

Northwest Partnership for Public Health

Dental Health Task Force

August 24, 2007

Attendees: April Pardue, Yadkin Co. Health Dept.; Mike Reavis, Yadkin Co. Health Dept.; Lynne Payne, NC Oral Health Section; Kim Frank, Davidson Co. Health Dept.; Jill Snyder, NC Oral Health Section; Sharon Boger, NC Oral Health Section; Deana Billings, Wilkes Public Health Dental Clinic; Deborah Creed, Surry Co. Health & Nutrition Center, Donna Hicks, Davie Co. Health Dept.

Corrections to the 7-27-07 meeting minutes were made.

Deana requested that someone volunteer to co-chair the group in case she is unable to attend; Deborah Creed volunteered.

Email address list was passed around for the group to make any corrections/additions.

Under “unfinished reports” from last meeting, Deborah reported that her understanding from Mark Snuggs and Wanda Green was that state loan repayment designation was based on the number of dentists who take Medicaid and the number of Medicaid encounters in an area.

Deana requested that any information that members have on recruitment be sent to Candice before the next meeting.

Deana stated that the group had decided to discuss “Policies” at today’s meeting. The first policy discussed was “Quality Assurance” or monitoring. Wilkes Co. and Surry Co. have a monitoring tool; they will bring it to the next meeting for discussion. The dental board has a standard of care dictated by dental law. Deana and Deborah suggested that monitoring always be done by the dental staff.

The next policy discussed was “Appointments”. This policy needs to include who qualifies, i.e. Can anybody be turned away?, Who is the population to be served? (Wilkes Co. sees mentally, physically, and developmentally special needs clients.) A mix of ~80% Medicaid/Health Choice and 20% self-pay clients should be maintained to make the clinic self-sustainable. Surry Co.’s dental clinic does not slide below 60% of Medicaid rates on the sliding fee scale. Wilkes’ clinic slides to 50% of their established rates. Wilkes’ clinic originally had a mix of 80% children and 20% adult clients with 95% and 90% being Medicaid recipients respectively; now they have separate adult and children clinics. Deana shared that they had to keep the adult Medicaid clients at 90% to “break even”. Both Deborah and Deana stated that they require self-pay clients to pay prior to receiving services except for emergency care. For more expensive procedures

like root canals, the requirement is to pay 50% prior to the procedure. Wilkes has a payment agreement that says that they will not see the client for their next appointment if they miss making a payment (according to the agreement they signed). Deana reported that Union Co. allows their Hispanic clients to maintain a positive balance on their accounts by making extra payments. Wilkes allows the client to indicate how much of their needed work they can pay for on that visit and that determines the work that is done. Surry Co. does not see dental clients if their outstanding balance reaches \$250 until they pay some on the balance.

Surry Co. requires a parent/guardian to be in the clinic with a child. Surry has a waiting list for dental services; they call clients a week in advance to schedule and then calls them again the day before their appointment.

It was suggested to have a 24 hour cancellation notice policy which would state that if a client failed to give the 24 hour notice twice they would be dismissed as a client.

Deana asked if we wanted to continue to meet monthly; the group felt that we needed to as long as we had topics to discuss. Deborah suggested that we set some goals for the group; she also suggested developing a marketing tool for dental clinics.

Because there was not a date in September that most could attend, the next meeting was scheduled for 10-19-07 at 9:30 AM.