

## **DR. DEBONY HUGHES NAMED MD STATE DENTAL DIRECTOR**

**Will keynote at MDAC statewide convening**



*Debonny R. Hughes, D.D.S. is the new Director, Office of Oral Health at the Maryland Department of Health. Prior to joining the Office of Oral Health, she managed the Dental Health Program at the Prince George's County Department of Health, and served as vice-chair of the MDAC board of directors. Dr. Hughes graciously agreed to an interview with MDAC, and her answers to our questions are below. Dr. Hughes will give the opening keynote address at the June 18, 2018 MDAC statewide convening, Oral Health and Overall Health: Opportunities for Continued Success.*

### ***How did you first become interested in dentistry and public health?***

My interest in healthcare began very early in my life. I volunteered in the hospital as a candy striper and knew that I definitely wanted to pursue a career in medicine. I majored in chemistry in college to prepare for my pursuit in medicine. It was one of my college professors that encouraged me to apply to dental school. My public health career was not planned but developed as I explored ways to use my training to help others. I had the opportunity to work with the health department and the rest is history.

### ***How did you first become involved with MDAC?***

I first became active with the Maryland Dental Action Committee when discussions and decisions were occurring about the ways to improve oral healthcare for children following the death of Deamonte Driver. The recommendations led to improved access and education in Maryland and invigorated the move to establish the Maryland Dental Action Coalition (MDAC). It was only natural that I continue my commitment to help the citizens of Maryland by becoming a member and eventually becoming a board member of such an important organization.

### ***What is the most challenging part of your work in oral health? What is the most rewarding part of your work?***

This is an exciting time to talk extensively about oral health integration with medicine. It is within this concept that we recognize the difficulty in getting consumers to understand the importance of the relationship between a healthy mouth and overall good health. Educating consumers is so important and necessary. We should never assume that everyone understands the principles of good oral healthcare and how it relates to the healthiness of the entire body. Time needs to be spent with each patient to constantly reiterate these principles. It is very rewarding to see your efforts in educating patients when they show positive improvement in their home care practices and good nutritional habits that will contribute to an overall healthier patient.

### ***Maryland has become a model for the nation in improving the oral health of children. In your view, what actions taken had the most impact? Are there lessons learned that could help improve the oral health of adults?***

I am very proud of the steps Maryland has taken to become a model for the nation in improving oral healthcare for children. I hope that we can take some of the same steps in establishing a meaningful oral health model for adults. This would include collaborations, shared resources, public relations and old fashioned love for making Marylanders healthier people. This has been a powerful potion for change in Maryland and I look forward to seeing how adults are positively affected.

***You worked in Vermont for many years. Are there initiatives that were successful there that we could take here to improve the oral health of Marylanders?***

When working in Vermont, I learned that collaborations are extremely important to initiate and implement programs that comprehensively impact patients. I was fortunate to work with a community health organization that operated a mobile medical bus to provide treatment to uninsured and Medicaid patients. The organization collaborated with a private practice dentist to offer dental treatment to their population of patients. It was a great relationship to provide access to care for patients in a rural area. I was also able to collaborate with the State Dental Hygiene Association to convene dental hygienists from around the state to provide services to that same population for a nominal fee on several occasions. When I look back at that experience, it was really a mini version of a Mission of Mercy.

In Maryland, we witness the importance of collaborations and how, as we work together, we are creating opportunities for our most vulnerable citizens.

***In your 2013 testimony before the United States Senate HELP Subcommittee on Primary Health and Aging – Dental Crisis in America – The Need to Address Cost, you said “Quality dental care is not a luxury. It’s a necessity, and we need to make it accessible and affordable for adults to receive the care they need and deserve.” In your view, what are the major actions needed to make dental care affordable and accessible?***

Creating affordable and accessible oral health care for all adults is a complex issue that requires multifaceted solutions. There is no clear path to achieve the wanted end result but I do believe that it is achievable with collaboration, creativity, and evaluation of resources. One thing for sure, I plan to be part of the solution.

***What are your top priorities for improving oral health in Maryland? How can MDAC members, partners, and stakeholders help you achieve those goals?***

My top priority is to promote the mission of the Maryland Department of Health, which is “We work together to promote and improve the health and safety of all Marylanders through disease prevention, access to care, quality management, and community engagement.” MDAC members, partners and stakeholders can look to the mission and continuously work to achieve the goals for quality oral healthcare for all Marylanders.

**DONE DEAL!**

**Governor Hogan Signs Bill to Establish Medicaid Adult Dental Pilot Program**



*Governor Larry Hogan (seated center) signed SB 284 –Maryland Medical Assistance Program– Dental Coverage for Adults – Pilot Program into law on May 15, 2018. The bill, strongly supported by MDAC and its coalition partners, will establish a pilot program to cover adult dental services in Medicaid - a major step forward to improve access to affordable dental care for Maryland adults.*

More than three years of hard work and collaboration by MDAC members, partners and stakeholders culminated on May 15 as Governor Larry Hogan signed SB 284 – *Maryland Medical Assistance Program – Dental Coverage for Adults – Pilot Program* into law. This major legislative victory is another significant step towards the ultimate goal of a Medicaid adult dental benefit that will enable participating adults to establish a dental home, obtain preventive care, and avert costly dental conditions.

The legislation requires the Maryland Department of Health to implement a pilot program for Medicaid adult dental coverage, which may begin as early as January 2019. During the June 18 MDAC statewide convening, *Oral Health and Overall Health: Opportunities for Continued Success in Maryland*, registrants will have the opportunity to participate in facilitated discussions on the components of the Maryland Medicaid Adult Dental Pilot Program. Your input is vital to the development of a successful pilot program that demonstrates a Medicaid adult dental benefit is a good investment in both health outcomes and the fiscal health of Medicaid. MDAC will forward the outcomes of the discussions to the Maryland Department of Health.



*Natalia Chalmers, D.D.S., Ph.D. of the DentaQuest Institute, MDAC board members Eric Biagioli and Diane Romaine, D.M.D., Robyn Elliott of Public Policy Partners, Delegate Mike McKay (R- Allegany and Washington Counties), MDAC Executive Director Mary Backley, and representatives from Healthcare for the Homeless celebrate the signing of SB 284 at the Maryland State House.*

MDAC thanks bill sponsor Senator Thomas “Mac” Middleton (D-Charles County) and bill supporter Delegate Mike McKay (R- Allegany and Washington Counties) for their determination to stay the course and educate fellow legislators and executive leaders on the importance of Medicaid adult dental coverage to the health of Marylanders and the fiscal health of the state. MDAC also thanks Robyn Elliott for her excellent work shepherding the bill through the legislature. Last, but certainly not least, a very special thank you to the MDAC members, partners and stakeholders who – at a moment’s notice – rearranged their schedules to testify at bill hearings or submit written testimony in support of SB 284. It was important that legislators read your testimonies and hear from the large number of you who testified in person. Your willingness to take the time to speak out on behalf of those who need our help is a testament to the strength of the coalition and your passion and commitment to improve the oral health of Marylanders. This bill would not have passed without you!

## **MDAC TO HOST JUNE 18 STATEWIDE CONVENING** **Opportunity to provide input on Medicaid pilot program**

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*Oral Health and Overall Health: Opportunities for Continued Success in Maryland* will be the focus of a June 18, 2018 statewide convening hosted by the Maryland Dental Action Coalition at the Turf Valley Resort in Ellicott City, Maryland. The meeting will address the three key priorities of the 2018-2023 Maryland Oral Health Plan: access to oral health care, oral disease and injury prevention, and oral health literacy and education.

The recent passage of SB 284, which will establish a Medicaid adult dental pilot program, makes this an opportune time to bring MDAC members, partners and stakeholders together to exchange information, learn from one another, and initiate new actions to improve the oral health of all Marylanders.

During the meeting, participants will have the opportunity to provide input on the components and implementation of the Maryland Medicaid Adult Dental Pilot Program. MDAC will forward the outcomes of the facilitated discussions to the Maryland Department of Health.

Debony Hughes, D.D.S., the newly appointed state dental director, will give the opening keynote address. MDAC will give special recognition to Maryland Senator Thomas “Mac” Middleton and Maryland Delegate Mike McKay for their sponsorship and support of SB 284. Natalia I. Chalmers, D.D.S., Ph.D. will give a closing address on *Racial Disparities and Oral Health: Identifying Opportunities for Solutions*.

If you plan to attend and need a hotel room the night before the meeting, Turf Valley Resort is offering a special conference rate of \$129.00/night plus tax, single or double occupancy. This special rate applies only to rooms booked by no later than **Tuesday, May 29**.

For reservations, call 410-465-1500 or 1-888-833-8873. You must identify yourself as a MDAC meeting attendee to qualify for the discounted rate. You may also book your reservation online at [reservations.turfvalley.com](http://reservations.turfvalley.com). The group code is "2859TI".

For further information about the convening, [click here](#). To register, [click here](#).

## **FEDS APPROVE "MARYLAND MODEL" ALL-PAYER CONTRACT**

### **New Contract for Innovative Provider Payment System; \$1 Billion in Savings Expected**

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Governor Larry Hogan, together with the Maryland Department of Health and the Centers for Medicare and Medicaid Services (CMS), announced the federal approval of Maryland's Total Cost of Care All-Payer Model, known as the "Maryland Model," contract. This innovative approach to health care provider payment is unique to Maryland and made possible via a contract between CMS and the state. Maryland's current model has already saved Medicare more than \$586 million through 2016, compared to national spending, and the new model is expected to provide an additional \$300 million in savings per year by 2023 and a total of \$1 billion over five years.

Under Maryland's current All-Payer Model, approved in 2014, hospitals have successfully reduced unnecessary readmissions and hospital-acquired conditions while decreasing the growth in hospital cost per capita. The new Maryland Model will expand this successful approach across the health care system when it takes effect on January 1, 2019 and will extend through the end of 2023. The contract can then be extended for an additional five years, pending a review of the terms.

"The new Maryland Model will expand health care access and affordability – and ultimately improve quality of life – for Marylanders, especially those with chronic and complex medical conditions," said Governor Hogan. "Maryland continues to lead the nation in innovative health care delivery, and the expansion of our successful model is a huge step forward in our efforts to ensure that every Marylander has access to quality care."

The Maryland Model aims to control the growth in health care costs, both at hospitals and community providers, while improving patient outcomes and quality of care. To achieve this comprehensive coordination across the entire health care system, the Maryland Model will:

- Coordinate care across both hospital and non-hospital settings, including mental health and long-term care
- Invest resources in care that is focused on the patient and enhance primary-care teams to improve individual patient outcomes
- Set a range of quality and care improvement goals and provide incentives for providers to meet them
- Concentrate system and community resources on population health goals to help address opioid use and deaths, diabetes, hypertension, and other chronic conditions
- Encourage and facilitate programs focusing on the unique needs of Marylanders across geographic settings and other key demographics

This comprehensive approach ensures the patient is at the center of decision making and their needs are being met with greater transparency and accountability. [Read the full press release here.](#)

## **PILOT PROJECT INTEGRATES ORAL HEALTH IN PRIMARY CARE**

### **Demonstrates screening effective in identifying, referring patients with dental needs**

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Susan Scherr, a geriatric nurse practitioner, University of Maryland doctoral student, and visiting assistant professor of nursing at York College of Pennsylvania has long been concerned about oral health disparities in Maryland. Vulnerable populations, such as the poor and chronically ill who have limited access to preventive dental care, often present to emergency departments, outpatient clinics or primary care offices with dental conditions. Although evidence suggests oral health screening is an effective way to identify those with unmet oral health needs and refer them to a dentist, it is not standard practice in many non-dental healthcare settings.

In fall 2017, Scherr began an 8-week pilot project to integrate oral health screenings into primary care. The project, conducted at an outpatient transitional primary care clinic in Harford County, yielded results consistent with national data that indicates vulnerable populations have disproportionate levels of unmet dental needs. The clinic serves patients, referred from the hospital upon discharge, who are at-risk for 30-day readmission, have multiple chronic diseases, no established primary care provider, or are under-insured or uninsured.

Patients registering at the clinic responded to a 3-question oral health pre-screen. Based on their responses, the primary care physician determined the need to perform a more thorough oral assessment and/or refer the patient to a dentist. Of the 108 patients who completed the pre-screen, 73% had not seen

a dentist in the past 12 months; 12% had an oral problem or pain; and 53% did not have a dental home. Of those pre-screened, 20% were referred to their existing dentist, and 56% were given a list of dental resources, including information for a nearby FQHC dental clinic, a list of dentists who accept Medicaid, and a list of managed care organizations that offer some dental benefit, and printed information on oral health.

Scherr's project showed that oral health screening in a transitional primary care setting is an effective way to identify and refer patients who have unmet oral health care needs to a dentist. Future plans include working with the FQHC to develop a more formal referral process that will include telephone follow-up with referred patients.

## **NATIONAL LEAGUE FOR NURSING ADDS TO CARE EXCELLENCE SERIES** **Cases include impact of social determinants on oral health of children**

The National League for Nursing recently announced a new addition to their Advancing Care Excellence Series - Advancing Care for Pediatrics (ACE.P) - unfolding cases. The ACE.P unfolding cases focus on the increasing impact of environment, housing, and access to care for children in vulnerable populations. [The cases](#) focus on the special needs of vulnerable children in the areas of nutrition/obesity, oral health, preventative care, immunizations, mental health and autism.

**“Quality dental care is not a luxury. It’s a necessity, and we need to make it accessible and affordable for adults to receive the care they need and deserve.”**

**-Debony Hughes, D.D.S., Director, Office of Oral Health, Maryland Dept. of Health**

### **NEWS**

[When Is Insurance Not Really Insurance?  
When You Need Pricey Dental Care](#)

[Dentistry & Pediatrics: Working Together  
on Cancer Prevention](#)

[7 Strategies for Getting Over Your Fear of  
Going to the Dentist](#)

[Drinking Alcohol Increases Disease-  
Causing Mouth Bacteria](#)

### **ARTICLES**

[Exploring a 2Gen Approach to Improve  
Dental Health](#)

[Prevalence of Total and Untreated Dental  
Caries Among Youth: United States, 2015–  
2016](#)

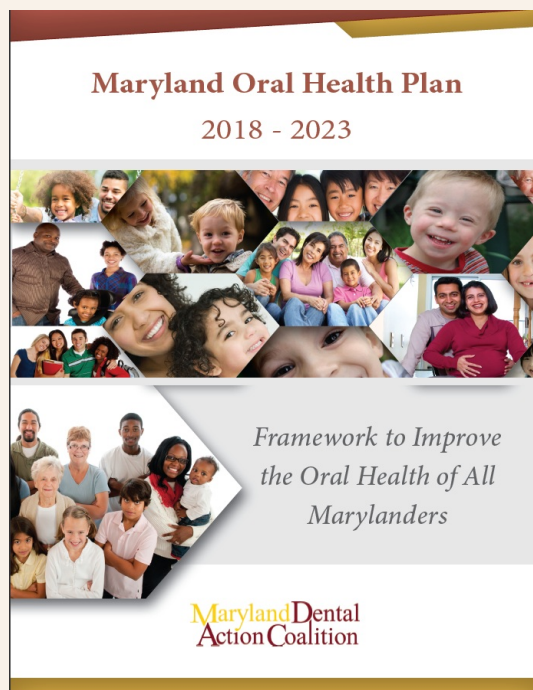
[Guard Your Health: Health and Wellness for  
Soldiers and Families](#)

[Anti-Immigrant Policies are Hurting  
Children’s Oral Health](#)

[Caregivers: Don’t Forget Senior Oral Care](#)

[Aligning Dental Payment Policies and](#)

### **2018-2023 MARYLAND ORAL HEALTH PLAN GOALS**



The 2018-2023 Maryland Oral Health Plan outlines 11 oral health goals in three key areas:

#### **Access to oral health care:**

- All Maryland children have comprehensive dental insurance coverage through public

## EVENTS

### MDAC Statewide Convening



***Oral Health and Overall Health:  
Opportunities for Continued  
Success in Maryland***

**June 18, 2018, 8:30 AM - 5:00 PM**

Turf Valley Resort  
2700 Turf Valley Road  
Ellicott City, MD 21042

[Register here!](#)

[2018 OSAP Annual Conference, May 31-  
June 3, 2018](#)

[AHEC West-GGear: Putting Our Arms  
Around It: Tools for Working with Complex  
Cases in Complex Times, June 1, 2018](#)

[American Dental Hygienists Association  
Annual Conference, June 20-23, 2018](#)

[2018 National School-Based Health Care  
Convention, June 24-27, 2018](#)

[National Association of School Nurses  
Annual Conference, June 30 - July 3, 2018](#)

[2018 Healthy Aging Summit, July 16-17,  
2018](#)

[Inter-Professional Collaboration in  
Healthcare: Adding the Oral Health  
Component to Successful Projects  
Worldwide, July 31, 2018](#)

[AADR Oral Health Effects of Tobacco  
Products: Science and Regulatory Policy,  
September 14, 2018](#)

(Medicaid/MCHP) or private insurance.

- All Maryland adults have comprehensive dental insurance coverage through Medicaid or private insurance.
- All Maryland residents have a dental home.
- Strengthen the oral health safety net provider system.
- Integrate the oral health care system within the medical health care system.

#### Oral disease and injury prevention:

- Use data to advance optimal oral health for all Marylanders.
- Improve public awareness of oral disease and injury prevention.
- Promote community-based oral disease and injury prevention programs.

#### Oral health literacy and education:

- Increase understanding of the relationship between oral health and overall health, and promote good oral health practices and access to oral health care.
- Improve collaboration between oral health and other health and human services providers so that patients understand how to navigate the oral health care system and establish a dental home.
- Educate medical professionals and students about the importance of the oral/systemic connection and foster collaboration between medical and dental disciplines and communities.

[Download the plan now!](#)

The Maryland Oral Health Plan is financially supported by the Maryland Department of Health.

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## WEBCASTS

[ASTDD Dental Hygienist Liaisons Webcast:  
Strategies to Increase the Impact of State  
Dental Hygienist Liaisons](#)

[ASTDD: Training Health Care Professionals  
to Focus on the Oral-Systemic Health of  
Older Adults](#)

[HRSA: Before You Say Ahhhh...Integrating  
Oral Health and Behavioral Health in  
Primary Care Settings](#)

[Advancing Health Equity in Local Health  
Departments: 4-Part Webinar Series](#)

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[Public Health Law Conference 2018, October 4-6, 2018](#)

[2018 Rural Health Conference - MD's Rural Health Roadmap: Pathways to Creating Healthier Communities, October 22-23, 2018](#)

[American Public Health Association Annual Meeting, November 10-14, 2018](#)

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## WEBINARS

[Managing Pain in Adolescents, June 7, 2018](#)

[Oral Health Disparities in Urban Settings: A Strategic Approach to Access to Care, June 12, 2018](#)

[Evaluation and Clinical Quality Assessment in Oral Health Programs: An Overview, June 15, 2018](#)

[Implementing a Clinical Quality Evaluation System in Your Oral Health Program, July 20, 2018](#)

[Social Determinants of Health \(SDOH\) Academy Virtual Training #6: The Road to Sustainability for SDOH Interventions, June 14, 2018](#)

## CONTINUING EDUCATION

[CDC: Basic Expectations for Safe Care Training Modules](#)

[AHEC West: Best Practices in 2018](#)

[Tooth Wisdom: Get Smart About Your Mouth](#)

[Smiles for Life: A National Oral Health Curriculum](#)

[Mid-Atlantic Prevent Abuse and Neglect Through Dental Awareness Dental Professional Courses](#)

[Oral Health and Autism Spectrum Disorders \(ASD\)](#)

[The Connections Between Periodontal Health and Systemic Well-Being](#)

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## ORAL HEALTH RESOURCES

### ACCESS TO ORAL HEALTH CARE

[Oral Health America: A State of Decay Vol. IV - Are Older Americans Coming of Age without Oral Healthcare?](#)

[Oral Health in America: Experiences of Older Adults and Persons with Disabilities](#)

[ASTDD: Improving Oral Health Access and Services for Older Adults](#)

[AHEC West: Screening & Management of Prediabetes & Hypertension](#)

[Disparities in Untreated Caries Among Children and Adults in the U.S., 2011–2014](#)

[A Funding Crisis for Public Health and Safety: State-by-State Public Health Funding and Key Health Facts 2018](#)

### ORAL DISEASE AND INJURY PREVENTION

[Giving First Aid for Your Child's Oral Injuries](#)

[Centers for Disease Control and Prevention Oral Health Data Portal](#)

[CDC: Tips from Former Smokers](#)

[The Facts on E-Cigarette Use Among Youth and Young Adults](#)

[Treating Tobacco Use in Maryland: Tools for Helping Your Patients Quit](#)

[CDC: Best Practices User Guide to Health Communications in Tobacco Prevention and Control](#)

[Maryland Department of Health HPV Toolkit](#)

[Stem the Tide: Addressing the Opioid](#)



## Medicaid

[CDHP: Responding to the 2019 Notice of Benefit and Payment Parameters](#)

[Families USA Waiver Strategy Center](#)

[Oral Health and Well-Being Among Medicaid Adults by Type of Medicaid Dental Benefit](#)

[Strengthening Medicaid Long-Term Services and Supports in an Evolving Policy Environment: A Toolkit for States](#)

[CHCS: Medicaid Adult Dental Benefits: An Overview](#)

[Families USA: Why States Should Offer Extensive Oral Health Benefits to Adults Covered by Medicaid](#)

## Medicare

[Dental Care And Medicare Beneficiaries: Access Gaps, Cost Burdens, And Policy Options](#)

[Families USA: America's Seniors Need Medicare Oral Health Coverage](#)

[Families USA: Medicare Should Pay for Oral Health Care That Is Necessary to Manage Serious Illnesses](#)

[Oral Health America Medicare Dental Toolkit](#)

## Policy

[State Legislators: Who They Are and How to Work with Them - A Guide for Oral Health Professionals](#)

[Legislative Priorities of Oral Health America](#)

[Oral Health 2020: Unlocking the Door to New Thinking: Frames for Advancing Oral Health Reform](#)

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## RURAL HEALTH

[Maryland Rural Health Plan](#)

[CMS Rural Health Strategy](#)

[The Rural Primary Care Practice Guide to Creating Interprofessional Oral Health Networks](#)

## Epidemic

[Guidelines for Prescribing Opioids for Chronic Pain](#)

[ACP Fact Sheet: Oral Health and Older Adults](#)

[Drink Up! Fluoridated Water Helps Fight Decay](#)

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## ORAL HEALTH LITERACY AND EDUCATION

[Nurse Practitioner & Dentist Model for Primary Care: A Guide for Implementing Collaborative Care in U.S. Dental Schools](#)

[Success with CHWs: Oral Health Road Map](#)

[ASTDD: Oral Health Educational Resources for Home Visitors and Families: Environmental Scan](#)

[Oral Health Care During Pregnancy: Practice Guidance for Maryland's Prenatal and Dental Providers](#)

[Understanding the Mouth and Body Connection: How Your Oral Health Affects Your General Health](#)

[Promoting Oral Health in Young Children: A Resource Guide](#)

[Oral Health Books for Children](#)

[School-Based Health Alliance School Oral Health Resource Library](#)

[Healthy Mouths for You and Your Baby](#)

[Brush Up on Oral Health: Child Maltreatment](#)

[Brush Up on Oral Health: Water and Health](#)

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## LEGISLATIVE CONTACTS

[U.S. Senators \(MD\)](#)

[U.S. Representatives \(MD\)](#)

[Maryland State Legislators](#)

## CONTACT

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Do you have events or announcements you'd like to share? Contact MDAC, and we'll make every effort to include them in our next newsletter, as space permits.

[Contact MDAC](#)

## JOIN

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MDAC is statewide coalition of clinical care providers, governments, non-profits, academic institutions, managed care organizations, foundations and associations working collaboratively to improve the health of all Marylanders through increased oral health promotion, disease prevention, education, advocacy and access to oral health care.

[Join MDAC](#)

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