

TO: Amy Bassano, Deputy Director, Center for Medicare and Medicaid Innovation

FROM: Children's Dental Health Project

DATE: November 20, 2017

RE: RFI - Centers for Medicare & Medicaid Services: Innovation Center New Direction

The Children's Dental Health Project (CDHP) appreciates the opportunity to respond to the Request for Information regarding the Center for Medicare and Medicaid Innovation's proposed new direction. As an independent organization dedicated to achieving oral health for all children, CDHP supports CMMI's existing mission and its interest thus far in improving care delivery, consumer experience, and cost effectiveness as they relate to oral health. CMMI has funded multiple initiatives to drive innovation in integrating oral health and medical care, addressing the oral health care needs of high-risk patients, and utilizing lay health workers to support healthy behaviors and connect families to care. Such efforts have inspired similar initiatives funded by both private and public entities and have informed ongoing exploration of value-based payment for oral health care in state Medicaid programs as supported by other divisions of the Centers for Medicare and Medicaid Services (CMS).

Tooth decay remains the most chronic condition among children and adolescents¹ and has lasting effects throughout life, impacting educational achievement², employability³, earning potential⁴, and military readiness.^{5,6} Furthermore, while early childhood tooth decay is largely avoidable, the consequences of the disease are costly to the healthcare system: in a large

¹ "Dental Caries (Tooth Decay)." Centers for Disease Control and Prevention. Web page. Updated on Sept. 22, 2016.

² S.L. Jackson et al., "Impact of poor oral health on children's school attendance and performance," *Amer J of Public Health*, Oct. 2011; H. Seirawan et al., "The impact of oral health on the academic performance of disadvantaged children," *Amer J of Public Health*, Sept. 2012.

³ Hyde S, Satariano WA, Weintraub JA. "Welfare dental intervention improves employment & quality of life." *J Dent Res*. 2006; 85(1):79-84

⁴ Glied, Sherry, and Neidell, Matthew. "The economic value of teeth." *J of Human Resources* 45.2 (2010): 468-496.

⁵ Bipartisan Policy Center. *Lots to lose: How America's health and obesity crisis threatens our Economic Future*. 2012.

⁶ Simecek JW, Colthirst P, Wojcik BE: "The incidence of dental disease nonbattle injuries in deployed U.S. Army personnel." *Mil Med* 2014; 179(6): 666-73

[Colorado](#) children's hospital, costs for children's dental treatment in an operating room ranged from \$10,000 to \$15,000 per child. As such, we encourage CMMI to maintain a focus on innovation in oral health care as it relates to both child and adult populations, especially those served by Medicaid and the Children's Health Insurance Program (CHIP).

We do, however, support components of CMMI's proposed new direction and are pleased to offer recommendations for incorporating oral health in future initiatives. In general, CDHP supports efforts to promote consumer choice, promote patient-centered care, improve transparency in benefits and pricing, and test new innovation models at the state level. We encourage CMMI to consider how the guiding principles outlined in the RFI can be utilized to improve quality, affordability, and availability of oral health care that meets the needs of children and families.

Section 1: Expanded Opportunities for Participation in Advanced APMs

While the Quality Payment Program (QPP), Merit-Based Incentive Payment System (MIPS), and Advanced Alternative Payment Models (APMs) focus almost exclusively on the Medicare program and its beneficiaries, CDHP urges CMMI to work collaboratively with its counterparts in the Center for Medicaid and CHIP Services (CMCS) to explore how innovative approaches to quality measurement and alternative payment mechanisms could be applied to Medicaid and CHIP programs, particularly for oral health care.

In addition, the QPP program includes one high-priority measure related to oral health (CMS75v5 - "Children who have dental decay or cavities"). While promising for the purposes of tracking and improving oral health disease among Medicaid and CHIP populations, to date this measure has not been developed to the point of implementation. We strongly encourage CMMI to pass stewardship of this measure to the Dental Quality Alliance (DQA) or otherwise partner with the DQA to allow for further development and testing.

Section 2: Consumer-Directed Care & Market-Based Innovation Models

We support CMMI's intent to provide Medicaid and CHIP beneficiaries with improved information about cost, quality, and benefits as well as the testing of consumer-level incentives as long as such models do not limit provider networks or otherwise inhibit access to oral health care. We encourage CMMI to explore the application of meaningful oral health care quality measures beyond utilization of services so that both CMS and its beneficiaries better understand how their choice of coverage or provider may impact their oral health.

Section 3: Physician Specialty Models

CDHP supports CMMI's exploration of physician speciality models aimed at better coordinating the care of individuals and populations at high risk for chronic conditions, including oral health disease such as dental caries (the disease that causes tooth decay) and periodontal disease. We encourage CMMI to consider the relationship between oral health conditions and diseases such as diabetes, in addition to incentivizing non-dental providers to engage in coordinated models of oral health care. Such models may include:

- Integrated referral systems where all providers, including dentists, screen for general health needs and refer to an appropriate provider, creating no wrong door for entry into the health care system;
- Development and testing of shared or interoperable electronic health records (EHR) systems that enable both dental and medical providers to easily view each other's entries and communicate directly. Lack of integrated EHRs remains a primary barrier to oral health integration and care coordination;⁷
- Co-location of services and dental/medical providers, better enabling integrated care delivery;
- Utilization of non-clinician providers such as lay health workers to promote good oral health behaviors and connect families to care.

Section 6: State-Based and Local Innovation, including Medicaid-focused Models

CDHP strongly supports the continued partnership between CMS and its state partners through initiatives like the State Innovation Models, Innovation Accelerator Program, Strong Start, and Medicaid Incentives for the Prevention of Chronic Diseases Model. We encourage CMMI and its partners throughout CMS to promote the inclusion of oral health and associated chronic conditions as a key component of any Medicaid-focused state-level innovation initiative.

In addition to continued testing of alternative payment and provider models through existing mechanisms like the Innovation Accelerator Program, CDHP encourages the exploration of chronic disease management for dental caries and periodontal disease. We urge specific attention on early childhood, pregnancy, and the relationship between parent/caregiver oral health and the oral health of infants and children. We strongly encourage CMMI to explore:

- Care delivery models that base services on individual risk level for disease using established tools such as caries risk assessment;
- Benefit design that incorporates services aimed at parent/caregiver oral health status and behaviors to improve the oral health of children;
- Flexibility in payment policies that would allow oral health services to be provided by the widest range of appropriate providers in settings outside of the dental office where children and families already are (schools, community settings, social services, etc.).

CDHP looks forward to working with CMMI and its partners to find innovative and cost-effective ways to meet the oral health needs of children and families across the country. For questions or clarification, please contact Colin Reusch at creusch@cdhp.org or (202) 417-3595.

⁷ National Academy for State Health Policy. Integrating oral health into Oregon Medicaid's coordinated care model: Lessons for state policymakers. September 2017.