

Policy Consensus Tool

Using Assessment to Build Common Understanding, Action and Impact

Patrice Pascual
May 13, 2014

Background on the Consensus Tool

- “Art” + “Science” = a process
- Developed under CDC-CDHP Cooperative Agreement; informed by pilots and users
- 21 states since 2007 (some on a 2nd round)
- Assessment at every stage
- “Policy” in its broadest sense

Identify priorities ... plan ... measure change

Overview of the Process

- Assess existing policies
- Survey to surface priorities
- Facilitated session (neutrality is key)
- Consensus scores to establish 5 priorities
- 5 Priorities ranked by 2 criteria:
 - ✓ opportunity for public health impact
 - ✓ feasibility
- A final report guides action and promotes accountability



Pre-meeting Assessment 1: Policy Profile

Professional, Public and Programmatic Policies						
	Date	Professional Policies	Date	Public Policies	Date	Programmatic Policies
Oral Cancer						
1. Early detection			SB 791 (5/11/2000)	SB 791 Oral Cancer Mortality - statewide education and prevention program for the public health care provider group		Annual OOH grant program to LHD Programs through RFP
2. Awareness/education				Proclamation Oral Cancer Awareness Week, training health providers to screen/refer		Oral cancer education program through RFP
3. Coordination with tobacco/cancer programs			SB 791 (5/11/2000)	SB 791 - Oral Cancer Mortality - statewide education and prevention program for the public health care provider group (train providers to promote smoking cessation)		Coordination with tobacco programs at local level/screenings
4. Other						
Oral and facial injuries						
1. Face masks/mouth guards				School Regulation - Abuse and Neglect		Health Education
2. Awareness/education						MID-Atlantic PANDA/Health Education/CE credits
3. Other		1-day advanced pediatric dentistry course. Offers free continuing education credits to oral health professionals in Maryland		1-day advanced pediatric dentistry course. Offers free continuing education credits to oral health professionals in Maryland		Program organized by DHMH and taught by representatives of Maryland Dental School
Infection control issues						
	SB 603 (2012)	SB 603 - Health Care Practitioners - Licensed Dentists, Physicians, and Podiatrists - Personally Preparing and Dispensing Prescription Drugs and Devices; requiring licensed dentists (et al.) to comply with specified dispensing, labeling, inspection, packaging, recall procedure, record keeping, purchase, verification, reporting, and continuing education requirements as a condition of being allowed to personally prepare and dispense prescription drugs or devices	SB 603 (2012)	SB 603 - Health Care Practitioners - Licensed Dentists, Physicians, and Podiatrists - Personally Preparing and Dispensing Prescription Drugs and Devices; requiring licensed dentists (et al.) to comply with specified dispensing, labeling, inspection, packaging, recall procedure, record keeping, purchase, verification, reporting, and continuing education requirements as a condition of being allowed to personally prepare and dispense prescription drugs or devices		
				Dental Board Regulation		CDC - Guidelines for Infection Control in Dental Health-Care Settings
Surveillance						
			SB 590 (4/28/1998)	SB 590 - Establishment of OOH, access targets, dental coverage for pregnant women, oral health needs assessments, oral health demonstration access projects, oral health advisory committee		School children survey conducted every 5 years
						HeadStart Surveys
						OOH Surveillance Plan
Integration of oral health with overall health						
				Regulation change by Medicaid combining two old chapters to include screening and treatment for EPSDT providers		Maryland's Mouths Matter: Fluoride Varnish and Oral Health Screening Program for Kids



Pre-meeting Assessment 2: Survey of oral health priorities

Michigan's initial stakeholder priorities included...

Mandated oral health program in the state
New Workforce/mid-level provider models
Increase number of Medicaid providers before expansion begins in April, 2014.
Increase the payment for Adult dental fees
increase oral health care access for elderly
State mandate for community water fluoridation.
Mandated adult benefit
Continued Expansion of Healthy Kids Dental to remaining 5 counties
Policy which mandates oral health care for all pregnant women in Michigan
Mandated oral health program
increasing payments for Medicaid dental for adults
State mandate for community water fluoridation
Access to care for the new medicaid beneficiaries. Most are adults and not covered by HKD
Create a position (Omsbudman) that facilitates access for all Michigan citizen's to get oral health

Session Worksheet #1

Four questions focused on OPPORTUNITY:

1. Extent of the problem?
2. Urgency?
3. Perception of need for change?
4. Potential to reach target population?

Session Worksheet #2

Small Group Sessions on FEASIBILITY

Identify factors that create barriers or opportunities to succeed

Research shows that policy change succeeds because:

- problem is clearly defined
- feasible solutions are offered, and
- stakeholder consensus obtained
- plan drives accountability and action

John Kingdon (2003). *Agendas, Alternatives, and Public Policies*.



Opportunity + Feasibility Scoring (MI)

	Expansion of Healthy Kids	Increase Workforce Options	Increase Preventive for High Risk	School Oral Health Screening	Mandated State Oral Health Program
Opportunity Ranking					
Score	19	17	17	16	14
Feasibility Ranking					
Group 1	28	12	21	23	16
Group 2	26	8	3	13	2
Group 3	20	7	22	5	7
Group 4	29	8	18	12	9
AVERAGE	25.75	8.75	16	13.25	8.5
TOTAL SCORE	44.75	25.75	33	29.25	22.5
FINAL RANKING	1	4	2	3	5

You've Got Priorities. Then What?

NY, 2011: Priorities ranked by opportunity and feasibility:

- **#1** - Amend the current Public Health Law 1100A language so that water systems serving a determined population size be fluoridated or that children in those communities be provided appropriate fluoride varnish applications.
- **#2** - Change the current “dental certificate” program to require the dental exam before children start school (including in New York City), requiring that children have a dental home, and allowing dental hygienists to provide the required assessment.
- **#3** - Create a Medicaid “Dental Redesign Team” to recommend changes in the Medicaid dental program, parallel to the current Medicaid Redesign Team.
- **#4** - Expand the scope of practice for all members of the dental team treating patients in public health settings.
- **#5** - Reorganize the New York State Department of Health to provide a consolidated dental policy unit for all current dental programs within the Department.



Develop an Action Plan

1. State each *Priority* as a SMART objective
2. Know the costs
3. Establish a clear argument: why this, why now
4. Develop a broad base of support
5. Assess the competitive environment (inhibitors/supporters)
6. Identify existing or potential champions
7. Identify exactly what information is needed for each champion
8. Do you need to learn anything from other states?
9. Identify message(s) and message bearer(s)
10. Identify supporting strategies for each message bearer's success
11. Determine the financial, human, and organizational resources to support these strategies
12. Refine your action plan
13. Implement your plan
14. Reassess and modify your plan until success is accomplished

Thank you.

Questions?

**Contact
Lynn Olson
lolson@cdhp.org**