Improving the Oral Health of Older Adults & Persons With Disabilities

Our mission is to improve the oral health of all.
Growing Evidence of Oral Health’s Impact on General Health

U.S. Surgeon General’s Report

• “Oral health is integral to general health; this report provides important reminders that oral health means more than healthy teeth and that you cannot be healthy without oral health.”

• “…studies have demonstrated an association between periodontal diseases and diabetes, cardiovascular disease, stroke, and adverse pregnancy outcomes.”

• “…there are profound and consequential disparities in the oral health of our citizens. Indeed, what amounts to a silent epidemic of dental and oral diseases is effecting some population groups.”

World Health Organization

• “The interrelationship between oral health and general health is particularly pronounced among older people.

• Poor oral health can increase the risks to general health and, with compromised chewing and eating abilities, affects nutritional intake.

• Insufficient nutrition may ultimately lead to low immune response.

• Severe periodontal disease is associated with diabetes and HIV infection.”

DentaQuest Foundation
Improving Oral Health for Older Adults...A National Issue

Access to dental care is one of the greatest challenges facing older adults and their care advisors.

Oral care in elderly 'deserves significant attention,' study finds

Oral Health America – Wisdom Tooth Project

Lack of access to dental care leads to expensive emergency room care

American Geriatric Society’s Health in Aging Foundation

Dental problems are among the most common health problems experienced by older adults.

Dental care for seniors — a need that goes largely unfilled –

Poor oral health can have negative impact on seniors' overall health

American Journal of Health Behavior

NBC News

Association of Health Care Journalists

Georgia Health News

DentaQuest Foundation
Oral Health for Adults: Some Compelling Statistics

• Nearly one-third of adults have untreated tooth decay.

• One in four adults ages 65 and older have lost all of their teeth.

• 23% of adults over age 65 have not seen a dentist in the last 5 years
  — African-American Seniors: 31%
  — Mexican-American Seniors: 29%

• More than 164,000 works hours are lost each year due to dental pain

• The most commonly reported individual health-related service not received because of cost is dental care.

Persons with Disabilities Also Face Significant Oral Health Challenges

• Nationally, adults with disabilities are less likely to have a dental visit within the past year (60%) as adults without disabilities (70%)\(^1\)

• A 2012 Tufts University landmark study concluded:
  – People with intellectual and developmental disabilities are more likely to have poor oral hygiene, periodontal disease and untreated tooth decay than the general population –
  – A review of 4,732 adult patients with disabilities found 80% had periodontal disease\(^2\)

Source: 1. Centers for Disease Control; 2008 Behavioral Risk Factor Surveillance System (BRFSS)
2. Tufts University; TuftsNow; “Improving the Oral Health of Adults with Special Needs Proves Challenging;” August, 2012
Dental Services...A Significant Unmet Need

“Top Five Most Frequent Unmet Needs” As Identified by Aging/Disabilities Information & Referral Agencies

<table>
<thead>
<tr>
<th>Service</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transportation</td>
<td>60.8%</td>
</tr>
<tr>
<td>Dental</td>
<td>55.4%</td>
</tr>
<tr>
<td>Financial Assistance</td>
<td>47.8%</td>
</tr>
<tr>
<td>Housing Assistance</td>
<td>45.3%</td>
</tr>
<tr>
<td>Home Modifications</td>
<td>37.4%</td>
</tr>
</tbody>
</table>

Source: National Association of States United for Aging and Disabilities (NASUAD); 2015 National Survey of Aging & Disability Information & Referral Agencies
Emergency Department Visits for Dental Services Continue to Rise

• An American Dental Association (ADA) analysis reports ER dental visits nearly doubled between 2000 and 2010
  – Dental ER visits increased from 2.11 million in 2010 to 2.18 million in 2012.
  – Among adults (21-64), the percentage of ER dental visits paid by Medicaid rose from 27.9% in 2006 to 32.4% in 2012

• In 2012, ED dental visits cost the U.S. health care system $1.6 billion, with an average cost of $749 per visit.

• ADA estimates that diverting ER dental visits could save Maryland’s Medicaid program $4 million annually
Cutting Dental Benefits Leads to Increased Emergency Department (ED) Use

- Removing a comprehensive dental benefit for California Medicaid adults in 2009 resulted in 1,800 additional ED visits annually.

- After adjusting for inflation, the cost of dental ED visits increased by 68% after the policy change.

- California has reinstated most of its Medicaid adult dental benefits.

Source: “Eliminating Medicaid Adult Dental Coverage In California Led To Increased Dental Emergency Visits And Associated Costs;” Singhal, et. al, Health Affairs; May 2015.
Dental Insurance Plays A Major Role in Accessing Care

Source: Delta Dental Plans Association, “America’s Oral Health;” April, 2010
Access to Publicly Funded Dental Benefits

**Children’s Dental Coverage**
- Mandated benefit under Medicaid (EPSDT)
- Required benefit under Children’s Health Insurance Program (CHIP)
- Included in *Essential Health Benefits* offered in Health Insurance Marketplaces

**Adult Dental Coverage**
- Optional benefit for Medicaid adults
- No Medicare benefit
- Not included in *Essential Health Benefits* offered in Health Insurance Marketplaces
Impact of Medicaid Expansion on Adult Dental Coverage By State

1. Idaho provides extensive dental coverage to adults with disabilities and other special health care needs; all other adult members receive emergency only benefits. Virginia provides extensive benefits to pregnant women.

## Categories of Medicaid Adult Dental Benefits

<table>
<thead>
<tr>
<th>Extensive</th>
<th>Limited</th>
<th>None</th>
</tr>
</thead>
<tbody>
<tr>
<td>A more comprehensive mix of services, including many diagnostic, preventive, and minor and major restorative procedures. It includes benefits that have a per-person annual expenditure cap of at least $1,000. It includes benefits that cover at least 100 procedures out of the approximately 600 recognized procedures per the ADA’s Code on Dental Procedures and Nomenclature.</td>
<td>A limited mix of services, including some diagnostic, preventive, and minor restorative procedures. It includes benefits that have a per-person annual expenditure cap of $1,000 or less. It includes benefits that cover less than 100 procedures out of the approximately 600 recognized procedures per the ADA’s Code on Dental Procedures and Nomenclature.</td>
<td>No Dental Benefit</td>
</tr>
<tr>
<td>Emergency</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>Relief of pain and infection. While many services might be available, care may only be delivered under defined emergency situations.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Integrating Oral Health & Primary Care Leads to Improved Health and Lower Costs

• Early Oral Care Saves More
  – 2012 Cigna study shows medical savings when periodontal conditions are treated

  Average annual savings for those individuals in the study who had proper periodontal treatment

<table>
<thead>
<tr>
<th>Population</th>
<th>Savings*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes</td>
<td>$1,292 or 27.6%</td>
</tr>
<tr>
<td>Heart Disease</td>
<td>$2,183 or 25.4%</td>
</tr>
<tr>
<td>Stroke</td>
<td>$2,831 or 34.7%</td>
</tr>
<tr>
<td><strong>ALL CUSTOMERS</strong></td>
<td><strong>$1,020 or 27.5%</strong></td>
</tr>
</tbody>
</table>

Prevention produces results

Customers with gum disease receiving appropriate care have:
• 67% lower hospital admission rate
• 54% lower ER rate

Customers receiving proper preventive dental treatment have, on average:
• 12.5% less extractions
• 5.4% less root canals

* Not an underwriting decrement
** All customers regardless of condition

Source: Cigna 2013 National Segment Client Forum
Integrating Oral Health & Primary Care Leads to Improved Health and Lower Costs

**Treating Gum Disease Means Lower Annual Medical Costs**

<table>
<thead>
<tr>
<th>Disease</th>
<th>Cost</th>
<th>Savings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes</td>
<td>$2,840</td>
<td>(40.2%)</td>
</tr>
<tr>
<td>Stroke</td>
<td>$5,681</td>
<td>(40.9%)</td>
</tr>
<tr>
<td>Heart Disease</td>
<td>$1,090</td>
<td>(10.7%)</td>
</tr>
<tr>
<td>Pregnancy</td>
<td>$2,433</td>
<td>(73.7%)</td>
</tr>
</tbody>
</table>

Significant annual cost savings are possible when individuals with certain chronic diseases (diabetes, cerebral vascular disease, or coronary heart disease), or who were pregnant, received dental treatment for their gum disease, after accounting for the effect of diabetes.

**Treating Gum Disease Reduces Hospital Admissions**

<table>
<thead>
<tr>
<th>Disease</th>
<th>Reduction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes</td>
<td>39.4%</td>
</tr>
<tr>
<td>Stroke</td>
<td>21.2%</td>
</tr>
<tr>
<td>Heart Disease</td>
<td>28.6%</td>
</tr>
</tbody>
</table>

Significant decreases in annual hospitalizations are possible when individuals with certain chronic diseases received treatment for their gum disease, after accounting for the effect of diabetes.

Source: Jeffcoat, M., et. al., “Periodontal Therapy Improves Outcomes in Systemic Conditions.” Abstract, American Association of Dental Research; March 21, 2014
Oral Health as a Social Justice Issue

• Everyone should have the same opportunities to live a healthy life
• A person in poor oral health is not healthy
• It’s everyone’s responsibility to advocate for and mobilize the many who don’t have access to oral health care and prevention
• Nobody should suffer from a chronic disease that is completely preventable
• Until we all have an equal opportunity to live happy and healthy lives, we will live in an unjust society
Committed to Systems

**POLICY**
- Oral health is a key component of health policy
- Oral health policy consistent at local, state and federal levels
- Oral health measurement systems in place
- Policy to allow expanded workforce

**FINANCING**
- Sufficient funding to support care, prevention and training
- Alignment of payment with evidence, prevention, disease management and outcomes

**CARE**
- Dental workforce sufficient to meet needs efficiently & effectively
- Care based on evidence, prevention, disease management and outcomes
- Oral health integrated into all aspects of health care
- Consumer focused care delivery

**COMMUNITY**
- Oral health integrated into education and social services
- Optimal oral health literacy
- Strong community prevention and care infrastructure
- Provider base representative of community
ENVIROMENTAL SUPPORTS

Improve public perception of the value of oral health

Advancing interprofessional education and coordinated care

GOAL
Eradicate dental disease in children

TARGET
75% of children reach age 5 without a cavity

GOAL
Oral health incorporated into the primary education system

TARGET
The 10 largest school districts have incorporated oral health into their systems

GOAL
Mandatory inclusion of an adult dental benefit in publicly funded health insurance

TARGET
At least 30 states have a comprehensive Medicaid adult dental benefit

TARGET
Medicare includes a comprehensive dental benefit

GOAL
Comprehensive national oral health measurement system

TARGET
A national and state-based oral health measurement system is in place

OVERALL GOAL
Reshape systems to improve lifelong oral health and eradicate dental disease in children
Building a Plan to Move
Thank you!

http://dentaquestfoundation.org/