



CASE STUDY

Controlling Costs by Redirecting Dental Care to Appropriate Care Settings

CareOregon increased the percentage of members receiving follow-up care from **43.6% to 47.1%—or 3.5%** in just two years

CareOregon

CareOregon is a nonprofit that provides health plan services for low-income individuals in Oregon. It aims to improve patient outcomes and community health, emphasizing the importance of collaboration, partnerships, and innovation. To optimize patient wellbeing, CareOregon—and its dental program, CareOregon Dental—takes a holistic approach to patient care, looking at all facets of patient care to help drive better patient outcomes.

The Challenge: Connecting Patients with the Dental Care Needed—*Outside the ED*

For health plans with a large percentage of members with low incomes, providing adequate care for all involved can be costly—especially when many members make the emergency department (ED) the first stop when health problems arise.

[Studies](#) suggest that patients with a low socioeconomic status are twice as likely as more affluent patients to require urgent ED care and four times more likely to require admission to the hospital. In addition, these patients are more likely to return to the hospital post-discharge and require multiple hospitalizations for a given illness.

Statewide observations and statistics had shown that for Oregon, a disproportionate amount of ED visits were also for dental problems—a common challenge when helping members with a low socioeconomic status. In fact, [studies](#) by the American Dental Association show that approximately two million visits to the ED each year are from uninsured and Medicaid patients seeking dental care.

Few EDs are set up to provide adequate dental treatment—leading the patient to be prescribed antibiotics to control a dental infection while the root of the problem goes unresolved. Unsurprisingly, the ADA suggests that [39 percent](#) of these patients return to the ED. And while the problem goes untreated, the costs skyrocket, with the average ED visit for dental pain ranging from [\\$400 to \\$1,500](#) compared to a \$90 to \$200 visit in a dentist's office.

Understanding why these individuals came to the hospital was the first step in creating a plan to help avoid unnecessary ED utilization. For many of the members, the ED may be perceived as a more accessible option than lower acuity care. In other words, these members didn't fully understand the benefits available to them to receive better care.

The Solution: Directing Dental Care and Follow-up Through Care Coordinators

CareOregon implemented Collective Medical, a care collaboration platform set up to send real-time notifications to case managers as members were admitted, discharged, or transferred from the ED. Using the platform, case managers were also able to tag members by diagnoses and sort them into appropriate cohorts to better monitor and address utilization.

With the real-time notifications, care coordinators could follow-up with members shortly after their visit to the ED—navigating the patient to a more appropriate care setting and organizing needed follow-up care. For example, members that presented to the ED with a dental complaint could be directed to an in-network dentist to receive the care needed to address the root of the issue, instead of just being prescribed an analgesic or antibiotic. Alyssa Franzen, DMD, Vice President, Chief Dental Officer, at CareOregon, explains:

“Knowing, in real-time, when our members are in the ED makes these notifications actionable. It’s not three-week-old stale claims data. When we know an individual is in the ED now, we can coordinate together, reach out to the patient, and let them know what resources—like dental benefits—are available to benefit them. All of this is done with the ultimate goal of improving overall health for these members and keeping them out of the ED as much as possible.”

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Outcomes: Reduced ED Utilization and Better Post-Discharge Dental Follow-up

When CareOregon Dental set out to better serve its safety-net population, it started with the simple goal of decreasing the number of people who went to the ED for oral health multiple times. Franzen explains:

“One of the reasons people go to the ED for dental care is lack of benefit awareness. Navigating the provider network can feel overwhelming for these patients, so if we’re able to intervene and help them know where to go for dental care, we stop seeing them return to the ED.”

But a reduction in ED utilization has not been the only thing CareOregon Dental has seen since coordinating care for these patients. CareOregon Dental has also improved the percentage of members receiving appropriate follow-up care from a dentist within 30 days of emergency discharge.

Within just two years, the percentage of members receiving follow-up care has increased 3.5 percentage points from 43.6 percent in 2017 to 47.1 percent in 2019.

As more patients get the care needed, in the most appropriate care settings, not only do patient outcomes improve and readmissions decrease, but care becomes more affordable for both the members and the health plans that support them.

About Collective Medical

Collective Medical provides the nation’s largest and most effective ADT-based network for care collaboration. Our risk-adjusted event notification and care collaboration platform spans across all points of care—including hospitals, payers, behavioral and physical ambulatory, and post-acute settings.

The Collective platform uses the network to identify at-risk, complex patients and share actionable, real-time information with diverse care teams, leading to better care decisions.