

**MOVING PAST
DISRUPTION
TO IMPROVE
ORAL HEALTHCARE**

Who Will Lead Medical-Dental Integration Forward?

Mary Lee Conicella, DMD, FAGD
April 28, 2023

Disclosures

- Dr. Conicella has no relationships to disclose.

Leading Medical-Dental Integration Forward: First, assemble the perfect team



Advancing Dental-Medical Integration: Plans, Providers and Patients

Compendium
September 2022
Volume 43, Issue 8



Advancing Dental-Medical Integration: Plans, Providers, and Patients

Jeremy Jonckheere and Mary Lee Conicella, DMD, FAGD

The concept that good oral health is a driver of overall health seems to have reached widespread acceptance. The question now is: Who will lead it forward?

Recent studies from Mayo Clinic, DentaQuest Foundation, and many others have further reinforced that preventative oral healthcare and the treatment of periodontal disease improves overall wellness and lowers the total cost of care. Patients benefiting the most are those with diabetes, cardiovascular disease, or other chronic conditions. Given the prevalence and growth of these high-risk conditions, and with nearly half of Americans suffering from periodontal disease, the industry has begun to act. This encompasses a wide range of parties, including insurance plans, educational institutions, technology groups, and healthcare providers.

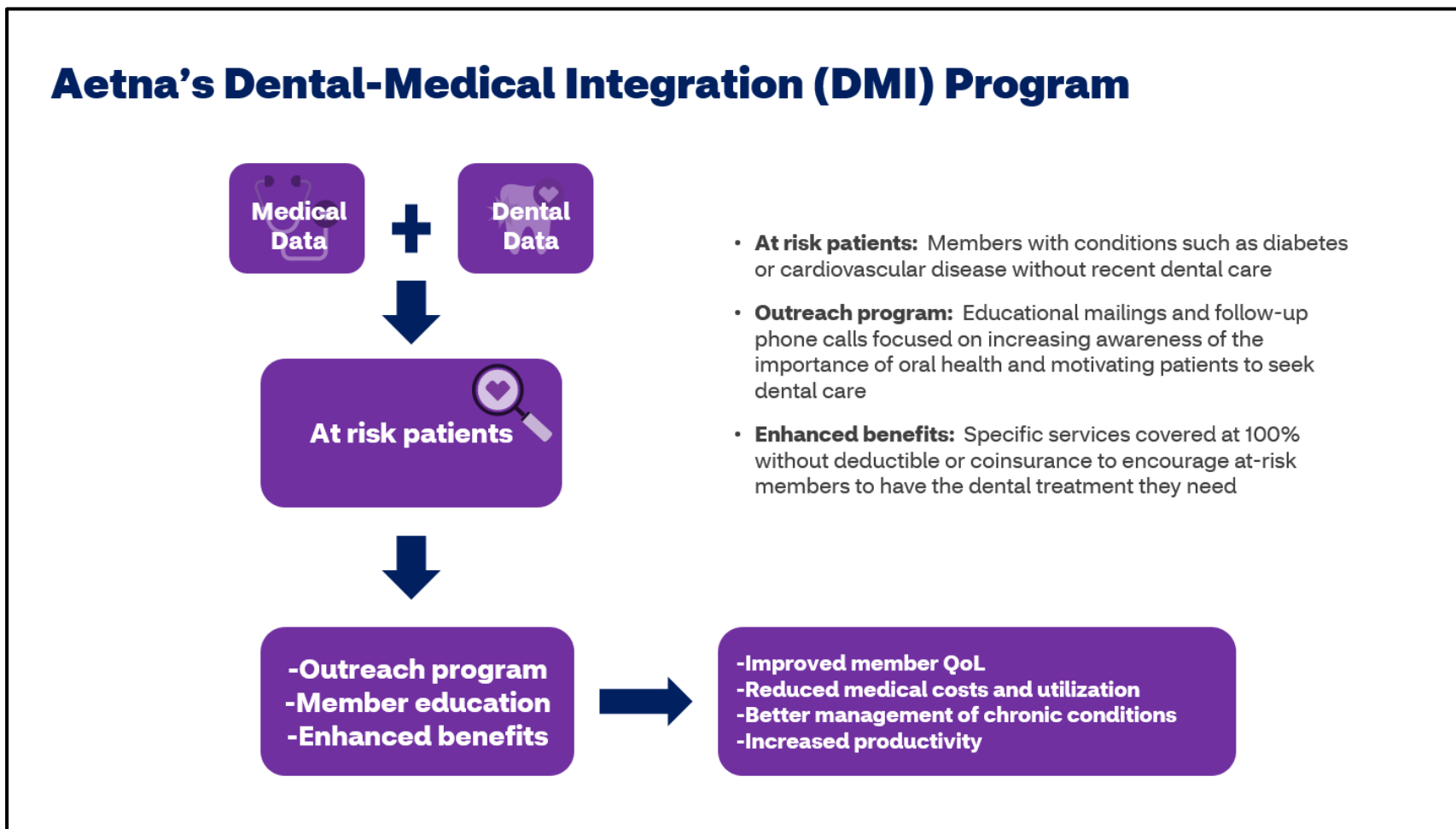
Insurance plans have taken initial steps as their incentives align with employer groups' demands for cost savings and dental's growing importance supporting member retention and Medicare Advantage quality ratings. Examples of functional and successful integration programs that remove access-to-care barriers include Aetna's decades-long efforts and Arkansas BlueCross BlueShield's work with Life & Specialty Ventures. These programs blend direct member outreach with incremental copay benefits for qualifying members. Aetna Dental, in particular, has created a gold standard with its programs for members with high-risk comorbidities that: (1) apply to all dental plans; (2) apply to all members, regardless of medical plan coverage; and (3) do not require members to file paperwork, or pay first-reimburse later.



Six Ways Insurance Plans Can Work With Providers to Promote DMI

- 1 Support and value diagnostic coding adoption and health data collection (such as blood pressure) at each visit.
- 2 Recognize and target systematic underdiagnosis of periodontal disease.
- 3 Establish positive value-based programs for preventative care and treatment of periodontal disease.
- 4 Include incremental or flexible benefits with low administrative hurdles for members at highest risk.
- 5 Embrace the evolving capabilities of EHRs to coordinate a patient's dental and medical data.
- 6 Adopt augmented intelligence (AI) to create fair and consistent diagnostic criteria for provider claims.

Incremental benefits with low administrative hurdles



Enhanced Benefit Examples

- *Additional prophylaxis*
- *Scaling & root planing*
- *Periodontal maintenance*

Questions for table discussions:

- *How can these services be adapted into “MDI” quality measures?*
- *Should other procedures be added?*
- *Will diagnosis codes be required?*

Embrace the evolving capabilities of EHRs



Empowering Clinicians with Data

Epic

- Enables dentists to access full patient health record – and the ability to provide critical oral health info to the patient’s medical providers
- Early identification of diseases, such as diabetes, based on changes in gum and oral health, leading to stronger collaboration with medical providers and improved patient outcomes
- Patients can view their acute health, primary health, and dental health history all in one place



**Cone Beam
Computed
Tomography**

- 3D imaging that allows for improved diagnostic ability by enabling clinicians to see more of the oral cavity, aiding in early detection of oral health concerns linked to systemic conditions
- Implementing AI technology-enabled imaging analysis



HbA1c

- POC test that enables screening and appropriate referrals to improve diagnoses of pre-diabetes and diabetes
- Helps clinicians determine whether blood sugar levels are within a safe range or if intervention is needed
- Partnering with American Diabetes Association to launch care plan for patients with diabetes



**Salivary
Diagnostics**

- Measures quantities of 11 pathogenic bacteria that may put the patient at risk for advancing periodontal and systemic diseases
- Tests for the patient’s IL-1 and IL-6 genotypes
- POC test that identifies the levels of the aMMP-8, which is a biomarker that measures the breakdown of collagen in your mouth, indicating the severity of periodontitis

Creating healthier, happier patients®

Embrace the evolving capabilities of EHRs



CARIES RISK IMPLEMENTATION AND
UTILIZATION IN THE EPIC EHR

March 16, 2023
AADOCR/CADR Meeting
Portland, OR
Abstract # 3819058

S. Perelman, T. Ansari, A. Myers, B. Roykh, S. Chussid,
D.A. Albert
Columbia University College of Dental Medicine
New York, New York, United States

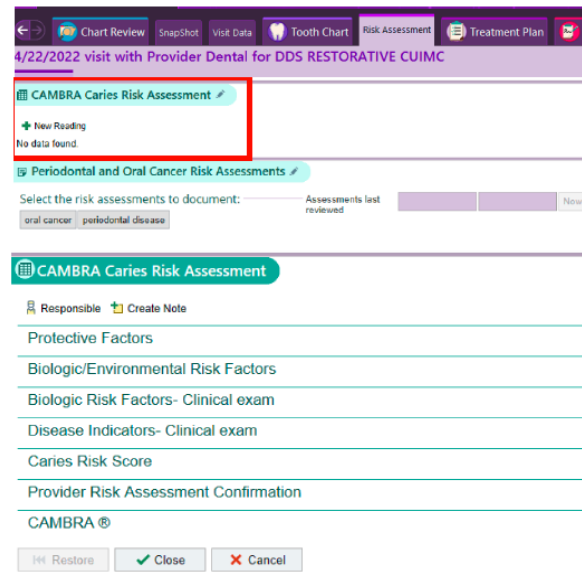
This project was supported by a grant from CVS Aetna

 COLUMBIA | COLLEGE OF
DENTAL MEDICINE

CAMBRA in Epic EHR

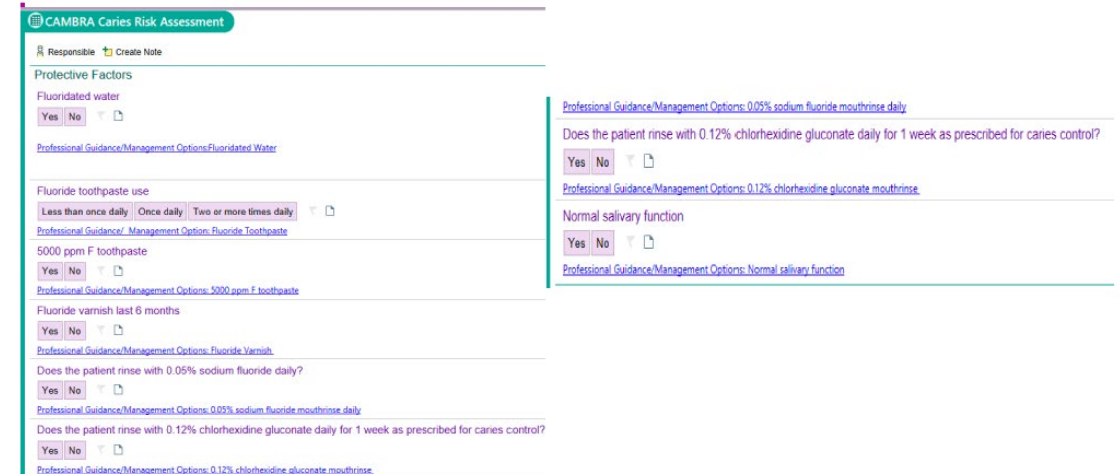
Risk Assessment Activity

- ❑ CAMBRA is a section in the risk assessment activity
- ❑ The age-appropriate version automatically displays based on DOB.
- ❑ Two versions of CAMBRA
 - ❑ ≥ 6 years of age
 - ❑ < 6 years of age



© 2023 Epic Systems Corporation

Protective Factors





© 2023 Epic Systems Corporation

CAMBRA in Epic EHR

Professional Guidance/Management Options

- Hyperlinks to information:
 - Professional Guidance
 - Management Options

Normal salivary function

Yes No  

Professional Guidance/Management Options: Normal salivary function

Does the patient have normal salivary function?

Professional guidance:

If the patient's mouth looks normal and glistening/wet the saliva function is likely to be normal. Clinical inspection can assess whether the saliva looks normal, flows normally, is not thick and sticky, or the mouth looks or feels dry. These latter symptoms place the patient in the hyposalivatory category as described elsewhere. **It is essential to answer this question here as well as in the biological risk factors section, as the answers affect the outcome of the caries risk assessment.**

Management Option/Treatment Plan Text for the clinician's guidance and report:

None required unless there is a change in medications that affect salivary function.

© 2023 Epic Systems Corporation

Calculated Risk Score and Confirmation

Caries Risk Score

Caries Risk Score	Caries Risk Percentile
22	62

Caries Risk Assessment Adult (> 6 YRS OLD)



High Risk

[Low Caries Risk](#)
[Moderate Caries Risk](#)
[High Caries Risk](#)
[Extreme Caries Risk](#)
[CAMBRA](#) ®



Provider Risk Assessment Confirmation

Provider Risk Assessment Confirmation


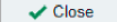
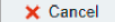
Caries risk level confirmation > 6 yrs old

I agree with the calculated risk level | I disagree with the calculated level  

Provider determined risk level > 6 yrs old

Low Risk | Moderate Risk | **High Risk** | Extreme Risk  

CAMBRA ®

© 2023 Epic Systems Corporation

Support Health Data Collection



S04 E23

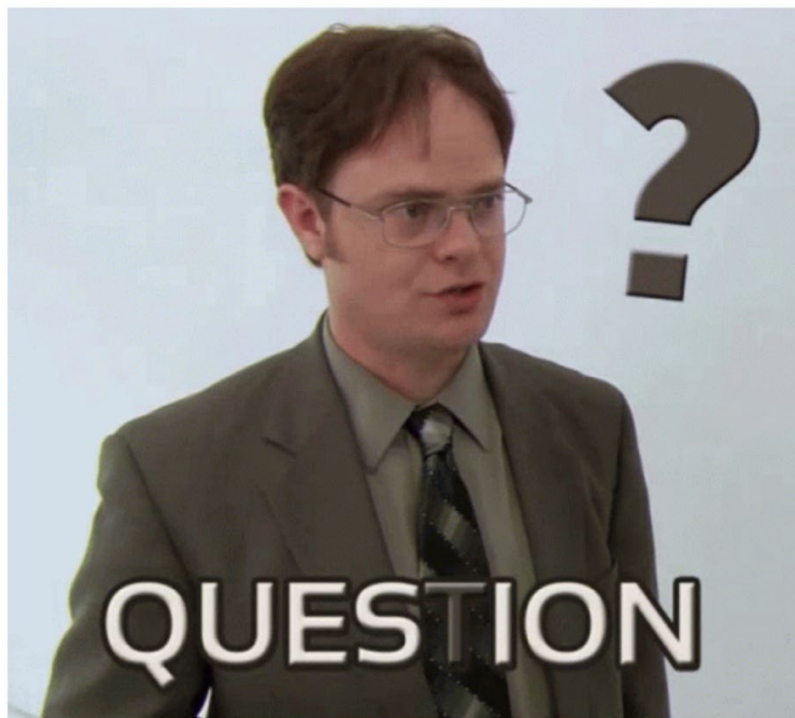
3/6/23

Care Coordination: Improving Chronic Disease Management through Coordinated Care

- ❑ Patients with chronic diseases require highly efficient, collaborative treatment from their health insurers and providers. The podcast discusses care coordination strategies and tools to improve payer-provider partnership in chronic disease management.
- ❑ Goals
 - (Provider) take care of the patient
 - (Insurer) improve member health by supporting providers who perform holistic care
- ❑ Insurers collect data and feed it to providers so they can work with the patient to close care gaps

Additional questions for table discussions:

- **How does medical-dental integration address value, cost and quality in the delivery of oral healthcare and impact patient outcomes?**
- **What possibilities exist for data sharing in the future?**
- **How can attendees use or modify these medical-dental integration concepts to put them into practice?**





Thank you!