

Children’s Oral Health Care Delivery Models and Value-Based Payment Approaches: Key Findings From an Environmental Scan

Children’s Oral Health Initiative Value-Based Payment Technical Support

In July 2014, CMS launched a collaborative initiative between the Center for Medicaid and CHIP Services and the Center for Medicare & Medicaid Innovation called the Medicaid Innovation Accelerator Program (IAP). The goals of IAP are to improve health and health care for Medicaid beneficiaries and to reduce associated costs by supporting states in their ongoing payment and delivery system reforms through targeted technical support. In March 2017, IAP launched the Children’s Oral Health Initiative (OHI) Value-Based Payment (VBP) technical support opportunity for Medicaid/CHIP agencies. Through this program, states can select, design, and test VBP approaches to sustain care delivery models that demonstrate improvement in children’s oral health outcomes. This IAP opportunity complements CMS’s existing children’s Oral Health Initiative, which works with states to explore program and policy opportunities to improve children’s oral health by increasing the proportion of children receiving preventive dental services in Medicaid and CHIP.

Examples of OHI VBP technical support:

- Developing innovative payment reform mechanisms to reduce early childhood caries
- Improving oral health for vulnerable children through VBP

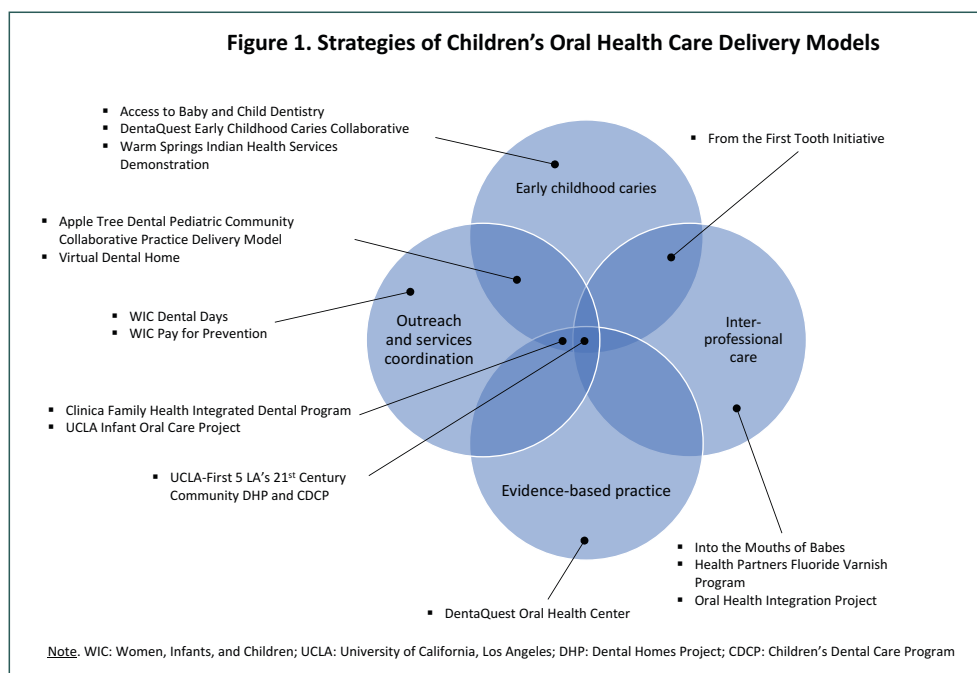
Two environmental scans were conducted in fall 2016 to identify innovative care delivery and payment models in children’s oral health. The scans focused on models that could be applied to the Medicaid and Children’s Health Insurance Program (CHIP) populations, and included evidence from peer-reviewed studies, grey literature, and 16 key-informant interviews. Key informants were state Medicaid program administrators, dental providers, researchers, and professional association leaders.

Care Delivery Model Examples

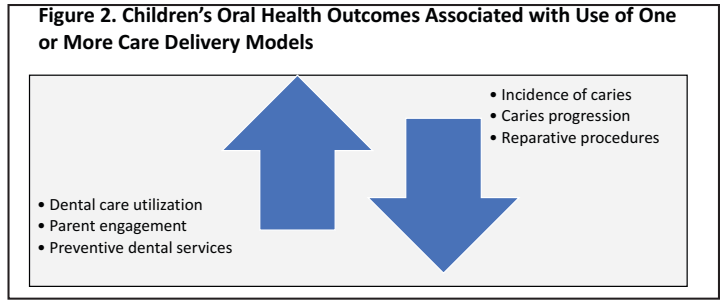
The scans identified 15 children’s oral health care delivery models (additional information about the models can be found here <https://www.medicaid.gov/state-resource-center/innovation-accelerator-program/iap-functional-areas/value-based-payment/index.html>). The care delivery models highlighted in the scan are expected to have demonstrated success in improving children’s oral health. However, these examples should not be considered an exhaustive list of existing care delivery models. Figure 1 categorizes the primary strategies of the identified 15 children’s oral health care delivery models.

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- Primary strategies highlighted in the scans include (1) preventing childhood caries,^{a, b, c} (2) providing interprofessional care (i.e., care provided by a team of experts working together, such as dentists, nurses, and community health workers),^{d, e, f, g, h, i, j} (3) following evidence-based practices,^k and (4) increasing outreach and services coordination.^{l, m, n, o}



- All care delivery models are partially or wholly funded by Medicaid, typically through fee-for-service payments to providers.
- The primary goal of most models is to increase use of children’s dental health services, followed by improving children’s oral health outcomes.
- Figure 2 provides examples of outcomes associated with use of the models.^{a, b, e, l, j, o, p, q, r, s, t, u, v, w, x, y, z, aa, ab, ac, ad, ae, af}



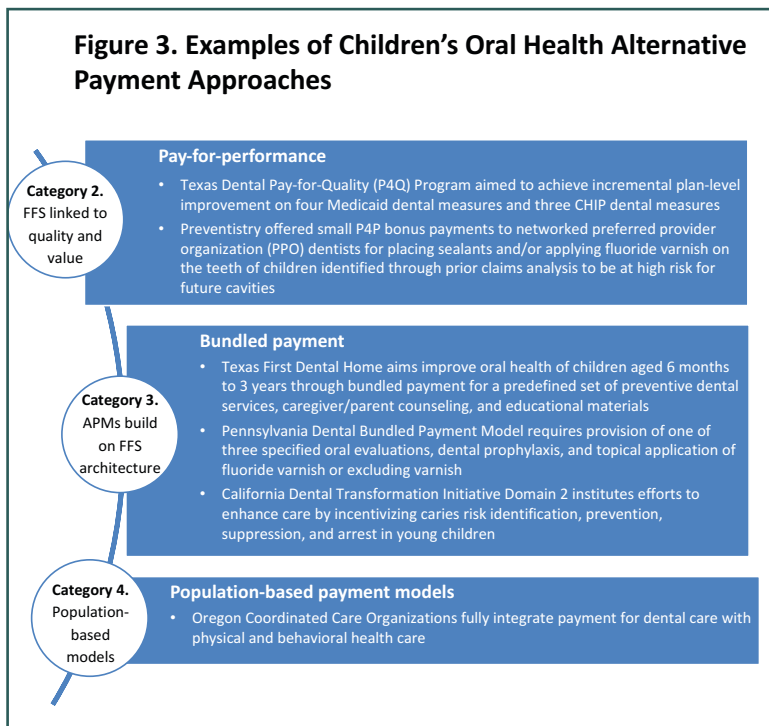
Considerations for Implementing Care Delivery Models

To achieve long-term sustainability, key informants emphasized the importance of assigning patients to dental providers, establishing reimbursement rates, and risk-stratifying patients using reliable criteria.

Payment Approach Examples

According to the Health Care Payment Learning & Action Network’s Alternative Payment Model (APM) framework¹, there are four categories of APMs. Each successive category in the APM framework represents a more integrated VBP approach. Figure 3 provides examples of different payment models and contractual approaches in children’s oral health care, including pay-for-performance,^{ag, ah} bundled payment^{ai, aj, ak} and population-based payment models.^{al} These examples should not be considered an exhaustive list.

Key Considerations for Implementing VBP Approaches in Children’s Oral Health



Definitions of Payment Approaches

- A **pay-for-performance** approach rewards providers, facilities, or health plans if they meet predetermined benchmarks of health care quality, performance, and/or efficiency.
- **Bundled payments** represent a single payment to providers, facilities, or both for all services to treat a given condition over a predefined episode of care.
- **Population-based payment models**, also referred to as global payment or total cost of care payment models, incentivize and reward health care providers for delivering high-quality, well-coordinated, person-centered care within a defined budget.

- Key informants emphasized the importance of the following factors to promote sustainability and spread of new payment and contractual approaches:
 - › Selecting relevant quality measures that can be obtained from available infrastructure
 - › Considering patient centeredness and patient satisfaction as important components of measuring quality
 - › Engaging providers and assisting with the dissemination of best practices
 - › Improving data systems to reduce burden of reporting
 - › Attributing patients to providers accurately
 - › Developing a standard, validated risk-adjustment methodology that takes into account that paying providers on the basis of quality measures may disadvantage those who have a disproportionately large share of patients with greater treatment needs, such as those with multiple chronic condition

¹Alternative Payment Model Framework and Progress Tracking (APM FPT) Work Group. Alternative Payment Model (APM) Framework White Paper Refreshed 2017. <https://hcp-lan.org/groups/apm-refresh-white-paper/>

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