January 30, 2019

Dear Committee Members:

The CCO Oregon Dental and Oral Health Workgroup is pleased to offer comment to the Metrics and Scoring Committee and the Health Plan Quality Metrics Committee as you make important decisions that will impact the health of Oregonians and develop further opportunities to motivate and incentivize dental and oral health integration.

In 2018, we provided comment calling for two adult dental health metrics, in particular. We were pleased to see the addition of an adult oral health metric, "Oral evaluation for adults with diabetes", to the 2019 CCO metrics set. The second metric we recommended, "Preventive dental service utilization for adults", has yet to be adopted and we hope you will consider its addition to the 2020 set.

Additionally, as noted in our 2018 comment, we support all of the current pediatric dental metrics and encourage the Committee to maintain balance between the number and desired outcomes of adult and pediatric metrics to motivate transformational efforts equitably.

Looking ahead to 2020 and beyond, we support the development of composite metrics such as the existing DHS metric and the proposed metric from the Health Aspects of Kindergarten Readiness (HAKR) Workgroup that incorporates primary care, behavioral, and dental health. In particular, we support the HAKR dental component, "Preventive Dental visits for children 1-5 years old". Another example is the new state quality measure (SQM): "Any dental service", which may be leveraged in the development of composite metrics as a measure of access to dental care and utilization.

For several years, we've heard mention of dental and oral health integration as a priority, and yet this aspect of coordinated care has not reached its potential. We hope your Committees will help put action to those words and continue to take strides that motivate further dental and oral health innovation and integration. In doing so, we strongly encourage thoughtful careful consideration regarding the resources needed and potential impacts to the delivery system, such as:

- **The role of HIT.** What is the minimum data set(s) and systems are needed? Who needs access to the data? Will HIE and current HIT initiatives meet these needs and, if yes, when?

- **Organizing and Aligning the Policy and Implementation.** How do we organize, prioritize and align: care delivery; adoption and use of EHRs; inception and proliferation of HIT; and advancement of value-based payment (VBP) models?

- **Impact on transition to and evolution of VBP.** How do we ensure the measures available best support the policy options adopted by the Oregon Health Policy Board and included in their CCO 2.0 Report (October 2018)

In Summer 2018, our workgroup reviewed metrics released by the Dental Quality Alliance (DQA) and made selections for a menu of metrics. We've included this menu below for your reference. The menu is broken into two table for children and adults, and includes links to relevant the DQA specifications sheet. Please review these measures as options for implementation.

Specific to the Metrics and Scoring Committee (MSC) current conversations, we offer the following for your consideration:

- **Oral Evaluation for Adults with Diabetes**
    - We recommend that, for the purposes of establishing denominator specification, the involved metrics committees strive to mitigate definitional variation of "diabetics" (claims-based versus EHR-based) as this could have a significant impact on care coordination efforts.
    - Overall, we support the inclusion of the diabetes/dental measure even if the denominators cannot be aligned.

- **Dental sealants on permanent molars for children (changes slated for 2020)**
    - We encourage the MSC to address specification issue of the rolling denominator.
    - Further, if a risk-based measure is to be implemented in 2020, we recommend reconsidering how the benchmark is set and move away from the current trajectory of an annual 3% increase.
    - And, we note that moving to a risk-based measure in 2020 will be complicated as risk scores are currently reported at a low rate in Oregon and because it is unclear how risk will be defined.

- **Assessment for children in DHS custody (changes slated for 2020)**
    - The impact of decreasing days allotted for dental and physical health assessments is significant. Despite the fact that 15 CCOs improved in 2017 and 13 CCOs met the target, we are still not meeting the statewide benchmark of 90% for this metric.
    - This is especially true upstream, at a relational level, wherein existing collaboration between stakeholders is already challenging, if not lacking, and only exacerbates the downstream data issues.
    - Underestimating the administrative and operational challenges could have an adverse impact and regressive results. Current challenges in acquiring accurate data will exacerbate further under-truncated assessment timelines. Accordingly, it would be prudent to use 2019 as an opportunity to inform 2020 specifications and resolve pre-existing data barriers. When metric specifications aren't based in the "on the ground" reality, it can make measures unattainable, which can have significant adverse impacts.
    - We support ongoing discussion and operational advancements to improve the ability of Child Welfare within DHS to provide timely information to CCOs for this metric.

Lastly, we recommend integrating dental services in diverse care settings and utilizing dental providers, when possible, as access points for other metrics, such as immunizations. Taken one step further, while

it may not be current common practice, how may dental providers expand their impact on individual patient and population health by providing “new” services like nutritional counseling or social determinant of health screenings in the dental chair.

Thank you for your consideration,
The CCO Oregon Dental and Oral Health Workgroup

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