

# **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!

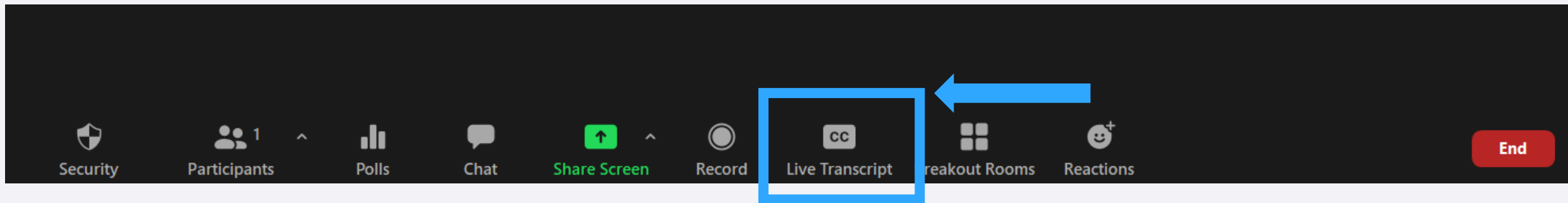
As you join, please use the chat box to write your name and organization/affiliation.



# 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



# Welcome



NCIOM Task Force Co-Chair

**Jay Ludlam**

Assistant Secretary for NC Medicaid

North Carolina Department of Health and Human Services



# 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).



# 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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- Develop consensus-driven recommendations and key considerations for the implementation of strategies to improve access to oral health services for Medicaid beneficiaries.

## **WHAT WE ARE NOT:**

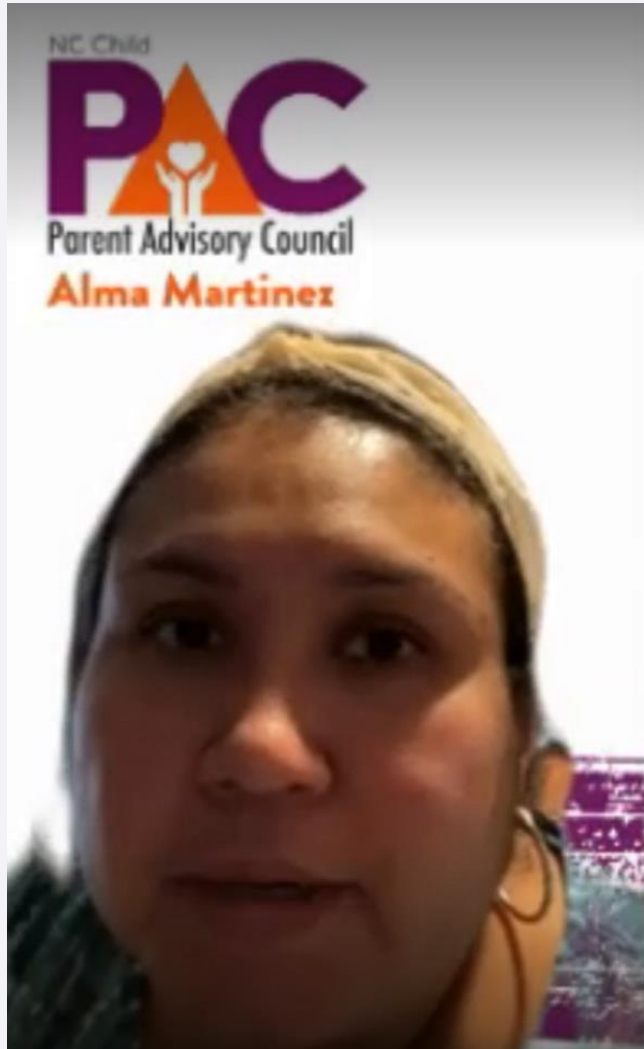
- **Developing legislative proposals, budgets or funding requests**
- **Developing a strategic plan**
- **Entering this process with a specific “agenda” in mind**



# 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

# Meeting 2 Recap



# Meeting 2 Recap

## What are some important FACTS you heard in this recording?

Wait time for if you need translation services

People are treated very differently, depending on insurance coverage. Self-pay and Medicaid patients don't receive the same type of respect as private insurance.

Haitian community can't get care - don't have translators

Access to care options is limited

Limited number of providers who accept Medicaid

There is only one pediatric dentist in the county; the next one is an hour away.

Transportation is a barrier to care

Mom only obtained Medicaid because she had COVID during the pandemic. Once the State of Emergency ends, she will no longer have Medicaid medical and dental coverage.

Very few specialists who accept Medicaid.

Orthodontic care is difficult to quality for under Medicaid. It sounded like the student needed extractions to qualify.

Access to care remains a huge problem +1 +1 +1

Rural populations experience significant challenges in accessing oral health care services.

Wait times for accessing specialty care are long.

Lack of pediatric dentists

Few Spanish speakers/ interpreters +1

there are few pediatric dentists.

The Tooth bus is very helpful - we had that here in WNC, not sure if it's still here, or anywhere else in the state

Orthodontic care is difficult to quality for under Medicaid. It sounded like the student needed extractions to qualify.

Taking off work and traveling for care is expensive

1 pediatric dentist in the county

only two oral surgeons in Wayne County

Different people are treated differently-- prior care, insurance type, self pay....

where we live often determines our access.

Long waitlists for specialists and how a referral can be more of a hassle than a solution for parents!!

Specialty care is very sparse, and access is difficult which significantly delays care delivery.

Rachel's family dental office didn't know how to care for a child with autism

Providers over-estimate their abilities/experience with special needs--- say that they do it, but when you arrive, they refer you out.

Living in rural areas presents special challenges when seeking dental care

More mobile services are needed, more connectivity to primary care doing referrals

Current Medicaid services do not adequately provide comprehensive oral health

Early intervention works

Oral care for children, especially those with disability, is limited and hard access.

Some Medicaid recipients are unaware of the scope their benefit provides.

Long waits to get services from some providers (if they can find providers who will treat)

Difficulty seeking care during work hours, transportation barriers especially in rural areas

When you need an interpreter, it takes even longer for care

Being laughed at for not receiving care

compounds barriers to care

Oral care for children, especially those with disability, is limited and hard access.

That dental providers do not provide interpreting or translating services as a regular course of business.

Limited access to care ie few providers in network

Location of services is makes them difficult to access

That an adult can get Medicaid related to COVID? Did I understand that right?

Rural patients have a multiplied burden of distance=car, gas, overall time-especially time from work and time from school +1

Hard to take off work to take kids to appointments. Taking time off means losing income, which impacts budget. +1

Limited access, cost share challenges

That dental offices do not provide interpreting and translating services as a regular course

# Meeting 2 Recap

What are some important FEELINGS that were expressed?

Frustration, anxiety, discouraged about how Medicaid patients are treated.

Glad that Rachel was able to get her dental care and it changed her life. Sad that she is afraid of losing coverage.

Being made to feel less than

helplessness

frustration +1

Embarrassment and disrespect +1

Weariness in general, exacerbated by frustrating experiences

Mother felt that extractions were not necessary for orthodontic treatment. She was not willing to accept this treatment plan.

Fear

Rachel felt belittled because she did not have the opportunity to go to the dentist for the first time until her twenties.

People should all be treated with respect, regardless of whether they have insurance, have special needs, are people of color, speak different languages, etc.

Scared to visit dentist for first time. Didn't know what to expect.

Frustration, Anger, Embarrassment,

Being let down (disappointed) by a system that is supposed to help. Frustration with not being able to access and utilize that same system.

treated differently because of medicaid or due to culture

Unsupported, unvalued, practices not friendly/hostile, Medicaid beneficiaries & special needs individuals looked down upon

she felt different because she did not have access to a dentist as a child

Depressed when son couldn't get oral health needs addressed.

The practice should accommodate their needs

shame for not having dental care as a child (Rachel)

Shame

A feeling of being treated as an "other"

Disappointment +1

Judgement for not having received care before

So sad that special needs patients felt they were not treated as humans

Dehumanized

Awful that a 17-year old had nerve damage leading to extractions and denture.

This was very emotional, as we would expect.

Lots of emphasis on humanity - "we are human first" so important to understand these real human stories

Exhaustion

gratitude that the pandemic funding made it possible to expand Medicaid to additional patients

Shame, gratitude, fear, embarrassment, appreciation

embarrassed, scared, afraid, looked down on +1

+1 Shame

Feeling judged by provider

Almost a sense of entitlement - they are frustrated because they don't have access but they feel that they should have that access

Disappointment by Alma that she couldn't afford the pre-procedures required for ortho, and therefore, her son's care was delayed due to the time it took to save up for the tx.

Judgement and Fear

# Meeting 2 Recap

What are some important VALUES that were reflected in their experiences?

Oral Health is important

Parental responsibility +1

Advocating for children

They value dental services, have similar needs to non-Medicaid individuals

Clear communication - the confusion between the requirement to have an extraction v the second opinion of not needing one.

Will not do treatment just because it is recommended; will not do if not needed.

Lack of culturally sensitive providers

Self-care e.g. do not have tooth extracted

Anyone who walks through the door should be treated with respect, all deserve equitable care.

Should we be treated the same way whether you have private insurance, self-pay or Medicaid. If you go into a profession to help people, it should be how you get paid.

Equality of care for patients with Medicaid +1

Respect, dignity, compassion, empathy +1

I was struck by the value that oral health care is only really available to (both through payment and practice) those with commercial insurance

Family dentist should see all families, or be open about who they will not see.

respect, equity, personalization of care

all humans deserve to be treated with dignity and respect

Equitable care for all +1

Provider to family/take care of kids/help them be happy

Empathy +1

Respect for others

Being a self advocate +1

"Dentists as the norm....not elite care."

Adults should not be belittled or treated badly if haven't had prior dental care, especially since they are wanting to change.

The need for culturally attuned provider networks +1

Shouldn't have to choose between being present at work (including being a good employee and being paid), being at school, and getting dental care.

Minimally invasive care - do ortho w/o Ext.

It was more alluded to, but that there is a systemic lack of critical care services that should be available to all.

Meeting them where they are +1

self reliance, respect,

Dental care is treated as "elite" -- beyond the basic. Should be for everyone

"Nobody should be left out or uncared for." +1

Love and commitment to family +1

Self reliance/standing up for oneself, desire for equality, patience, understanding, compassion

Asking that dental professionals treat others with dignity and respect despite payer source or health status

Transparency/Autonomy: clearly tell (or better yet, show) patients what is going to happen during care

# Meeting 2 Recap



# Meeting 2 Recap





# Meeting 2 Recap



# Meeting 2 Recap



# Meeting 2 Recap



# 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



# Meeting 2 Recap

## Meeting 2: Consumer Access and Experience

<b>Identified Issues</b>	<p>Stigma of being a patient using Medicaid</p> <ul style="list-style-type: none"> <li>Reality and/or perception of welcome</li> <li>Different standards of care (including wait times)</li> <li>Shame of beginning oral healthcare in adulthood.</li> </ul> <p>Transportation required by patients to reach a provider that accepts Medicaid.</p> <ul style="list-style-type: none"> <li>Especially difficult for rural areas</li> <li>Especially difficult for people with special needs</li> </ul> <p>Difficulty understanding complex treatment plans and provider guidance.</p> <ul style="list-style-type: none"> <li>Confusion about requirements for specialist services (e.g. orthodontics).</li> <li>Trust in provider guidance.</li> </ul> <p>Difficulties keeping appointments, creating challenges for providers.</p> <ul style="list-style-type: none"> <li>Especially difficult for blocked time for people with special needs</li> </ul> <p>Differences in capacity/skills for family dentists, especially with special needs.</p> <p>Adult access to Medicaid (eligibility and churn).</p> <p>Adult utilization of Medicaid services (outside the ED).</p> <p>Use of the Emergency Department for Dental Care.</p> <p>Late entry (at adolescence or adulthood) into oral healthcare.</p> <p>Non-reimbursable services that providers believe to be important for quality care.</p> <ul style="list-style-type: none"> <li>Home bound services</li> <li>Care management</li> <li>Multiple visits to reduce fear for adults entering care, people with special needs</li> </ul> <p>Need for interpreter services complicates access, may make waits longer.</p> <ul style="list-style-type: none"> <li>Children serving as interpreters for parents.</li> <li>Need more than Spanish, e.g. Haitian population (Creole) in Wayne County</li> </ul> <p>Difficulty in getting time off for work for dental care and especially preventive services, and for children's care.</p> <p>Long waits for appointments with oral surgeons and other specialists.</p> <p>Patients unaware of the scope of services available.</p> <p>For adolescents, untreated oral health needs may limit self-confidence, interaction with peers and schooling.</p>
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<b>Policy and System Ideas Offered</b>	<p>Challenges getting through the Medicaid enrollment process itself.</p> <p>Ability of providers to provide culturally attuned, sensitive care.</p> <ul style="list-style-type: none"> <li>Knowing cultural norms to figure out how to engage patients.</li> </ul> <p>Gaps in provider education and curriculum during dental school, residency and through continuing education.</p> <ul style="list-style-type: none"> <li>Special needs</li> <li>Cultural competence/culturally-attuned care</li> </ul> <p>Lack of racial and ethnic diversity among providers.</p> <ul style="list-style-type: none"> <li>Providers/staff who speak the same languages as patients.</li> <li>Need for faculty of color in dental schools.</li> <li>Especially concerned about lack of increase in Black female dentists.</li> </ul> <p>Difficult to personalize care within existing payment systems.</p> <p>Lack of oral health literacy.</p> <ul style="list-style-type: none"> <li>Lack of urgency for people to return for preventive care</li> </ul> <p>Provider burnout in light of overwhelming need.</p> <ul style="list-style-type: none"> <li>Challenges of no-shows</li> <li>Challenges of high social and economic needs (with lack of resources to resolve)</li> <li>Revenue loss when serving patients with Medicaid.</li> </ul> <p>Patient lack of awareness of existing programs.</p> <p>Separation of medical and dental care (persistent silos).</p> <p>Need to develop effective advocacy for proposed changes.</p> <ul style="list-style-type: none"> <li>Stories and hard data.</li> <li>Resource constraints are real.</li> </ul> <p>Improving warmth and friendliness of physical spaces and office culture (comparison to how pediatric practices have achieved this.)</p> <p>School-based services</p> <p>Mobile services</p> <p>Community events with oral health education and services</p> <p>CHAs with oral care training embedded in long-term care. (Oral Care without a Battle)</p> <p>Medicaid expansion</p> <ul style="list-style-type: none"> <li>Expanding post-partum coverage to three years (as of April 2022, it is one year)</li> <li>Regardless of immigration status</li> </ul>
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<b>Policy and System Ideas Offered</b>	<p>Increase the number of dental providers who accept Medicaid</p> <ul style="list-style-type: none"> <li>Mandate acceptance of Medicaid</li> <li>Develop pipeline of providers who will actively participate in Medicaid</li> <li>Address dental education debt</li> <li>Comprehensive pipeline for diverse workforce (begins before dental school)</li> <li>Address ROI for rural health providers</li> </ul> <p>Scope of practice/expand services:</p> <ul style="list-style-type: none"> <li>Allow dental hygienists to perform more delegated duties under general supervision, especially in rural communities.</li> <li>Preventive and basic oral health services in underserved areas (dental hygienists and dental therapists)</li> </ul> <p>Hospital programs to compensate dental providers through referrals from the ED.</p> <p>Regionalization of specialty services, including centers with expertise in serving people with special health care needs.</p> <p>Policies around time off work without penalty for preventive care and dental care.</p> <p>Increased reimbursement and coverage for additional services.</p> <ul style="list-style-type: none"> <li>Longer appointment times for personalized care</li> <li>More frequent appointments necessary for some patient populations</li> <li>Home-based services</li> <li>Interpreter services</li> <li>Whole person care, care coordination and care management</li> <li>Increase reimbursement to 80% UCR</li> <li>Medicaid coverage for sytfol products would go a long way in helping to reduce the bacterial load for our vulnerable populations</li> </ul> <p>Changes to professional culture within oral health field:</p> <ul style="list-style-type: none"> <li>Ethics around access to care</li> <li>Equitable treatment</li> <li>Valuing Medicaid patients and practices that accept Medicaid</li> </ul> <p>More research and standardization of "patient-friendly" behaviors/practices.</p> <p>Provide education to improve patient knowledge and self-efficacy.</p> <ul style="list-style-type: none"> <li>Expanding access to nutrition education.</li> <li>Training and educational videos for patients/consumers.</li> <li>Training in self-advocacy.</li> <li>Expectations for access (i.e. specialists in every county is not realistic)</li> <li>Understanding the challenges of providers in the Medicaid system</li> <li>Connections between oral health and health</li> <li>Vital oral health skills: flossing, brushing</li> </ul>
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<b>Policy and System Ideas Offered</b>	<p>Incentivize opening hours beyond typical business hours.</p> <p>Expanding transportation options.</p> <p>Changes to education for providers and other healthcare employees:</p> <ul style="list-style-type: none"> <li>Continuing Education for providers on cultural sensitivity, patient autonomy.</li> <li>Curriculum changes during dental school:             <ul style="list-style-type: none"> <li>Cultural humility and sensitivity</li> <li>Special needs (UD)</li> </ul> </li> <li>Education for staff of long-term care facilities in the importance of oral care and daily care techniques.</li> <li>Developing rapport and trust with Medicaid consumers.</li> </ul> <p>Additional study/research of payment design (even if system is currently not ready for change):</p> <ul style="list-style-type: none"> <li>Possible approaches:             <ul style="list-style-type: none"> <li>procedure-based billing</li> <li>time-based billing</li> <li>bundled payment</li> <li>other value-based care</li> </ul> </li> </ul> <p>Ideas from other states:</p> <ul style="list-style-type: none"> <li>Special Health Care Needs Center in Texas (suggested by Dr. Kiehl)</li> <li>Lee Specialty Clinic in Kentucky (suggested by Betsy White)</li> </ul>
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# Meeting 2 Recap

## 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.

# Meeting 2 Recap

## **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

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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 matter expertise 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.

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At the risk of appearing to want to "fix everything," when will we get to actionable items?

I feel that there are too many people with the same perspectives and fear we are an echo chamber.

# Outside the Task Force Meetings...

**Four Informal Optional Sessions for Active Providers**  
**Session on Medicaid Oral Health Data (recorded)**

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**Session on Medicaid Oral Health Data (recorded)**

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

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

## 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 4<sup>th</sup> 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](https://www.chcs.org/media/Moving-Toward-VBP-in-Oral-Health-Care_021021.pdf)



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**WE ARE OFFICIALLY ADJOURNED!**

