



INSTITUTE FOR
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2011

whitepaper

2011 conference
Prevention
Rebranding the Profession



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:: whitepaper excerpt ::
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“Building a future based on prevention would give us the win-win situation we are all looking for. It would decrease costs and increase quality of care. I believe that’s the only hope we have of moving forward.”

--Dr. John Luther

As caries rates reach epidemic proportions in children across America, and millions of people have unmet dental needs, the dental profession faces a greater challenge than ever before. To improve oral health nationwide, the goals are changing from finding better ways to manage disease to imperatives of preventing disease. Toward that end, the Institute for Oral Health (IOH) dedicated 2011 to the theme of prevention, exploring evidence-based best practices and innovative models of care that are advancing disease prevention and early intervention.

In October 2011, the IOH hosted our fifth national conference in Chicago, Illinois on **“Prevention: Rebranding the Profession.”** The event spotlighted impressive steps forward in risk assessment, reducing early childhood caries, integration with primary care, new dental roles and effective collaborations to advance prevention, as well as guiding principles for longevity from the world’s healthiest cultures. The conference welcomed guest speakers from across dentistry, medicine, dental benefits, health policy, and the American Dental Association (ADA).

Key prevention strategies discussed at the conference included:

- **Risk assessment and early disease detection** – Many experts agree that prevention in oral health needs to include a framework centered on caries risk assessment. One progressive approach is an assessment form that reduces the dental office burden by engaging patients to self-assess, and providing choices for treatment strategies that best fit patient needs and willingness to adopt healthier behaviors. Additionally, innovations in salivary diagnostics may soon make it possible for dental teams to conduct quick, scientifically accurate chairside tests to detect the presence of an array of diseases within minutes.
- **Preventive dental visits by age one** – Studies confirm that children who receive their first preventive dental services by age one have lower incidence of caries over time and require fewer hospital visits for restorative care. As a result, these early visits dramatically reduce the cost of care. Reaching parents early also helps them understand oral health milestones and increases continued usage of dental services to prevent early childhood caries.
- **Socially-relevant behavior modification** – An innovative model has been introduced that provides an interactive, visually appealing mobile application that community health workers can use to engage parents in childhood caries risk assessment and oral health education. Using simple, culturally relevant language and nutrition references, the system helps guide low-income, low-literacy minority families toward adopting healthier behaviors that help reduce and prevent caries.
- **New dental roles to increase access to preventive services** – New training programs are underway that establish a new dental team member, the Dental Therapist. Skilled in basic dental services, oral health counseling, and practice management, the Dental Therapist helps increase practice capacity for basic oral exams, risk assessments, and preventive

services, and works closely with families to help them understand ways to maintain good oral health and reduce tooth decay. Another program underway is the ADA-sponsored training for Community Dental Health Coordinators (CDHCs). Supporting the low-income communities in which they live, CDHCs serve as a trusted resource to provide culturally-sensitive oral health education, coordinate access to dental care, and perform basic dental services and risk assessments for families in public health settings.

- **Engaging primary care providers in oral health** – As family physicians and pediatricians have more frequent access to young children, these primary care providers are increasingly taking advantage of oral health training programs to help reduce early childhood caries. Providing basic oral screenings, fluoride varnish, and oral health education, they help families understand the connections between oral health and overall health, and the importance of starting dental prevention early to reduce caries risk over time.

Stay up to date on 2012 Institute for Oral Health events

Our 2012 theme is “The Evolution of Oral Health Care Delivery.” Throughout the year, the Institute for Oral Health will host focus groups with industry experts, participate in national oral health events, and convene our **6th annual national conference on October 4 & 5, 2012 in Boston, Massachusetts**. Keep up with the latest news and findings through our website (IOHWA.ORG), whitepapers, quarterly newsletter, and Facebook fan page. Additionally, check out the latest advances in oral health care on our site’s special section “Innovation Central.”

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.

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Take Care New York: An Innovative Approach to a New Health Mandate

As part of the equation in “rebranding the profession” to improve oral health, leaders in the dental benefits industry are looking to innovate dental care delivery to increase prevention in order to improve outcomes by reducing patient risk and associated costs. Dr. John Luther, Chief Dental Officer at UnitedHealthcare, introduced his presentation by emphasizing the need for a “paradigm shift from a surgical-based profession to one that focuses on individual patient needs, is more evidence and risk-based and prevention-oriented.” In addition to providing an overview of where dental benefits are today, Dr. Luther highlighted a progressive partnership that brings together UnitedHealthcare and New York University’s Dental School to encourage prevention and early intervention.

Dental Benefits: Are today’s plans keeping pace with real needs?

Currently, 54% of Americans have access to dental benefits, but are people getting the most appropriate care? While the dental profession recognizes risk assessment and associated preventive strategies are important, the focus continues to be on treating the downstream effects of disease and a “one size fits all” approach to plan design. The industry needs to shift its efforts to a patient centered risk based model, designed to manage the disease itself through the use of individual risk assessment and a focus on prevention,, both of which should be major drivers in reducing costs.

These efforts are supported by emerging evidence-based guidelines which are increasingly centered on reducing risk and integrating risk assessment as critically important best practice tools. Dental benefits need to evolve to keep pace, to eliminate the “one size fits all” model and more appropriately address individual needs. As one commonly cited example, most dental plans cover two cleanings per year, yet many high-risk patients, such as those with periodontal disease, might have better health outcomes with three or even four cleanings per year.

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Alternatively, low-risk individuals might need only one cleaning per year and would benefit from lower cost premiums as a result. To meet these consumer needs, we need a new approach to dental plan design, one that manages costs by shifting the focus from complex restorative care to prevention, early diagnosis and intervention, using non-surgical approaches whenever possible. Instead of focusing on the impacts of dental disease, we would manage the disease itself, and look for opportunities to reward wellness.

What can carriers do to advance oral disease prevention?

Our current approach to dental plan design faces many constraints, such as our procedure based coding system, the need to manage costs, and the regulatory environment, including health care reform. Changing the paradigm involves major challenges, such as how to evolve procedure-based benefits into a risk-based, patient-centered model that adequately compensates providers for prevention as well as disease management.

A proactive approach to disease management

UnitedHealthcare is working within the current benefit structure by developing innovative approaches based on the principles of “disease management” to create a more proactive model that identifies at-risk members who are not actively seeking dental care and encouraging behavior changes to help improve health outcomes and reduce costs.

 <p>“At Risk” Members</p>	<ul style="list-style-type: none">■ Focus on at-risk members – Individuals such as children, pregnant women, and those with chronic conditions such as diabetes, who rarely see a dentist, are identified using medical and dental claims data and are encouraged to engage in healthier behaviors for maintaining good oral health.
 <p>Targeted Outreach</p>	<ul style="list-style-type: none">■ Perform targeted outreach to parents, patients, and caregivers using creative communication strategies (websites, newsletters, interactive voice messages) to promote the importance of prevention in long term oral health. For children in particular, it is especially critical to encourage care by age one and to find a “dental home” for regular care.
 <p>Influence Behavior</p>	<ul style="list-style-type: none">■ Influence behavior changes by monitoring claims activity to track member follow up with the dentist and procedures received, adjusting communications to improve engagement with at-risk members.
 <p>Quality Benefits</p>	<ul style="list-style-type: none">■ Deliver quality benefits that offer enhanced coverage for specific at-risk populations, including expectant mothers such as additional oral exams, cleanings, fluoride and sealants, and periodontal care.

Today’s consumer is growing accustomed to increased levels of product personalization –and they will soon demand that of their health care. As Dr. Luther noted, “People are going to expect that we provide customized care to fit their individual needs. That’s something all of us in the dental benefits industry should keep in mind if we want to maintain our relevance.”

Take Care New York – An innovative solution for caries prevention

When New York City introduced the two-year Take Care New York mandate to increase dental visits in children under age 21 and pregnant women, Dr. Luther recognized the importance of forming strategic partnerships that could advance prevention, help stem early childhood caries, and increase health literacy. UnitedHealthcare (UHC) engaged their physician and dentist networks in New York City and partnered with New York University (NYU) Dental School to serve as a “center of excellence” for complex care and help in developing education for physicians, dentists and interested midlevels.

The primary objective is to get young children into a dental home as soon as possible, focusing on those at higher risk. Because very young children are much more likely to visit their physician before their first visit to a dentist, primary care physicians (pediatricians and family practice physicians) are educated and encouraged to perform basic oral screenings on young children presenting for well child visits, apply fluoride varnish, provide anticipatory guidance and refer the children to a dentist. UHC then sends letters to patients/parents emphasizing the importance of finding a “dental home” and providing referrals to dental offices in their community.

In addition, NYU Dental has been available for treatment of complex cases, and UHC has worked on developing measures for monitoring health outcomes such as utilization of fluoride varnish. Overall, UHC has focused heavily on effective communications to address the diverse needs of the various stakeholders. From educating physicians on caries risk assessments and urging dentists to promote prevention and non-surgical treatment, to helping patients understand the impact of oral health and increase their comfort with receiving dental care. Furthermore, UHC recognizes the responsibility of the dental plans to coordinate care between care providers, ensure timely payments, develop clinical information, and deliver data reporting on process and outcomes.

Defining success for Take Care New York

Based on measures required by the TCNY program, UnitedHealthcare has developed metrics for tracking progress on process and outcomes for this health mandate, monitoring rates of dental visits, caries incidence, and fluoride services provided. At a high level, they define success through increases in the following:

- increased number of dental visits
- more physicians applying fluoride varnish
- increases in children receiving dental care at a younger age
- higher utilization of preventive services and fewer restorative services
- improved health outcomes, and lower costs as evidenced by claims data

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Take Care New York results as of September 2011 are promising: Nearly 96% of preventive procedures were performed on children age 6 and under, with 62% on children 3 and under.
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Lessons Learned

While most health care providers would agree that prevention –especially in children—is critically important, Dr. Luther offered a reminder that the shift in thinking required to execute this type of program has not been fully embraced by practicing physicians and dentists. Some lessons learned so far in the Take Care New York program include:

- Physicians may see the inclusion of preventive dental procedures in their practices as disruptive, and may be reluctant to make changes in their practices, although large group practices and pediatricians have embraced delivery of these services more quickly.
- Although fluoride varnish is important in improving oral health, greater effort needs to go into ensuring referrals to dentists, which is the primary objective of the program.
- To help encourage physicians, we need to offer additional incentives such as CE credits and flexible options for oral health education, and to simplify claims filing for fluoride varnish application, to ensure it easily fits within their existing processes.

Expanding Prevention: UHC initiatives nationwide

In addition to Take Care New York, UnitedHealthcare is developing similar efforts in other States and is working with organizations nationwide to promote prevention and early intervention to help improve health outcomes. Some examples include:

- **Developing outreach programs** and physician education to promote dental visits and fluoride use, particularly in states such as Mississippi, which have a high rate of early childhood caries.
- **Sponsoring research** for the California Practice Based Research Network at UC San Francisco in its study on the impact of CAMBRA (Caries Management By Risk Assessment) in private practice. The goal of the study is to demonstrate that managing caries based on risk status in private practice can significantly improve outcomes by reducing the need for restorative treatment.
- **In addition to efforts in Early Childhood Caries, UHC is engaged in a Medical-Dental Integration program where dental and medical data is combined** to determine if compliance on the dental side can positively impact chronic conditions such as diabetes and cardiovascular disease, and help decrease medical expenses. As an example, UHC may look at high-risk patients with diabetes who also have periodontal disease yet rarely see a dentist. They then reach out to those patients to encourage dental visits, monitor results, and track claims data to determine the impact on medical and dental outcomes and costs.
- **Focusing on “wellness”** by including dentists as part of a collaborative health care team to improve overall health. Currently, UHC is sponsoring a pilot program in which dentists provide biometric screenings for diabetes and hypertension, and patients receive the assessment as well as educational materials and counseling on the importance of maintaining good oral health and nutrition. Screening results can also be shared directly with the patient’s physician.

Despite these important steps forward, dental benefits need to evolve to reduce the focus on restorative care and other reparative approaches as drivers in dental practice, and increase incentives for preventive services and more medicinal strategies to manage dental diseases. While carriers are increasing their use of evidence-based guidelines in plan design, they have been slow to develop good patient risk assessment tools and corresponding preventive benefits. The future of dental plans needs a new model centered on prevention and non-surgical intervention. By promoting risk assessments, innovative diagnostic tools, even products that help improve oral health, dental benefits can more quickly achieve the goal of improving outcomes while reducing costs.