



Putting Your Money Where Your Mouth Is: The Case for Funding Oral Health Programming

April 18, 2019

LEADING CHANGE

IN ORAL HEALTH POLICY AND SYSTEMS

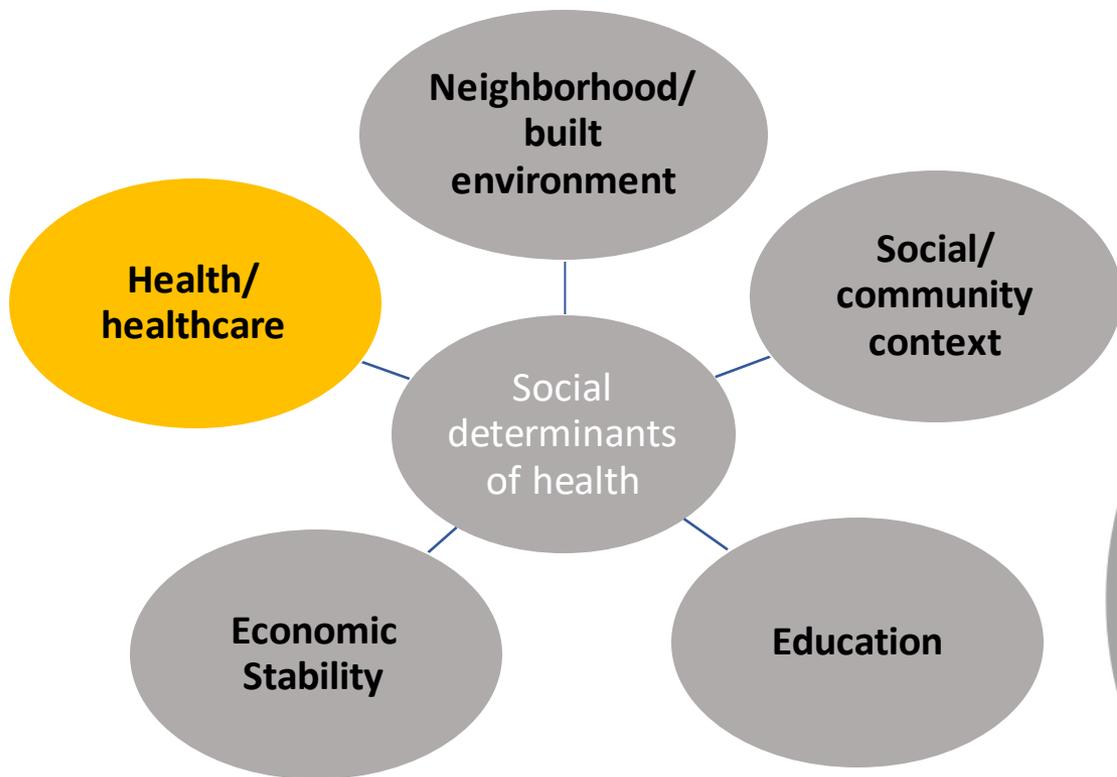
Prepared by AFL-Enterprises, Funders Oral Health Policy Group (FOHPG) Facilitator

OBJECTIVES

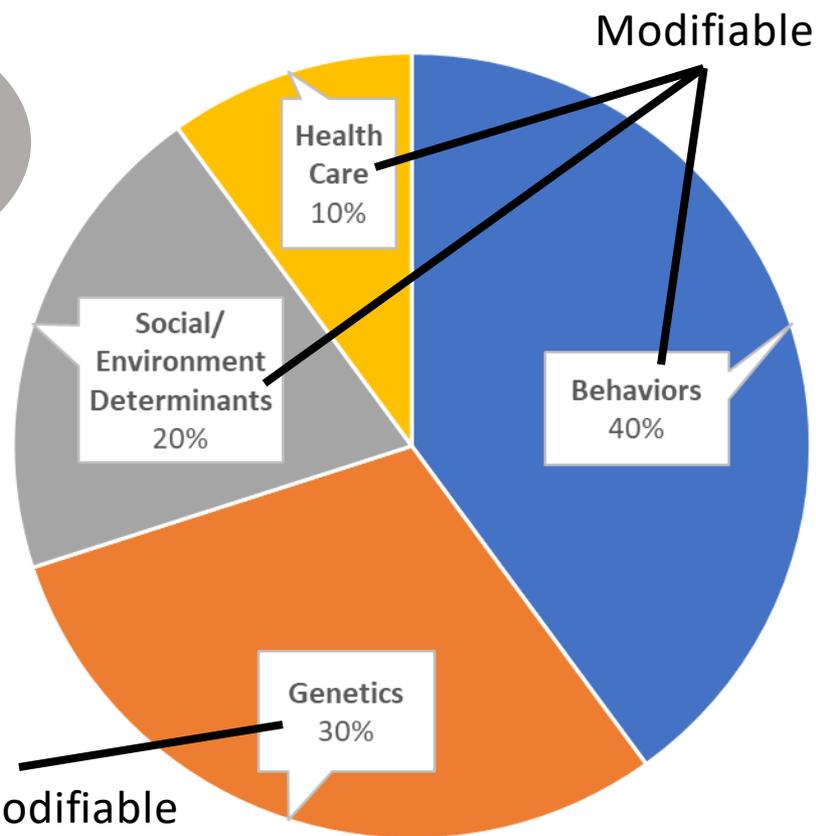
- Review the “big picture” in the oral health landscape; cost of care, evidence and risk, disparities
- Identify areas of opportunities for strategic impact or to create systems change
- Raise fundamental questions related to policy opportunities to impact change in oral health



Social determinants of health

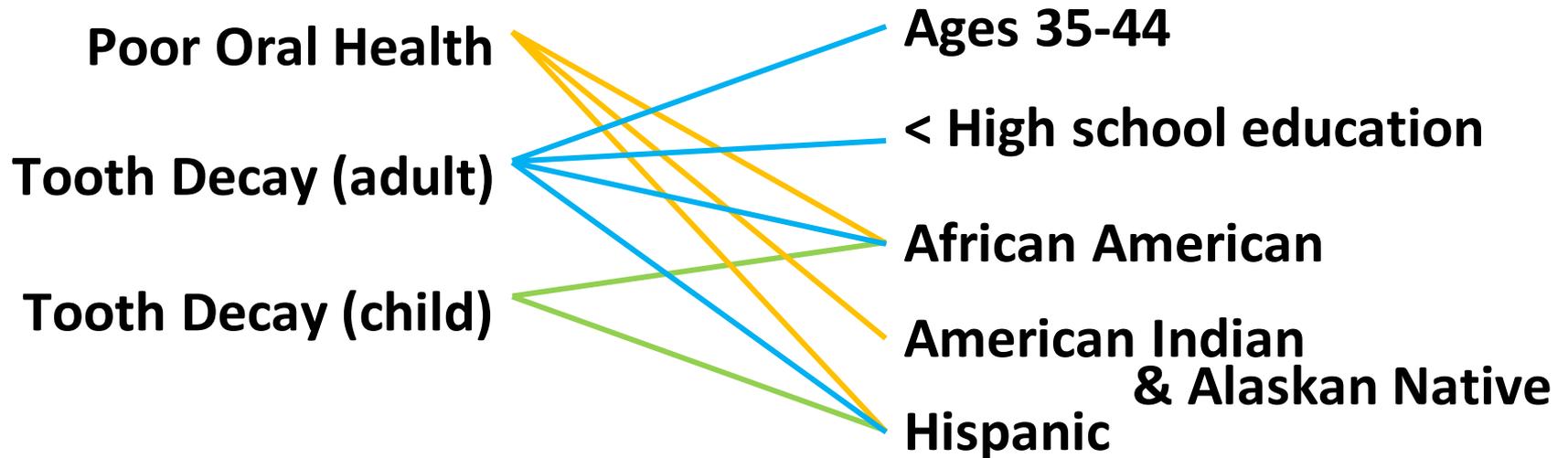


Causes of Premature Death



Health improvement happens with SYSTEMS LEVEL change

Populations at risk: disparities



If you're working with an **at-risk population**
and you're **NOT addressing Oral Health**,
that's a problem

High costs

One-time pediatric patients with NO dental complex chronic conditions account for a disproportionate share of the extreme cost burden of OR visits

Table 2

Patients aged 0 to 20 years with an operating room visit related to a dental or oral health-related condition between 2010 and 2012

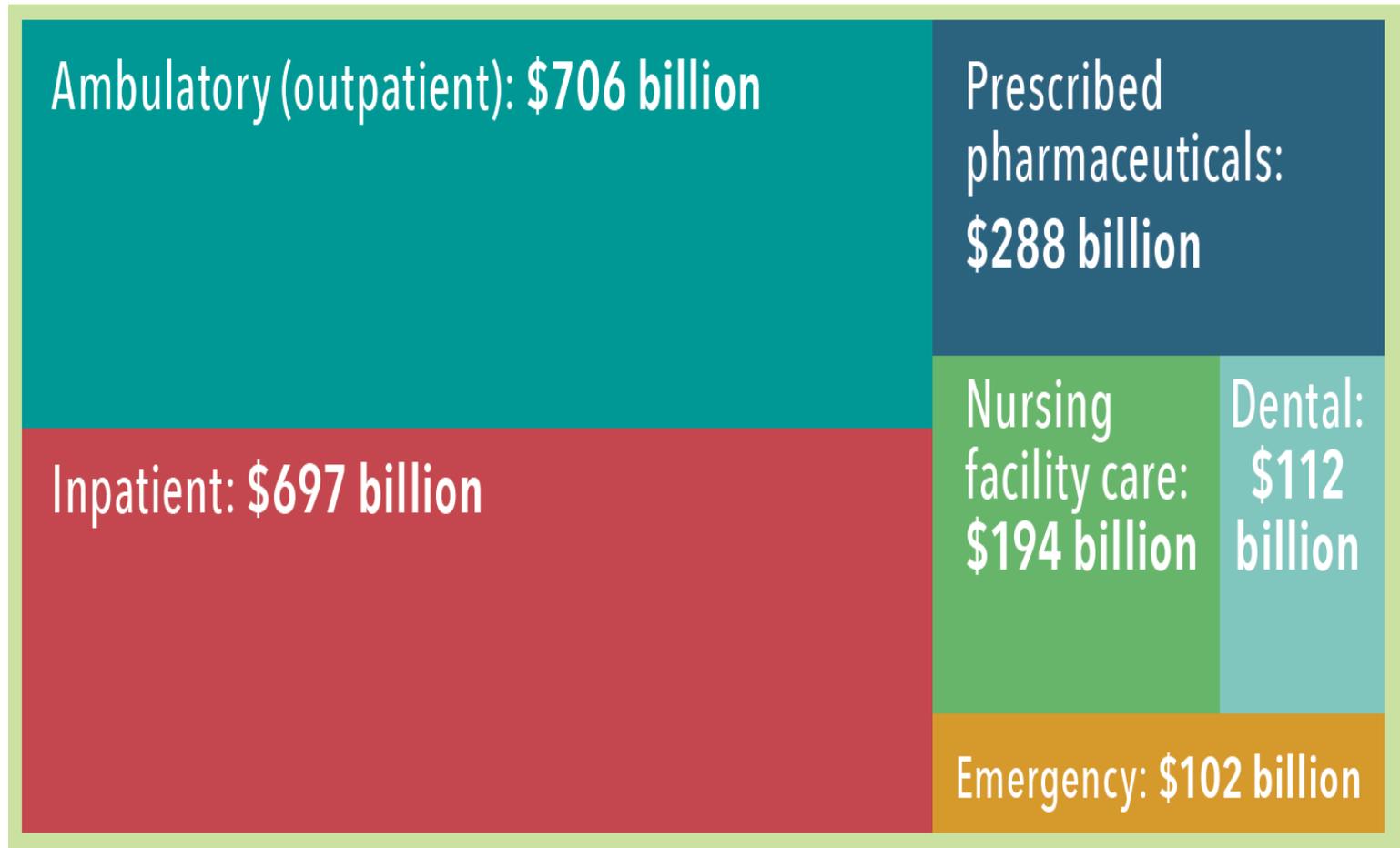
Visits (n)	Number of Visits							
	Overall		No CCC Present			CCC Present		
	Count	%	Count	% with No CCC	% of Overall	Count	% with CCC	% of Overall
1	52,548	94.3	44,283	96.2	79.4	8265	85.0	14.8
2	2620	4.7	1547	3.4	2.8	1073	11.0	1.9
3	382	0.7	144	0.3	0.3	238	2.4	0.4
4+	190	0.3	46	0.1	0.1	144	1.5	0.3
Total	55,740	100.0	46,020	100.0	82.6	9720	100.0	17.4

Visits (n)	Costs							
	Overall		No CCC Present			CCC Present		
	Count (\$)	%	Count (\$)	% with No CCC	% of Overall	Count (\$)	% with CCC	% of Overall
1	162,181,810	84.9	128,480,895	91.1	67.2	33,700,916	67.2	17.6
2	19,347,403	10.1	10,139,948	7.2	5.3	9,207,456	18.4	4.8
3	5,009,971	2.6	1,607,155	1.1	0.8	3,402,817	6.8	1.8
4+	4,594,544	2.4	730,368	0.5	0.4	3,864,176	7.7	2.0
Total	191,133,728	100.0	140,958,366	100.0	73.7	50,175,365	100.0	26.3

Note: DOHRCs are defined as diagnoses of ICD-9-CM codes 520.0 through 529.9.
 Data from Children's Hospital Association. Pediatric Health Information System. Available at: <https://www.childrenshospitals.org/programs-and-services/data-analytics-and-research/pediatric-analytic-solutions/pediatric-health-information-system>. Accessed June 8, 2016.

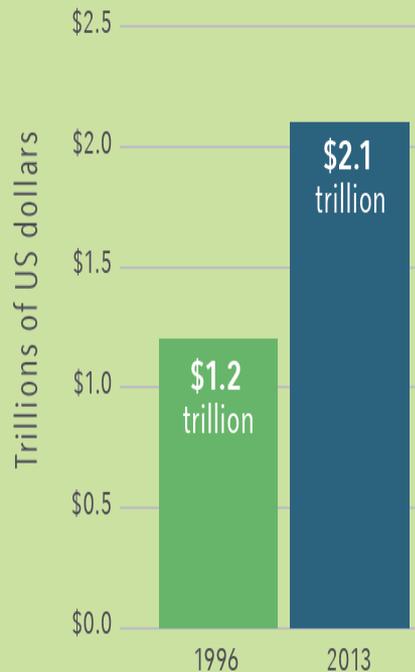
From: Chalmers, Natalia & S Wislar, Joseph & Hall, Matt & Thurm, Cary & Wai Ng, Man. (2018). Trends in Pediatric Dental Care Use. Dental Clinics of North America. 62. 295-317.e12. 10.1016/j.cden.2017.11.008.

Health Care Spending in the US



Health Care Spending in the US

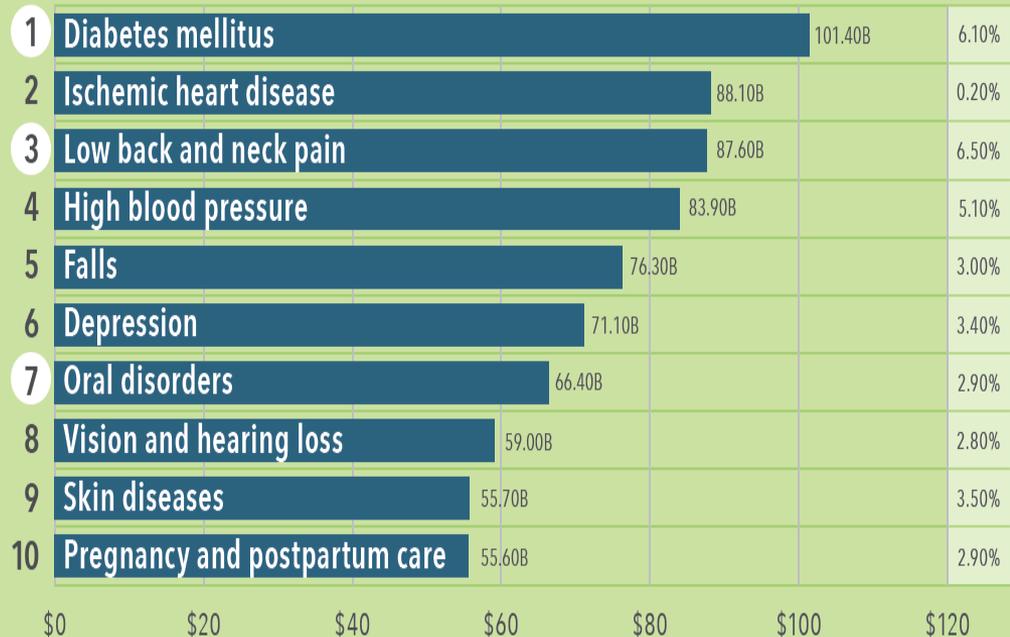
US spending on personal health care*



On which conditions does the US spend the most money, and how are they changing over time?

in billions of US dollars

Annualized rate of change, 1996 - 2013



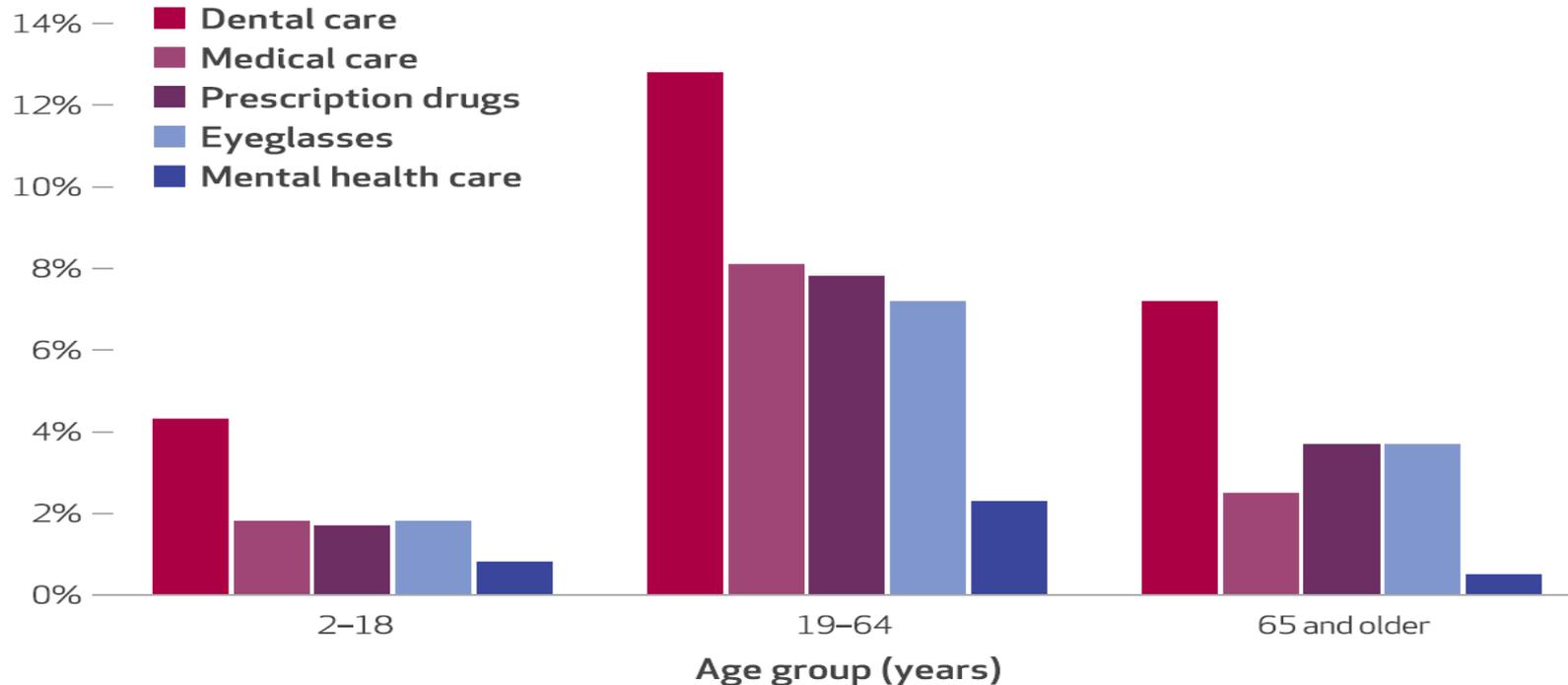
*Totals reflect amount of spending that could be broken down by condition.

Note: Spending on oral disorders includes oral surgery and cavities, including fillings, crowns, tooth removal, & dentures; skin diseases include conditions such as cellulitis, cysts, acne, and eczema.

Financial Barriers to Health Care

EXHIBIT 1

Percentages of National Health Interview Survey respondents who did not get selected health care services they needed in the past 12 months because of cost, by age group, 2014



SOURCE Authors' analysis of data for 2014 from the National Health Interview Survey. **NOTES** The sample consisted of 50,077 respondents. For all age groups, the difference between dental care and medical care not obtained was significant ($p < 0.05$).

Vujicic, Buchmueller, Klein. Dental Care Presents The Highest Level Of Financial Barriers, Compared To Other Types Of Health Care Services. Health Affairs. December, 2016.

Silver Tsunami

Growing Population:

74M

older adults
by 2030¹

From 2008 to 2010:

4M ER VISITS

involved a dental condition²

Hospital Treatments:

10x

more expensive than
routine care²

"I accept I will
lose some teeth
with age."



74%
low income
adults



48%
high income
adults

Adults 65+ are projected to outnumber youth <18 for the first time in 2035[†]

Adult Medicaid Dental Benefit

OF THE TOP 13
DENTAL SERVICES
USED BY ADULTS 65+
UNDER MEDICAID

9

states cover **all**

6

states cover **none**

Percentage who plan to visit the
dentist within the next year
(Harris, 2015)

Percentage who actually visited the
dentist within the last year
(MEPS, 2013)

77%	All Adults	37%
AGE		
80%	18 to 34	30%
75%	35 to 49	35%
77%	50 to 64	43%
76%	65 or older	42%
SOURCE OF DENTAL BENEFITS		
91%	Private	51%
86%	Medicaid	20%
58%	No dental coverage	23%

From: The American Dental Association. Health Policy Institute. © 2016. *Oral Health & Wellbeing in the US*. <https://www.ada.org/~media/ADA/Science%20and%20Research/HPI/OralHealthWell-Being-StatFacts/US-Oral-Health-Well-Being.pdf?la=en>

[†] From the US Census Bureau. <https://www.census.gov/library/visualizations/2018/comm/historic-first.html>

1. U.S. Census Bureau, (2014). Population Division, Table 9. Projections of the Population by Sex and Age for the United States: 2015 to 2060.

2. Allareddy, Veerasathpurush, et al., (2014). Hospital-based Emergency Departments Visits Involving Dental Conditions. The Journal of the American Dental Association 145(4): 331-37. From: Oral Health America Infographic: https://oralhealthamerica.org/wp-content/uploads/2016_ASOD_Infographic_web.pdf

Populations at risk: disparities

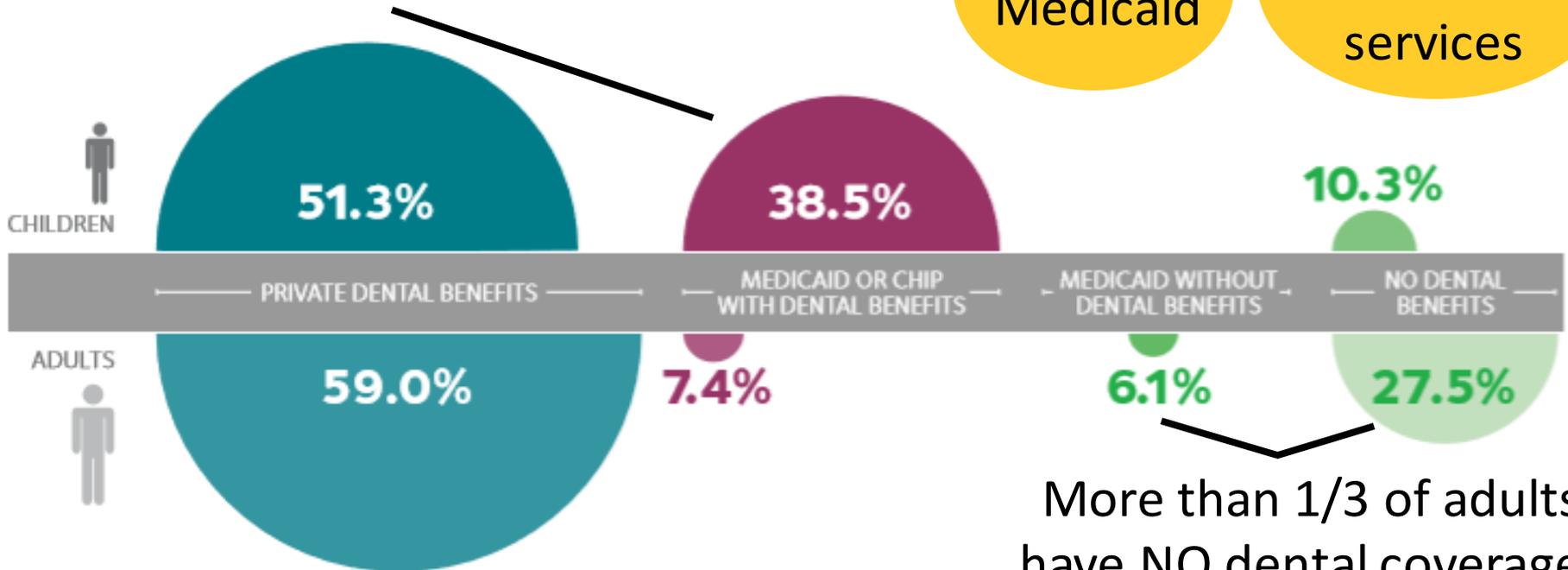
Is the current system meeting existing needs?

More than 1/3 of children are covered through Medicaid or CHP

Do providers:

Accept Medicaid

Offer low-cost services



More than 1/3 of adults have NO dental coverage

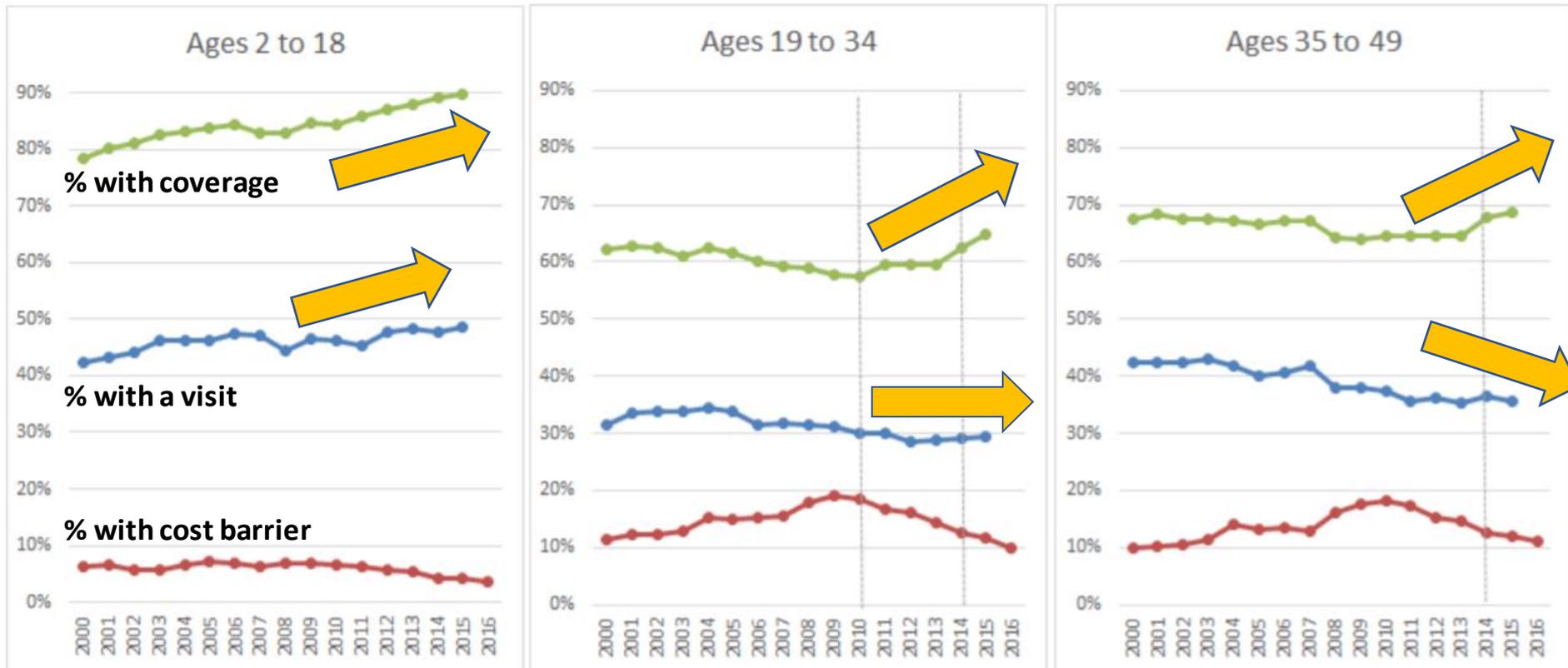
Benefits & use

IDEAL: visits occurring at the same rate as benefits

REALITY: visits do not always even mirror the growth or increase in benefits

The percent with benefits is increasing across age groups

In youth, visits are **increasing**; in young adults, visits are **stagnating**; in adults, visits are **decreasing**.



Evidence and risk



U.S. Food and Drug Administration
Protecting and Promoting Your Health

Drug Safety Communications

FDA review results in new warnings about using general anesthetics and sedation drugs in young children and pregnant women

Safety Announcement

Example 1

Sealants

- Prevent **80%** of back teeth cavities
- Rate of **40%** in children ages 6-11yrs
- Compared with high-income families, **children from low-income families** are:
 - **20% less likely** to get dental sealants
 - **2 times more likely** to have untreated cavities

Example 2

Sedation

- **100,000 to 250,000 pediatric dental sedations** occur in the US every year
- **Risking serious adverse events**, including hypoxemia, respiratory depression, airway obstruction and death, BUT
- There is **no mandated reporting** of adverse events or deaths, so we don't know how often these occur

“Repeated anesthesia exposure could hurt young brains”

We need a change

We never designed a dental care delivery system... it sort of grew up

Dentistry came about to address an already existing problem –
now we need to shift toward preventive care

We are starting to lose some of our coverage gain due to **steep costs**
and **widening disparities**

BUT there are drivers in the system
that are ready for change

We need to work toward:

- Challenging myths with evidence
- Engaging patients in their oral health
- Providing flexible services
- Utilizing innovative delivery models and
- Collaborating at the community level



Barriers to use

Cost is still the largest barrier to utilizing dental services

**How can you
engage your community
to change this?**

Lowest of any age group

65+ ages: **12%** | **9%**



Highest among those **without insurance: 41%**

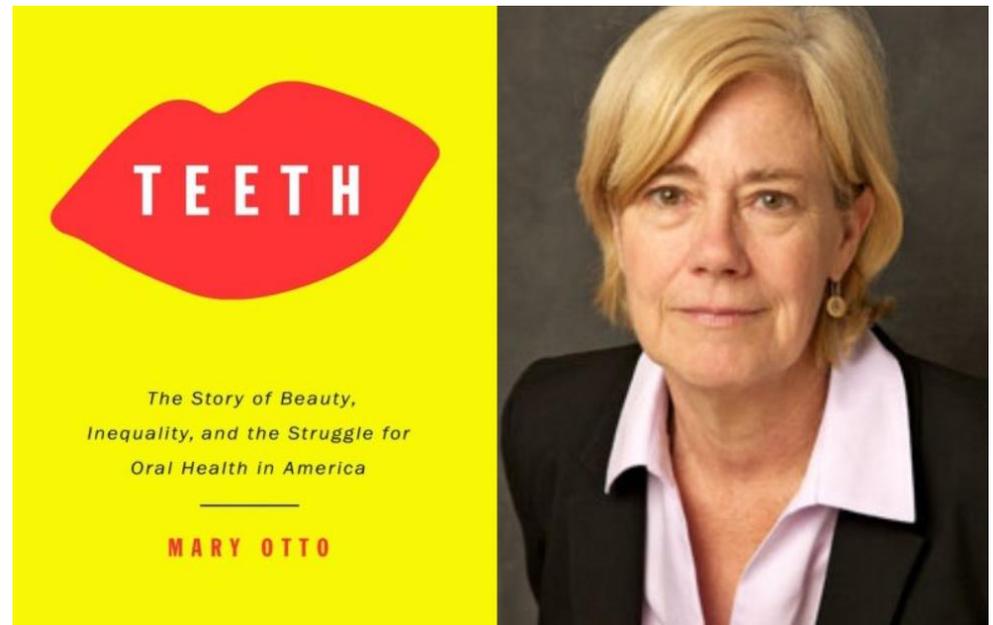
Highest among **Medicaid users: 41%**

Highest among **65+ ages: 35%**

Moving forward

“We still approach [oral disease and tooth decay] like it’s a **surgical problem that needs to be fixed**, rather than a disease that needs to be prevented and treated.”

- Mary Otto



IMPACT AREAS

- Public benefits
- Workforce innovation
- Children's health
- Senior oral health
- Payment reform/pay for performance/value-based payment
- Dental Education



REFLECTION QUESTIONS

- What are some changes we need in the system?
- How do we support systems change & the interconnectedness of the systems?
- What are the levers we can pull to get real systems change?
- What are the fundamental questions we need to answer to be able to look at policy opportunities in a comprehensive way?
- What specific activities could your foundation support to help create change?

