

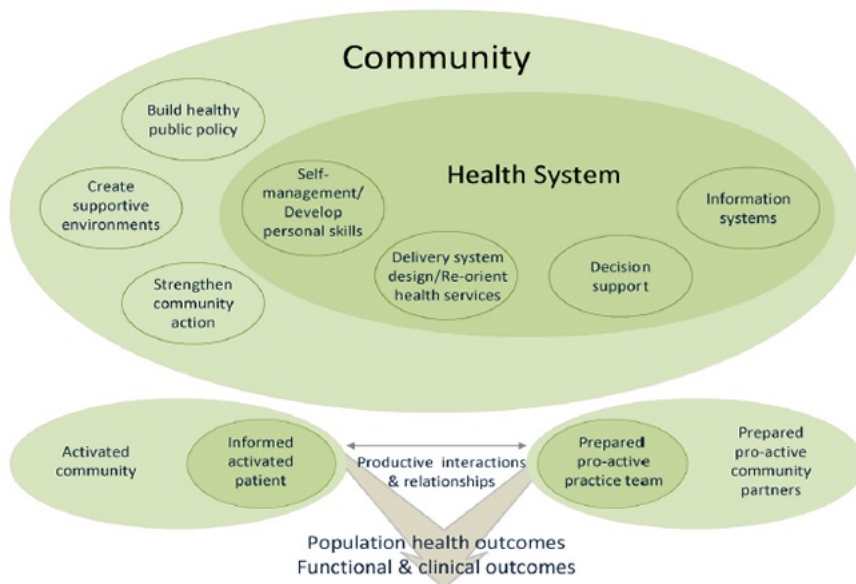
White Paper Response: Paving the Way to a Healthier Louisiana: Advancing Medicaid Managed Care Future Vision and Policy Considerations for Public Engagement

Submitter: Nicholas G. Mosca, DDS, DrPH
Past President, American Association of Public Health Dentistry
Resident of New Orleans

Below are comments to inform the development of the new Request for Proposal to advance Medicaid Managed Care in Louisiana. I am currently employed as Quality Manager at CrescentCare, an FQHC located in New Orleans (regional) that specializes in HIV primary care. My work experience includes serving as state dental director from 2002 to 2010 and STD/HIV office director for 2011 to 2016 for the Mississippi State Department of Health, and ten years as director of hospital dentistry at the University of Mississippi Medical Center.

The RFP provides an opportunity for Louisiana Medicaid to identify MCOs that can develop a multi-disciplinary patient-centered approach to health care delivery, that includes medical-dental integration based on the expanded chronic care model introduced by Barr in 2003.

The Expanded Chronic Care Model:



Expect MCOs to Operate as Innovators to Achieve the Triple Aim

Request for input: Please share recommendations related to how MCOs could offer innovations to reduce program complexity, administrative burden, and unnecessary costs and to improve care and population health in partnership with providers and patients. Please share recommendations related to how the procurement could best advance evidence-based care and meet the Triple Aim.

Response: The MCO should support dental wrap-around services to reduce high costs associated with emergency department visits for dental pain or infection. A review of your claims data should identify the financial impact of adults who use (and re-use) the emergency department to seek care for dental

problems, typically where they can receive palliative care only (e.g., antibiotics and opioids prescription) without definitive treatment to reduce pain or infection. As a result, the cost of care is much higher and provides an opportunity for the MCO to realize cost-savings by reducing ED visits for dental problems. The money saved by averting the ED visit can be used to support the dental wrap-around services. This approach would decrease overall health care system costs and improve health outcomes. I've included links to information about the use of the ED for dental problems and cost-savings to the Medicaid program that can be anticipated. The MCOs should support the need to reduce total health costs and improve quality.

<http://www.dentaquest.com/news-updates/press-releases/2016/study-finds-use-of-hospital-emergency-departments/>

<http://www.mdac.us/pdf/MDAC%20Aggregate%20Report%20Final.pdf>

The MCOs should also consider using a multi-disciplinary, medically-dentally integrated approach to reducing the costs associated with providing dental care to young children under general anesthesia in the operating room. Our current approach to dental care delivery "silos" the medical and dental systems and creates missed opportunities to provide effective evidence-based prevention services for young children. Missed opportunities to prevent disease arguably increases the need to have extensive dental care (e.g., stainless steel crowns, other restorative and extractions) using general anesthesia. A model to consider is the UCLA First 5 LA model, an example of a systems approach to medical-dental integration that achieved cost-savings. In this model, pediatricians can be reimbursed for providing evidenced-based preventive dental services for young children starting at 6 months of age, including caries risk assessments, counseling for parents, and fluoride varnish applications. High-risk children are referred to the dental provider. I am happy to provide more information about this model.

Email - Nicholas.mosca@crescentcare.org

Phone (504) 821-2601, Ext. 523