ORAL HEALTH FOR OLDER ADULTS AND PEOPLE WITH DISABILITIES

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HCBS Conference:
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With funding from DentaQuest Foundation, NASUAD engaged our membership to improve information about and access to oral health benefits for seniors and people with disabilities;

The initiative included:

- Comprehensive survey of states to determine supplemental benefits in LTSS settings;
- Survey of beneficiaries to understand access/utilization;
- Engagement of MCOs to understand coverage, and any “value-added” benefits; and
- Meetings of states to share information, promote best practices, and develop support for increased access to comprehensive oral health care for services.
2015 NASUAD I&R Survey Highlights: Most frequent unmet service needs

Most Frequent Unmet Service Needs

- Transportation
- Dental care
- Financial assistance
- Home modifications
- Utility Assistance
- Mental health services
- LTC/LTSS funding
- Respite care
- Employment
- Adult day services
- Prescription drug assistance
- Personal care
- Other
- Food assistance
- Caregiver support
- Legal services
- Assistive Technology
- Veterans Assistance
- Care Transitions
- Health insurance
- Benefits/Analysis/Assistance
- Elder abuse/exploitation
- Health insurance counseling

(\textit{N=3,215})
Factors that Contribute to Dental Services being an Unmet Need As Identified by I&R/A Specialists

- Lack of dental coverage in public insurance programs
- Lack of free care options
- Lack of providers in the geographic area
- Lack of providers accepting Medicaid reimbursement
- Lack of providers willing or able to see older adults and/or individuals with disabilities
- Lack of providers with accessible offices and/or dental equipment
- Mobility of participants to travel to settings of care
- Other, please specify:
Percent of Respondents who Reported Having a Routine Dental Visit in the Past Year

Source: NCI-AD Interim Report
States have examined strategies to provide targeted oral health services to specific populations, including older adults and persons with disabilities.

- These targeted benefit strategies can be viewed as a cost-effective way to deliver services to the most vulnerable populations.
- Different mechanisms exist to establish targeted services via Medicaid waivers, state plan options, and managed care.
- There are examples of states using each of these mechanisms to target oral health benefits.
Managed care plans can offer “value added” benefits and/or “in lieu of services” that address oral health needs

- These benefits and services can exist even if the state does not cover adult benefits in the standard Medicaid state plan

Value Added benefits: services provided through the MCO that are beyond the contractual requirements

- Often included as a component of the MCO’s competitive bid to provide Medicaid services

In Lieu Of Services: services substituted for covered Medicaid benefits that are a medically appropriate alternative
The Older Americans Act Reauthorization of 2016 added oral health screening to the definition of disease prevention and health promotion services:

- This definition is part of OAA Title I, but generally applies to services funded under Title III-D of the Act;
- Congress has used the appropriations process to utilize III-D for evidence based programs, which are defined by ACL using a rigorous process:
  - The outcome-based nature of ACL’s definition creates challenges with screening and referral programs;
  - States are seeking assistance with oral health screening models that meet the ACL requirements and/or flexibility with the EBP requirements that allow for oral health screening
Medicare is the primary source of health insurance for most senior citizens;

The absence of a Medicare dental benefit is detrimental to the overall health of seniors and people with disabilities;

NASUAD’s board voted to endorse adding a Medicare oral health benefit to our association’s policy priorities in 2013

- NASUAD membership reaffirmed the policy platform, including this provision, in 2015
Key Issues: Leveraging Other Funding Sources

- During a July 2018 HHS meeting on Healthy Aging, several states identified oral health as an important initiative:
  - Vermont identified this as a top priority
  - Collaborations between public health and aging agencies can lead to strong programs and outcomes

- Discussions have included leveraging a variety of funding streams to support oral health for older adults:
  - Civil monetary penalties
  - Lawsuits
  - Making the “case” for additional state general funds
  - “Blending/braiding” multiple payment sources
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DEMAND MEDICARE DENTAL

HCBS CONFERENCE 2018

AUGUST 28, 2018
ABOUT ORAL HEALTH AMERICA

America’s leading national oral health nonprofit focused on the nation’s oral and overall health for 63 years, with particular emphasis on children and youth, older adults and Americans’ whose voices are not well-represented in oral healthcare conversations.

OHA employs strategic partnerships and communications to connect the dots between oral and overall health.
TARGET: ADD DENTAL COVERAGE TO MEDICARE

• Policy & Procedure
  • How should the benefit be structured? How much will it cost?

• Marketing & Communications
  • How do we engage consumers & prompt them to action?

• Politics
  • What legislative strategies are needed to move forward in current political climate?
HOW WE GOT HERE

Continuous Research: 2015 - 2017

- Rapid Research Review
- Creative Strategy
- Test Approach
- Santa Fe Salon

- New Concepts Developed
- Ideation Session
- Add More Concepts

- Quantitative Testing
- Creative Revisions
- Qualitative Testing

- Build Assets and Plan

- Test in Pilot Market
GOOD NEWS!

Most Americans Agree with Us

In general, to what extent do you favor having Medicare cover dental services?

- Favor: 74%
- Oppose: 26%

SalterMitchell Online Survey of 18+, n=1000, July 24-26, 2016
DO POLITICS IMPACT OPINION?

Strong Support Among All Parties

Oral Health America/Marketing for Change
Online Survey of 55+, n=400. April 7-10, 2017

82% 63% 54% 51% 38%

12% 26% 25% 28% 26%

Very Liberal Liberal Moderate Conservative Very Conservative

64% Support
BAD NEWS:
Not a ‘Front Burner’ Issue

This is our target

- 65% Adults 50+
- 28% Real Support
- 6% Swing
- 6% Unengaged
- 2% Real Opposition

SalterMitchell Online Survey of 18+, n=1000, July 24-26, 2016
MESSAGING ‘WINNER’
I’VE Earned IT

Rational
- Likable
- Understandable
- Believable
- Relevant
- Think Different
- New Information

Emotional
- Joy
- Trust
- Fear
- Anticipation
- Anger
- Disgust
- Surprise
- Sadness

Engagement
- Active
- Positive
- Passive
- Negative

The Government doesn’t think you have teeth
I have teeth and I vote

Old is the new young
We Earned It
Dental for All
Medicare can keep getting better
PILOT IN ORLANDO, FL
Moving Research into Community

Social: Paid & Earned

Programmatic

Email

Presentations to Senior Groups

Earned Media

Events

Advocacy Actions

Direct Mail

DEMAND Medicare Dental
PILOT EXPANSION: 2018

Testing Universality of Orlando Results
2018 PILOT GOALS

THE BOTTOM LINE

Make Medicare dental a 2018 election issue so it can be a legislative issue in the years to come

GOALS

We want Congressional candidates to make the issue part of their 2018 campaigns by:

- Urging voters 55 and older to:
  - Send Congressional candidates toothbrushes
  - Lobby lawmakers and candidates directly with phone calls

ACTIVITIES

Our next steps toward this goal are:

- Creating, promoting and pitching events in two priority Michigan markets: Grand Rapids and Lansing
- Events with Michigan Association for Area Agencies on Aging, Michigan Association for Senior Centers, etc.
- Running digital advertising across the state targeting adults 55+ urging them to contact their candidates with a toothbrush or phone call
THANK YOU

Let’s improve
the oral and overall health
of all Americans together.

Natalie Shaffer
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The SeniorTrust/ElderTrust Settlement

August 28, 2018
The Settlement

A long, long time ago....
More like five years ago, Part III of the Chancery Court of Davidson County started a process of trying to determine how to distribute funds (over $40 million) that had resulted from the settlement of two cases that had come through her Court.
The Chancery Court, after initially making a determination that the funds would be used to help older Tennesseans, requested recommendations from entities and organizations about how to use the proceeds.
The Settlement

After reviewing the various ideas, the Court issued an Order on August 17, 2016 doing two things:
First, it provided $5,000,000 to the Community Foundation of Middle Tennessee which was then, in turn, to grant those funds “(1) to be used for the specific population of the elderly in Tennessee, (2) to make grants statewide, and (3) to address not only current, short-term needs but also long-term needs of the elderly of Tennessee.”
The Settlement

Second, it ordered the remaining funds to “be distributed based upon a Plan to be proposed by a Consortium....The Tennessee Commission on Aging and Disability (‘‘TCAD’’) shall assist the Consortium in the work it is being assigned by the Court.”

The Consortium was made up of five philanthropic entities from across the State.
The Settlement

The funds were to be “used to sustain and improve the quality of life for the elderly of Tennessee,” had to be “for the elderly on a statewide basis with local impacts” and were aimed at four specific areas:
The Settlement

1. Senior Affordable Housing
2. Senior Transportation
3. Senior Dental
4. Senior Legal Assistance
The Settlement

Through the efforts of the Court and the five Consortium members who provided their expertise, a process was developed to accept and then carefully vet statewide proposals in those four specific areas for innovation, ability to implement, and sustainability. The process took almost two years to complete. In the end, the Consortium made recommendations to the Court.
The Court was the ultimate decision-maker.
After review, an Order in SeniorTrust/ElderTrust was filed on January 3, 2018 awarding approximately $36 million dollars to six organizations and entities.
Our role (the Tennessee Commission on Aging and Disability) is to provide administrative support to help make the Court’s Orders happen. The focus is on direct services (home modifications, actual rides to the doctor, actual dental visits) so we will be providing program assistance to help make that happen, handling the technical requirements—contracts, invoicing, etc., and monitoring to make sure the work happens.
The Settlement

This has the potential to help over 85,000 older Tennesseans in the next three years in counties all over the State of Tennessee.
Senior Affordable Housing--$14 million is being granted to two entities to provide home modifications to 1,778 Tennessee senior homeowners.

Senior Legal Services—through a first-of-its-kind alliance, entities from across the State are to provide direct legal assistance (accessing benefits, avoiding elder abuse, core housing issues, and estate planning) to approximately 8,500 older Tennesseans.

Senior Transportation—the creation and implementation of thirty new volunteer senior transportation projects across the State estimated to serve approximately 7,500 older Tennesseans.

Senior Dental—through education, transportation, and care, the “Smile On” program will utilize a statewide network to provide services to an estimated 20,000 older Tennesseans.
Older Adults’ Oral Health in a State of Decay

By 2030, there will be 72+ million older adults in the U.S.¹

Most won’t have access to dental care, impacting overall health.
The State of Tennessee

- 1 of 4 States with No Adult Medicaid Coverage
- Over 42,000 new cases of Oral Cancer found in 2014
- 34% of Seniors have all their teeth extracted
- 88,000 Dental Visits to ER (2014)
- 27% of Adults have Untreated Dental Caries
- 1 of 4 States with No Adult Medicaid Coverage

interfaith dental clinic
Barriers to Accessing Affordable Dental Care

1. Limited Income & Coverage
   - 70% of older Americans don’t have dental insurance²

2. Understanding the Need for Routine Care
   - 23% haven’t seen a dental provider in 5 years³

3. Lack of Ability to Pay
   - 8 out of 10 uninsured seniors could not pay for a major procedure³

4. Accessible Services
   - 33 million live where dentists & clinics are scarce⁴
We are all in a Constant State of Risk

- Acids and bacteria:
  - Poor oral hygiene
  - Acidic/sugar diet
  - Internal acid reflux

- Protective factors:
  - Salivary flow
  - Saliva buffering
  - Good hygiene

Demineralization

Remineralization
“I love my teeth—to smile and eat now is a joy!”
-Mary, Interfaith Dental Clinic
Patient Graduate
CDC – every $1 invested in water fluoridation saves $38
SMILE ON

Evaluate

Educate

Navigate

Treat

Repeat

Transport
I don’t know where to go?

I attended a workshop

CDHC: Care Navigation, Transportation.

Case Management

Clinic’s Pro Bono Provider Network

Dental Provider Clinic

Dental Provider Clinic

Dental Provider Clinic

Dental Provider Clinic

Senior Centers

Care Navigation, Transportation

Case Management

Hotline: Care Navigation, Transportation

Case Management

Senior Centers

Care Navigation, Transportation

Case Management

Clinic’s Pro Bono Provider Network

Dental Provider Clinic

SHIP Navigators

Faith Communities

Dental Provider Outreach

Media

- TCCN Providers
- TPCA Providers
- Mobile Units

I N T E R F A I T H D E N T A L C L I N I C
Provider education
Tooth Wisdom Project

12 fl oz = 11.5 sugar cubes
Goals:
• 65k encounters, 20k unduplicated older adults
• 15k seniors navigated into dental homes
• 10k seniors obtain an increase in knowledge and change in behavior that is validated
• 12k older adults experience either improved social confidence (decrease in isolation), an increase in nutritional intake, a decrease in medical disease and future disease risk, a decrease in pain and suffering (all measured clinically and by interview)

Activities:
• Create structure, competency and capacity in safety net and pro bono dental provider clinics statewide in serving low income 60+ uninsured
• Create an outreach system that will educate, triage and navigate above seniors into provider clinics
• Provide dental care financial and transportation assistance to for seniors to attend provider clinics
• Collect data, gain feedback to perfect and present results
Challenges
Outcomes

- Dental disease levels, Disease free?
- ED utilization rate for tooth problem, future predictions
- Change in caries risk
- Gum disease maintainable, future risk

- Poverty levels, Work place ready (social six)
- Overall health Risks, cost savings
- Oral Cancer risk, early diagnosis
- Can eat what you want (function)

- Positive home behaviors
- Taking Rx as prescribed
- 😊 or 😞 1 to 10 scale, isolation, depression

- Treatment plan completion
- Established a dental home
Nursing Home Residents
Aging Matters Series – Oral Health
Working together
Looking ahead 3 years....
a smile changes everything.