



Medical-Dental Integration

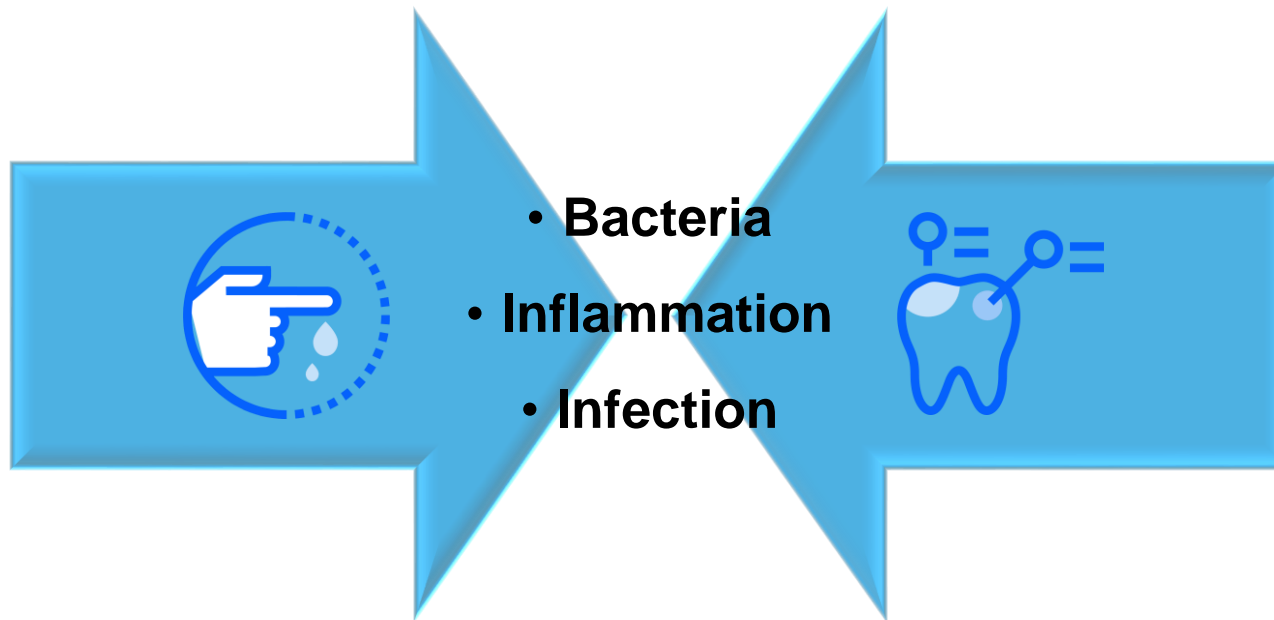
Sol G. Brotman, DDS, MAGD

FERMA July 14, 2021



Integrated Care Rationale

What is the correlation between systemic health and dental health?



Dental Health & Systemic Diseases

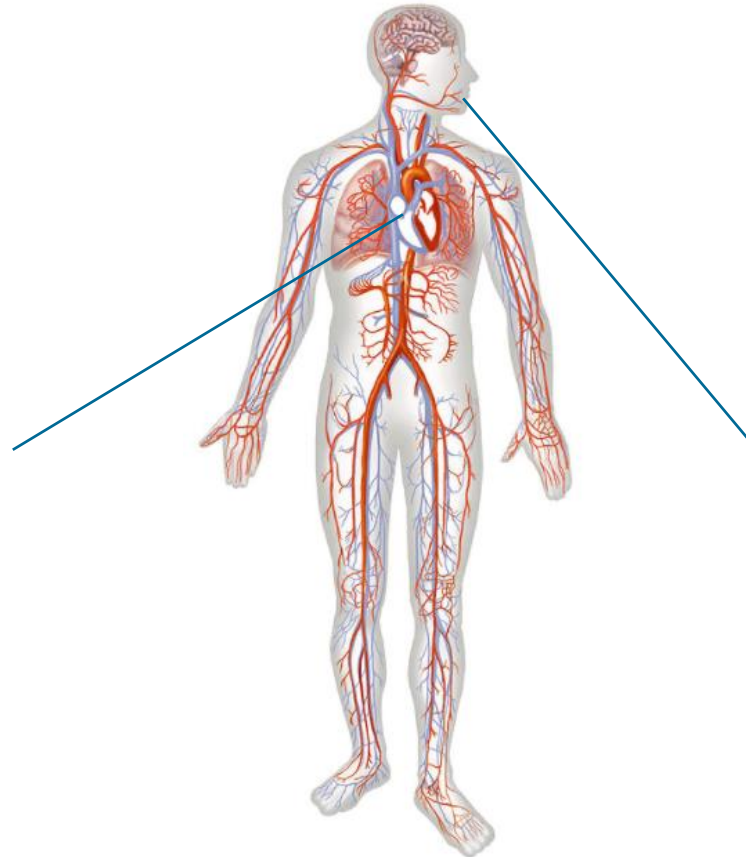
Gum Disease increases risk of **oral cancer**.

Bacteria in mouth enters the **blood stream** through diseased gum tissue.

Diabetes & bleeding gums increase risk of **premature death** by 400-700%.

Pregnant women with gum disease have an 85% chance of a pre-term low-birthweight delivery.

Those with **gum disease** are 2x as likely to **die from heart disease** & 3x as likely to **die from stroke**.



Tooth loss & gum disease increase risk of **Alzheimer's Disease and Dementia**.

Gum disease linked to increase in **pancreatic & kidney cancer** risk by 62%.

93% of adults with **gum disease** are diabetics or pre-diabetic.

Research has found a link between **gum disease** and **Rheumatoid Arthritis**.

The Surgeon General reports that ~80% of American adults have **gum disease**.

References include: AAOSH, Mayo Clinic, Harvard and AAFP.

Importance of Medical-Dental Integration

Integrated Medical and Dental Benefits

- Allows for more efficient delivery of healthcare benefits
- Integrated Care Coordination and Disease Management programs designed to promote behavior change
- Provides Evidence-based Dental Benefits
 - Auto-enrolls members eligible due to diagnosis of program covered medical conditions
 - Offers clinically significant benefits to enrolled members which **systemically** impact their overall health
 - Financial barriers are removed to obtain benefits
 - Tailored direct-mail outreach to enrolled members promoting program and use of benefits
 - Provider engagement allowing for member/ patient advocating
- Work together to aid in improving members' systemic health and promoting healthier outcomes
- Engages more effectively with groups to provide insights into integrated benefit utilization
- Reduces overall medical and dental costs through education and awareness as a result of integrated medical and dental benefits
- Other medical conditions impacted where there are dental side effects



Medical-Dental Integration Cost Effectiveness

Various studies have been published and are in the process of publication which assess the cost effectiveness preventive and/ or periodontal dental benefits has on medical expenses. Some of those studies include:

1. Jeffcoat, et al., 2014
 - Study first of its kind
 - Non-risk adjusted Highmark data
 - Analyzed overall medical costs
2. Lamster, et al., 2021
 - 18 months of NY Medicaid data
3. Borah, et al., 2021 (pre-publication)
 - Five year risk adjusted study of commercial insurance population



Medical-Dental Integration Cost Effectiveness

Mayo Clinic – Borah et al., 2021 Pre-Publication

- Five year data study of integrated medical and dental commercial insurance for members who have access to Evidence-based Dental Benefits concluded; manuscript completed, in peer-review.
 - Specifically focuses on members diagnosed with diabetes, coronary artery disease (CAD) or both.
- Independent verification yielded 30% medical cost differences for in-patient medical costs for Evidence-based Dental Benefits dentally compliant membership.
 - Consistent with Lamster, et al., but over a longer time period.
 - Non-elective care with standardized pre-authorization.
- Statistical validation suggests these cost differences are independent of member predisposition to seek and be compliant with preventive medical care.
 - The most frequently asked question by physicians, dentists and statisticians
How to correct for patient bias?



Medical-Dental Integration Cost Effectiveness

Mayo Clinic – Borah et al., 2021 Pre-Publication Continued

- Evidence-based Dental Benefits compliance increased from 42% to 57% from year 1 to year 5. A combination of efforts from medical case management teams, dental clinical operations and the patients' own dentist resulted in 36% greater compliance in four years; resulting in additional cost differences.
- Two follow-ups to this study are scheduled to begin later this year.

Conclusions

- Access to Medical and Dental Integrated benefits is critical to a members' ability to access benefits aimed at both preserving and improving systemic health.
- Medical and Dental Integrated benefits allow medical care management teams to more effectively address member systemic health opportunities.
- Where Medical and Dental benefits are Integrated, cost differences are associated with medical and dental. These differences translate to improved member health.
- Groups benefit from improved employee engagement and less absenteeism when Medical and Dental benefits are Integrated.

Questions?

Sol G. Brotman, DDS, MAGD
Solomon.Brotman@lsvusa.com
(904) 716-4091

