



COUNCIL ON DENTAL HEALTH PLANNING & HOSPITAL DENTISTRY
March 22, 2019
OFFICIAL MINUTES

Anders, Patrick (Chair)
Rubin, Marsha (NY)
Fried, Alvin (2)
Sternlicht, Jeffrey (3)
Sandu, Diana (4)
Scutari, Pasquale (5)
Noren, Scott (6)
McLaren, Sean (7)

Tegtmeier, Carl (9)
Miller, David (N)
Kesner, Stuart (Q)
Logan, Keri Ann (S)
Heller, Diane (B)
Margolin, Robert (BOT Liaison)

The Council on Dental Health Planning and Hospital Dentistry met on Friday, March 22, 2019, via video conference. All members attended with the exception of Drs. Sternlicht, Sandu, Scutari, Logan, and Heller. Dr. Seth Farren substituted for Dr. Sternlicht and Dr. Patricia Hanlon substituted for Dr. Logan. Drs. Rachael Rossitto, representing the upstate dental training programs, and Dionne Richardson, Dental Director, Division of Family Health, NYS Department of Health, participated as guests of the council. Dr. Richard Herman, ADA Council on Advocacy for Access and Prevention representative, Dr. Judith Shub and Ms. Jacquie Donnelly, NYSDA staff, also attended.

Dr. Anders called the meeting to order at 9:38 a.m. Ms. Donnelly conducted a roll call to confirm the attendees. The chair asked for any additions or corrections to the minutes from the council's previous meeting on October 12, 2018. The council voted to accept the minutes as written, following a motion by Dr. Miller, seconded by Dr. Noren.

Chair Report

Dr. Anders began his report by informing the council that the Board of Trustees recommended that the House of Delegates adopt the council's resolution to amend the description of the council's duties in NYSDA's bylaws. Based on an inquiry from one of the trustees, the council adopted a motion by Dr. Miller, seconded by Dr. Noren, to change the language in the final resolving clause to substitute the word "settings" for the term "units" in the phrase "patient care units".

Resolved, That Chapter VIII, Section 120, of the Bylaws of the New York State Dental Association be amended as follows (new language underscored; ~~deletions stricken through~~):

Section 120. Duties: Council on Dental Health Planning and Hospital Dentistry. The duties of the Council on Dental Health Planning and Hospital Dentistry shall be:

~~5. To examine dental departments of hospitals and patient care units other than hospitals and cooperate with the American Dental Association and other interested agencies with respect to approval of their dental services, interns and residency programs, and the improvement of their dental facilities. And be it further~~

Resolved, That Chapter VIII, Section 120, of the Bylaws of the New York State Dental Association be amended as follows (new language underscored; ~~deletions stricken through~~):

Section 120. Duties: Council on Dental Health Planning and Hospital Dentistry. The duties of the Council on Dental Health Planning and Hospital Dentistry shall be:

~~6.~~ 5. To study the dental service programs and residency programs in all hospitals and other patient care units settings other than hospitals and the rules and regulations under which they are operating, when warranted.

Dr. Anders summarized NYSDA's 2019 legislative activity, including a bill to amend the definition of the scope of practice and funding for the Dental Demonstration Project.

Lastly, he reported on the outcome of the 2019 Match process. While the Match resulted in the highest number of graduates matched with AEGD and residency programs in fifteen years, the new Canadian Match program affected the numbers in locations near the US-Canadian border. Dr. Miller suggested that the council revisit the topic of the Match program at its next meeting. He asked whether the American Dental Education Association (ADEA) could assume responsibility for conducting the dental Match.

ADA Council on Advocacy for Access & Prevention (CAAP)

In his report, Dr. Herman discussed the Action for Dental Health legislation, which was signed into law in December 2018. The bill allows for grants to state associations for emergency department diversion programs and training and promotion of Community Dental Health Coordinators.

Dr. Herman described CAAP's priorities as:

1. Redirecting patients from emergency rooms
2. Promoting Community Dental Health Coordinators (CDHC)
3. Medicaid
4. Expanding fluoridation.

Dr. Herman stated there are currently five Community Dental Health Coordinators working in the state. He is currently involved with three schools to promote the CDHC initiative.

He cited additional CAAP activities, including:

1. A multi-year project on developing a culture of safety
2. Producing webinars
3. Increasing oral health literacy
4. Promoting the use of silver diamine fluoride
5. Promoting the HPV vaccine
6. Promoting access to oral health care for older adults
7. Making information on value-based payments available to ADA members.

Dr. Anders questioned the need for the ADA to develop a “culture of safety” since dentistry already has a culture of safety in place.

NYS Department of Health Update

Dr. Dionne Richardson described the Department of Health’s (DOH) programs funded by the Oral Health Workforce grant as the “3 I’s”: Incorporation, Integration and Innovation to improve oral health.

Her office is working with county health departments, especially in underserved areas, to integrate oral health “messaging” into their strategic plans. They are collaborating with the Schuyler Center. The Madison County health department worked to maintain public water fluoridation. In Jefferson County, the health department developed a “cavity free” campaign working with pediatricians to apply fluoride varnish and establish school-based clinics.

Dr. Richardson discussed the Department’s statewide fluoridation efforts. DOH offers fluoridation spokesperson training, and plans to conduct a training session in April. She stated that support is needed from dentists at the local level. DOH currently is enlisting the help of physicians, specifically pediatricians, to support continuing community water fluoridation.

DOH is continuing its campaign to reduce the consumption of sugary beverages among adolescent males. Dr. Herman cited the ADA’s “Fluoridation Facts” and the effectiveness of social media campaigns.

Hospital Dental Program Liaison Reports

As the downstate dental directors have not met since the council’s last meeting, Dr. Miller did not have a report for the council. Dr. Rossitto advised the council that the upstate directors would be meeting on April 18. They anticipate that Touro College’s first graduating class in 2020 will affect the competition for post-doctoral training statewide.

OPWDD Task Force on Special Dentistry Report

Dr. Tegtmeier advised the council that Governor Cuomo has appointed a new OPWDD commissioner, Dr. Theodore Kastner. Dr. Kastner wants to delay the managed care transition. Dr. Tegtmeier reported on the Task Force on Special Dentistry's meeting, which was held in New York City at NYU. NYU has established a new state of the art clinic to treat patients with special needs. Dr. McLaren is opening a similar program in Rochester and will begin conducting caregiver training in May.

Dr. Tegtmeier asked DOH for the total of Medicaid dental expenditures for one year for people with intellectual and developmental disabilities. He and Dr. Miller discussed the issues of care costs and sources of funding.

Dr. Tegtmeier congratulated Dr. Miller who will be appointed president of the Special Care Dentistry Association at their annual meeting in April.

NYSDA Dental Demonstration Project

Ms. Betsy Bray, Oral Health Workforce Director, NYSDA Dental Demonstration Project, joined the meeting and provided an overview of NYSDA's Dental Demonstration Project and its goals for the upcoming year. She discussed efforts to have CDHCs trained and certified in New York.

Alzheimer's Disease Training Assessment

Resolution #5, adopted at the June 2018 HOD meeting, calls for an assessment of the training and workforce capability of dentists to treat patients with Alzheimer's disease. In its effort to implement the resolution, the council surveyed the dental schools in New York to assess the amount of training currently provided. As anticipated, undergraduate training is largely didactic. Clinical experience varies based on the patients that present and the limited skills and treatment experience requirements in undergraduate training. Dr. Anders noted that continuing education courses are available but these do not include training in necessary patient management skills. Given the snapshot of the undergraduate experience, the chair suggested that NYSDA focus on making continuing education training in patient management skills available.

Dr. Miller recommended that the council follow-up by submitting a resolution calling for NYSDA to develop and offer a continuing education program on behavioral guidance. The council discussed the need to include consent-related issues in any continuing education developed.

Resolved, that NYSDA encourage the New York State Dental Foundation to develop and promote a continuing education program to help practicing dentists more effectively treat patients with Alzheimer's disease and other forms of dementia; and be it further

Resolved, that the curriculum focus on patient management skills and include informed consent issues.

Hospital and Component Issues

Dr. Noren reported that there is no oral surgery coverage for emergency rooms in his area.

New Business

Hospital Emergency Department Diversion Programs

Dr. Herman presented statistics demonstrating the over-utilization of emergency rooms for routine dental treatment. Over 50% of hospitals have no place to refer dental patients. He stated that CAAP has developed seven ED referral models. He provided the ADA's ED Referral Program Development Guide.

Dr. Anders suggested forming a subcommittee to present options for alternatives to ED care. Dr. McLaren discussed the potential application of teledentistry for ED diversion programs. Dr. Herman cited problems with funding and matching patients with providers. Dr. Richardson suggested evaluating existing programs to compare their effectiveness. She offered to provide statistics on the number of patients presenting in ERs in New York State who have Medicaid coverage.

Dental Anesthesia

Dr. Anders informed the council that dental anesthesiology had been approved as a specialty. While the specialty board will be the American Dental Board of Anesthesiology, requirements for recognition are in development.

Blood Glucose Testing

Dr. Anders briefly reviewed the requirements for registration as a testing laboratory. He reminded the council that a CLIA waiver is required and referred the members to Dr. Shub's article in the NYSDA News for further information. He emphasized that dentists can only monitor blood glucose levels, not diagnose.

Old Business

There was no old business before the council.

Nomination of Council Chair

With the expiration of Dr. Anders' tenure as council chair, the council unanimously voted to recommend Dr. Carl Tegtmeier to serve as council chair from June 2019 to June 2020.

Dr. Miller thanked Dr. Anders on behalf of the council for his dedication and leadership. Dr. Anders thanked the council for their efforts and participation during his tenure.

Adjournment

The council's next meeting will be held on October 11, 2019 in Albany. There being no additional business before the council, Dr. Anders adjourned the meeting following a motion by Dr. Miller at 12:07 p.m.

Respectfully submitted,



Patrick L. Anders, DDS, MPH
Chair