



Long Term Care Coordinating Council

Regular Meeting

January 11, 2012

10:00 am

RI Council of Community Mental Health Organizations

40 Sharpe Drive, Suite 3

Cranston, RI

Minutes

Lt. Governor Elizabeth Roberts
Director Craig Stenning
Rick Baccus
Maria Laferriere
Maria Barros
Virginia Burke
Cynthia Conant-Arp
Ashley Costa
Cathy Cranston
Bill Flynn
Kathleen Heren
Kathleen Kelly
Maria Laferriere
Bonnie Larson
Thomas Marcello
Rebecca Martish

Ellen Mauro
Lindsay McAllister
Thomas McMurray
Rebecca Martish
Teresa Mota
Kathleen Nyen
Jim Nyberg
Lisa Pontarelli
Ray Rusin
Bonnie Sekers
Marie Stoeckel
Catherine Taylor
Dawn Wardyga
Bonnie Zimble
Roberta Merkle

1. Call to Order
 - a. Meeting was called to order by chairwoman Lt. Governor Elizabeth Roberts at 10:03am.
2. Approval of Minutes
 - a. The minutes from the December meeting were unanimously approved.

3. Report of Nursing Home Deficiencies Monitoring, Ray Rusin, Department of Health
 - a. Mr. Rusin reported that there were no substandard reports of care.
4. Still Smilin' Program- presentation:
 - a. Dr. Bonnie Zimble and Ms. Ashley Costa gave a "Still Smilin'" PowerPoint presentation.
 - b. Ms. Kathleen Heren asked why is there a difficulty in getting individuals to sign up. Ms. Costa replied that there are multiple reasons for this: (1) it is a new program; (2) there is a level of nervousness on the participants; and (3) money may be an issue, because although Medicaid members qualify and private/self-pay patients are accepted, some individuals are worried that there are hidden costs. Ms. Heren inquired how the program is able to track the medications that each patient is taking. Dr. Zimble answered that each patient has a face sheet. Ms. Heren also asked if Dr. Zimble has the ability to refer a patient to an oral surgeon for an operation under this initiative. Dr. Zimble replied that the program refers complex cases to willing oral surgeons. Ms. Heren followed up to see what type of anesthesia is used. Dr. Zimble states that local anesthesia is used.
 - c. Ms. Heren inquired whether there are special services or a different approach for dementia patients in the program. Dr. Zimble explained that Tufts University provides special needs (i.e. operating room cases or services for the severely disabled), however, in Rhode Island, 'Still Smilin' has not yet had a case go that far. According to Dr. Zimble, poor oral health may sometimes interfere with self-care (ex. eating, medication habits) in these patient populations.
 - d. Ms. Maria Barros commented that it is challenging to find adequate services for Medicaid patients. She suggested that perhaps a van model could be used to assist these patients with oral healthcare access. Ms. Costa agreed that a van model should eventually be used, however, it is currently only being used to serve pediatric populations.
 - e. The Chair stated that health center related reimbursement is far better. The Chair wondered whether a van-based program for seniors who have difficulty accessing dental services may be created.
5. Wisdom Tooth Program by CareLink – presentation:
 - a. Director Lisa Pontarelli explained that Wisdom Tooth has similar enrollment difficulties as Still Smilin'. Two solutions included: (1) requiring enrollment in Wisdom Tooth as a part of the admission process for CareLink; and (2) mailing contact and enrollment information. For Wisdom Tooth, this initiative resulted in an increase of enrollment by 1,800-1,900 patients. These patients typically relied on the grace of

physicians, as Medicaid does not provide for oral surgery care. Moreover, there is no daily consideration of oral health until it's a serious problem, so it is a frequently overlooked issue and is not discussed with families.

- b. Ms. Pontarelli also noted that despite advertising for six months, they are still struggling to increase doctor participation. As a result, Ms. Heren developed a curriculum for staff to educate patients about their oral health. Otherwise it falls through cracks. Patients are sometimes resistant to getting dentures, so enrollment is family-driven. The program is aimed to explain to family that it is not about aesthetics, but it is about comfort for the senior. Currently, scheduling is occurring in 48 facilities. An annual calendar goes out to identify dates in each facility for the following year.
- c. Dr. Thomas McMurray commented that the primary concern is the need to prioritize because there is a limited number of staff. Infections, then routine exams, followed by the occasional restoration/simple extractions should be the list of priorities. However, Dr. McMurray notes that improvement in oral hygiene can yield dramatic improvements. He also commented that it is challenging to get dentist involvement because denture reimbursement is poor and the patient is low.
- d. It was asked: (1) how are these programs self-sustaining; (2) where are the funding gaps; (3) what percentage of costs are not covered; and (4) which dentists accept Medicaid clients in RI. Apparently, Delta Dental Rhode Island Foundation and the Department of Health gave an expansion grant for education. All insurances are accepted, including Medicaid (largest group), however, the greatest problem is that there is low reimbursement for services. Moreover, there are random audits to Medicaid files, so large amounts of money can be removed where services are no longer offered. Additionally, denture patients may need to be seen multiple times after for fittings/adjustments– so it is difficult to continue providing services that are not being paid for.
- e. It was asked if the program can survive without grants. Ellen Mauro responded that there is a schedule A of services (preventive, treatment, education) that are part of a basic dental program. Ms. Pontarelli remarked that there is no reimbursement after the initial fitting of dentures.
- f. The Chair commented that not all Medicaid patients can find a dentist because some dentists accept more Medicaid patients than others. In the case of children, for example, there is a different reimbursement rate for those who provide a high volume of care to children. One solution may be to connect oral surgeons to health centers so that they may obtain that higher reimbursement. Additionally, documenting the use of emergency rooms (ERs) for oral health care may demonstrate the importance of investing in these initiatives (ex. a large percentage of ER visits may be

avoidable by accessing office-based services). The Chair asked whether these dollars could be reprogrammed to provide better reimbursement to improve care, and noted that almost all up-front investment have been foundation-funded, therefore, substantial up-front investments in capital are unnecessary, which should be helpful.

The Chair also added that there is an issue around oral surgery and individuals who are living in concentrated areas of high-need in the community such as senior housing. That is a problem that needs to be addressed. The Chair commented that although two residency programs have increased dental care capacity, this is still an ongoing issue.

- g. The Chair? asked whether an there is an adult day program in which a resident may receive dental services in that setting, and was told that families are primarily bearing the responsibility for this, however, Alzheimer's victims are currently being seen by some physicians.
- h. Mr. Flynn asked whether others see a problem with family demands for care for a client if there is no demonstrable medical need. Ms. Heren responded that a patient has the right to refuse care. Additionally, her organization may actually help intercede and speak with the families to work on the education aspect of this conflict.
- i. Dawn Wardyga stated that Ms. Heren represents the pediatric population, but the age of the population does not matter. Families are often put in difficult circumstances regardless of age of the client. The missing link in all aspects of care is gaps in education. Once the situation/event is thoroughly explained, and options laid out for the clients, patients and families are better able to make informed decisions. This helps avoid confrontational situations that could pit family members against service providers. Dr. McMurray agreed that it is exceptionally helpful to give as much information as possible prior to a denture procure.
- j. Ms. Heren added that family members never override the elder, but elders are sometimes afraid to speak up. This must be negotiated. It is important to identify the responsible party, and her organization can help with this issue.
- k. The Chair thanked the oral health commission for meeting to discuss ongoing projects and for pushing oral health issues. The month of February will be a month in which oral health is a priority. The Chair stated that there is a managed care program for children with United Healthcare and this has helped with access. However, there is concern that there are still gaps for low-income individuals in the community.

The Chair also added that another issue is that families and staff need to realize that oral health is important and is closely linked to overall health and well-being. The Chair noted that national health reform did not address oral health. Therefore, it is critical to help training leadership in around this issue.

6. Legislative Update

- a. Lindsay McAllister updated the Council on the morning's earlier Legislative Committee meeting. She shared that there had been a good conversation around potential legislative initiatives and priorities for the Council and its constituent groups moving forward, including reviving the criminal background check legislation, a Medicaid buy-in option, nursing home and assisted living budgetary matters, SSI payment restoration, care and placement options for memory loss patients, and chronic disease management with respect to the use of telehealth.

Lindsay reported that another Legislative Committee meeting would convene prior to the next Council meeting to further discuss these initiatives, and that they would be further discussed before the full Council at the next meeting.

7. Adjourned

- a. The meeting was adjourned by the Chair.
- b. The next meeting will be on February 8, 2012.