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## Integrating the Leading Oral Health Indicator into a State Chronic Disease Plan In the Land of 10,000 Lakes

National Oral Health Conference 2013  
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## Learning Objectives

- Share information on development of state chronic disease plan
- Discuss opportunity for integrating oral health with chronic disease
- Share strategies to include Leading Oral Health Indicator (LHI) in chronic disease and injury plan
- Share strategies planned to achieve LHI
- Discuss limitations and solutions for including a LHI in a chronic disease and injury plan

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## Outline

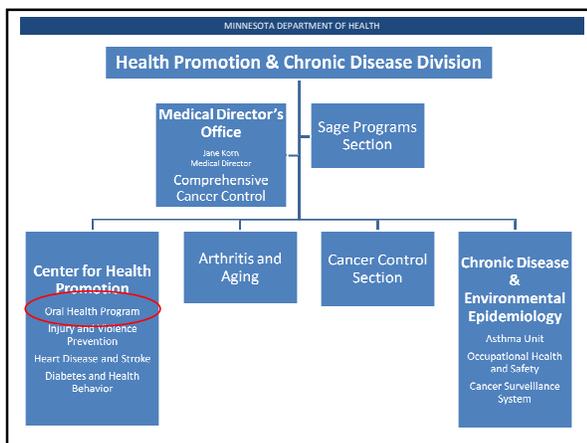
- Discussion of development of *Healthy Minnesota 2020: Chronic Disease & Injury Plan*
- Overview of collaboration with Health Promotion and Chronic Disease Division and the Office of Statewide Health Improvement to include oral health as a Leading Health Indicator in the Minnesota Chronic Disease and Injury Plan

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## Overarching Benefit Linking Oral Health and Overall Health

“We view oral health as essential to overall health.”

*(Howard K. Koh, M.D., M.P.H., HHS assistant secretary for health, October 2011)*



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## Healthy People 2020

- Provides public health organizations across the nation with an evidence- based framework to improve the nation's health by setting 10-year benchmarks and monitoring progress on various health indicators

## Oral Health Indicators

- There are 17 oral health indicators

### Leading Oral Health Indicator:

- OH-7 Increase the proportion of children, adolescents, and adults who used the oral health care system in the past year



## What are Leading Health Indicators?

“They are a call to action in critical public health areas that demand our immediate attention.”

“We are very pleased to have oral health as a Leading Health Indicator. For far too long, this area has been overlooked.”

*(Howard K. Koh, M.D., M.P.H., HHS assistant secretary for health)*

## LHI: What does it mean to Oral Health community?

- 12 Healthy People 2020 Leading Health Indicators
- The first time that oral health has been added
- Among the measures used to evaluate the nation's progress in promoting health care objectives outlined in Healthy People 2020

## Benefit of having an oral health leading indicator

LHI Drives activities

- Recent ASTDD Survey shows 43% of states have special activities for Oral Health LHI

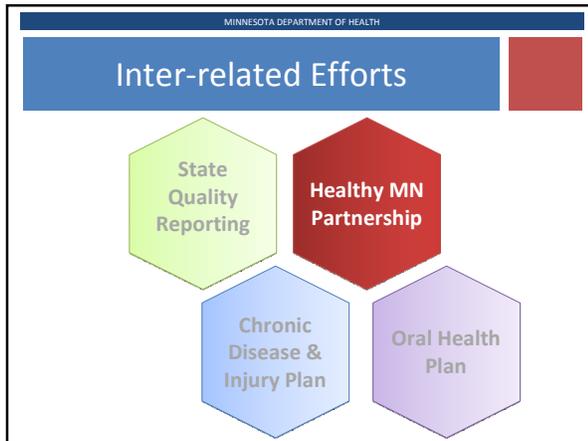
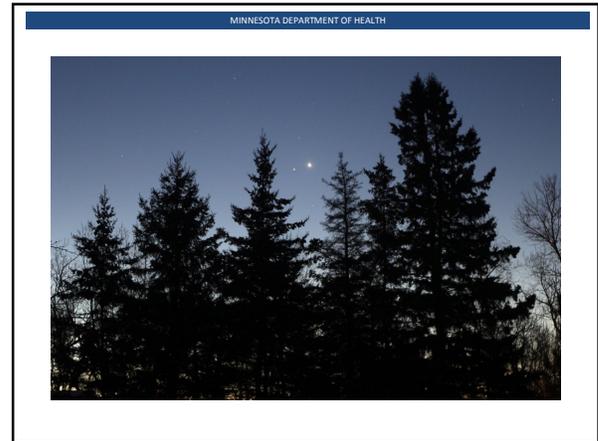
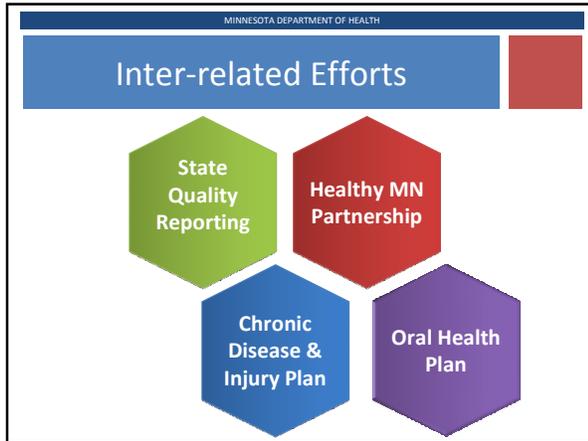
## Let's begin our journey



## Minnesota: Land of 10,000 Plans

- Oral Health
- Heart Disease and Stroke Prevention
- Asthma
- Injury and Violence Prevention
- Diabetes
- Obesity
- Cancer
- And more.....





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- ## Healthy Minnesota Partnership
- Charge:
- To develop public health priorities, goals, objectives and strategies to improve the health of all Minnesotans
  - To ensure ownership of these in communities across the state
  - To develop a statewide health assessment and plan

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## 2011-2012

**The Health of Minnesota**  
Statewide Health Assessment April 2012

Minnesota: People and Place • The Opportunity for Health • Healthy Living

Minnesota Department of Health & Healthy Minnesota Partnership  
P.O. Box 447111 | 651 State Street, 10th Floor  
St. Paul, MN 55147-1111  
Phone: 612-297-3000  
www.healthofmn.gov

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5/23/2013

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## 2012-2013

**Healthy Minnesota 2020**  
Statewide Health Improvement Framework December 2012

A Healthy Start for All • An Equal Opportunity for Health • Communities Creating Health

Minnesota Department of Health & Healthy Minnesota Partnership  
P.O. Box 447111 | 651 State Street, 10th Floor  
St. Paul, MN 55147-1111  
Phone: 612-297-3000  
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- Statewide health improvement framework
- Three key themes
- Nine core indicators
- Invitation to action

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## Focus on "upstream" factors

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## Healthy Living

- A healthy start for children
- Physical activity and eating habits
- Use of alcohol and tobacco
- Preventing and managing chronic conditions
- Preventing disease and injury
- Promoting mental health

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## Inter-related Efforts

State Quality Reporting

Healthy MN Partnership

Chronic Disease & Injury Plan

Oral Health Plan

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## Health Care Quality Measures

Home

Adopted Rule - November 2012

Recommendations

Measurement and Reporting Committee

Quality Incentive Payment System

Incentive Payment Work Group

About

Minnesota's Health Reform Initiative

Home

Statewide Health Improvement Program

Health care homes

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For more information about health reform, please contact: [healthreform@state.mn.us](mailto:healthreform@state.mn.us)

**Health Care Quality Measures**

Minnesota's 2008 Health Reform Law requires the Commissioner of Health to establish a standardized set of quality measures for health care providers across the state. The goal is to create a uniform approach to quality measurement in order to enhance market transparency. The Minnesota Department of Health seeks to build on community standards and input in developing the measures.

After **January 1, 2010**, health plans may not require providers to submit data on any measure outside this standardized set. Physician clinics and hospitals must begin to submit data on those measures to be publicly reported starting **January 1, 2010**.

The quality measures must be based on medical evidence, must be

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## Minnesota Health Scores

Organization	City	Score	Target	View Profile
Paul Larson OB/GYN Clinic, PA	Edina	95.65	90%	View Profile
St. Luke's Clinics - P. S. Rudie Medical Clinic	Duluth	93.83	90%	View Profile
Steven Satterman, MD	St. Louis Park	95.426	90%	View Profile
CentraCare River Campus-Internal Medicine	St. Cloud	94.333	90%	View Profile
Mayo Clinic - Northeast	Rochester	93.596	90%	View Profile
HealthEast Hugo Clinic	Hugo	90.336	90%	View Profile
HealthEast Midway Clinic	St. Paul	95.924	90%	View Profile
Mayo Clinic - Northeast	Rochester	89.951	90%	View Profile
Sanford-Breck Park Clinic	Rochester	96.630	90%	View Profile
Southdale Internal Medicine, P.A.	Edina	95.431	90%	View Profile
Mayo Clinic Health System Fairbault Clinic	Fairbault	95.921	90%	View Profile

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## Inter-related Efforts

State Quality Reporting

Healthy MN Partnership

Chronic Disease & Injury Plan

Oral Health Plan

## Healthy Minnesota 2020: Chronic Disease & Injury



## Why a state chronic disease plan?

- To communicate more effectively with policymakers, planners and other stakeholders about our work
- To serve as a platform for a more integrated, cross-programmatic approach to chronic disease/injury prevention and control

## The Process

- Worked with program leads from across multiple programs in one division and one office
- Built off of existing statewide plans
- External advisors from statewide coalitions
- Dovetailed with state health assessment and Healthy Minnesota 2020 planning process

## The Players (at MDH)

- Alcohol
- Arthritis
- Asthma
- Cancer Control
- Diabetes
- Heart Disease
- Injury & violence
- **Oral health**
- Occupational health
- Environmental health tracking
- Tobacco control
- Obesity
- Nutrition and physical activity

## A few caveats about the plan....

- Intended to be a *strategic framework*, not an action plan
- Some important areas were not included
  - Mental/behavioral health
  - Alzheimer's

## The Objectives

- Increase **fruit and vegetable consumption** and **physical activity**
- Reduce **tobacco use** and **binge drinking**
- Improve management of **arthritis, asthma, cardiovascular disease** and **diabetes**
- Increase colorectal **cancer screening**
- Reduce deaths from **falls**
- Reduce **obesity**
- Increase utilization of the **oral health care** system

## The Strategic Approaches

- Implement **policy, systems and environmental changes** that support healthy behavior
- Implement **health system changes** that support the delivery of high quality care for all patients
- Facilitate **community-clinical linkages** that improve the prevention and management of chronic conditions

## Strategic Approaches, continued

- **Develop and disseminate information** that engages people to take action to lead healthy lives
- **Develop, collect and disseminate data**, including data on health disparities, to inform chronic disease and injury prevention and management

## Criteria for selecting lead indicators

- Programs challenged to “nominate” a single lead indicator for the plan
  - that was regularly measurable
  - that we could realistically move the needle on
  - for which they could point to evidence-based strategies to use
  - for which there was some urgency
- Need to recognize that these weren't the only indicators

## Inter-related Efforts



## Challenges in adapting the national LHI to the state LHI

## Innovative Idea – thinking outside the box

- Our dilemma - which indicator to nominate that fulfills the criteria
- Nominate the HP 2020 LHI because it will be among the measures used to evaluate the nation's progress in promoting oral health

## Challenges

- Integrating the national HP 2020 Oral Health LHI into the state level plan
- HP 2020 LHI data available only at national level



## Surveys Across the Lifespan

Proxy measures for “use of the oral health care system”

- PIR Reports in HS/EHS
- BSS in HS/EHS
- BSS in school age children
- YRBS
- BRFSS
- BSS in seniors

## National and State Level LHI

Increase the proportion of children, adolescents, and adults who used the oral health care system in the past year

National Data	State Level Data
Base Line : 45% (MEPS - 2007)	Baseline: 79% (BRFSS 2010)
Target : 49% (by 2020)	Target : 83% (2020)

## Challenge with LHI

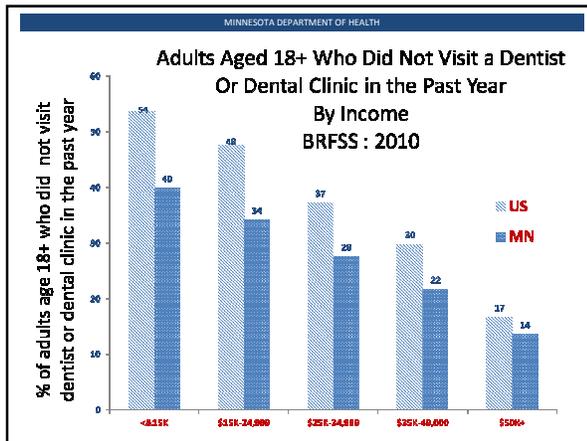
- Age groupings are different
- Already high proportion of population visits the dentist in the state

Now What?



## Justification to use this indicator

- Slice the data further --- is optimal oral health evenly shared among Minnesotans?
- Reference the state oral health plan
- Share the quality initiative with CMS



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## Minnesota Oral Health Plan Priority Areas

1. Public health infrastructure
2. Prevention & education
3. Health care integration & access to oral health care
4. Surveillance

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## Measuring Success: Leading Health Indicators

**+10%** Healthy People 2020  
Increase by 10% the proportion of children, adolescents, and adults who used the oral health care system in the past 12 months: baseline 45% (2007); target 49% (2020).

**+10%** Minnesota Oral Health Plan  
Increase by 10% the number of Minnesotans who receive evidence-based preventive dental care, with emphasis on preventive dental services for all children birth to five years of age: baseline 36% (2010); target 40% (2020).

**+5%** Minnesota Chronic Disease Plan  
Increase by 5% the number of adults age 18 and older who report visiting a dentist or dental clinic within the past year for any reason: baseline 79% (2010); target 83% (2020).

**+10%** Minnesota Department of Human Services  
Increase by 10% the total eligible number of children birth through 20 years of age who receive preventive dental services (by or under the supervision of a dentist): baseline 36% (FFY2011); target 40% (FFY2020).

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## Moving the Needle

Policy, systems and environmental changes to promote use of the oral health care system

- Dental home by age one
- Pre-entrance school screening or dental examinations
- Employers coverage of dental insurance
- Long term care facilities entrance and annual screening or dental examinations
- Community Water Fluoridation

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## Moving the Needle

Community-clinical linkages to provide access to the oral health care system outlined in the state oral health plan

- School-based prevention programs
- School-based dental services/health centers
- Safety net dental clinics
- Mobile and portable dental services
- Workforce Initiatives
  - Dental loan repayment programs
  - Residency and other training programs

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## Health Systems Changes

School-based Sealant Programs

- Mini grants funded by HRSA
- Partnering with Delta Dental of Minnesota Foundation \$500,000
- University of Minnesota Pediatric Dental Residency "Adopt a School" Program

## Moving the Needle

- CMS Strategy for oral health
- CMS Learning Collaborative
- Collaboration with the coalition
- The President's Network work site health initiative
- KLBB radio spots

## CMS National Oral Health Goals April 2010

- Increase the rate of children ages 1-20 enrolled in Medicaid or CHIP who receive any preventive dental service by 10 percentage points over a 5-year period
- Increase the rate of children ages 6-9 enrolled in Medicaid or CHIP who receive a dental sealant on a permanent molar tooth by 10 percentage points over a 5-year period (phased in during year 2 or 3 of the initiative)

## Call to Action

- Progress will be tracked nationally and by state
- Corresponding state specific goals drive the achievement of national goals
- States develop specific action plans for breaking down barriers to oral health for children enrolled in Medicaid or CHIP



## CMS Strategy for Oral Health

- Improving Access to and Utilization of Oral Health Services for Children in Medicaid and CHIP Programs
- *April 1, 2011*
- Includes a range of activities that States and the Federal government could undertake to improve access while also reflecting the difficult economic pressures states are currently facing.

## CMS Learning Collaborative

- Work with states to develop oral health action plans
- Strengthen technical assistance to states and tribes
- Improve outreach to providers
- Develop outreach to beneficiaries
- Partner with other governmental agencies
- Meet oral health care access goals in CMS' National OHI
- Achieve state-specific objectives

## Worksite Initiative

### The Presidents Network Worksite Health Initiative

Sponsored by Hennepin County  
Minnesota Department of Health & BCBS of MN

#### Our Mission

*Relentless commitment to creative,  
collaborative and sustainable  
worksite health programs*

Dental treatment is effective in maintaining over-all health

- Reduce Costs and Time Lost From Work
- Oral diseases share many risk factors with chronic diseases

Action:

- Visit your Dentist
- set an appointment

## Limitations

- Difficult to measure effect of strategies
- Data from different sources may not be comparable
- Chronic disease uses mortality and mortality rates (Oral disease can cause death)
- But utilization is the indicator
- The indicator is not a disease-based indicator
- Joined quite late in the game

## Opportunities for cross-programmatic work



- Oral health and tobacco cessation
- Oral cancer and HPV vaccination
- Oral health and reducing consumption of sugary beverages
- Diabetes

## Conclusion

- If your ship doesn't come in, swim out to it
- Pursue opportunity with chronic disease integration
- Measure success



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