

OREGON  
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# Coordinated Care and Oral Health Integration in Oregon

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# Today's outline

- Oregon health care transformation:
- Central Administrative Integration efforts:
  - Legislative framework
  - Quality incentive metrics
- Regional and local CCO and DCO integration efforts:
  - Integrating Oral Health with Physical and Behavioral Health
  - Children – adults – prevention and chronic disease management
- Conclusions – where to from here?

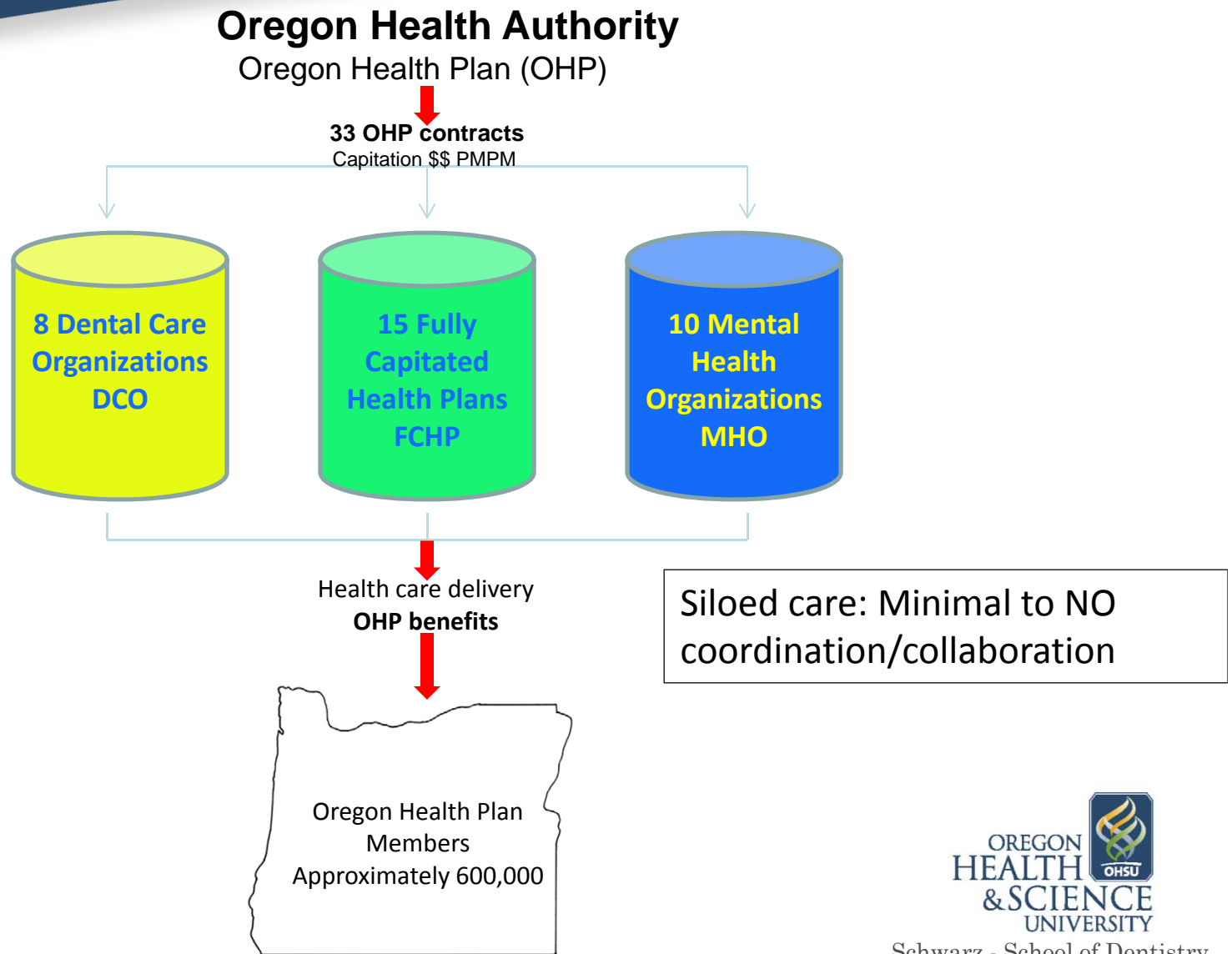
# Oregon Health Plan & Managed Care (Demonstration 1.0)

- Developed in 1993 & championed by then state senator and later governor Dr. John Kitzhaber.
- Federal waivers granted by Clinton Administration
  - Managed Care capitation structure
  - Prioritization of services
- Growth
  - **240,000** 1994 to approx. **1,100,000** in 2016

## Oregon Health Plan: Demonstration 2.0 - 2012-2017

- Agreement with federal government to reduce projected state and federal Medicaid spending by \$11 billion over 10 years.
- Lower the cost curve two percentage points in the next two years.
- \$1.9 billion from the U.S. Dept. of Health and Human Services over five years to support coordinated care model.
- Creation of Coordinated Care Organizations (CCOs)
- OHA and CCOs will be held to high standards for health outcomes.

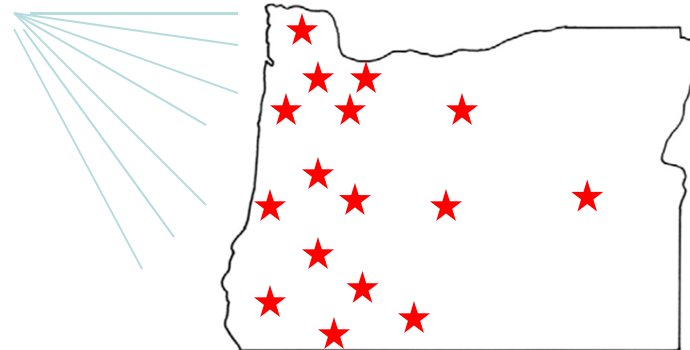
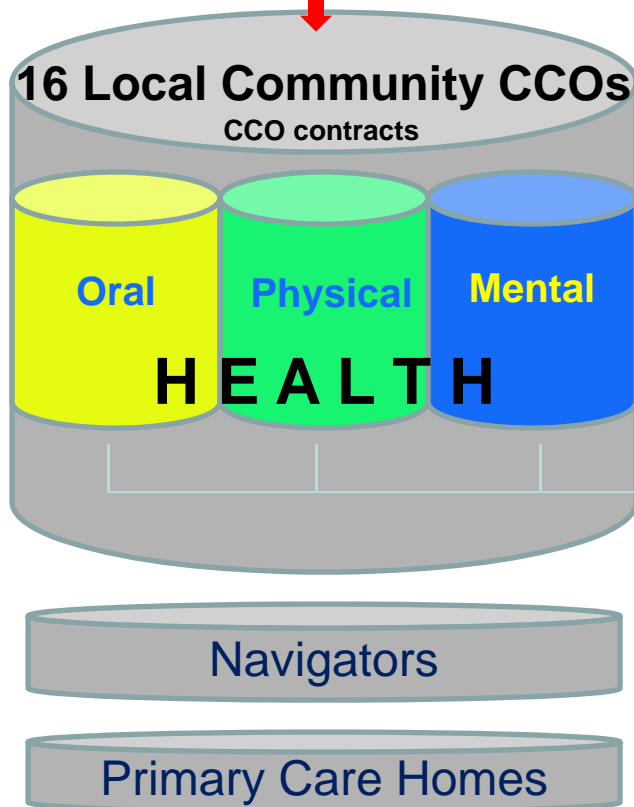
# Oregon Health Plan (Medicaid) Health Care Delivery system before August 2012



# Oregon Health Plan (Medicaid) Health Care Delivery system in 2014

## Oregon Health Authority Oregon Health Plan (OHP)

\$\$ PMPM Global Budget

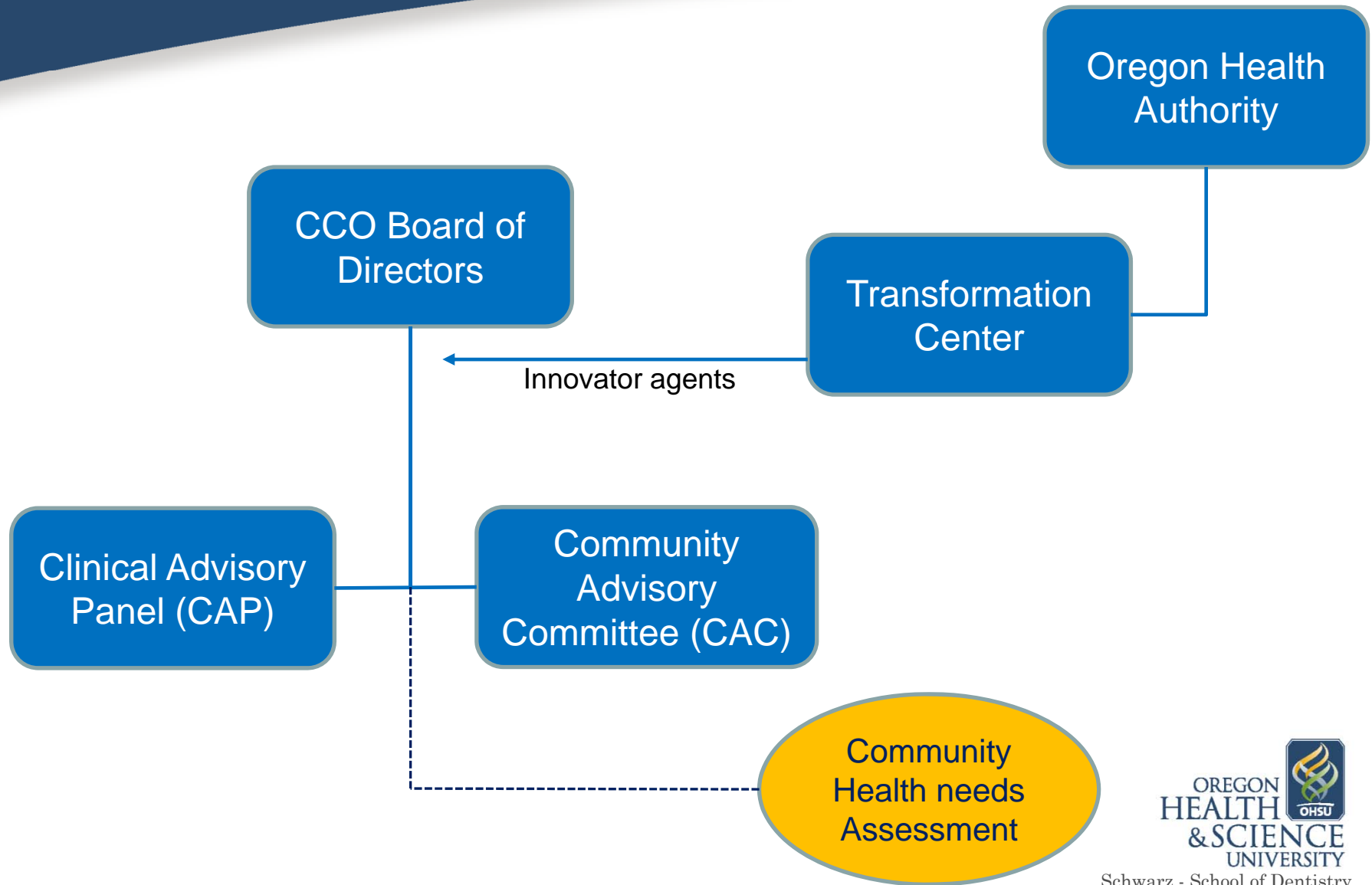


More than 1,100,000  
after Medicaid expansion

Coordinated care –  
Coordination/collaboration  
Incentives  
Shared Systems & Learning  
Community Health Plans



# CCO organizational relationships



# Transforming the health care delivery system in Oregon

Benefits and services are coordinated and integrated

One global budget that grows at a fixed rate

Metrics: standards for safe and effective care



Local accountability for health and budget

Local flexibility



# State Commitment to CMS: Quality and Access Metrics

- ❑ State is accountable to CMS for 33 metrics –significant financial penalties for the state for not improving
- ❑ CCO's are accountable for 17 of the metrics– there are financial incentives for improvement or meeting a benchmark
- ❑ The 33 metrics are grouped into 7 quality improvement focus areas:
  - –Improving behavioral and physical health coordination
  - –Improving perinatal and maternity care
  - –Reducing avoidable ED visits and re-hospitalizations
  - –Ensuring appropriate care is delivered in appropriate settings
  - –Improving primary care for all populations
  - –Reducing preventable and unnecessarily costly utilization by super users
  - –Addressing discrete health issues (such as asthma, diabetes, hypertension)

# § DENTAL SEALANTS ON PERMANENT MOLARS FOR CHILDREN (all ages)

**Dental sealants on permanent molars for children (all ages)**  
 Percentage of children ages 6-14 who received a dental sealant during the measurement year.

**Statewide, dental sealants for children ages 6-14 have increased.**

Data source: Administrative (billing) claims  
 Benchmark source: Metrics and Scoring Committee consensus

**2015 data** (n=132,569)

Statewide change since 2014: **+65%**

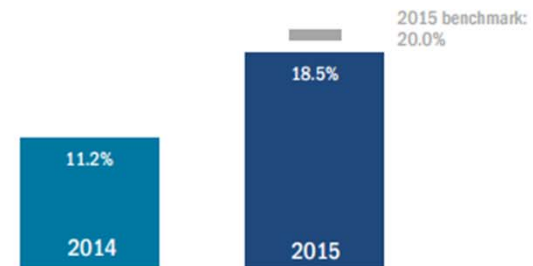
Number of CCOs that improved: **all 16**

Number of CCOs achieving benchmark or improvement target: **all 16**

Dental sealants is a new incentive measure beginning in 2015. A benchmark of 100 percent for this measure is not realistic, due to the limitations of administrative data in identifying teeth that are not candidates for sealants (e.g., those already sealed, not yet erupted, or with active decay).

See pages [161](#) and [168](#) for results stratified by members with disability and mental health diagnoses.

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## Dental sealants for children ages 6-14 increased across all racial and ethnic groups between 2014 & 2015.

Race and ethnicity data missing for 20.2% of respondents / Each race category excludes Hispanic/Latino





# MENTAL, PHYSICAL, AND DENTAL HEALTH ASSESSMENTS FOR CHILDREN IN DHS CUSTODY

## Health assessments for children in DHS custody

Percentage of children ages 4+ who received a mental, physical, and dental health assessment within 60 days of the state notifying CCOs that the children were placed into custody with the Department of Human Services (foster care). Physical and dental health assessments are required for children under age 4, but not mental health assessments.

Statewide, health assessments for children in DHS custody more than doubled between 2014 and 2015, but remain well below the benchmark.

Data source: Administrative (billing) claims + ORKids  
Benchmark source: Metrics and Scoring Committee consensus  
2014 results have been recalculated according to updated measure specifications and differ from previously published reports

### 2015 data (n=1,830)

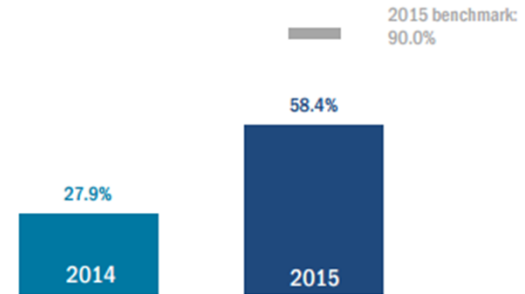
Statewide change since 2014: **+109%**

Number of CCOs that improved: **all 16**

Number of CCOs achieving benchmark or improvement target: **15**

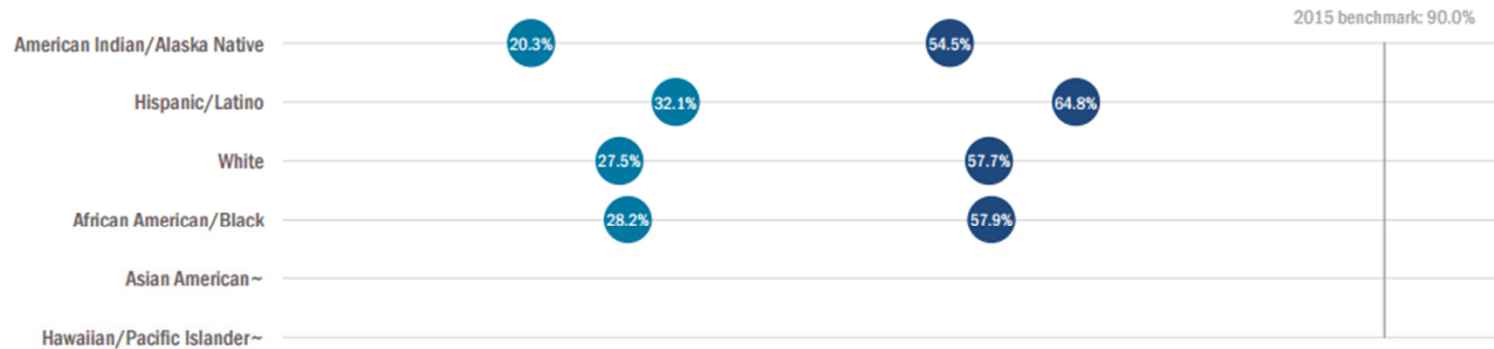
See pages [158](#) and [164](#) for results stratified by members with disability and mental health diagnoses.

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## Percentage of children in DHS custody who received health assessments in 2014 & 2015, by race and ethnicity.

Race and ethnicity data missing for 10.2% of respondents / Each race category excludes Hispanic/Latino  
2014 results have been recalculated according to updated measure specifications and differ from previously published reports  
~ Data suppressed (n<30)



# Progress measured from year to year 2015 is 3<sup>rd</sup> year

## Decreased

- ✓ ED utilization
- ✓ Specialty care visits
- ✓ All hospital readmissions
- ✓ COPD admissions
- ✓ CHF admissions
- ✓ Asthma admissions

ED: Emergency department  
COPD: Chronic obstructive pulmonary disease  
CHF: Congestive heart failure

## Increased

- ✓ Patient-centered primary care home enrollment
- ✓ Primary care visits
- ✓ EHR adoption
- ✓ Dental sealants
- ✓ Effective contraceptive use

EHR: Electronic health record

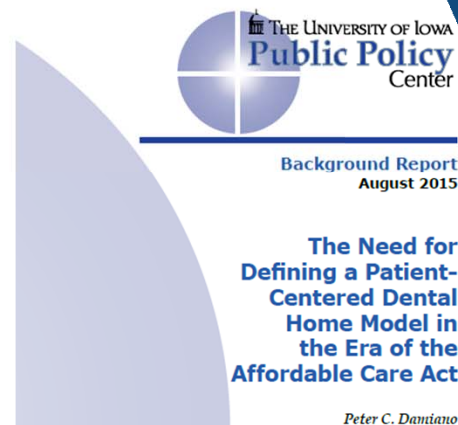
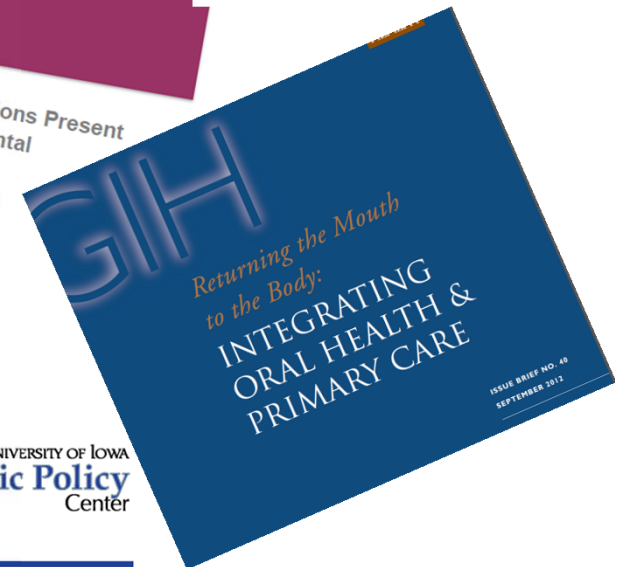
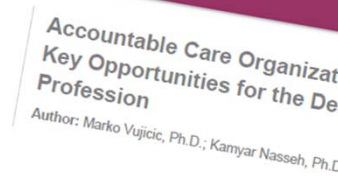
# Financial implications

- With nearly 95% of Oregonians now enrolled in health care coverage, Oregon has one of the lowest uninsured rates in the nation;
- By 2017, the current demonstration will have saved the federal and state government over \$1.7 billion (\$1.4 billion to the federal government).
- The goal of the demonstration was to provide better care and improve health, while also lowering the rate of growth of per capita cost.

From Governor Kate Brown's 2016 waiver submission

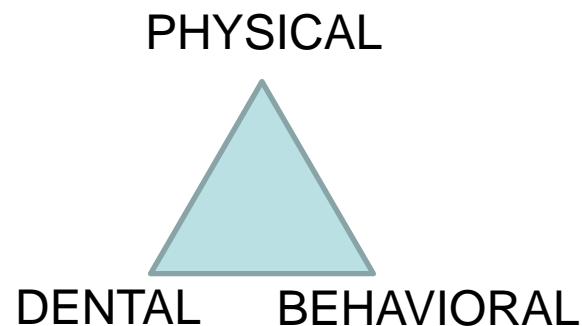
# Integration models

- Full Integration
- Shared Financing
- Virtual Integration
- Co-location
- Facilitated referral



# Integration in practice

- Early indications are that integration must be preceded by coordinated care/ case-management
- Patient-centered Coordinated care ~ Identification of high risk population ~ Case management ~ Shared responsibility for patient care ~ Mutual recognition of roles in integrated approach

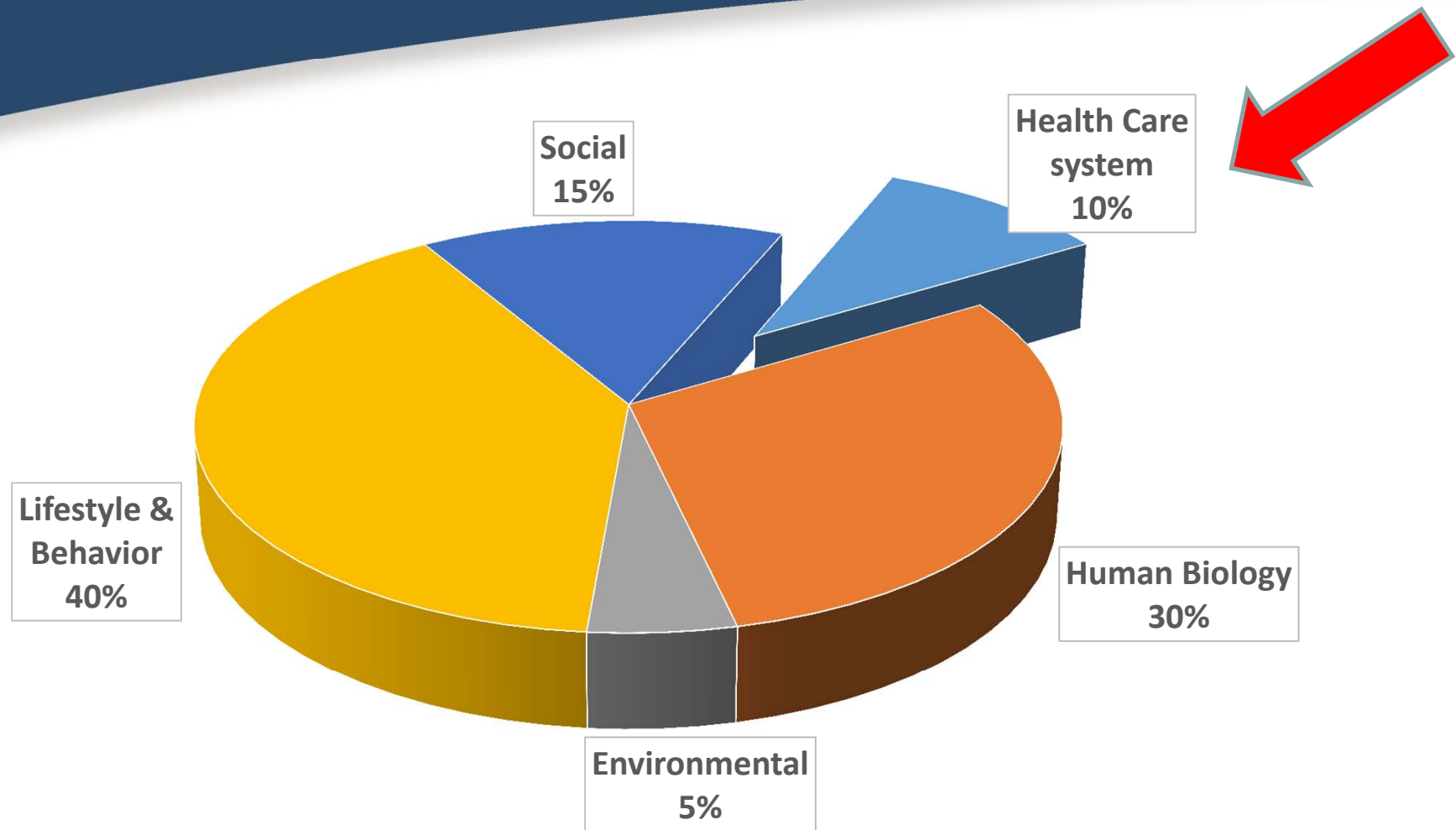


# Integration in practice - examples

- **Kaiser Permanente: Medically and dentally insured patients: Care gap analysis – Chronic disease management – EPIC + EPIC WISDOM**
- **Willamette Dental DCO – Trillium CCO: Chronic Condition Dental Management of tobacco users and diabetics**
- **Capitol Dental DCO – Samaritan Health: Addressing rural health disparities – Expanded Practice Dental Hygienists co-located with primary care clinics**
- **FQHCs: Co-located Expanded Practice Dental Hygienists in a Primary Care facility: Case management – warm hand-off - +/- EHR (WISDOM)**
- **FQHC: Co-located Behavioral Health specialist in dental clinic**
- **OEBB – PEBB perspectives**



# Determinants for health outcomes



"Goldberg's pie

# CDC: Health Impact Pyramid

- School-Based Programs to Increase Physical Activity
- School-Based Violence Prevention
- Safe Routes to School
- Motorcycle Injury Prevention
- Tobacco Control Interventions
- Access to Clean Syringes
- Pricing Strategies for Alcohol Products
- Multi-Component Worksite Obesity Prevention



## Changing the Context

Making the healthy choice the easy choice

Counseling and Education

Clinical Interventions

Long Lasting Protective Interventions

- Early Childhood Education
- Clean Diesel Bus Fleets
- Public Transportation System
- Home Improvement Loans and Grants
- Earned Income Tax Credits
- Water Fluoridation



## Social Determinants of Health

# HI-5



## HEALTH IMPACT IN 5 YEARS

## Where to from here:

### OHP: Demonstration 3.0 -2017-2022

- In submitting the 2017 renewal request, Oregon has committed to continuing and expanding all of the elements of the 2012 waiver, particularly around integration of behavioral, physical and oral health integration, and has included a significant focus on social determinants of health, population health, and health care quality.



**Thanks for your attention**

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