



Thought Leader Roundtable on Oral Health and Chronic Disease in Older Adults

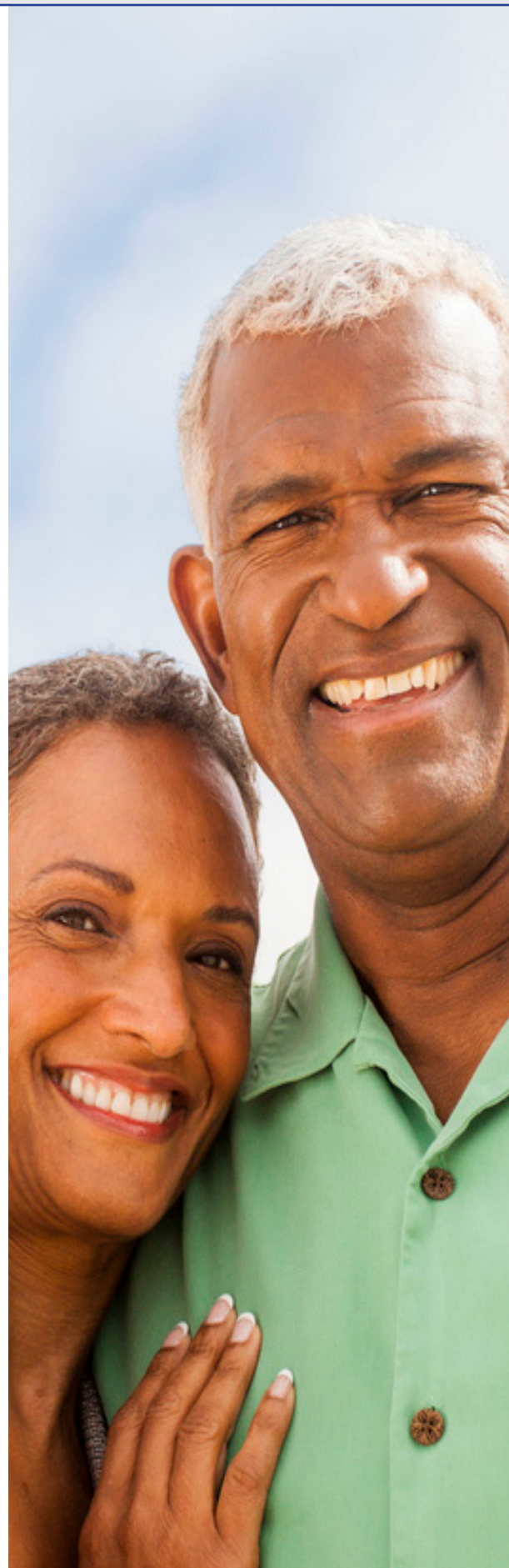
Summary Report and Key Recommendations

Introduction

On February 7, 2019 the National Association of Chronic Disease Directors' ProVention Health Foundation convened a Thought Leader Roundtable (TLRT) on Oral Health and Chronic Disease in Older Adults. Invited participants included Chronic Disease Directors and Dental Directors from 13 States as well as a diverse group of national partners representing chronic disease, oral health, older adults, academia and research (see Appendix I for a list of participants). This report provides an overview of themes and recommendations that were identified related to addressing oral health and chronic disease in older adults and potential opportunities for addressing them. It also contains a summary of key recommendations from participants for ProVention Health Foundation, NACDD and its partners to consider in supporting the work of states as they identify ways for oral health and chronic disease programs to collaborate to increase awareness about the unmet oral health needs of older adults and identify models of medical-dental integration that can benefit this growing segment of the population. Funding for this TLRT was provided by GlaxoSmithKline.

Background

By the year 2033, for the first time in U.S. history, the number of adults 65 and older will outnumber the number of people 18 and younger. For this reason, taking care of an aging population will continue to be a priority for organizations and individuals that advocate for and deliver health care to older adults.

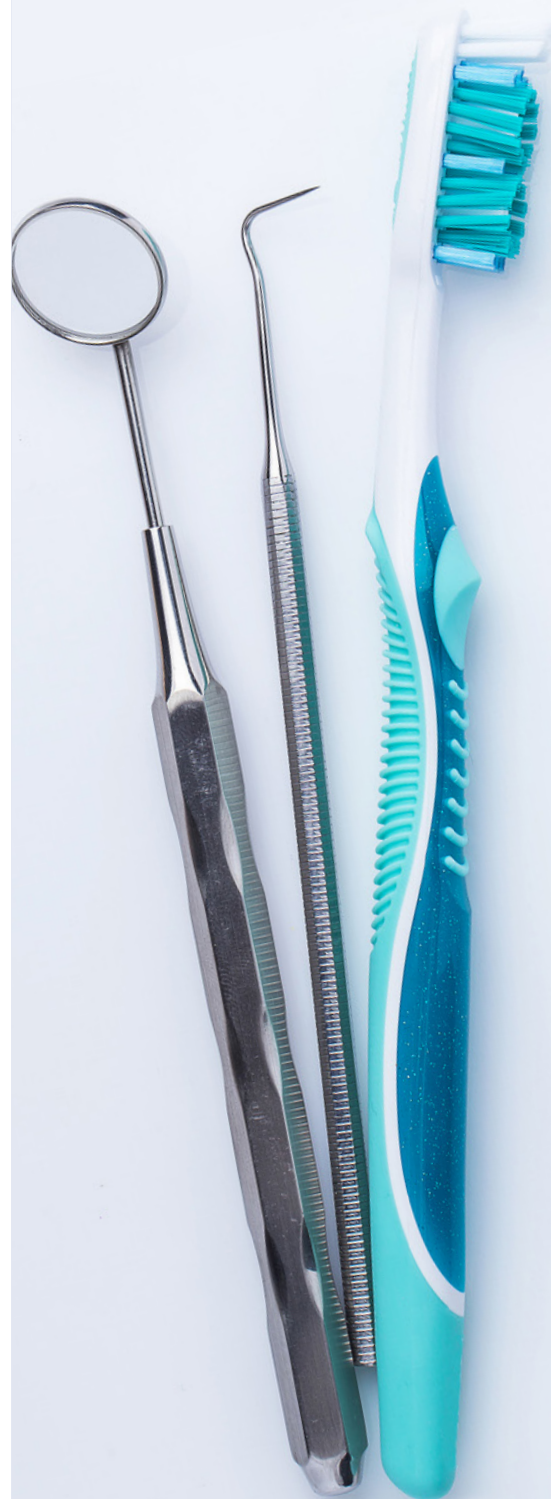


It is well documented that poor oral health is a contributing factor to and a symptom and consequence of many chronic diseases. Oral health is also an essential element of aging. Without a healthy mouth, important aspects of general health and health related quality of life are affected, including nutrition, self-image, willingness to interact socially, mental health, and all too often, physical health. A growing understanding of the relationships between and among oral health and chronic diseases can facilitate efficiency and effectiveness in public health approaches to managing and reducing the impacts of chronic disease and improving oral health. This is particularly important for older adults, who are living longer and keeping more of their teeth as they age. Managing the oral health of an aging population is challenging in many ways. It requires a coordinated and patient-centered approach that includes a multi-disciplinary team of health professionals and caregivers that are connected to clinical and community settings. It also requires new population-based strategies and policy approaches to promote and ensure access to and coordination of medical and dental care for a price that older adults can afford to pay.

State Chronic Disease and Oral Health Program Leaders have an important role to play in developing and promoting evidence-based strategies and health promotion messages that can be supported and implemented by a diverse group of state and local partners. Increasing awareness among public health leaders in states and communities about the need for improved access to oral health services for older adults is an important first step in creating oral health champions who can promote the importance of oral health as a contributing factor to general health and well-being for older adults.

Setting the Stage

Two keynote speakers, Lynn Mouden, DDS, MPH, FIDC, FADC and Paul Mulhausen, MD, FACP, FAGS opened the Roundtable by sharing their expertise and insights relative to the historical separation of medicine and dentistry and the challenges we face in trying to connect them given our current medical/dental delivery systems and skepticism on the part of physicians and dentists regarding how to work together using a coordinated care model. Understanding root causes related to the delivery of oral health and medical care in this country can help to inform the innovative changes that will be needed to address issues related to delivery and payment design to reach high risk and underserved individuals in the U.S, which includes older adults. The call to action outlined in the 2000 Surgeon General's Report on Oral Health and the chance to build on that work when the 2020 Surgeon General's Report on Oral Health is released presents a new opportunity to highlight barriers to oral health care access for older adults and the medical care costs that result from this unmet need. Recent changes and trends in the way healthcare is delivered and paid for present opportunities for innovation that may challenge traditional models of oral health delivery and reimbursement. These new models include Medicaid Managed Care, Medicaid Expansion, Medicare Advantage and Accountable Care Organizations. The proposed inclusion of oral health benefits in Medicare has the potential to alleviate the unmet oral health needs of 6.4 million Medicare beneficiaries if the benefit is designed so it is affordable and has reasonable benefit coverage and limits (Commonwealth Foundation).



Large Group Discussion

A discussion facilitated by Bill Benson among the national partners and state participants focused on opportunities for change and included recommendations for health policy reform, new payment models, and medical/dental delivery redesign that could have a positive impact for increasing access to oral health services for older adults. The participants were invited to comment on a series of questions about what could be done to address oral health and chronic disease in older adults at a national level. The key themes and recommendations that emanated from the large group discussion are summarized below.

Q1. How can public health agencies leverage recent changes in US healthcare to advance oral health/chronic disease prevention?

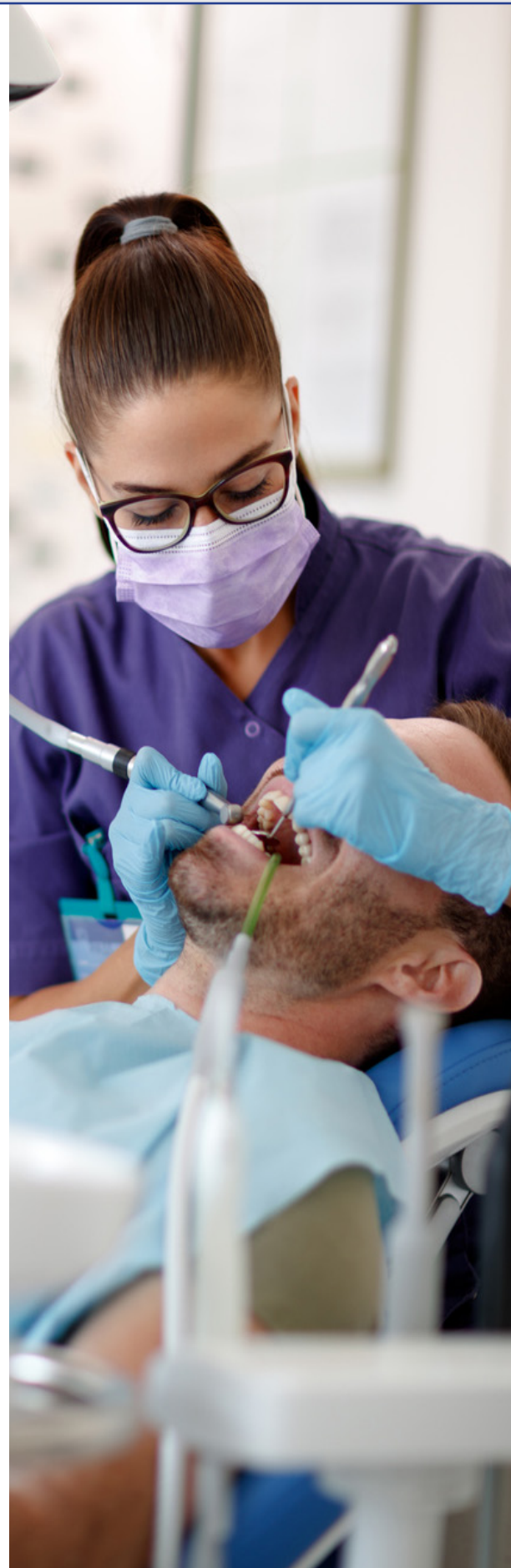
Key Themes/Recommendations:

1. Promote workforce redesign models that increase the use of mid-level dental care providers and dental health coordinators to increase access to affordable oral health services for older adults.
2. Increase the use of telehealth and teledentistry in long-term care facilities to address oral health and chronic disease related issues earlier.
3. Promote awareness of oral health in healthy aging networks and provide resources to increase their capacity to coordinate services and outreach that includes oral health.
4. Integrate oral health into value-based care initiatives and include oral health services on the list of things Accountable Care Organizations (ACOs) can be reimbursed for.
5. Document the return on investment (ROI) of providing oral health services for people with chronic conditions (e.g., diabetes).
6. Include oral health performance measures in safety net and integrated health system site qualification criteria.
7. Normalize the fact that healthy aging includes keeping one's teeth.

Q2. What current trends in public health exist that could be used to promote oral health/chronic disease management?

Key Themes/Recommendations:

1. Increase awareness about the value and effectiveness of community-based dental coordinators and/or community health workers (CHWs) in promoting oral health services and chronic disease management within the community.
2. Support the conduct of systematic reviews regarding the relationship between poor oral health and cognitive impairment in older adults.
3. Promote the need for an oral health surveillance system that is better connected to chronic disease surveillance and vice versa.



4. Educate public health advocates about how to use the correct language with policy makers when discussing older adult issues.
5. Promote the need for integrating oral health into the health system, including the need for integrated electronic health records that can 'talk to each other' on the medical and dental side.
6. Increase awareness about oral health as a health equity issue -- e.g., poor oral health is a striking symbol of poverty.

Q3. Where do audience members see the opportunities for the integration of oral health care outside of FQHCs and Academic Training Settings?

Key Themes/Recommendations:

1. Identify opportunities to work with pharmacists on how to educate patients and caregivers about the oral health side effects of certain medications and the need for regular oral health care.
2. Identify opportunities to integrate oral health into CMEs for medical management.
3. Identify opportunities to integrate oral health into the list of topics discussed during home visits.
4. Identify opportunities to integrate medical and dental services in 'one stop shopping clinics' such as Kaiser and Walmart clinics.
5. Include oral health education as part of the National DPP lifestyle change program curriculum - particularly when it is being paid for with state/federal funds targeting high risk individuals (e.g., Medicaid/Medicare - MDPP).
6. Increase the delivery of oral health services through mobile clinics within the community (e.g., community senior centers).
7. Identify opportunities to connect oral health to Information Health Exchange platforms.
8. Identify opportunities for integration oral health into team-based care models for care coordination and bi-directional referral.
9. Promote outreach efforts that engage the faith-based community and train CHWs on oral health topics.
10. Promote loan repayment as a strategy for placing more oral health care providers in community-based primary care settings.

Q4. Are there opportunities to partner with healthcare delivery systems that are moving to value-based payment in the spirit of improved integration, care coordination, and mitigation of the social determinants of health that could improve access to oral health and chronic disease prevention/management services for older adults?

Key Themes/Recommendations:



1. Engage LHDs in identifying ways to address barriers to accessing medical, dental and mental health services (e.g., transportation plans).
2. Engage the aging network to help public health practitioners understand the nuances associated with long-term care facilities.
3. Identify opportunities to improve access to oral health services for immigrants with limited English proficiency.
4. Promote the inclusion of oral health fields in medical EHRs in long term care facilities, health systems, and primary care physician practices.
5. Promote the inclusion of an oral health assessment and oral health care plan for LTC and assisted living facilities.
6. Develop systems that can detect potential coding and/or billing fraud by providers/caregivers.
7. Promote the PRAPARE tool to FQHCs to help them address social determinants of health.**

**PRAPARE is a Protocol for Responding to and Assessing Patients' Assets, Risks and Experiences that was developed by the National Association of Community Health Centers - http://www.nachc.org/wp-content/uploads/2019/04/NACHC_PRAPARE_Full-Toolkit.pdf

Q5. Do audience members see opportunity to leverage resources with managed care organizations involved in both Medicaid expansion and the transformation of our public health insurance programs to value-based payment methods?

Key Themes/Recommendations:

1. Promote strategies for working with Managed Care Organizations to offer oral health services that can save states money for their Medicaid insured adult population.
2. Promote strategies such as waivers for oral health services in non-Medicaid expansion States.
3. Promote oral health screenings for newly insured Medicaid beneficiaries.
4. Identify opportunities to work with MCOs that subcontract with dental networks to conduct outreach to insured older adults and analyze service utilization and cost.
5. Promote opportunities for medical care transformation by including EHR measures for dental care.
6. Use data integration for surveillance, quality measures and for purposes that will integrate oral health with primary care.



Q6. What does the oral health community want from the medical healthcare community (in the traditional sense) in the integration of oral health care and medical healthcare services?

Key Themes/Recommendations:

1. Promote increased communication between medical care providers and oral health care providers to foster mutual respect between the disciplines and encourage collaborative patient management.
2. Promote the use of telehealth among primary care providers and oral health care providers for managing complex medical conditions and promoting collaborative patient management.
3. Promote the inclusion of oral health into medical care reform - include a dental assessment as part of the medical assessment.
4. Promote the need for an oral health benefit for older adults (e.g., Medicare reform).
5. Promote the concept of multidisciplinary care (vs. integrated care) among physicians and dentists.

Q7. Are there public health problems besides fluoridation and the targeting of common risk factors (hygiene, tobacco, diet, injurious behavior and stress) that should guide the agenda for dental public health?

Key Themes/Recommendations:

1. Advocate for the inclusion of an oral health benefit in Medicare for older adults.
2. Identify and promote examples of integrated and/or collaborative health care in states that can be shared with policy makers.
3. Increase collaboration between national partners and states to identify additional organizations that can advocate for improving the oral health of older adults.

Small Group State Discussion Synthesis

Small Group Discussion

During the afternoon session, chronic disease and oral health leaders engaged in a discussion that was guided by six questions that focused on their work and the investments being made by funders in their states. Participants were asked to describe their existing collaborations and partnerships and identify opportunities for how they could be strengthened. They were also asked to identify policy strategies that they could promote with their partners to advance their work and steps that ProVention and NACDD and its partners could take to help them move the needle forward on chronic disease and oral health issues facing older adults. The key themes and recommendations from the small group discussions are summarized in the next page.



Q1. How does your agency currently partner on oral health and chronic disease issues? What additional opportunities exist for strengthening this partnership? How could it change for the better?

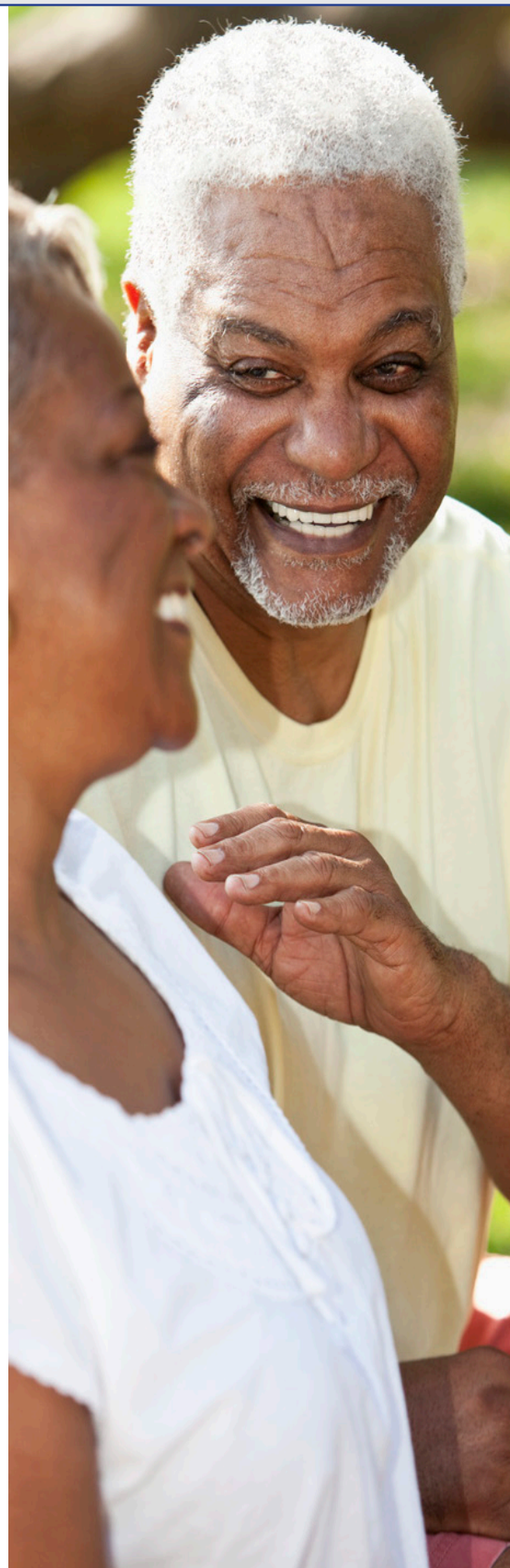
Current Partnerships:

Current partnerships in states between oral health and chronic disease programs include collaborating with the tobacco control program to promote the state-based quitline, inclusion of oral health in cancer control plans, promoting the link between HPV and oral cancer, development of toolkits to integrate HPV screening into dental practices, and in some states, co-location of the oral health program with the chronic disease program. It was noted that current funding opportunities require limited integration of oral health activities with other chronic disease programs. States felt that this creates missed opportunities for engaging oral health with numerous chronic disease priorities, particularly in relation to screening for prediabetes and hypertension and contributing to efforts related to diabetes self-management and hypertension management.

Opportunities

States identified the following additional opportunities for strengthening partnerships between oral health and chronic disease programs.

1. Inclusion of oral health in state chronic disease plans and chronic disease in state oral health plans could facilitate the identification of opportunities for collaboration between these programs and their partners.
2. Inclusion of oral health in EHRs could facilitate increased bi-directional referrals between primary care and oral health in clinical settings.
3. There are opportunities for state Advisory Committees to include oral health to facilitate the identification of linkages across programs areas. It was also suggested that these Advisory Committees have representation on them by older adults to ensure that barriers related to access are addressed.
4. Increased emphasis on co-location of oral health with primary care in FQHCs is an opportunity to increase bi-directional referral and identify individuals with unmet oral health needs.
5. Funding to allow CHWs that work with chronic disease programs to be trained and obtain a specialty certification in oral health (Smiles for Life Curriculum) would facilitate outreach to high risk patients that need oral health services.
6. Increased use of dental coordinators by primary care can also help patients access needed oral health services as would training health coaches in primary care practices about oral health.
7. Opportunities exist for increased coordination with Medicaid on oral health access, including the development of case management codes to cover transportation for dental visits.



8. Promoting opportunities to teach medical residents about oral health should include motivational interviewing and an appreciation for the link between oral health and overall health.
9. States suggested that online communities of practice on emerging models of medical-dental integration could be helpful and could include topics such as how to refer patients, which diagnostics codes to use, examples of EHRs that can communicate with each other, and models of co-location for oral health and primary care.
10. The integrated model being required by both CDC and HRSA was cited as a catalyst for ongoing discussions on medical-dental integration.

Q2. What are some opportunities given CDC's investments in states to strengthen oral health and chronic disease priorities – with a focus on older adults?

Opportunities

States identified some very specific and feasible opportunities to strengthen the connection between oral health and chronic disease in older adults.

1. Advocate that funders require oral health and chronic disease integration in their Notice of Funding Opportunities to demonstrate their commitment to medical-dental integration.
2. Provide dental hygienists with training (CE) in motivational interviewing to foster increased interventions with older adult and promoting the use of dental hygienists to conduct of home visits were suggested strategies, in addition to increasing outreach and communication with assisted living facilities to promote messages about the importance of oral health care for their residents.
3. Establish pay for performance in dental care and equity reimbursement for those without insurance was suggested as was providing increased funding for patient navigation to facilitate increased care coordination for older adults. Promoting blood pressure screening to oral health providers is another opportunity to strengthen the connection between oral health and chronic disease in older adults.
4. Academic detailing to retrain oral health providers to measure blood pressure, partnering with the American Health Association to train oral health providers in CPR, and promoting trainings by BC/SC in dental offices on accurate blood pressure measurement are also opportunities.
5. Work with the American Dental Association to include language about blood pressure assessment DO120 and D0150 as part of a comprehensive dental evaluation.
6. 6.Improve the communication capacity between electronic health records (EHRs) and electronic dental records (EDRs). to facilitate care coordination for older adults.
7. Workforce development and promoting messages to bridge oral health and chronic disease co-morbidities was also cited as an opportunity, with tobacco control funding being a potential source of funding.



8. Compile and disseminate Success Stories and White Papers the promote this work would provide opportunities for states to emulate successful models.

Q3. Based on what you have learned during the presentations and discussion this morning, what are some activities that states can be doing to promote oral health and chronic disease collaborations focused on older adults?

Opportunities

States provided the following suggestions for promoting oral health and chronic disease collaborations focused on older adults.

1. Improve data collection on older adults through the Behavioral Risk Factor Screening Survey (BRFSS) and an adult focused Basic Screening Survey (BSS) on oral health.
2. Utilize the Area Agency on Aging's Community Assessment Survey for Older Adults (CASOA) to assess oral health needs and advocate for the inclusion of oral health in city and local needs assessments. These data could be used to develop burden reports on the unmet oral health and chronic disease needs of older adults to prioritize future efforts.
3. Create partnerships between academia, long-term care associations, primary care associations, pharmacy associations, nurses and nurse practitioners, physician assistants, medical societies. and dental and dental hygiene associations as well as organizations that advocate for and serve older adults such as area offices on aging, meals on wheels, and local senior centers.
4. Fund local health departments to implement healthy aging initiatives was a suggested activity that could include transportation planning and framing oral health as a health equity issue is another strategy for garnering attention to this issue.
5. Include older adults on local boards of health to inform decisions and activities at the local level affecting seniors.
6. Increase the focus on quality improvement in Medicaid dental programs to coincide what is being/has been done on the medical side.

Q4. What policy strategies can state health departments and their partners promote to advance this work?

Opportunities:

States suggested the following policy strategies for working with partners.

1. States can use their oral health, chronic disease and healthy aging partnerships to advocate for improvements in access to oral health services for older adults.
2. Develop burden documents and white papers to help to drive the conversation.



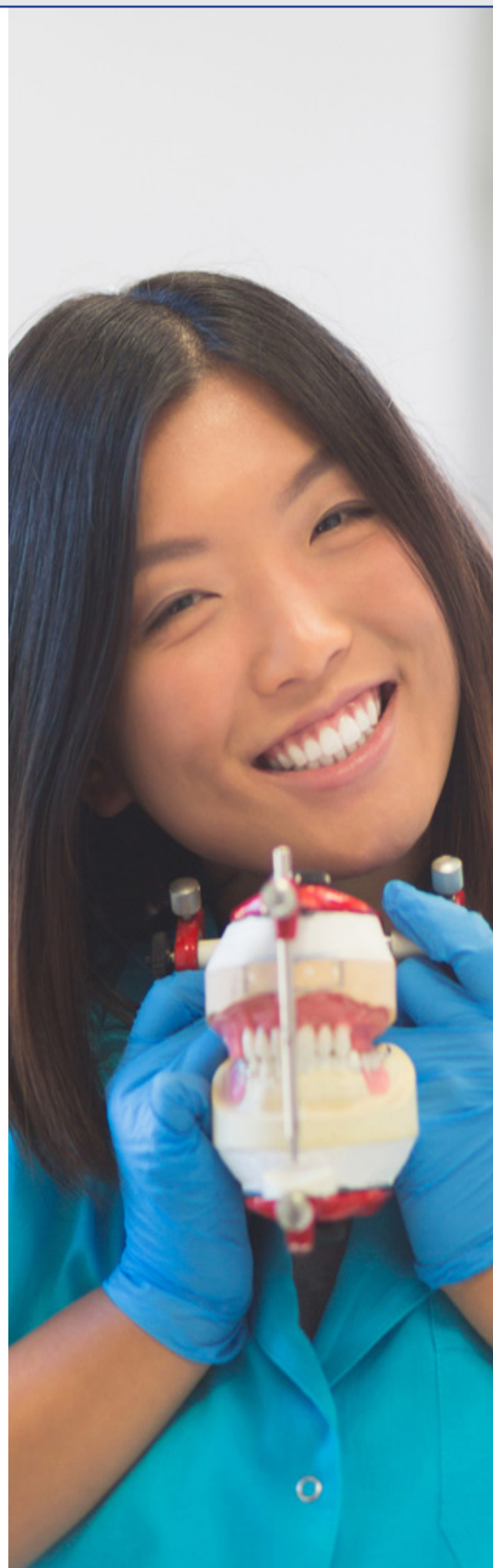
3. State medical and dental associations can encourage the development of state health improvement plans that are developed in collaboration with a diverse group of partners that support healthy aging issues.
4. State coalitions can advocate for legislative policy changes to improve access to oral health services for older adults and promote legislative changes to the way dental insurance is managed in states to make it more affordable for older adults.
5. Public health partners can work with state dental/dental hygiene licensing boards to advocate for chronic disease diagnostic codes and for changes to dental practice acts that increase access to mid-level oral health providers and allow dental hygienists to practice unsupervised in long term care and assisted living settings.

Q5. What are some next steps that ProVention and NACDD and its partners can take to move the needle forward on this issue?

Next Steps:

States had several suggestions for some next steps that ProVention and NACDD can take to continue to showcase the need for improved coordination between oral health and chronic disease in older adults.

1. Develop guidance related to data collection to document the burden of oral health and chronic disease in older adults.
2. Identify gaps and opportunities for chronic disease and oral health collaboration.
3. Based on current models of innovation, ProVention and NACDD and its partners can convene a best practice template and/or a compilation of success stories demonstrating successful collaborations.
4. ProVention and NACDD can continue to serve as a convener of current and new partners to continue the dialogue. They can also help states learn and understand the language being used in nontraditional settings and how reimbursement strategies may affect various care models.
5. ProVention and NACDD can help to set the national stage and convene the right people and organizations to engage in policy discussions and engage partners such as Leavitt Partners to gather health intelligence that can inform the development of policy and program strategies.
6. ProVention and NACDD can educate its respective Board of Directors and its partners about this issue and can advocate for increased funding for states and by promoting this issue on Hill Day.
7. ProVention and NACDD can conduct state engagement meetings (StEMs) on medical-dental integration in states to bring together key stakeholders and to prioritize state focused priorities and solutions to address this issue.
8. ProVention and NACDD should work with its partners to promote and leverage the upcoming 2020 Surgeon's General's Report on Oral Health to increase awareness about oral health and chronic disease in older adults.



Key Recommendations and Conclusions:

In summary, the TLRT yielded 5 consensus recommendations.

1. Improved data collection methods for older adults are needed to document the burden of unmet oral health needs in older adults with chronic diseases.
2. Opportunities exist to document and promote successful integrated oral health and primary care models (integrated and collaborative care) and advocate for increased funding to support uptake and adoption.
3. State health improvement plans and/or strategic plans that are coordinated and include oral health and chronic disease could facilitate the identification of opportunities for collaboration between these programs and their partners.
4. Adaptation of NACDD's State Engagement Model (StEM) for oral health could support action planning for state specific policies to support enhanced medical-dental integration models for older adults.
5. Advocating for increased funding for medical-dental integration and/or opportunities to braid funding within oral health and chronic disease programs would help 'stretch' scarce public health resources to support innovative approaches for addressing the oral health needs of older adults with chronic diseases.

For questions or detailed meeting information please contact Barbara Park, bpark@chronicdisease.org, John Patton, jpatton@chronicdisease.org, or Marti Macchi, mmacchi@chronicdisease.org.



Appendix I

National and State Thought Leader Roundtable Participants

Keynote Speakers/Facilitator

Lynn Douglas Mouden, DDS, MPH

Vice-President, Dental Director - Quality and Performance
Avesis - Essential Benefits

Paul Mulhausen, MD

Chief Medical Officer
Telligen

William (Bill) Benson

President of Health Benefits ABCs

State	Dental Director	Chronic Disease Director
Colorado	Katya Mauritson, DMD, MPH	Sarah Grassmeyer (for Gabriel Kaplan, MPA, PhD)
Florida	Edward Zapert, DMD	Shamarial Roberson, DRPH, MPH
Georgia	Adam Barefoot, DMD, MPH	
Idaho	Angie Bailey, RDH-EA, MSDH	
Iowa	Katie McBurney, RDH, BSHM (for Bob Russell, DDS, MPH)	Jill Myers Geadelmann, BS, RN
Maryland	Debony Hughes, DDS	Kristi Pier, MHS
Missouri	John Dane, DDS	Steve Cramer, MA
New Hampshire	Sarah Finne, DMD, MPH	Whitney Hammond, BSW, MS
North Dakota	Cheri L. Kiefer, BSN, RDH	
Rhode Island	Sam Zwetchkenbaum, DDS, MPH	Nancy Sutton
South Carolina	Raymond Lala, DDS	Virginie Daguise, MSPH, PhD
Vermont	Robin Miller, RDH	
Virginia	Pam Blankenship, BSDH, RDH (for Tonya MaRae Adiches, RDH)	

Participating National Partner Organizations/Agencies

Organization	Representative(s)
Administration for Community Living	Keri Lipperini
American Dental Association	Jane Grover, DDS, MPH Roxanne Yaghoubi
Association of State and Territorial Dental Directors	Christine Wood, RDH, BS Lori Cofano, BSDH
Centers for Disease Control and Prevention - Division of Oral Health	Casey Hannan, MPH Lisa Petersen, MS Nicole Johnson, MPH Marcia Parker, DDS, MPH
Cornerstone	Amy Souders
DentaQuest	Linda Vidone, DMD
GlaxoSmithKline	Elizabeth Brewer, MPH, MS Robert Chaponis, PharmD, RPh
Gerontological Society of America	Karen Tracey Bei Wu, PhD
Health Resources Service Administration	Capt. Rene Jaskow, DDS, MPH
Independent Consultant	Beth Truett, BS, MDiv
Medicaid-Medicare Chip Services Dental Association	Marty Dellapenna, RDH, MEd
National Association of Chronic Disease Directors	John Robitscher, MPH Marti Macchi, MEd, MPH John Patton Leslie Best, BSW Barbara Park, RDH, MPH Julia Schneider, MPH
National Institute for Dental and Craniofacial Research	Capt. Bruce Dye, DDS, MPH
National Interprofessional Initiative on Oral Health	Anita Glicken, MSW
ProVention Health Foundation	John Patton John Robitscher, MPH Marti Macchi, MEd, MPH
U.S. Senator Bernard Sanders' Office	Michaela Yarnell