INSTITUTE FOR Oral Health
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focus group whitepaper

Oral Health and Prevention

Rebranding the Profession

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Introduction

Today's Americans face steep challenges in maintaining a healthy family amidst a troubling economy and an inadequate healthcare system. Dental care is often neglected due to lack of access or affordability –resulting in caries becoming the most common chronic disease in children. Families tend to seek emergency care only when oral health problems become too severe, which dramatically increases the costs of care for parents, taxpayers, and state programs. When we consider that nearly all oral disease is preventable –how do we advance the health care system to more successfully promote prevention?

In 2011, the Institute for Oral Health (IOH) tackles this issue, collaborating with experts around the nation to explore solutions for increasing dental disease prevention and early intervention to improve overall health. To support our 2011 theme "**Oral Health and Prevention**," in January, the IOH hosted the first of two focus groups with expert panel discussions about solutions at the forefront of innovation in health care, aimed to advance how we think about and address dental disease prevention. In follow-up, the IOH will bring key findings and special guest speakers to a larger audience of critical stakeholders through our annual national conference, to be held October 27-28, 2011 in Chicago, Illinois.

Hosted in Orlando, Florida on January 28-29, 2011, this focus group was led by Institute for Oral Health Executive Director, Dr. Ron Inge, and featured leading authorities in dentistry, family medicine, and dental benefits dedicated to progressive oral health solutions for children and underserved populations. The group shared insights on the following topics:

- Innovating the dental workforce – To advance disease prevention, dental practice needs to shift from being procedure-focused to patient-focused –which means better health outcomes at a lower cost. To get there, we need to develop consistent and well coordinated processes; collect measurable data to improve the quality and effectiveness of care delivery; collaborate with physicians for early intervention; and educate patients on the importance of maintaining good oral health.

- Engaging primary care in prevention – As most young children see a family physician or pediatrician many more times than a dentist, it is important to engage these providers in helping to improve oral health and reduce the incidence of early childhood caries. Oral health training programs are becoming highly popular with physicians, helping them learn about dental issues, connections between oral health and systemic health, and how to conduct basic oral exams, risk assessments, and apply fluoride varnish.

- Increasing care capacity for the underserved with dental therapists – With the dental therapist as a new contributor in today's practice geared toward public health, a dental team can increase their capacity for serving Medicaid patients to improve access to care. The dental therapist can support the team with admissions, basic oral exams and preventive services, patient education on oral health maintenance, and practice management.

- Strengthening sealant programs with a new business model – To expand the reach and effectiveness of school-based dental sealant programs for needy children, the Sealants for Smiles program takes a progressive approach to managing their non-profit organization. By guiding the organization like a cost-effective private practice and establishing direct relationships with schools, product vendors, and dental plans, this program is succeeding in building valuable momentum across the state of Utah.

- Advancing dental benefits to focus on prevention – Dental plan design needs to transform to a more individualized, patient-centric model that supports more preventive care for at-risk patients to help improve health outcomes and lower the costs of care. As a step forward, some benefits organizations have developed initiatives to identify at-risk patients and conduct educational outreach to encourage them to see a dentist. Additionally, these organizations are partnering with primary care physicians to train and reimburse them for oral health preventive services and referrals to dentists.

Join us for the 2011 Institute for Oral Health Conference

In follow-up to this year's focus groups, Institute for Oral Health is providing whitepapers and promoting relevant news and research through our website, quarterly newsletters, Facebook, and participation at health conferences around the nation. Culminating this year's theme is our **5th annual national IOH conference on October 27-28, 2011 in Chicago, Illinois** at the Sofitel Hotel. Learn more and register early for discount rates ~ please visit: WWW.IOHWA.ORG.

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.

learn more

Web: IOHWA.ORG ~ Register Online for 2011 Conference

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Panel Presentations

Roger J. Adams, DMD, MBA
Co-Founder and CEO/President, Sealants for Smiles

Sealants for Smiles – A Model for Prevention

After many years running his oral surgery practice and oral pathology lab, Dr. Roger Adams evolved his career into the business side of dentistry, focusing on business development for dental plans. He is now co-founder and CEO/President of *Sealants for Smiles*, a non-profit organization that provides free oral health education and preventive dental services to underserved children in schools across Utah. For this Institute for Oral Health discussion, Dr. Adams detailed how the organization applied new business models to a failing United Way program to transform it into a venture that successfully supports communities in need.

Rescuing a Public Health program

For many years, needy communities across Utah have suffered from a lack of access to dental services. In 2004, the United Way conducted community assessments and learned that the *number one* health need across communities was dental care. By 2007, Dr. Adams was engaged to evaluate a United Way dental program that was not performing well, and he quickly determined a number of business factors that were undermining its success. For starters, the program was overseen by a non-dental team who lacked interest in the project, and was subject to the United Way's standard 37% cut for administrative overhead. Additionally, the program was poorly staffed for providing dental services, and as volunteerism was so low, the United Way had allocated much of the program budget to hiring additional staff from temp agencies. Furthermore, as the organization was utilizing several different brands of donated dental sealants and there was no continuity to the delivery of the sealants, , the quality of care was suffering as well.

The program itself provided real value to underserved communities, but it was mismanaged. Thus, Dr. Adams and a few colleagues agreed they would step in to drive improvements, but only if they could assume control over managing the program. In 2007, his group formed a non-profit corporation and the new *Sealants for Smiles* 501(c)(3) was born.

Building a strong foundation

As a new non-profit organization focused on delivering quality preventive dental services to children in need, *Sealants for Smiles* was established to run like a cost-effective private practice. From the get-go, Dr. Adams recognized that in order to succeed through ongoing funding, the program would need to be able to prove their value – and that means measurable results. To achieve this goal and best serve the community, the organization developed an infrastructure built on solid business practices, including:

- Hired a dedicated staff focused on using consistent, best practice protocols to ensure they could deliver a continuity of quality service and track their progress in terms of impact on the community's oral health.

- Secured high-volume deals and donations from a reputable dental sealant company, which provided enough inventory to effectively support the program with a single, consistent product.
- Required all hygienists to attend the sealant company's training twice per year.
- Created an engaging oral health education program for children and teachers.
- Partnered with the benefits company, Dental Select, as an oral health plan sponsor.

A promising start: Success highlights

In Utah's underserved communities, typically about a 60% of children have some incidence of caries, with about 30% of children demonstrating an urgent need for care. In the original United Way program, the dental team visited 33 schools and delivered sealants to over 4,000 children. In stark contrast, using the same budget, within their first year the *Sealants for Smiles* team achieved the following:

- Visited all 71 schools across the region;
- Provided oral health screenings for 4,500 children in grades two through six;
- Applied 15,000 dental sealants (in some cases multiple sealants per child);
- Applied 209 fluoride varnishes;
- Provided oral health education for over 9,000 children.

In subsequent years, the organization has continued to succeed in reaching many underserved children. Even as circumstances reduced participation to 64 schools, the group continued to increase the number of sealants delivered, "which told us we were targeting the right population," Dr. Adams noted.

As the *Sealants for Smiles* team continues to deliver preventive services to new children, they have also established a plan to rescreen children to measure progress. Each year they have focused on a different age group, and in 2008 they began with third graders who had previously received a dental sealant. After evaluating 1,678 sealants, the dental team found only 3% evidence of new tooth decay. In 2009-2010, rescreenings of fourth graders indicated a similar success with only 3% of children exhibiting new decay. In 2011, the team is rescreening fifth grade children, with results so far at about 3.6% incidence of new caries.

Driving success with oral health education

Another vital component of the *Sealants for Smiles* program involves delivering compelling oral health education that makes learning fun and easy for children. In the original program run by the United Way, oral health education was provided in the form of a skit presented in an auditorium full of children, which had a limited effectiveness due to the chaotic nature of big gatherings of kids.

The *Sealants for Smiles* team knew that to increase the impact with children, they needed to take a more focused, intimate approach to their oral health education. They developed an entertaining DVD that is typically shared with groups of children two to three weeks in advance of the dental team coming to the school to provide sealants. The DVD is presented by a *Sealants for Smiles* dental hygienist, who is available to answer questions afterward

and encourage the children to participate in the program. For education with sixth graders, the group provides a simple test that children take before seeing the DVD, and then re-tests them when the dental team is on-site delivering care. With testing so far, the group has found that children typically exhibit about a 20% increase in understanding about their oral health.

"There are four steps to change: Aware, Prepare, Act, and Maintain. You can't just jump to Act – this education supports the awareness stage for kids, and the other parts of the program work to Prepare, Act, and Maintain –it's a perfect model."

– Dr. Sheila Riggs

Increasing participation through fund-raising

To drive growth for their non-profit organization, the *Sealants for Smiles* team focuses on fund-raising through several key channels, including:

- Partnering with community councils – In promoting the program to community-based organizations that support families near participating schools, the group gains donations from businesses involved with those schools. In other cases, community organizations have stepped up to fully fund a restricted scope of the program for various schools.
- Underwriting from a dental plan – This program has been most effective when managed by people who not only understand oral health and dentistry, but recognize the business needs from a for-profit practice perspective. Dr. Adams believes that a dental benefits company makes an ideal funding partner; for instance, to hire and pay for a dental hygienist to work for the organization. *Sealants for Smiles* is now sponsored by Dental Select, and their participation helps support the major goals of increasing access to care for those most in need and lowering the cost of care through preventive services.
- Donations from dental product vendors – As a cost-saving measure, the group negotiates with dental sealant and fluoride varnish companies to either donate product outright or finance the product inventory.
- Promoting Medicaid enrollment – As an indirect form of fund-raising, the Sealants for Smiles team works with schools to encourage Medicaid enrollment as a means to extending the sealant program's services to more children in participating schools or to get non-eligible schools on board.

Advancing the reach of *Sealants for Smiles*

The *Sealants for Smiles* team sees that the combination of effective oral health education and preventive services is driving dramatic improvements in health outcomes, and perhaps more importantly, prompting a cultural shift in perceptions and behaviors.

Building on this success, Dr. Adams has worked hard to gain funding and approval to expand this school-based program to include more preventive services for more children. The superintendent of Salt Lake City school district recently approved the *Sealants for Smiles* program for all children from pre-Kindergarten through sixth grade to receive oral health education, sealants and fluoride varnish as needed.

"Our latest growth is really exciting. Now this becomes a true school-based prevention model. We're going into a low-income environment and providing an opportunity at no cost to the parents to implement preventive services and education."

– Dr. Roger Adams

As part of their latest step forward, the group encouraged schools to replicate the educational DVD and share it more widely –and it has had a big impact. As teachers gain approval from their principal or district superintendent, copies of the DVD have been making the rounds so successfully that Dr. Adams now receives calls "three to four per week from teachers and school districts all over the state, begging us to come into their schools."

Extending the program for annual screenings

As Dr. Adams and his dental team have streamlined their process in visiting schools, they can now screen an entire school of children in less than one day, with each exam taking less than a minute with the help of an assistant. The Sealants for Smiles team is rallying schools to approve annual rescreenings to measure progress, ensure preventive services are delivered as needed, and identify high-risk children who may need more care.

Expanding services with on-site dental clinics

In another recent expansion, the Sealants for Smiles team will now offer a community oral health clinic at each of the 64 schools the program services, available throughout the week the team is onsite at a given school. Provided in partnership with public health, these mobile clinics are equipped to deliver full service dentistry as needed. With unanimous support from all 64 school principals, schools will remain open for longer hours to accommodate the clinic, and will heavily promote these oral health clinics across the community.

Creating a sustainable model for prevention

With *Sealants for Smiles*, Dr. Adams has brought his years of experience in both dentistry and business development to help create a sustainable model for prevention. The success of this non-profit organization can largely be attributed to a foundation of several sound business principles. The group has managed the organization with the same awareness of economics as a private practice, and invested in relationship-building to engage their target audience and viable partners to build buy-in and momentum, as well as garner financial support.

Through strong partnerships and an effective infrastructure for delivering dental services, the future of *Sealants for Smiles* looks bright. Dr. Adams anticipates they will continue to grow their funding and support to provide free preventive services to schools across the state. "It's important that we not be dependent upon the volatility of grants and federal monies," notes Dr. Adams.

With more extensive cuts expected in Medicaid, it is vitally important that organizations like *Sealants for Smiles* continue to expand their reach. With the added power of being a Medicaid-approved provider, the program now delivers a highly effective model that can be replicated across the country to bring care to children in need.

Learn more online at sealantsforsmiles.org

David Gesko, DDS
Dental Director and Senior Vice President, HealthPartners

Workforce Considerations Related to Prevention

As Dental Director at Minnesota's HealthPartners organization, Dr. David Gesko has often explored strategies for advancing prevention in oral health. In this Institute for Oral Health focus group, he addressed the influence of various demographic factors on the dental workforce, and the need for progressive new approaches to prevention such as introducing new roles on the dental team and integrating with primary care providers to increase delivery of preventive services and early intervention risk assessments.

The challenge of dental workforce vs. population growth

Dr. Gesko began by citing statistics that highlight the disparities between rapid growth in certain population segments and trends in the dental workforce:

- Seniors vs. dentists – With "baby boomers" reaching retirement age in 2011, our nation is seeing an increasing wave of adults over 60 in sharp contrast with a lack of growth in students entering dental school. In Minnesota, while this segment of aging adults will nearly double over the next 20 years, class size in dental schools has flatlined –currently at about 25% below capacity and by 2030, expected to be over 100% understaffed for serving the senior population.
- Retiring dentists vs. dental graduates – Studies show that the number of retiring dentists will increasingly outweigh the number of new dental graduates entering the field, with the workforce facing real disparities over the next 20 years.
- Minorities vs. access to care – Minnesota is seeing a considerable rise in diverse populations, expecting that "over half of total population growth in the decade ahead will be minority." As these segments are often younger, low-income families from Somalia, India, or Mexico, they may need to rely on Medicaid for dental services. This trend reinforces the need to increase access to care and provider workforce to ensure better health across the community.

Adding the role of Dental Therapist

To help offset the imbalance of population growth vs. dental workforce, Minnesota legislators developed an initiative in 2008 to introduce a new role in the dental profession: the dental therapist. These clinicians are trained to support the entire dental practice by providing a strong bridge between the dental office and patient families, assisting dentists and hygienists, and creating efficiencies in overall practice management. With the rapid rise in senior and immigrant populations, adding dental therapists into dental practices can help drive changes that increase access to care while reducing costs.

Furthermore, as the Minnesota Board of Dentistry defines the scope of practice for Dental Therapists, a key element involves delivering preventive services under general supervision, including:

- Oral health instruction and disease prevention education
- Preliminary charting of the oral cavity
- Making radiographs
- Mechanical polishing
- Application of topical preventive agents, including fluoride varnishes and sealants

Note: For an in-depth look at the Dental Therapy education program, see Dr. Sheila Riggs' presentation from this focus group.

The solution starts with prevention

While dentistry has evolved over many decades, the definition of "quality" in dentistry has evolved as well. Dr. Gesko noted that years ago in dental school, quality used to be very procedure-focused, thinking in terms of exacting techniques. Now, dentistry has grown to recognize that quality needs to be patient-focused and considers more overarching themes such as improved health, reduced risk, greater value proposition, and cost-effective results —all of which start with prevention.

For prevention tips, check out the HealthPartners "Pearl E. White" page on Facebook (facebook.com)

Redesigning Care for the 4 C's

The HealthPartners organization strives to be truly a "group practice," with close collaboration of all clinicians to ensure they deliver the best quality care in the most efficient ways. Part of how they meet this goal is to center on four key principles –what Dr. Gesko calls the four C's:

- Consistency: They reinforce the use of consistent processes based on evidence-based guidelines and best practices to create a culture that can systematically deliver the best care.
- Customization: Care is customized to effectively address individual patient needs relative to risk assessments.
- Convenience: They ensure that all aspects of care are easy for patients, from using the company website to explore knowledge, to arranging appointments, receiving treatment, and learning about follow-up care. It's a basic customer service model that's good for business: customers reward convenience with repeat business and loyalty.
- Coordination: All clinics and care delivery is coordinated to offer a consistent, streamlined experience to support patients and providers with greater efficiency and cost-effectiveness.

This patient-centric approach helps strengthen the relationship between providers and patients, which reaps a number of benefits: it encourages better oral health behaviors in patients to promote prevention and early intervention, which in turn helps reduce the cost of care and increases the value proposition for the business.

Promoting prevention with a metrics model

In an effort to "advance prevention to the next level," the HealthPartners dental group has adopted a cyclical model for quality improvement and quality measurement of care delivery, which includes the following steps:

- Define focus
- Agree on elements of care
- Determine measurement approach
- Establish performance targets
- Align incentives
- Support improvement
- Increase member awareness
- Evaluate and repeat

Dr. Gesko highlighted a success story in which the HealthPartners medical group used this measurement model to drive dramatic improvements on various levels. When metrics showed their total costs were higher than other medical groups, they embarked on an initiative to reduce costs while improving health outcomes. He cited an example focused on patients with diabetes whereby, over a five year period, HealthPartners was able to significantly drive down costs to below the statewide average and increase the percentage of patients with "optimal diabetes control" by 34%.

This metrics model can be used to assess a wide range of elements within a practice to determine how well improvement strategies are working, and prove the value they add to the business and overall patient health.

Advancing prevention through evidenced-based care

The HealthPartners Dental Group (HPDG) manages its practice by centering on improving health outcomes through care delivery based on evidence-based guidelines and a focus on disease risk assessment and risk reduction.

To advance their efforts, the HPDG has collaborated with the HealthPartners research group to develop and publish a number of dental care guidelines based on clinical evidence, including guidelines on treating caries, periodontal disease, oral cancer, and more. For more information, visit the National Guideline Clearinghouse website (guidelines.gov) and search on "HealthPartners Dental Group."

Additionally, the HPDG is a strong advocate of dental Practice-Based Research Networks (PBRNs), which bring together dental practices and dental schools nationwide to conduct research "by and about the real world of dental practice." One of the primary objectives of dental PBRNs is to prove the effectiveness of oral health treatment and disease prevention. To learn more, visit dpbrn.org.

Assessing and reducing the risk of dental disease

With a focus on prevention, the HealthPartners Dental Group has developed risk assessment models, carefully tracked in their electronic health record system, for monitoring risk in

patients with caries, periodontal disease, and oral cancer. These models have proved highly successful in promoting early interventions to ensure moderate and high risk patients get the appropriate care needed to improve their oral health.

In addition, the HPDG uses a handy tool to educate patients on the cost benefits of prevention by demonstrating the "Molar Lifecycle" and how costs increase as disease increases. Without preventive services, a cavity can progress to requiring a crown, root canal, or implant, which can cost thousands of dollars. By comparison, it costs only about $10 per year to maintain a healthy tooth –including dental cleanings, toothpaste and floss. Prevention is an easy, low-impact solution that delivers a far more cost-effective result and helps improve overall health and quality of life.

Increasing the physician's role in prevention

Across the nation, we are seeing an increasing drive for primary care physicians to play a greater role in oral disease prevention, particularly in infants and toddlers where caries often goes unchecked and develops rapidly. Early childhood caries has risen to crisis proportions, affecting an estimated 18% of children aged 2-4 years; 52% of those aged 6 to 8 years; and 67% of kids aged 12-17 years. As young children typically see a pediatrician more often than a dentist, it is important for medical practitioners to understand how oral health influences systemic health, and learn how to conduct basic oral health assessments and deliver preventive services such as fluoride sealants.

In 2009, Minnesota state legislators issued a mandate that caries prevention must be a part of a primary care checkup for children beginning at age one through the teen years. Primary care providers are now required to conduct oral exams and risk assessments, and for high risk patients apply fluoride varnish.

This dental-medical integration is especially important for low-income and minority communities where the risks of dental disease are generally higher due to lack of regular care, suboptimal nutrition, and little or no education on oral health and disease prevention.

To counter this, the HealthPartners Dental Group works closely with pediatricians to educate them on the prevalence and impact of early childhood caries and how to conduct oral health assessments. They provide guidance on how to spot the various stages of tooth decay to promote early intervention, and how to apply fluoride varnish.

Educating patients to build buy-in for prevention

Many consumers complain about the costs of restorative dental care, or live in suffering from poor oral health because they cannot afford care. But rarely do people learn about what they can do to prevent it. While many people may be familiar with the advice to brush and floss everyday, it is a good bet that the average consumer has little or no idea about the greater impact their oral health has on their overall health. Few people understand how big a role prevention and early intervention can play in terms of total cost savings for health care over many years. That's why it is mission critical for dental clinicians and primary care physicians to invest time in educating patients on the importance of good oral health.

At HealthPartners, the dental group has developed a simple program that helps patients understand how their teeth grow and respond to brushing, fluoride, and good nutrition. In addition to promoting healthy habits, the HPDG's goal is to help patients reduce their level of risk to stay in better alignment with dental plan coverage. It's a worthwhile investment in time, because this proactive strategy ultimately helps to drive down the overall costs of care.

John Luther, DDS
Chief Dental Officer, UnitedHealthcare

Take Care New York – An Innovative Approach to a New Mandate

In focusing on prevention and early intervention in oral health, it is important to consider how dental plans might evolve to better support patients with the greatest need. In the January Institute for Oral Health focus group, Dr. John Luther described a new patient-centered approach developed by UnitedHealthcare to introduce a more proactive paradigm for disease management and more effectively promote caries prevention.

Where dental benefits are today… and where they need to go

Dr. Luther began by emphasizing that the dental benefits industry needs to move away from the "one size fits all" approach, and instead provide coverage that supports individual patient needs that improve outcomes, and do it at a lower cost. The current benefits model typically focuses on services to treat existing and advancing dental disease, with reimbursement centered on restorative procedures and surgical interventions. However, to realize greater improvements in health outcomes and reduce costs, dental plans need to shift to a "risk-based" model that reinforces oral health assessments and preventive services.

A primary reason why dental benefits have remained fixed on surgical procedures is that the system is geared to align with the current American Dental Association's (ADA) CDT codes as required by HIPAA. To date, there are no consistent standards for diagnostic codes that support identifying risk factors and tracking clinical outcomes over time. Yet this data is necessary to determine the effectiveness and value of preventive services in order to justify changes in dental coverage. Additionally, this data collection is essential for the development of evidence-based guidelines, which are not only used by clinicians, but also for plan design, claims criteria, and underwriting.

While we are seeing advancements in oral health risk assessment tools and increasing emphasis on risk assessment in dental practice, the benefits industry is challenged by how to customize dental plans to accommodate individual levels of risk. As consumers demand better health outcomes at a lower cost, one way to reduce costs may be to shift plans "away from complex restorative services and toward wellness and prevention," investing more in coverage to encourage risk assessments, early interventions, fluoride treatments, and consultations to educate patients and parents on how to use preventive measures to maintain good oral health at home.

The carrier's role in caries prevention

As Dr. Luther sees it, the carrier's role is to help translate scientific evidence into dental practice for improving health outcomes –but they face many challenges. To advance dental benefits into a new patient-centric paradigm may be a long way off; however, in the near term, carriers like UnitedHealthcare are striving to make progress, including:

- Increasing focus on at-risk populations for more effective disease management with children, pregnant women, and members with chronic health conditions such as diabetes. Using claims data, they can identify at-risk members who have not seen a dentist and encourage them to seek dental care to help improve health outcomes.
- Partnering with dental research communities in academia to gather evidence, disseminate educational materials, and validate outcomes.
- Ensuring "robust coverage" for preventive services such as oral exams, cleanings, fluoride and sealants, and periodontal care.
- Promoting prevention to at-risk members through numerous communication channels (websites, newsletters, and interactive voice recognition messaging) to deliver targeted education to encourage at-risk members to better manage their oral hygiene and nutrition.
- Engaging primary care in early childhood caries prevention to take advantage of the increased access physicians have to Medicaid-eligible children. UnitedHealthcare (UHC) reimburses family physicians for conducting dental screenings and risk assessments, applying fluoride varnish, and referring patients to a dentist.

In managing Early Childhood Caries, the objective is to move beyond the historical model of surgically treating the damage caused by caries, to treating caries as a disease through prevention, early detection and conservative treatment.

--UnitedHealthcare

Take Care New York – An innovative solution for caries prevention

As a further measure to advance dental disease prevention, Dr. Luther highlighted the *Take Care New York* program, in which UnitedHealthcare Dental partnered with their physician network in New York City and New York University (NYU) Dental School to help enrolled members on Medicaid increase their access to dental care. Take Care New York, a mandate that extends from July 2010 to June 2012, is designed to increase dental visits among children under age 21 and pregnant women. To gain the most from this program, UHC Dental has conducted member outreach and provided oral health materials and products to family physicians to achieve the following:

- Educate primary care physicians on the importance of dental risk and provide incentives for driving members to obtain dental care and fluoride treatments.
- Increase the application of fluoride varnish by pediatricians in children under age seven.
- Deliver oral health education and outreach to at-risk members.
- Provide follow-up treatment for complex cases with the help of NYU Dental School.
- Develop measures for monitoring health outcomes such as utilization of fluoride varnish.
- Establish MD and DDS Continuing Education for oral health risk assessment and preventive services.

Defining success for Take Care New York

UnitedHealthcare is using process measures to track the progress of the Take Care New York program by monitoring rates of dental visits in children, rates of caries incidence, and the volume of fluoride services provided. By taking measurements at baseline and interval levels, they hope to determine how well these preventive services are impacting childrens' health. Ideally, they would define evidence for prevention that can be used in plan design to potentially lower medical and dental costs.

Extending prevention programs across the nation

Understanding that each state has unique needs based on their populations, provider workforce, and state legislation, UnitedHealthcare works to advance disease prevention with members and providers across the country. For example, in Mississippi UHC is focusing on outreach through health fairs, oral health education, and partnerships with the University of Mississippi; in Rhode Island they have plans to increase medical and dental integration in Federally Qualified Health Centers (FQHCs); and in Pennsylvania, UHC is looking into driving down the high incidence of early childhood caries by improving access to care and lowering costs.

The progress vs. the challenges

Dr. Luther emphasized that dental plans are making progress by using evidence based studies; identifying at-risk populations and engaging primary care physicians to assist in oral health assessments and early intervention; and offering outreach and wellness initiatives for members.

However, the dental benefits industry still faces considerable challenges in moving towards real patient-centered dental plan design that more effectively supports positive health outcomes through coverage based on individual needs. To develop a more proactive approach centered on prevention, we need to advance use of diagnostic tools and build risk assessment into dental plan design. Ironically, a typical challenge is that many dental providers resist having to conduct formal risk assessments, indicating that carriers are trying to control how they work. As it has been difficult to build buy-in, carriers face a hurdle in educating providers on the value of identifying at-risk patients to ensure that appropriate levels and frequency of care get to those who need it most.

With children in particular, investing in prevention lowers costs in numerous ways. It not only reduces the need for expensive dental interventions, with healthier children, families may experience lower medical costs and avoid the expense of losing time from work. Similarly, improving outcomes is about more than reducing tooth decay. It is about enhancing a child's ability to learn and perform well in school, build greater confidence with a healthy smile, and enjoy better overall health as they grow up.

Russell Maier, MD
Program Director, Central Washington Family Medicine Residency;
Board Member, Washington Dental Service Foundation; Co-Chair Smiles for Life

Oral Health and Primary Care: An ounce of prevention is worth a pound of cure

For this Institute for Oral Health focus group, Dr. Russell Maier brought a primary care physician's perspective to dental disease prevention. He discussed a number of progressive programs he has helped develop designed to educate and train pediatricians to incorporate oral health services into checkups starting at age one, including risk assessments, preventive dental services, and patient education on prevention.

Dr. Maier began by noting that, for many years, the standard definition of prevention was centered on services vs. disease, whereas today, providers are striving for a more patient-focused way of thinking about prevention, using approaches that help "avoid the suffering, cost and burden associated with disease." With that in mind, when we consider that our nation faces an epidemic of early childhood caries –a disease that's entirely preventable—it increases the imperative for all health care providers to collaborate to ensure that oral health care and education reaches our children and their families as early as possible.

The importance of engaging primary care in oral health

While the latest recommendations encourage children to get an oral health exam by age one, studies confirm that most infants and young toddlers rarely see a dentist until they are older. On average, only 36% of children aged 2 -4 years old have seen a dentist. Yet in these early years, most of these children by age 2 have seen a pediatrician or family physician eight times. Thus, engaging primary care providers to participate in early childhood oral health care is just good sense. Dr. Maier cited that good evidence exists that early interventions by primary care can make a positive difference in oral health and overall health outcomes, and with the "shrinking supply" of dentists, we need to take advantage of the practitioners available who can provide care.

Furthermore, it is important to note that many children with limited access or coverage for dental care often have many more options available for medical care. Typically the greatest needs are in rural and underserved communities, and Dr. Maier noted that for family physicians, those populations make up the primary source of care. In Washington state, 82% of family physicians accept Medicaid, while we face a shortage of dentists who can see these same patients. The solution for children seems obvious –so what do we need to do to raise awareness, engage more physicians, and make advances toward improving oral health?

As an interesting side note discussed by the panel, the U.S. currently has about 105,000 family physicians, compared with 150,000 dentists. Yet only about 50% of the population has dental insurance, and millions of people go without dental care due to lack of access or affordability. It may be that the majority of dentists are serving a relatively small population of middle- to upper-class people who can easily afford care or have good coverage. In other words, we may have an overage where care is more cosmetic than urgent, and a severe shortage where care is needed most.

Progressive approaches to prevention

To help counter the access-to-dental-care issues, Dr. Maier has dedicated much of his career to developing proactive solutions that promote prevention and improved oral health. One such effort spearheaded by the University of Washington involved a partnership between their departments of Pediatric Dentistry and Family Medicine. The Interdisciplinary Children's Oral Health Promotion (ICOHP) initiative conducted a pilot program in Yakima where resident physicians were trained in public health, dental development, caries and dental emergencies, and connections between oral health and systemic health. Participating residents collaborated with community dentists and local "oral health champions," and successfully advanced their knowledge and skills to incorporate basic oral health services into everyday family medicine practice.

Smiles for Life curriculum for primary care

Building on this progress to integrate medicine and dental car, the highly successful Smiles for Life oral health program delivers an interactive e-learning platform for primary care physicians and educators. With the support of the Washington Dental Service Foundation and other sponsors, in 2004 the Society for Teachers of Family Medicine (STFM) began planning the program curriculum and released their first edition of web-based and downloadable training modules in 2005. Just five years later, with 107,000 downloads, Smiles for Life is now in its third edition and includes seven modules:

1. The Relationship of Oral to Systemic Health
2. Child Oral Health
3. Adult Oral Health and Disease
4. Dental Emergencies
5. Oral Health in Pregnancy
6. Fluoride Varnish
7. The Oral Examination

The program reinforces learning with interactive clinical cases, test questions, and links to oral health websites. Smiles for Life has extended into classrooms as well, with core curriculum now in 30 medical schools and used by most family medicine residency programs.

To support patient awareness, the Smiles for Life website provides downloadable oral health education posters for display in waiting and examination rooms.

As an indicator of the strong interest in Smiles for Life, statistics from the STFM academic digital library have noted that this oral health curriculum is being downloaded ten times more than the next most popular medical resource, month after month. Furthermore, the STFM is negotiating with the American Association of Pediatricians to adopt the pediatric modules of Smiles for Life.

"The popularity of Smiles for Life shows us that medical providers want this information. They often think, 'we're not going to open a door about a topic we don't know about, even if we recognize there's a topic to address."

--Dr. Russell Maier

And Smiles for Life is growing. In 2011, Washington Dental Service Foundation and DentaQuest Foundation are funding additional work on the curriculum, including a geriatrics module. For more information, visit www.smilesforlife2.org.

Building collaboration between primary care and dentistry

Thanks to initiatives sponsored by the Washington Dental Service Foundation (WDSF), further progress is being made to engage family medicine physicians in early intervention and disease prevention to improve oral health. For example:

- Policy changes in medicine and Medicaid – The WDSF has actively collaborated with numerous medical associations to encourage recognition of oral health as a vital issue and promote new policies that support dental care as part of overall primary care, particularly for children. Furthermore, as access to dental care and affordability are key issues for underserved populations, WDSF has worked hard to rally support for changes in Medicaid reimbursement to increase coverage for children. In concert with this effort, WDSF has conducted community outreach campaigns on radio, TV and print to raise awareness about the importance of oral health and early childhood dental care.

- Oral health training for primary care providers – To help increase the reach of oral health care to underserved populations with limited access or dental coverage, the WDSF has provided oral health training to nearly one in every three primary care physicians across the state of Washington. Trainings have engaged both clinical and office staff at solo and group practices, community settings, and schools of medicine.

- Partnership with Group Health – WDSF is partnering with Group Health to pilot the Demonstration Project, the first such initiative geared to capture data about oral health treatment within a large primary health care delivery system. Currently in six of 25 Group Health clinics, the pilot is integrating dental data into electronic health records to measure factors such as oral health outcomes, consistency of treatment, and provider and patient satisfaction. To date, the response has been extremely positive; in fact, Group Health has now incorporated oral health into their "well baby visits" for primary care and is providing greater access to dental care for Medicaid patients, as well as including oral health education in patient materials.

- Access to Baby and Child Dentistry (ABCD) program – The ABCD program strives to increase access to dentists for Medicaid-eligible children from birth to age six in counties across Washington state. ABCD is a training and certification program for practicing dentists that emphasizes preventive and restorative services for early childhood care, as well as patient and parent education on oral health. As an incentive, Medicaid reimbursement rates are generally higher for ABCD-trained providers –currently over 650 dentists have been trained. For more information, visit www.abcd-dental.org.

From 1997 to 2009, the ABCD program has helped increase Medicaid dental usage in children under age 6 from 21.5% to 42.8%, and in children under age 2, from 3% to 23.1%.

-Washington Dental Service Foundation

- National Interprofessional Initiative for Oral Health – Through growth in grants, over 3 years, this effort has developed from a narrow working group into a funded initiative to incent primary care physicians and nurses to learn and integrate oral health into their family practice. The learning platform features the core curriculum from the Smiles for Life program (detailed earlier).

These examples provide a promising look into the future of health care delivery. Dr. Maier believes that primary care providers are "uniquely positioned" to help improve our nation's oral health and increase the focus on disease prevention. With broader and more frequent access to patients, especially children, family medicine physicians can increase awareness that oral health is an integral part of overall health, and ensure that patients benefit from risk assessments, preventive services, and early interventions to promote the best health outcomes.

Sheila Riggs, DDS, DMSc
Chair, Department of Primary Care, University of Minnesota School of Dentistry

Dental Therapy Program Introduction

For many decades, countries around the world have been investing in educating dental therapists as a solution to expand the reach of dental care to underserved populations and promote prevention to improve oral health. England and Canada have successfully run dental therapy programs for nearly 30 years or more, and New Zealand's University of Otago School of Dentistry has trained dental therapists for over 70 years. These programs are emerging from Africa and China to Central America and the South Pacific. America has only one—based in Minnesota—and it began only a few years ago, with its first class graduating in December 2011.

As a leader in dentistry education, Dr. Sheila Riggs focused her discussion on the value that dental therapists bring to a dental practice. Their role is to support various avenues of the practice from patient assessments and prevention education to the delivery of quality patient care. She outlined how the University of Minnesota's training program works through specialized curriculum, clinical training, and community outreach.

Dr. Riggs began by noting that the University of Minnesota spear-headed site visits to dental therapy programs in Canada, England, and New Zealand to learn best practices, and then developed the curriculum with the help of experts in dental surgery, dental hygiene, pediatric dentistry, and public health.

Curriculum goals for Dental Therapy

Dental therapists in the University of Minnesota's 28-month program benefit from learning the same scope of care and competencies as those in the dental education program, with clinical training taking place alongside dentistry and hygienist students. The goals of the dental therapy program include:

- Reduce the cost of care and improve access for underserved populations. By Minnesota law, at least 50 percent of a dental therapist's practice must be invested in public health or clinics that see Medicaid patients. This requirement helps increase the dental workforce to treat more people in need. To support this expectation, one of the dental therapy program admissions requirements focuses on students having a history of volunteering or community involvement.
- Prepare for effective team-centered dentistry by training in a professional environment with dentists and dental hygienists. Dr. Riggs noted that dental students have encouraged this model as it builds trust and effective collaboration between them as oral health practitioners.
- Motivate professional growth by providing a foundation for dental therapy students to work closely with those in more advanced dental roles and learn the opportunities for career growth.
- Support program expansion with a platform that can easily be replicated by other dental schools.

Ensuring an affordable education

Another important goal of the dental therapy program has been to make it as affordable as possible to encourage participation and grow the dental workforce. Students can enter the program as undergraduates and complete the program within the term of a standard four-year college degree, which helps to minimize student debt. Furthermore, as there is a strong need for dental therapy services to better balance the economies of dental practice, these graduates have an excellent chance of finding employment quickly.

A look into the Dental Therapy program

The dental therapy curriculum provides a well-rounded education: from the prerequisite sciences and ongoing dental courses, to a heavy focus on pre-clinical training from the very beginning. Early in year two, they begin seeing patients in their clinical training, and expand into community outreach experiences as well.

The program curriculum focuses on developing key competencies and critical thinking skills that help support a dental practice as a whole, including patient care in terms of screenings and disease prevention; restoration and maintenance of oral health; and culturally competent communication skills.

Over the 28-month program, dental therapy students are exposed to a broad range of topics and training. Dr. Riggs highlighted the lifecycle of the first graduating class:

- Fall 2009 – introduction to oral anatomy, psychomotor skills, and the dental therapist care process.
- Spring 2010 – learn about oral radiology, anesthesia and pain management, cariology, nutrition in dental therapy care, and managing the provider-patient relationship.
- Summer 2010 – periodontology, pediatric dentistry, biomaterials, and interprofessional collaboration.
- Fall 2010 – begin clinical training with preventive pediatric dentistry, oral radiology, dental public health, operative dentistry and prosthodontics.
- Spring 2011 – in-depth clinical training on operative dentistry, comprehensive care, pediatrics, oral pathology, and oral radiology.
- Summer & Fall 2011 – focus on operative and pediatric clinical care and outreach activities.

Community Outreach - an essential education component

To support Minnesota's legislation that requires dental therapists to focus at least 50 percent of their practice on serving needy communities, the dental therapy program includes two months of outreach experiences in rural or urban clinics. Students have the opportunity to "treat a diversity of patients, with a variety of oral health care needs, and develop a broad understanding of the social responsibilities they will have as dental professionals."

How dental practice benefits with a Dental Therapist

The dental therapist introduces a new role to the profession that can provide a number of strategic advantages to a dental practice, such as:

- Increase care capacity of established dental providers to serve more patients.
- Increase efficiencies in dental practice with added support for admissions, oral health assessments, preventive services and patient education, and general practice management.
- Advance the dentist's skills by providing services and support that allow dentists to focus on improving their skills for more complex care.
- Strengthen provider-patient relationship through more frequent communications with patients and families, creating opportunities for prevention education and promoting the dentist as an important partner in the family's overall health care.
- Improve community oral health by expanding more dental workforce into public health clinics and dental offices accepting Medicaid, thereby increasing capacity to serve rural and low-income patients and support improvements in oral health and overall health across needy communities.

Panel discussion highlights: The role of Dental Therapists

Institute for Oral Health Executive Director, Dr. Ron Inge, noted that one of the biggest challenges for this emerging role of dental therapist is identifying where this person fits in the "foodchain of the dental profession." Will adding another auxiliary team member into dental practice really meet the higher goals of increasing access and reducing costs? Currently, the program helps to increase access, but only for a limited population of dental offices that meet certain criteria. Furthermore, it is still unclear about the willingness of many dental clinics to change their business model to accommodate this new role. Dr. Inge expressed concern that, as it stands now, the role of dental therapists does not yet have a place, a "broad application" in the whole dental community. He added that, "*it serves an important part in that community, but we don't have a driver to make it an essential part of the dental care delivery system*."

On the flipside, however, when we consider the Institute for Oral Health's 2011 goal of redefining prevention, it might well be achieved through adding this new role into dental practice. As a primary focus of dental therapists is to address disease at an early stage, and provide preventive services and patient education, they can help drive changes in the business model to increase focus on prevention.

Through advancing prevention efforts and access to dental care, underserved communities can experience improvements in oral health and overall health, which ultimately reduces costs for tax payers and states. Dr. Inge noted that therein lies the greatest potential for the new role of dental therapist in dentistry. If more dentists recognize economic benefits from accepting Medicaid patients –perhaps through state-sanctioned tax credits or licensing fee reductions—then adding a dental therapist to their practice would make good business sense. This added team member could increase the capacity for serving Medicaid patients with basic needs, and help improve cost efficiencies across the practice.

Dr. Ron Inge, IOH Executive Director

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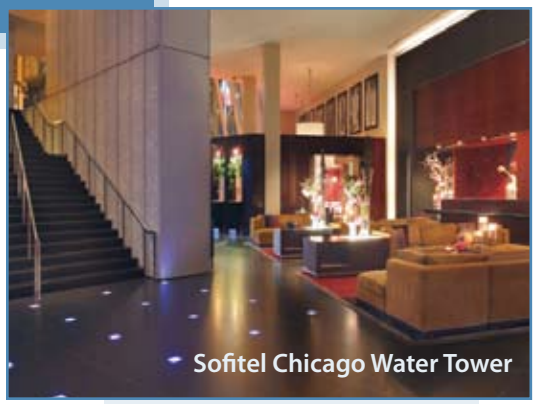

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