

North Carolina Institute of Medicine

Task Force on Oral Health Transformation

Meeting 4

November 4, 2022

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

Welcome!

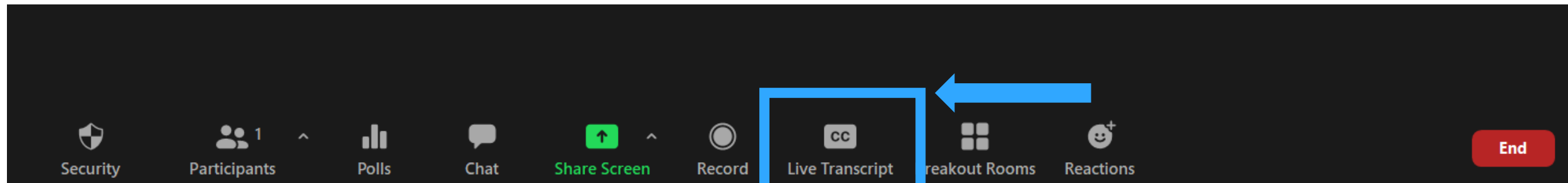
**As you join, please use the chat box to write
your name and organization/affiliation.**



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

Frank Courts, DDS, PhD

Chair, Council on Prevention and Oral Health
North Carolina Dental Society



NCIOM Task Force on Oral Health Transformation

Meeting 4 – November 4, 2022

Recap of Meeting 3

Preview of Meeting 4 Agenda and Aspirations

Kathy Colville, MSW, MSPH

President and CEO



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:

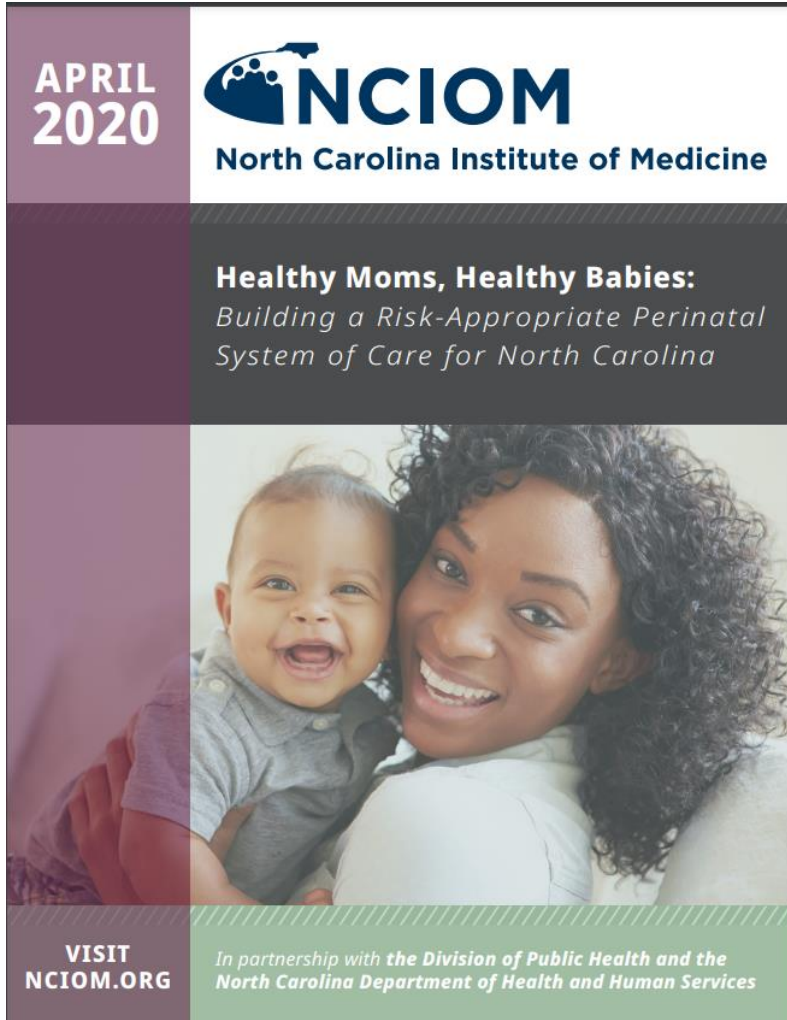
- **Developing legislative proposals, budgets or funding requests**
- **Developing a strategic plan**
- **Entering this process with a specific “agenda” in mind**



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

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

Recommendation 2.1: Adopt National Maternal and Infant Risk-Appropriate Level of Care Standards

Recommendation 2.2: Form Multi-Disciplinary Assessment Teams to Utilize CDC LOCATE Tool

Recommendation 2.3: Require External Verification of Birthing Facilities' Maternal and Neonatal Level of Care Designations

Recommendation 2.4: Re-establish North Carolina's Perinatal and Neonatal Outreach Coordinator Program

Recommendation 2.5: Support Outpatient Risk-Appropriate Perinatal System of Care

Recommendation 3.1: Expand Access to Health Care Services

Recommendation 3.2: Expand Access to Comprehensive Prenatal Care for Women Ineligible for Medicaid

Recommendation 3.3: Extend Coverage for Group Prenatal Care and Doula Support

Recommendation 3.4: Increase the Utilization and Completion Percentages of Childbirth Education Classes

Recommendation 3.5: Full Practice Authority for Certified Nurse-Midwives

Recommendation 3.6: Standardize Screening and Treatment for Perinatal Mental Health and Substance Use

Recommendation 3.7: Expand Perinatal Access to Mental Health Services

Recommendation 4.1: Collect and Report Data on Maternal and Infant Outcomes by Race and Ethnicity

Recommendation 4.2: Engage Insurers in Quality Improvement Efforts that Address Racial and Ethnic Disparities in Care

Recommendation 4.3: Engage Birthing Facilities in Quality Improvement Efforts to Address Racial and Ethnic Disparities in Care

Recommendation 4.4: Engage Patient and Family Advisory Councils

Recommendation 4.5: Align Perinatal Care Regional Maps with Medicaid Transformation maps

Recommendation 5.1: Develop Parent Navigator Programs in Birthing Facilities

Recommendation 6.1: Use Community Health Workers to Support Pregnant Women in Their Communities

Recommendation 6.2: Implement Family-Friendly Workplace Policies

Recommendation Development Process

APRIL
2020



North Carolina Institute of Medicine

Healthy Moms, Healthy Babies:
Building a Risk-Appropriate Perinatal System of Care for North Carolina



VISIT
NCIOM.ORG

In partnership with the Division of Public Health and the North Carolina Department of Health and Human Services

APPENDIX B: RECOMMENDATIONS BY RESPONSIBLE AGENCY/ORGANIZATION

PERINATAL SYSTEM OF CARE 52

RECOMMENDATIONS	RESPONSIBLE AGENCY/ORGANIZATION										
	North Carolina Division of Health Services Regulation (NC DHSR)	Division of Public Health	Division of Health Benefits	Office of Rural Health	North Carolina General Assembly	Regional Perinatal Centers	Private Health Insurers	Prepaid Health Plans	Health Care Providers	Health Professional and Trade Organizations	Other
Recommendation 2.1: Adopt National Maternal and Infant Risk-Appropriate Level of Care Standards	X	X									Medical Care Commission
Recommendation 2.2: Form Multi-Disciplinary Assessment Teams to Utilize CDC LOCATE Tool										NCHA	
Recommendation 2.3: Require External Verification of Birthing Facilities' Maternal and Neonatal Level of Care Designations					X						
Recommendation 2.4: Re-establish North Carolina's Perinatal and Neonatal Outreach Coordinator Program		X			X	X				NCHA	
Recommendation 2.5: Support Outpatient Risk-Appropriate Perinatal System of Care						X			NICUS		Regional Perinatal Coordinators, Neonatal Outreach Coordinators
Recommendation 3.1: Expand Access to Health Care Services					X						
Recommendation 3.2: Expand Access to Comprehensive Prenatal Care for Women Ineligible for Medicaid					X						
Recommendation 3.3: Extend Coverage for Group Prenatal Care and Doula Support		X	X	X			X	X			
Recommendation 3.4: Increase the Utilization and Completion Percentages of Childbirth Education Classes		X					X	X			
Recommendation 3.5: Full Practice Authority for Certified Nurse-Midwives					X						
Recommendation 3.6: Standardize Screening and Treatment for Perinatal Mental Health and Substance Use						X		X		Health Professional Associations for Prenatal Care Providers	Medicaid Advisory Board
Recommendation 3.7: Expand Perinatal Access to Mental Health Services	X	X									
Recommendation 4.1: Collect and Report Data on Maternal and Infant Outcomes by Race and Ethnicity							X		X		Health Care Systems
Recommendation 4.2: Engage Insurers in Quality Improvement Efforts that Address Racial and Ethnic Disparities in Care			X				X				
Recommendation 4.3: Engage Birthing Facilities in Quality Improvement Efforts to Address Racial and Ethnic Disparities in Care									Maternity Care and Birthing Hospitals	NCHA	
Recommendation 4.4: Engage Patient and Family Advisory Councils									Facilities that provide perinatal services		
Recommendation 4.5: Align Perinatal Care Regional Maps with Medicaid Transformation maps		X									
Recommendation 5.1: Develop Parent Navigator Programs in Birthing Facilities									NICUS		
Recommendation 6.1: Use Community Health Workers to Support Pregnant Women in Their Communities		Women's and Children's Health Section		Community Health Worker Initiative							
Recommendation 6.2: Implement Family-Friendly Workplace Policies											North Carolina employers

NCHA = North Carolina Healthcare Association, NICU = Neonatal Intensive Care Unit

Recommendation Development Process

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Recommendation 2.4: Re-establish North Carolina's Perinatal and Neonatal Outreach Coordinator Program		X			X	X				NCHA	
Recommendation 2.5: Support Outpatient Risk-Appropriate Perinatal System of Care						X			NICUS		Regional Perinatal Coordinators, Neonatal Outreach Coordinators
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NCMA = North Carolina Healthcare Association, NICU = Neonatal Intensive Care Unit

Meeting 3 Recap

OVERVIEW OF MEDICAID OPERATIONS AND INNOVATIONS: A NATIONAL PERSPECTIVE

Dr. Natalia Chalmers, CMS Chief Dental Officer

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

**Dr. Sandhya Swarnavel, Senior Quality Analyst, Managed Care Division
Bureau of Medicaid Care Management and Customer Service**

Sarah Wetherson, Transformation Analyst, Oregon Health Authority



Meeting 3 Recap

CMS Oral Health Vision



Improve beneficiaries' health by **integrating oral health** and transforming the health care system to advance health equity, expand coverage and improve health outcomes.

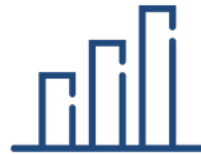
Oral Health Strategy Fundamental Principles



Equity Focused



Evidence Empowered



Data Driven



Integration Centered



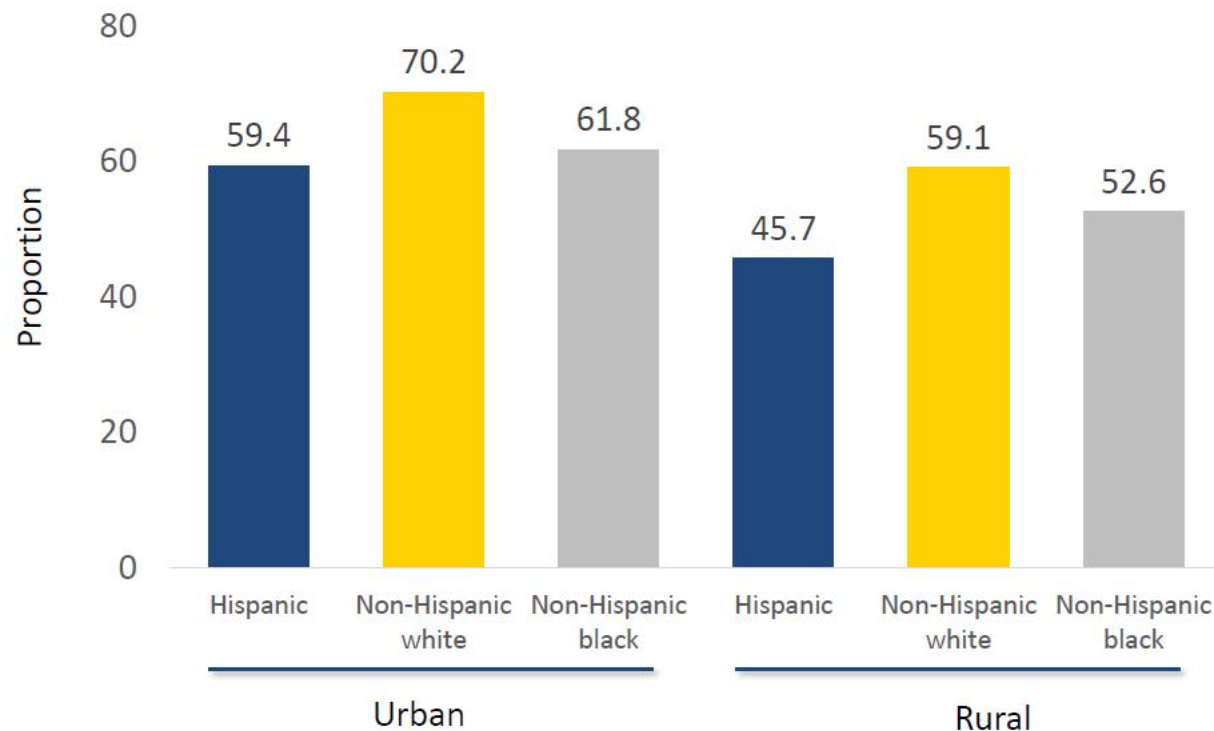
Stakeholder Engagement



Innovation Focused

Meeting 3 Recap

Urban-Rural Differences in Dental Care Use Among Adults Aged 18–64



Meeting 3 Recap

Poor Oral Health in Top 10 First-listed Diagnoses Among Treat-and-release ED visits, 2018

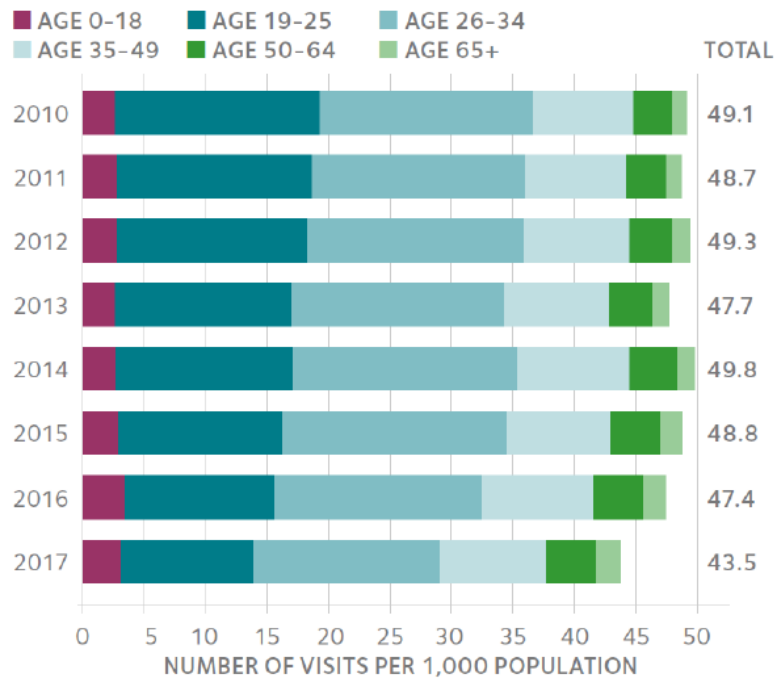
First-listed diagnosis	Medicare		Private insurance		Medicaid		Self-pay/ No charge*	
	Number	Rank	Number	Rank	Number	Rank	Number	Rank
Total treat-and-release ED visits	24,073,000	-	35,544,500	-	42,701,500	-	16,168,800	-
Nonspecific chest pain	1,371,900	1	1,841,700	2	1,228,200	6	622,500	5
Abdominal pain, diarrhea, and other digestive symptoms	1,081,700	2	2,137,400	1	2,219,700	2	823,300	1
Superficial injury; contusion	1,026,600	3	1,433,900	4	1,601,800	3	629,800	4
Musculoskeletal pain, not low back pain	1,025,800	4	1,158,300	6	1,334,200	4	590,600	6
Urinary tract infections	858,100	5	794,600	9	1,025,700	9	463,300	8
Respiratory signs and symptoms	717,100	6	683,200	10				
Sprains and strains	546,900	7	1,637,900	3	1,318,800	5	671,700	3
Skin and subcutaneous tissue infections	458,100	8			1,014,100	10	522,800	7
Open wounds to limbs	447,800	9	901,900	8			426,000	10
Chronic obstructive pulmonary disease and bronchiectasis	442,100	10						
Acute upper respiratory infection and other upper respiratory infections†			1,398,900	5	3,286,000	1	737,600	2
Pregnancy-related nausea, vomiting, and other pregnancy complications‡					1,158,200	7		
Otitis media					1,062,700	8		
Headache; including migraine			1,034,900	7				
Disorders of teeth and gingiva							433,200	9

Source: Weiss AJ (IBM Watson Health), Jiang HJ (AHRQ). Most Frequent Reasons for Emergency Department Visits, 2018. HCUP Statistical Brief #286. December 2021. Agency for Healthcare Research and Quality, Rockville, MD

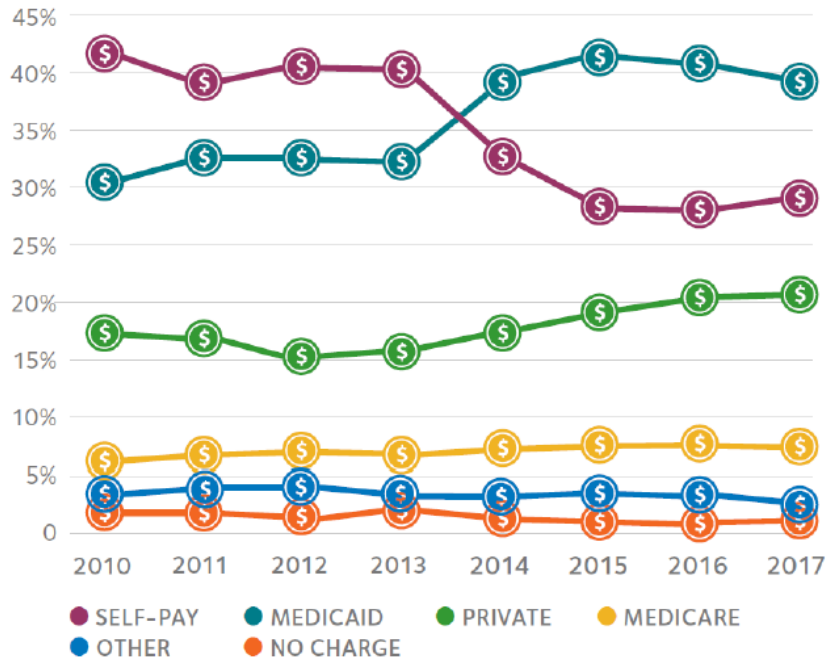
Meeting 3 Recap

Emergency Department Visits for Dental Conditions

EMERGENCY DEPARTMENT VISITS FOR DENTAL CONDITIONS BY AGE GROUP



EMERGENCY DEPARTMENT VISITS FOR DENTAL CONDITIONS AMONG ADULTS BY PAYER

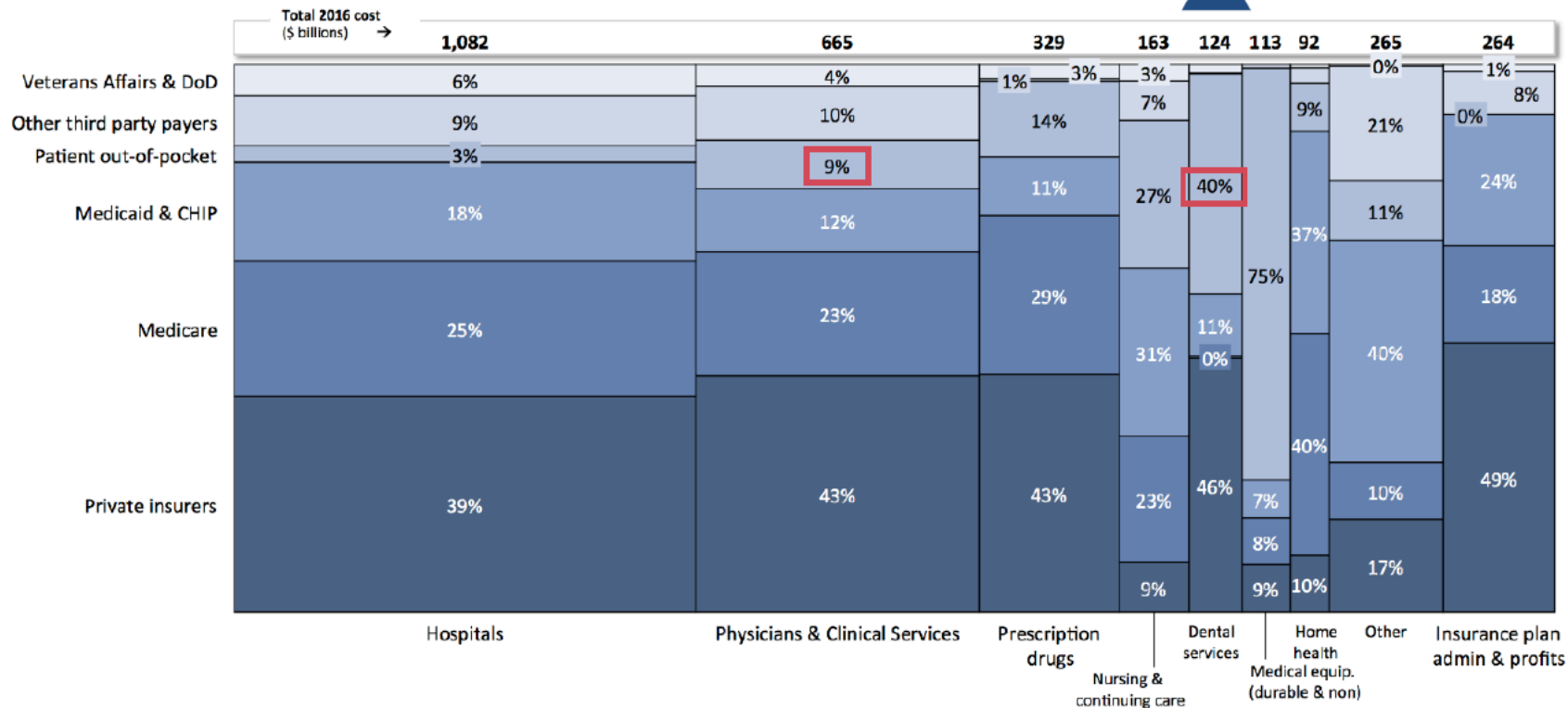


Source: ADA Health Policy Institute

Meeting 3 Recap

National Health Expenditure

Dental is 4% of all Health Expenditures, \$124 Billion



Meeting 3 Recap



Michigan's Medicaid Managed Care Dental Program & Benefits

- HEALTHY KIDS DENTAL PROGRAM (Carved out program)
- HEALTHY MICHIGAN PROGRAM DENTAL BENEFITS (Carved in Program)
- PREGNANT WOMEN DENTAL BENEFITS

Meeting 3 Recap

Covered Benefits

The HKD beneficiaries have the following covered services:

- ❖ Emergency dental services
- ❖ Diagnostic services
- ❖ Preventive services
- ❖ Restorative services
- ❖ Limited adjunctive services
- ❖ Endodontic services
- ❖ Limited crown coverage
- ❖ Prosthodontics
- ❖ Removable prosthodontics
- ❖ Oral surgery services
- ❖ Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services
- ❖ All medically necessary services



Meeting 3 Recap

What is the Patient Experience?: Network Access

Healthy Kids Dental Program	Number of Dentists	Number of Dental Practices
Total Distinct Dentists	4099	3390

- ❖ Access Ratio: 1:650 with few exceptions
- ❖ 30 Minutes/30 miles ratio except rural areas which is 40 mins/40 miles

Meeting 3 Recap

Patient Experience- Timeliness of care Standard

- ❖ Dental Plan Appointment and Timely Access to Care Standards
- ❖ Emergency Dental Services Immediately 24 hours/day, seven days per week
- ❖ Urgent Care Within 48 hours
- ❖ Routine Care Within 21 business days of request
- ❖ Preventive Services Within six weeks of request
- ❖ Initial Appointment Within eight weeks of request

Meeting 3 Recap

HKD CAHPS RESULTS

Trend Analysis: HKD Program Measures	2020	2021	2022	Trend Results (2020-2022)	Trend Results (2021-2022)
Rating of Regular Dentist	71.3%	74.4%	73.9%	—	—
Rating of All Dental Care	73.9%	73.9%	72.9%	—	—
Rating of Finding a Dentist	52.6%+	51.4%+	65.2%+	—	—
Rating of Dental Plan	70.9%	68.3%	67.7%	—	—

Meeting 3 Recap

Evaluation Questions to be addressed by Plan FY22	Desirable Outcome	Metric Examples
1. Enrollee Outreach Effectiveness: Does the identified approaches result in successful outreach to Non-utilizers? (non-utilizers for the last 1 year)	Decrease in # of non-utilizers in the last year	<ul style="list-style-type: none"> # of non-utilizers in FY20 and compare it to the numbers from FY22
2. Preventive Care Utilization: Does the identified approaches result in an increase preventive dental care utilization?	Increase in preventive utilization	<ul style="list-style-type: none"> # of preventive utilization in FY21 and compare it to the numbers from FY22
3. Health Equity: Is there a disparity in oral health associated to race and ethnicity	Disparity reduction in oral health in relation to race and ethnicity	<ul style="list-style-type: none"> Stratify data by Race, ethnicity and language spoken in FY21 and FY22 track progress and discuss the challenges
4. Regional Disparity: Is there a regional disparity in oral health outcome?	Disparity reduction in relation to region.	<ul style="list-style-type: none"> Stratify data by region in 2021 and FY22 track progress and discuss the challenges
5. Foster Care children utilization: Is there an increase in diagnostic and preventive utilization in foster care children?	Increase in utilization in foster care children	<ul style="list-style-type: none"> # of diagnostic visits in foster care children in FY21 and compare it to FY22 # of preventive visits in foster care children in FY 21 and compare it to FY 22

Meeting 3 Recap



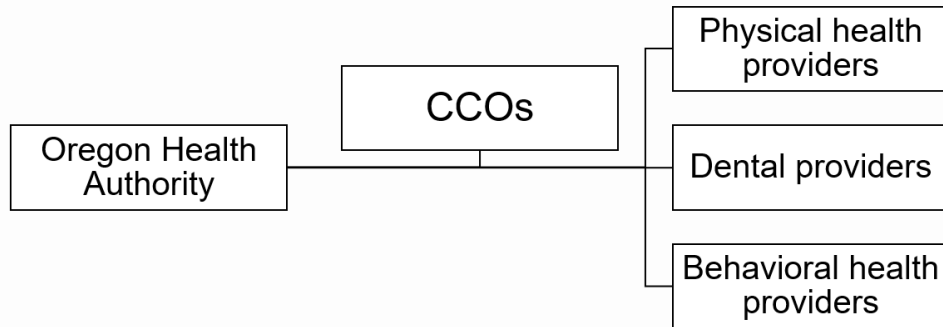
Oregon's Coordinated Care Model

- The Oregon Health Authority (OHA) contracts with 16 Coordinated Care Organizations (CCOs)
- CCOs are ACO-like organizations that coordinate care for Oregon's Medicaid population (Oregon Health Plan, or OHP)

Meeting 3 Recap

CCO relationship with providers

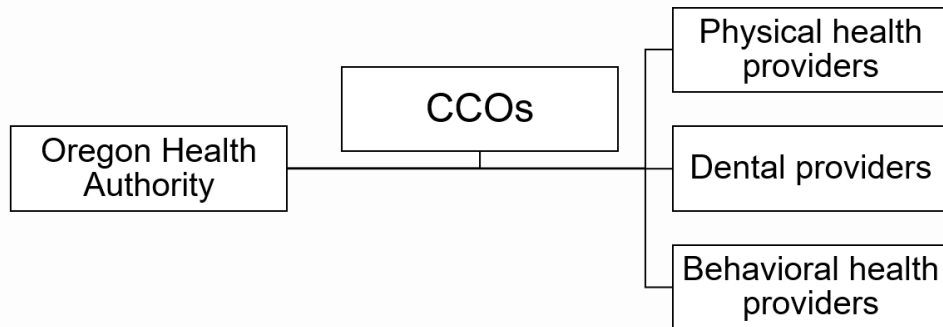
- CCOs subcontract with healthcare providers, including dentists
- Providers can choose to pass along these same incentive metrics, or customize others



Meeting 3 Recap

CCO relationship with providers

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- Providers can choose to pass along these same incentive metrics, or customize others



CCO incentive metrics

- Each CCO is paid for reaching benchmarks or making improvements on incentive measures
- 14 total metrics
- 3 dental metrics:
 - Preventive dental or oral health services (ages 1-5, 6-14)
 - Oral evaluation for adults with diabetes
 - Mental, physical, and dental health assessments within 60 days for children in ODHS custody

Meeting 3 Recap

Qualitative data wish list

Responses to questions like these:

- How would you rate your oral health?
- Do your teeth hurt?
- Have you missed work or school because of problems with your teeth or mouth?
- Does the condition of your mouth affect your ability to interview for a job?

Meeting 3 Recap

Qualitative data wish list

Responses to questions like these:

- How would you rate your oral health?
- Do your teeth hurt?
- Have you missed work or school because of problems with your teeth or mouth?
- Does the condition of your mouth affect your ability to interview for a job?

Quantitative data wish list

- Time to first appointment
- Wait times for routine and urgent care
- Number of Medicaid members on each dentist's panel

Outside the Task Force Meetings...

Session on Medicaid Oral Health Data – Part 2 (recorded)

- Request from the Task Force for additional data on the adult program

“Office Hours” Optional Informal Discussions for Oral Health Task Force Members

No agenda, no obligation – drop in for discussion as you are available and interested.

- Monday, November 7 from 2 - 3 pm
- Wednesday, November 16 from 4 - 5 pm
- Thursday, December 1 from 11 am – 12 pm

Outside the Task Force Meetings...

Task Force Work Groups

- 2 hours
- Opportunity to explore details and special considerations

Meeting Dates

- Friday, December 9th - 9 – 11 am
- Friday, December 9th - 1 – 3 pm
- Friday, December 16th - 9 – 11 am
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Work Group Focus Areas

Provider Satisfaction, Participation and Performance

Payment Design and Covered Services

Pipeline Development and Provider Preparation

Care Integration (medicine, behavioral health, social drivers)

Adult Medicaid Dental Program

NCIOM Task Force on Oral Health Transformation Meeting 4 – November 4, 2022

AGENDA

- **WELCOME AND INTRODUCTIONS**
- **RECAP OF MEETING 3 AND PREVIEW OF MEETING 4 AGENDA**
- **OVERVIEW OF VALUE DRIVEN CARE MODELS IN ORAL HEALTH CARE**
- **STRETCH BREAK**
- **LEARNING FROM OTHER STATES' EXPERIENCES: CALIFORNIA & VIRGINIA – DISCUSSION OF MEDICAID DENTAL PROGRAM DELIVERY SYSTEMS**
- **EVALUATION AND CLOSING**

NCIOM Task Force on Oral Health Transformation

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OVERVIEW OF VALUE DRIVEN CARE MODELS IN ORAL HEALTH CARE

Zachary Brian, DMD, MHA

Director, North Carolina Oral Health Collaborative

Foundation for Health Leadership & Innovation

Beau Meyer, DDS, MPH

Assistant Professor

The Ohio State University

NCIOM Task Force on Oral Health Transformation Meeting 4 – November 4, 2022

OVERVIEW OF VALUE DRIVEN CARE MODELS IN ORAL HEALTH CARE

Presentation by Dr. Brian

Reflection Chart: Green Section

Presentation by Dr. Meyer

Reflection Chart: Blue Section

Discussion with Dr. Brian and Dr. Meyer

NCIOM Task Force on Oral Health Transformation

Meeting 4 – November 4, 2022

OVERVIEW OF VALUE DRIVEN CARE MODELS IN ORAL HEALTH CARE

	Features of this Concept – Things you noticed (whether or not you endorse them)	Advantages of a System that's Built This Way	Disadvantages of a System that's Built This Way	Implications and Questions for North Carolina
Value Driven Care (Agnostic to Administrative Model or Payment Design)				
Fee-for-Service - No Link to Value				
Fee-for-Service - Linked to Value				
Value-Based Payment Built on Fee-for-Service Architecture				
Population-Based Payment				

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We are on a stretch break.

**Please re-join us at 10:30 for our panel on
LEARNING FROM OTHER STATES' EXPERIENCES:
CALIFORNIA & VIRGINIA – DISCUSSION OF MEDICAID
DENTAL PROGRAM DELIVERY SYSTEMS**

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LEARNING FROM OTHER STATES' EXPERIENCES:

CALIFORNIA & VIRGINIA – DISCUSSION OF MEDICAID DENTAL PROGRAM DELIVERY SYSTEMS

Adrianna Alcalá-Beshara, JD, MBA

Division Chief, Medi-Cal Dental Services Division
California Department of Health Care Services

Zachary Hairston, DDS

Dental Consultant, Virginia Department of Medical Assistance Services

Justin Gist

Dental Program Manager, Virginia Department of Medical Assistance

NCIOM Task Force on Oral Health Transformation

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NEXT TASK FORCE MEETING:

WORK GROUP MEETINGS (VIRTUAL)

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Friday, December 16th - 9 – 11 am

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NCIOM Task Force on Oral Health Transformation Meeting 4 – November 4, 2022

WE ARE OFFICIALLY ADJOURNED!

