The Pennsylvania Story

CMS Learning Lab: Improving Oral Health Through Access

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- Transitioning from direct state administration to a managed care model since 1997
- HealthChoices, the mandatory managed care program, operates as a 1915 (b) waiver demonstration project
- State contracts with Physical Health Managed Care Organizations (PH MCOs)
- PH MCOs provide physical healthcare services, including oral health services
- Oral health services administered directly by the MCO or through subcontract with a Dental Benefit Management entity
- Subcontracts may be either administrative services only (ASO) or at-risk in nature
- The Bureau of Managed Care Operations (BMCO) oversees HealthChoices and PH MCOs

Improving Oral Health Through Access
Geographic Footprint of Managed Care

2010

[Map showing geographic footprint in 2010]

2014

Improving Oral Health Through Access

[Map showing geographic footprint in 2014]
Managed Care and Oral Health Improvement

- All MCOs are required to maintain a Special Needs Unit (SNU)
- The improvement of oral health status (especially for children) has been a long-standing priority in Pennsylvania
- MCO Medical Directors and Quality Management staff are held responsible for improvement of oral health measures
- The HEDIS Annual Dental Visit measure is part of the Pay-for-Performance (P4P) MCO incentive program
- P4P measures and incentive payouts are contractually tied to achievement related to national benchmarks and incremental improvement
Oral Health Data Reporting for Pennsylvania

### Annual Dental Visit - Four Year Trend

<table>
<thead>
<tr>
<th></th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>HealthChoices Weighted Average</td>
<td>52.42%</td>
<td>53.37%</td>
<td>55.22%</td>
<td>56.71%</td>
</tr>
</tbody>
</table>

**Data Source:** MCO NCQA Final Interactive Data Submission System (IDSS) files

### CMS - 416

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<thead>
<tr>
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<tbody>
<tr>
<td>Total EPSDT Eligibles</td>
<td>1,115,658</td>
<td>1,119,481</td>
<td>1,122,519</td>
</tr>
<tr>
<td>Eligibles Receiving a Preventive Dental Service</td>
<td>400,704</td>
<td>413,876</td>
<td>449,469</td>
</tr>
<tr>
<td>Percentage Receiving a Preventive Dental Service</td>
<td>36.0%</td>
<td>37.0%</td>
<td>40.0%</td>
</tr>
</tbody>
</table>

**Data Source:** PA submitted CMS-416 Reports FFYs 2011, 2012, & 2013 Line 1b., Eligibles ages 1-20

**Improving Oral Health Through Access**
### Head Start Program Information Report (PIR) Comparison Data (2012-13)

<table>
<thead>
<tr>
<th>Reported Oral Health Indicators</th>
<th>PA</th>
<th>National</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have a dental home</td>
<td>83.65%</td>
<td>90.48%</td>
</tr>
<tr>
<td>Received preventive care</td>
<td>84.58%</td>
<td>85.18%</td>
</tr>
<tr>
<td>Completed dental exams</td>
<td>78.91%</td>
<td>86.31%</td>
</tr>
<tr>
<td>Are diagnosed as needing treatment</td>
<td>19.33%</td>
<td>19.60%</td>
</tr>
<tr>
<td>Are receiving or have received care</td>
<td>75.52%</td>
<td>80.32%</td>
</tr>
<tr>
<td>Children 0-2 up to date on dental EPSDT schedule</td>
<td>69.13%</td>
<td>77.24%</td>
</tr>
</tbody>
</table>

41,149 children - Total Cumulative Enrollment
92 Head Start Programs across all 67 Counties
3 times as many Head Start Programs as Massachusetts
The Formative Years (2009-2011)

• Birth of PA’s Head Start Oral Health Initiative (December 2009)
• Formed a state-level Steering Committee of key leaders:
  • PA Head Start State Collaboration Office (HSSCO)
  • PA Head Start Association (PHSA)
  • PA Department of Public Welfare/Office of Medical Assistance Programs
  • Region III Office of Head Start’s Dental Consultant
  • Technical Assistance Contractor for Head Start
• Intentionally designed to be a nimble, influential, and action-oriented decision-making group
• We “branded” our initiative:
  “Healthy Smiles, Happy Children: A Dentist for Every Child”
Formative Years (2009 – 2011)
OMAP Perspective and Milestones

• 2008/2009, AAP and AAPD update recommendations for initial dental examinations

• May 2009, Early preventive intervention and medical/dental collaboration integrated into OMAP program strategy

• November 2009, Invitation to meet with Head Start

• April 2010, CMC announces the Oral Health Initiative

• April 1, 2010: OMAP implements MA compensation to physicians for topical application of fluoride varnish

• August 2011, OMAP releases white paper proposing completion of HealthChoices state-wide expansion
The Formative Years (2010-2011)

• 3 Regional Oral Health Forums (Spring 2010)
  • Identified needs and barriers to access specific to Head Start
• Forum recommendation: State Task Force for Head Start
• Formed “Head Start Healthy Smiles Task Force” (January 2011)
  • Spearheaded with leadership support and funding from HSSCO
• Launched PA’s Head Start Dental Home Initiative with support from the Office of Head Start (May 2011)
PA Head Start Healthy Smiles Task Force

Goals

1. Establish a dental home for every child in Head Start
2. Ensure children in Head Start receive follow up treatment
3. Educate caregivers to prevent oral diseases early in life
4. Forge collaborations to benefit children, families, and providers
5. Build lasting relationships with the dental community
Task Force Objectives to Improve Access

- Cultivate partnerships between PA Head Start Association, DPW/OMAP and key stakeholders
- Build collaborative relationships with the MCOs
- Promote oral health by educating Head Start children, families, staff, and community partners
- Inform dental providers about the needs of Head Start children on medical assistance
- Build momentum via regular meetings at least twice per year
Pilot Project Phase (January – July 2012)

- Fall 2011: Task Force recommends targeted intervention
  - Need to improve access to “follow-up” treatment
  - Care coordination and partnership with DPW and HealthChoices MCOs

- Analyzed Head Start Program Information Report (PIR) trend data
  - Identified 12 programs struggling with follow-up; made calls to assess needs
  - Selected 2 with strong directors for “MCO-Head Start Liaison Pilot Project” in the Southwest Zone of HealthChoices

- Pilot programs identified a Point of Contact person who connected to the “MCO-Head Start Liaisons”

- Liaisons provide direct assistance to programs in finding services for individual children needing follow-up treatment

- Pilot project programs reported at least a 10% increase in follow up services
Pilot Project from the MA Viewpoint

- Strong care management and member outreach component within HealthChoices MCO structure
- Mandatory Special Needs Unit within each MCO
- Need expressed by Head Start staffers fit appropriately with existing MCO mission responsibilities
- Offered access to additional “high touch” care coordination resources synergistic to MCO efforts

Improving Oral Health Through Access
Massachusetts Head Start Association (MHSA) invites PHSA to collaborate on DentaQuest Foundation grant (Fall 2011)

To “scale up” MHSA’s positive model for “Building Successful Collaborative State Oral Health Consortiums” in another state

DentaQuest Foundation funds 1 FTE State Oral Health Coordinator for Pennsylvania

PA State Oral Health Coordinator lends more support for the MCO-Head Start Liaison Pilot Project (Spring 2012)
Broader DentaQuest Foundation Grant Goals

- Effective statewide oral health coalition-building

- Oral health promotion through education
  - “Cavity Free Kids Train-the-Trainer” sessions

- Improved medical-dental collaboration and consistent oral health messaging
  - Connecting Head Start children to dental homes beginning with the Age 1 visit
  - Community engagement strategies to improve the delivery of primary preventive care to improve outcomes for Head Start children
Synergistic Collaborative Partners

- Healthy Teeth, Healthy Children project established by the PA Chapter of the American Academy of Pediatrics through a DentaQuest Foundation grant in 2012

- Strengthening the Safety Net grant received by the PA Association of Community Health Centers from the DentaQuest Foundation in 2012

- These grants and organizations brought additional opportunities for coordination and optimized resource allocation to collaborative efforts
Expansion of the Liaison Project across HealthChoices

- Head Start leadership attends June 2012 MCO Med Directors Meeting

- BMCO announces an Operations Memorandum supplying guidance on appropriate MCO interaction with Head Start programs in HealthChoices

- BMCO issues Ops Memo on 7/23/2012
  - Memo effectively expands pilot project from two county to all counties in active HealthChoices Zones
  - Clearly defines responsibilities for establishment of collaborative care management in tandem with Head Start staff

- Completion of state-wide expansion of HealthChoices in early 2013

- Functionality of the Liaison Project becomes operational and available to Head Start programs in every county
Maturation Phase: Statewide Rollout

- July 2012 – BMCO’s Operations Memorandum published
- Full implementation of the MCO-Head Start Liaison Project across the state
- MCOs were invited to join the Head Start Healthy Smiles Task Force (100% attended October 2012 meeting)
- Task Force meeting supports discussion between MCOs and Head Start leaders:
  - Building uniformity into the MCO-Head Start Liaison Project
  - Developing standardized methods – when to connect and refer
  - Avoiding redundancy
Evolution of a Collaborative Care Coordination System

• MCO-HS Liaisons assist in accessing services (identifying appropriate providers, making appointments, arranging transportation)

• Engage in 3-way calling between the family ("subscriber"), Head Start support personnel, and MCO-HS Liaisons

• Look at the gaps together, identify the barriers for individual children, and problem-solve solutions together

• As trust builds, Head Start programs move towards signing Business Associate Agreements with MCOs

• Our goal is a robust, collaborative care coordination system
Implementation Factors to Consider

- All 92 Head Start programs have unique organizational and administrative structures
- All 9 of the MCO organizational structures vary as well
- Staffing turnover impacts continuity of the project on both sides
- Competing priorities
- It takes time to build relationships and trust!
- Concerns about data sharing (HIPAA)
- Each of the 9 MCOs has its own BAA and/or service coordination agreements
- Head Start Program Performance Standards require oversight according to program governance regulations –
  - Policy Council and Board approvals needed to sign agreements
A Test Case for Data Sharing

• Identifying process and strategies to make this partnership work
• Focused on understanding the process of relationship-building between 1 Head Start program and 1 MCO
  • Understanding the “benefits” of sharing data, signing cooperative agreements, and working together
  • MCO Agreements are signed, opening up the door for deeper data sharing
  • MCO identifies internal methods for isolating unique data on individual Head Start children
  • Steps are delineated for sharing data spreadsheets between the MCO and the Head Start program
  • Sharing encounter dates, missed appointments, service gaps
• Implementation continues to depend upon a variety of factors
Quality Improvement and Innovation

• Oral health data sharing opens door to additional data sharing across EPSDT and physical health
• MCOs are mining their claims data to understand which EPSDT services were provided at service encounters
• Head Start programs identify gaps in EPSDT services within their own tracking databases (e.g. blood lead level testing, vision/hearing screening, hemoglobin/hematocrit values missing – perpetual “offenders”)
• When gaps are identified, the MCOs are working within their provider networks to address these specific gaps in care, targeting continuing education to network providers on specific topics (e.g. “PA Age One Connect the Dots”)
Lessons Learned

- Collaboration is labor intensive
- Designing new systems of working together takes more time than you think
- Implementing new systems takes more time
- You must continually build consensus in order to change paradigms of thinking and practice
- Commitment to the vision requires continuity of leadership
- Communication is everything
- Innovation can inspire and engage partners
- Trust is key
- Keep the wellbeing of children alive as your highest priority
## Preliminary Data Analysis from a Pilot HS Program

### Eligible Anytime During the Calendar Year

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<tbody>
<tr>
<td>Eligibles</td>
<td>318</td>
<td>326</td>
<td>320</td>
<td>334</td>
</tr>
<tr>
<td>Eligibles with a preventive dental visit</td>
<td>59</td>
<td>145</td>
<td>228</td>
<td>133</td>
</tr>
<tr>
<td>Percentage of Eligibles with a preventive dental visit</td>
<td>18.6%</td>
<td>44.5%</td>
<td>71.3%</td>
<td>39.8%</td>
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### Eligible Sometime in CY 2011, Then Continuously Eligible

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<tbody>
<tr>
<td>Eligibles</td>
<td>234</td>
<td>234</td>
<td>234</td>
<td>234</td>
</tr>
<tr>
<td>Eligibles with a preventive dental visit</td>
<td>50</td>
<td>113</td>
<td>176</td>
<td>107</td>
</tr>
<tr>
<td>Percentage of Eligibles with a preventive dental visit</td>
<td>21.4%</td>
<td>48.3%</td>
<td>75.2%</td>
<td>45.7%</td>
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