

Oral health as whole person health: The role of oral health in addressing chronic disease

Tuesday, April 22, 3:30 – 4:30 pm ET



NATIONAL ACADEMY
FOR STATE HEALTH POLICY

nashp.org



The National Academy for State Health Policy (NASHP) is a not-for-profit nonpartisan organization committed to developing and advancing state health policy innovations and solutions.

NASHP provides a unique forum for the productive exchange of strategies across state government, including the executive and legislative branches.

Supporting State Strategies to Improve Oral Health

Workgroup: Convene state health officials across agencies to discuss best oral health policy practices

Policy topics: Substance use disorder and oral health, whole person health, access to care, adult Medicaid benefits, upstream interventions, medical-dental integration

State-Only Listserv: For state health officials to connect and share oral health resources

Agenda

- **Welcome and Introduction**

- **Katie Greene**, Director, National Academy for State Health Policy

- **Presentations: State Strategies to Promote Medical-Dental Integration**

- **Dr. Zachary Hairston**, DDS, Dental Consultant, Health Care Services Division, Virginia Department of Medicaid Assistance Services
- **Justin Gist**, Dental Program Manager, Health Care Services Division, Virginia Department of Medicaid Assistance Services
- **Dr. Donna Balaski**, DMD, FACD, FPAF, Healthcare Management Administration – Dental, Connecticut Department of Social Services
- **Mary Kenyon Jones**, M.Ed. Strategic Operation and Communications, Section of Oral Health, South Carolina Oral Health Action Network

- **Discussion/Q and A**

- **Wrap Up and Survey**

Housekeeping

- A recording of the webinar will be posted to NASHP's website
- Please add all questions for panelists in the "Q & A" tab
- There will be a post-webinar survey; all feedback is appreciated

Invite Colleagues to Join NASHP's State Only Oral Health Listserv!

- **Connect** with other state officials on oral health topics
- **Exchange** resources, ideas, and best practices
- **Find us:**
oralhealth@nashp.org



CardinalCare Smiles

Improving Dental Care in Virginia for Children and Adults

Oral Health & Chronic Disease: Virginia's Response

Justin Gist, Dental Program Manager

Zachary Hairston DDS, Dental Clinical Consultant



JADA

THE JOURNAL OF THE AMERICAN DENTAL ASSOCIATION

MARCH 2025

COVER STORY

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Health Care 185**
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Our Role As Dentists

- **Early health promotion during pregnancy** can help a patient begin a **lifetime habit** of care for their teeth and subsequent good oral health for their child
 - Pregnant patients may be more receptive to information during this time period
- To prevent **vertical transmission** of caries causing bacteria from parent to child
- *A woman's lack of receiving routine dental care when not pregnant was the most significant predictor of lack of receiving care during pregnancy*


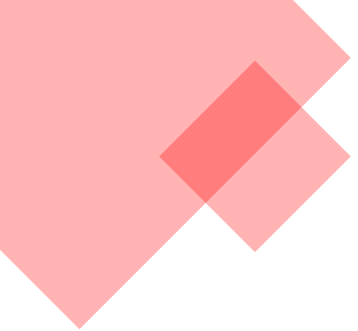
Periodontal Disease Preterm Birth and Low Birth Weight

- The incidence of Periodontal Low Birth Weight was **2.5%** in periodontally healthy women, and **8.6%** in women with periodontal disease
- Among women with moderate/severe periodontal disease, those with maternal serum CRP levels >75th percentile demonstrated greater risk for delivery of an SGA
- [small for gestational age] infant
 - Mechanism of periodontal disease and adverse pregnancy outcomes remains speculative- but inflammation is likely involved



March JADA finds pregnant women who visited dentist less likely to have preeclampsia

Study analyzed more than 200,000 responses from Pregnancy Risk Assessment Monitoring System



Black women are three times more likely to die from a pregnancy-related cause than White women.

Working Together to Reduce Black Maternal Mortality • [cdc.gov](https://www.cdc.gov)

ADULT DENTAL PROGRAM

Impacts Beyond the Mouth

Growing evidence connects a healthy mouth with a healthy body. Here are some examples showing why oral health is about much more than a smile:

High Blood Pressure

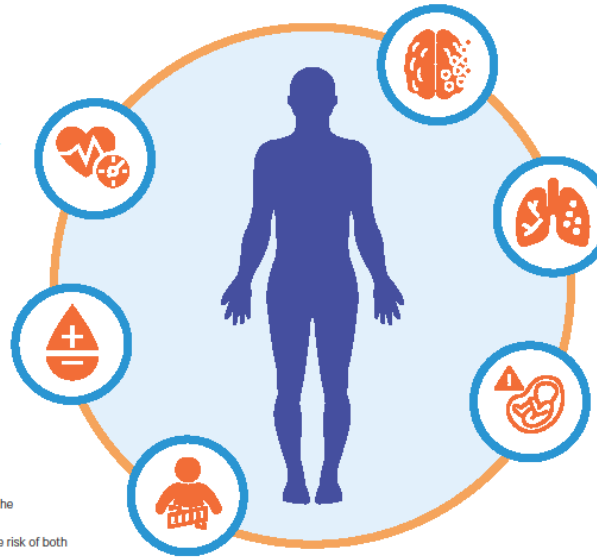
- Putting off dental care during early adulthood is linked to an increased risk of having high blood pressure.¹
- Patients with gum disease are less likely to keep their blood pressure under control with medication than are those with good oral health.²

Diabetes

- Untreated gum disease makes it harder for people with diabetes to manage their blood glucose levels.³
- Diabetes raises the risk of developing gum disease by 86%.⁴

Obesity

- Brushing teeth no more than once per day was linked with the development of obesity.⁵
- Frequent consumption of sugar-sweetened drinks raises the risk of both obesity⁶ and tooth decay among children⁷ and adults.⁸



Dementia

- Having 10 years of chronic gum disease (periodontitis) was associated with a higher risk of developing Alzheimer's disease.⁹
- Researchers report that uncontrolled periodontal disease "could trigger or exacerbate" the neuroinflammatory phenomenon seen in Alzheimer's disease.¹⁰

Respiratory Health

- Research shows that improving oral hygiene among medically fragile seniors can reduce the death rate from aspiration pneumonia.¹¹
- Patients with ventilator-associated pneumonia (VAP) who engaged in regular toothbrushing spent significantly less time on mechanical ventilation than other VAP patients.¹²
- Improving veterans' oral hygiene reduced the incidence of hospital-acquired pneumonia (HAP) by 92%, preventing about 136 HAP cases and saving 24 lives.¹³

Adverse Birth Outcomes

- Gum disease among pregnant women is associated with preterm births, low birthweight babies and preeclampsia, a pregnancy complication that can cause organ damage and can be fatal.¹⁴



Sources

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Suggested Citation:
CareQuest Institute for Oral Health. *Impacts Beyond the Mouth*. Boston, MA; June 2020. DOI: 10.35566/CQI20204002

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RESPIRATORY INFECTIONS^{2,5}

- Inhaling bacteria from the mouth and throat can lead to pneumonia
- Dental plaque buildup creates a dangerous source of bacteria that can be inhaled into the lungs

SEVERE OSTEOPENIA¹¹

- Reduction in bone mass (osteopenia) is associated with gum disease and related tooth loss
- Severity has been connected to tooth loss in postmenopausal women

PRETERM OR LOW BIRTHWEIGHT BABIES^{17,18}

- Women with advanced gum disease may be more likely to give birth to an underweight or preterm baby¹⁷
- Oral microbes can cross the placental barrier, exposing



STROKE¹

- Those with adult periodontitis may have increased risk of stroke

HEART DISEASE^{6,10}

- Those with adult periodontitis may have increased risk of fatal heart attack ...^{16,7}
- And are more likely to be diagnosed with cardiovascular disease¹
- Bacteria from the mouth may cause clotting problems in the cardiovascular system⁶

UNCONTROLLED DIABETES¹²⁻¹⁶

- Chronic periodontal disease can disrupt diabetic control¹²⁻¹⁵
- Diabetes can alter the pocket environment, contributing to bacterial overgrowth¹⁴
- Smokers with diabetes increase their risk of tooth loss by 20 times¹³
- People with type II diabetes

Chronic Disease Deaths

Chronic diseases make up **8 of the 10 leading causes of death** in the US:



Heart Disease



Cancer



Stroke



Chronic Lower
Respiratory Disease



Alzheimer's
Disease



Diabetes



Kidney
Disease



Chronic Liver
Disease or Cirrhosis

Chronic Diseases in the US

Chronic disease risk **increases with age** and is impacted by various **modifiable lifestyle factors** and **social determinants of health**:



Education Level
& Economic
Stability



Cigarette Smoking
& Excessive
Alcohol Use



Health Care
Access &
Quality

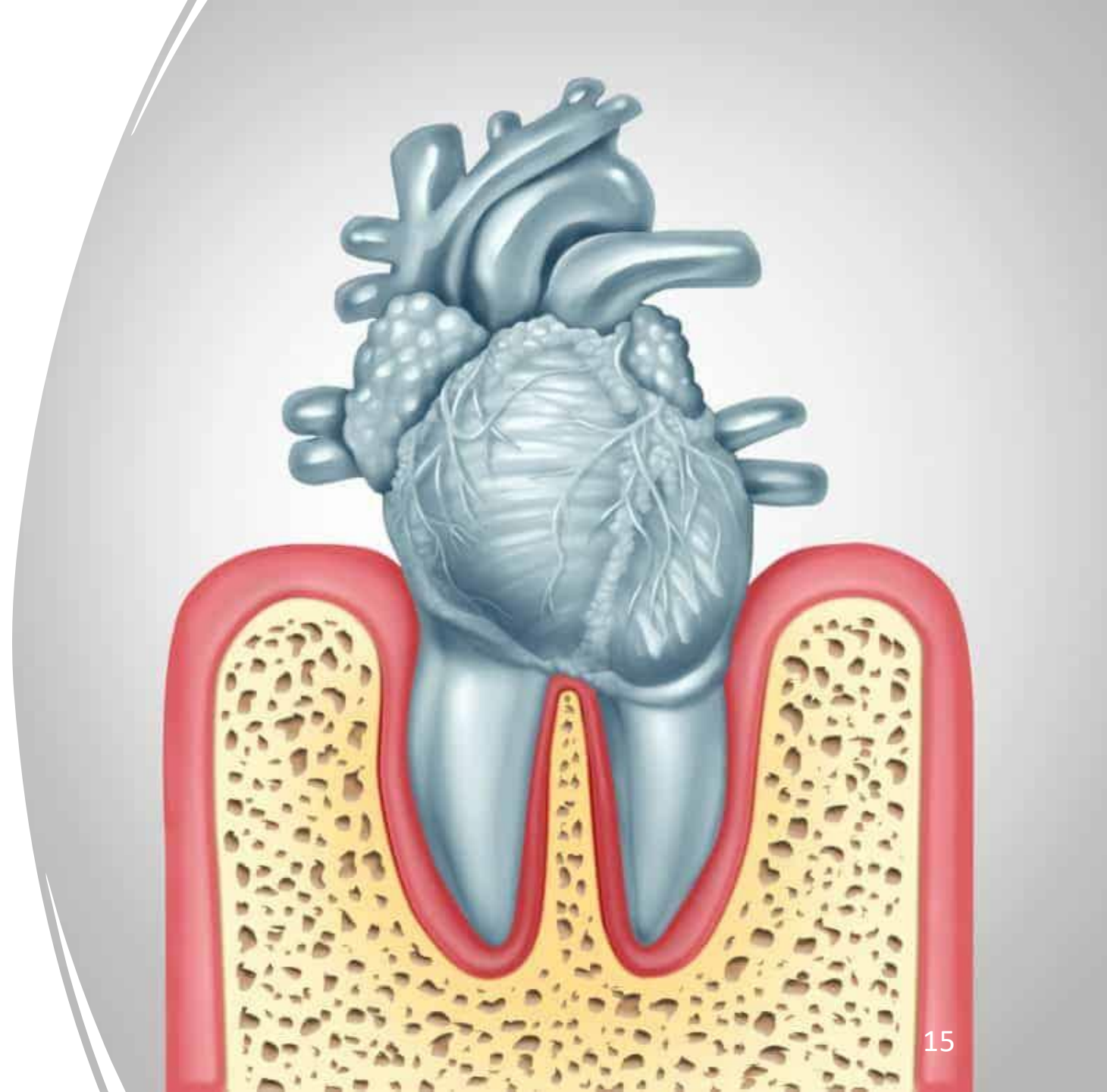


Neighborhood
& the Built
Environment



Poor Nutrition
& Physical
Inactivity

A HEALTHY
BODY STARTS
WITH A
HEALTHY
MOUTH



HYGIENE-THE GATEWAY OF OUR ADULT DENTAL BENEFIT

- Our Virginia program is a leader on a National level with this one measure.
- Important to reacquaint members to proper healthcare
- Refocus/recognize the very important role of Dental Hygienists
- Well spent money for exam / cleaning / so much discovery occurs
- As patients become more senior, Basic and simple is requested more
- Regular cleanings can be Interceptive for bigger problems
- 3 times is member friendly for hypersensitive gingival tissue
- Frequency allows for increased OHI, education, monitoring and guidance
- The foundation of everything else dentists do rest, dent, part will have greater function and outcome

UP TO THREE CLEANINGS PER YEAR

- Important to reacquaint members to proper healthcare
- Refocus/recognize the very important role of Dental Hygienists
- Well spent money for exam/cleaning/so much discovery occurs
- As patients become more senior, basic and simple is requested more
- Regular cleanings can be interceptive for bigger problems
- 3 times is member friendly for hypersensitive gingival tissue
- Frequency allows for increased OHI, education, monitoring and guidance
- The foundation of everything else dentists do (rest, dent, part) will have greater function and outcome

MAKING THE CONNECTION



CASE MANAGEMENT AND CARE COORDINATION



Launched
in 2018 in
FLORIDA

Total Population Served
4.5 MILLION MEMBERS



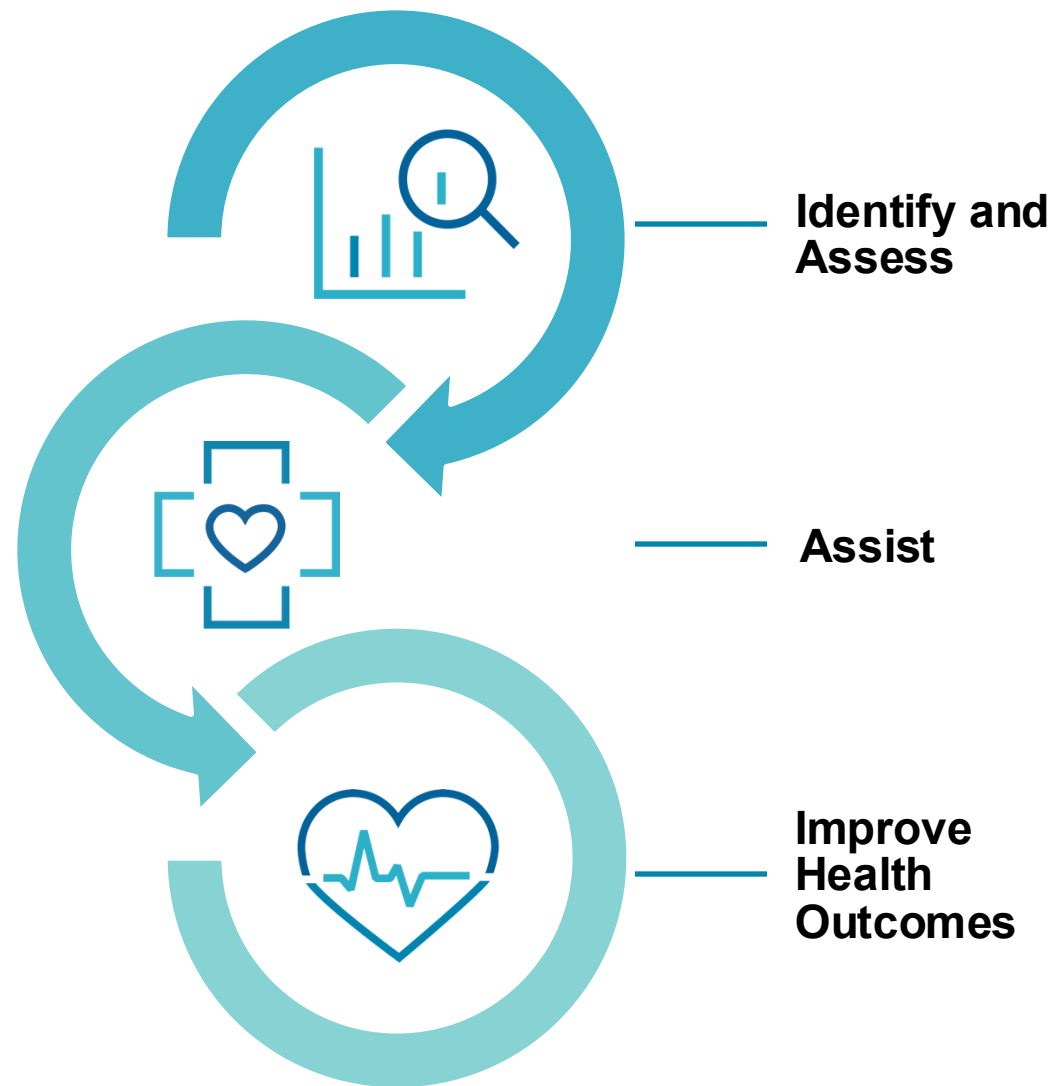
77% GRADUATION

Rate for High-Risk Members
(long-term engagement)



13,227
Members
Assisted

Three-Step Process



On the case spotlight

Finding the right provider



THE SITUATION

An adult I/DD member struggled to find a provider with experience and willingness to treat I/DD patients.



THE DENTAQUEST DIFFERENCE

Routine Health Risk Assessment led to a direct engagement by member outreach to support the member.



THE RESULTS

Identified qualified, available provider not far from home and facilitated appointment scheduling. Educated caregiver on prevention to ensure future routine dental care.

The caregiver and mom to an adult I/DD member struggled to find a dental provider with experience and willingness to see adults with special needs. She eventually gave up in frustration at trying to secure a dental appointment for her son.

DentaQuest sent a health risk assessment as part of our routine member outreach. The caregiver completed and mailed it, with low expectations that it would help to get her son the care he needed.

Two weeks later, she received a call from a DentaQuest Outreach Coordinator, in disbelief that her request had been answered -- and so quickly.

Our team assisted the member's mother to locate an appropriate special needs provider not far from home. With the caregiver's permission, we even scheduled the appointment for them.

With this support and education on the value and impact of prevention, the caregiver plans to ensure dental checkups twice a year.

CREATING ACCESS-HAYMARKET HOSPITAL



Novant Health Haymarket Medical Center



21-YEAR-OLD MALE

Medical conditions: Autism and POTS Postural tachycardia syndrome (POTS). Root canal treatment ASAP and fillings.

29-YEAR-OLD FEMALE

Medical conditions: Cerebral Palsy and Intellectual Disability since birth, non-verbal and wheelchair bound.

47-YEAR-OLD FEMALE

Medical conditions: Brain tumor. Unable to control movement and has frequent seizures.

28-YEAR-OLD MALE

Medical Conditions: Autism, Cornelia de Lange syndrome, Speech and developmental delay. Does not have all of his adult dentition and still has some primary teeth.

CASE MANAGEMENT

Case Management Program

DentaQuest's Case Management department has Outreach Coordinators and Case Managers on staff dedicated to assist members with complex medical or behavioral care needs.

We provide care coordination for members experiencing barriers to care, including those who suffer severe mental or physical disability, poorly managed chronic health conditions, or who otherwise require specially trained dental providers and accommodations.

Referrals to the CM Team

For referrals to our Case Management Department, please send a secure e-mail to:

DL-CaseManagement@greatdentalplans.com

You May Also Contact:

Gonzalo A. Perez

Associate Director, Case Management

Phone: 305-894-8380

Gonzalo.Perez@greatdentalplans.com



CASE MANAGEMENT REFERRAL FORM

Medicaid ID:

Subscriber Name:

DOB:

What is the contact person's name: Phone number/ email address?

Member's preferred Language?

What special needs or medical conditions does the member have?

What type of dental service is being requested : .

Does the member need a specialist?

Has the member been evaluated by a General Dentist?

Is there a referral for services?

Does the member need sedation?

Is it a dental emergency?

Date of last dental visit:



CASE MANAGEMENT REFERRAL FORM

Medicaid ID: **Please Include Medicaid ID not health plan ID#.**

Subscriber Name:

DOB:

What is the member's best contact information ? **Responsible person. Phone number/ email address?**

Member's preferred Language? **If other than English.**

What special needs or medical conditions does the member have? Please include mc, disabilities, if member is verbal, uses wheelchair. Any other chronic medical conditions. Special accommodations.

What type of dental service is being requested : **General dentist visit, cleaning, extractions, dentures.**

Does the member need a specialist? **Oral Surgeon, Endodontist.**

Has the member been evaluated by a General Dentist? **Yes/No**

Is there a referral for services? **Every specialist requests a referral form before scheduling appointment.**

Does the member need sedation? **Need for sedation needs to be determined by a GD or Pediatrician after an initial evaluation. A referral will be issued.**

Sedation Level determined by whom? **Has to be determined by the treating provider for sedation.**

Is it a dental emergency? **Yes/No. ER?**

Date of last dental visit:

EXAMPLE OF CM REFERRAL

Medicaid ID: 01010101

Subscriber Name: John Test

DOB:01/01/1999

What is the member's best contact information ? Father, John Sr. phone number: 555-555-555 and email address? john@hotmail.com

Member's preferred Language? English

What special needs or medical conditions does the member have? Diagnosis of cerebral palsy and moderate Intellectual Disability. He is wheelchair bound.

What type of dental service is being requested : Member needs extractions of T#1, 16 under sedation.

Does the member need a specialist? Yes, Oral Surgeon. Wheelchair accessible.

Has the member been evaluated by a General Dentist? Yes.

Is there a referral for services? Yes, see attached.

Is it a dental emergency? : No

Date of last dental visit: 10/15/2024

Hello,

EXAMPLE OF CM REFERRAL

I have a member who needs to have some dental work but needs to be sedated. He is 37 years old, has Hypertensive Heart Disease and Autism. He has been seen by Comfort Care Dental, but their anesthesiologist doesn't feel comfortable sedating the member in the office. He has not seen dental for about two years, according to his mother. He needs to have two fillings, two fillings replaced and a cleaning. Mother has tried to find an INN provider and received a new list today from member services. She tried to find a provider but got "nothing matches." Is there anything that you can do to help?

Medicaid ID: 01010101

Subscriber Name: John Test

DOB:01/11/1999

What is the member's best contact information: Mother, Jane. phone number: 555-555-555 and email address? jane@hotmail.com

Member's preferred Language? English

What special needs or medical conditions does the member have? Hypertensive Heart Disease and Autism.

What type of dental service is being requested: He needs to have two fillings, two fillings replaced and a cleaning. Mother has tried to find an INN provider and received a new list today from member services. She tried to find a provider but got "nothing matches." Is there anything that you can do to help?

Does the member need a specialist? Yes

Has the member been evaluated by a General Dentist? Yes.

Is there a referral for services? Yes, see attached.

Is it a dental emergency? : No

Date of last dental visit: 10/22/2024

QUESTIONS? STAY CONNECTED!

- **DMAS**
 - Justin Gist, Dental Program Manager
Justin.gist@dmas.virginia.gov
- **DMAS**
 - Zachary Hairston DDS, Dental Clinical Consultant
Zachary.Hairston@dmas.virginia.gov





Connecticut Social Services

Making a difference

Health Services Integrated Care

BeneCare[®]
DENTAL PLANS



 **CONNECTICUT**
Social Services




**CONNECTICUT
DENTAL**
HEALTH PARTNERSHIP
the dental plan for
HUSKY Health

Oral Health Systemic Connections

The Importance of Good Oral Health

- Medical and dental health are closely connected
- Dental disease is infectious and chronic:
- Good oral health is important for overall disease management:
 - ▶ Diabetes, Valvular Heart Disease, Organ Transplant, End Stage Renal Disease (Dialysis), Osteoporosis and more
 - ▶ Teeth are *not* Accessories!



DSSICU

And Our Bodies are *not* Silos!



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Members - Total Number of Visits to ED for “Dental Care”

SF Year	Total Number of Visits	Total Population	Percentage of ED Use
2008	5,352	492,995	1.09%
2009	5,271	504,156	1.05%
2010	5,239	555,960	0.94%
2011	4,798	579,376	0.82%



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Where does the problem originate?

- **EDs use by Medicaid Members for dental services have been a long-standing issue.**
- **Despite improved network expansion and access, CT Members continue to seek care at the ED to find relief from dental pain or for trauma**
- **EDs provided palliative care which was often antibiotics and narcotic pain medicine without treating the underlying condition**
- **BeneCare and the Department of Social Services examined claims data to extract useable information**
 - ▶ **Formulated a hypothesis and developed intervention strategies based on data results**



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How to Approach the Analysis

- 1. Requires access to all claims data for dental, medical, hospital, pharmacy, Non-emergency Medical Transportation, and “Emergency Transportation” (use of an ambulance to go to the ED)**
 - a) It is not sufficient to use only ED data.**
 - b) Chose 462 ICD codes that apply to oral health conditions and used the first 4 diagnosis codes on the hospital’s submitted ED claim**
- 2. Developed a logical, systematic analysis for examination of the data to produce meaningful results**
 - a) Demographics of the study population**



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How to Approach the Analysis

- 1. Looked at the hospital Eds which had submitted claims with specified ICD codes**
- 2. Looked at Medicaid recipients in these claims and determined who had previous periodic dental care from the dental claim file and who were the non-utilizers by cross-walking the 2 types of claims files**
- 3. After creating a list, the Medicaid ID numbers were crossed-walked against medical, pharmacy, and NEMT claims for the same date of service OR within 48 hours of the ED visit**
- 4. Members were stratified according to frequency of the use of the EDs**



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What the Analysis Revealed - Hospital

Observed themes appearing in the data

- 1. Some hospitals had a higher ED use for dental conditions.**
- 2. Some hospitals were more generous with prescriptions regardless of diagnosis.**
- 3. Too many Members in EDs for trauma related to substance abuse and intoxication.**
- 4. Hospital ED Staff were unaware of the Connecticut Dental Health Partnership Program, which subsequently required outreach and education to hospital ED Directors and staff.**



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What the Analysis Revealed - Members

- 1. Again, too many Members in the EDs for trauma related to substance use intoxication**
- 2. Most common dental first place diagnosis was "Non-Specific Dental Disease" followed by trauma, soft tissue lesions, and periapical abscesses**
 - a) A small percentage of members were admitted to the hospital for appropriate care of abscesses**
- 3. Most Members had no knowledge of their dental benefits nor the importance of having good oral health**



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Unique Members with 1 ED Visit

SF Year	1 ED Visit	Total Population	Percentage of ED Use
2008	3,258	492,995	0.66%
2009	3,016	504,156	0.60%
2010	3,151	555,960	0.56%
2011	3,457	579,376	0.54%



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Unique Members with 2-3 ED Visits

SF Year	2-3 ED Visit	Total Population	Percentage of ED Use
2008	1,660	492,995	0.41%
2009	1,742	504,156	0.003%
2010	1,647	555,960	0.035%
2011	1,094	579,376	0.18%



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Unique Members with 4-6 ED Visits

SF Year	4-6 ED Visit	Total Population	Percentage of ED Use
2008	231	492,995	0.05%
2009	269	504,156	0.05%
2010	238	555,960	0.04%
2011	164	579,376	0.03%



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Unique Members with 7-9 ED Visits

SF Year 0	7-9 ED Visit	Total Population	Percentage of ED Use
2008	203	492,995	0.04%
2009	244	504,156	0.04%
2010	203	555,960	0.04%
2011	83	579,376	0.01%



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Unique Members with more than 10 ED Visits

SF Year	1 ED Visit	Total Population	Percentage of ED Use
2008	63	492,995	0.04%
2009	44	504,156	0.04%
2010	203	555,960	0.04%
2011	83	579,376	0.01%



76 visits by a single 28-year-old male



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Expenditures and ROI

SF Year	Members	Hospital ED Expenditures
2010	555,960	862,868
2011	579,376	951,757
2013	629,116	1,578,960
2015	740,653	1,741,503
2017	805,057	962,618
2019	865,745	665,812
2023	1,029,317	577,093



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Early Interventions

Identify the non utilizing members who visited the ED and stratified the groups by frequency and geographic location

- 1. Outreach to members consisted of an automated call**
- 2. Follow-up consisted of a USPS letter**
- 3. Lastly, personal phone call from an Oral Health Navigator**



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Early Interventions

Held bi-monthly meetings with the ED Directors provided support material which consisted of posters, referral “prescription pads”, description of the CTDHP and how to access services

Community Health Workers made visits to Hospital Eds to provide educational seminar to staff, answer questions, assist with referrals and replenish supplies.

Importantly, obtain input on how to improve referrals.




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Materials Provided to Hospital EDs

Rx Connecticut Dental Health Partnership
HUSKY • Medicaid • SAGA
P.O. Box 486
Farmington, CT 06032
866-420-2924
Donna L. Balaski, DMD

Client Name: _____
Client ID: _____

You were seen in the Emergency
Department for Dental Pain. You
should schedule a
Dental Appointment
Immediately by calling:
866 - 420 - 2924
Monday to Friday 8 AM – 5 PM


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DENTAL
HEALTH PARTNERSHIP

Label Refill: 1 2 3 4 5 PRN

Are You On

**HUSKY ?
SAGA ?
MEDICAID?**

Then you have a new, better Dental Plan:


CONNECTICUT
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HEALTH PARTNERSHIP

With more dentists available than before

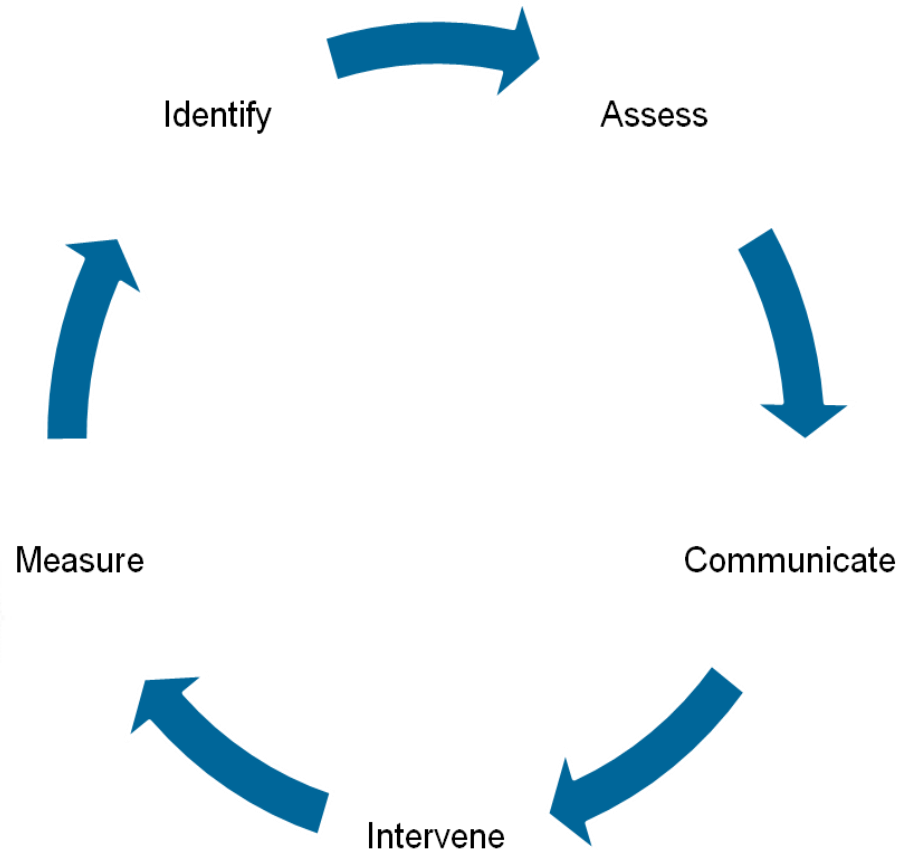
Call 866-420-2924

Monday to Friday 8:00 AM to 5:00 PM
To get an emergency OR regular dental appointment



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Result of ED Project: Hypothesis, Test, & Adjust Approach Modeling



Lee Serota
President,
BeneCare Dental Plans

Marty Milkovic
Director of Care Management,
Connecticut Dental Health
Partnership

Donna Balaski, DMD
Healthcare Administration Mgt
CMS Presentation



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Refined Outreach Activities

CTDHP ED Diversion Interventions

- **CTDHP established a claims feed for a set of 462 oral health related ICD-10 Codes that were systematized into CTDHP's Communications and Member Services Platform**
- **The feed enables the CTDHP to send automated phone calls, emails, and letters to members to contact the call center to establish a dental home for care .**
- **Receive information from the call center representatives reinforce :**
 - **the importance of Dental Home vs. ED for routine and ongoing care.**
 - **Provide oral health education**



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Measuring Outcomes

- **From 2013-2019, performance was evaluated on contact success rate and volume of return calls to the call center for support.**
- **From 2013-2019, there were multiple outreach contact attempts to 29,974 Members with a 36% success rate (direct answer or voicemail) with only 2% returning the call to the call for support.**



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Measuring Outcomes con't

- **Members who had a successful contact plus a subset of ICD-10 codes with a more severe diagnosis, were assigned to Oral Health Navigators for outreach and engagement**
- **4,584 members in 2013-2022 were cases that were closed by Navigators with only an 8% success rate. Overwhelmingly, navigators were unable to reach members, or the Members were lost to follow up once an initial contact was made.**



Modernizing Measuring Outcomes

- **CTDHP transitioned to an “Alert” Discharge Transfer data Format working with the Connecticut Health Information Exchange, Targeting Members, and Updating Outcome Measures**
- **In 2022, CTDHP worked with the state's Health Information Exchange, CONNIE, to set up a near real time data feed of members in the ED with oral health related conditions via ICD-10 codes.**
- **This enhanced our interventions in two significant ways:**
 - **Reduced the lag time from the ED event to outreach and engagement.**
 - **The best demographic information from the ED with members contact information is provided through the HIE.**
 - **This was entered directly into the CTDHP platforms for engagement.**



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Modernizing Measuring Outcomes con't

- **The contact rate dramatically improved.**
 - **From 2022-2024, 15,156 members were attempted contact there were an 86% successful contact rate with a 3% call back rate.**
- **In 2023, CTDHP shifted the oral health navigation patient criteria to focus on ED diversion with members who had multiple visits to EDs given the near real-time alerting with the CONNIE HIE feed system.**
- **From 2023 onward, patients with more than 1 visit in a 30-day period were targeted. This allowed for more pointed interactions with the patients.**



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Modernizing Measuring Outcomes con't

- **CTDHP also added utilization data of members as a performance outcome of the campaign work to understand how many members who successfully received contact via phone, email or letter went to the dentists within 120 days of contact.**
 - **From 2019-2024 of the members successfully reached via any communications channel, 34% visited the dentist within 120 days.**



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Modernizing Measuring Outcomes con't

- **With the integration of the HIE Feed in 2022, we saw an increase in dental utilization rates during those years with the highest occurring in 2024.**
- **In 2023-2024, there were 192 closed cases of members who met the criteria with a 13% successful case closure average. This showed a significant improvement from the previous model where solely claims data was used.**



DSSICU

Salient Points

- 1. Oral Health Claims data is an essential element to be integrated with other types of claims data.**
- 2. Auxiliary costs add up and demonstrate a more costly approach to oral health care and controllable expenses.**
- 3. Must know how to analyze and stratify the data.**
- 4. Formulate a hypothesis based on high level observations and design an approach to evaluate your hypothesis.**
- 5. Automate data cross-walking and outreach as much as possible.**
 - A. Test and adjust your approach for best outcomes, i.e. USPS is probably no longer the best methodology for outreach**



Salient Points con't

- 6. Have clear definable and measurable outcome measures to evaluate intervention strategies.**
- 7. Keep consistent data and measure over time, even if results are slow to begin. Or you add or change data and/or approach to produce a better outcome.**
- 8. Change takes place slowly.**



DSSICU

Goals for Medical Dental Integration

- **Decrease reliance on EDs!**
- **Improve utilization percentage within population, especially for clients who have co-morbidities.**
- **Increase use of routine/maintenance care**
- **Better control of chronic conditions that results in less need for healthcare services.**



DSSICU



Connecticut Social Services

Making a difference

Health Services Integrated Care

Thank You!

Donna Balaski, DMD, FCAD, FPFA
Donna.Balaski@ct.gov



Medical Dental Integration (MDI) Oral Health Diabetes Project:

Breaking Silos and Building Networks

Mary Kenyon Jones, M.ED.

Strategic Operations and Communications Advisor



What will be covered today...

- the bi-directional connection between diabetes and oral health;
- SC's approach to engage providers, patients, and communities; and
- building on project success and maintaining momentum

The oral health diabetes connection



- **Poor oral health** is often referred to as “**the 6th complication of diabetes.**”
- If you have been diagnosed with diabetes your risk of developing gum disease increases, **AND**
- If you are diagnosed with gum disease your risk of developing or negatively impacting your diabetes increases.





Where do things stand in SC?

- The estimated prevalence of diagnosed diabetes in South Carolina is **13.6%** among adults aged 20 years and older.
- In comparison with other states, SC's counties are among the Southern cluster that rank **above the national median** for **diagnosed diabetes**.
- Research supports that **addressing unmet oral health needs** improves diabetes results for dental patients and dental outcomes for patients with diabetes.
- 44 out of SC's 46 counties have a **dental health professional shortage area (HPSA)** designation.

A positive step to address the issue



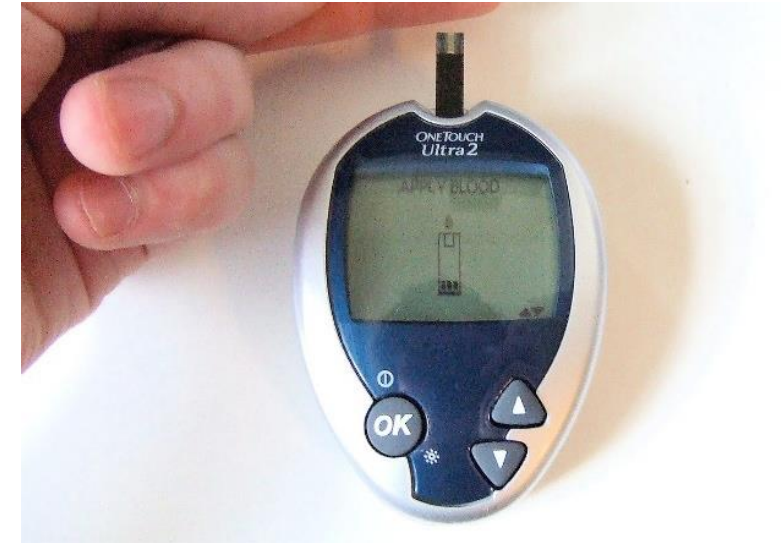
- The **Section of Oral Health** at **DPH** was one of only **5** states to **receive funding from the CDC to address oral health** and other **chronic health** conditions (i.e. diabetes).
- The **Oral Health Diabetes Medical Dental Integration (OHD-MDI)** initiative was launched in 2018

SCOHD-MDI Project Goals

Addressing the oral health needs of patients with diabetes by:

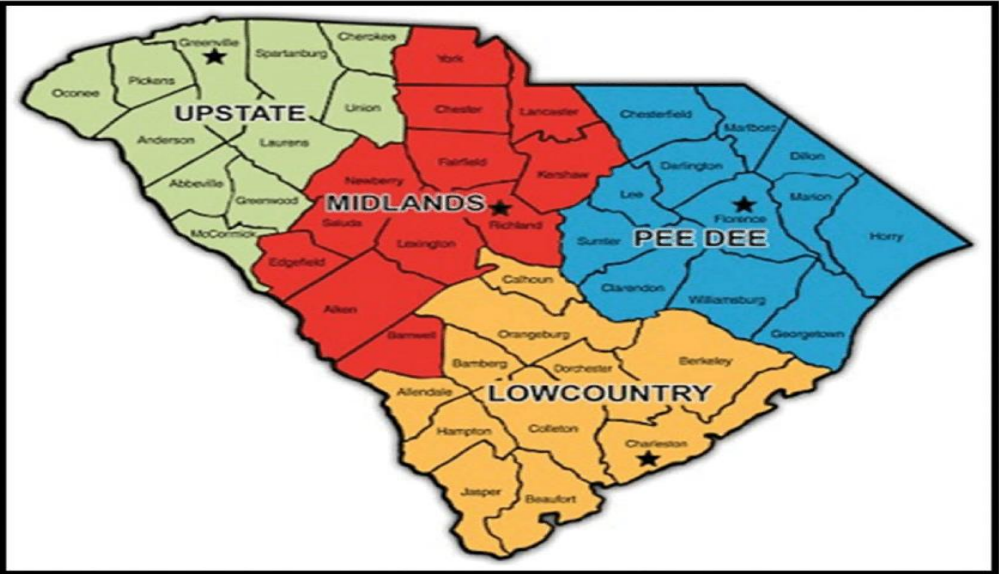
building a statewide system that provides **internal** and **external education** and **outreach** to assure the provision of **population-based, integrated oral health** and **chronic disease services**, using **evidence-based practices**; and

strengthening community-clinical linkages to include diabetes screening for dental patients and dental screenings for patients with diabetes.

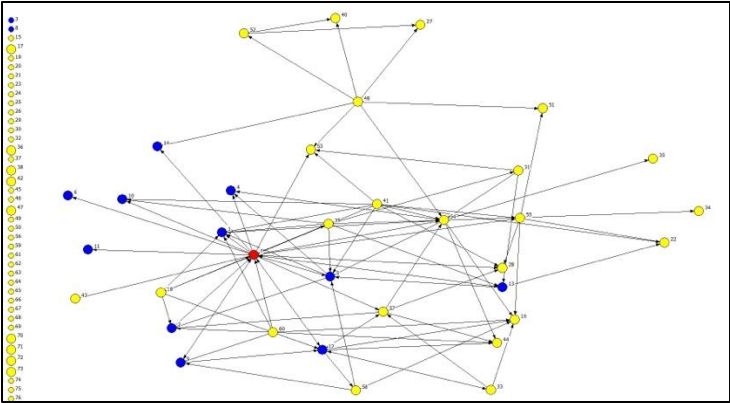


Our Approach

Expanded our reach across the **4 public health regions** of the state—internally and externally.

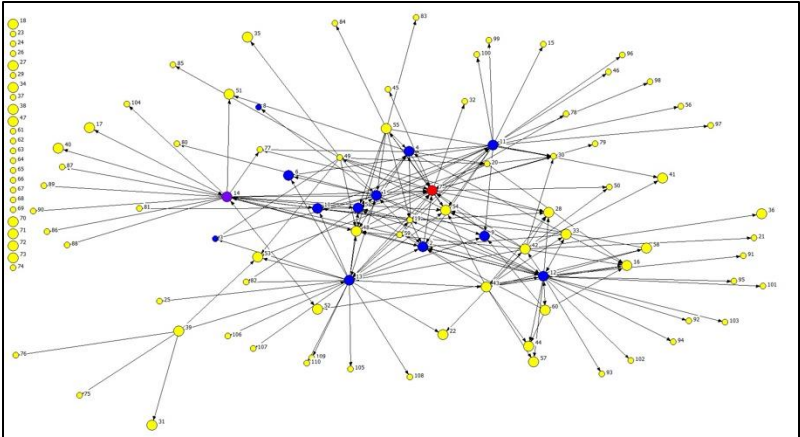


Conducted **Network Surveys** to measure the strength and the scope of the Oral Health Diabetes Statewide Network.



1st Network Survey Map

Final Network Survey Map



Our Approach

Collaborated with a strong **evaluation** team who collected **quantitative** and **qualitative** data and set up tracking logs.



Identified **oral health champions** at the regional level who engaged directly with patients with diabetes.

Date of Oral Health Activity:

Month

Day

Year

Was the Audience Internal (within DHEC) or External (outside of DHEC)?

Internal

External



A Key Component... MDI Leadership Team

Identified members based on **expertise, experience** and **availability**.

Members participated in discussions related to:
identification and **maximization** of project resources
review of **project deliverables**, key messages and products
community **ownership** and **connection**

MDI Leadership Team Members

Provided advice and oversight regarding program direction.

SC Dental Association

SC Medical, Dental and Pharmaceutical Association

SC Office of Rural Health

Medical and Dental Providers

Prisma Health

Diabetes Action Council (DAC)

Internal Agency Staff

SC Oral Health Action Network

Diabetes Free SC



What is your blood sugar level?
¿Cuál es su nivel de glucosa en sangre?

HbA1c Test Measures Your Average Blood Sugar Level
 El nivel de HbA1c mide el nivel promedio de glucosa en sangre.

Normal	Below 5.7%
Pre-diabetes	5.7% - 6.4%
Diabetes	6.5% or above

DIABETES AND ORAL HEALTH

Make the Connection
DIABETES Y SALUD BUCODENTAL
 Haga la conexión

Visit Connectingsmiles.org
 800.333.3333

Logos for dhec, Connecting Smiles, and In It Together.

Understand the Link Between Type 2 Diabetes and Oral Health
Entienda cómo se relacionan la diabetes de tipo 2 y la salud bucodental

Diabetes affects your body's ability to utilize glucose, or blood sugar. For example, according to the American Diabetes Association, people with diabetes are at higher risk for gum disease, and periodontal disease, a severe gum infection with bone destruction. The presence of one condition tends to promote the other and management of either may assist treatment of the other.

La diabetes afecta la capacidad del cuerpo de usar glucosa, o la azúcar en sangre, como energía. Según la Asociación Estadounidense de Diabetes, las personas con diabetes presentan mayor riesgo de gingivitis, problemas en las encías y periodontitis, una infección grave de las encías que provoca la destrucción de huesos. La presencia de una enfermedad tiende a promover la aparición de otra, al igual que el control de una de ellas ayuda a tratar la otra.

Patients with diabetes/ prediabetes should:

- Visit the dentist regularly and discuss your condition
- Brush teeth with a fluoride toothpaste twice a day
- Brush between teeth once a day
- Eat a healthy, balanced diet
- Limit foods and drinks that are high in sugar
- Protect teeth from decay by drinking water with fluoride
- Ask dental and medical providers to coordinate care by sharing test results

Visit Connectingsmiles.org
 For More Information

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 For More Information

DIABETES ORAL HEALTH

Gum disease causes inflammation in the mouth.
 Gum disease can lead to higher blood sugar.
3x If you have diabetes you are up to 3x more likely to develop gum disease.
 Your body has a hard time healing from inflammation.



MDI Oral Health Diabetes Tool Kit

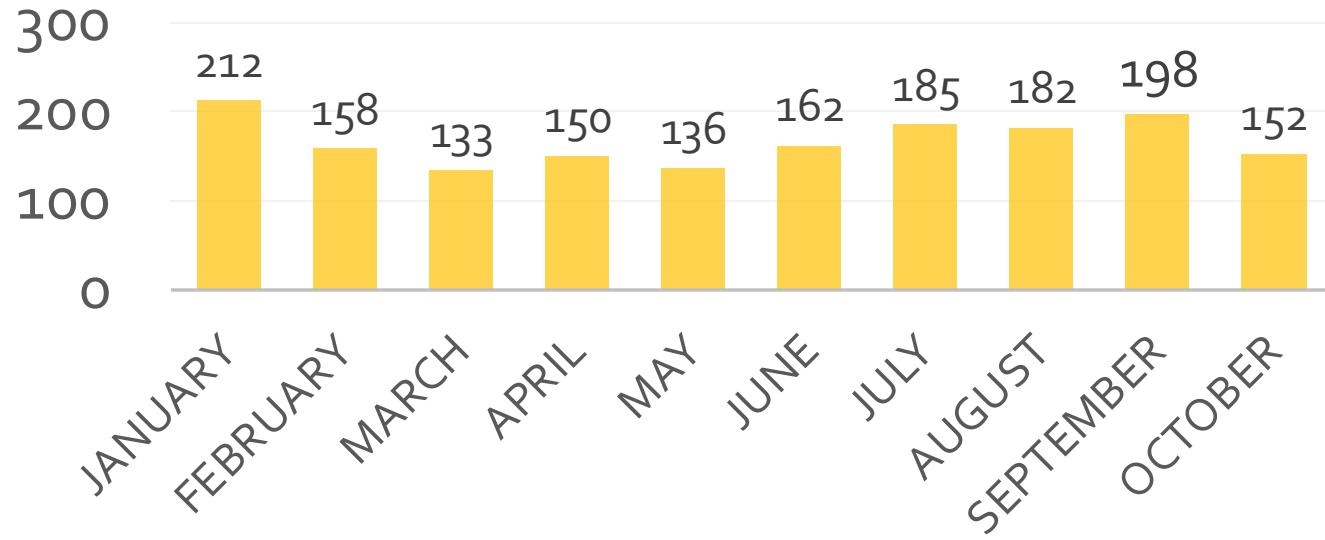
Development and dissemination of the MDI Oral Health Diabetes Tool Kit

Kit helped support education and increased awareness about the bi-directional relationship between oral health and diabetes.

Trainings/presentations for regional staff and community groups.

Pilot Sites

Components Total



- Components**
- Screening Tool
- Patient Awareness
- Resource materials
- Referral Forms



1810 Grant ended...where do we go from here?



NEW CDC 0048 grant has an **MDI component** that is focused on the **analysis and dissemination of secondary data** about relationships between the oral health of **adults with Type 2 diabetes**, their **overall health**, as well as their **use of** and **access** to medical and dental care.

NEW grant **builds off** the previous grant by:

- reconvening the MDI Leadership Team
- continuing engagement with regional teams to strengthen and build the network

NEW grant **expands** the approach with:

- a stronger focus on oral health diabetes data including analysis and dissemination
- stronger connection to the Oral Health Action Network to identify needed policy changes to support patients with diabetes

SC Oral Health Action Network (SCOHAN)

Vision: The vision of SCOHAN is to improve the oral health status of all South Carolinians through **collaborative partnerships, innovative evidence-based initiatives, oral health integration, and preventive public health strategies.**

SCOHAN acts as: • Primary proponent for **OH education and training** • Repository for SOH documents • Conduit for **external messaging** and interfacing w/o regulatory body • Rally point for state, regional, and local OH partners aimed at information **synthesis** and **innovation** generation

SCOHAN provides: Support for grant activities • Outreach and education to community partner organizations

ACTION HUBS



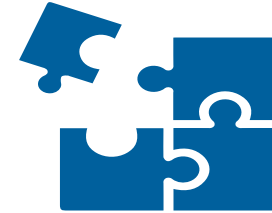
Connecting Smiles
Education & Training



Innovation &
Transformation



Medical Dental
Integration



Data, Policy &
Advocacy

Final Thoughts

- MDI Oral Health Diabetes project was successful in **strengthening** and **expanding** the oral health network in SC and **synergized** efforts around medical dental integration with a focus on diabetes.
- Lessons learned from the pilot site including the **testing of screening** and **referral tools** and the **dual language resources** will help guide future projects.
- Efforts will continue as funding becomes available and project success will be stored and shared through the **SC Oral Health Action Network**, and this will support **project sustainability**.

With funding uncertainties, identifying champions and strengthening connections will be more important than ever.

Thank you!



Mary Kenyon Jones, M.ED.
Strategic Operations and
Communications Advisor
Kenyonm@dph.sc.gov



Thank you!

Katie Greene, Director, kgreene@nashp.org

Megan D'Alessandro, Policy Associate, mdalessandro@nashp.org

Maddy Hraber, Senior Research Analyst, mhraber@nashp.org



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