

Brief Overview of Dental Care Nationally and in Oregon

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Gum Gardeners Study Club
May 18, 2015



Objectives

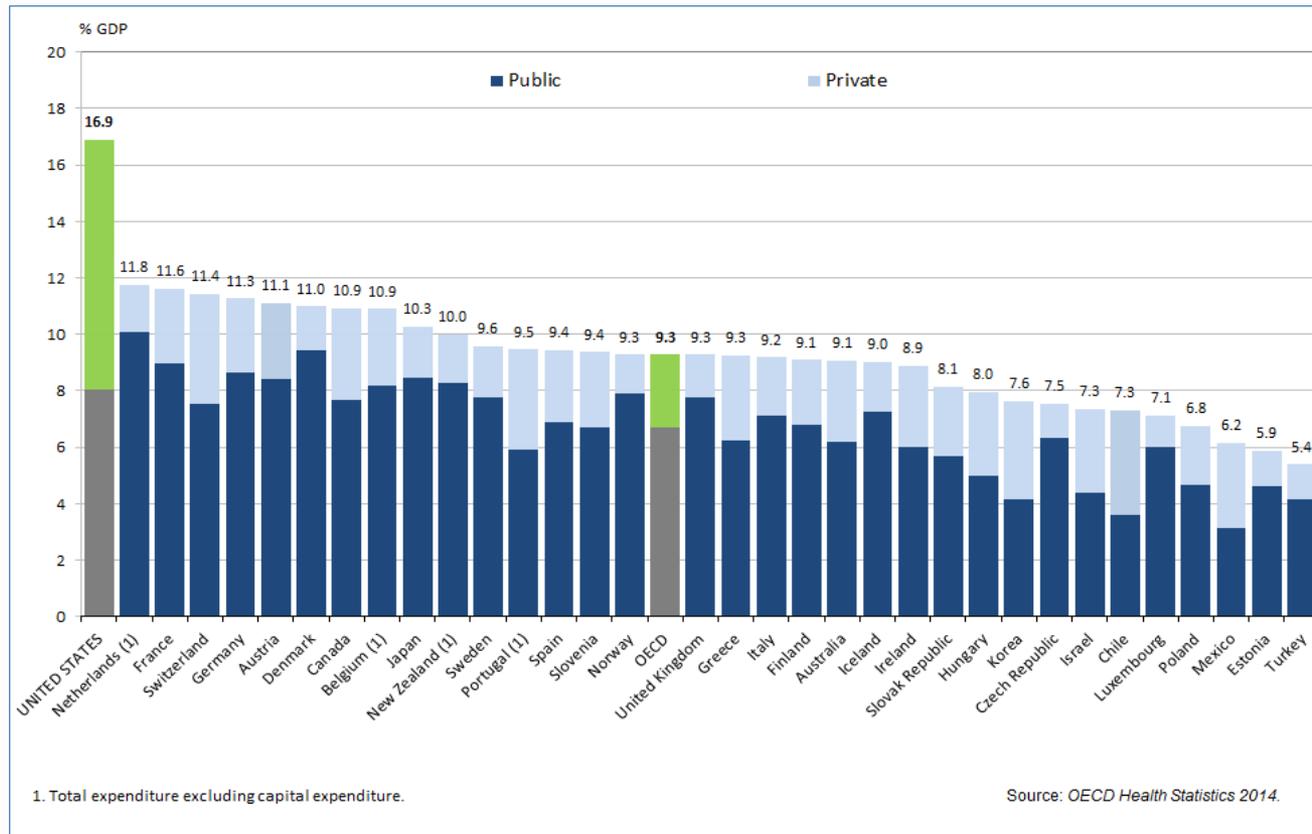
To review:

- Oral health in the context of the health care system
- National organizations requesting state oral health data
- Current state system
- Oregon incentive measures



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%.

Yet, our life expectancy is less...

(World Health Organization, 2010)

1	 Japan	82.73
2	 Switzerland	81.81
3	 Hong Kong	81.61
4	 Australia	81.44
5	 Italy	81.37
6	 Iceland	81.28
7	 France (metropol.)	80.95
8	 Sweden	80.88
9	 Israel	80.69
10	 Singapore	80.60
11	 Canada	80.50
12	 Spain	80.48
13	 Norway	80.45
14	 Austria	80.24
15	 Netherlands	80.20
16	 New Zealand	80.13
17	 Martinique (France)	80.07
18	 Macau	80.03
19	 South Korea	80.00
20	 Germany	79.85
21	 Belgium	79.77
22	 Ireland	79.68
23	 United Kingdom	79.53
24	 Greece	79.52
25	Channel Islands (UK)	79.51
26	 Luxembourg	79.39
26	 Guadeloupe (France)	79.39
28	 Finland	79.34
29	 Cyprus	78.94
29	 U.S. Virgin Islands (US)	78.94
31	 Costa Rica	78.87
32	 Malta	78.80
33	 Puerto Rico (US)	78.70
34	 Chile	78.65
35	 Portugal	78.59
35	 Slovenia	78.59
37	 Cuba	78.50
38	 Denmark	78.25
39	 Taiwan	78.19
40	 United States	77.97



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, Reifsnyder, Fabius, & Pracilio, 2011)



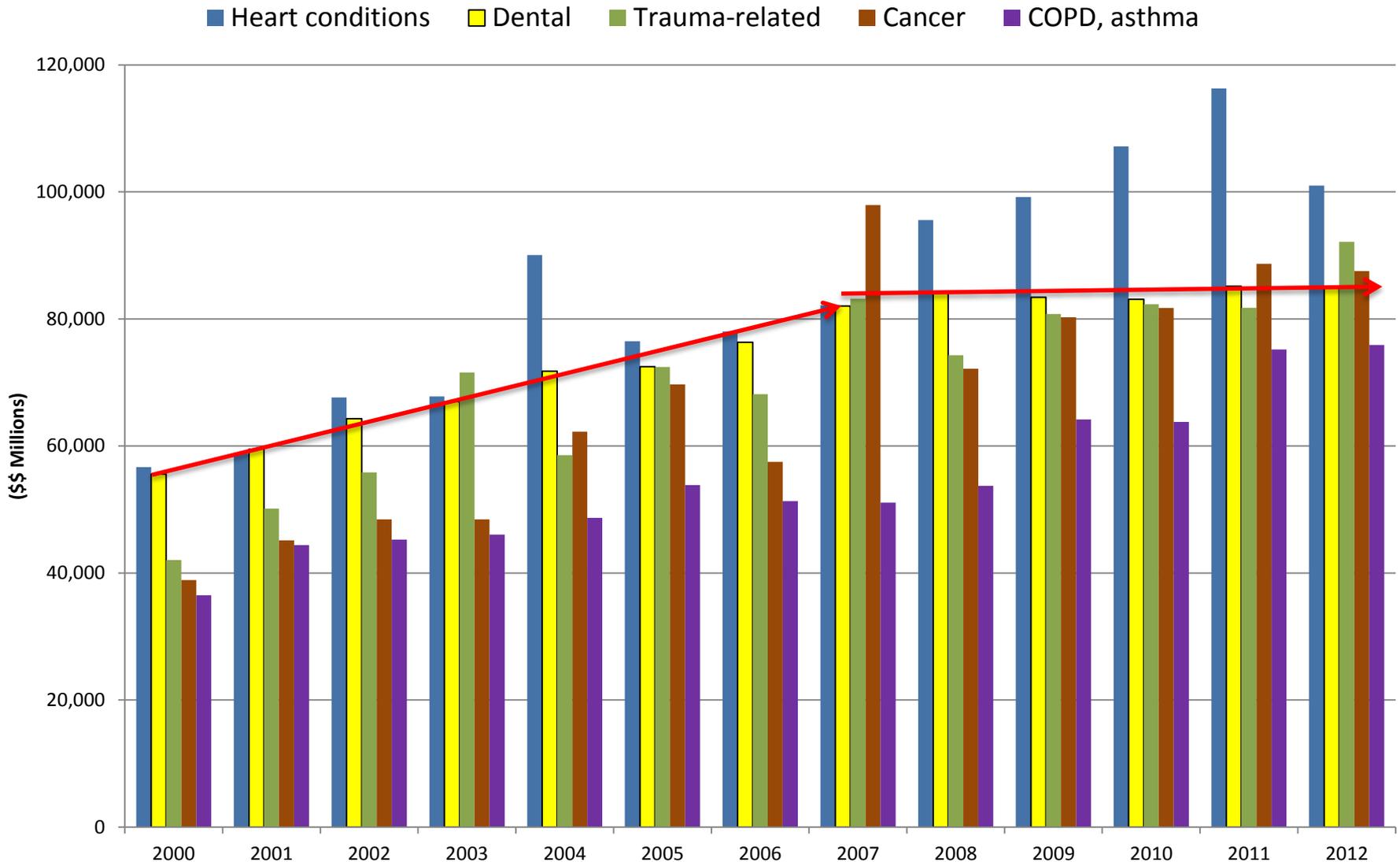
Oral health may seem insignificant, but...

- In 2006, dental care in the United States accounted for 7.2% of per capita healthcare expenditures, higher than the expenditures for cancer treatment (5.4%) and diabetes (4.6%).
- If significant prevention measures are not implemented, the annual cost of dental services is expected to rise 58% by 2018.

(Fucillo, 2011)

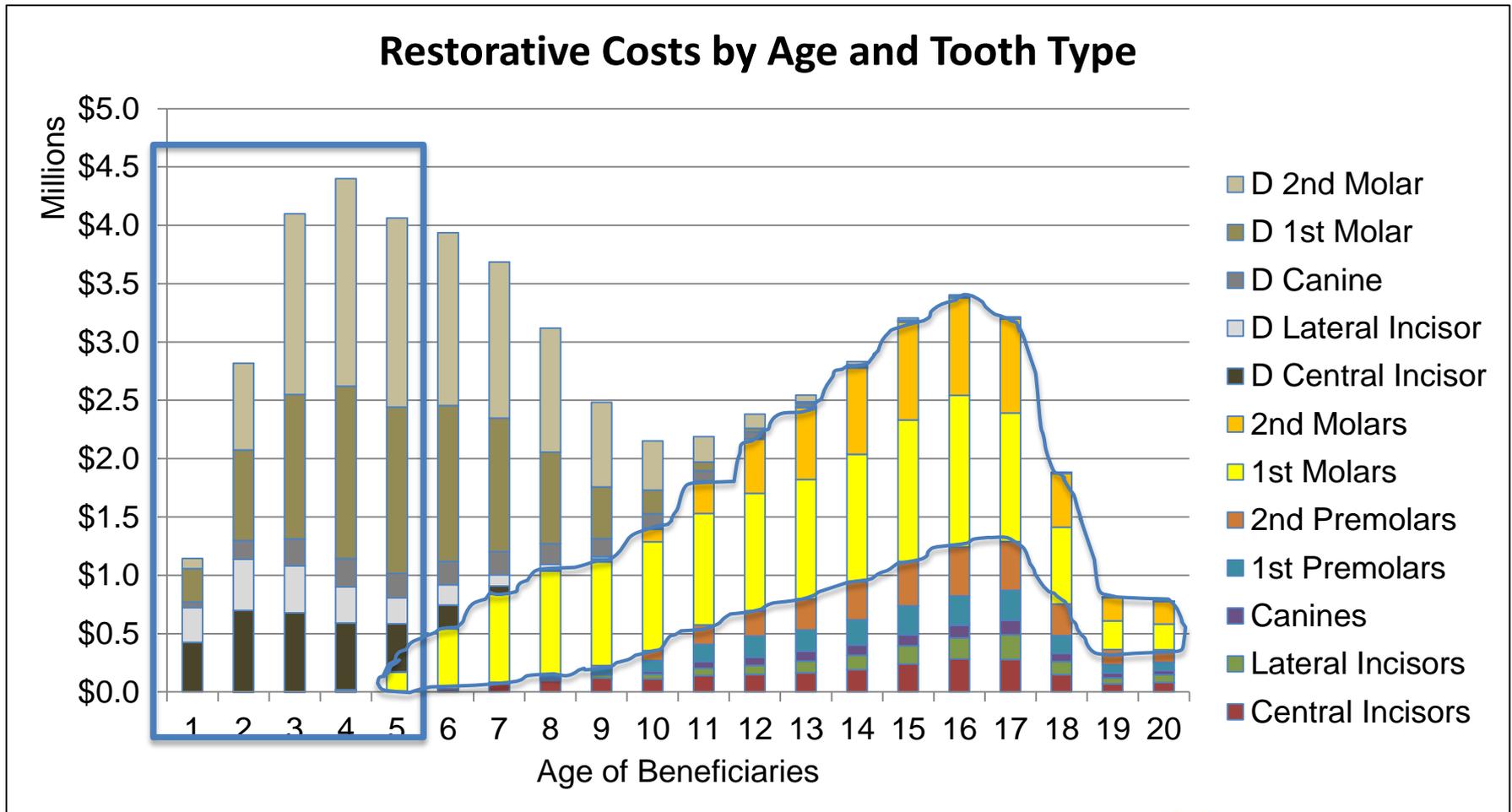


Top 5 Most Expensive Conditions



Source: Medical Expenditure Panel Survey (MEPS)

Restorative Costs - Typical Medicaid Program



ER visits are costly...

- A study in Washington State revealed that a trip to the ER was the first “dental visit” for one in four children overall, and for roughly half the children younger than 3½ years.
- A visit to the ER costs 10 times the cost of the visit to the private dental office for preventive services.
- From 2008 to 2010, there was a 31% increase in dental-related ER visits by Oregon’s Medicaid enrollees.

Pew Center on the States (2012)

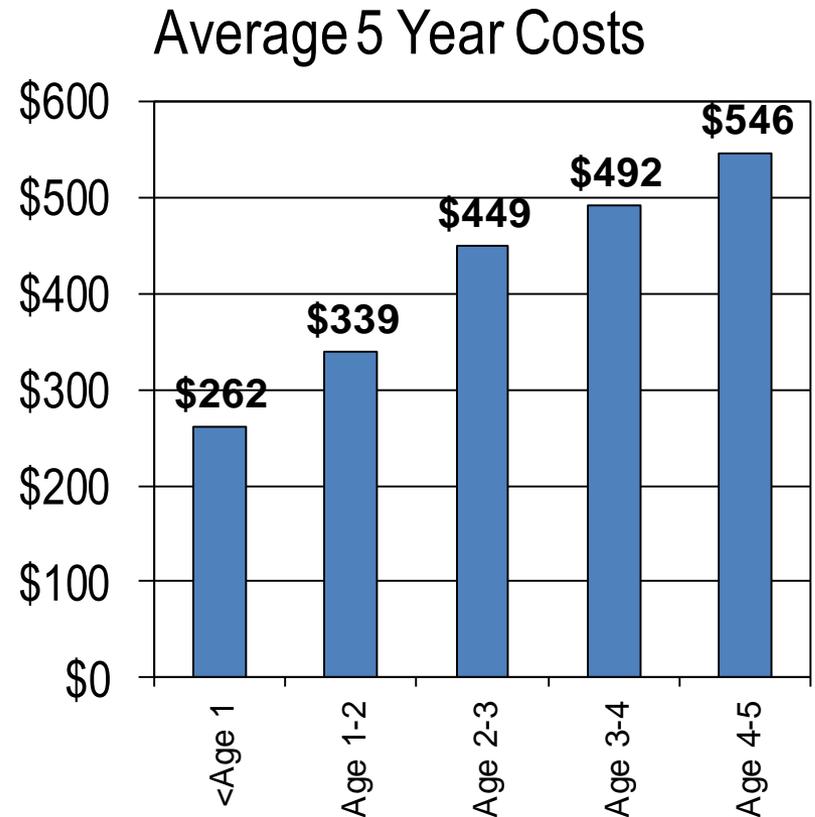
A costly dental destination: Hospital care means states pay dearly.



Early Prevention = Lower Costs

“The age of a child at the first preventive dental visit has a significant effect on dentally related expenditures.”

***Early Preventive Dental Visits: Effects on Subsequent Utilizations and Costs
Savage MF, et al. Pediatrics October, 2004**



ECC Collaborative Prevention Strategies

- **Primary Prevention**

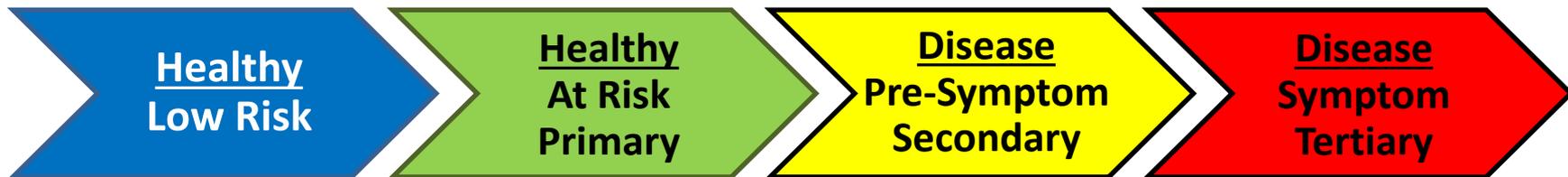
- Educating parent about oral health
- Behavior modification thru motivational interviewing and self-management goal setting
- Provide specific protections such as fluoride varnish and dental sealants based on patient needs not benefit design

- **Secondary Prevention**

- Detection and management of presymptomatic disease thru remineralization (treatment of non-cavitated caries)

- **Tertiary Prevention**

- Treatment of symptomatic disease with ITR to prevent it from progressing to disabling pain and abscess (treatment of cavitated caries)



Health care is changing...

- 2010: Passage of the Patient Protection and Affordable Care Act (ACA) and the establishment of Accountable Care Organizations (ACOs) – The ACA requires measurable outcomes or no federal funds.
- Even before the official passage of the ACA, Oregon began to establish Coordinated Care Organizations (CCOs), Oregon's answer to ACOs. In July 2014, oral health care services became part of the system.

(Department of Health and Human Services, 2013;
Oregon Health Authority, 2013)



National Organizations

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

- Healthy People (USDHHS)
- Pew Charitable Trust
- Association of State and Territorial Dental Directors
- Centers for Disease Control and Prevention



Healthy People

- “Healthy People: The Surgeon General’s Report on Health Promotion and Disease Prevention” was released in 1979.

“If the mortality rates from the early 1900s prevailed today, 835,000 people would have lost their lives to tuberculosis, gastroenteritis, diphtheria, and poliomyelitis instead of the less than 10,000 lives that would be lost today.”

- In 1990, the Department of Human Services established *the Healthy People initiative* by unveiling “Healthy People (HP) 2000.”
- HP 2000: Oral Health was 1 of 22 priority areas.



Healthy People Goals

Reduce caries experience (permanent and primary) ↓



Objective	Baseline	Target	Final
HP 2000: 6-8 year olds	54%	35%	52%
HP 2010: 6-8 year olds	52%	42%	53%
HP 2020: 6-9 year olds	54%*	49%	Not in

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%	23%
HP 2010: 6-8 year olds	23%	50%	32%*
HP 2020: 6-9 year olds	25.5%*	28.1%	Not in

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



*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 Center on the States, 2011



The State of Children's Dental Health:
Making Coverage **Matter**



PEW CENTER ON THE STATES THE STATE OF CHILDREN'S DENTAL HEALTH

The State of Children's Dental Health:
Making Coverage Matter
Oregon

B
2011 GRADE

Oregon meets five of the eight policy benchmarks aimed at addressing children's dental health needs, one more than it met in Pew's 2010 report. The state improved by achieving the threshold for the percentage of Medicaid-enrolled children receiving dental care. However, Oregon is one of only nine states that do not provide fluoridated water to at least half of their citizens.

The state reduced adult dental benefits in 2010.¹ This change could have a negative impact on children, as research indicates that parents who visit dentists are more likely to arrange care for their kids.² On a positive note, Oregon is one of only a handful to have sealant programs in more than half of its high-risk schools. Legislation was proposed in the 2011 session to create an advanced dental hygiene practitioner, whose duties would include filling cavities.³

HOW WELL IS OREGON RESPONDING?

DATA YEAR	MEASURED AGAINST THE NATIONAL BENCHMARKS FOR EIGHT POLICY APPROACHES	STATE	NATIONAL	2011: B	2010: C
				MEETS OR EXCEEDS	MET OR EXCEEDED
2010	Share of high-risk schools with sealant programs	50.74%	25%	✓	✓
2010	Hygienists can place sealants without dentist's prior exam	YES	YES	✓	✓
2008	Share of residents on fluoridated community water supplies	27.4%	75%		
2009	Share of Medicaid-enrolled children getting dental care	38.8%	38.1%	✓	
2010	Share of dentists' median retail fees reimbursed by Medicaid	43.3%	60.5%		
2010	Pays medical providers for early preventive dental health care	YES	YES	✓	✓
2010	Authorizes new primary care dental providers	NO	YES		
2010	Tracks data on children's dental health	YES	YES	✓	✓
Total score				5 of 8	4 of 8

Grading: A = 6-8 points B = 5 points C = 4 points D = 3 points F = 0-2 points



The Pew Center on the States is a division of The Pew Charitable Trusts that identifies and advances effective solutions to critical issues facing states. Pew is a nonprofit organization that applies a rigorous, analytical approach to improve public policy, inform the public and stimulate civic life.



Pew Center on the States, 2012



Falling Short Most States Lag On Dental Sealants

PEW CENTER ON THE STATES

DENTAL SEALANTS

Falling Short: Most States Lag on Dental Sealants

2012 GRADE

Oregon

B



Dental sealants are clear plastic coatings that take only a few minutes to apply to the chewing surfaces of permanent molars, the most cavity-prone teeth. Research shows that school-based sealant programs reduce tooth decay by 60 percent at one-third the cost of a filling.

How well is Oregon protecting kids from tooth decay?

Sealant Benchmarks	State	Goal
% of high-need schools with sealant programs	50-74%	75%+
Unnecessary rules restricting hygienists from applying sealants in schools*	No restrictions	No restrictions
Participation in National Oral Health Surveillance System	Yes – and submitted recent data	Yes – and submitted recent data
Meeting Healthy People 2010 sealant goal	No	Yes

OREGON
earned 9 out of a possible 11 points.

Grading:
A = 10-11
B = 8-9
C = 6-7
D = 3-5
F = 0-2

For a detailed description of the grading system, see the Methodology section of the report at www.pewstates.org/dental-sealants-methodology.



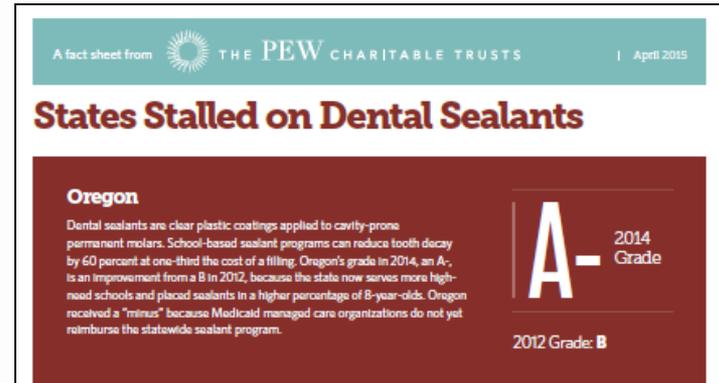
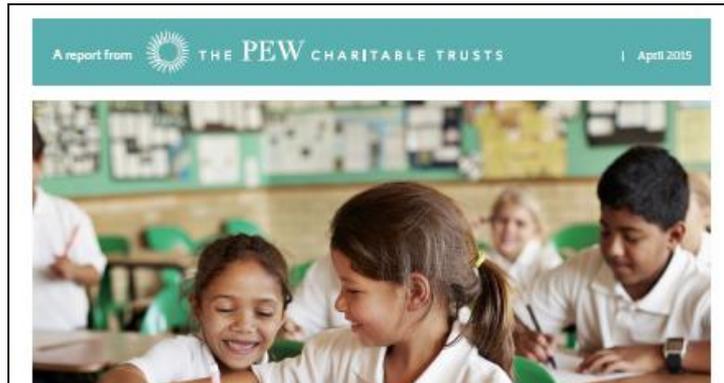
To see all states' grades, see the map at www.pewstates.org/dental-sealants.



*Pew surveyed states to learn whether regulations require dentists to examine children before hygienists can apply sealants at schools – restrictions that research shows are unnecessary. State practices 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 hygienists can apply sealants without a dentist's prior exam) – extra restrictions; a dentist's exam is always required – severe restrictions; and a dentist's exam is always required and the dentist must remain on-site while the hygienist applies the sealant – most severe restrictions.



Pew Center on the States, 2015



“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” (Pew, 2015)

(“Oregon received a ‘minus’ because Medicaid managed care organizations do not yet reimburse the statewide sealant program.”)



PEW grades based on 4 indicators *“that should 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

Oregon now meets all of the PEW benchmarks:

- ✓ In 2014, Oregon surpassed Pew’s goal (75%) and now serves 76.7% of eligible schools.
- ✓ Oregon state law allows dental hygienists to determine the need for and place sealants without a dentist’s supervision.
- ✓ Oregon submits Smile Survey data every 5 years.
- ✓ In 2012, Oregon surpassed the Healthy People goal (28%) with 38% of 6-9 year olds having sealants.



Association of State and Territorial Dental Directors (ASTDD)



Association of State & Territorial Dental Directors

3858 Cashill Blvd., Reno, NV 89509
Phone 775-626-5008 Fax 775-626-9268



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State & Territorial Dental Public Health Activities

Oregon | Current Activities

Practice Name	State	Practice #	BP Example	Last Reviewed	Last Updated
Click to open HTML document					
School Fluoride Program	OR	40001	PDF	February 2013	February 2013
Early Childhood Cavities Prevention Project: PREVENTION!	OR	40002	-	February 2013	February 2013
Oregon Head Start Action Plan for Oral Health	OR	40003	-	February 2013	February 2013
Oregon's State Oral Health Coalition	OR	40004	PDF	February 2013	February 2013
State Oral Health Plan Development	OR	40005	-	February 2013	February 2013
Klamath County Early Childhood Cavities Prevention Program	OR	40006	PDF	September 2009	September 2009
Oregon's State School-based Dental Sealant Program	OR		PDF	January 2014	January 2014



Centers for Disease Control and Prevention (CDC)

- Oregon State Oral Health Profile



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National Center for Chronic Disease Prevention and Health Promotion

Oral Health Resources

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National Oral Health Surveillance System

State Oral Health Profile

Oregon

Change State

Dental Visit
70.4% of the population visited the dentist or dental clinic within the past year.
[Data source: BRFSS \(2008\)](#)
[View demographic data](#)

Teeth Cleaning
70.1% of the population had their teeth cleaned by a dentist or dental hygienist within the past year.
[Data source: BRFSS \(2008\)](#)
[View demographic data](#)

Complete Tooth Loss
16.0% of the population 65+ have lost all of their teeth.
[Data source: BRFSS \(2008\)](#)
[View demographic data](#)

Lost 6 or More Teeth
37.2% of the population 65+ have lost 6 or more teeth.
[Data source: BRFSS \(2008\)](#)
[View demographic data](#)

Fluoridation Status
27.4% of the population on public water systems is receiving fluoridated water. ^{2, 6}
[Data Source: CDC Water Fluoridation Reporting System \(WFRS\)](#)
[View Public Water Supply data](#)

² Changes over time are due in part to improvements in the quality and accuracy of WFRS data.
⁶ Changes over time are due in part to improvements in WFRS data for CWS with naturally occurring fluoride concentrations.
A more recent estimate of fluoridation status for this state may be available in [Oral Health Maps](#).

Dental Sealants
42.7% of 3rd grade students have one or more sealants on their permanent first molar teeth.
[Data source: State Oral Health Survey](#)
[View State Oral Health Survey information](#)

Caries Experience
66.3% of 3rd grade students with Caries Experience (treated or untreated tooth decay).
[Data source: State Oral Health Survey](#)
[View State Oral Health Survey information](#)

Untreated Tooth Decay
35.4% of 3rd grade students with untreated tooth decay.

NOHSS

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Adult Indicators

- [Dental Visit](#)
- [Teeth Cleaning](#)
- [Complete Tooth Loss](#)
- [Lost 6 or More Teeth](#)

Child Indicators

- [Dental Sealants](#)
- [Caries Experience](#)
- [Untreated Tooth Decay](#)

Fluoridation Status

- [Public Water Supply](#)
- [Fluoridation Growth](#)
- [Water Supply Statistics](#)

Cancer

- [Cancer of the Oral Cavity and Pharynx](#)

Additional Resources

- [Data Sources](#)
- [Related Links](#)
- [Glossary](#)
- [Contact Us](#)

Capturing Medicaid Data

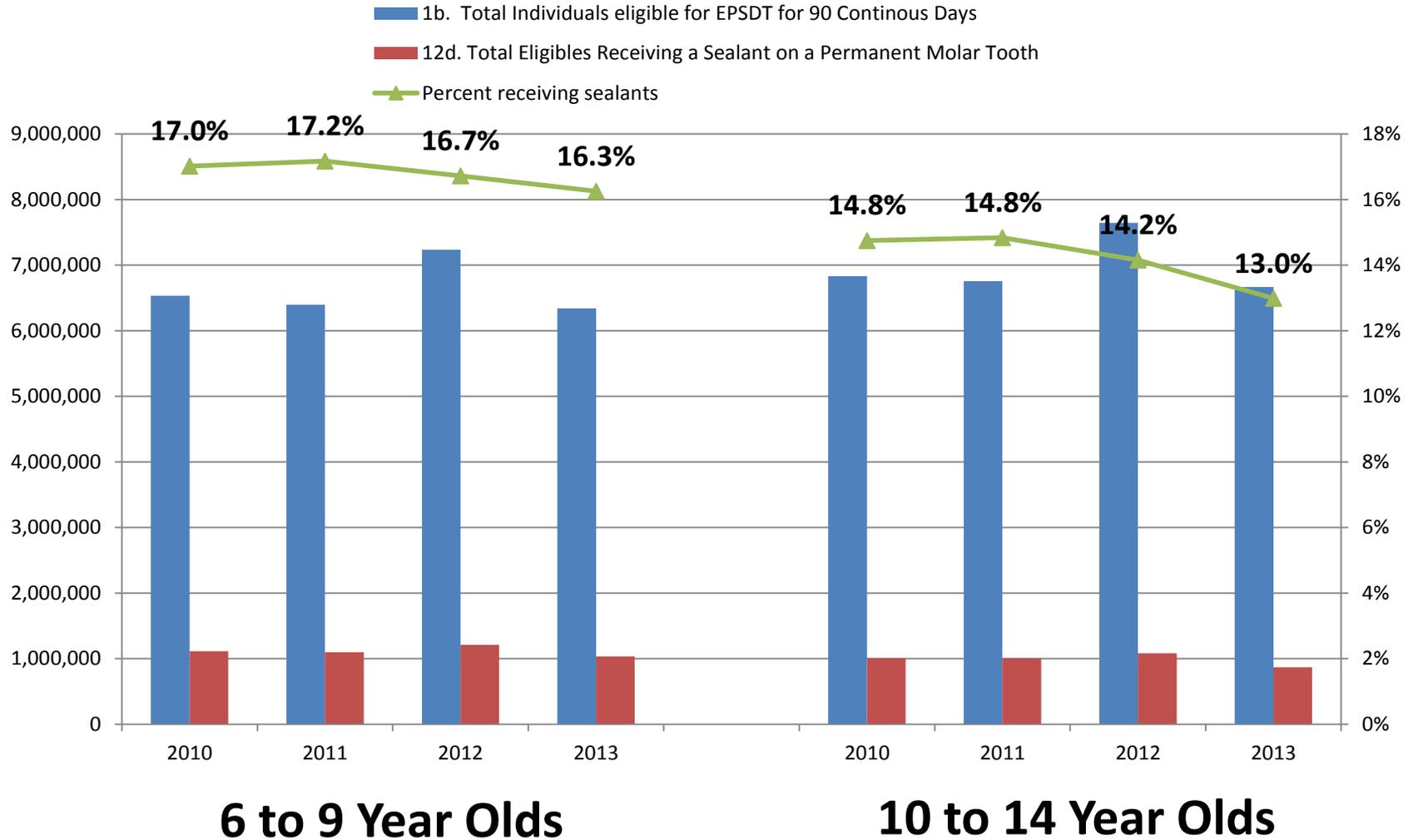
Many school-based sealant programs do not bill Medicaid, therefore sealants done for the Medicaid population may not be captured.

In 2013, Oregon Medicaid data reported:

- Of children ages 6 to 9 eligible for Medicaid (80,085), **13%** (10,702) received a dental sealant
- Of the children ages 10 to 14 eligible for Medicaid (80,939), **10%** (8,455) received a dental sealant



National Trend in 416 Sealant Measures

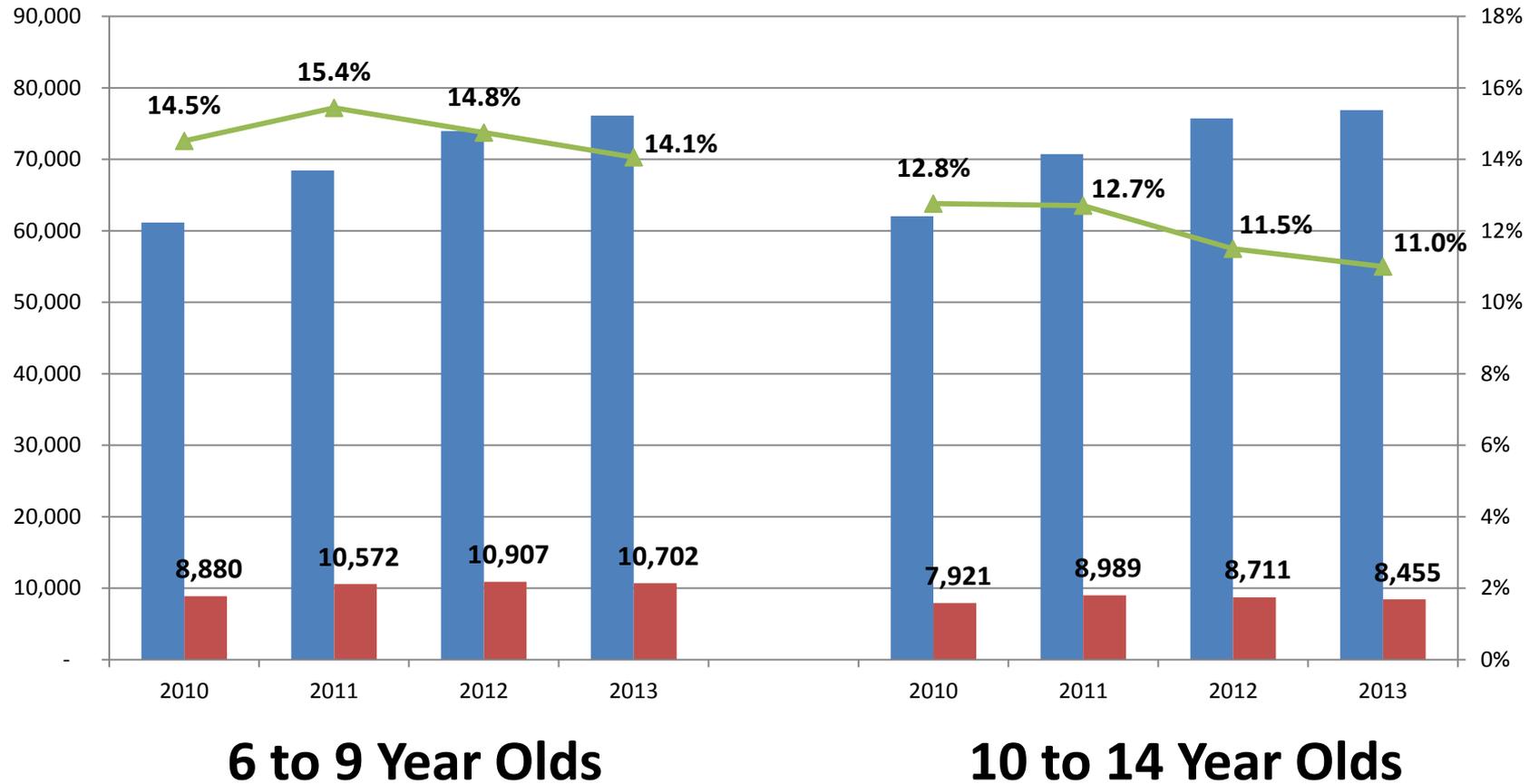


Oregon Trend in 416 Sealant Measures

1b. Total Individuals eligible for EPSDT for 90 Continuous Days

12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth

Percent change



Oregon 2013 CMS 416 Data

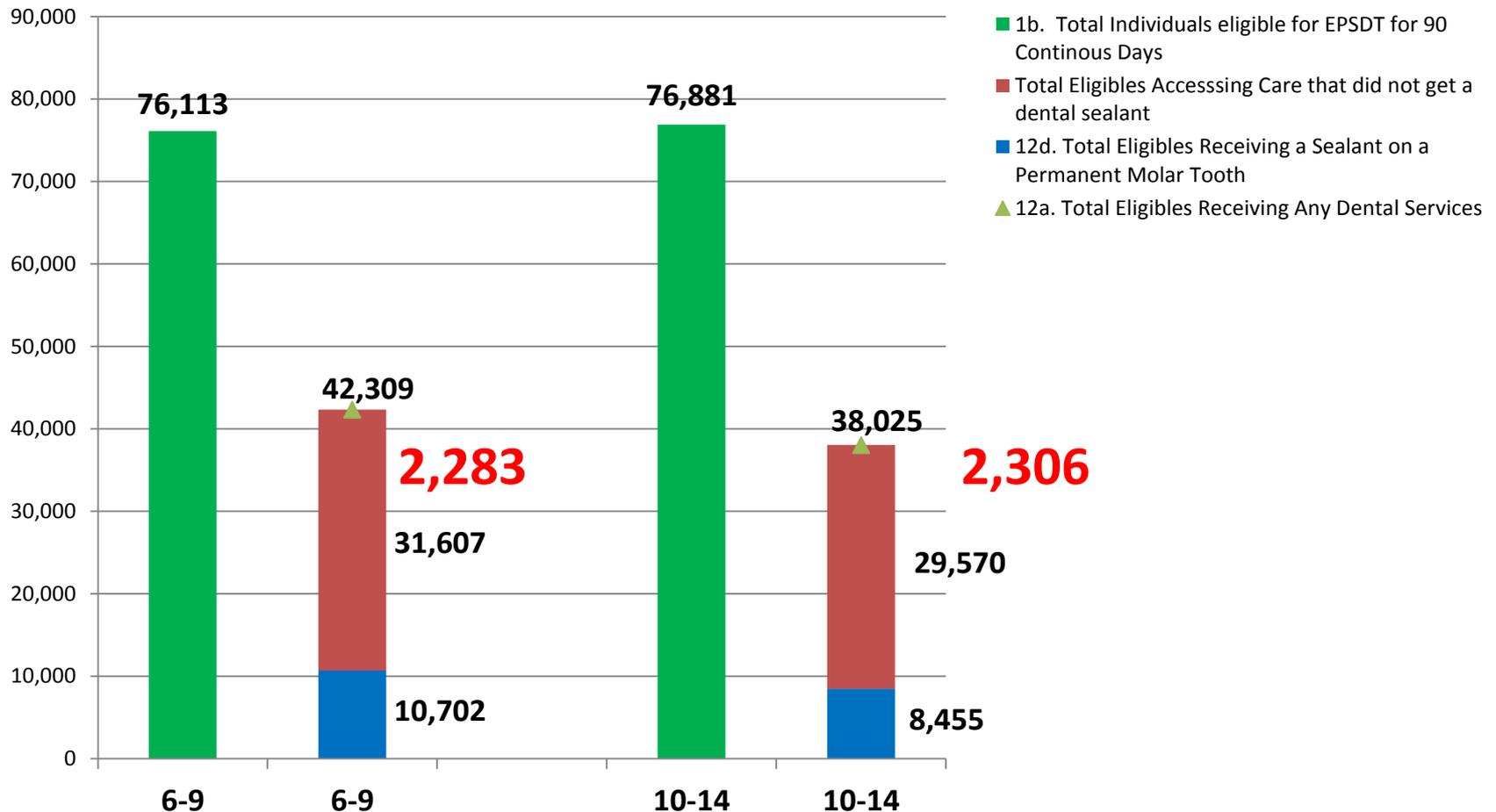
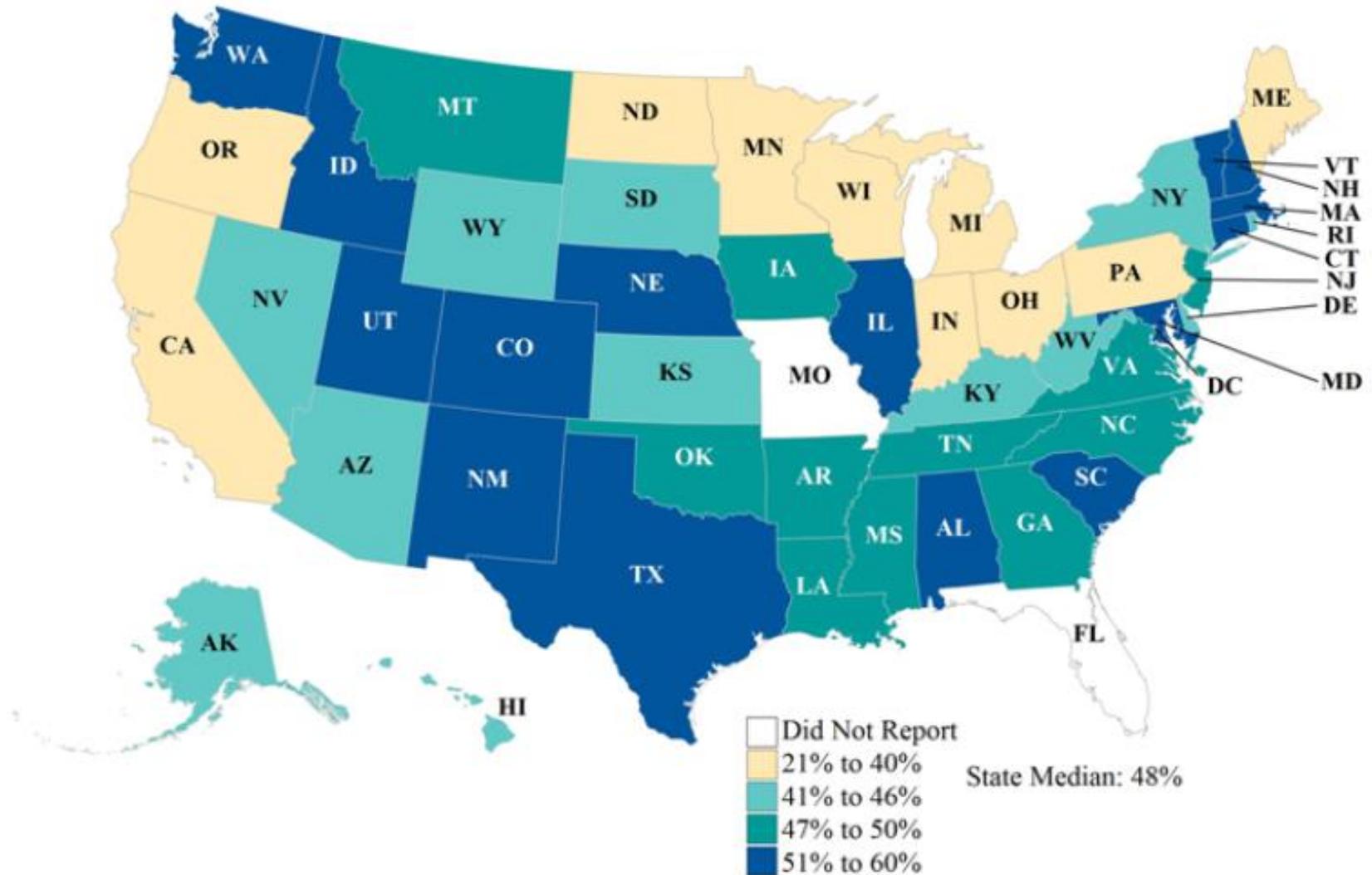


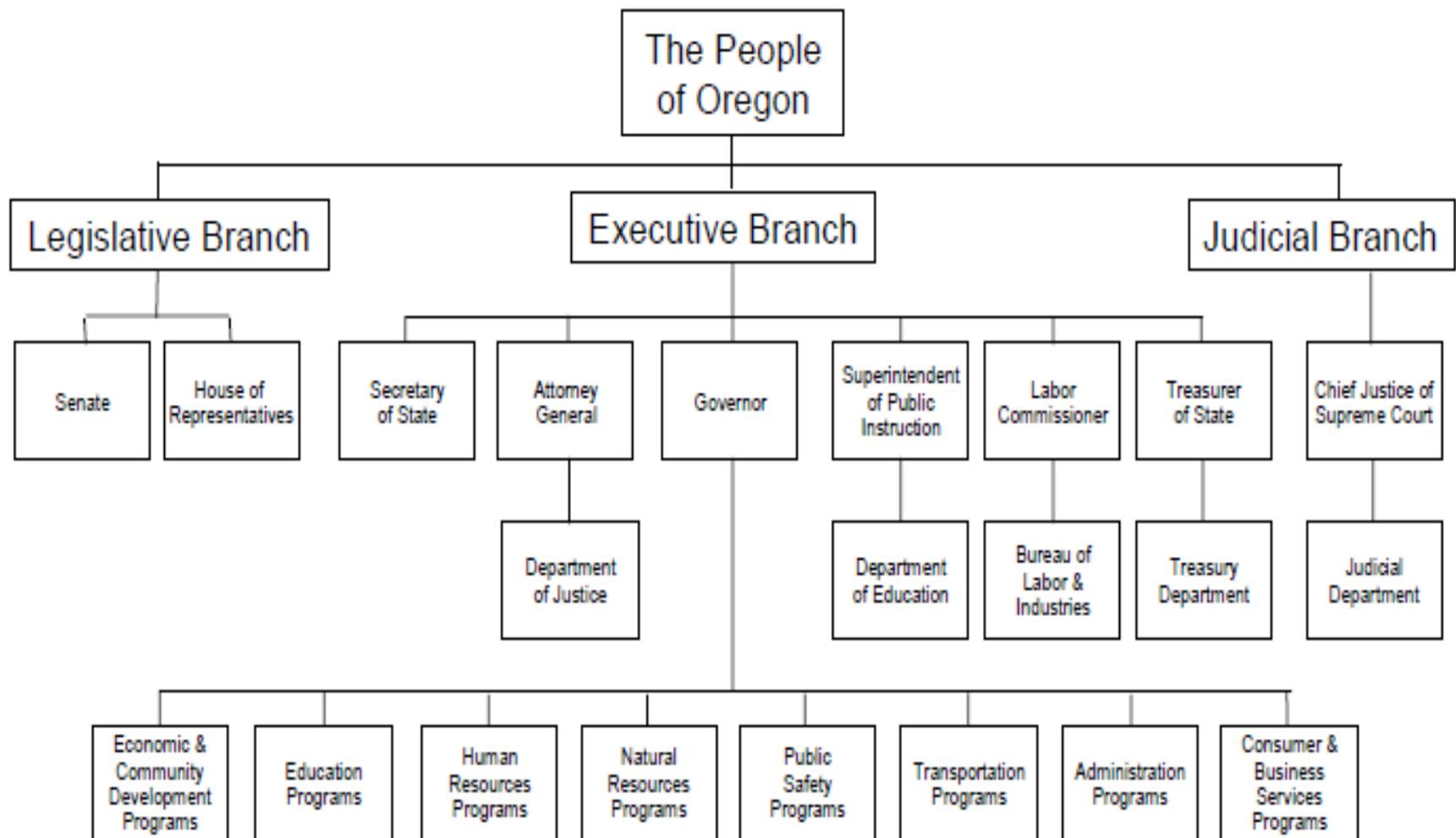
Exhibit PDENT.3. Geographic Variation in the Preventive Dental Services Measure, FFY 2013 (n = 49 states)



Source: Mathematica analysis of FFY 2013 CMS-416 reports as of August 4, 2014.

To view state-specific data for this measure, please see Table PDENT at <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/Downloads/Performance-on-the-Child-Core-Set-Measures-FFY-2013.zip>.

STATE OF OREGON -- ORGANIZATION CHART



DHS/OHA

- The Department of Human Services (DHS) and the Oregon Health Authority (OHA) are the state's largest agencies with approximately 7,000 employees and 160-plus offices.
- DHS, OHA, and their contracted providers serve more than 1,000,000 people annually.
- There are 3,800,000 people in Oregon (26% served by DHS/OHA).



WE
ARE **OHA**



CORE VALUES:

Service Excellence

Leadership

Integrity

Partnership

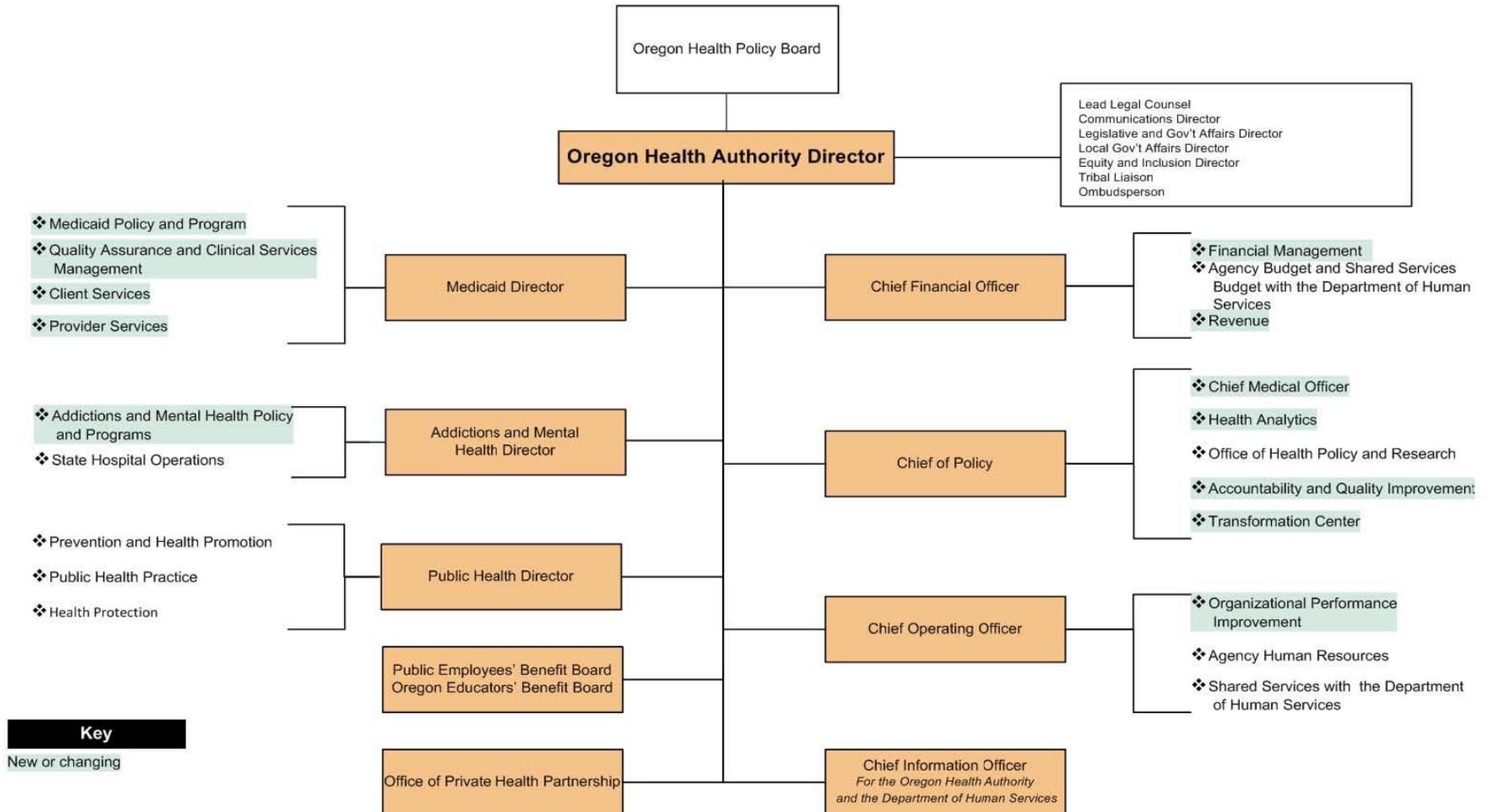
Innovation

Health Equity

BETTER HEALTH BETTER CARE LOWER COSTS



Oregon Health Authority



OREGON PUBLIC HEALTH DIVISION

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State Epidemiologist
Science and Evaluation
Katrina Hedberg, MD, MPH

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Jan Kaplan, MSW

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Danna Drum, M. Div

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Susan Wickstrom, MA

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Drinking Water Services
Manager, Dave Leland, MS, PE

Food, Pool & Lodging
Health and Safety Section
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Healthcare Regulation and
Quality Improvement Program
Manager, Dana Selover, MD

Oregon Medical Marijuana Program
Manager, Tawana Nichols, MBA

Radiation Protection Services
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Environmental Public Health Section
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Interim Manager, Aaron Dunn, MPH

Oregon State
Public Health Laboratory
Director, Michael Skeels, PhD, MPH



Oregon Health Authority

- Bruce Austin, DMD, LMT: Dental Director

Public Health Division's Oral Health Unit

- Cate Wilcox, MPH: Principle Executive Manager, Maternal and Child Health Section
- Amy Umphlett, MPH: Public Health Educator
- Laurie Johnson, MA, RDH: School Oral Health Programs Coordinator
- Tracy Smith-McCarthy: Administrative Assistant
- Derek Mills: Data entry



Public Health Division's Health Improvement Plan

Oregon's Healthy Future

September 2013

A Plan for Empowering Communities



- We envision an Oregon where every community is empowered to improve the lifelong health of all people in Oregon.
- “Among children, dental decay is the most common chronic condition. Children with poor oral health often have poor academic performance and are three times more likely to miss school. Preventing decay in childhood increases the likelihood that an individual can avoid dental disease and other health-related consequences throughout adulthood.”

Oregon
Health
Authority

Oregon
Health
Authority

State Strategic Plan for Oral Health

Strategic Plan for Oral Health in Oregon: 2014-2020



- The *Strategic Plan for Oral Health in Oregon* highlights strategies that will deliver **better care, better health and lower costs** for all Oregonians (The Triple Aim).
- It represents a collaborative effort by a diverse group of oral health advocates who understand that oral health is inseparable from overall health at every stage of life.



Title V Grant: Oral Health a Priority...

Oregon has selected oral health as one of the priority areas for the newly updated Maternal and Child Health Title V Block Grant.

- Outcome measures:
 - Percentage of children ages 1-17 years who have decayed teeth or cavities in the past year
- Performance measures:
 - Percentage of women who had a dental visit during pregnancy
 - Percentage of children, ages 1-17, who had a preventive dental visit in the last year



2015 Oregon State Legislative Session

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



Oral Health Unit

- Administers the School Oral Health Programs:
 - School Fluoride Program = 80 schools
 - School Sealant Program = 152 schools
- Implements Health Resources & Services Administration (HRSA) grant which is piloting EPDHs in schools
- Participated in a DentaQuest grant for older adults



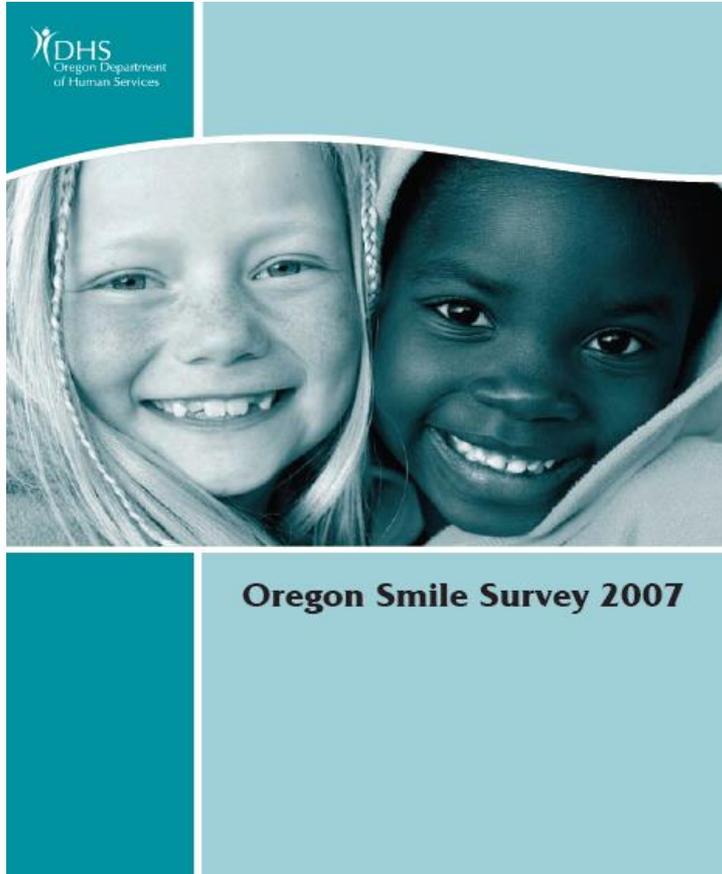
Oral Health Unit created the First Tooth program (Now transitioned to OrOHC oversight)



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

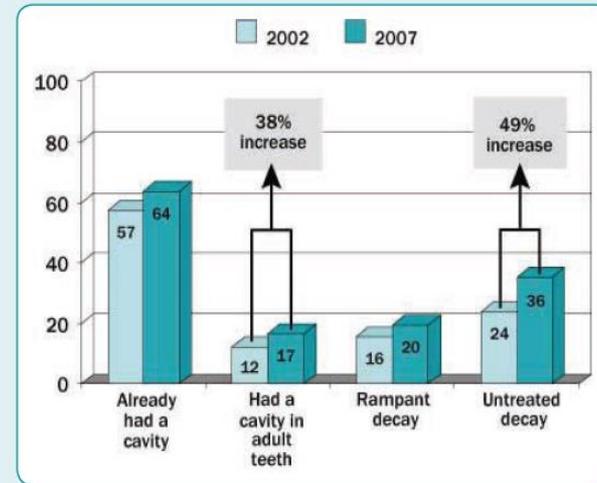


Oral Health Unit conducts a statewide Smile Survey every 5 years: 2007 results were disappointing



From 2002 to 2007: Survey results show Oregon's oral health is headed in the wrong direction

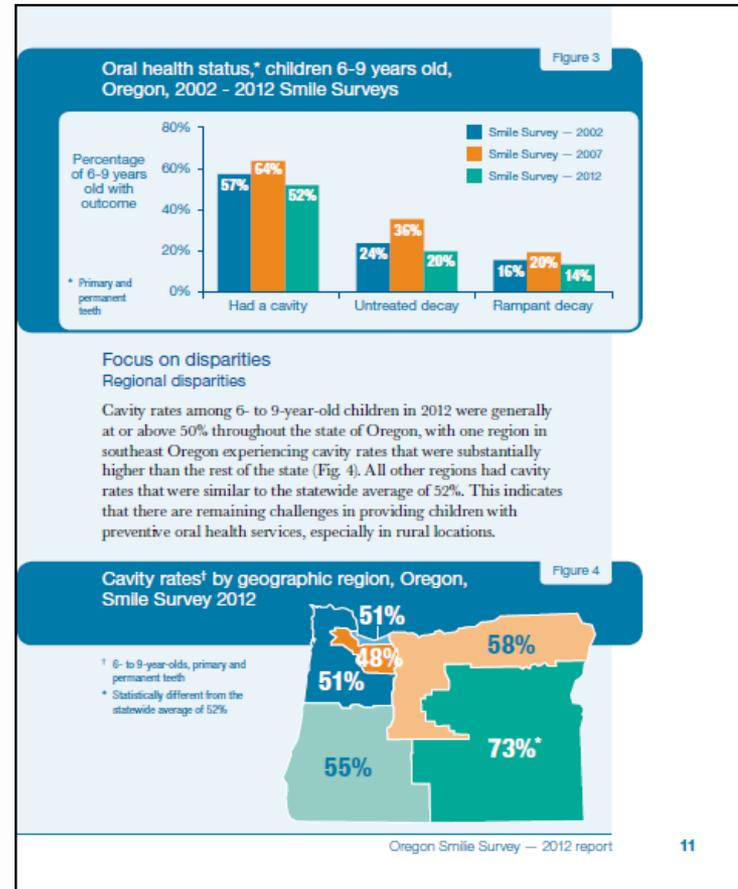
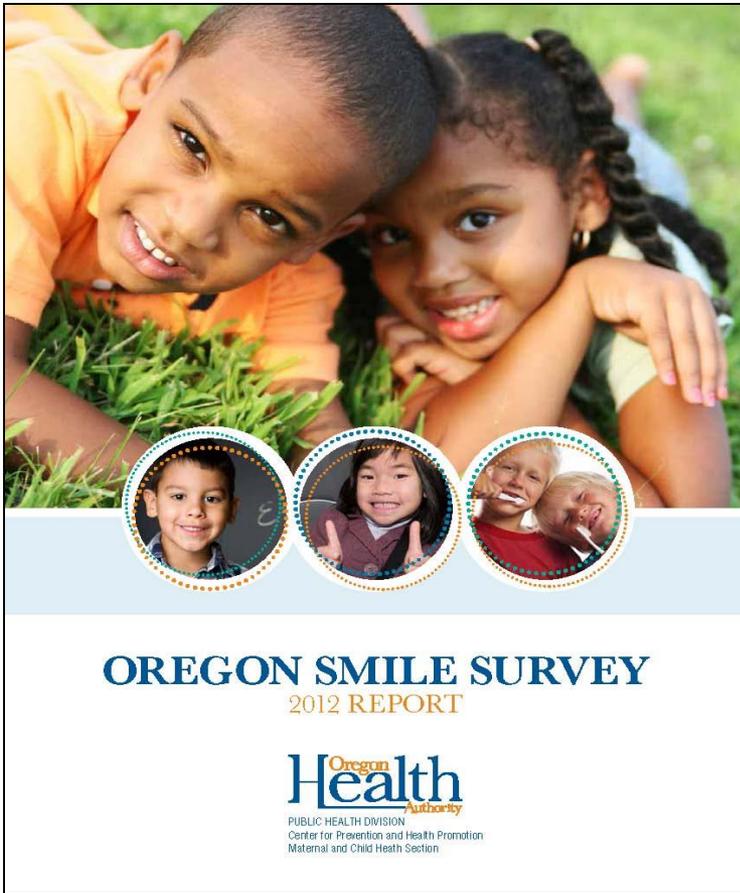
The 2007 Smile Survey reports the oral health of Oregon's school children worsened in every major measurement from 2002, the year the study was first conducted.



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



2012 Smile Survey showed improvements



Health System Transformation in Oregon

1. In 2012, 16 Coordinated Care Organizations (CCOs) were commissioned to manage the health care for the Medicaid population. 90% of Medicaid patients are now served.
2. HealthCare.gov (Cover Oregon) – insurance exchange for individuals, families, and small employers. 95% of Oregonians are now insured.
3. Early Learning System targets underserved children
 - 14 Early Learning Hubs, with 2 more by June 2015
 - Coordinate with school and CCO systems
 - Goal: Healthy, stable children, ready to learn



Coordinated Care Organizations

- CCOs now serving Medicaid population. If model is successful, will expand to other populations.
- Local health partnerships that administer Medicaid services to their communities and are paid per capita by OHA
- Agreements with local public health
- Mental, physical, dental care held to one budget
- Responsible for health outcomes
- Receive monetary incentives for quality



CCOs Post Quarterly Reports



TEXT SIZE: A+ A- A • TEXT ONLY TRANSLATE Google™ Custom Search

Quality and Accountability



Quality and Accountability

Health System Transformation Reports

2014 Mid-Year Report - Jan 2014

2013 Performance Report - June 2014

February 2014 Report

November 2013 Report

August 2013 Report

May 2013 Report

OHA News Articles

Health.Oregon.gov

Metrics and Scoring Committee

Transformation Center

SIM Grant

Contact Us

Oregon's Health System Transformation 2014 Mid-Year Performance Report



Oregon's Health System Transformation 2014 Mid-Year Report

Across Oregon, 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.

The state is tracking 17 CCO incentive metrics and 16 additional state performance metrics. It is also tracking financial data, displayed both by cost and by utilization. By using quality, access and financial metrics together, the state can determine whether CCOs are effectively

and adequately improving care, making quality care accessible, eliminating health disparities, and controlling costs for the populations that they serve.

This report lays out how Oregon's CCOs performed on quality measures from July 1, 2013 through June 30, 2014. This is the fifth such report since coordinated care organizations were launched in 2012. It is also the first report to include data on some key measures for the more than 380,000 additional Oregonians who have enrolled in the Oregon Health Plan since the Affordable Care Act (ACA) took effect January 1, 2014.

To view quality and access data, financial data, or new ACA population data, click on the links to the right.

[Health System Transformation 2014 Mid-Year Report, Executive Summary](#)

[Updates to this report](#)

QUALITY AND ACCESS

By CCO

By Metric

FINANCIAL DATA

Inpatient

Outpatient

ACA POPULATION

Emergency Department Utilization

Avoidable Emergency Department Utilization

Outpatient Utilization

CCOs Already Realizing Cost Reductions (2014)...

- ↓ Emergency room visits by people served by CCOs decreased by 17% from 2011.
- ↓ Emergency room spending decreased by 19% from 2011.
- ↓ The CCOs reduced hospital admissions for congestive heart failure by 27%, chronic obstructive pulmonary disease by 32%, and adult asthma by 18%.
- ↑ Primary care visits for CCO members rose 11%; spending for primary care increased by almost 20%.
- \$ All CCOs showed improvements and 11 met 100% of their targets. Payments were made to CCOs based on their individual progress in the 17 incentive measures.



(Oregon Health Authority, June 24, 2014)

Quality Pool Dollars Earned by CCOs for 2013

<http://www.oregon.gov/oha/Metrics/Documents/2013%20Performance%20Report.pdf>

Coordinated Care Organization	# of measures met	% of total quality pool earned	Total \$ amount earned	CCO enrollment
All Care Health Plan	11.6	84%	\$2,239,160	27,878
Cascade Health Alliance^	13.7	100%	\$748,517	10,153
Columbia Pacific	13.8	104%	\$1,461,310	14,413
Eastern Oregon	11.6	83%	\$1,961,432	29,234
FamilyCare	13.7	105%	\$4,354,150	50,064
Health Share	12.8	104%	\$13,720,133	148,201
Intercommunity Health Network	11.9	84%	\$2,669,122	32,728
Jackson Care Connect	11.4	74%	\$1,286,078	18,539
PacificSource	12.9	106%	\$3,452,010	36,667
PrimaryHealth of Josephine County	13.0	102%	\$1,024,938	5,957
Trillium	12.9	104%	\$4,949,647	49,677
Umpqua Health Alliance	13.7	105%	\$1,716,647	16,102
Western Oregon Advanced Health	14.7	104%	\$1,282,648	11,664
Willamette Valley Community Health	14.9	107%	\$4,987,244	64,044
Yamhill CCO	14.8	105%	\$1,137,005	13,368



Dental Care Integration

- Prior to health transformation, Dental Care Organizations (DCOs) served Medicaid population.
- Dental services integrated into CCOs on July 1, 2014.
 - CCOs must contract with DCOs until 2017.
 - Current Law: *“Contracts with prepaid managed care health services organizations must terminate no later than July 1, 2017.”*
 - If SB 695A passes, the sunset will be removed.



National Quality Measures

The National Quality Forum (NQF), considered the gold standard for evaluating health care quality, endorsed the measures put forth by the Dental Quality Alliance.

Dental Quality Alliance (DQA), formed through a request from the Centers for Medicare & Medicaid Services (CMS); comprised of multiple stakeholders from across the nation.

DQA eMeasures* or Clinical Quality Measures (CQM)*

1. Continuity of care for children age 2-20 years
2. Sealants for children age 6-9 years

*Qualify for incentive payments



Oregon Metrics and Scoring Committee

- Finalized two dental health metrics as 2015 incentive measures for CCOs:
 - Children ages 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 non-dentist.
 - Total eligibles ages 2-21 receiving at least one dental service by or under the supervision of a dentist.

