State-Based Strategies for Dental Data Exchange and Care Coordination

Oral Health Information Technology Virtual Convening

November 29, 2021

CareQuest Institute for Oral Health®

Housekeeping

- We will keep all lines muted to avoid background noise.
- We will send a copy of the slides and a link to the recording via email after the live program.
- We'll also make the slides and recording available on carequest.org.

To receive CE Credits:

- Look for the evaluation form, which we'll send via email.
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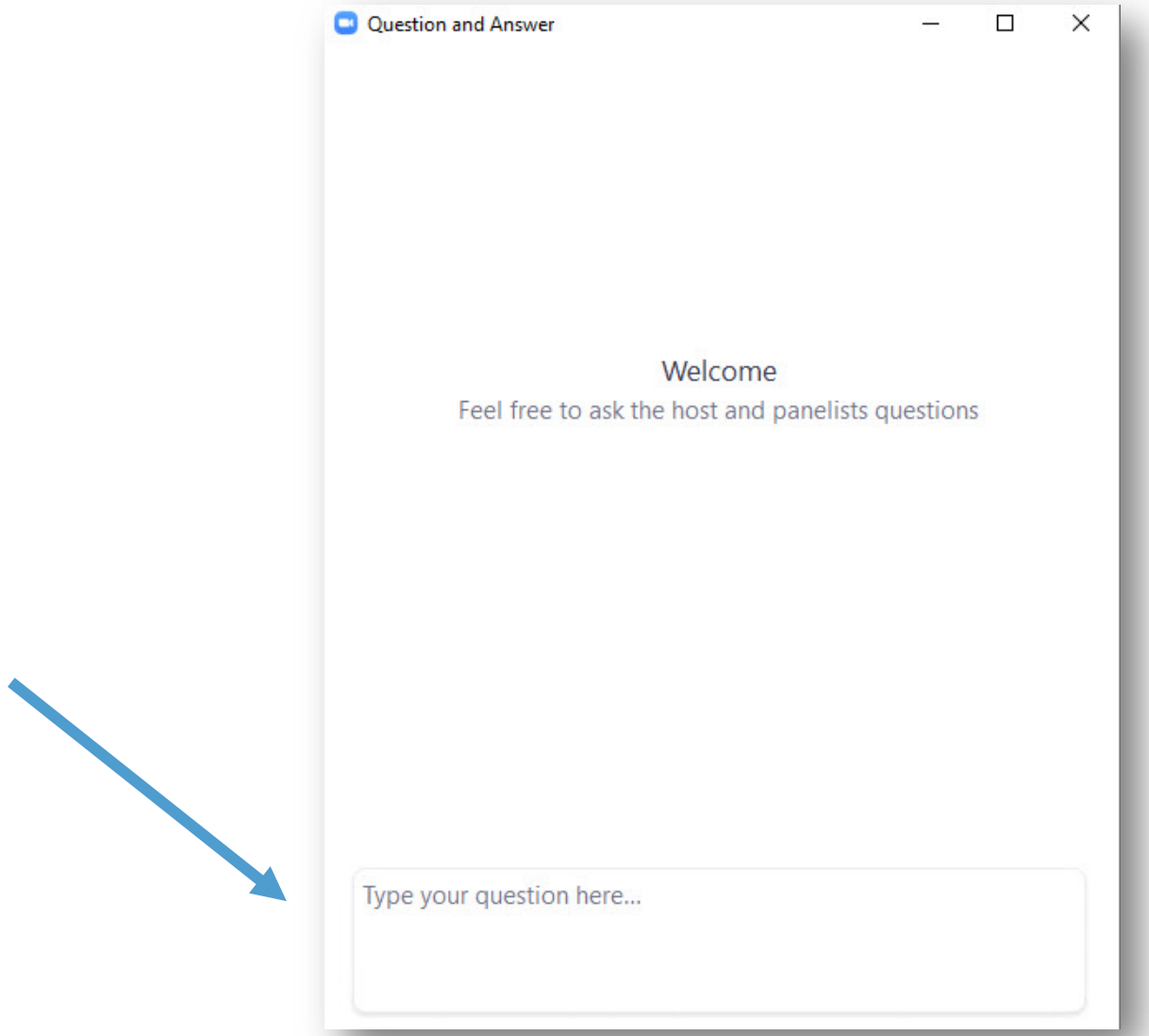
Question & Answer Logistics

- Feel free to enter your questions into the **Question & Answer box** throughout the presentations.
- We will turn to your questions and comments toward the end of the hour.



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Learning Objectives

At the end of this virtual convening, you'll be able to:

- Summarize the value of integrating oral health into health information exchanges.
- Identify opportunities to engage in state-based oral health information exchange.
- Describe the current challenges and opportunities for oral health information exchange.

Our Strategy

Vision

A future where every person can reach their full potential through optimal health

Mission

To improve the oral health of all

Purpose

To catalyze the future of health through oral health

CareQuest Institute for Oral Health®

participants and data sources

More than 1,600 organizations across 4,200 locations are connected!

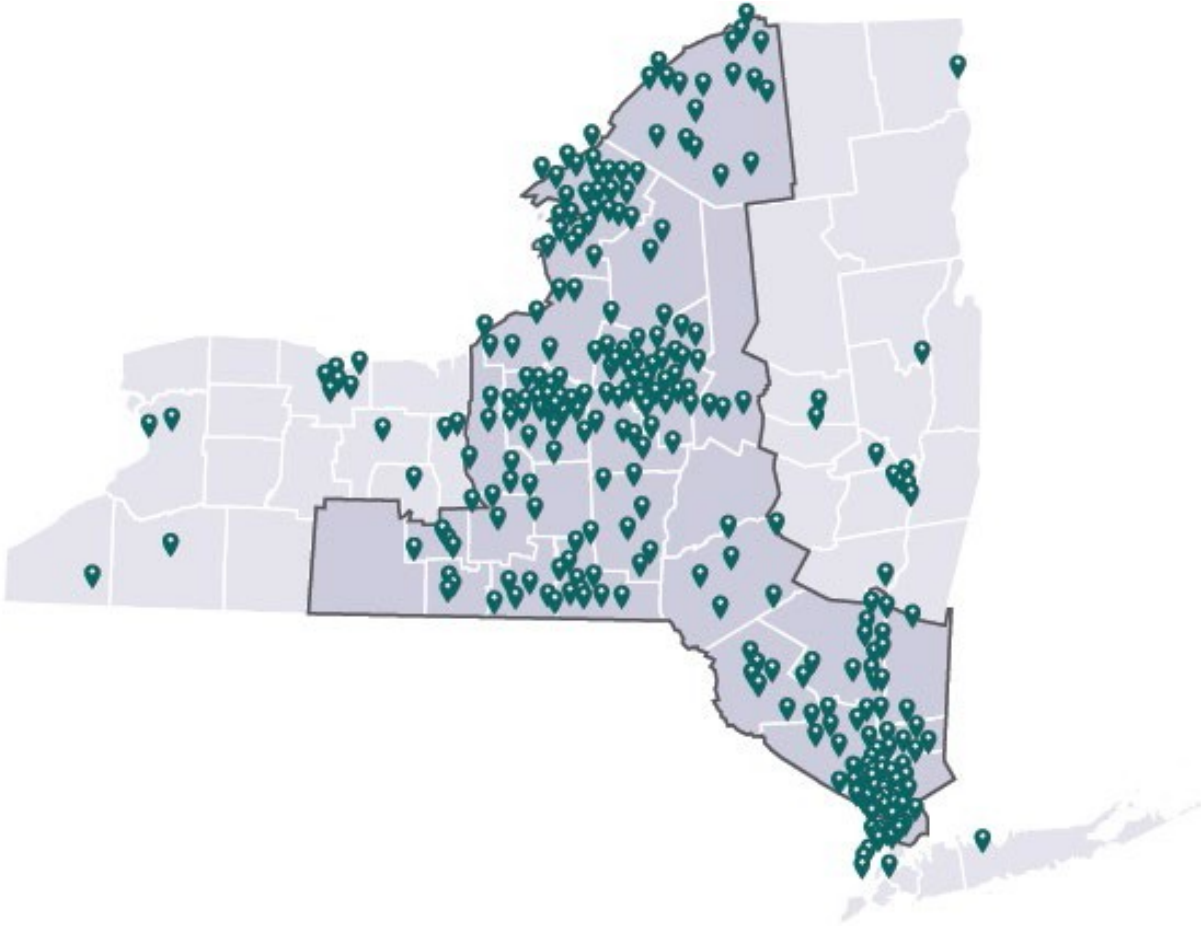
9 million patients are able to receive better care

26-county service area

440,000 unique patients accessed per month

3.4 million clinical summary documents received each month

More than 600 organizations providing data



healtheconnections

Whole Person Care

The Driver for Oral Health Data Exchange in Colorado

Dr. Katya Mauritson, Colorado Dental Director
Evon Holladay, MBA, Consumer Advocate

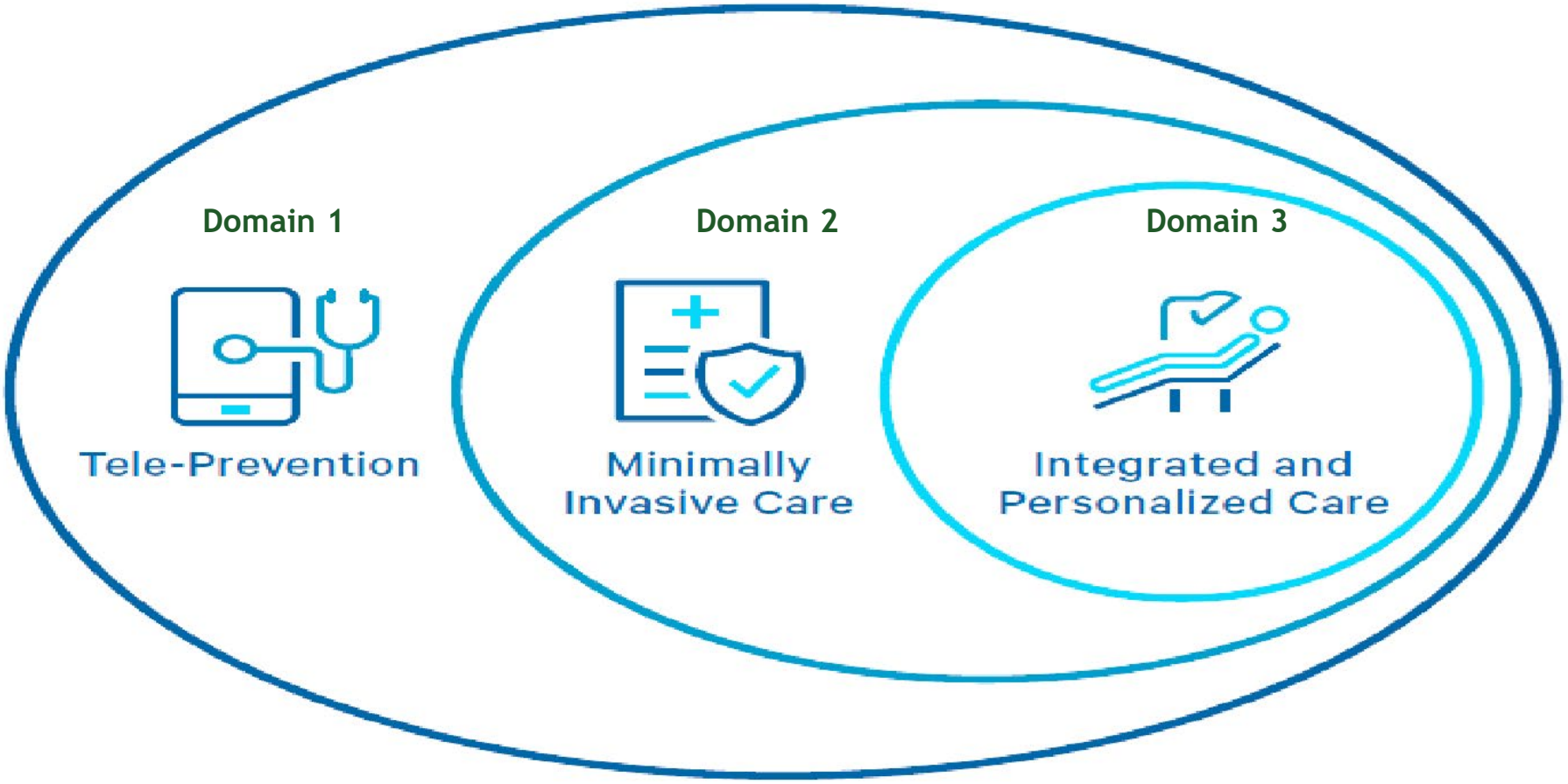
November 29, 2021

Overview

- Background
- Colorado ‘Perfect Storm’
- Structure and Cadence
- Successes and Opportunities
- Next Steps

Three Domain Framework

A Framework for Expanded Oral Health Care - Primary and Secondary Prevention



Source: https://www.carequest.org/education/resource-library/three-domain-framework

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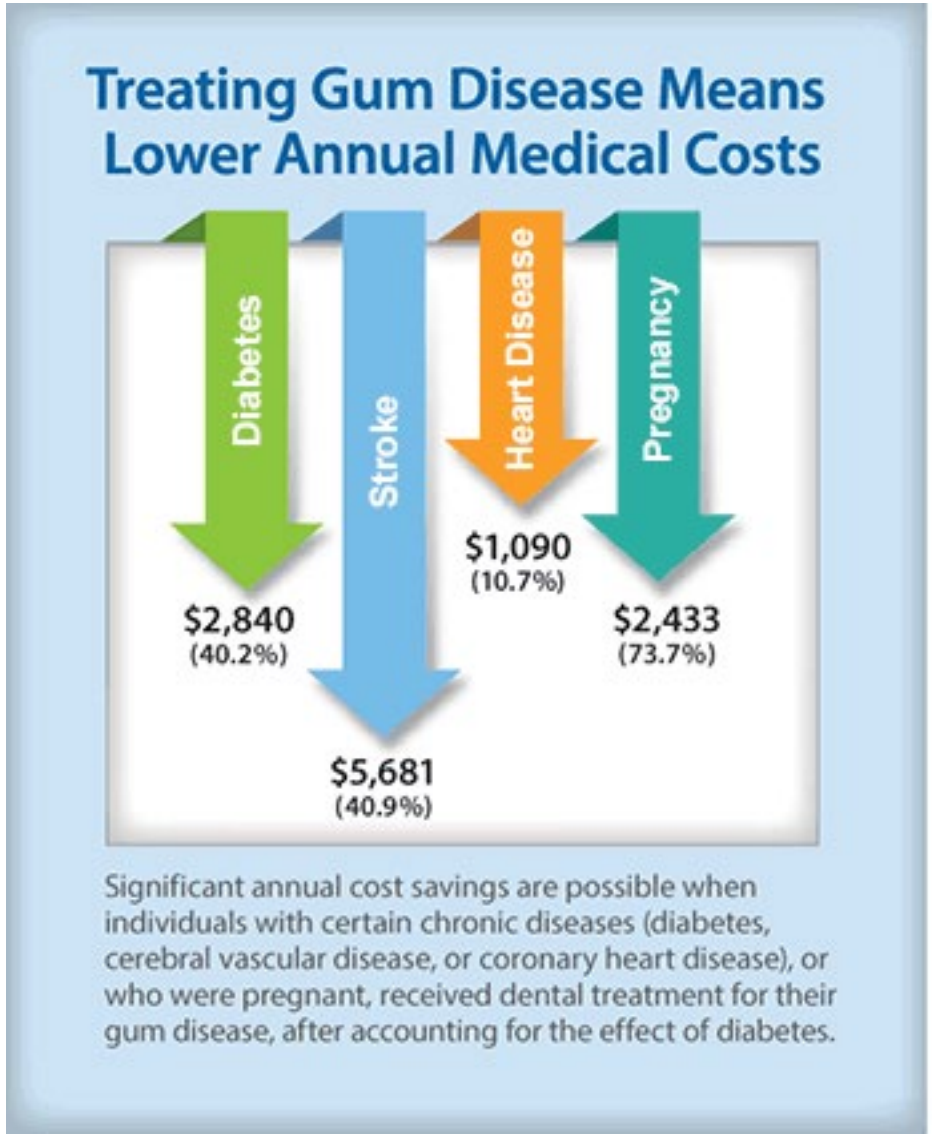
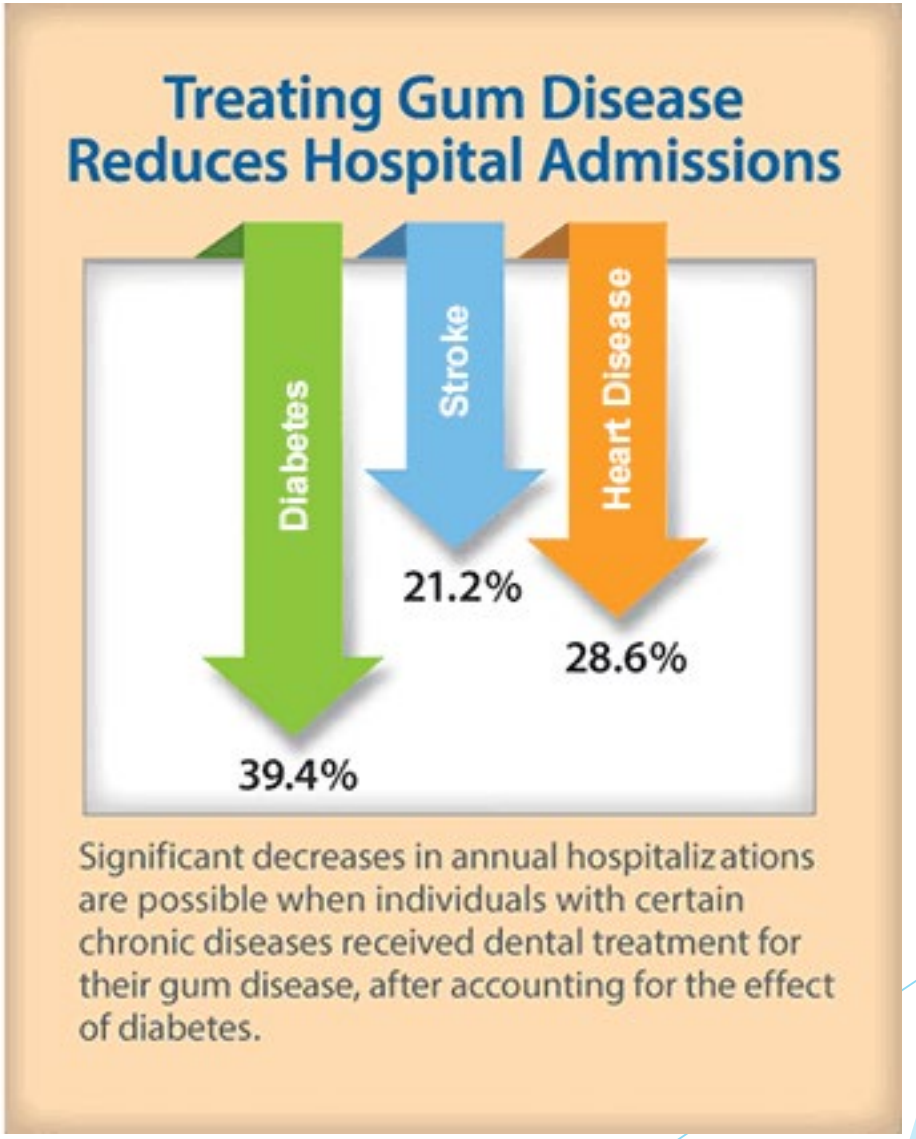
Oral Health Impact

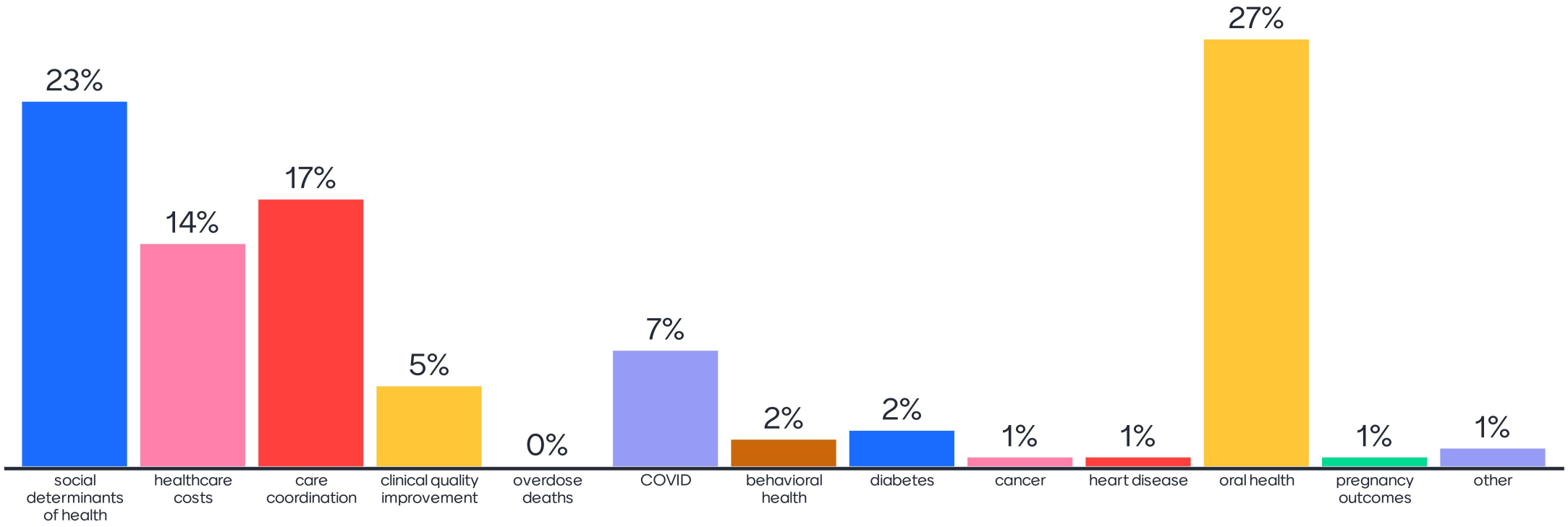




https://www.uccifedvip.com/fedvip/DentalHealthCenter/conditions/ucwellness-oral-health-study/results-ucwellness-oral-health-study/

Of the following, what are the top three (3) topics that impact your work the most?

Mentimeter



Association between dental care and reduced hazard of emergency department utilization in individuals with diabetes

White Paper, 2020

coaccess.com

800-511-5010

customer.service@coaccess.com

11100 East Bethany Drive
Aurora, CO 80014

Executive Summary of Findings

- Literature suggests that periodontal care may reduce diabetes-related complications, and poor periodontal disease control may exacerbate diabetes symptoms and increase the risk of diabetes-related complications.
- All measured forms of dental care were associated with reduced emergency department (ED) visits for uncontrolled diabetes after accounting for numerous other claims-based indicators of diabetes management and comorbidities (e.g., chronic obstructive pulmonary disease, congestive heart failure, hypertension, etc.).
- In those members with two or more diagnostic dental visits, the hazard of an ED visit is reduced nearly 60% ($p < 0.0001$). Additionally, there may be a potential dosage effect where individuals with two or more periodontal treatments had a 59% ($p = 0.004$) reduced hazard, where individuals with one periodontal treatment (after adjustment) did not have a reduced hazard over those who had no dental claims.

https://www.coaccess.com/wp-content/uploads/2020/11/01-25-108-0120A_COA-Dental-and-Diabetes.pdf

Effectiveness on Early Childhood Caries of an Oral Health Promotion Program for Medical Providers

American Journal of Public Health, 2017

Objectives. To assess an oral health promotion (OHP) intervention for medical providers' impact on early childhood caries (ECC).

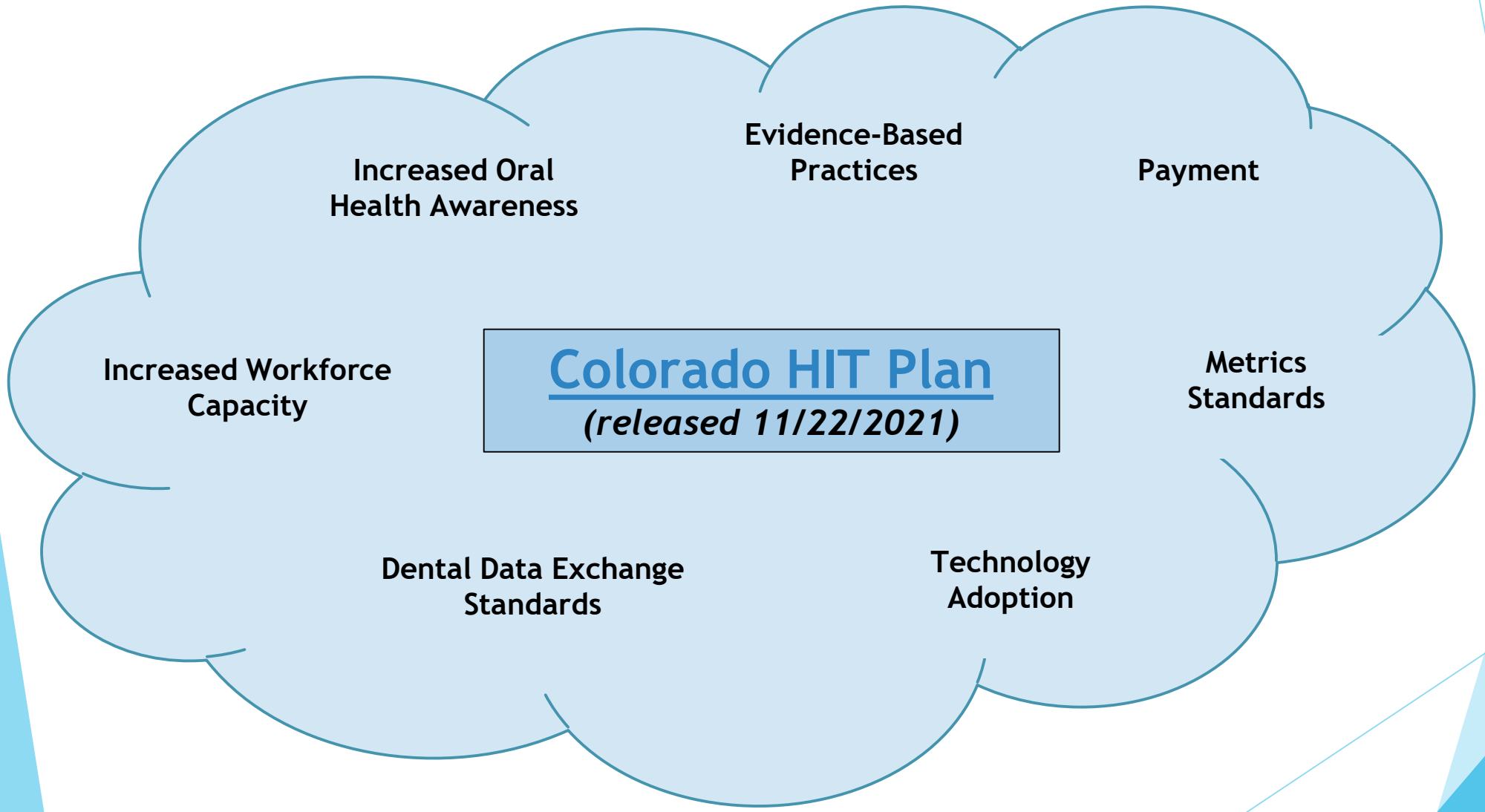
Conclusions. An OHP intervention targeting medical providers reduced ECC when children received 4 or more FVAs at a medical visit by age 3 years.

Four *by* Three

4 FLUORIDE VARNISHES BY AGE 3 REDUCES CAVITIES

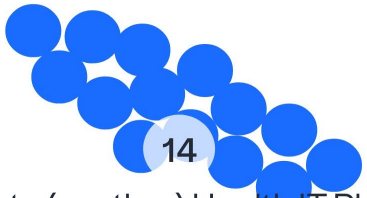
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5497886/pdf/AJPH.2017.303817.pdf

Colorado's "perfect storm"

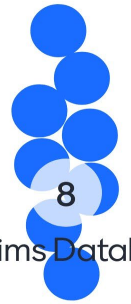


What state assets or partners do you have in place that you can use as a catalyst for oral health HIT integration?

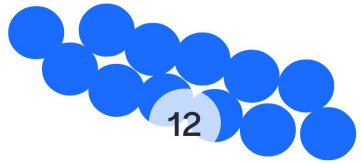
Mentimeter



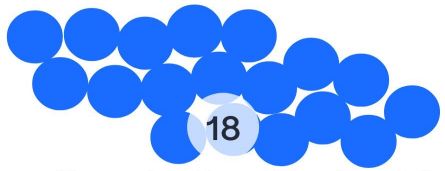
State (or other) Health IT Plan



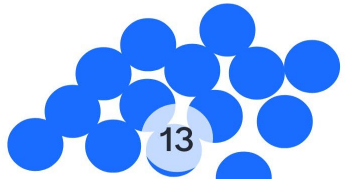
All Payer Claims Database (APCD)



Health Information Exchange(s)



Managed Care Organizations/Regional Accountability Entities/other accountability entities



Health Plans/Payers

Medicaid Key Performance Indicators/other payment mechanisms

Health Center Control Network (HCCN)

State Oral Health Program Funding

Other

42

Structure and Cadence

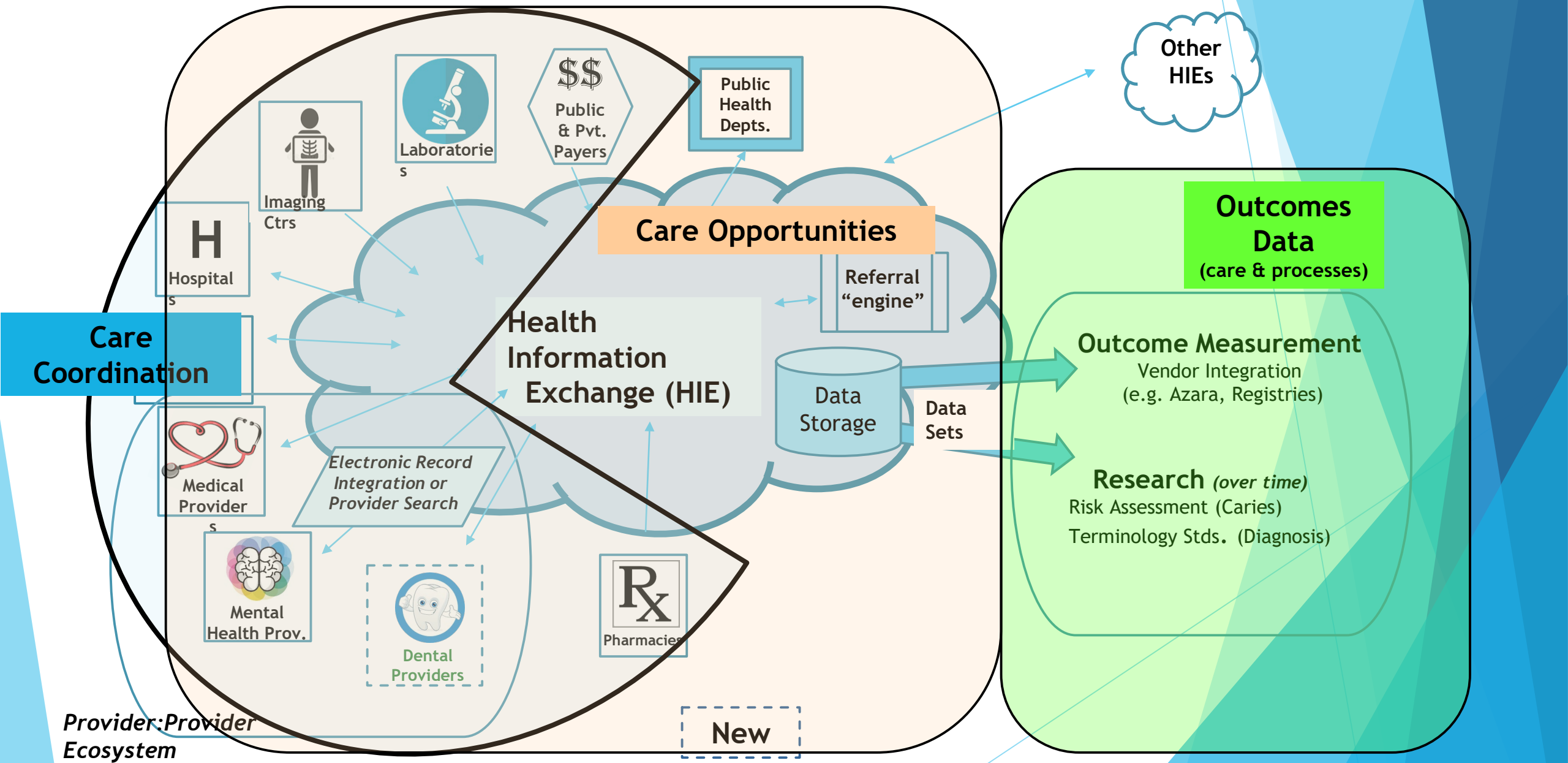
Cross-Functional Partners

- Who
- What
- When
- Our priority hows

Outcomes

- 23 ‘use cases’ Three Categories Emerged:
  - (HIE ▫ EDR) Data Delivery to a Dental Clinic
  - (EDR ▫ HIE) Dental Health Data Acquisition
  - Social Determinants of Health (S-HIE)
- Use case benefits:
  - Care Coordination
  - Care Opportunities
  - Outcomes Data
    - Surveillance
    - Metrics

HIE - EDR Integration ▫ Clinical Care Optimization



Successes

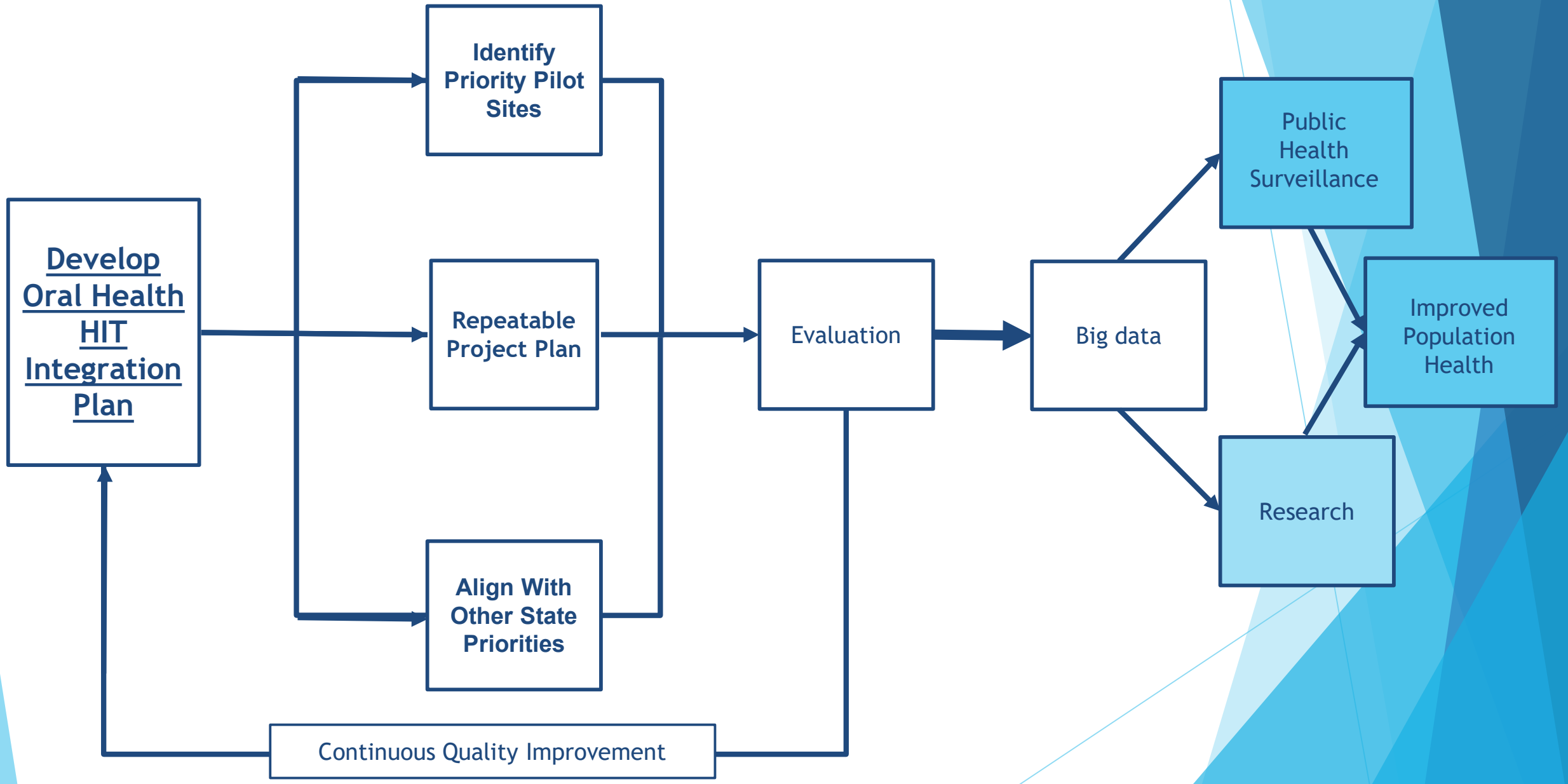
- Workgroup
- Use cases
- State HIT plan
- State Oral Health Plan
- Funding
- National EDR FIHR

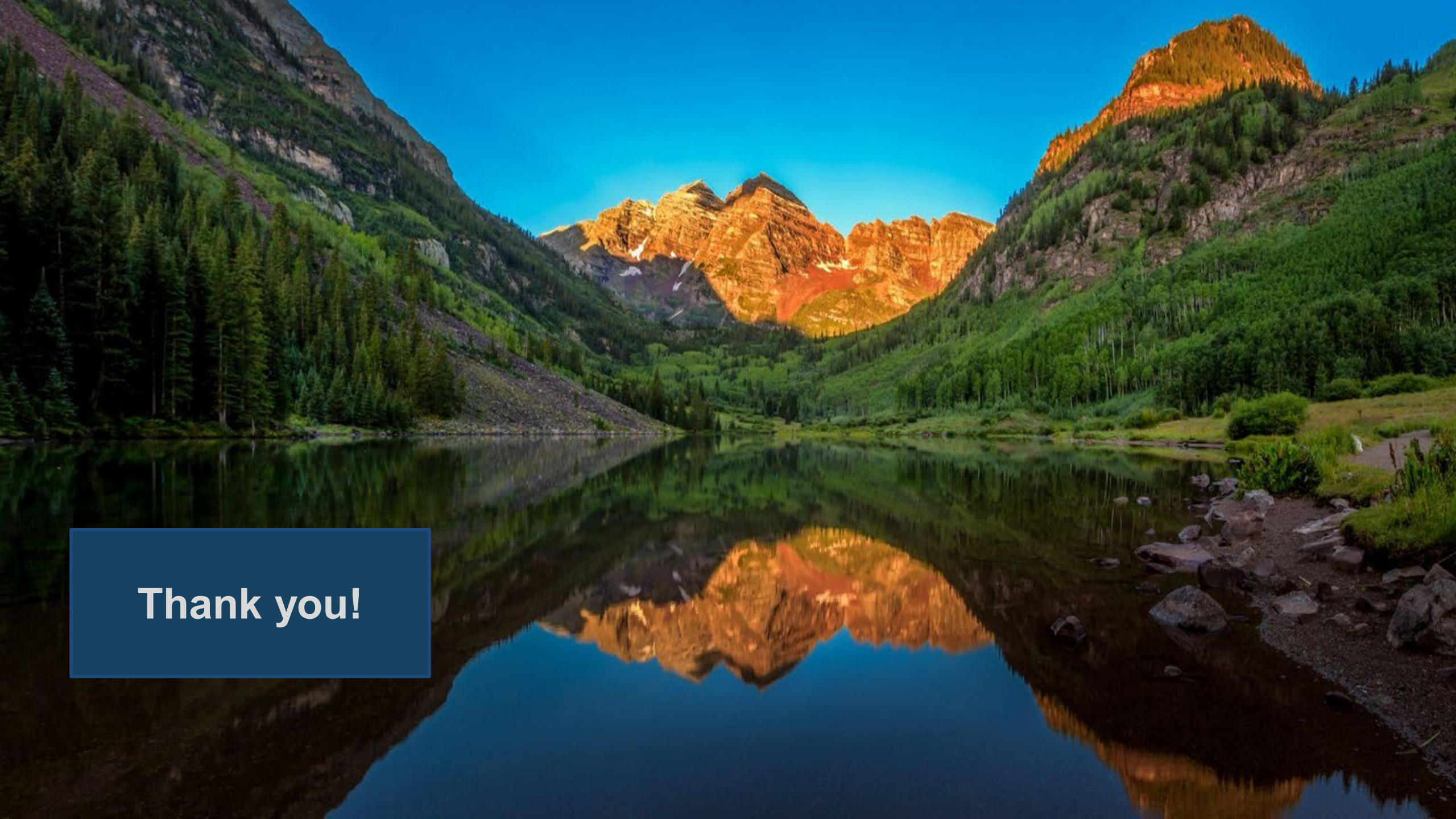
Opportunities

- COVID impact
- Reimbursement
- Telehealth
- Social HIE
- Workforce development
- Backbone organization

Which Path
To Take

Next Steps


Develop Oral Health HIT Integration Plan
Identify Priority Pilot Sites
Repeatable Project Plan
Align With Other State Priorities
Evaluation
Big data
Public Health Surveillance
Research
Improved Population Health
Continuous Quality Improvement


Thank you!

HIE & Dental HIE in Oregon: Realities, Solutions, and Strategies

Manu Chaudhry, MS, DDS

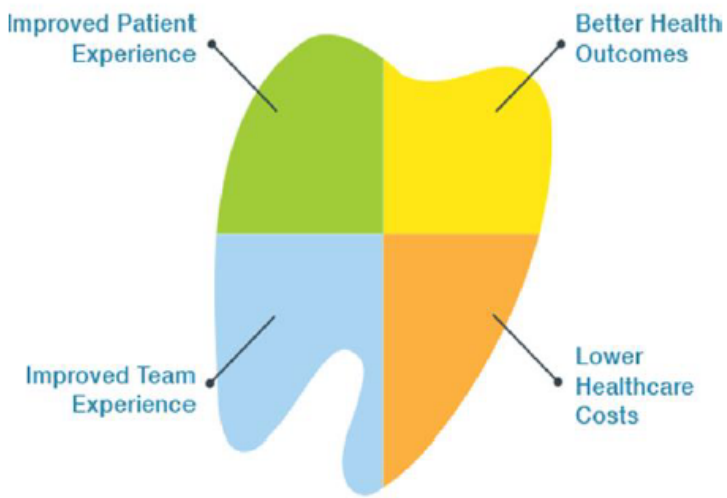
ChaudhryM@interdent.com

President, Capitol Dental Care

Outline

- Oregon Health System
- History of HIE & Dental HIE
- 2021-2024 State HIT Roadmap
  - Integrating Dental
- Thoughts & Ideas
  - “The level of the solution is never at the level of the problem”

paraphrased from Albert Einstein



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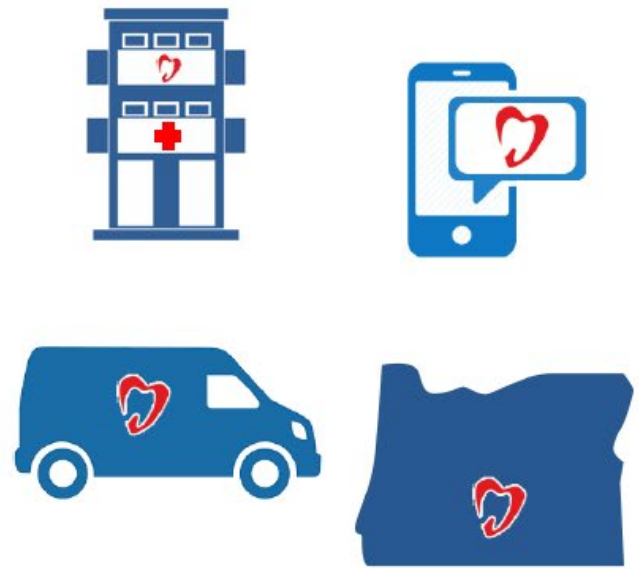
Oregon Health System & Dental

- 2015-19 Coordinated Care Organizations (CCO 1.0)
  - Vision: integrate care across physical, behavioral, and dental organizations and all providers for Oregon Health Plan (OHP) Medicaid beneficiaries
    - Quality incentive measures (QIMs) and other metrics
  - Plans are capitated and risk-bearing
  - Dental Care Organizations (DCOs) contract with CCOs to provide dental network and achieve QIMs and other metrics
- 2020-24 CCO 2.0
  - Expansion: Health Equity Plan, RHIP, ***HIT Roadmap***, health-related services (HRS) to employ non-medical services to address members' health-related social factors and inequities that contribute to poor health (SDOH)
- 2025-20 CCO 3.0 (under review)
  - Vision: advance health equity, value-based global payments



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History of HIE in Oregon

- 2009 Health IT for Economic and Clinical Health (HITECH) part of American Recovery and Reinvestment Act (ARRA)
  - Open market
  - Creation of Health IT Oversight Council (HITOC)
- 2013-16 HITOC Strategic plan
  - Emergency Department Information Exchange (EDIE)
  - Provider Directory
  - Electronic Clinical Quality Measures Repository (eCQMR)
  - Meaningful Use
- 2016/17 HIT Commons formation
  - Leadership for HIT programs
- 2017-2021 HITOC Strategic plan
  - HIE promotion/implementation & CIE

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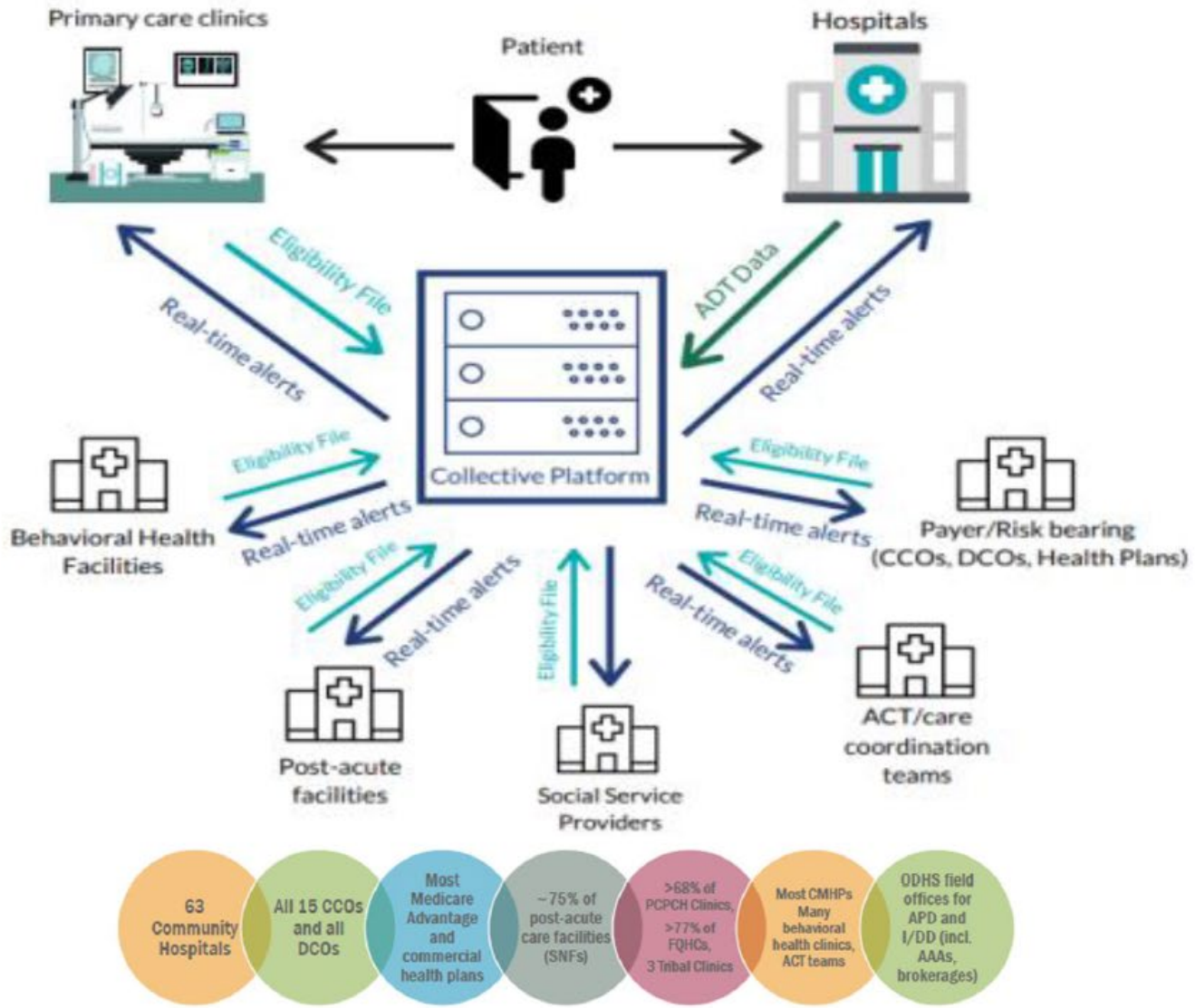
EDIE (Collective Platform, Premanage)



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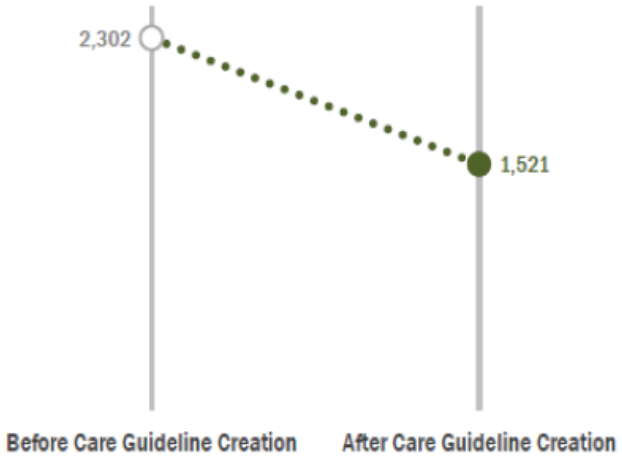
EDIE, Dental-EDIE, & PDMP



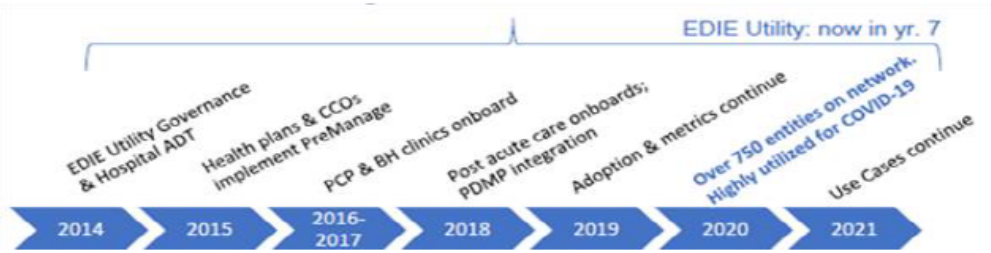
There has been a 34% reduction in ED use with high utilizers (5+ visits per year)

Remember Deamonte Driver…

151 children < age 12 of **2868** Medicaid members referred through EDIE with Dental issue since **March 2020** and connected all with a dentist*

*Capitol Dental Care, internal data, as of 11/26/21

Prescription drug monitoring program (PDMP): Check for medication history last 3 years across states



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HITOC 2017 Strategic Plan

- 2017 Approaches to Achieve Statewide HIE
  - Supporting and connecting robust network of HIEs
  - Providing baseline services to those facing barriers
  - Offering statewide enabling infrastructure to leverage existing investments and opportunities
  - Providing access to high-value data sources
  - Coordinating stakeholders to establish a shared governance model
- HIE Onboarding program
  - **February 2016:** Funding approved under the HITECH for HIE onboarding of certain Medicaid providers
  - **2016 – 2018:** Oregon HIE Onboarding Program development
    - Stakeholder input & study of other states administering similar programs Request and approval of funding (90% CMS match, 10% state match)
  - **January 2019:** Oregon launched HIE Onboarding Program

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HIE & Dental

- HIE Onboarding program concluded 9/30/21
- Over $2.4 million was spent to onboard 72 unique entities to the HIE platform
  - 7 major trading partners
    - 4 hospitals
    - 1 diagnostic laboratory system
    - 2 multispecialty groups
  - 49 critical physical health organizations
    - 2 tribal clinics
    - 1 correctional organization
  - 12 behavioral health organizations
  - ***4 dental offices***

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2021-24 State HIT Roadmap & Ideas

- Integrated HIT partnership
  - Collaborate with CCOs and HIE vendors to examine existing dental HIE
- Support for Electronic Health Record (EHR) adoption for physical, behavioral, and oral health providers
  - Identify information useful for Dental HIE
  - Explore strategies to expand and connect to other HIEs and platforms
  - Ability for Dental EHRs to hold and display data
  - HIE methods supported by vendor systems
- Support for Health Information Exchange (HIE) for Care Coordination
  - Evaluate efficacy of the dental request referral process by cross-walking claims data with those members who had a request through the portal to follow up with members and analyze “connection” success rates
  - Develop one-way electronic referrals from DCOs to other portals to improve care coordination
- Support for Health Information Exchange (HIE) Hospital Event Notifications for physical, behavioral, and oral health providers, and CCO use of Hospital Event Notifications
  - Promote further use of EDIE
  - Analyze “connection” success rate
- Health IT for Value-Based Payment (VBP) and Population Health Management
  - HIT Tools and Workforce
  - HIT to administer VBP Arrangements & Support for providers with VBP

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Thoughts & Ideas

- Policy alignment across all organizations/stakeholders with long-term commitment
- Technology – EHR and other vendor commitment for true interoperability for all
- Shift private practice dental providers to submit diagnostic (ICD-10) codes with procedure codes
- Incentivize private practice dental providers to integrate Social Determinants of Health with diagnostic codes and recommended procedures
- Technology – commitment for same hardware and software
  - Health record lives with patient
  - CCOs, DCOs, BHOs all have access to record through scanned QR code which patient uses to provide consent
  - Centralized portal for all information
- Shared resources and start with CCOs/DCOs (not providers)
  - After building this system of care, then roll-out to providers
- Additional items to improve care delivery:
  - Avoid duplication of effort
  - Report data that is useful so that searching through data to find information is not necessary
  - Encourage gathering data using the most convenient method (reduce number of clicks)
  - Quadruple aim: address gaps in care and improve utilization

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Thoughts & Ideas

- Board member, Health IT Oversight Council (HITOC)
  - Generating strategic plan with integrated dental
  - Volunteered for workgroup with Community Information Exchange
- Board member, Central Oregon Health Information Exchange (COHIE)
- HIT Commons
  - Provides oversight of Collective Medical (EDIE) and PDMP integration and other HIT programs
  - Dedicated dental voice on HIT Commons governance
- Capitol Dental
  - Vision: Healthier Oregonians
  - Actively seeking pilots to innovate electronic workflows and improve systems of care
    - Bi- or tri-directional communication by allowing any kind of provider to request services and care coordination from any other health discipline.
    - Integrate closed-loop electronic referrals and/or preauthorizations within their providers' EDR workflows
    - Explore expansion of EDIE for high risk oral health conditions and/or members
    - Explore expansion of EDIE with dental offices as primary intake site
  - Engage with private practice dental providers for solutions
  - Engage with Dental EHR vendors
  - High-value use case: HbA1c/Diabetes

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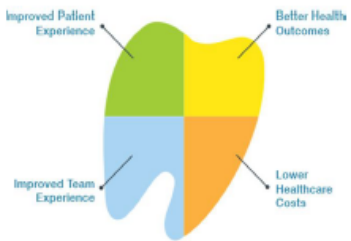
Thank you!

- Oregon Health Authority
- Central Oregon Health Council
- COHIE
- HITOC
- HIT Commons
- Oregon Health Leadership Council (OHLC)
- Reliance
- Unite Us (Connect Oregon)
- InterDent
- The Capitol Dental Tribe

Dedicated to the patient in all of us



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1 of 7 Next >

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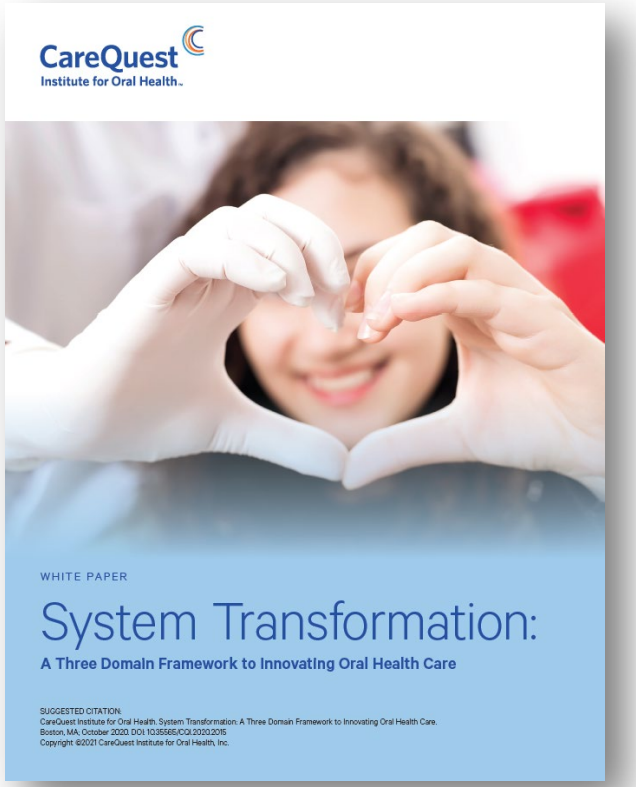
An Open Ended Question During A Caries Risk Conversation	General	Video	
Emergency and Urgent Dental Visits Among Medicaid Enrollees from 2013 to 2017	General	Article	
A systematic review of dental-related emergency department visits among Medicaid beneficiaries	General	Article	
Dental Visits during Pregnancy: Pregnancy Risk Assessment Monitoring System Analysis 2012–2015	General	Article	
The Effect of Well Child Visit Location on Preventative Dental Visit	Research	Article	
Teledentistry: Removing Barriers and Moving Toward Implementation	General	Infographics and Dashboards	
Teledentistry Use Beyond the Pandemic	General	Infographics and Dashboards	



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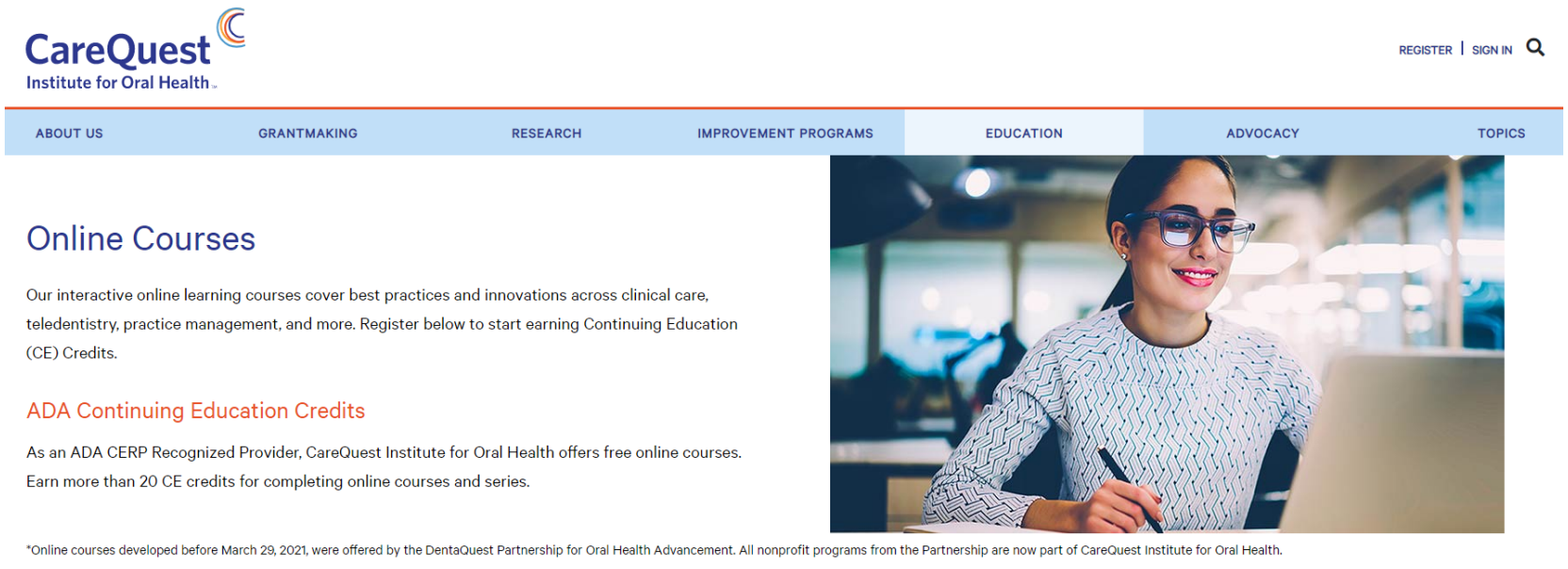

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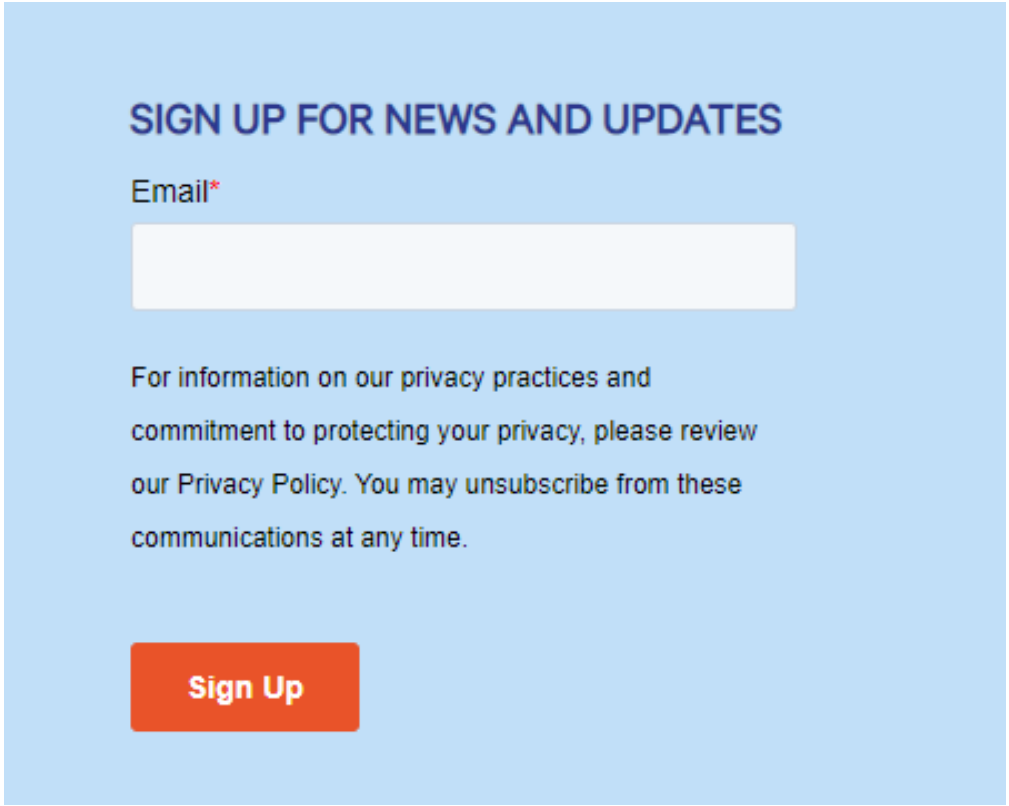

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