



INSTITUTE FOR
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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 ::
John Luther, 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.

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Take Care New York – An Innovative Approach to a New Mandate

In focusing on prevention and early intervention in oral health, it is important to consider how dental plans might evolve to better support patients with the greatest need. In the January Institute for Oral Health focus group, Dr. John Luther described a new patient-centered approach developed by UnitedHealthcare to introduce a more proactive paradigm for disease management and more effectively promote caries prevention.

Where dental benefits are today... and where they need to go

Dr. Luther began by emphasizing that the dental benefits industry needs to move away from the “one size fits all” approach, and instead provide coverage that supports individual patient needs that improve outcomes, and do it at a lower cost. The current benefits model typically focuses on services to treat existing and advancing dental disease, with reimbursement centered on restorative procedures and surgical interventions. However, to realize greater improvements in health outcomes and reduce costs, dental plans need to shift to a “risk-based” model that reinforces oral health assessments and preventive services.

A primary reason why dental benefits have remained fixed on surgical procedures is that the system is geared to align with the current American Dental Association’s (ADA) CDT codes as required by HIPAA. To date, there are no consistent standards for diagnostic codes that support identifying risk factors and tracking clinical outcomes over time. Yet this data is necessary to determine the effectiveness and value of preventive services in order to justify changes in dental coverage. Additionally, this data collection is essential for the development of evidence-based guidelines, which are not only used by clinicians, but also for plan design, claims criteria, and underwriting.

While we are seeing advancements in oral health risk assessment tools and increasing emphasis on risk assessment in dental practice, the benefits industry is challenged by how to customize dental plans to accommodate individual levels of risk. As consumers demand better health outcomes at a lower cost, one way to reduce costs may be to shift plans “away from complex restorative services and toward wellness and prevention,” investing more in coverage to encourage risk assessments, early interventions, fluoride treatments, and consultations to educate patients and parents on how to use preventive measures to maintain good oral health at home.

The carrier’s role in caries prevention

As Dr. Luther sees it, the carrier’s role is to help translate scientific evidence into dental practice for improving health outcomes –but they face many challenges. To advance dental benefits into a new patient-centric paradigm may be a long way off; however, in the near term, carriers like UnitedHealthcare are striving to make progress, including:

- **Increasing focus on at-risk populations** for more effective disease management with children, pregnant women, and members with chronic health conditions such as diabetes. Using claims data, they can identify at-risk members who have not seen a dentist and encourage them to seek dental care to help improve health outcomes.
- **Partnering with dental research** communities in academia to gather evidence, disseminate educational materials, and validate outcomes.
- **Ensuring “robust coverage” for preventive services** such as oral exams, cleanings, fluoride and sealants, and periodontal care.
- **Promoting prevention to at-risk members** through numerous communication channels (websites, newsletters, and interactive voice recognition messaging) to deliver targeted education to encourage at-risk members to better manage their oral hygiene and nutrition.
- **Engaging primary care in early childhood caries prevention** to take advantage of the increased access physicians have to Medicaid-eligible children. UnitedHealthcare (UHC) reimburses family physicians for conducting dental screenings and risk assessments, applying fluoride varnish, and referring patients to a dentist.

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In managing Early Childhood Caries, the objective is to move beyond the historical model of surgically treating the damage caused by caries, to treating caries as a disease through prevention, early detection and conservative treatment.

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--UnitedHealthcare

Take Care New York – An innovative solution for caries prevention

As a further measure to advance dental disease prevention, Dr. Luther highlighted the *Take Care New York* program, in which UnitedHealthcare Dental partnered with their physician network in New York City and New York University (NYU) Dental School to help enrolled members on Medicaid increase their access to dental care. Take Care New York, a mandate that extends from July 2010 to June 2012, is designed to increase dental visits among children under age 21 and pregnant women. To gain the most from this program, UHC Dental has conducted member outreach and provided oral health materials and products to family physicians to achieve the following:

- Educate primary care physicians on the importance of dental risk and provide incentives for driving members to obtain dental care and fluoride treatments.
- Increase the application of fluoride varnish by pediatricians in children under age seven.
- Deliver oral health education and outreach to at-risk members.
- Provide follow-up treatment for complex cases with the help of NYU Dental School.
- Develop measures for monitoring health outcomes such as utilization of fluoride varnish.
- Establish MD and DDS Continuing Education for oral health risk assessment and preventive services.

Defining success for Take Care New York

UnitedHealthcare is using process measures to track the progress of the Take Care New York program by monitoring rates of dental visits in children, rates of caries incidence, and the volume of fluoride services provided. By taking measurements at baseline and interval levels, they hope to determine how well these preventive services are impacting children's health. Ideally, they would define evidence for prevention that can be used in plan design to potentially lower medical and dental costs.

Extending prevention programs across the nation

Understanding that each state has unique needs based on their populations, provider workforce, and state legislation, UnitedHealthcare works to advance disease prevention with members and providers across the country. For example, in Mississippi UHC is focusing on outreach through health fairs, oral health education, and partnerships with the University of Mississippi; in Rhode Island they have plans to increase medical and dental integration in Federally Qualified Health Centers (FQHCs); and in Pennsylvania, UHC is looking into driving down the high incidence of early childhood caries by improving access to care and lowering costs.

The progress vs. the challenges

Dr. Luther emphasized that dental plans are making progress by using evidence based studies; identifying at-risk populations and engaging primary care physicians to assist in oral health assessments and early intervention; and offering outreach and wellness initiatives for members.

However, the dental benefits industry still faces considerable challenges in moving towards real patient-centered dental plan design that more effectively supports positive health outcomes through coverage based on individual needs. To develop a more proactive approach centered on prevention, we need to advance use of diagnostic tools and build risk assessment into dental plan design. Ironically, a typical challenge is that many dental providers resist having to conduct formal risk assessments, indicating that carriers are trying to control how they work. As it has been difficult to build buy-in, carriers face a hurdle in educating providers on the value of identifying at-risk patients to ensure that appropriate levels and frequency of care get to those who need it most.

With children in particular, investing in prevention lowers costs in numerous ways. It not only reduces the need for expensive dental interventions, with healthier children, families may experience lower medical costs and avoid the expense of losing time from work. Similarly, improving outcomes is about more than reducing tooth decay. It is about enhancing a child's ability to learn and perform well in school, build greater confidence with a healthy smile, and enjoy better overall health as they grow up.



Dr. Ron Inge, IOH Executive Director

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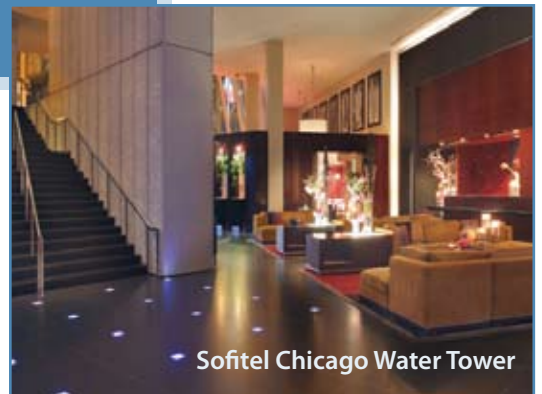
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