2024-2026 QDP Issuer Model Contract Refresh Workgroup
Health Promotion and Prevention

June 2, 2022
# AGENDA

<table>
<thead>
<tr>
<th>Time</th>
<th>Topic</th>
<th>Presenter</th>
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<tbody>
<tr>
<td>10am - 10:15</td>
<td>Welcome, Introductions and Timeline</td>
<td>Tara Di Ponti</td>
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<tr>
<td>10:15 - 10:30</td>
<td>Covered California’s Role as Purchaser</td>
<td>Taylor Priestley</td>
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<td>10:30 - 10:50</td>
<td>An Evolving Oral Health Industry</td>
<td>Dr. Paul Glassman</td>
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<td>10:50 - 11:10</td>
<td>Opportunities in Technology to Engage Members</td>
<td>Dr. William Jackson</td>
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<td>11:10 - 11:40</td>
<td>Open Discussion and Feedback</td>
<td>Discussion</td>
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<td>11:40 - 11:50am</td>
<td>Next Steps and Adjourn</td>
<td>Tara Di Ponti</td>
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Timeline

Tara Di Ponti
PROPOSED 2024 – 2026 QDP QUALITY INITIATIVE
DEVELOPMENT TIMELINE

January-July 2022
Engage QDP Issuers, Advocates, Experts, Regulators through Kick-off and 1:1 meetings

April - July 2022
Engage stakeholders through regular Refresh Workgroup meetings, Plan Management Advisory meetings, and additional ad hoc meetings

Aug - Oct 2022
Post first draft for public comment cycle

Nov 2022– Jan 2023
Nov 2022: Draft to Board for discussion and public comment
Jan 2023: Final draft to Board for approval
Covered California leadership and staff engage in strategic planning sessions to develop concept proposal for the refresh framework, principles, and priority areas for focus.

Dental Refresh workgroup:
- Scheduled monthly meetings (anticipated for April to July)
- Forum for large group discussion on proposed changes to Attachment 1, Attachment 2 & 3
- Learning space to share ideas and best practices among stakeholders
- Participants will review and give feedback on contract proposals and draft contract language
- Additional focus group meetings on specific priority areas will be scheduled as necessary to help facilitate contract development
Covered California’s Role as Purchaser

Taylor Priestley
CALIFORNIA HEALTH BENEFIT EXCHANGE: COVERED CALIFORNIA

- Independent public entity, governed by a five-member Board
- Self-sustaining entity funded through premium assessments, with no monies from the state General Fund
- Fosters a competitive marketplace by selective contracting with health and dental carriers to offer coverage through Covered California
  - Negotiates premium rates with carriers
  - Establishes patient-centered benefit designs
  - Sets contract terms in alignment with other purchasers to drive health improvement, reduce health disparities, improve health care quality, and transform the delivery system
COVERED CALIFORNIA PURCHASER LEVERS

QDP Model Contract
- **Attachment 1**: requirements and incentives to improve oral health, dental care quality, reduce disparities, and transform the delivery system
- **Attachments 2 & 3**: Transition performance standards to focus emphasis on health improvement and disparities reduction outcomes

QDP Certification Application
- Meet and exceed federal QHP certification standards
- QDP certification application aligns with Model Contract priority areas to support selection of QDP issuers offering high quality QDPs that best meet consumers’ needs

Benefit Design
- Extend ACA consumer protections to adult dental benefits
- Apply patient-centered benefit design principles to dental benefit design
- Standardize benefit designs to support consumer choice based on quality, network, and value
Covered California’s Framework for Holding Dental Plans Accountable for Quality, Equity and Delivery System Transformation

<table>
<thead>
<tr>
<th>Domains for Equitable, High-Quality Care</th>
<th>Care Delivery Strategies</th>
<th>Goals</th>
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<tbody>
<tr>
<td>• Health promotion and prevention</td>
<td>• Effective primary care</td>
<td>• Improvement in health status</td>
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<tr>
<td>• Acute care</td>
<td>• Appropriate, accessible specialty care</td>
<td>• Elimination of disparities</td>
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<td>• Chronic care</td>
<td>• Leveraging technology</td>
<td>• Evidence-based care</td>
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<td>• Complex care</td>
<td>• Cultural and linguistic competence</td>
<td>• Patient-centered care</td>
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<td>• Affordability for consumers and society</td>
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**Key Levers**

Covered California recognizes that promoting change in the delivery system requires **aligning** with other purchasers and working with all relevant players in a way that improves value for consumers and society while minimizing administrative burden on plans and providers.

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<tr>
<th>Benefits design</th>
<th>Measurement for improvement and accountability</th>
<th>Consumer empowerment</th>
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<tr>
<td>• Benefit design</td>
<td>• Data sharing and analytics</td>
<td>• Quality improvement collaboratives</td>
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<tr>
<td>• Measurement for improvement and accountability</td>
<td>• Payment reform</td>
<td>• Technical assistance</td>
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<td>• Certification and accreditation</td>
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**Community Drivers:** Social influences on Health, Economic and Racial Justice
Principles and Dental Strategic Focus Areas

- Quality is central
- Equity is quality
- Measures that matter
- Make quality count
- Amplify through alignment
- Promote public good
- Care about cost

STRATEGIC FOCUS AREAS

- Disparities reduction
- Advanced primary care
- Health Promotion & Prevention
- Data exchange
- Value Based Payment

2024-2026 refresh

Alignment with the Department of Healthcare Services (DHCS)
Data analytics / Healthcare Evidence Initiative
CURRENT QDP ISSUER CONTRACTUAL REQUIREMENTS

Article 2 Provision and Use of Data and Information for Quality of Care
- Utilization data self-reporting
- Healthcare Evidence Initiative (HEI) claims and encounters data submission
- Optional use of enrollee Health Assessments
- Required to report process to monitor enrollees' oral health status

Article 3 Preventive Health and Wellness
- Conduct outreach and monitor enrollee use of preventive services
- Required to report activities conducted to support health beyond enrollee population

Article 4 Access, Coordination, and At-Risk Enrollee Support
- Encourage enrollee selection of primary care dentist
- Identification and proactive care management for high-risk enrollees
- Required to report use of technology to support care delivery

Article 5 Patient-Centered Information and Communication
- Provide enrollees cost and quality information for network providers
- Provide enrollees price information for highest frequency and highest cost services
- Provide enrollees current benefit and out-of-pocket costs status
An Evolving Oral Health Industry

Dr. Paul Glassman

Paul Glassman DDS, MA, MBA
Professor and Associate Dean for Research and Community Engagement
California Northstate University
Paul.Glassman@cnsu.edu
The Road From Quality to Value
From Quality to Value
IOM Reports on Quality

1999

2001

California Northstate University College of Dental Medicine
Definitions

• Quality Measurement (QM)
  – collection of data about structure, process, or outcomes of health care activities

• Quality Assurance (QA)
  – data to compare results from health care activities against a pre-defined set of standards or quality indicators

• Quality Improvement (QI)
  – cyclical set of activities designed to make continuous improvement in health care structure, process or outcomes
What is Value in Health Care?

• **Value** is defined as the **health outcomes** achieved per dollar spent over the lifecycle of a condition

• **Process measurement** and improvement are important tactics but are **no substitutes** for measuring outcomes and costs
The Triple Aim

- improving the experience of care
- improving the health of populations
- reducing per capita costs of health care
The Quadruple Aim

- Better Outcomes
- Improved Clinician Experience
- Lower Costs
- Improved Patient Experience

California Northstate University College of Dental Medicine
Moving Health Systems to Value

The Urban Institute

Moving Payment from Volume to Value: What Role for Performance Measurement?

Timely Analysis of Immediate Health Policy Issues
December 2010
Robert A. Berenson
The U.S. Health Care Industry
Health Care Spending as a Percentage of GDP, 1980–2019

Notes: Current expenditures on health. Based on System of Health Accounts methodology, with some differences between country methodologies. GDP refers to gross domestic product.
* 2019 data are provisional or estimated for Australia, Canada, and New Zealand.
Data: OECD Health Data, July 2021.
https://doi.org/10.26009/0IDV-H208

https://www.commonwealthfund.org/publications/fund-reports/2021/aug/mirror-mirror-2021-reflecting-poorly
Data: OECD Health Data July 2021.
California Northstate University College of Dental Medicine
Health Care Spending 1980-2019

Health Care System Performance Scores: Affordability

Higher performing

- UK
- NETH
- NOR
- GER
- SWE

Top-3 average

10-country average

Lower performing

- FRA
- NZ
- CAN
- AUS
- SWIZ

US

Note: To normalize performance scores across countries, each score is the calculated standard deviation from a 10-country average that excludes the US. See How We Conducted This Study for more detail.

Data: Commonwealth Fund analysis.

Source: Eric G. Schneider et al., Mirror, Mirror 2021 – Reflected Poorly: Health Care in the U.S. Compared to Other High-Income Countries [Commonwealth Fund, Aug. 2021].

https://doi.org/10.20000/019V.4209

Data: OECD Health Data July 2021.
EXHIBIT 6

Health Care System Performance Scores: Equity

Higher performing

AUS  GER  SWIZ  UK  NETH  SWE  FRA  NOR  NZ  CAN

Lower performing

US

Top-3 average

10-country average

Note: To normalize performance scores across countries, each score is the calculated standard deviation from a 10-country average that excludes the US. See How We Conducted This Study for more detail.

Data: Commonwealth Fund analysis.

https://doi.org/10.26099/Y0V-Y208

https://www.commonwealthfund.org/publications/fund-reports/2021/aug/mirror-mirror-2021-reflecting-poorly
Data: OECD Health Data July 2021.
High U.S. Health Care Spending Is Largely Driven by Technology Use, Prices

Despite spending more on health care, the United States generally has worse health outcomes than other high-income nations, including higher rates of chronic conditions and infant mortality and lower life expectancy.

High spending in the U.S. is largely the result of greater use of medical technology and higher health care prices, rather than more frequent doctor visits or hospital admissions.

MRI exams per 1,000 people (2013)
- Canada: 53
- U.S.: 107

Bypass surgery (2013)
- Netherlands: $15,742
- U.S.: $75,345

Annual physician visits per person (2013 or nearest year available)
- U.S.: 4.0
- Median of 34 high-income countries*: 6.5

* Includes 34 member countries of the Organization for Economic Cooperation and Development
http://www.oecd.org/about/membersandpartners/

Health Care and Social Spending as a Percent of GDP 2013

Notes: GDP refers to gross domestic product.

The Commonwealth Fund
U.S. Health Care from a Global Perspective: Spending, Use of Services, Prices, and Health in 13 Countries
The U.S. Oral Health Care Industry
Percent of Population with Any Dental Visit

https://meps.ahrq.gov/mepsweb/data_stats/Pub_ProdResults_Details.jsp?pt=Statistical%20Brief&opt=2&id=1281
Dental Care Utilization in the U.S.

PERCENTAGE OF POPULATION WHO VISITED A GENERAL DENTIST IN THE PAST 12 MONTHS – BY POVERTY LEVEL

- Below poverty line
- More than 4x poverty line

Children: 38.5% (56.4%), Adults: 19.2% (48.7%), Seniors: 22.3% (60.3%)
UNTREATED CARIES RATES FALLING AMONG CHILDREN, RISING AMONG LOW-INCOME ADULTS AND SENIORS

PREVALENCE OF UNTREATED CARIES, BY INCOME LEVEL AND AGE GROUP

California Northstate University College of Dental Medicine
The current dental care system primarily serves the wealthiest and healthiest segments of the population.
The Vision:
Golden Rings
• DQA
• Payers
  – Dental Benefit Companies
  – Public Payers
• HRSA: Health Center system
• Group Practices
Oral Health Outcomes

Clinic vs Community
Prevention and Behavior Support Science
The Declining Role for the Dental Drill

- Remineralization
- Buffering Agents
- Caries Arresting Medications
- Sealing Caries

Toothpaste, School brushing, Iodine, Arginine,
California Northstate University College of Dental Medicine
Fluoride Varnish

Silver Diamine Fluoride
Sealing Caries

**Dental Sealants**
- Deep Grooves in Tooth Surface
- Painting Sealant into Grooves
- Hardened Sealant

**Interim Therapeutic Restorations**
Behavior Change Principles: Supporting Adoption of “Mouth Health Habits”

• Messages delivered by trusted (culturally congruent) members of the community
• Multiple people delivering the same message
• Small incremental behavior changes
• Ongoing reinforcement, coaching
• Peer support
• -> Integration with community organizations
Teledentistry: Advice and Referral

California Northstate University College of Dental Medicine
Teledentistry: Increase Office Care Efficiency

Outside the Office: Teledentistry

- Patient Portal
- Pre-and post visit care
- Advice
- Real-time Video
- Paperwork/Consent
- Explanations/Instructions
Teledentistry:
Community-based Care

- Pre-schools
- Schools
- Residential/Nursing Facilities
- Business
- Community Center

Outside the Office: Teledentistry
- Patient Portal
- Pre-and post-visit care
- Explanations/Instructions
- Real-time Video
- Paperwork/Consent
- Advice
Teledentistry: Community-based Care

Full-service Care

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Teledentistry: Care Networks
Community Engaged Oral Health Systems
The Virtual Dental Home Sites
• Reach people, emphasize prevention, and lower costs
• Majority of people kept and verified healthy on-site
  – About 2/3 of children had all needed services completed by dental hygienist
  – Now estimate 80-85%
The Path to Value in Oral Health: Community Engaged Oral Health Systems
Considerations for Covered California

Levers

• Health Plan criteria/structure
• Performance metrics and incentives
• Training and support for plans and providers
Considerations for Covered California

• Allow payment for care provided regardless of delivery model
Considerations for Covered California

- Allow payment for care provided regardless of delivery model
- Organize and support community care systems
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- Allow payment for care provided regardless of delivery model
- Organize and support community care systems
- Provide training/support for plans and providers about innovative delivery systems and how they can be supported
Considerations for Covered California

• Allow payment for care provided regardless of delivery model
• Organize and support community care systems
• Provide training/support for plans and providers about innovative delivery systems and how they can be supported
• Support technology-based patient engagement

Paul Glassman DDS, MA, MBA
Professor and Associate Dean for Research and Community Engagement
California Northstate University
Paul.Glassman@cnsu.edu
Opportunities in Technology to Engage Members

Dr. William Jackson
CURRENTLY AVAILABLE TELEDENTISTRY TECHNOLOGY THAT CAN INCREASE ACCESS, FOCUS ON INDIVIDUAL NEEDS, AND LOWER THE SYSTEM-WIDE COST OF CARE
Individual Knowledge of Oral Health Status

IDEAL ORAL HEALTH CARE CYCLE

Activities to Maintain Health

Healthy?

Receive Necessary Quality Care

Continuous feedback

Yes

No

Broaden access and lower system-wide cost by:

- Individualize oral health awareness
- Treatment ONLY to those who need it
- Individualize wellness

CURRENTLY AVAILABLE TELEDENTISTRY TECHNOLOGY THAT CAN INCREASE ACCESS, FOCUS ON INDIVIDUAL NEEDS, AND LOWER THE SYSTEM-WIDE COST OF CARE
TRADITIONAL SOLUTION: ONE SIZE-FITS-ALL TWICE PER YEAR DENTAL OFFICE VISIT

- **Activities to Maintain Health**
  - Continuous feedback
  - Healthy?
    - Yes
    - No
  - Receive Necessary Quality Care

**Points of Failure**

1. Patient-initiated participation
2. Everyone receives 2X per year treatment whether necessary or not
3. Individualized oral health status awareness and wellness regimen is largely dentist-driven and dependent on the 2X per year in-office visit.

CURRENTLY AVAILABLE TELEDENTISTRY TECHNOLOGY THAT CAN INCREASE ACCESS, FOCUS ON INDIVIDUAL NEEDS, AND LOWER THE SYSTEM-WIDE COST OF CARE
REASONS FOR INADEQUATE PATIENT PARTICIPATION

- **Safety**
  - COVID

- **Fear**
  - Pain
  - Unknown ("I’m afraid to find out what I need and how much it will cost.")

- **Cost**

- **Time**
  - Too busy
  - Easy to procrastinate when nothing hurts

- **Physical Access**
  - Home/institution bound
  - Geographical
  - Low # of available providers

CURRENTLY AVAILABLE TELEDENTISTRY TECHNOLOGY THAT CAN INCREASE ACCESS, FOCUS ON INDIVIDUAL NEEDS, AND LOWER THE SYSTEM-WIDE COST OF CARE
Currently available teledentistry technology can increase access, focus on individual needs, and lower the system-wide cost of care.
TELEDENTISTRY TECHNOLOGY

Communication channels
- Video
- Video recordings
- Text
- Chat
- Email
- Voice

A good teledentistry technology platform
- Coordinates, organizes, and documents all communications
  - EHR that integrates with other PMSs
  - Secure patient portal
EXAMPLES OF HOW TELEDENTISTRY TECHNOLOGY ENHANCES DENTAL BENEFITS PROGRAMS
75% would rather text than talk on a phone
72% text more than 10X per day
31% send more than 50 texts per day
95% of all texts are read within 3 minutes of being sent
4.2+ billion people around the world can send and receive SMS texts
LOWERING THE BAR FOR PATIENT PARTICIPATION: REMOTE ANALYSIS OF PHOTOS
NEED HELP GETTING DIAGNOSTIC-QUALITY PHOTO?

CURRENTLY AVAILABLE TELEDENTISTRY TECHNOLOGY THAT CAN INCREASE ACCESS, FOCUS ON INDIVIDUAL NEEDS, AND LOWER THE SYSTEM-WIDE COST OF CARE
LOWERING THE BAR FOR PATIENT PARTICIPATION: AI ANALYSIS OF PHOTOS

CURRENTLY AVAILABLE TELEDENTISTRY TECHNOLOGY THAT CAN INCREASE ACCESS, FOCUS ON INDIVIDUAL NEEDS, AND LOWER THE SYSTEM-WIDE COST OF CARE
Get personalized diet, hygiene, and product recommendations based on your oral microbiome

Understand the good & bad bacteria in your mouth and their relation to your oral & overall health. Get personalized product, diet, and hygiene recommendations, plus 1:1 coaching to improve.
WANT TO TALK ABOUT IT?

CURRENTLY AVAILABLE TELEDENTISTRY TECHNOLOGY THAT CAN INCREASE ACCESS, FOCUS ON INDIVIDUAL NEEDS, AND LOWER THE SYSTEM-WIDE COST OF CARE
NEED AN IN-NETWORK REFERRAL?

CURRENTLY AVAILABLE TELEDENTISTRY TECHNOLOGY THAT CAN INCREASE ACCESS, FOCUS ON INDIVIDUAL NEEDS, AND LOWER THE SYSTEM-WIDE COST OF CARE.
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CURRENTLY AVAILABLE TELEDENTISTRY TECHNOLOGY THAT CAN INCREASE ACCESS, FOCUS ON INDIVIDUAL NEEDS, AND LOWER THE SYSTEM-WIDE COST OF CARE
Open Discussion and Feedback
QUESTIONS

☐ How do we advance health promotion and prevention; what strategies or initiatives should be considered in addition to education and information sharing?

☐ How do we measure success in health promotion and prevention?

☐ What are feasible starting points for Qualified Dental Plan (QDP) contract provisions and what are other innovative activities Covered California and QDP issuers can engage with outside of the contract?
NEXT STEPS

- Submit questions and comments to Dianne Ehrke at PMDContractsUnit@covered.ca.gov

- The next 2024-2026 QDP Issuer Model Contract Refresh Workgroup will be July 7th from 10:00am-11:50am. Anticipated focus on Data & Measurement. Materials forthcoming.
Thank you