State Innovations: Oral Health Integration in Statewide Delivery System and Payment Reform

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Questions?

- To submit a written question for the speakers to address at the end of the webinar, please click the chat icon located in the toolbar at the top of your screen.
- Answers to questions that cannot be addressed due to time constraints will be shared after the webinar.
I. Introduction: Impetus and Opportunities for Oral Health Integration

II. Virginia: Models for Oral Health Integration in Care Delivery

III. Oregon: Incorporating Oral Health in the Coordinated Care Model

IV. Questions & Answers
About the Center for Health Care Strategies

CHCS is a non-profit policy center dedicated to improving the health of low-income Americans

Our Priorities and Strategies

- Enhancing access to coverage and services
- Advancing delivery system and payment reform
- Integrating services for people with complex needs

Best practice dissemination
Collaborative learning
Technical assistance
Leadership and capacity building
Introductions

Stacey Chazin, Director of Prevention Programs

Sarah Bedard Holland, Executive Director; Co-Chair, Oral Health Integration Workgroup, Virginia SIM Initiative

Lisa Krois, SIM Project Director, and Bruce Austin, DMD, Dental Director
Impetus and Opportunities for Oral Health Integration

Stacey Chazin, MPH, CHES

Center for Health Care Strategies
The State Innovation Model (SIM) Initiative

- The Center for Medicare and Medicaid Innovation (CMMI) is testing the ability of states to utilize policy and regulatory levers to accelerate health care transformation

Smarter spending  Better health care  Healthier people
SIM Awards

• CMS awarded $950 million to 38 states and territories, through two types of grants:
  
  ► *Model Test* grants to implement system transformation plans and evaluate their impact.
  
  ► *Model Design* grants to develop or refine a state-level plan for health system transformation.

• CMMI, subject-matter experts, and organizations – including CHCS – are providing technical assistance to states to support this work.
CHCS Inquiry into Oral Health Integration Opportunities

- Work planned or underway among SIM grantee states to integrate oral health in care delivery and payment models
- Key areas of opportunity for “non-SIM” states to pursue integration in broader delivery system and payment reform
## Areas of Promising Opportunity

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<thead>
<tr>
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<th>Medicaid benefit design and expansion</th>
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<td>Practice-level oral health reforms</td>
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<td>3</td>
<td>Statewide delivery reform models</td>
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Medicaid Benefit Design and Expansion: Challenges

- Low beneficiary awareness of oral health care coverage and ways to access services
- Inadequate network capacity to serve beneficiaries
- Few incentives for payers and providers to adopt integrated approaches to care
Medicaid Benefit Design and Expansion: Promising Approaches

- Integrate oral health into value-based insurance designs and behavior incentives
- Stratify risk and enhance/shift payment rates
- Offer payment for care coordination and referral delivery
- Collect and analyze an expended set of data
Practice-Level Oral Health Reforms: Challenges

• Too few PCPs prioritize oral health due to lack of time or resources, or knowledge of the connection between oral and overall health
• Many PCPs not clear on how to incorporate oral health into practice
• Collaboration between medical and oral health practices is not likely to happen organically – some impetus is needed.
Practice-Level Oral Health Reforms: Promising Approaches

- Determine ways to improve referrals to dental care
- Educate and engage providers
- Optimize use of mid-level dental providers
- Leverage opportunities presented by federal legislation and funding
Statewide Delivery Reform Models: Challenges

- Continued reliance on fee-for-service provider payments incentivizes treatment of disease, not prevention
- Coordination between oral and physical health care entities can be challenging around sharing data, creating new payment structures, and developing performance metrics
Statewide Delivery Reform Models: Promising Approaches

- Explore options for accountable care entities
- Integrate oral health requirements and metrics into physical health delivery models
- Pursue a population health model
- Support provider networks to advance their integration competencies
Virginia: Models for Oral Health Integration in Care Delivery

Sarah Bedard Holland, MS
Executive Director
This Afternoon...

• Virginia
• SIM
• Integration Models
• Oral Health Integration Toolkit
State Innovation Model - Design

- Plan for Well Being
- DSRIP
- Quality Measures Alignment
- Value-Based Insurance Design
- Accountable Care Communities

Vision:
Virginia As The Healthiest State In The Nation
Accountable Care Communities

• Regional Plans
• Health Care Delivery Groups and Consumers
• Data-driven
• Adapt SIM initiatives to meet community needs
  – Behavioral Health
  – Complex Care Needs
  – Oral Health
Integrated Care Models – Development

Diverse Workgroup:
- Medical
- Dental
- Academic
- Safety Net
- Payers

Challenges:
- Focus on lack of dental benefit
- Creating silos of integration
- Concern about implementation funding

Opportunities:
- “Open Source” Models
- Relationship development
- Pilots
Integrated Care Models

- Perinatal
- Pediatric
- Severe Mental Illness
- Emergency Room Diversion
- Chronic Disease
Integrated Care Models – Framework

- Leadership
- Education
- Patient Population
- Health Care Services
- Communication and Information Sharing

- Measures and Assessment
- Financing
- Infrastructure
- Community Supports
Integrated Care Models - Examples

• **Emergency Room Diversion**
  – Education
  – Referral/Appointment relationship
  – Community Supports (SUD)

• **Chronic Disease**
  – Education
  – Referral
  – Community Supports
Oral Health Integration Toolkit

True integration is bi-directional and collaborative
No wrong door....

Examples of Integrated Services by Discipline

The diagram below provides examples and is not inclusive of all potential integrated services and care.

True integration is bi-directional and collaborative.
Integration Model Checklist

Integrated care requires smart design in order to deliver clinical benefits to patients. Community Health Solutions developed the Population Health Design Framework to help clinical organizations develop more integrated approaches for patient care. The framework is grounded in experience and closely aligned with the Patient Centered Medical Home and the Chronic Care Model.

We encourage practices to use the checklist below to assess where you stand currently, and identify areas for action. Please note that the checklist does not assume that every integrated care project will require every element on the list. First, we recommend that you convene your team and scan the list to identify the elements that are necessary for your project. Then, for the elements that are necessary, determine the ones that are already in place and the ones that need work. We recommend focus your efforts on one or two priorities at a time.

<table>
<thead>
<tr>
<th>#</th>
<th>Design Element</th>
<th>Is it Necessary?</th>
<th>Is it in Place?</th>
<th>Does it Need Work?</th>
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<tbody>
<tr>
<td><strong>Identify Population Health Needs</strong></td>
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<tr>
<td>1</td>
<td>Define the population of interest (e.g. age, gender, health condition, payer)</td>
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<td>2</td>
<td>Identify the population in the record system</td>
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<td>3</td>
<td>Place the defined population in a registry</td>
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<td>4</td>
<td>Conduct additional patient health assessment as needed</td>
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<tr>
<td>5</td>
<td>Define objectives for access, quality, patient engagement, utilization, and health outcomes</td>
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<td><strong>Optimize Service Delivery</strong></td>
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<tr>
<td>1</td>
<td>Organize patient and population data to facilitate efficient and effective care</td>
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<tr>
<td>2</td>
<td>Define the scope of services</td>
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<td>3</td>
<td>Embed evidence-based guidelines into daily clinical practice</td>
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<td>4</td>
<td>Define roles and distribute tasks that utilize team members to the top of their credential</td>
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<tr>
<td>5</td>
<td>Facilitate continuity with a chosen or assigned clinician for each patient</td>
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Oregon: Incorporating Oral Health in the Coordinated Care Model

Bruce Austin, DMD
Statewide Dental Director

Lisa Krois, MPH
SIM Project Director
Oregon Chose a New Way

Better Health, Better Care & Lower Costs

- Transform the delivery system
- Robust public process
- Bi-partisan support
- Federal waiver approved - $1.9B investment tied to quality and reduction in costs
- New coordinated care model starting in Medicaid, aiming to spread to other state-purchased coverage, and into Oregon’s Health Insurance Exchange, private payers
Health System Transformation

COORDINATED CARE ORGANIZATION

- Local accountability for health and resource allocation
- Standards for safe and effective care
- Integration and coordination of benefits and services
- Global budget indexed to sustainable growth

PATIENT CENTERED PRIMARY CARE HOME

- Patient & Family Centered
- Coordinated
- Accessible
- Accountable
- Comprehensive
Medicaid Coordinated Care Organizations (CCOs)

- 16 CCOs serve 90% of Medicaid members; Medicaid serves approx. 1 in 4 Oregonians since ACA expansion
- Governed by a partnership of health providers, community partners, consumers and those taking financial risk
- Consumer advisory councils
- Physical, mental and dental health care held to one budget
- Responsible for health outcomes and paid for performance on 18 quality measures; state reports to CMS on additional measures
State “Test” for Quality and Access

- Annual assessment of Oregon’s statewide performance on 33 metrics, in 7 quality improvement focus areas:
  - Improving behavioral and physical health coordination
  - Improving perinatal and maternity care
  - Reducing preventable re-hospitalizations
  - Ensuring appropriate care is delivered in appropriate settings
  - Improving primary care for all populations
  - Reducing preventable and unnecessarily costly utilization by super users
  - Addressing discrete health issues (such as asthma, diabetes, hypertension)

- Financial penalties to state if no improvement
Dental Care Integration

- Prior to Oregon’s health system transformation, Dental Care Organizations (DCOs) served the majority of the Medicaid population.

- As of July 1, 2014, CCOs began managing the dental benefit, primarily by contracting directly with DCOs.
  - CCOs had to contract with DCOs serving members in their service area. All CCOs met this requirement.
  - Nine DCOs work with 16 CCOs and community partners to improve oral health for adults and children.
  - CCOs contract with DCOs available in their region (in some cases, all nine).
Oregon Medicaid Dental Benefits

- Adults who qualify for Medicaid now receive a comprehensive dental package
- Pregnant women receive a slightly richer Medicaid package that includes molar endodontic therapy and additional crowns
CCOs Transformation Plan

Eight CCOs have specific oral health strategies in their 2015-2017 Transformation Plans including:

- Eliminate / minimize barriers to dental care for all members
- Primary care integration, including implementing First Tooth early childhood prevention training, referral mechanisms, dental screenings for co-morbid severe and persistent mental illness (SPMI) diabetes populations
- Value-based payments for dental
- Dental / medical integration
Developing Dental Quality Metrics

• In 2013, OHA convened the Dental Quality Metrics Workgroup, including dental and CCO stakeholders

• Metrics and Scoring Committee adopted two incentive pool quality metrics as of 2015

1. Mental, physical and dental* health assessments within 60 days for children in Department of Human Services custody (e.g. foster care)

2. Dental sealants on permanent molars for children (ages 6-14)
Dental sealants are a widely recognized, evidence-based tool used to prevent tooth decay. Childhood tooth decay causes needless pain and infection, and can affect a child’s nutrition and academic performance.

**Description:** Percentage of children ages 6-9 and 10-14 who received a dental sealant during the measurement year

- Preliminary 2015 data indicate improvement by all 16 CCOs
- All racial and ethnic groups experienced improvement
Challenges

- Change is hard
- Time, resources and managing expectations
- Change is very hard...
Next Steps

State Health Improvement Plan (SHIP)
Priority Targets:
- Third graders with cavities in their permanent teeth
- Adolescents with one or more new cavities identified during a dental visit in the previous year
- Prevalence of older adults who have lost all their natural teeth

Three State Innovation Model (SIM) funded projects:
- Evaluation of oral health integration and incentive measures
- Evaluation of strategies for dental integration within CCOs
- OHA Oral Health Roadmap
Questions?

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