

Filling the Oregon Health Plan Utilization Gap

Increasing capacity and utilization of dental care services for patients covered by the Oregon Health Plan at the OHSU School of Dentistry

Project Background

The School of Dentistry (SOD) at Oregon Health & Science University (OHSU) provides dental care and services to patients, including Oregon Health Plan (OHP) members, in the service of its educational mission to train dental care providers. The OHP is administered by the Oregon Health Authority (OHA) as proscribed by the Affordable Care Act (ACA). The access to and utilization of dental benefits under the OHP are measured and reported annually and are essential to improving oral and overall health status and have direct impact on the financial performance of the Coordinated Care Organization (CCO) in which these OHP members are enrolled (Oregon Health Authority, 2021). The SOD recognizes that a substantial number of OHP members have not been accessing and utilizing their benefits and has identified a strategic goal to increase dental services access and utilization for OHP members within the OHSU School of Dentistry along with identifying barriers to patients utilizing these benefits (Milgrom et al., 2010; Wallace et al., 2011).

Project Goals

The goal of this capstone team's project was to develop strategic options to increase access to and utilization of dental benefits including immediately actionable recommendations and strategic directions for the future. A methodology utilizing a gap analysis at the SOD to assess current operations and identify issues, obstacles and opportunities for transformation was used. Primary research data was sought from SOD sponsors, stakeholders, and statewide content experts and secondary data utilizing current literature on Medicaid dental benefits access and utilization and delivery models were collated. A survey of the OHP members was also completed to assess barriers and analyzed.

Analysis and Findings

After analysis of the data, we identified barriers related to the OHP program along with barriers specific to the SOD. We identified barriers related to access to care due to inability to see a provider, inability to get time away from work to attend appointments, and cost of care for OHP patients. These barriers were common among children and adults. Within the SOD, we identified barriers related to the educational model, the patient intake process and the patient volumes as the key issues, but the nature of the faculty practice model, the knowledge of and application of the OHP benefit model and the lack of utilization of dental support staff were also contributing factors. Additionally, we were able to determine that dental care delivery models utilizing Extended Practice Dental Hygienists (EPDH) show potential for transformation of care at the OHSU SOD.

Recommendations

We developed recommendations for transformational changes at the SOD in three categories. The first is for patient centered approaches to patient scheduling, telehealth and mobile access to care, provider education on the OHP plan and treatment and payment planning. The second is for educational model reforms to include Expanded Practice Dental Hygienists in

the care model along with level appropriate student delivery of care and optimization of the intake process and dental chair utilization. Third, we recommend a refocus of the SOD mission to provide educational programs, basic and clinical research, and high-quality care and community programs to include administrative model changes including the Faculty Dental Practice taking on OHP members.

We proposed immediate focus on the following areas: (1) Make intake and workflow at OHSU SOD more streamlined and patient friendly. (2) Develop a provider OHP benefit education program. (3) EPDH model implementation. (4) Prepare for the transition to value based payment models.

Conclusion

We anticipate that this report will generate discussion and feedback internally at the SOD and throughout OHSU and that resistance to changes in care models and educational programs will present a significant challenge. However, this may be addressed by stakeholder engagement and collaboration efforts to bring programmatic transformation in the context of OHSU's and the SOD's missions to serve the underserved, such as the OHP population.

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References

- Oregon Health Authority. (2021). Oregon health system transformation: CCO metrics 2020 final report. https://www.oregon.gov/oha/HPA/ANALYTICS/CCOMetrics/2020-Annual-Report_FINAL.pdf
- Milgrom, P., Lee, R. S. Y., Huebner, C. E., & Conrad, D. A. (2010). Medicaid reforms in Oregon and suboptimal utilization of dental care by women of childbearing age. *The Journal of the American Dental Association*, 141(6), 688-695.
- Wallace, N. T., Carlson, M. J., Mosen, D. M., Snyder, J. J., & Wright, B. J. (2011). The individual and program impacts of eliminating Medicaid dental benefits in the Oregon Health Plan. *American Journal of Public Health*, 101(11), 2144-2150.