

## 8. Health Care Reform

### *National Initiatives Targeting Integration*

Several recent federal initiatives have targeted integration of medical and dental care. In response to recommendations from a 2011 Institute of Medicine report,<sup>84</sup> the HRSA developed the Integration of Oral Health and Primary Care Practice initiative, which was tasked to develop a set of core competencies for provision of preventive oral health services by primary care providers.<sup>85</sup> Federal support for medical-dental integration is also evident in agencies' funding priorities; HRSA, Centers for Medicare and Medicaid Services (CMS), CDC, and other agencies have provided support for demonstration projects targeting integration.<sup>86</sup>

### *Delivery System Reform*

Delivery system-level reform activities targeting oral health and medical-dental integration primarily focus on coverage and payment transformation. While the Affordable Care Act (ACA) increased population dental insurance coverage, other delivery system reforms include:

- Value-based purchasing (VBP)
- Pay for performance (P4P) models
- Inclusion of dental care in ACOs

While private dental insurance has traditionally been provided via stand-alone dental plans, the ACA has supported movement toward models that either **bundle or embed dental coverage** within medical plans. The trend toward integrated medical and dental benefits is expected to continue.<sup>87,88</sup>

### **Value-based Purchasing (VBP) and Pay for Performance (P4P)**

VBP and P4P models are alternatives to traditional fee-for-service arrangements. Payment is tied to health improvement rather than the volume of services provided. While VBP and P4P models are being utilized on a broad scale in medicine, currently their use in dentistry has been limited to isolated demonstration projects. The Medicaid Innovation Accelerator Program of CMS provides technical support to states wanting to use VBP approaches to incentivize oral health improvement for Medicaid-enrolled children. VBP projects in Michigan, New Hampshire, and the District of Columbia are currently underway.<sup>89</sup>

Examples of these models in dentistry include two large dental group practices that incentivize payments into providers' compensation structure:

- 1) HealthPartners Dental Group (Minnesota)—incentives are based on risk assessment completion and patient satisfaction.<sup>90</sup>
- 2) Permanente Dental Associates (Oregon and Washington)—incentive payments are based on provider- and clinic-level targeted goals.<sup>91</sup>

### **Accountable Care Organizations (ACOs)**

**Accountable care organizations** are another delivery system reform model with widespread adoption in medicine. However, there is limited integration of dental services within existing ACOs. Designed to improve health outcomes and lower cost, there are numerous barriers to incorporating dental care into ACOs, including limited integration of medical and dental health information technology, and exclusion of dental coverage from Medicare.<sup>92</sup>

Two examples of dental integration in ACOs include:

- 1) Hennepin Health, an ACO for the Medicaid-expansion population in Hennepin County, Minnesota
- 2) Oregon's CCOs for the state Medicaid population

In both models above, the ACO or CCO receives a global capitated PMPM rate that covers needed medical and dental care. Hallmarks of these programs include care coordination following dental-related visits to the emergency department and financial incentives to increase utilization of preventive services.<sup>93</sup>