ORAL HEATH & MEDICARE: WHERE ARE WE NOW?

PRESENTED BY

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ORAL HEALTH AMERICA
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ORAL HEALTH AMERICA'S MISSION IS TO CHANGE LIVES BY CONNECTING COMMUNITIES WITH RESOURCES TO DRIVE ACCESS TO CARE, INCREASE HEALTH LITERACY AND ADVOCATE FOR POLICIES THAT IMPROVE OVERALL HEALTH THROUGH BETTER ORAL HEALTH FOR ALL AMERICANS, ESPECIALLY THOSE MOST VULNERABLE.
ABOUT OHA

National nonprofit based in Chicago, celebrating 62 years of focusing on the nation’s oral health.

Signature Programs

SMILES ACROSS AMERICA

WISDOM TOOTH PROJECT

Campaign for Oral Health Equity
WISDOM TOOTH PROJECT®

TOOTHWISDOM.ORG

Online tool that connects older adults, caregivers, & professionals to local affordable care, oral health information, and resources.

ADVOCACY

Support national and state level policies that increase access to oral healthcare for older adults. Publish reports that aid in advocacy, e.g. A State of Decay.

HEALTH EDUCATION & COMMUNICATIONS

Improve oral health literacy through community-based workshops that target older adults aging-in-place and through the dissemination of information about the importance of oral health to overall systemic health.

PROFESSIONAL SYMPOSIA

Convene a diverse group of community, state, and national level health professionals, aging leaders, and advocates to focus on the unique needs of older adults.

DEMONSTRATION PROJECTS

Opportunity to discover promising practices, conduct research, and pilot interventions in the aging field.
WHY DO WE NEED DENTAL BENEFITS IN MEDICARE?

- Connection to Overall Health
  - Increased risk for oral disease as a result of age-associated physiological changes, chronic diseases, and poly-pharmacy
  - Association between periodontitis, diabetes, and heart disease

- Oral Health Disparities
  - Oral diseases disproportionately affects low-income individuals, racial and ethnic minority groups, older adults with physical and intellectual disabilities and people who are homebound or institutionalized.

- High Cost of Dental Care
  - Average income of Medicare beneficiaries is $23,500
  - 20% – 25% spent on out of pocket healthcare cost
  - Those with dental insurance are 2 \( \frac{1}{2} \) times more likely to see a dentist on a regular basis

- Fastest Growing Demographics: Baby Boomers
  - 34 million to 88.5 million by 2050
Section 1862 (a)(12) of the Social Security Act states, "where such expenses are for services in connection with the care, treatment, filling, removal, or replacement of teeth or structures directly supporting teeth…"

Medicare will **ONLY** pay for dental services

Deemed medically necessary and performed in a hospital setting (e.g. reconstruction of the jaw following injury, extractions done in preparation for radiation treatment, or oral health examinations but not treatment in cases of kidney transplant.)
ADVOCATING FOR AN ORAL HEALTH BENEFIT IN MEDICARE

GOAL
Mandatory inclusion of an adult dental benefit in publicly funded health insurance

TARGET
At least 30 states have a comprehensive Medicaid adult dental benefit

TARGET
Medicare includes a comprehensive dental benefit

CREATING A PATH TOWARD INCLUSION

A Partnership with The DentaQuest Foundation, OH2020
Year 1: Laying the Groundwork
- Coalition Building & Partnerships
- Public Opinion Poll
- Medicare Symposium
- Take Action Webpage
- A State of Decay, Vol. III

Year 2: Building the Framework
- Policy & Procedure
- Politics
- Marketing & Comm
**WHO:** 60 individuals, over 30 health-and policy-related organizations

**WHERE & WHEN:** Summer 2015 & 2016, Washington, DC

**WHY:** To begin & to continue to chart the course forward for an added oral health benefit in Medicare.

**WHAT:** To explore different benefit structures and approaches; to discuss consumer messages aligned with their oral health wants and needs; to build partnerships, new and old.
Goal: What Does an Oral Health Benefit Look Like?

- **Lead Partner:** Santa Fe Group and Dr. Judy Jones
  - Assembled a group of experts in Medicare, aging, dental and insurance to develop, advise, and review structure

- Benefit included in **Part B** instead of ‘Part O’
  - Why? Integrated dental health model

- **Two level benefit**
- **Actuaries** analyzed cost of services
Goal: Conduct Consumer Research & Create Marketing Plan

- **Lead Partner:** Marketing 4 Change
  - Results of Consumer Research *(1,000 adults age 50+)*
- Medicare enrollment from consumer perspective:
  - **OVERWHELMING**
- Top reason to avoid the dentist:
  - **COST**
- When asked what Medicare should cover:
  - **DENTAL** *among top 3 choices*
Tested multiple ads to determine consumer impact

Resonated most with consumers
Goal: Develop political strategy that documents the path forward – 2020

- **Lead Partner:** Families USA
- Increase representation in DC
- Educate legislators on the hill about importance of oral health and its relationship to overall health
- Establish formalized coalition of partners
- Develop unified messaging strategy
- Evaluate & keep pulse on ‘other’ Medicare related efforts
2015 Partnership Meetings
- AARP/ACT Caucus
- Administration on Community Living
- Alliance for Aging Research
- Children’s Dental Health Project
- Children’s Leadership Council
- Justice in Aging
- Meals on Wheels America
- Medicare Rights Center
- N4A-Area Agencies on Aging
- National Caregiving Alliance
- National Caucus/Center for Black Aging
- National Council on Aging
- School-based Health Alliance

2016 New Partner Meetings
- Alliance for Retired Americans
- Center on Medicare Advocacy
- Families USA
- Food Research & Action Center (FRAC)
- Frameworks
- Generations United
- Nat’l Head Start Association
- Nat’l Academy of Elder Law Attorneys
- West Health
OHA’s third state-by-state analysis of oral healthcare delivery and public health factors impacting the oral health of older adults

Visit Toothwisdom.org/asod to read full report.
ANALYSIS OF 5 VARIABLES

- Medicaid Dental Benefit
- Community Water Fluoridation
- State Oral Health Plan
- Edentulism
- Basic Screening Survey

State Composite Score
STATE COMPOSITE SCORES

Overall Scorecard

2 Excellent – 4%
10 Good – 20%
11 Fair – 22%
27 Poor – 54%

Top
Minnesota, North Dakota, Connecticut

...and Bottom
Hawaii, Tennessee, Alabama

Overall State Rank: 13th
MISSOURI'S OVERALL STATE RANK: 13 OUT OF 50

**EDENTULISM**
Percent of older adults with no teeth
19.9%

**MEDICAID**
Extent of dental coverage in Medicaid
69.2%

**COMMUNITY WATER FLUORIDATION**
Percent of residents living in communities with fluoridated water
76.4%

**BASIC SCREENING SURVEY**
The status of a BSS or completion of public health surveillance of older adults’ oral health
3 out of 4

**STATE ORAL HEALTH PLAN**
The existence and extent of state plan to improve the oral health of older adults
4 out of 4

**COMPOSITE SCORE**
States’ overall score that combines all 5 evaluation criteria
69%
SUPPORTING STATE & GRASSROOT ORGANIZATIONS

- Become a Network Partner
- Participate in a Working Group
- OHA will assist partners to create template letters to send to legislators, op-eds, & eNews articles/blogs on your state’s top priorities
- Online Advocacy Toolkit (Summer 2017)
WHAT’S NEXT FOR OHA?

- **Policy & Procedure:** Explore alternative benefit structure
- **Marketing & Comm:** Test multiple consumer messaging and pilot marketing strategy in targeted region
- **Politics:**
  - Identify Hill champions and influencers
  - Synchronize Marketing/Comm to build political campaign
  - Target presidential candidate for 2020
New Administration → What does this mean for Medicare and Healthcare overall?

- **2014 – 2016:** Significant momentum and widespread support for an oral health benefit
- **2017:** Shift in focus to preserving Medicaid & Medicare
  - Reform sometimes leads to unknown opportunities
- **2018:** Results of midterm elections???
- **2020:** Presidential election???
  - Oral health benefit under Medicare is on the political agenda
YOU CAN’T BE HEALTHY WITHOUT GOOD ORAL HEALTH—C. EVERETT KOOP

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