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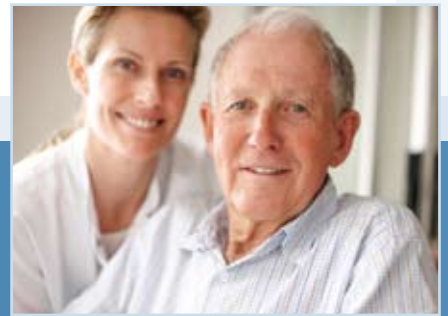
whitepaper

2010 conference

# Oral Health in Healthcare Reform

October 28 & 29, 2010

Scottsdale, Arizona



**:: excerpt ::**

**Senator William Frist, MD**

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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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# Keynote Speaker

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## Senator William H. Frist, MD

18th Majority Leader, U.S. Senate, 2003-2007; U.S. Senator from Tennessee, 1995-2007; Heart-Lung Transplant Surgeon



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## Health Reform: An Insider's Perspective on the Challenges & Goals Ahead

Opening the 2010 Institute for Oral Health Conference was keynote speaker, U.S. Senator and transplant surgeon Dr. William Frist, who offered an inside look at how healthcare reform was passed this year and its impact on healthcare delivery –particularly oral health-- over the next five years. A strong advocate of oral health as an integral part of overall health and well being, Dr. Frist drew upon his experiences as a surgeon familiar with oral health as a determining factor in transplant success and as a doctor actively treating HIV patients around the world who commonly have oral lesions.

### The Big Picture of Healthcare Reform

Dr. Frist began by highlighting what the reform bill, officially known as the Affordable Care Act (ACA), does to coverage. Currently, about half of our nation's population, 150 million people, have coverage through employer-sponsored plans; 14 million are supported by individual plans; 45 million have Medicaid coverage, and 43 million have Medicare –that still leaves over 50 million people uninsured.

Basically, the ACA takes 32-40 million of the uninsured and by 2020 integrates them into the healthcare system: 16 million people will gain Medicaid support, and another 16-24 million will gain coverage through state-run exchanges. However, Medicaid is already significantly stressed, and state-run exchanges have yet to prove their viability due to the pressure on tax payers. Thus, workforce issues and added costs to provide care for these 40 million new patients has yet to be adequately

addressed. Along with shifts up and down in private coverage, overall the ACA will fall far short of the “universal coverage” touted by politicians. Dr Frist claims that by the year 2020, there will likely still be about 23 million Americans with no health insurance.

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*“The reform bill does not radically change the healthcare system. In fact, this bill did not have enough reforms in it to solve the fundamental problems of cost.”*

*–Dr. William Frist*

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One incentive that has risen from ACA is health insurance market reforms, which have a questionable future as many states are contending the constitutional fairness – i.e., does the government have the right to require people to buy health insurance? And force them to pay a tax penalty if they refuse? It is a hotly contested issue that Dr. Frist notes will go to the Supreme Court before we see a final resolution.

### The Burden Behind Medicaid

Today, Medicaid focuses primarily on population segments such as children, single parents, and elders in long term care –with state-funded programs. However, as this structure left millions of

low-income Americans with no hope of getting coverage, the ACA sought to expand Medicaid with federal funding in 2014 to cover “*all individuals with incomes up to 133% of the federal poverty level (\$14,400 for an individual in 2009), which picks up 16 million people.*”

With 100% of this additional coverage paid by federal funds for 2014-2016, the ACA won tentative buy-in from state legislators, who will only need to kick in 10% of the coverage funding by 2020. A critical concern, however, is that this funding covers none of the infrastructure and administrative costs to support this additional wave of patients. In fact, Dr. Frist notes that “state governors are petrified because of the economy; they’re facing a \$155 billion deficit over the next three years –and that’s before this burden of healthcare reform.”

Implementing this change will be a slow process, one which may become stalled out as state governors find their hands tied in a no-win situation trying to manage the financial implications. For example, to create the infrastructure of workforce and systems to handle millions of additional Medicaid patients, they may need to cut back on education funding, which is already suffering beyond reasonable limits for our nation’s children, and further cuts may meet with considerable pushback.

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*“The states are in the worst condition they’ve been in at any time in the last 45 years in terms of doing the three things they need to do: security, education, and healthcare.”*

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*–Dr. William Frist*  
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The states face a monumental workload to implement the reforms by 2014, from establishing pre-existing condition plans and enforcing insurance market changes to coordinating grants, programs, and systems to support Medicaid, CHIP, and Exchange enrollment and renewal. Dr. Frist pointed out that many of the state legislators who lobbied hard to pass the reform bill are no longer in office –34 new state governors will inherit this challenge.

## **The Impact of Recession on Coverage**

As Dr. Frist sees it, our current economic recession means that the timing of the ACA bill was bad. Americans are worried most about simply having a job, being able to buy food and pay their mortgage –affording health insurance may seem like a distant luxury. From 2008 to 2009 alone we saw overwhelming increases in unemployment rates across the country, and an increase of five million people among the uninsured. By 2020 when many of the reforms begin, the projected debt held by the public is expected to comprise about 120% of the nation’s GDP, a measure of the country’s economic output. (GAO Long-Term Fiscal Outlook, January 2010) Furthermore, all the increases in federal spending are driven by Medicare and Medicaid, systems that are still considerably broken in terms of both public need and economic viability.

When considering the impending growth in public debt, Dr. Frist offered this perspective: Never before in the history of the United States has our economic situation been so dire –except during World War II. The difference then, however, was that “*we owed the money to ourselves, and eventually the country grew stronger in revenues and we paid ourselves back.*” The problem today is that the debt is not owned by us, but by powerful nations outside of the U.S.– predominantly China. From a business perspective, this puts us in an extremely dangerous position. Our country has borrowed money at 10-20% interest rates. With the flat growth in our economy, if we had to start repaying that loan, as a business we would implode.

## **How the Economy Drives the 2010 Election**

According to Dr. Frist, the current economic crisis —particularly concerns about job security—are now 100% responsible for driving the decisions of the voting public. As is typical, an “anti-incumbent mood” has taken hold as people need to blame the current administration for the

economic downturn and slow progress, forgetting that in large part, the democratic leadership inherited colossal challenges when they took office. In fact, it is rather like what states face in implementing Medicaid reforms – it is a blessing and a curse, where the burdens may outweigh the benefits.

While public sentiment is leaning heavily towards the republicans, the issue is not so much about one party or the other; it's about the public needing change from the bleak status quo. Republican leaders may have no power to fix anything more quickly, but for many people they represent a chance for something better than what they face now. Ironically, the very same mindset that voted the democrats back into power in 2008.

Economic hardship has fueled a hearty enthusiasm for republicans and is blamed for severe drops in President Obama's approval rating. When they took to the polls in early November, Dr. Frist claimed people were essentially voting on three things:

- **Ideology** – The current administration has invested in extending the reach and power of government in health, energy, education, finance, and industrial policy, shifting our political paradigm toward the liberal left. While these changes may have long term benefits, they are out of alignment with where many people are focused – their most prevalent need is *jobs*.
- **Effectiveness** – With a weak economy and “sky high” unemployment, the public undoubtedly questions the effectiveness of our current government.
- **Competence** – In terms of managing economic issues, the current administration has fallen far short of expectations. They have failed to write a budget, pass any Appropriations bills, and have developed no tax bill for January 1, 2011. *“Right now you have no idea what your taxes will be next year. When you're a struggling business with employees and the government isn't giving you any indication of what your taxes will be, that is not a competent for a legislative body.”*

## Progressive Solutions for Skyrocketing Costs

According to Dr. Frist, the ACA reform bill is focused mainly on coverage and does little to support the cost of providing healthcare opportunities for more Americans. Moreover, while greater transparency and informatics will significantly improve the healthcare system, the real “hope” of the ACA is built on the growth of newly emerging “Accountable Care Organizations” (ACO's). A national voluntary model introduced as one of Medicare's pilot programs in the reform bill, ACO's are provider groups that accept responsibility for the cost and quality of care delivered to a specific population of patients cared for by the groups' clinicians. While it is a progressive, much-needed model, it has been slow to gain traction; yet ACO's may be able to deliver what the reform bill is missing: *“the hope of patient-centered, integrated, evidence-based, metrics-driven healthcare that gets rid of overuse and underuse to make sure the healthcare dollar goes as far as possible.”*

Dr. Frist encouraged oral health providers to proactively seek out involvement in ACO's as an important means to advance integration of medical and dental care. It is an opportunity to advocate the model for *“seamless, patient-centered, total wellness and preventive care”* by including oral health as a key player in overall healthcare.

Additionally, he highlighted the “accelerating trend” toward consumerism in healthcare and how it is influencing the behaviors of providers and hospitals. As an example, compared to ten years ago which saw more patient-doctor consultations, the public now turns to the Internet as their primary source of health information, before turning to their family or doctors. This investment in online research provides an important call to action to doctors and dentists to go *“where the action is.”* Dr. Frist emphasized that because patients are tracking their health more continuously

(than episodically) *“from a marketing standpoint, you’ve got to communicate with your patients, you’ve got to market with them, you’ve got to be there for them.”*

## ACA and Oral Health

As the Affordable Care Act includes nearly two dozen dental provisions, oral health is gaining increasing recognition as an integral part of overall health. Dr. Frist provided a big picture view with highlights about the following key arenas.

### Coverage and prevention

- Among the dental disease prevention initiatives the most noteworthy include: school sealant programs will be implemented across all states and territories; research grants will be available to improve prevention and management of early childhood caries; and the bill requires the development of a 5-year, evidence-based public education campaign to promote oral health.
- Additionally, the ACA requires dental coverage to be part of the “essential benefits” for children under age 21, as part of an effort toward providing affordable oral health care for every child. In particular, Exchange insurance plans will provide stand-alone dental benefits packages and be barred from charging out-of-pocket for preventive care.

### Workforce development

- The ACA includes provisions to expand education of dental professionals among underserved populations, particularly rural communities where access to care has consistently been a problem.
- It establishes a 5-year, \$4 million, 15-site demonstration program to “train or employ” alternative dental health care providers such as those in progressive delivery models like the Community Collaborative Practice discussed by Dr. Michael Helgeson at this conference.
- It promotes public health workforce education, including funding for scholarships and loan repayment programs for dental students and grants to dental schools.
- It provides for 3-year, \$500,000 grants to establish new primary care residency programs, which include dental programs, another nod of recognition to the growing awareness on the impact of oral health.

### Payments and infrastructure

- The ACA requires the Medicaid and CHIP Payment and Access Commission to report to Congress on payments to dental professionals.
- The bill places a “high priority” on reviewing oral health care workforce capacity by establishing a National Health Care Workforce Commission.
- It provides for increased support and grants for “safety net” dental programs in school and community-based health centers. Both Presidents Bush and Obama doubled the number of these community centers to promote efficient, locally run access to care for many people who would otherwise fall outside the system.
- ACA will also help drive dental health improvements by requiring the Center for Disease Control to form cooperative agreements with state-run dental public health programs through leadership development, oral health data collection, delivery system improvements, and science-based population-level programs.

## The 3 Certainties

In addition to these highlights, Dr. Frist noted the “three certainties” that dental professionals can count on with the ACA bill:

1. Reimbursement will fall: With the greater pressures of national debt, Medicare, Medicaid, entitlements, and overall healthcare costs, dental providers will need to cut costs.
2. Quality will be rewarded: The overall “center of gravity” and momentum is focused on quality, which needs to be measured in terms of outcomes based on dollars and time invested, so it will be essential to develop metrics.
3. Care must be integrated: The future of healthcare is a model like Accountable Care Organizations to create collaboration and cohesion across numerous providers --medical, dental, and other caregivers—to optimize each patient’s overall health.

The road to healthcare reform is a long one, and we are really only at the beginning. But that means there is still significant opportunity for change, and it starts with understanding where we are and where we need to be. Dr. Frist provided a valuable “baseline of the fundamentals” to help healthcare professionals, particularly, dental care providers, understand the best ways to actively participate in creating an integrated system dedicated to patient-centered, whole health wellness.

