

# Public Health: Basing Programs on Research

**Gum Gardeners**  
**May 26, 2018**

**Laurie Johnson, DHSc, MA, RDH**  
**School Oral Health Programs Coordinator**  
**Public Health Division/Oregon Health Authority**



## Objectives

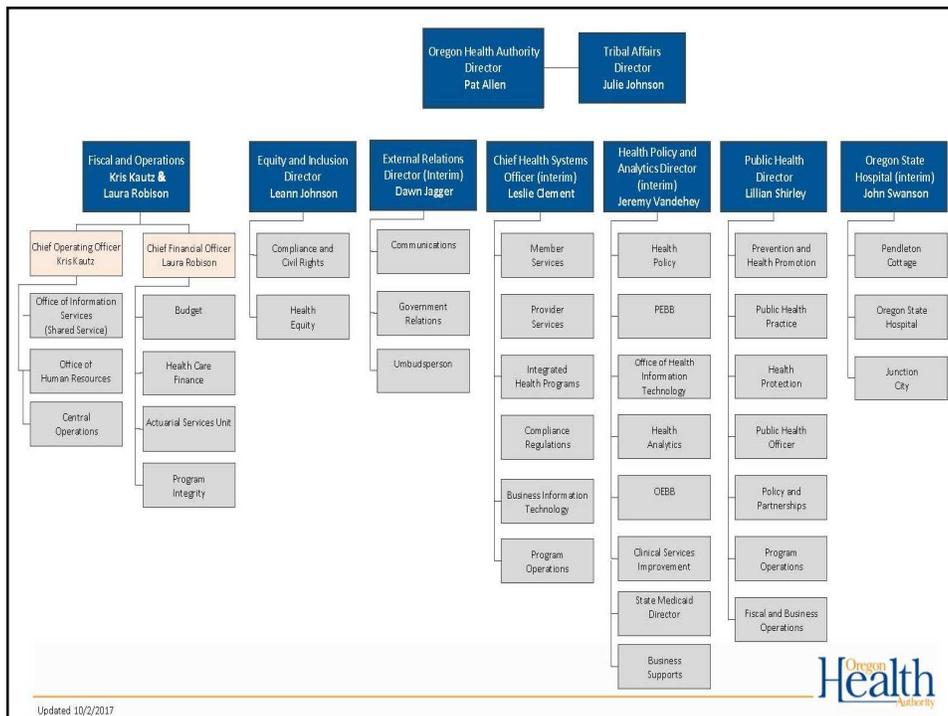
To understand:

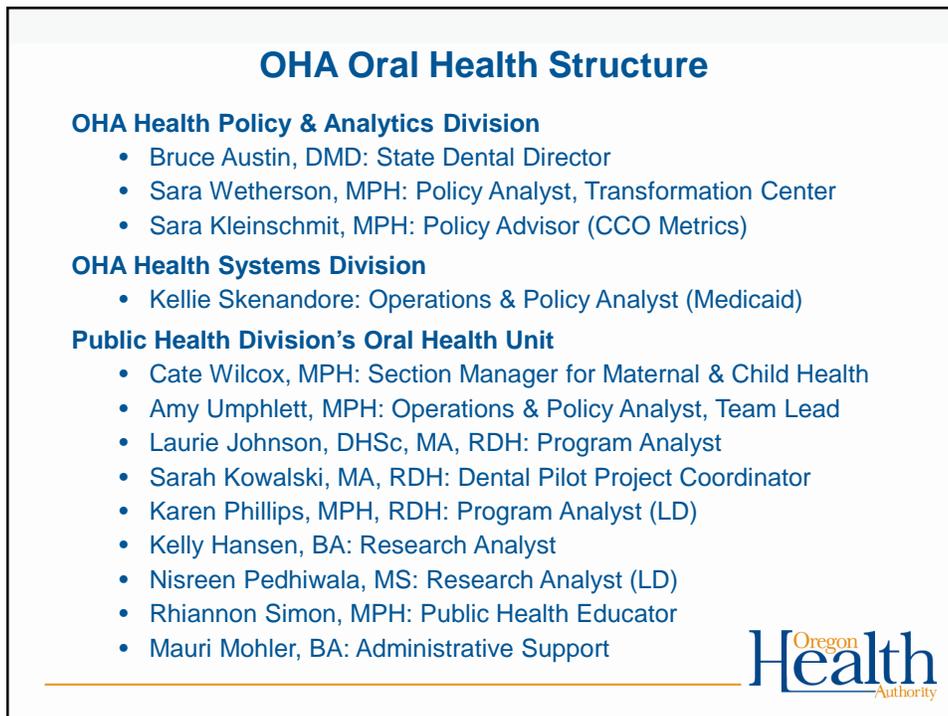
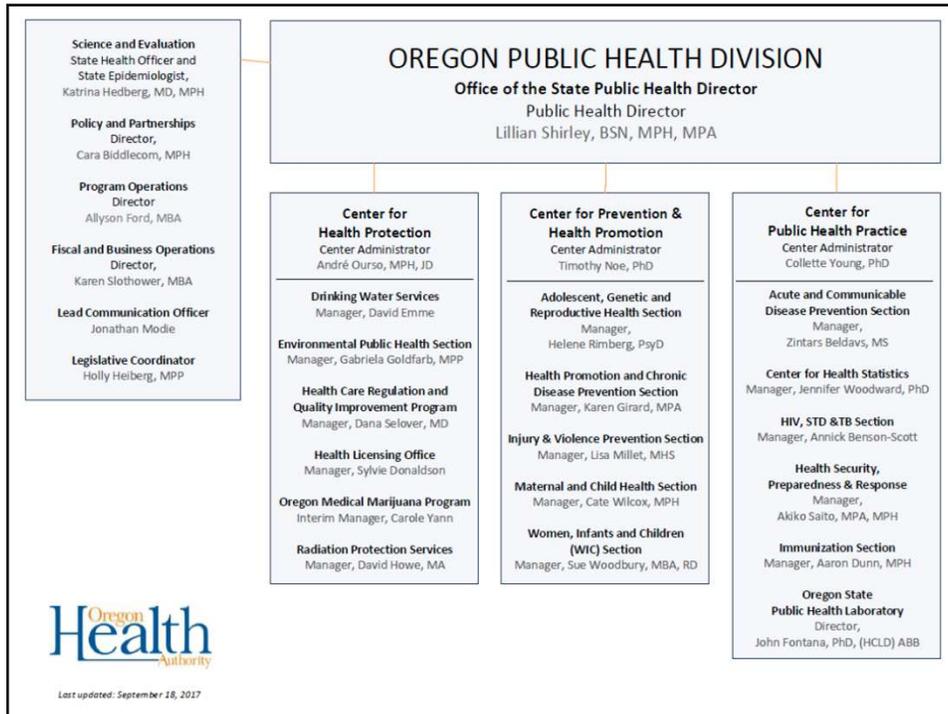
- Oregon Health Authority framework
- Oral health within the health care system
- Historical perspective of school sealant programs
- New system of care in Oregon



## DHS/OHA

- The Department of Human Services (DHS) and the Oregon Health Authority (OHA) are the state's largest agencies with approximately 12,500 employees and 100-plus offices.
- DHS, OHA, and their contracted providers serve more than 1,000,000 people annually.
- There are close to 4.1 million people in Oregon as of July 2016 (24.4% are served by DHS/OHA).





<p>Oregon Public Health  <b>State Health Improvement Plan</b></p>  <p>2013-2019</p> 	<p><b>Oral Health Unit</b></p> <p><b>Oregon's Title V Maternal and Child Health Program</b></p>  <p><b>What is the Title V Maternal and Child Health Block Grant?</b>      The Title V Maternal and Child Health Block Grant is a federal program that provides funding to states to improve the health of women, children, adolescents, and families - including children with special health care needs (CHSN). Oregon's Title V program is dedicated to working with partners across the state to address health disparities and improve the health of women, children, youth, families and communities so that all Oregonians can reach their potential for the long health and well-being.</p> <p><b>What is the MCH Needs Assessment?</b>      Every five years, the State Title V MCH program conducts an assessment to better understand the health status and needs of the MCH population, as well as the current system's capacity to meet those needs. The needs assessment looks at the health of the entire population, with a special focus on populations that experience disparities. The results of the MCH needs assessment are used to identify priorities for Oregon's MCH Block Grant programs to address over the next five years.</p>  <p><b>Who does the MCH Block Grant serve?</b>      The MCH Block Grant serves the population health needs of women, infants, children, adolescents, families, and children and youth with special health care needs (CHSN) in Oregon.</p> <p><b>How are Oregon's Title V MCH Block Grant funds distributed?</b>      The Oregon Public Health Division and the Oregon Center for Children and Youth with Special Health Needs (OCCYHN) jointly manage Oregon's MCH Block Grant. Funds are used to carry out MCH programs and related activities through State Public Health, OCCYHN, Local Public Health Departments, and Oregon Tribes. The federal agencies are accountable to track with their communities and partners to meet the federal grant requirements.</p> <p><b>How does the MCH Block Grant support the health of Oregon's women, children, adolescents, and families?</b>      At the state level, Block Grant funds are used to support assessment and monitoring of MCH health needs and disparities, policy and program development, statewide health promotion activities, training, technical assistance and oversight of local level MCH services, and coordination among state agencies and partners to better serve the needs of Oregon's MCH population - including children with special health needs.</p>	<p><b>Strategic Plan for Oral Health in Oregon: 2014-2020</b></p>   <p>OREGON HEALTH COALITION Health Oral Health Partners Collaboration</p>
<p><b>Community-Based Interventions Include:</b></p> <ul style="list-style-type: none"> <li>• Community water fluoridation</li> <li>• Fluoride supplement programs in area</li> <li>• School-based dental sealant program</li> </ul>	<p>15-2019</p>	<p>2014-2020</p>
	<p><b>Improved oral health for pregnant women and children</b></p> <p><b>Domain:</b> Cross-cutting or life course</p> <p><b>Rationale:</b> Oral health remains one of the greatest unmet health needs for pregnant women and children in Oregon.</p>	

## Dental Pilot Projects

- Oregon Tribes Dental Health Aide Therapist Pilot Project (June 2016 – May 2021)
  - Send DHAT trainees to Alaska to train (2 years)
  - Target populations: Confederated Tribes of Coos, Lower Umpqua & Siuslaw Indians; Coquille Indian Tribe; Native American Rehabilitation Association
- Training Dental Hygienists to Place Interim Therapeutic Restorations (November 2015 – September 2020)
  - Target populations: Polk County, 5 school sites




## Oral Health Unit created the First Tooth program (now transitioned to the Oregon Oral Health Coalition)

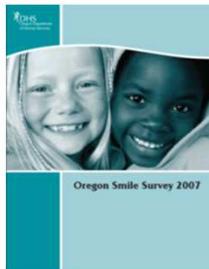


- Trains pediatric medical providers on ECCP
- Trains general dentists to access the very young child



## 2017 Oregon Smile & Healthy Growth Survey

- Public health data collection tool to monitor the oral health and overweight/obesity status of Oregon children in 1-3 grades.
- Collecting data during the 2016-17 and 2017-18 school years.



*The survey is the only one of its kind  
for Oregon children.*



## 2015 Oregon State Legislative Session

- The Oregon Health Authority's Oral Health Unit tracked 25 bills related to oral health.



## 2015 Oregon State Legislative Session

- **SB 606** Extends dental pilot project by seven years.
- **SB 660** Directs OHA to ensure availability of dental sealant programs for students attending school in this state and adopt procedures for sealant program certification.
- **SB 672** Directs Oregon Health Authority to appoint a state dental director.
- **HB 2024** Directs Oregon Health Authority to adopt rules and procedures for training and certifying certain health workers to provide oral disease prevention services.
- **HB 2972** Requires public school students seven years of age or younger who are beginning an educational program to have dental screening.



## 2017 Oregon State Legislative Session

- **HB 3353** Requires that when a school district or prekindergarten program causes a dental screening to be conducted, [they] provide students or parents or guardians of students the opportunity to request not to participate in dental screening (at least two weeks notice to students).
- **HB 3181A** Requires school to report on the reasons for opting-out. Did not pass; in committee upon adjournment.

- ❖ The Oregon Department of Education, however, decided to require schools to report on the reasons for opting out.
- ❖ 2016-17: 40.8% of the eligible students produced a dental screening certificate; 9% opted out (10% due to a “burden”)



## 2017 Oregon State Legislative Session

- **Senate Bill 111:** Directs Department of Education to assist school districts and education service districts in funding school nursing services.
- **Lund Report (2017) regarding SB 111:** “A pilot project will help nine schools apply for federal funding to cover the healthcare costs of children in special education. Other states have used this funding stream to put a nurse in every school, and even small states like Montana bring in many times more money than Oregon” (\$35.7 million compared to \$3.3 million).

In the 2014-15 school year, Oregon’s ratio for school nurses (SN) to students: 1 to 2,178  
Recommended ratio: 1 to 750



## 2018 Oregon State Legislative Session

- **HB 4124 [Opioid bill]** Two parts:
  - Pilot project to determine the effectiveness of establishing immediate access to appropriate evidence-based treatment for persons who suffer overdoses.
  - Practitioners now required to register with the Prescription Drug Monitoring Program (PDMP) no later than July 1, 2018.

- ❖ Dentists prescribe 12% of the immediate release opioids in the United States, behind only family physicians (15%).
- ❖ Addiction can start after taking only a few opioids.
- ❖ Try other options (e.g. ibuprofen and acetaminophen\*).
- ❖ If opioids are necessary, limit them to three days or less (e.g. 10 tablets of 5 mg hydrocodone).



\*Moore, P. A., & Hersh, E. V. (2013). Combining ibuprofen and acetaminophen for acute pain management after third-molar extractions.

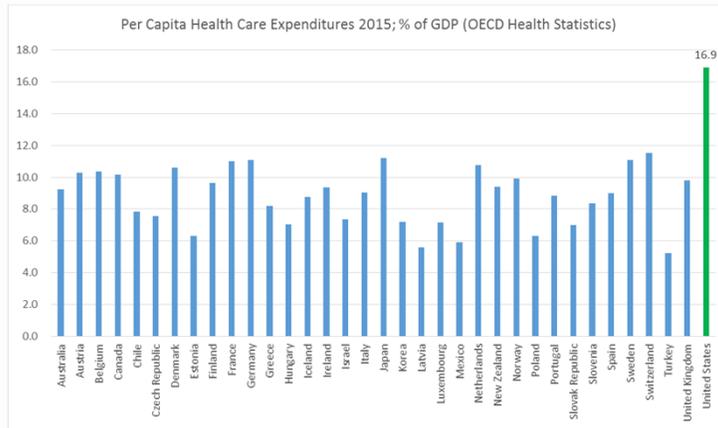


## Oral Health Within the Health Care System



## We pay a lot for health care...

U.S. per capita spending for health care is 16.9%\* of our GDP



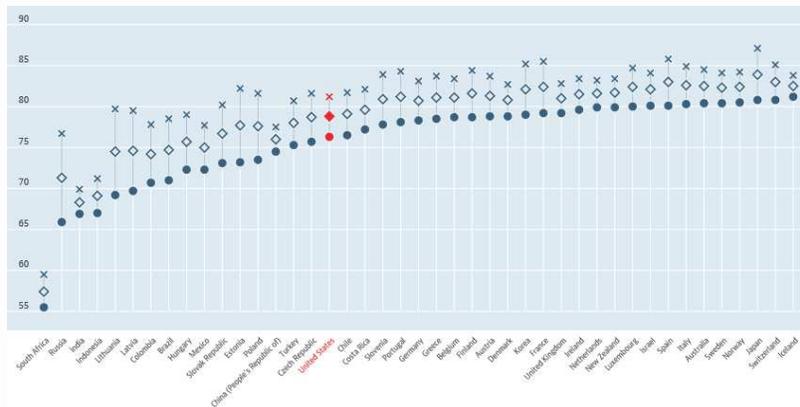
\*In 2010, it was 17.6%.

The Organisation for Economic Co-operation and Development (OECD)



## Yet, our life expectancy is less...

(The Organisation for Economic Co-operation and Development, 2015)

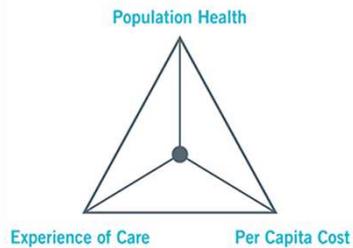


x Women  
 ◆ Total  
 ● Men



## Institute for Healthcare Improvement (2007)

### The IHI Triple Aim



1. Improving the patient experience of care (satisfaction surveys)
2. Improving the health of populations
3. Reducing the per capita cost of health care

## Prevention has not been the focus...

- Research shows that while 75% of our general health care dollars goes to treating "preventable" chronic diseases, only 5% is spent on prevention.

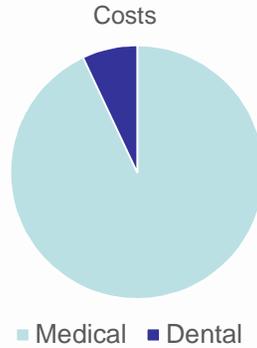
(Nash, Reifsnnyder, Fabius, & Pracilio, 2011)



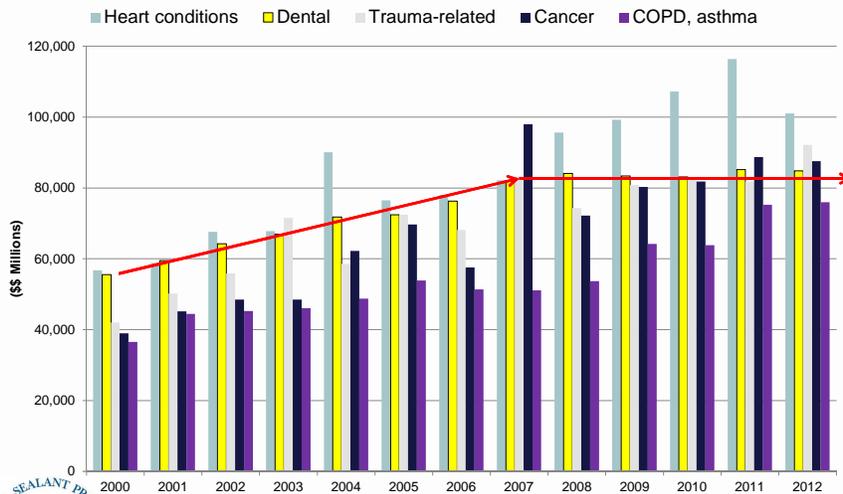
Oregon  
**Health**  
Authority

## Dental issues often ignored...

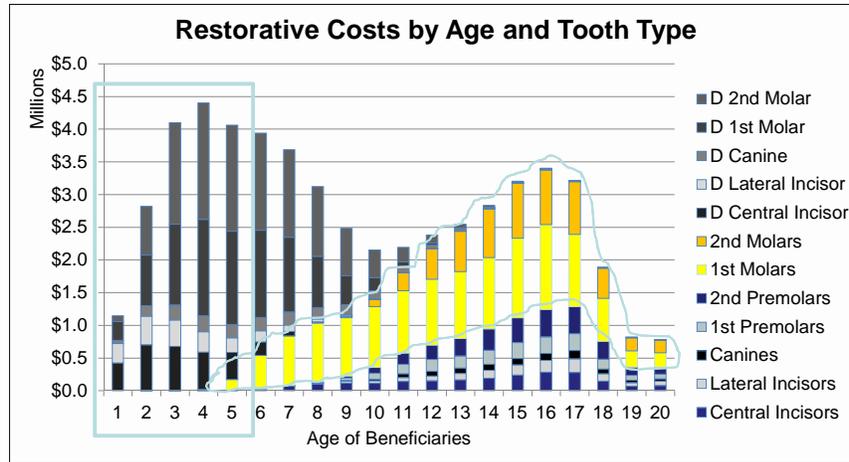
- Dental costs are slightly over \$100 billion dollars (3%), while medical costs are \$1.5 trillion (97%). But medical costs include the treatment of dozens of conditions.



## Top 5 Most Expensive Conditions



## Restorative Costs - Typical Medicaid Program



## Dental-Related Emergency Visits

- Non-traumatic dental:
  - 2% of all ED visits
  - Second most common reason for ED visits, ages 20-39
  - Patients receive pain medication and antibiotics
  - Need subsequent dental care at a dental office
  - 28,000 visits annually for dental
  - Annual costs as high as \$8 million

*“Emergency Department Visits for Non-Traumatic Dental Problems in Oregon State” (2014)*



## National Organizations

The following national organizations report on or require data from state oral health programs:

- Healthy People (U.S. Dept. of Health & Human Serv.)
- Pew Charitable Trust
- Association of State and Territorial Dental Directors
- Centers for Disease Control and Prevention



## Healthy People Goals

### Reduce caries experience (permanent and primary)

Objective	Baseline	Target	Final
HP 2000: 6-8 year olds	54%	35% (-19%)	52% (-2%)
HP 2010: 6-8 year olds*	52%	42% (-10%)	53% (+1%)
HP 2020: 6-9 year olds*	54%	49% (-5%)	2014: 51.7%

### Increase sealants in permanent molars

Objective	Baseline	Target	Final
HP 2000: 8 year olds	11%	50% (+39%)	23% (+12%)
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HP 2020: 6-9 year olds*	25.5%	28.1% (+2.6%)	2014: 40.7%

\*Note changes in age categories



## Pew Charitable Trust

The Pew Charitable Trusts: independent, non-governmental agency that invests in:

- Environmental and energy policies
- Protecting oceans and wild lands
- Improving health through investments in child nutrition
- Increasing the safety of foods and drugs
- Providing consumers with information about financial products
- Helping states invest in programs that provide the strongest returns



## Pew grades the states based on 4 indicators *“that should be part of any state’s prevention strategy”*

1. Having sealant programs in high-need schools
2. Allowing hygienists to place sealants in school-based programs without requiring a dentist’s exam
3. Collecting/submitting data to a national oral health database
4. Meeting a national health objective on sealants



## Association of State and Territorial Dental Directors (ASTDD)

The screenshot shows the ASTDD website interface. At the top, the logo 'astdd' is displayed with the tagline 'Where oral health lives'. Below the logo is a row of photos of diverse people. A navigation menu on the left lists various sections such as 'Home', 'About ASTDD', 'ASTDD Brochure', 'ASTDD Publications', 'A-Z Topics', 'State Programs', 'Territorial Programs', 'Federal Agencies', 'National Organizations', 'Membership Roster', 'Membership Information', 'Members Only', 'Membership Renewal', 'Job Opportunities', 'ASTDD Competencies', 'ASTDD Guidelines', 'Basic Screening Survey', and 'Best Practices'. The main content area features a search bar and social media icons. Below this, there are sections for 'Best Practice Approach Reports', 'School-based Dental Sealant Programs', and 'Current Examples'. The 'Current Examples' section lists three programs: 'Arizona Dental Sealant Program', 'Coal Study of Colorado School-based Dental Sealant Programs', and 'Georgia's State School-based Dental Sealant Program', each with details like practice number, state activity, and last updated date. A 'Links of Interest' sidebar on the right lists resources like 'New CDC School Health Model', 'CDC School-based Dental Sealant Programs', 'CDMP Report: Dental Sealants: Proven to Prevent Tooth Decay', 'Guide to Community Preventive Services\*', 'National Maternal & Child Oral Health Resource Center\*', 'State Summaries Dental Sealant Programs\*', 'MHWB Impact of School-based Dental Sealant Programs\*', and 'Dental Sealant Resource Guide'.

## Centers for Disease Control and Prevention (CDC)

CDC recommendations for community-based strategies to prevent tooth decay:

1. Community Water Fluoridation
2. School-based Dental Sealant Programs



## Oregon Within the National Setting

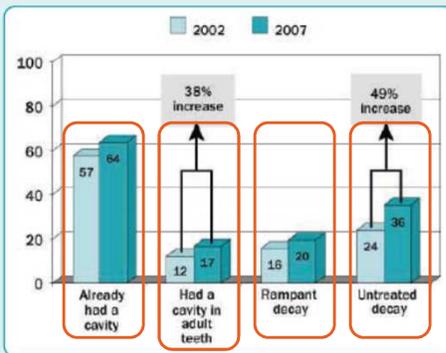


## Oregon Smile Survey 2007



Oregon Smile Survey 2007

Since the first Smile Survey conducted in 2002, every major measure of oral health among Oregon's school children has worsened. Compared with the 32 other states with BSS data, Oregon ranks 25th – or seventh from the bottom, in percentage of children with untreated decay.



**Rampant decay is past or present decay in seven or more teeth.**

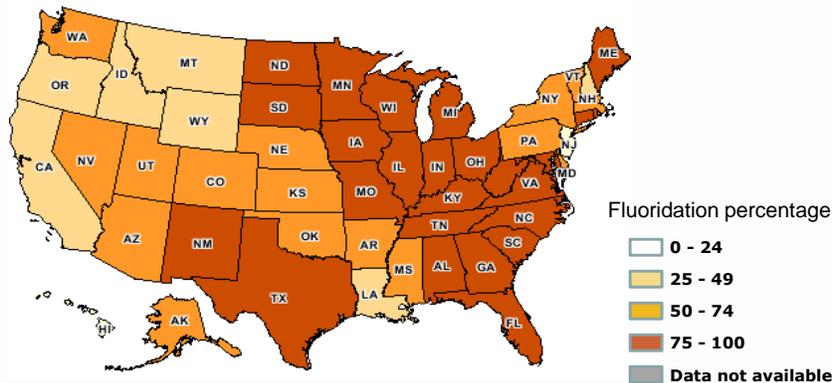
## Healthy People 2020\*

- **“Community water fluoridation and school-based dental sealant programs are two leading evidence-based interventions to prevent tooth decay.”**
  1. **Community water fluoridation** prevents tooth decay by 18 to 40%.
  2. **School-based dental sealant programs:** Dental sealants prevent up to 80% of tooth decay in the treated teeth. School sealant programs, a one-time intervention, result in 50% fewer cavities up to four years later.

\*Data from the National Health and Nutrition Examination Survey (NHANES) and the CDC's National Center for Health Statistics



**United States: 74.7% optimally fluoridated**  
**Oregon: 22.6% optimally fluoridated (w/natural = ~26%)**  
Oregon currently ranks 48 out of 50 states in access to fluoridated water. Only Hawaii and New Jersey rank lower.



## Legislative Attempts to Improve Oral Health

- Attempts to mandate fluoridation through the Oregon State legislature failed in: 1999, 2001, 2005, and 2007.



## Evidence-Based Practice (EBP) - Fluoride

- Reaches entire population that drinks tap water
  - Water Fluoridation = Reduces caries 25% (Community Guide, 2013)
- Reaches participating children
  - School fluoride tablet programs (daily) = Reduces caries 20% to 28% over 3 to 6 years (ASTDD, 2011)
  - School fluoride rinse programs (once a week) = Reduces caries 20% to 35% over 2 to 3 years (ASTDD, 2011)
  - Fluoride varnish programs = applied 2 to 4 times per year over 2 years (Cochrane Collaboration, 2013)
    - Reduces caries 43% in permanent teeth
    - Reduces caries 37% in primary (baby) teeth



## Legislative Attempts to Improve Oral Health

- In 2007, the state legislature approved funding to purchase 10 portable dental equipment units and hire a Sealant Program Coordinator.
- In 2007, legislation passed that allowed dental hygienists to determine the need for and place sealants without a dentist's supervision in specific locations.



## Oregon School Sealant Programs

- Prior to 2006...
- 3 of Oregon's 36 counties had school sealant programs.

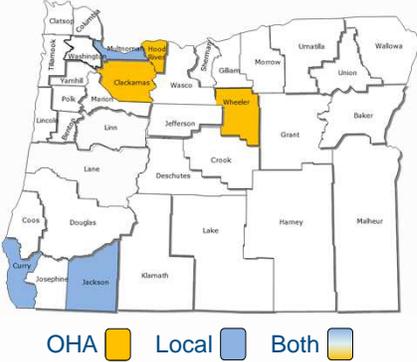


OHA  Local  Both 



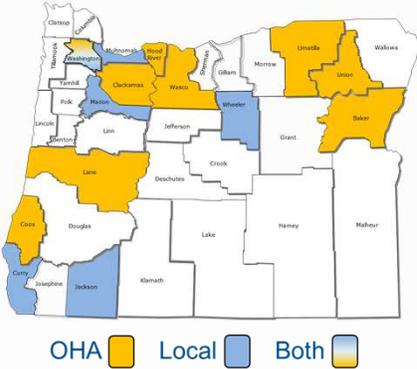
## Oregon 2006-07

- 358 eligible schools
- 92 served
  - 11 served by OHA
  - 81 served locally
- 26% of eligible served



## Oregon 2007-08

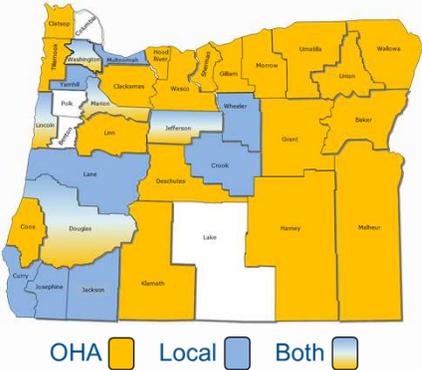
- 378 eligible schools
- 139 served
  - 43 served by OHA
  - 96 served locally
- 37% of eligible served





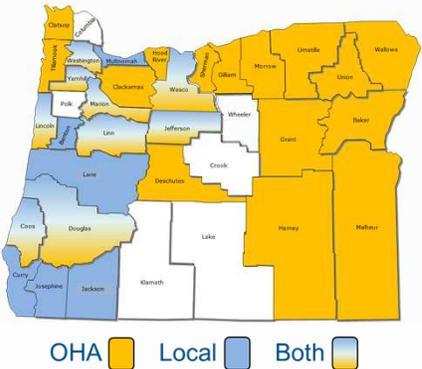
## Oregon 2010-11

- 436 eligible schools
- 264 served
  - 138 served by OHA
  - 126 served locally
- 61% of eligible served



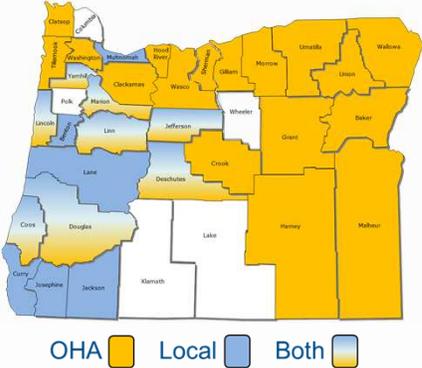
## Oregon 2011-12

- 478 eligible schools
- 330 served
  - 141 served by OHA
  - 189 served locally
- 68% of eligible served



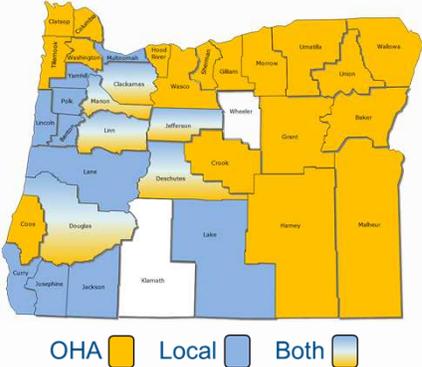
### Oregon 2012-13

- 484 eligible schools
- 345 served
  - 155 served by OHA
  - 190 served locally
- 71% of eligible served



### Oregon 2013-14

- 467 eligible schools
- 363 served
  - 153 served by OHA
  - 210 served locally
- 78% of eligible served



What were the outcomes?



## Oregon Smile Survey 2012



**OREGON SMILE SURVEY**  
2012 REPORT



Figure 3  
Oral health status,\* children 6-9 years old,  
Oregon, 2002 - 2012 Smile Surveys

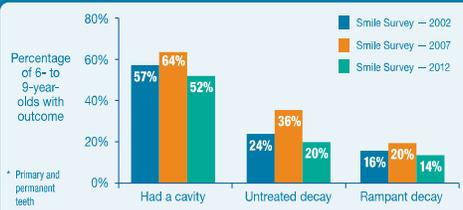
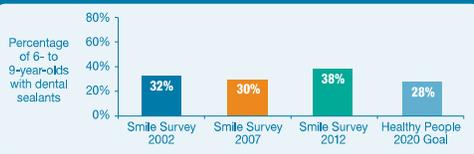


Figure 8  
Dental sealant rates for children 6-9 years old



## Healthy People Goals

### Reduce caries experience (permanent and primary)

Objective	Baseline	Target	Final
HP 2000: 6-8 year olds	54%	35% (-19%)	52% (-2%)
HP 2010: 6-8 year olds*	52%	42% (-10%)	53% (+1%)
HP 2020: 6-9 year olds*	54%	49% (-5%)	2014: 51.7%

2012 Oregon Smile Survey = 52% of 6-9 year olds had a cavity

### Increase sealants in permanent molars

Objective	Baseline	Target	Final
HP 2000: 8 year olds	11%	50% (+39%)	23% (+12%)
HP 2010: 6-8 year olds*	23%	50% (+27%)	32% (+9%)
HP 2020: 6-9 year olds*	25.5%	28.1% (+2.6%)	2014: 40.7%

2012 Oregon Smile Survey = 38% of 6-9 years olds had a sealant



\*Note changes in age categories



## OHA program recognized, in 2014, as an ASTDD “Best Practice Approach Example”



### Dental Public Health Activity Descriptive Report

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**Practice Number:** 40007  
**Submitted By:** Oral Health Unit/Center for Prevention and Health Promotion/Oregon Health Authority  
**Submission Date:** January 2014  
**Last Updated:**

SECTION I: PRACTICE OVERVIEW

**Name of the Dental Public Health Activity:**  
Oregon School-based Dental Sealant Program ←

**Public Health Functions:**  
 Assessment - Acquiring Data  
 Assessment - Use of Data  
 Policy Development - Collaboration and Partnership for Planning and Integration  
 Policy Development - Oral Health Program Policies  
 Policy Development - Use of State Oral Health Plan  
 Policy Development - Oral Health Program Organizational Structure and Resources  
 Assurance - Population-based Interventions



# Pew Report (published in 2015)

A report from THE PEW CHARITABLE TRUSTS | April 2015



## Oregon

Only five states earned an A or A minus for their sealant performance, of which just three—Maine, New Hampshire, and Oregon—received the maximum possible points.

A fact sheet from THE PEW CHARITABLE TRUSTS | April 2015

## States Stalled on Dental Sealants

# A-

2014 Grade

2012 Grade: B

Unnecessary rules restricting legislators from applying sealants in schools?	No restrictions	No restrictions	No restrictions
Participation in National Oral Health Surveillance System?	Yes—and submitted recent data	Yes—and submitted recent data	Yes—and submitted recent data
Meeting Healthy People 2010 sealant objective?	No	Yes	Yes

A	10.0
B	8.0
C	6.0
D	3.5
F	0.2



11

Oregon earned 11 out of a possible 11 points on sealant policies.

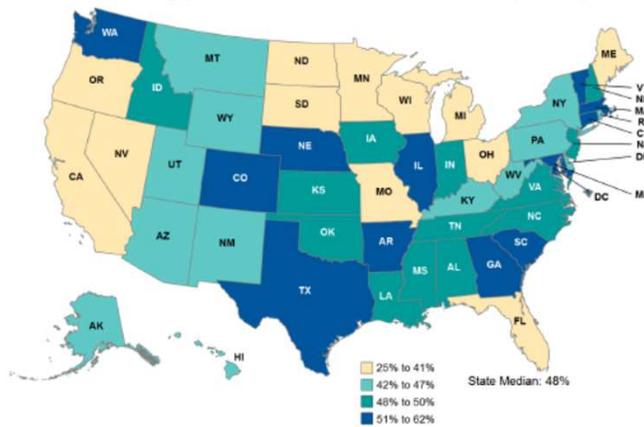
For a detailed description of the grading system, see the methodology section of the report at [pewtrusts.org/dentalsealants](http://pewtrusts.org/dentalsealants).

\*The Pew and the Association of State and Territorial Dental Directors (ASTDD) surveyed states to learn whether regulations require dentists to examine children before they can apply sealants or whether—restrictions that research shows are unnecessary. Their policies were categorized as follows: A dentist's exam is not required; no restrictions; a dentist's exam is sometimes required (e.g., certain classifications of dental hygiene can apply sealants without a dentist's prior exam); exams restricted to a dentist's exam in a dental office; exams restricted; and a dentist's exam is always required and the dentist must remain on-site while the hygienist applies the sealant; exam occurs, restrictions.

## States Stalled on Dental Sealant Programs

A 50-state report

Exhibit PDENT-CH.3. Geographic Variation in the Use of Preventive Dental Services, FFY 2014 (n = 51 states)



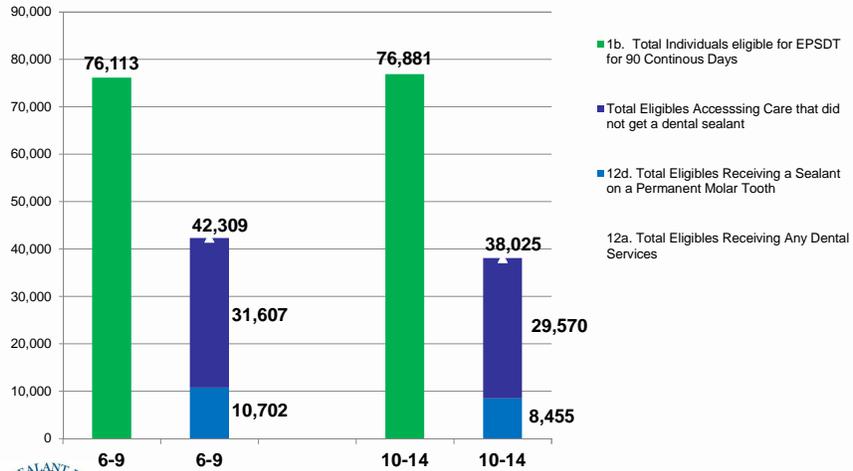
Source: Mathematica analysis of FFY 2014 Form CMS-416 reports as of September 29, 2015.

Notes: When a state reported separate rates for its Medicaid and CHIP populations, the rate for the larger measure-eligible population was used.

To view state-specific data for this measure, please see Table PDENT-CH at <http://www.medicaid.gov/medicaid-chip-program-information/by-topics/quality-of-care/downloads/performance-on-the-child-core-set-measures-ffy-2014.zip>.



## Oregon 2013 CMS 416 Data



## Health System Transformation in Oregon

- In 2012, Oregon received \$1.9 billion in federal funding to slow the annual growth in Medicaid costs by 2% (5.4% to 3.4%), with the intent to save \$11 billion in 10 years.
- 16 Coordinated Care Organizations (CCOs) were established to serve the Medicaid population.
- HealthCare.gov (previously Cover Oregon) – insurance exchange for individuals, families, and small employers (tax credits)
  - Medical plans may include dental, but many dental plans are stand-alone.

Tax credits do not apply to a stand-alone dental plan.





## Health System Transformation in Oregon

- Early Learning System for a 40/40/20 education goal for a seamless education system from birth through college:
  - 40% completing 2-year degree
  - 40% completing 4-year degree
  - 20% graduate high school, career ready
- Early Learning Council provides oversight and guides efforts to streamline state programs and policies to meet statewide goals
- 16 regional and community-based Early Learning Hubs directed to:
  1. Create an early childhood system that is aligned, coordinated and family-centered;
  2. Ensure children arrive at school ready to succeed; and
  3. Ensure Oregon's young children live in families that are healthy, stable and attached.



## OHA Posts Quarterly CCO Reports

OREGON.GOV About OHA Programs and Services Oregon Health Plan Health System Reform Licenses and Certificates Public Health

**Quality and Accountability**  
Oregon's Health System Transformation: Performance Metrics

Health Policy and Analytics > Quality and Accountability

### Quality and Accountability

- Quality and Accountability
- CCO Performance Metrics
- Quality and Access by CCO
- Hospital Transformation Performance Program
- Quality and Access by Hospital
- Contact
- Health.Oregon.gov

### Oregon's Health System Transformation: Performance Metrics

Across Oregon, private hospitals and coordinated care organizations (CCOs) are working on a local level to transform the health care delivery system to bring better health, better care and lower costs to Oregonians. To provide status updates on the state's progress towards these goals, the Oregon Health Authority (OHA) is publishing semi-annual reports showing quality and access data, financial data, and progress toward reaching benchmarks.

### CCO Performance Metrics Reports

The state is tracking 17 CCO incentive metrics and 16 additional state performance metrics.

[CCO Metrics Performance Reports »](#)

#### Current Report

2016 Final Performance Report

### Hospital Transformation Performance Program Metrics Reports

The state is tracking 11 hospital incentive metrics as part of the new Hospital Transformation Performance Program.

[Hospital Transformation Performance Program Reports »](#)

#### Current Report

Hospital Transformation Performance Program Year 3 Report

### Related Information

- Hospital Transformation Performance Program
- Hospital Performance Metrics Advisory Committee
- CCO Incentive Metrics
- Metrics and Scoring Committee
- Health Analytics
- SIM Grant
- Transformation Center

## CCOs meeting goals...

- ↓ Hospital readmissions decreased by 23% from 2011.
- ↓ Hospital admissions for asthma and COPD decreased 51% from 2011.
- ↑ Assessments for children in DHS custody increased by 168% since 2014.
- ↑ Adolescent well-care visits increased by 58% since 2011.

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All CCOs showed improvements in 2016, but only 7 met 100% \$ of their targets. Payments were paid to CCOs based on their individual progress in the 17 incentive measures.

(Oregon Health Authority, June 2017)



## 2016 QUALITY POOL DISTRIBUTION

CCO	Phase 1 distribution			Challenge pool		TOTAL	
	Number of measures met (of 18 possible)	Payment earned in Phase 1*	Percent of quality pool funds earned	Number of challenge pool measures met	Challenge pool earned	Total payment (Phase 1 + Challenge pool)	Total quality pool earned
AllCare Health Plan	14.9	\$ 9,289,825	100%	3	\$ 1,231,864	\$ 10,521,689	113%
Cascade Health Alliance	10.8	\$ 2,394,930	70%	3	\$ 413,799	\$ 2,808,729	82%
Columbia Pacific	12.9	\$ 4,598,806	80%	4	\$ 947,924	\$ 5,546,730	96%
Eastern Oregon	12.9	\$ 8,877,570	80%	3	\$ 1,203,801	\$ 10,081,371	91%
FamilyCare	11.9	\$ 16,432,704	80%	3	\$ 3,049,131	\$ 19,481,835	95%
Health Share of Oregon	11.9	\$ 35,401,115	80%	3	\$ 5,575,833	\$ 40,976,948	93%
Intercommunity Health Network	11.8	\$ 9,226,570	80%	3	\$ 1,358,709	\$ 10,585,279	92%
Jackson Care Connect	11.8	\$ 4,490,390	80%	4	\$ 1,122,541	\$ 5,612,931	100%
PacificSource - Central Oregon	13.9	\$ 10,628,001	100%	3	\$ 1,287,801	\$ 11,915,802	112%
PacificSource - Gorge	11.0	\$ 1,877,837	70%	3	\$ 319,133	\$ 2,196,970	82%
PrimaryHealth of Josephine County	16.0	\$ 2,206,010	100%	4	\$ 423,661	\$ 2,629,671	119%
Trillium	12.8	\$ 14,953,435	80%	3	\$ 2,263,925	\$ 17,217,360	92%
Umpqua Health Alliance	14.0	\$ 5,277,015	100%	4	\$ 1,022,051	\$ 6,299,066	119%
Western Oregon Advanced Health	14.9	\$ 4,701,278	100%	4	\$ 765,102	\$ 5,466,380	116%
Willamette Valley Community Health	14.0	\$ 18,540,644	100%	4	\$ 3,761,895	\$ 22,302,539	120%
Yamhill Community Care	13.9	\$ 4,616,761	100%	3	\$ 579,163	\$ 5,195,924	113%
<b>Total</b>		<b>\$ 153,512,891</b>			<b>\$ 25,326,333</b>	<b>\$ 178,839,224</b>	

\* Quality pool distribution is based on number of measures met and CCO size (number of members). See page 15 for CCO enrollment.

\* **Quality Pool Funding 2016: 4.25 percent** of aggregate payments made to all CCOs for services.

## Dental Care Integration

- Prior to health transformation, Dental Care Organizations (DCOs) served Medicaid population.
- Dental care integrated into CCOs on July 1, 2014.
  - CCOs had to contract with DCOs serving members in their service area. All CCOs met this requirement.
- Some CCOs assign members directly to a DCO, while other CCOs allow members to choose a DCO if the DCO is “open” for new clients.
- Standalone DCOs still provide dental care to a small percentage of OHP clients. In addition, about 5% of OHP clients receive dental care through the fee-for-service (FFS) delivery system.



### Coordinated Care Organizations

1. AllCare CCO
2. Cascade Health Alliance
3. Columbia Pacific CCO
4. Eastern Oregon CCO
5. FamilyCare, Inc.
6. Health Share of Oregon
7. Intercommunity Health Network CCO
8. Jackson Care Connect
9. Pacific Source Community Solutions CCO  
Central Oregon Region
10. Pacific Source Community Solutions CCO  
Columbia Gorge Region
11. PrimaryHealth of Josephine County, LLC
12. Trillium Community Health Plan
13. Umpqua Health Alliance
14. Western Oregon Advanced Health, LLC
15. Willamette Valley Community Health, LLC
16. Yamhill Community Care Organization

### Dental Care Organizations

1. Access Dental Plan
  2. Advantage Dental Services
  3. Capitol Dental Care
  4. CareOregon Dental
  5. Family Dental Care
  6. Managed Dental Care of Oregon
  7. ODS Community Dental Plan
- Willamette Dental  
Kaiser Permanente Dental Care



## Coordinated Care Organizations (CCOs)

Metrics: Goals that produce incentive payments to CCOs from the “Quality Pool”\*

- 17 Medical metrics
- 2 Dental metrics
  - Children ages 6-9 and 10-14 who received a sealant on a permanent molar tooth.
  - Mental, physical, and dental health assessments within 60 days for children in DHS custody.



\*Quality Pool Funding 2016: 4.25% of aggregate payments made to all CCOs for services.



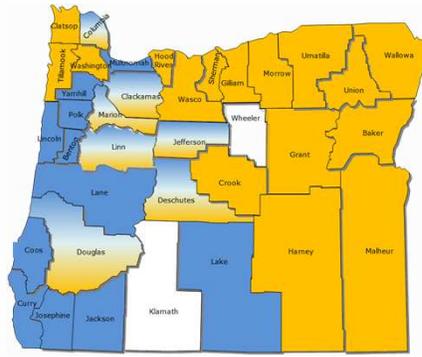
## Dental Care Organizations by County

#CCOs	#DOCs	Counties	DENTAL CARE ORGANIZATIONS																	
1	1	Coos	Advantage																	
2	1	Curry	Advantage																	
1	1	Gilliam	Advantage																	
1	1	Grant	Advantage																	
1	1	Harney	Advantage																	
1	1	Lake	Advantage																	
1	1	Morrow	Advantage																	
1	1	Sherman	Advantage																	
1	1	Union	Advantage																	
1	1	Wheeler	Advantage																	
1	2	Baker	Advantage	ODS Dental																
1	2	Crook	Advantage	ODS Dental																
1	2	Deschutes	Advantage	ODS Dental																
5	2	Douglas	Advantage		Willamette															
1	2	Jefferson	Advantage	ODS Dental																
2	2	Klamath	Advantage													Capitol				
1	2	Malheur	Advantage	ODS Dental																
2	2	Tillamook	Advantage	ODS Dental	Willamette															
1	2	Umatilla	Advantage												Capitol					
1	2	Wallowa	Advantage	ODS Dental																
1	3	Hood River	Advantage	ODS Dental											Capitol					
1	3	Lincoln	Advantage		Willamette										Capitol					
1	3	Wasco	Advantage	ODS Dental											Capitol					
3	4	Benton	Advantage	ODS Dental	Willamette										Capitol					
1	4	Clatsop	Advantage	ODS Dental	Willamette										Capitol					
1	4	Columbia	Advantage	ODS Dental	Willamette										Capitol					
3	4	Jackson	Advantage	ODS Dental	Willamette										Capitol					
2	4	Josephine	Advantage	ODS Dental	Willamette										Capitol					
1	4	Lane	Advantage	ODS Dental	Willamette										Capitol					
3	4	Linn	Advantage	ODS Dental	Willamette										Capitol					
4	4	Marion	Advantage	ODS Dental	Willamette										Capitol					
3	4	Polk	Advantage	ODS Dental	Willamette										Capitol					
2	4	Yamhill	Advantage	ODS Dental	Willamette										Capitol					
2	9	Multnomah	Advantage	ODS Dental	Willamette	Capitol	Managed Dental	CareOregon	Family Dental	Access Dental	Kaiser Dental									
3	9	Clatsamas	Advantage	ODS Dental	Willamette	Capitol	Managed Dental	CareOregon	Family Dental	Access Dental	Kaiser Dental									
3	9	Washington	Advantage	ODS Dental	Willamette	Capitol	Managed Dental	CareOregon	Family Dental	Access Dental	Kaiser Dental									

<http://www.oregon.gov/oha/HSD/OHP/Pages/Plans.aspx>

## Oregon 2014-15

- 460 eligible schools
- 363 served
  - 143 served by OHA
  - 220 served locally
- 79% of eligible served

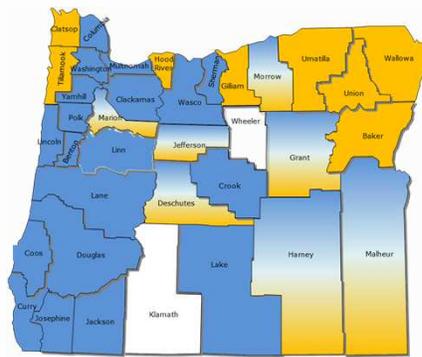


OHA ■ Local ■ Both ■



## Oregon 2015-16

- 760 eligible schools
- Elementary grades
  - 80 served by OHA
  - 382 served locally
  - 88.1% of eligible served
- Middle grades
  - 8 served by OHA
  - 124 served locally
  - 47% of eligible served

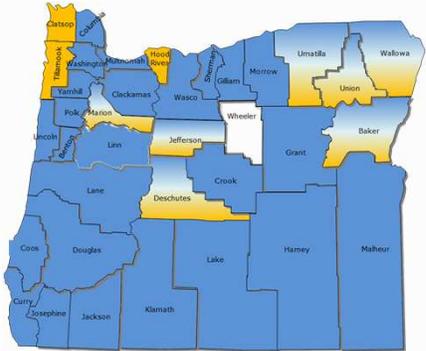


OHA ■ Local ■ Both ■



### Oregon 2016-17

- 506 eligible elem. grades
- 269 eligible middle grades
- Elementary grades
  - 57 served by OHA
  - 392 served locally
  - 88.7% of eligible served
- Middle grades
  - 14 served by OHA
  - 169 served locally
  - 68% of eligible served

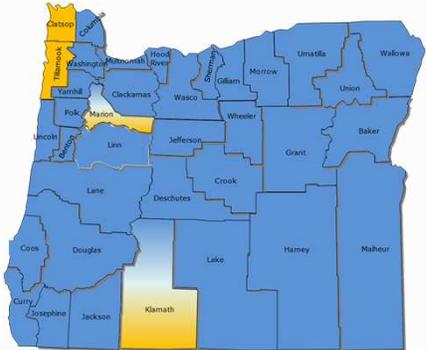


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### Oregon 2017-18

- Data not finalized



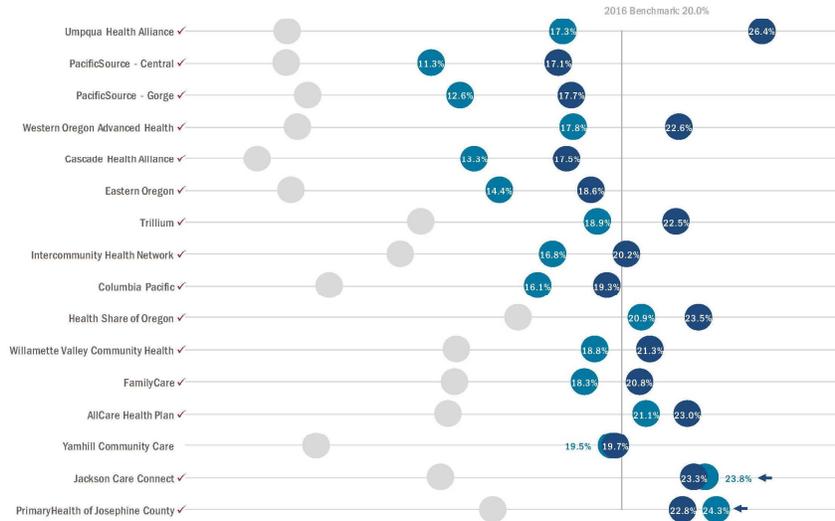
OHA ■ Local ■ Both ■



## § DENTAL SEALANTS ON PERMANENT MOLARS FOR CHILDREN (all ages)

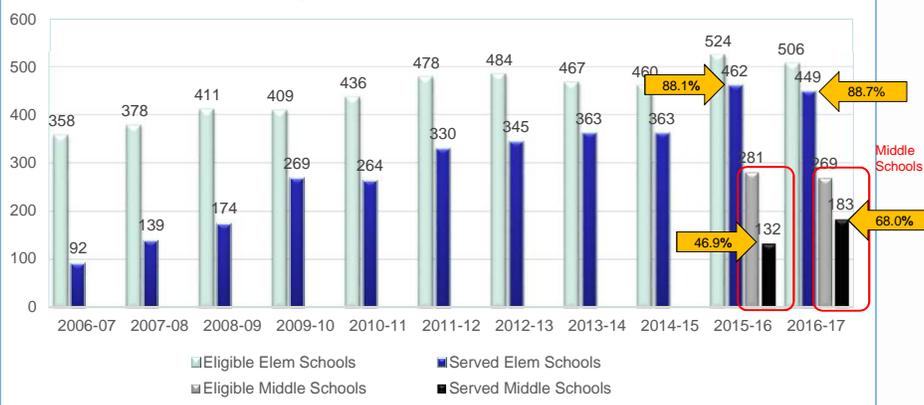
Dental sealants for children ages 6-14 in 2015 and 2016, by CCO.

✓ Indicates CCO met benchmark or improvement target / Grey dots represent 2014



Metric: Improve by 3% every year to receive incentives – up to the goal of 20%.

### 2006-2017: Eligible Elem Schools Served 2015-17: Eligible Elem/Middle Grades Served



Notes:

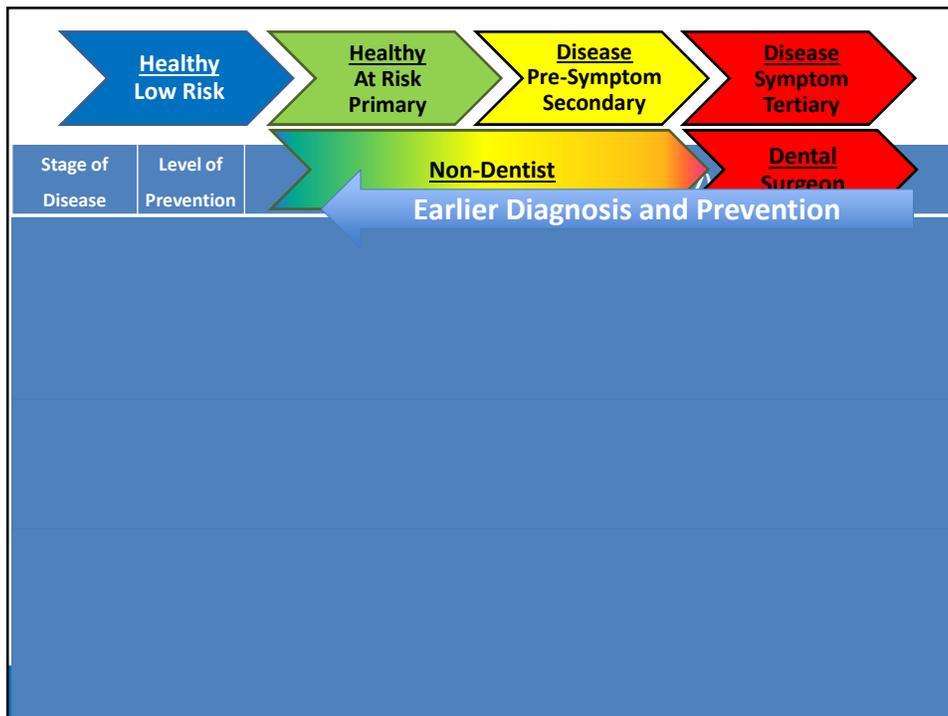
- Some schools have both elementary and middle grades, so total elementary/middle grades do not equal number of eligible schools.
- Prior to the 2016-17 school year, local programs were not required to submit actual data. The number of schools should be considered an estimate.



## Certification

- All school dental sealant programs are required to be certified by the Oregon Health Authority.
- To-date, there are 20 certified programs and all are in compliance.
- Certification for School Dental Sealant Programs:

<http://www.oregon.gov/oha/PH/PREVENTIONWELLNESS/ORALHEALTH/SCHOOL/Pages/certification-training.aspx>



## Thank you!

### Contact information:

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## Evidence-Based Practice (EBP)

- All programs should be evidence-based.
- Not all services that are suitable for clinical practice are EBP for public health programs.
  - Must be cost-effective
  - Must be feasible
- Although education programs are an important part of a comprehensive program, they do not produce measurable results (i.e. education should not be the foundation of a program).



## Interventions not evidence-based:

Do not provide measurable results:

- Oral health education
- Prophylaxes (teeth cleaning)

How about...

- Silver Diamine Fluoride



## Silver Diamine Fluoride (SDF)

- Gao, S. S., et al. (2016). Clinical trials of silver diamine fluoride in arresting caries among children.  
<https://doi.org/10.1177/2380084416661474>
  - “Meta-analysis was performed on extracted data from 8 studies using 38% SDF to arrest caries in primary teeth. The overall percentage of active caries that became arrested was 81%.”



## American Academy of Pediatric Dentistry

- In response to the Gao publication (2016), the American Academy of Pediatric Dentistry made a conditional recommendation (2017):

“...regarding the use of 38 % SDF for the arrest of cavitated caries lesions in primary teeth as part of a comprehensive caries management program.

After taking into consideration the low cost of the treatment and the disease burden of caries, panel members were confident that the benefits of SDF application in the target populations outweigh its possible undesirable effects. Per GRADE, this is a conditional recommendation based on low-quality evidence.”

