

## Medical/Dental Integration or Integrated Patient Centered Healthcare

October 18, 2013



# Forces Driving Integrate

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- The Affordable Care Act
- The Nature of Oral Disease
- Financing
- Technology
- Practice Models/ Integrated Patient Centered Healthcare
- Consumerism

# The New Value Proposition

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- From Volume to Value
- Purchasers expect 3 things:
  - improved outcomes
  - reduced cost
  - improved member experience

# The Affordable Care Act

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- Pediatric Dental Included in Essential Benefits
- Can be embedded into Medical Inside Exchange
- Must be offered by Medical Plans to individuals and small groups outside exchange

# Oral Infections Causing More Hospitalizations

- In 2007, Deamonte Driver, a 12-year-old boy in Maryland, died after bacteria from an abscessed tooth spread to his brain. The case drew widespread media attention, and his is the cautionary tale cited whenever politicians and advocates discuss access to oral health care.
- But a new study suggests that deaths from these preventable infections may not be as rare as once thought and that the number of Americans hospitalized with them may be on the rise.
- Studies have shown that dental problems account for hundreds of thousands of emergency room visits each year. The new analysis, published in the September issue of the Journal of Endodontics, focused on patients who had to be hospitalized because of an infection of the tip of the tooth's root, called a periapical abscess. It is a common consequence of untreated tooth decay, and it can be dangerous if it spreads.
- After reviewing national patient data from 2000 to 2008, researchers in Boston found that the people hospitalized for dental abscesses increased by more than 40 percent, to 8,141 in 2008 from 5,757 in 2000. Some 66 patients died after they were hospitalized, according to the new analysis.



# Oral – Systemic Connection

## ■ Good evidence for oral/systemic link

- *Infective endocarditis (8% of cases)*
- *Prosthetic device infection*
- *Diabetes*
- *Oral cancer*
- *Medications we prescribe cause dry mouth*

## ■ Emerging evidence for oral/systemic link

- *Obesity*
- *Coronary artery disease*
- *Lower respiratory disease*
- *Adverse pregnancy outcome (PTL, LBW, preeclampsia)*

# Diabetes

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- Poor glycemic control is associated with a threefold increased risk of having periodontitis in diabetics Vs. controls
- Diabetics with good glycemic control have no significant increased risk of periodontal disease
- Chronic infection (like periodontal disease) complicates glucose control

# Iatrogenic: Xerostomia

- Decreased saliva promotes periodontal disease/ caries
- Many medications reduce salivary flow
  - *steroids*
  - *antihistamines*
  - *diuretics*
  - *antihypertensives*
  - *anticholinergics*
  - *antidepressants*



# The Oral Health Opportunity

- **The right thing:** risk assessment, diet and hygiene counseling
- **Right time:** at wellness visits for adults, children and prenatal
- **Right way:** From primary care team who knows them
- **Right Person:** 30% do not access dental delivery system. Those still without dental disease or do not know that it is preventable
- **Results:** Positive behavior change and self-responsibility

# Smiles for Life

A national oral health curriculum



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## Smiles for Life: A National Oral Health Curriculum <sup>3rd edition</sup>

Smiles for Life is the nation's only comprehensive oral health curriculum. Developed by the Society of Teachers of Family Medicine Group on Oral Health and now in its third edition, this curriculum is designed to enhance the role of primary care clinicians in the promotion of oral health for all age groups through the development and dissemination of high-quality educational resources.

### For Individual Clinicians



We've made it easy for individual physicians, physician assistants, nurse practitioners, students, and other clinicians to access the curriculum and learn on their own time and at their own pace. Each of the courses is available online. Free Continuing Education credit is available.

### For Educators



The curriculum is available in a presentation format easily implemented in an academic setting. Included is a comprehensive set of educational objectives based on the Accreditation Council for Graduate Medical Education (ACGME) competencies, test questions, resources for further learning, oral health web links, an implementation guide, and detailed outlines of the modules.

### Course Quick Links

 Oral-Systemic	<b>Course 1:</b> The Relationship of Oral to Systemic Health
	<b>Course 2:</b> Child Oral Health
	<b>Course 3:</b> Adult Oral Health
	<b>Course 4:</b> Acute Dental Problems
	<b>Course 5:</b> Oral Health & the Pregnant Patient
	<b>Course 6:</b> Caries Risk Assessment, Fluoride Varnish & Counseling
	<b>Course 7:</b> The Oral Examination
	<b>Course 8:</b> Geriatric Oral Health

A Product of:

Endorsed by:

COURSES COMPLETED: 68085



American Academy of Pediatrics  
DEDICATED TO THE HEALTH OF ALL CHILDREN™





## Endorsed By

Smiles for Life is endorsed by the following healthcare organizations who support the role of primary care clinicians in promoting good oral health:

[American Academy of Family Physicians](#)



[American Academy of Pediatrics](#)



[Society of Teachers of Family Medicine](#)



[American Academy of Physician Assistants](#)



[American Dental Association](#)



[Physician Assistant Education Association](#)



[American Association of Public Health Dentistry](#)



[Gerontological Advanced Practice Nurses Association](#)



[American College of Nurse-Midwives](#)



[Association of Faculties of Pediatric Nurse Practitioners](#)



[National Association of Pediatric Nurse Practitioners](#)



[The National Organization of Nurse Practitioner Faculties](#)



[National Association of School Nurses](#)



# Dental Disease Management

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- Caries Management by Risk Assessment (CAMBRA)
- Dental Diseases 100% preventable
- Move from Surgical Intervention to Medical Model of Disease Management
- Children Should be Seen by Age 1

# Crossing Boundaries in Care Delivery

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- Early Childhood Caries Project
- Data Integration Outreach
- Dual Eligibles Project

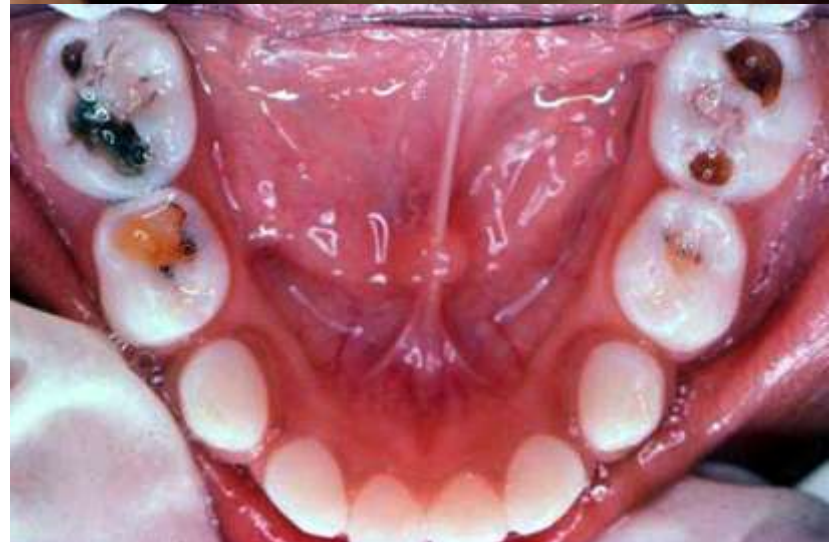
## Early childhood caries: ECC

- The most common chronic disease of children
  - *5 times more common than asthma*
- 44% of children have cavities by age 5
- 45% of child dental claims are for baby teeth
- ECC is a public health crisis!

# Science: Early Childhood Caries

- Caries is a disease, cavities and tooth loss are the consequence
- Vertically transmitted, epidemic
- Preventable
- Sequelae:
  - *Pain*
  - *Impaired chewing and nutrition*
  - *Infection*
  - *Increased caries in permanent dentition*
  - *School/work absences*
  - *Extensive and expensive dental work*

# Early Childhood Caries



Smiles for Life  
A national oral health curriculum

Photos: Donald Greiner DDS MS,  
Joanna Douglass BDS DDS



## ECC treatment

Cost of extensive restoration: \$10,000+ per case



# Child Oral Health Opportunity

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- Most children have access to primary care
- 89% of poor children have a usual source of medical care
- Primary Care Providers have regular, consistent contact with children for checkups and immunizations

# Primary Care Providers Can ...

- Assess risk for oral disease as we do for other conditions in the Medical Home
- Provide prevention through anticipatory guidance and health behavior change counseling:
  - *Diet*
  - *Oral hygiene – brush when teeth erupt and help till age 6*
- ARREST and REVERSE early disease with fluoride varnish
- Screen for disease that requires referral
- Encourage the age 1 dental visit

# Fluoride Varnish



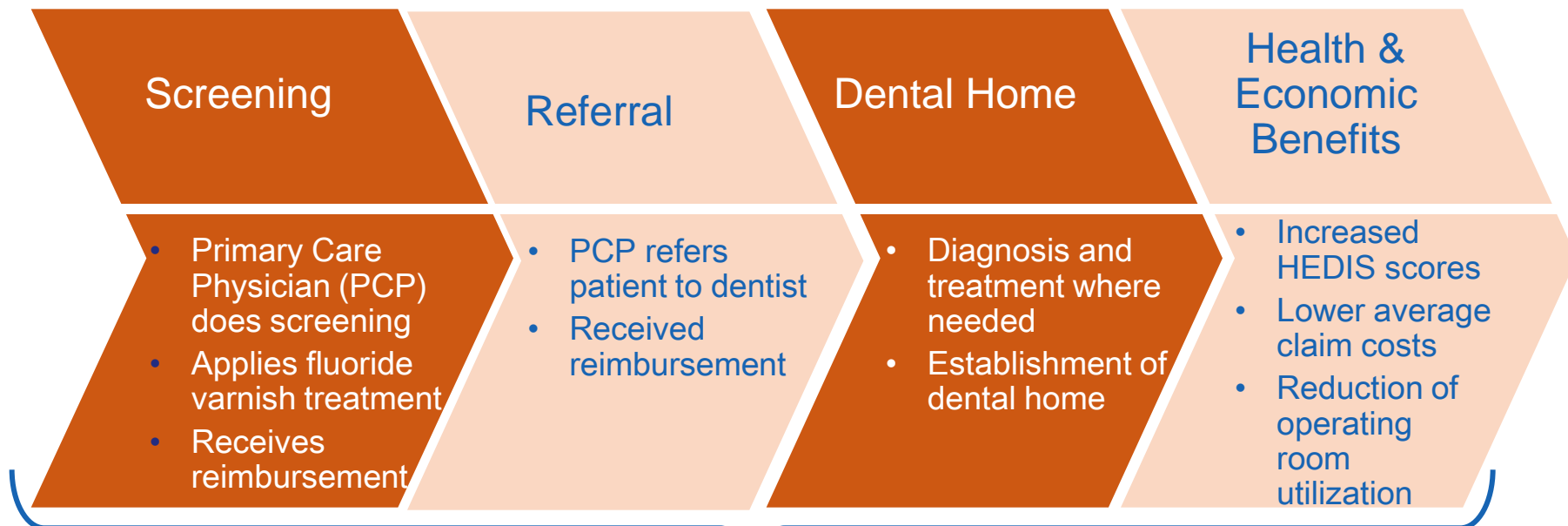
Smiles for Life  
A national oral health curriculum

Photo: ICHOP

- *Easy to apply*
- *Inhibits demineralization*
- *Promotes remineralization*
- *Has anti-bacterial activity*

# Medical/Dental Model for Preventing Early Childhood Caries

## Early Childhood Caries Prevention Program



Health Home

Medical

Dental

# Oral Health of Adults

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## ■ The opportunity:

- *Adults with many chronic diseases see medical providers frequently*
- *Principles of risk assessment, screening and behavior change counseling are fundamental to primary care clinicians*

# Periodontal Disease

- Chronic plaque at gumline
  - *Bacterial infection*
  - *Inflammation*
- Present in 50% of adults
- Can start in teen years
- Smoking a major risk
- Prevention:
  - *good oral hygiene*
  - *brushing and flossing*
  - *avoid tobacco*



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# Medical Dental Data Integration

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- Identify high risk population such as diabetics, pregnant mom
- Determine if dental (periodontal care) has been rendered
- Provide outreach/additional benefits
- Measure results



# The Power of Data Integration- Outreach: Helping people live their lives to the fullest

## “At Risk” Members



- Using the medical, pharmacy and dental claims data, identify at-risk patients with a history of **Coronary Artery Disease** or **Diabetes** who have not been in to see a dentist
- **Identify pregnant mothers or young children who have hx of decay or have not seen a dentist**

## Targeted Outreach



- At risk members are contacted via IVR
- Members are given information about the link between oral health and overall health, asked a series of questions, and are encouraged to visit their dentist soon
- This is an ongoing process not just a 1x outreach

## Influence Behavior



- Monitor member behavior changes via claim activity, tracking those who have gone to the dentist
- Analyze types of services being delivered
- Follow-up reach out if no claims are received
- Adjust communication and education methods based on results to continuously improve engagement

## Quality Benefits



- **Dental plans** include **robust coverage** for exams, cleanings, fluoride, sealants and periodontal care
- **Expanded coverage for expectant mothers** in their 2<sup>nd</sup> and 3<sup>rd</sup> trimesters

Engaging “at risk” members not actively seeking care and encouraging them to change behavior may improve health outcomes

# Traditional Dental Benefits

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- Employer based/ stand-a-lone
  - separate code set (CDT)
  - one size fits all
  - incentives for procedures
  - based on historic norms

## Innovative Approaches to Oral Health Care Delivery for the Dual Eligible Population



# Vision

- A service delivery and payment model that will allow for full coordination of dental care and case management for dual eligibles that will reduce costs and improve health outcomes.



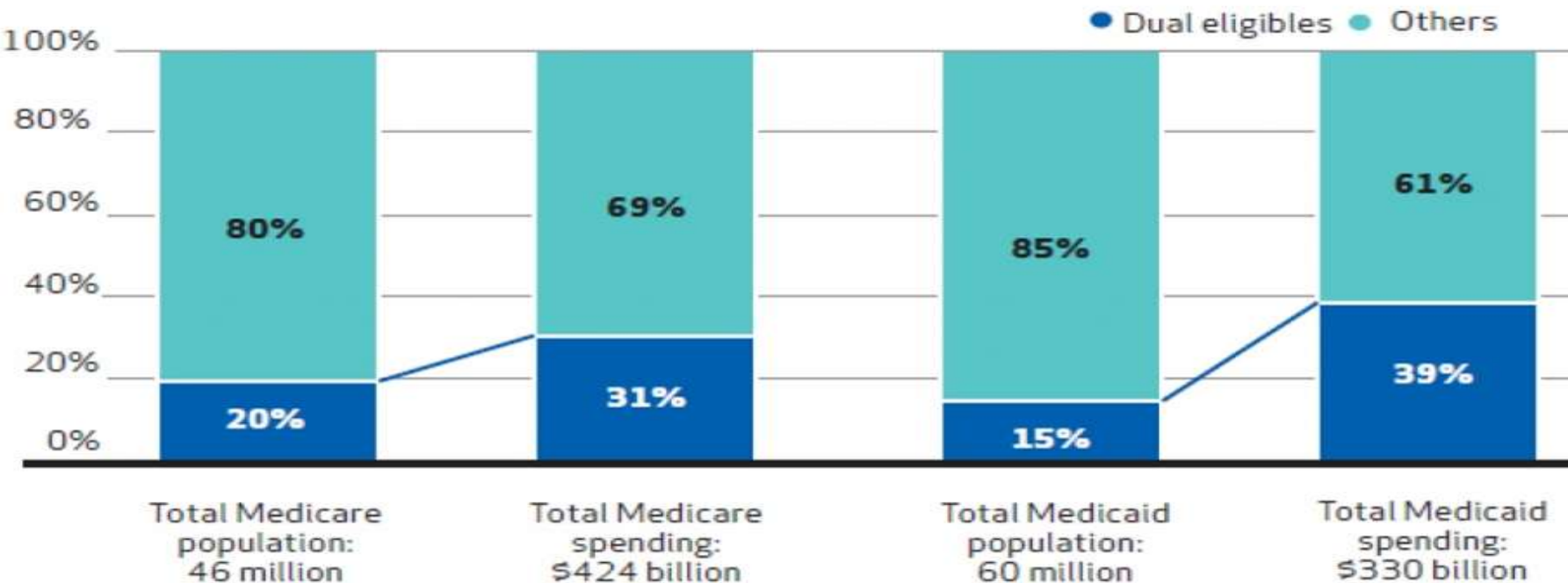
# The Challenge

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The Centers for Medicare and Medicaid Services recently noted, “Except in a very small number of specialized plans covering only about 120,000 of the 9.2 million dual eligibles, people do not have a team of caregivers that direct and manage their care across Medicaid and Medicare and states do not have access to information about the care delivered across the two programs.”

- Almost 9 million people are dually eligible for Medicare and Medicaid in the United States, two-thirds are people age 65 or older the remaining are disabled adults.
- Many of these individuals are in poor health and have complex care needs that account for a disproportionate share of Medicare and Medicaid spending.
- Lack of incentives for care coordination under separate federal and state fee-for-service payment systems .
- Fragmented and unnecessary services as well as suboptimal patient and family experiences.

## Dual-Eligible Beneficiaries: Enrollment and Spending in Medicare and Medicaid, 2008



**SOURCES** Kaiser Family Foundation analysis of the Centers for Medicare and Medicaid Services (CMS) Medicare Current Beneficiary Survey Cost and Use File, 2008; Kaiser Commission on Medicaid and the Uninsured and Urban Institute estimates based on data from fiscal year 2008 Medicaid Statistical Information System and CMS Form 64.

In 2008 dual eligibles constituted 20 percent of Medicare beneficiaries and accounted for 31 percent of Medicare spending. Dual eligibles account for just 15 percent of Medicaid beneficiaries but 39 percent of Medicaid spending.

# Key Opportunity for Medical/ Dental Integration

## Methods of Integrating Dental Care for Dual Eligibles

<b>Virtual integration</b>	Utilize electronic medical record technology through shared portal to allow medical and dental providers to access and edit a single set of records for a given patient giving each provider a full understanding of a patient's history.
<b>Care Coordination</b>	Dental Care Coordinator working with Medical Care Coordinator to provide personalized approach to dental care based on health history.
<b>Care Delivery</b>	Delivering Optimum dental care utilizing traditional dental services, outreach by auxiliary staff as appropriate, integration of mobile delivery
<b>Innovative Benefits</b>	Develop benefits appropriate to the population; maximize use of preventive services and build products into dental service
<b>Caregiver Engagement</b>	Build education and training for nursing home staff as well as caregivers in oral hygiene, nutrition and preventive strategies.

**Source:** Adapted from "Patient Centered Medical-Dental Home Initiatives: A Survey of Current and Future Strategies to Coordinate Care in Rhode Island." Oral Health Commission Safety Net Workgroup. September 2011.

# Pressure to Drive Down Cost

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- All payors want increased value at reduced cost
- Shift to value based payments
- Rise of Accountable Care Organizations (ACO's)
- Rise of Patient Centered Medical Homes
- Inclusion of Dentists will require reimbursement tied to performance



# Electronic Health Records

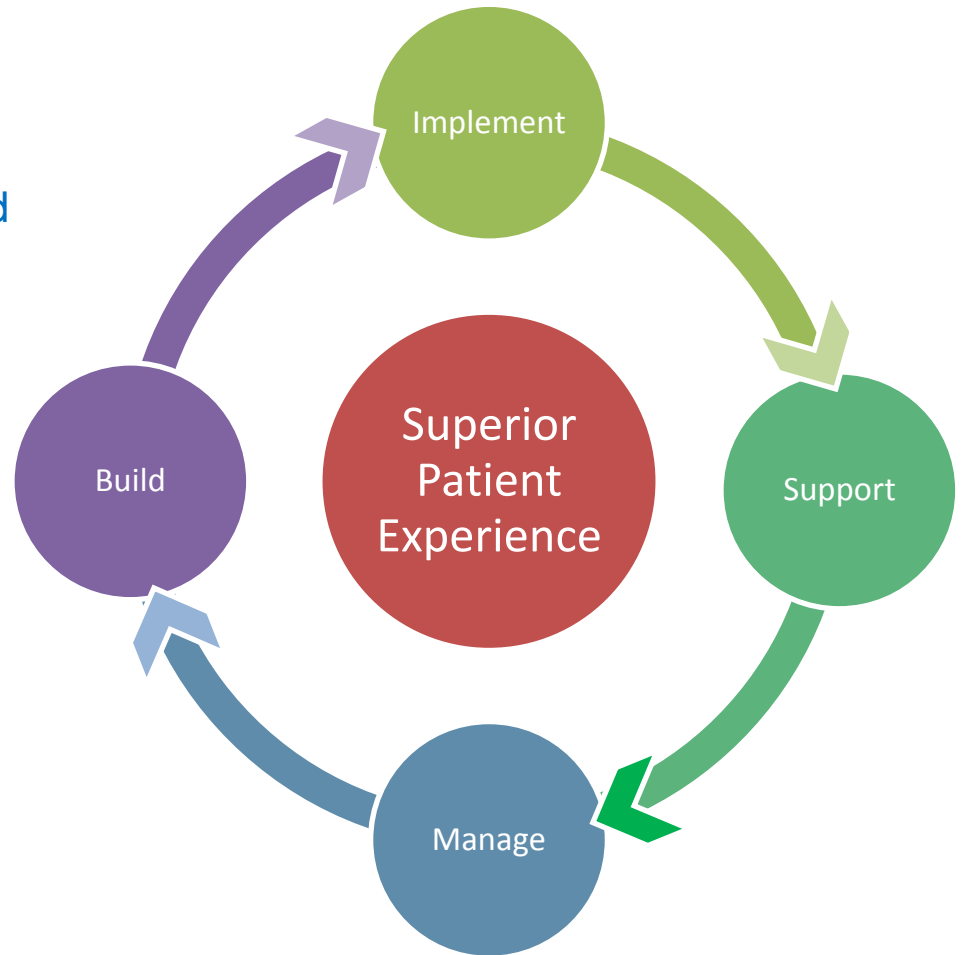
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- All health information patient centered
- Record contains medical, dental, RX, radiology, vision data
- Meant to improve health outcomes
- Decrease redundancy of treatment
- Provide complete health information to provider at right time and place

# A New Way to Deliver Value

## Continuous Clinical Quality Improvement

- Identify gaps in clinical quality
- Develop programs to improve quality and reduce barriers
- Measure results
- Modify/ improve existing programs



# Quality in HealthCare

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- The degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge.

This contains two concepts: measurement and knowledge

*Medicare: A strategy for quality assurance. IOM 1990*

# Congress Mandates Quality Improvement

- The Children's Health Insurance Plan Reauthorization Act of 2009 (CHIPRA), **mandates that quality assessment programs be implemented to assess and improve the quality of care for children** that receive **oral health care** under the Medicaid and CHIPRA programs.
- In 2008 CMS proposed to the American Dental Association (ADA) that a **Dental Quality Alliance** be established to **develop performance measures for oral health care** and that the ADA take a leadership role in its formation.

# Dental Quality Alliance

## Mission

- The mission of the Dental Quality Alliance is to advance performance measurement as a means to improve oral health, patient care and safety through a consensus-building process.

## Objectives

- To identify and develop evidence-based oral health care performance measures and measurement resources.
- To advance the effectiveness and scientific basis of clinical performance measurement and improvement.
- To foster and support professional accountability, transparency, and value in oral health care through the development, implementation and evaluation of performance measurement.

<http://www.ada.org/5105.aspx>

# Proposed Dental Performance Measures

- 1. Use of ER for caries-related reasons-** Percentage of all enrolled children who were seen for caries-related reasons in an ER for 1, 2, 3 or more visits within the reporting year
- 2. Follow-up after Emergency Room Visit-** Percentage of all enrolled children who were seen in the ER for caries-related reasons within the reporting year and visited a dentist within 60 days following the ER visit.

**Rationale:** An estimated 4.1 million ED visits received an International Classification of Diseases, Ninth Edition, Clinical Modification (ICD-9-CM) discharge diagnosis related to dental disease. Dental conditions, primarily from untreated dental caries (tooth decay), are responsible for 35% to 96% of dental ER visits. Dental caries is preventable, and treating the sequelae of dental caries can be time-consuming, costly, and stressful for the child, family, and the dentist. Moreover, ER care for caries-related problems is generally not definitive compared to that provided in primary care dental settings and often results in referral to primary care dental sites.

# Dental Quality Alliance Members

## DENTAL PROFESSIONAL ORGANIZATIONS

- Academy of General Dentistry
- American Academy of Oral & Maxillofacial Pathology
- American Academy of Oral & Maxillofacial Radiology
- American Academy of Pediatric Dentistry
- American Academy of Periodontology
- American Association of Endodontists
- American Association of Oral and Maxillofacial Surgeons
- American Association of Orthodontists
- American Association of Public Health Dentistry
- American College of Prosthodontists
- American Dental Association's Board of Trustees
- American Dental Hygienists' Association
- Council on Access, Prevention, and Interprofessional Relationships (ADA)
- Council on Dental Benefit Programs (ADA)
- Council on Dental Practice (ADA)
- Council on Government Affairs (ADA)

## GOVERNMENT AGENCIES

- Agency for Healthcare Research and Quality
- Centers for Disease Control and Prevention
- Centers for Medicare and Medicaid Services
- Health Resources and Services Administration
- **Medicaid and SCHIP Dental Association**

## DENTAL PLAN ASSOCIATIONS

- America's Health Insurance Plans
- Delta Dental Plan Association
- National Association of Dental Plans

## OTHER MEMBERS

- American Dental Education Association
- American Medical Association
- The Joint Commission
- National Network for Oral Health Access
- Public Member

# Investments in Interprofessional Collaboration

Year	Organization	Amount	State	Program Area
2011	New York University College of Nursing at the College of Dentistry	\$202,030	National	National Interprofessional Initiative on Oral Health
<p>The NYU initiative is engaging current nursing professionals and other schools of nursing across the U.S. to include an oral health preventive focus in educational curricula and practice. The NYU College of Nursing will infuse the curriculum at all levels of nursing education with oral health information and become a replicable model for use across nursing schools throughout the US for best practices for oral health care in nurse-managed primary care settings. As NIOH seeks to primary care professionals, programs such as this NYU initiative strengthen and benefit the provider organizations. As new providers learn to be aware of oral health issues and prevention, new points of access to preventive dental care will become available to underserved populations. The NYU College of Nursing is a national opinion leader and the only nursing college co-located with a college of dentistry.</p>				
2012	New York University College of Nursing at the College of Dentistry	\$312,315	National	National Interprofessional Initiative on Oral Health
<p>With continued funding, the NYU College of Nursing will continue to engage the nursing profession to develop awareness of oral health as a component of overall health and engage nurses to provide basic oral health care services through education and training. In 2012, NYU College of Nursing launched a national Oral Health Nursing Education and Practice initiative at the National Invitational Nursing Summit. The program obtained endorsements of the Smiles for Life Curriculum by three major nursing professional organizations, participated in several convenings as a national oral health thought leader in the nursing profession. In Year 2, NYU College of Nursing will expand its role as a national leader, building on common ground about nurses' roles in advancing interprofessional collaboration to improve oral health. Momentum of this initiative supports a national movement toward the integration of oral health awareness and education within the nursing profession.</p>				
2013	National Commission on Certification of Physician Assistants Foundation	\$166,971	National	National Interprofessional Initiative on Oral Health
<p>Continued support for the nccPA Health Foundation for activities designed to build collective impact in oral health across the PA profession. By focusing on activities that expand physician assistant involvement in oral health through the use of Smiles for Life, this project specifically addresses strategic priorities of the DentaQuest Foundation and the NIOH. This award supports innovative projects that broaden use and implementation of Smiles for Life in preparing clinicians to care for diverse patients. In addition, this award promotes new collaborations across HRSA and health professions research and practice to increase awareness and inform policy on oral health in primary care. The methodology of collective impact and collaboration supports systems-wide interventions to reduce health disparities. This initiative provides an ongoing opportunity to evaluate a change model whereby the profession's leadership and professional organizations work together to address an important public health issue that promotes health and reduces health care disparities.</p>				



# Integrated Patient Centered Healthcare

