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2011

focus group whitepaper

Oral Health and Prevention

Rebranding the Profession



2011 group #1

January 28 & 29, 2011

Orlando, Florida

:: excerpt ::

David Gesko, DDS

Introduction

Today's Americans face steep challenges in maintaining a healthy family amidst a troubling economy and an inadequate healthcare system. Dental care is often neglected due to lack of access or affordability –resulting in caries becoming the most common chronic disease in children. Families tend to seek emergency care only when oral health problems become too severe, which dramatically increases the costs of care for parents, taxpayers, and state programs. When we consider that nearly all oral disease is preventable –how do we advance the health care system to more successfully promote prevention?

In 2011, the Institute for Oral Health (IOH) tackles this issue, collaborating with experts around the nation to explore solutions for increasing dental disease prevention and early intervention to improve overall health. To support our 2011 theme “**Oral Health and Prevention**,” in January, the IOH hosted the first of two focus groups with expert panel discussions about solutions at the forefront of innovation in health care, aimed to advance how we think about and address dental disease prevention. In follow-up, the IOH will bring key findings and special guest speakers to a larger audience of critical stakeholders through our annual national conference, to be held October 27-28, 2011 in Chicago, Illinois.

Hosted in Orlando, Florida on January 28-29, 2011, this focus group was led by Institute for Oral Health Executive Director, Dr. Ron Inge, and featured leading authorities in dentistry, family medicine, and dental benefits dedicated to progressive oral health solutions for children and underserved populations. The group shared insights on the following topics:

- **Innovating the dental workforce** – To advance disease prevention, dental practice needs to shift from being procedure-focused to patient-focused –which means better health outcomes at a lower cost. To get there, we need to develop consistent and well coordinated processes; collect measurable data to improve the quality and effectiveness of care delivery; collaborate with physicians for early intervention; and educate patients on the importance of maintaining good oral health.
- **Engaging primary care in prevention** – As most young children see a family physician or pediatrician many more times than a dentist, it is important to engage these providers in helping to improve oral health and reduce the incidence of early childhood caries. Oral health training programs are becoming highly popular with physicians, helping them learn about dental issues, connections between oral health and systemic health, and how to conduct basic oral exams, risk assessments, and apply fluoride varnish.
- **Increasing care capacity for the underserved with dental therapists** – With the dental therapist as a new contributor in today's practice geared toward public health, a dental team can increase their capacity for serving Medicaid patients to improve access to care. The dental therapist can support the team with admissions, basic oral exams and preventive services, patient education on oral health maintenance, and practice management.
- **Strengthening sealant programs with a new business model** – To expand the reach and effectiveness of school-based dental sealant programs for needy children, the Sealants for Smiles program takes a progressive approach to managing their non-profit organization. By guiding the organization like a cost-effective private practice and establishing direct relationships with schools, product vendors, and dental plans, this program is succeeding in building valuable momentum across the state of Utah.

- **Advancing dental benefits to focus on prevention** – Dental plan design needs to transform to a more individualized, patient-centric model that supports more preventive care for at-risk patients to help improve health outcomes and lower the costs of care. As a step forward, some benefits organizations have developed initiatives to identify at-risk patients and conduct educational outreach to encourage them to see a dentist. Additionally, these organizations are partnering with primary care physicians to train and reimburse them for oral health preventive services and referrals to dentists.
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Join us for the 2011 Institute for Oral Health Conference

In follow-up to this year's focus groups, Institute for Oral Health is providing whitepapers and promoting relevant news and research through our website, quarterly newsletters, Facebook, and participation at health conferences around the nation. Culminating this year's theme is our **5th annual national IOH conference on October 27-28, 2011 in Chicago, Illinois** at the Sofitel Hotel. Learn more and register early for discount rates ~ please visit: WWW.IOHWA.ORG.

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.

learn more

Web: IOHWA.ORG ~ Register Online for 2011 Conference



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David Gesko, DDS

Dental Director and Senior Vice President, HealthPartners

Workforce Considerations Related to Prevention

As Dental Director at Minnesota's HealthPartners organization, Dr. David Gesko has often explored strategies for advancing prevention in oral health. In this Institute for Oral Health focus group, he addressed the influence of various demographic factors on the dental workforce, and the need for progressive new approaches to prevention such as introducing new roles on the dental team and integrating with primary care providers to increase delivery of preventive services and early intervention risk assessments.

The challenge of dental workforce vs. population growth

Dr. Gesko began by citing statistics that highlight the disparities between rapid growth in certain population segments and trends in the dental workforce:

- **Seniors vs. dentists** – With “baby boomers” reaching retirement age in 2011, our nation is seeing an increasing wave of adults over 60 in sharp contrast with a lack of growth in students entering dental school. In Minnesota, while this segment of aging adults will nearly double over the next 20 years, class size in dental schools has flatlined –currently at about 25% below capacity and by 2030, expected to be over 100% understaffed for serving the senior population.
- **Retiring dentists vs. dental graduates** – Studies show that the number of retiring dentists will increasingly outweigh the number of new dental graduates entering the field, with the workforce facing real disparities over the next 20 years.
- **Minorities vs. access to care** – Minnesota is seeing a considerable rise in diverse populations, expecting that “over half of total population growth in the decade ahead will be minority.” As these segments are often younger, low-income families from Somalia, India, or Mexico, they may need to rely on Medicaid for dental services. This trend reinforces the need to increase access to care and provider workforce to ensure better health across the community.

Adding the role of Dental Therapist

To help offset the imbalance of population growth vs. dental workforce, Minnesota legislators developed an initiative in 2008 to introduce a new role in the dental profession: the dental therapist. These clinicians are trained to support the entire dental practice by providing a strong bridge between the dental office and patient families, assisting dentists and hygienists, and creating efficiencies in overall practice management. With the rapid rise in senior and immigrant populations, adding dental therapists into dental practices can help drive changes that increase access to care while reducing costs.

Furthermore, as the Minnesota Board of Dentistry defines the scope of practice for Dental Therapists, a key element involves delivering preventive services under general supervision, including:

- Oral health instruction and disease prevention education
- Preliminary charting of the oral cavity
- Making radiographs
- Mechanical polishing
- Application of topical preventive agents, including fluoride varnishes and sealants

Note: For an in-depth look at the Dental Therapy education program, see Dr. Sheila Riggs' presentation from this focus group.

The solution starts with prevention

While dentistry has evolved over many decades, the definition of “quality” in dentistry has evolved as well. Dr. Gesko noted that years ago in dental school, quality used to be very procedure-focused, thinking in terms of exacting techniques.

Now, dentistry has grown to recognize that quality needs to be patient-focused and considers more overarching themes such as improved health, reduced risk, greater value proposition, and cost-effective results—all of which start with prevention.



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For prevention tips, check out the HealthPartners “Pearl E. White” page on Facebook ([facebook.com](https://www.facebook.com))

Redesigning Care for the 4 C’s

The HealthPartners organization strives to be truly a “group practice,” with close collaboration of all clinicians to ensure they deliver the best quality care in the most efficient ways. Part of how they meet this goal is to center on four key principles –what Dr. Gesko calls the four C’s:

- **Consistency:** They reinforce the use of consistent processes based on evidence-based guidelines and best practices to create a culture that can systematically deliver the best care.
- **Customization:** Care is customized to effectively address individual patient needs relative to risk assessments.
- **Convenience:** They ensure that all aspects of care are easy for patients, from using the company website to explore knowledge, to arranging appointments, receiving treatment, and learning about follow-up care. It’s a basic customer service model that’s good for business: customers reward convenience with repeat business and loyalty.
- **Coordination:** All clinics and care delivery is coordinated to offer a consistent, streamlined experience to support patients and providers with greater efficiency and cost-effectiveness.

This patient-centric approach helps strengthen the relationship between providers and patients, which reaps a number of benefits: it encourages better oral health behaviors in patients to promote prevention and early intervention, which in turn helps reduce the cost of care and increases the value proposition for the business.

Promoting prevention with a metrics model

In an effort to “advance prevention to the next level,” the HealthPartners dental group has adopted a cyclical model for quality improvement and quality measurement of care delivery, which includes the following steps:

- Define focus
- Agree on elements of care
- Determine measurement approach
- Establish performance targets
- Align incentives
- Support improvement
- Increase member awareness
- Evaluate and repeat



Dr. Gesko highlighted a success story in which the HealthPartners medical group used this measurement model to drive dramatic improvements on various levels. When metrics showed their total costs were higher than other medical groups, they embarked on an initiative to reduce costs while improving health outcomes. He cited an example focused on patients with diabetes whereby, over a five year period, HealthPartners was able to significantly drive down costs to below the statewide average and increase the percentage of patients with “optimal diabetes control” by 34%.

This metrics model can be used to assess a wide range of elements within a practice to determine how well improvement strategies are working, and prove the value they add to the business and overall patient health.

Advancing prevention through evidenced-based care

The HealthPartners Dental Group (HPDG) manages its practice by centering on improving health outcomes through care delivery based on evidence-based guidelines and a focus on disease risk assessment and risk reduction.

To advance their efforts, the HPDG has collaborated with the HealthPartners research group to develop and publish a number of dental care guidelines based on clinical evidence, including guidelines on treating caries, periodontal disease, oral cancer, and more. For more information, visit the National Guideline Clearinghouse website (guidelines.gov) and search on “HealthPartners Dental Group.”

Additionally, the HPDG is a strong advocate of dental Practice-Based Research Networks (PBRNs), which bring together dental practices and dental schools nationwide to conduct research “by and about the real world of dental practice.” One of the primary objectives of dental PBRNs is to prove the effectiveness of oral health treatment and disease prevention. To learn more, visit dpbrn.org.

Assessing and reducing the risk of dental disease

With a focus on prevention, the HealthPartners Dental Group has developed risk assessment models, carefully tracked in their electronic health record system, for monitoring risk in

patients with caries, periodontal disease, and oral cancer. These models have proved highly successful in promoting early interventions to ensure moderate and high risk patients get the appropriate care needed to improve their oral health.

In addition, the HPDG uses a handy tool to educate patients on the cost benefits of prevention by demonstrating the “Molar Lifecycle” and how costs increase as disease increases. Without preventive services, a cavity can progress to requiring a crown, root canal, or implant, which can cost thousands of dollars. By comparison, it costs only about \$10 per year to maintain a healthy tooth –including dental cleanings, toothpaste and floss. Prevention is an easy, low-impact solution that delivers a far more cost-effective result and helps improve overall health and quality of life.

Increasing the physician’s role in prevention

Across the nation, we are seeing an increasing drive for primary care physicians to play a greater role in oral disease prevention, particularly in infants and toddlers where caries often goes unchecked and develops rapidly. Early childhood caries has risen to crisis proportions, affecting an estimated 18% of children aged 2-4 years; 52% of those aged 6 to 8 years; and 67% of kids aged 12-17 years. As young children typically see a pediatrician more often than a dentist, it is important for medical practitioners to understand how oral health influences systemic health, and learn how to conduct basic oral health assessments and deliver preventive services such as fluoride sealants.

In 2009, Minnesota state legislators issued a mandate that caries prevention must be a part of a primary care checkup for children beginning at age one through the teen years. Primary care providers are now required to conduct oral exams and risk assessments, and for high risk patients apply fluoride varnish.

This dental-medical integration is especially important for low-income and minority communities where the risks of dental disease are generally higher due to lack of regular care, suboptimal nutrition, and little or no education on oral health and disease prevention.

To counter this, the HealthPartners Dental Group works closely with pediatricians to educate them on the prevalence and impact of early childhood caries and how to conduct oral health assessments. They provide guidance on how to spot the various stages of tooth decay to promote early intervention, and how to apply fluoride varnish.

Educating patients to build buy-in for prevention

Many consumers complain about the costs of restorative dental care, or live in suffering from poor oral health because they cannot afford care. But rarely do people learn about what they can do to prevent it. While many people may be familiar with the advice to brush and floss everyday, it is a good bet that the average consumer has little or no idea about the greater impact their oral health has on their overall health. Few people understand how big a role prevention and early intervention can play in terms of total cost savings for health care over many years. That’s why it is mission critical for dental clinicians and primary care physicians to invest time in educating patients on the importance of good oral health.

At HealthPartners, the dental group has developed a simple program that helps patients understand how their teeth grow and respond to brushing, fluoride, and good nutrition. In addition to promoting healthy habits, the HPDG’s goal is to help patients reduce their level of risk to stay in better alignment with dental plan coverage. It’s a worthwhile investment in time, because this proactive strategy ultimately helps to drive down the overall costs of care.

2011



Dr. Ron Inge, IOH Executive Director

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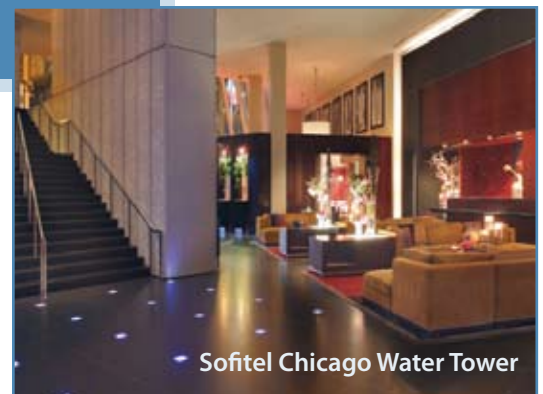
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