

April 10, 2012

Delivered via e-mail to: barbara.lantz@hca.wa.gov

Re: Comments to Washington Draft Health Home Proposal

Dear Ms. Lantz,

Thank you for providing the opportunity to comment on Washington's draft proposal for an expanded health home model to serve chronically ill and high risk individuals, including Medicaid and dual Medicaid-Medicare eligible. Washington Dental Service Foundation (WDSF) actively promotes public policies that improve oral health, focusing on vulnerable children and seniors. We support the goals for health homes and are providing comments that would strengthen Washington's plan for coordinating care to include oral health as an essential part of overall health.

Good oral health is critical to overall health and high quality and cost efficient systems of care must address oral health. In 2011, the legislature recognized this in "Health Home" legislation SB 5394, which provided that: "primary care providers also should consider oral health coordination through collaboration with dental providers and, when possible, delivery of oral health prevention services." A few key points to consider:

- Periodontal disease, a chronic infectious inflammatory condition, is linked to heart disease, stroke, pneumonia, and diabetes.¹
- People with diabetes are more susceptible to periodontal disease, which can adversely impact their ability to control blood sugar and can lead to costly complications.²
- In Washington, one in five dual eligible individuals has diabetes. There is mounting evidence from multiple large scale studies showing significant costs savings for diabetics that receive dental treatment. A University of Michigan study found **lower medical costs, between 10 to 40 percent** for individuals with diabetes and other chronic conditions that received regular dental care.³ A recent study from the University of Pennsylvania showed **lower annual average medical care costs - by more than \$1,800 per patient** for diabetics that received dental treatment.⁴ For Washington's dual eligible diabetic population (23,000), the cost savings could be substantial.
- Dental problems are among the top reasons for emergency department (ED) use for the Medicaid population.⁵ A review of emergency room charges in 53 Washington hospitals (between January 2008 to June 2009) showed visits for dental care accounted for over \$36 million in charges.⁶ This represents inappropriate and ineffective care as the underlying issues still need to be treated in a dental clinic/office.

¹ American Dental Association. Healthy Mouth, Healthy Body. JADA, Vol. 137. <http://jada.ada.org>. April 2006.

² Mealy, B.L. Periodontal Disease and diabetes: A two-way street. JADA Vol 137. October 2006.

³ Blue Cross Blue Shield. Study Links Good Oral Care to Lower Diabetes Care Costs. August 27, 2009. Accessed at: http://www.bcbsm.com/pr/pr_08-27-2009_71090.shtml.

⁴ Study presented 3/24/12 to the American Association for Dental Research by Marjorie Jeffcoat, DMD, professor and dean emeritus of the University of Pennsylvania School of Dental Medicine, conducted in collaboration with United Concordia Dental and Highmark Inc.

⁵ Washington State Hospital Association report "Emergency Room Use" October 2010

⁶ Washington State Hospital Association report "Potentially Avoidable Emergency Room Use" February 2011.

- Poor oral health for chronically ill and elderly can compromise their ability to chew and maintain adequate nutrition. These population would also likely receive multiple prescription medications – a common side effect of which is chronic dry mouth which can contribute to dental disease.⁷

By addressing oral health in the primary care setting we can improve overall health by identifying early signs of dental disease and delivering prevention services (e.g. education, fluoride varnish application, and risk assessment) and making dental referrals, thereby avoiding costly medical complications and unnecessary emergency care that can result when oral health problems go unaddressed.

For the reasons already listed we have two recommendations to address oral health in this proposal. More specific feedback is also incorporated in the attachments.

Recommendation 1:

Include oral health among other health services, such as behavioral health, that should be coordinated to support improved health outcomes and reduced cost.

Oral health should be included to recognize the critical connection between oral health and overall health and remove a traditional ‘silo’ in health care.

Recommendation 2:

Note that Medicaid coverage still provides dental benefits for some vulnerable populations.

In addition to children, dental coverage for those enrolled in Medicaid is still funded for pregnant women; those in nursing homes and intermediate care facilities, or receiving long-term care services under one of the Medicaid home- and community-based services waivers; and for those receiving services from the Dental Education in the Care of Persons with Disabilities (DECOD) program. Medicaid dental coverage for vulnerable populations, reinstated by the Legislature in 2011, preserves access to oral health services for some individuals that may also be part of the high risk population served in a health home.

For those without dental coverage, there is an opportunity to provide referrals to low cost dental care (e.g. community health centers and free clinics). When primary care medical providers advise patients to seek dental care, they are more likely to access care and potentially avoid emergency care.

WDS Foundation is looking for opportunities to support pilot projects that include oral health in the health home model. Addressing oral health in Washington’s health home model has the potential to positively impact oral and overall health for vulnerable populations while reducing costs.

Nationally and in our state, work is already underway to equip primary care providers with education and training that helps them to include oral health as a part of their regular screening, prevention, and referral services. The opportunity to address oral health in Washington’s health home proposal can continue building on efforts in our state to innovatively prevent dental disease, improve overall health, and reduce costs. We hope you consider us a resource on how to include oral health in Washington State’s proposals.

Sincerely,



Laura Smith

⁷ Turner MD, Ship JA. Dry mouth and its effects on the oral health of elderly people. JADA 2007;138(9 supplement):15S–20S.

President and CEO, Washington Dental Service Foundation

Attachments:

- Specific feedback on how to include oral health in Washington’s health home proposal and dual eligible proposal “Pathways to Health: Medicaid Integration in Washington State”
- Institute of Medicine Report Brief “Improving Access to Oral Health Care for Vulnerable and Underserved Populations”
- Article reporting research results by Marjorie Jeffcoat - ‘Striking’ Data Periodontal Care to Lower Diabetes Costs
- Washington State Hospital Association report “Emergency Room Use” October 2010
- Washington State Hospital Association report “Potentially Avoidable Emergency Room Use” February 2011

cc:

Doug Porter, Director, Health Care Authority

Preston Cody, Assistant Director, Health Care Authority, Health Care Services

MaryAnne Lindeblad, Assistant Secretary for the Aging and Disability Services Administration,
Department of Social and Health Services

Jeff Thompson, MD, Chief Medical Officer, Health Care Authority

Bea Rector, Project Director, Aging and Disability Services Administration, Department of Social and Health Services