

Maine Dental Access Coalition: Dental Dozen Policy Priorities 2009-2010

| MDAC “Dental Dozen” | Measurable Objectives |
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| <p>1. Work with the Office of MaineCare Services, and others to support improvements in the processes of, enhancements to, and incentives in the MaineCare Dental Program that may increase access to dental services, such as but not limited to reviewing and adjusting reimbursement rates.</p> <p>Improve Current System Infrastructure (Goal 7)</p> | <p>By September 09 , the Policy Group drafts a strategy for successful passage of LD 624 next session.</p> <p>By October 09 the Policy Group will review other legislative and policy options to increase dental access through MaineCare, and make recommendation to full membership.</p> <p>By December 09 MDAC begins implementing legislative strategy.</p> <p>By September, Policy Group will develop a position on MDAC attendance at MaineCare Dental Advisory committee meetings and MDAC communication with MAINECARE</p> |
| <p>2. Evaluate expanding MaineCare coverage for pregnant women past the 21st birthday as well as the feasibility of adding uninsured pregnant women to MaineCare priorities for dental care.</p> <p>Promoting Dental Care for Pregnant Women (Goal 4)</p> | <p>By June 09, MDAC members will discuss with MaineCare officials the reasons policy changes were not made. Done</p> <p>By September 09 MDAC will consult with MDA on legislative strategy for pregnant women coverage.</p> <p>By December 09, MDAC will use the results of the ROI study to formulate next steps in expanding MaineCare coverage for pregnant women.</p> |
| <p>3. Establish protocols for school and community based oral health programs to ensure good communication and coordination among schools, dental services providers and funding sources.</p> <p>Expanding Prevention Programs in Schools and Communities (Goal 3)</p> | <p>By April 10 the Policy Work Group will further discuss and define this priority and develop measurable objectives for achieving it.</p> |
| <p>4. Determine best data collection tools to standardize measurement of outcomes, specifically quality measures that can be used by “safety net” dental clinics.</p> <p>Providing Evidence-Based Evaluation (Goal 9)</p> | <p>By May 2010 , the Policy Work Group will further define this priority and develop measurable objectives for achieving it.</p> |
| <p>5. Integrate oral health care with well baby, well child and adult annual medical visits. Redefining and Expanding Roles of Dental and Medical Professionals (Goal 11)</p> | <p>By September 09, the Hands on Team will further define this priority and develop measurable objectives for achieving it.</p> |
| <p>6. Develop effective strategies for recruitment and retention of professionals who are providing dental public health services.</p> <p>Improve Current System Infrastructure (Goal 7)</p> | <p>By October 09, MDAC Steering committee will develop recommendations on MDAC’s role in oversight and implementation of the Collaborative Dental Recruitment Group Recommendations for discussion at the December membership meeting.</p> <p>By December 09, MDAC will implement a “workforce workgroup” or otherwise incorporate recommendations, of the Collaborative Dental Recruitment Group.</p> |

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| <p>7. Encourage the expansion of loan forgiveness programs, especially for those serving at-risk and underserved populations</p> <p>Recruiting and Retaining Dental Professionals (Goal 12)</p> | <p>By February 2010, The Workforce Group will develop objectives promoting the availability of loan forgiveness and repayment positions.</p> |
| <p>8. Promote the Fund for a Healthy Maine continuing to support oral health programs.</p> | <p>By February 2009 MDAC will present testimony to joint Appropriations and HHS committees on the important of FHM to oral health. Done.</p> <p>MDAC will encourage members to thank HHS members for their support of keeping oral health \$ in the general fund-done by email and oral health alert. Done.</p> <p>By December 2009, the Policy Working group will develop a strategy for continuing to help protect the FHM from being diverted to non-prevention uses.</p> |
| <p>9. <i>Incorporate oral health in the Healthy Maine Partnerships mission and activities.</i></p> <p>Expanding Prevention Programs in Schools and Communities (Goal 3)</p> | <p>By November 2009 an HMP outreach plan will have been developed.</p> <p>By June 2010 at least three HMPs will have incorporated oral health in their mission and activities.</p> |
| <p>10. Investigate funding sources to support the public health infrastructure system for the provision of oral health care <i>such as tax credits and Community Development Block Grant funding.</i></p> <p>Improve Current System Infrastructure (Goal 7)</p> | <p>By May 2010 the Policy Work Group will further define this priority and develop measurable objectives for achieving it.</p> |
| <p>11. Examine best and “promising” practices in Maine and in other states for models for programs, financing, and evaluation that can be replicated and/or adapted for use.</p> <p>Providing Evidence-Based Evaluation (Goal 9)</p> | <p>By September 2010, both working committees of MDAC will discuss and refine this priority.</p> |
| <p>12. Promote water fluoridation in communities that are not already being served, and promote retention of and information about fluoridation where its already in place.</p> <p>Expanding Prevention Programs in Schools and Communities (Goal 3)</p> | <p>Distribute information produced by the CDC grant 4 times/yr in WOM.</p> <p>Post information on MDAC web site as it becomes available.</p> <p>1 presentation /yr on fluoridation progress at MDAC meeting.</p> <p>Report on fluoridation at December 09 MDAC meeting</p> |