Improving the Oral Health of Seniors and Persons with Disabilities

Our mission is to improve the oral health of all.
Growing Evidence of Oral Health’s Impact on General Health

**U.S. Surgeon General’s Report**

- “Oral health is integral to general health; this report provides important reminders that oral health means more than healthy teeth and that **you cannot be healthy without oral health.**”

- “…studies have demonstrated an association between periodontal diseases and diabetes, cardiovascular disease, stroke, and adverse pregnancy outcomes.”

- “…there are profound and consequential disparities in the oral health of our citizens. Indeed, what amounts to a **silent epidemic of dental and oral diseases** is effecting some population groups.”

**World Health Organization**

- “The interrelationship between oral health and general health is particularly pronounced among older people.”

- Poor oral health can increase the risks to general health and, with compromised chewing and eating abilities, affects nutritional intake.

- Insufficient nutrition may ultimately lead to low immune response.

- Severe periodontal disease is associated with diabetes and HIV infection.”

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*DentaQuest Foundation*
Improving Oral Health for Older Adults...A National Issue

Access to dental care is one of the greatest challenges facing older adults and their care advisors.

Oral care in elderly 'deserves significant attention,' study finds

Lack of access to dental care leads to expensive emergency room care

Dental problems are among the most common health problems experienced by older adults.

Poor oral health can have negative impact on seniors' overall health

Dental care for seniors — a need that goes largely unfilled —

Promoting good oral health for older Americans is not just a matter of personal care and hygiene; it is a critical component of maintaining overall health and well-being throughout the lifespan.
Similar Concerns Exist for Persons with Disabilities

Dental care now represents the number one heath care issue among people with neurodevelopmental disorders. (Dr. Steve Perlman, Global Clinical Director, U.S. Special Olympics/Special Smiles)

PERIODONTAL DISEASE occurs more often and at a younger age in people with developmental disabilities. (National Institute of Dental and Craniofacial Research)

People with developmental disabilities face increased risk of oral health problems (Dentistry IQ)

People with developmental disabilities face increased oral health problems because of a host of physical, cognitive and financial challenges (Journal of American Dental Association)

Research indicates that disabled people, including those with developmental disabilities, experience more disease and are less likely to have access to professional dental services than people without disabilities. (Association of Health Care Journalists)
MOM VIDEO WILL PLAY HERE
Oral Health for Adults: Some Compelling Statistics

- Nearly one-third of adults have untreated tooth decay; one in four adults ages 65 and older have lost all of their teeth.
  - Seniors living in poverty are 61% more likely to have lost all of their teeth than those in higher socioeconomic groups

- 23% of adults over age 65 have not seen a dentist in the last 5 years
  - African-American Seniors: 31%
  - Mexican-American Seniors: 29%

- An estimated 164 million work hours are lost each year due to oral disease

- The most commonly reported individual health-related service not received because of cost is dental care.

Emergency Department Visits for Dental Services Continue to Rise

• An American Dental Association (ADA) analysis found ER dental visits nearly doubled between 2000 and 2010
  – Dental ER visits increased from 2.11 million in 2010 to 2.18 million in 2012.
  – Among adults (21-64), the percentage of ER dental visits paid by Medicaid rose from 27.9% in 2006 to 32.4% in 2012

• In 2012, ED dental visits cost the U.S. health care system $1.6 billion, with an average cost of $749 per visit.

• ADA estimates that diverting ER dental visits could save Maryland’s Medicaid program $4 million annually
Cutting Dental Benefits Leads to Increased Emergency Department (ED) Use

• Removing a comprehensive dental benefit for California Medicaid adults in 2009 resulted in 1,800 additional ED visits annually.

• After adjusting for inflation, the cost of dental ED visits increased by 68% after the policy change.

• California has reinstated most of its Medicaid adult dental benefits.

Source: “Eliminating Medicaid Adult Dental Coverage In California Led To Increased Dental Emergency Visits And Associated Costs;” Singhal, et. al, Health Affairs; May 2015.
Integrating Oral Health & Primary Care Leads to Improved Health and Lower Costs

- **Early Oral Care Saves More**
  - 2012 Cigna study shows medical savings when periodontal conditions are treated

  Average annual savings for those individuals in the study who had proper periodontal treatment

<table>
<thead>
<tr>
<th>Population</th>
<th>Savings*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes</td>
<td>$1,292 or 27.6%</td>
</tr>
<tr>
<td>Heart Disease</td>
<td>$2,183 or 25.4%</td>
</tr>
<tr>
<td>Stroke</td>
<td>$2,831 or 34.7%</td>
</tr>
<tr>
<td><strong>ALL CUSTOMERS</strong></td>
<td><strong>$1,020 or 27.5%</strong></td>
</tr>
</tbody>
</table>

Customers with gum disease receiving appropriate care have:
- 67% lower hospital admission rate
- 54% lower ER rate

Customers receiving proper preventive dental treatment have, on average:
- 12.5% less extractions
- 5.4% less root canals

* Not an underwriting decrement
** All customers regardless of condition

Source: Cigna 2013 National Segment Client Forum
Integrating Oral Health & Primary Care Leads to Improved Health and Lower Costs

**Treating Gum Disease Means Lower Annual Medical Costs**

<table>
<thead>
<tr>
<th>Condition</th>
<th>Annual Cost</th>
<th>Savings</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes</td>
<td>$2,840</td>
<td>$5681</td>
<td>40.9%</td>
</tr>
<tr>
<td>Stroke</td>
<td>$5,681</td>
<td>$1,090</td>
<td>10.7%</td>
</tr>
<tr>
<td>Heart Disease</td>
<td>$2,433</td>
<td>$1,090</td>
<td>73.7%</td>
</tr>
<tr>
<td>Pregnancy</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Significant annual cost savings are possible when individuals with certain chronic diseases (diabetes, cerebral vascular disease, or coronary heart disease), or who were pregnant, received dental treatment for their gum disease, after accounting for the effect of diabetes.

**Treating Gum Disease Reduces Hospital Admissions**

<table>
<thead>
<tr>
<th>Condition</th>
<th>Hospitalization Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes</td>
<td>39.4%</td>
</tr>
<tr>
<td>Stroke</td>
<td>21.2%</td>
</tr>
<tr>
<td>Heart Disease</td>
<td>28.6%</td>
</tr>
</tbody>
</table>

Significant decreases in annual hospitalizations are possible when individuals with certain chronic diseases received treatment for their gum disease, after accounting for the effect of diabetes.

Source: Jeffcoat, M., et. al., “Periodontal Therapy Improves Outcomes in Systemic Conditions.” Abstract, American Association of Dental Research; March 21, 2014
Dental Insurance Plays A Major Role in Accessing Care

Source: Delta Dental Plans Association, “America’s Oral Health;” April, 2010
Access to Publicly Funded Dental Benefits

**Children’s Dental Coverage**
- Mandated benefit under Medicaid (EPSDT)
- Required benefit under Children’s Health Insurance Program (CHIP)
- Included in *Essential Health Benefits* offered in Health Insurance Marketplaces

**Adult Dental Coverage**
- Optional benefit for Medicaid adults
- No Medicare benefit
- Not included in *Essential Health Benefits* offered in Health Insurance Marketplaces
Medicaid Adult Dental Coverage By State

## Categories of Medicaid Adult Dental Benefits

<table>
<thead>
<tr>
<th>Extensive</th>
<th>Limited</th>
</tr>
</thead>
<tbody>
<tr>
<td>A more comprehensive mix of services, including many diagnostic, preventive, and minor and major restorative procedures. It includes benefits that have a per-person annual expenditure cap of at least $1,000. It includes benefits that cover at least 100 procedures out of the approximately 600 recognized procedures per the ADA’s Code on Dental Procedures and Nomenclature.</td>
<td>A limited mix of services, including some diagnostic, preventive, and minor restorative procedures. It includes benefits that have a per-person annual expenditure cap of $1,000 or less. It includes benefits that cover less than 100 procedures out of the approximately 600 recognized procedures per the ADA’s Code on Dental Procedures and Nomenclature.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Emergency</th>
<th>None</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relief of pain and infection. While many services might be available, care may only be delivered under defined emergency situations.</td>
<td>No Dental Benefit</td>
</tr>
</tbody>
</table>
Medicaid & Medicare Beneficiaries Will Make Up Roughly 44% of U.S. Population in 2030

Projected 2030 Total U.S. Population: 359.4 Million

- Medicaid: 78.1*
- Medicare: 81.5
- All Other: 199.8

* Reflects 2024 projected enrollment


Projections for both Medicaid and Medicare include an estimated 9.9 million dual eligibles enrolled in both programs.
Oral Health 2020

**ENVIRONMENTAL SUPPORTS**
- Improve public perception of the value of oral health
- Advancing interprofessional education and coordinated care

**GOAL**
Eradicate dental disease in children
**TARGET**
75% of children reach age 5 without a cavity

**GOAL**
Oral health incorporated into the primary education system
**TARGET**
The 10 largest school districts have incorporated oral health into their systems

**GOAL**
Comprehensive national oral health measurement system
**TARGET**
A national and state-based oral health measurement system is in place

**GOAL**
Mandatory inclusion of an adult dental benefit in publicly funded health insurance
**TARGET**
At least 30 states have a comprehensive Medicaid adult dental benefit
**TARGET**
Medicare includes a comprehensive dental benefit

Improve lifelong oral health and eradicate dental disease in children
# Medicaid Adult Dental Benefit Target: Primary Drivers

**Adult Medicaid**

<table>
<thead>
<tr>
<th>Driver</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Effective strategies/road maps (replicating success in other states)</td>
<td>*</td>
</tr>
<tr>
<td>Effective program administration</td>
<td>*</td>
</tr>
<tr>
<td>National strategy</td>
<td>*</td>
</tr>
<tr>
<td>Financing mechanism</td>
<td>*</td>
</tr>
<tr>
<td>State-based legislative champions and leadership</td>
<td>*</td>
</tr>
<tr>
<td>Advocacy community engagement and leadership</td>
<td>*</td>
</tr>
</tbody>
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**Secondary Drivers**

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**Target:** At least 30 states have a comprehensive Medicaid adult dental benefit
## Investments - Medicaid

<table>
<thead>
<tr>
<th>Grantee</th>
<th>Funded Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Center for Health Care Strategies</td>
<td>National study of access to dental care for Medicaid adults; leading a multi-state learning collaborative for state Medicaid dental programs.</td>
</tr>
<tr>
<td>Medicaid-CHIP State Dental Association and Brandeis University</td>
<td>Development of a socio-economic Return on Investment (ROI) analysis to inform policymakers on importance of maintaining a Medicaid adult dental benefit.</td>
</tr>
<tr>
<td>National Conference of State Legislatures</td>
<td>Development of resources, tools, and a convening designed to raise awareness among state legislators and staff about the importance of improving lifelong oral health.</td>
</tr>
<tr>
<td>Milliman</td>
<td>Financial ROI analysis of including an adult dental benefit in state Medicaid programs.</td>
</tr>
<tr>
<td>States Action</td>
<td>VA, CA, CO, MO, IL and others partner on advocacy strategies to expand access to dental coverage for low-income adults.</td>
</tr>
</tbody>
</table>

American Dental Association (ADA) is embarking on a project to assist Medicaid programs (on a state-by-state basis) provide an adequate network of dentists; expand access points; and achieve program goals.
Medicare Dental Benefit Target: **Primary Drivers**

**Medicare**

- Congressional and executive (including agencies) champions and leadership
- Consumer engagement and support
- National and state-based advocacy community engagement and support
- Effective strategies/roadmaps
- Effective program administration

**Secondary Drivers**

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## Investments - Medicare

<table>
<thead>
<tr>
<th>Grantee</th>
<th>Funded Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oral Health America</td>
<td>Convene national stakeholders to develop consensus on components of a dental benefit in Medicare and begin building national coalition to advance goal.</td>
</tr>
<tr>
<td>National Association of States United for Aging and Disability</td>
<td>Support NASUAD efforts to promote a dental benefit in Medicare. Conducting a survey and member education around existing oral health services for older adults within states.</td>
</tr>
</tbody>
</table>
Building a Plan to Move
Thank you!

http://dentaquestfoundation.org/
Oral Health Priorities

September 2, 2015
NASUAD Overview

- Founded in 1964 to represent state agencies on aging.
- In 2010, changed name in recognition of the fact that most state agencies served aging and disability populations.
- 56 members, representing state and territorial agencies on aging and disabilities.
- Board of Directors – Executive Officers, 10 regional representatives and 10 regional alternate reps.
Key Resources

• NASUAD.org
• HCBS.org
• NASUADiQ.org
• Friday Update
• Integration Tracker
• Expansion Tracker
Medicare and Oral Health

• Medicare is the primary source of health insurance for most senior citizens;
• The absence of a Medicare dental benefit is detrimental to the overall health of seniors and people with disabilities;
• NASUAD’s board voted to endorse adding a Medicare oral health benefit to our association’s policy priorities in 2013
  – NASUAD membership reaffirmed the policy platform, including this provision, in 2015
Medicaid and Oral Health

• Many seniors and people with disabilities are eligible for both Medicare and Medicaid, known as “dual eligibles”;
• There are over 10 million dual eligibles across the country;
• Medicaid covers a number of services that Medicare does not, including oral health benefits;
• Medicaid oral health coverage varies by states for seniors and people with disabilities, which is different than benefits for children.
Oral Health for Senior and People with Disabilities

• Seniors and people with disabilities receive all “state plan” benefits that the state elects to include;
• Dental benefits can also be provided using “incurred medical expenses” for individuals living in an institutional setting (nursing home or ICF/ID);
  – Individuals receiving LTSS in the community may not have access to the same level of services;
  – Preliminary data from NASUAD survey indicates that very little is done to track IME utilization.
• Some Medicaid waivers provide dental to participants, even if it is not included in the standard Medicaid adult benefit.
2015 NASUAD I&R Survey Highlights: Most frequent unmet service needs

Most Frequent Unmet Service Needs

- Transportation
- Dental care
- Financial assistance
- Housing assistance
- Home modifications
- Utility assistance
- Mental health services
- Homemaker services
- LTC/LTSS funding
- Respite care
- Employment
- Adult day services
- Prescription drug assistance
- Personal care
- Food assistance
- Other
- Family caregiver support
- Legal services
- Assistive Technology
- Veterans Assistance
- Care Transitions
- Health insurance
- Benefits Analysis/Assistance
- Elder abuse/Exploitation
- Health insurance counseling

Percent of Respondents (N=325)
Unmet Service Needs: two components

• Coverage:
  – As discussed, dental coverage is limited and/or nonexistent in many public health care programs

• Access:
  – Ensuring adequate provider pool is equally important to securing coverage
    • Medicaid programs historically have struggled with enrolling/maintaining dental providers
  – Outreach to inform individuals of covered services as well as to promote utilization

• For comparison: Medicaid includes dental benefits for all children, but only 48 percent received a preventive dental service in FFY 2013
Medicaid Service Delivery

• Many states are implementing programs that contract with private managed care plans to provide Medicaid benefits:
  – Oral health benefits can be included, “carved-out,” or optional/supplemental benefits in managed care;
  – Historically, these programs have targeted children, parents, and pregnant women on Medicaid.

• Over the past decade, an increasing number of states have implemented programs that include some or all of the services provided to seniors and people with disabilities:
  – These programs often include individuals who are dual eligible or receiving long-term services and supports.
Current statewide MLTSS program
Current regional MLTSS program
Duals demonstration program only
MLTSS under consideration for 2016 or later

Sources: NASUAD Survey; Discussions with States; CMS data
State has an approved program and has begun delivery
State with approved proposal that has not begun delivery
State with demonstration proposal pending at CMS
State that has withdrawn demonstration proposal

*The Minnesota demonstration involves administrative alignment but does not include payment or service delivery innovations
NASUAD Oral Health Project

• With funding from DentaQuest Foundation, NASUAD is working with our membership to improve information about and access to oral health benefits for seniors and people with disabilities;
• The initiative includes:
  – Comprehensive survey of states to determine supplemental benefits in LTSS settings;
  – Survey of beneficiaries to understand access/utilization;
  – Engagement of MCOs to understand coverage, and any “value-added” benefits; and
  – Meetings of states to share information, promote best practices, and develop support for increased access to comprehensive oral health care for services.
MORE NEEDS TO BE DONE TO HELP SENIORS STAY HEALTHY

DENTAL CARE

16% of seniors have no natural teeth

800,000 ER visits for dental conditions per year

NO Medicare coverage for dental care
Questions?

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