

Willamette Dental Opposes HB 2882

Willamette Dental Group (WDG) appreciates the opportunity to comment on to HB 2882. We believe we are uniquely qualified to do so given our qualifications which include:

1. Subcontracted dental plan partner to 11 Coordinated Care Organizations (CCOs)
2. Serving ~85,000 members through these 11 CCO partnerships
3. Two WDG representatives serving on CCO Board of Directors
 - a. One “Layperson”
 - b. One Dentist

WDG does not support HB 2882 as drafted. However, we do believe assuring oral health is incorporated within all CCOs structural hierarchy is critically important.

1. *Foundational*: oral health was unequivocally clarified as a major component of the coordinated care model
2. *Transformational*: oral health is upstream. Oral health is primary care. Oral health is prevention.

Yet, our experience as a partner to 11 CCOs – including two representatives serving in CCO governance – has taught us prescriptive approaches tend to impede not enable transformation. HB 2882 is drafted in a very prescriptive manner; completely foregoing CCO opinion and instead guaranteeing the position to the market share leader dental care organization. For us it’s not about the fact this language would force one of our CCO partners to replace the WDG representative on their Board. Candidly, it’s not about serving in governance roles whatsoever. For us it’s about the intent. What are we trying to achieve? If the answer is transformation – inclusive of oral health – via the coordinated care model, we do not see HB 2882 as the vehicle to achieving those aims for the following reasons:

1. *“CCO structural hierarchy” vs. “Governance”*: Our experience as a partner to 11 CCOs and Board representative for two CCOs (one dentist, one layperson) has taught us the structure underlying the Board of Directors is invaluable. In our opinion, this underlying structure is more important than Governance for achieving transformation – inclusive of oral health – via the coordinated care model.
2. *Governance playbook*: Through governance experience with two CCOs, we believe the community health improvement plan (CHIP) and transformation plan serve as a “playbook” guiding the CCO Board of Directors. Overwhelmingly, the governance discussions and decisions relate, indirectly and/or directly, to these guiding work plans which emanate out of the structural hierarchy underlying the Board of Directors. Again, if the intent of HB 2882 is ensuring oral health’s place within transformation via the coordinated care model, then governance is the symptom, not the root cause.

3. *Prescribing may impede:* We do not believe a prescriptive approach based on subcontractor market share reflects the intent of CCO governance. As it relates to oral health this would effectively remove any notion that CCO governance is community-based; all CCO Board of Directors would be filled by a dental care organization representative, period. Not only does this forego CCOs ability to consider any other type of “oral health representative”, it also means market share leading dental care organizations will be virtually locked into those seats for the foreseeable future.

Ultimately, we believe that oral health should be meaningfully incorporated within the CCO structural hierarchy; however, CCO flexibility must be reasonably afforded to ensure community-based representation. Having said that, we are not suggesting that governance is a linchpin, let alone a mission critical transformational consideration, and by no means a “silver bullet”. Rather, we believe the hierarchal structure underlying the Board, and CHIP and Transformation plans guiding the CCO are the “golden gun.”

Sincerely,

Matt Sinnott
Director of Government Affairs and Contracts
Willamette Dental Group