



Together For Kids and Families

Medical/Dental Home Work Group Meeting Summary Thursday, September 11, 2014

Attendees: Jessica Ball, David Brown, Mai Dang (reporting) Dannie Elwood, Kathy Karsting, Shelley Konopasek, Heather Leschinsky, Tiffany Mullison, Deb Schardt.

Welcome & Introductions: Co-chair Kathy Karsting welcomed attendees; all present made introductions. Co-chair Nina Baker is unavoidably absent today and sends greetings to the group.

Review Meeting Minutes from June 16, 2014

Kathy Karsting asked members to review the June meeting summary; the group accepted as presented.

Guided Learning

Heather Leschinsky of the Division of Medicaid & Long Term Care in DHHS discussed current approaches to patient-centered medical home in her area, and answered questions from the group.

- In 2009, the legislation passed a bill requiring Medicaid to run a medical home pilot project. Nebraska Medicaid contracted with two pilot sites, both multi-clinic providers, one in Kearney and one in Lexington. Under this project, Nebraska Medicaid researched and established project standards for medical homes.
- The pilot project had two levels. Level 1/Basic, and Level 2 which includes active quality improvement projects, and a requirement for implementation of electronic medical records. If a pilot site can achieve Level 1 standards, they can receive per patient payments and move onto Level 2. If they achieve Level 2 standards, they can receive enhanced benefits. Both sites were able to achieve Level 2 standards.
- At the end of the pilot project, the findings were inclusive. Medicaid determined that two years were not long enough to measure anything meaningful. In addition, several confounding events occurred within Medicaid regarding eligibility. The pilot project ended in December 2012, and a final report has been published.
- Medicaid didn't want the concepts and standards developed with the medical home pilot project to go away. This foundation carried over into contract for Medicaid Managed Care. This program was started in mid-2012, and requires contractors to implement medical home approaches at Level 1 and Level 2. This program had some participants transferred from medical home pilot sites.
- In another area of work, Nebraska Medicaid is part of a project to bring together providers like Medicaid, BCBS, Co-op. etc. to form a multi-players platform for health insurance providers. These members have been operating on an advisory council to promote support from all payers for patient-centered medical homes, and development of reimbursement and payment systems for medical home approaches. This collaborative work helps Medicaid continue to develop medical home approaches.
- Behavioral health home concept has also been explored, with an intention of tying them to primary care and medical homes. This approach is useful for the general Medicaid population.

For children with complex behavioral health needs, however, this may not be the right approach as Medicaid contracts mostly with commercial health plans who most often treat a well population population.

- In a broader scope is the need for revised and updated standards for medical home approaches not only for behavioral health, but also for chronic disease management, and services for those with highly complex conditions. Heather shared one of the current long-term strategic moves in Nebraska Medicaid is to require managed care plans to prove their expertise in caring for those with special needs. Medicaid is considering forming a specific project area for developing managed care approaches for Managed Long Term Services and Supports for the very dependent young patient.
- In another of a changing landscape, Heather mentioned the Affordable Care Act, and the provision for health care systems creating Affordable Care Organizations. This is a development external to Medicaid that enables physicians, hospitals, clinics, and other providers to form organizations within which decisions about performance and payment systems can be made.
- Dental care: Medicaid is bringing dental into managed care programs to encourage primary care providers to integrate oral and dental care into their practices, using lots of promotions to get that message out. Medicaid has looked at the concept of dental home nationwide, but an appropriate model has not been identified that provides performance measures for primary dental services in a medical home setting. As a starting point, Medicaid is encouraging managed care plans to improve access to dental care providers for their members. Regarding the perception of pediatricians' willingness to assume dental duties, Heather indicated that pediatricians would be willing if the system can reimburse them.
- In the area of performance improvement projects required of managed care organizations, Medicaid has seen some positive potential in a project related to obesity. Next is a project aimed at making sure social-behavioral-developmental issues identified at a child's periodic wellness visit receive appropriate referral and follow up. Looking ahead, a project involving parent education and guidance may be a possibility. The managed care organizations provide some very good educational materials to families at health fairs etc.

Discussion:

- The recommendation was shared that the expansion of medical home approaches and the potential to provide preventive care shouldn't stop at dentists, but also look at preventive services that are provided by dental hygienists.
- Public health and community health providers such as school nurses, dental hygienists, and trained home visitors, and community health workers work in community and homes, non-clinical settings. These providers can be a valuable resource in fighting obesity and oral infection, and meeting the needs of children with special needs. Medicaid plays an important role in recognizing these providers and their contributions to the health care system for Nebraskans.

Revising and Adopting the Updated Work Plan: Kathy Karsting asked members to review the work plan and provide insights regarding other opportunities. Consensus was reached as follows:

- **Strategy #1: Implement and sustain the dental/medical home as a standard of care.**

Discussion: Note in **1.2b** that Nebraska Medicaid has a working set of standards available, developed for the medical home pilot project.

- **Strategy #2: Promote the development of infrastructure and systems to assure access to preventive oral health care for young children.**

Discussion:

Related to **2.1**, discussion on trauma-informed care practices for dental providers. What is this? Brief discussion led to the possibility of finding a resource professional to talk with the group about this.

Re: **2.1c**, several activities are occurring involving local public health departments in Nebraska and dental health services and promotion. Mentioned were a train-the-trainer project between the College of Dentistry and LPHDs, and sealant programs for young children in schools. Also in schools, school-based health centers are positioned to provide dental care. Federally-qualified health centers also noted as sources of public dental care.

Related to **2.3**, discussion about the potential for work group members to be actively involved in developing and promoting oral health preventive care messaging with Managed Care Organizations (Jessica Ball, Dr. Craft, and Dannie Elwood).

Also discussed related to Strategy 2: would families be served by a resource inventory of dental services in the state? Does this already exist but is not used? Is a resource needed: “finding a dental home in your community,”

Early Childhood Comprehensive Systems Update – Tiffany Mullison

- Early Childhood Interagency Coordinating Council (ECICC): Report to the Governor is in the final draft phase. Recommendations include home visitors, role of childcare health consultants, and step up to quality initiative.
- Toxic Stress Messaging project: To be available in DVD and online, the project provides information for home visitors, early childhood professionals, foster care workers, and families about toxic stress and effects on brain development.
- Toxic Stress Steering Committee: A state-level steering committee is being formed to work on a strategic plan for preventing and mitigating toxic stress, using a collective impact framework.

Member Sharing

- Jessica Ball, Office of Oral Health, reported on an RFA issued for a 10 month project, open to 15 agencies with preschool and daycare centers focusing on children from 1 to 10; and a project with UNMC to train hygienists to serve residents in long-term care settings.
- Dannie Elwood, Medicaid: Transitions of dental care into managed care will involve education with members to maintain a continuum of care. Medicaid holds quarterly meetings with MCOs, next one in December. This would be a great venue for discussion from work group members. Jessica nominated Dr. Kraft as a good member to be communication lead.
- Kathy Karsting shared that the Nebraska home visiting program has been working with UNMC to provide training on trauma-informed care to home visitors. The trainer for this project might be a person to invite to speak with the work group.

Next Meeting – Kathy Karsting: *November 13th, 2014*

Meetings 2015: 2nd Thursday - January 8, March 12, May 7, July 9, September 10, and November 12.

The meeting was adjourned with thanks to all for attending and participating.