

A New Era of Dental Benefits:

*The growing role of science and how plans
will differentiate to win*

California Association of Dental Plans

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Alan Vogel, DMD, MPH
Alan Vogel Consulting

Michael D. Weitzner, DMD, MS
VP, National Clinical Operations



The New Dental Basics

Achieving Success

Dr. Vogel



Recent “product” introductions

- Maximum Rollover
- Preventive & Diagnostic Waiver
- Family Share Plan

- Innovative or Creative?
- Were they successful?



Prior “product” Introductions

- DHMO (DMO) (1980’s)
- National PPO (1980’s)

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- Were they successful?



Success Defined (need all 3)

- Market Share Shift?
- Margin Gain?
- Long Term Impact?



New Dental Basics

- Innovation = comes from the Latin *innovationem*, noun of action from *innovare*. The Etymology Dictionary further explains *innovare* as dating back to 1540 and stemming from the Latin *innovatus*, pp. of *innovare* "to renew or change," from *in-* "into" + *novus* "new".
- Innovation can therefore be seen as the process that renews something that exists and not, as is commonly assumed, the introduction of something new.
- **Inside the box = system changes only (Vogel)**



- Creativity = kri eɪ tɪv ɪ ti, kri ə-/ Show Spelled [kree-ey-tiv-i-tee, kree-uh-]
- the ability to transcend traditional ideas, rules, patterns, relationships, or the like, and to create meaningful new ideas, forms, methods, interpretations, etc.; originality, progressiveness, or imagination: *the need for creativity in modern industry; creativity in the performing arts.*
- *Outside the Box = More than system changes, e.g. Stakeholder (provider) involvement (inside reality provider accepts) (Vogel)*



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New Dental Basics

- Which has better Economics, Innovation or Creativity?

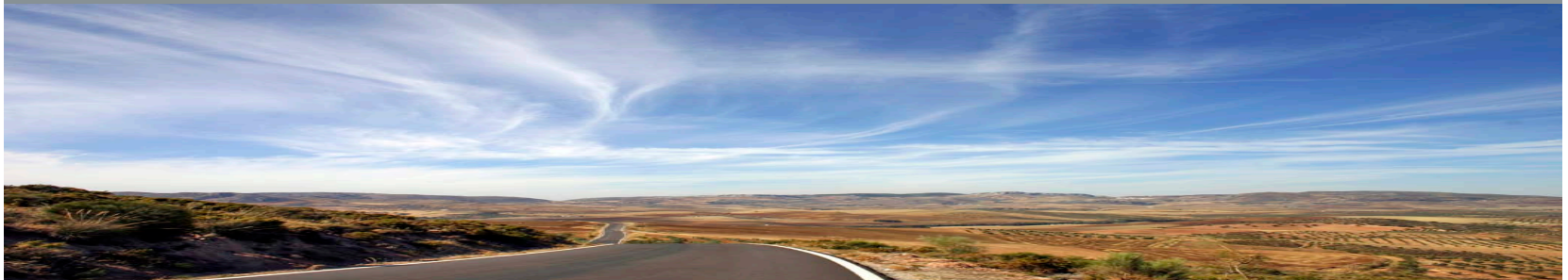
- Creativity has Longer term gains – market share shifts created (Prudential – DMO, MetLife PDP)
- Creativity has higher Costs for entry
- Creativity allows “margin” growth



- Future “product” Creative Concepts
 - Plans that Commit to Getting People Healthy – Eliminate Disease – tools for measuring “Health”
 - Plans that are 24 months or longer – Needed if attaining “Health” is the goal. Also allows Lower costs with Higher Benefit levels
 - Plans that compensate Dentists for Disease Avoidance - Risk Based Care



- How do you get there?:
- Data Mining
 - Provider Data on:
 - Utilization – Service Mix – Comprehensive Practice
 - Outcomes – Patient Tracking
 - Patterns of Care – Risked Based Care
- Tools
 - Measure Health and Tracks Changes
 - Determine Risk



Disease Management & Wellness

Building on the Current Paradigm

Dr. Weitzner



Learning objectives

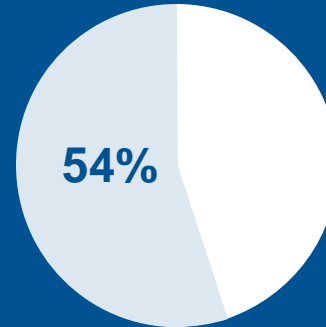
To understand the paradigm shift in dental to disease management

- To understand the Carrier' role in promoting oral disease prevention
- To Discuss creative patient-centered approaches to Oral Disease Prevention



Introduction – defining the challenge: Improving access to appropriate care

- 54% of US population has access to dental benefits



- Carriers' challenge is to develop and apply benefits appropriate to the new paradigm
 - Benefits must meet individual patients' needs
 - Benefits must be based on Science and best available evidence
 - Benefits must improve patient outcomes at a reduced cost
- Keeping pace with change requires collaboration and innovation



Introduction – defining the challenge: Adapting to needed change

The current model is surgical/Procedure based

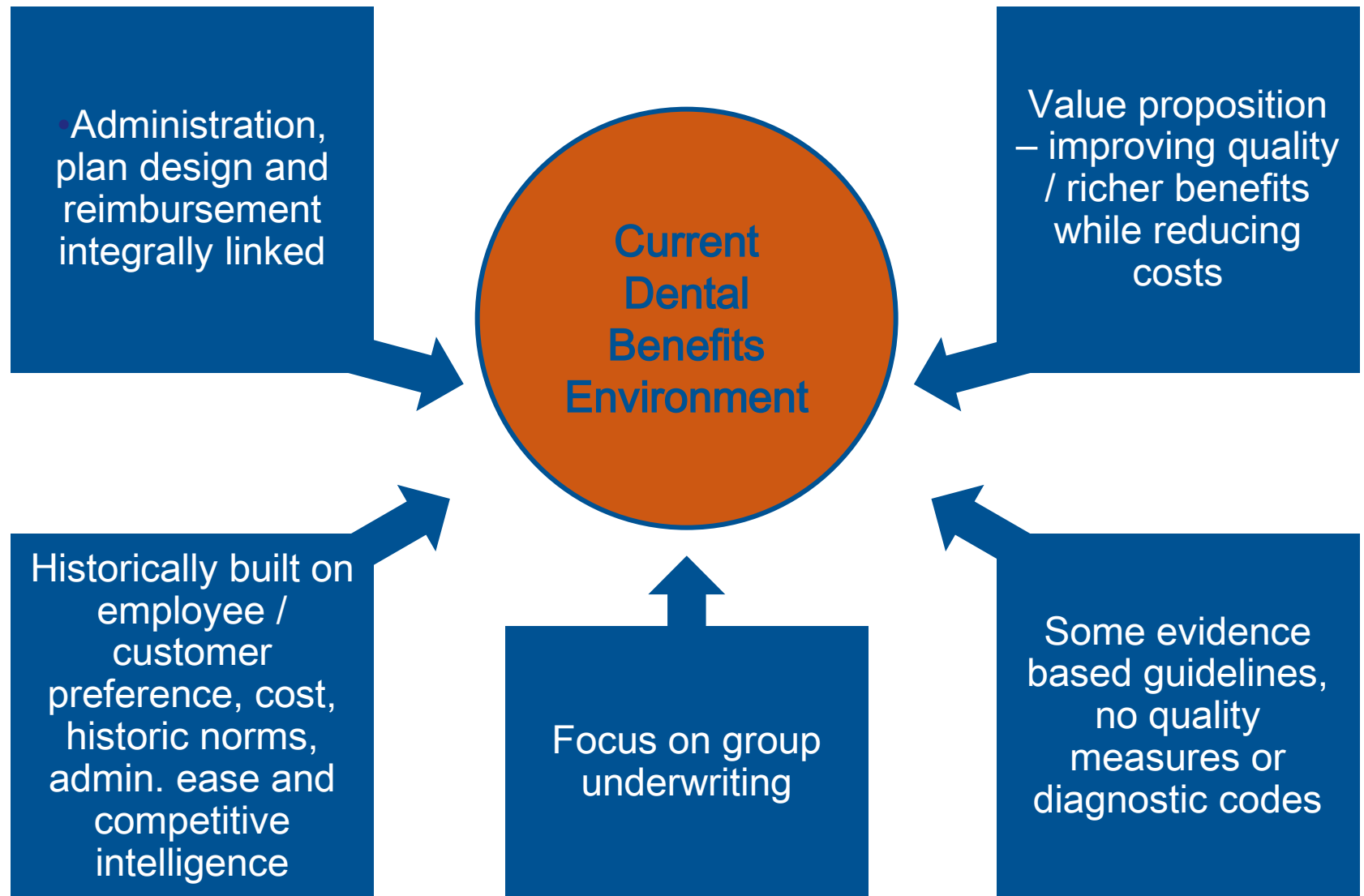
- Emphasis on the downstream effects of disease
- Traditional, One size fits all

• Shift to risk based patient centered model focusing on managing disease itself

- Incorporates Individual Risk Assessment
- Prevention Based
- Improves patient outcomes
- Reduces Cost



The current dental benefits environment



Impact of coding

- All covered benefits based on current ADA Current Dental Terminology – required by HIPAA for all standard electronic transmissions
- ADA Code Revision Committee, representing organized dentistry and the benefits industry, maintains CDT
- Lack of standard diagnostic code set inhibits ability to obtain precise information on patient's clinical condition
- Diagnostic codes would allow tracking of clinical outcomes and oral health status over time and identification of those at high risk
- In combination with clinical guidelines, diagnostic codes facilitate linking of clinical condition, risk status, treatment and outcomes assessment
- SNODENT and the need for a robust caries classification system



Evidence based guidelines

- Slow growth in evidence base for dentistry; some initial resistance
- ADA guidelines on radiographic assessment, topical fluoride application, pit and fissure sealants and screening for squamous cell carcinoma
- Specialty societies developing guidelines and Cochrane Oral Health group developing and disseminating evidence based reviews
- Growing use of guidelines in plan design, clinical product development, claims and utilization criteria and underwriting
- Current focus on Oral-Systemic integration – basis of Disease Management and Wellness efforts, including Early Childhood Caries

- **Growing reliance on individual risk assessment**
- **Good risk assessment tools available**
- **Risk assessment built into evidence based guidelines**
- **Challenge-incorporate individual risk assessment into plan design**



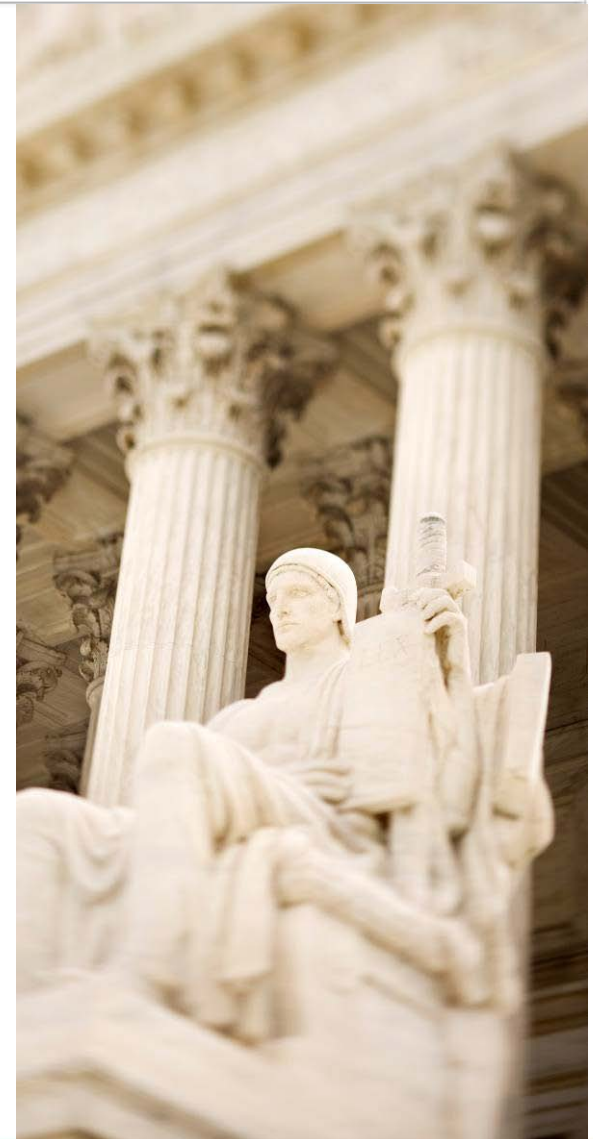
Cost is king

- Clients demand reduced costs while maintaining or improving patient health
- Managing cost of care: reduce number & frequency of benefits, cost shifting, manage fraud and abuse, shift from complex restorative to wellness and prevention
- Challenge- CAMBRA need to demonstrate lower costs in addition to improved outcomes – Edelstein Study (*Health care savings from microbiologic caries risk screening of toddlers – a cost estimation model*)
- CAMBRA strategies should achieve the desired results: improved outcomes and lower costs



Health Care Modernization (PPACA)

- Health Care Modernization will have an impact on plan design
- Essential benefits/Exchanges – benefit package to include essential dental benefits for children
- Preventive Health/Wellness – numerous provisions regarding education, demonstration projects and grants centered on Wellness and workforce access – opportunities for Disease Management/Wellness



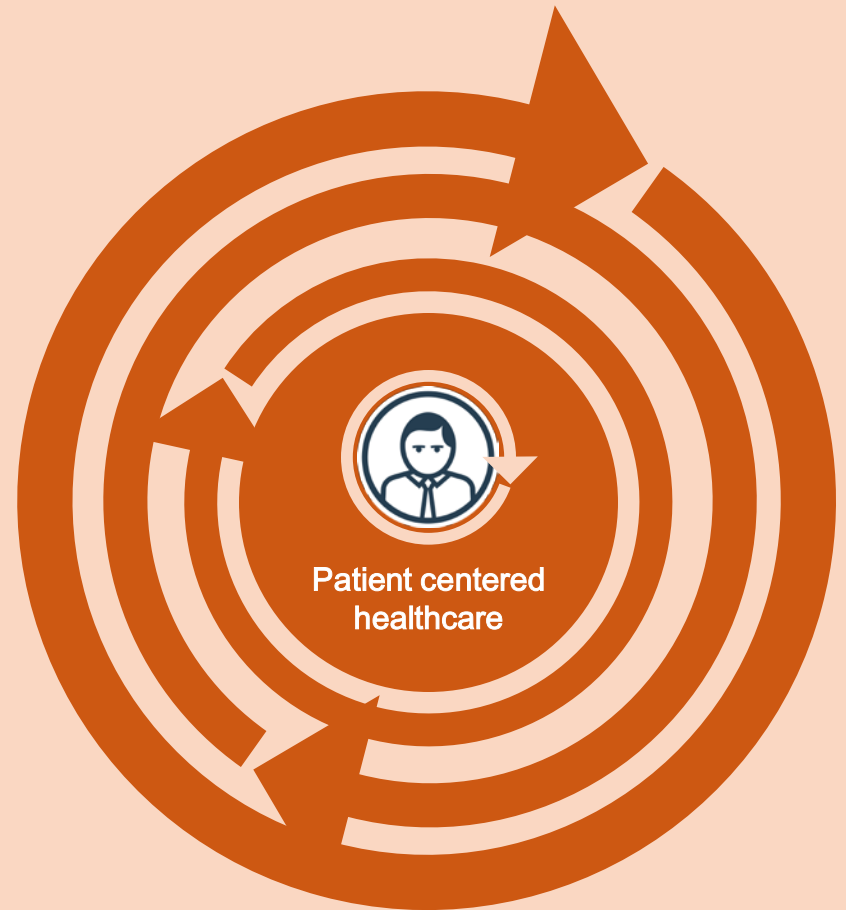
Carriers role in oral disease prevention

Creation



The long term: Defining a new model of care

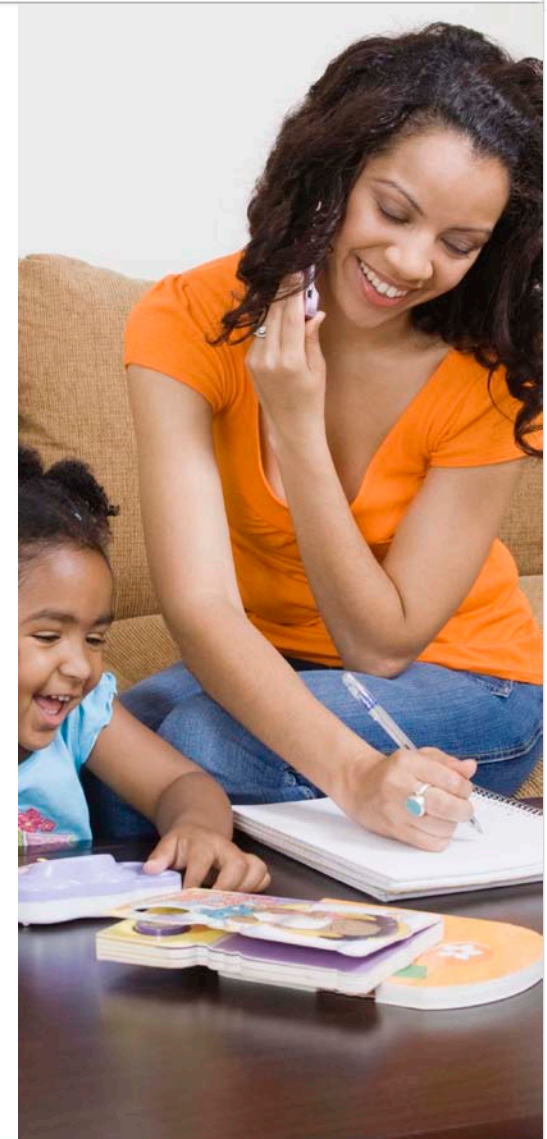
- Challenge-evolve from procedure based benefits to benefits ensuring the health and wellness of individuals in covered populations
- Challenge-Develop strategies that focus on risk based, patient centered healthcare, based on measurable outcomes
- Challenge-align provider incentives with the new model; adequate compensation for prevention and disease management



The short term: Managing within the existing benefit structure



- Growth in Disease Management and Wellness initiatives – Periodontal/Systemic connection
- Core strategies: integration of medical and dental data, identifying patients at risk, outreach to those at risk members, enhanced benefits
- Another area of increasing focus: Early Childhood Caries & identifying and managing at risk populations (young children, mothers)
- Core strategies: perinatal outreach, PCP f1 varnish, clinician education; “health” home



Disease management: Translating science into practice



- Dental Carriers can be leaders in developing programs translating science into practice

Must be based on best available scientific evidence

Objective 1

Objective 2

Challenge: develop partnerships with outside expertise (ex. academia) to expedite process, to help disseminate educational materials; to measure & validate outcomes



The Power of Disease Management: Helping people live their lives to the fullest



“At Risk” Members



- Using the medical, pharmacy and dental claims data, identify at-risk patients with a history of **Coronary Artery Disease** or **Diabetes** who have not been in to see a dentist
- **Identify pregnant mothers or young children who have hx of decay or have not seen a dentist**

Targeted Outreach



- At risk members are contacted via IVR
- Members are given information about the link between oral health and overall health, asked a series of questions, and are encouraged to visit their dentist soon
- This is an ongoing process not just a 1x outreach



Influence Behavior



- Monitor member behavior changes via claim activity, tracking those who have gone to the dentist
- Analyze types of services being delivered
- Follow-up reach out if no claims are received
- Adjust communication and education methods based on results to continuously improve engagement

Quality Benefits



- **Dental plans include robust coverage** for exams, cleanings, fluoride, sealants and periodontal care
- **Expanded coverage for expectant mothers** in their 2nd and 3rd trimesters

Engaging “at risk” members not actively seeking care and encouraging them to change behavior may improve health outcomes

The Components of Disease Management: Start with tailored member education

- Goal: Identify at risk members, develop creative communication strategies to provide tools to better manage their own health
- Objective: to help patients make positive changes to their behavior through better hygiene, improved nutrition and appropriate professional care
- UHC Dental is developing and implementing a variety of strategies including Interactive Voice Recognition, (IVR), to provide messaging



Next: Provide clinician with the tools to be full partners

- Good Communication ensures smooth interaction between patient, clinician and the plan
- Benefits companies are in a unique position to share information on the latest research and treatment recommendations through clinician newsletters and on our websites
- Physicians, since they are the first to treat very young patients, are also increasingly targeted to apply fl varnish, conduct simple dental screenings and risk assessments and make appropriate referrals to a dental home (*more on this shortly*)



From Education to Outreach

- Insurance Carriers are able to effectively reach large patient populations by providing general and targeted outreach
- General outreach- can provide large population with information on caries prevention and treatment
- UHC Dental has utilized the web and other strategies in providing its general population with oral health messaging including caries prevention and child wellness
- Targeted outreach-Carriers with access to both medical and dental patient information can specifically target at risk patient populations to provide focused communication, for example targeting pregnant mothers with information on the importance of good oral health during pregnancy



Measuring the gains

- Program success will be subject to outcome measurement
- Data analysis is vital as we seek to define best practices, and demonstrate value through improved clinical outcomes
- Metrics should show increased frequency of prevention, decreased frequency of complex restorative care as well as endodontics, oral surgery and anesthesia
- Lower costs must also be demonstrated (lower dental costs as well as medical costs in the form of decreased use of ORs, emergency rooms etc.)
- Diagnostic codes needed for outcomes analysis
- Outcomes analysis, with its demonstrations of improved clinical outcomes and lower costs, will accelerate the trend toward the new paradigm

Translating theory into action: Early childhood caries



Objective:

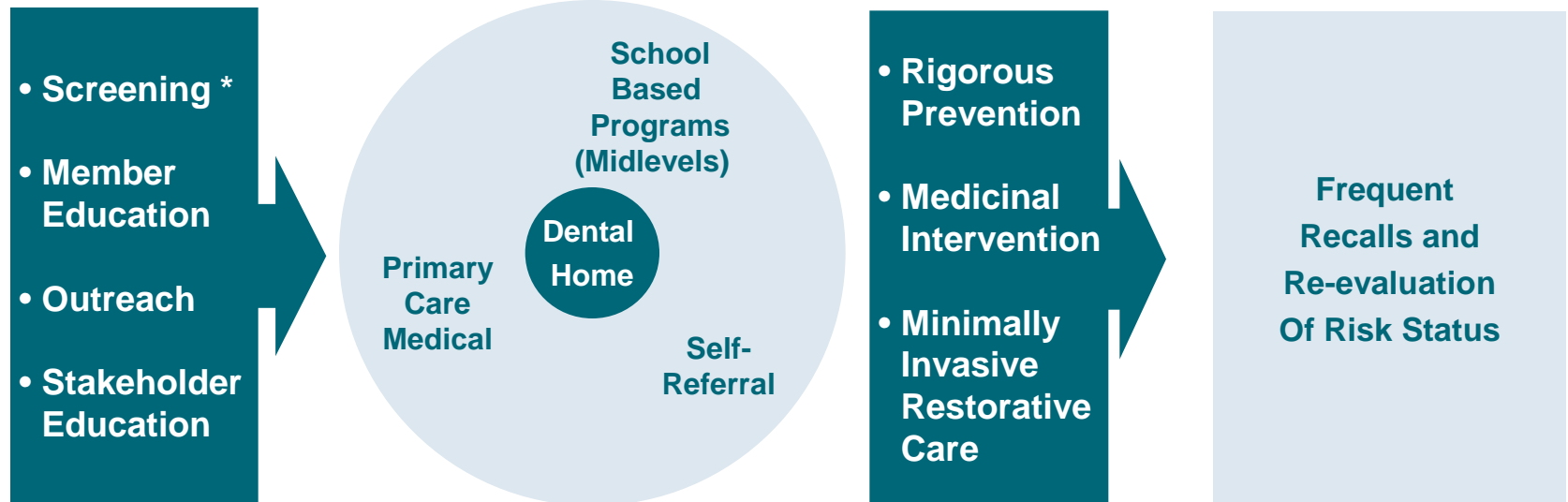
- Move beyond the historical model of surgically treating the damage caused by caries, to treating caries as a disease through prevention, early detection and conservative treatment

Identify the Child

Refer the Child

Treat the Child

Maintain the Child



* Including pregnant and post pregnant caregivers

Medical/dental model for preventing early childhood caries



Early Childhood Caries Prevention Program

Screening

- Primary Care Physician (PCP) does screening
- Applies fluoride varnish treatment
- Receives reimbursement

Referral

- PCP refers patient to dentist
- Received reimbursement

Dental Home

- Diagnosis and treatment where needed
- Establishment of dental home

Health & Economic Benefits

- Increased HEDIS scores
- Lower average claim costs
- Reduction of operating room utilization

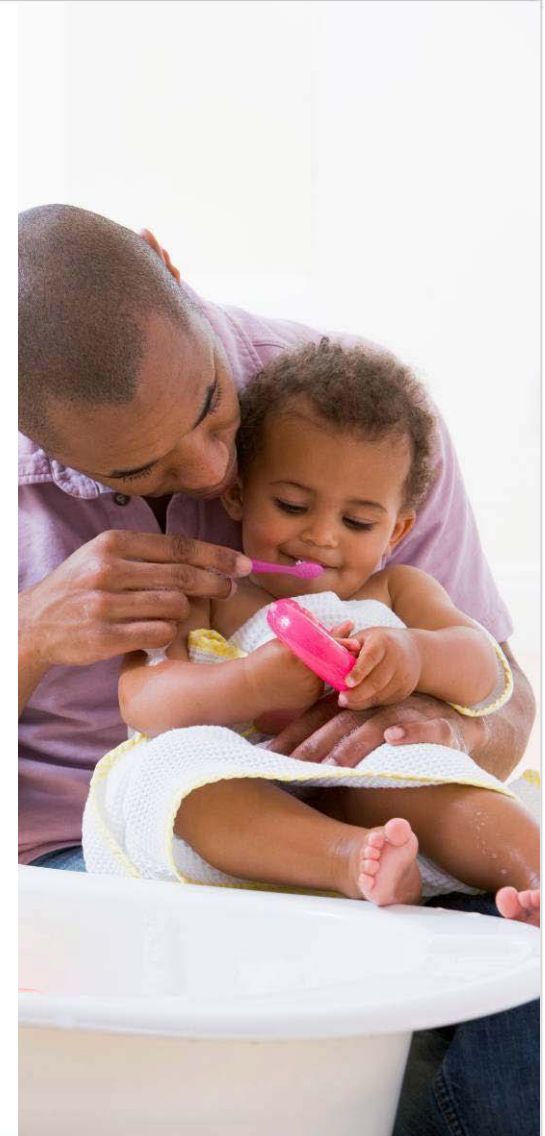
Health Home

Medical

Dental

ECC: Focus on disadvantaged children

- Greatest toll on disadvantaged kids, many of whom participate in Medicaid
- UHC Dental is developing programs in States with Medicaid and/or CHIP
- UHC would like to partner with non-profit groups, industry partners, and organized dentistry to develop demonstration projects



ECC Collaboration-United Dental, United Community & State (UHC C & S), NYU



- Creative design to service NY Children
- Train physicians to provide screenings for early childhood caries, apply fluoride varnish, and refer children to a dental home
- Additional incentive to physician or pt for referral
- Community dentists for routine care; New York University College of Dentistry will serve as “center of excellence” for complex cases, continuing education and outcomes measurement
- Outcomes tracked and metrics developed



Take Care New York and NYU Dental: An Creative Solution to a New Mandate



Take Care New York (TCNY) - From July 2010 through June 2012, all Medicaid managed care organizations (MCOs) contracted with New York City will be required to conduct a *Take Care New York* Quality Improvement project that is designed: to increase dental visit rates among children and adolescents aged younger than 21 years and pregnant women enrolled in the plan, promote the establishment of “dental homes” (i.e., sources of regular dental care) for these members; and increase the application of fluoride varnish by pediatricians among children aged younger than seven years.

TCNY Program Goals

- Improve dental care among children and pregnant women enrolled in the plan
- Increasing application of Fluoride Varnish by PCPs
- Educate PCPs on importance of dental risk, referral to dental home, application of FI varnish
- Member education, outreach and facilitation
- PCP incentives for members to obtain dental care & apply FI varnish
- Development of process and outcome measures including rates of FI varnish application



NYU Dental Center of Excellence

- Availability of large pediatric program w/ ability to treat very young children
- Work with UHC Dental/UHC C & S to develop MD and DDS Continuing Education
- Predictable costs (will see patients on an encounter basis)
- Partner with UHC Dental/UHC C & S to collect data and measure outcomes

Unique Partnership encouraging Prevention and Early Intervention



- UHC Dental-member education, outreach, & claims payment
- UHC C & S-physician network in NYC
- NYU Dental-follow up treatment for complex cases, continuing education, work with UHC Dental and UHC C & S to collect data and measure outcomes

Take Care New York: Finding a Dental Home for those at Risk



1. PCP Oral Screening

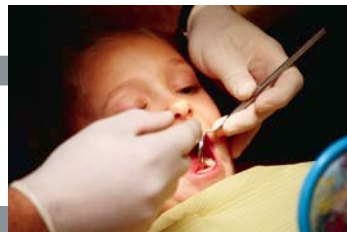
- PCP takes history and performs risk assessment
- Oral health screening performed looking for evidence of ECC and other oral anomalies
- FI Varnish applied
- PCP offers counseling and member-caregiver education
- Referral to dental home for follow up

2. UHC Dental Contacts Member

- Letter sent to member upon receipt of PCP claim
- Letter offers rationale for follow up and contact information to make follow up appointment at a dental home

3. Dentist Follow Up

- Following receipt of letter from UHC Dental, member makes follow up appt with dentist
- Dentist performs assessment and develops treatment plan (focus on prevention, non-surgical intervention & minimally invasive restorative care)
- Recare plan developed



4. Role of NYU Dental

- Center of Excellence for complex cases requiring multidisciplinary team
- Continuing education for PCPs and Dentists
- Expertise on data collection & analysis



5. UHC Follow Up

- Receive, process, pay claims
- Through Member Services, help patient coordinate care
- Coordinate data with UHC C & S

6. Data Analysis

- Provide rates to NYDOH as mandated
- Develop additional measures to analyze program health and financial outcomes (both dental and medical)
- Partner with NYU Dental as appropriate on study and statistical design

Success requires close coordination of all key stakeholders



Primary Care Physicians

- Performing a risk assessment, screening for ECC, applying F1 varnish
- Providing Members education on the importance of good oral health, oral disease prevention and nutrition
- Referring Members to a dental home (including information on how to follow up)



Dentists

- Detailed evaluation, including additional risk assessment
- Instituting rigorous prevention for both child and caregiver, including member education
- Engaging in non-surgical treatment whenever possible to treat the underlying disease
- Performing minimally invasive restorative care



Members

- Learning about and engaging in healthy behaviors for both caregiver and child
- Regularly scheduled PCP visits
- Follow up with and regular care in a dental home
- Working with the Plan to coordinate care, obtain provider and clinical information and receive incentives



The Plans

- Coordinating care between PCP, primary dentist and NYU Dental for complex care
- Coordinating payments to providers & incentives to members
- Developing program and clinical information for both members and care providers
- Data analysis and reporting, (both process and outcomes)



Defining success: measuring process and outcomes



Take Care New York Mandated Rates

Rates of dental visits and associated disease to be calculated at various intervals:

- Baseline: July 1, 2009 – June 30, 2010
- Mid-Interval: July 1, 2010 – June 30, 2011
- Final Interval: July 1, 2011 – June 30, 2012

Internal Measures

Using process measures to develop outcome indicators, looking at improved health outcomes, lower medical (OR & ER), & dental costs

Interval Measures

- Rates of dental visits among children and adolescents < 22 years
- Rate of Caries Associated Disease (based on specified codes)
- Volume of FI Varnish Application for Children < 7 yr

FI Varnish Initiative

- # children enrolled in their Medicaid product, aged 9 mo through 6 yrs, who were seen at the practices between 2/1 and 8/31/2011
- # and % of all children enrolled in their Medicaid product, aged 9 mo through 6 yrs and seen at the practices between 2/1 and 8/31/2011, who had FI varnish applied
- # and % of all children seen at the practices between 2/1 and 8/31/11 who visited a dentist at least once during the six mos following their first practice visit during this interval
- # and % of children who had FI varnish applied between 2/1 and 8/31/2011 who visited a dentist at least once during the six mos following the fluoride varnish application

A National Program with Local Solutions

- New Jersey – reaching children through large group practices and community hospital based programs
- Mississippi – focus on outreach through regional health fairs, member and provider education, partnership with U of MS
- Texas – improving access by engaging local players such as Federally Qualified Health Centers (FQHCs) and academic institutions



Supporting Future Research: California Practice Based Research Network



- UHC providing financial support to a CDA-UCSF study of CAMBRA (CAries Management By Risk Assessment)
- Study Participants - Practice Based Research Network starting with 18 researcher dentists in 15 dental offices calibrated on CAMBRA and recommended treatment modalities, to conduct a 2-year CAMBRA study in those dental offices
- Study Design - double blind, prospective, randomized, controlled clinical study approved by UCSF Investigational Review Board (IRB) - 50 subjects per dental office – total of 900 subjects 12 to 65 years of age
- Study Goal – demonstrate that Caries management based on caries-risk status (low, moderate or high), using CAMBRA treatment modalities, will significantly reduce the need for caries restorative treatment over two (plus) years compared to usual dental treatment in the Practice Based Research setting
- Current Status – participation dentist calibration, with approval of UCSF IRB almost completed – after dentist’s calibration, study ready to move into the clinical phase



Beyond ECC – the important role of Dental Carriers in Disease Management & Wellness



- People typically visit their dentists more often than they visit their physician
- Dental disease is considered preventable or treatable
- Oral health, in conjunction with other symptoms, may indicate chronic medical conditions - making dentists an indispensable member of the larger health care team
- The application of oral health strategies will reduce the incidence of dental conditions and may positively impact medical outcomes



Untreated dental disease may impact chronic systemic conditions and increase medical costs

Data integration for identification of at risk members accompanied by outreach can improve behavior

Medical-Dental Integration



Wellness - Adding Dentists to the Overall Health Care Team



- Placing the patient at the center of a coordinated health care community

1. Screening Appointment

- Members may make an appointment at any participating dental practice (program currently being piloted in Houston, TX MSA)

2. Health Information Form

- Member completes a health information form
- Based on information provided the dentist will recommend screenings specific to the member's need

3. Screening Options

- Screenings are available at no cost to the member, are performed by the dentist, depending on health history provided and may include one or all of the following:
- Oral Hard and Soft Tissue
 - Blood Pressure
 - Blood Glucose
 - Body Mass Index (BMI)



4. Dentist Counseling

- Counseling and materials will be provided as part of the screening (which may include; tobacco use, obesity & nutrition and oral piercings)

5. Delivery of Results

- Members will receive hardcopy or electronic results, with possible recommendations

6. Physician notification

- If the member so chooses and provides their physician information, results can also be delivered directly to their physician

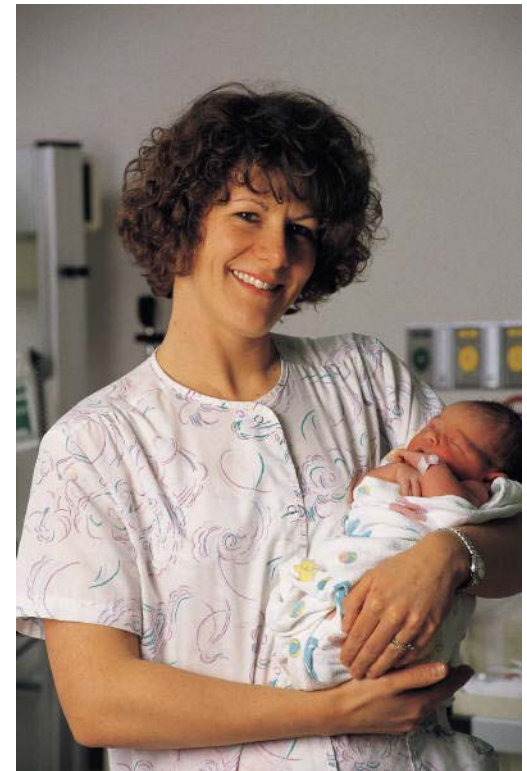


Supporting DM/Wellness with Enhanced Benefits: Prenatal Dental Care Program



To limit pregnancy complications:

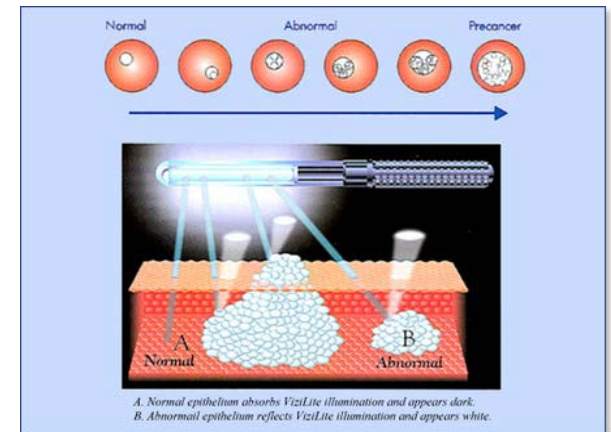
- The benefit removes financial barriers to diagnosis and non-surgical periodontal care and maintenance.
- Women in their second or third trimester have full coverage for cleanings, deep scaling, debridement, and periodontal maintenance. :
 - D0120, 0140, 0150, 0180 - Exams
 - D1110 – Prophylaxis
 - D4341/4342 – Deep Scaling
 - D4355 – Debridement
 - D4910 – Perio Maintenance
- Removes frequency limitations
- Covered at 100%, deductible does not apply, does not apply to the annual maximum.



Supporting DM/Wellness with Enhanced Benefits: Oral Cancer Screening



- UnitedHealthcare Dental plans now cover Light-contrast technology complementing other approaches to screening such as visual exam and brush biopsy.
- This benefit is available to members thirty years of age, once per year and at the discretion of the dentist.
- Screening is meant to raise awareness and supplement incisional biopsy which remains the “gold standard” of oral cancer diagnosis



We are doing some things well . . . But much remains

What We Do Well

- Using best available evidence based studies
- Identifying and outreaching to at risk populations
- Development of DM & Wellness Strategies
- Communicating to clinicians and members

Remaining Gaps:

- Utilize efficacious diagnostic tools
- Utilize individual risk assessment in plan design
- Building products into our plans (ex. Xylitol etc.)
- Effective use of non surgical tissue repair and minimally invasive dentistry
- Properly align incentives



Patient Centered Plan Design

Early recognition, intervention and referral can have significant impacts



Improved Outcomes

Breaking the cycle of disease

Improved mother and child risk profile

Improved oral and overall health

Improved school performance

Avoiding a lifetime of dentistry

Healthier Children



& Lower Costs

Reduction in lost work & school time

Reduced need for costly dental interventions

Lower medical costs (OR & ER Hospitalizations)

Improved corporate image & market standing

Questions?





Thank You

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