

Children/Youth Health Advisory Committee

Monday – Sept. 23, 2002

Meeting Minutes

Present:

Twila Brown, Dept of Public Health
Frances Culp, Dept of Public Health
Jean Fraser, San Francisco Health Plan
Barbara Garcia, Dept. of Public Health
Bob Isman, CA Dept of Health Services
Jeffrey Leong, Dept. of Public Health
Iman Nazeeri-Simmons, Dept. of Public Health
Deborah Page, Delta Dental
Janet Shalwitz, Adolescent Health Working Group
Samantha Stephen, Dept. of Public Health
Shannon Thyne, SFGH/UCSF
Derek Aoki, San Francisco Children and Families Commission

Regrets:

Nicolette Collins, DPH
Pat Evans, DPH
Elena Fuentes-Afflick, SFGH/UCSF
Sai-Ling Chan-Sew, Dept of Public Health
Alicia Lieberman, SFGH

1. Introductions

- Jean Fraser began the meeting with introductions. Jean also explained the Committee's goal, a provider advisory group for the purpose of developing recommendations to enhance services to children and link medical services. The recommendations are to be shared with SFHP, pediatricians, and other health care providers. The Committee is focusing on access issues.

2. Minutes

- Barbara had a correction to the Aug. 26 minutes, the last page should read "Many community clinics in San Francisco are federally qualified (FQHC)" instead of "All community clinics..." The minutes were approved with this change. Frances will edit the draft minutes and post the correction online in the final version. (Corrected minutes will not be sent to committee members.)

3. Presentation: Dental Access Issues for Children/Youth

Bob Isman from the California Department of Health Services was the first to present. He began the talk by describing the three P's of barriers to access: Provider-related, Patient-related, and Payor-related. The details and examples associated with each barrier were outlined on a handout that Bob distributed to the group.

Jean asked if FQHCs are reimbursed on a cost basis for dental services. Bob explained that they are, but that many do not have adequate facilities to provide dental services.

There was also some discussion of the “patient of record” issue. According to the business and professions code, a dentist must examine a patient before an auxillary can do anything, limiting practice outside the traditional office setting. This creates a problem at schools, mobile services, etc, when an auxillary provider is unable to offer sealants or flouride varnish without a dentist first examining the child/youth.

Another issue that was discussed was the inability for families to buy just dental insurance through Healthy Families or Healthy Kids. Many families may already have job-based medical insurance, but not dental. These families are unable to buy-in to Healthy Families for just the dental portion. There was legislation introduced to change this for Healthy Families, but it didn't go anywhere. Deborah Page from Delta Dental talked about the fact that many families sign up for the dental insurance and this has been reflected in the billing.

Bob talked about the state regulation that the first CHDP dental screening is conducted on children who are 3 years old. Many of the State's dental professional organizations have recommended that this be changed to one year olds. Barbara asked if this could be changed locally. Bob explained that localities cannot change this regulation and that change can only happen on the State level through legislation. Bob explained that localities cannot change this regulation and that the change was stopped by the head of the CHDP program at the State level. Bob feels that given this attitude by the State leadership, change can only happen on the State level through legislation.

The Children's Dental Disease Prevention Program, which is in a number of counties, including San Francisco, starts working with kindergarten age children. This doesn't help with early childhood decay. Bob commented that it starts too late and ends too early.

Bob brought a list of “billing providers” for Denti-Cal. This list represents an undercount, as it represents offices that may have more than one provider. However, it doesn't highlight providers who offer care specifically to children, and it includes providers who only see a very small number of patients per year. Finding dental providers for children is a common difficulty that may get worse depending on what happens with provider rates. It is not yet clear to DHS how the new State budget is going to affect provider rates.

The group discussed dental case management and that this approach could be very useful. It is possible for Targeted Case Management funds to be obtained by the county.

Jeff Leong, the AB75 Coordinator for the Dept of Public Health, was the next presenter. He discussed the California Healthcare for Indigents Program (CHIP) and its dental benefit. This covers families up to 200% of the federal poverty level who are uninsured. Funding is through the Tobacco Tax. This program still does not have a budget for this fiscal year from the state.

CHIP in San Francisco used to have a panel of 5 dental providers, including 2 major providers. There is only one left. The SFGH/UCSF clinic is one that is no longer providing services for this program. The rates started out higher than Denti-Cal and are now lower. Jeff's office is now in the process of recruiting, and he feels that they will be able to add more dental providers soon. However, Jeff doesn't think that the UCSF/SFGH clinic will rejoin in the near future. Jeff noted

that utilization is decreasing for dental. This may be related to the new Healthy Kids program, but it is too soon to tell.

Deborah Page shared information about Delta Dental and her experience with dental providers. The providers who are willing to see low-income families are feeling pulled in many different directions. There are eight different public programs that Delta Dental manages. Providers report that programs with a co-pay, even a small copayment, makes for better patients who value the service they receive.

Samantha Stephen, the Department of Public Health's Dental Director, discussed the key issues in San Francisco regarding dental access for children and youth. Samantha shared a handout with the group outlining these key issues. She shared information about a research study DPH did with SFHP in the past. Though there was a small response to this attempt to get younger children into dental care, 50% of those 2 year old children who were seen had dental caries. Though this was a biased sample, it is significant that most parents thought that 2-year-old children were too young for dental services but a significant number were in need of treatment.

A current project being conducted is using focus groups. Many families are reporting a fear of the dentist's office. This project is only 1/3 of the way through. There is some evidence to suggest that school clinics and mobile vans are much less intimidating and more successful in getting children into care and is less frightening. Bob noted that mobile clinics are expensive to run. Portable equipment can be a less expensive alternative.

Jean Fraser then called the meeting to a close. Frances agreed to develop a list of possible recommendations to improve the access issues discussed at the meeting today. These recommendations will be discussed in more detail at the next meeting.