### In the Beginning...



# Poor oral health compromises more than health...

Oral pain can restrict activity, impair nutrition, and disturb sleep

- Adults lose 164 million work hours each year due to oral complications and dental care
- Older adults with missing or no teeth report lower overall quality of life
- Indirect economic costs:
   Adults with missing teeth are more likely to report trouble finding employment

- <u>Children lose 54 million</u> school hours each year due to oral complications and dental care
- Poor oral health = higher school absence and poorer academic performance
- Impacts language, self-esteem

### Access and Affordability Challenge

Dental care is the most common unmet health need

40% of the population lacks dental insurance2.5x the % who lack medical insurance

- Even with insurance, dental care is often not affordable
- 47 million live in dental professional shortage areas

### **Costs of Oral Disease**

- \$111 billion spent on dental care in 2012
- Significant spending on restoration and late stage intervention
- 2.1 million ED visits
  - Oral pain
  - Infection
  - Abscessed teeth
- Most EDs are not equipped to treat dental emergencies



### **National Recognition of Oral Health**

#### Advancing Oral Health in America



INSTITUTE OF MEDICINE

Oral Health in America: A Report of the Surgeon General



Department of Health and Human Services

### Where We Started



### WA Medicaid Adult Dental Policy

2010 – Most adults lost coverage, only 39K maintained coverage

2014 – Adult Coverage restored amid Medicaid expansion – 850K now covered

2015 – Coverage protected, access to care a challenge

### **Current Efforts**





Teeth Week in Spokane









#### Patient-Centered Medical Home Implementation Tools Project



**Testing New Caregiver Resource** 





Washington Academy of Family Physicians



# What's Happening Nationally

#### **Oral Health 2020**

Vision: To eradicate dental disease in children & improve oral health across the lifespan.
Goal: Mandatory inclusion of an adult dental benefit in publicly funded health insurance.
Goal: Oral health incorporated into the primary education system.
Goal: Comprehensive national oral health measurement system.
Goal: Eradicate dental disease in children.

on Oral Health



Smiles for Life

National Interprofessional Initiative

engaging clinicians eradicating dental disease

## Oral Disease Systemic Diseases

- People with serious gum disease are 40% more likely to have a chronic condition on top of it.
- Periodontal disease—correlated with a variety of conditions with systemic implications
  - Cardiovascular disease, heart disease, respiratory infections, diabetes, HIV, adverse pregnancy outcomes
- Systemic diseases can have an impact on oral health
  - Dementia
  - Chronic disease medications that cause xerostomia

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### **The Oral Systemic Connection**

Periodontal treatment reduces medical costs for people with systemic conditions



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.



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

Study Conducted by University of Pennsylvania, School of Dental Medicine for United Concordia Dental

## Why Address Oral Health in Primary Care?

- Oral health is essential to overall health
- Oral disease is almost entirely preventable
- PCPs play a key role in health education, prevention, and early detection

#### Meanwhile, the healthcare landscape is quickly changing:

- Primary care clinics are becoming medical homes, ACOs, thinking about better care coordination, increasing focus on prevention and use of population data to drive strategies.
- ACA driving system change: payment reform expanding use of risk/value based contracting over fee for service, focus on population health outcomes, Medicaid expansion (adult dental benefit restored).

#### Participating in this initiative can help!

### Support for Delivering Oral Health Preventive Services in Primary Care is Growing

- In 2011, the <u>Institute of Medicine (IOM)</u> recommended expanding the role of non-dental healthcare professionals in oral health.
- The <u>U.S. Preventive Services Task Force</u> (USPSTF) has issued a final recommendation (Grade B) for children, stating that primary care providers should apply fluoride varnish to the teeth of all infants and children from the time of primary tooth eruption to age 5.
- The <u>Health Resources and Services Administration</u> (HRSA) recently issued a set of core clinical competencies and supporting recommendations for more fully integrating oral health in primary care, healthcare education, and practitioner standards.

### **Core Clinical Competencies:**

- Risk assessment Communication and education Preventive interventions
- Oral health evaluation Interprofessional collaborative practice





### **The Maternal-Child Linkage**

Mothers/primary caregivers are the main source of the bacteria responsible for causing caries

### How are the bacteria transmitted?

- Via saliva contact such as tasting food, licking spoons or pacifiers
- The more active the disease in mother's mouth, the more likely the child is to acquire the bacteria early
- If colonization is delayed until after two years of age, then children have less dental decay



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### Children

#### Tooth decay is the most common chronic disease of childhood 5 times more common than asthma

- Nearly 40% of kindergarteners in WA have had tooth decay experience
- 13% of WA children have untreated tooth decay.
- Nationally, 67% of teens ages 16-19 have had decay in permanent teeth

#### Consequences of untreated tooth decay:

- Poor school performance & missed school
- Speech and language development problems
- Difficulty eating
- Systemic issues: cellulitis, abscess
- Hospitalization for extractions
- Impacts permanent teeth
- Leads to a lifetime of problems





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### **Patients with Diabetes**



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**Community Advocates for Oral Health** 

### **Diabetes and Periodontitis**

32% Reduction in medical costs61% Reduction in hospital admissions41% Reduction in physician visits



UC Wellness Oral Health Study: University of Pennsylvania School of Dental Medicine

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# **Older Adults**

- As older adults retain more of their teeth, there is more need for prevention & restoration
- Prevalence of oral disease in seniors nationally:
  - Periodontal disease: 70%
- Increased risk of caries



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# **Older Adults: Barriers to Care**

- 50% of surveyed adults 65-74 years in WA lack dental insurance
  - Medicare does not cover preventive and outpatient dental treatment
  - WA's Medicaid adult dental program was restored as of January 2014 (*for those who qualify for Medicaid*)
- Limited mobility and transportation
- Disability



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**Community Advocates for Oral Health** 

### Oral Health is Essential to Overall Health

### Dental caries, periodontal (gum) disease, and dry mouth are common problems that negatively impact patients' health and quality of life:

- Periodontal disease is linked to a variety of conditions with systemic implications: diabetes, cardiovascular disease, stroke, respiratory infections, and adverse pregnancy outcomes.
- <u>Caries</u> can lead to pulp infection, abscess, tooth loss and low selfesteem leading to depression.
- Dental pain or missing teeth can make eating and getting proper nutrition difficult.
- Dry mouth, frequently associated with medications prescribed by medical providers, increases the risk of both caries and periodontal disease.