



2019 HEALTH
MEETING

JUNE 24-26 | PHOENIX, AZ



Session 99, The Connection Between Oral Health and Medical Outcomes

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Finding Value in Oral Health: Putting Your Money Where Your Mouth Is

June 25, 2019

What is Oral Health?

“A state of being free from chronic mouth and facial pain, oral and throat cancer, oral infection and sores, periodontal (gum) disease, tooth decay, tooth loss, and other diseases and disorders that limit an individual’s capacity in biting, chewing, smiling, speaking, and psychosocial **wellbeing.**”

The World Health Organization (2012)

Oral Health: A Pathway to Whole Person Care



“ORAL HEALTH IS ESSENTIAL TO THE GENERAL HEALTH AND WELL-BEING OF ALL AMERICANS AND CAN BE ACHIEVED BY ALL AMERICANS.”

Oral Health in America: A Report of the Surgeon General (2000)

TOTAL HEALTH AND WELLNESS ARE INEXTRICABLY LINKED TO ORAL HEALTH — IT IS IMPOSSIBLE TO HAVE ONE WITH OUT THE OTHER.

Oral Health Strategic Framework 2014-2017
(US Department of Health and Human Services)

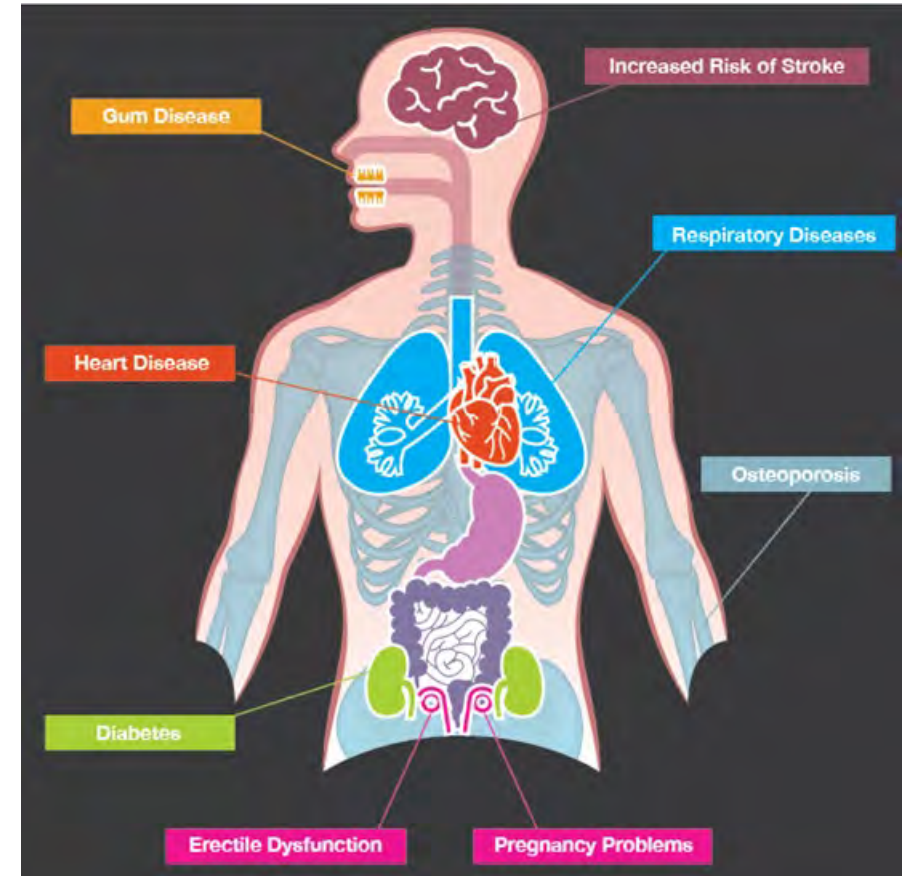
Connecting Oral Health to Whole Person Care

Oral health might contribute to various diseases and conditions, including:

- **Endocarditis**
- **Cardiovascular disease**
- **Pregnancy and birth**

Certain conditions also might affect oral health, including:

- **Diabetes**
- **HIV/AIDS**
- **Osteoporosis**
- **Alzheimer's disease**



WHY are we still struggling with oral health and its effects on our overall health?



- **Access** or getability – who gets it and who doesn't
- **Cost** – across all income levels #1 reason for not getting care
- **Perception** – Perceived as a individual responsibility
- **Social Determinants of Health** – growing
- **Health Equity** – privilege or right?
- **Evidenced-based Connections** – between oral health and overall health are new compared to other chronic diseases
- **Policy** – low priority and high costs

Obstacles to Integration – Whole Person Care

PROVIDERS

- Infrastructure is not interoperable - EMR/EDR
- Payment policies do not address:
 - costs of implementing oral health competencies or
 - provide incentives to health care systems and practitioners
- Lack of inter-professional education/training
- Appointment time crunch
- Workforce
- Separate insurance and billing systems
- Silos

INDIVIDUALS

- Lack of Public Understanding & Awareness
- Lack of transportation and clinic hours of operation
- Regional Shortages of providers
- Inadequacy of public insurance programs
- Cost of care
- Limitations by disabilities or illness
- Absence of Community Programs



Social Determinants of Health

- **Oral Health disparities are profound.**

The system we have only adequately serves a portion of the population because of the way it was designed and built. Providers continue to grapple with meeting the gaps and integrating oral health care with general health services.

- **Health disparities in marginalized populations grow and access becomes increasingly difficult.**

Inequities among low-income, racial/ethnic minority groups, special needs/disabilities, older adults dependent on assisted care. Poor OH higher risk for CV disease, stroke, complications in pregnancy etc. People with visible signs are negatively judged, jobs etc.

Perhaps one of the most specific problems – and one of the most difficult to overcome – with individual and groups at high risk for dental diseases is that many do not seem to be aware that they are at high risk





U.S. Department of Health and Human Services Oral Health Strategic Framework 2014–2017

Optimize the implementation of activities that are planned and underway

Strengthen existing cross-agency collaboration

Identify new avenues for private-public partnerships by creating maximum synergy with other current federal and nonfederal oral health initiatives”

2020 Surgeon General's Report on Oral Health

[Video message from the Surgeon General](#)

<https://www.nidcr.nih.gov/news-events/2020-surgeon-generals-report-oral-health>

“The common thread tying together every state Medicaid program in the country is a push for better integrating the fragmented and uncoordinated silos that have characterized the health care system for many years. Efforts to overhaul the payment incentives to better align with improved health outcomes go hand in hand with the delivery system reforms. Our ultimate goal is to provide more holistic health coverage that better incorporates not just medical, behavioral, pharmaceutical and oral health, but a broad spectrum of social and economic determinants of health as well. But these efforts must be done thoughtfully and must be designed to ensure that we’re creating an environment where patients, providers and payers can succeed, and within budgets that taxpayers have to support.”



- Matt Salo
- **EXECUTIVE DIRECTOR**
- NAMD
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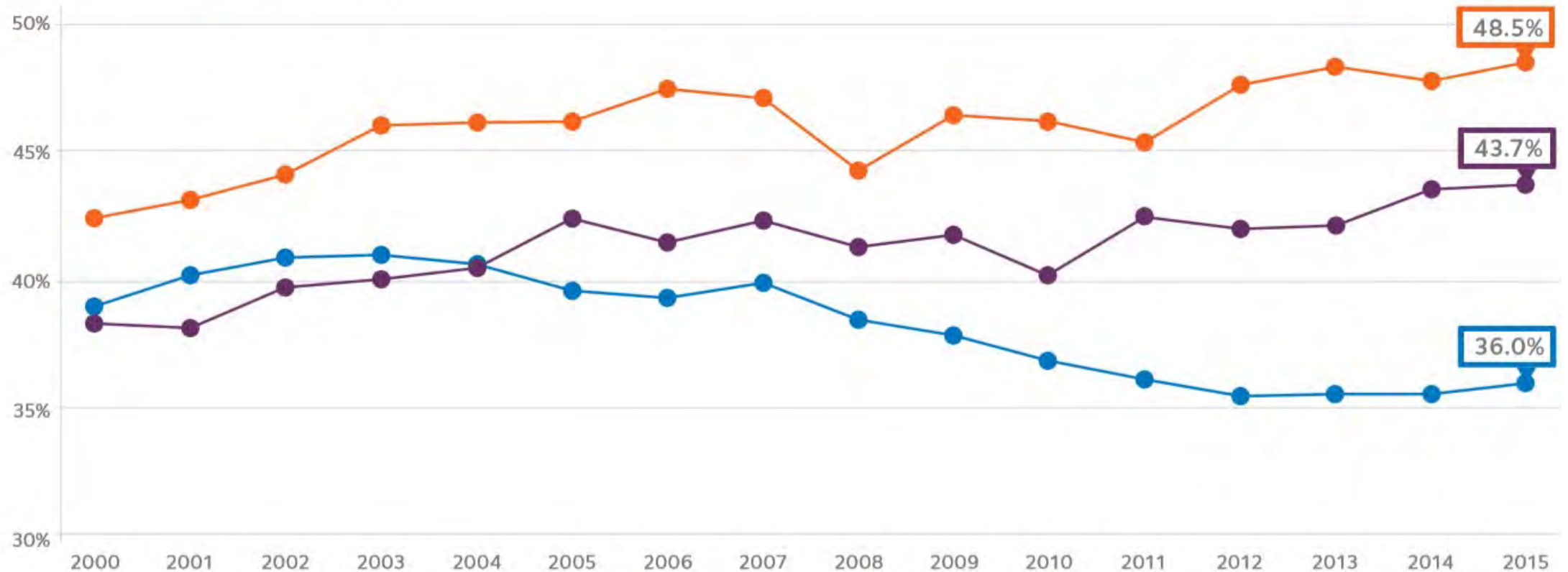
Dental Care Utilization in the US

PERCENTAGE OF POPULATION WHO VISITED A GENERAL DENTIST IN THE PAST 12 MONTHS

● CHILDREN

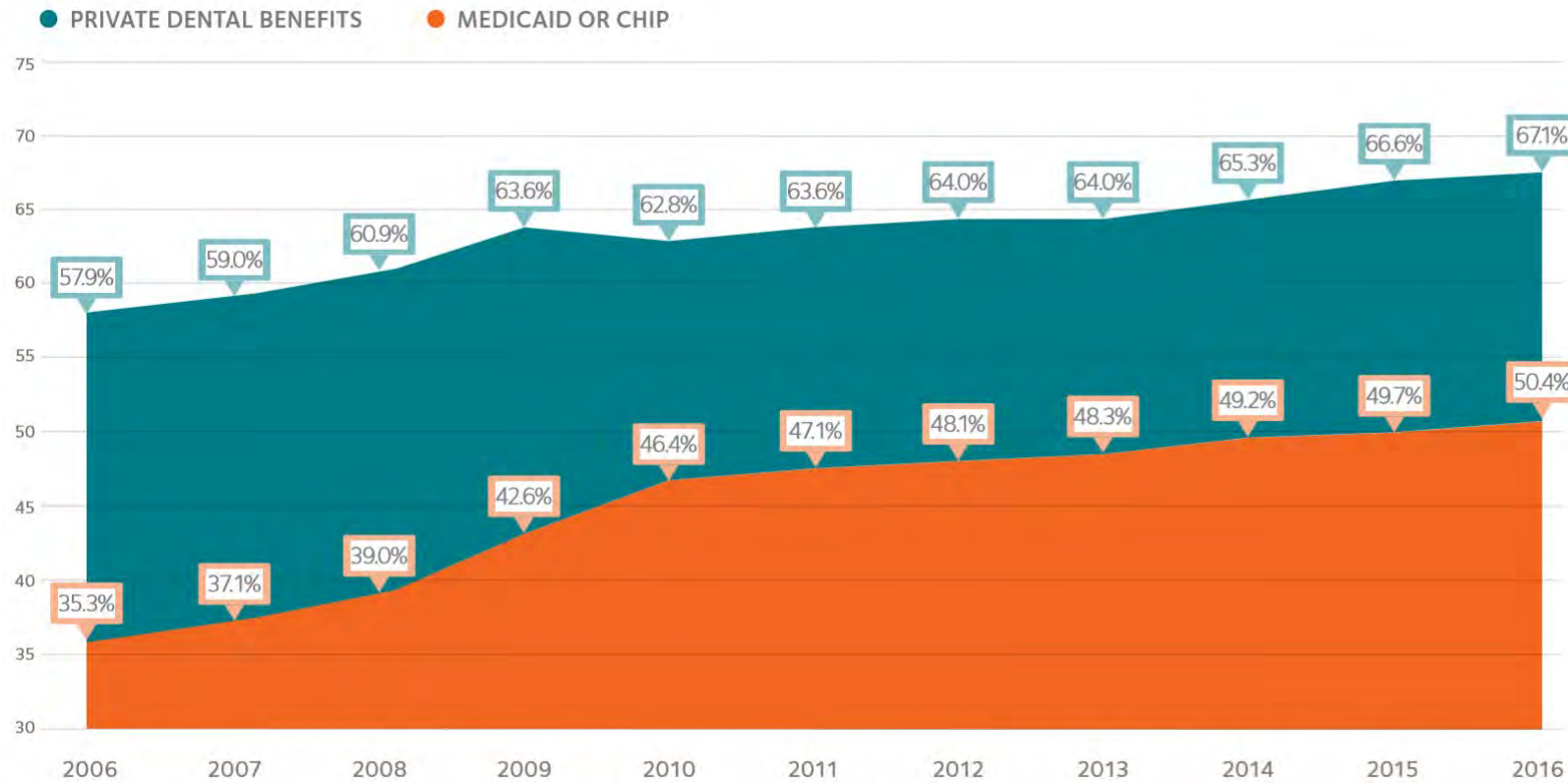
● ADULTS

● SENIORS



Dental Care Use Among Children

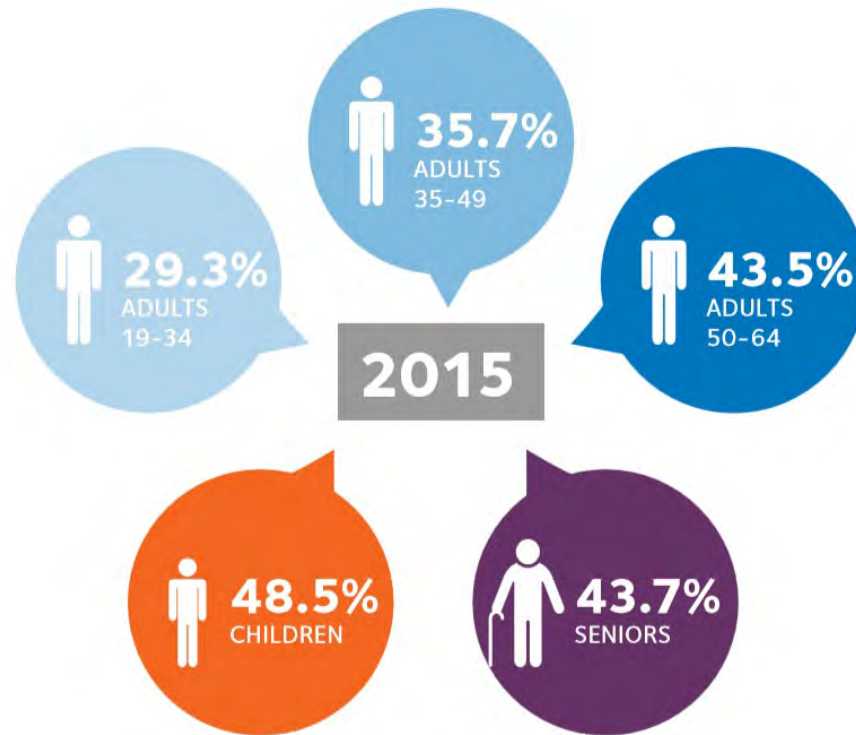
DENTAL CARE USE AMONG CHILDREN, 2006-2016



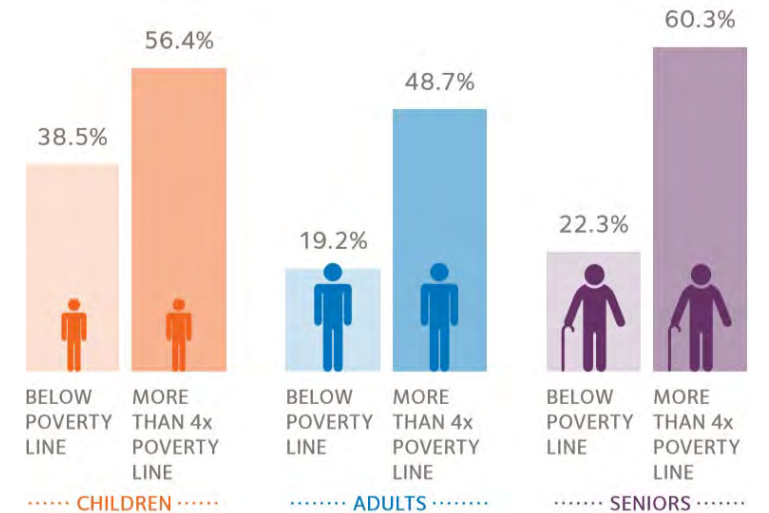
Dental Care Utilization in the US

RECENT INCREASES IN DENTAL CARE USE among children have been driven mainly by gains among children covered by Medicaid and CHIP.

THE GAP IN DENTAL CARE USE between low-income and high-income children has narrowed in recent years. For seniors, it has widened.



PERCENTAGE OF POPULATION WHO VISITED A GENERAL DENTIST IN THE PAST 12 MONTHS – BY POVERTY LEVEL

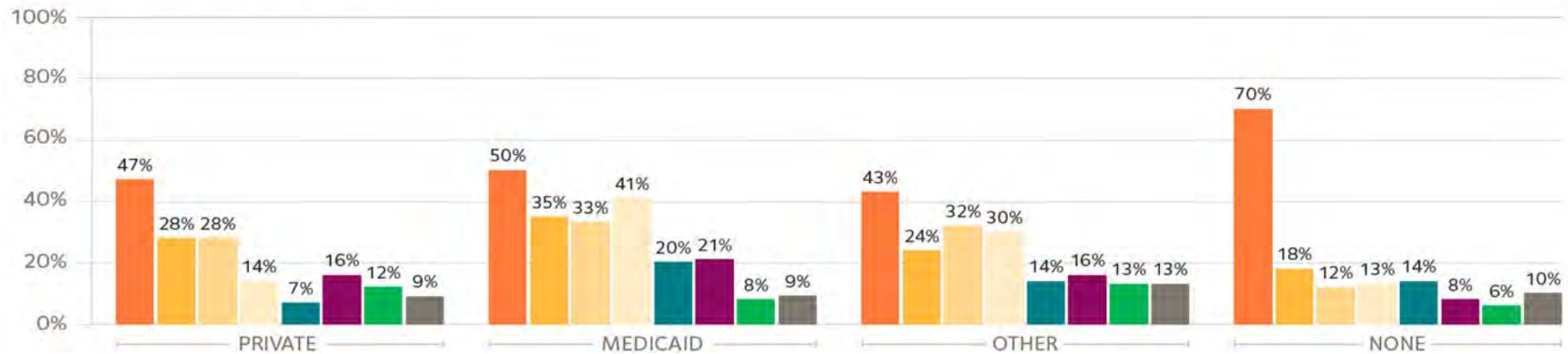


Oral Health and Well-being in the US


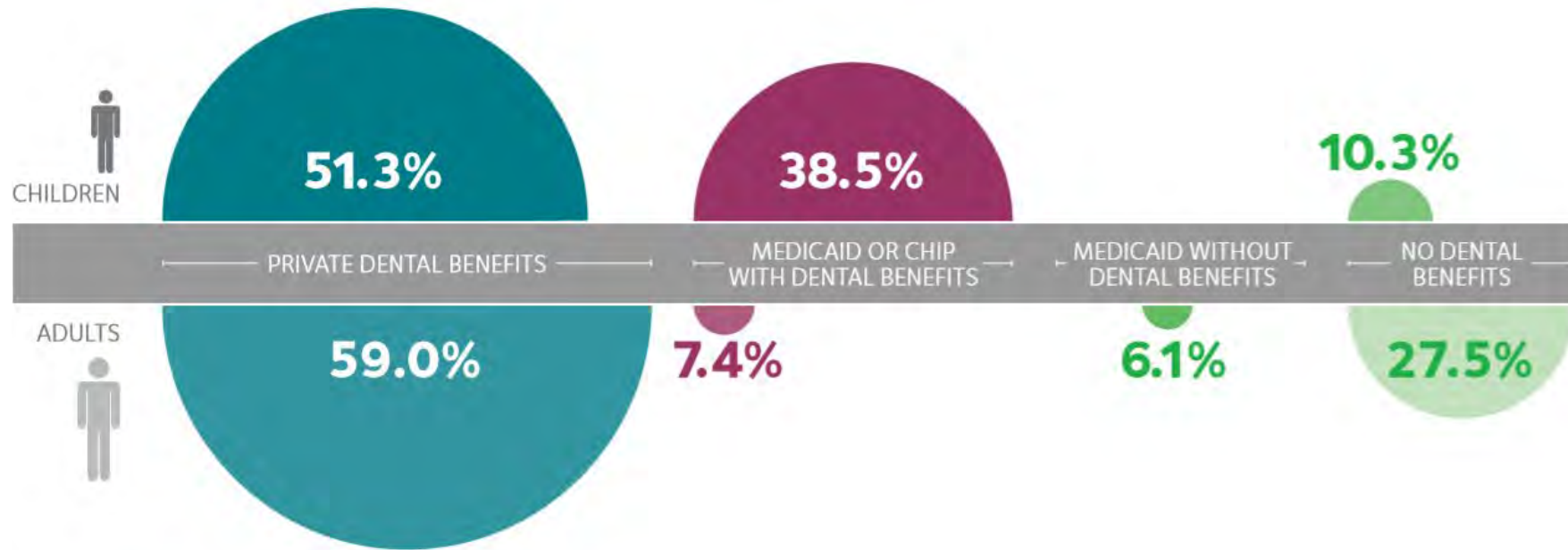
Reasons for Not Visiting the Dentist More Frequently,
 Among Those Without a Visit in the Last 12 Months




Source of Dental Benefits



Dental Benefits Coverage

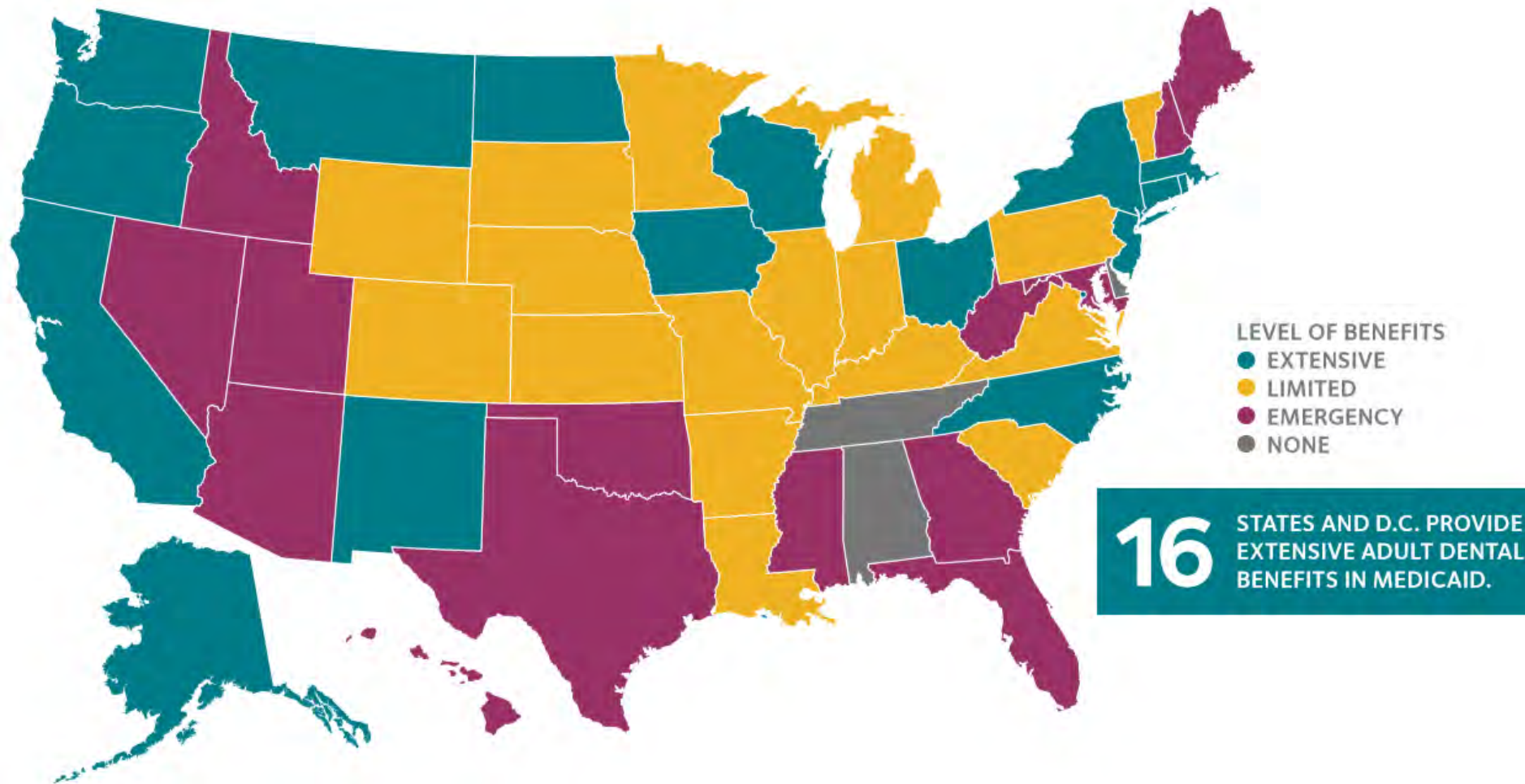


In 2015, **10.3%** of children had no form of dental benefits coverage. This is the **lowest level ever** and down from **15.8%** in 2010.



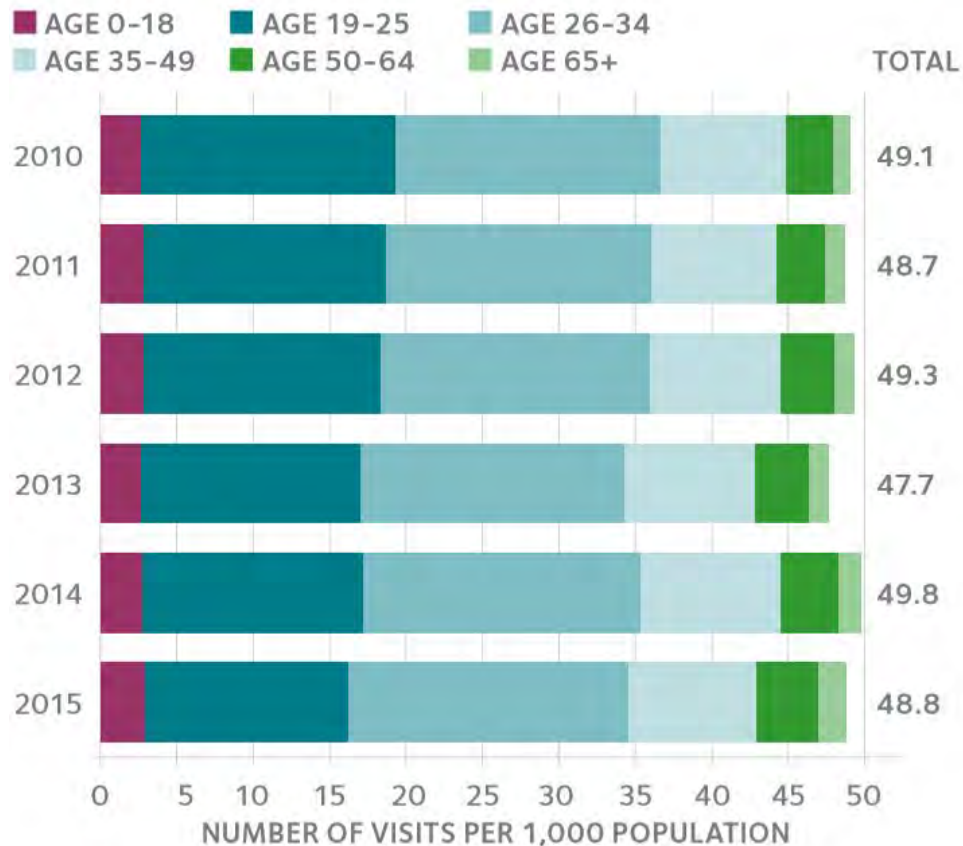
1 in 3 adults have **no form** of dental benefits coverage.

Medicaid Adult Dental Benefit Levels

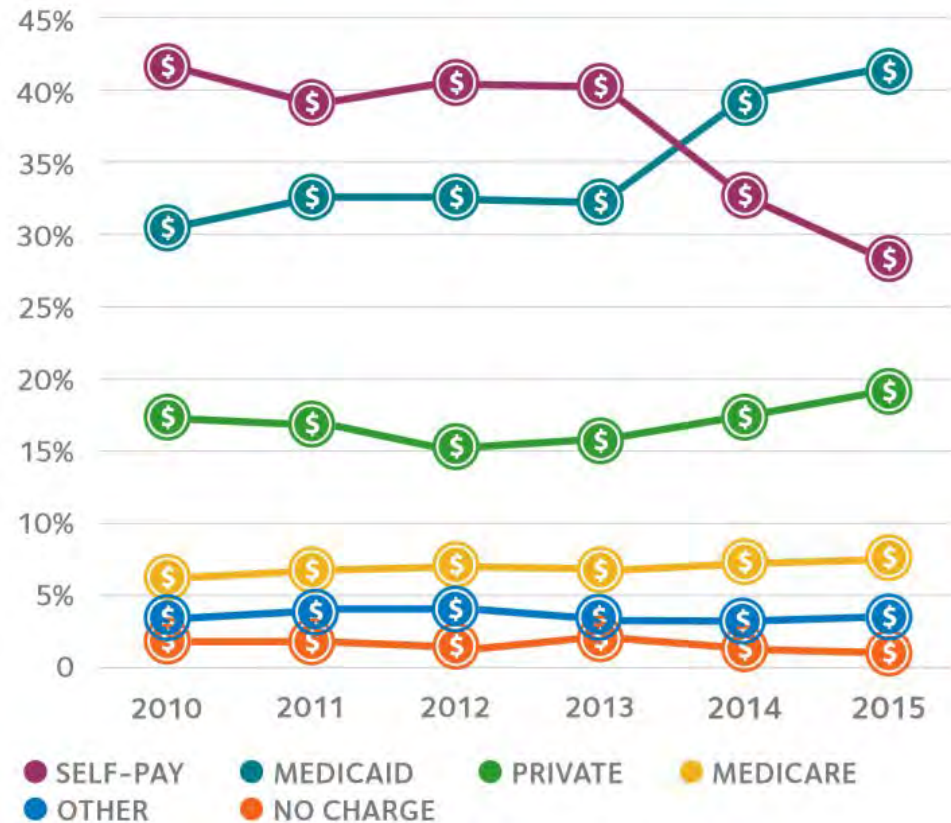


ED Visits for Dental Conditions

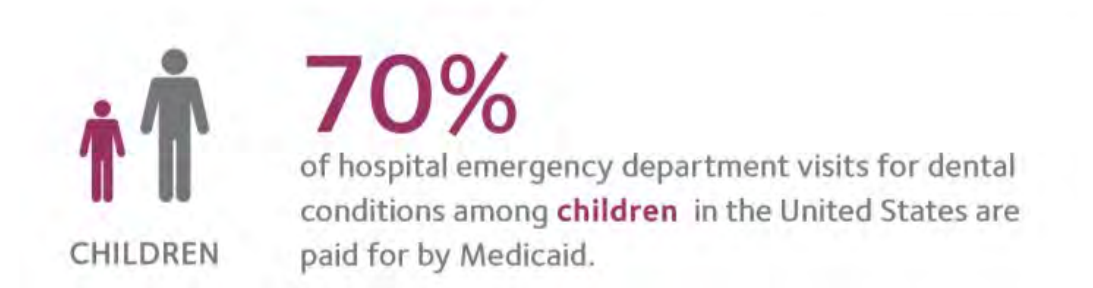
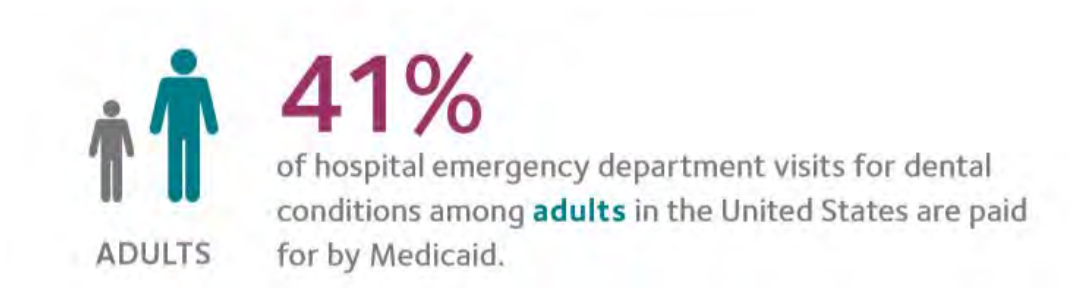
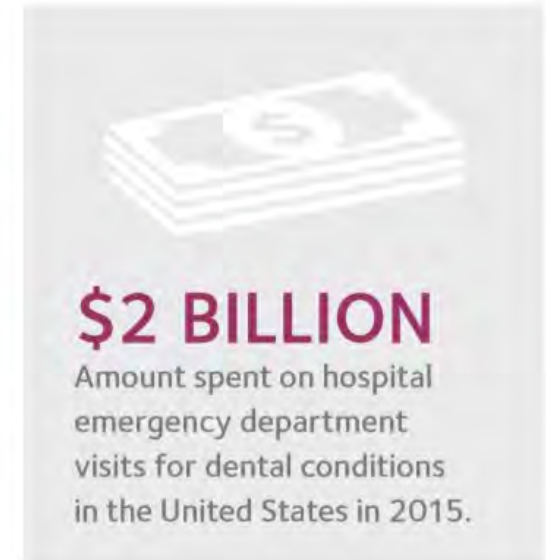
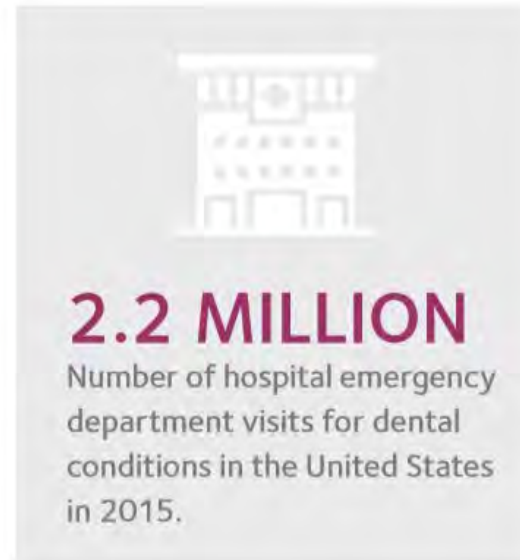
EMERGENCY DEPARTMENT VISITS FOR DENTAL CONDITIONS BY AGE GROUP



EMERGENCY DEPARTMENT VISITS FOR DENTAL CONDITIONS AMONG ADULTS BY PAYER



ED Visits for Dental Conditions



Focused Study: Opioid Overdose Deaths and ED Visits for Dental Conditions in Maryland

- Study Design

- 2010-2016 Data on opioid-related overdose deaths in 24 Maryland counties
- Control variables included: income, health insurance status, type of healthcare provider, and premature death rate

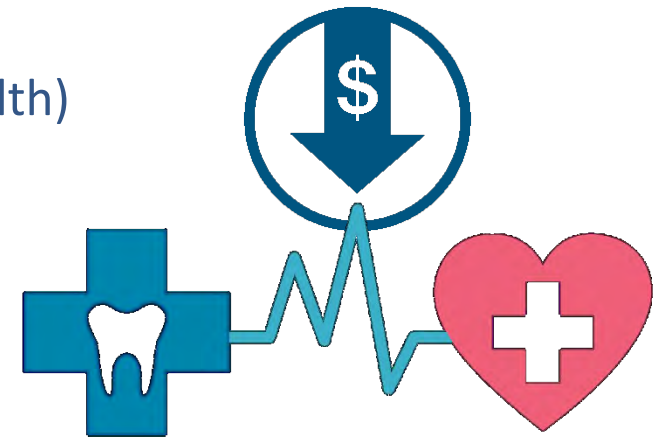
- Conclusions

- The rate of opioid-related overdose deaths increased over time with the use of the ED for dental and oral health conditions in Maryland counties
- This is consistent with recent research findings that demonstrate links between opioid misuse and addiction and associated overdoses through dependence and drug-seeking behavior

DentaQuest[®]
Partnership
for Oral Health Advancement

The Value of Integrating Oral Health into Delivery and Payment Reform Initiatives

- Patient engagement in appropriate access of care
i.e., right place, right time, right provider
- Patient-centered “Whole Person” integrated care
i.e., physical, oral, behavioral, and social health
- Evidenced-based clinical interventions
 - Tobacco Counseling
 - Caries and Periodontal Disease Prevention
 - Education for Pregnant Women (pre-natal and newborn oral health)
- Reduced overall total cost of care
 - Preventive and periodontal services that reduce future costs
 - Early diagnosis and treatment of comorbid conditions
 - Avoidable ED and Rx utilization



Resources (Reports, Whitepapers, Websites)

Oral Health in America: A Report of the Surgeon General (2000)

Health Resources and Services Administration (HRSA.gov)

- 2003 HRSA Call to Action
- 2012 HRSA Oral Health in Primary Care
- 2014 HRSA Integration of Oral Health & Primary Care

Advancing Oral Health (Institute of Medicine, 2010)

Improving Access to Oral Health Care for Vulnerable and Underserved Populations (IOM, 2011)

Oral Health: An Essential Component of Primary Care (Qualis Health, 2015)

Oral Health and Well-Being in the United States (ADA Health Policy Institute, 2015)

National Association of Community Health Centers (NACHC.org)

- Integration of Oral Health with Primary Care in Patient-Centered Medical Homes (NACHC, 2015)

Resources (Reports, Whitepapers, Websites)

Prescription of Opioid Analgesics for Nontraumatic Dental Conditions in Emergency Departments (Drug and Alcohol Dependence, Nov 2015)

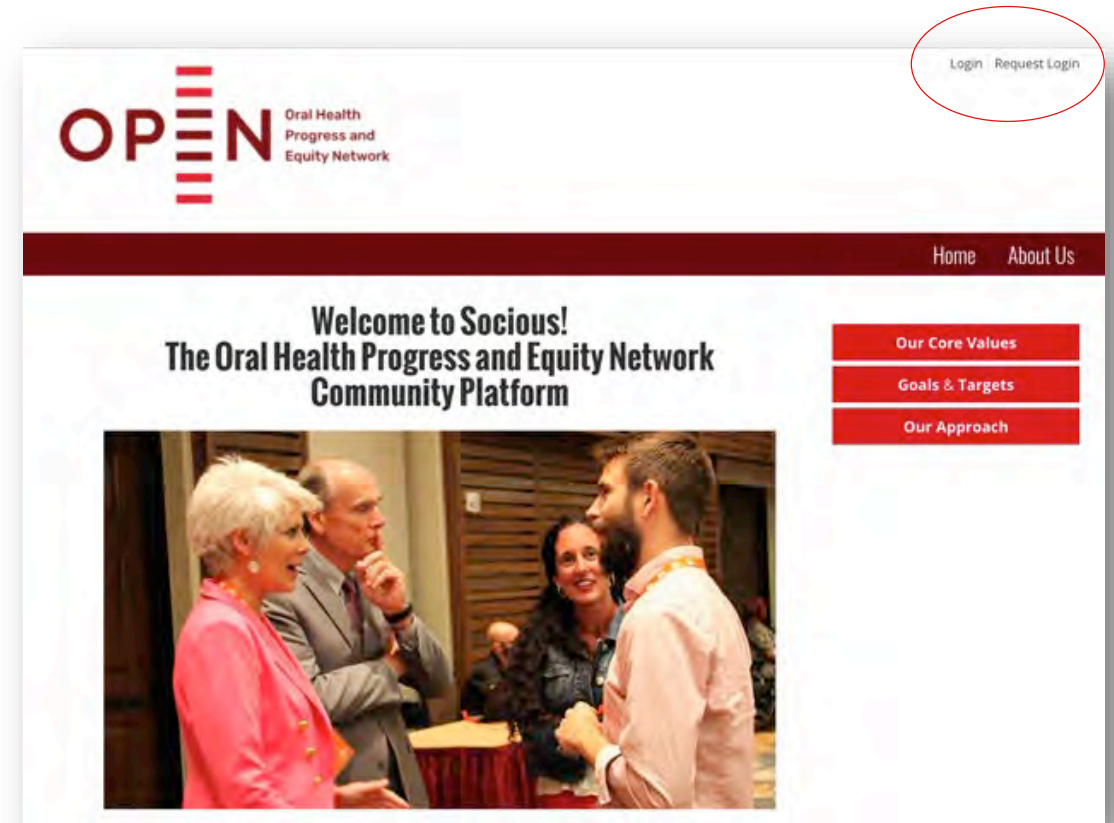
Oral Health and the Triple Aim: Evidence and Strategies to Improve Care and Reduce Costs (National Academy for State Health Policy, 2015)

Estimating the Cost of Introducing a Medicaid Adult Dental Benefit in 22 States (Health Policy Institute, 2016)

State Strategies to Incorporate Oral Health into Medicaid Payment and Delivery Models for People with Chronic Medical Conditions (National Academy for State Health Policy, 2018)

www.oralhealth.network

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Thank You

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