

# Medicaid Innovation Accelerator Program

## Value-Based Payment and Contracting Approaches for Caries Management: Implications for State Medicaid Programs

August 22, 2018

1:00 p.m. to 2:00 p.m. ET



# Webinar Logistics

- Audio is being streamed to device speakers (recommended)
- A phone line also has been set up, and all lines will be muted
  - Call-in number: 877-612-6725
  - Passcode: 595707
- To participate in a polling question, exit out of “full screen” mode
- Use the chat box on your screen to ask a question or leave a comment

# Learning Objectives

- Identify general considerations for implementing value-based payment (VBP) and contracting approaches in caries management
- Provide a state Medicaid program's perspective on using data collection to facilitate VBP in caries management within a specific subpopulation
- Provide clinical insight on data and quality metrics recommended to collect and monitor for optimal oral health care delivery in the context of VBP
- Reflect on strategies used and considerations that states implementing such models face

# Agenda

- Introductions
- Overview of Medicaid Innovation Accelerator Program (IAP) and Children's Oral Health Initiative (OHI) VBP Technical Support
- General Considerations for VBP in Caries Management
- State Perspective: New Hampshire
- Clinical Insight and State Strategies
- Key Takeaways
- Resource List

# Today's Presenters



**Colin Reusch, MPA**

Director of Policy

Children's Dental Health Project (CDHP)



**Burton Edelstein, DDS, MPH**

Professor of Dental Medicine and Health Policy & Management

Columbia University Medical Center

Chair, Section of Population Oral Health

Columbia University College of Dental Medicine

Senior Fellow in Public Policy

Children's Dental Health Project

# Today's Presenters



**Sarah Finne, DMD, MPH**

Dental Director

New Hampshire Department of Health and Human Services



**Hope Saltmarsh, RDH, CPHDH, MEd**

Oral Health Program Director, Chronic Disease Section

Division of Public Health Services

New Hampshire Department of Health and Human Services



**Paul Glassman, DDS, MA, MBA**

Professor of Dental Practice; Director, Community Oral Health

Director, Pacific Center for Special Care

University of the Pacific

Arthur A. Dugoni School of Dentistry

# Overview of Medicaid IAP and OHI VBP Technical Support

**Colin Reusch**

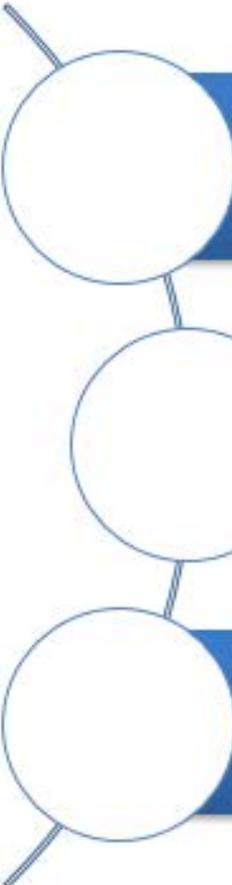
*Children's Dental Health Project (CDHP)*

# Overview of Medicaid IAP

- Commitment by the Centers for Medicare & Medicaid Services (CMS) to build state capacity and support ongoing innovation in Medicaid through targeted technical support<sup>1</sup>
- A program funded by the Center for Medicare and Medicaid Innovation (CMMI) that is led by and lives in the Center for Medicaid and Children's Health Insurance Program (CHIP) Services (CMCS)
- Supports states' Medicaid delivery system reform efforts:
  - The IAP goal is to increase the number of states moving toward delivery system reform across program priorities
- Not a grant program; provides targeted technical support

<sup>1</sup> IAP refers to *technical support* as general support, program support, or technical assistance.

# Medicaid IAP OHI VBP National Webinar Series



Medicaid VBP Approaches for Children's Oral Health  
(October 2017)

**VBP and Contracting Approaches for Caries Management:  
Implications for State Medicaid Programs (Today)**

OHI VBP State Experiences Designing and Testing  
a VBP Approach

# Overview of OHI VBP states

## Michigan

Reduce the proportion of Medicaid-enrolled children using the emergency department for dental purposes in Propensity Region 4

## New Hampshire

Decrease caries experience among children under 5 years of age treated at two Women, Infants, and Children (WIC) sites



## District of Columbia

Decrease the proportion of children under 6 years of age covered by Medicaid who are at high risk for caries and referred for treatment in the operating room

# Poll Question #1

**How would you describe your familiarity with VBP approaches for pediatric caries management (select one)?**

1. I am well-versed in these VBP approaches
2. I am aware of these VBP approaches but don't consider myself an expert
3. I am new to the field of VBP

# General Considerations for VBP in Caries Management

**Burton Edelstein**

*Columbia University, CDHP*

# General Considerations for VBP in Pediatric Caries Management (Part 1)

- Premise: Current dental science suggests that the *value* in **VBP** comes from changing *what* Medicaid pays for—as well as *how* it contracts and pays
- Direction for Medicaid policy from current dental science
  - Epidemiology: three distinct groups—only a small minority is severely affected
  - Risk stratification: low, medium, and high—requiring different levels of care

# General Considerations for VBP in Pediatric Caries Management (Part 2)

- Direction for Medicaid policy from current dental science (continued)
  - Treatment: Chronic disease management (pharmacological and behavioral) is supplementing dental repair
  - Benefit of disease management: stops disease progression, buys time, reduces extent of repair
- VBP: Incentivize risk-based chronic disease management for highest-risk children

# Barriers and Solutions to Implementing VBP for Pediatric Caries Management (Part 1)

- Barrier #1: Inertia
  - Tradition: Dentists and parents expect repair; one-size-fits-all is the norm
  - “Prevention”: Overreliance on semiannual “examination, prophylaxis, fluoride varnish” (“exam/pro/fl”) as effective
  - “Performance”: Mired in utilization (rather than oral health) measures
- Solutions:
  - Leverage American Dental Association/American Academy of Pediatric Dentistry professional guidelines
  - Pilot test multiple experiments—start small and scale up
  - Develop and reward oral health outcomes, not raw utilization rates

# Barriers and Solutions to Implementing VBP for Pediatric Caries Management (Part 2)

- Barrier #2: Boundaries
  - Disease management requires attention to social, behavioral, and environmental health determinants—traditionally outside of dentistry
- Solutions:
  - Involve interprofessional teams
  - Engage academics and professional societies/leaders

# Barriers and Solutions to Implementing VBP for Pediatric Caries Management (Part 3)

- Barrier #3: Network Threat
  - Concern about losing dentists from already fragile networks
- Solutions:
  - Provide financial and social incentives (upside risk sharing)
  - Minimize financial risk to dentists (avoid downside risk sharing)

# Barriers and Solutions to Implementing VBP for Pediatric Caries Management (Part 4)

- Barrier #4: Separate Medical and Dental Vendors/Contractors
  - VBP savings accrue to the medical plan
  - Lack of coordination between medical and dental plan
- Solutions:
  - Leverage contracting arrangements, including medical plans that embed or subcontract dental, or improve coordination between medical and dental contractors
- Supportive trend: the field of pediatric caries management is in active transition from the awareness stage to the implementation stage

# Examples of VBP/Contracting Approaches for Pediatric Caries Management (Part 1)

1. Payment for Bundled Dental Services to qualifying (trained) dentists
  - Enhanced payment for specific services or populations: for example, risk assessment, care for youngest children or new patients
  - More frequent reimbursement: for example, for high-risk children
  - Targeting services to high-risk children: for example, interim therapeutic restoration, silver diamine fluoride
2. Nonpayment
  - Nonpayment or clawback for dental repair after initial repair and management

# Examples of VBP/Contracting Approaches for Pediatric Caries Management (Part 2)

## 3. Pay-for-Performance/Pay-for-Quality

- Provider: enhanced payment for dentists who exceed utilization or treatment norms or demonstrate care that follows professional guidelines
- Plan: reward for increasing or meeting utilization thresholds; penalty for missing targets

## 4. Population-Based/Global Payment

- Incentives for community-level social services, chronic disease management, case management/coordination, health literacy, and evidence-based prevention

# Key Considerations

1. Consider *what* you pay for. Use contracting and payment to incentivize best practices:
  - Early intervention
  - Risk-based tailored care—both frequency and content of services
  - Holistic family-level disease management
2. Consider *how* you pay
  - Supplement rather than replace current fee-for-service (FFS) plan to maintain networks
3. Leverage flexibility in vendor contracts
  - Use upside and downside risk sharing in dental vendor contracts
  - Coordinate medical and dental plans to share savings

# Improving Care for Pediatric Oral Health

- Shifting to risk-based, evidence-based, early intervention yields better oral health outcomes at lower cost to Medicaid with improved child and family experience

# Poll Question #2

**Which challenge(s) do you see as influencing your organization's decision to implement VBP (select all that apply)?**

1. Inertia (*e.g., overreliance on semiannual “examination, prophylaxis, fluoride varnish” as effective*)
2. Boundaries (*e.g., difficulty managing social health determinants*)
3. Network threat (*e.g., concern with losing dentists from insurance networks*)
4. Separate medical and dental vendors/contractors (*e.g., lack of coordination between medical and dental plans*)
5. Lack of evidence (*e.g., effectiveness of evidence in improving results*)
6. Uncertainty of risk (*e.g., effectiveness of implementing risk sharing and improving results*)
7. Leadership buy-in (*e.g., concern with obtaining approval to implement VBP*)
8. Legal and regulatory environment (*e.g., barriers to implementing VBP*)
9. Other

# VBP in Children's Oral Health—A State Perspective From New Hampshire

**Sarah Finne**

**Hope Saltmarsh**

*New Hampshire Department of Health and Human Services*

# Decision to Implement

- Redesigning New Hampshire's outdated fee schedule with an alternative payment model (APM) to promote—
  - Decreased caries experiences
  - Decreased need for costly operating room visits
  - Financial sustainability for Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) locations providing dental services
  - Financially stable Medicaid reimbursement schedule
- IAP OHI VBP team provides assistance with estimating the financial impact of an APM

# Care Delivery Model (Part 1)

- WIC Pay-for-Performance pilot prior to IAP OHI VBP
- New Hampshire Team participated in the CMS Oral Health Initiative Learning Collaborative from 2013 through 2015
  - Target: CMS goal to increase the proportion of children receiving a preventive dental service by 10 percentage points

# Care Delivery Model (Part 2)

- Pay-for-Prevention model co-located preventive dental services with WIC services
  - Certified Public Health Dental Hygienists collaborate with WIC nutritionists to unify messaging with clients
  - Children aged 0–5 years and pregnant women up to age 21 years receive evidence-based preventive services: oral screening, anticipatory guidance, oral hygiene instructions, toothbrush prophylaxis, fluoride varnish, sealants, and interim therapeutic restorations
  - Clinical data recorded on iPads with data stored offsite
  - All children are referred to a dental home

# Proposed VBP Approach (Part 1)

- Grant funding was necessary to fill the gap between Medicaid reimbursement and program costs
- During IAP OHI VBP Technical Support, development of service bundles will incorporate:
  - Screening
  - Caries risk assessment
  - Oral hygiene instruction
  - Motivational interviewing with parents and caregivers
  - Toothbrush prophylaxis
  - Silver diamine fluoride
  - Fluoride varnish
  - Sealants
  - Temporary restorations

# Proposed VBP Approach (Part 2)

- Importance of data collection and monitoring
  - Data collected since 2014 will be used to test the proposed model payment on the basis of client volume experienced since program inception
  - Financial and health outcomes data will be monitored
  - Incorporate key measures and identify unintended consequences using iterative testing

# Lessons Learned

- Buy-in from leaders at each location is critical
  - Proposed solution: Create a “handbook” to outline the process and procedures involved in implementing a successful WIC-based pay-for-prevention program
- Children are not required to accompany parents to every visit, limiting the ability to see children at more frequent intervals
  - Proposed solution: Provide incentives to parents to bring children in more frequently than WIC policy requires
- Misclassification of risk due to significant variability among WIC sites and their implementation of VBP
  - Proposed solution: To be determined

# Future Implications

- Ability to assess whether an APM can be associated with lower costs and/or be financially stable
- Shifting provider incentives from a quantity to a quality base
- Modeling of the APM for the two WIC sites likely will lead to an APM available for the entire Medicaid population

# Clinical Insight on VBP Implementation Across State Medicaid Programs

**Paul Glassman**

*University of the Pacific*



# Update on the Virtual Dental Home: On the Road to Value in Oral Health Care

Paul Glassman DDS, MA, MBA

University of the Pacific School of Dentistry

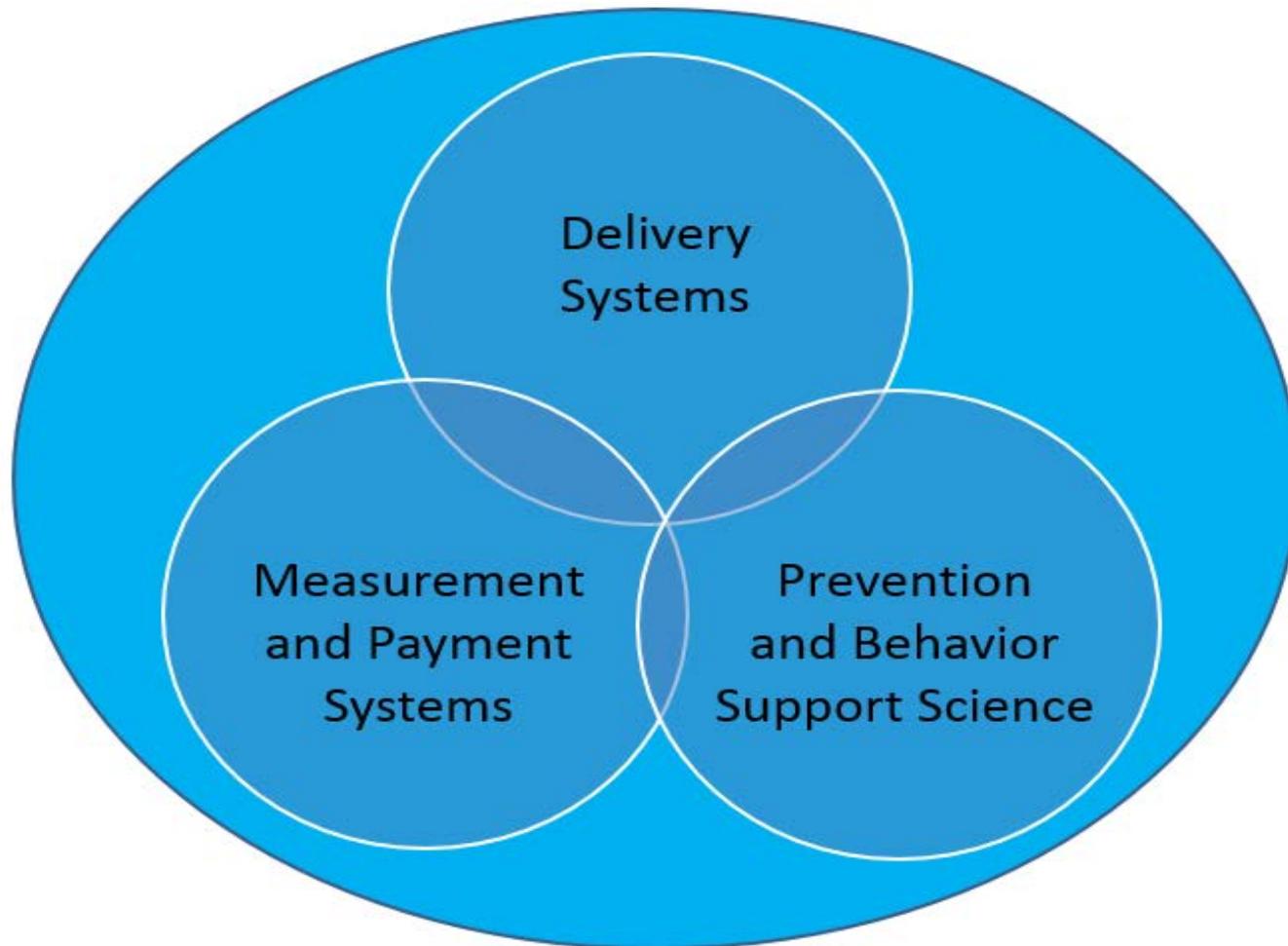
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# The Era of Accountability and the Quadruple Aim

- Improved patient experience
- Improved health outcomes
- Lower cost per capita
- Improved clinician experience

# The Era of Accountability and the Quadruple Aim



# Examples of Measurement Sources

- Dental Quality Alliance
- Payers
  - Dental benefit companies
  - Public payers
- Health Resources and Services Administration (HRSA):  
Health Center system
- Group practices

# University of the Pacific

## HRSA Value-Based Measurement Grant

- Define basic health measures
- Demonstrate the ability to collect the data
- Demonstrate the ability to improve performance on the measures

# Prevention and Behavior Science: The Declining Role for the Dental Drill

- Remineralization agents
- Buffering agents
- Caries arresting medications
- Techniques for sealing caries
  - Interim therapeutic restorations
- Behavior support science
  - Community-based support

# Community-Based Care Delivery: The Virtual Dental Home



# Community-Based Delivery



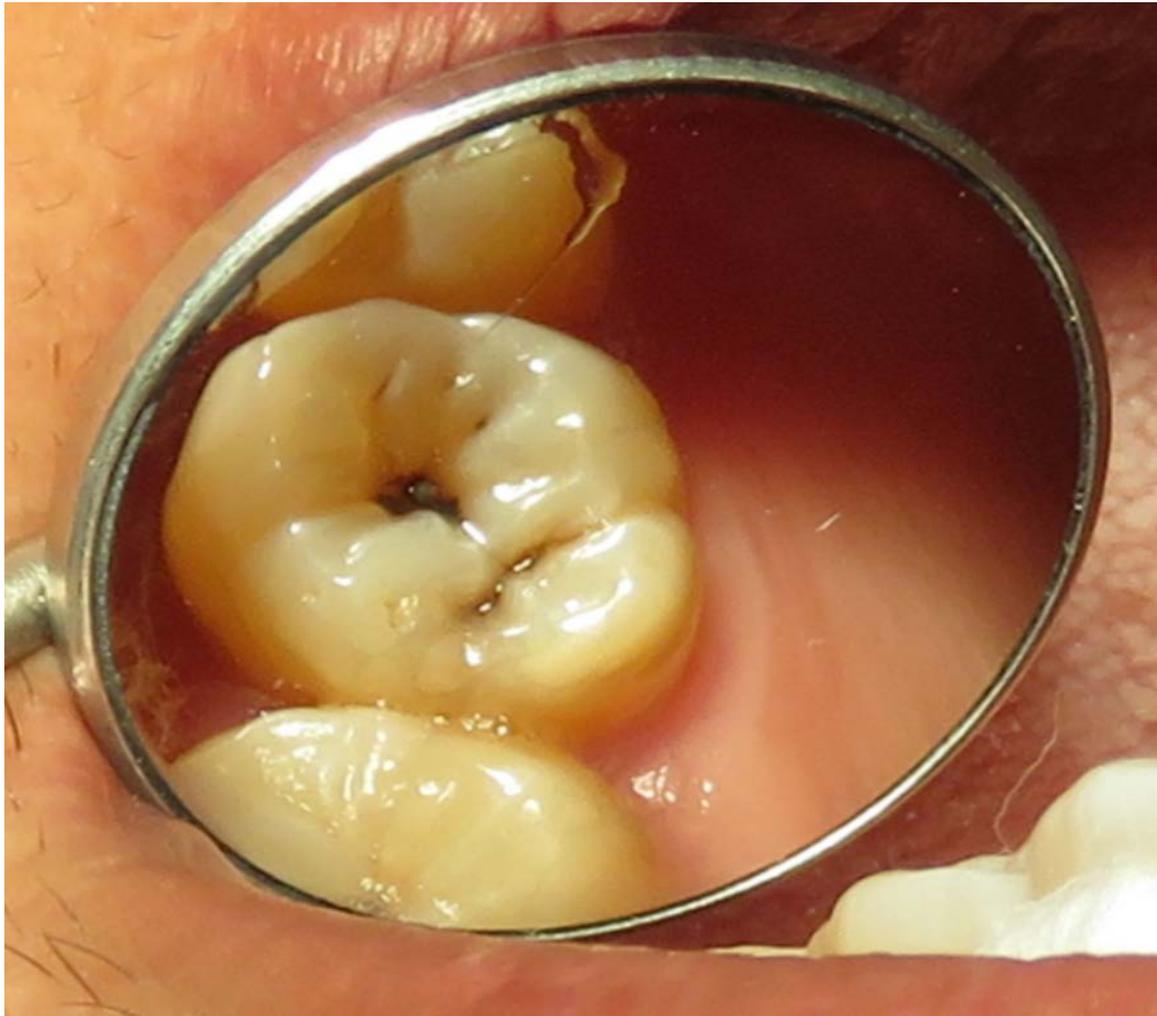
# Space and Equipment



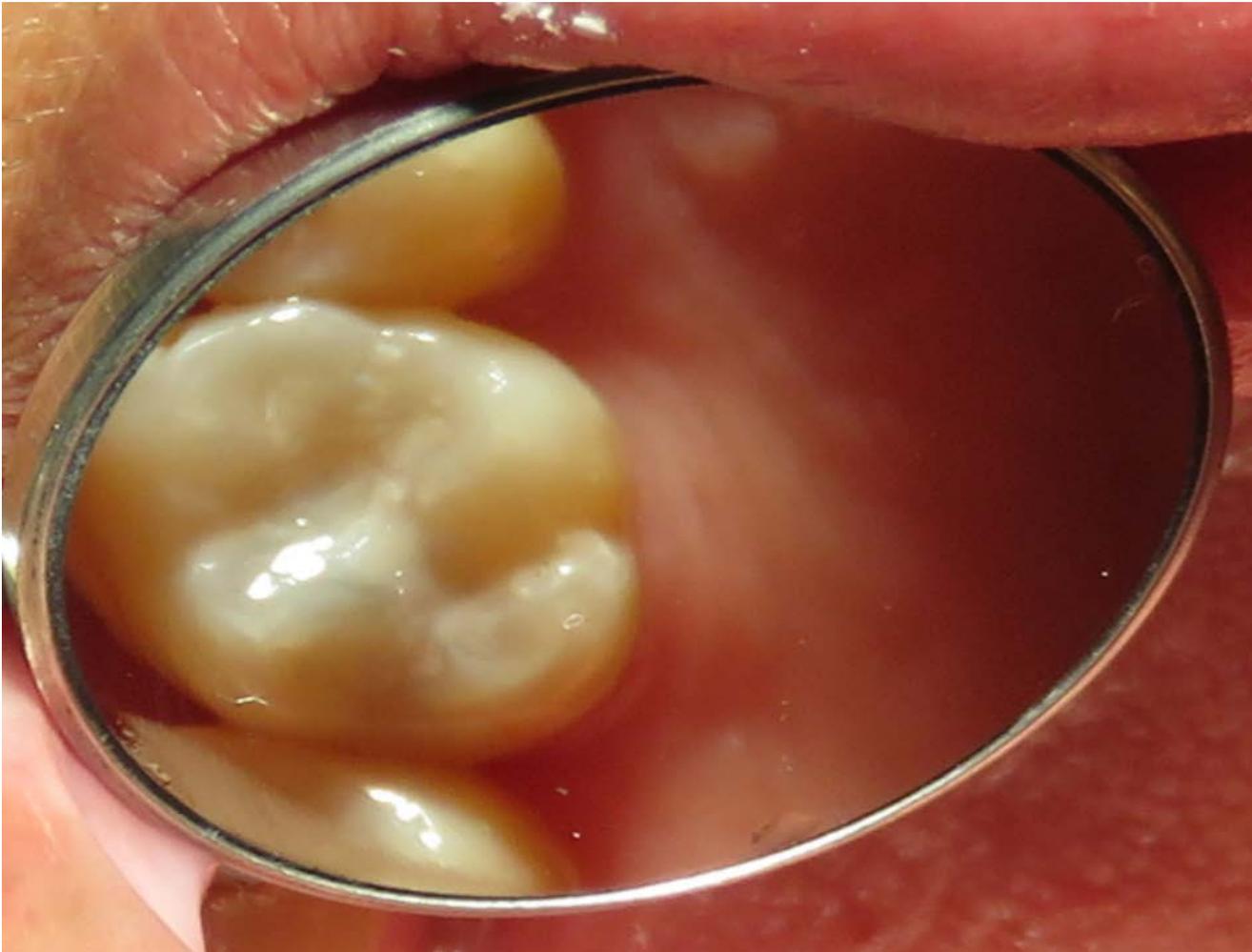
# Community-Based Prevention and Early Intervention Procedures



# Tooth with a Cavity



# Tooth with a Filling



# The Virtual Dental Home Demonstration



# Oral Health Systems for Underserved Populations

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## Telehealth-Connected Teams

# Virtual Dental Home Demonstration: Key Outcomes

- Increase access, emphasize prevention, and lower costs
- Majority of people kept and verified healthy on site
  - About two-thirds of children had all needed services completed by a dental hygienist
- Continuous presence
- Community organization integration
- Dentist integration

# The Virtual Dental Home Current Trainees



● 8 – DentaQuest Learning Collaborative

● 19 – DHCS Dental Transformation Initiative

● 1 – Delta Dental

● 5 – HRSA

● 1 – CA Wellness

●

2 – Regional Centers

●

2 – Hawaii

3 – Oregon

5 – Colorado

**Total = 46 entities**

# Dental Care in the Future

- Dental Practice =
  - Geographically distributed
  - Telehealth-enabled
  - Oral health teams
- Chronic disease management
  - Using biological, medical, behavioral, and social tools
- Integrated with general health, educational, and social service systems
- Interacting with the majority of the population
- Focused on oral health outcomes in the **Era of Accountability**

# Teledentistry: Medicaid Policy Issues

White Paper

UNIVERSITY OF THE  
**PACIFIC**  
Arthur A. Dugoni  
School of Dentistry  
Pacific Center for Special Care

**Teledentistry**  
Improving Oral Health Using  
Telehealth-Connected Teams



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August, 2016

# Legal and Regulatory Environment

- **Ability to use telehealth:** scope of practice laws, regulation, and interpretation
  - Ability of allied personnel to collect diagnostic records before a patient is seen by a dentist
  - Ability of allied personnel to perform procedures in locations separate from dentists
  - Understanding that dentists can develop a diagnosis and treatment plan without an in-person visit with the patient

# Medicaid Payment

- **Ability to be paid for services performed using telehealth technologies**
  - Principle: consider telehealth technologies as communication tools, distinct from the health services that are being provided
  - Require payors to pay for covered services whether performed in person or with the use of telehealth technologies
  - Include store-and-forward as well as real time
  - Suggested language: “Face-to-face contact between a health care provider and a patient is not required for services performed using real time or store-and-forward teledentistry.”



# Update on the Virtual Dental Home: On the Road to Value in Oral Health Care

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# Questions or Comments?



# Key Takeaways for Today's Webinar

- The shift to nontraditional care delivery (e.g., telehealth) and payment/contracting models (i.e., VBP) encourages a greater focus on chronic disease management to prevent and manage pediatric caries before acute care is necessary.
- Medicaid agencies implementing VBP in pediatric caries management should consider support for delivery systems that reach the intended populations, support for application of evidence-based preventive and behavior science, and payment/contracting mechanisms that consider the value of the care provided.
- Payment or contracting approaches that incorporate incentives for involved entities (dentists, WIC parents) can facilitate outcome improvement.

# Medicaid IAP VBP Webinar Series and Other Resources Available

We hope you take the opportunity to review materials including the first Medicaid IAP VBP webinar and the Fact Sheet, which will provide more information about Medicaid VBP approaches:

- [Medicaid VBP approaches for children's oral health materials](#)

# Thank You for Joining Today's Webinar!

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