

whitepaper

2011 conference
Prevention
Rebranding the Profession



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Chicago, Illinois

:: whitepaper excerpt ::
Kathleen T. O'Loughlin, DMD, MPH

“Building a future based on prevention would give us the win-win situation we are all looking for. It would decrease costs and increase quality of care. I believe that’s the only hope we have of moving forward.”

--Dr. John Luther

As caries rates reach epidemic proportions in children across America, and millions of people have unmet dental needs, the dental profession faces a greater challenge than ever before. To improve oral health nationwide, the goals are changing from finding better ways to manage disease to imperatives of preventing disease. Toward that end, the Institute for Oral Health (IOH) dedicated 2011 to the theme of prevention, exploring evidence-based best practices and innovative models of care that are advancing disease prevention and early intervention.

In October 2011, the IOH hosted our fifth national conference in Chicago, Illinois on **“Prevention: Rebranding the Profession.”** The event spotlighted impressive steps forward in risk assessment, reducing early childhood caries, integration with primary care, new dental roles and effective collaborations to advance prevention, as well as guiding principles for longevity from the world’s healthiest cultures. The conference welcomed guest speakers from across dentistry, medicine, dental benefits, health policy, and the American Dental Association (ADA).

Key prevention strategies discussed at the conference included:

- **Risk assessment and early disease detection** – Many experts agree that prevention in oral health needs to include a framework centered on caries risk assessment. One progressive approach is an assessment form that reduces the dental office burden by engaging patients to self-assess, and providing choices for treatment strategies that best fit patient needs and willingness to adopt healthier behaviors. Additionally, innovations in salivary diagnostics may soon make it possible for dental teams to conduct quick, scientifically accurate chairside tests to detect the presence of an array of diseases within minutes.
- **Preventive dental visits by age one** – Studies confirm that children who receive their first preventive dental services by age one have lower incidence of caries over time and require fewer hospital visits for restorative care. As a result, these early visits dramatically reduce the cost of care. Reaching parents early also helps them understand oral health milestones and increases continued usage of dental services to prevent early childhood caries.
- **Socially-relevant behavior modification** – An innovative model has been introduced that provides an interactive, visually appealing mobile application that community health workers can use to engage parents in childhood caries risk assessment and oral health education. Using simple, culturally relevant language and nutrition references, the system helps guide low-income, low-literacy minority families toward adopting healthier behaviors that help reduce and prevent caries.
- **New dental roles to increase access to preventive services** – New training programs are underway that establish a new dental team member, the Dental Therapist. Skilled in basic dental services, oral health counseling, and practice management, the Dental Therapist helps increase practice capacity for basic oral exams, risk assessments, and preventive

services, and works closely with families to help them understand ways to maintain good oral health and reduce tooth decay. Another program underway is the ADA-sponsored training for Community Dental Health Coordinators (CDHCs). Supporting the low-income communities in which they live, CDHCs serve as a trusted resource to provide culturally-sensitive oral health education, coordinate access to dental care, and perform basic dental services and risk assessments for families in public health settings.

- **Engaging primary care providers in oral health** – As family physicians and pediatricians have more frequent access to young children, these primary care providers are increasingly taking advantage of oral health training programs to help reduce early childhood caries. Providing basic oral screenings, fluoride varnish, and oral health education, they help families understand the connections between oral health and overall health, and the importance of starting dental prevention early to reduce caries risk over time.

Stay up to date on 2012 Institute for Oral Health events

Our 2012 theme is “The Evolution of Oral Health Care Delivery.” Throughout the year, the Institute for Oral Health will host focus groups with industry experts, participate in national oral health events, and convene our **6th annual national conference on October 4 & 5, 2012 in Boston, Massachusetts**. Keep up with the latest news and findings through our website (IOHWA.ORG), whitepapers, quarterly newsletter, and Facebook fan page. Additionally, check out the latest advances in oral health care on our site’s special section “Innovation Central.”

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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Kathleen T. O’Loughlin, DMD, MPH

*Executive Director and Chief Operations Officer,
American Dental Association*



Prevention in Dentistry Over the Next 5 Years

In looking at the current and future state of dentistry and the urgent oral health needs of the U.S. public, Dr. Kathleen O’Loughlin, the Executive Director of the American Dental Association (ADA), began on an encouraging note: prevention is finally gaining appropriate recognition for the value it delivers to oral health. At the 2011 Institute for Oral Health conference, Dr. O’Loughlin focused her discussion on three important themes:

- **Increasing awareness with a new framework for prevention** – To drive real change across our industry, we need a new way of delivering key messages to policymakers and other stakeholders about what prevention means in terms of comprehensive strategy and actionable steps.
- **Improving collaboration within dentistry** – To improve oral health through prevention, we need greater cohesion and collaboration across the dental and other health related professions to build consensus on best practices and progressive solutions.
- **Affordable Care Act and prevention** – A look at how health care reform may or may not impact prevention in oral health, and important steps the ADA is taking to advance the agenda.

A New Framework for Prevention

In terms of health care, prevention is defined as “measures taken to prevent disease” (Wikipedia). A major component in preventing disease is risk management, and effectively managing risk involves four key steps:

1. **Identify** the risks
2. **Assess** the risks
3. **Prioritize** the risks
4. **Apply** the first three steps to a comprehensive strategy deployed to mitigate those risks.

This model for risk management could provide a more effective framework for any discussion on prevention. When we define prevention as “managing health risk,” we can more easily explain to policymakers that we are talking about actions we will take to identify, assess, and prioritize patient health risks, and taking those same steps to design appropriate interventions to ensure the best health outcomes. When we frame prevention in a larger context of risk management, “it means a lot more than sealants, fluoridated water, and fluoride varnish.”

While the dental profession does “a masterful job” of disease management, we can no longer move forward with the same modalities for managing disease; we need to prevent disease and manage health. Simply managing disease is no longer affordable for the American public, for public health systems, for state Medicaid budgets, and for the dental benefits industry.

Dr. O’Loughlin called upon the profession to collectively agree on a “master framework for prevention that we can all buy into,” a model that can be echoed consistently across policy, dental practice, health benefit plan design, and public health interventions. The ADA is accelerating this effort with an organization-wide campaign starting in 2012 to define a new framework for prevention. As policymakers and influencers, the ADA is well positioned to affect real change; yet to do so, they need a solid platform, based on consensus across the dental profession on the critical actions that encompass strategic prevention.

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“Can you imagine what would happen to our industry if we framed our purpose as “health management” instead of “disease management”? What would happen to dental education, which focuses 1,800 hours on drill and fill, and 100 hours on prevention?”
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—Dr. Kathleen O’Loughlin

A New Commitment to Collaboration

To increase effectiveness across the industry and affect real change in improving oral health, across the dental profession we need to combine our collective intelligence and expertise toward unified goals. A cornerstone of that collaboration is prevention: agreeing upon a uniform framework that defines our approach to health management via prevention across dental practice, benefits, health policy, and in our communities.

Collaboration and the ADA

According to Dr. O’Loughlin, the American Dental Association (ADA)’s mission is “a seismic shift in terms of being willing and committed to external collaboration,” including adopting a new mission statement:

“We are the professional association of dentists that fosters the success of a diverse membership, and advances the oral health of the public.”

As part of the ADA’s mission, the organization focuses on three strategic goals:

- **Provide support to dentists so they can be successful throughout their careers.** This goal embraces the many career paths one might take, such as private or corporate practice, academia, research, public health, dental insurance, health policy, etc.
- **Help people be better stewards of their own oral health by being the trusted resource for oral health information.** The ADA aims to be the go-to resource for “credible, vetted, scientifically sound health information.”
- **Demonstrate our commitment to improving the public’s health by being a collaborative profession.** The ADA is driving collaborative efforts across the industry; in fact, their policy team has mandated that member dentists must participate actively in their communities to benefit public health.

What the Affordable Care Act Means for Prevention

Achieving these strategic goals is the foundation of the ADA’s work, as evidenced by their strong advocacy in driving changes in oral health care reform. As a starting point for reform, the ADA lobbied to expand the public health infrastructure, which for years has struggled to achieve health goals in the wake of budget cuts and the closing of community hospitals and clinics.

To rebuild a structure in which public health could succeed, the ADA pushed to include the following provisions in the Affordable Care Act (ACA):

- **Cooperative agreements with CDC** – Allow the Center for Disease Control and Prevention (CDC) to enter into cooperative agreements with states, territories, and tribes, particularly where dental caries rates are extraordinarily high across the population.
- **Oral health data systems** – Create oral health interrelational data bases. While a popular idea, like many of the oral health provisions written into the ACA, this provision was not funded.
- **National oral health education campaign** – Authorization for the CDC to establish a five-year national public education campaign for oral health prevention and education (another great idea not funded in the ACA). However, Medicaid and some governmental organizations have targeted initiatives (currently unfunded) for public awareness campaigns, so with any luck we may see opportunities emerge in the coming years.
- **Dental training** – Provide support and development for dental training programs. Although this provision was not funded, a renewed interest in Congress may help drive this to fruition. The grants would help teach professionals and provide loan repayments for dental faculty.

The ACA did include some oral health successes with funding for training in geriatrics, for both dentistry and family caregivers to care for the frail elderly. However, very little coverage for oral health is represented, which means the dental profession needs to rally together to make the business case for oral health.

The challenge of pediatric benefits in ACA

The one area of ACA with more substantial support for oral health is the mandate of an essential dental benefit for children. However, it introduces a host of complexities in terms of implementation and insurance plan and pricing issues that may outweigh the benefits. The provisions raise a myriad of questions on what benefit plans will look like, who would be eligible, and how to manage a system in which parents and children may have different insurance carriers and different networks of practitioners.

Additionally, we face complex issues in determining the actual scope of services that should be provided, whether it is simply a basic oral exam and prophylaxis, or a more robust, risk assessment-based array of benefits. Here, the risk management question comes into play again. Toward that end, the ADA has been closely involved with ACA legislators to ensure the pediatric dental benefit plan factors in fundamentals such as:

- Support preventive services based on sound scientific evidence.
- Ensure insurance carriers can implement the benefit plan designs.
- Provide access points for community based dental networks for eligible children.

Implementing the pediatric essential dental benefit will also introduce a major challenge to Medicaid, as they must somehow find the funding to support another 25 million people. With Medicaid budget cuts already a nationwide trend, we will most likely see cuts made to many other valuable state programs in order to fund this new health care provision. The good news is that by 2016, the government will increase state funding by 23% for Children's Health Insurance Program (CHIP) initiatives, including outreach and enrollment.

Overall, with so little representation in ACA for oral health, it is incumbent on the profession to collaborate on developing an evidence based, risk-based, prevention-oriented approach to dentistry with an eye on what can be operationalized now, and what the possibilities are for the future.

ADA Initiatives for Prevention

A key concern for the ADA is the “urgent disparity” between the limited resources for affordable dental services and the overwhelming number of Americans who need care. Many of the ADA’s campaigns and conferences work to address this problem through a focus on prevention. For example:

- **Preventive dental care for the elderly** – Last year, the ADA convened a successful consensus conference focused on the oral health needs of vulnerable older adults, including those with chronic conditions and disabilities. Their findings will soon be published by the Health Resources and Services Administration (hrsa.gov).
- **Oral health literacy** – An important component in advancing prevention involves educating the public about the importance of oral health and motivating “positive, self-help” behaviors to reduce or eliminate disease risk factors. Because the ADA recognizes that, “a campaign is worthless if you don’t change behavior,” they partner with other health organizations to increase the effectiveness of messaging to the public. Currently they are working with the American College of Obstetrics and Gynecology to develop clinical guidelines for perinatal care to support benefit plan design and dental practices in caring for pregnant women and new mothers. These guidelines will be available in 2012.
- **Expert dental advice on ShareCare.com** – The interactive health education website of celebrity Dr. Mehmet Oz focuses on educating the public to increase access to health and wellness information. As the site offers the ability to ask questions online and receive credible, expert answers on a wide range of health issues, the ADA has signed on to provide expert content on oral health care. With an estimated 300 million hits a year, this site offers an exciting new channel for increasing oral health literacy and promoting prevention. This venue and its broad audience would benefit greatly from clear, accurate information from credible dental professionals and insurance experts, and all are welcome to contribute on sharecare.com. It is a valuable way to both share your expertise and gain new insight into common concerns from consumers.
- **Ad Council campaign for oral health** – The Ad Council is the organization behind such high profile public service awareness campaigns as Smokey the Bear and crash test dummies, and the ADA is collaborating with the Dental Trade Alliance Foundation in launching a major three year public awareness campaign on the importance of oral health in vulnerable kids. After a rigorous juried process, the DTAF/ADA collaboration won their bid to have the Ad Council develop a three-year, \$100 million multi-media ad campaign to promote the importance of prevention for high risk kids, launching in summer 2012.

Looking at the Road Ahead

Coming full circle to the need for collaboration and a new approach for prevention, Dr. O’Loughlin stressed the importance of approaching prevention as an investment. *Is it working and what is the return? Are efforts for prevention having an impact on disease rates?*

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“Many of us across the profession are working hard to promote prevention. But busy is not enough; busy does not equate to impact. We need to keep our activities focused on impact.”

–Dr. Kathleen O’Loughlin
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To ensure the dental profession and industry gain a positive return on our investment, we need a comprehensive strategy and framework for “health management.” That means risk management as a core component in prevention, to extend the potential impact beyond sealants and fluoridated water.

Expanding the scope of prevention becomes more important when we see the erosion of even the most commonly accepted preventive measures, such as community water fluoridation. Initiated in 1945, it is considered one of the most cost-effective programs in terms of health management, yet cities across the nation are voting it out of their budgets. Furthermore, the sweeping rise of social media has opened the floor to rampant misinformation about water fluoridation. Trends like this signal important opportunities for oral health advocates across our profession to clarify the near and long term value of initiatives that support health management.

“Now is the time for big vision: Let’s eradicate childhood caries in this country in the next 10 years. If we’re going to do that, we need a comprehensive, broad-based, consensus-driven prevention health management strategy that we all buy into, so we’re all moving in the same direction. If the government doesn’t have the resources to do it, somebody else has to step up –all of us who represent pieces of the dental health care delivery system. Together we can actually get this done.”