

Opportunities and Challenges of Implementing a Medicaid Public Health Oral Health Delivery System

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Introduction and Overview

Minnesota will implement a Pilot Project to test a new system of delivering oral health care based on public health principles.

This presentation will:

- describe our proposed system and its current status**
- identify the challenges and opportunities we've encountered in our work.**



Background

- **“The system is broken.”**
- **DHS Dental Access Advisory Committee**
- **Everything is on the table**
- **RFP to design a new model**
- **Decision to pilot test**



Minnesota's Current Dental Services Delivery Model

- **DHS purchases dental care through nine managed care organizations + FFS**
- **633,000 persons covered**
- **Services delivered in conventional fashion by community clinics and private dental practices**
- **Utilization rate stagnant: 42% in 2000; 40% in 2002; 41% in 2004**



Pilot Project

- **Purpose: Test a new oral health model that addresses the current system's barriers to access**
- **Two project areas: one urban, one rural**
- **Two year test period**
- **Evaluation will be conducted to determine whether to continue/expand**



Proposed Oral Health Model

- **Complete restructuring of care delivery, payment, access patterns, clinical guidelines**
- **Goals of project**
 - **Improve access**
 - **Improve patient outcomes**
 - **Increase value for the purchasing \$**



Establish a Single Administrator

- **Enroll FFS recipients & enrollees from any health plan**
- **DHS pays contact capitation to administrator**
- **Risk shared within a corridor**
- **One year enrollment lock-in**
- **Legislature appropriated \$150k for start up costs**



Public Health Approach

- **Emphasis on prevention**
- **Purchase comprehensive care, not units**



Collaborative Practice Approach

- **Community dental clinics**
- **Private dental practices**
- **New clinical practice opportunities for dental hygiene and dental assistant students**
- **Medical clinics**



Use What Works

- **Borrow promising concepts and strategies from other places. For example...**
 - **Connecticut's proposed school based Medicaid program**
 - **IHS clinic staffing patterns**
 - **Pennsylvania EFDAs**
 - **North Carolina's oral health prevention services in medical clinics**



Make Medicaid More Attractive To Dentists

- **Increase payment rates closer to market**
- **Reduce no-shows**
- **Reduce administrative burden**



Reassign Workforce Roles

- **Maximize use of the MN Dental Practice Act's new authority that allows extended functions for DAs and collaborative practice agreements for DHs**
- **Dentists provide restorative services**



Create New Access Points

- **Head Starts**
- **Schools**
- **LTC homes and facilities**
- **Medical clinics**



Redirect Referral Patterns

- **Preventive services provided primarily in community sites by non-dentists**
- **Restorative care provided by dentists in community clinics and private practices**
- **Respectful referrals: Patients requiring restorative care are referred to private dentists, like medical patients requiring specialty care are referred to medical specialists**



Improve Patient Outcomes

- **Each enrollee given an oral health assessment at time of enrollment**
- **“Help Center”**
 - **Organizes and coordinates provision of care**
 - **Tracks all enrollees, assures follow-through, supports patient compliance**
 - **Coordinates services (education, transportation, interpreters, daycare)**
- **Participating providers required to practice evidence-based care**



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Challenges

- **Square peg in a round hole: How to superimpose a completely different purchasing model over the existing ones.**
- **If we build it, will they come? (providers, patients, health plans)**
- **Quid pro quo: Will dentists trade some autonomy for greater compensation, lower administrative burden?**
- **Quid pro quo: Will patients trade conventional dental model for better access and outcomes?**
- **Simon says: Will CMS grant necessary waivers?**



Current Status

- **RFP being written**
- **Rates being calculated**
- **Waiver request being written**
- **Start up late 2006 -- early 2007**

