



Oral Health

Regional Health Improvement Plan Physical Health Small Group

Join Zoom Meeting

<https://us02web.zoom.us/j/83624425879?pwd=RINTdDliT0k0N1dRc1BFS1Rja0tkUT09>

Join by phone:

+1 669 900 6833

Meeting ID: 836 2442 5879

Passcode: 097810

May 3, 2023

3:00-4:30pm

Physical Health Aim/Goal
Equitably and measurably support all Central Oregonians to prevent disease by improving health behaviors and reducing risk factors that contribute to premature death and diminish quality of life.

Oral Health Future State Metric		
By December 2023, increase the percentage of PacificSource (Central Oregon CCO) Medicaid members, at any age, who received both an annual wellness visit by a Primary Care Provider and a preventive dental visit by a member of the Oral Health Care Team by 10 percentage points to:		
Crook County	Deschutes County	Jefferson County
29.8%	32.75%	31.3%

AGENDA

- 3:00-3:10 Welcome, Introductions, Announcements
- 3:10-4:30 Structured Problem Solving
 - Finish Root Cause Analysis
 - Start Strategic Directions

Working Document:

https://docs.google.com/presentation/d/1ITGCLD_HOFtNoM0p7rxSxgIjSvRm0nrGw5tRZkub0hU/edit#slide=id.g1c715e7931f_0_11

Land Acknowledgment

We recognize and acknowledge the indigenous land on which we live, work, learn, play, and grow. This is the land of the Warm Springs, Wasco, Northern Paiute, Tenino, Klamath, Molalla, and Yahooskin. We acknowledge them as the past, present, and future caretakers of this land. It is on their traditional land that we partner to improve the health and well-being of Central Oregonians. We aspire to be good guests honoring the concept in the Warm Springs culture: "This land is for you to know and live upon and pass on to the children."

Promote Enhanced Physical Health Across Communities

Oral Health Small Group

RHIP Workgroup Virtual Meeting



Central Oregon
Health
Council

Regional Health Improvement Plan (RHIP) Workgroup

Guiding Principles

Shared Focus

We come together to improve the health and well-being of individuals living in various and diverse communities throughout Central Oregon region. We use the Regional Health Improvement Plan (RHIP) as our guide. It is our region's shared vision of current problems and our aims. As workgroup partners we develop agreed-upon actions to solve the issues and keep the needs of our communities as the main focus.

Shared Metrics

We measure progress, process and outcomes through a shared lens. We use the Regional Health Assessment (RHA), Regional Health Improvement Plan and community dashboard.

Partner with Priority Populations

The individuals living in our diverse Central Oregon communities are the center of our work. We make every effort to include people from every part of the region in our workgroups, discussions, processes and decisions.

Collaborate to Solve Complex Issues

Inviting diverse perspectives from throughout the Central Oregon region deepens our shared understanding of complex issues and propels us toward better progress and outcomes. We practice frequent, structured, open communication to build trust, assure shared objectives, and create common motivation. We respect the privacy and sensitivity of information partners share.

Coordinate Collective Efforts

We are made up of diverse partner organizations and individuals with unique strengths, skills, and resources. We coordinate our efforts and use our unique strengths and skills to meet the goals of the RHIP.

Learn and Adapt Together

We embrace shared learning and a growth mindset. We create a space that allows for mistakes, failures, second changes, and a celebration of brave attempts. We adjust and apply our learnings to the complex and changing landscape of health and well-being in Central Oregon.



Background: Why are we talking about this?

- Oral health is directly tied to physical health outcomes.
- Oral health concerns impact daily lives - eating, smiling, self-esteem, speech, learning, working, etc.
- Decrease healthcare costs downstream and prevent non-urgent oral health use of the emergency department

Before 2000: Individual efforts to improve oral health. The Surgeon General's State of Oral Health/Call to Action Report - first time having national convos about treating oral health differently from physical health
 2001-2015: Death of Deamonte Driver from dental infection OHP offering comprehensive adult dental benefit OHP
 2016-Present: Tried to pass an adult oral health benefit, didn't pass in 2022, but now an awareness in the national legislature that it's important. 4 dentists in Oregon Legislature. SB660 created organization over sealant programs across the state offering.

Current Condition: What's happening right now?

The percentage of PacificSource (Central Oregon CCO) Medicaid members, at any age, who received both an annual wellness visit by a Primary Care Provider and a preventive dental visit by a member of the Oral Health Care Team was :

Crook 6.6%; Deschutes 9.9%; Jefferson 10.6%; Northern Klamath: 6.9% (PacificSource,2022)
 Crook 9.1%; Deschutes 13.1%; Jefferson 11.3%; Northern Klamath: 7.3% (PacificSource,2018)

Goal Statement: Where do we want to be in 4 years?

By December 2024, increase the percentage of PacificSource (Central Oregon CCO) Medicaid members, at any age, who received both an annual wellness visit by a Primary Care Provider and a preventive dental visit by a member of the Oral Health Care Team by 10 percentage points to:

Crook County	Deschutes County	Jefferson County
29.8%	32.75%	31.3%

Analysis: What's keeping us from getting there?

In Progress

Date updated: 5.2023

Strategic Direction: What are we going to try?

Focused Implementation: What are our specific actions? (who, what, when, where?)

Follow-Up: What's working? What have we learned?

Why⁵ are we talking about preventative dental visits? Why is it important?

https://www.dropbox.com/s/svd1ntivd1y83da/RHIP_2020_2024_Final.pdf?dl=0 (pg 45/46)

- Oral health concerns impact daily lives - eating, smiling, self-esteem, speech, learning, working, etc.
- To prevent or delay onset of chronic oral health disease; to keep as much healthy tooth structure as possible, for as long as possible.
- Oral health is directly tied to physical health outcomes.
- Decrease healthcare costs downstream and prevent non-urgent oral health use of the emergency department
- Education during oral health services enables people to continue healthy oral habits in their daily lives
- Dental health visits are an opportunity to identify other health issues

Timeline: National, State, Regional, Local

Before 2000

- Individual effort to improve oral health
- The Surgeon General's State of Oral Health/Call to Action Report - first time having national convos about treating oral health differently from physical health
- State School Dental Sealant Program

2001-2015

- Death of Deamonte Driver from dental infection
- DCO/CCO partnership
- Affordable Care Act
- Oregon is medicaid expansion state
- OHP offering comprehensive adult dental benefit

2016-now

- Tried to pass an adult oral health benefit, didn't pass in 2022, but now an awareness in the national legislature that it's important
- 4 dentists in Oregon Legislature
- Compact of Free Association (COFA) adding dental-only benefit
- SB660 created organization over sealant programs across the state
- New orthodontic benefit - connected to larger EPSDT benefit
- COVID-19 Pandemic

What's happening now? (As it relates to the measure?)



- EPDST Requirements - e.g. at least 2 times of fluoride varnish per year
- Central OR RHIP Metric consider 18+ year olds adults however EPDST guidelines categorizes adults as 21+
 - This means there is a difference in access to services depending on age (19 & 20 year olds)
 - Oral Health Preventive services
- Data:
 - When looking at the trend-over-time line, Deschutes did not dip quite as low as the other counties
 - Rebound after COVID is not as large as we'd like to see
 - Need to acknowledge there are more medicaid members than prior to 2020
 - Northern Klamath looks very different from the other counties
 - Seems like an outlier in comparison. The other regions have a much higher percentages.
 - We have our work cut out for us!
 - Looks like a slight increase from 2018-2019 (except for Northern Klamath)
 - What was happening back then?
 - There was Oral Health Work occurring in the last RHIP cycle
- Lots of siloing right now. There are current integration efforts locally, but not a great system for communicating. EHRs don't allow for easy communication, especially closed loop referrals between systems. As a result there are a lot of workarounds on a case-by-case scenarios that involves a lot of staff capacity.
- There are some co-locations going on at various sites
 - I.e. at schools
- COPA is now doing a dental assessment and fluoride varnish treatment (we presume)
- There are oral health bills during the 2023 legislative session
 - Dr. Pham & Javadi are arduous proponents on testifying and speaking in favor of those bills
 - Mostly focused on workforce challenges, especially dental hygienist

Root Cause Analysis - Which obstacles have similar root causes?

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1. ~~Preventive oral health care is undervalued~~
2. ~~Clients have dental anxiety~~
3. ~~Struggle with workforce retention~~
4. ~~The daily realities that providers experience do not meet their expectations~~
5. ~~Lower provider compensation inhibits providers from entering the field~~
6. ~~Lost providers due to COVID~~
7. ~~Members have difficulty navigating medicaid system due to its complexity~~
8. ~~Many parts of the healthcare system have broken communication~~
9. ~~Navigating the medicaid system is time consuming~~
10. ~~Physical health exam is undervalued~~
11. ~~Politicization of medical and dental exams~~
12. ~~Members do not know oral care is a covered benefit~~
13. ~~Increased general medical anxiety after COVID~~
14. Access to care

“Client Anxiety”

- Clients have dental anxiety
- Increased general medical anxiety after COVID

“Varying Priorities and Beliefs”

- Preventive oral health care is undervalued
- Physical health exam is undervalued
- Politicization of medical and dental exams

Group B

- Members have difficulty navigating medicaid system due to its complexity
- Many parts of the healthcare system have broken communication
- Navigating the medicaid system is time consuming
- Members do not know oral care is a covered benefit

“Low Workforce Retention”

- Struggle with workforce retention
- Lower provider compensation inhibits providers from entering the field
- The daily realities that providers experience do not meet their expectations
- Lost providers due to COVID

Five-Year Investment Overview
All Workgroups
 January 2020–December 2024

Budget	Spent	Available
\$12,000,000	\$7,099,792.04	\$4,900,208

Workgroup	Spent	Available
Address Poverty	\$941,993.79	\$1,058,006.21
Behavioral Health	\$1,909,157.00	\$90,843.00
Physical Health	\$1,117,158.56	\$882,841.44
Stable Housing	\$1,124,654.00	\$875,346.00
Substance and Alcohol Misuse	\$582,702.69	\$1,417,297.31
Upstream Prevention	\$1,424,126.00	\$575,874.00

PHYSICAL HEALTH 2023 Budget						
Overview						
		Budget	Spent	Available		
	5-Year	\$2,000,000	\$1,117,158.56	\$882,841.44		
By Future State Measure (5 year)						
	Budget* [1]	Spent	Available [2]	Currently Allocated [3]	Projected Available [4]	Notes [5]
Chronic Disease (1)		\$15,048.81 [6]	-\$15,048.81		-\$15,048.81	
Fruit, Veggie & Activity (2)		\$544,970.00 [7]	-\$544,970.00		-\$544,970.00	
Preventable Disease (3)		\$23,639.75 [8]	-\$23,639.75		-\$23,639.75	
Obesity (4)		\$0.00	\$0.00		\$0.00	
Sexually Transmitted Illness (5)	\$500,000.00	\$500,000.00	\$0.00		\$0.00	
Wellness and Dental (6)	\$500,000.00					
*Budget for each FSM reflects the agreed upon 5 year 'soft budget' minus the portion contributed to shared mini grant budget.						
2023 Investments						
Organization	Process	Project	Award	Decision Date	Future State Measure	Latest Report