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

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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

- Health/healthcare
- Neighborhood/built environment
- Social/community context
- Social determinants of health
- Economic Stability
- Education

Causes of Premature Death
- Behaviors 40%
- Social/Environment Determinants 20%
- Genetics 30%
- Health Care 10%

Health improvement happens with SYSTEMS LEVEL change

Populations at risk: disparities

Poor Oral Health
- Tooth Decay (adult)
- Tooth Decay (child)

Ages 35-44
- < High school education
- African American
- American Indian & Alaskan Native Hispanic

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

One-time pediatric patients with NO dental complex chronic conditions account for a disproportionate share of the extreme cost burden of OR visits.
Health Care Spending in the US

Ambulatory (outpatient): $706 billion

Inpatient: $697 billion

Prescribed pharmaceuticals: $288 billion

Nursing facility care: $194 billion

Dental: $112 billion

Emergency: $102 billion

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

1. Diabetes mellitus
2. Ischemic heart disease
3. Low back and neck pain
4. High blood pressure
5. Falls
6. Depression
7. Oral disorders
8. Vision and hearing loss
9. Skin diseases
10. Pregnancy and postpartum care

Annualized rate of change, 1996 - 2013

- Diabetes mellitus: 101.40B, 6.10%
- Ischemic heart disease: 88.10B, 0.20%
- Low back and neck pain: 87.60B, 6.50%
- High blood pressure: 83.90B, 5.10%
- Falls: 76.30B, 3.00%
- Depression: 71.10B, 3.40%
- Oral disorders: 66.40B, 2.90%
- Vision and hearing loss: 59.00B, 2.80%
- Skin diseases: 55.70B, 3.50%
- Pregnancy and postpartum care: 55.60B, 2.90%

*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

- **Red**: Dental care
- **Pink**: Medical care
- **Purple**: Prescription drugs
- **Blue**: Eyeglasses
- **Blue**: Mental health care

**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 ($p < 0.05$).

Silver Tsunami

Growing Population:

74M older adults by 2030

From 2008 to 2010:

4M ER VISITS involved a dental condition

Hospital Treatments:

10x more expensive than routine care

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

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

<table>
<thead>
<tr>
<th>Percentage</th>
<th>All Adults</th>
<th>Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>77%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>80%</td>
<td></td>
<td>18 to 34</td>
</tr>
<tr>
<td>75%</td>
<td></td>
<td>35 to 49</td>
</tr>
<tr>
<td>77%</td>
<td></td>
<td>50 to 64</td>
</tr>
<tr>
<td>76%</td>
<td></td>
<td>65 or older</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Source of Dental Benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td>91%</td>
<td>Private</td>
</tr>
<tr>
<td>86%</td>
<td>Medicaid</td>
</tr>
<tr>
<td>58%</td>
<td>No dental coverage</td>
</tr>
</tbody>
</table>

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**

**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

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**Safety Announcement**

**FDA**

**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

“Repeated anesthesia exposure could hurt young brains”

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Evidence and risk from:
- CDC: [https://www.cdc.gov/vitalsigns/dental-sealants/index.html](https://www.cdc.gov/vitalsigns/dental-sealants/index.html)
- FDA: [https://www.fda.gov/Drugs/ResourcesForYou/ucm245926.htm](https://www.fda.gov/Drugs/ResourcesForYou/ucm245926.htm)

“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
Cost is still the largest barrier to utilizing dental services.

How can you engage your community to change this?

- **Highest among 65+ ages:** 35%
- **Highest among Medicaid users:** 41%
- **Highest among those without insurance:** 41%

- **Cost:** 59%
- **Afraid of dentist:** 22%
- **Inconvenient location or time:** 19%
- **Trouble finding a dentist:** 15%
- **No original teeth:** 12%
- **No perceived need:** 10%
- **No reason:** 9%
- **Other:** 10%
“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?