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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?

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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

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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.

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

Oregon Health Authority

Oregon Health Plan (OHP)

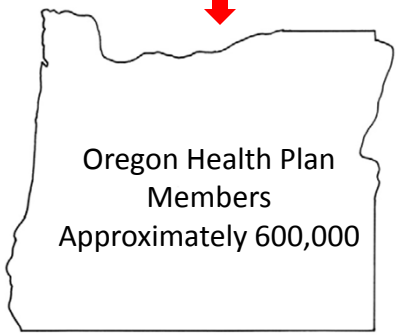
33 OHP contracts

Capitation $$ PMPM

- **8 Dental Care Organizations DCO**
- **15 Fully Capitated Health Plans FCHP**
- **10 Mental Health Organizations MHO**

Health care delivery

OHP benefits



Siloed care: Minimal to NO coordination/collaboration

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

Oregon Health Authority

Oregon Health Plan (OHP)

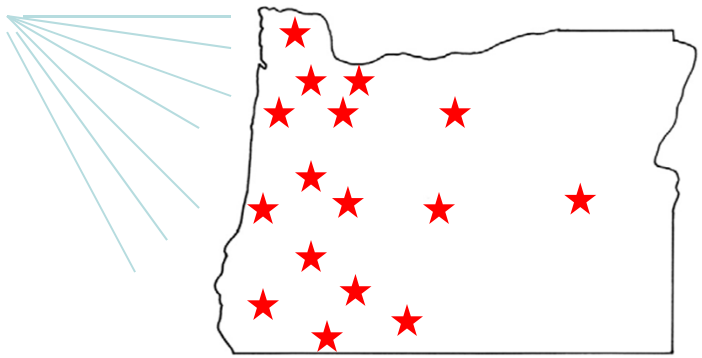
$$ PMPM Global Budget

16 Local Community CCOs

CCO contracts

Oral | Physical | Mental

H E A L T H



Oregon Health Plan Members
More than 1,100,000
after Medicaid expansion

Navigators

Primary Care Homes

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

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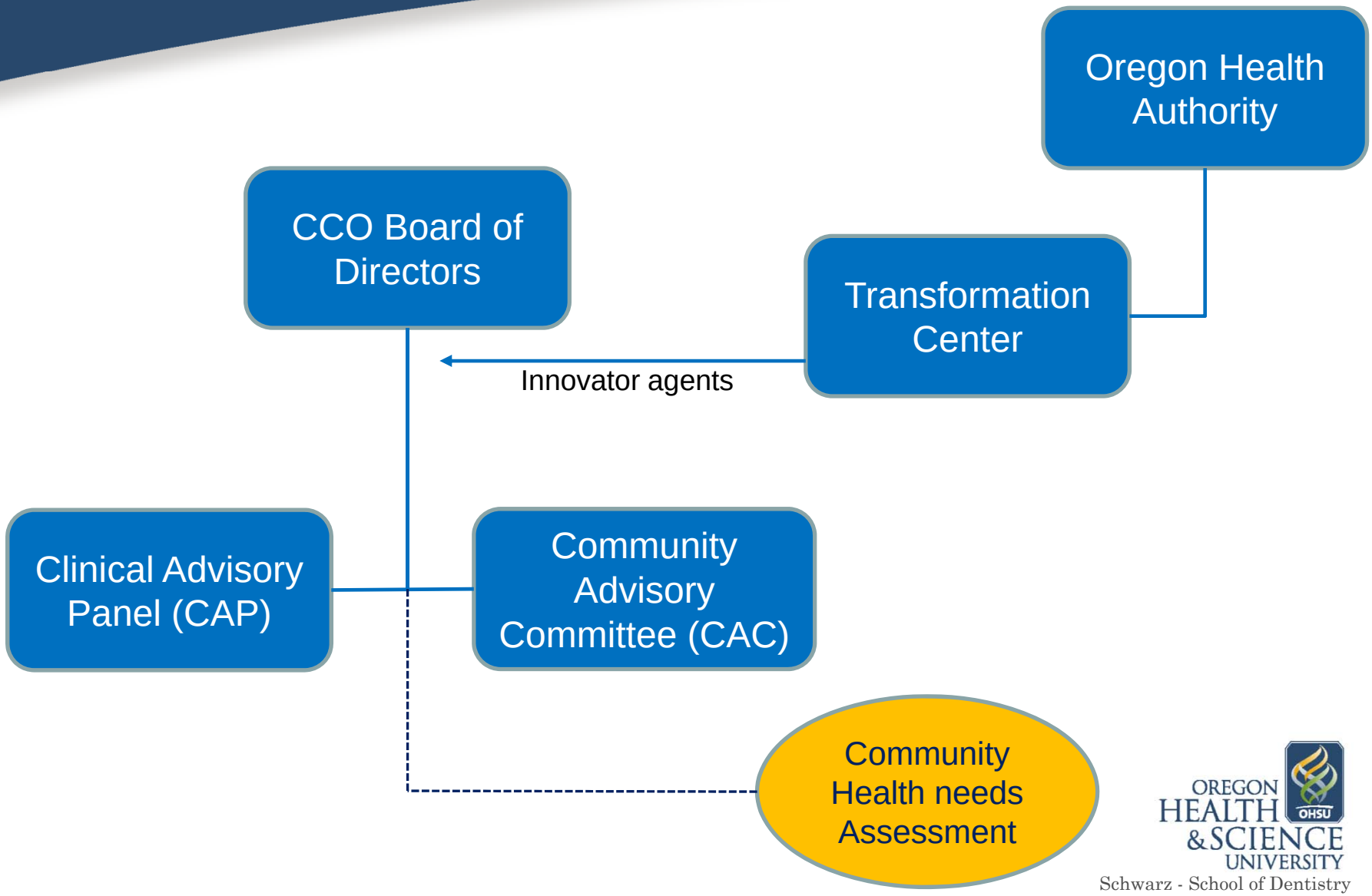
CCO organizational relationships



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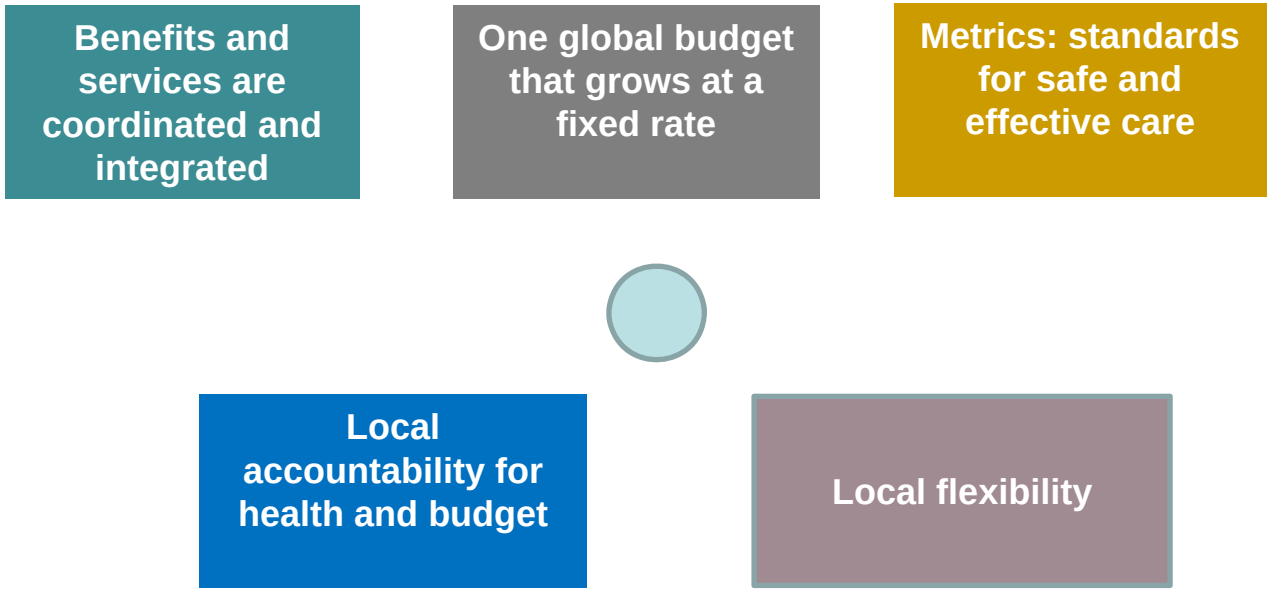
Transforming the health care delivery system in Oregon



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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.

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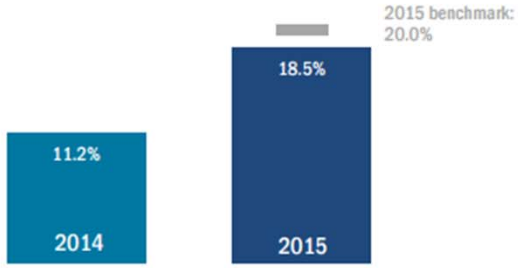
Statewide, dental sealants for children ages 6-14 have increased.

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



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

http://www.oregon.gov/oha/Metrics/Documents/2015_Performance_Report.pdf

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.

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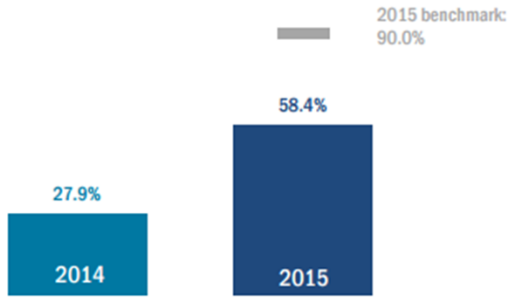
Statewide, health assessments for children in DHS custody more than doubled between 2014 and 2015, but remain well below the benchmark.

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



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)

http://www.oregon.gov/oha/Metrics/Documents/2015_Performance_Report.pdf

Progress measured from year to year 2015 is 3rd year

Decreased

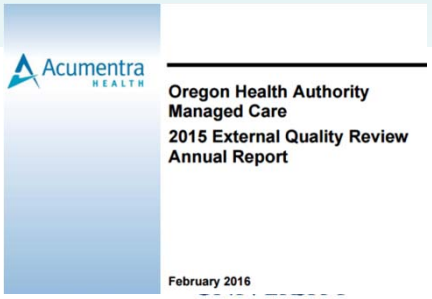
- ✓ ED utilization
- ✓ Specialty care visits
- ✓ All hospital readmissions
- ✓ COPD admissions
- ✓ CHF admissions
- ✓ Asthma admissions

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



http://www.oregon.gov/oha/Metrics/Documents/2015_Performance_Report.pdf

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

http://www.oregon.gov/oha/OHPB/Documents/Waiver%20Renewal%20Submission.pdf

Integration models

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

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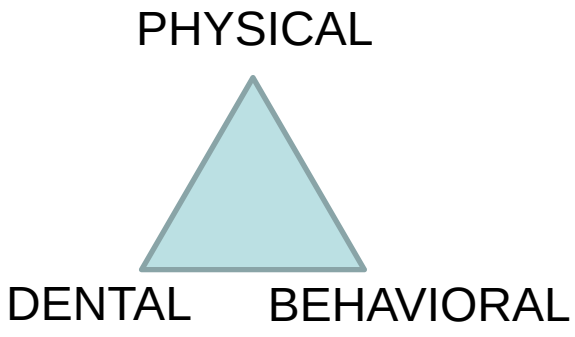
Integration in practice

- **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**



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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**

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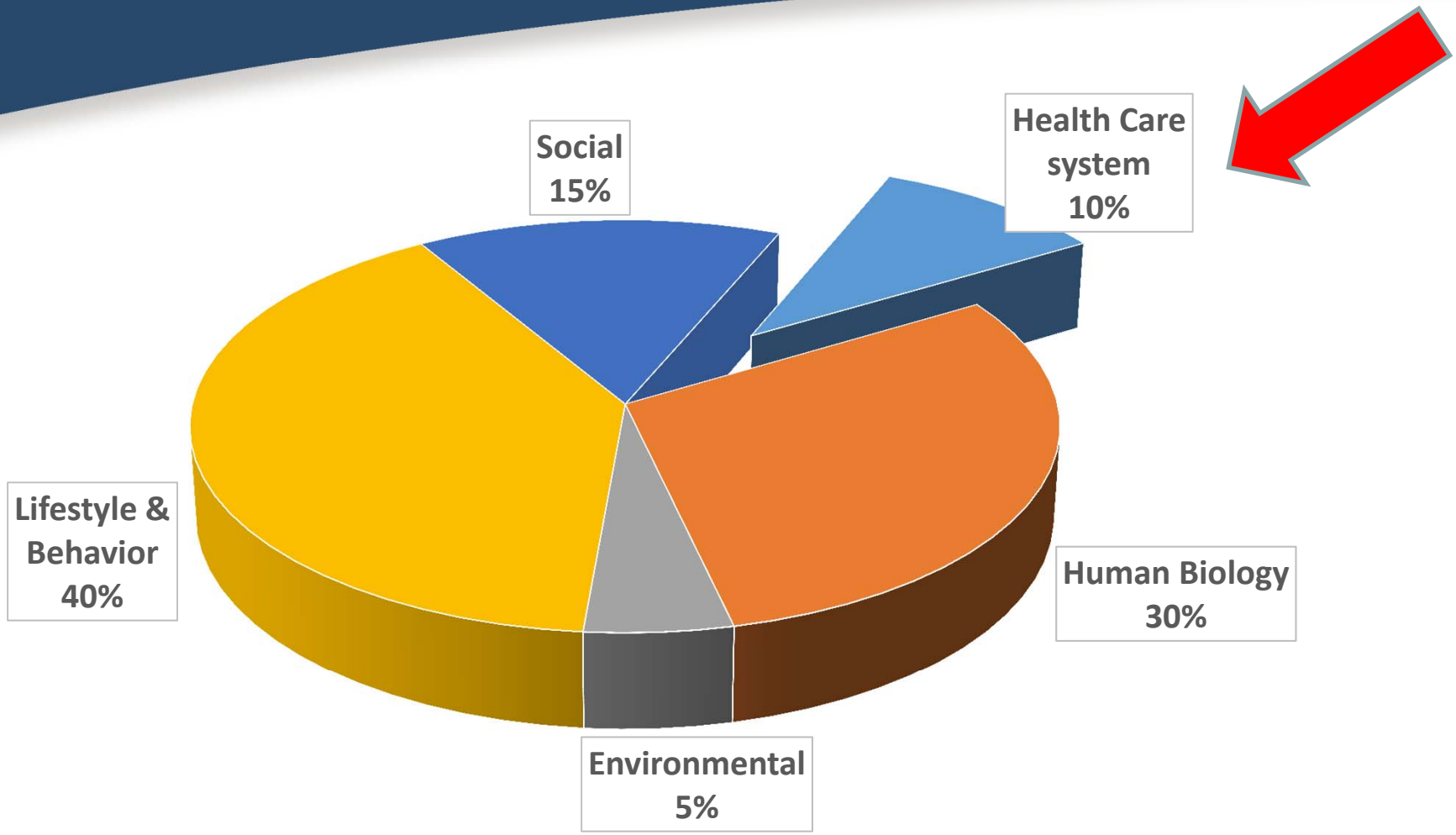
Determinants for health outcomes



"Goldberg's pie

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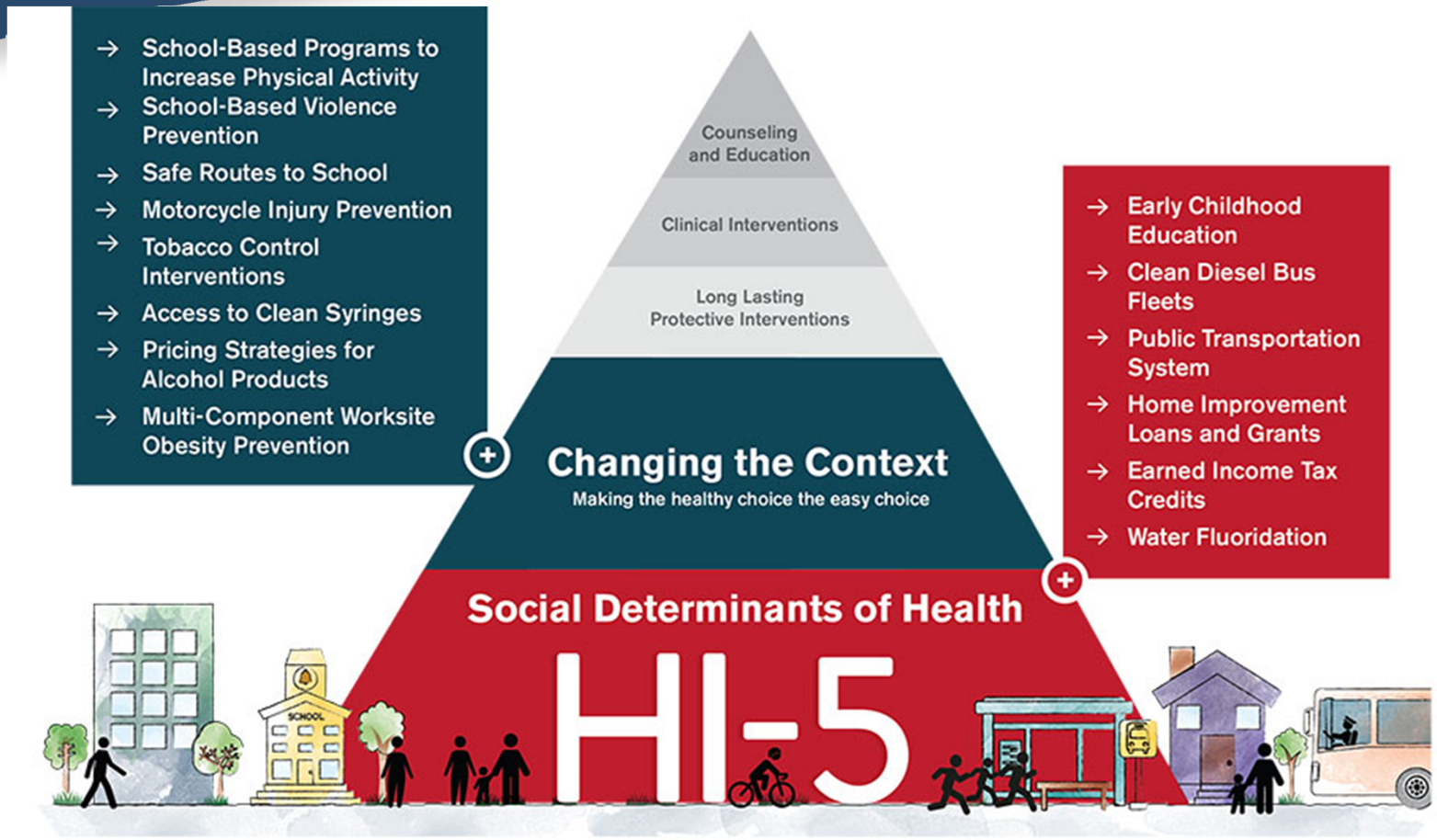
CDC: Health Impact Pyramid



http://www.cdc.gov/policy/hst/hi5/

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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.

http://www.oregon.gov/oha/OHPB/Pages/health-reform/cms-waiver.aspx


Thanks for your attention
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