

# Integration of Dental Care into the Accountable Care Organizations - the Oregon Model

***Mike Plunkett DDS, MPH***

*Senior Director, Dental Care Delivery, Kaiser Permanente  
Assistant Prof., Oregon Health and Science University*

***Eli Schwarz KOD, DDS, MPH, Ph.D.***

*Professor and Chair, Department of Community Dentistry,  
Oregon Health and Sciences University*



# Oregon Health Care Transformation

## *A Fast Moving Train*

***Mike Plunkett DDS, MPH***

*Senior Director, Dental Care Delivery, Kaiser Permanente*  
*Assistant Prof., Oregon Health and Science University*

# Outline

- I. Background: Oregon Health Plan & Managed Care in Oregon
- II. Oregon Health Care Transformation Timeline
- III. Coordinated Care Organizations: Oregon's ACO
- IV. Dental Quality Metrics

# Oregon Health Plan & Managed Care (Demonstration 1.0)

- Developed in 1993 & championed by then state senator and would be governor Dr. John Kitzhaber.
- Federal waivers granted by Clinton Administration
  - Managed Care capitation structure
  - Prioritization of services
- Growth
  - **240,000** 1994 to approx. **900,000** in 2014

# Oregon Healthcare Transformation Timeline

## **2009**

Policy: HB 2009.

- Created Oregon Health Authority
- Public Health, Adult Mental Health, Medicaid, Public Employee Benefits Board and Oregon Education Benefit Board under one roof

## **2010**

Environment

- Affordable Care Act of 2010 passed.
- Dr. John Kitzhaber re-elected Governor of Oregon

## **2011**

Policy: House Bill 3650

- Coordinated Care Organizations (CCO)
- Medicaid Expansion
- Health Insurance Exchanges

# Transformation Work Plan (CMS Application)

**Today**

**Tomorrow**



## **PAYMENT MODELS**

Fee for service	Episode-based reimbursement	Partial/full risk capitation	Global budgeting
-----------------	-----------------------------	------------------------------	------------------

## **INCENTIVES**

Conduct Procedures	Evidence-based medicine Clinical PFP	Expanded care management Risk-adjusted PFP	Reduce obstacles to behavior change Address root causes
--------------------	---	---	--

## **METRICS**

Net revenue improvement	Improved clinical outcomes Reduced readmits	Reduced/preventable hospitalizations/ED Reduced disparities	Aggregate in health status & QOL Reduced HC costs
-------------------------	--	--	--

## **GOVERNANCE**

Informal relationships & referrals	Joint partnerships between organizations e.g. mental health & behavioral health	New community-based accountability linking all
------------------------------------	--	--

# OHP: Demonstration 2.0

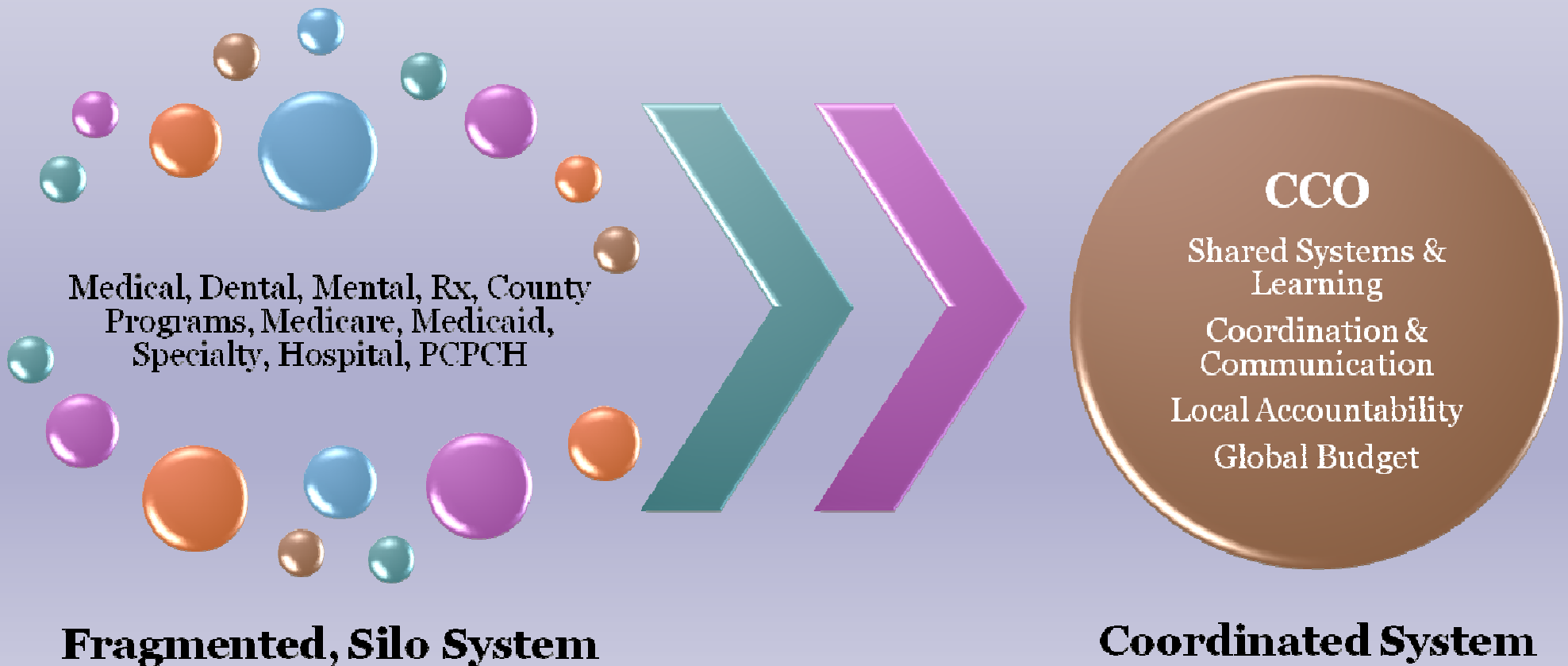
## Federal waiver

- 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.
- OHA and CCOs will be held to high standards for health outcomes.

# Coordinated Care Organization (CCO)

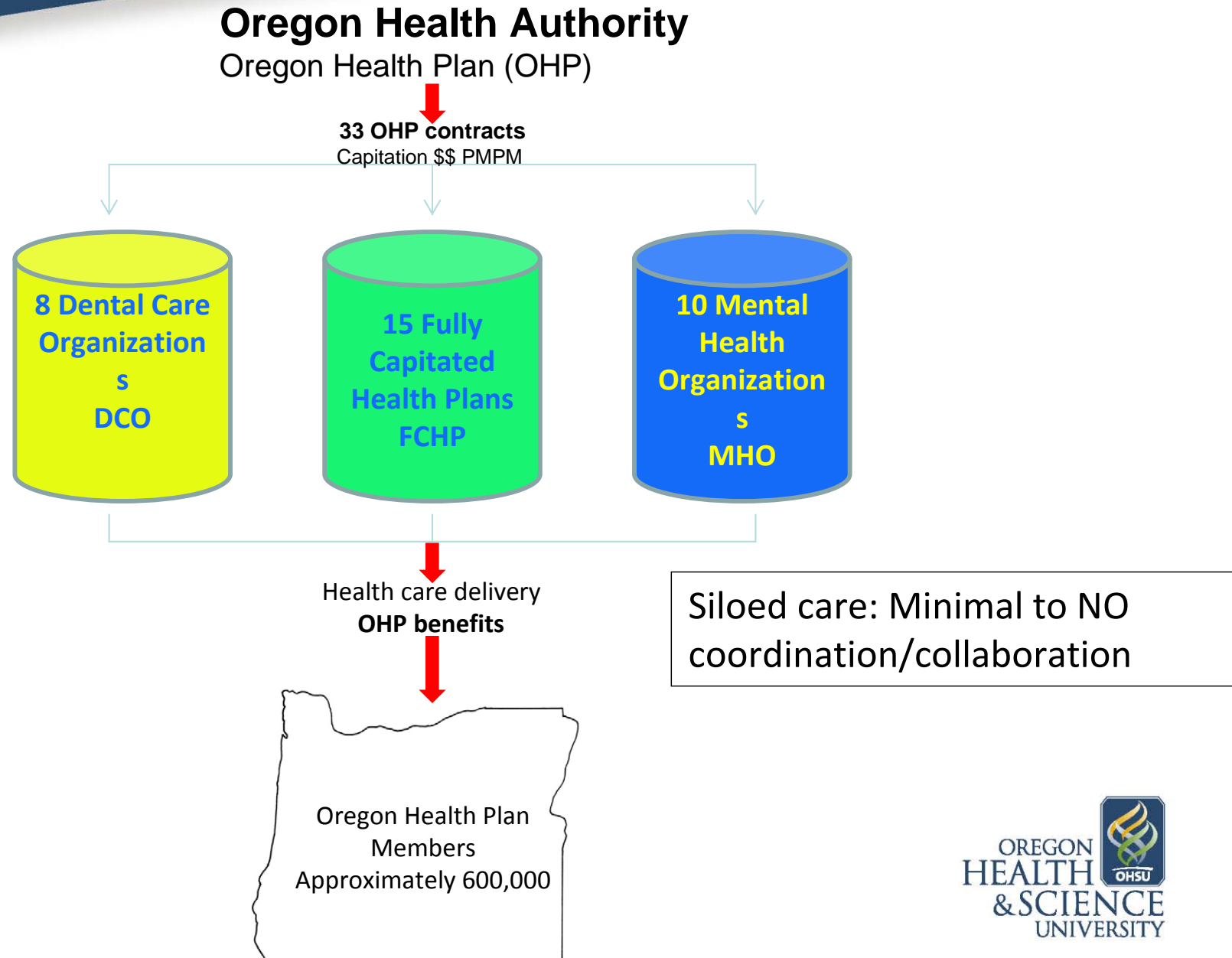
## One organization with a single global budget

- Delivery, management and quality assurance of care to the specific population of patients enrolled with the organization.





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

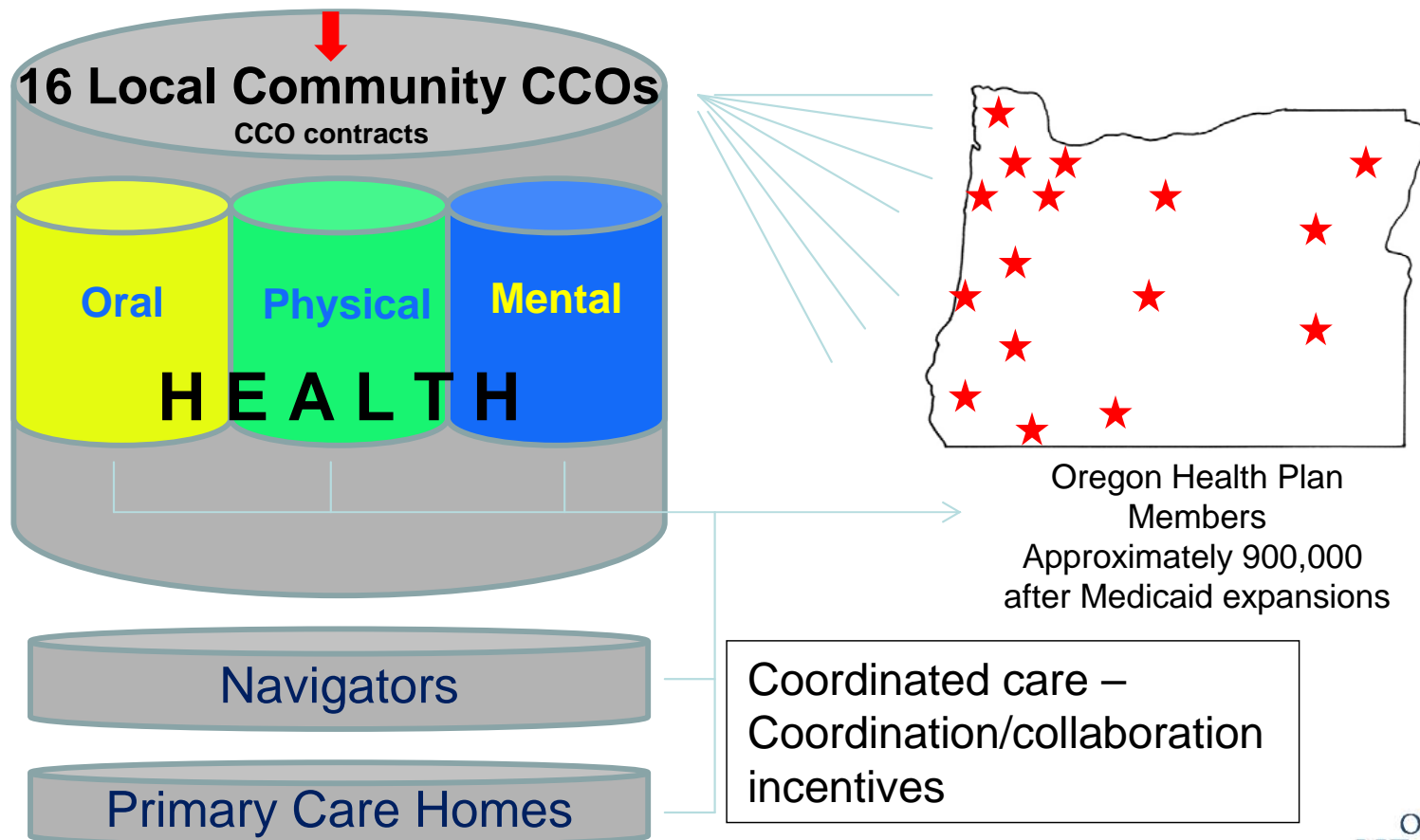


# Oregon Health Plan (Medicaid) Health Care Delivery system in 2014

## Oregon Health Authority

Oregon Health Plan (OHP)

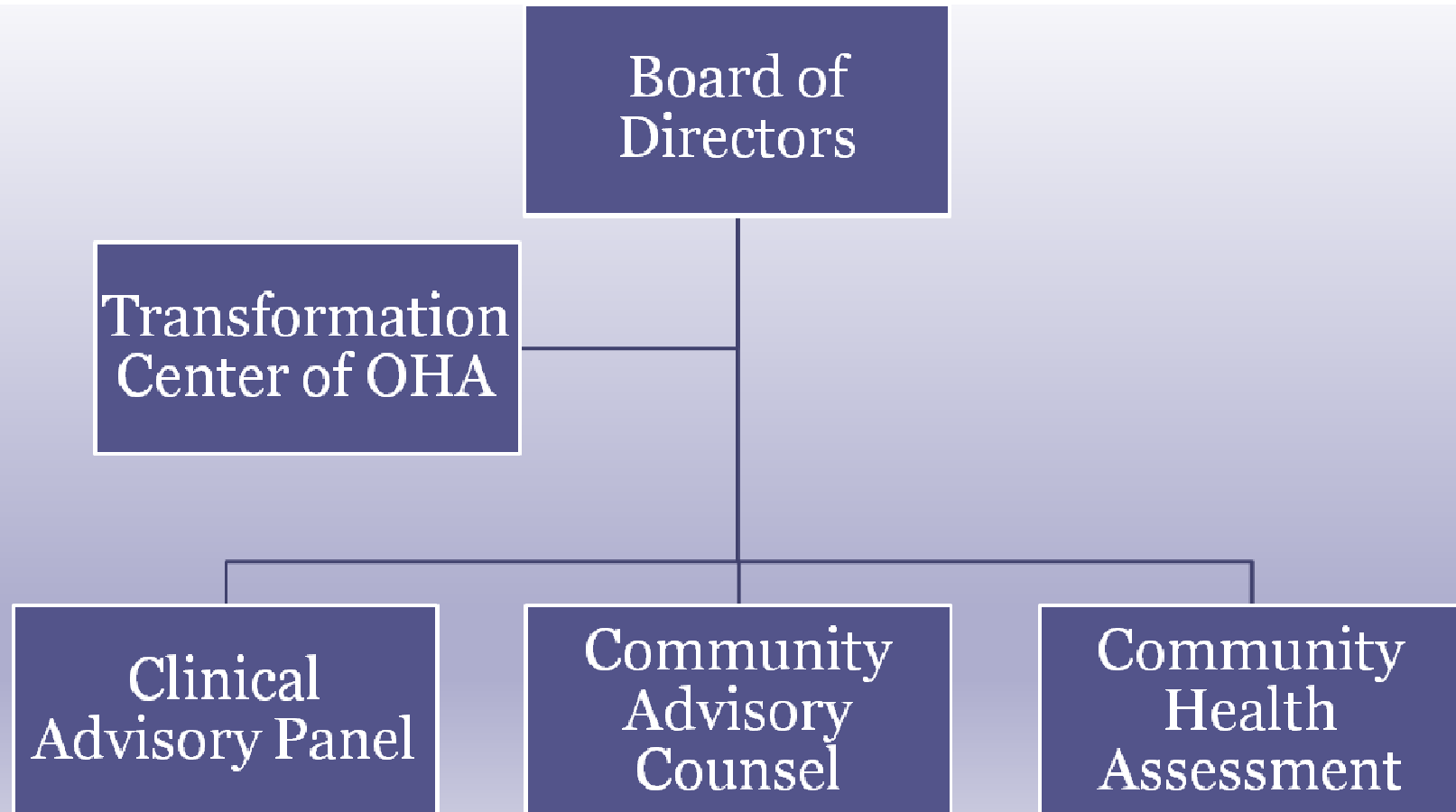
\$\$ PMPM Global Budget



# Oregon CCOs

- 16 statewide
- All but 2 501 C3 non profit organizations
- Physical Health integrated 2012
- Mental Health integrated 2013
- Dental Health fully integrated June 2014
- (community based, local governance, varying degrees of preparedness for complexity of integrated model)

# CCO Organization Structure



# Innovator Agent for each CCO

## OHA TRANSFORMATION CENTER

BETTER HEALTH, BETTER CARE, LOWER COSTS

- HOME PAGE
- ABOUT US
- CONTACT US
- YOUR OHA TEAM**
- LEARNING COLLABORATIVES
- RESOURCES
- TRANSFORMATION FUNDS
- WORKGROUPS

### Your OHA Team

- AllCare Health Plan
- Cascade Health Alliance
- Columbia Pacific Coordinated Care Organization
- Eastern Oregon Coordinated Care Organization
- FamilyCare, Inc.
- Health Share of Oregon (Tri-County Medicaid Collaborative)
- Intercommunity Health Network Coordinated Care Organization
- Jackson Care Connect
- Pacific Source Community Solutions Coordinated Care Organization – Central Oregon
- Pacific Source Community Solutions Coordinated Care Organization – Columbia Gorge
- Primary Health of Josephine County
- Trillium Community Health Plan
- Urgent Health Alliance



#### INNOVATOR AGENT

**Belle Shepherd**

503-983-1929  
Belle.Shepherd@state.or.us  
HOURS: 8:00 AM - 5:00 PM



#### ACCOUNT REPRESENTATIVE

**Cheryl Wood**

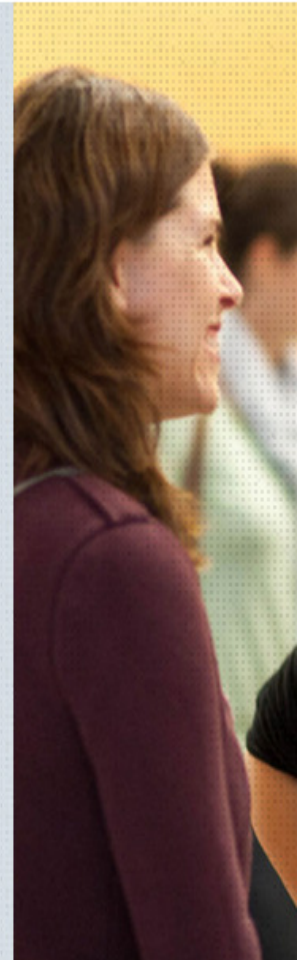
503-945-6250  
Cheryl.A.Wood@state.or.us  
HOURS: 8:00 AM - 5:00 PM



#### ENCOUNTER DATA REPRESENTATIVE

**Lydia Gutierrez**

503-947-2645  
Lydia.Gutierrez@state.or.us  
HOURS: 8:00 AM - 4:30 PM



# Current Status

- 200K new Medicaid members predicted over span of 2014
- **195K enrolled in 1<sup>st</sup> month of enrollment**
- Access strains felt immediately
- Primary care access is heavily effected
- Adult dental is also heavily strained
- System has been thoroughly disrupted

# History and Current Status of Oral Health In CCO Model

- Petition introduced to OHA to delay dental integration into CCO--**Denied**
- Legislation introduced to carve Dental out of Global Budget to 2017--**Failed**
- CCOs began integrating Dental mid 2013
- June 2014 **all** Medicaid Dental Services will be contracted from state through Coordinated Care Organizations

# Maternal Child Health Conversation

**Maternal Health**

**Early Childhood Intervention**

**Medical Benefit Incentives**

**Adult Care Coordination**

**QI with OB offices to screen/ refer**

**direct referral to dental networks**

**Public Health approach**

**WIC  
Headstarts**

**Payment**

**PCMH  
Well Child  
Visits**

**Maternal  
Medical  
Home**

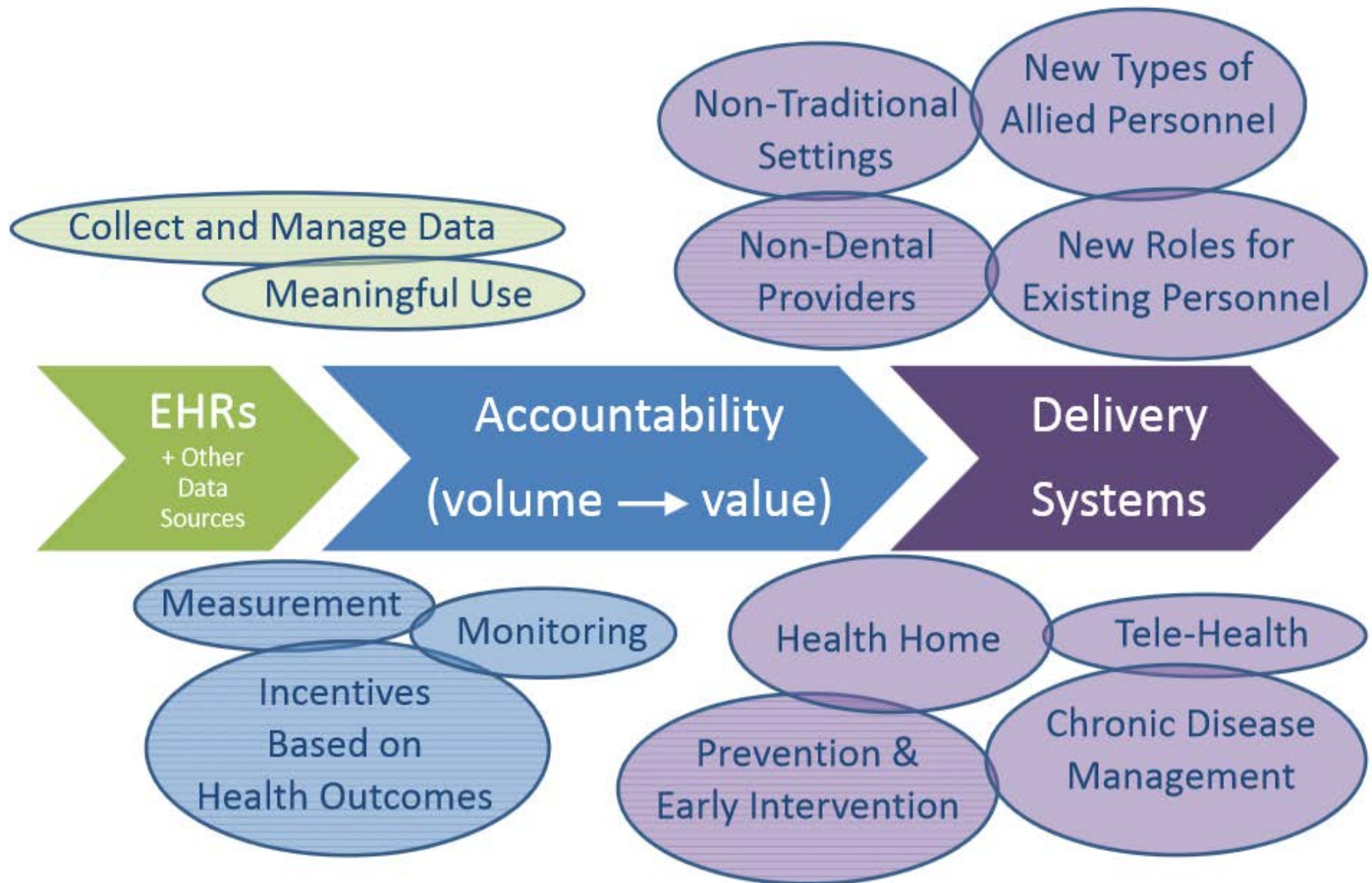
**Assisted  
Living  
Geriatric  
Care**

**Emergency  
Dept  
Redirection**

**Opiate  
Prescribing  
Policy**



# Moving Oral Health Care from Volume to Value\*\*



\*\*Value = health outcomes achieved per dollar spent over the lifecycle of a condition



# Positive Results

- ✓ Every CCO is living within their global budget.
- ✓ The state is meeting its commitment to reduce Medicaid spending trend on a per person basis by 2 percentage points.
- ✓ State-level progress on measures of quality, utilization, and cost (for the first 6 months of 2013) show promising signs of improvements in quality and cost and a shifting of resources to primary care.
- ✓ Progress will not be linear but data are encouraging.

# Progress

## Decreased

- ✓ ED utilization: 8%
- ✓ Specialty care visits: 9%
- ✓ All readmissions: 12%
- ✓ COPD admission: 28%
- ✓ CHF admission: 29%
- ✓ Asthma admissions: 14%

## Increased

- ✓ Patient-centered primary care home enrollment: 36%
- ✓ Primary care visits: 18%
- ✓ EHR adoption doubled from 28% to 57%