HEALTH CARE FOR ALL

15 YEARS OF ORAL HEALTH
POLICY & ADVOCACY

Health Care For All (HCFA) is a Massachusetts nonprofit advocacy organization working to create a health care system that provides comprehensive, affordable, accessible, and culturally competent care to everyone, especially the most vulnerable among us. We achieve this as leaders in public policy, advocacy, education and service to consumers in Massachusetts.

Reducing Health Disparities by *Integrating Oral Health* into One Care 2.0

Neetu Singh, DMD, MPH

Oral Health Program Director

Health Care For All

nsingh@hcfama.org

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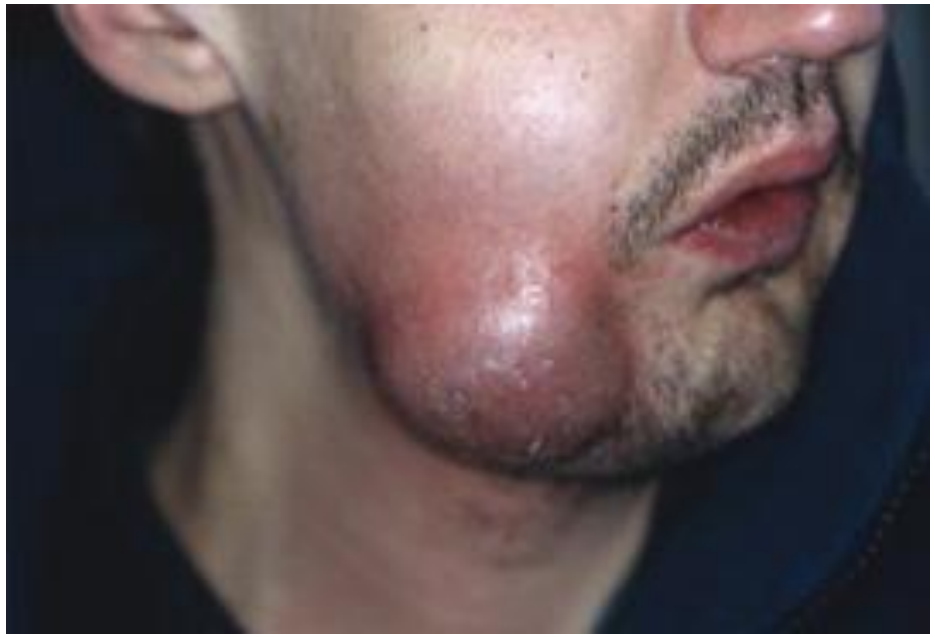
Why is it important to integrate OH?

- Poor oral health and dental disease impact overall health:
  - Poor general health
  - Pain
  - Systemic infections
  - Hospitalization
  - Worsening of other medical conditions
  - Poor self-esteem
  - Poor nutrition
  - Sleep disruption
  - Employment



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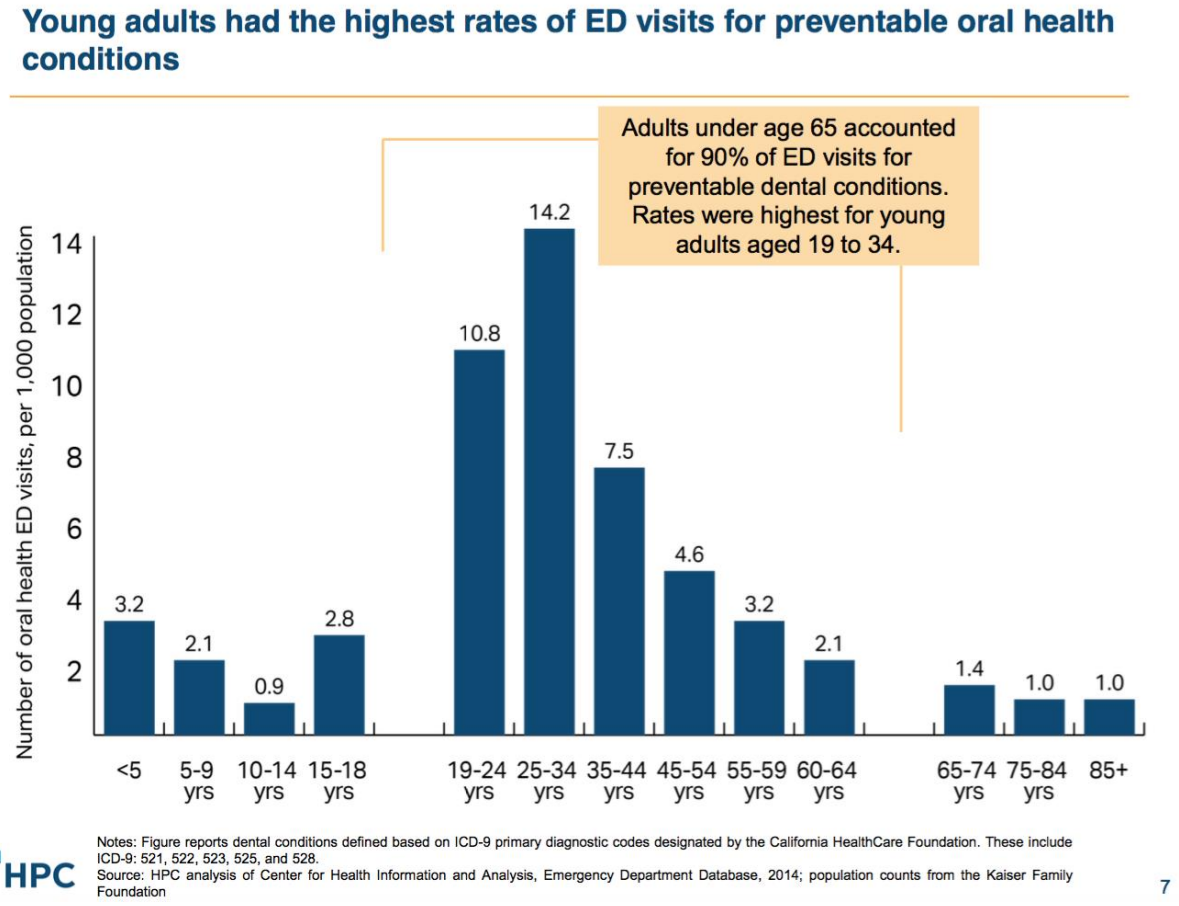
Rise in Emergency Department Usage



ED Utilization rate in MA is **14% HIGHER** than the national average

42% of these visits may have been preventable

Most common reasons for preventable visits:

1. Inflammation of dental nerve
2. Inflammation of the gums caused by plaque

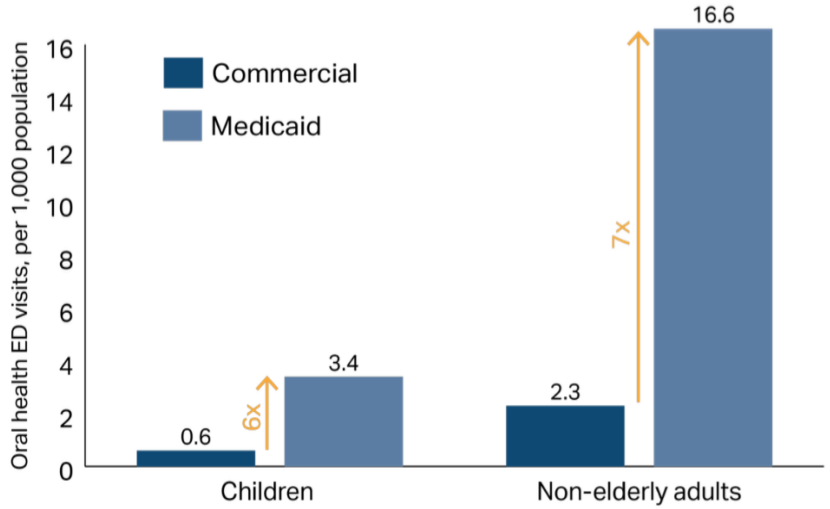
Cost Savings

MassHealth paid for **half** of all oral health-related ED visits in 2014

36,060 preventable oral health ED visits

Cost our health care system between **$14.8 - $36 Million**

The rate of ED visits for preventable oral health conditions was higher among individuals with MassHealth



There could be many reasons for higher rates of preventable oral health ED visits among MassHealth enrollees, but likely contributing factors include: clinical risk factors, a low number of dentists accepting MassHealth patients, and patients' costs.

HPC

Notes: Figure reports dental conditions defined based on ICD-9 primary diagnostic codes designated by the California HealthCare Foundation. These include ICD-9: 521, 522, 523, 525, and 528.
Source: HPC analysis of Center for Health Information and Analysis, Emergency Department Database, 2014; population counts from the Kaiser Family Foundation

What's happening in Massachusetts?

- **MassHealth ACO program** – Includes OH quality measure
  - **DSRIC** – Oral health integration policy recommendations submitted for consideration
- **HPC** – Considering inclusion of OHI in certification standards for ACOs and PCMHs
- **One Care –** Comprehensive dental coverage
- **BCBS** - Expanded dental benefits to members diagnosed with specific medical conditions
- **Massachusetts Medical Society** (MMS) adopted policy "to support OHI into ACOs in MA"
- **DPH Office of Oral Health Advisory Committee** – OHI is a priority
- Ongoing dialogue with EOHHS

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What's happening in Massachusetts?

- **MassHealth Delivery System Restructuring**
  - Goal: Transition from a fee-for-service (FFS), siloed care model into integrated, accountable care models
  - Method: Innovative 5- Year 1115 Medicaid Waiver (2017-2022)
  - Reasons:
    - Unsustainable growth – almost 40% (>$15B) of the Commonwealth's budget
    - Current FFS model for providers results in fragmented, siloed care
    - The fundamental structure of the MassHealth program has not changed in 20 years

- **LEGISLATION:**
  - MassHealth adult dental program **(S.1212/H.1917)**
  - Dental therapy **(S.1215/H.1916)**
  - Telemedicine **(S.612/H.991)**
  - Medicare Dental Benefit Act of 2019 **(S.22)** - federal

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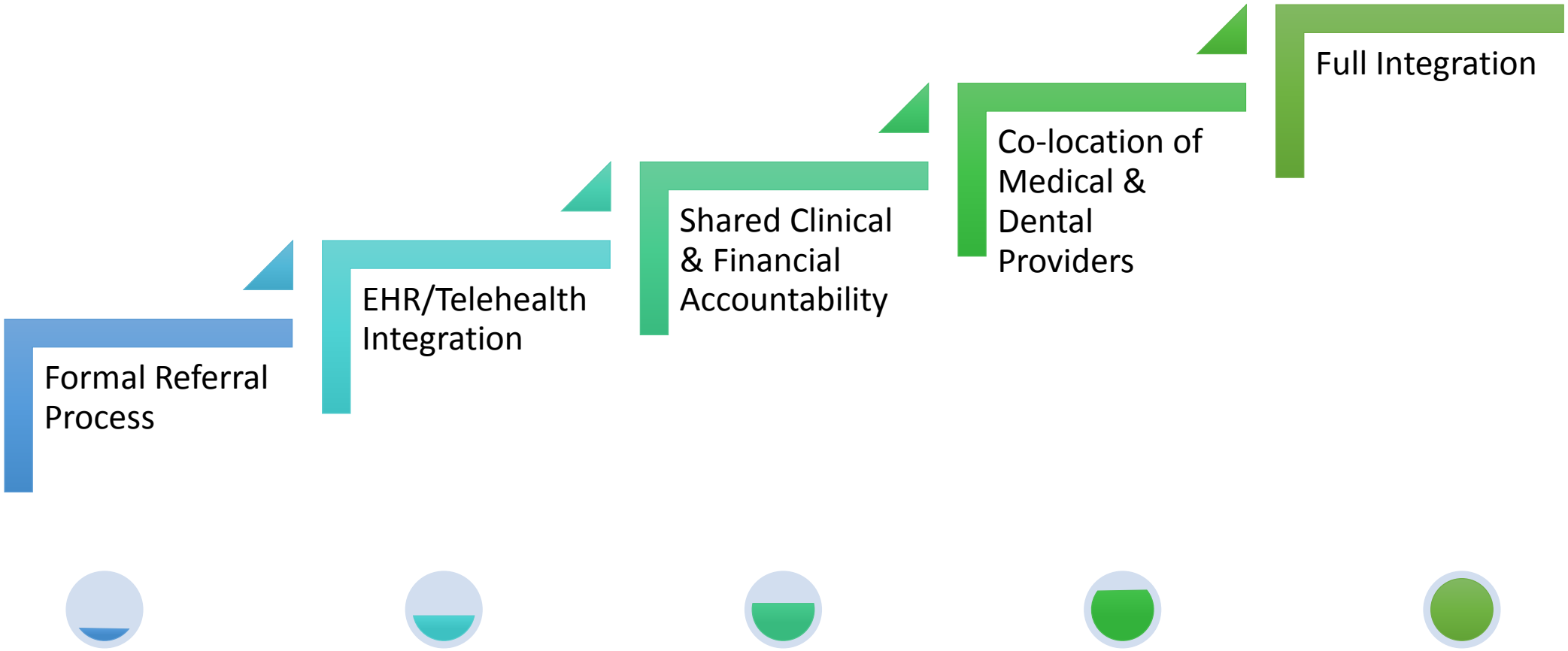
Spectrum of Oral Health Integration



Spectrum of Oral Health Integration

LEVEL	EXAMPLES
Formal Referral Process	- Closed-loop, bidirectional referral process between medical & dental providers (ideally through shared EHR) - Adequate dental provider network - Provider & patient education
EHR/Telehealth Integration	- Shared EHR - Shared intake/risk assessment form - Adding OH questions to baseline medical history intake form - Reconciliation of medication (i.e. Opioid prescriptions) - Antibiotic & pain medication stewardship

Spectrum of Oral Health Integration

LEVEL	EXAMPLES
Shared Clinical & Financial Accountability	- Include OH quality metrics that tie OH & overall health - Promote OH services that can be done in primary care settings including fluoride varnish application & patient education - Allowing dental providers to take part in risk-sharing arrangements that align financing with better outcomes - Incremental phasing-in of dental services into One Care TCOC
Co-location	- Dental & medical clinics on-site in same facility - *Innovative health care teams*: NP in dental clinic or RDH in medical clinic
Full Integration	- All of the above - Dentist is a member of the patient care team - Clinical & financial alignment between medical & dental providers - Oral health care included in all aspects of care coordination & care plans

Recommendations for One Care 2.0

1	Formal bi-directional, closed-loop referral process between medical & dental providers
2	Inclusion of OH quality measures that tie oral & overall health

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Thank you!

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Appendix I: Additional Considerations

- Provide OH education to allied health professionals i.e. case managers, CHWs, PAs to ensure comprehensive care coordination
- Partnerships with community-based programs that provide OH services
- One Care governance, quality & clinical committees having representation from OH providers, particularly those who serve vulnerable populations
- Alignment of payment periodicity with individual patient risk for oral disease (instead of with 3rd party payer frequency limits)
- Use of diagnostic coding – increases accountability by establishing medical necessity for procedures billed; also enables better tracking of care quality & patient health outcomes

Appendix II: Key Principles of OHI

Oral health is a crucial part of overall health, and thus medical & dental services should be integrated to improve patient outcomes

Racial, ethnic and socio-economic disparities in oral health outcomes and access to needed services must be explicitly addressed in the process of integration

OHI is complex and will require a multi-pronged approach including:

- payment and delivery reform
-provider education
- investments in health information technology
- other important strategies

OHI should meet the Triple Aim goals:

- improving the patient experience
- improving the health of populations
- reducing per-capita health care spending

Our agenda is best promoted by broad-based coalition with representation of a full range of stakeholders including providers, payers, community organizations, consumers and advocates.