

Testimony to the Little Hoover Commission  
November 19, 2015

Good morning Commissioners:

I am Dr. Rosa Arzu, Dental Director for AltaMed Health Services Corporation, the largest Federally Qualified Health Center in California and the nation. AltaMed was founded in 1969 and our mission is to eliminate disparities in health care access and outcomes providing superior quality health and human services through an integrated world-class delivery system for Latino, multi-ethnic and underserved communities in Southern California. We serve more than 270,000 patients annually through 46 sites in Los Angeles and Orange Counties. Our services include primary medical and dental care for all life cycles, prenatal care, pediatrics, women's health, health education, treatment and prevention of HIV/AIDS, youth services and geriatrics. We also provide a comprehensive array of preventive services and programs that address obesity and diabetes in our community.

Oral health is linked to overall health, and mounting evidence suggests that addressing gaps in oral health care delivery can help states move toward the Triple Aim goals of improving the patient experience, improving the health of populations, and reducing per-capita health care spending.

Poor oral health—including high rates of tooth decay, missing teeth, and gum disease—and inadequate access to oral healthcare services are persistent problems for low-income populations. This can lead individuals to turn to costly emergency rooms for preventable dental problems. The data shows that in 2010 ER Dental visits cost the healthcare system up to \$2.1 Billion a year. Another barrier to care is that the number of Americans who lack dental insurance outnumbers the population who lack medical insurance by 2.5 times.

Federally Qualified Health Centers (FQHC's) are a key component of the Healthcare safety net and in many ways serve the needs of the underserved populations more effectively and efficiently than for profit providers who are enrolled in Denti-Cal.

We support alignment with the State Dental Director's (Dr. Kumar) Vision and Strategy to focus on Prevention and education at an early age. FQHC's are uniquely positioned to accomplish this as our reimbursement model supports wide scale access to care for the underserved. FQHC's are paid at a per encounter rate, which aggregates the total cost of care across all visits, such that one procedure is not incentivized over another. This is high impact and significant from a Public Health perspective as it allows us to be proactive and focus on prevention and education rather than high reimbursement procedures.

FQHC's are not enrolled in Denti-Cal and are reimbursed by the State Medi-Cal program. As such, we are not bound by the administrative barriers and high costs of claim submission that constrain

Denti-Cal providers. However, our fiscal intermediary requires us to abide by the guidelines in the Denti-Cal Manual of Criteria. Unfortunately, these guidelines do not support compliance to follow evidence based prevention guidelines for high risk patients, Recall for Adults, or Periodontal Maintenance which is a huge barrier to shift the paradigm to reduce oral disease in high risk patients.

As an FQHC, we face our own serious challenges in patient care delivery that are not supported by our current system and need to be addressed:

1. - Referring our patients for procedures that are not included in our scope of services or require Specialty Care that our current model does not allow us to provide.
2. - Limited number of Private Practices and Specialists that are willing to see Denti-Cal patients
3. - Denti-Cal patients have a high no show rate which impacts the sustainability of the program.
4. - Lack of alignment on the guidelines in the Denti-Cal Manual of Criteria with evidenced based protocols to improve oral health and prevent disease.
- 5- The risk of losing the adult benefit again- steep investments and barriers to entry
- 6- Show Rate - Patient Compliance and follow up on self-management goals.

In a Private Practice, in order to maximize revenue a provider is incentivized to see new patients who haven't sought care in a long time and will likely be diagnosed with complex / high fee procedures like root canals and crowns. On a busy day the most likely patients to be cancelled or rescheduled are the recalls and the managed care patients because they don't generate enough additional revenue.

Another challenge to dental providers in private practice is the high cost of investment in infrastructure to provide benefits to low income populations and the constant change in public policy and the State's willingness to consistently fund dental public health. The reality is that they cannot trust the current system to commit long term to providing all required oral health benefits to all populations who need them.

An ideal Health plan would support the following:

- Defined population that supports continuity of Care and a relationship between the provider and the patient.
- Reimbursement tied to performance on process measures that support Access as well as outcome measures that reward Service and Quality. This will put the focus on quality, service and prevention rather than administrative burdens and claim submission.
- Risk Level Stratification – Tie access to patients based on risk level so the people who need to be seen get seen faster.
- Ability to see kids in non-traditional settings – Tele-dentistry and group visits for prevention – education and Integration of Oral Health into Medical Well Child Visits
- Patient compliance / self-management goals aspect - Patients must be incentivized to participate in their own care and practices should be incentivized to support that.

- Create a culture of accountability on Denti-Cal beneficiaries to show to their appointments
- Creating a system to incentivize collaboration between FQHC/Community Clinics and Private Practice to meet the triple aim.

We appreciate the opportunity to share what we do and include some ideas to overcome our daily challenges to improve our health system process and meet our triple aim.

Sincerely,

Rosa E. Arzu DDS  
Dental Director  
AltaMed Health Services Corp.

Some references:

<http://www.nashp.org/oral-health-toolkit/>

[www.chcs.org/media/Adult-Oral-Health-Fact-Sheet\\_21915.pdf](http://www.chcs.org/media/Adult-Oral-Health-Fact-Sheet_21915.pdf).