Oregon’s Health System Transformation
Incorporating Oral Health into the Coordinated Care Model

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National Academy for State Health Policy
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Oregon chose a new way

- Better Health, Better Care and Lower Costs
  - Transform the delivery system
  - Robust public process
  - Bipartisan support
  - Federal waiver approved - $1.9B investment tied to quality and reduction in costs

- Coordinated care model
  - Starting with coordinated care organizations in Medicaid
  - Aiming to spread to other state-purchased coverage, Oregon’s Health Insurance Exchange, private payers

Health System Transformation
Coordinated care organizations (CCOs)

- 16 CCOs serve 90% of Oregon Medicaid members
  - Since ACA expansion, Medicaid now serves about 1 in 4 Oregonians
- 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
  - Paid for performance on 18 quality measures
  - State reports to CMS on additional measures

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).
DCO contracts by payer (OHA and CCOs)

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<th>All Care</th>
<th>Cascade Health Alliance</th>
<th>Columbia Pacific</th>
<th>Eastern Oregon</th>
<th>CCO</th>
<th>FamilyCare</th>
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<th>Intergovernmental Health Network</th>
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Medicaid adult dental coverage


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.
CCO Transformation Plans

- 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 persistence mental illness (SPMI), diabetes populations
  - Value-based payments for dental
  - Dental / medical integration

State “test” for quality and access

- Annual assessment of Oregon’s statewide performance on 33 metrics, in 7 quality improvement focus areas
- Significant penalties if goals not achieved
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)

*Measure amended in 2015 to include dental along with mental/physical health assessment

Quality metric: Dental sealants on permanent molars for children
Childhood tooth decay causes needless pain and infection, and can affect a child’s nutrition and academic performance.

The CDC says two interventions reduce caries in a community:
  1. School-based sealant programs
  2. Community water fluoridation

Metric:
- Percentage of children ages 6-14 who received a dental sealant during the measurement year.

Results:
- Preliminary 2015 data indicate improvement by all 16 CCOs
- Statewide change since 2014: +65%
- All racial and ethnic groups experienced improvement
Successes – Dental sealants
Influences:
Financial incentive metric around dental sealants for CCOs
Statewide coordination of sealant programs due to SB 660, which requires OHA to implement a mandatory certification program to ensure quality services are provided in a school setting

Goal:
• Provide dental sealants in schools that serve students at high risk of tooth decay

Results: Of schools eligible to participate in dental sealant programs:
• Elementary schools: 71% were served in the 2014-15 school year compared to 88% in the 2015-16 school year
• Middle schools: Just 8% were served in the 2014-15 school year and jumped to 65% in the 2015-16 school year

Next steps
• Evaluation of dental integration within CCOs
• State Health Improvement Plan: Improving oral health is one of seven goal areas.
Contact information

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