Making Oral Health a Priority for Older Adults

Maryland Department of Aging
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CAN-DO GERIATRIC TOUR

- What I See – Real World Stuff
- Treatment Needs/Skills Involved
- My Model
- Current Adult Dental Funding Mechanisms
- Discuss Current Funding Mechanisms
- Give a Sustainable Funding Model For Nursing Facility Residents
- Dreams

Can-Do GERIATRIC TOUR

- The Need is Huge
- We Can Fund the Efforts and Sustain Them

CAN-DO GERIATRIC TOUR

- What I See – Real World Stuff

THE ISSUE BEFORE US:

Many Needlessly Suffer

TREATING AGING/SPECIAL NEEDS PATIENTS IS A GIFT FROM GOD

What’s The Big Deal?

Poor Oral Health Kills Elderly Patients

EMERGENCIES and CANCER ARE UP!

LEGAL ISSUES

- Disease Maintenance

  VS

- Supervised Neglect

Oral Health / General Health Connections - CDC

- 1St Sign Of Disease
  - Aids
  - Osteoporosis – Lower Jaw Resorption
- Infective Endocarditis
- Oral Infections – Sepsis
- Gum Disease –Diabetes (Risk Factor)
  - 6th Leading Complication – Goes Both Ways
- Gum Disease – Heart Disease and Stroke (Risk Factor)

Oral Health / General Health Connections

- Oral Cancer
- Gum Disease – Preterm, Low Weight Babies – 18% Moderate/Severe Gum Disease
- Pneumonia/Pulmonary and Lung Diseases

Reservoir of Respiratory Pathogens for Hospital-Acquired Pneumonia in Institutionalized Elders

Ali A. El-Solh, MD, MPH, FCCP; Et Al

- Of 46 Patients In ICU 28 Had Colonization Of Their Dental Plaques With Aerobic Pathogens.
- 13 Patients Developed Pneumonia
- 8 Of The 13 Patients Had Respiratory Pathogens That Matched Genetically Those Recovered From Their Dental Plaques.

Pneumonia In The Elderly

- **5-10 X More Likely To Get It**
- **7 Fold Mortality Rate**
- **4th Leading Cause Of Death In Elderly**
- **Hospitalization Mortality Rate Of 20-30%**

Reducing Bacterial Count

Reducing Bacterial Count

- Primary MUST for Aging and Vulnerable Patients
- Major Front-line Offence and Defense Player
  - Hygienist
    - Education
    - Treatment
    - Prevention
    - Core Oral Health Care Provider

How Many?

Old Days
1992

- 68% No Teeth
- Dentate Patients Had Few Teeth – Anterior
- Dental Procedures Were Only Moderately In Demand

May 2017

- My Practice
  - 38 Nursing Facilities
  - 4000 Residents – 80% Are Dentate ~ 3600
- Of 3600 Dentate Patients Upon Admission – 50% or 1,800 Need Extractions due to Abscesses and/or Severe Gum Disease
- So ~ 50% of Dentate Residents or 40% of the Total Resident Population Need Surgical Care

May 2017

- Active Patients 45% so 1,800
- Resident Turnover Rate 35% = 1400 New Patients/ Year To Manage – 45% Will Become Active
- 630 New Patients/ year – 560 Surgical

CAN-DO GERIATRIC TOUR

- My Model

My Model

- Provide Mobile Oral Health Services for Residents in 38 Nursing Facilities
- Serve as Dental Director in All Facilities
- Mobile Equipment Carried In
- Regular Vehicles
- Set-Up in Rooms, Beauty Shops, Conference Rooms, Anywhere There Is Need
- Make House and Hospital Calls Routinely

My Model

- Hygienist - Scott
  - All Preliminary Evaluations With MDS, X-Rays
  - Refers Emergencies To Me Immediately
  - Identifies Patients Who Want Treatment
- Hygienist – Kimmy, Jaysie
  - Provide Mobile Hygiene Services – Direct Supervision
  - Assistant – Abby, Lauren
- Patient Relations/Billing – Ashley and Tammy
- Office Manager – Leah
- All are God Sent!!!

CAN-DO GERIATRIC TOUR

- Current Adult Dental Funding Mechanisms

Funding of Adult Dental Care

- Private Pay
- Dental Insurance
- Medicare
- Donated Services
  - MOM Events
  - Grant Funded Clinics
  - Non-Profit Practices
  - FQHC's
- Medicaid
- Incurred Medical Expenses

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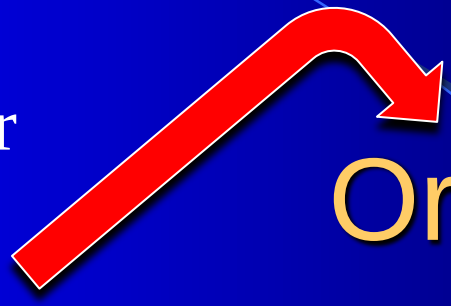
Adult Medicaid

- Non-Disabled Poor
- Disabled Poor:

Aged, Blind, and Disabled



Oral Health Services "Optional"

Adult Medicaid

- Non-Disabled Poor

- Disabled Poor:

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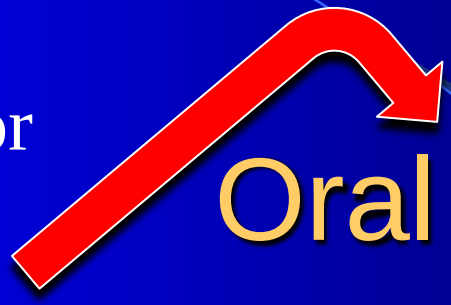
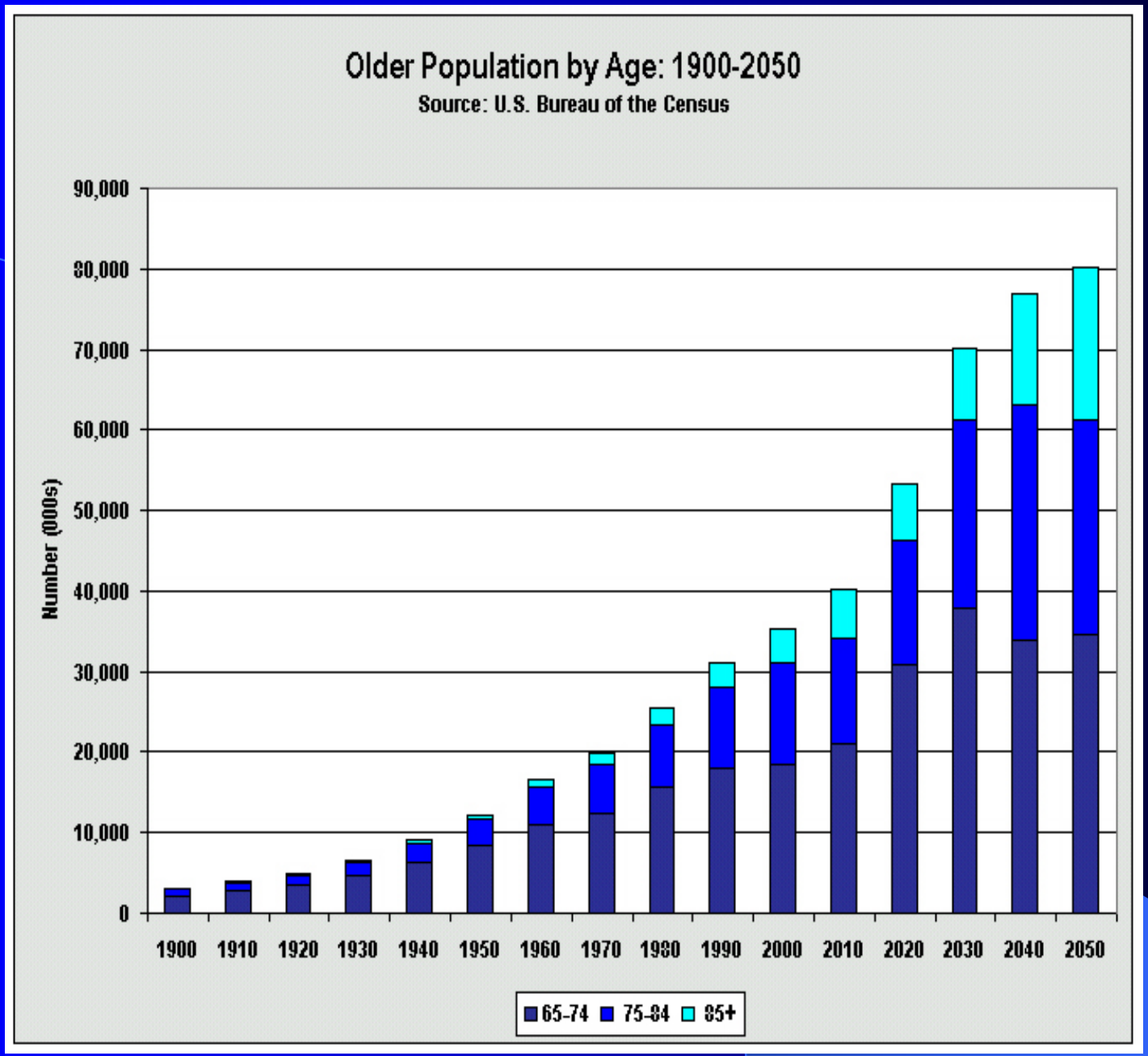


Oral Health Services "Optional"

"Societal Sin"

How Many Aged, Blind, or Disabled?

- Nationally (Kaiser -2015)
  - Medicaid Eligible 14,800,000
  - 1,350,000 Million Adults In Nursing Facilities
- And ***Growing***


Older Population by Age: 1900-2050
Source: U.S. Bureau of the Census
Number (000s)
90,000
80,000
70,000
60,000
50,000
40,000
30,000
20,000
10,000
0
1900
1910
1920
1930
1940
1950
1960
1970
1980
1990
2000
2010
2020
2030
2040
2050
65-74
75-84
85+

Optional Oral Health Services for ABD is WRONG

SPECIAL CARE DENTISTRY ACT”

CAN-DO GERIATRIC TOUR

- **Incurred Medical Expenses (IME)**
- A Sustainable Funding Model For Nursing Facility Residents

Nursing Facility Residents: Dental Care Funding

- Private Pay
- Medicaid
- Dental Insurance
- Incurred Medical Expenses (IME)

Nursing Facility Residents: Dental Care Funding

- Incurred Medical Expenses (IME)
  - Social Security Law
  - ADA Tool Kit
  - Assures Access to Dental Care Funding
    (and Other Medically Necessary Services)
  - Google IME-ADA-Folse
  - Dental Offices
  - Patients
  - Facilities/Medicaid Case Workers

IME Funding of Dental Services

- Uses a Resident's Retirement income to Pay Dental Bills
- Dictated by Federal Law
- Cumbersome but Works
- How It Works…..
- Must Understand How Facilities are Paid

Facilities Pay

- Private Pay Residents

  0-10% of the Population

- Total Medicaid Residents (No Retirement Income)

  0-10% of the Population

- Part Medicaid – Part Resident Retirement Income

  85-95% of the Population

  IME Eligible

Facilities Pay

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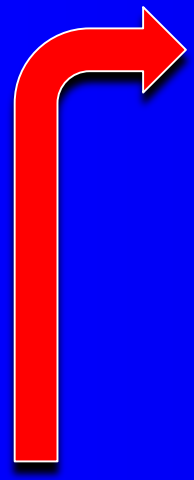
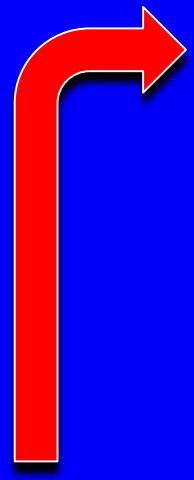
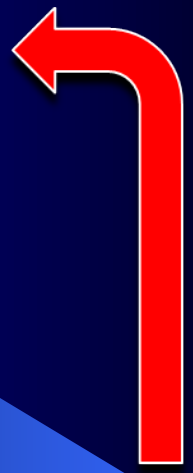
Facility Pay



- Medicaid
- Resident Social Security or Pension Income

Facility Pay





- Medicaid

- Resident Social Security or Pension Income

Resident SS or Retirement Income

- Resident Admitted
- Income is Assessed by a Medicaid Case Worker
- Case Worker Determines a Monthly “Patient Liability” - Amount They Must Pay the Facility Each Month
- The Entire Patient Liability is available for Paying Dental Bills

IME Example

- Dentist Performs a Service And Sends Invoice To Medicaid Case Worker.
- Patient's Liability Is Reassessed For Each Dental Bill And Adjusted For The Appropriate Length Of Time To Pay Bill.
- Patient's Finance Director Pays Provider
- Facility Is Reimbursed for the Difference By Medicaid

Treatment Example

- Resident Income $1000/Month
- Exam, Extractions, Fillings, Preventive, and a Partial - $3000
- Dentist Bill Sent to Case Worker
- Case Worker Reduces PLI to 0 for 3 Months
- Case Worker Increases Medicaid Facility Pay to $4000 for 3 Months
- Next 3 Months:
  - Patient Pays $1000 to Dentist Each Month

Initially - Facility Pay $4000

- Medicaid
  - $3000
- Resident Social Security or Pension Income
  - $1000

During Dental Funding – Facility Still Pay $4000

- Medicaid
  - $4000
- Resident Social Security or Pension Income
- All Paid To Dentist For 3 Months
  - $1000

How It Works

- Perform Service And Send Invoice To Medicaid Case Worker.
- Patient's Need Is Reassessed For Each Dental Bill And Adjusted For The Appropriate Length Of Time To Pay Bill.
- Patient Or Facility Pays Provider
- Facility Is Reimbursed By Medicaid

How Insurance Works

- Patient purchases Dental Insurance.
- Patient's Need Is Reassessed Only Once For The Monthly Insurance Bill.
- Patient Or Facility Pays Insurance Co.
- Facility Is Reimbursed By Medicaid

My Dream