Quality Oral Health in Medicaid through Health IT

Cheryl Austein Casnoff, MPH
Senior Fellow, NORC

Lisa Rosenberger, MPH
Senior Research Analyst, NORC
Study Purpose

• Identify ways to utilize Health IT to improve access to oral health care for Medicaid and CHIP enrollees

• Identify the potential impact of health information technology (IT) and the Medicaid electronic health record (EHR) incentive payments on dentists serving children enrolled in Medicaid and CHIP
Learning Objectives

• Provide information on the current status and issues associated with health IT for dentists
• Clearly understand how health IT can help dentists provide access to quality oral health care including opportunities and barriers
• Identify steps that dentists should take to continue to adopt and meaningfully use health IT
Methodology: Literature Review

• Extensive literature review to provide a foundational context around:
  • Access to oral health care for Medicaid and CHIP Enrollees
  • Health IT and dentistry, including new opportunities through the Medicaid EHR incentive program
  • Ways in which health IT and the Medicaid EHR incentive payments can increase access to care for children enrolled in Medicaid and CHIP
Methodology: Expert Panel

- Experts with a range of policy, clinical and technology experience in Medicaid/CHIP, oral health, children’s health, health IT, and meaningful use

- Literature review exposed two issues to be addressed by panel
  - Whether or not the Medicaid EHR Incentive payments could serve as an incentive for dentists to serve Medicaid and CHIP children
  - Whether or not the functionalities of health IT could increase access to oral health care for Medicaid and CHIP enrollees
Background: Access to Oral Health Care for Medicaid and CHIP Enrollees
Dental Coverage for CHIP and Medicaid Enrollees

• Medicaid
  • Early and Periodic Screening, Diagnostic and Treatment Services (EPSDT): Covers comprehensive dental services including diagnostic, preventive, restorative, emergency, and medically-necessary orthodontic care

• CHIP
  • Medicaid-expansion States: EPSDT dental benefits since 1997 inception of S-CHIP
  • Separate CHIP plan States: Optional dental prior to 2009; Dental services “necessary to prevent disease and promote oral health, restore oral structures to health and function and treat emergency conditions” since CHIPRA 2009
Barriers to Access to Care

• Fewer than 7% of general dentists’ patients and 18% of pediatric dentists’ patients are Medicaid or CHIP enrollees, while 35% of US children are enrolled in these programs
• Far fewer dentists than family physicians or pediatricians participate in Medicaid and CHIP
• Medicaid payments are typically lower than commercial dental benefit plan payments
  • Payment rates for a weighted market basket of pediatric dental procedures average two-thirds of usual fees and range very widely
• Patient non-compliance
  • Not showing up for appointments
  • Not following treatment plan
Background: Health IT and Dentistry
Meaningful Use of EHRs

• Three broad categories of criteria that will be used by the Centers for Medicare & Medicaid Services (CMS) to assess meaningful use of EHRs:

  • Providers must use the certified EHR in a meaningful manner, such as clinical documentation and e-prescribing
  • Technology must be used to electronically exchange health information with the goal to improve the quality of health care
  • Clinical quality measures must be submitted to HHS electronically
Incentive payments will only be made to providers who utilize technology certified by an Office of the National Coordinator of health IT (ONC)-Authorized Testing and Certification Body (ATCB).

- Certified EHR: A qualified EHR that meets criteria developed by ONC to ascertain that the technology meets standards and implementation specifications.
Current use of Practice Management Systems (PMS) and EHRs in Dentistry

- 2010 survey conducted by the California Health Care Foundation (CHCF) found that 93% of dentists reported the use of PMS.
- In the 2010 CHCF survey, only 23% of sampled dentists in California reported adopting an electronic dental health record (EDHR).
Current use of Practice Management Systems (PMS) and EHRs in Dentistry

• Majority of dentists have integrated PMS with the following functionality:
  • Schedule patients, track treatment status
  • Track insurance claims
  • Report financial status
  • Generate letters
  • Submit electronic claims

• EHRs being implemented by dentists are often extensions of PMS
Background: Utilizing Health IT to Improve Access to Oral Health Care for Medicaid and CHIP Enrollees
Reducing Missed Appointments

• Use of health IT systems to streamline reminder processes
  • case management support
  • patient reminders: telephonic, email, mail
  • communication with patients regarding treatment progress
  • potential for individualized intensity of appointment follow up
Advances in scheduling and billing technologies have streamlined workflow in many dental practices.

Technologies can be used to track patients so that procedures are delivered on a timely basis.

Dentists surveyed by CHCF indicated that care coordination and increased communication with other health professionals and patients were the biggest potential benefits of health IT.
Improving Access to & Quality of Care Con’t

• Health IT can increase communication regarding treatments and procedures between dentists and
  • patients
  • dental specialists
  • medical providers
  • adjunct providers (e.g. nutritionists, health educators, community health workers)
Facilitating Delivery of Quality Coordinated Care

• Compiling patient dental with medical information can facilitate care coordination and comprehensiveness of care between medical and dental providers as well as documentation of specific risk factors impacting both oral and systemic health
  – Multiple systemic diseases are impacted by oral health or evident in the oral cavity
Facilitating Delivery of Quality Coordinated Care Con’t

• Access to medical records allows dentists to keep track of medication and allergy information to prevent avoidable adverse events

• Streamlined communication might create efficiencies by reducing duplicate radiographs and clinical tests and by clarifying what care has been provided and what procedures have been carried out
Further Improving Care Coordination

- Technology may give dentists access to specialist consultations through telemedicine
  - General dentists can consult with a specialist and determine an appropriate care plan rather than requiring the patient to move around through multiple locations and appointments
- Health IT can play a significant role in helping to coordinate mid level providers with dentists to ensure that patients are receiving adequate care in spoke-and-hub arrangements
Breaking Down Silos Between Dental and Medical Care

Keys to successful use of HIT for interprofessional consultation and improved care include:

1. HIT systems interoperability
2. EHR interoperability
3. Real time connectivity
4. Rapid transmission of clinical data and images
5. Supportive referral arrangements
6. Supportive case management arrangements
7. Supportive disease management arrangements
8. Engagement of various “midlevels”
9. Refinements of the “health home” concept to incorporate both medical and dental resources
Medicaid administrative requirements have been reported as a major barrier to dentists accepting Medicaid.

Streamlining workflows and reducing Medicaid/CHIP paperwork and bureaucratic challenges through Health IT might increase the efficiency and revenues of the office.
Findings: Barriers and Opportunities
Barriers to Health IT Adoption by Dentists

• Lack of currently available certified dental EHRs
• Shortage of EHRs with diagnostic, therapeutic, or decision support applications appropriate for dentists
• To qualify as a meaningful user for Medicaid EHR incentive payments, dentists need to collect patient information, such as vital signs, which are not routinely collected during most dentist visits
Barriers to Health IT Adoption by Dentists Con’t

• Lack of standardization and interoperability between systems
  • Treatment protocols for dentists are less developed than for the medical community making it difficult for vendors to understand what types of information needs to be captured in dental EHRs
  • Lack of integration between dental and medical systems
Opportunities to Increase Health IT Adoption by Dentists

• More certified dental systems need to be developed

• Standards should be developed to enhance the interoperability of dental EHRs

• Detailed standards and specifications are needed to guide dental vendors in creating products

• Reimburse for dental procedures that depend on or would be improved by the use of health IT
Opportunities to Increase Health IT Adoption by Dentists Con’t

• Increasing awareness of available hardware and software

• Decreasing the financial burden of purchasing a dental EHR

• Support the use of open source products among dentists
Barriers to Dentists Meeting the Medicaid Meaningful Use Incentive Payments Requirements

• Incentive payments would offset some costs associated with the adoption and implementation of health IT systems
• These payments would **not** offset the lower reimbursement that providers incur from serving Medicaid and CHIP patients
• Few dentists currently meet the 30% Medicaid patient encounter threshold
• Dentist will have to report on measures that require the use of diagnostic codes, which currently are not used in dentistry
Opportunities to Enable Dentists to Meet the Meaningful Use Requirements

- Dental providers need to continue to communicate with CMS regarding specific measures that are relevant and correspond to the workflow patterns and care delivery processes in dentistry.
- Dentists need to be educated on the meaningful use requirements.
- Affording flexibility for dentists to practice within or contract with a Federally Qualified Health Center (FQHC).
Opportunities to use Health IT to Increase Access to Oral Health Care for Medicaid and CHIP Enrollees

• Health IT functionalities may reduce cumbersome administrative requirements and encourage dentists to accept Medicaid or CHIP children

• Health IT functionalities, such as virtual and actual integration, may allow dentists to refer vulnerable children, allowing for earlier, less invasive and less costly treatment with substantially better health outcomes

• Clinical decision support (CDS) may help enable dentists to provide quality care to vulnerable patients
Areas for Future Research

• Exploring effective ways to use health IT in linking primary care and dentistry, particularly for children
• Identifying ways in which the dental community may differ from other care providers in their approach to using and implementing health IT and meeting unique dental meaningful use requirements
• Examining how health IT can help dentists implement risk-based care and improve access to quality oral health care
Questions?

Cheryl Austein Casnoff, MPH
Casnoff-Cheryl@norc.org
301-634-9510

Lisa Rosenberger, MPH
Rosenberger-Lisa@norc.org
301-634-9427
Thank You!