



# Inequities in the Managed Care Medicaid Dental Delivery System in Oregon

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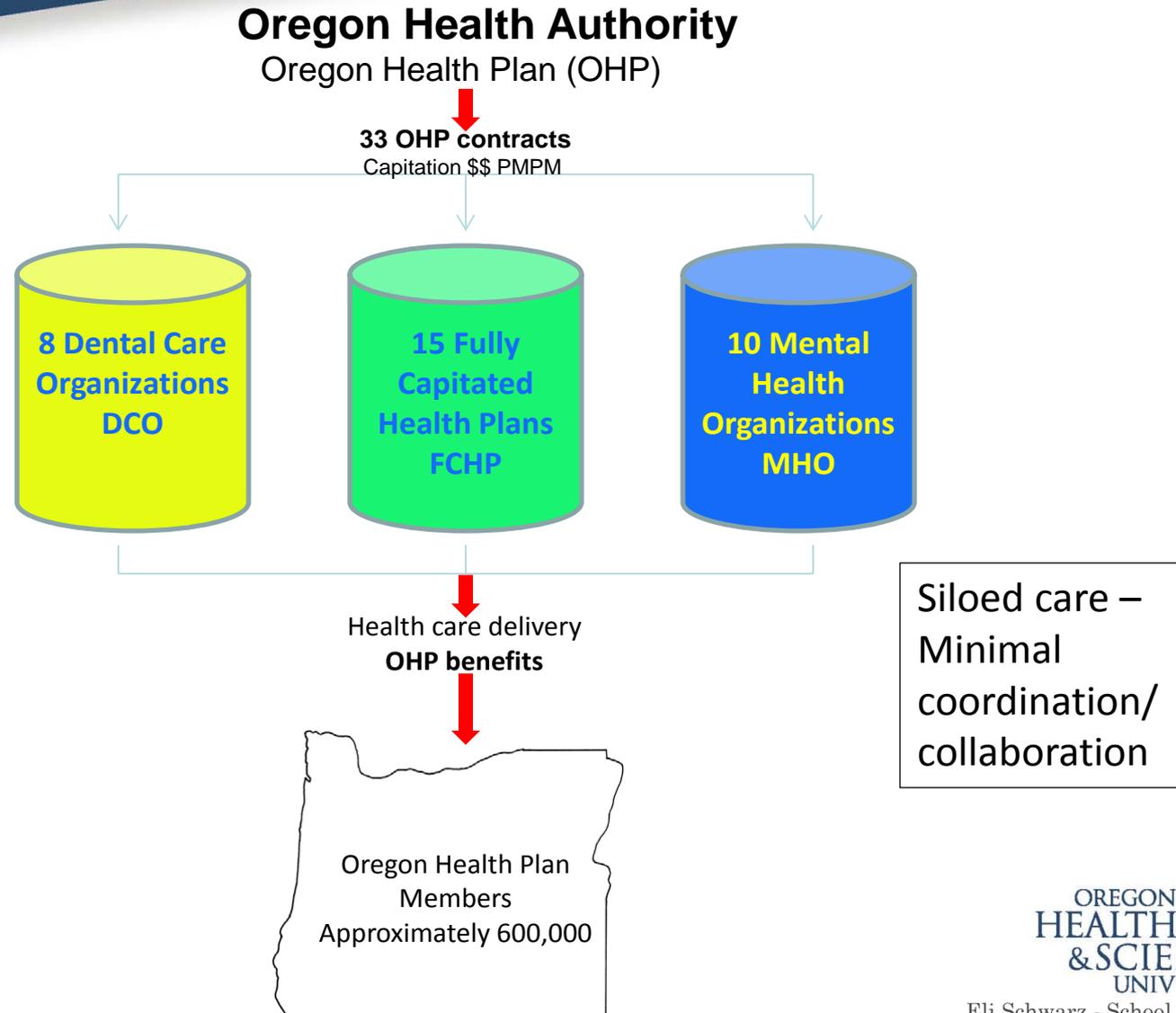
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OPHA, Corvallis, OR  
October, 2013

# 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



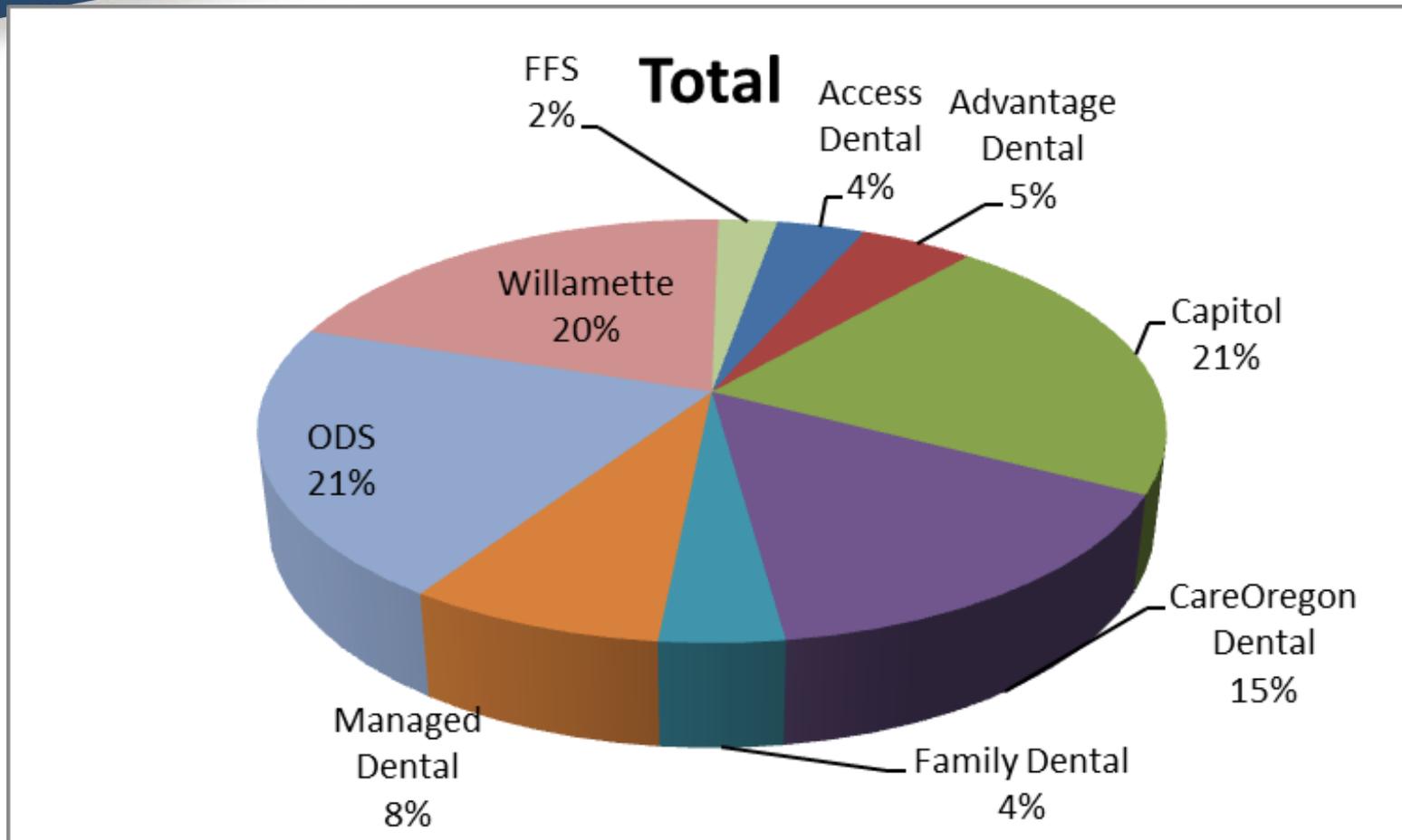
# Aims of the study were to

- 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.

# 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



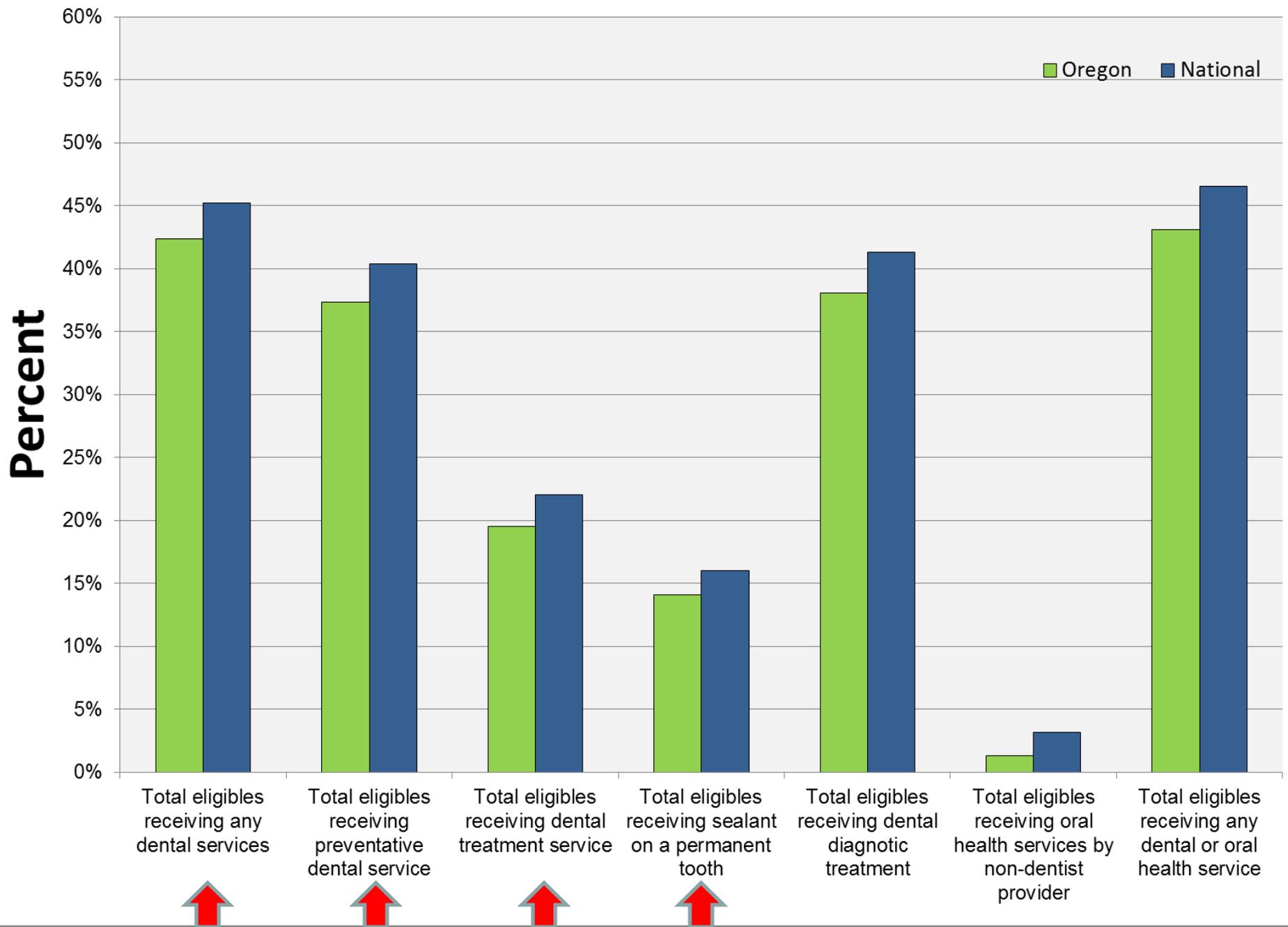
N = ~224,000

# Selected measures from the EPSDT data set

(Early Periodic Screening, Diagnosis, and Treatment)

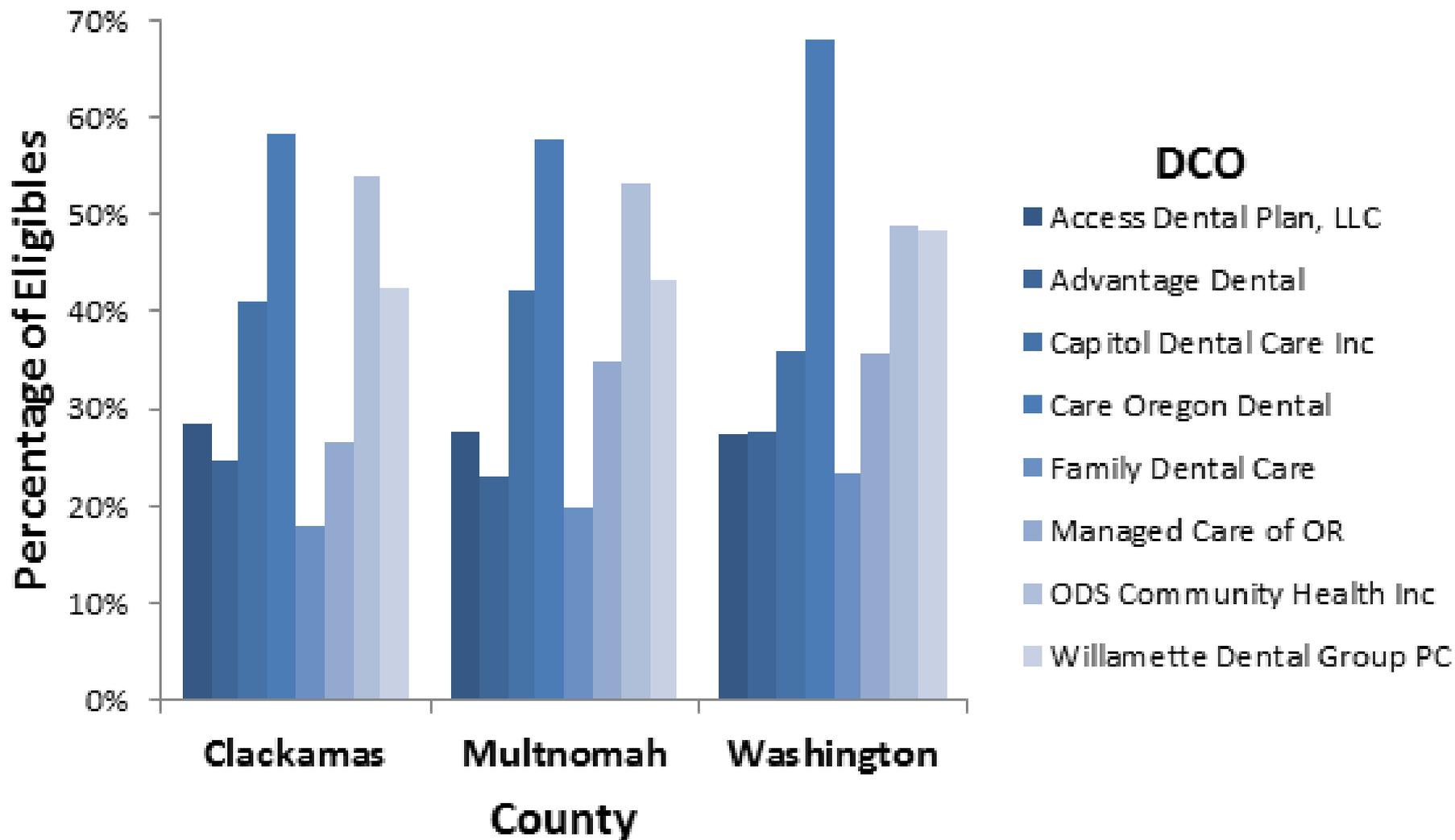
Measure	Description	AHRQ * Domain	CDT @ codes
<b>Total Eligibles Receiving Any Dental Services (12a)</b>	The unduplicated number of children receiving at least one dental service by or under the supervision of a dentist.	Access	D0100 – D9999
<b>Total Eligibles Receiving Preventive Dental Services (12b)</b>	Enter the unduplicated number of children receiving at least one preventive dental service by or under the supervision of a dentist.	Process	D1000 - D1999
<b>Total Eligibles Receiving Dental Treatment Services (12c)</b>	The unduplicated number of children receiving at least one treatment service by or under the supervision of a dentist.	Process	D2000 - D9999
<b>Total Eligibles Receiving a Sealant on a Permanent Molar Tooth (12d)</b>	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.	Process	D1351

**Figure 3 b. EPSDT Dental Services 2011**



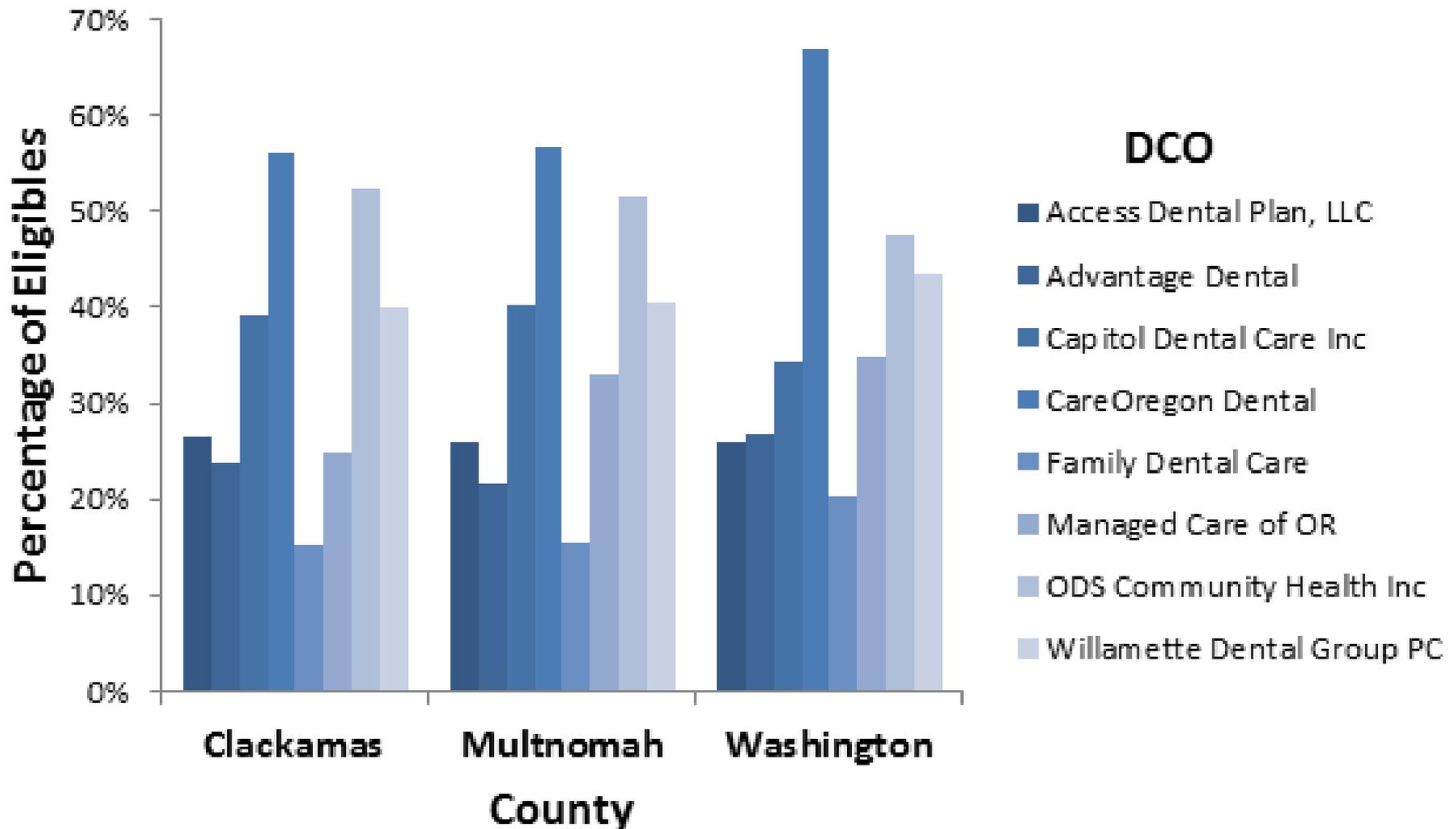
## Measure 12a

### Total Eligibles Receiving Any Dental Service



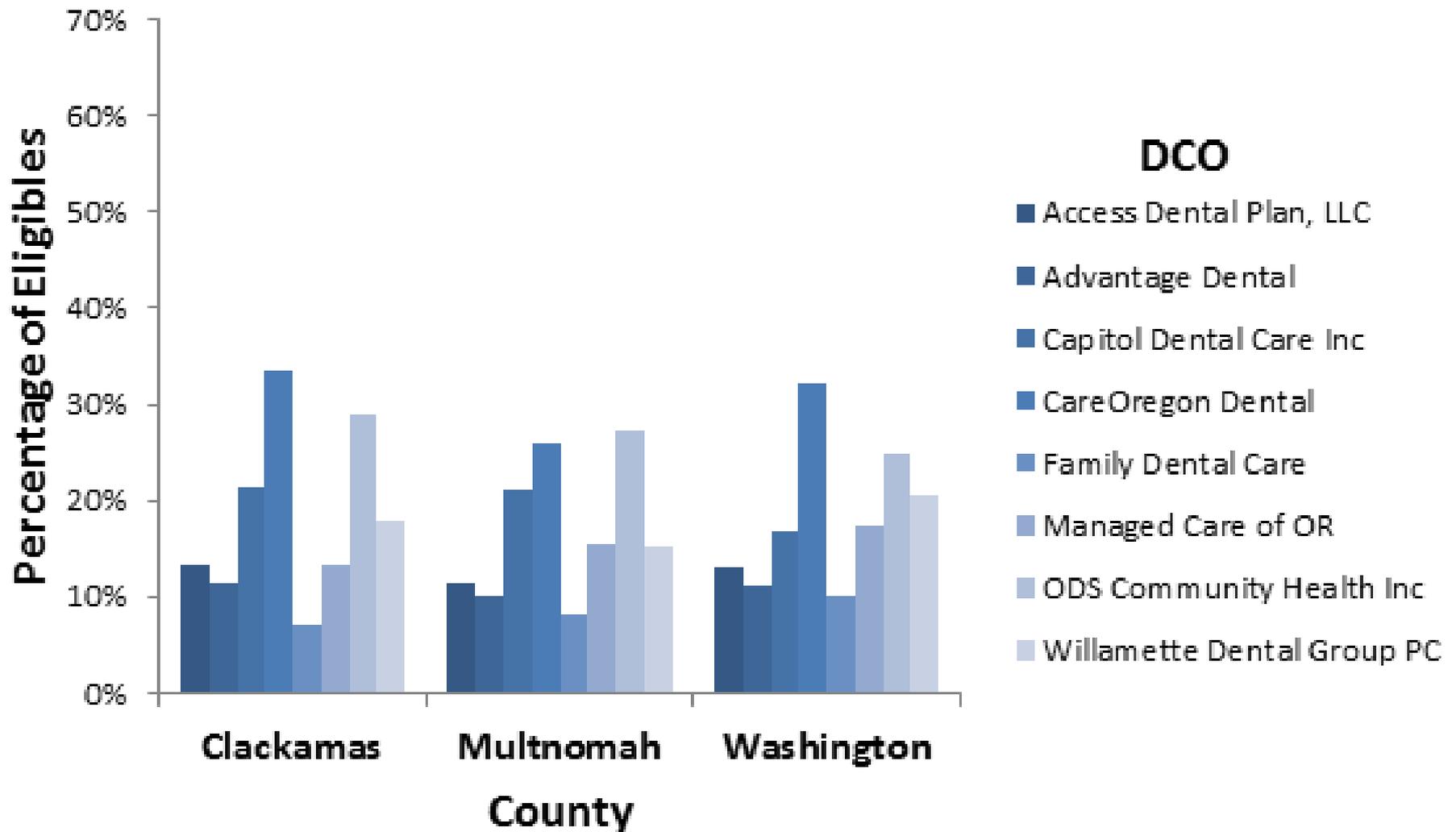
## Measure 12b

### Total Eligibles Receiving Preventative Dental Services



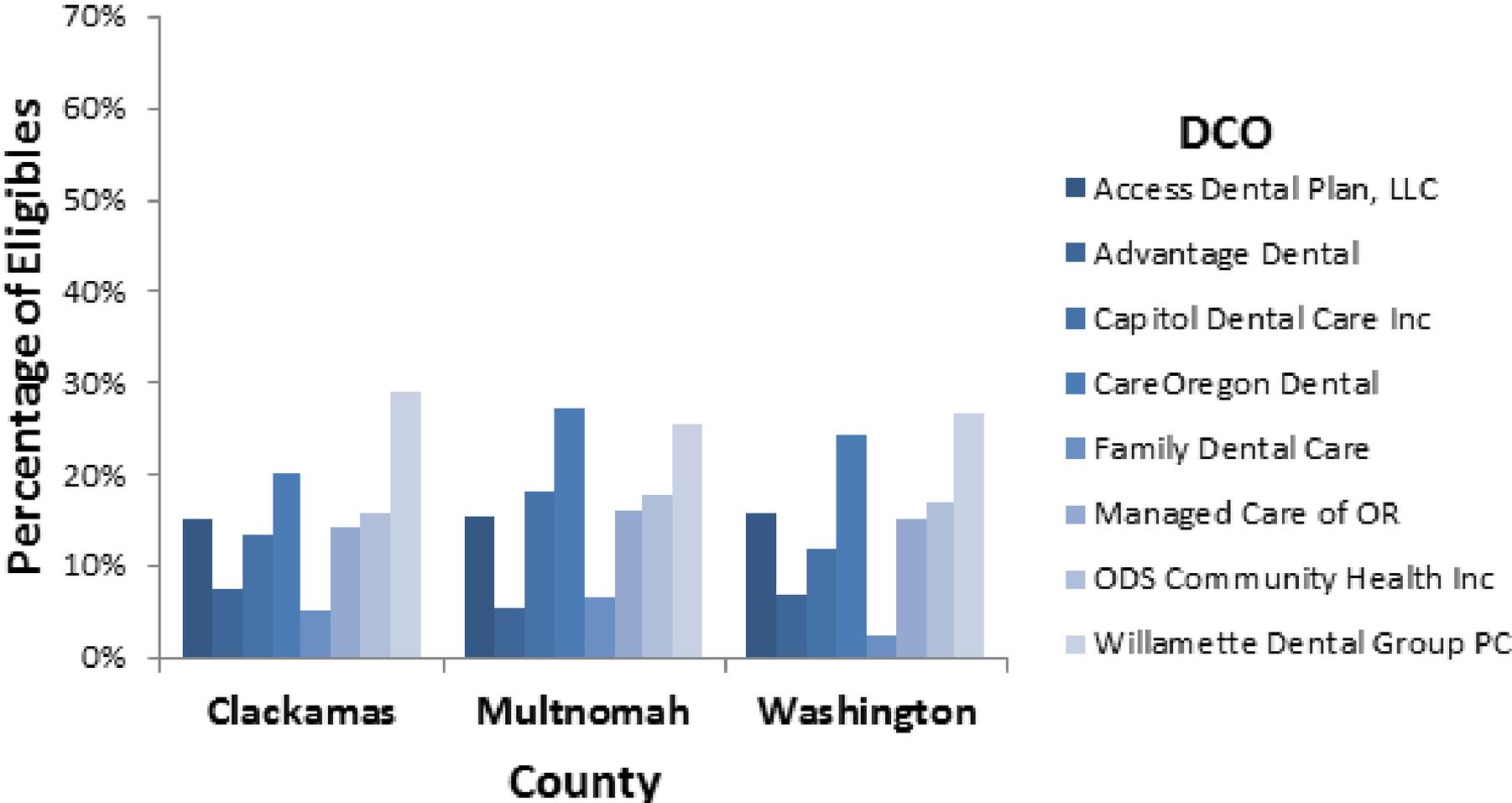
## Measure 12c

### Total Eligibles Receiving Dental Treatment Services



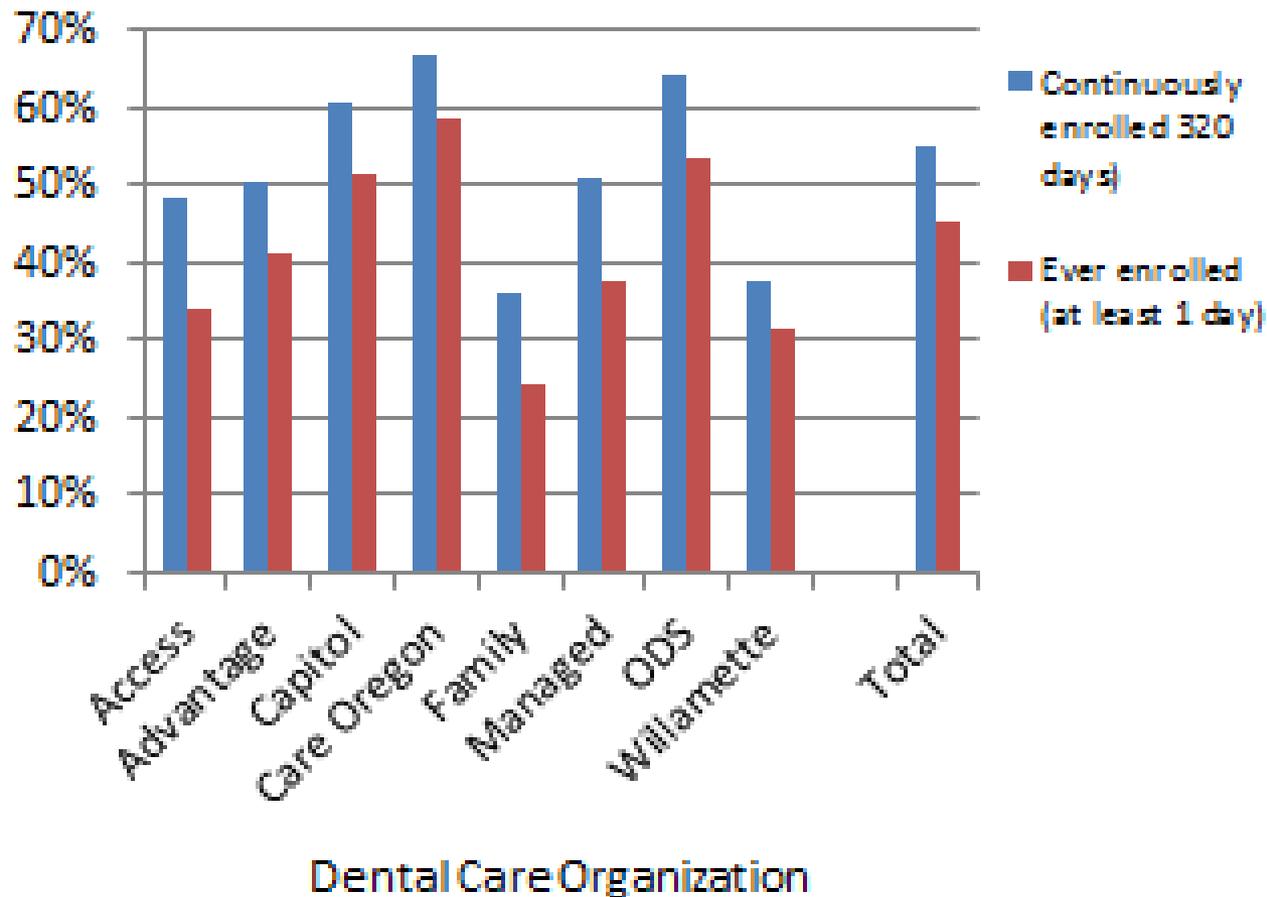
# Measure 12d

## Total Eligibles Receiving a Sealant on a Permanent Molar Tooth



# Preventive Dental Services

Proportion of 6 – 15 years old children receiving at least one Preventive Dental Service\* in 2011



\* Preventive Dental Service = Oral evaluation , prophylaxis and/or fluoride treatment and/or Sealant

# Discussion - Equity

- 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

## Birth – 23 months

- 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

## 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.

# Recommendation 2

- 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.

A sunset scene with a swimming pool and a brick wall. The sky is filled with orange and yellow clouds, and the sun is setting behind a range of mountains. The foreground shows the dark silhouette of a brick wall and some palm trees. The text "Thanks for your attention!" is overlaid on the image in a colorful, stylized font.

Thanks for your attention !

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