

Oral Health Of Older Populations Implications for the Oral Health Care Delivery System

Presented by:

Margaret Langelier, MSHSA
Center for Health Workforce Studies
School of Public Health | University at Albany, SUNY
mlangelier@albany.edu

Jean Moore, DrPH, FAAN
jmoore@albany.edu

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OHWRC
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Today's Presentation

- Update on state and national oral health initiatives
- Overview of aging populations and readiness of the oral health service delivery system to meet their needs
- Consumer survey of adults in the US about need for and utilization of oral health services
 - Data about respondents who are age 65 years and older
- Examples of innovative service providers

Update on State and National Oral Health Initiatives

Federal 'Action for Dental Health Act' signed into law

- Amends PHS Act to reauthorize oral health promotion and disease prevention programs
 - Supports programs to
 1. improve oral health education and dental disease prevention;
 2. reduce geographic barriers, language barriers, cultural barriers, in the provision of dental services;
 3. establish dental homes for children and adults;
 4. reduce the use of emergency departments by individuals who seek dental services more appropriately delivered in a dental primary care setting; or
 5. facilitate the provision of dental care to nursing home residents.

New Report on Oral Health Commissioned by U.S. Surgeon General

- A key aim of the report – to document progress in oral health since publication of the Surgeon General’s first oral health report in 2000
- The 2020 report will:
 - describe key issues that currently affect oral health,
 - identify challenges and opportunities that have emerged since publication of the first report,
 - articulate a vision for the future,
 - call upon all Americans to take action

Dental Therapy: New Strategy for Affordable Dental Services

- Recognized in 5 states: Minnesota (2009); Maine (2014); Vermont (2016); Arizona (2018); Michigan (2018)
- Recognized in tribal communities in Alaska, Washington State, and Oregon.
- Other states considering DT legislation include Florida, Kansas Massachusetts, New Mexico, North Dakota, Ohio and Wisconsin.
- In some states where DTs are recognized, enabling legislation requires that a certain percentage of the DT's caseload be considered 'underserved'
- Evaluations to date find that DTs provide high quality, safe and cost- effective care.

<https://www.pewtrusts.org/en/research-and-analysis/articles/2016/04/5-dental-therapy-faqs>

In 2019, Bill Introduced in Congress to Add Oral Health Coverage to Medicare

- Expand 'Part B benefits to cover dental and oral health services, including:
 - Routine cleanings and exams
 - Fillings and crowns
 - Major services such as root canals and extractions
 - Emergency dental care

- Overview of aging populations and readiness of the oral health service delivery system to meet their needs
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- Examples of innovative service providers

Some Considerations about the Oral Health of an Aging Population

Population Oral Health

- Linkages between systemic health, chronic disease, and oral health
 - High rates of obesity, diabetes, cardiovascular disease
- Good oral health predictive of better nutritional status and better health
- Greater use of medications for multiple chronic diseases, many of which impact the oral cavity – more than 500 medications cause dry mouth
- Aging population – 77 million (1946-64), 10,000/day turning age 65 until 2030
- Living longer, more likely to have retained natural teeth
 - In NY, age adjusted prevalence of edentulism – 12.6% (NOHSS) (Range 5.8% to 31.5%)
 - Age adjusted prevalence of six or more teeth lost - 35.7% (NOHSS) (Range 25.0% to 58.7%)
- Special concerns about those not dwelling in the community or confined to home
- Increasing rates of cognitive impairment/ dementias in the population
- Oral health is important to socialization and self-esteem

The Many Structural Barriers to Care Impede The Ability of Patients to Access Services

Structural Barriers and Facilitators to Oral Health Services

Financial

- No dental coverage in Medicare – only medically necessary dental services
 - NYS Medicaid provides adult dental benefit for those who are eligible.
 - Long Term Care Managed Care plans now effective for many receiving home care services or enrolled in PACE programs - may include dental services – capitated rates
- Medicare Advantage plans may include dental services

Infrastructure

- Lack of operatory infrastructure in skilled nursing facilities
- Transportation issues specific to older people
- Physical barriers for those in wheelchairs

Workforce is Both a Facilitator and Barrier to Access

Workforce

- Shortages of dentists in rural and sometimes urban areas
- Specialty care is expensive and may be difficult to find
- Training issues
 - Lack of expertise among dentists and others in geriatric oral health care
 - Training in care for people with cognitive impairments
 - Needs of patients vary so type of care is variable
 - Palliative care vs. restorative treatment may be indicated
- Scope of practice limitations affecting ability of other dental or medical professionals to provide services

A Consumer Survey of A Representative Sample of the Adult Population in the US

- Survey conducted in cooperation with the Health Workforce Research Center of the American Association of Medical Colleges (AAMC)
- Survey asked questions about **need for and utilization of medical and oral health services**
- Survey also asks about **socioeconomic, demographic, and geographic characteristics of respondents**
- Sample design – survey was fielded to a panel of consumers that includes more than a million people
- Acquired data is weighted to be **representative of the population of US adults**
 - Survey conducted in two waves in 2018 (January and June)
- Limitations – survey respondents likely were mainly **community dwelling individuals** – may exclude those without access to a computer or those residing in long term care facilities, which would impact data for older cohorts more than younger ones

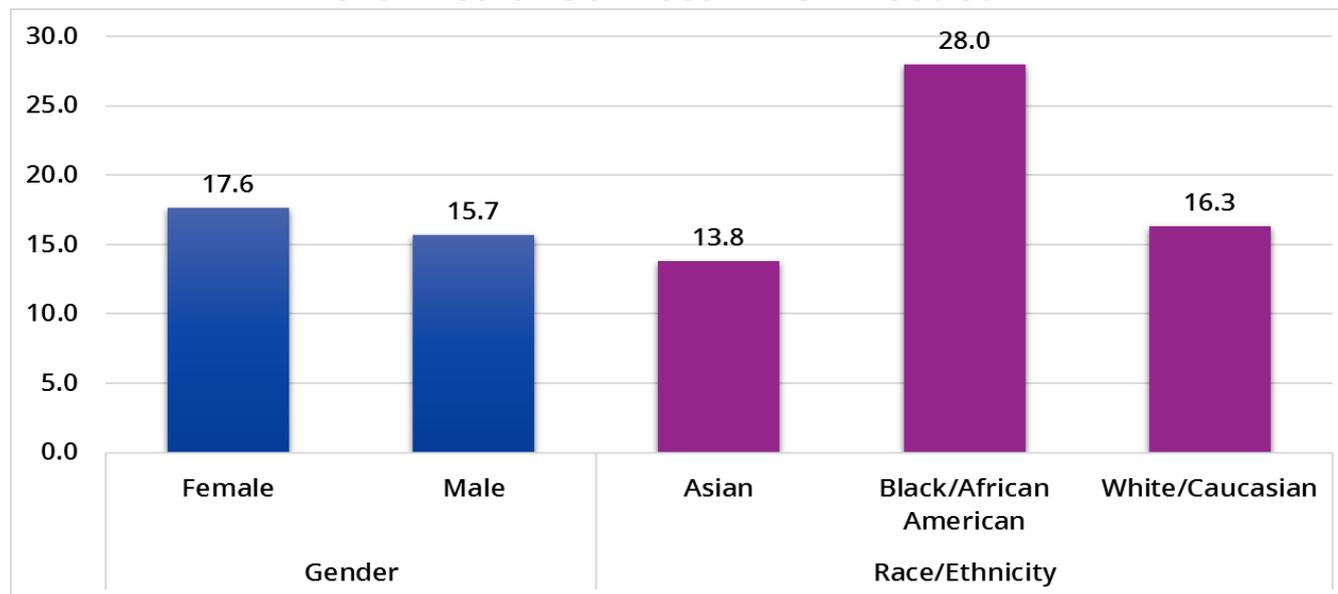
Who Were the Respondents

- Among the 7,070 survey respondents, 50.8% were female, 49.2% were male
- 19.0% (the highest proportion of respondents) were age 65 years or older and 20.9% were retired.
- 5,206 respondents reported a need for dental care in the previous 12 months.
- 912 respondents who were age 65 years or older reported a need for dental care in the previous 12 months.
- Adults ages 18 to 64 years (30.2% to 32.7%) were proportionately more likely to report an inability to obtain needed dental services than were adults aged 65 years and over (16.6%).
- The following slides describe responses from older adults

Who Was Most Likely to Access Oral Health Services in the Previous Year

- Females and Black/African American older adults were less likely than others in the same age cohort to access oral health services when needed
- Males and those who identify as Hispanic/Latino or White/Caucasian were most likely to have accessed oral health services in the prior year.

Characteristics of Those Age 65 and Over Who Did Not Access Oral Health Services When Needed

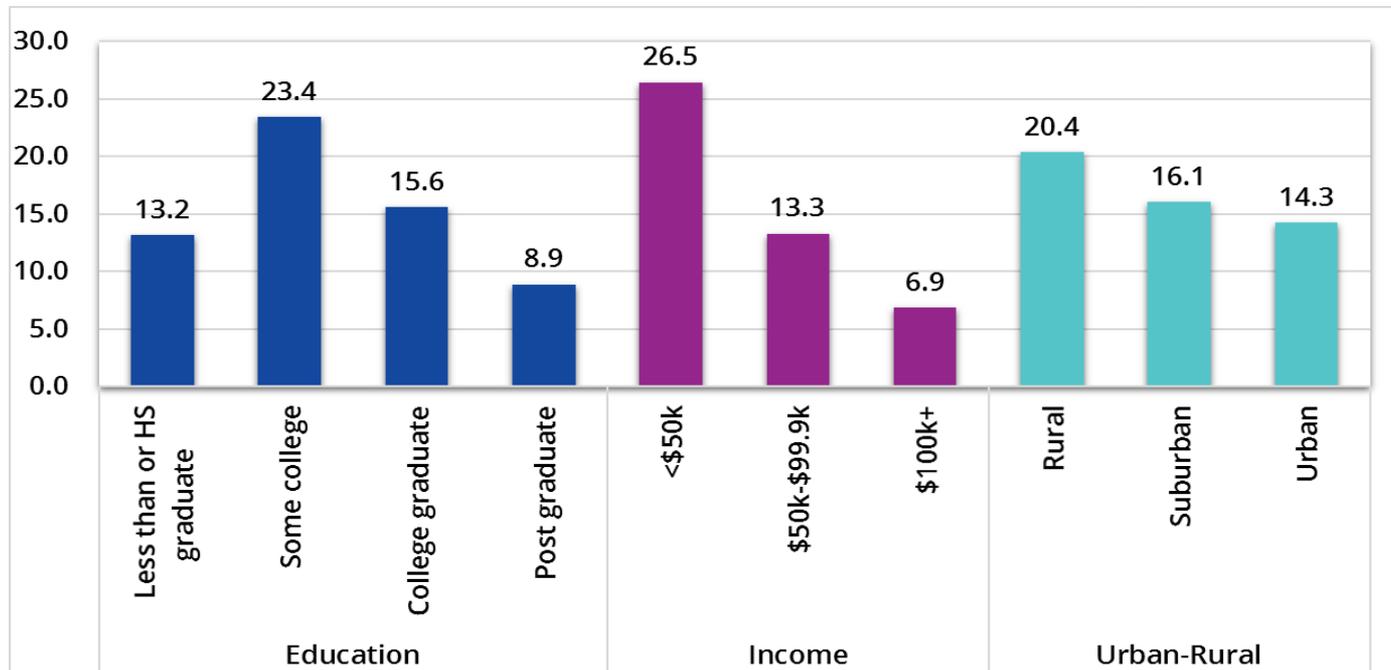


Source: AAMC Consumer Survey of Health Care Access, 2018

Income, Education, and Geography Impact Access to Oral Health Services

Older adults with some college, annual incomes less than \$50,000, or residence in rural areas were less likely than others to access oral health services when needed.

Sociodemographic and Geographic Characteristics of Those Aged 65 Years and Over Who Did Not Access Oral Health Services When Needed During the Prior Year

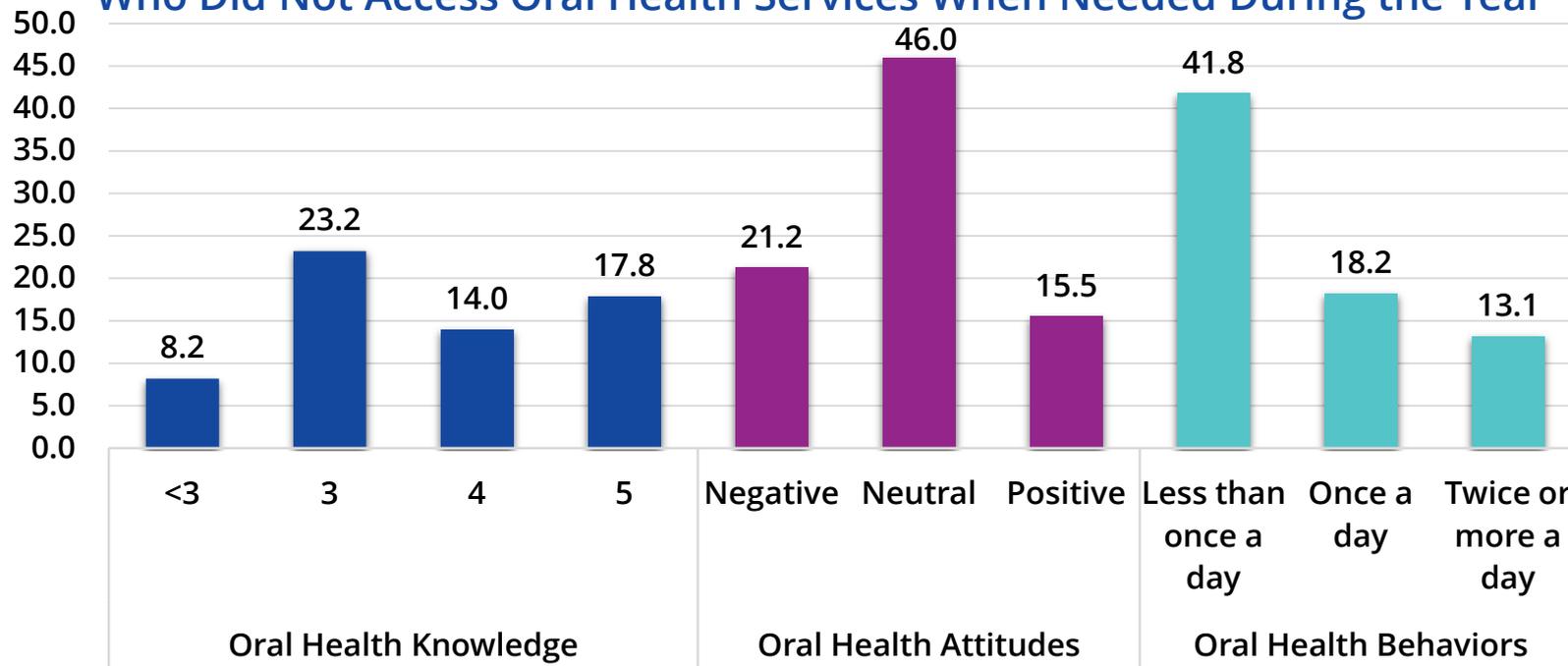


Source: AAMC Consumer Survey of Health Care Access, 2018

Oral Health Literacy, Attitudes Towards Oral Health and Hygiene Behaviors Are Associated with the Likelihood of Access

Older adults with lower levels of oral health literacy, negative or neutral attitudes about oral health, and those who brushed less than once a day were less likely than others to access oral health services when needed.

Oral Health Literacy, Attitudes, and Behaviors of Those Aged 65 Years and Over Who Did Not Access Oral Health Services When Needed During the Year

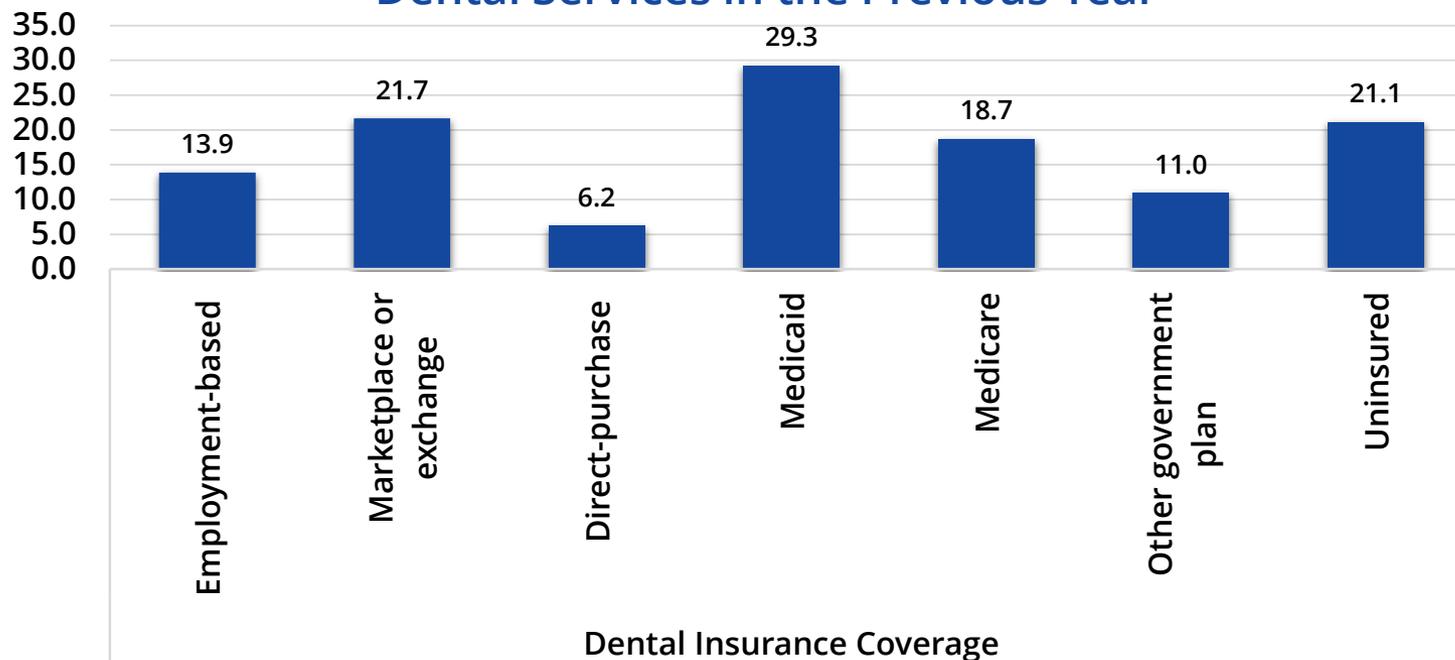


Source: AAMC Consumer Survey of Health Care Access, 2018

Having Public Insurance or Being Uninsured Increased the Likelihood of Not Accessing Oral Health Services

Older adults with Medicaid benefits were less likely than others to access oral health services when needed.

Insurance Status of Older Adults Who Did Not Access Needed Dental Services in the Previous Year

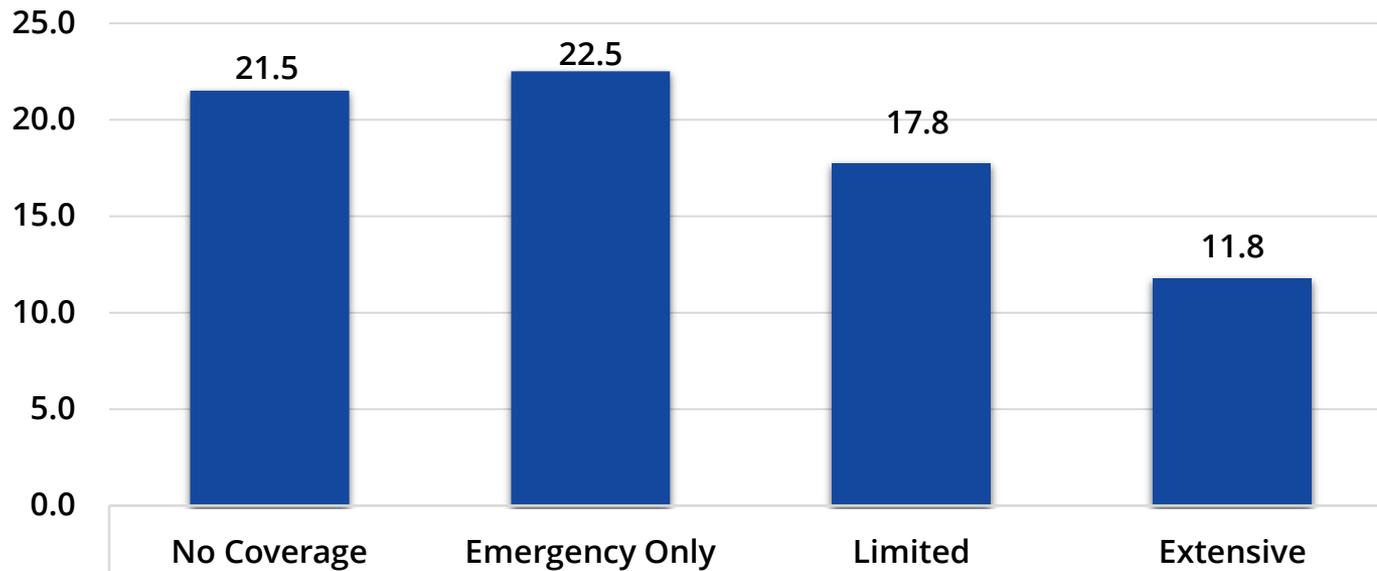


Source: AAMC Consumer Survey of Health Care Access, 2018

Type of Adult Dental Benefit in Medicaid in State of Residence

- Elders covered by a Medicaid benefit who needed but did not receive dental services were significantly more likely ($p=0.0035$) to live in a state with no adult dental coverage or an emergency only dental benefit in the Medicaid program than in a state with a limited or extensive benefit.

Type of Adult Dental Benefit In State Medicaid Program in Which Eligible Adults Who Did Not Receive Needed Dental Services Lived

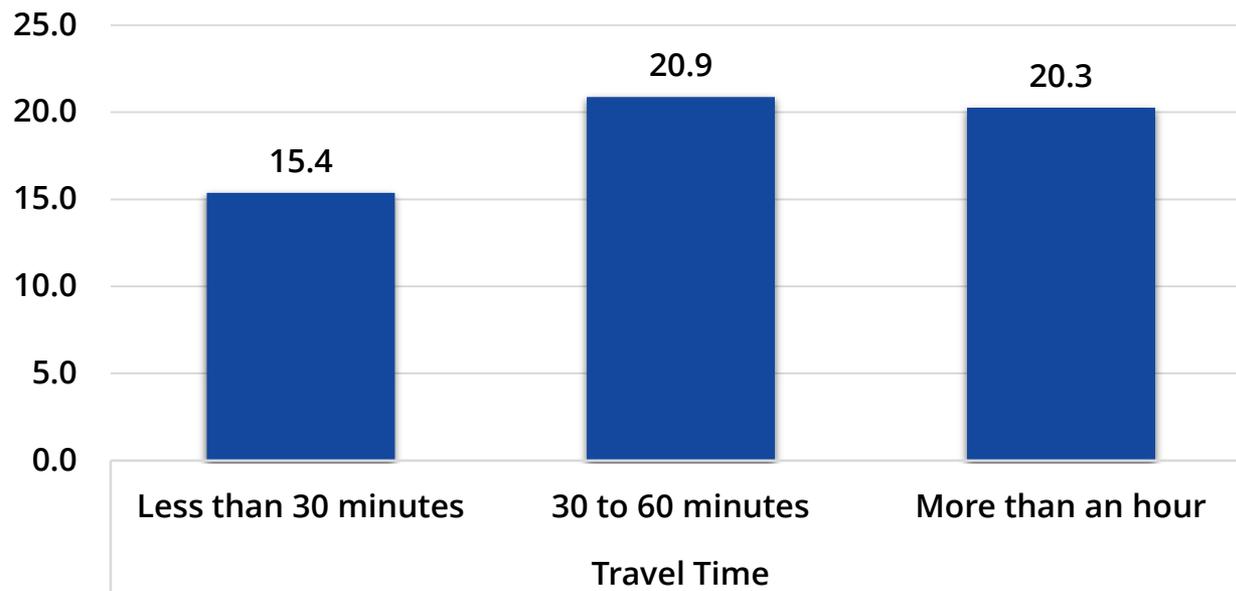


Source: AAMC Consumer Survey of Health Care Access, 2018

As Travel Time to A Dentist Increases, the Likelihood of Accessing Dental Services Decreases

- Older adults with travels times greater than 30 minutes to see a dentist are more likely than others to not utilize oral health services when needed

Travel Time to A Dentist Among Older Adults Who Did Not Access Needed Dental Services in the Previous Year

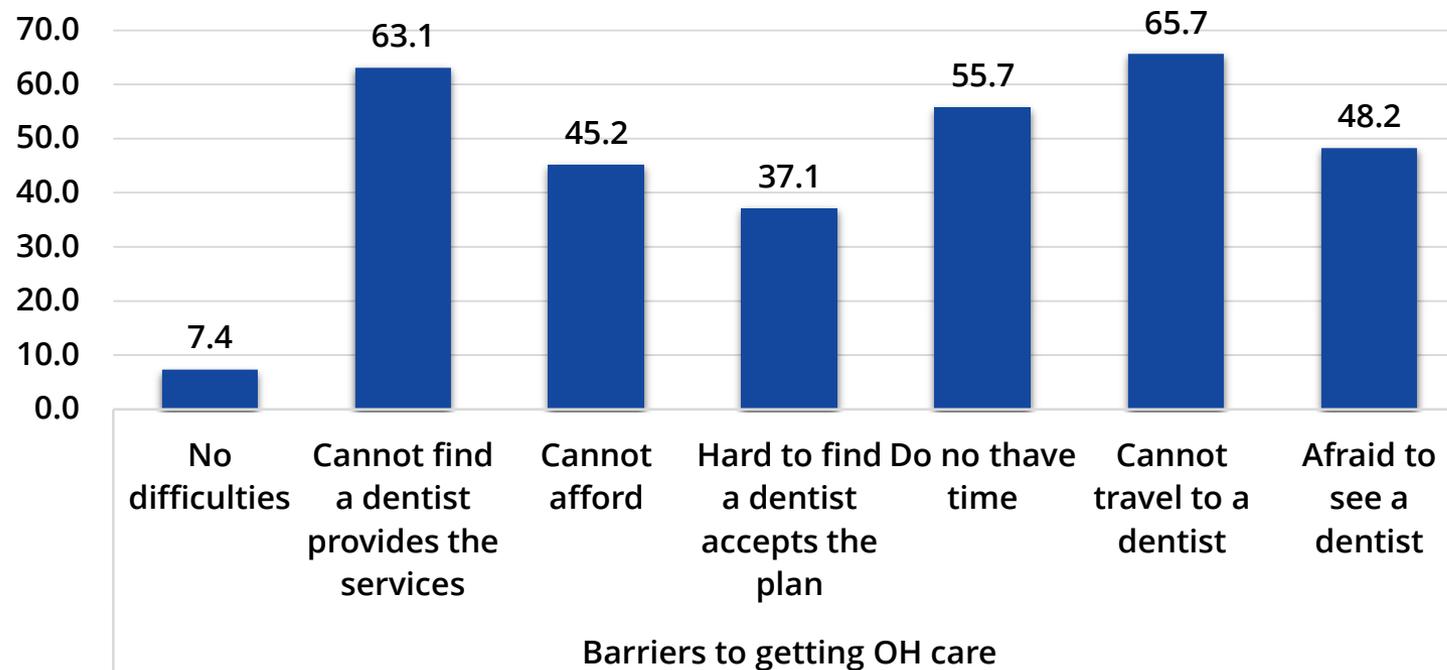


Source: AAMC Consumer Survey of Health Care Access, 2018

Older adults were asked to identify barriers to receiving oral health services.

- Inability to travel to a dentist or to find a dentist were the barriers most often cited by older adults who needed but were unable to get services.

Barriers to Receiving Oral health Services Identified by Older Adults Who Needed But Were Unable to Get Services

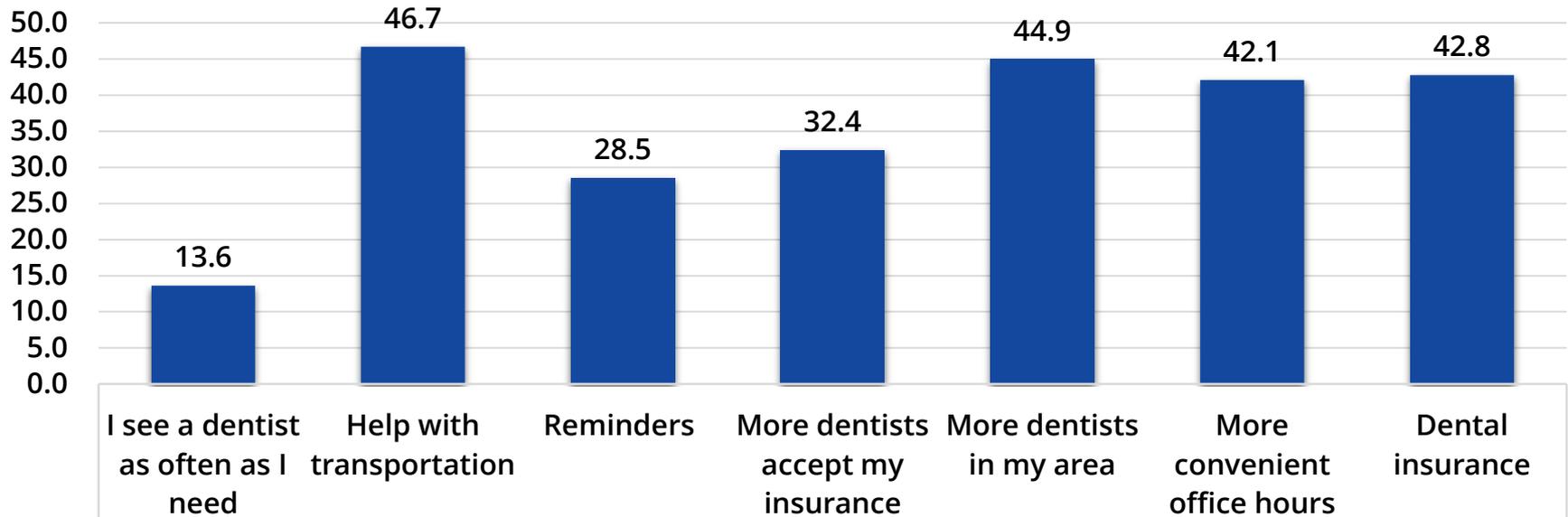


Source: AAMC Consumer Survey of Health Care Access, 2018

Survey Respondents Identified Potential Facilitators that Would Improve Their Access to Oral Health Services

Survey respondents were asked to identify factors that would facilitate access to dental services. Those who needed but did not get services in the last year indicated that help with transportation and more dentists in the area would be the most helpful factors.

Facilitators to Obtaining Oral Health Services When Needed As Identified by Older Adults Who Responded to the Survey, 2018



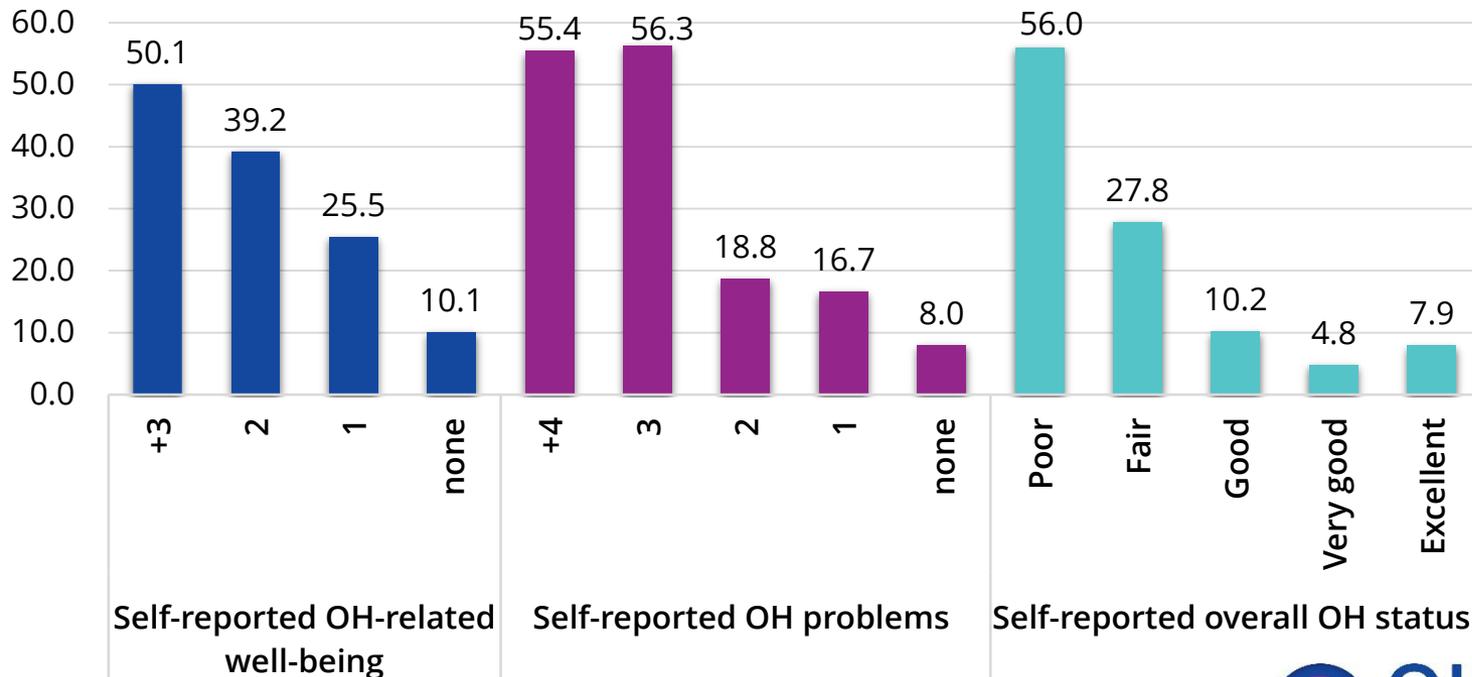
Source: AAMC Consumer Survey of Health Care Access, 2018

Facilitators of getting OH care

Oral Health Status and Access

- Older adults who needed but did not obtain oral health services were more likely to report poor oral health, and three or more oral health problems or symptoms than others

Self Reported Oral Health Well Being, Oral Health Problems, and Oral Health Status Of Older Adults Who Needed but Did Not Get Oral Health Services



Source: AAMC Consumer Survey of Health Care Access, 2018

A Variety of Strategies to Address Difficulties with Access

- Increase training opportunities for dentists to learn about special needs dentistry
 - During dental education
 - In certificate programs and during residency
 - In continuing educations
- Increase use of team based service delivery involving dentists, dental therapists, dental hygienists, dental assistants, and physicians and other medical providers
- Mobile Programs targeting older populations
- Portable Dentistry programs in senior centers, PACE programs, assisted living and skilled nursing facilities
- Dental service organizations engaging older adults
- Use of Teledentistry

Apple Tree Dental Delivers Services in Fixed Clinics, through Portable Dentistry, and Using Teledentistry

- Seven dental centers (fixed clinics) in Minnesota
- On-Site Care Program using mobile dental equipment – 3 dental operatories in each truck
- Truckers transport equipment to the community location the evening before services are scheduled and sets up equipment in designated space
- 130 skilled nursing and assisted living sites each with a liaison who helps with patient scheduling and management
- DHs triage patients and develop a daily mouth care plan.
- Dentists review records and develop treatment plans for execution during oral health treatment days.
- Workforce includes dentists, dental hygienists, and dental therapists
- Nursing home pays fees for screenings. Other services are billed to responsible payers



Mobile Oral Health Service Providers Offer Care to Participants of PACE Programs and Residents of SNFs

Access Dental Care, Asheboro, North Carolina

- Mobile program designed for special-needs populations
- 16 foot panel trucks equipped to transport portable equipment for 2 fully equipped operatories
- Serving patients in 23 counties and 86 facilities
- Special needs dentists offer more extensive treatment services in local hospitals in patients' communities.
- Standard equipment includes a portable denture laboratory – preliminary and final impressions – dentures then fabricated by external laboratory
- Offers a range of dental treatment services in convenient locations
 - group homes, day habilitation programs, and Programs of All-inclusive Care for the Elderly (PACE), infectious disease clinic, nursing homes

- Works with a liaison at each nursing home
- List of patients who need to be seen
- works with nurses and nursing aides who transport or accompany patients
- Works closely with staff pharmacist related to medication
- In each of 40 nursing homes there is at least one CNA who is trained in oral care for the elderly to provide hygiene services to earmarked patients



Dental Service Organizations Recognize the Special Needs of Seniors



Founded to provide affordable and convenient denture services for underserved populations in NC

- Now in more than 220 locations in 39 states
- Fills the gap for prosthetics at a reasonable cost
- Provides custom dentures and implants using in house labs
- Range of prices
- Same day services
- No insurance (will provide claims paperwork), pay out of pocket or through CareCredit
- More than 400,000 patients annually
- Over 6 million patients since founding In 1975
- Training for dentists, many of whom are older experienced clinicians, occurs in a facility in Arizona that serves the homeless population. (Many of the patients are Veterans)
- Four to six training sessions each year – approximately 230 implants and 60 dentures supplied during each session

Having a Consistent Dental Presence in Skilled Nursing Facilities is Beneficial to Residents

Northeast Mobile Dental, Derry, New Hampshire

- For profit dental services organization
- Serve residents of 75 skilled nursing facilities in 3 states – NY, VT, NH
- 12 dentists and several dental hygienists
- In one nursing home in New Hampshire, a dentist and a certified public health dental hygienist rotate weeks in the nursing home
- The dental hygienist trains all new CNAs in strategies for helping with daily oral hygiene
- Care strategy is often therapeutic – use of silver diamine fluoride



- Each patient has a dental plan incorporated in medical record
- May provide care bedside or patients remain in wheelchairs
- Uses portable equipment
- Ongoing interaction between medical director and oral health professionals
- Capitated payments

A System of Care in Colorado Incorporates A Fixed Clinic, A Mobile Program, and Teledentistry to Treat Seniors

- Dental hygienist-founded independent practice, not for profit organization, [Senior Mobile Dental](#)
- Headquartered in Colorado Springs
- Colorado allows for independent dental hygienists
- Mission to provide preventive oral health services for elders, especially residents of skilled nursing facilities
- Serves patients in Colorado Springs, Pueblo, and Denver, Colorado
- Now a full service dental provider operating a fixed dental clinic and a mobile program, servicing:
 - residents of a municipal housing project
 - elders in community centers,
 - residents of nursing homes, and
 - seniors in rural areas
- Uses store and forward Teledentistry applications
- The dental hygienist provides preventive services for the patient in the skilled nursing facility using portable equipment
- Dentist can log into the patient record to formulate a treatment plan
- Medicaid, Medicaid managed care, post eligibility treatment of income (state allowed dental), Evercare program, state grant funds for low income senior health services



Conclusions

- Elder oral health care will receive increased attention as the rapidly aging population creates demands on the delivery system
- Need to improve the education of dental professionals about ways to tailor services to meet the oral health needs of older people.
- No single strategy to meet the oral health needs of the diverse population of older adults
- Some possibility that Medicare will include coverage for some oral health services for older patients
- Need to engage with new technologies and changing workforce models to address oral care needs in the aging population

Thank You

Questions?

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