



Oregon Health Authority--Office of Health Analytics
Re: 2019 "on deck" measures

Health Plan Quality Metrics Committee:

Thank you for your consideration of metrics related to dental health. CCO Oregon would like to add our support of the CCO Metrics & Scoring Committee recommendations of the four metrics related to dental health:

- Dental sealants
- Assessments for children in foster care
- Dental care for adults with diabetes
- Preventative dental services utilization for adults

As this Committee is aware, of the aforementioned measures, the dental health metrics for children have been CCO quality incentive metrics since 2015; subsequent to the conclusion of dental contractual integration efforts, finalized July 2014. [Since 2015, there has been substantial improvement across the state in meeting these metrics.](#) The number of children in foster care receiving all three assessments (dental, physical, and mental) on time has improved over 27% from 2015-2016. This improvement is notable since dental assessments were not previously required. The incidence of children receiving dental sealants increased 91% from 2014 to 2016 with a 17% increase from 2015 to 2016. These dental health measures for children are important not only for overall health, but also for their intrinsic ability to facilitate and accelerate coordination and integration efforts between organizations that were previously siloed. We encourage this Committee to retain these child dental health metrics so the progress that has been demonstrated statewide can continue in their current populations as well as have the potential to expand to other groups represented in this Committees purview.

There are also two adult dental health metrics for consideration: 1. Dental care for adults with diabetes and 2. Preventative dental services utilization for adults. Currently there are no CCO quality incentive metrics related to adult dental health, thereby excluding a large population of individuals that are within the purview of this Committee. The metric related to dental care for adults with diabetes is not only important to bolster performance of a challenging CCO quality incentive metric to meet; it also raises awareness of the linkage(s) between periodontal disease and diabetes. More importantly, similar to what has been established through the foster care children assessment metric, a successful dental health/diabetes metric will necessitate delivery systems evolution in order to establish comprehensive, coordinated, and integrated diabetes care. This can also create a foundation for expanding to other high risk and/or chronic disease member cohorts in the future.

The final metric, preventative dental services utilization for adults, measures the incidence of certain preventative services for a predetermined, age-based cohort of adults. According to the most recent [CCO data from mid-2016](#), the rate of adult utilization of preventative dental services is under 20% providing potential for significant improvement. According to the CDC, the [number of adults with untreated dental caries is 31%](#) which can cause multiple other concerns including poor nutrition and persistent pain. CCO Oregon is supportive of an adult dental utilization metric and appreciates this being included in the proposed adult dental measures.

We look forward to continued discussions with the committees and technical advisory groups to ensure the four dental health metrics are not only meaningful and relevant, but also promote alignment of patient care and improved population health. We encourage the inclusion of dental health metrics allowing for the collective impact of health transformation in Oregon to continue across all systems.

Thanks you for your consideration and the opportunity to comment, we are available for any questions.

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