



# Integrating Oral and General Health: The Role of Accountable Care Organizations

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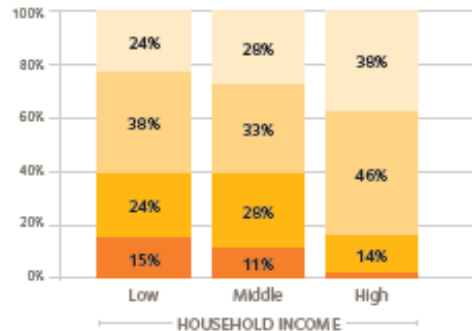
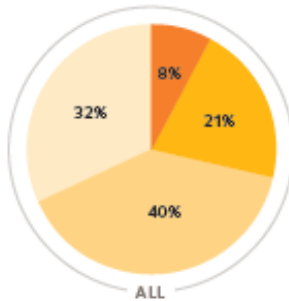
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Boston, MA

## Adult oral health status in Massachusetts

Overall Condition of Mouth and Teeth

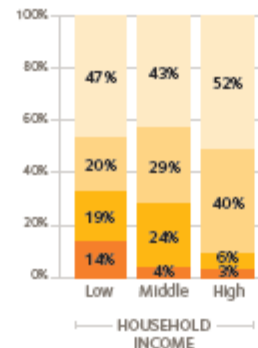
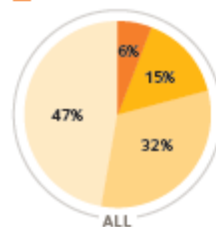
VERY GOOD  
GOOD  
FAIR  
POOR



**36%** of low income adults avoid smiling due to the condition of their mouth and teeth.

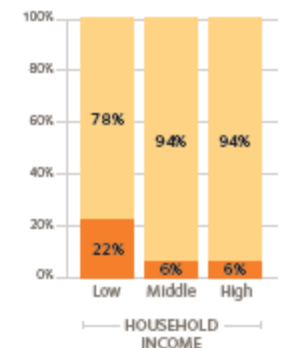
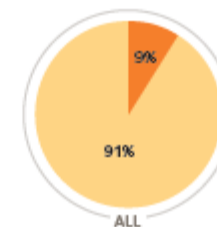
Life in General is Less Satisfying Due to Condition of Mouth and Teeth

NEVER  
RARELY  
OCCASIONALLY  
VERY OFTEN



Appearance of Mouth and Teeth Affects Ability to Interview for a Job

YES  
NO



**21%** of high income adults experience pain due to the condition of their mouth and teeth.



**23%** of middle income adults feel embarrassment due to the condition of their mouth and teeth.



**20%** of low income adults reduce participation in social activities due to the condition of their mouth and teeth.



Unlike dental care, which is the responsibility of dental providers, oral health is broader and should be owned by all health providers regardless of their disciplines



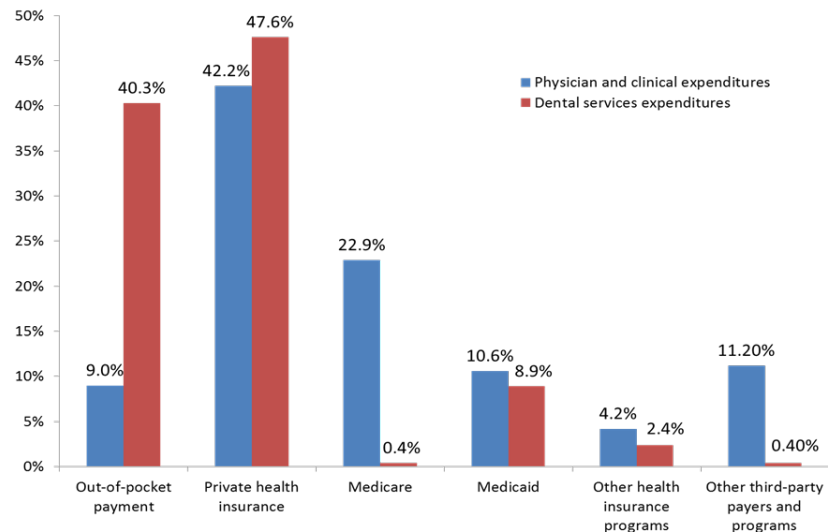
## Linkage between oral and overall health and well being

- Oral examination
  - Nutrition deficiencies
  - Systemic disease
  - Abuse
- Chronic diseases and medications can exacerbate oral health problems
- Oral health infection
  - Adverse pregnancy outcome
  - Respiratory
  - Cardiovascular
  - Diabetes
- Oral health and social challenges
  - School absenteeism
  - Inappropriate emergency department use
  - Low participation in social activities
  - Loss of productivity, underemployment and unemployment

# Disconnect of oral and general health care system

- Separation of education and training systems
- Delivery system
- Insurance system
- Financing structure
- Coverage

Health expenditure on physician and clinical services compared to dental services



# Benefits of integrating oral and general health



- \$1,799 newly diagnosed type 2 diabetes  
- \$1,090 coronary heart disease  
- \$5,681 stroke

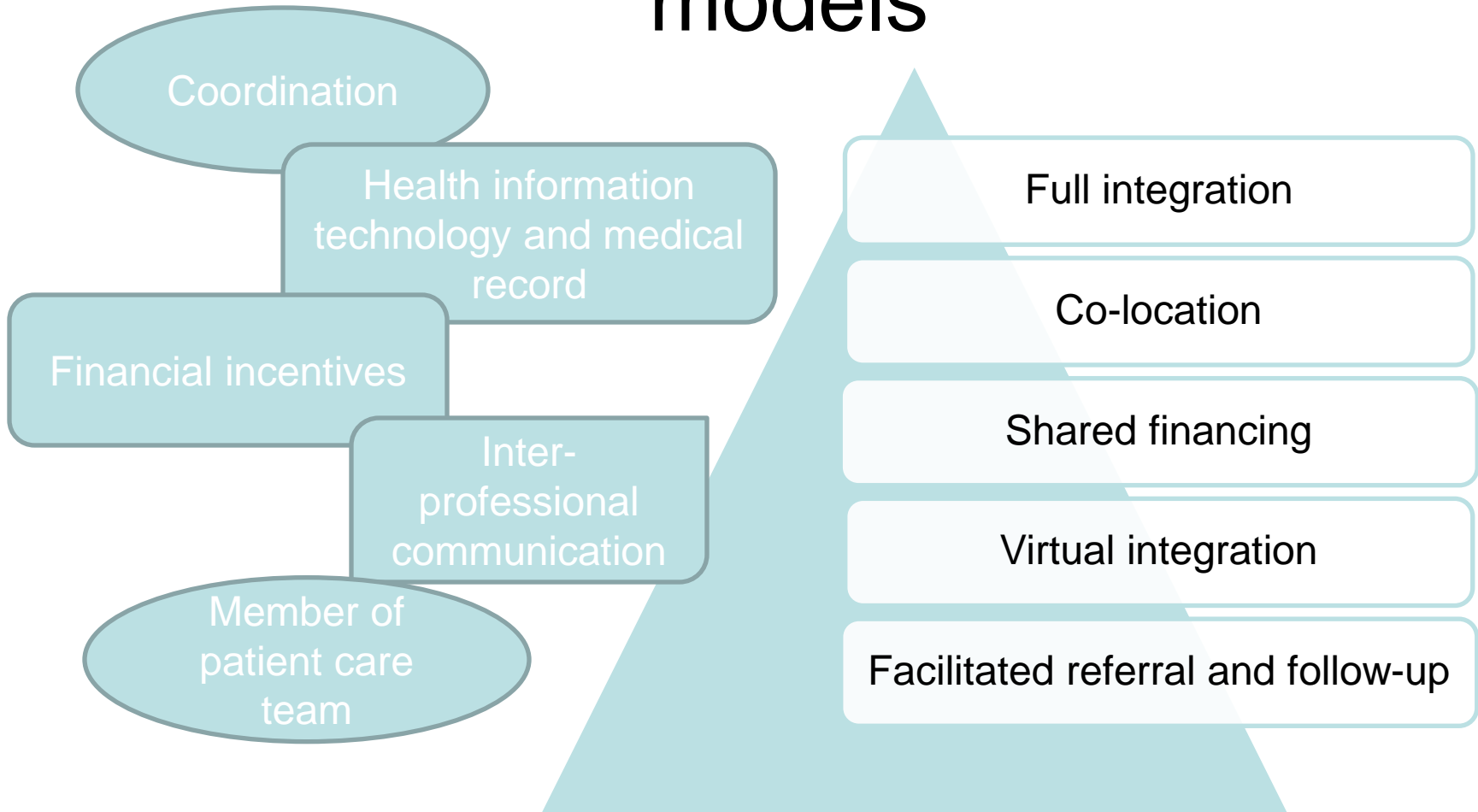


21% to 39% reduction in hospitalization



Saving in outpatient drug cost

# Oral and general health integration models



# Change in health care environment: ACA and ACO

ACA calls for holistic approach to population healthcare

By testing value-based payment models:

ACA is changing  
-Healthcare delivery system  
-Healthcare financing

Pooling financial risk among wide spectrum of health providers



ACO an organization of clinically integrated health care providers working together to provide, manage and coordinate health care for a defined population

ACO aims to  
1- Tie provider reimbursements to groups ability to improve patient care and health outcome based on specified quality metrics  
2- Reduce total cost of care

**ACOs accountable for cost and quality of care within and outside primary care settings**





## ACOs and oral-health integration (1)

### **Strategy**

1. Dental coverage
2. Focus on primary care
3. Providers' outreach and education
4. Beneficiaries outreach and activities

### **Challenges**

1. Adult dental insurance
2. Adequate coordination
3. Difficulties in changing attitude, culture and beliefs
4. Change in patients' eligibility (Medicaid)



## ACOs and oral-health integration (2)

### Strategy

5. Integrated dental and health medical records
6. Payment arrangement
7. Quality measures

### Challenges

5. Infrastructure does not exist to link medical and dental records
6. Demand exceed supply for dental services
7. Dental quality measures focus on access and process, not outcome



## Policy recommendations (1)

1. Involve the dental community in ACO's activities and invite a dental representative to participate on the ACO's board
2. Improve access to dental care and the coverage of dental services, particularly in the Medicaid program



## Policy recommendations (2)

3. Facilitate debate to reach consensus on oral health quality measures that meet the approval of payers, providers, and patients
4. Invest in dental diagnostic codes and dental quality metrics to enable quality-based payment



## Policy recommendations (3)

5. Move away from the existing fee-for-service to a more value-based, integrated patient-centric financial model
6. Incentivized primary care providers to take an active role in oral health, i.e., conduct oral health assessments and needs



## Policy recommendations (4)

7. Provide adequate incentives for providers to adopt integrated electronic health record systems
8. Conduct research and pilot studies to better explore best models for oral-health integration



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Thank you

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