



**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

October 4, 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
  - Review
  - Finalize Strategic Directions (aka. problem solving ideas!)
  - Strategic Directions and Health Related Services Funding Guidelines

Working Document:

[https://docs.google.com/presentation/d/1ITGCLD\\_HOFtNoM0p7rxSxglJsvRm0nrGw5tRZkub0hU/edit#slide=id.g1c715e7931f\\_0\\_11](https://docs.google.com/presentation/d/1ITGCLD_HOFtNoM0p7rxSxglJsvRm0nrGw5tRZkub0hU/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?**

- Resistance limits progress toward integration
- Difficulty contacting patients limits patients’ ability to receive care
- Low workforce retention disrupts continuity of care
- Delivery system structure and practices limit patient access to care
- Dental health is undervalued
- Complex insurance systems prevent patients from using their benefits
- Disparate geographic provider locations causes health disparities
- Client anxiety keeps patients at home

Date updated: 8.2023

**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?**

## Oral Health RHIP Subgroup - Enhanced Physical Health Across Communities

### Root Cause Barriers: What is blocking us from moving toward our future state measure?

Resistance Limits Progress Toward Integration	Difficulty Contacting Patients Limits Patients' Ability to Receive Care	Low Workforce Retention Disrupts Continuity of Care	Delivery System Structure & Practices Limit Patient Access to Care	Dental Health Is Undervalued	Complex Insurance Systems Prevent Patients from Using Their Benefits	Disparate Geographic Provider Locations Causes Health Inequities	Client Anxiety Keeps Patients at Home
Provider resistance to integration; i.e. fear of scope creep	Contact information is incorrect	Struggle with workforce retention	Demand exceeds dental delivery system capabilities	Preventive oral health care is undervalued	Insurance system created with the insurance system in mind	Dental Care Offices are too far away in some places	Clients have dental anxiety
Integration requires new and revised workflows across disciplines	Patient does not want services ever	Lower provider compensation inhibits providers from entering the field	Staffing shortages exacerbate existing weaknesses in system	Physical health exam is undervalued	Navigating the medicaid system is time consuming	Higher concentration of offices in some areas	Increased general medical anxiety after COVID
Space is limited for integration	Patient does not need services right now	The daily realities that providers experience do not meet their expectations	Small margin for unexpected provider absences	Politicization of medical and dental exams	Members do not know oral care is a covered benefit		
Higher readiness for co-location rather than true integration	Transient patient population	Providers left profession after COVID					
Many parts of the healthcare system have broken communication	Mode of communication incompatible with patient need (i.e. text vs phone, social media, broadband access)						

**Draft. Strategic Directions. RHIP Oral Health Small Group**

**C. Providing Comprehensive Care**

- Expand co-location
- Expand PH and OH integration
- Dental and physical care one-stop fair for multiple needs
- All providers use an EHR/HIE and share info in it; between OH providers
- Provide wraparound (social service and clinical) care
- Offer dental services in urgent and immediate care settings
- Allow care assisters/CHW's/navigators to schedule PH and OH appointments
- Address barriers and learnings from co-location pilots in the region

**A. Caring for and Retaining Patients**

- Employ Community health workers in primary care (PCP) and OH settings
- Provide integrated care with correct clinical type of partners - high bp
- Use insurance assisters to get ppl signed up immediately
- Have resources available through partner agencies
- Allow care assisters/CHW's/navigators to schedule PH and OH appointments
- Address barriers and learnings from co-location pilots in the region

**E. Widen the care bottleneck**

- Place a OH provider in the ED or as alternative to ED
- Use the dental van more
- Use more CHW and dental therapists in dental clinics esp. Client care (directly)
- Incentivize, make it easier, for dentists to participate in Medicaid
- Use EPDHs in a broader way
- increase flexibility to use dental therapists much more broadly.
- Engage all the dental specialists in working with system change, accepting medicaid patients

**D. Supporting the provider and their development**

- Identify what providers want in a clinical office.
- Adjust clinical office culture, practices, set up to meet provider preferences.
- Provide providers with self-care opportunities.
- Promote provider self-care and mental health care.
- Provide comprehensive care with KPI's and track improvement-positive reinforcement for providers and communities.
- Use more CHW in dental clinics especially for client care (directly) and supporting clinic staff (indirectly).

**B. Reducing anxiety**

- Use CHW at chairside for anxiety management techniques with patient
- Connect member with CHW before treatment to build relationship, address anxiety
- Public education about OH care
- Offer dental services in urgent and immediate care settings

**F. Building knowledge leading to action for OH**

- Public education about OH care
- Public health announcements promoting dental care
- Preventative OH media campaign addressing negative impacts of substance use, etc.

**PHYSICAL HEALTH  
2023 Budget**

**Overview**

	Budget	Spent	Available
5-Year	\$2,000,000	\$1,117,158.56	<b>\$882,841.44</b>
Cycle to Date	\$1,500,000	\$1,117,158.56	<b>\$382,841.44</b>
Yearly	\$500,000	\$0.00	<b>\$382,841.44</b>
Yearly Mini-Grant	\$0	\$0.00	<b>\$0.00</b>
Yearly Standard Grant	\$500,000	\$0.00	<b>\$500,000.00</b>

\$382,841 = available to **BLUE** measures, per previous agreements

**By Future State Measure (5 year)**

	Budget*	Spent	Available	Currently Allocated	Projected Available	Notes
Chronic Disease (1)	\$15,048.81	\$15,048.81	\$0.00		\$0.00	
Fruit, Veggie & Activity (2)	\$544,970.00	\$544,970.00	\$0.00		\$0.00	
Preventable Disease (3)	\$23,639.75	\$23,639.75	\$0.00		\$0.00	
Obesity (4)	\$0.00	\$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			\$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
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**Five-Year Investment Overview**  
**All Workgroups**  
 January 2020–December 2024

Budget	Spent	Available
\$12,000,000	\$7,609,001.74	\$4,390,998

Workgroup	Spent	Available
Address Poverty	\$941,993.79	\$1,058,006.21
Behavioral Health	\$1,954,157.00	\$45,843.00
Physical Health	\$1,117,158.56	\$882,841.44
Stable Housing	\$1,129,654.00	\$870,346.00
Substance and Alcohol Misuse	\$1,041,912.39	\$958,087.61
Upstream Prevention	\$1,424,126.00	\$575,874.00