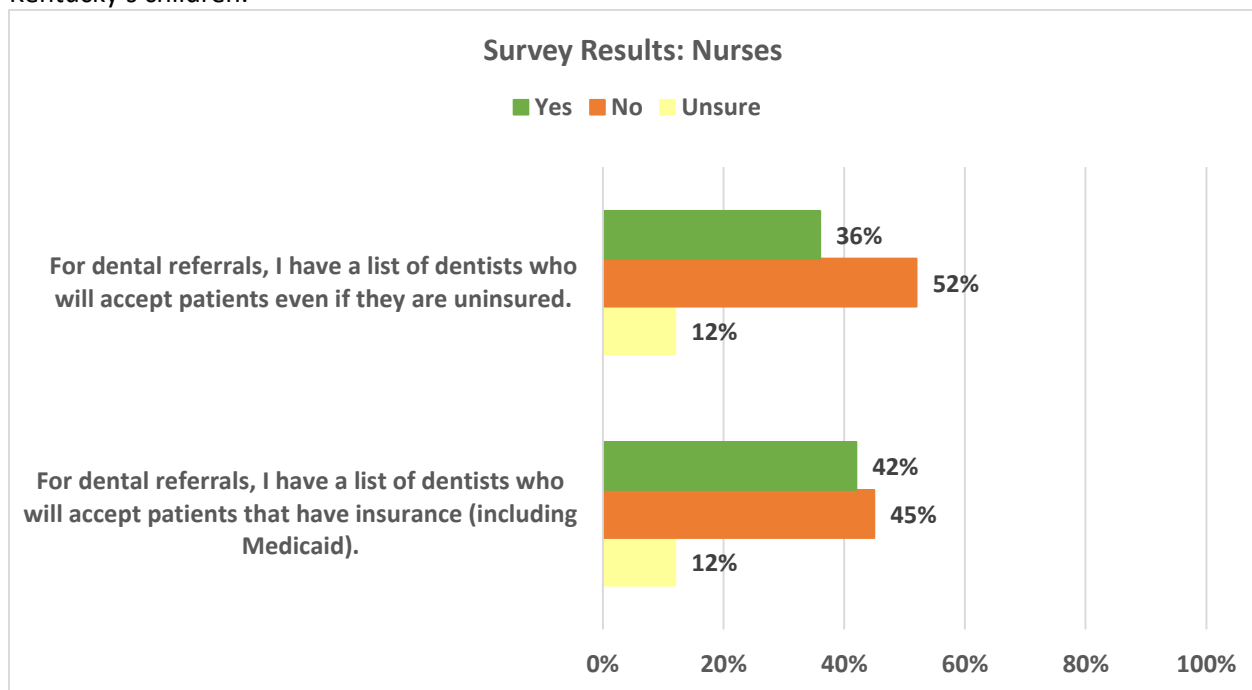
Percentage of Practice with Medicaid

Type of practice	Family Practice	Internal Medicine	Pediatrics	Surgeon	Other Specialty
Percentage categories	<40	40% -49%	50% - 59%	>/= 60%	I don't take Medicaid
In my practice, the proportion of Medicaid clients is:	32%	18%	15%	28%	7%

What are nurses seeing in their practices?



The breakdown for the above chart shows how nurses felt about each of the determinants. Fifty-one percent (51%) reported there was not sufficient access to treatment or preventive dental care among Kentucky's children.



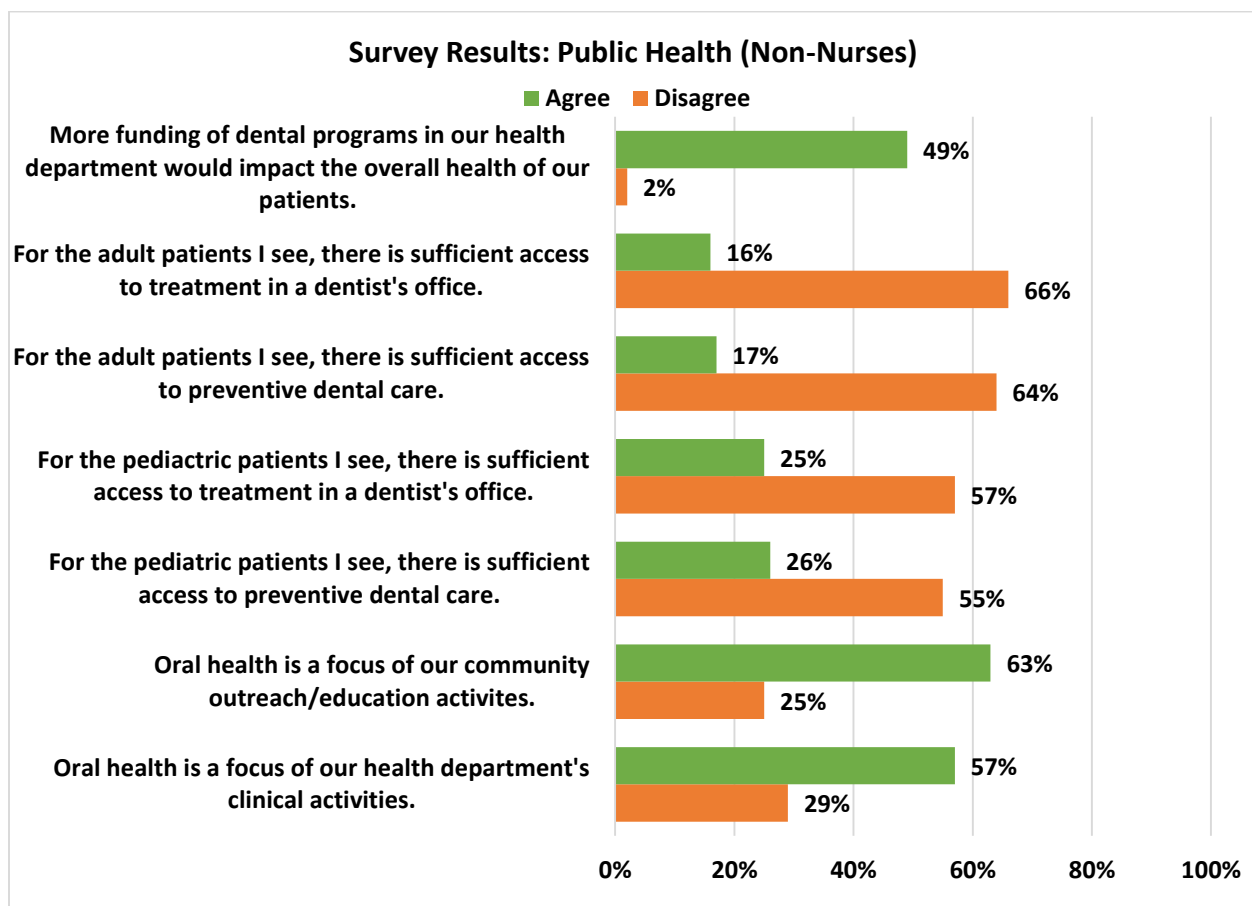
The majority of nurses reported they had no lists of dentists who will accept patients who are uninsured or have insurance including Medicaid (52% and 45%, respectively). Only 36% said they had a list for the uninsured and only 42% stated they had a list for the insured including Medicaid.

Nursing work area

The below table shows the breakdown of the nurses who participated in the survey.

Type of practice	Private Office	Public Health	School Nursing	Hospital Nursing	Public Clinic Nursing	Other
I work in this environment.	0%	30%	58%	0%	6%	6%

What Do Public Health Professionals (Non-nurse) Think about Oral Health?

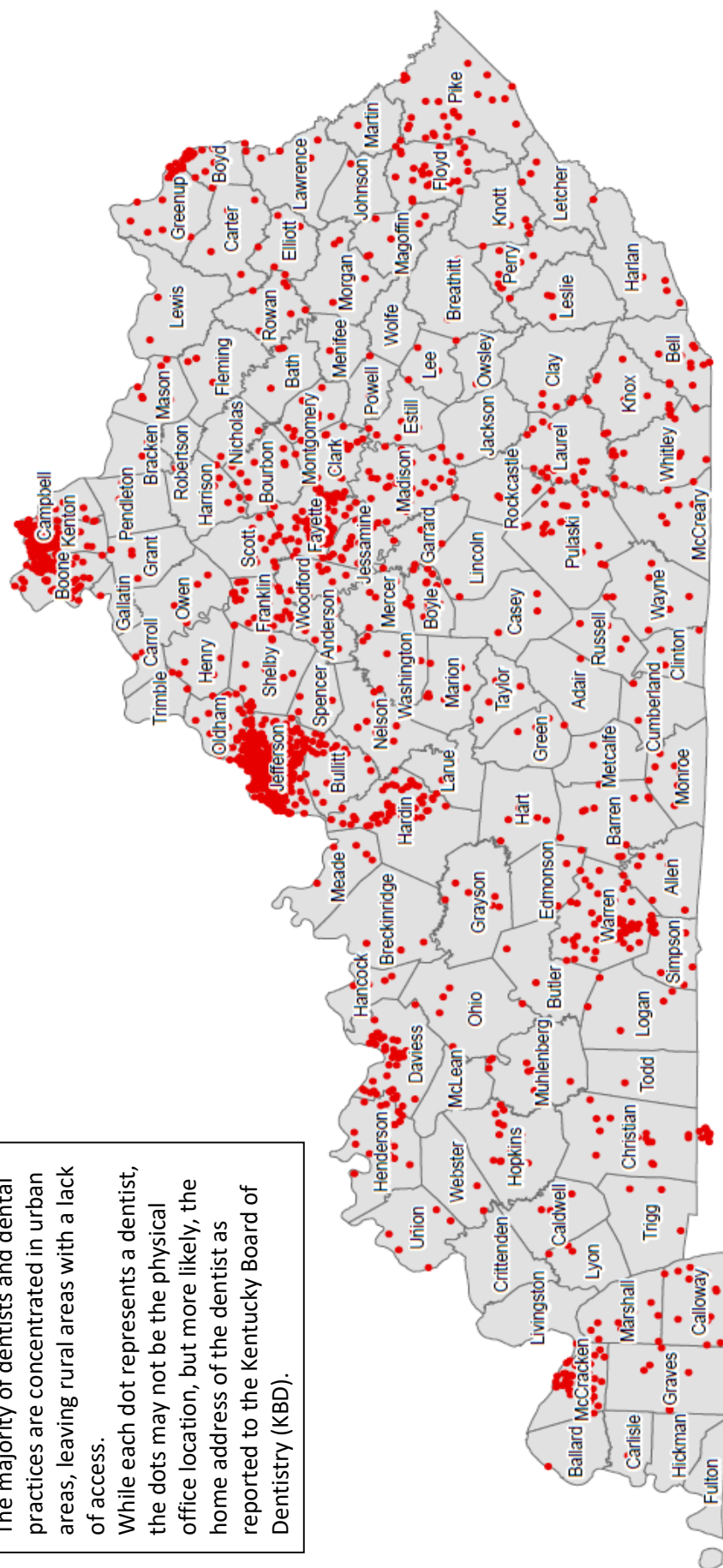


Majority (49%) public health participants (non-nurses) agreed that more funding of dental programs would influence the overall health of their patients. As for sufficient access to treatment and preventive care for both adults and children, most public health participants disagreed, stating there was not sufficient access, as shown in the above chart. Sixty-three percent (63%) reported that oral health is a focus of their community outreach/education activities and 57% reported oral health was a focus of their health departments' clinical activities.

Distribution of General Dentists

Kentucky

The majority of dentists and dental practices are concentrated in urban areas, leaving rural areas with a lack of access. While each dot represents a dentist, the dots may not be the physical office location, but more likely, the home address of the dentist as reported to the Kentucky Board of Dentistry (KBD).



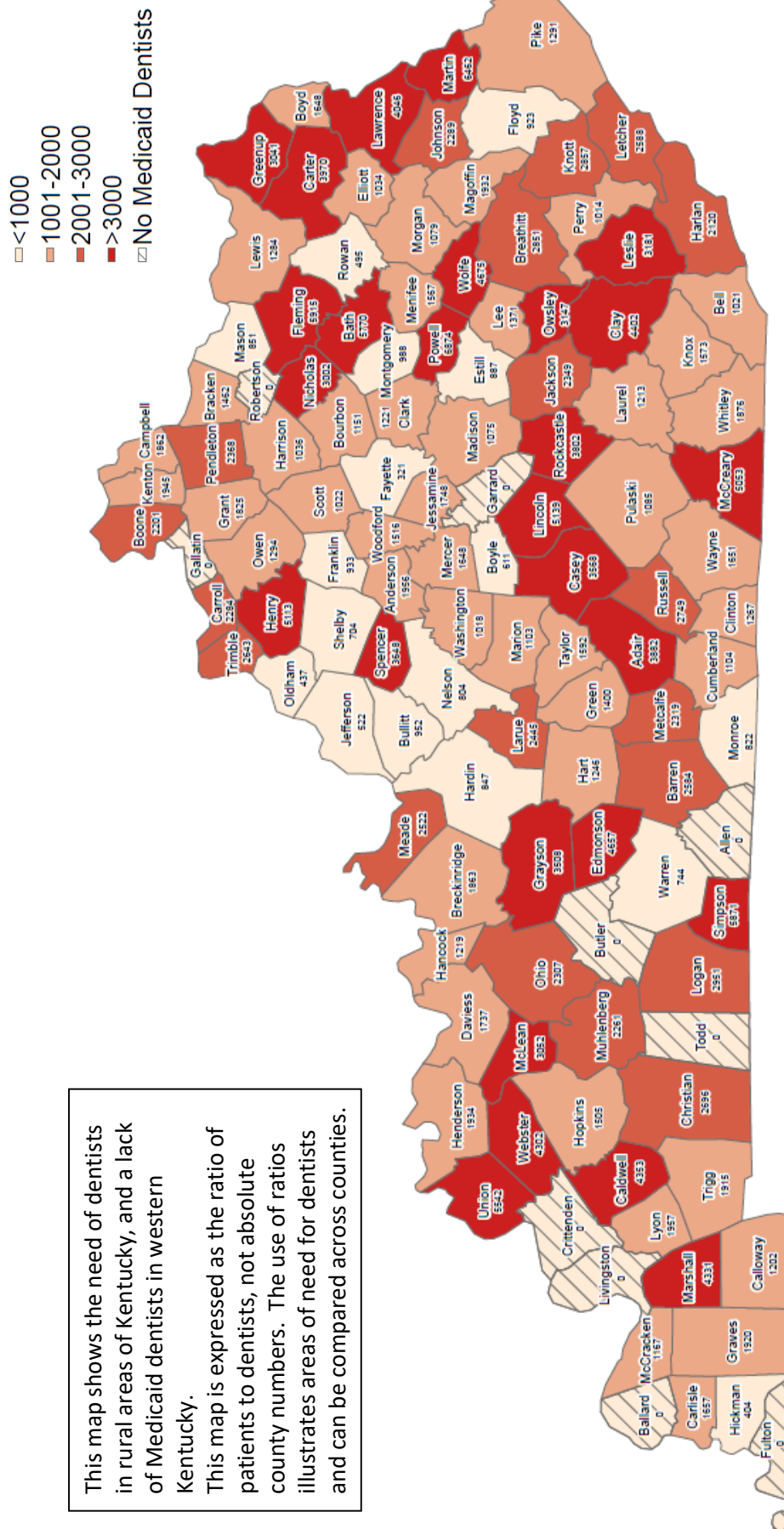
Disclaimer: This is a general distribution of dentists in Kentucky, based on the licensee's primary address on file with KBD. Practices are mapped by ZIP code, not physical location. Each dot represents one dentist.

May 17, 2017
Data Source: Dentist Disk Report. February 2017.
Shapefiles from Kentucky Geography Network.

Medicaid Dentists and Medicaid Members

Medicaid Patients per Medicaid Dentist by County

This map shows the need of dentists in rural areas of Kentucky, and a lack of Medicaid dentists in western Kentucky.



Example: Bath County has 5,770 Medicaid Patients to every one Medicaid Dentist. Fayette County has 321 Medicaid Patients to every one Medicaid Dentist.

Workforce

The Workforce group assessed the dental workforce in Kentucky. Its distribution is key to understanding access to dental care. The focus group recognized that the dental workforce was comprised of dentists, hygienists, dental specialists, and non-traditional dental providers such as public health dental hygienists.

The focus group recognized the value in the longevity of a dental provider in a community. The group agreed a community benefits from a dental professional serving their area for many years, preferably for the entire career of the provider.

Idea Generation

The stakeholders prioritized the following goals for discussion:

- Medicaid fee reimbursement schedules
- Incentives to return dentists to underserved areas
- Funding to dental schools to allow for lower in-state tuition
- Full utilization of the Public Health Dental Hygiene Program
- Improved access to specialists
- Development of a mentoring program

Priority Setting

The stakeholders recommended the following goals for the 2017 strategic plan:

- Medicaid fee reimbursement schedules not being compatible for dentist participation
- Incentives to serve underserved areas and standardization of the definition of dentally underserved areas to support loan repayment and tax incentive programs
- Full utilization of the Public Health Dental Hygiene Program

Medicaid fee reimbursement schedules

The stakeholders felt Medicaid fee reimbursements are not sufficient for most dentists to include Medicaid services in their business plan. The focus group, which included representation from the Department for Medicaid Services, recommended the Department for Medicaid Services compare current Medicaid fee reimbursements to the regional “Usual and Customary Rates” and adjust them accordingly. The American Dental Association periodically publishes these rates. The review and adjustment would occur annually. Establishing Medicaid fee reimbursements at an increased rate would work to solidify the dental workforce in Kentucky and encourage dental providers to accept more Medicaid patients.

More efficient Medicaid credentialing was recommended as a means to improve the sustainability of a dental workforce to meet the oral health needs of the state. In addition to low fees, confusing and time-intensive administrative requirements contribute to a low participation rate of Kentucky’s licensed dentists. Avesis, the dental benefits manager for most of Kentucky’s Medicaid members, has developed a streamlined process. They are working with the Department for Medicaid Services to reduce the administrative burden of credentialing for the provision of Medicaid dental services. This new system secures active provider numbers within 15 days. Through the support of the federal Centers for

Medicare and Medicaid Services, the Department for Medicaid Services is also developing a web-based portal for potential dental providers to move more efficiently through the application process. The web-based portal remains in testing mode as of October 2017.

Incentives to serve underserved areas

The maldistribution of dental professionals was important to the group. They discussed how the establishment of incentives to practice in an underserved area could solidify Kentucky's dental workforce. Loan repayment to reduce dental education debt and tax incentives were broadly discussed as a workforce issue.

An acceptable definition of "dentally underserved area" was discussed. The definition is necessary to appropriately identify underserved areas and recruit dental professionals in the area. Kentucky's federally-designated Primary Care Office is in the Department for Public Health's Health Care Access Branch. This Branch uses federal formulas to designate a geographic area as a "Dental Healthcare Professional Shortage Area." These federally-designated areas have certain dental business advantages including loan repayment and community matching funds for dental businesses.

It was recommended all stakeholders need to collaborate and make a determination that more accurately reflects the geographic/business area under scrutiny. Two things could occur that would result in a more accurate score of dental professional need: more detailed licensure data for the Kentucky Department for Public Health's Health Care Access Branch to analyze, and increased data collection of current providers in the area that would help refine the underserved designation. More detailed licensure data would include updated practice location, percentage of Medicaid patients, hours practiced in all locations, and if specialty care is available. Other states require more licensure renewal information than Kentucky that is valuable to workforce planning such as perceived years before ceasing to practice and total number of dentists, employees, or dental extenders in practice. Also discussed was whether dental claims are a valid measure of the broad provision of dental services in an area. One possible scenario was a local dentist marks "Enrolled Medicaid Provider" on the KDPH Health Care Access Branch survey to assist in shortage determination, but a review of claims from this provider reveals only 14 dental service claims were made in a given calendar year. This would indicate that this area may need more dental professionals for the low-income population as simply being an enrolled Medicaid provider does not equate with providing full-time or part-time services to this population.

As an effective evidence-based practice, future loan repayment programs could be targeted to Dental Healthcare Professional Shortage areas, regardless of the source of funding of any loan repayment program. Two sources of funding for these programs were discussed: federal and non-federal sources. The National Health Service Corp repayment program is a federally-funded, state-administered program, which requires a community match that frequently impedes a new dentist from accepting the repayment. Non-federal sources include state public or private funding, such as the state general fund or private philanthropic foundations. If non-federal money is made available, the Kentucky Oral Health Program has experience in implementing a one-time loan repayment program, which could begin as the foundation of a repayment plan that may be developed in the future.

Tax Incentives were discussed within this goal as well, but the discussion was moved to the Policy group. Please refer to that section for more information.

A soda tax was originally in this grid, to support loan repayments and dental schools. The primary party to bring this to fruition was thought to be the Kentucky Oral Health Coalition. All agreed that a large, diverse group within the coalition is needed to offset the work of the beverage industry's lobbyists.

Full utilization of the Public Health Dental Hygiene Program

The focus group recommended the full and increased utilization of the public health registered hygienist. The stakeholders agreed that more publicity and education was necessary for the public and private dental professionals on the intent and the successes of the program. The stakeholders recommended the Kentucky Oral Health Program include this as an activity.

Areas for Future Considerations

Successful dental practices and dentists meeting the needs of their community was discussed. The discussions revolved around the need for a professional-to-professional mentoring program and around various professional associations providing a mentorship program. However, the stakeholders recommended the Kentucky Oral Health Program support this effort through the development of a statewide mentoring program. The group agreed this was important to the success of established and new dental providers and practices, but was not an issue for inclusion in Kentucky's Oral Health Plan. The Kentucky Oral Health Program could provide this service without involvement of other organizations.

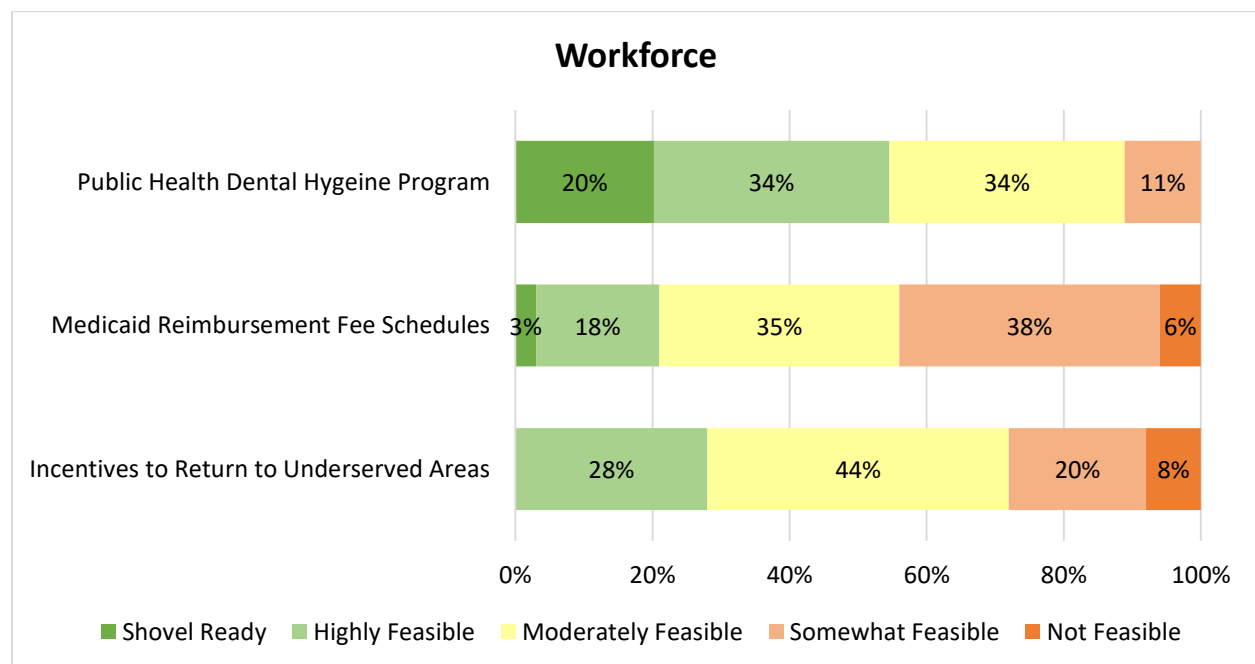
Limited career opportunities for family members of dentists was discussed as a barrier to establishing stable dental practices in underserved areas. Funding dental schools through legislative action was deleted from the final goals due to lack of interest from the second meeting of stakeholders, yet was considered during the feasibility voting. Informal conversations pointed to activities happening in the dental schools that will request increased funding from the legislature and other funding sources. Philanthropic foundations may be interested in funding dental education in Kentucky, per one stakeholder.

Feasibility

This strategic plan has many goals and action items, but the reality is not every great idea has great feasibility. The feasibility of the goals was determined by collectively polling the stakeholders during the September meeting. Each stakeholder could select one choice for the realistic feasibility of each goal.

The feasibility ratings were:

"Shovel Ready":	This can happen today or is already occurring
Highly feasible:	Resources are in place; with leadership this can begin soon
Moderately feasible:	Resources are likely; the will or desire is uncertain
Somewhat feasible:	Hurdles are difficult to manage
Not feasible:	Not likely to happen; no will or no resources are available



Strategic Area Initiative: Workforce

Issue to Address	Actions Needed	Date of Completion	Primary Responsible Party
Medicaid reimbursement fee schedules	Compare current Medicaid fees to the regional “Usual and Customary Rates” and adjust them accordingly.	2019 and annually thereafter	Department for Medicaid Services
	Develop pass-through contract language from state RFP process to the MCOs to ensure consistency of payments and credentialing.*	Currently being developed and ongoing	Department for Medicaid Services
	Build a multi-sectorial coalition supporting fee increases.	2018	Kentucky Dental Association
Establish Incentives to practice in underserved areas	Designate areas of the state as underserved for dental care.	December 2019	State Primary Care Office
	Develop educational loan repayment program.	No Date Given	Kentucky Oral Health Program
	Implement more efficient Medicaid credentialing.	December 2022	Department for Medicaid Services
	Establish a soda tax.	Next legislative session	Kentucky Oral Health Coalition
Fully utilize Public Health Dental Hygiene Program	Educate dental community about and increase the Public Health Dental Hygiene role.	December 2019	Kentucky Oral Health Program
	Urge local health departments to hire/create this position in their health department.	December 2019	Kentucky Oral Health Program
	Publish article to promote understanding of program.	December 2018	Kentucky Dental Association

*NOTE: Participants defined this as MCOs will comply with the contract that the state writes with expected standards. The participants wanted language included in the RFP for MCO participation that passed over to the final contract between DMS and the MCOs and laid out the standards for credentialing and redundant payment mechanisms.

Data Collection and Metrics

All stakeholders agreed that quality data defines where Kentucky's needs and resources are, provides valuable trends on outcomes achieved or missed, and drives goals toward improving outcomes.

Idea Generation

The stakeholders prioritized the following goals for discussion:

- Adopt/create state performance measures to be required reporting for Medicaid Healthcare and Effectiveness Data and Information Set (HEDIS) and Commercial Insurers
- Integrate oral health into Kentucky Health Information Exchange (KHIE) at a patient level versus provider level
- Develop an ongoing county-based surveillance system for oral health
- Create a data collaborative to improve dental outcome measurement
- Expand Kentucky Public Health Dental Hygiene Program
- Re-evaluate current dental screening requirement for pre-entry into public schools (ages 5 and 6)

Priority Setting

The stakeholders recommended the following goals for the 2017 strategic plan:

- Adopt/create state performance measures to be added to Medicaid (HEDIS) and Commercial Insurers as required reporting
- Integrate oral health into KHIE
- Develop an ongoing county-based surveillance system
- Assess/integrate other seven groups data collection/metrics
- Expand Kentucky Public Health Dental Hygiene Program
- Re-evaluate current dental screening requirement

The first goal of this focus group was to create a data collaborative to improve measures for dental outcomes. This was removed from the grid during the final meeting due to lack of dialogue and direction from the group. Regardless, a feasibility measurement was taken. Based on the group's score, the Kentucky Oral Health Program will retain this goal in the overarching work to mature current systems and develop new systems that can assist any interested party in policy development through accountable data collection systems. The work of the focus group on this goal was vague. More work will occur as the group is engaged to better define their vision for this goal.

Adopt/create state performance measures to be required reporting for Medicaid Healthcare and Effectiveness Data and Information Set (HEDIS) and Commercial Insurers

Performance measures are necessary to assess saturation of dental care throughout Kentucky's population. Standardized measures are used in the Centers for Medicare and Medicaid Services' programs and through the HEDIS measures. However, it was recognized that private, commercial dental insurance plans do not report to these standards. Delta Dental of Kentucky is the state's largest private dental plan, and it was suggested that a collaborative pilot project with the Kentucky Oral Health Program and Delta Dental commence to determine the feasibility of reporting information according to HEDIS standards. The national "Dental Quality Alliance" publications will be reviewed by the Kentucky

Oral Health Program and the Department for Medicaid Services. The publications are the dental industry standard for application of performance measures.

Integrate oral health into Kentucky Health Information Exchange (KHIE)

Valuable dental diagnosis and service information could be obtained by including dental information in KHIE. One significant barrier is a lack of dental software platforms compatible with KHIE's platform. This makes data collection impossible with the exception of the dental services by oral surgeons who bill as physicians. The Cabinet for Health and Family Services is the administrative agency for KHIE, the Kentucky Oral Health Program, and the Department for Medicaid Services, and was recommended to begin investigating the changes needed for dental information to be submitted to KHIE.

Develop an ongoing county-based surveillance system

County-based oral health data via a surveillance system was identified as a need. The biggest barrier to establishing and implementing this surveillance system is a lack of funding. The Kentucky Oral Health Program was recommended as the responsible party for any implementation of a county-based system, and the implementation will include many partners. It was noted that surveillance should include all aspects of dental health as opposed to only dental decay rates among defined populations.

Create a data collaborative to Improve Dental Outcome Measurement

It was recommended that all the focus groups should have a data collection aspect and the final plan should integrate all the groups' work. The Kentucky Oral Health Program will ensure integration as the plan is finalized and subsequently updated and modified. Therefore, a feasibility measurement was not taken.

Full utilization of the Public Health Dental Hygiene Program

The focus group recommended the full and increased utilization of the public health registered hygienist. The stakeholders agreed that more publicity and education was necessary for the public and private dental professionals on the intent and the successes of the program. The stakeholders recommended the Kentucky Oral Health Program include this as an activity.

Revise and expand Kindergarten screening to ensure treatment and follow-up is completed

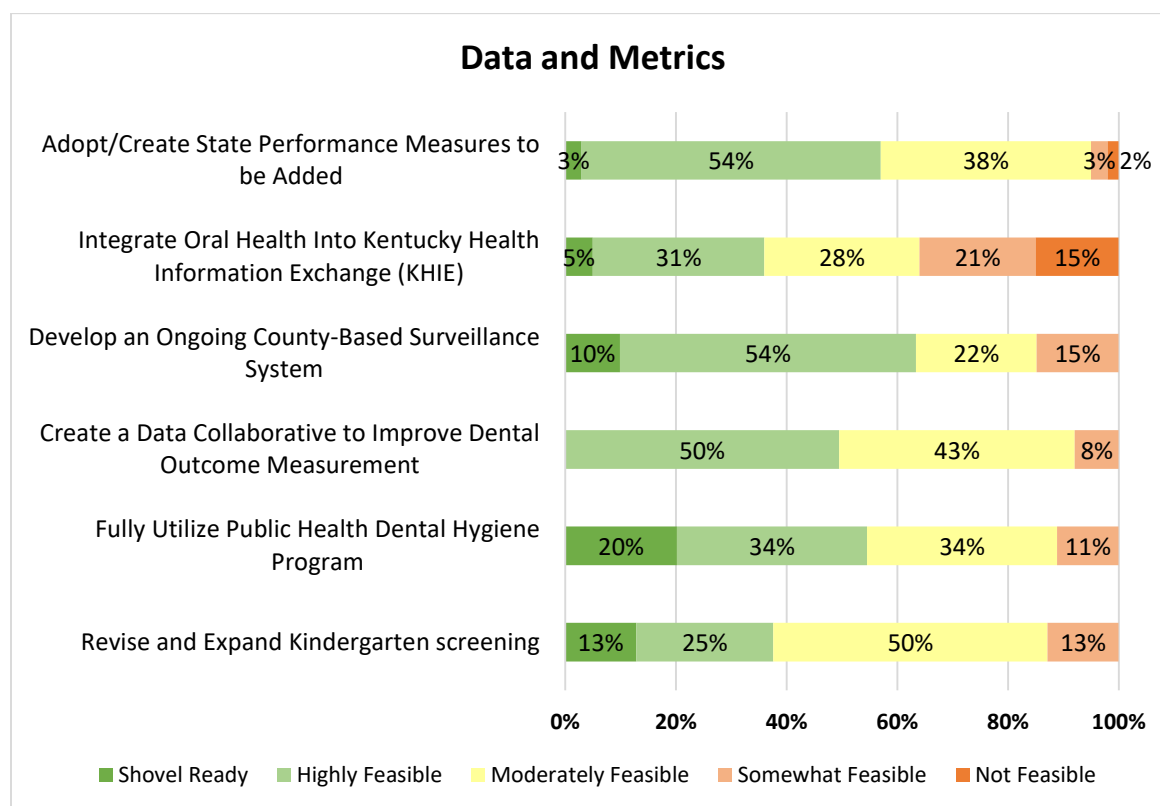
Good oral health improves the learning conditions of children by improving concentration, reducing absenteeism, and reducing sickness. Strengthening the screening requirement could improve oral health in at-risk children and result in the prevention of significant dental disease. The fact that this is not a public health law but a Department of Education law was discussed, so the Department of Education was recommended as the responsible party to address necessary changes in the law, or the application of the law, to improve oral health in children. This would include addressing the goals of establishing consistent data entry within the school administration, promoting case management and follow-up for treatment, and review of data collected to assess the effectiveness of the Kindergarten screening.

Feasibility

This strategic plan has many goals and action items, but the reality is not every great idea has great feasibility. The feasibility of the goals was determined by collectively polling the stakeholders during the September meeting. Each stakeholder could select one choice for the realistic feasibility of each goal.

The feasibility ratings were:

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Strategic Area Initiative: Data Collection and Metrics			
Issue to Address	Actions Needed	Date of Completion	Primary Responsible Party

Adopt/create state performance measures to be required reporting for Medicaid Healthcare and Effectiveness Data and Information Set (HEDIS) and Commercial Insurers	Develop a pilot program with Delta Dental of Kentucky on reporting of HEDIS performance measures.	January 2018	Kentucky Oral Health Program; Delta Dental of Kentucky
	Review other state measures and Dental Quality Alliance for future state performance measure development.	January 2018	Kentucky Oral Health Program
Integrate oral health into Kentucky Health Information Exchange (KHIE) at the patient level versus provider level	Determine feasibility for integrating oral health.	August 2019	Cabinet for Health and Family Services
	Create a registry for ways to capture data currently unavailable or not collected by KHIE.	August 2019	Cabinet for Health and Family Services
Develop an ongoing county-based surveillance system	Create a 10-year plan with targeted age groups and frequency of surveillance.	January 2018	Kentucky Oral Health Program
Assess/integrate other data collection/metrics from all focus groups	Link Data and metric efforts from the other focus groups for consistency and reduced duplication of effort.	Ongoing	Kentucky Oral Health Program
Expand Kentucky Public Health Dental Hygiene Program with 75% of Local Health Departments participating	Work to increase public health dental program in 75% of Local Health Departments by 2022.	2022	Kentucky Oral Health Program
Re-evaluate current Kindergarten dental screening requirement [process and data entry procedures]	Review statute and intent of screening law and required reporting.	2020	Kentucky Oral Health Program; Kentucky Department of Education

Dentistry as a Business

The Dentistry as a Business focus group considered the unique challenges of running a dental practice as a small business.

Idea Generation

The stakeholders prioritized the following goals for discussion:

- Establish a state-funded loan repayment program for new dental students who agree to practice in limited access or underserved areas
- Develop university programs that will establish university partnerships to assist closing dental practices (from retirement and financial struggles) with dental student intern placements
- Recommend state policymakers to increase funding for oral health
- Develop and implement tax incentives for practices established in limited access or underserved areas
- Establish a required orientation seminar for new dental students for review of licensing, insurance credentialing, and Medicaid provider number attainment
- Establish a tax on sugary beverages to fund oral health programs
- Establish a mentor program through Kentucky Dental Association and Kentucky Dental Hygienist Association in which experienced practitioners would mentor students as early as junior year, or at least by the senior year. The mentorship design should continue after graduation to help the graduate dentist or registered dental hygienist to navigate through the licensing, credentialing, contract decisions, etc.

Priority Setting

The stakeholders recommended the following goal for the 2017 strategic plan:

- Assist new students through state-funded loan repayment programs for those who will work in limited access or underserved areas

Assist new students through state-funded loan repayment for those who will work in limited access or underserved areas

Loan repayment to a new graduate in return for service in an underserved area was a topic of substantial discussion. The focus group agreed to respect and support the work of the Workforce group by adopting that group's action items. Again, private philanthropic foundations were discussed as a possible resource to place new dentists in underserved areas. The Kentucky Oral Health Program was assigned as the primary party to research this possibility.

Areas for Future Considerations

The original goal for development of university programs that establish partnerships to assist closing dental practices through dental student intern placements was deleted. There was discussion that dental schools could purchase closing dental practices and use the location as a rotation of students to be exposed to rural community dentistry. This was removed from the priorities as dental schools have existing externship opportunities for those wanting to know more about a dental business in a rural community.

The goal was deferred to the Workforce and Prevention focus groups for Kentucky state government to increase funding for oral hygiene programs.

Tax incentives were deleted as a goal since other groups included robust discussions regarding loan repayment and tax incentives for practices in underserved areas. The Dentistry as a Business focus group remains interested in tax incentives for dentists that serve a defined underserved area. Ideas include working toward a state tax reduction for those in underserved areas, learning what other programs are already in place, and researching other existing tax incentives in which to base dental incentives. They deferred this goal to the Workforce and Policy focus groups' work plan to establish a soda tax that would fund these programs.

The goal of establishing a required orientation seminar for new students for review of licensing, insurance credentialing, and Medicaid provider number attainment was deleted as both dental schools agreed this was covered as part of their business management curriculum.

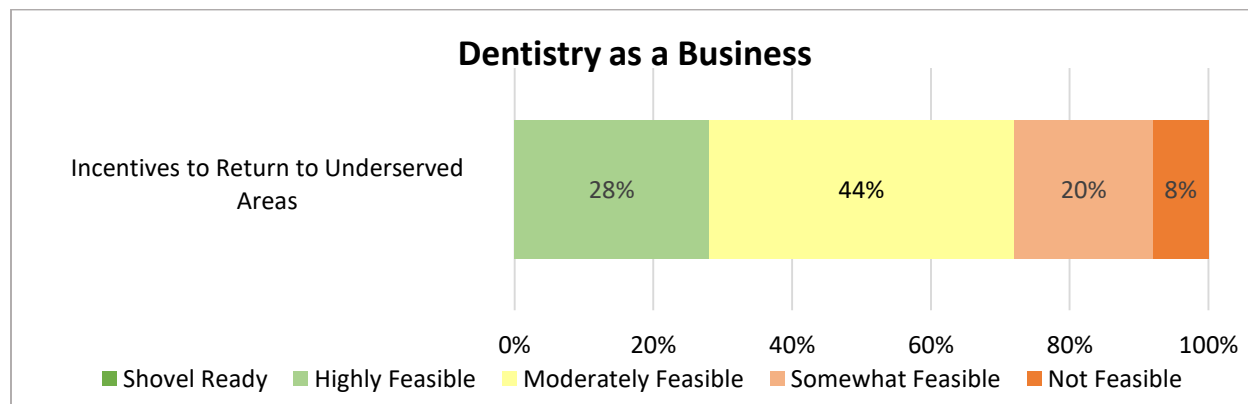
The Dentistry as a Business focus group expressed interest in a mentoring program that matches dental students with practicing dentists to advise the soon-to-be-dental provider on practical approaches for a successful business. The group agreed these activities should be housed in the respective professional associations, the Kentucky Dental Association and the Kentucky Dental Hygienists Association, and should not be included as a part of a state oral health plan.

Feasibility

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The feasibility ratings were:

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Strategic Area Initiative: Dentistry as a Business

Issue to Address	Actions Needed	Date of Completion	Primary Responsible Party
Assist new students through a state funded loan repayment program for those who agree to practice in limited access or underserved areas	Develop an educational loan repayment program. Identify partners and foundations that will help develop practices in underserved and limited access areas.	January 2020	Kentucky Oral Health Program

Inter-Professional Dental/Medical Collaboration

The Inter-Professional Dental/Medical Collaboration focus group focused on improving the professional interaction between dentists and medical providers to create appropriate and seamless care of their patients. This topic is currently a national discussion focused on patient-centered care, and the SWOT (Strengths, Weaknesses, Opportunities, Threats) analysis strongly supported the stakeholders' interest.

Idea Generation

The stakeholders prioritized the following goals for discussion:

- Require an oral health component as part of continuing education for medical professionals
- Bridge the gap between medical and dental insurance
- Bridge the communication and referral gap between medical and dental professionals
- Address the need to focus on the impact of oral health as a factor that relates to systemic health
- Develop and distribute a statewide oral health network to aid medical professionals in connecting patients to services

Priority Setting

The stakeholders recommended the following goals for the 2017 strategic plan:

- Create opportunities that support oral health and medical integration in professional school curriculum
- Address the need to focus on the impact of oral health as a factor that relates to systemic health
- Develop and distribute a statewide oral health network to aid medical professionals in connecting patients to services

Oral health and medical integration starts with formal education in the professional schools

The stakeholders recognized the need for dentists to have a comfort level working with medical professionals for appropriate and seamless care through planned dental treatment. It is important to have physicians and their extenders know that oral health is imperative as part of a comprehensive medical treatment plan. The outcome of this goal is to see more referrals directly from physicians after chronic diseases and pregnancy are diagnosed.

The stakeholders felt strongly there should be a requirement to integrate oral health instruction into medical education at the primary level, and to develop and offer continuing medical education relative to oral health knowledge. The group agreed the dental and medical schools should be the catalysts of this initiative. Representatives from primary care agencies spoke of their continuing education for clinic physicians including curriculum such as "Smiles for Life" and they are incorporating oral health in their pediatric encounters.

Address the need to focus on the impact of oral health as a factor that relates to systemic health

The importance of the connection between oral health and systemic health to both medical professionals and the public was emphasized. The Kentucky Oral Health Coalition was assigned this goal because of their broad scope related to oral health.

Develop and distribute a statewide oral health network to aid medical professionals in connecting patients to services

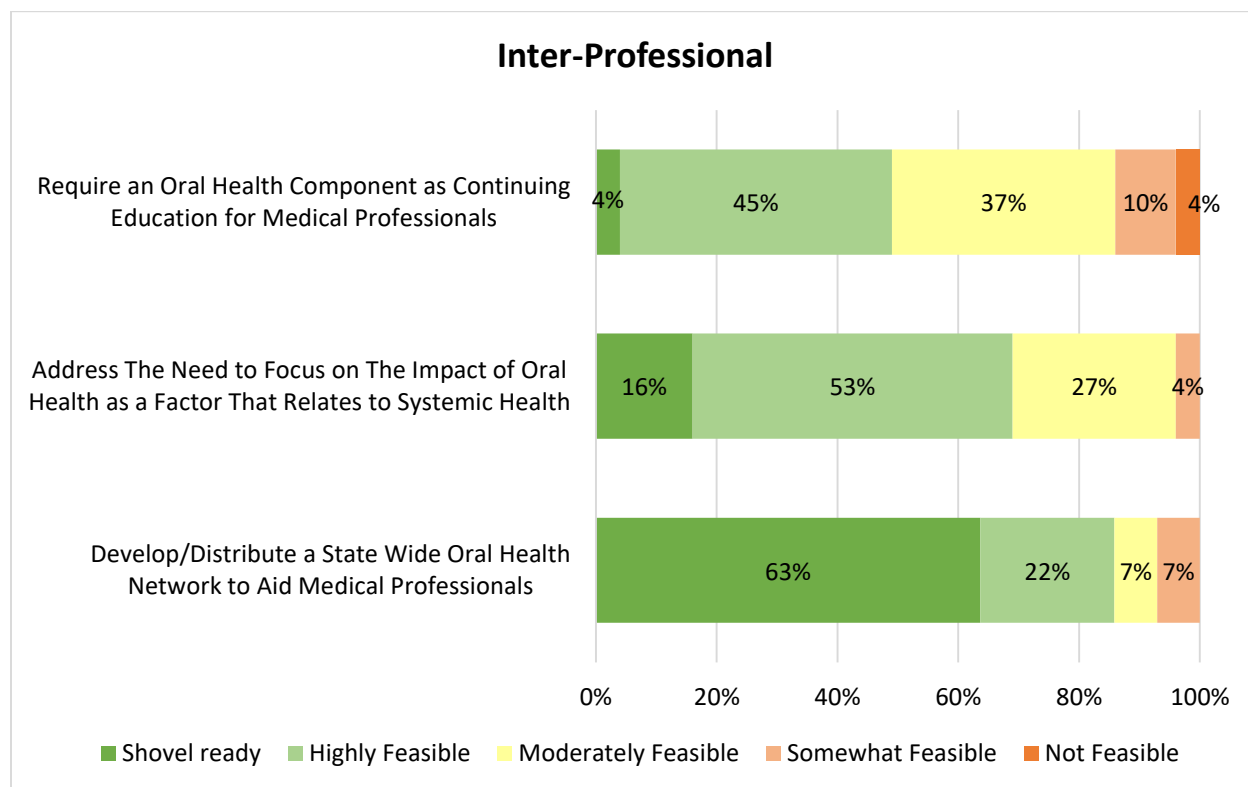
This already exists through the work of the Kentucky Oral Health Coalition who will continue to develop and distribute a list of local dental resources with the intent of moving Kentuckians into oral care through their “Bright Spots” project.

Feasibility

This strategic plan has many goals and action items, but the reality is not every great idea has great feasibility. The feasibility of the goals was determined by collectively polling the stakeholders during the September meeting. Each stakeholder could select one choice for the realistic feasibility of each goal.

The feasibility ratings were:

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Strategic Area Initiative: Inter-Professional Dental/Medical Collaboration

Issue to Address	Actions Needed	Date of Completion	Primary Responsible Party
Require an oral health component as part of continuing education for medical professionals	Develop requirement to integrate dental information into medical training at the primary level and as part of continuing education. This training should be a minimum of three hours.	2020 (Ongoing with FQHCs via Smiles for Life)	Dental and Medical Schools and Colleges
Address the need to focus on the impact of oral health as a factor that relates to systemic health	Emphasize oral health in conjunction with overall health by designing and distributing a public campaign to make public aware of impact of oral health on general health. Distribute existing research that supports the oral-systemic link to medical professionals.	2020	Kentucky Oral Health Coalition
Develop and distribute a statewide oral health network to aid medical professionals in connecting patients to services	Continue development through Kentucky Oral Health Coalition's "Bright Spots."	2018 and ongoing	Kentucky Oral Health Coalition

Prevention

It was natural for a group to form to address prevention activities as part of a state oral health plan. This group was very active during the focus group's work. They had a robust discussion between the spring summit and the fall follow-up meeting and were strong in the presentation and defense of their work.

Idea Generation

The stakeholders prioritized the following goals for discussion:

- Support and expansion of the Public Health Hygiene Program
- Support and expansion of Sealant Programs
- Promote use of Silver Diamine Fluoride (SDF) across Kentucky
- Develop consistent messaging to be used by all public health department programs to educate about oral health
- Revise and expand Kindergarten Screening to ensure treatment and follow-up is completed

Priority Setting

The group recommended that all of the initial goals be included in the 2017 strategic plan.

Public Health Hygiene Program

Discussion on the new public health registered dental hygienist (PHRDH) program was heard in almost all of the focus groups, but it was most thoroughly discussed in detail within this group. The goal was adopted as written with the primary responsibilities being assigned to the Kentucky Oral Health Program. As an agency of the Executive Branch, the Kentucky Oral Health Program cannot lobby elected officials for policy or funding changes so the Kentucky Oral Health Coalition was chosen to promote expansion of this program with seed funding to successfully establish public health hygiene programs. Along with the work to expand the public health hygiene program to additional health departments, it was important to the stakeholders that the success stories of the current programs be published and promoted. The Kentucky Oral Health Program will explore sustainable frameworks for public health hygiene programs and research the possibilities of the workforce through expansion of the public health hygienists' scope of practice.

Sealant programs

Sealant placement is a large part of the PHRDH's work. It was recommended the Kentucky Oral Health Program serve as a centralized clearinghouse that would continue to develop policy for sealant programs and other dental public health services. The Kentucky Oral Health Program will continue to monitor activities and measure outcomes of established programs, and be the primary agency to promote best practices in public health hygiene.

Develop guidelines and policies for mobile health programs to establish collaborative care agreements with a locally-based dental home and require reporting of services as measures of activities and outcomes was another action item. Avesis, the dental benefits manager for most of Kentucky's Medicaid members, is currently working on similar guidelines for Medicaid services and it was recognized that mobile dental vans provide services for residents other than Medicaid members. The

Kentucky Board of Dentistry was recommended as the responsible party in overarching regulations or guideline development using work already in place from Avesis. It was agreed that this should be part of the Emerging Issues focus group.

Promote use of Silver Diamine Fluoride (SDF) across Kentucky

Procedures using silver diamine fluoride was discussed as a top level priority for the strategic plan. It is a re-emerging practice that stops disease and reduces pain until the patient can see a dentist for further care. Considerable activity is occurring in the state regarding silver diamine fluoride procedures. The Kentucky Dental Association has been presenting technique information to dental-related agencies during the summer and fall of 2017. Avesis, in partnership with the Department for Medicaid Services, is finalizing a parent information sheet and consent form for use of silver diamine fluoride for a pediatric patient. It was recommended that other healthcare providers should be trained in population-based application of silver diamine fluoride in appropriate clinical cases. It was important to many stakeholders that silver diamine fluoride be recognized within the scope of practice of public health registered dental hygienists. This procedure is already in the Medicaid service panel for dentists. It is already considered within the scope of practice of a public health nurse for application in the prenatal patient that has difficulties accessing dental care by the Kentucky Board of Nursing. This goal will focus on working toward policy considerations that public health registered dental hygienists are recognized as appropriate providers of silver diamine fluoride application. Public health hygienists in the meeting recognized that the communication between the hygiene teams and the referring dentists is important and would continue with this procedure. The Kentucky Oral Health Program would be the responsible party for this goal.

Develop consistent messaging to be used by all public health department programs to educate about oral health

Public health departments are effective in educating their residents in many aspects of prevention. The group recommended that all messaging on oral health be consistent and widespread. The “KIDS Smile” curriculum is being updated by the Kentucky Oral Health Program. It instructs public health nurses on oral development, assessment, oral health education, and fluoride varnish application.

Oral health in early childhood was important to all stakeholders. The Kentucky Oral Health Program will be working with the Kentucky Oral Health Coalition to utilize their early childhood oral health issues curriculum for parents of Head Start students. The Kentucky Oral Health Program will continue to work with the Women, Infants and Children Supplemental Nutrition Program (WIC) and Health Access Nurturing Development Services (HANDS) to include educational messages about oral health for young children.

Revise and expand Kindergarten screening to ensure treatment and follow-up is completed

Good oral health improves the learning conditions of children by improving concentration, reducing absenteeism, and reducing sickness. Strengthening the screening requirement could improve oral health in at-risk children and result in the prevention of significant dental disease. This is not a public health law but a Kentucky Department of Education responsibility through Kentucky Revised Statute 156.160 (1)(j) which states “Beginning with the 2010-2011 school year, a dental screening or examination by a dentist, dental hygienist, physician, registered nurse, advanced practice registered nurse, or physician assistant that shall be required by the Kentucky Board of Education.” This fact was discussed, and the Department of Education was recommended as the responsible party to address necessary changes in the law, or the application of the law, to improve oral health in children. This would include addressing the goals of establishing consistent data entry within the school

administration, promoting case management and follow-up for treatment, and review of data collected to assess the effectiveness of the Kindergarten screening.

Areas for Future Consideration

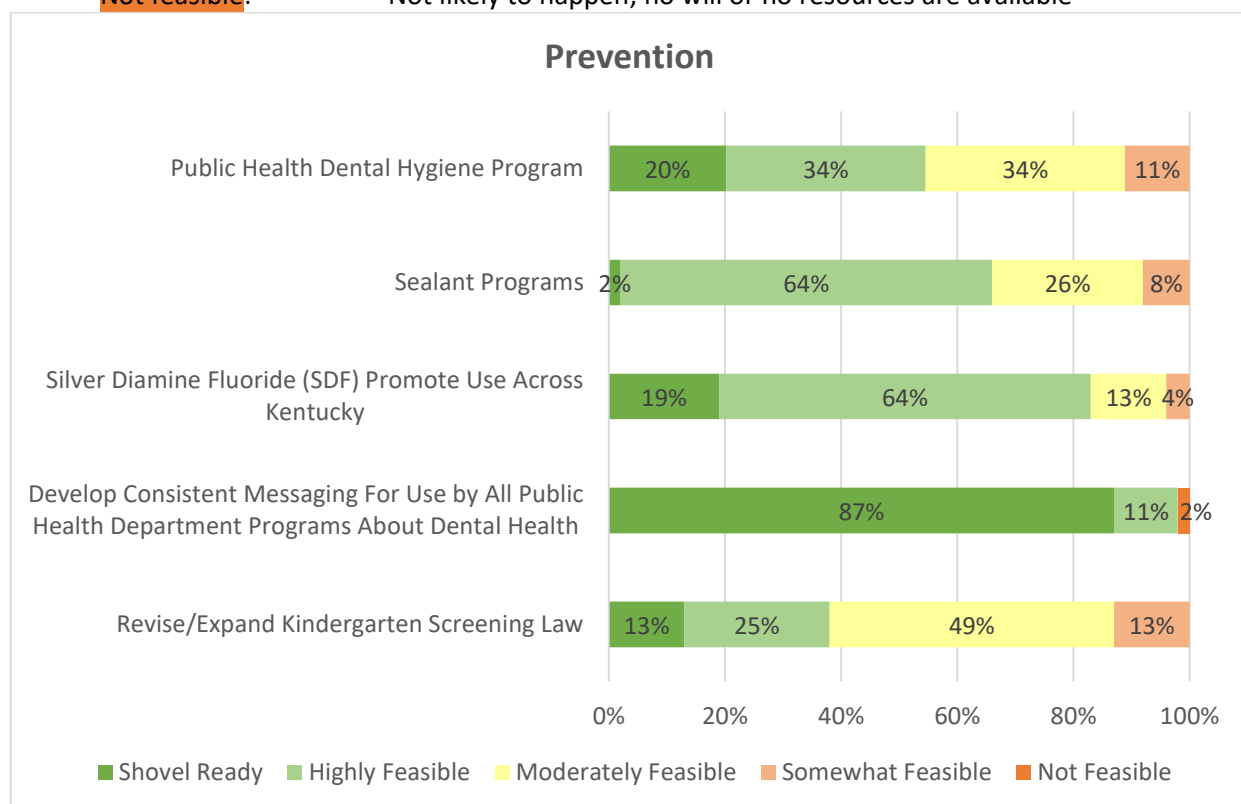
Other topics found their way into discussions about prevention. The importance of data collection for many issues was discussed, services by free dental clinics and mobile health services should be collected and analyzed, and screening requirement activities for children entering school should be strengthened for prevention goals. The value of patient navigators was discussed, specifically with the possibility to work with children who urgently need dental care to become better learners.

Feasibility

This strategic plan has many goals and action items, but the reality is not every great idea has great feasibility. The feasibility of the goals was determined by collectively polling the stakeholders during the September meeting. Each stakeholder could select one choice for the realistic feasibility of each goal.

The feasibility ratings were:

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Strategic Area Initiative: Prevention

Issue to Address	Actions Needed	Date of Completion	Primary Responsible Party
Public Health Registered Dental Hygiene (PHRDH) Program	Expand the PHRDH Program to have wider distribution.	2020 and Ongoing	Kentucky Oral Health Program
	Publish the successes of the current programs.	December 2017 and Ongoing	Kentucky Oral Health Program
	Advocate for funding to support expansion.	Spring 2018	Kentucky Oral Health Coalition
	Explore sustainable frameworks.	December 2018	Kentucky Oral Health Program
	Research to expand workforce and scope of practice of Registered Dental Hygienists.		Kentucky Oral Health Program
Sealant Programs	Develop a centralized, coordinated clearinghouse program to develop policy, measure activities and outcomes of the programs and promote best practices in public health dental hygiene.	Ongoing	Kentucky Oral Health Program
	Develop regulations, guidelines, policies for mobile health programs to establish collaborative (non-competitive) care with a dental home and use reporting of their services as measures of activities and outcomes. Invite partners who operate mobile health clinics to help with guidelines.	Ongoing	Kentucky Board of Dentistry (with Avesis)
Promote use of Silver Diamine Fluoride (SDF) across Kentucky to prevent progressive tooth decay	Work toward policy recommendations that would recognize SDF within the scope of practice of public health registered dental hygienists.	Spring 2018	Kentucky Oral Health Program
	Gather Data regarding procedure experience.	Spring 2020	Kentucky Oral Health Program
Develop consistent messaging to be used by all Public Health Department Programs to educate about dental health	Revise curriculum for 'KIDS Smile' to include current evidence of oral health in children.	Ongoing	Kentucky Oral Health Program
	Promote oral health education curriculum targeted toward Head Start parents, and promote oral health messaging in WIC and HANDS programs.	September 2018	Kentucky Oral Health Program

Revise and Expand Kindergarten Screening to ensure treatment and follow-up is completed	Revise current screening form.	July 2018	Kentucky Department of Education
	Establish guidelines for consistent data entry within the school administration.	July 2018	Kentucky Department of Education
	Promote case-management and follow-up for treatment.	End of each year	Kentucky Department of Education
	Data collection and use to assess effectiveness of Kindergarten screening.	Ongoing	Kentucky Department of Education

Oral Health Literacy

The knowledge to make informed decisions about personal health is the basis for the improvement of any health issue. Oral health is no different. The Oral Health Literacy focus group developed goals that would result in Kentuckians making appropriate decisions by increasing their knowledge about oral health and improving their access to care.

Idea Generation

The stakeholders prioritized the following goals for discussion:

- Lack of knowledge of oral health's connection to overall health
- Educating policy makers on dental needs of the population
- Connecting resources to find dental care
- Allowing unhealthy food purchases in the Supplemental Nutrition Assistance Program
- Starting dental literacy in early childhood

Priority Setting

The stakeholders recommended the following goals for the 2017 strategic plan:

- Educating policy makers and local boards of health on dental needs of the population
- Connecting resources to find dental care
- Starting dental literacy in early childhood

The Oral Health Literacy focus group was charged specifically to increase the oral health literacy of non-dental health professionals. Educating the general population about the importance of oral health as to general health is included in the work of the Prevention group but had a feasibility rating assessed during the Oral Health Literacy focus group's work.

The Supplemental Nutrition Assistance Program (SNAP) allowing the purchase of non-nutritive items such as sugar-laden foods and beverages was deleted from the goals. This is a national policy issue and was not considered appropriate for a state oral health plan.

Educating policy makers to dental needs of the population

It is important that policy makers with influence on oral health policy and funding have a high level of oral health literacy. It was recommended to include legislators and members of local boards of health as influencers of policy and funding. The Kentucky Oral Health Coalition will be the responsible party for the development of a one-page fact sheet on oral health directed to policy makers in the state. The Kentucky Dental Association and the Kentucky Dental Hygienists' Association was recommended to disseminate the message of "Oral Health in All Health."

Connecting resources to access dental care

Providers of free or reduced dental care are identified in many lists throughout the state. However, they change constantly. It was agreed that a centralized list of all dental resources should exist for all Kentuckians to access. Health Kentucky is a non-profit organization that is currently working on a similar list and would be responsible for this initiative.

Dental literacy should start in early childhood

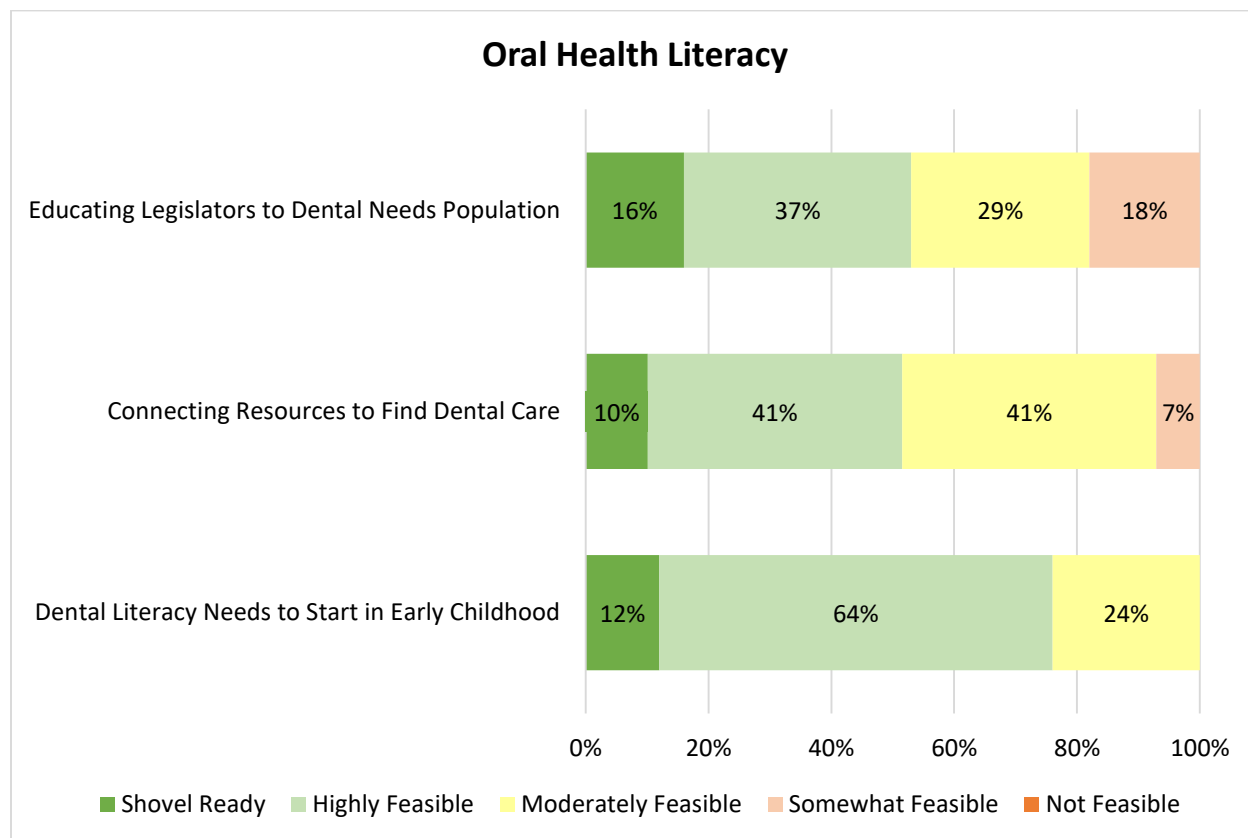
Optimal oral health in the early years of life is important. The focus group recommended the creation and implementation of a program for Head Start and kindergarten teachers to introduce oral health to young children. Oral health literacy in early childhood parenting remains important to stakeholders. The Kentucky Oral Health Coalition has a curriculum that could be used to begin work toward this goal. Field staff for early childhood programs and centers provide oral health education and referrals as part of their work. The importance of messaging to the prenatal patient about the importance of oral health to their baby was also discussed.

Feasibility

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The feasibility ratings were:

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Strategic Area Initiative: Oral Health Literacy

Issue to Address	Actions Needed	Date of Completion	Primary Responsible Party
Educate legislators, board of health members, and other policy makers on the dental needs of the population	Create an easy-to-read one-page document that contains information and statistics to explain the importance of oral health.	Spring 2019	Kentucky Oral Health Coalition
Connect resources to access dental care	Create a master list of clinics and dentists for a local community or region.	Spring 2019	Health Kentucky
Dental literacy should start in early childhood	Build on the existing Head Start curriculum and train parents appropriately. Include education regarding prenatal care.	Spring 2019	Kentucky Oral Health Coalition

Policy

Policy has the potential for a strong, over-arching impact on the finalization of a state oral health plan. The focus group's work focused on five subject matters.

Idea Generation

The stakeholders prioritized the following goals for discussion:

- Mandate age appropriate dental health education
- Create tax incentive and credits for dental professionals to serve in areas of need
- Incorporate oral health into all public health programs
- Streamline the credentialing process for Medicaid participation
- Oral healthcare should have parity with medical care

Priority Setting

The stakeholders recommended the following goals for the 2017 strategic plan:

- Create tax incentives and credits focusing on dentistry as a small business
- Incorporate oral health into all public health programs
- Oral health parity

Oral health education across the lifespan is important to many groups. The mandate for age appropriate oral health education was discussed in other groups so its inclusion in this work plan was eliminated.

Create tax incentives and credits; loan repayment program development

There was discussion on the need for similar tax incentives for small businesses as exists for bigger businesses. This would encourage dental practices to locate in underserved areas. Dentists should be considered entrepreneurs in business loans and incentives. Incentives could come from private foundations and state and local government. Educating other organizations such as the County Judge/Executive Associations, business associations, community leaders, banking institutions, and the Education and Workforce Development Cabinet could bring the message of dentistry as a small business into their dialogue to develop an effective approach for public and private funders of entrepreneurial efforts. The Kentucky Dental Association agreed to convene such groups to hear this message. The issue of tax credits and tax incentives for serving underserved populations will also be addressed.

Incorporate oral health into all public health programs

Oral health policy and activity covers the lifespan, and most dental diseases are classified as chronic. The Kentucky Oral Health Program was recommended to explore involvement across all divisions in the Department for Public Health to address oral health issues across the lifespan. Surveillance and data collection for aspects related to oral health were included with specific focus on chronic diseases impacted by dental health.

Oral health parity

Oral health care and services having the same mandates as other medical care was changed to oral health parity. There were substantial discussions about similar measurements in oral health care as other medical care and about performance measures in the Data Collection and Metrics group. It was

recognized that many performance measurements in oral healthcare could be related to other collected measures. Efforts toward parity can begin integration across healthcare professions.

Action items were included to encourage Department for Medicaid Services to establish an oral health incentive in new contracts with the Medicaid Managed Care Organizations. The Department for Medicaid Services (who was present during this discussion) was recommended to address this action item.

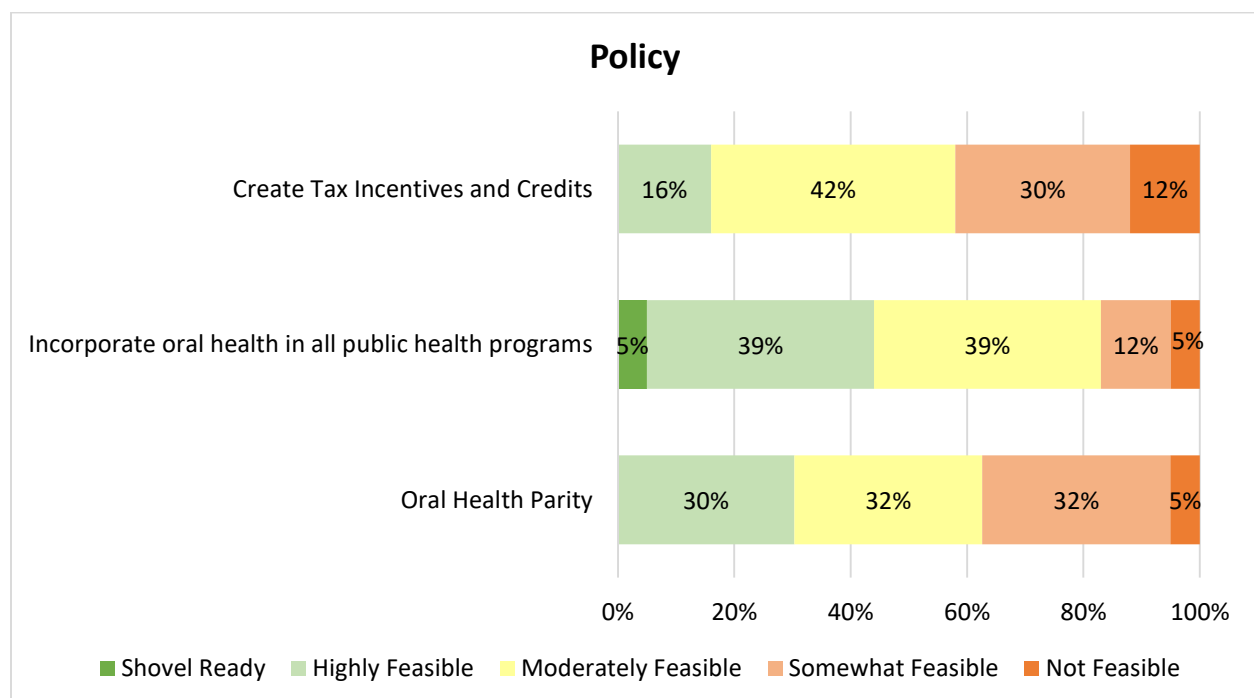
A statewide Performance Improvement Project with an emphasis on decay reduction in the WIC (Special Supplemental Nutrition Program for Women, Infants and Children) population was discussed. The Kentucky Oral Health Program will research the California project that uses decay risk assessments, parent behavior modification, and fluoride varnish application to reduce the impact of decay on young children. This project was incentivized and showed positive outcomes. The Kentucky Oral Health Program will take the lead on this.

Feasibility

This strategic plan has many goals and action items, but the reality is not every great idea has great feasibility. The feasibility of the goals was determined by collectively polling the stakeholders during the September meeting. Each stakeholder could select one choice for the realistic feasibility of each goal.

The feasibility ratings were:

"Shovel Ready":	This can happen today or is already occurring
Highly feasible:	Resources are in place; with leadership this can begin soon
Moderately feasible:	Resources are likely; the will or desire is uncertain
Somewhat feasible:	Hurdles are difficult to manage
Not feasible:	Not likely to happen; no will or no resources are available



Strategic Area Initiative: Policy Group

Issue to Address	Actions Needed	Date of Completion	Primary Responsible Party
Create tax incentive and credits	Develop a loan forgiveness for state identified appropriate areas.	Covered in other groups	
	Encourage tax credits for Medicaid dental provider who treat high volume Medicaid population.	December 2019	Kentucky Dental Association
	Support small business/loans and incentives to enhance oral healthcare in rural areas.	2018 and Ongoing	Kentucky Dental Association
Incorporate oral health into all public health programs	Research integration of oral health throughout the lifespan across all public health programs; include data collection as a point of integration.	December 2019	Kentucky Oral Health Program
Oral health parity	Through their data systems, MCOs will collect similar information for oral health as for medical care and recognize the relationship between them.	December 2020	Department for Medicaid Services
	The Department for Medicaid Services will incorporate an oral health incentive focus in the MCO contracts.	New MCO contracts or 2018	Department for Medicaid Services
	Develop a performance improvement project for early childhood years 0-3 to have the WIC program adopt appropriate parallels found in the California project protocol through WIC and include incentives.	July 2018	Kentucky Oral Health Program

Emerging Issues

The Emerging Issues group focused on addressing new issues for oral health in Kentucky. The group explored issues currently discussed on a national, regional, or state level.

Idea Generation

The stakeholders prioritized the following goals for discussion:

- Reducing oral health disparities
- Expanding oral health access through Teledentistry and mobile dentistry
- Substance Use Disorder (impacting patients and dentistry)
- Expanding Kentucky Public Health Dental Hygiene Program
- Measuring Quality of Care

Priority Setting

The stakeholders recommended the following goals for the 2017 strategic plan:

- Reducing oral health disparities
- Expanding oral health access through Teledentistry and mobile dentistry
- Substance Use Disorder (impacting patients and dentistry)

Reducing Oral Health Disparities

This is an important piece to improve oral health in Kentucky. The group recommended the Department for Public Health's Office of Health Equity be the responsible party for this item. It was agreed they will work with other key stakeholders to identify and address oral health disparities through the national Healthy People 2020 information and tools.

The Kentucky Oral Health Coalition is currently partnering with the Making Smiles Happen program to address oral health disparities by engaging community leaders on a regional basis. This project is underway and will be finalized in the summer of 2018.

The Kentucky Oral Health Coalition is successful in seeking out and engaging a diverse membership. This has always been a tenet of membership development and growth and will continue.

Expanding Oral Health through Teledentistry and Mobile Dentistry

Telehealth and its applications have grown exponentially over the past decade. Kentucky has a statewide, professionally-diverse Telehealth Network Board. Their current work includes the provision of dental services among the health services that would be regulated under this board. Kentucky Revised Statute Chapter 313.060 (8) and (9) states that the Kentucky Board of Dentistry is responsible for the promulgation of telehealth regulations as they apply to and impact dentistry. It was recommended that the Telehealth Board and the Board of Dentistry work in tandem to address dentistry as a viable telehealth service and that the respective agency regulations mirror each other. Teledentistry was incorporated into discussions about mobile dentistry. Mobile dentistry could use teledentistry to move urgent cases more quickly into care.

The Prevention focus group discussed the need for mobile dental health regulations and saw this as an emerging issue as well.

Substance Use Disorder

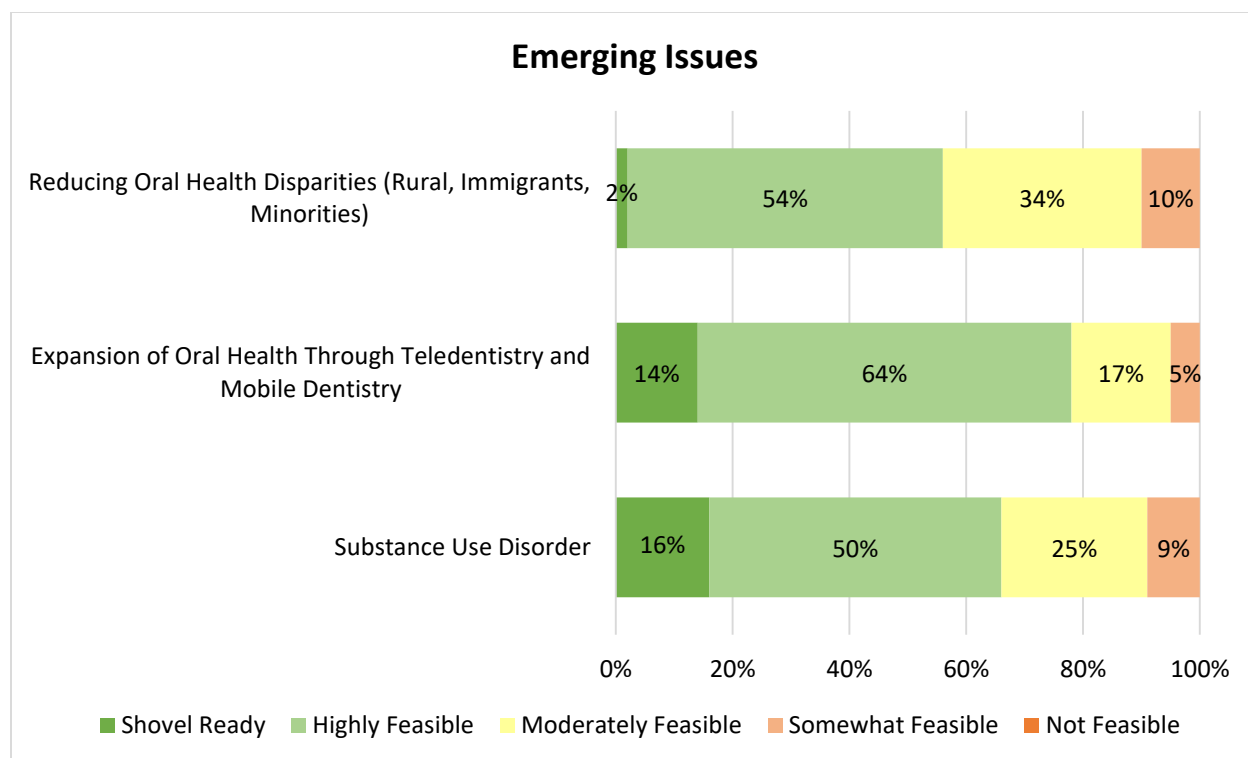
Substance use disorder is a point of many conversations throughout health care, and oral health conversations are no different. It was recommended that oral health messaging be included in the overall health education that the Kentucky Department of Education is providing throughout the state in addressing opioid use disorder prevention. The group was informed that the Kentucky Board of Dentistry has an ad hoc committee that will address opioid issues, but it is not known if their work addresses the health education curriculum that targets opioid misuse.

Feasibility

This strategic plan has many goals and action items, but the reality is not every great idea has great feasibility. The feasibility of the goals was determined by collectively polling the stakeholders during the September meeting. Each stakeholder could select one choice for the realistic feasibility of each goal.

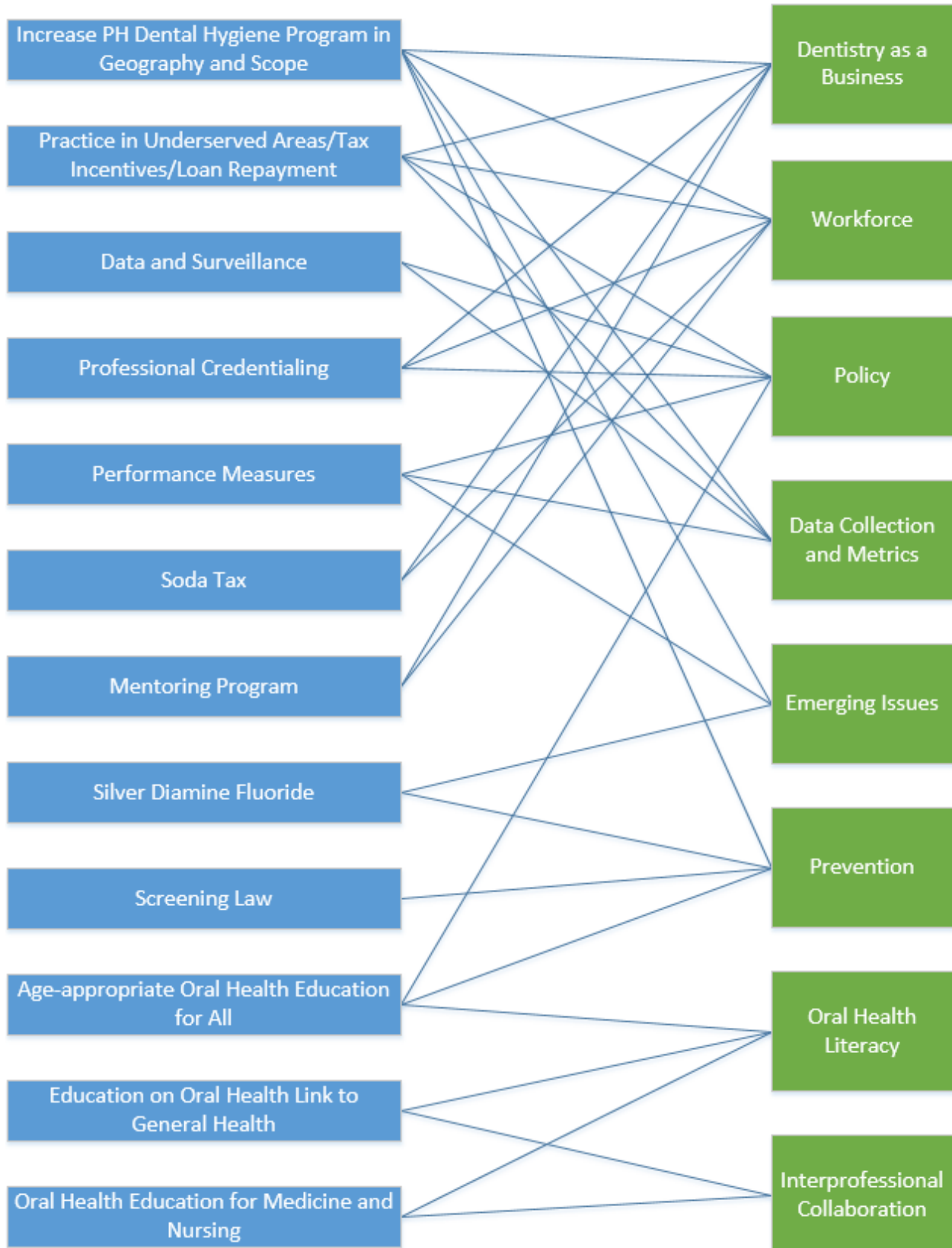
The feasibility ratings were:

"Shovel Ready":	This can happen today or is already occurring
Highly feasible:	Resources are in place; with leadership this can begin soon
Moderately feasible:	Resources are likely; the will or desire is uncertain
Somewhat feasible:	Hurdles are difficult to manage
Not feasible:	Not likely to happen; no will or no resources are available



Strategic Area Initiative: Emerging Issues			
Issue to Address	Actions Needed	Date of Completion	Primary Responsible Party
Reduce Oral Health disparities (rural, immigrants, minorities)	Utilize Healthy People/Healthy Kentuckians Oral Health 2020 Framework to identify and address disparities.	Ongoing	Department for Public Health's Office of Health Equity
	Engage community leaders to regionally address disparities in oral health.	Fall 2017/Spring 2018	Kentucky Oral Health Coalition; Delta Dental of Kentucky
	Continuing to engage diverse stakeholders through coalition membership.	ongoing	Kentucky Oral Health Coalition
Expanding of Oral Health through Teledentistry and Mobile Dentistry	Utilize diverse stakeholders to develop and advocate for new statutes pertaining to Teledentistry and mobile dentistry.	Ongoing	Kentucky Telehealth Board in conjunction with the Kentucky Board of Dentistry
Substance Use Disorder	Incorporate "Smile! Kentucky" education curriculum (or similar programs) into health education.	2019	Kentucky Department of Education

Strategic Areas and Oral Health Issues are Interconnected



Goals and Action Items Referenced by Primary Responsible Party

Kentucky Oral Health Program

Workforce Focus Group

Issue to Address	Actions Needed	Date of Completion
Establish Incentives to practice in underserved areas	Develop educational loan repayment program.	No Date Given
Fully utilize Public Health Dental Hygiene Program	Educate dental community about and increase the Public Health Dental Hygiene role.	December 2019
	Urge local health departments to hire/create this position in their health department.	December 2019

Data Collection and Metrics Focus Group

Issue to Address	Actions Needed	Date of Completion
Adopt/create state performance measures to be required reporting for Medicaid Healthcare and Effectiveness Data and Information Set (HEDIS) and Commercial Insurers	Develop a pilot program with Delta Dental of Kentucky on reporting of HEDIS performance measures.	January 2018
	Review other state measures and Dental Quality Alliance for future state performance measure development.	January 2018
Develop an ongoing county-based surveillance system	Create a 10-year plan with targeted age groups and frequency of surveillance.	January 2018
Assess/integrate other data collection/metrics from all focus groups	Link Data and metric efforts from the other focus groups for consistency and reduced duplication of effort.	Ongoing
Expand Kentucky Public Health Dental Hygiene Program with 75% of Local Health Departments participating	Work to increase public health dental program in 75% of Local Health Departments by 2022.	2022
Re-evaluate current Kindergarten dental screening requirement [process and data entry procedures]	Review statute and intent of screening law and required reporting in conjunction with the Kentucky Department of Education.	2020

Dentistry as a Business Focus Group

Issue to Address	Action Needed	Date of Completion
Assist new students through a state funded loan repayment program for those who agree to practice in limited access or underserved areas	Develop an educational loan repayment program. Identify partners and foundations that will help develop practices in underserved and limited access areas.	January 2020

Prevention Focus Group

Issue to Address	Action Needed	Date of Completion
Public Health Registered Dental Hygiene (PHRDH) Program	Expand the PHRDH Program to have wider distribution.	2020 and Ongoing
	Publish the successes of the current programs.	December 2017 and Ongoing
	Explore sustainable frameworks.	December 2018
	Research to expand workforce and scope of practice of Registered Dental Hygienists.	
Sealant Programs	Develop a centralized, coordinated clearinghouse program to develop policy, measure activities and outcomes of the programs and promote best practices in public health dental hygiene.	Ongoing
Promote use of Silver Diamine Fluoride (SDF) across Kentucky to prevent progressive tooth decay	Work toward policy recommendations that would recognize SDF within the scope of practice of public health registered dental hygienists.	Spring 2018
	Gather Data regarding procedure experience.	Spring 2020
Develop consistent messaging to be used by all Public Health Department Programs to educate about dental health	Revise curriculum for 'KIDS Smile' to include current evidence of oral health in children.	Ongoing
	Promote oral health education curriculum targeted toward Head Start parents, and promote oral health messaging in WIC and HANDS programs.	September 2018

Policy Focus Group

Issue to Address	Action Needed	Date of Completion
Incorporate oral health into all public health programs	Research integration of oral health throughout the lifespan across all public health programs; include data collection as a point of integration.	December 2019
Oral health parity	Develop a performance improvement project for early childhood years 0-3 to have the WIC program adopt appropriate parallels found in the California project protocol through WIC and include incentives.	July 2018

Department for Medicaid Services

Workforce Focus Group

Issue to Address	Action Needed	Date of Completion
Medicaid reimbursement fee schedules	Compare current Medicaid fees to the regional “Usual and Customary Rates” and adjust them accordingly.	2019 and annually thereafter
	Develop pass-through contract language from state RFP process to the MCOs to ensure consistency of payments and credentialing.*	Currently being developed and ongoing
Establish Incentives to practice in underserved areas	Implement more efficient Medicaid credentialing.	December 2022

*NOTE: Participants defined this as MCOs will comply with the contract that the state writes with expected standards. The participants wanted language included in the RFP for MCO participation that passed over to the final contract between DMS and the MCOs and laid out the standards for credentialing and redundant payment mechanisms.

Policy Focus Group

Issue to Address	Action Needed	Date of Completion
Oral health parity	Through their data systems, MCOs will collect similar information for oral health as for medical care and recognize the relationship between them.	December 2020
	The Department for Medicaid Services will incorporate an oral health incentive focus in the MCO contracts.	New MCO contracts or 2018

Kentucky Oral Health Coalition

Workforce Focus Group

Issue to Address	Action Needed	Date of Completion
Establish Incentives to practice in underserved areas	Establish a soda tax.	Next legislative session

Inter-Professional Dental/Medical Collaboration Focus Group

Issue to Address	Action Needed	Date of Completion
Address the need to focus on the impact of oral health as a factor that relates to systemic health	Emphasize oral health in conjunction with overall health by designing and distributing a public campaign to make public aware of impact of oral health on general health. Distribute existing research that supports the oral-systemic link to medical professionals.	2020
Develop and distribute a statewide oral health network to aid medical professionals in connecting patients to services	Continue development through Kentucky Oral Health Coalition's "Bright Spots."	2018 and ongoing

Prevention Focus Group

Issue to Address	Action Needed	Date of Completion
Public Health Registered Dental Hygiene (PHRDH) Program	Advocate for funding to support expansion.	Spring 2018

Oral Health Literacy Focus Group

Issue to Address	Action Needed	Date of Completion
Educate legislators, board of health members, and other policy makers on the dental needs of the population	Create an easy-to-read one-page document that contains information and statistics to explain the importance of oral health.	Spring 2019
Dental literacy should start in early childhood	Build on the existing Head Start curriculum and train parents appropriately. Include education regarding prenatal care.	Spring 2019

Emerging Issue Focus Group

Issue to Address	Action Needed	Date of Completion
Reduce Oral Health disparities (rural, immigrants, minorities)	Engage community leaders to regionally address disparities in oral health in conjunction with Delta Dental of Kentucky.	Fall 2017/Spring 2018
	Continuing to engage diverse stakeholders through coalition membership.	Ongoing

Kentucky Dental Association

Workforce Focus Group

Issue to Address	Action Needed	Date of Completion
Medicaid reimbursement fee schedules	Build a multi-sectorial coalition supporting fee increases.	2018
Fully utilize Public Health Dental Hygiene Program	Publish article to promote understanding of program.	December 2018

Policy Focus Group

Issue to Address	Action Needed	Date of Completion
Create tax incentive and credits	Encourage tax credits for Medicaid dental provider who treat high volume Medicaid population.	December 2019
	Support small business/loans and incentives to enhance oral healthcare in rural areas.	2018 and Ongoing

State Primary Care Office

Workforce Focus Group

Issue to Address	Action Needed	Date of Completion
Establish Incentives to practice in underserved areas	Designate areas of the state as underserved for dental care.	December 2019

Kentucky Department for Education

Data Collection and Metrics Focus Group

Issue to Address	Action Needed	Date of Completion
Re-evaluate current Kindergarten dental screening requirement [process and data entry procedures]	Review statute and intent of screening law and required reporting in conjunction with the Kentucky Oral Health Program.	2020

Prevention Focus Group

Issue to Address	Action Needed	Date of Completion
Revise and Expand Kindergarten Screening to ensure treatment and follow-up is completed	Revise current screening form.	July 2018
	Establish guidelines for consistent data entry within the school administration.	July 2018
	Promote case-management and follow-up for treatment.	End of each year
	Data collection and use to assess effectiveness of Kindergarten screening.	Ongoing

Emerging Issues Focus Group

Issue to Address	Action Needed	Date of Completion
Substance Use Disorder	Incorporate “Smile! Kentucky” education curriculum (or similar programs) into health education.	2019

Cabinet for Health and Family Services

Data Collection and Metrics Focus Group

Issue to Address	Action Needed	Date of Completion
Integrate oral health into Kentucky Health Information Exchange (KHIE) at the patient level versus provider level	Determine feasibility for integrating oral health.	August 2019
	Create a registry for ways to capture data currently unavailable or not collected by KHIE.	August 2019

Kentucky Board of Dentistry

Prevention Focus Group

Issue to Address	Action Needed	Date of Completion
Sealant Programs	Develop regulations, guidelines, policies for mobile health programs to establish collaborative (non-competitive) care with a dental home and use reporting of their services as measures of activities and outcomes. Invite partners who operate mobile health clinics to help with guidelines.	Ongoing

Emerging Issues Focus Group

Issue to Address	Action Needed	Date of Completion
Expanding of Oral Health through Teledentistry and Mobile Dentistry	Utilize diverse stakeholders to develop and advocate new statutes pertaining to Teledentistry and mobile dentistry.	Ongoing

Department of Public Health's Office of Health Equity

Emerging Issues Focus Group

Issue to Address	Action Needed	Date of Completion
Reducing Oral Health disparities (rural, immigrants, minorities)	Utilize Healthy People/Healthy Kentuckians Oral Health 2020 Framework to identify and address disparities.	Ongoing

Dental and Medical School Collaboration

Inter-Professional Dental/Medical Collaboration Focus Group

Issue to Address	Action Needed	Date of Completion
Require an oral health component as part of continuing education for medical professionals	Develop requirement to integrate dental information into medical training at the primary level and as part of continuing education. This training should be a minimum of three hours.	2020 (Ongoing with FQHCs via Smiles for Life)

Health Kentucky

Oral Health Literacy Focus Group

Issue to Address	Action Needed	Date of Completion
Connect resources to access dental care	Create a master list of clinics and dentists for a local community or region.	Spring 2019

Delta Dental of Kentucky

Data Collection and Metrics Focus Group

Issue to Address	Action Needed	Date of Completion
Adopt/create state performance measures to be required reporting for Medicaid Healthcare and Effectiveness Data and Information Set (HEDIS) and Commercial Insurers	Develop a pilot program with the Kentucky Oral Health Program on reporting of HEDIS performance measures.	January 2018

Emerging Issues Focus Group

Issue to Address	Actions Needed	Date of Completion
Reducing Oral Health Disparities (Rural, Immigrants, Minorities)	Engage community leaders to regionally address disparities in oral health in conjunction with the Kentucky Oral Health Coalition.	Fall 2017/Spring 2018

Kentucky Telehealth Board

Emerging Issues Focus Group

Issue to Address	Actions Needed	Date of Completion
Expansion of Oral Health through Teledentistry and Mobile Dentistry	Utilize diverse stakeholders to develop and advocate for new statutes pertaining to Teledentistry and mobile dentistry. (in conjunction with the Kentucky Board of Dentistry)	Ongoing