



## **"PREDICT" INFORMATION FOR COMMUNITY PARTNERS**

### ***What is PREDICT?***

PREDICT is a quality improvement project designed to dramatically improve dental access while reducing dental disease and dental care costs. PREDICT stands for Population Centered, Risk-Based, Evidence-Based, Dental Inter-Professional Care Team. The target population for PREDICT is low-income children under age 21 and pregnant women (up to 2 months post-delivery). The goal is to manage dental care for this population in community settings and also change payment systems for dental care providers. The PREDICT model is being implemented in 7 "test" counties where there is potential to impact more than 40,000 lives. These counties were selected at random and include: Coos, Deschutes, Douglas, Jackson-Josephine, Klamath, Morrow and Wasco. Results will be compared with 7 "control" counties: Crook, Curry, Grant, Jefferson, Lake, Lincoln and Umatilla. Advantage Dental Services, LLC (Advantage) will provide the dental care and referral for treatment for PREDICT.

### ***Managing Care in Community Settings***

PREDICT patients will be seen by an Expanded Practice Dental Hygienist (EPDH) and receive an oral health risk assessment in community settings such as WICs, Head Starts, schools, and other community sites. The risk assessment will place patients in one of three risk categories: low, moderate and high. Based on risk classification, patients will then receive preventive treatment, disease management and/or cavities stabilization services that align with the assigned risk category. Dental services will include silver fluoride, betadine/fluoride varnish, sealants and glass ionomer temporary restorations. Disease management services will be provided up to four times per year in the same community settings. The goal is to manage the dental care needs of the target population in community settings by providing risk-based prevention, intensive case management and dental home referral for treatment.

Patients that are low and moderate risk will be referred for treatment based on the outcome of their screening and will be referred to their Primary Care Dentist (PCD) once per year. Patients that are high risk will be referred to their PCD for treatment based on the outcome of their assessment and will see an EPDH up to four times per year in the community setting.

### ***Data Collection and Continuity of Care***

Advantage case management will work with the PCD's office to schedule treatment for patients enrolled with Advantage insurance. Medicaid patients who are not enrolled with Advantage will be referred to their dental plan via the assigned CCO. Uninsured patients will be referred to a local collaborating entity

**BETTER CARE • BETTER ACCESS • BETTER VALUE**

442 SW Umatilla Ave., Suite 200 • Redmond, OR 97756 • p 888.468.0022 • f 866.268.9618

[www.AdvantageDental.com](http://www.AdvantageDental.com)



(i.e. Neighborhood Dentist Program or a Federally Qualified Health Center (FQHC)). Patients with private insurance will be referred back to their PCD.

All records of dental services performed in community settings will be entered into Advantage's cloud-based Electronic Health Record System, ADIN (Advanced Dental Information Network). By recording claims services in ADIN, Advantage is able to bill Medicaid and make appropriate referrals for treatment. If the patient is enrolled with Advantage, the system will send an email notification to the patient's PCD letting the practice know that the member has been seen and the services the patient received. Claims for non-Advantage Medicaid patients will be submitted to capture the encounter data. There will be no claims submitted for non-Medicaid members seen.

The expectation is that most patients will be seen in community settings by Advantage EPDHs. EPDHs will use clinical algorithms built into ADIN to determine which treatments patients receive based on risk level. It is anticipated that most of the target population will be low risk and receive no preventive treatments, but will receive toothbrush kits and preventative messaging. In addition to toothbrush kits and preventative messaging, moderate or high-risk patients will also receive silver fluoride, betadine/fluoride varnish, sealants and glass ionomer temporary restorations based on need\*. Recall intervals in the community settings will vary by risk level.

### ***Alternative Payment Model***

Quarterly performance benchmarks will be established and tied to incentive payments for those providers in test counties. Quarterly benchmarks are cumulative over a 2-year period, and will be raised quarterly to incentivize ongoing participation by the PCDs and EPDHs (table below). Starting in Spring 2016, PCDs will receive incentive payments if at least 20% of all the assigned members in the target population receive at least one dental service annually and 20% those referred from community settings to the PCDs by the EPDHs are seen within 60 days. Data will be reported monthly and payments made quarterly.

### ***Metrics***

The table below lists the required levels by quarter for the first 2 years. All of the measures count both members seen in community settings and by Advantage PCDs, although the expectation is that most will be seen in community settings. PCDs and Advantage staff will receive performance reports monthly. *The incentives are additive each quarter.* That is, the counts in Q1 are also included in Q2, etcetera.

**BETTER CARE • BETTER ACCESS • BETTER VALUE**

442 SW Umatilla Ave., Suite 200 • Redmond, OR 97756 • p 888.468.0022 • f 866.268.9618

[www.AdvantageDental.com](http://www.AdvantageDental.com)



Metric	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8
1. Provide at least one dental service annually	20%	30%	40%	50%	60%	70%	75%	80%
2. Provide topical fluoride treatment twice yearly to all continuously enrolled and screened moderate risk children (ASTDD code 0, CDT D0602).	0%	0%	0%	0%	50%	60%	70%	80%
3. Provide dentist care to continuously enrolled screened high risk children with early (ASTDD 1B) or urgent dental care needs (ASTDD 2) within 60 days.	20%	30%	40%	50%	60%	70%	75%	80%

**Key References for Clinical Approach (available on request, contact Sharity Ludwig):**

- Substitution of silver diamine fluoride topical treatment of permanent molars instead of routine use of fissure sealants: Llodra JC et al. Efficacy of silver diamine fluoride for caries reduction in primary teeth and first permanent molars. J Dent Res 2005; 84:721-724.
- Efficacy of twice yearly silver diamine fluoride to stabilize (arrest) decay and prevent new lesions: Horst JA et al. UCSF protocol for caries arrest using silver diamine fluoride: Rationale, indications, and consent. J Calif Dent Assoc. (in press to appear in Fall, 2015).
- Efficacy of povidone iodine with sodium fluoride varnish: Milgrom PM et al. Topical iodine and fluoride varnish effectiveness in the primary dentition: A quasi-experimental study. J Dent Child 2011;78(3): 143-7.

**Who is in Charge?**

ADS Administration has overall responsibility for this quality improvement project. Sharity Ludwig, Director of Community Dental Programs, has responsibility for delivery system changes. Jeanne Dysert, Chief Operating Officer, has responsibility for incentives.

**Who is Evaluating the Project?** The University of Washington is evaluating the project. The results of the project will be made available to all members of the Advantage Community. The results will be published regardless of the outcome.

**How can I get More Information?** Contact Sharity Ludwig, [SharityL@advantagedental.com](mailto:SharityL@advantagedental.com)

\*Sealants will be placed, regardless of risk in intervention counties, on 1<sup>st</sup> and 2<sup>nd</sup> graders consistent with the Oregon Health Authority's Sealant program.

**BETTER CARE • BETTER ACCESS • BETTER VALUE**

442 SW Umatilla Ave., Suite 200 • Redmond, OR 97756 • p 888.468.0022 • f 866.268.9618

[www.AdvantageDental.com](http://www.AdvantageDental.com)