

MINNESOTA ORAL HEALTH COALITION OPEN SPACE  
**BUILDING A BROADER COMMUNITY**  
 DECEMBER 2, 2011

**SUMMARY**

On Friday, December 2, 2011 the Minnesota Oral Health Coalition hosted an open space process discussion. Open space by design is the opportunity to allow people who have passion for a topic to gather and discuss and develop a path toward accomplishing agreed upon goals.

The group met from 8:30am to 12noon at the Dakota County Service Center. In addition, we were joined by remote locations from Bemidji, St. Cloud, Rochester, Duluth, andxx.

The overall theme for the day was “Building a Broader Community” around oral health. Below you will find a general summary as well as the detailed descriptions of each of the sub-sessions. There was no fixed agenda for the day, the participants built the agenda during the first hour of the meeting. As such, the results published below were genuine outcomes of the process from that day. Yet, as a back-drop this meeting leveraged the work that has been done over the past three years and includes a section for the State Oral Health Plan which is a key element for the coalition.

Thank you to all who participated and to those individuals who have stepped up to lead one of the next steps outlined below.

**Next Step Summary**

Next Step	Description	Leader	Leader email
Coalition web site	Development of an independent, interactive, strong web presence for the Minnesota Oral Health Coalition	Patrick Jacobwith	<a href="mailto:patrickj@southernheightsdental.com">patrickj@southernheightsdental.com</a>
State Oral Health Plan	Health equity and literacy	Merry Jo Thoele	<a href="mailto:Merry.jo.thoele@state.mn.us">Merry.jo.thoele@state.mn.us</a>
Best Practices	Obtain best practices from other more mature organizations	Carl Ebert, DDS	<a href="mailto:cebert@comcast.net">cebert@comcast.net</a>
Philanthropic Programs	Promote philanthropic programs among	Rochelle Hassan	<a href="mailto:Rochelle.avent-hassan@co.hennepin.mn.us">Rochelle.avent-hassan@co.hennepin.mn.us</a>

	specialty dental organizations		
Many Face Conference	Hold an accountable care conference with medical and dental professionals	Shelli Lampi	<a href="mailto:lampij@frontiernet.net">lampij@frontiernet.net</a>
New Workforce Model(1)	Develop checklist on payment programs and credentialing	Sarah Wovcha	<a href="mailto:swovcha@msn.com">swovcha@msn.com</a>
New Workforce Model(2)	Develop a fact sheet resource describing oral health professionals roles	Clare Larkin	<a href="mailto:Clare.larkin@normandale.edu">Clare.larkin@normandale.edu</a>
New Workforce Model(3)	Conference/retreat on advancing the implementation of workforce models	Ann Johnson	<a href="mailto:ajohnson@deltadentalmn.org">ajohnson@deltadentalmn.org</a>
Old/New Dental Workforce Models	Educate MDA membership	Dan Rose, DDS	<a href="mailto:danrose@rosehillranch.org">danrose@rosehillranch.org</a>
Patient-Centered Principles	Develop a set of professionally based principles for the coalition	Carl Ebert, DDS	<a href="mailto:Cebert923@comcast.net">Cebert923@comcast.net</a>
Sustainability of the Coalition	Develop a plan for the sustainability of the Oral Health Coalition	Patrick Jacobwith	<a href="mailto:patrickj@southernheightsdental.com">patrickj@southernheightsdental.com</a>

## **BELOW IS A FULL SUMMARY OF THE MEETING**

### **I. NEXT STEPS**

### **II. ISSUES AND OPPORTUNITIES POSTED ON THE WALL**

### **III. NOTES FROM CONCURRENT SESSIONS**

### **IV. FEEDBACK AT CLOSING CIRCLE**

## **I. NEXT STEPS**

The following next steps were identified by approximately 60 people attending the Oral Health Coalition Open Space with approximately 50 at the Dakota County Northern Services location and 10 listening at remote sites.

Whether you were in attendance or not, you are invited to join in the implementation of any or all of the following next steps which were identified by letting the contact person know of your interest.

### **Development of an independent, interactive, stronger web presence for the Minnesota Oral Health Coalition**

- Develop a plan for web development and define the audience (coalition members and wider Minnesota)
  - Training on website programs (part of plan)
  - Determine/select best initial free or inexpensive web hosting program (part of plan)
  - Explore options for an independent web site (part of plan)
- Deploy a Facebook and Linked-in page short term/long term

**Contact Person:** Patrick Jacobwith [patrickj@southernheightsdental.com](mailto:patrickj@southernheightsdental.com)

**Implementers:** Patrick, Shelli, Rebecca, Carl, Bilquis, Connie

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### **Health Equity Literacy – State Plan**

- Promote and utilize the state plan
- Press release of state plan once finalized – still in draft form
- Promote perspective community
- Define ownership of state plan
- Opportunity for coalition to be the community's voice and involve the community in the process
- Provide information about community listening project

**Contact Person:** Merry Jo Thoele [merry.jo.thoele@state.mn.us](mailto:merry.jo.thoele@state.mn.us)

**Implementers:** Patti Ulrich [patti.ulrich@state.mn.us](mailto:patti.ulrich@state.mn.us)  
Carl Ebert [cebert923@comcast.net](mailto:cebert923@comcast.net)  
Forrest Flint [forrest.m.flint@healthpartners.com](mailto:forrest.m.flint@healthpartners.com)  
Rochelle Hassan [rochelle.avent-hassan@co.hennepin.us](mailto:rochelle.avent-hassan@co.hennepin.us)

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### **Best Practices**

- Set up meetings/conference calls with other state oral health coalitions and other organizations in the state of Minnesota
- Set up a protocol for the conversations so that various individuals have consistent conversations
- Build a “best practices” recommendation for the Minnesota Oral Health Coalition

**Contact Person:** Carl Ebert [cebert923@comcast.net](mailto:cebert923@comcast.net)

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### **Promote philanthropic programs among specialty dental organizations**

**Contact Person:** Rochelle Hassan [Rochelle.avent-hassan@co.hennepin.mn.us](mailto:Rochelle.avent-hassan@co.hennepin.mn.us)

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### **Many Faces Conference with Oral Health Presentation**

- Hold an Accountable Care Conference with Medical and Dental Professionals

**Contact Person:** Shelli Lampi [lampji@frontiernet.net](mailto:lampji@frontiernet.net)

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### **New Workforce Models(1)**

#### **Develop Checklist on Payment Protocols and Credentialing**

**Contact Person:** Sarah Wovcha [swovcha@msn.com](mailto:swovcha@msn.com)

**Implementers:** Deb Jacobi, Mary Seiroe, Mary Morales  
Sheila Fuchs, Forrest Flint, Rebecca Fahning

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### **New Workforce Models(2)**

**Develop a Fact Sheet/Resource Sheet (describing definition of, roles of, and scope of practice levels of all oral health professionals to be used by the profession, payers and the public to understand the current state of oral health care delivery)**

**Contact Person:** Clare Larkin [clare.larkin@normandale.edu](mailto:clare.larkin@normandale.edu)

**Implementers:** Suzanne Beatty [Suzanne.beatty@normandale.edu](mailto:Suzanne.beatty@normandale.edu) and  
[Suzanne.beatty@metrostate.edu](mailto:Suzanne.beatty@metrostate.edu)  
Rebecca Fahning

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**New Workforce Models(3)  
Develop Conference/Retreat on Advancing the Implementation of  
Workforce Models**

**Contact Person:** Ann Johnson [ajohnson@deltadentalmn.org](mailto:ajohnson@deltadentalmn.org)

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**Old/New Dental Workforce Models  
Educate MDA Membership**

**Contact Person:** Dr. Rose [danrose@rosehillranch.org](mailto:danrose@rosehillranch.org)

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**Patient-Centered Professionally Based Principles for the Coalition**

- Develop a document that states our principles and objectives which are patient-centered and not fragmented by proprietary interests and agendas
- Develop bullet-points about what patients need for oral care (as part of general health care) dental services
- Get more medical people at the table
- Establish list of evidence based studies which support position that oral health affects general health

**Contact Person:** Carl Ebert [cebert923@comcast.net](mailto:cebert923@comcast.net)

**Implementers:** Mary Seiroe

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**Sustainability of Oral Health Coalition (and MDH)**

- Establish a Development of Fund Raising Committee
- Inform the membership of current financial/staff support
- MDH to provide a summary of “in-kind” contribution and help develop a longer term budget
- Develop and complete a vision, mission, and goals (identity)
  - MDH to pull past work on vision work to present to the board

**Contact Persons:** Patrick Jacobwith [patrickj@southernheightsdental.com](mailto:patrickj@southernheightsdental.com)  
Merry Jo Thoele

## **II. ISSUES AND OPPORTUNITIES POSTED ON THE WALL**

1. Adult and Special Needs Oral Health (financing, evidence based practice, integration and overall health) posted by Deb Jacobi
2. Developing and Implementing Models for Effective Interprofessional Collaboration – medical/dental/education etc. posted by Ann Copeland
3. Periodontal Services for MA, Uninsured Patients posted by Rochelle Hassan
4. Coordinating the Existing Provider Network posted by Sue Buck-Wischmeier
5. Recognize the Importance of Oral Health to Overall Oral Health: Reconnect the Mouth to the Body posted by Mary Seieroe
6. Health Equity and Health Literacy posted by Charity Kreider
7. Implementation of the State Plan posted by Merry Jo Thoele
8. Being the People’s Voice for Best Oral Health Care in Minnesota posted by Forrest Flint
9. Sustainability and Integration of the State Oral Health Program in the Department of Health posted by Merry Jo Thoele
10. Raise Money for the Coalition posted by Patrick Jacobwith
11. Honor the Work that Has Been Done to Date and Utilize Existing Membership Groups posted by Mary Morales
12. Develop the Coalition Web posted by Patrick Jacobwith
13. Develop a Web-Based Planning Process/Implementation for Coalition’s Activities posted by Carl Ebert
14. Engage Stakeholders Across the State posted by Connie Bye
15. Promote the Oral Health Coalition posted by Rebecca Fahning
16. Develop a Fact Finding Effort Around Oral Health Coalition Best Practices posted by Carl Ebert
17. Develop Relationships with other Oral Health Organizations posted by Patrick Jacobwith

18. Involve Person and Institutions That Are Not a Part of the Traditional Network of Dental Care in the Issues or Oral Health – Invite New Dentists, Non-Health Plan Reps, Non-DHS, etc. to Join Us posted by Carolyn Bass
19. Develop a Patient-Centered, Professionally Based Principles Document for the Coalition posted by Carl Ebert
20. Make the Coalition “Patient Centered” Rather than Just a Forum for Advancing Self Interests posted by Carolyn Bass
21. Endodontic Services for the MA, Uninsured Patients posted by Rochelle Hassan
22. How to Support Dental Therapists and Advanced Dental Therapists to Improve Access, Business Models, and Acceptance posted by Ann Johnson
23. Embracing New Dental Team Members, Dental Therapists/Advanced Dental Therapists into Dental Workforce posted by Suzanne Beatty
24. Improved Access and Training Opportunities for Rural and Underserved with IPE Focus posted by Wendy Foley
25. Increased Utilization of Minnesota Statute 150A.10 Limited Authorization for Dental Hygienists posted by Clare Larkin
26. Don’t Forget Collaborative Agreement for Hygienists posted by Rebecca Fahning
27. Dwindling Access/Providers in Rural Areas posted by Shelli Lampi
28. Increase Dental Providers in Public Health Departments posted by Rebecca Fahning
29. Advanced Dental Therapist Implementation posted by Sarah Wovcha
30. Misunderstanding Around the Role of the New Dental Workforce

### III. NOTES FROM CONCURRENT SESSIONS

#### **Session: Best Practices – Develop for the Minnesota Oral Health Coalition (become a key voice for oral health in Minnesota)**

Conveners: Carl Ebert, Patrick Jacobwith

Discussion/Recommendations:

- Research other coalitions, and understand and develop best practices for the Minnesota coalition
  - Meet with other oral health organizations in Minnesota and beyond to develop a dialogue/relationship and educate each other on what worked and how to avoid issues and limitations
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#### **Session: Health Equity, Being the People’s Voice for Best Oral Healthcare in Minnesota, Implementation of State Health Plan, Health Literacy**

Conveners: Merry Jo Thoele, Forrest Flint, Charity Kreider

Participants: Sarah Tate, Patti Ulrich, Rochelle Hassan, Carl Ebert, Greg Swenson

Discussion/Recommendations:

- State Plan – 3 years of stakeholder work, 2 statewide summits, should be a living document, can be added to and be current, discussed how to implement. Strategic Plan with 7 goals and with many objectives and 100’s of strategies. Important to add and modify – there is a process to amend – pieces can be petitioned out – similar Healthy People 2020
- DT/ADT subset of plan –already in there written done
- Oral Health Coalition’s role is to advocate for implementation of State Plan
- Access, prevention, workforce, function and meaning to advocate
- Example of nonprofits that do this could be used in web-based format to promote
- If issue comes up, look to plan for guidance to find goals/objectives/strategies, example, ADT/DT workforce
- Copy to ADA – care
- Policy – elevate
- Becomes basis for growth (foundation)
- Representing stakeholders, communities, providers – it should align with plan if it doesn’t, we should speak up
- Voice of people – we are also patients and citizens

- Fluoride – ADT/DT through people’s lens
- Professionally based – patient focused
- Community listening project in plan? No but there is a community membership on coalition; web-based way to ask patients/communities what they see as problems/opportunities; focus groups; community partnerships; diverse stakeholders

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**Session: Patient-Centered**

Convener: Rochelle Hassan

Participants: Patti Ulrich, Shelly Lampi, Wendy Foley, Amos Deinard, Melissa Cozart, Sarah Tate

Discussion/Recommendations:

- Promote implementation of current philanthropic programs (e.g., Ortho)
- Control is an issue – open flood gates
- Real life stories of the patient as a person
- Specialty care: organizations, perio, endo, ortho
- Loan repayment programs
- Promote specialists
- Ethics – systems
- Health care home certification
- Community health care
- Community worker
- Accountable care association

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**Session: Longer Term Financial Sustainability for Minnesota Oral Health Coalition (moving beyond MDH only support, but also support MDH)**

Discussion/Recommendations:

Develop sources of revenue (who are possible funders: MDH, corporations, national, individual)

Set up a committee to seek funding

Membership does not fully understand current financial status

We have an opportunity to define our identity (mission, vision, goals)

Coalition needs a strategic plan for the coalition, beyond state oral health plan

Coalition needs a sustainability plan – to make sure we plan for future engagement

Transitional period

Make sure part of the plan is to support MDH

Use past and current work

Be careful to use terms of “totally separate from MDH” – symbiotic relationship

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### **Session: Developing a Patient-Centered, Professionally-Based Coalition**

Conveners: Rochelle Hassan, Carl Ebert, Carolyn Bass

Participants: Ann Copeland, Wendy Foley, Sarah Tate, Shelli Lampi, Mary Seieroe, Amos Deinard

Discussion/Recommendations:

1. Don't like proprietary interests that always take over professional group – especially with legislature and advocacy
  2. Should we all sign a “conflict of interest” statement? Can we just check our business cards at the door – leave self interest behind and figure out what is cohesive for all of us – what brings us together
  3. Endo services – access issue for patients
  4. Is “patient-centered” from our interest or from patient interest?
  5. Advocacy for services for MA or low income patients that aren't covered in public programs connected to overall health – perio to diabetes
  6. Paper by David Nash “Dentistry Professionalism vs Proprietary” If we're really professional, we do what we do because it benefits the patients
  7. We shouldn't steer this in any one direction (provider, purchasers, payers, etc.) All interests are covered when we put patient first. HCMC has such a program
  8. Number of studies that track \$ to medical consequences of oral health treatment – non-tx for patients Mostly perio and diabetes
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### **Session: Develop an Independent, Interactive, Stronger Web Presence for the Minnesota Oral Health Coalition**

Conveners: Patrick Jacobwith, Carl Ebert, Connie Bye

Discussion/Recommendations:

- Cheaper alternatives: wiki wiki (like a blog) is by invitation; base corp; explore other free/cheap web solutions
- Do we need to be separate from MDH? Yes, but MDH can and will support the coalition
- Can we use Facebook or LinkedIn?
- Are we comfortable with opening the coalition up to this avenue?
- Develop a web strategy
- Communication must be deployed beyond the web – a separate topic

- Who is the audience for web? Overall population or coalition members
  - Define coalition needs first
  - First goal is to get our own website
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### **Session: Dental Workforce**

Convener: Ann Johnson

Participants: Mary Liesch, Ann Copeland, Barbara Hann, Clare Larkin, Rebecca Fahning, Gretchen Ambrosier, Susan Buck-Wischmeier, Leslie Nordgren, Sarah Wovcha, Wendy Foley, Bilquis Khan, Deborah Jacobi, Mary Seieroe, Deb Bernier, Shelli Lampi, Patrick Jacobwith, Suzanne Beatty, Melissa Cozart, Jessica Flotterud, Dana Jensen, Gregory Swenson, Patsy Bartley, Dan Rose, Connie Bye, Carolyn Bass

Discussion/Recommendations:

1. Confusion of dental definitions of workforce positions. Develop a user friendly, fact-sheet, videos, web-site. Look to medical models.
2. Mal-distribution of workforce – many entities/agencies can help solve/support getting rural dental providers.
3. Identify barriers to implementation of new workforce models.
4. Fee/insurance payment clarification.

*Please note: Ann Johnson is working on compiling a complete report for this session and will be getting it to Jenny Patrin at MDH for distribution.*

#### IV. FEEDBACK AT CLOSING CIRCLE

- Really good networking with everybody, brainstorming, and connecting
- Outreach of the coalition board is important
- Good to hear providers and funders and learn about the same issues
- Learned a lot
- Got a feel for what the issues are
- Good to see familiar faces and to connect; learned a lot and got clarity on confused issues
- Very helpful and very enlightening to hear opportunities and concerns
- Viewed postings on the wall as a repeat of past and small groups are our bread and butter; small group discussions very helpful
- Enjoyed the collaborative spirit of the group
- Impressed by passion and talents in the room as well as how and then things get accomplished
- Thank you for everyone's time and engagement
- Impressed with how much there is in common and how we broke down silos and the traction to move things forward
- Excited to see action steps and move forward
- Encouraged by spirit of cooperation and look beyond selves to help
- Like around the water cooler, comments of peers, spontaneous and connection with what you are thinking
- Suggest next time announcements of session times
- Realize that this is the tip of the iceberg and we are all concerned
- Strengthened state health plan and able to move forward
- Revisit plan with new action steps from today
- Excited, concerned that we had already done this, but took a deep breath, was afraid of too much open space and wanted more structure, but it all worked out
- Need to keep talking about past and present while moving forward – painful but good
- Need to remember that new faces are at the table and need to define – always – what's going on – the oral health plan need to keep new faces at the table up to speed
- Thanks to Carl
- Appreciated being here today; need to get oral health care to where it needs to be; educate; get everyone tracking and do it
- Thankful and look forward to getting the notes
- Been around for 25 years and not new topics – keep topics on the table
- Wish CDC contact was here and could see the progress we made; excited to see the coalition moving forward and advancing to 501c3 status; fruits of labor really showing today; would have been fun to stay in the large circle all day!

- Glad to see green sheets and action items and moving forward; like big group but small groups get things done
- Exciting! Nice to know what's going on (my first time with the group)
- Get to be with like minded people again; got to expand to get new people involved; if only looking to solve problems in your lifetime, you're thinking too small
- MDC has come a long way; we are the choir and need to engage the community; excited with our next steps!
- Thank you! I liked the small groups – people had an opportunity to talk and discuss their issues; keep our patients at the heart of our work
- Was apprehensive about the process, but now we have action steps and concrete things to bring folks together
- Very appreciative to all; always think about the patient – we are the choir, so let's sing and let everyone hear our voices; be a model and take this forward; thanks Linda and our remote connections – an amazing group!
- From the remote sites: Thank you for the opportunity to hear what's going on in the coalition