Making Oral Health a Priority for Older Adults

Maryland Department of Aging

Greg Folse, D.D.S.
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
- Supervised Neglect
Oral Health / General Health Connections - CDC

- 1\textsuperscript{st} Sign Of Disease
  - Aids
  - Osteoporosis – Lower Jaw Resorption
- Infective Endocarditis
- Oral Infections – Sepsis
- Gum Disease – Diabetes (Risk Factor)
  - 6\textsuperscript{th} 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
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
Adult Medicaid

- Non-Disabled Poor
- Disabled Poor: Aged, Blind, and Disabled

Oral Health Services “Optional”
Adult Medicaid

- Non-Disabled Poor

- Disabled Poor: Aged, Blind, and Disabled

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
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

- 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*
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