

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.”

Improving Oral Health for Older Adults...A National Issue

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

NBC News

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

Association of Health Care Journalists

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

Georgia Health News

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

Oral Health America – Wisdom Tooth Project

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

American Geriatric Society's Health in Aging Foundation

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

American Journal of Health Behavior

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Similar Concerns Exist for Persons with Disabilities

Dental care now represents the number one health 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)*

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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*.**

Source: US Department of Health & Human Services, "Oral Health in America: A Report of the Surgeon General," 2000; Delta Dental Plans Association, "America's Oral Health;" April, 2010; National Institute of Dental and Craniofacial Research: "Treatment Needs in Seniors (Age 65 and Over); American Dental Association ; Centers for Disease Control

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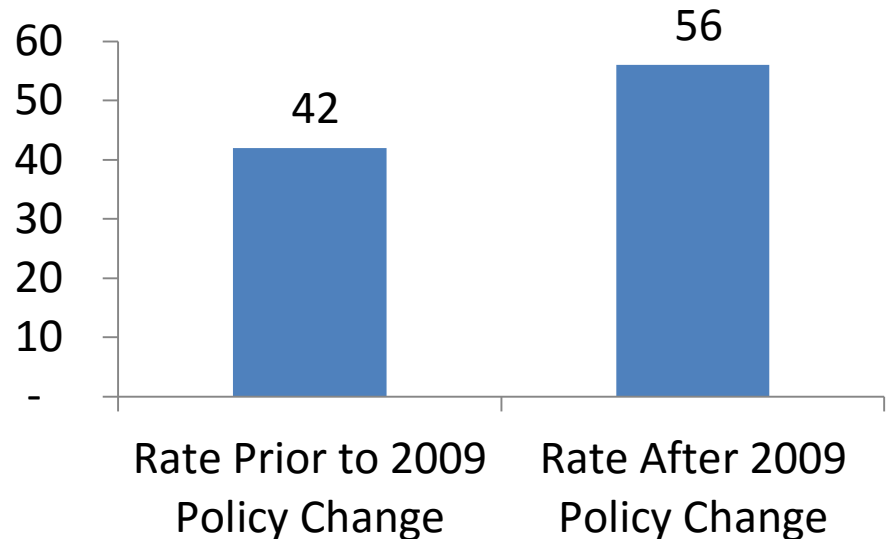
Emergency Department Visits for Dental Services Continue to Rise

- **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

Rate of Hospital ED Visits for Dental Conditions per 100,000 Persons



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

Population	Savings*
Diabetes	\$1,292 or 27.6%
Heart Disease	\$2,183 or 25.4%
Stroke	\$2,831 or 34.7%
ALL CUSTOMERS**	\$1,020 or 27.5%

**Prevention
produces
results**

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

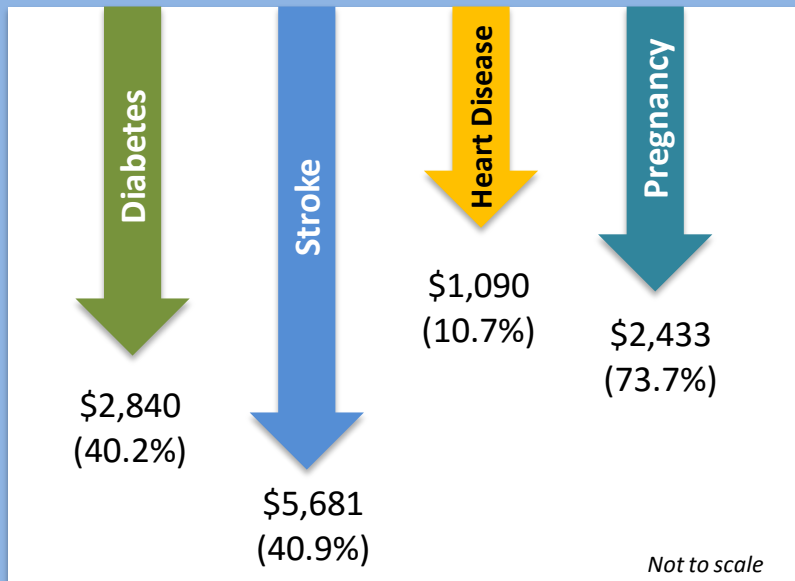
** All customers regardless of condition

Source: Cigna 2013 National Segment Client Forum

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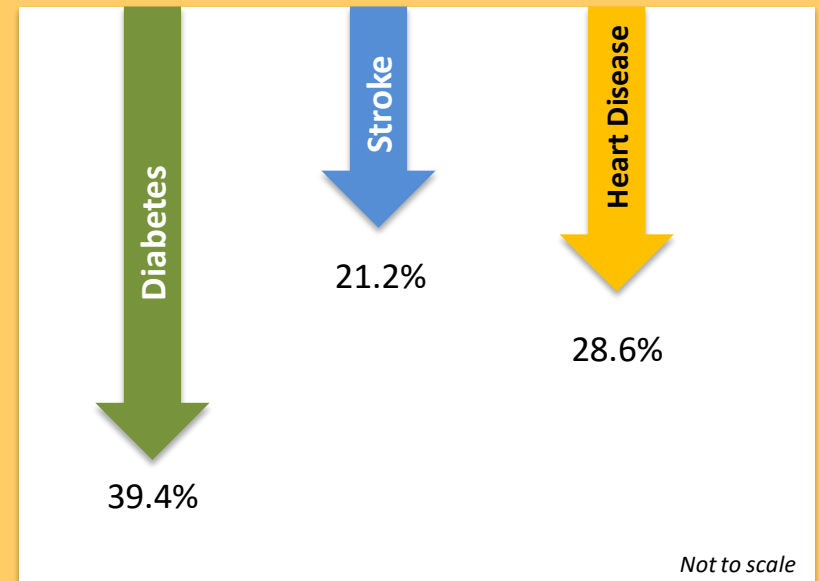
Integrating Oral Health & Primary Care Leads to Improved Health and Lower Costs

Treating Gum Disease Means Lower Annual Medical Costs



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

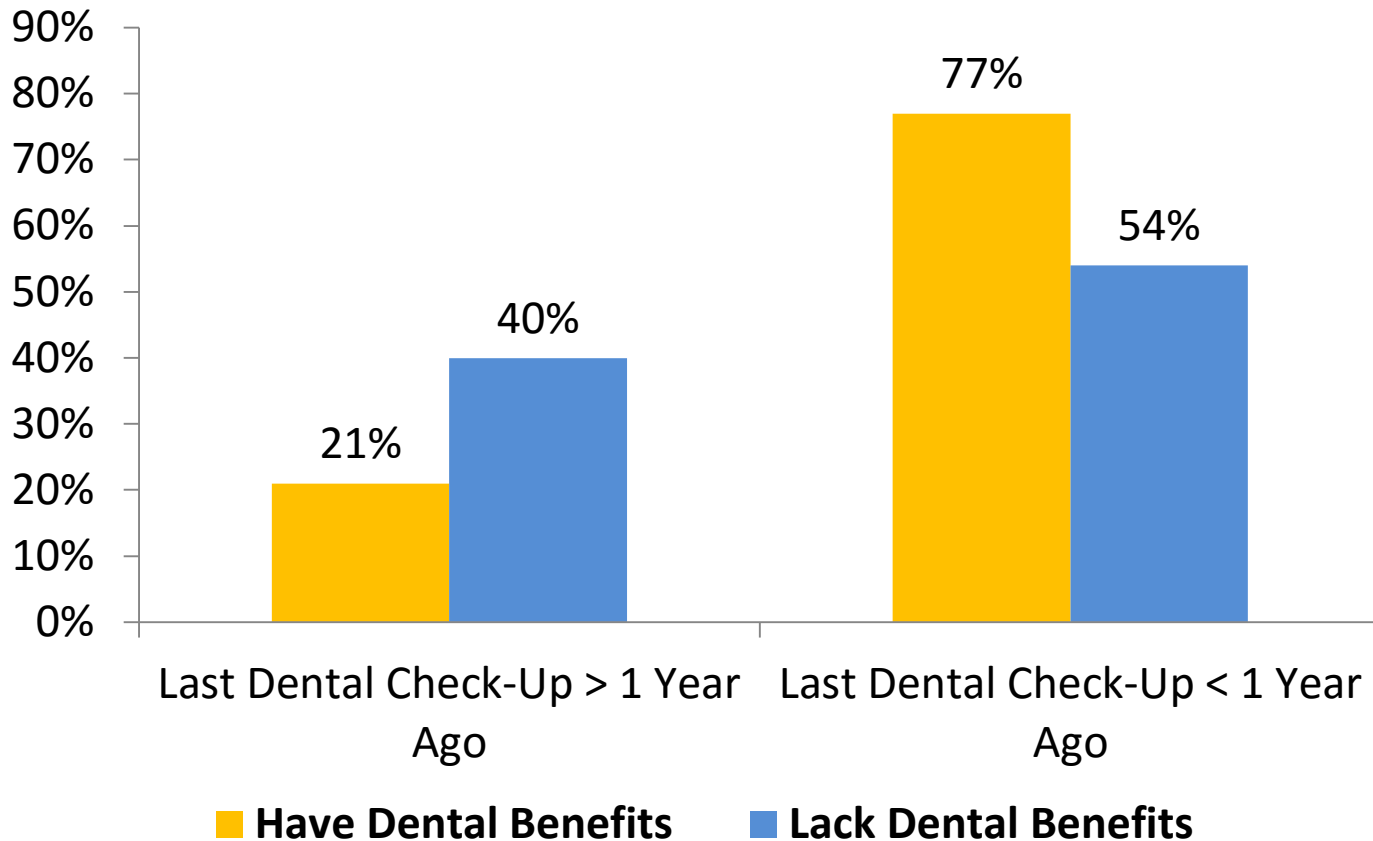


Significant decreases in annual hospitalizations are possible when individuals with certain chronic diseases received treatment for their gum disease, after accounting for the effect of diabetes.

Source: Jeffcoat, M., et. al., "Periodontal Therapy Improves Outcomes in Systemic Conditions." Abstract, American Association of Dental Research; March 21, 2014

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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



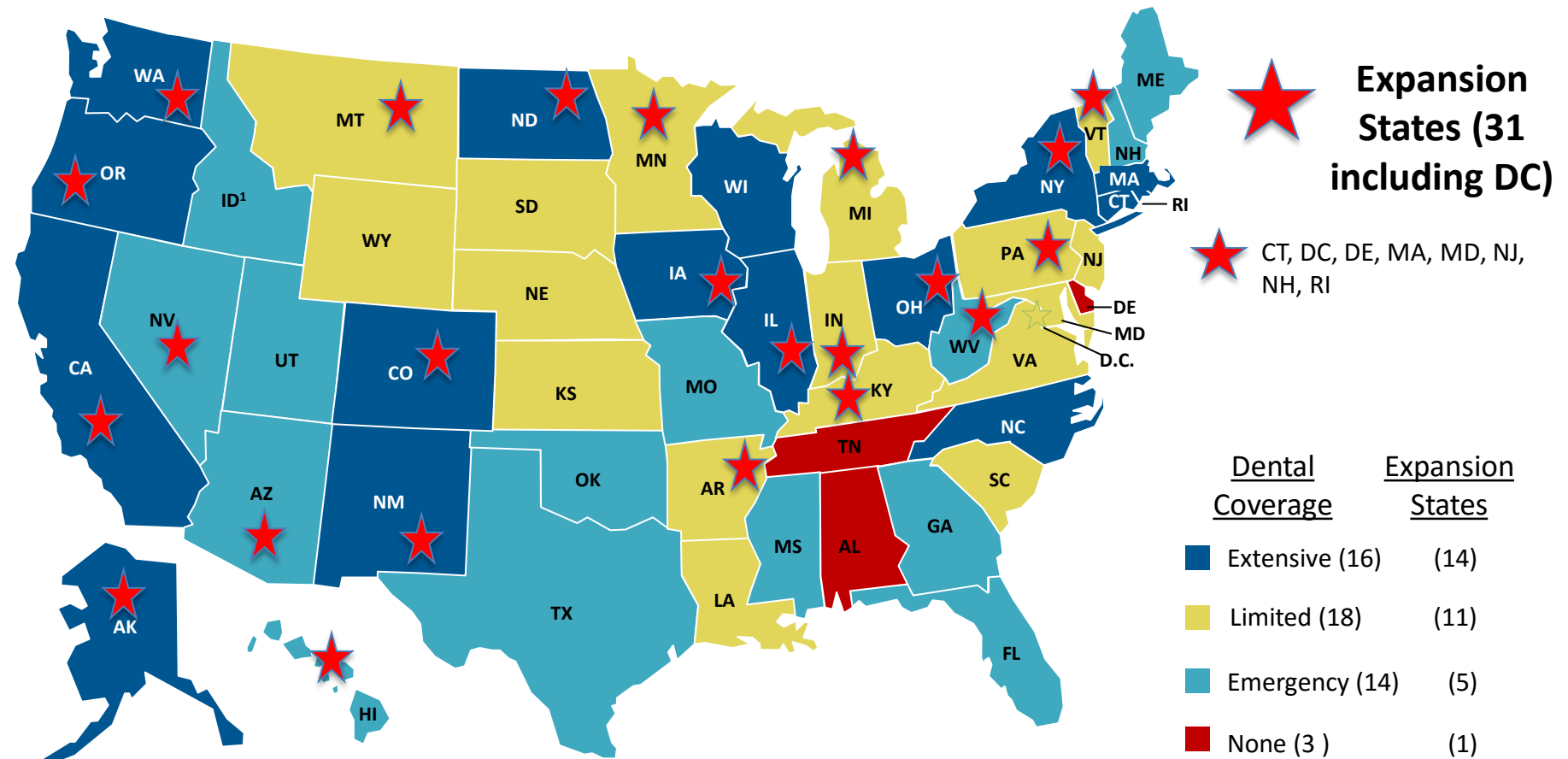
Adult Dental Coverage

- Optional benefit for Medicaid adults
- No Medicare benefit
- Not included in *Essential Health Benefits* offered in Health Insurance Marketplaces



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Medicaid Adult Dental Coverage By State



1. Idaho provides extensive dental coverage to adults with disabilities and other special health care needs; all other adult members receive emergency only benefits. Virginia provides extensive benefits to pregnant women.

Sources: Kaiser Family Foundation, "Current Status of Medicaid Expansion: State Decisions," July 20, 2015; Vujicic M, Nasseh K. "More than 8 Million Adults Could Gain Dental Benefits through Medicaid Expansion." Health Policy Resources Center Research Brief. American Dental Association. February 2014. Updated by DentaQuest Foundation April 8, 2015.

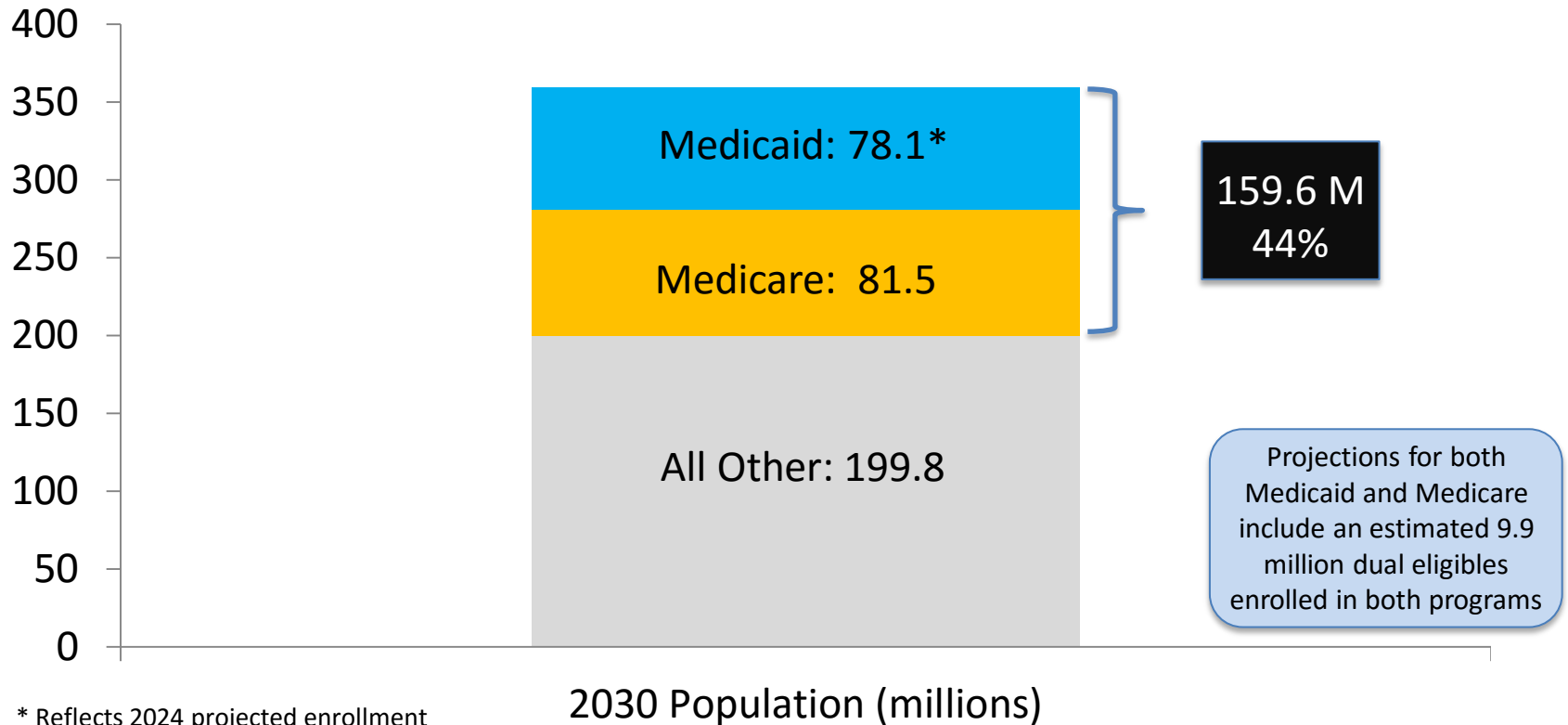
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Categories of Medicaid Adult Dental Benefits

Extensive 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	Limited 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
Emergency Relief of pain and infection. While many services might be available, care may only be delivered under defined emergency situations	None No Dental Benefit

Medicaid & Medicare Beneficiaries Will Make Up Roughly 44% of U.S. Population in 2030

Projected 2030 Total U.S. Population: 359.4 Million

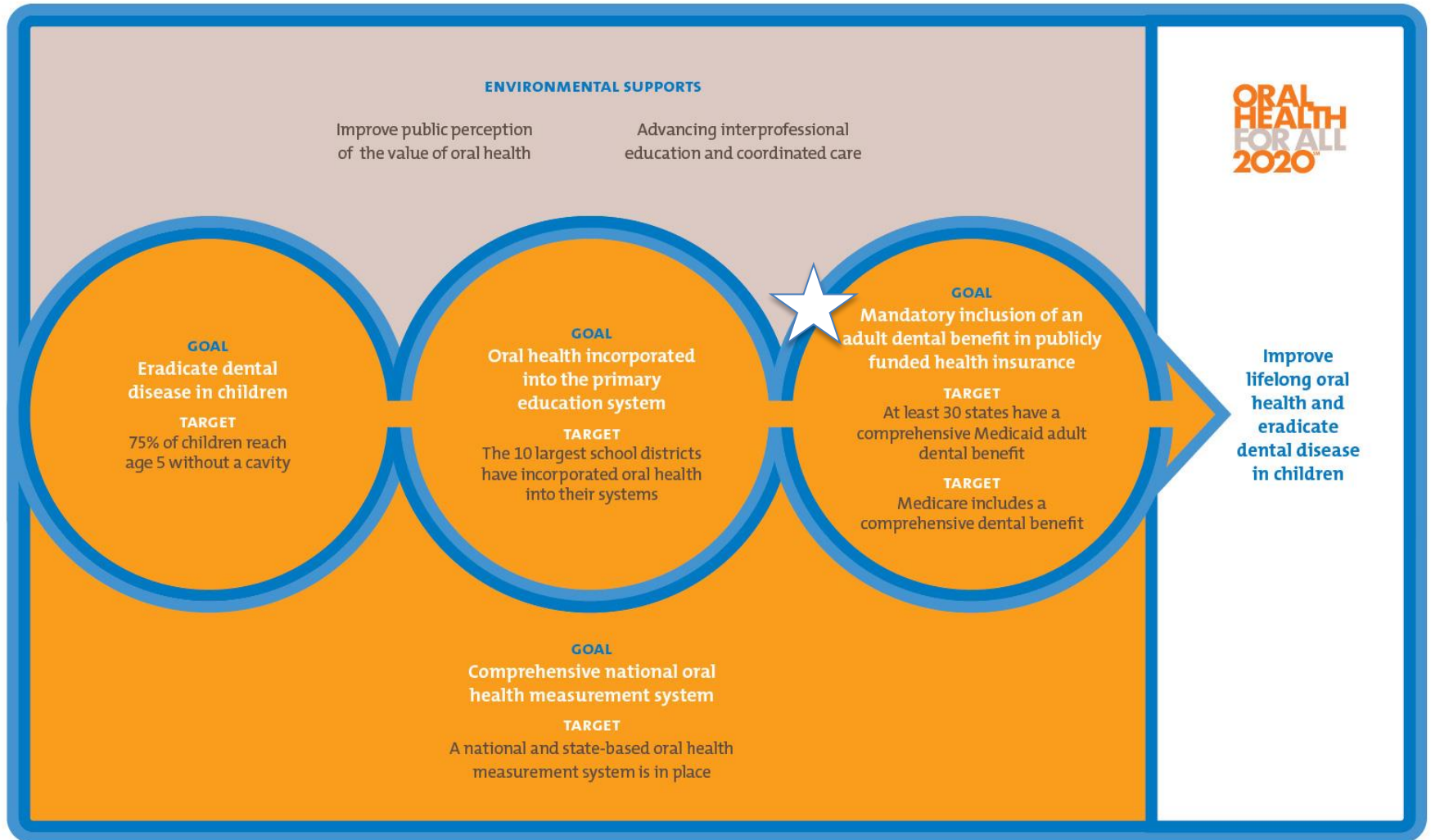


* Reflects 2024 projected enrollment

Source: U.S. Census Bureau, Population Division, December, 2014; 2013 Annual Report of the Boards of Trustees of the Federal Hospital Insurance and Federal Supplementary Medical Insurance Trust Funds; Centers for Medicare & Medicaid Services, Office of the Actuary, National Health Statistics Group.

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Oral Health 2020



Medicaid Adult Dental Benefit Target:

Primary Drivers

Secondary
Drivers

Adult Medicaid

Target:
At least 30 states have a
comprehensive
Medicaid adult dental
benefit



Effective strategies/road maps
(replicating success in other states)

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Effective program administration

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National strategy

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Financing mechanism

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State-based legislative champions
and leadership

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Advocacy community engagement
and leadership

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Investments - Medicaid

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

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

Secondary Drivers

Medicare

Target:
Medicare includes a
comprehensive dental
benefit



Congressional and executive (including agencies) champions and leadership

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Consumer engagement and support

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National and state-based advocacy
community engagement and support

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Effective strategies/roadmaps

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Effective program administration

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Investments - Medicare

Grantee	Funded Activities
Oral Health America	Convene national stakeholders to develop consensus on components of a dental benefit in Medicare and begin building national coalition to advance goal.
National Association of States United for Aging and Disability	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.

Building a Plan to Move





Thank you!

<http://dentaquestfoundation.org/>

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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

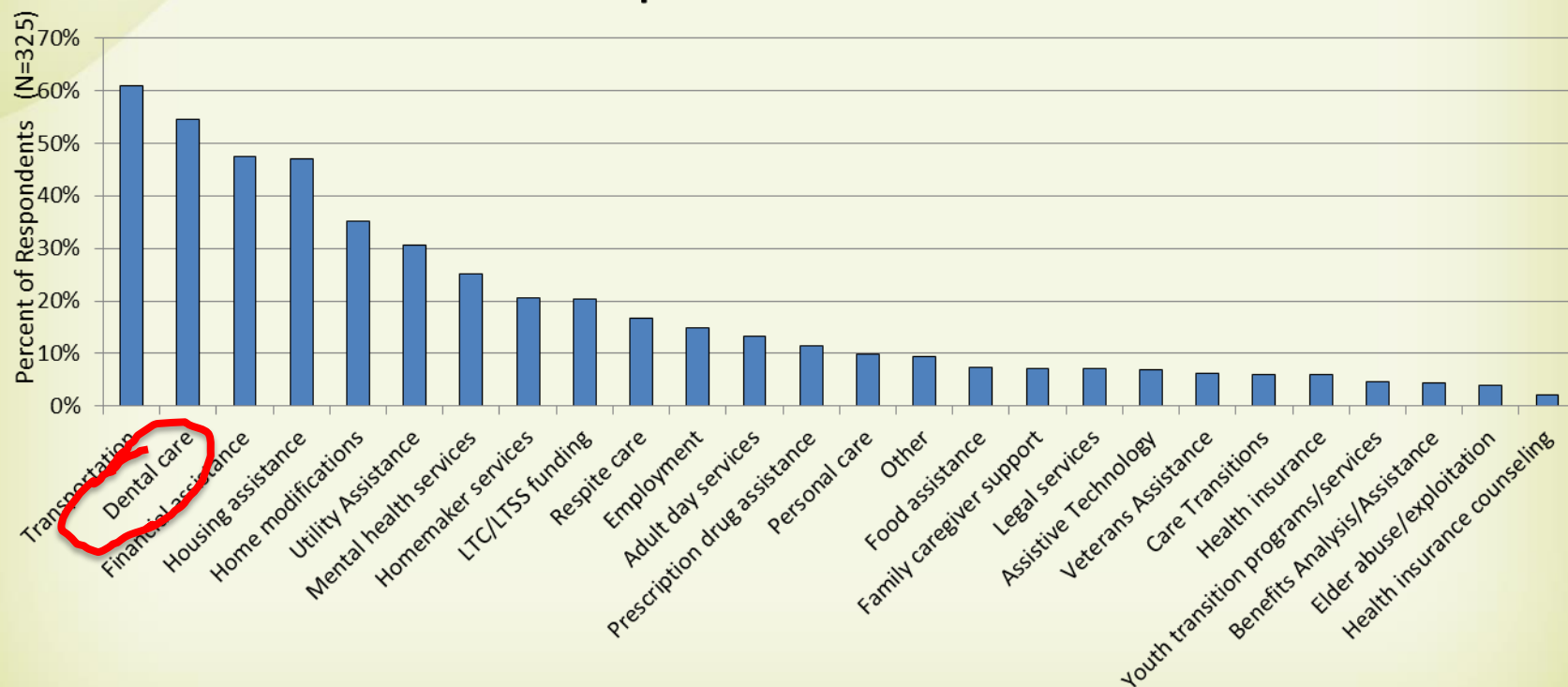
- Seniors and people with disabilities receive all “state plan” benefits that the state elects to include;
- Dental benefits can also be provided using “incurred medical expenses” for individuals living in an institutional setting (nursing home or ICF/ID);
 - Individuals receiving LTSS in the community 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

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Most Frequent Unmet Service Needs



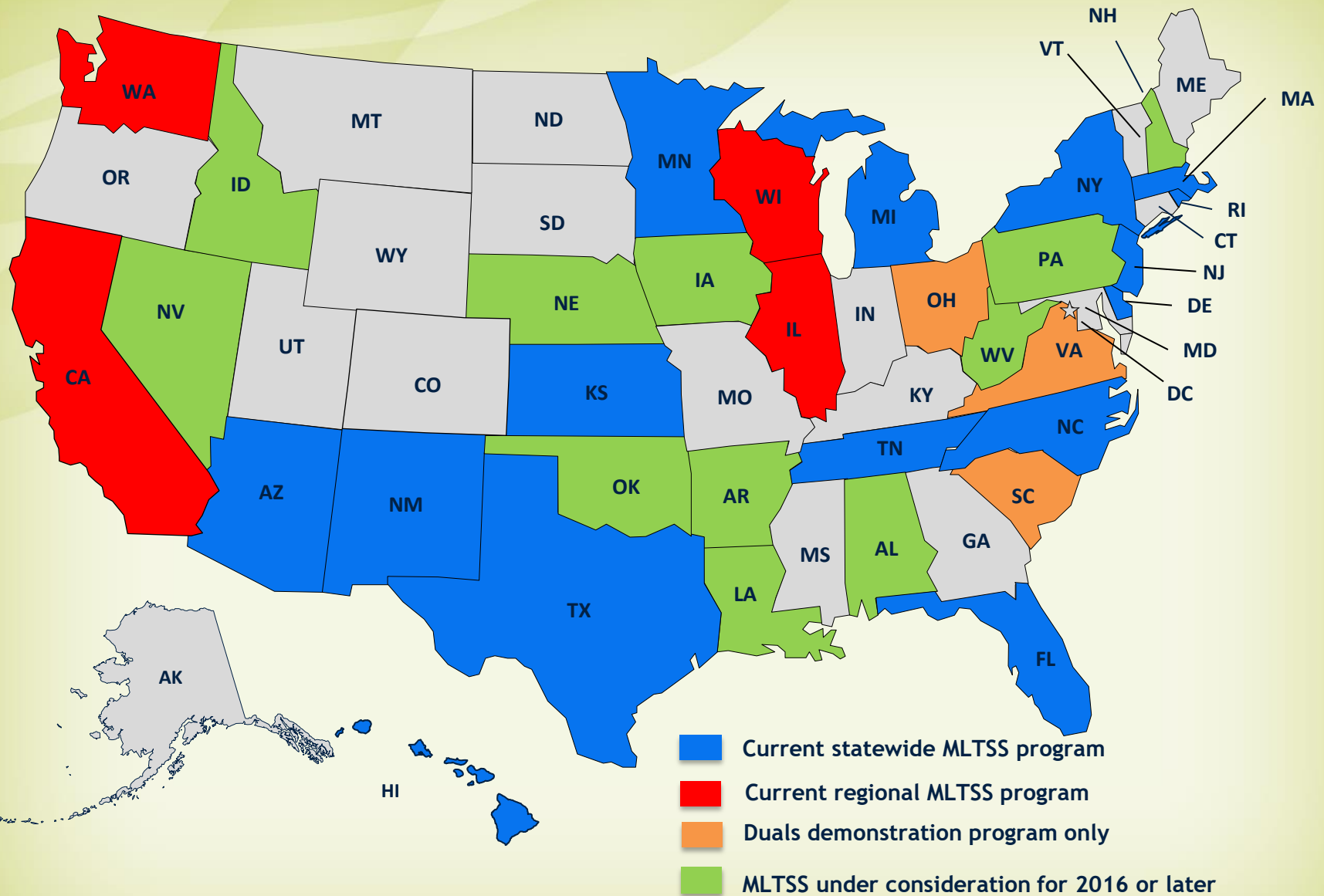
Unmet Service Needs: two components

- 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

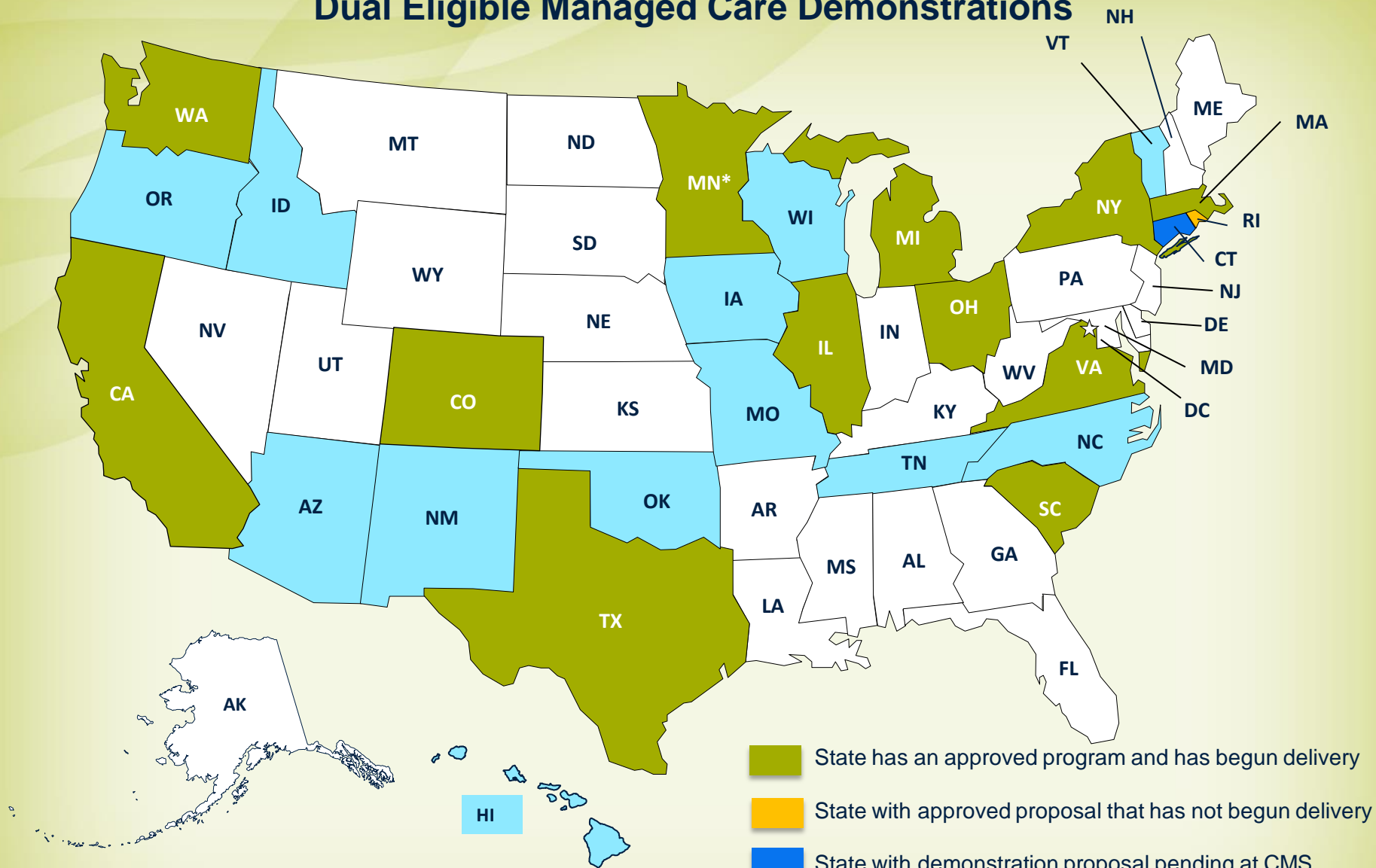
- Many states are implementing programs that contract with private managed care plans to provide Medicaid benefits:
 - Oral health benefits can be included, “carved-out,” or optional/supplemental benefits in managed care;
 - Historically, these programs have targeted children, parents, and pregnant women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

MLTSS Programs - 2015



Sources: NASUAD Survey; Discussions with States; CMS data

Dual Eligible Managed Care Demonstrations



*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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