



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

June 2, 2022

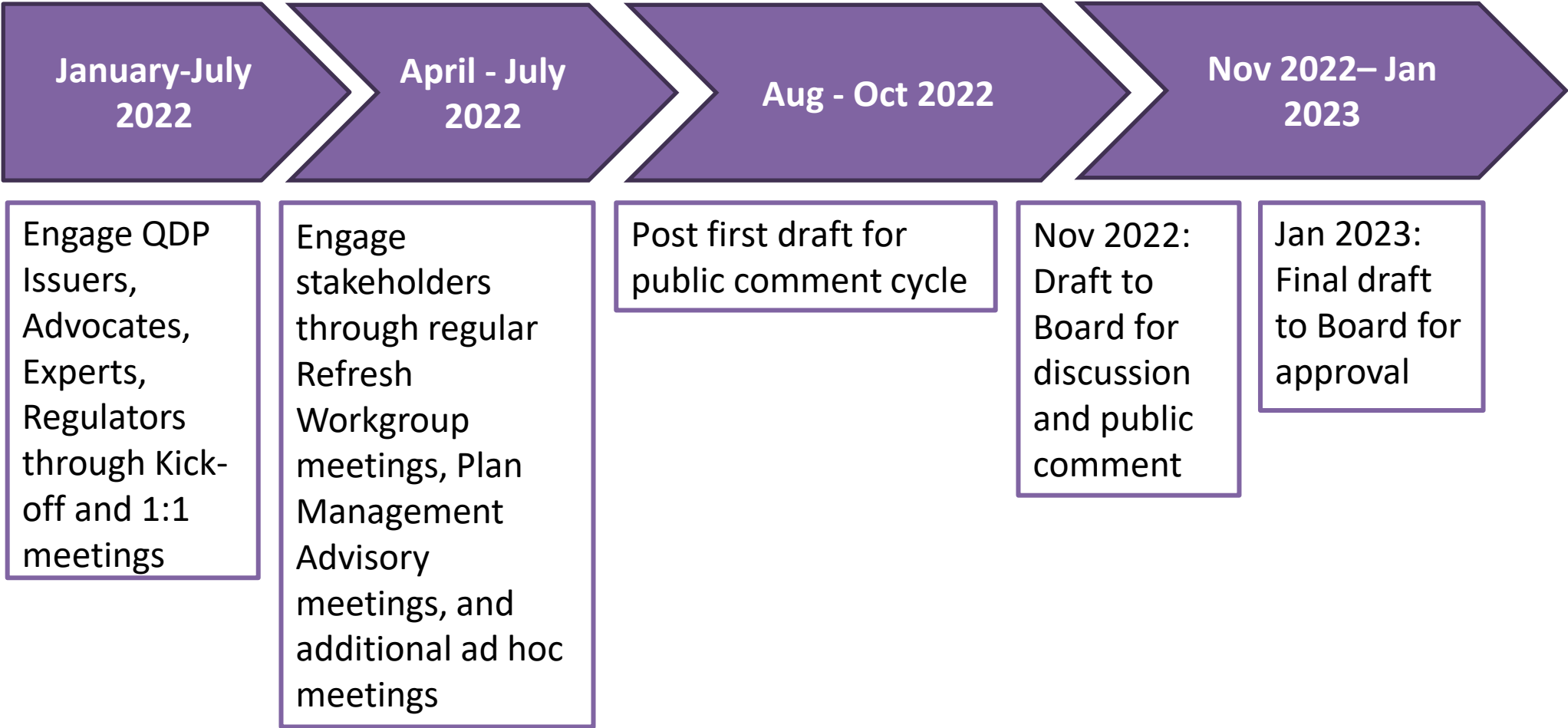
AGENDA

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

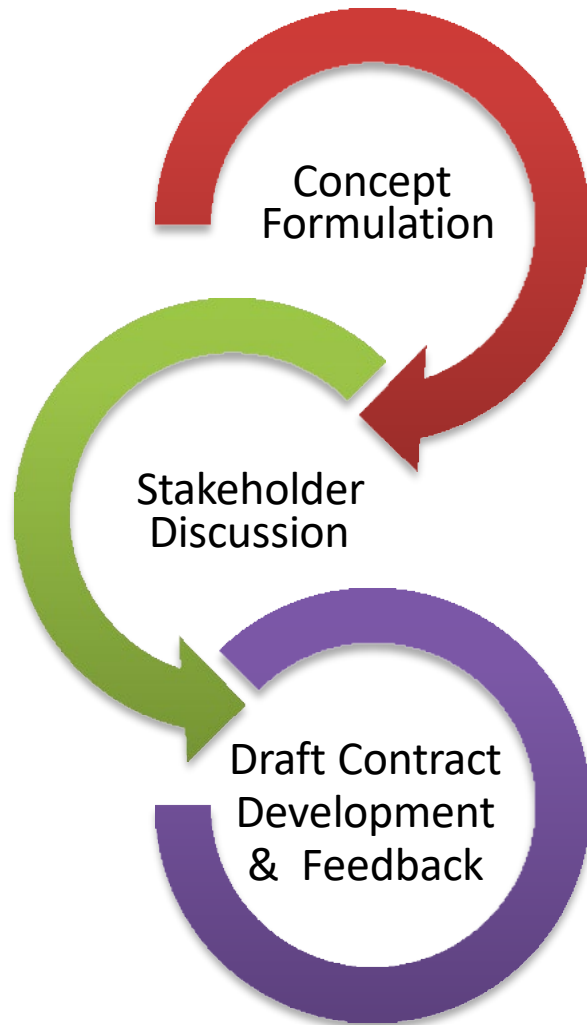
Timeline

Tara Di Ponti

PROPOSED 2024 – 2026 QDP QUALITY INITIATIVE DEVELOPMENT TIMELINE



CONTRACT REFRESH WORKGROUP APPROACH



- 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

Domains for Equitable, High-Quality Care	Care Delivery Strategies	Goals
<ul style="list-style-type: none"> • Health promotion and prevention • Acute care • Chronic care • Complex care 	<ul style="list-style-type: none"> • Effective primary care • Appropriate, accessible specialty care • Leveraging technology • Cultural and linguistic competence 	<ul style="list-style-type: none"> • Improvement in health status • Elimination of disparities • Evidence-based care • Patient-centered care • Affordability for consumers and society

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.

- Benefit design
- Measurement for improvement and accountability
- Data sharing and analytics
- Payment reform
- Consumer empowerment
- Quality improvement collaboratives
- Technical assistance
- Certification and accreditation

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

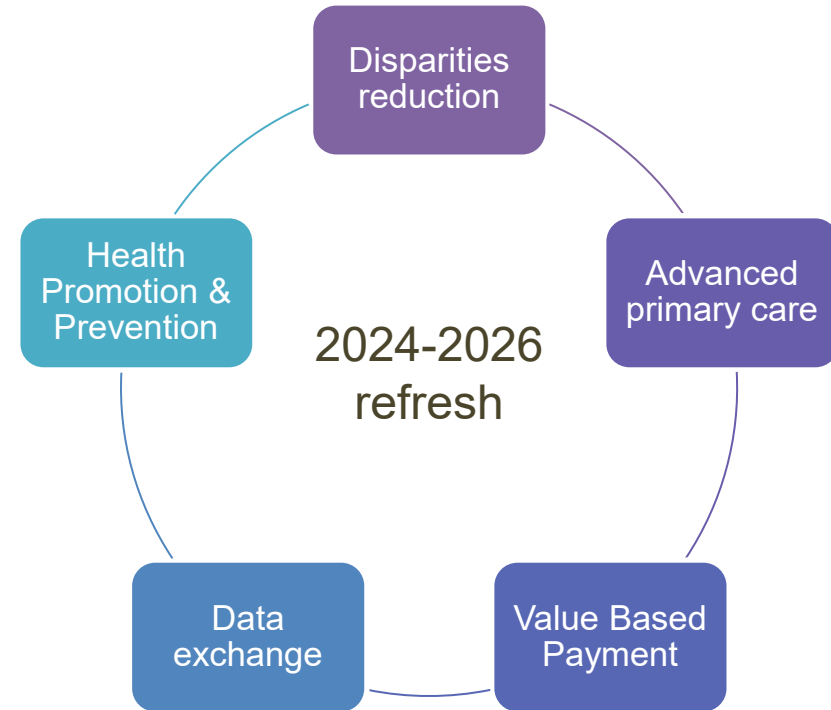
Make quality count

Amplify through alignment

Promote public good

Care about cost

STRATEGIC FOCUS AREAS



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

Community-Engaged Oral Health Systems: A Vision for the Oral Health Industry and Considerations for Covered California

Paul Glassman DDS, MA, MBA
Professor and Associate Dean for
Research and Community Engagement
California Northstate University
Paul.Glassman@cnsu.edu

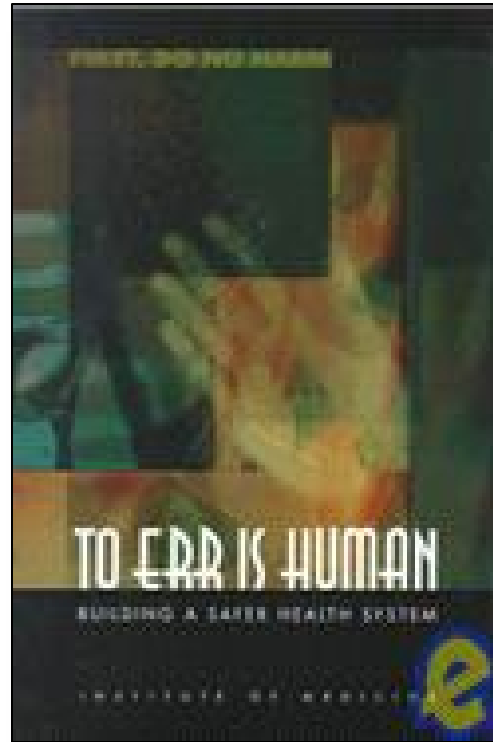




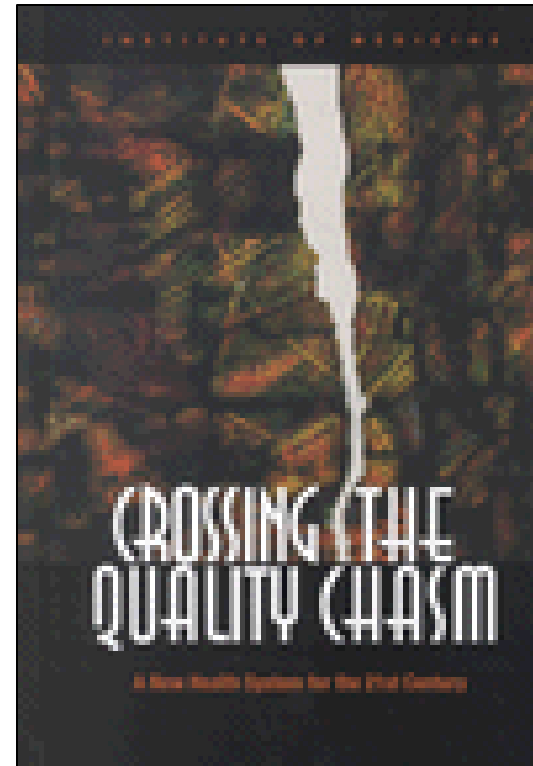
The Road From Quality to Value

From Quality to Value

IOM Reports on Quality



1999

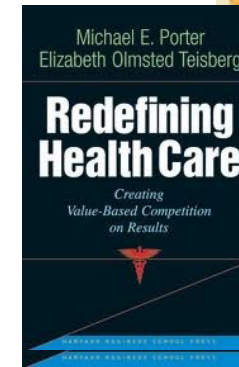


2001

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

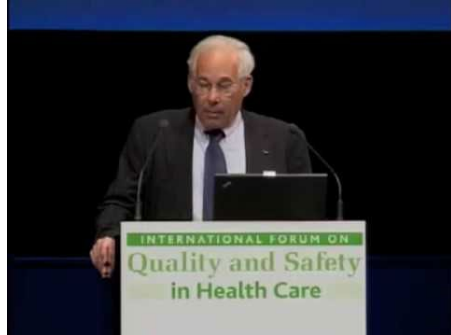
What is Value in Health Care?



2006

- **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



2007

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

The Quadruple Aim



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



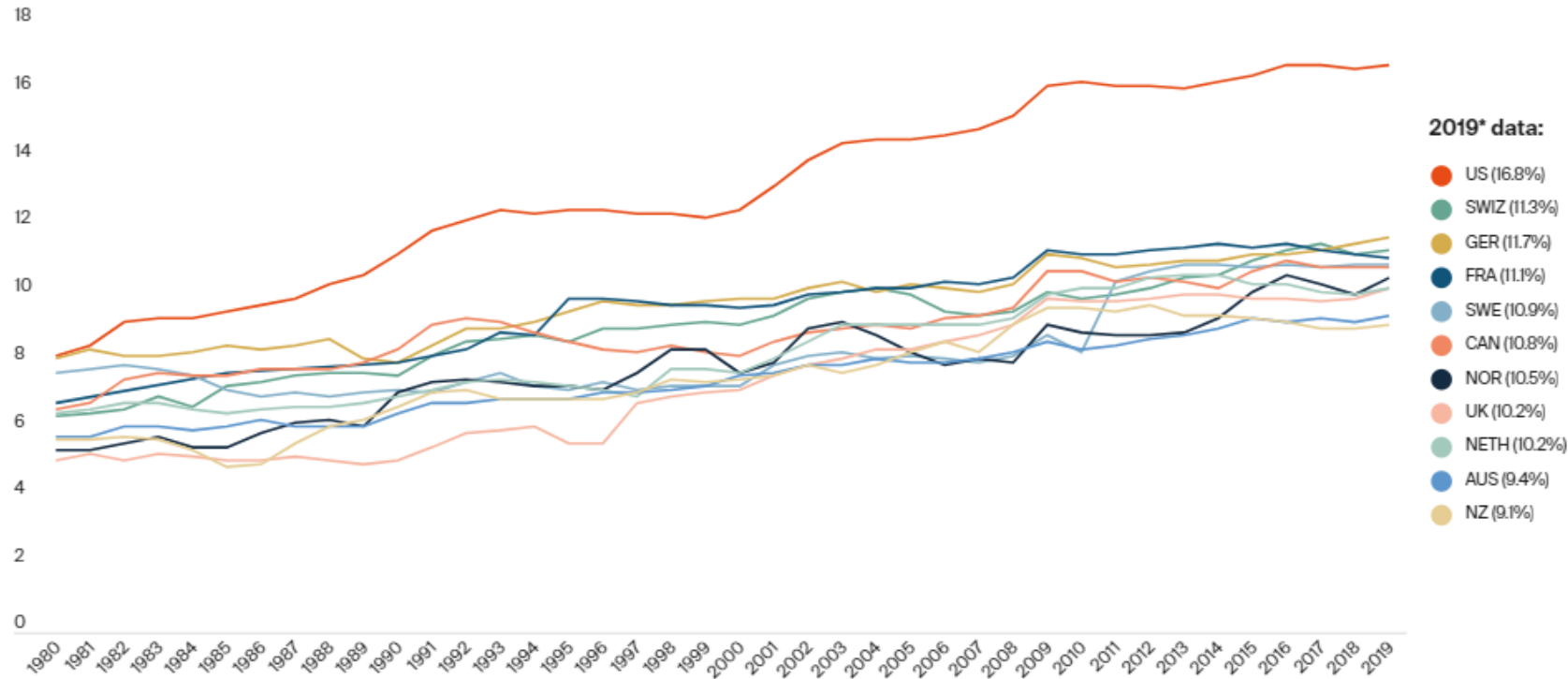
Health Care Spending 1980-2019



EXHIBIT 3

Health Care Spending as a Percentage of GDP, 1980–2019

Percent (%) of GDP



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.

Source: Eric C. Schneider et al., *Mirror, Mirror 2021 – Reflecting Poorly: Health Care in the U.S. Compared to Other High-Income Countries* (Commonwealth Fund, Aug. 2021).
<https://doi.org/10.26099/01DV-H208>

<https://www.commonwealthfund.org/publications/fund-reports/2021/aug/mirror-mirror-2021-reflecting-poorly>

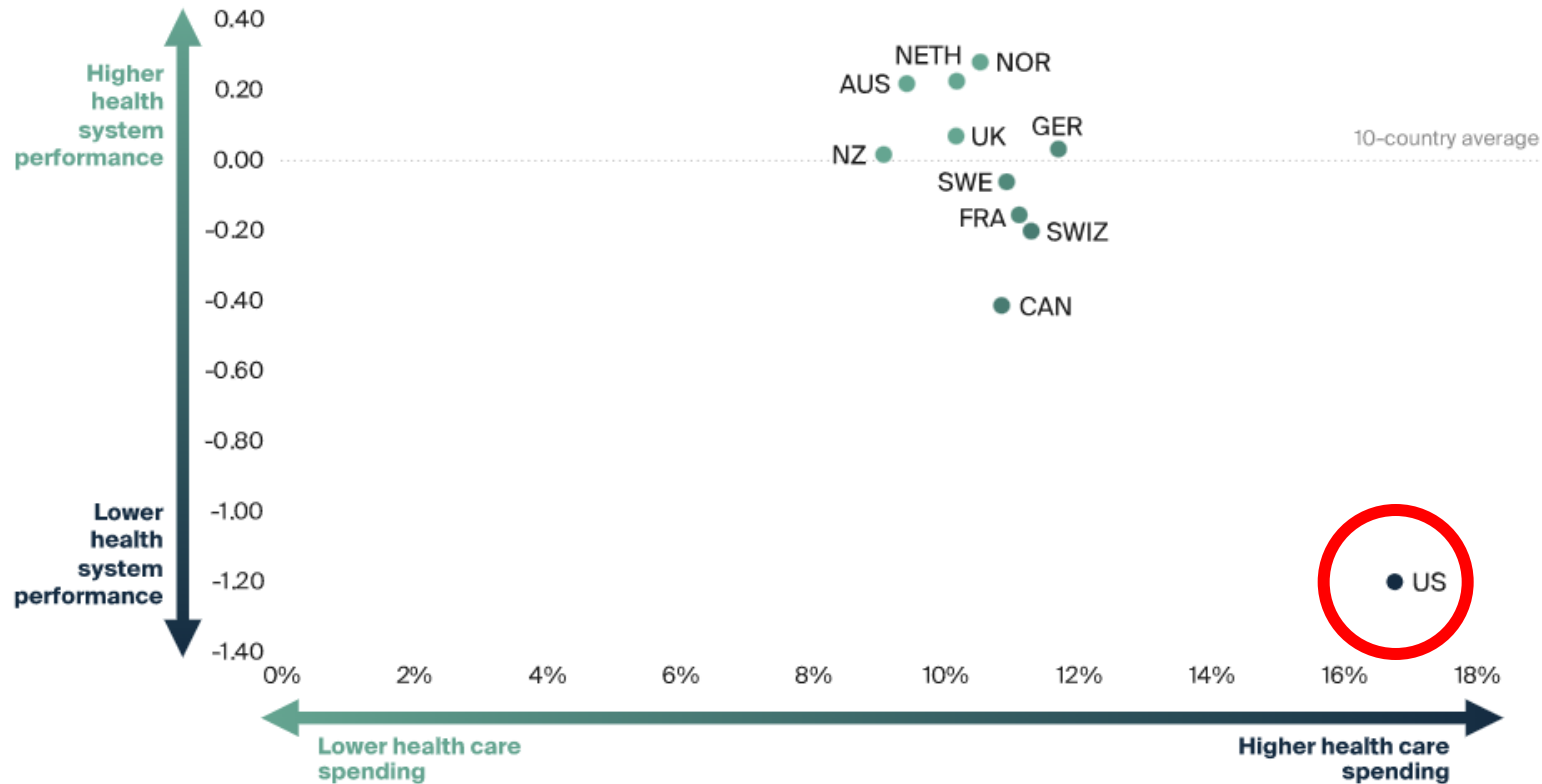
Data: OECD Health Data July 2021.

Health Care Spending 1980-2019



EXHIBIT 4

Health Care System Performance Compared to Spending



Note: Health care spending as a percent of GDP. Performance scores are based on standard deviation calculated from the 10-country average that excludes the US. See [How We Conducted This Study](#) for more detail.

Data: Spending data are from OECD for the year 2019 (updated in July 2021).

Source: Eric C. Schneider et al., *Mirror, Mirror 2021 – Reflecting Poorly: Health Care in the U.S. Compared to Other High-Income Countries* (Commonwealth Fund, Aug. 2021).

<https://www.commonwealthfund.org/publications/fund-reports/2021/aug/mirror-mirror-2021-reflecting-poorly>

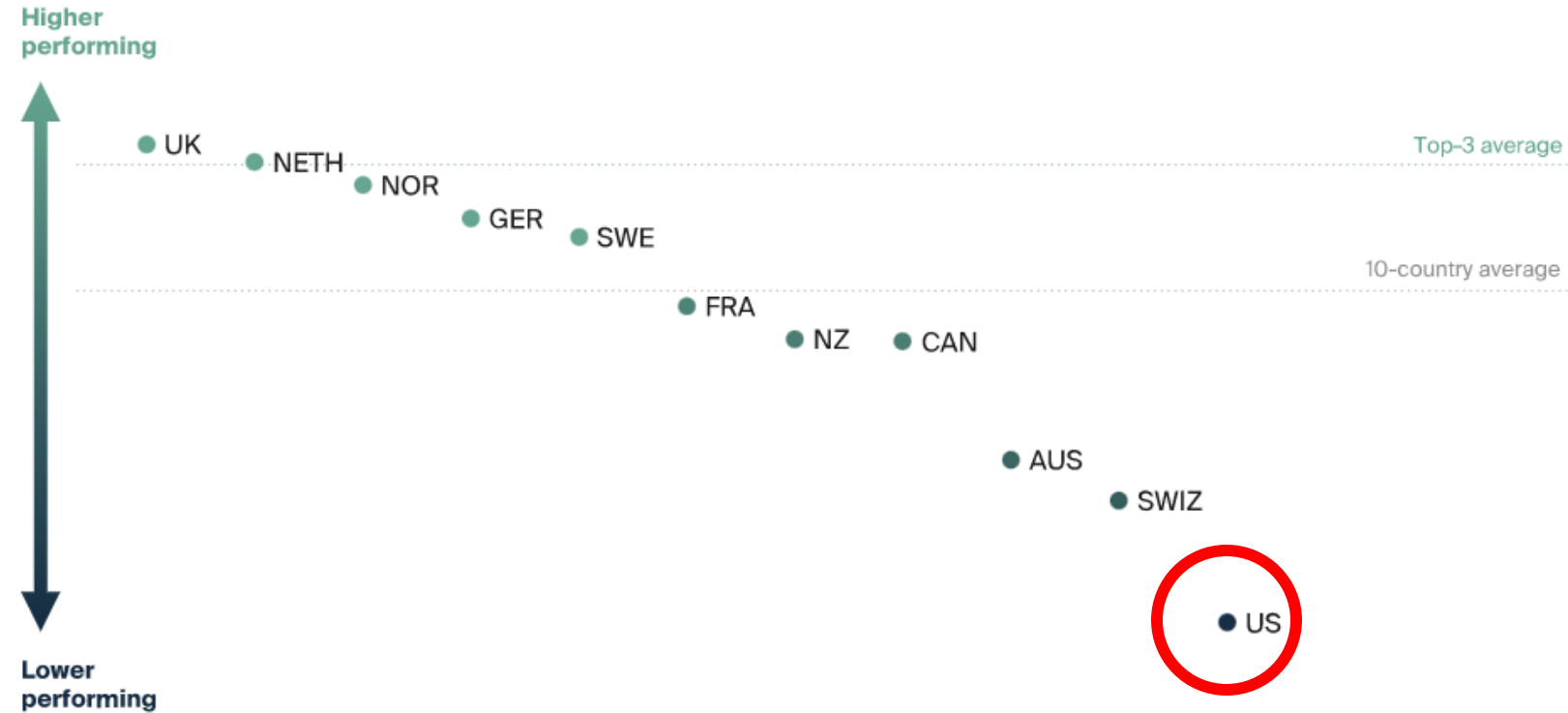
Data: OECD Health Data July 2021.

Health Care Spending 1980-2019



EXHIBIT 5

Health Care System Performance Scores: Affordability



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 C. Schneider et al., *Mirror, Mirror 2021 – Reflecting Poorly: Health Care in the U.S. Compared to Other High-Income Countries* (Commonwealth Fund, Aug. 2021).
<https://doi.org/10.26099/OIDV-H208>

<https://www.commonwealthfund.org/publications/fund-reports/2021/aug/mirror-mirror-2021-reflecting-poorly>

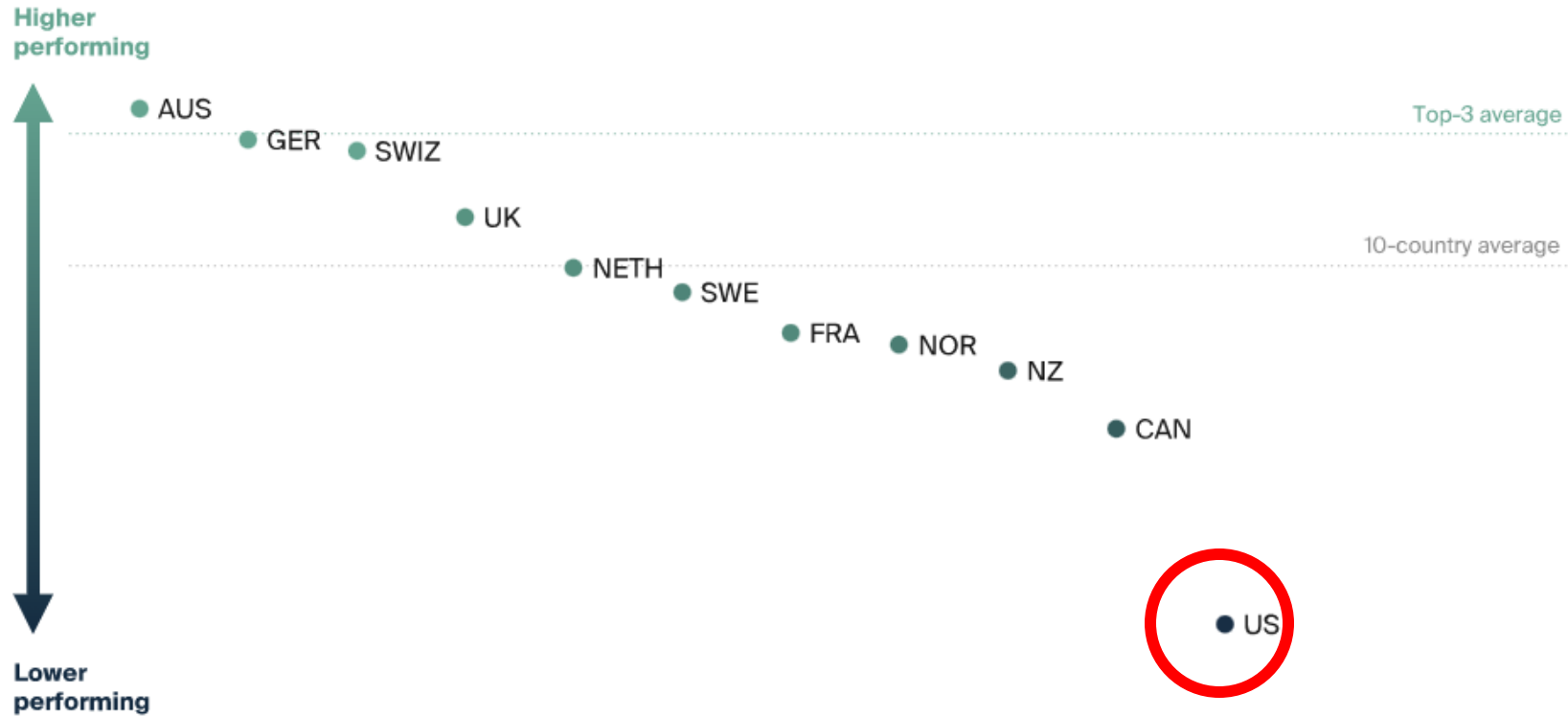
Data: OECD Health Data July 2021.

Health Care Spending 1980-2019



EXHIBIT 6

Health Care System Performance Scores: Equity



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 C. Schneider et al., *Mirror, Mirror 2021 – Reflecting Poorly: Health Care in the U.S. Compared to Other High-Income Countries* (Commonwealth Fund, Aug. 2021).
<https://doi.org/10.26099/01DV-H208>

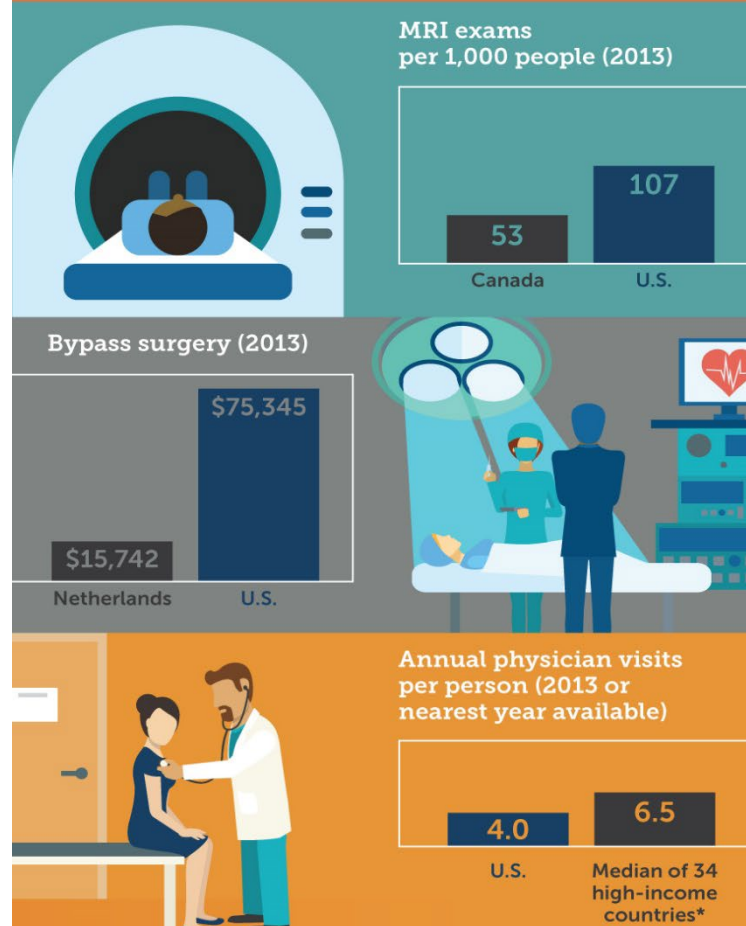
<https://www.commonwealthfund.org/publications/fund-reports/2021/aug/mirror-mirror-2021-reflecting-poorly>

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.



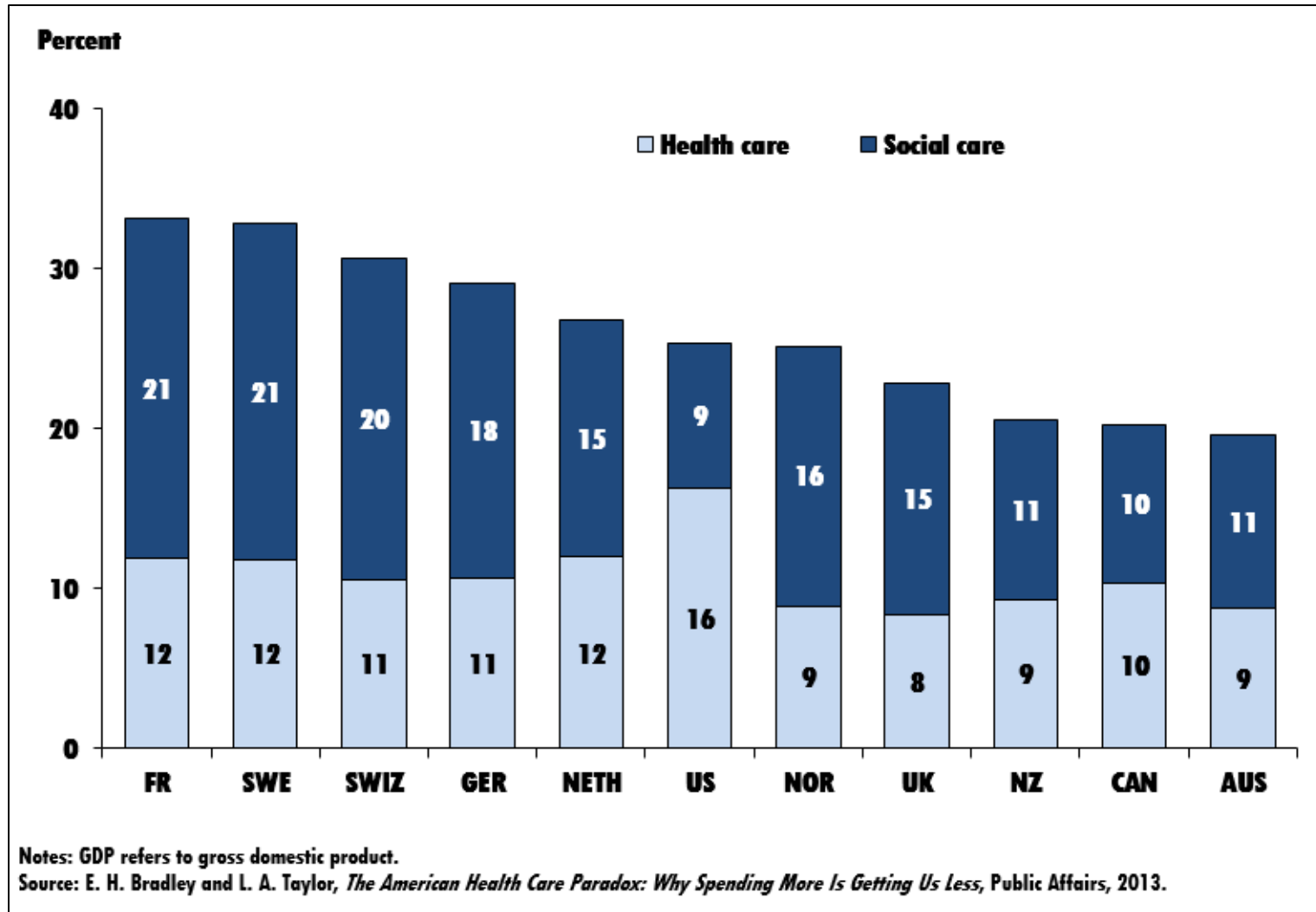
* Includes 34 member countries of the Organization for Economic Cooperation and Development:
<http://www.oecd.org/about/membersandpartners/>

Source: D. Squires and C. Anderson, *U.S. Health Care from a Global Perspective: Spending, Use of Services, Prices, and Health in 13 Countries*, The Commonwealth Fund, October 2015.



The
COMMONWEALTH
FUND

Health Care and Social Spending as a Percent of GDP 2013



The Commonwealth Fund

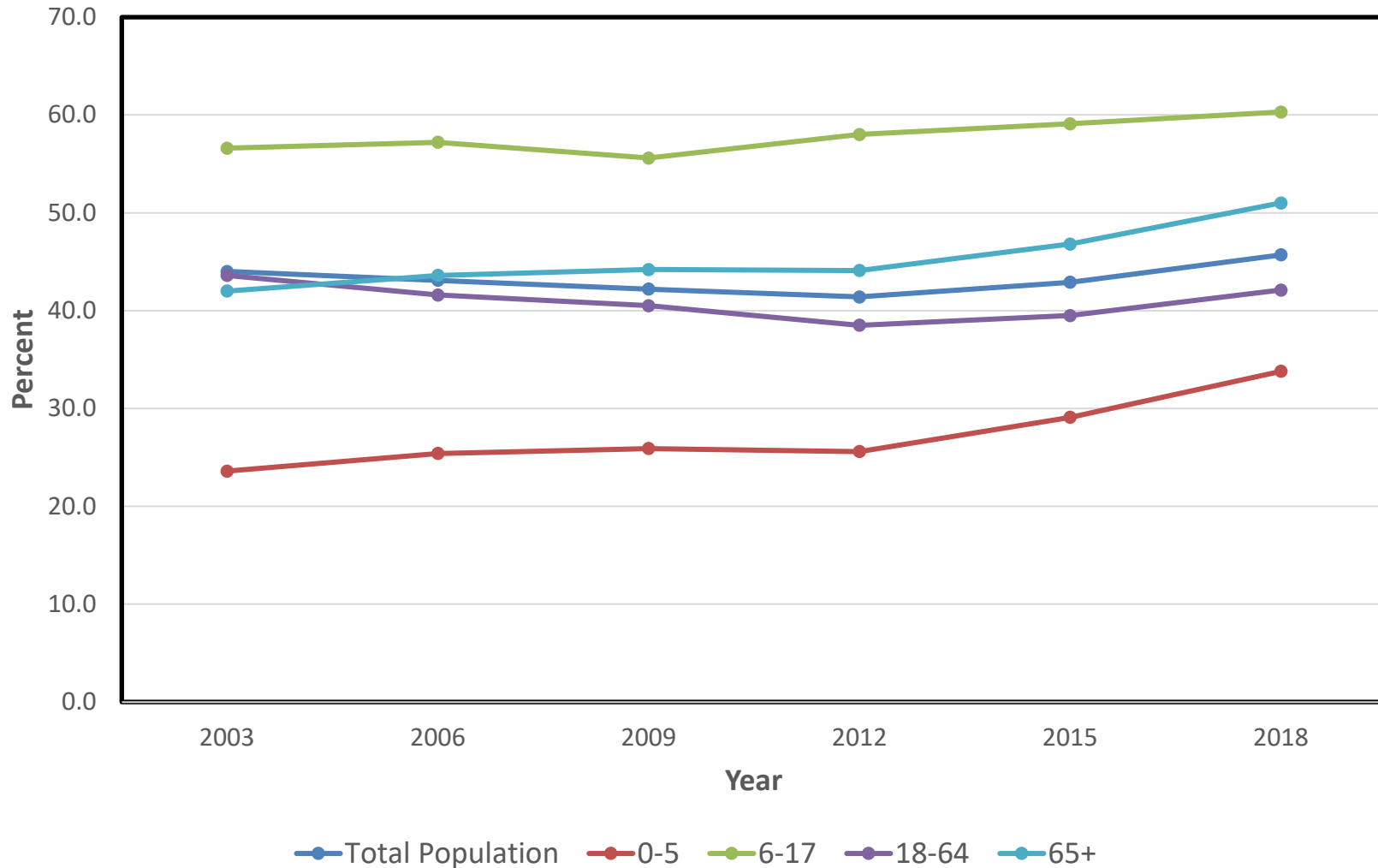
U.S. Health Care from a Global Perspective: Spending, Use of Services, Prices, and Health in 13 Countries

<http://www.commonwealthfund.org/publications/issue-briefs/2015/oct/us-health-care-from-a-global-perspective>.

The U.S. Oral Health Care Industry

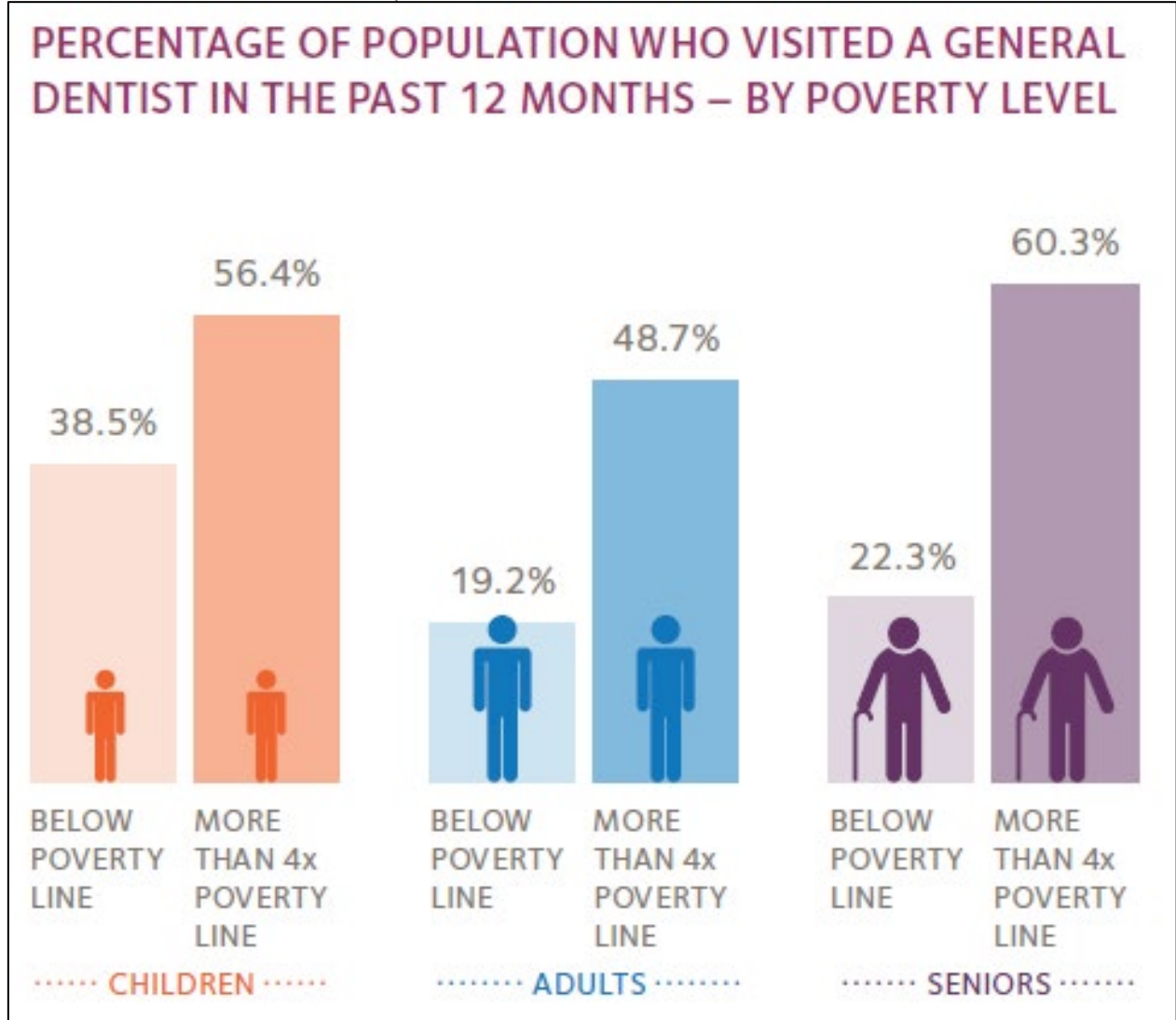


Percent of Population with Any Dental Visit



Medical Expenditures Panel Survey. Trends in the Number and Percentage of the Population with Any Dental or Medical Visits, 2003-2018. 2021.
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.



http://www.ada.org/~media/ADA/Science%20and%20Research/HPI/Files/HPIgraphic_1117_2.pdf?la=en

Untreated Caries Rates Falling Among Children, Rising Among Low-Income Adults and Seniors

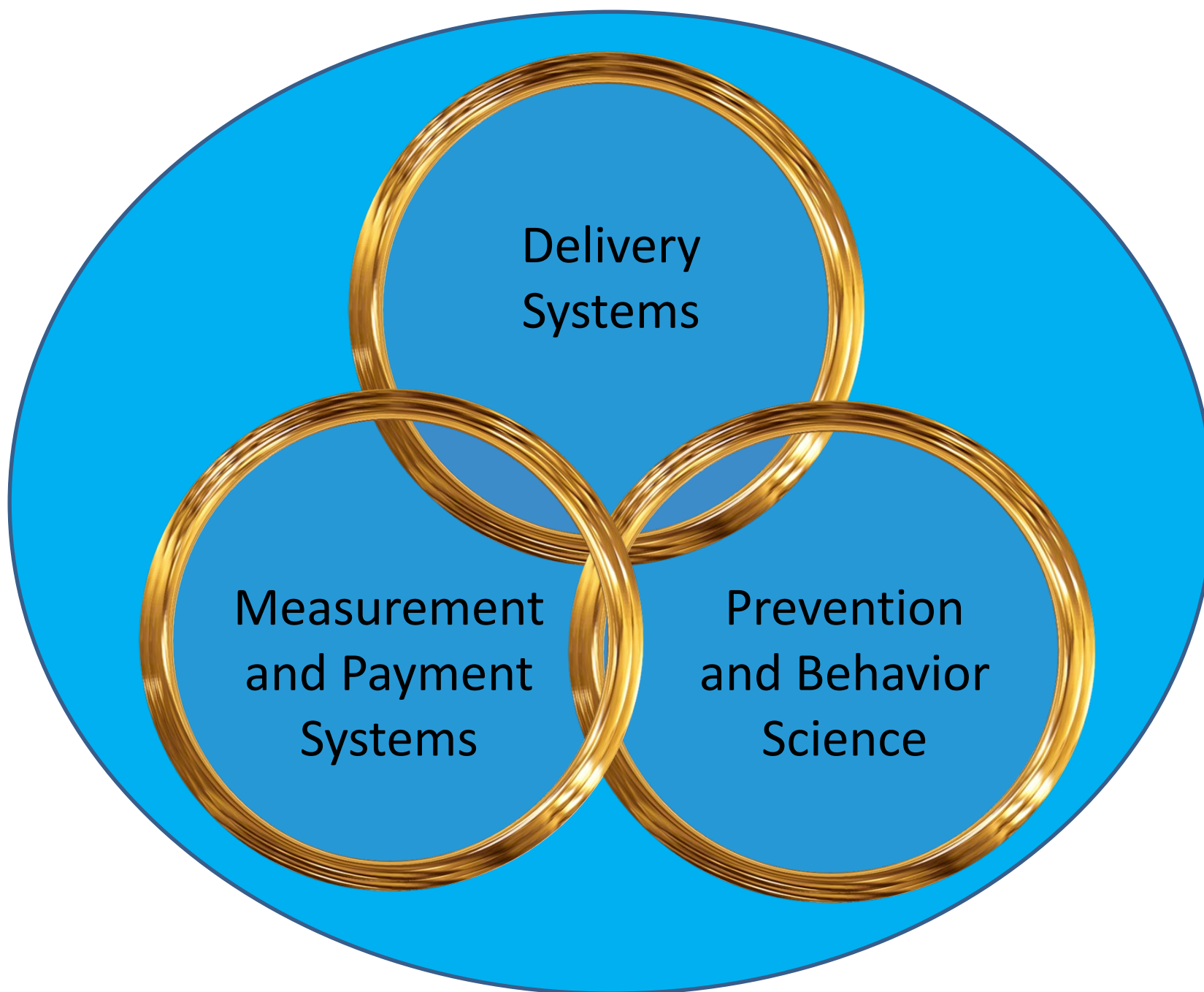
PREVALENCE OF UNTREATED CARIES, BY INCOME LEVEL AND AGE GROUP

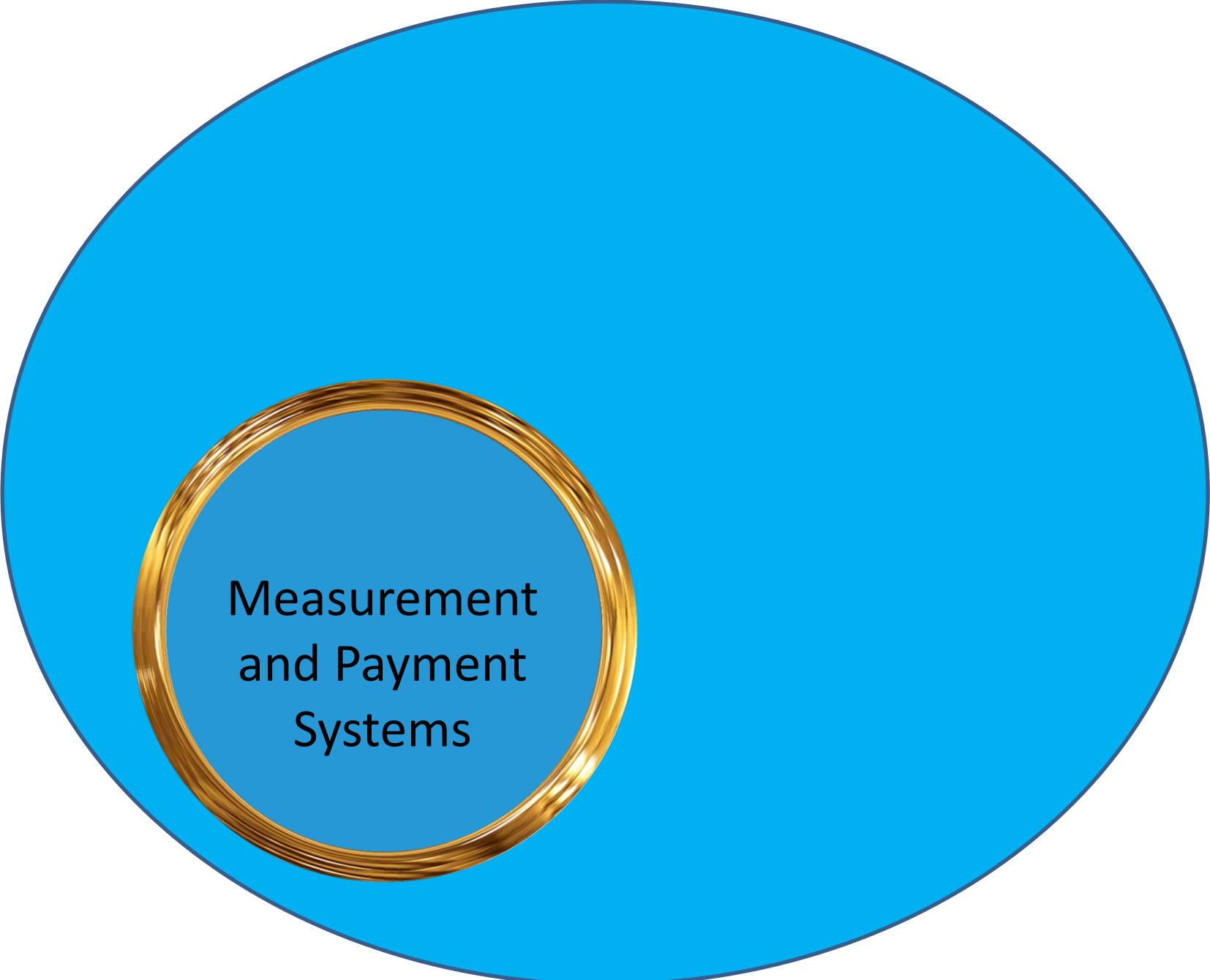


**The current dental care system
primarily serves the
wealthiest and healthiest
segments of the population**

The Vision: Golden Rings







Measurement
and Payment
Systems

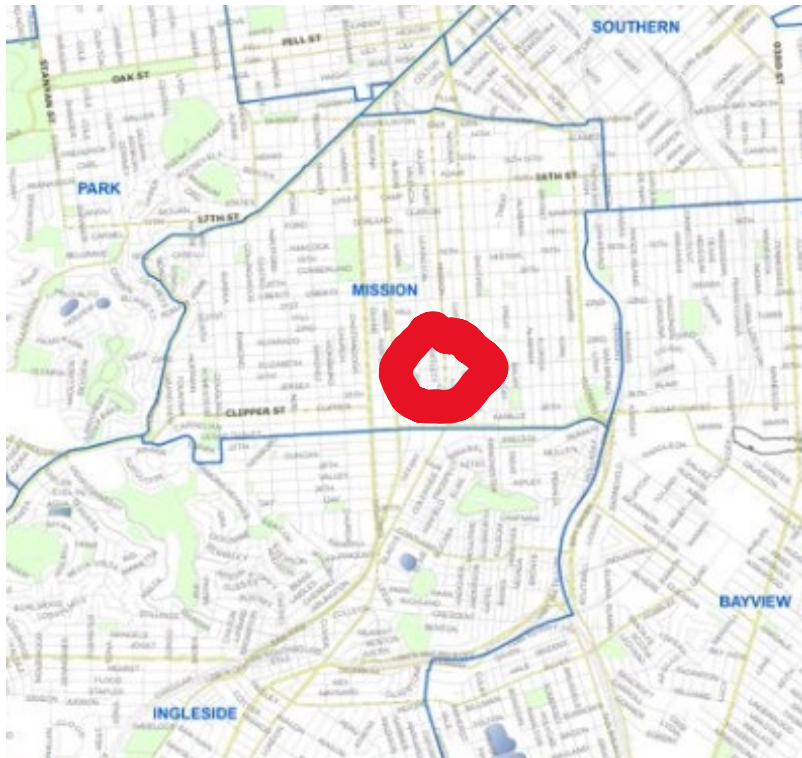


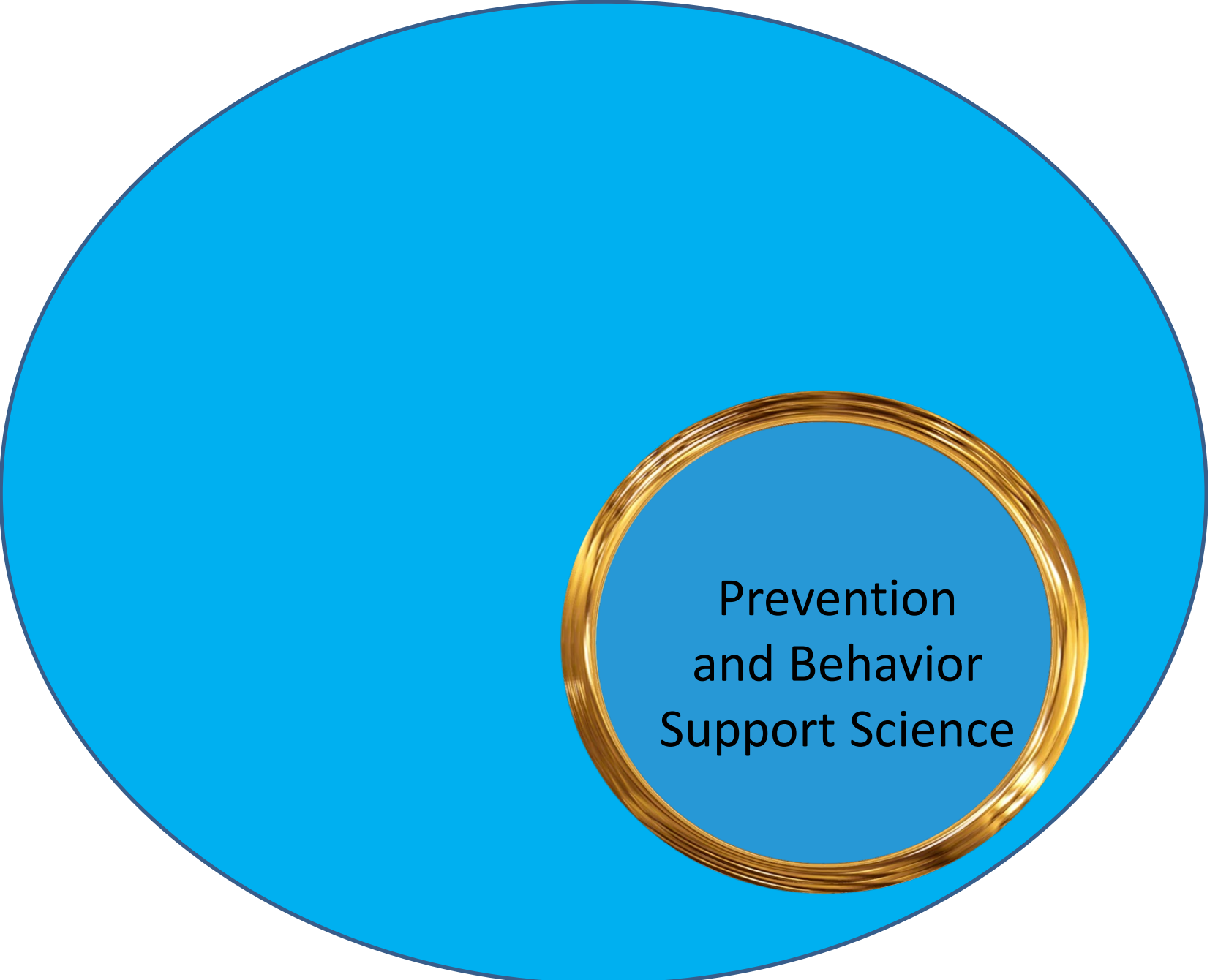
- DQA
- Payers
 - Dental Benefit Companies
 - Public Payers
- HRSA: Health Center system
- Group Practices

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

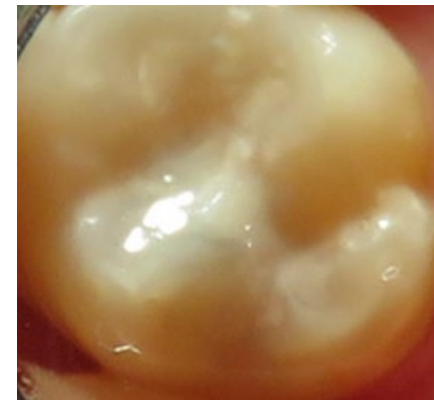
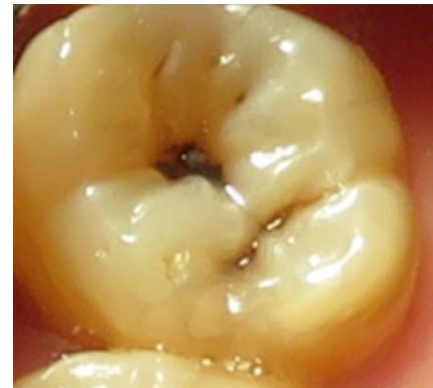


Painting Sealant into Grooves



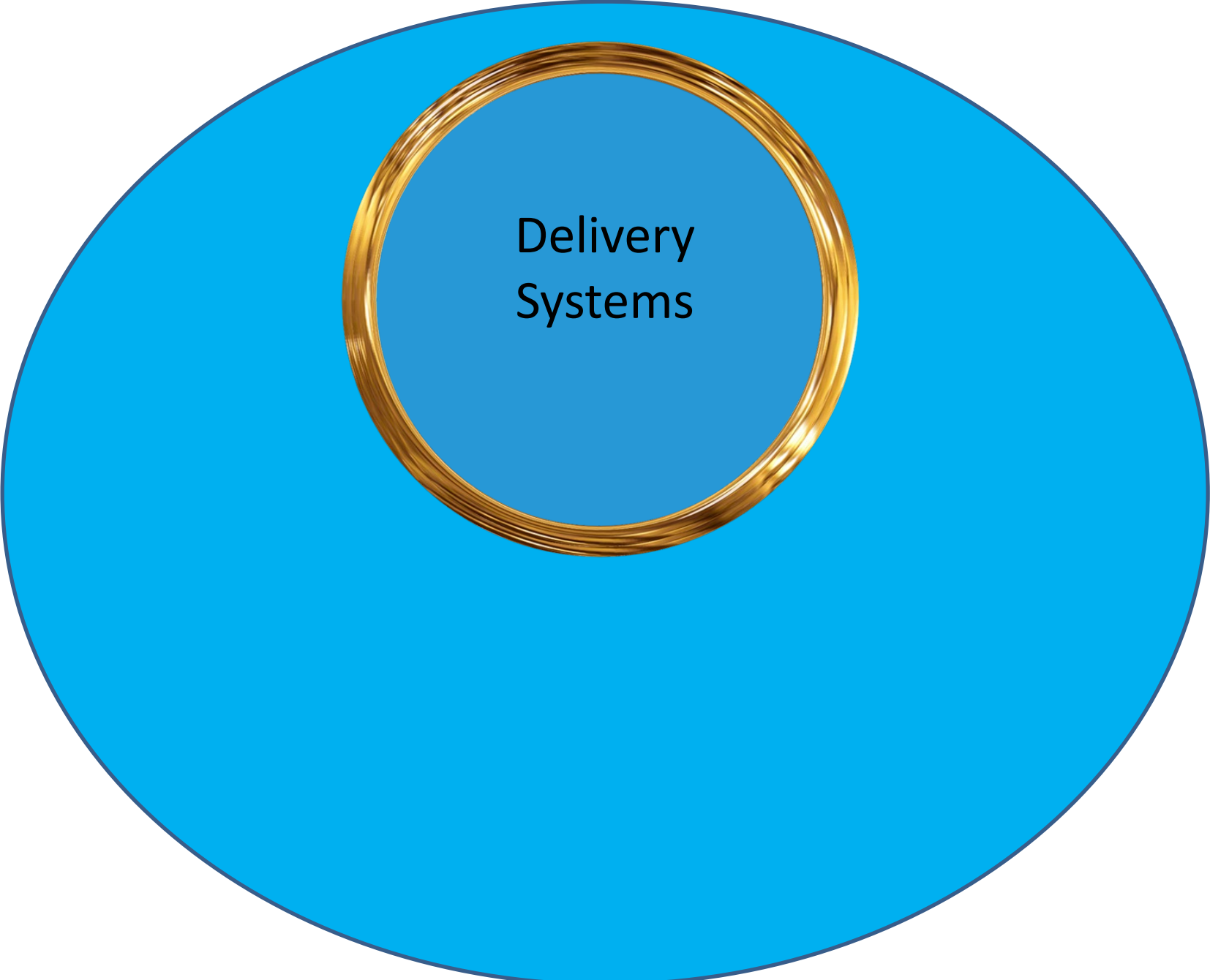
Hardened Sealant

Interim Therapeutic Restorations



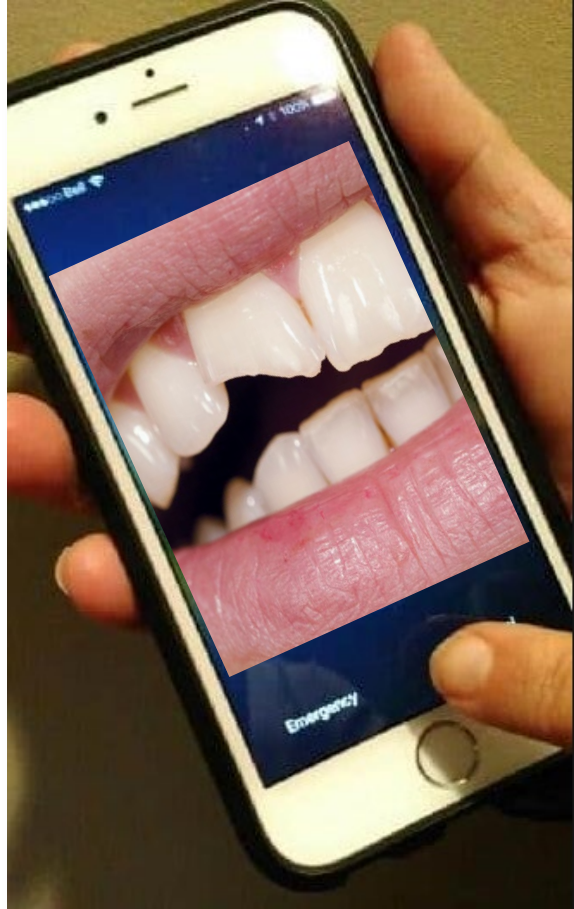
Behavior Change Principles: Supporting Adoption of “Mouth Health Habits”

- 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

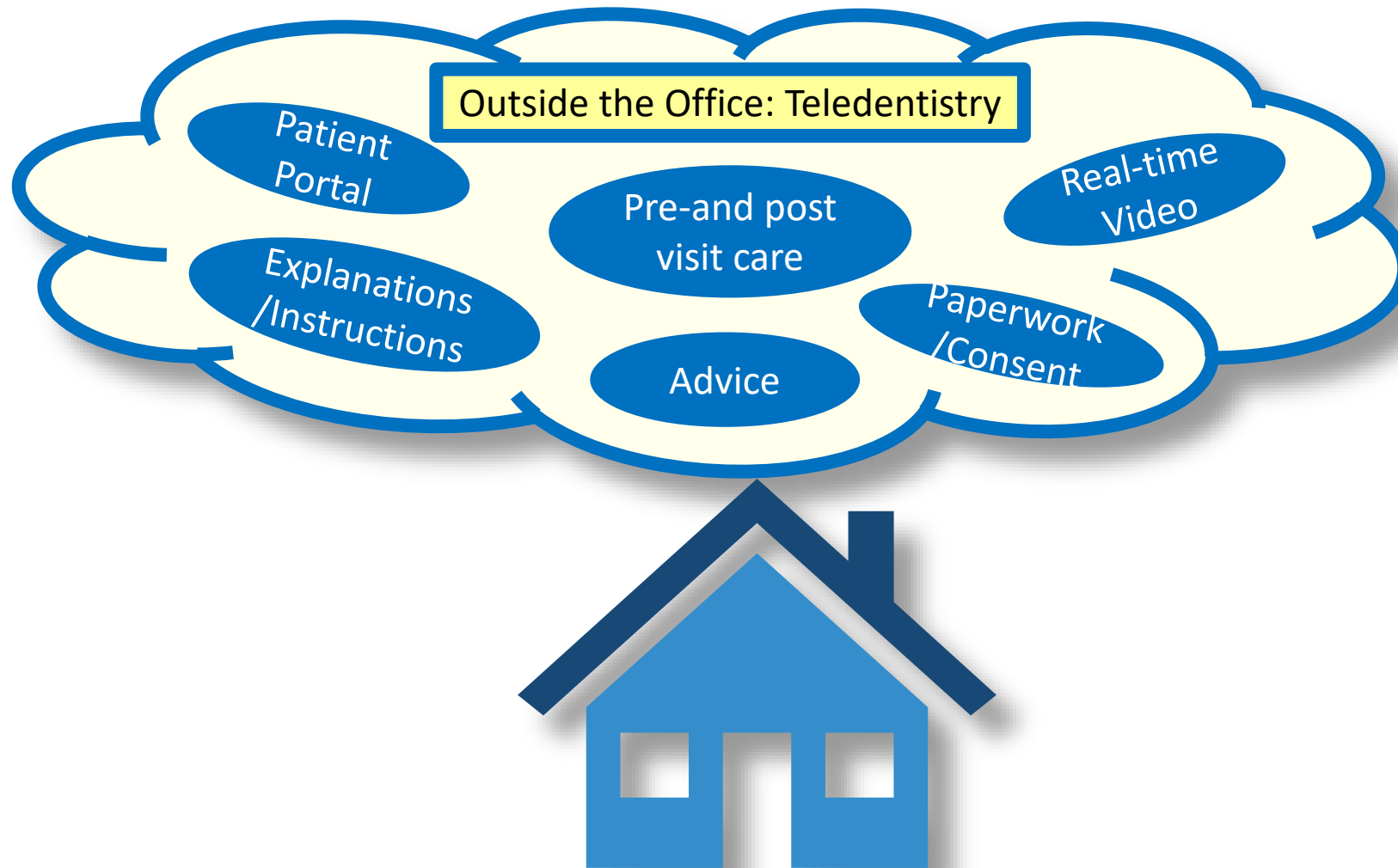


Delivery
Systems

Teledentistry: Advice and Referral



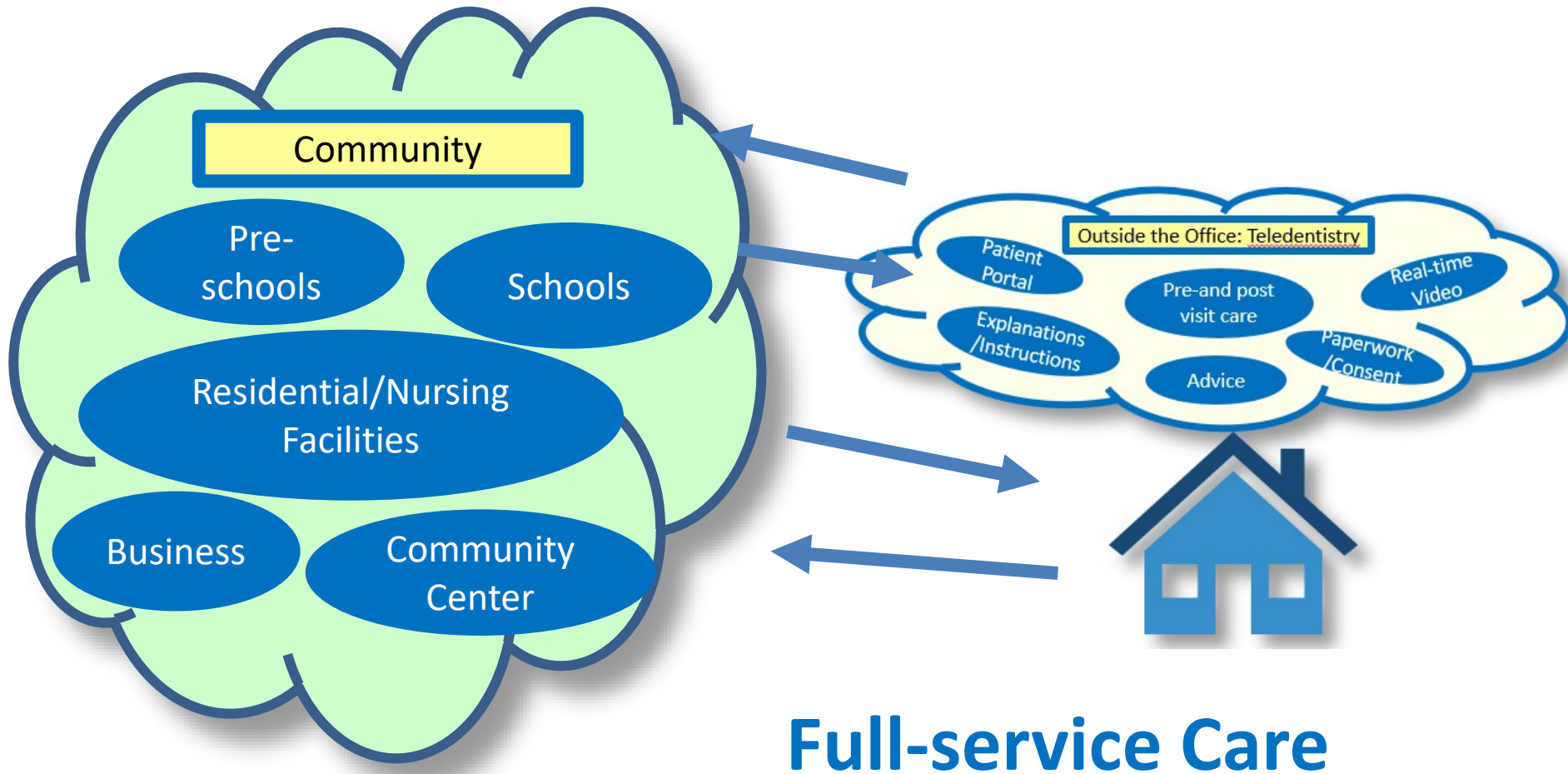
Teledentistry: Increase Office Care Efficiency



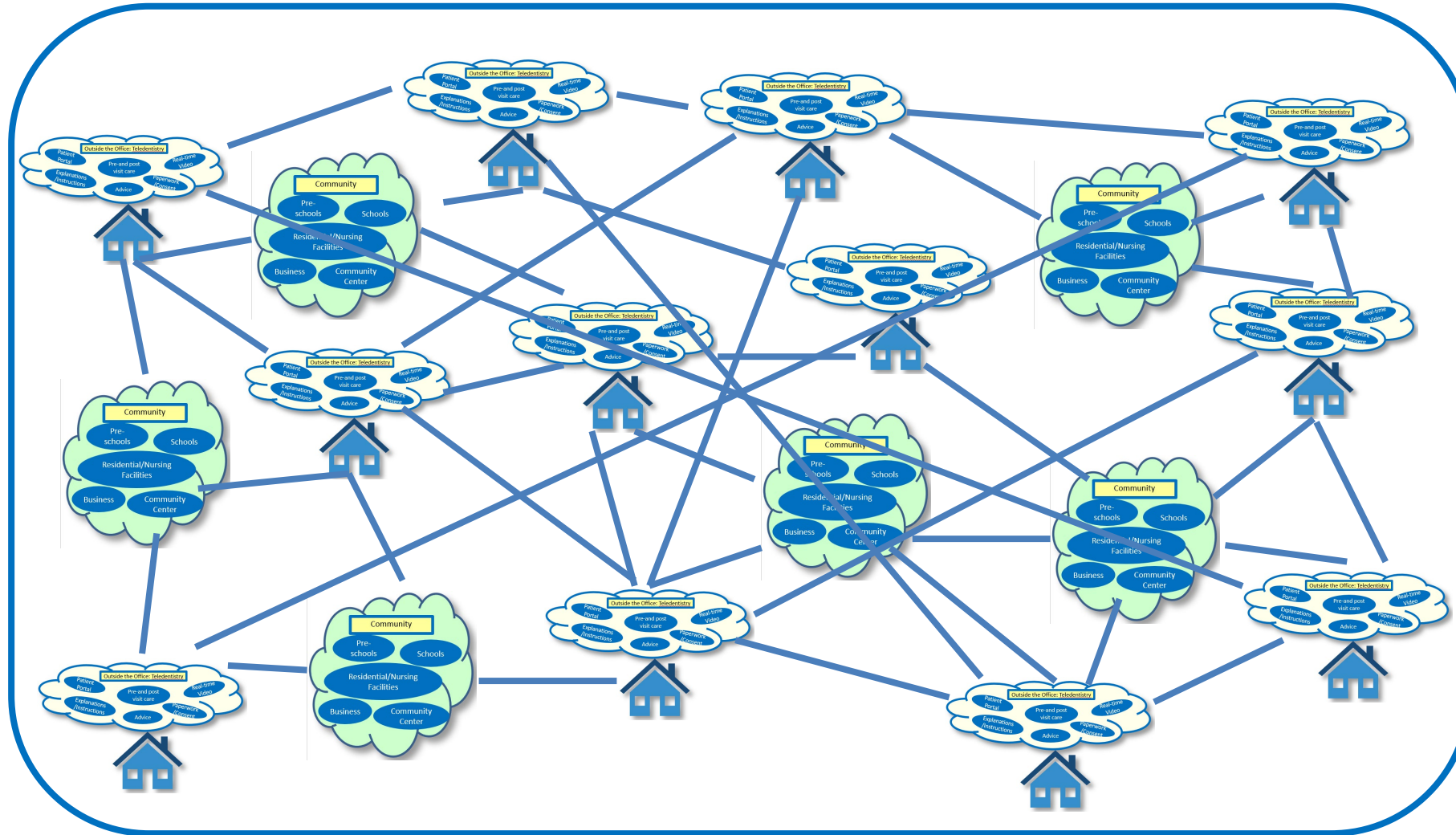
Teledentistry: Community-based Care



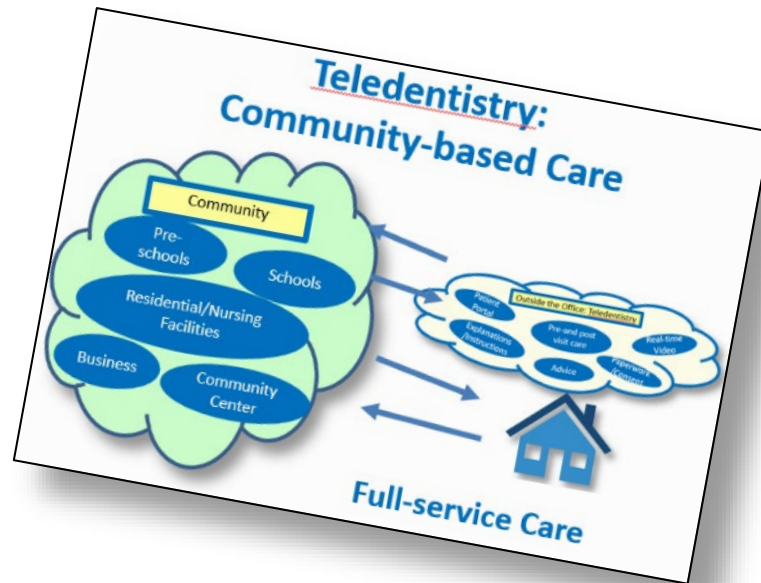
Teledentistry: Community-based Care



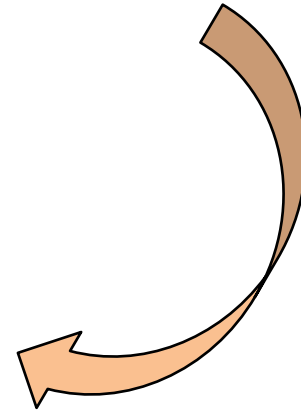
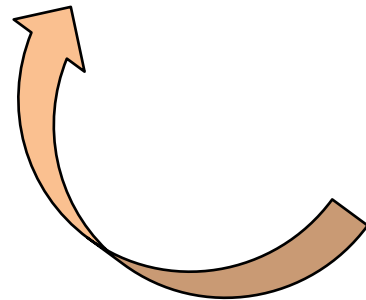
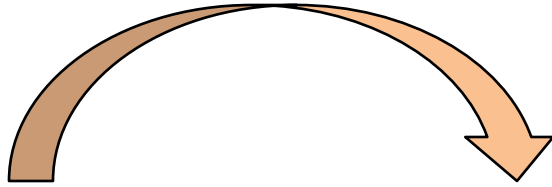
Teledentistry: Care Networks



Community Engaged Oral Health Systems



The Virtual Dental Home



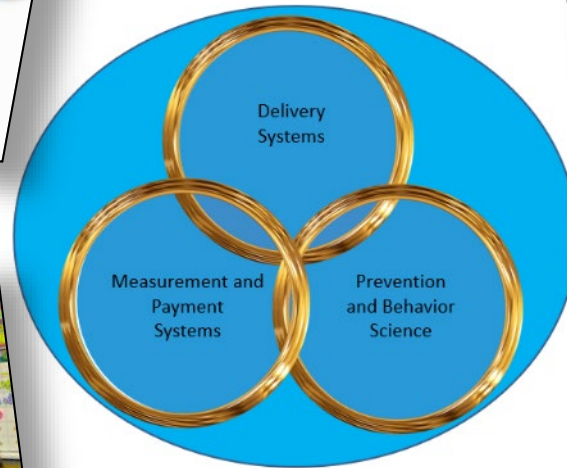
The Virtual Dental Home Sites



Telehealth-Connected Teams and Virtual Dental Homes Key Outcomes

- 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%**

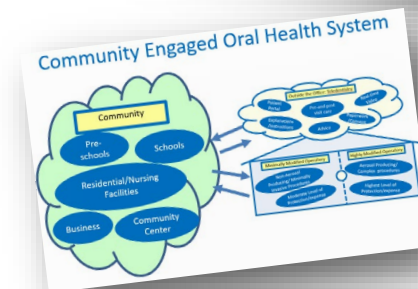
The Path to Value in Oral Health: Community Engaged Oral Health Systems



Considerations for Covered California

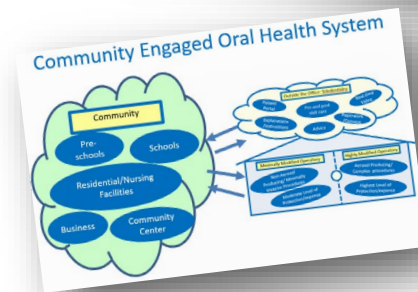
Levers

- Health Plan criteria/structure
- Performance metrics and incentives
- Training and support for plans and providers



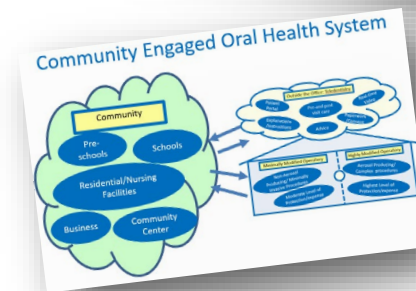
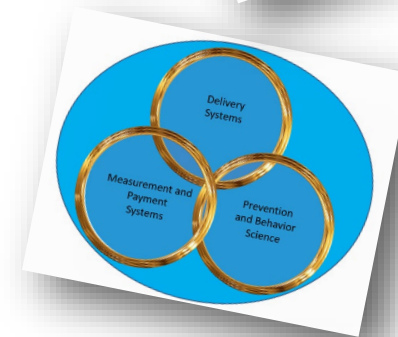
Considerations for Covered California

- Allow payment for care provided regardless of delivery model



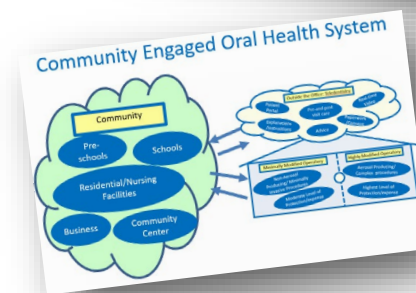
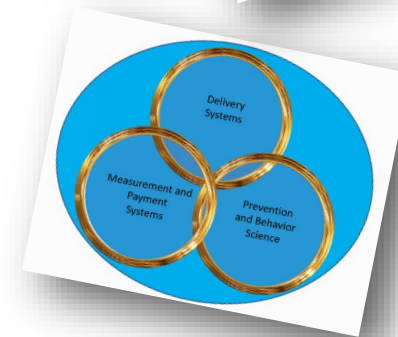
Considerations for Covered California

- Allow payment for care provided regardless of delivery model
- Organize and support community care systems



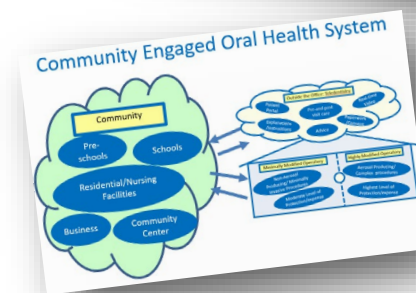
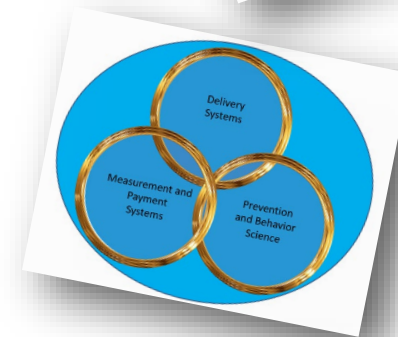
Considerations for Covered California

- 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



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



Community-Engaged Oral Health Systems: A Vision for the Oral Health Industry and Considerations for Covered California

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

get.teledentix.com

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

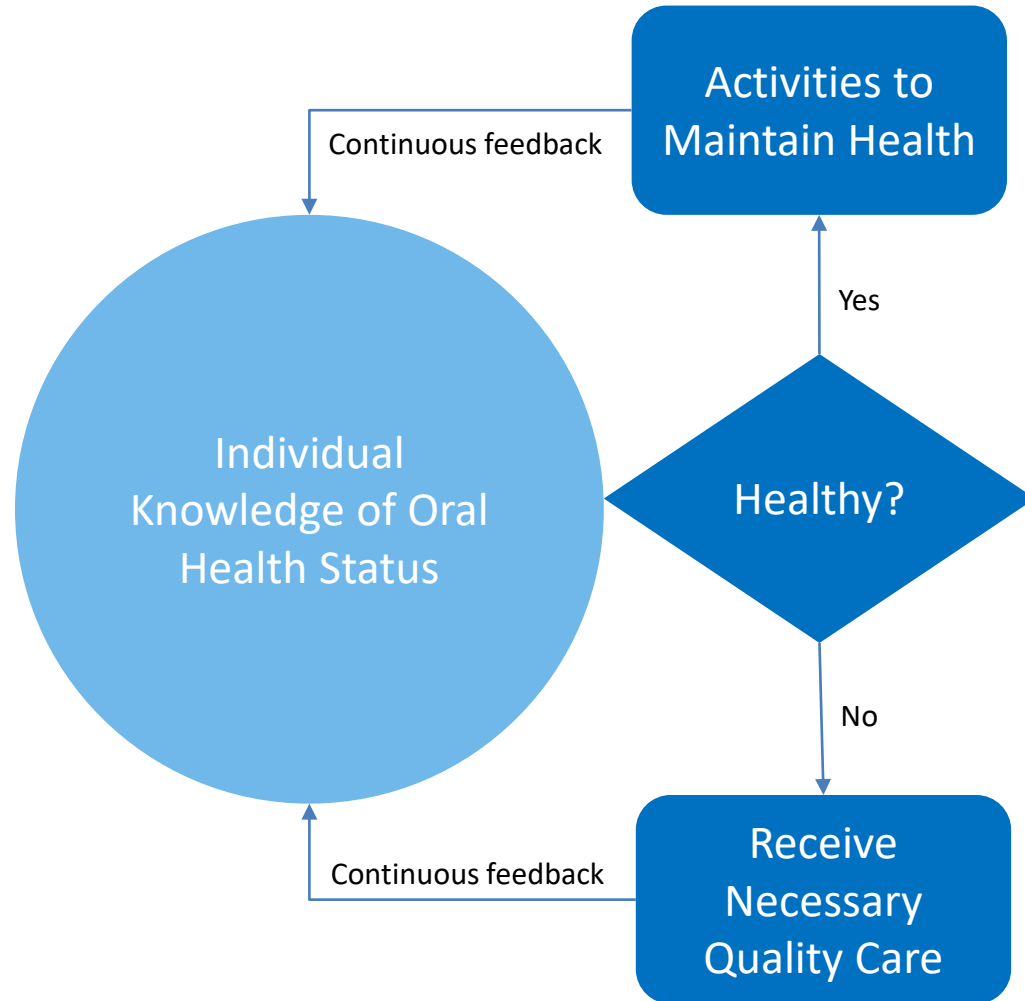


Presentation
Covered CA

teledentix

MAY 31, 2022

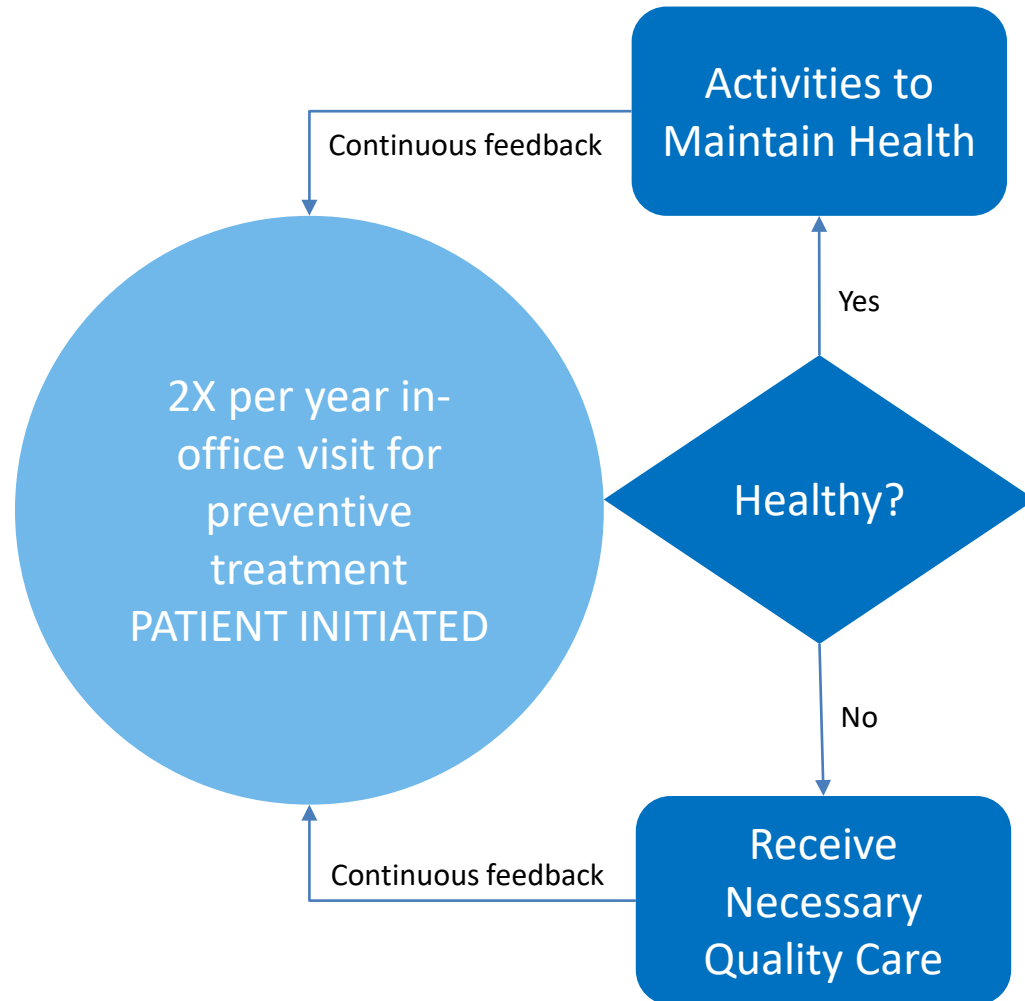
IDEAL ORAL HEALTH CARE CYCLE



Broaden access and lower system-wide cost by:

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

TRADITIONAL SOLUTION: ONE SIZE-FITS-ALL TWICE PER YEAR DENTAL OFFICE VISIT

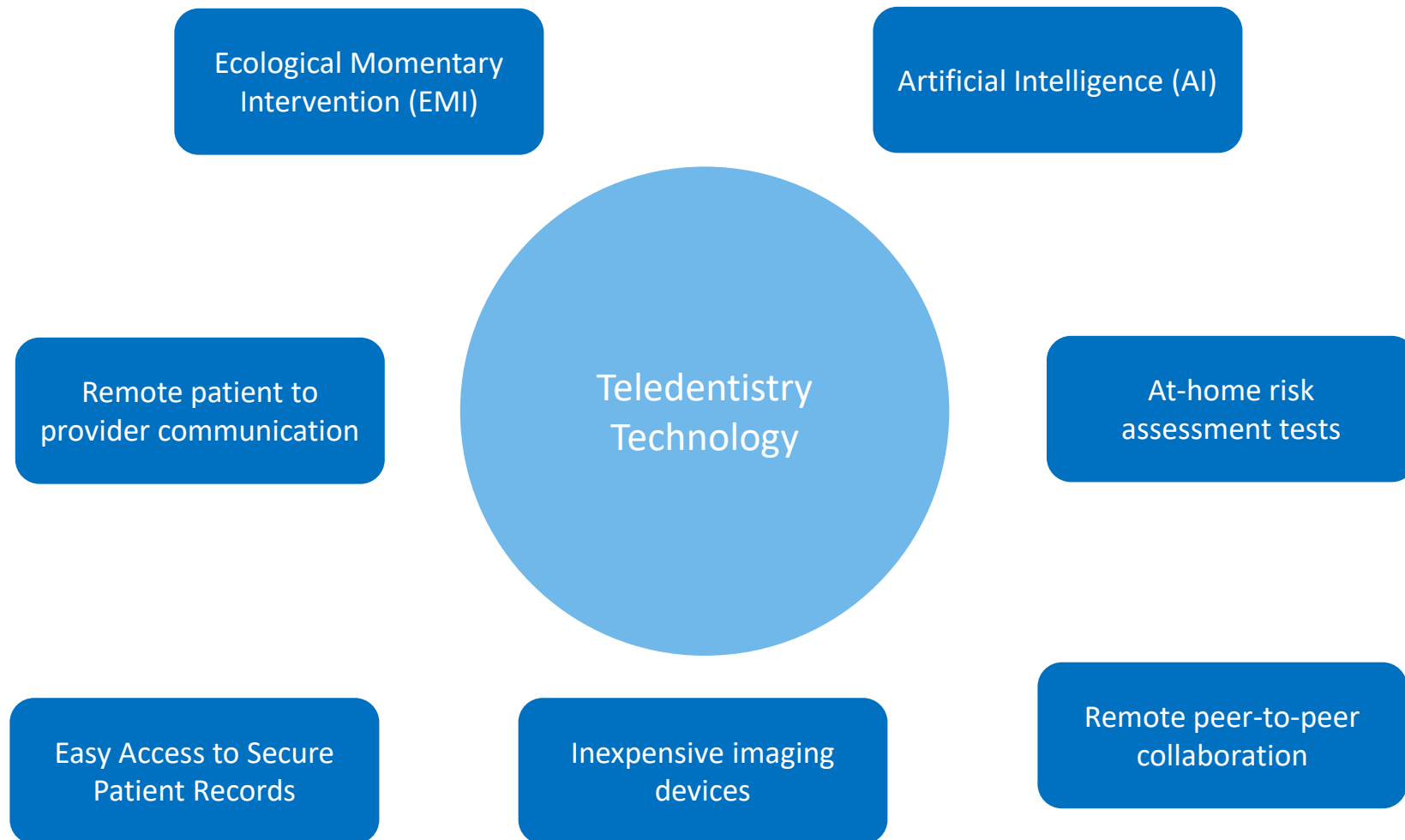


☑ Points of Failure

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.

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



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

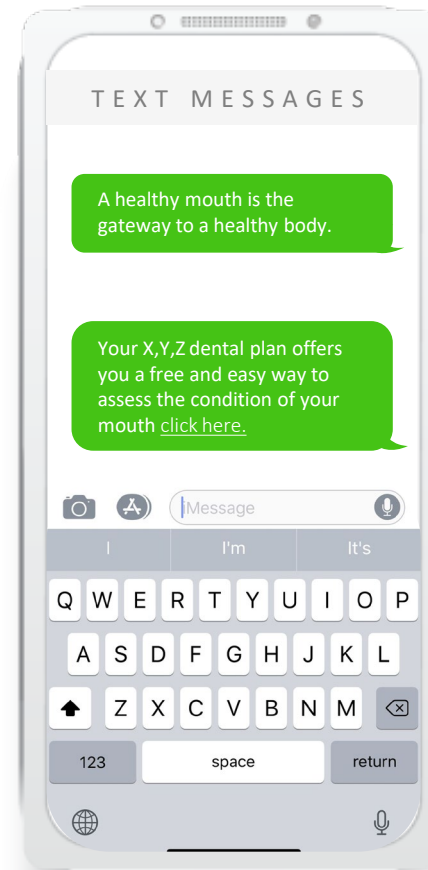
EXAMPLES OF HOW
TELEDENTISTRY TECHNOLOGY
ENHANCES DENTAL BENEFITS
PROGRAMS

SMARTER MEMBER OUTREACH USING EMI

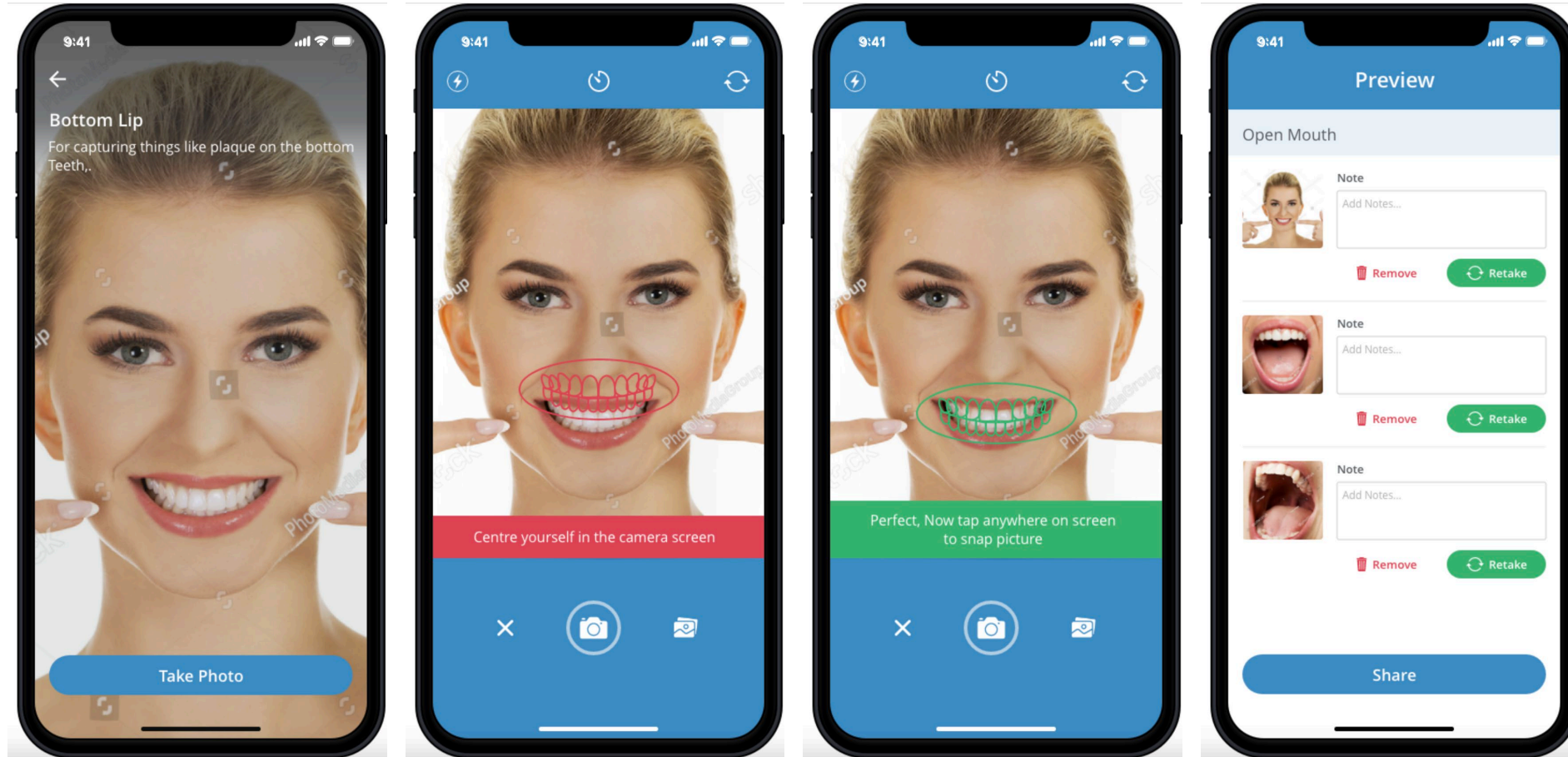
Combining Behavioral Health, AI, and Text Messaging

- 75% would rather text than talk on a phone
- 72% text more than 10X per day
- 31% send more than 50 texts per day

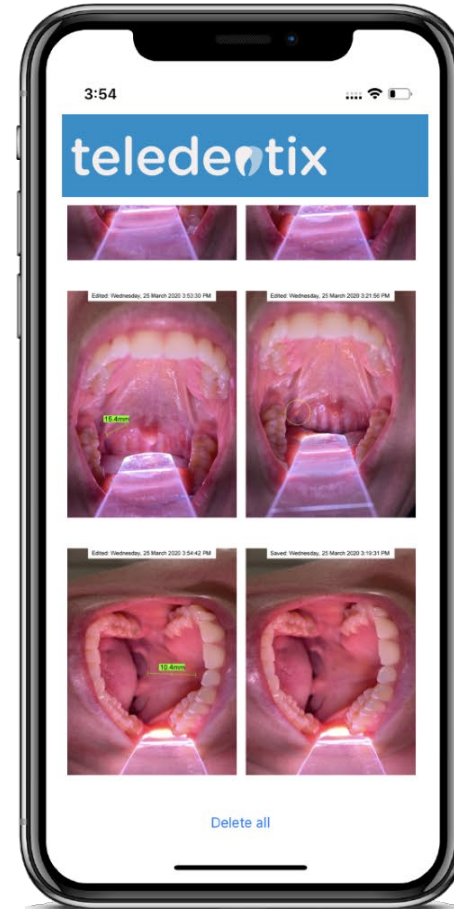
- 95% of all texts are read within 3 minutes of being sent
- 4.2+ billion people around the world can send and receive SMS texts



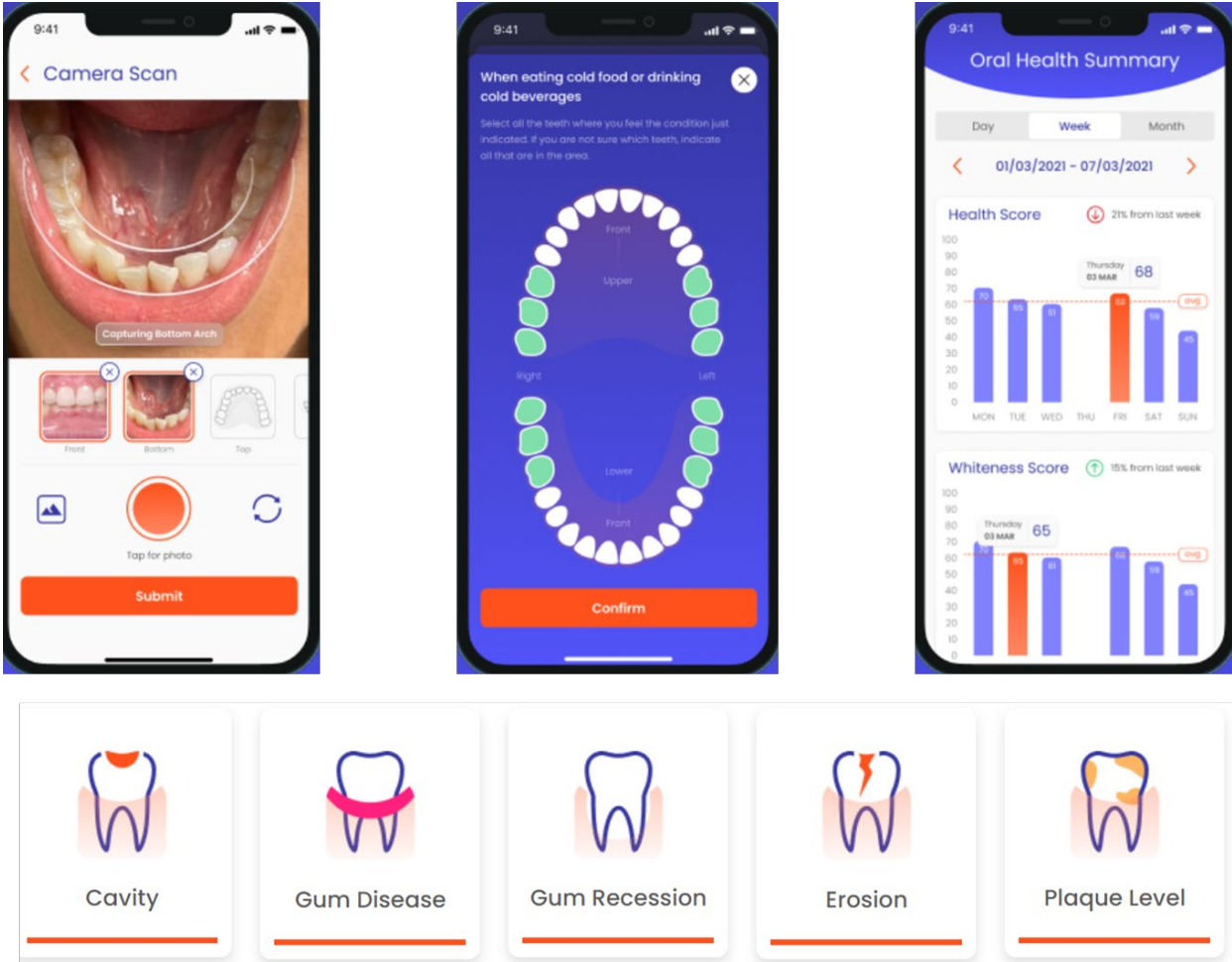
LOWERING THE BAR FOR PATIENT PARTICIPATION: REMOTE ANALYSIS OF PHOTOS



NEED HELP GETTING DIAGNOSTIC-QUALITY PHOTO?



LOWERING THE BAR FOR PATIENT PARTICIPATION: AI ANALYSIS OF PHOTOS



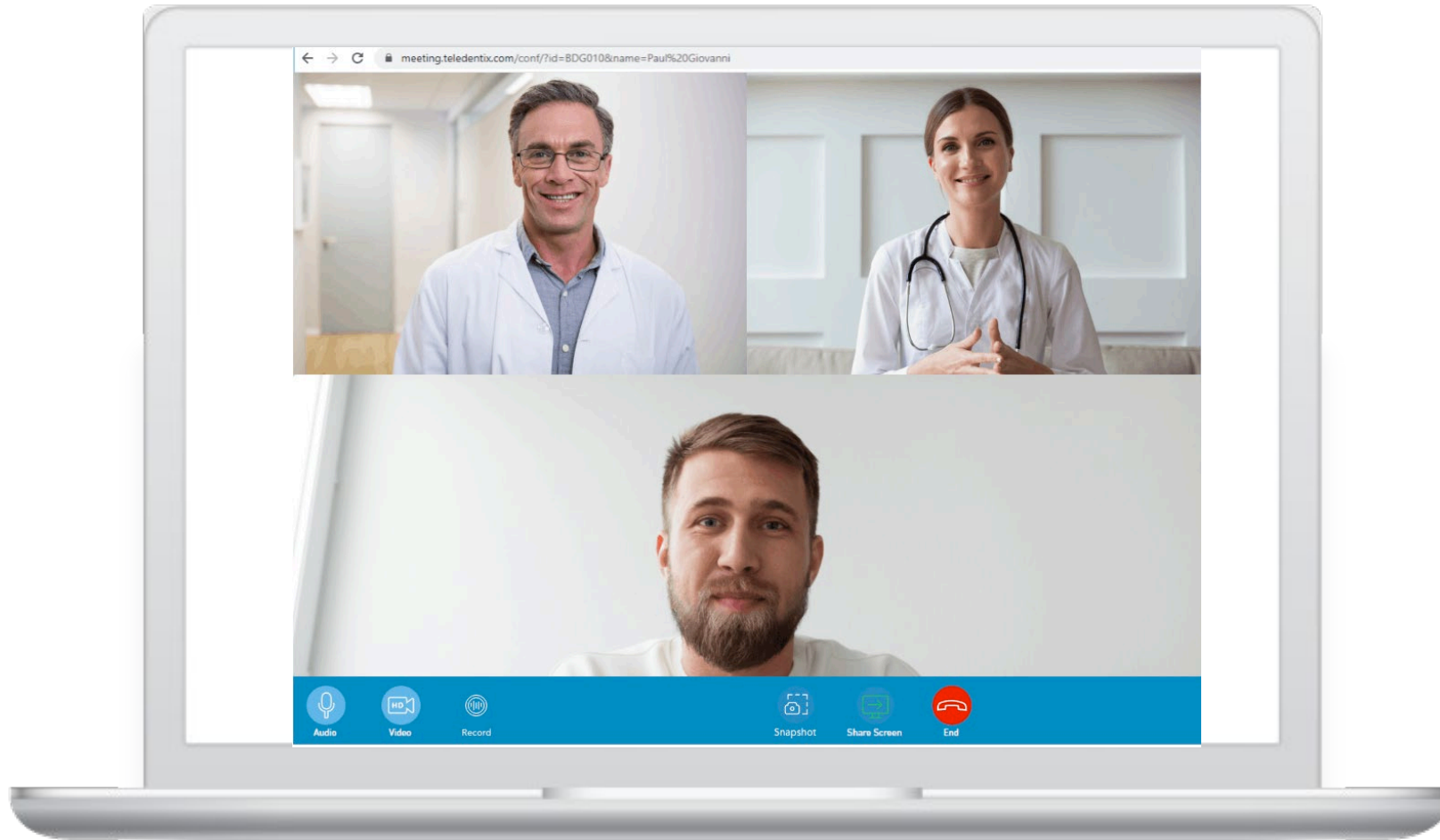
LOWERING THE BAR FOR PATIENT PARTICIPATION: AT-HOME RISK ASSESSMENT

Get personalized diet, hygiene, and product recommendations based on your oral microbiome

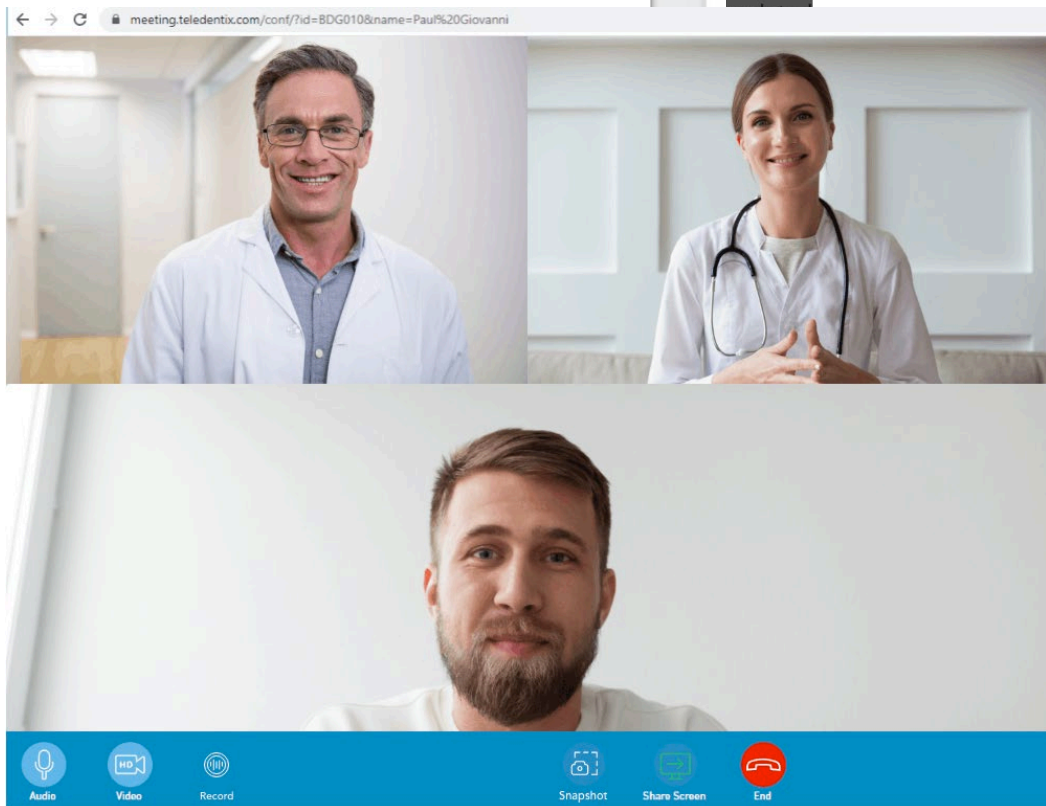
Understand the good & bad bacteria in your mouth and their relation to your oral & overall health. Get personalized product, diet, and hygiene recommendations, plus 1:1 coaching to improve.



WANT TO TALK ABOUT IT?



NEED AN IN-NETWORK REFERRAL?



Refer Selected Patient

Refer to New Provider Refer from Network

al) General Dentist Cigna New york , NY, 10033 [Search](#)

Providers near New York, NY, 10033

2 providers closest to your location

Dr. John Delosso 9.3 / 10
BRIGHTER SCORE
Internist, Primary Care Doctor

17 E 102nd St, New York, NY 10029, US [Refer Patient](#)

Dr. Jeffrey Buckner 8.9 / 10
BRIGHTER SCORE
Internist, Primary Care Doctor

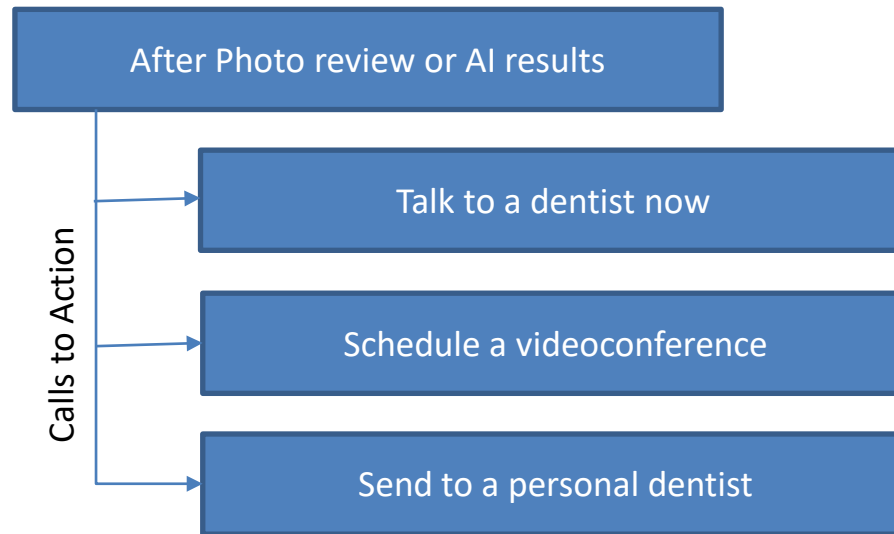
17 E 102nd St, New York, NY 10029, US [Refer Patient](#)

A map showing the area around New York, NY, 10033. The map highlights two provider locations with red pins. Landmarks include Playa Betty's, SEPHORA, American Museum of Natural History, Strawberry Fields, LINCOLN SQUARE, West Side YMCA, Best Buy, and the Museum of Arts and Design.

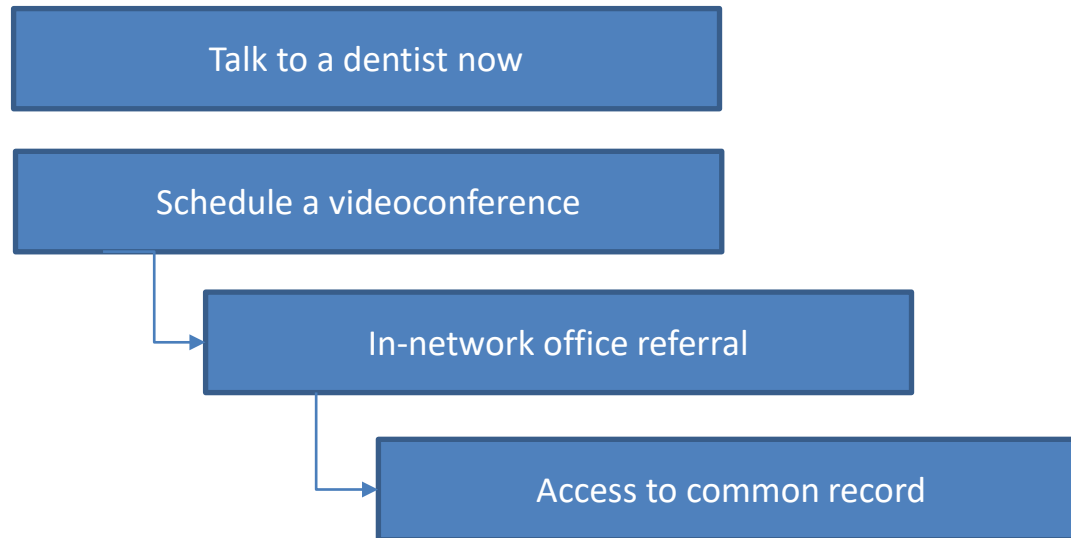
PATIENT ENGAGEMENT



PATIENT ENGAGEMENT



PATIENT ENGAGEMENT



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