
Oral Health Work Group

September 20th, 2016

Wilsonville Training Center

Wilsonville, Oregon

The logo for the Oregon Health Authority. It features the word "Oregon" in a smaller, orange, serif font positioned above the "H" of the word "Health". The word "Health" is in a large, blue, serif font. Below "Health", the word "Authority" is written in a smaller, orange, serif font. A thin blue horizontal line is positioned between "Health" and "Authority".

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Time	Item	Presenter
9:00	Opening remarks	Co-Chairs
9:10	Consumer/advocate engagement report & discussion <ul style="list-style-type: none"> • Presentation • Q&A and discussion 	OHA Staff
9:35	Oral Health Access Framework Model & Definition <ul style="list-style-type: none"> • Review final definition and framework model 	Co-Chairs
9:50	Oral Health Access Monitoring Measures Dashboard <ul style="list-style-type: none"> • Review draft oral health access measures dashboard and development process • Discussion and finalize measures dashboard 	Co-Chairs & OHA Staff
10:30	Break	
10:40	Oral Health Work Group Report – DRAFT <ul style="list-style-type: none"> • Work Group feedback on draft report • Review timeline for report final review 	Amanda Peden, OHA
11:10	Next steps <ul style="list-style-type: none"> • Recommendations for implementing the oral health access framework • Recommended groups with which to share the work 	Co-Chairs
11:45	Public Comment	
11:55	Closing comments	Co-Chairs

Meeting objectives

1. Consider feedback from OHP consumers and advocates
2. Review final Oral Health Access Framework Model & Definition
3. Review and finalize Oral Health Access Monitoring Measures Dashboard
4. Review and discuss draft Oral Health Work Group report
5. Discuss and recommend next steps for implementation and sharing of the work

Oral Health Access Member Engagement: Summary

Timothy Sweeney, Policy Analyst, OHA

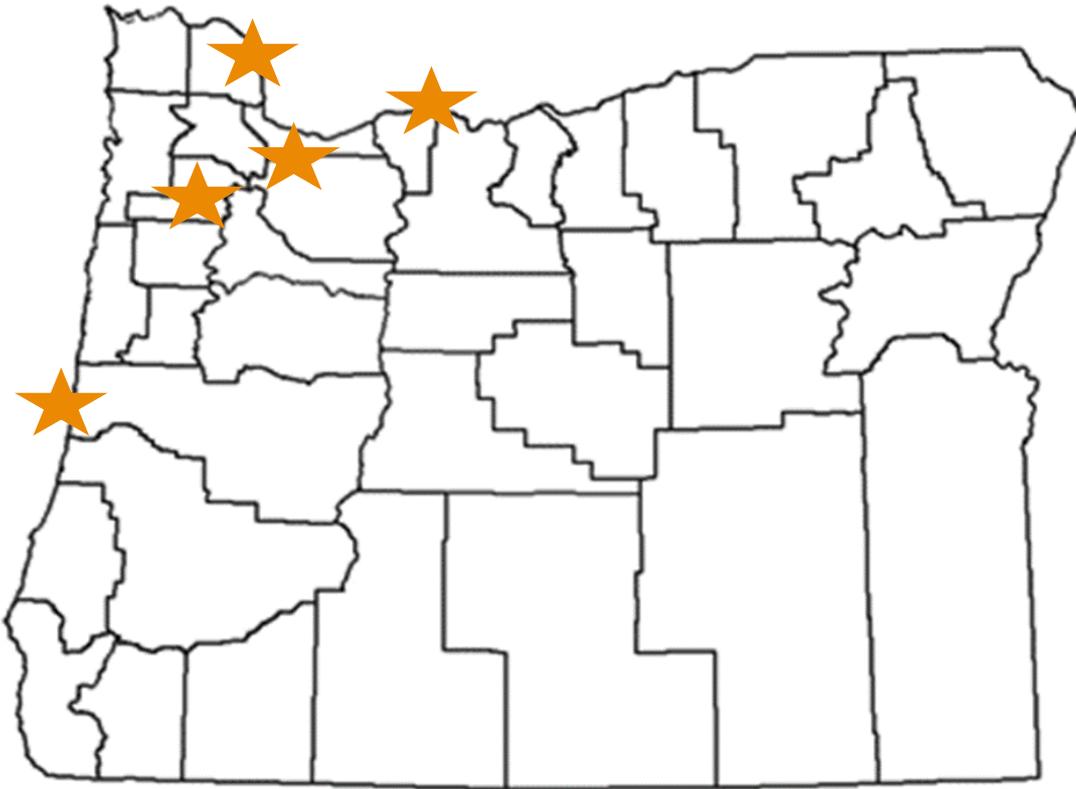
Amanda Peden, Policy Analyst, OHA



Background

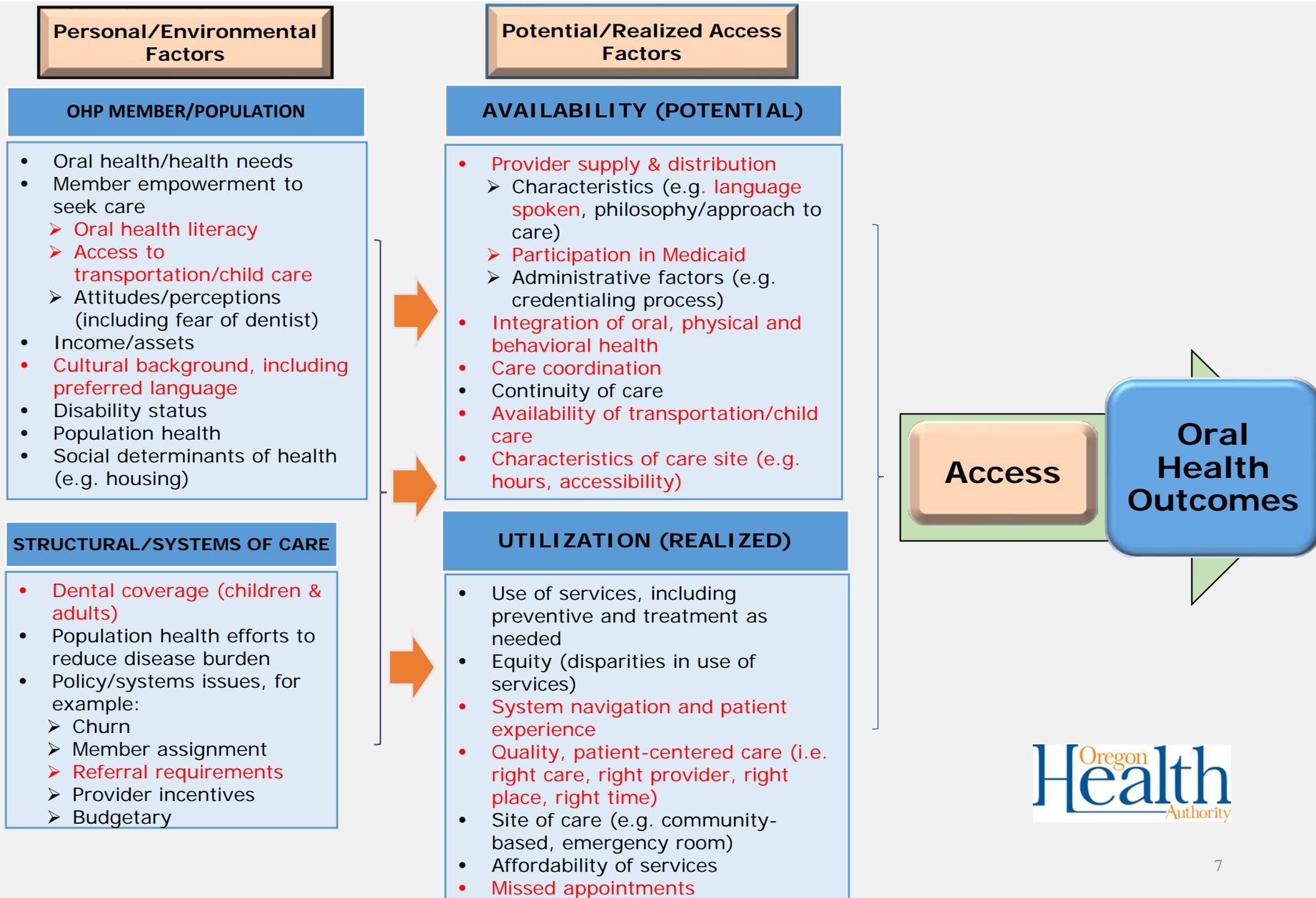
- No OHP consumers applied to join the Oral Health Work Group
- Both the Medicaid Advisory Committee (MAC) and the Oral Health Work Group encouraged an alternate strategy to engage consumers
 - Consumer voice critical to ensure work group has included all consumer factors in framework model; inform prioritization of measures and areas to highlight in final report
- OHA committee & work group staff took these recommendations and developed consumer engagement strategy

Consumer Input Received in Several Communities



- Hood River/Wasco County – PacificSource CCO CAC meeting, Hood River 8/22 & Next Door’s Latinos en Acción, Hood River 9/8;
- Lane County – Trillium CCO CAC’s Rural Advisory Council meeting, Florence 9/9;
- Columbia County – Columbia Pacific CCO CAC meeting, St. Helens 9/12;
- Portland Metro – Allies for a Healthier Oregon meeting, Portland 9/13;
- Yamhill County – Virginia Garcia Medical Center Patient Advisory Council, McMinnville 9/14.

ORAL HEALTH CARE ACCESS FRAMEWORK – FINAL



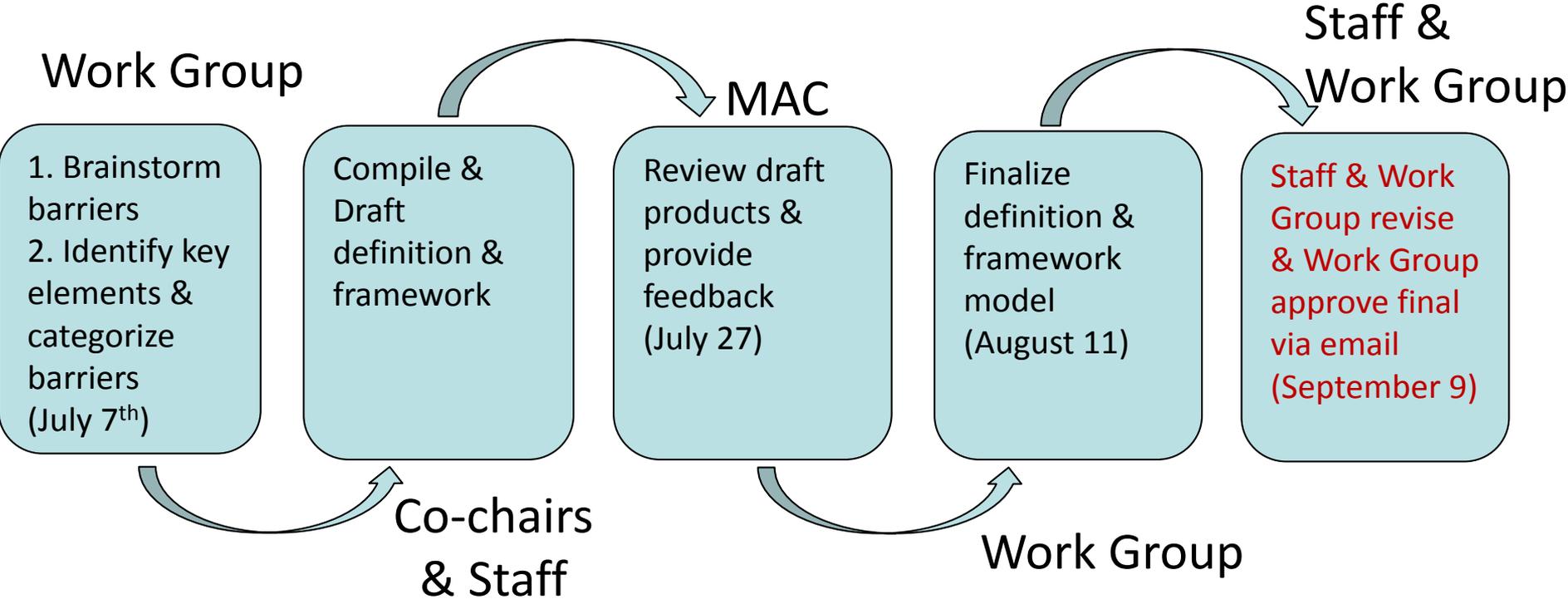
Consumer Feedback Focused on Four Key Areas

Importance of Dental Coverage	<p>“less stress & worry over how to pay for proper dental care”</p> <p>“first teeth cleaning ever”</p> <p>“every dollar in my family counts”</p>
Access to Care & Barriers	<p>“I need... more availability when trying to make an appointment...”</p> <p>“[more] mobile dental care”</p> <p>“I want information in plain language...”</p> <p>“distance is a huge barrier”</p>
Patient Experience	<p>“OHP always gets the 8am appointment... it’s like they want you to miss that appointment”</p>
Care Coordination & Integration	<p>“oral health affects the rest of my health”</p> <p>“[there’s] not enough time to talk to my doctor about this”</p>

Oral Health Work Access Framework Model & Definition: Final Versions



Process: developing the first two products



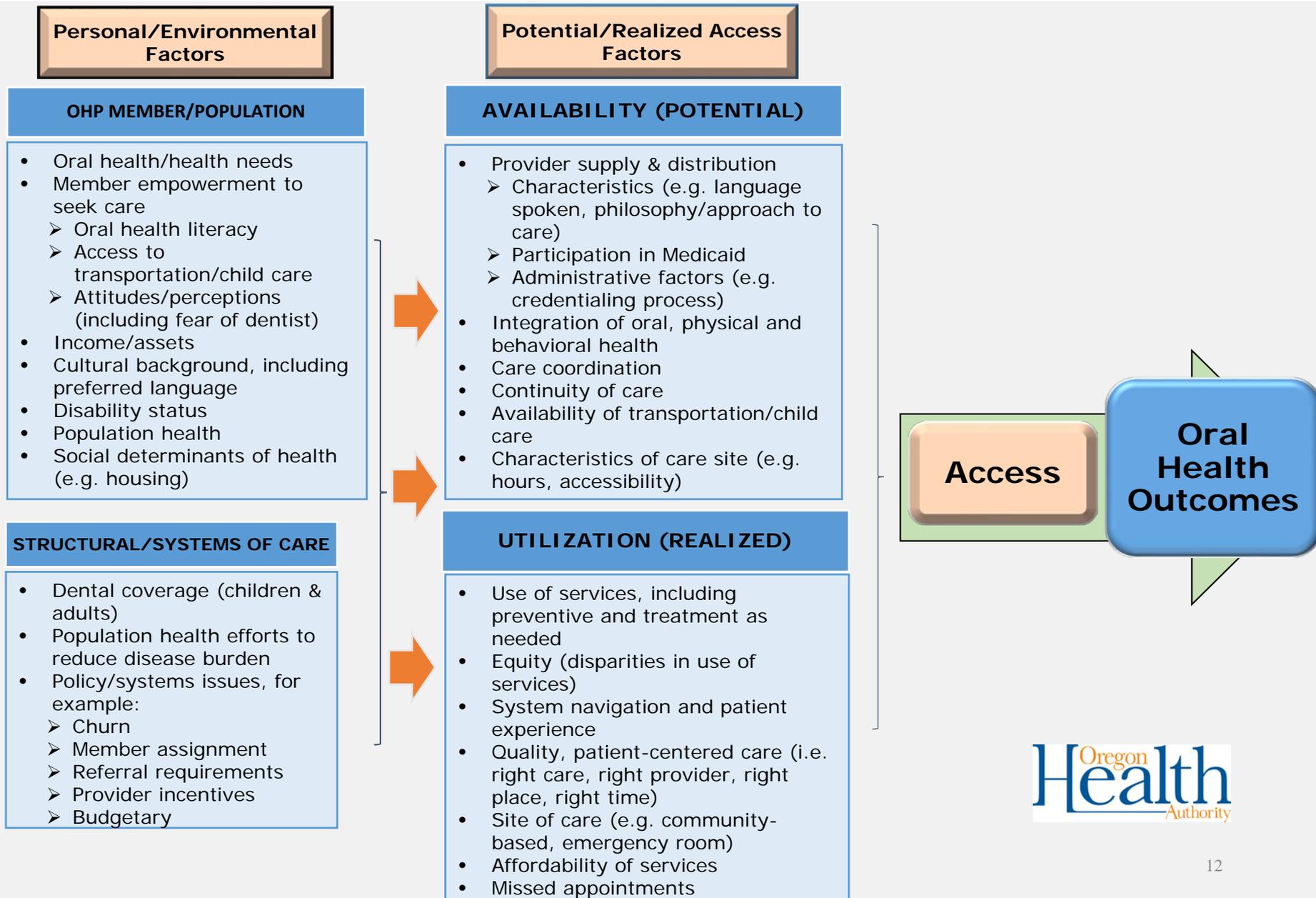
Standard Definition of Oral Health Access in the Oregon Health Plan – approved 9/9

Oral health care access is achieved when people – regardless of race, ethnicity, language spoken, gender, age, disability status, or health – are able to seek out and receive the right care, from the right provider, in the right place, at the right time.

Oregon Health Plan members have better oral health care access when:

- Members, their caregivers, providers and plans understand the importance of oral health and are aware of dental benefits
- Members have the resources – such as transportation, child care, and accessible care sites – to seek regular oral health preventive services and appropriate treatment as needed
- Policies and systems are built to facilitate access, by funding oral health benefits, addressing administrative barriers, and incentivizing provider participation
- Health care providers of all types work together to coordinate oral health care and integrate care into a plan for overall health

ORAL HEALTH CARE ACCESS FRAMEWORK MODEL - Final 9/9



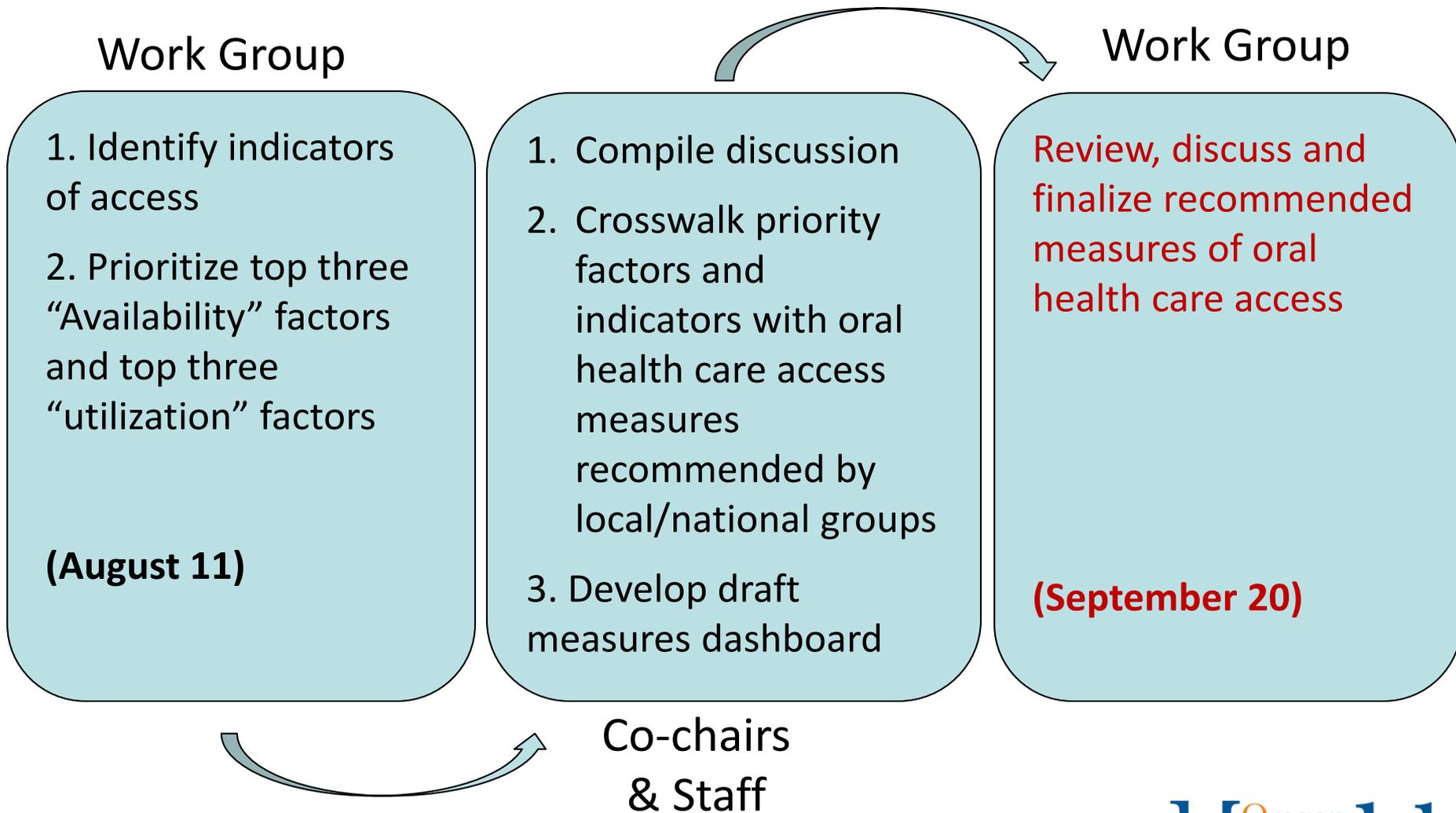
Discussion Question

Based on what you heard from the consumer feedback, are there elements of the oral health access framework & definition that you would like to highlight or call out more for the MAC?

Oral Health Access Monitoring Measures Dashboard



Process: recommending oral health access measures



Oral Health Access Monitoring Measures Dashboard

ACCESS INDICATOR	MEASURE NAME	DATA SOURCE	MEASURE STEWARD	ENDORSED (OREGON)	MEASURE TIER
From group brainstorm.*	Measure drawn from existing recommended state/national measures (environmental scan)	Identified source for access to data	Source for measure specs, etc.	Recommended for use by existing OR group (e.g. Dental Quality Metrics WG)	**

*Where no measure matched brainstormed indicator, staff identified close approximation

**Tier 1 measures have the fewest challenges to adoption for monitoring. These measures have been endorsed by an Oregon group and have existing specifications for immediate use by OHA

**Tier 2 measures have more challenges to adoption for monitoring. These measures either have no current data source, are not endorsed by an Oregon group, do not have existing specifications for immediate use by OHA, or all of the above.

Priority Factors: Top Four (August 11)

Availability

1. Care Coordination
2. Coordination with mental and physical health (Integration)
3. Provider philosophy of care
4. Distribution of Providers

Utilization

1. Patient-centered care
2. Quality of Services
3. Patient experience
4. ED Utilization

Availability Priority #1: Care Coordination

ACCESS INDICATOR	MEASURE NAME	DATA SOURCE	MEASURE STEWARD	ENDORSED (OREGON)	TIER
Coordination of emergency department visits and dental care	Percentage of all enrolled who were seen in the ER for caries-related reasons within the reporting year and visited a dentist following the ED visit	Medicaid Claims	DQA	CCO Oregon	1
Coordination for patients with chronic oral health disease	Percentage of all enrolled/enrolled adults treated for periodontitis who accessed dental services (received at least one dental service) who received comprehensive oral evaluation OR periodic oral evaluation OR comprehensive periodontal examination at least once within the reporting year	Medicaid claims	None	CCO Oregon	2

Availability Priority #2: Integration of oral, behavioral & physical health care

ACCESS INDICATOR	MEASURE NAME	DATA SOURCE	MEASURE STEWARD	ENDORSED (OREGON)	TIER
Coordination of screenings for foster care kids	Mental, physical and dental health assessments within 60 days for children in DHS custody	CCO Performance Reports	OHA	CCO Incentive	1
Patients with chronic disease (e.g. diabetes) who accessed dental care	Percentage of all enrolled adults identified as people with diabetes who accessed dental care (received at least one service) within the reporting year	Medicaid claims	DQA (under consideration - no specifications)	CCO Oregon	2
Primary care providers offering dental services	% or # primary care providers using caries risk assessment codes	Medicaid Claims	None	Dental Metrics Quality Work Group endorsed looking at dental services in medical settings	2

Availability Priority #3: Provider Philosophy of Care

ACCESS INDICATOR	MEASURE NAME	DATA SOURCE	MEASURE STEWARD	ENDORSED (OREGON)	TIER
Treatment plan completion rate	Percent of dental patients with a Phase I treatment plan completed within a 12 month period	Unknown	Washington Dental Metrics Dashboard	NONE	
	Percentage of patients that have treatment plan completed within 6 months	Unknown	HRSA Sample Clinical Measures	NONE	

Question: Consider replacing Provider Philosophy of Care with a different factor?

Availability Priority #4 (Alternate): Provider Distribution

ACCESS INDICATOR	MEASURE NAME	DATA SOURCE	MEASURE STEWARD	ENDORSED (OREGON)	TIER
Provider-to-population ratios	Dental Health Professional Shortage Areas (HPSA) for Medicaid dentists: *Population to full-time-equivalent dentist ratio of at least 5,000:1 *Population to full-time equivalent dentist ratio of less than 5,000:1 but greater than 4,000:1 and unusually high needs for dental services *Ratio of the number of persons in the population group to the number of dentists practicing in the area and serving the population group of at least 4,000	OHA Licensing Database	OHA	NONE	2

Utilization Priority #1: Patient-Centered Care

ACCESS INDICATOR	MEASURE NAME	DATA SOURCE	MEASURE STEWARD	ENDORSED (OREGON)	TIER
Linguistically and culturally appropriate care	Number of [OHP] oral health care providers who completed cultural competency training as mandated by the Oregon Board of Dentistry	Data to be reported to OHA beginning Summer 2017	OHA	Oregon Oral Health Strategic Plan	2
Patient involvement in care	How often did the dentists or dental staff explain what they were doing while treating you?	Under consideration for CAHPS 2017	Dental CAHPS	CCO Oregon	2

Utilization Priority #2: Quality of Services

ACCESS INDICATOR	MEASURE NAME	DATA SOURCE	MEASURE STEWARD	ENDORSED (OREGON)	TIER
Utilization of evidence-based services	Children ages 6-9 and 10-14 who received a sealant on permanent molar tooth, regardless of whether the sealant was provided by a dentist or a non-dentist	CCO Performance Reports	DQA	SHIP, Strategic Plan for Oral Health, CCO Incentive Metrics, Dental Quality Metrics WG, CCO Oregon	1
	% of patients who receive topical fluoride application	Medicaid claims	DQA	Dental Quality Metrics WG	1
	Number & percent of EVER/Continuously enrolled members receiving at least 1 preventive dental care service	Medicaid Claims	None	OHA/DHS/DM AP Dental Access Measures Tool	1
Proportion of population that received care	Percentage of enrolled members (age to be determined) who had at least one dental visit during the measurement year	Medicaid Claims	OHA; Oral Health Surveillance System	CCO Oregon; OHA/DHS/DM AP Dental Access Measures Tool	1
Repeat visits	Members with a regular dentist (Do you have a regular dentist?)	Oregon CAHPS Survey	Dental CAHPS	Dental Metrics Quality Work Group; Oregon FFS Access Monitoring Plan	1

Utilization Priority #3: Patient Experience

ACCESS INDICATOR	MEASURE NAME	DATA SOURCE	MEASURE STEWARD	ENDORSED (OREGON)	TIER
Wait times for appointments	If you needed to see a dentist right away because of a dental emergency in the last 12 months, did you get to see a dentist as soon as you wanted?	Oregon CAHPS Survey	Dental CAHPS	Dental Metrics Quality Work Group; Oregon FFS Access Monitoring Plan	1
Customer services experience	Using any number from 0 to 10, where 0 is extremely difficult and 10 is extremely easy, what number would you use to rate how easy it was for you to find a dentist?	Under consideration for CAHPS 2017	Dental CAHPS	CCO Oregon	2
Distance to travel to provider <i>(Note: could also fit under provider distribution if work group adopts this priority)</i>	Compliance with Time & Distance standard: (e.g. minutes/miles standards for urban, rural communities) to pediatric dental providers	NONE CURRENTLY - annual reports to begin 2018	CMS Network Adequacy Requirements MCO	NONE	2

Utilization Priority #4 (Alternate): ED Utilization

ACCESS INDICATOR	MEASURE NAME	DATA SOURCE	MEASURE STEWARD	ENDORSED (OREGON)	TIER
ED Utilization by adults and children	Percentage of all enrolled children who were seen for caries-related reasons in an ED for 1, 2, 3 or more visits within the reporting year	Medicaid Claims	DQA (under consideration - no specifications)	CCO Oregon	2
	Percentage of all enrolled adults who were seen for non-traumatic dental reasons in an ED for 1, 2, 3 or more visits within the reporting year	Medicaid Claims	DQA (under consideration - no specifications)	CCO Oregon	2

Question: Does the work group want to add ED utilization to its recommended dashboard? Is it adequately captured in other measures (e.g. coordination of ED)?

Discussion Question

Based on what you heard from the consumer feedback, are there are there measures that you would like to highlight for OHA? Does this affect the work group's priority measures?

Other recommended indicators?

To measure...	Indicators
Care coordination	Dental referrals in community-based settings, such as schools
	FTE dedicated to case management/care coordination
	Utilization of PreManage/EDIE by dental providers
	Other dental services (e.g. fluoride) provided in a primary care setting
Integration	# referrals by primary care to dental/dental to primary care
	# people receiving medical and what % received dental
	Pharmacy spend by chronic disease/condition (e.g. diabetes)
Quality of services	Ratio of emergent/urgent services to preventative services
	Dental service utilization outside of normal business hours
	Dental service success (e.g. need for follow-up, re-do)
Patient Experience	Appeals/grievances related to oral health access
Patient Centered Care	Rate of member change in provider/plan
	Accessible care/care accommodation for people with disabilities
	Integrated systems for member clinical records
	Monitoring of social determinants of health in care population

Oral Health Work Group Report - DRAFT



Final Recommendations

Timing

Work Group select measures, identify gaps, discuss final recommendations to MAC

TODAY

Final review and feedback of Oral Health Work Group Report

By September 24

MAC discuss and finalize memo to OHA regarding a framework for access to oral health care in OHP

September 28

Work Group opportunity to provide feedback on oral health integration in Oregon (1 hr)

October 5, 4-6pm

AS NEEDED: Work Group discuss any significant recommendations from MAC and propose revised final recommendations (1 hr)

Webinar/
conference call

Next Steps

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Next Steps: Questions

1. What recommendations does the work group have for OHA in terms of implementing its Oral Health Access Framework? For example, recommendations for monitoring? Recommended future steps for the work?
2. What recommendations does the work group have in terms of other groups that might benefit from the products of this work? (example: Metrics & Scoring Committee; other committees or forums?)

Public Comment



Thank you!

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