Inequities in the Managed Care Medicaid Dental Delivery System in Oregon

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Background

• The health care transformation process in Oregon stipulates that dental care be integrated into the CCO system by 2014.

• The relative unfamiliarity with dental care issues in the CCO system prompted Healthshare of Oregon to request an analysis of the existing situation in the Metro area.
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 coordination/collaboration

Oregon Health Plan Members
Approximately 600,000

After Boie K.
Aims of the study were to

• Assess how well the current system is meeting the dental care needs of the covered Medicaid population in the three metropolitan counties of Portland;

• Frame key questions and define key measures that will facilitate the assessment; and

• Outline what available data that could reasonably be used for the analysis within a relatively tight time frame;

• Provide evidence-based information and recommendations that can inform the decision making process in relation to the ongoing integration of dental care into the CCO structure in Oregon.

Commissioned by Health Share of Oregon;
Data sources

- Performance and quality data almost non-existent in dentistry – diagnostic codes unused
- Administrative databases, predominantly Medicaid
- National Oral Health Surveillance data
- Dental Quality Alliance reports
- Focus on children (EPSDT) and CHIP and pregnant women (Performance Improvement Project in 2005-2008)
Enrollees Distributed according to enrolling Dental Care Organization

- Total: 100%
- ODS: 21%
- Capitol: 21%
- CareOregon Dental: 15%
- Family Dental: 4%
- Managed Dental: 8%
- Access Dental: 4%
- Advantage Dental: 5%
- Willamette: 20%
- FFS: 2%

N = ~224,000
### Selected measures from the EPSDT data set (Early Periodic Screening, Diagnosis, and Treatment)

<table>
<thead>
<tr>
<th>Measure</th>
<th>Description</th>
<th>AHRQ * Domain</th>
<th>CDT @ codes</th>
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</thead>
<tbody>
<tr>
<td><strong>Total Eligibles Receiving Any Dental Services (12a)</strong></td>
<td>The unduplicated number of children receiving at least one dental service by or under the supervision of a dentist.</td>
<td>Access</td>
<td>D0100 – D9999</td>
</tr>
<tr>
<td><strong>Total Eligibles Receiving Preventive Dental Services (12b)</strong></td>
<td>Enter the unduplicated number of children receiving at least one preventive dental service by or under the supervision of a dentist.</td>
<td>Process</td>
<td>D1000 - D1999</td>
</tr>
<tr>
<td><strong>Total Eligibles Receiving Dental Treatment Services (12c)</strong></td>
<td>The unduplicated number of children receiving at least one treatment service by or under the supervision of a dentist.</td>
<td>Process</td>
<td>D2000 - D9999</td>
</tr>
<tr>
<td><strong>Total Eligibles Receiving a Sealant on a Permanent Molar Tooth (12d)</strong></td>
<td>The unduplicated number of children in the age categories of 6-9 and 10-14 who received a sealant on a permanent molar tooth regardless of whether the sealant was provided by a dentist or a non-dentist.</td>
<td>Process</td>
<td>D1351</td>
</tr>
</tbody>
</table>
Figure 3 b. EPSDT Dental Services 2011

- Total eligibles receiving any dental services
- Total eligibles receiving preventative dental service
- Total eligibles receiving dental treatment service
- Total eligibles receiving sealant on a permanent tooth
- Total eligibles receiving dental diagnostic treatment
- Total eligibles receiving oral health services by non-dentist provider
- Total eligibles receiving any dental or oral health service

Comparison between Oregon and National data.
Measure 12a
Total Eligibles Receiving Any Dental Service

Percentage of Eligibles

Clackamas | Multnomah County | Washington

DCO
- Access Dental Plan, LLC
- Advantage Dental
- Capitol Dental Care Inc
- Care Oregon Dental
- Family Dental Care
- Managed Care of OR
- ODS Community Health Inc
- Willamette Dental Group PC
Measure 12c
Total Eligibles Receiving Dental Treatment Services

Percentage of Eligibles

Clackamas | Multnomah | Washington

DCO
- Access Dental Plan, LLC
- Advantage Dental
- Capitol Dental Care Inc
- CareOregon Dental
- Family Dental Care
- Managed Care of OR
- ODS Community Health Inc
- Willamette Dental Group PC
Measure 12d
Total Eligibles Receiving a Sealant on a Permanent Molar Tooth

% Eligibles

Clackamas | Multnomah | Washington

DCO
- Access Dental Plan, LLC
- Advantage Dental
- Capitol Dental Care Inc
- CareOregon Dental
- Family Dental Care
- Managed Care of OR
- ODS Community Health Inc
- Willamette Dental Group PC
Preventive Dental Services
Proportion of 6–15 years old children receiving at least one Preventive Dental Service* in 2011

Dental Care Organization

* Preventive Dental Service = Oral evaluation, prophylaxis and/or fluoride treatment and/or Sealant
• Based on the existing data it is evident that the present care delivery system does not provide an equitable dental care product to the covered population.

• Health transformation shifts accountability from DCOs to CCOs
Recommendation 1

• Improve the equitable provision of dental care by applying evidence based public health approaches and programs to the enrollees.
## Recommendations according to Medicaid population descriptors

<table>
<thead>
<tr>
<th>Age Range</th>
<th>Recommendations</th>
</tr>
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<tbody>
<tr>
<td>Birth – 23 months</td>
<td>• risk assessment, anticipatory guidance, first dental visit at year 1, establishment of a dental home, and involvement of pediatricians in oral health care for infants, fluoride varnish</td>
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</tbody>
</table>
| 24 months – 5 years| • risk assessment, anticipatory guidance, establishment of a dental home, and the regular application of fluoride varnish as an evidence based caries preventive method.  
• Head Start programs constitute a captive population - a unified public health approach could be practiced for dental screenings, application of fluoride varnish, oral health education, and education for parents. |
| 6 – 15 years       | • around half of the children receiving at least one preventive dental service.  
• screening and referral systems for maintenance or urgent care, and fissure sealant programs upon eruption of permanent molars  
• other group based preventive activities such as tooth brushing or oral health education. |
• Improve the accountability in the dental care system and the decision making basis by expanding the data collection to include additional quality domains, such as cost, health outcomes, and satisfaction with service.

• To a large extent this recommendation has been overtaken by OHA’s establishment of the Dental Quality Metrics Workgroup under the Metrics and Scoring Committee.
Thanks for your attention!

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