North Carolina Institute of Medicine

Task Force on Oral Health Transformation

Meeting 3

October 21, 2022

NCIOM Task Force on Oral Health Transformation
Meeting 3 – October 21, 2022

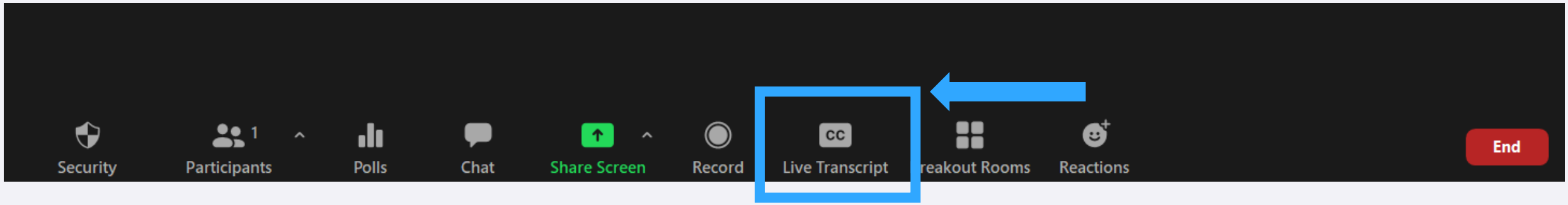
Welcome!

As you join, please use the chat box to write your name and organization/affiliation.

Housekeeping

- Use hand-raise feature or chat to ask a question or make a comment
  - Chat text will be saved for meeting notes
- Presentations will be recorded today
- Closed Captioning is on

How to Use Closed Captioning



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Welcome

NCIOM Task Force Co-Chair

Jay Ludlam

Assistant Secretary for NC Medicaid
North Carolina Department of Health and Human Services

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NCIOM Task Force on Oral Health Transformation
Meeting 3 – October 21, 2022

Recap of Meeting 2

Preview of Meeting 3 Agenda and Aspirations

Kathy Colville, MSW, MSPH

President and CEO

Welcome to Khristian Curry!

Khristian began her position as a Project Director for the North Carolina Institute of Medicine in early October.

She previously served as Program Coordinator of the NC Community Health Worker Initiative at the NC Office of Rural Health.

Khristian worked for the South Carolina Department of Health on statewide initiatives related to chronic disease such as hypertension and diabetes.

She earned a Bachelor of Arts degree from UNC Chapel Hill with a major in Communication Studies and a minor in Social and Economic Justice. She earned her Master of Public Health degree from UNC Greensboro, and holds certifications as a Health Education Specialist (CHES) and a Health Coach (CHC).

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Goals of the Oral Health Transformation Task Force

- Evaluate and learn from oral health transformation models across the United States, focusing on successes, challenges, and lessons learned;
- Consider options and opportunities to reimagine the delivery of oral health care services in North Carolina through the process of collective stakeholder engagement and deliberation; and
- Develop consensus-driven recommendations and key considerations for the implementation of strategies to improve access to oral health services for Medicaid beneficiaries.

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WHAT WE ARE NOT:

- **Developing legislative proposals, budgets or funding requests**
- **Developing a strategic plan**
- **Entering this process with a specific "agenda" in mind**

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Recommendation Development Process

- Purpose of Task Force recommendations
  - Advance or add to current activities; identify needed improvements or developments; actionable; identify responsible entities
- Recommendation development process
  1) **Initial learning and discussions with task force**
  2) Reflect on discussions and topics for recommendations
  3) Additional learning and discussion
  4) NCIOM staff draft recommendations based on task force discussion
  5) Present draft recommendations to steering committee
  6) Edit/adjust/add as needed
  7) Present draft recommendations to task force
  8) Edit/adjust/add as needed

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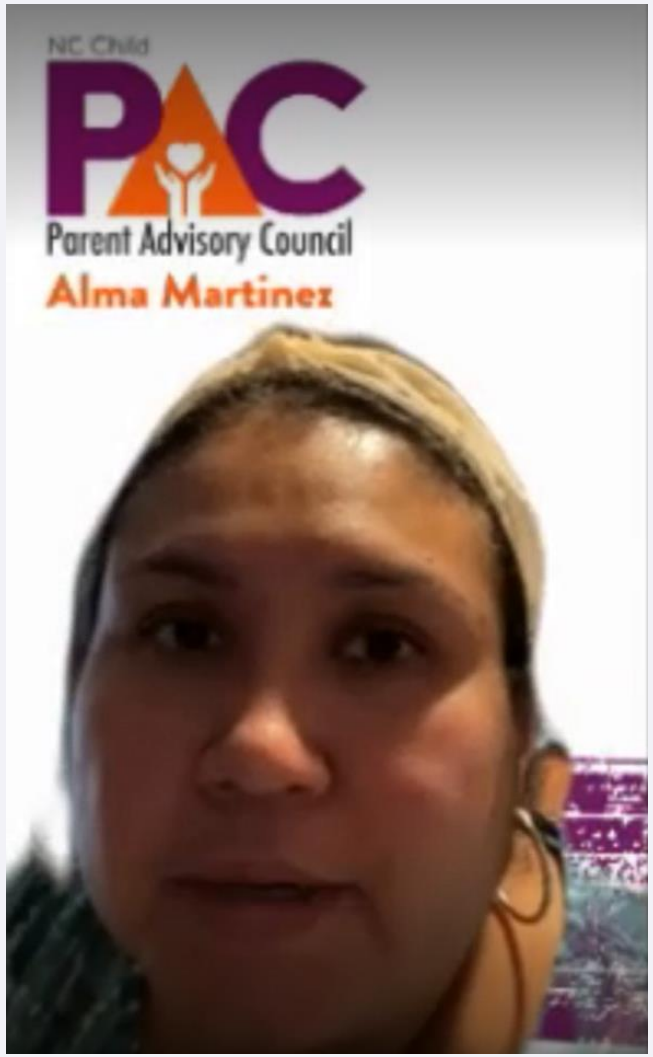
Meeting 2 Recap



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Meeting 2 Recap

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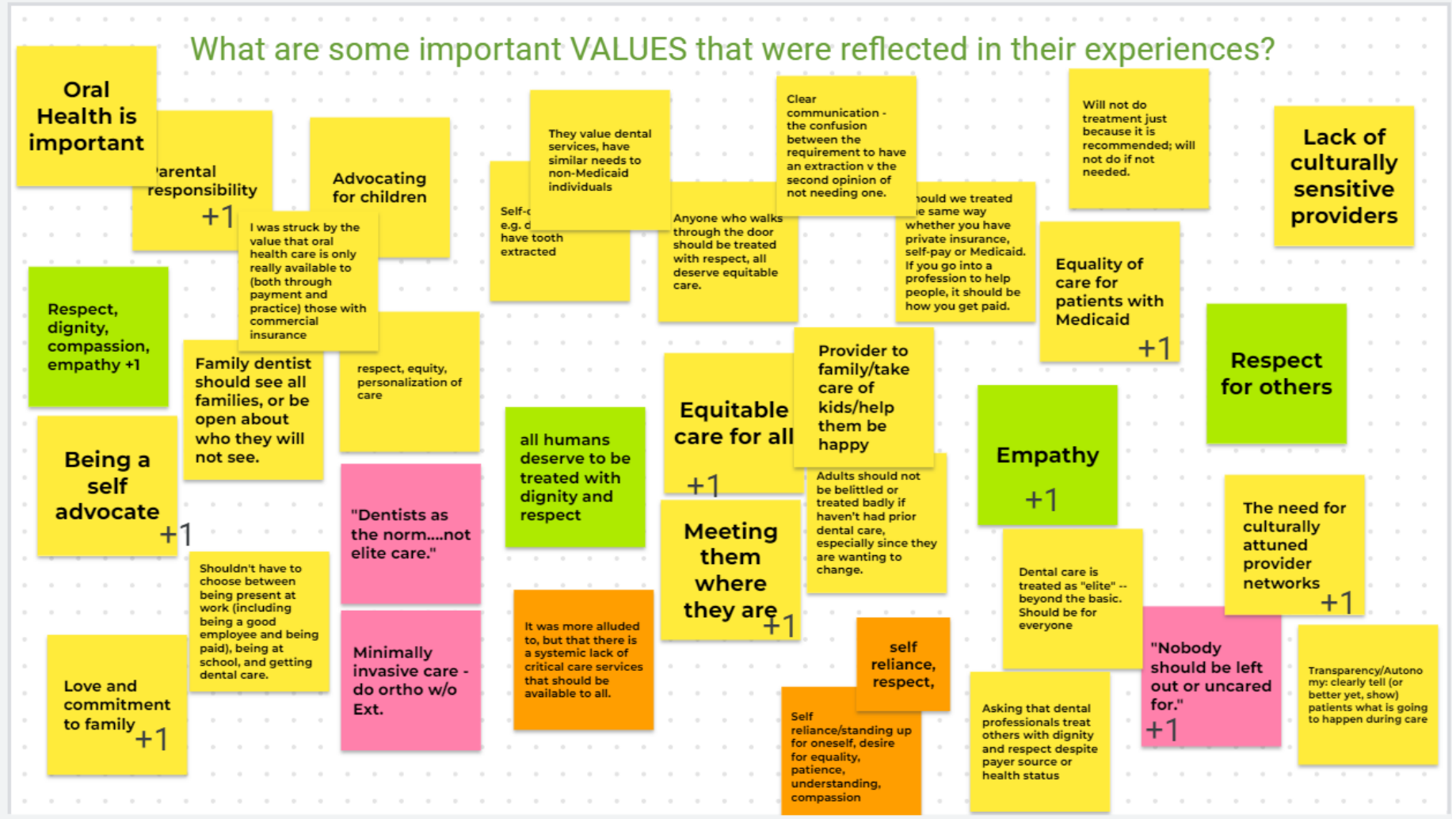

Meeting 2 Recap

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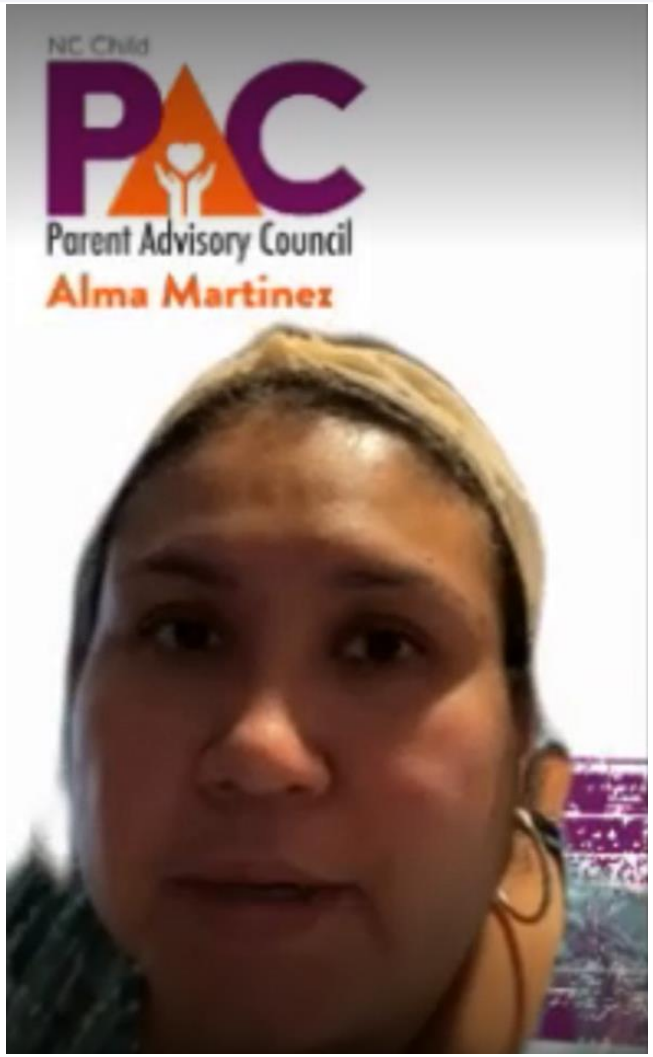

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Meeting 2 Recap

PANEL: PROVIDER AND PRACTITIONER PERSPECTIVES ON CONSUMER ACCESS AND EXPERIENCE

Bryan Cobb, DDS, MS

Piedmont Pediatric Dentistry (Greensboro)

Betsy White, RDH, BS, FSCDH

Chief Operating Officer, Access Dental (Asheboro)

Roxanne Thompson, RN, LNHA

Vice President of Operations

Liberty Skilled Nursing and Rehabilitation Services

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Meeting 2 Recap

Meeting 2: Consumer Access and Experience

Identified Issues	Stigma of being a patient using Medicaid • Reality and/or perception of welcome • Different standards of care (including wait times) • Shame of beginning oral healthcare in adulthood. Transportation required by patients to reach a provider that accepts Medicaid. • Especially difficult for rural areas • Especially difficult for people with special needs Difficulty understanding complex treatment plans and provider guidance. • Confusion about requirements for specialist services (e.g. orthodontics). • Trust in provider guidance. Difficulties keeping appointments, creating challenges for providers. • Especially difficult for blocked time for people with special needs Differences in capacity/skills for family dentists, especially with special needs. Adult access to Medicaid (eligibility and churn). Adult utilization of Medicaid services (outside the ED). Use of the Emergency Department for Dental Care. Late entry (at adolescence or adulthood) into oral healthcare. Non-reimbursable services that providers believe to be important for quality care. • Home bound services • Care management • Multiple visits to reduce fear for adults entering care, people with special needs Need for interpreter services complicates access, may make waits longer. • Children serving as interpreters for parents. • Need more than Spanish, e.g. Haitian population (Creole) in Wayne County Difficulty in getting time off for work for dental care and especially preventive services, and for children's care. Long waits for appointments with oral surgeons and other specialists. Patients unaware of the scope of services available. For adolescents, untreated oral health needs may limit self-confidence, interaction with peers and schooling.

	Challenges getting through the Medicaid enrollment process itself. Ability of providers to provide culturally attuned, sensitive care. • Knowing cultural norms to figure out how to engage patients. Gaps in provider education and curriculum during dental school, residency and through continuing education. • Special needs • Cultural competence/culturally-attuned care Lack of racial and ethnic diversity among providers. • Providers/staff who speak the same languages as patients. • Need for faculty of color in dental schools. • Especially concerned about lack of increase in Black female dentists. Difficult to personalize care within existing payment systems. Lack of oral health literacy. • Lack of urgency for people to return for preventive care Provider burnout in light of overwhelming need. • Challenges of no-shows • Challenges of high social and economic needs (with lack of resources to resolve) • Revenue loss when serving patients with Medicaid. Patient lack of awareness of existing programs. Separation of medical and dental care (persistent silos). Need to develop effective advocacy for proposed changes. • Stories and hard data. • Resource constraints are real.
Policy and System Ideas Offered	Improving warmth and friendliness of physical spaces and office culture (comparison to how pediatrics practices have achieved this.) School-based services Mobile services Community events with oral health education and services CNAs with oral care training embedded in long-term care. (Oral Care without a Battle) Medicaid expansion • Expanding post-partum coverage to three years (as of April 2022, it is one year) • Regardless of immigration status

	Increase the number of dental providers who accept Medicaid • Mandate acceptance of Medicaid • Develop pipeline of providers who will actively participate in Medicaid • Address dental education debt • Comprehensive pipeline for diverse workforce (begins before dental school.) • Address ROI for rural health providers Scope of practice/expand services: • Allow dental hygienists to perform more delegated duties under general supervision, especially in rural communities. • Preventive and basic oral health services in underserved areas (dental hygienists and dental therapists) Hospital programs to compensate dental providers through referrals from the ED. Regionalization of specialty services, including centers with expertise in serving people with special health care needs. Policies around time off work without penalty for preventive care and dental care. Increased reimbursement and coverage for additional services. • Longer appointment times for personalized care • More frequent appointments necessary for some patient populations • Home-based services • Interpreter services • Whole person care, care coordination and care management • Increase reimbursement to 80% UCR • Medicaid coverage for xylitol products would go a long way in helping to reduce the bacterial load for our vulnerable populations Changes to professional culture within oral health field: • Ethics around access to care • Equitable treatment • Valuing Medicaid patients and practices that accept Medicaid More research and standardization of "patient-friendly" behaviors/practices. Provide education to improve patient knowledge and self-efficacy. • Expanding access to nutrition education. • Training and educational videos for patients/consumers. • Training in self-advocacy. • Expectations for access (i.e. specialists in every county is not realistic) • Understanding the challenges of providers in the Medicaid system • Connections between oral health and health • Vital oral health skills: flossing, brushing

	Incentivize opening hours beyond typical business hours.
	
	Expanding transportation options.
	
	Changes to education for providers and other healthcare employees:
	• Continuing Education for providers on cultural sensitivity, patient autonomy.
	• Curriculum changes during dental school:
	  ▫ Cultural humility and sensitivity
	  ▫ Special needs I/DD
	• Education for staff of long-term care facilities in the importance of oral care and daily care techniques.
	• Developing rapport and trust with Medicaid consumers.
	
	Additional study/research of payment design (even if system is currently not ready for change):
	• Possible approaches:
	  ▫ procedure-based billing
	  ▫ time-based billing
	  ▫ bundled payment
	  ▫ other value-based care
	
	Ideas from other states:
	• Special Health Care Needs Center in Texas (suggested by Dr. Keels)
	• Lee Specialty Clinic in Kentucky (suggested by Betsy White)

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Meeting 2 Recap

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Meeting 2 Recap

Increased reimbursement and coverage for additional services.

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- More frequent appointments necessary for some patient populations
- Home-based services
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Meeting 2 Recap

want to draw a diagram of all the issues and possible solutions

Agree with John Nash that anecdotal evidence should be backed up with hard data. This will be important going forward.

develop work streams with subject mater expoertise to address dental delivery, dental financing, educational changes, consumer protections, etc.

The diversity of participants is helpful. We don't need "cheerleaders" for either managed care or a continued carve-out.

Meeting 2 Recap

Outside the Task Force Meetings…

Four Informal Optional Sessions for Active Providers

Session on Medicaid Oral Health Data (recorded)

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December 2022

First Work Group Meetings

2 hours, smaller groups, dig into the details

Scheduling

- **Holding Fridays, December 9 and 16**
- **9 – 11 am and 1 – 3 pm**

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- Consumer and Provider Feedback Mechanisms
- Payment Design and Covered Services
- Provider Satisfaction, Participation and Performance
- North Carolina-developed and "owned" Quality Measures
- Pipeline Development and Provider Preparation
- Care Integration (medicine, behavioral health, social drivers)
- Administrative Models
- Adult Medicaid Dental Program
- Value Based Care for Pediatric Dentistry
- Data

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AGENDA

- Welcome and introductions
- Recap of meeting 2 and preview of meeting 3 agenda
- Overview of Medicaid Operations and Innovations: A National Perspective
- Stretch Break
- Learning from Other States' Experiences: Michigan and Oregon Presentation and Panel Discussion of Medicaid Operations Challenges and Innovations
- Small Group Discussion
- Evaluation and Closing

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OVERVIEW OF MEDICAID OPERATIONS AND INNOVATIONS: A NATIONAL PERSPECTIVE

Natalia Chalmers, DDS, MHSc, PhD

Chief Dental Officer

Centers for Medicare and Medicaid Services

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We are on a stretch break.

Please re-join us at 10:48 for our panel on Medicaid Operations Challenges And Innovations

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LEARNING FROM OTHER STATES' EXPERIENCES: MICHIGAN AND OREGON PRESENTATIONS AND PANEL DISCUSSION OF MEDICAID OPERATIONS CHALLENGES AND INNOVATIONS

Dr. Sandhya Swarnavel
Senior Quality Analyst for the Michigan Medicaid Managed Care Division

Sarah Wetherson, MA
Transformation Analyst for Oregon Health Authority

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LEARNING FROM OTHER STATES' EXPERIENCES

SMALL GROUP DISCUSSION

- Quick introductions
- What operational challenges are the most important for North Carolina to make progress on?
- What are some operational innovations you've heard today that sparked interest or are worth exploring in North Carolina?
- What do you want to know more about? What ideas did you hear today relate to your work in oral health?

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Next Task Force Meeting:

Friday, November 4th from 9 am to noon (virtual)

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Medicaid Dental Program Delivery Systems: Exploring State-specific Delivery Systems and Initiatives to Improve Dental Utilization.
https://us.milliman.com/-/media/milliman/pdfs/articles/medicaid-dental-program-models-factors.ashx

Value-based Care in Pediatric Dentistry
https://www.aapd.org/globalassets/media/policy-center/vbcinpd.web.pdf

Moving Toward Value-based Payment in Oral Health Care
https://www.chcs.org/media/Moving-Toward-VBP-in-Oral-Health-Care_021021.pdf

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We are officially adjourned!