ABSTRACT: 2014 ELAM Institutional Action Project Poster Symposium

Project Title: Where o' where is dental in Obamacare?

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Background, Challenge or Opportunity: Currently, roughly 50% of Americans do not have dental insurance. The essential benefit package of the Affordable Care Act includes dental benefits for children only. As more employers move their employees to gaining insurance coverage through the exchanges, there are estimates that the number of dentally insured adults could decrease by 5 to 10%. Research shows Americans with dental insurance visit their dentist twice as often as Americans without dental insurance.

The major health systems of Minnesota are aggressively moving to becoming Accountable Care Organizations. They have shared-savings arrangements with public and private payors as they address population health in a way that achieves the Triple Aim. Additionally, Minnesota is one of six states that received a State Innovation Model (SIM) grant ($45M). One of the main goals of the Minnesota SIM grant is to foster the development of 15 Accountable Communities for Health. Both new delivery models have the potential for recognizing the need for and 'pulling in' dental providers to achieve the Triple Aim for the population attributed to the delivery system.

Purpose/Objectives: To enhance the achievement of the Triple Aim for Minnesota populations by integrating dental services into new delivery models. Addressing the oral health needs of a population will lower the overall costs of healthcare, improve the overall quality of care, and improve the patient experience in the delivery system.

Methods/Approach: Phase 1 – Interview Minnesota health systems that currently work closely with dentists to meet the needs of their patients. Identify the guiding principles they use, what works well, what doesn't work well, how the patient experience has improved, and what is measured in these current 'nodes' of medical/dental innovation. Phase 2 – develop strategies to replicate the findings and benefits identified in the current nodes of innovation. Identify 3 to 5 Accountable Communities for Health as partners. Phase 3 – Provide technical assistance to launch the inclusion of dental care into the 3 to 5 Accountable Communities for Health as they test new models of delivering care.

Outcomes and Evaluation Strategy: Measure the contributions toward the Triple Aim of 'pulling dental' into an Accountable Community for Health in the new delivery models.

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Where O' Where Is Dental in Obamacare?

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BACKGROUND, OPPORTUNITIES & CHALLENGES

Currently, roughly 50% of Americans do not have dental insurance. The essential benefit package of the Affordable Care Act includes dental benefits for children only. As more employers move their employees to gaining insurance coverage through the exchanges, there are estimates that the number of dentally insured adults could decrease by 5 to 10%. Research shows Americans with dental insurance visit their dentist twice as often as Americans without dental insurance. Furthermore, the majority of those seeking emergency department visits for dental problems do not have dental insurance. Nationally, emergency room charges for dental problems in 2010 were $1 billion, including $12.6 million in Minnesota. Recently, the American Dental Association reported that from 2008-2010, 101 Americans died in a hospital emergency room due to a dental problem.

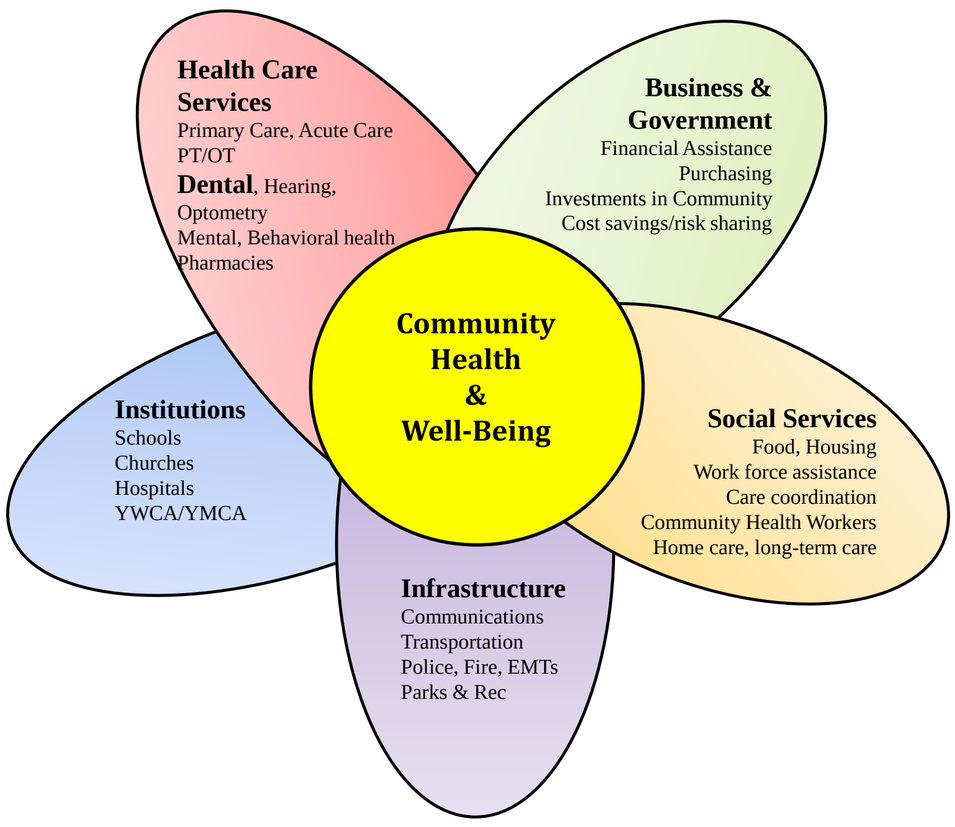
The major health systems of Minnesota are aggressively moving to becoming Accountable Care Organizations. They have shared-savings arrangements with public and private payors as they address population health in a way that achieves the Triple Aim. Additionally, Minnesota is one of six states that received a State Innovation Model (SIM) grant ($45M). One of the main goals of the Minnesota SIM grant is to foster the development of 15 Accountable Communities for Health. Both new delivery models have the potential for recognizing the need for and 'pulling in' dental providers to achieve the Triple Aim for the population attributed to the delivery system.

PURPOSE

To enhance the achievement of the Triple Aim for Minnesota populations by integrating dental services into new delivery models. Addressing the oral health needs of a population will lower the overall costs of healthcare, improve the overall quality of care, and improve the patient experience in the delivery system.

APPROACH – THE PHASES OF IMPLEMENTATION

Phase 1 – Interview Minnesota health systems that currently work closely with dentists to meet the needs of their patients. Identify the guiding principles they use, what works well, what doesn't work well, how the patient experience has improved, and what is measured in these current innovation 'nodes' of medical/dental integration. Phase 2 – develop strategies to replicate the findings and benefits identified in the current nodes of innovation. Identify 3 to 5 Accountable Communities for Health as partners. Phase 3 – Provide technical assistance to launch the inclusion of dental care into the 3 to 5 Accountable Communities for Health as they test new models of delivering care.



OUTCOMES

- All current nodes of medical/dental integration came about to address patient needs.
- Guiding principles for the initiatives varied across the nodes. There was a commitment to streamlining 1) the number of visits for the patient, 2) the work of the clinicians, and 3) the operational details for the staff.
- Patient experience does improve. A system can be devised where emergency room patients can get seen in a timely way by dentists. Patients with complex health needs like radiation oncology appreciate coordinated care. Dental homes can be incorporated into a healthcare home.
- Searching for effective and coordinated ways to alleviate pain was a common theme.
- Because these are nodes, struggles remain in the areas of stability in staffing and consistency in executing processes.
- Metrics of impact/success are limited. ROI is being monitored in the nodes that involve emergency room visits.
- Physicians and health system administrators are champions in the nodes.
- Non-traditional workforce members like Community Health Workers and Dental Therapists could be unexploited opportunities in the future in achieving the Triple Aim.

DISCUSSION

Several innovation nodes of medical/dental integration already exist in Minnesota. Some were intentionally formed to take advantage of new elements in the Affordable Care Act. Others were formed simply out of necessity. Either way, our early findings provide hope that integrating dental care providers in new delivery models will help health systems achieve the Triple Aim.

Minnesota does provide a unique opportunity for out-of-the-box healthcare innovation with their State Innovation Model grant from CMS. However addressing oral health problems is currently not a priority for most administrators. Especially problematic is the fact that adult dental benefits are not in the essential benefits package mandated on the federal exchange. The dental community will need to take actions that raise the awareness and provide the evidence that integrating oral health providers into new delivery models is a win-win for all.

Phase 2 and 3 of this project are dedicated to building the evidence and the relationships to move in the direction of including the improvement of oral health in new care models. Other mechanisms to enhance success will include providing technical assistance to health systems as they implement Community Health Needs Assessments (mandated in the ACA) and fostering experiential IPE (Interprofessional education) opportunities for students in our health professional schools. As evidence emerges, it will also be shared with national thought leaders like those at the Center for Healthcare Strategies who recently convened "Advancing Medicaid ACOs: A Learning Collaborative.

NEXT STEP

Identify 3 to 5 Accountable Communities for Health applicants as partners providing them technical assistance to include dental services in their model. Measure the contributions toward the Triple Aim of 'pulling dental' into an Accountable Community for Health in the new Minnesota-based delivery models.