Opportunities for Dental Disease Management Programs in Managed Care

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Goal of Dental Disease Management

Reconnecting the Head and the Body

*Oral Health in America: A Report of the Surgeon General* (May 2000) provided state-of-the-science evidence on the growth and development of:

- oral, dental and craniofacial tissues and organs
- the diseases and conditions affecting them
- and the integral relationship between oral health and general health, including recent reports of associations between:
  - chronic oral infections and diabetes
  - osteoporosis
  - heart and lung conditions
  - and certain adverse pregnancy outcomes
Keystone Mercy Health Plan

- 300,000 Medicaid members
- 6,000 in intensive case management
- 30,000 HBP, CAD
- 3,500 HF
- 10,000 deliveries per year
DISEASE MANAGEMENT AND INTENSIVE CASE MANAGEMENT

- Blended model
- High risk
- Low risk
CHRONIC DISEASE

- Diabetes Mellitus
- Coronary Artery Disease
- HF
  - 40% have at least 1 dental visit per year
  - Part of disease management, case management assessment
### Smiling Stork Program

<table>
<thead>
<tr>
<th></th>
<th>Any reason</th>
<th>Cleaning</th>
</tr>
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<tbody>
<tr>
<td>Pregnant women seeing a dentist before intervention</td>
<td>24%</td>
<td>24%</td>
</tr>
<tr>
<td>Pregnant women seeing a dentist after intervention</td>
<td>58%</td>
<td>63%</td>
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INCREASING DENTAL CARE

- Member education
- PCP education
- Specialist education
BARRIER ANALYSIS

- Access
- Cultural competency
- Disparities
DENTAL CARE

- Care access point
- High blood pressure
- Diabetes
- Coronary artery disease
- Average dental costs = $43.84
What happens in the Dental Office?
The old paradigm of how dental health affects systemic health ...
The new paradigm of how dental health affects systemic health ...
Why should the dentist do more than what they currently provide?
## DENTIST TO TREAT A NEW POPULATION FOR THEM

<table>
<thead>
<tr>
<th></th>
<th>Percent of population</th>
<th>Percent of annual cost</th>
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<tbody>
<tr>
<td>Healthy</td>
<td>70%</td>
<td>15%</td>
</tr>
<tr>
<td>Chronic</td>
<td>15%</td>
<td>40%</td>
</tr>
<tr>
<td>Acute</td>
<td>14%</td>
<td>20%</td>
</tr>
<tr>
<td>Complex</td>
<td>1%</td>
<td>25%</td>
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</table>
DENTAL DM FOCUS ON 3 CONDITIONS

- Diabetes
  - often diagnosed through periodontal exams
  - periodontal disease often decreases a diabetic’s ability to control glucose levels

- Coronary Artery Disease
  - weakened gum tissue allows increases in oral bacteria into the bloodstream, causing blood clots or clumps of blood cells

- Pregnancy problems leading to preterm birth and associated low birth weight
  - As many as 18% of all premature births may be associated with periodontitis
  - Periodontitis produces prostaglandins which send out a false signal that prematurely initiates the birth process
DENTAL INTERVENTIONS

- Relatively simple
- Relatively inexpensive
- Non-invasive
- All may be performed in GP offices, without use of specialists
- Most care may be delivered by non-dentists
  - Hygienists
  - Dental assistants
DENTAL TREATMENT MODALITIES

- exams
- periodontal diagnosis
- prophylaxis
- scaling & root planing
- removal of hopeless teeth
- application of local antibiotic chips
  - such as Arestin
PROGRAM BARRIERS FOR DENTISTS

- Reimbursement
- Fear of treating *sick* patients
- Perception of additional administration
SOLUTIONS TO BARRIERS

- provider education
- additional compensation
  - P4P
  - Risk-adjusted rates
  - Bonus for extending access
- ease of administration
  - including retrospective review of periodontal treatment rendered
COMPREHENSIVE CARE REQUIRES LINKING DENTISTS TO PHYSICIANS

- Connectivity with IT solutions to efficiently link dentists with physicians and the plan
- Communications with PCPs – train them on the dental care paths
- Patients – encourage them to speak with their doctors
- Plan case managers – to refer patient back to their doctors and provide additional home education
Dental treatment as an addition to other health care modalities:

- medication
- dietary modification
- exercise
- smoking cessation
- physician follow up
- blood pressure
- lipid control
- weight management
DENTISTS TAKING A LARGER ROLE IN THE SYSTEM

- blood pressure
- nutritional counseling
- smoking cessation
- Hg H1C
- BMI
SELECTED PROVIDERS

Sub Network to provide these services:

- FQHCs (community health clinics)
  - Medical care
  - Dental care
  - Pharmacy
  - Mental health care

other practices to be identified as Centers of Excellence
THE ROLE OF NETWORK MANAGEMENT

- Establish positive relationships
- Identification and outreach to appropriate providers
- DM/Plan managers must be positioned as provider advocates with focus on mutual patient care
- Frequent contact to maintain constructive relationships and focus on the program
NEW DENTAL PARADIGM

As pharma and behavioral health have been integrated intro primary care, so should dental care.
ADMINISTRATION

● **Goal:** Dental DM program to help control the high cost drivers of chronic care

● **Method:** Program should mix short-term DM savings with long-term health status savings

● **Financial Translation:** create a management program that helps reduce the medical trend
INTEGRATED PROGRAM

Integrate the dental program with existing DM program:

1. Identify risk segment of population by severity
2. Identify those conditions that would benefit from dental interventions
3. Determine evidence-based care path to reduce risk
4. Select and train providers for collaboration
5. Provide incentive to providers to engage in the program
6. Encourage members to seek dental care
7. Apply interventions (including claim edits for managing provider utilization information)
8. Train Case Managers to support dental care
9. Conduct data analysis to track the affect on program utilization, costs and trends in program outcomes
10. Report performance feedback back to network providers
DENTISTS WILL BE SKEPTICAL!

Methods must not present onerous requirements, but small, steps to build successful partnering relationships

- retrospective pre-authorizations so as not to inhibit chances of patient returning for their (perio) care
- claim submissions using current processes
- risk-adjusted bonus payments that are paid regularly
**CLAIM FORM**

Use of the **REMARKS** field on the claim form.

### Missing Teeth Information

<table>
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<tr>
<th>#</th>
<th>Permanent</th>
<th>Primary</th>
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34. (Place an 'X' on each missing tooth)

35. Remarks

**DIABETIC PX**

### Authorizations

36. I have been informed of the treatment plan and associated fees. I agree to be responsible for all charges for dental services and materials not paid by my dental benefit plan, unless prohibited by law, or the treating dentist or dental practice has a contractual agreement with my plan prohibiting all or a portion of such charges. To the extent permitted by law, I consent to your use and disclosure of my protected health information to carry out payment activities in connection with this claim.

X

Patient/Guardian signature

Date

37. I hereby authorize and direct payment of the dental benefits otherwise payable to me, directly to the below named dentist or dental entity.

X

Subscriber signature

Date

### Ancillary Claim/Treatment Information

38. Place of Treatment (Check applicable box)

- Provider's Office
- Hospital
- ECF
- Other

39. Number of Enclosures (00 to 99)

- Radiographs
- Dental Records

40. Is Treatment for Orthodontics?

- No (Skip 41-42)
- Yes (Complete 41-42)

41. Date Appliance Placed (MM/DD/CCYY)

42. Months of Treatment Remaining

43. Replacement of Prosthesis?

- No
- Yes (Complete 44)

44. Date Prior Placement (MM/DD/CCYY)

### Treatment Resulting from (Check applicable box)

- Occupational Illness/Injury
- Auto Accident
- Other Accident

### Treating Dentist and Treatment Location Information

50. I hereby certify that the procedures as indicated by date are in progress for procedures that require multiple visits.
ADD CAPABILITY TO CLAIMS SYSTEM

- Track the incidence (and severity) of care to those in the various targeted risk states:
  - Diabetics
  - CAD
  - Pregnant women

- Information may be amalgamated from the claims data to report risk corridors for the plan to address with education
Physicians and nurse case managers rarely get any education about dental care, yet they must refer patients on to dentists.

Case managers or dental providers may report patient condition and care to PCPs (including OB/GYNs):
- Severe gum (periodontal) conditions
- Treatment plans
FINANCIAL INCENTIVES TO DENTISTS

- Reward dental providers with risk-adjusted payments
  - Additional patient education provided
  - Recall rates of targeted patients
  - Pro-active assessment of payment status
ProFile SYSTEM

- Hand-held provider information database for network consultants to use when monitoring the network
  - Detailed office information for case referrals
  - In-depth knowledge of office capabilities
  - Update on performance toward bonus payment
QualDent ProFile System

Contact:
Office Name: Special Touch
Provider Number: 123
Address: 240 Geiger Rd.
City: Philadelphia
County: Philadelphia
ZIP: 19115
State: PA
Phone: 215-508-4200
Fax: 215-969-0215
Multiple Offices: 1
Main Contact: Sherry Andaloro
Lead Dentist: Larry Paul
Office Manager: Sherry
email: drpaul@specialtouchdentistry.com
Last Visit: 01/03/2008
Type of Office:
Cultural Competency: Spanish, AfAm
Near Public Trans.: 0
Accepting New Pts: 0
e-Claim Submission: 1
DM Dentist: 1
Specialist: 1
Special Needs: 1
Pedodontist: 0
Geriodontics: 0
Endodontics: 0
Periodontics: 0
Oral Surgery: 0
CoX: 1
Age Limits: 12
P4P Participant: 1
Percentage of MA: 80
Consultant: Williams
Standard Fee Sched: 0
Special Fee Sched: 0
Assessment

- **Goal:** Determine if the program is truly improving health status as it increases dental utilization
- **Method:** Trend analysis according to the risk states to see if the expected loss ratio is affected
- **TO DO:** calculate the trended regression of the mean for that segment of chronic membership (diabetics, pregnancies, cardiac patients)
ROI Calculation

- EXAMPLE: Diabetics cost companies around 35% more than non-diabetics. Is the cost (over time) with the Dental DM consistently less than the 35% we assessed in our population?

- If the integrated program with dental will save more than the standalone medical DM program … then the program is a success!
  - Typical savings around 4% to 5% for successful medical DM
SUMMARY

- The opportunity for Dental DM in managed care programs is to increase short-term dental loss ratio, but decrease the more expensive, long-term medical loss ratio.
  - Assess risk states affected by dental care
  - Select and train providers
  - Reward providers
  - View data integrated with medical risk analysis

... all to develop a healthier member base