Disclosures

All speakers in this session have completed conflict of interest forms and none have any relevant financial relationships to disclose for themselves or any immediate family members.
Achieving true medical – dental integration to meet the needs of unserved America

Bob Russell, DDS, MPH, CPM
To determine the “how” you must first face and eliminate the obstacles!
Emerging new resources

• Qualis Health Report and Guidelines

• Smiles for Life Curriculum
  • http://www.smilesforlifeoralhealth.org/buildcontent.aspx?tut=555&pagekey=62948&cbreceipt=0

• Bright Futures
  • https://brightfutures.aap.org/Pages/default.aspx
Michigan’s Dental Registry (MiDR)

Altarum Institute’s Direct Referral Model

A web-based history sharing model between medical and dental practices

http://altarum.org/health-policy-blog/closing-the-referral-loop-communication-via-michigan%E2%80%99s-dental-registry
Barriers Persists

Weak referral systems
Lack of motivation by both dental and medical staff
Too busy excuse
Evolved and set siloes in American health care
Antique funding system not sufficient to support integration fully
Low focus on oral disease prevention in medicine and dentistry
Underutilization of expanding health workforce
EHR systems inadequate or underutilized for proper tracking
Failure to understand the impact of poverty and social determinants of health on low income population behavior
Disproportioned Providers

Health Centers: 2016 UDS data

- **Total users:** 25,860,296
- **Number medical users:** 21,880,295
- **Number dental users:** 5,656,190
- **Dental Users:** 21.9% all FQHC patients
- **Dental Users:** 25.8% of all medical patients
- 4 times more medical users than dental
Integration or Better Communications?

What are we really seeking?
What would “integration” really look like?
Medicine/Dentistry - separation at Birth

• Small business model of dentistry (low participation in cooperate models, less likely to merge)

• Medical model transformation (large health systems, re-merging group and cooperate practice models)

• Separated at birth – the disconnect (William J. Gies Report, Abraham Flexner Report 1910)

• Past meets present, Gies Report, chap 12
Time to Break Down the Wall?


Bruce Donoff – Dean of Harvard Dental School

“Time to Break Down the Wall between Medicine and Dentistry,” July 17, 2017
A two-step plan could help address the physician shortage and lack of access to dental care.

Nisarg A. Patel

• Allowing dentists to disrupt primary care may provide affordable preventive care for patients living in areas with problems of health care access and affordability.
WHY?
Increasing political discord

- Transition from the Obama days (ACA, Triple Aim, EHR, health care system connections) to the Trump administration (large uncertainties, individualism, lack of vision, ACA repeal)
- States on their own facing desperation to cover high risk populations with less money
- Failing rural hospitals and growing gaps in rural health care
- High potential for health system failure for the poor and underserved (the demise of Medicaid?)
- Political gamesmanship and gridlock
“The CMS' attempts to reduce regulatory burden on small practices by exempting them from new Medicare requirements may actually leave them behind in the transition from fee-for-service to value-based care, providers say.

Earlier this summer, the CMS proposed that physician practices with less than $90,000 in Medicare revenue or fewer than 200 unique Medicare patients per year would be exempt from reporting under the Merit-based Incentive Payment System under the Medicare Access and CHIP Reauthorization Act starting in 2018.”
CMS officials claimed the change stemmed from many practices' concerns that they didn't have enough Medicare patients to justify the cost of overhauling their electronic health record systems or buying new ones to track and report quality measures.

Up to 934,000 providers would be exempt

Some advocates have asked for the MACRA changes to be discontinued all together – no transition to quality-based payments
Continued failure to address the culture of poverty

- Lack of understanding or empathy for the impact of sustained multi-generational poverty
- Further lowering impact on accessing the available fragmented health system
- Potential worsening of the culture of poverty as more are added with lessening potential to gain care access
- Equity shrinking in an age of individualism
- Apathy and lost generations to come
- Blame the victim
The Access to Care Problem

• Many Americans lack dental insurance
• Maldistribution of dentists
• Few dentists accept Medicaid
• Too few children on Medicaid get dental care
• Worsening access for Adults and Caregivers
• Medical Insurance changes do not necessarily reflect dental insurance

Mission of Mercy clinic in Cape Girardeau, Missouri on May 3, 2013. People camped out in line for two days to receive free dental care.
Time for health system integration and health workforce diversity

- From traditional mini-business models to merging systems of care (decreasing the pathway of healthcare segregation)
- From Fee-for-Service to Value-based Care
- Outreach and diversity in health workforce essential
- Decline of store front health care (build it, they may not come!)
- **Dental care IS health care!** (there are no two tiers of health care; dental and medical care are one)
- Integration of EHR across disciplines and health systems required – not an option!
- Speak one common language
- LEADERSHIP and RISK are ESSENTIAL!!
The ADA News (8/30, Manchir) reports that “private practice ownership for dentists is steadily declining among all age groups,” according to a column published in the September. 2017 issue of The Journal of the American Dental Association.

The article reports that “84 percent of dentists owned practices in 2005,” and “the number fell to 80 percent by 2015,” according to “Practice Ownership Is Declining,” a column by Marko Vujicic, PhD, chief economist and vice president of the ADA Health Policy Institute.

“Physicians have simply adjusted and the data show employed physicians are actually quite happy,” Dr. Vujicic said.
What can be done in the relative short term?
Stop Fighting and Start Building – *out from the Shadows*

- Stop preserving the old ways and only for self-interest
- Separations between dental and medical are cultural structures, not competencies
- Focus on the whole and not the fragments
- Return to what professionalism really means – to be an example; to teach and instruct on the higher purpose
- Get over ourselves, and think of others
- Be bold and original – think with our minds and not with group identity
Greater Use of Existing and New Emerging Workforce Models

- More lower income patients straining the system
- Decreasing federal and state funding
- Volume to Value Squeezing the Bottom-line
  - Dental Therapists, Hygienists, Health Coaches, Medical/Dental Assistants, Physician Assistants, Nurse Practitioners, Public Health Nurses, Nurses, CNAs, Community Health Workers, Community Health Care Coordinators, Behavioral Health Workers
- Providers Must Practice at the Top of Their License*
Payment Systems *Must* Reward Innovation and Efficiencies

- Disruptive Innovations
- Moving away from old systems of payment and limitations - tradition
- Reward quality and not only volume
- Reward prevention and disease avoidance disproportionately higher compared to procedures and disease intervention
- Pay for EHR development and models that are truly integrated across disciplines and speak one health care language
- Reduce regulatory barriers in health record sharing among diversified health teams
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