

May 19, 2016

Oregon Health Authority--Office of Health Analytics

Attn: Sarah Bartelmann

Submitted electronically through metrics.questions@state.or.us

Re: 2017 CCO Quality Incentive Metrics

CCO Metrics and Scoring Committee:

Dear Committee:

The Oregon Oral Health Coalition, along with the Oregon Health Authority and the Oral Health Funders Collaborative of Oregon and SW Washington are collaborators in the *Strategic Plan for Oral Health in Oregon: 2014-2015*.

This plan is in alignment with OHA's model for health care integration, and we would request that the Metrics and Scoring Committee seriously consider metrics that will actually place oral health assessments, anticipatory guidance and appropriate preventive care within the required scope of practice for primary care, along with referrals to a dental professional to establish a dental home and receive needed restorative, therapeutic or surgical care.

We have identified three areas for oral health integration into primary care are:

- Pregnant women seen in primary or special medical practices – assessment, guidance and referral for periodontal and restorative care
- Children – assessment, anticipatory guidance, fluoride varnish topical application and referral
- Diabetics – assessment, guidance referral for periodontal and restorative care

When possible we recommend combination metrics that further oral health integration by addition of an oral health component to existing CCO Quality Incentive Metrics rather than adding new or additional metrics. An integrated metric provides the best incentive for system change that encompasses oral health integration.

Nearly half of Oregon's women do not currently receive information on dental care during pregnancy. Sixty-seven percent receive no guidance on childhood cavities. Consequently, the most common chronic disease among Oregonians is dental caries, a disease that is almost totally preventable. To address this critical health issue, we must begin with the primary care health provider who sees our most vulnerable populations in much greater numbers and more frequency than the dentist.

This is especially urgent in Oregon due to our very low utilization of water fluoridation.

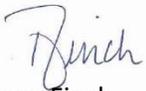
We will be happy to provide clinical and research data, but we know that members of the CCO Quality Incentive Metrics are well qualified to speak to the efficacy of these measures. Oregon has chosen a model that includes oral health integration into patient-centered, holistic, primary care for both the health of our citizens for the health care savings over the lifespan of our citizens. So we encourage an environment to do just that.

We understand the sea change required for primary care to put the mouth back in the body, especially when it has been relegated to another system of care and profession for 150 years. But primary care is well suited for this system change. They have high skills in diagnosing disease and making appropriate referrals for specialty care. With minimal training, oral health can become an added value to any medical practice.

The Oregon Oral Health Coalition stands ready to assist in this innovative efforts toward integrated care.

Thank you for this consideration.

Kind regards,

A handwritten signature in blue ink that reads "Finch". The signature is written in a cursive, slightly stylized font.

Tony Finch
Executive Director
Oregon Oral Health Coalition
Tony.Finch@ocdc.net

