Oral Health Delivery Systems
For Older Adults and People with Disabilities

Dr. Paul Glassman, University of the Pacific
Dr. Michael Helgeson, Apple Tree Dental

What do we know so far today?

A Tsunami is Coming...
Growth of Elderly (in millions)

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<tr>
<td>Pop.</td>
<td>17</td>
<td>26</td>
<td>31</td>
<td>35</td>
<td>39</td>
<td>53</td>
<td>69</td>
<td>75</td>
<td>79</td>
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**More Teeth...**

- **55 to 64 year olds**
  - 1970’s: 67%
  - 1990’s: 80%

- **65 to 74 year olds**
  - 1970’s: 54%
  - 1990’s: 72%

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**More Spending...**

**U.S. Health Spending as percent of GDP**

- 1960: 5%
- 1970: 7%
- 1980: 9%
- 1990: 12%
- 2000: 14%
- 2007: 16%
- 2013: 18%
- 2018: 20%

 Spending More But Getting Less

Higher Medicare spending actually correlates with lower quality ranking.

Forbes
Special Report
World’s Healthiest Countries 2008

There are lots of reasons to envy residents of Northern Europe. Each day they get to take in raw, dramatic landscapes, stunning architecture and world-class shopping.

But, more important, they know a thing or two about health and wellness.

1. Iceland

Icelanders enjoy one of the world’s highest healthy life expectancies (72 for men and 74 for women), giving them plenty of time with the country’s mountains, glaciers, volcanoes, waterfalls and coastal lands. The country is also one of the world’s least polluted. Ensuring Iceland’s top position is the country’s TB prevalence (2.2 per 100,000 people) and infant mortality rate (two deaths per 1,000 live births), both the world’s lowest.

What’s Broken?
Competition is broken

Professor Michael E. Porter
Harvard Business School, 2006

http://icvclients.com/icvconferencesamples/hit_2006/porter/

“Zero-Sum” Competition

• to shift costs
• to increase bargaining power
• to capture patients and restrict choice
• to restrict services to reduce costs

All of this decreases value for patients

What’s Needed?
**A New Approach...**

1. The focus should be on *value for patients*, not just lowering costs.

2. Competition should center on *medical conditions* over the full *cycle of care*.

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**What about Oral HealthCare?**

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**The Mouth**

Portal to the Body
A Good Place to Start?

- There are two mouth infections
- Both are chronic, lifelong diseases
- Prevention works well at every age
- Dental restorations and surgeries have very high success rates

infection

noun
the process of infecting or the state of being infected: *strict hygiene will limit the risk of infection.*

Dental “Cycle of Care”

Education
Treatment
Prevention
Diagnosis

MOUTH INFECTIONS
Impact of Dental Care...

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<tr>
<th>Study</th>
<th>Groups</th>
<th>Results</th>
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<tr>
<td>Aetna (2006)</td>
<td>Diabetes, Heart Disease, Stroke</td>
<td>Medical spending was 9 - 16% lower</td>
</tr>
<tr>
<td>BC/BS (2009)</td>
<td>Diabetes</td>
<td>Medical spending was ~10% lower</td>
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Joseph Errante, DDS, Vice President, Blue Cross Blue Shield of Massachusetts, Presented at Institute for Oral Health, October 2010

Diabetes in Minnesota

- Diabetes: $2.3 Billion
- Dental Savings: $230 Million
- Medicaid Dental Spending: $120 Million

Reducing diabetes complications could fully fund dental care for 660,000 Medicaid children, adults and elders!
Conclusion

Preventing and treating mouth infections can drive down overall healthcare costs.

Staying healthy...

- By adopting healthy habits and seeking regular dental care, older adults are keeping their teeth, staying healthier and living longer.
- Losing teeth isn’t an inevitable part of aging.
- Teeth are important for speaking, smiling and eating well, and people are never too old to have their teeth repaired or replaced.

So What’s the problem?
**age•ism** |ˈæj.i.zəm|

**noun**
prejudice or discrimination on the basis of a person's age.

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**The Special Care Dentistry Act**

**HR5364**

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**IN THE HOUSE OF REPRESENTATIVES**

**MAY 20, 2010**

Mr. STUPAK introduced the following bill; which was referred to the Committee on Energy and Commerce
The Special Care Dentistry Act

• A step towards ending discrimination against the disabled and elderly in oral healthcare benefits
• It covers “special care” services essential to overcoming long standing access barriers
• Reduces Medicaid and Medicare spending linked to untreated dental infections and pathologies

How Can We Deliver Oral Care more Effectively?

What Factors produce Health?

• Behaviors
• Genetics
• Environment
• Healthcare

WHERE CAN WE IMPACT...

• Behaviors of high risk patients?
• Genetic factors linked to higher risk?
• Environmental factors where people live or work or go to school?
• Gaps in the healthcare delivery system?

In Community settings...

• Residential care facilities
• Day activity centers
• Assisted living facilities
• Nursing Homes
What are some New Delivery Models?

California Dental Association Journal
August/September 2005

Oral Health for People With Special Needs: Consensus Statement on Implications and Recommendations for the Dental Profession

Abstract

In November 2004, the Pacific Center for Special Care at California State University, Los Angeles, sponsored a "Unique Health Needs and Dentistry" symposium. This document provides a summary of that event.

[Content continues...]

[Content continues...]

[Content continues...]
New Oral Health System

Community Collaborative Practice

Delivering oral health services where people live, work, go to school, or receive other health and social services
**Proactive vs. Passive**

**proactive** | prəˈaktiv |
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*adjective*
Creating or controlling a situation by causing something to happen rather than responding to it after it has happened: *be proactive in identifying and preventing mouth infections.*

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**New Oral Health Systems**

- Proactive, patient centered
- Geographically distributed
- Collaborative
- Tele-health enabled
- Prevention and outcomes focused
- Virtual health homes without walls

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**A Three-way Collaboration**

![Diagram of a three-way collaboration between Community Organization, Nursing Facility Group Home, Oral Health Team, Dental Practice, Private Office Safety Net Clinic, and On-site Team.](image)
Underserved People

Often can’t access care for lack of...

- Knowledge to seek care before problems arise
- Health status to travel or receive care at traditional clinics
- Financial resources to pay for care

Community Collaborative Practice

Overcomes barriers by proactively delivering ...

- Early education and prevention before problems arise
- Special care in collaboration with nurses, teachers and social services providers
- Financial support from the whole community

The HealthCare Home

- Care management over time;
- Health promotion activities;
- Access to technical medical services when needed;
- In pediatric medical home models, there is also an emphasis on early intervention services.
By the end of 2010

700,000 Dental Visits

Patient Age Distribution 2009

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<tr>
<th>Age Group</th>
<th>Count</th>
<th>Percentage</th>
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<tr>
<td>Children</td>
<td>4,989</td>
<td>31%</td>
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<tr>
<td>Adults</td>
<td>5,349</td>
<td>33%</td>
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<tr>
<td>Seniors</td>
<td>5,795</td>
<td>36%</td>
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Dental Care Value
1986 to 2009

By the end of 2010
$100 Million Dental Care

What are the keys to success?
Nonprofit structure aligns accountability with mission.

Apple Tree’s mission is to improve the oral health of people with special access needs who face barriers to care.

Staff Model Expertise

- Geriatric, pediatric and special care dentistry
- Fundraising and nonprofit development
- Educational collaborations and rotations
- Public policy leadership and advocacy
How is care delivered?

**Hub and Spoke Clinics**

- Special Care Clinic is the Operations Center
- Mobile On-Site Community Clinics
- Optimal clinic infrastructure and workforce deployment

Apple Tree Center for Dental Health
Advanced Mobile Dental Offices

How do the Mobile Offices work?

How do the Mobile Offices work?
Nursing Facility Program
Oral Health Services Agreement

Contract Topics:
- Oral Health Team Roles
- Community Partner Roles
- Space Agreement
- Health Records
- Regulatory Compliance
- Liability

Oral Health Team Roles

Dental Director
- On-Site Dentists
- Télé-dentists

Dental Therapists
- Collaborative Hygienists
- Dental Assistants
- Oral Healthcare Aides
- Dental Liaisons
- Care Coordinators
- Truckers

Dental Therapists
- Newest members of the team
- Integrated into Apple Tree’s interdisciplinary staff model
- Helping provide more timely care at a lower cost.
1. Oral Health Education

Collaborative practice hygienist educates elders and caregivers at Admission, Re-admission, and Annually

Nursing Home

2. Prevention and Daily Care Planning

Nursing Home

Prophylaxis
Fluoride Varinises
Chlorhexidine
Daily Oral Care Plan
3. Minimum Data Set (MDS) Assessment

Assessment of Oral and Nutritional Status

- >40% have disease
- <10% have Urgent needs

4. Elders with disease are identified

- >40% have disease
- <10% have Urgent needs

- Most elders need one or more restorative visits
- Only a few need referrals to specialists or hospitals

5. Tele-dentistry Exams and Follow-up Care

- >40% have disease
- <10% have Urgent needs
Some Potential Benefits ...

- A nonprofit staff model can deliver the “Cycle of Dental Care” at less than half of traditional costs offering patient centered “Value-Based” advantages over other models.
- Medical transportation, staff time and family time required in traditional models can cost more than the dental care itself.
- A nonprofit can serve as an “Accountable Care Organization” providing 100% access to dental care without financial, age or health status discrimination common in other models.

To Summarize...

Teaming up is critical to reforming oral healthcare delivery...
Because some things can only be done by a team...

Thank You!

www.appletreedental.org