

A McLaren Company

Oral Health Matters: Bridging the Gap Between Dental and Medical Services

2024 IHCP Works Annual Seminar

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Providing health coverage to Indiana families since 1994

Agenda

- History
- Data-Driven Inspiration
- Vocational/Educational Impact
- Oral Presentation of Disease
- Dental/Physical Relationships
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MDwise Mission and Vision

Who Are We?

MDwise is your provider-led, local, Indiana-based nonprofit health care company. Our parent organization, McLaren Health Care, is a nonprofit integrated health system that believes all Indiana families should have access to high-quality health care regardless of income.

What Is the MDwise Mission?

MDwise provides high-quality, affordable health care services and improves the well-being of our members by bringing together exceptional employees, community leaders, and health care professionals.

What Is the MDwise Vision?

MDwise strives to be the most influential, trusted choice in health plans by doing what is best for the communities we serve.



MDwise Values

• Trust

Innovation



Stewardship

İ Leadership

We trust each other and act with integrity. We are authentic, empowered to act and communicate openly with candor and caring. We make decisions for the greater good. We earn the trust of those we serve through transparency and accountability. We are dependable – a promise made is a promise kept.

We continuously improve to be easier to do business with. We challenge the status quo, generate ideas, collaborate, value diversity and demonstrate agility. We are courageous, learn from experience and adjust quickly.

We make sound decisions and deliver quality programs with precision. We are subject matter experts and perform at our full potential by working as a team.

We are mission-driven. We are entrusted as stewards of a company that serves members, associates, customers, business partners and our community. We care deeply about each other and all stakeholders. We are privileged to take care of our members and treat every dollar as if it were our own. We are efficient, set priorities and ensure our processes add value to enhance the member experience.

We are industry thought leaders and advocates. We take initiative, are accountable for results and empower those around us to be their best. We roll up our sleeves and dig in to help. We lead by example.



History



History

Where we parted ways:

 Dentistry was not recognized during the establishment of US medical schools; this led to the independent establishment in 1839 and 1840 of the first dental school, association and journal.

What we learned when apart:

 In 2000, the landmark surgeon general's report on oral health documented impressive advances in dental science and practice and oral health's connections to general health, raising national awareness about the importance of oral health to overall well-being.

Why we must come back together:

• Healthy People 2020 identified oral health as 1 of 10 leading health indicators, along with access to health, clinical preventive services, nutrition, social determinants and reproductive health. Our data at MDwise also demonstrates a need.





Data-Driven Inspiration



Data & Economics

In 2023 QI for Healthy Indiana Plan (HIP) members, we collected the following data:

The top 10 reasons for non-emergent visits to the Emergency Department (ED)

- I. Urinary Tract Infection (UTI)
- 2. Acute respiratory issues
- 3. Nausea
- 4. Low back pain
- 5. Viral infection
- 6. Influenza related
- 7. Acute pharyngitis
- 8. Other specified disorders of the teeth
- 9. Non-infective gastritis
- 10. Periapical abscess



Data & Economics – Put it to Dollars

How Does This Matter Socially and Economically:

QI HIP members 2023

- 1,058 member encounters in ED for disorders of teeth = \$296,500
- 849 member encounters in ED for periapical abscesses = \$238,600
- Total: Approximately 1,800 members in one quarter x 4 = 7,200 per year in ED

QI HIP members 2023 Costs

- \$296,500 x 4 quarters = \$1,186,000
- \$238,600 x 4 quarters = \$ 954,400

What's the additional problem?

• This is basically palliative care. They still need to go to a dentist to get definitive treatment = prolonged suffering and excess costs.







It's Not Just the Money: Dimensions of Health and Well-being

• Emotional Health:

Early-age teeth are used for eating, speech development, and smiling. When teeth are lost early, this impedes development and healthy self-esteem. Pain in teeth leads to fear and suffering. "They are just baby teeth" is a misnomer.

• **Physical Health:**

- As adults, pain in the mouth and gums can lead to nutritional deficiencies.
- \circ In children and adults, dental abscesses can lead to death due to sepsis.
 - A 12-year-old died from complications from a tooth abscess that spread to his brain.
 - A young father of two died when toothache spread to his heart.

Social Well-being:

 $\,\circ\,$ As adults, loss of teeth often leads to isolation and loneliness.



Vocational/Educational Impact



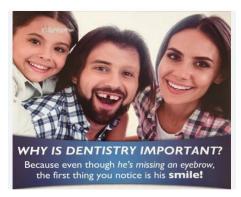
Vocational Wellness

In Indiana, overall, 9% of people consider the condition of their mouth and teeth to be poor.

- Low income: 20%
- 12% of low-income Hoosiers feel life is less satisfying due to dental health
- 31% of low-income Hoosiers believe the appearance of their mouth and teeth **affects their ability** to interview for a job
- According to the <u>American Dental Association's (ADA) Health Policy Institute</u> surveys of the U.S. population, I in 5 low-income adults say their mouth and teeth are in poor condition, and I in 3 say the condition of their mouth and teeth affects their ability to interview for a job.
- Significantly more low-income Hoosiers avoid smiling, have dental pain, have sleep issues and take days off work due to their dental health.



Have you ever noticed someone cover their smile? Social media portrays teeth as important.



Are they going to be confident in a job interview?



Educational Impact

- Learning effects: Children in low-income families with limited access to preventive care will miss three (3) times as many school days due to oral health problems.
- Oral Health and Well-Being in the United States | American Dental Association (ada.org)





Oral Presentation of Disease



Medical Conditions That May Have an Oral Correlation

- **Cancer**: Many cancers can metastasize to the jawbone; oral cancer starts there
- Inflammatory Diseases: Can manifest as periodontal disease, jaw pain
- **Diabetes**: Loss of bone around teeth in undiagnosed or uncontrolled diabetes
- HIV: Oral cancer, Kaposi's sarcoma
- Dementia: Periodontal disease is correlated with Alzheimer's disease
- **Anxiety/Depression**: Depression may cause lack of oral care, and anxiety may cause clenching and grinding of teeth
- Vitamin/Nutritional Deficiencies: Strawberry tongue in anemic patients
- Behavioral Disorders: Sleep apnea/airway issues can cause misdiagnosis of ADHD, ADD
- **Disability/Early Aging**: Lack of home care can be a sign
- Celiac Disease: May present as enamel defects and/or excessive aphthous ulcers



Dental/Physical Relationships



Disease-Specific Dental/Physical Relationships

- **Cardiovascular disease:** Periodontal disease correlates with increased cardiovascular events like a heart attack and stroke.
- **Pregnancy and birth complications:** Low birth weight and premature deliveries.
- **Pneumonia:** Aspirating heavy plaque can lead to increased risks of pneumonia.
- **Diabetes:** More susceptible to periodontal disease, making blood sugar management more complicated.
- **Dementia:** Research has established a clear animal model correlation between periodontitis and Alzheimer's Disease that serves as a basis for exploring exciting new clinical research areas and therapeutic targets.



Disease-Specific Dental/Physical Relationships (cont.)

- **Obesity:** High cavity rate can be an indicator of dietary issues that can also lead to obesity.
- Medication Side Effects: Many medications cause a dry mouth, leading to more cavities, oral irritations and periodontal disease.
- **Early Detection:** Prevents painful progression of dental disease, costly hospital use and missed days at work.
- Oral Cancer Diagnosis: Early diagnosis is critical to oral cancer survival.



MDwise Goals



MDwise Integrated Goals

Goals:

- Early dental parent education through Primary Medical Providers **and** Dental Care providers.
- Reduce ED utilization for preventable dental conditions, thus reducing costs. We currently follow up with members who have visited the ED and help direct them to care.
- Continued whole health connection and communication between dental and other providers.
 - Medical consultations—MDwise is working on templates to make this easier
- Share information with State legislatures
- Started a program to encourage dental providers to refer members to the <u>Quit Now Indiana</u> statewide program.

Outcome goals for these interventions:

- Start dental care early—by age one (1) year
 - Involve parents and providers in airway issues, tongue ties, fluoride, and diet choices
- Encourage state-wide reporting of dental data
- Advocate for reimbursement rates that encourage providers to care for at-risk populations.



Final Thoughts

- Complete tooth loss has decreased by more than 75% for those ages 65 through 74 years over the past five (5) decades in the United States. Improvements in tooth loss measures, such as edentulism and complete tooth retention, have been most significant among the nonpoor, whereas those who are poor have experienced fewer improvements.
- There is a positive relationship between tooth retention, overall health, and quality of life. Older adults retaining more than 20 teeth are less likely to experience poorer health. Having less than 20 teeth increases the likelihood of functional dependence and the onset of disability and may affect successful aging. The more teeth older adults retain as they age, the less likely they are to have adverse health outcomes. However, significant knowledge gaps remain, limiting decision-making and affecting the successful aging of many older adults.
- It's expensive and causes unnecessary suffering to members to use the ED as a dental home. Members need dental care, clinics/offices and providers that serve the Medicaid population, or these ED numbers will skyrocket.
- It may be possible to reduce suffering and costs by increasing dental care.



MDwise New Dental Partner

MDwise thanks you for the exceptional care you provide for our members. Your dedication and commitment to their health and well-being are greatly appreciated.

- Starting January 1, 2025, MDwise is pleased to announce an exciting new partnership with Delta Dental, subject to completion of the state readiness review.
- As we transition to this new partnership, our current agreement with DentaQuest will conclude on December 31, 2024.

**If you are a dentist and not a current Delta Dental network provider and would like to join, including Delta Dental's Medicaid network, now is a great time to do so.You can submit a <u>notice of interest</u> here to start the process.

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QUESTIONS?



