Integrating Oral Health into Oregon’s Coordinated Care Model

Thursday, August 3, 2017
1:00-2:00pm Eastern

Supported by the DentaQuest Foundation

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Webinar Logistics

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• All participant lines are muted, so please submit questions using the chat box on the bottom-left corner of your screen.

• There will be time for clarifying questions immediately following each presenter’s remarks, as well as at the end of the webinar. Please submit questions at any time!

• Slides and a recording of today’s webinar will be available at www.nashp.org within a week of the event.
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<td>Chris DeMars, Transformation Center Administrator, Oregon Health Authority</td>
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<td>Dr. Bruce Austin, Statewide Dental Director, Oregon Health Authority</td>
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<td>CCO Spotlight: AllCare CCO</td>
<td>Laura McKeane, Oral Health Integration Manager, AllCare CCO</td>
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<td>Linda Mann, Director of Community Outreach, Capitol Dental Care</td>
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## Questions and Discussion

## Conclusion
Integrating Oral Health into Oregon’s Coordinated Care Model

Chris DeMars, MPH
Administrator, Transformation Center

Bruce Austin, DMD
Statewide Dental Director
Oregon’s Health Reform Timeline

• **2011**: Oregon Legislature passed a bi-partisan bill proposing a statewide system of coordinated care organizations (CCOs)
  – CCOs are networks of all types of health care providers (physical health, addictions and mental health, and dental care) who work together to serve Oregon Health Plan (Medicaid) members through implementing the Coordinated Care Model.

• **2012**: State legislation created CCOs; CCOs launched; federal Medicaid waiver approved (2012-2017)

• **2014**: Oral health integrated into CCOs

• **2017**: 1115 waiver renewed
Oregon’s Coordinated Care Model

- Best Practices to manage and coordinate care
- Paying for outcomes and health
- Transparency in price and quality
- Sustainable rate of growth
- Shared responsibility for health
- Measuring Performance

Better Health
Better Care
Lower Costs
# Oregon’s Coordinated Care Model within Coordinated Care Organizations

<table>
<thead>
<tr>
<th>Before CCOs</th>
<th>With CCOs</th>
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<tbody>
<tr>
<td>Fragmented care</td>
<td>Coordinated care: physical/behavioral/oral health</td>
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<tr>
<td>Disconnected funding streams with unsustainable rates of growth</td>
<td>One global budget with a fixed rate of growth</td>
</tr>
<tr>
<td>No incentives for improving health (payment for volume, not value)</td>
<td>Metrics with incentives to improve quality and access</td>
</tr>
<tr>
<td>Health care services paid for</td>
<td>Health-related services beyond traditional medical care may be provided to improve health</td>
</tr>
<tr>
<td>Health care delivery disconnected from population health</td>
<td>Community health assessments and improvement plans</td>
</tr>
<tr>
<td>Limited community voice and local area partnerships</td>
<td>Local accountability and governance, including a community advisory council</td>
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Coordinated Care Organization Service Areas

Columbia Pacific Coordinated Care Organization

Yamhill Community Care Organization

Willamette Valley Community Health, LLC

Intercommunity Health Network Coordinated Care Organization

Trillium Community Health Plan

Western Oregon Advanced Health, LLC

AllCare Health Plan

PrimaryHealth of Josephine County, LLC

Jackson Care Connect

Health Share of Oregon

FamilyCare, Inc.

PacificSource Community Solutions Coordinated Care Organization, Columbia Gorge Region

PacificSource Community Solutions Coordinated Care Organization, Central Oregon Region

Eastern Oregon Coordinated Care Organization

Cascade Health Alliance

Umpqua Health Alliance

Overlapping coverage areas.
Oregon 1115 Waiver

• Waiver renewed: 1/12/17 – 6/30/22

• Waiver goals:
  – Build on transformation with focus on integration of physical, behavioral, and oral health care through a performance-driven system
  – More deeply address social determinants of health and health equity with the goal of improving population health and health outcomes
  – Commit to ongoing sustainable rate of growth, advance the use of value-based payments, and promote increased investments in health related services
  – Continue to expand the coordinated care model
Behavioral Health Integration into Primary Care: Lessons Learned

Onsite integration

• Be clear on roles; can’t just add the behaviorist
  – Clearly identify workflow changes for both primary care and behavioral health providers
  – The more detail on workflow changes, the better
• Providers should learn from their peers on successes
  – Spread expertise from clinics that have done this well

External care coordination

• Primary care provider needs to close the loop
Why Integrate Physical and Oral Health?

• Oregon health policymakers see the integration of oral, behavioral and physical health care as central to our goal of providing whole-person coordinated care and promoting health equity.

• Since the inception of the Oregon Health Plan and the Prioritized List, it’s been understood that oral health is inseparable from overall health coverage and health

• Oregon is 1 of 15 states considered to have “extensive” adult Medicaid dental benefits
Oral Health Integration

• No standard definition
• Definition varies depending on viewpoint
  – Co-location
  – Creating relationships between providers
  – Intra-agency integration, or between CCOs and Dental Care Organizations (DCOs)
• Thus, there are many different examples of oral health integration
Flow of Funds from OHA to CCOs and Providers of Oral Health Services (POHS)

**Oregon Health Authority (OHA)**
- OHA pays each CCO a capitated global budget.

**CCO**
- Each CCO makes per-member, per-month (PMPM) payments to each POHS with which it contracts.

**POHS 1**
- PMPM Payments
- FFS & salary
- Dental providers

**POHS 2**
- PMPM Payments
- PMPM and APM
- Dental providers

**POHS 3**
- PMPM Payments
- Salary & PMPM
- Dental providers

*Note: Instead of going through CCOs, OHA contracts directly with dental care organizations to serve a relatively small number of members. For simplicity’s sake, this example shows a CCO contracting with 3 POHS.*
CCO Incentive Metrics

• Goals that result in incentive payments to CCOs from a “Quality Pool” (4.25% of CCOs’ global budgets)

• 18 CCO Incentive metrics
  – Two focused on oral health
    • Children ages 6-9 and 10-14 who received a sealant on a permanent molar
    • Physical, mental and dental health assessments within 60 days for children in DHS custody
Sealants 6-9 year olds & 10-14 year olds

Dental sealants for children ages 6-9, statewide.
Data source: Administrative (billing) claims
Benchmark source: Metrics and Scoring Committee consensus

Dental sealants for children ages 10-14, statewide.
Data source: Administrative (billing) claims
Benchmark source: Metrics and Scoring Committee consensus
Next Steps

• Increasing the cross-agency awareness of oral health
  – Unified cross-agency strategic plan for oral health

• Ongoing discussions on metrics to best measure and encourage oral health progress

• Public Health Division’s State Health Improvement Plan includes “Improve Oral Health” as one of its 7 goals

• CCOs can now contract outside of DCO systems to meet community needs

• HB 2882 (2017) requires that each CCO has a DCO member on its board of directors

• Cross-agency opioid project

• Maintain and increase fluoridated water districts
  – Oregon ranks 48th in water fluoridation
Lessons Learned

• Vision and leadership at all levels essential
• Co-location isn’t necessarily integration
• Set health system transformation goals but don’t prescribe how to meet them
  – Promote local innovation
• Culture shift in established business models takes time
Thank You!

Questions? Please type your questions into the chat box.

Bruce Austin: bruce.w.austin@state.or.us

Chris DeMars: chris.demars@state.or.us
Laura McKeane, EFDA
Oral Health Integration Manager
AllCare CCO

Changing healthcare to work for you.
1 of 16 Coordinated Care Organizations in the State of Oregon, AllCare CCO serves approximately 50,000 Medicaid members across 4 counties

**Josephine County**
- Capitol Dental Care
- Advantage Dental
- ODS
- Willamette Dental

**Jackson County**
- Capitol Dental Care
- Advantage Dental
- ODS
- Willamette Dental
- La Clinica Dental Center

**Douglas County**
- Advantage Dental
- Willamette Dental

**Curry County**
- Advantage Dental
Alternative Payment Methodology - Dental

Dental Quality Compensation Report
Performance Period: January - December 2016

Provider Name
DCO XYZ

<table>
<thead>
<tr>
<th>Measure</th>
<th>Goal</th>
<th>Actual</th>
<th>Achieved Y/N</th>
<th>Points Possible</th>
<th>Points Earned</th>
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<tbody>
<tr>
<td>Dental Sealants for children age 6-14</td>
<td>8%</td>
<td>11%</td>
<td>Y</td>
<td>3</td>
<td>3</td>
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<tr>
<td>Increase % of Diagnostic &amp; Preventive Svcs</td>
<td>26%</td>
<td>32%</td>
<td>Y</td>
<td>2</td>
<td>2</td>
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<tr>
<td>Dental exam for DHS Children within 60 days</td>
<td>28%</td>
<td>36%</td>
<td>Y</td>
<td>3</td>
<td>3</td>
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<tr>
<td>Provider Satisfaction Survey Results</td>
<td>85%</td>
<td>88%</td>
<td>Y</td>
<td>1</td>
<td>1</td>
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<tr>
<td>Access Satisfaction Survey Results</td>
<td>85%</td>
<td>82%</td>
<td>N</td>
<td>1</td>
<td>0</td>
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<tr>
<td>Dental visits for Diabetic Patients</td>
<td>20%</td>
<td>28%</td>
<td>Y</td>
<td>2</td>
<td>2</td>
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<tr>
<td>Citizenship (Participation w/ AllCare Health)</td>
<td>1 - 3</td>
<td>3</td>
<td>Y</td>
<td>3</td>
<td>3</td>
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<tr>
<td><strong>Total Points</strong></td>
<td></td>
<td></td>
<td></td>
<td><strong>14</strong></td>
<td></td>
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<tr>
<td>Tier 1 (65%)</td>
<td></td>
<td></td>
<td></td>
<td>7-9 Points</td>
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<tr>
<td>Tier 2 (80%)</td>
<td></td>
<td></td>
<td></td>
<td>10-11 Points</td>
<td></td>
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<tr>
<td>Tier 3 (100%)</td>
<td></td>
<td></td>
<td></td>
<td>12+ Points</td>
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Oral Health Integration Manager - What do I do?

**CCO Work - Monitor Capacity and Assist with Oral Health Integration**

- Work with dental partners/plans to maintain adequate services in our areas
- Work with CCO staff on member dental issues
- Oral Health Trainer - trained over 200 medical providers to do oral health assessments and apply fluoride varnish in the medical setting
- Collaborating with our Primary Care Offices to educate and integrate oral health in the medical office

**State Oral Health Work**

- Incentive Measure/Metrics for 2018 - Sealants on permanent molars and physical/behavior/oral health assessments for children in foster care
- Oral Health Workgroup for Medicaid Advisory Committee - ensuring access to oral health services in Oregon
- CCO Dental Workgroups
- Oregon Oral Health Coalition - local coalitions Chair

**Lessons Learned?**

- Beneficial when the CCO has an oral health person on staff
- Relationship is key - dental partners
- Collaboration and communication with other CCO dental staff is critical
Thank you!
Please type your questions into the chat box.
Capitol Dental Care, Provider of Oral Health Services

Linda Mann, Director of Community Outreach
Patient Population

- Serves approximately 300,000 Medicaid members in 18 counties
- Contracts with 13 out of 16 Coordinated Care Organizations (CCO’s)
Innovative Integration

- Various levels of integration
- Various settings
- Goal of bringing care to the patient, where the patient lives, works or plays.

From oral hygiene kits...

And everything in-between!

to co located Expanded Practice Dental Hygienists
Two dental metrics encourage focused attention on the application of dental sealants and making sure kids in foster care get dental exams.

Capitol provides sealant programs in over 100 schools across the state.

A full time case manager is used to ensure every foster child new to the system receives a dental exam within 60 days of placement.
Lessons learned

• There is no “cookbook” for integration.
• It’s “ALL ABOUT RELATIONSHIPS”
• Just because we think oral health is important, doesn’t mean everyone else does.

Contact: Linda Mann, Director of Community Outreach
mannL@interdent.com
Please type your questions into the chat box.
Questions & Discussion

Please type your questions into the chat box.
Resources

• **Forthcoming NASHP report** on Oregon’s experience will be available 8/15/17 at nashp.org.

• Register for **NASHP’s Annual Conference** here! 
  http://www.nashp.org/30th-annual-state-health-policy-conference/
  • Wednesday, October 25th 11:00am-12:45pm PT, Expanding Oral Health Horizons for Adults and Kids Session

• **Oregon Health Authority**
  • Oral Health in CCOs Metrics Report 

• **Oregon Health Sciences University**
Thank you!

Your opinion is important to us. After the webinar ends, you will be redirected to a web page containing a short survey. Your answers to the survey will help us as we plan future NASHP webinars.

Thank you to the DentaQuest Foundation.