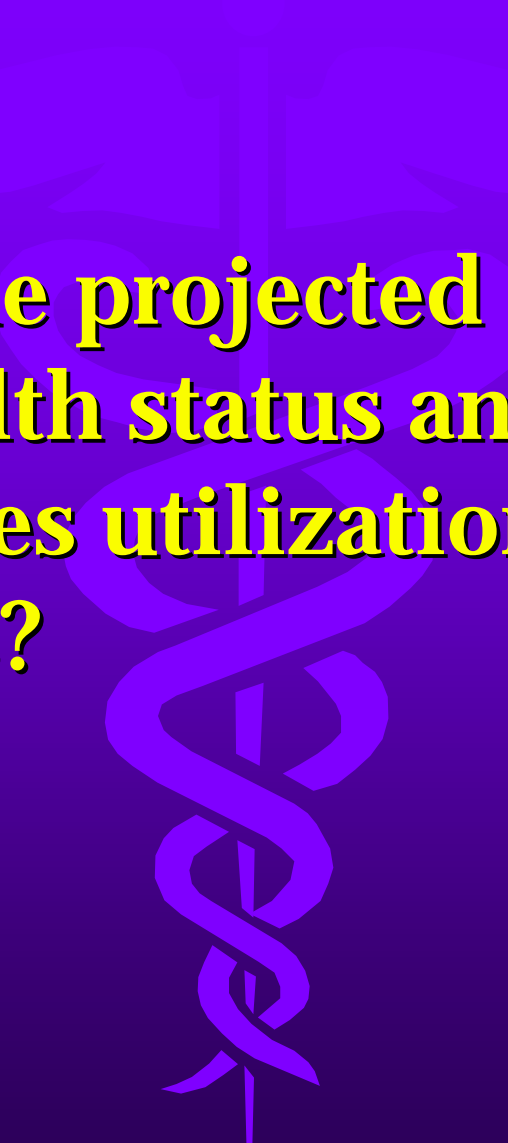


Institute of Medicine: The Future Health Care Workforce for Older Americans -- *Dentistry*

Workshop I: Models of Care, San Francisco, June 28, 2007

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1. What is the projected future health status and health care services utilization of older Americans?

Oral Health Status of Older Americans

- Surgeon General's Report on Oral Health confirmed that older adults are suffering from a silent epidemic of profound and consequential dental and other oral problems.
- Significant evidence presented in the report.

DHHS. "Oral Health in America: A Report of the Surgeon General." Rockville, MD: National Institute of Dental and Craniofacial Research, National Institutes of Health, 2000.

Oral Health Status of Older Americans

- Nearly one in five elders has untreated caries.
- 1/3 of Americans on public water systems without optimally fluoridated water.
- 1/4 of older adults have advanced periodontal disease that can lead to tooth loss, and oral and systemic infection. Smoking contributing factor.
- Nutrition and xerostomia issues; oral CA; etc.

U.S. National Health and Nutrition Examination Survey, 1999–2002; CDC Water Fluoridation Reporting System, 2002; Oral Health in America: A Report of the Surgeon General, 2000;

Oral Health Status of Older Americans

- Men are more likely than women to have more severe disease, as are people with diabetes and those in the lowest socioeconomic group.
- ¼ of older adults have lost all natural teeth.
- Low-income elderly are twice as likely as those with higher incomes to have lost all teeth.

U.S. National Health and Nutrition Examination Survey, 1999–2002; CDC Water Fluoridation Reporting System, 2002; Oral Health in America: A Report of the Surgeon General, 2000.

Oral Health Status of Older Americans

- Low-income elderly are twice as likely as those with higher incomes to have lost all teeth.
- State-by-state analysis shows that the percentage of older adults having lost all teeth ranges from a low of 13 percent in Hawaii and California to more than 40 percent in Kentucky and West Virginia.

U.S. National Health and Nutrition Examination Survey, 1999–2002; CDC Water Fluoridation Reporting System, 2002; Oral Health in America: A Report of the Surgeon General, 2000.

Oral Health Status of Older Americans

- Oldest-old, frailest, functionally dependent and institutionalized elders at highest risk
- Adequately supported by research

DHHS. "Oral Health in America: A Report of the Surgeon General." Rockville, MD: National Institute of Dental and Craniofacial Research, National Institutes of Health, 2000.

Oral Health Status of Older Americans

- Most significantly, recent and ongoing research suggests that poor oral health can complicate or is linked to diabetes, heart disease, pneumonia, and stroke.
- The evidence was reviewed by meta-analysis and categorized by type (review, double-blind controlled trial, etc.)

DHHS. "Oral Health in America: A Report of the Surgeon General." Rockville, MD: National Institute of Dental and Craniofacial Research, National Institutes of Health, 2000.

Oral Health Status of Older Americans

- The argument can no longer be made that medically necessary dental care should be limited to include head and neck CA, cardiac valve/organ transplant, leukemia, lymphoma.

(Current definition: conclusion of former IOM study on expansion of Medicare coverage for medically necessary dental care: no expansion)

Utilization Rates of Seniors: Disparities in Care

- Poor oral health causes suffering.
- Millions of Americans, especially our most vulnerable populations, and most of our minority and rural elders, are unable to access any care and suffer from a “silent epidemic” of oral diseases.

DHHS. “Oral Health in America: A Report of the Surgeon General.” Rockville, MD: National Institute of Dental and Craniofacial Research, National Institutes of Health, 2000.

Utilization Rates: Disparities/ Barriers

- The U.S. Preventive Services Task Force recommends regular dental visits for all people age 65 and older, yet only 43% of older adults reported a dental visit in 1996.
- Long-term care facilities: lack of insurance coverage, limited patient mobility, the inconvenience of making trips to the dentist, and the lack of funding and expertise within facilities to provide complete dental care.
- 80% of NFs report that dental services are available in their facilities; 19% of all residents received dental services.

Agency for Healthcare Research and Quality Data. *Medical Expenditure Panel Survey*, 1996; National Nursing Home Survey.

Utilization Rates of Seniors: Disparities in, Barriers to Care

- **Barriers:** \$; lack of perceived need for care; mobility limitations and transportation difficulties; fear of dental visits; limited availability of dental services in certain rural and urban areas; and diminished physical, cognitive and functional status associated with multiple complex medical conditions and disabilities; low-literacy skills of certain populations.

Agency for Healthcare Research and Quality Data. *Medical Expenditure Panel Survey*, 1996.

Oral Health Care for Older Americans

- Overlying all of dental utilization for these populations are the issues of funding, and caregiver and patient education.
- Among other options, Medicare and Medicaid funding of oral health care must be re-examined. This IOM workforce study will do this.

2. What is the best use of the health care workforce, including, where possible, informal caregivers, to meet the needs of the older population? What models of health care delivery hold promise to provide high quality and cost-effective care for older persons? What new roles and/or new types of providers would be required under these models?

Dental Care Workforce: General Issues

- There will be a shortage of all dentists since the number matriculating is not increasing adequately
- The average age of dentists is 56
- Minimal numbers of practicing dentists receive CE in geriatric dentistry

Dental Care Workforce: Geriatric Dental Issues

- At least 6,000 dentists needed with substantial training in geriatric dentistry by 2000; and 2,000 more needed by 2010. Recent estimate: 8,600+ needed.
- Fewer than 200 trained thus far.
- Serious paucity in academicians and practitioners formally trained in geriatric dentistry. General faculty shortage.

Dental Care Workforce: Geriatric Dental Issues

- ADEA Survey of Dental Seniors consistently found that GD among top 3-4 (out of 20) subject areas in which students felt required additional training emphasis within dental schools.
- Recent survey: significant proportion recognized inadequate training and felt unprepared for practice.

Berkey D, Berg R. Geriatric oral health issues in the United States. *Int Dent J* 51:254-264, 2001; Mohammad AR, Preshaw PM, Ettinger RL. Current status of pre-doctoral geriatric education in U.S. dental schools. *J Dent Educ* 67(5):509-514, May 2003.

Dental Care Workforce: Organized Dentistry

- ADA HOD meeting in 2006 adopted 5H-2006, multifaceted resolution as culmination of 2-year TF
- Goal to enhance OH status of 'vulnerable' adults via 24 specific initiatives in education, advocacy, financing, research
- Follow-up to be reported in 2007

ADA. News. Resolution addresses oral health needs of 'vulnerable' older adults. Posted 11/03/2006. At: <http://www.ada.org/prof/resources/pubs/adanews/adanewsarticle.asp?articleid=2200>. Accessed June 27, 2007.

Dental Care Workforce: Organized DH

- Dental hygienists noted within the top 10 fastest growing occupations and occupations having the largest numerical job growth from 2004-2014.
- DHPSAs (3,296) increasing in inner city/rural areas.
- ADHA 2004 HOD proposed creation of an “advanced dental hygiene practitioner who provides diagnostic, preventive, restorative and therapeutic services directly to the public.”
- Will develop a standardized educational curriculum for the ADHP.

Dental Care Workforce: Organized DH

- **Mission Statement: ADHP will improve the underserved public's health and access to quality, cost-effective oral health care and appropriate referrals within multidisciplinary healthcare teams.**

Organized Dentistry's Reaction

- Vary state to state
- ADA generally conservative
- Impetus for the TF and the new ADA resolution?
- Hopefully will drive an improvement in CE in GD, pt. ed programs, better financing options, etc.

Geriatric Dentistry as Specialty

- Specialties attract trainees, but reimbursement must be commensurate with expertise/training.
- Discussion re combining Geriatric Dentistry with Oral Medicine OR General Dentistry to become Special Care Dentistry specialty.
- Discussion re creating Geriatric Dentistry as separate specialty.

Dental Care Workforce: Informal Caregivers

- Training programs for families of elders in extended care programs
- Volunteer programs/required projects for dental hygiene/dental students
- Resident 'pride' and privacy issues
- Not help those with behavior problems/dementia, etc.


Dental Care Workforce: Paraprofessional Caregivers

- Training programs for home health aides;
- Training programs for assisted living staff;
- Better training programs for nurse aides in NFs;
- Adequate salary support, incentives, rewards

Models of Oral Health Care Delivery

- Consider following medical path:
- Includes PACE; add GD to PH clinics;
- Large general practice group with geriatric dentist consultant/specialist on staff;
- As in medicine, without better insurance/funding, individual GD will fail.
- Options for new dental grads in extended care;
- NFs >200 residents = dental operator;
- NFs >200 residents = Dental Director.

3. How should the health care workforce be educated and trained to deliver high-value care to the elderly? How should this training be financed? What will best facilitate recruitment and retention of this workforce?



HRSA White Paper Recs: Predoctoral Dental/Allied Dental Education

- **Develop, implement, evaluate GD clinical competencies and education standards;**
- **Dental school accreditation standards will require geriatrics education;**
- **Establish core competencies in national dental and DH boards and regional/state licensure board exams;**

The State of the Art of Geriatric Dental Education and Training. In A National Agenda for Geriatric Education: White Papers. DHHS, HRSA, BHPr, Vol.1, Administrative Document: 125153, 1995.

HRSA White Paper Recs: Predoctoral Dental/Allied Dental Education

- **Education of all health professional students in the principles of interdisciplinary team management to include the oral needs of older patients:**
- **Employ CQI to improve dental education and the dental care of older patients.**

The State of the Art of Geriatric Dental Education and Training. In A National Agenda for Geriatric Education: White Papers. DHHS, HRSA, BHP, Vol.1, Administrative Document: 125153, 1995.

HRSA White Paper Recs: GD Postdoctoral Education/Training

- **Increase the number of postdoctoral general dentistry training programs;**
- **Increase the number of postdoctoral academic training opportunities for dental faculty;**

The State of the Art of Geriatric Dental Education and Training. In A National Agenda for Geriatric Education: White Papers. DHHS, HRSA, BHP, Vol.1, Administrative Document: 125153, 1995.

HRSA White Paper Recs: GD Postdoctoral Education/Training

- **Postdoctoral general dentistry training programs must offer advanced geriatric training;**
- **Increase the number and types of alternate pathways to geriatric education available for dental professionals to encourage life-long learning.**

The State of the Art of Geriatric Dental Education and Training. In A National Agenda for Geriatric Education: White Papers. DHHS, HRSA, BHP, Vol.1, Administrative Document: 125153, 1995.

HRSA White Paper Recs: Outcomes

- Most of these proposed interventions have not occurred to any substantial degree except:
- ADA Commission of Dental Accreditation adopted new “special needs patient” standards (GD a component) for dental and DH ed programs beginning 1/06.

Commission on Dental Accreditation. Accreditation standards for dental education programs. Chicago: ADA, June 30, 2004.

HRSA White Paper Recs: Outcomes

- Graduates *must* be competent in assessing the treatment needs of patients with special needs (who are)...those patients with medical, physical, psychological, or social situations that make it necessary to modify normal dental routines in order to provide dental treatment for that individual. These individuals include, but are not limited to, people with developmental disabilities, complex medical problems, and significant physical limitations.

Commission on Dental Accreditation. Accreditation standards for dental education programs. Chicago: ADA, June 30, 2004.

Who Should Pay for Training?

- Most dental schools cannot afford the training. Therefore not a priority for Deans.
- Cost recovery of training requirements of universities/HSCs.
- Most clinics developed by DSs to treat underserved (NF residents) elders have failed (\$).
- State legislatures will need to examine issue.
- HRSA/BHPr reinstatement of geriatric education programs by Congress.

Recruitment and Retention

- **Recruitment: make GD a specialty**
- **Retention: solve the \$ problem for GD practitioners and faculty.**
- **Help solve access problem: states should follow the Denver dental model and South Carolina physician geriatrician model of loan forgiveness.**

4. How can public programs (e.g. Medicare and Medicaid) be improved to accomplish the goals identified above?

Current Issues in Financing Geriatric Oral Health Care

- Ongoing need for preventive and treatment services will continue and may increase at a time when elders' annual incomes are likely to diminish.
- In 1996, typical annual costs for dental care among older adults were \$428.
- Most older adults pay for dental services out-of-pocket because dental insurance coverage usually ends upon retirement.
- Medicare does not cover routine dental services.
- Medicaid coverage is limited and is available in less than half the states in spite of OBRA '87.

Manski, RJ. *American Journal of Public Health*, May 2004).

Insurance/Payment for GD Care

- Ensure that employee dental insurance does not end upon retirement;
- AARP dental insurance with Delta Dental Plans;
- Other dental insurance plans should be available;
- Require Dental Insurance be included as part of Long-Term Care Insurance.
- Enforce state Medicaid requirement for NF residents (per OBRA '87)

Insurance/Payment for GD Care

- Public health clinics/CHCs should include GD
- It's time for Medicare to cover routine dental care (at appropriate reimbursement rates) for NF residents with inadequate resources.
- It's time for Medicaid to cover routine dental care for adults at appropriate rates.

Conclusion

- If it's true that the measure of any society is how it treats its elders, then we are failing based on oral health care alone.
- But there is potential for improvement.

Summary ETHICAL Questions

- Are we going to sacrifice the health (medical/oral) of our underserved and frailest elders on the alter of saving federal dollars?
- Are we going to turn all of geriatrics, including GD, into palliative care only, in which minimal treatment is given?
- Are we going to retain a no longer viable narrow definition of “medically necessary dental care” and neglect the research findings?
- Do we really want to solve the problem of disparities in care?