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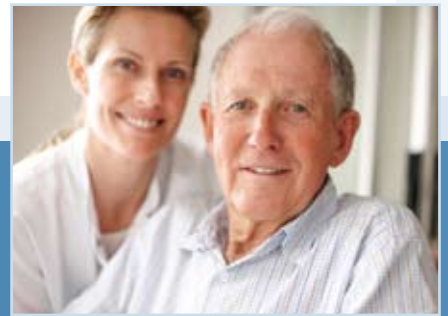
whitepaper

2010 conference

# Oral Health in Healthcare Reform

October 28 & 29, 2010

Scottsdale, Arizona



**:: excerpt ::**

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# Introduction

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*“We can’t continue to provide more expensive medical and dental care. We have to be able to provide less expensive and more effective dental care. Really that’s about delivery system reform; it’s not about payment or insurance reform.”*

–Dr. Michael Helgeson

This year’s landmark healthcare reform signals positive change, but it also spotlights glaring weaknesses in our nation’s healthcare system. Millions of Americans have no access to affordable quality dental care, and the dental profession lacks the workforce, training, and technology to effectively support the rapid growth in high-risk populations such as children, aging adults, and people with diabetes. So what happens next?

For the past four years, Institute for Oral Health (IOH) has focused on raising awareness about oral health concerns for these key populations, exploring progressive solutions to help advance dental care access, treatment, and delivery. In 2010, IOH addressed the theme of **“Oral Health in Healthcare Reform,”** with an in-depth look at what’s needed in healthcare reform and everyday dental practice to better support underserved populations. Additionally, we explored strategies for integration between dental and medical through collaborative practice models and information technology advancements that help drive evidence-based standards and treatment protocols to support more successful outcomes in both oral health and overall patient health.

The October 2010 Institute for Oral Health Conference in Scottsdale, Arizona provided many valuable insights and promising solutions to advance oral health. With nationally recognized leaders in healthcare reform and top authorities in clinical practice, dental education, health benefits and health record technologies, this year’s event highlighted a number of critical considerations, such as:

- **Expanding the role of dentistry** – From the economic challenges of supporting the expansion of Medicaid programs to provide care for 32 million more people, to the exciting new provisions that will promote prevention and early caries detection in millions of children, the Affordable Care Act provides many opportunities for dentistry to play a bigger role in the healthcare system.
- **Addressing workforce challenges** – As reform introduces new levels of need in the dental workforce, our system continues to battle with a lack of providers well trained to meet the unique needs of underserved populations such as aging adults and people with disabilities. In particular, with the wave of “boomers” reaching retirement age, our nation is facing an urgent need for more geriatric dentists. On a positive note, the reform bill includes provisions for numerous educational grants that could support better training for new and existing dental providers on special needs care.
- **Increasing effectiveness with collaborative care models** – The overwhelming consensus on healthcare reform is that both medical and dental will need to develop ways to deliver quality care at a lower cost. Several progressive delivery models were highlighted that focus on team-based care that brings together medical, dental and other caregivers with community partners to make access easier, reduce costs, increase efficiencies, and improve health outcomes for people who need care the most.
- **Advancing quality using electronic health records** – While electronic medical records have been in place for decades, emerging technology advancements are creating a place for dental to support

better integration with medicine. These tools provide opportunities for the critical data collection that drives quality measurements, performance analysis, and the development of evidence-based best practices.

- **Improving health outcomes for diabetics** – As increasing evidence supports the connection between periodontal disease and diabetes, dentists need to actively participate in helping diabetic patients control and manage both diseases. Calls to action include proactive risk assessments and dental provider education on diabetes, as well as close collaboration with physicians to partner on strategic treatment plans and early detection.

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## Looking Ahead to 2011

### Oral Health and Prevention: Rebranding the Profession

October 27 & 28, 2011

Chicago, Illinois ~ Sofitel Hotel Water Tower

In 2011, the Institute for Oral Health will focus on prevention. We will collaborate with experts in focus groups and participate in national events to learn the latest in preventive strategies for improving health. 2011 will be an exciting year – stay tuned and please join us in Chicago!



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## About the Institute for Oral Health

The Institute for Oral Health is dedicated to improving oral health in America by bridging the gap between research and everyday dental practice. Serving as a central resource for education and collaboration, IOH brings together nationally recognized experts to focus on important themes of concern in oral health care today, and works to promote innovation and adoption of progressive treatment guidelines, dental plans, and delivery methods.

### Join the Conversation

IOH encourages everyone to get involved and share their insights and feedback about important oral health topics and healthcare reform:

**IOH Web:** [IOHWA.ORG](http://IOHWA.ORG)



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## The Oral Health and Overall Health Connection and the Potential Future of Dental Benefits

As a practicing dentist, and long-time entrepreneur building highly successful group practices as well as working in dental insurance and benefits organizations, Dr. Joseph Errante brought a payer's perspective to the oral health in healthcare reform discussion at the 2010 Institute for Oral Health conference. Dr. Errante outlined a powerful case study originally developed in 2005 when he worked with Blue Cross Blue Shield of Massachusetts, which promotes the value proposition for a "Total Health Solution" that combines coverage and care for oral health and overall health. He discussed updated results of the program, and highlighted how healthcare reform may impact the focus on the integration of oral health and overall health, and the implications for how dental insurance may be viewed by the marketplace in the future.

To put things in perspective, Dr. Errante noted that as early as 1891, articles emerged with topics such as *"The Human Mouth as the Focus of Infection."* Now over 100 years later, with all the technological and scientific advancements we enjoy in dentistry and medical care, we *"seem to have lost our way"* with respect to honoring the connection between oral health and systemic health. We work in isolated silos, we treat in isolated silos --but the body is one tightly integrated system, and care delivery needs to reflect that in order to effectively support a cohesive picture of health.

### Total Health Solution – Getting Started with Data

In developing the Total Health Solution proposed by Blue Cross Blue Shield of Massachusetts (BCBSMA), the goal of Dr. Errante's team was to determine whether BCBSMA could *"improve medical outcomes through strategies that integrate oral health and overall health."* As a foundation, they first collected scientific data and claims research that demonstrated the high risk health impacts associated with periodontal disease and chronic systemic diseases such as diabetes and coronary artery disease. In the process, they discovered notable cost savings for members with these conditions who sought dental treatment. For example:

- **Diabetes** - 2003 claims data showed that across a population of almost 15,000 diabetic members, those who received dental prophylaxis and/or periodontal treatment had \$144 per month lower medical costs than members who did not seek treatment. 2008 data showed a \$811 per member per year difference in costs.
- **Coronary Artery Disease (CAD)** – 2003 claims data showed that members with heart disease who received dental cleanings or periodontal treatment had \$238 per month lower medical costs than those with no dental treatment. 2008 data showed a \$5,853 per member per year difference in costs. Worth noting is that the number of members with CAD doubled by 2008 as many severe diabetics developed heart disease.

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*75% of adults over age 35 will be affected by periodontal disease.*

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## Proving the Value Proposition

An integral step in developing the Total Health Solution was to present a compelling value proposition for BCBSMA to create integrated health plans. Understanding that at the end of the day it is largely about costs, Dr. Errante's team focused on the business perspective that the solution could *"provide long term value to employers by leveraging analysis of combined medical and dental claims data to create individualized plans that include strategies focusing on education and outreach to improve the health and productivity of employees."* The solution was based on a four-prong approach:

1. **Integrate medical and dental** – The solution leveraged data from medical and dental claims and personal health assessments to identify at-risk populations, and then provide integrated disease management to improve patient health and reduce costs.
2. **Employ cost-smart strategies** – By tracking high-risk members with conditions impacted by poor oral health such as diabetes, the solution developed evidence-based strategies for allocating resources to the people who could benefit most from dental care. As an example, BCBSMA offered at-risk members dental benefits tailored to their condition such as 100% coverage with no deductible and no annual maximum for non-surgical periodontal treatment. These enhanced plans represented a significant step forward in removing cost barriers, and indeed encouraged members to seek regular dental care. 53% of diabetic members and 55% of members with coronary artery disease took advantage of the enhanced benefits, which resulted in consistent cost savings, particularly with early intervention for periodontal disease.
3. **Influence behavior changes** – To help influence healthier behaviors in plan members, particularly those with diabetes and heart disease, the program focused heavily on education through outreach efforts such as personalized letters and phone campaigns to emphasize the importance of oral health and prevention as part of their disease management program. BCBSMA cited a 37% behavior change in at-risk members after outreach, which Dr. Errante noted fortuitously coincided with a wave of media attention on diabetes. *"While many diabetics had an awareness that they needed to take better care of their oral health, they needed that extra little kick in the pants to do it. And it worked."*
4. **Improve health and productivity** – Ultimately, the solution helped lower the lifetime cost of care, and improve health and quality of life in plan members. From a business perspective, the value proposition was clear: healthier employees means higher productivity and attendance at work. Companies purchasing the enhanced plans could think of it as an investment to help them recruit and retain the strongest employees, along with an opportunity to reduce overall healthcare costs.

An additional win with the Total Health Solution was the positive feedback from providers across the dental and medical community. It offered a revenue enhancer for providers, but more importantly, high risk patients received valuable preventive services and early interventions that helped reduce complications associated with chronic systemic conditions.

## Possible Future of Dental Benefits

With an eye on healthcare reform, Dr. Errante suggested that we can expect to see changes in how oral health is addressed and managed as part of overall health, particularly in terms of healthcare benefits. For example:

- **Integration of oral health into medical plans** – Oral health advocates have had a strong voice in healthcare reform and won some advances for better integration between medical and dental. For addressing epidemic diseases such as diabetes, we may eventually see the treatment of oral

infection and inflammation become a standard part of medical plans and chronic disease management programs. Supporting dental benefits would then focus on surgical repair of teeth such fillings, crowns, and implants.

- **Dental pay-for-performance rewards for medical conditions** – For managing high-risk patients with chronic diseases impacted by oral health, we will see an increasing role for dental professionals in the overall provider “care circle”. As an example, dentists and hygienists might earn P4P rewards for participating in patient education that promotes better management of blood glucose levels in diabetics (HbA1c).
- **Consumer demand will drive changes in the benefits industry** – Our current system has been very focused on employers as the key purchasers of benefits plans, with incentives aligned mainly to business needs. However, with healthcare reform we will likely see a trend toward consumer purchasing of health plans, which means that insurance companies will need to rethink and restructure benefits to better meet the needs of consumer lifestyles over time.

*“Yes, there are challenges to these changes, but we need to break through the barriers and just do it. We’re at a crossroads where if we don’t do these changes, they’ll be done TO us --with the government deciding how this should work. As a profession, we need to move forward to make these changes ourselves to ensure we deliver the greatest value for those with the greatest need.”*

