Improving Population Health for Seniors: Let's Put Some Teeth Into It

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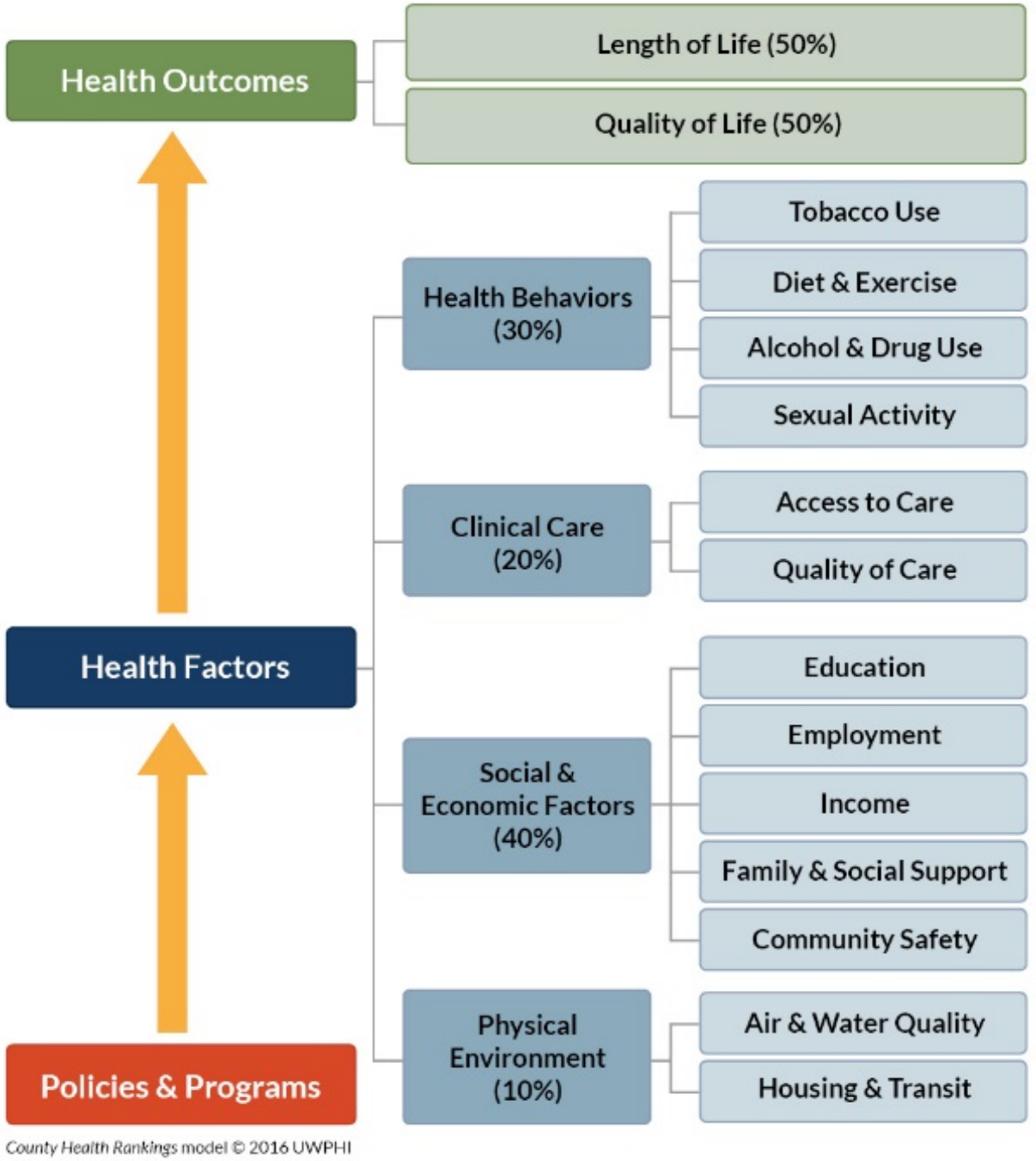
What is population health?

- Usage: often refers to “subpopulations” e.g., patient panel, employees, ethnic group, people with disabilities, or people who are incarcerated
- Population health: “the health outcomes of a group of individuals, including the distribution of such outcomes within the group” (Kindig and Stoddart, 2003)
- “Total population health”: geopolitically defined, e.g., by national borders or census tract (Jacobson & Teutsch, 2013)

The Country Health Rankings Model: University of Wisconsin Population Health Institute, 2014



Why this matters

- Health and wellbeing are affected by “the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. These forces and systems include economic policies and systems, development agendas, social norms, social policies and political systems” (WHO, 2012)
- Health care is necessary but not sufficient.

Why it matters for Medicare Beneficiaries

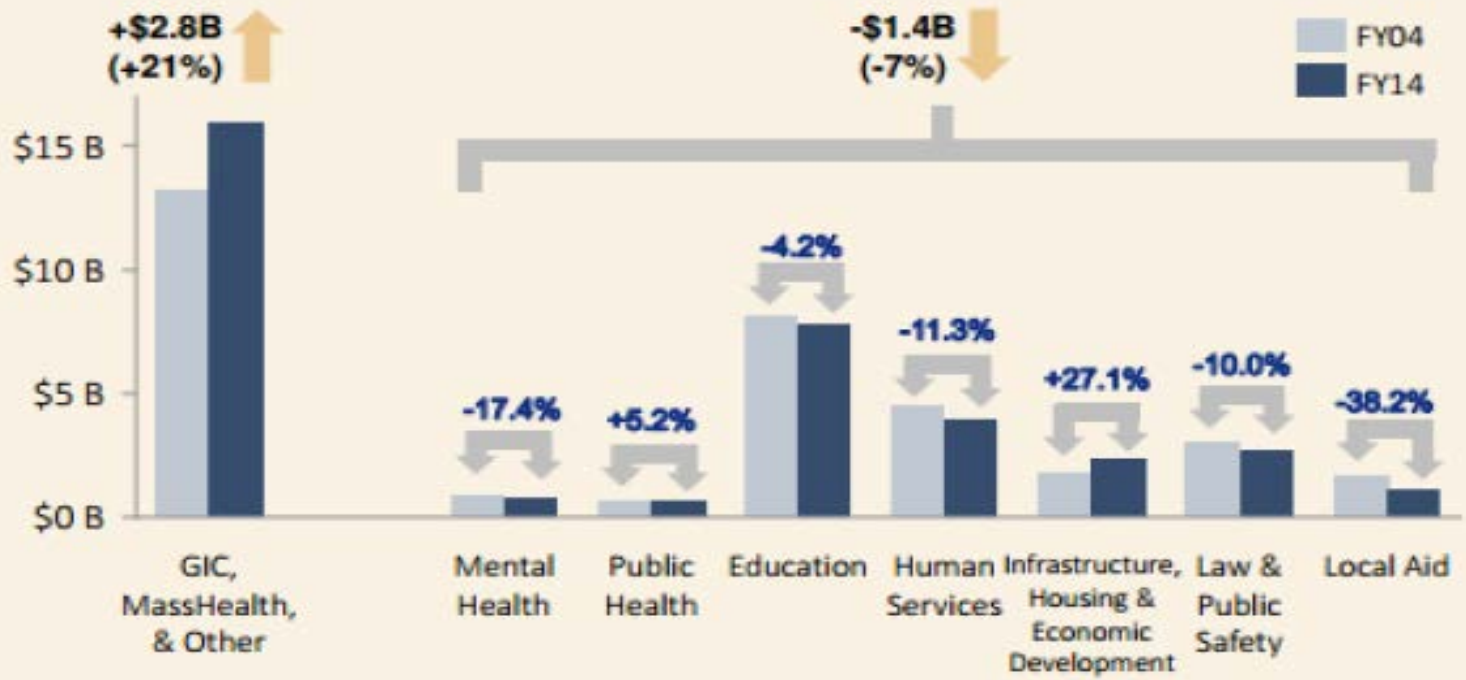
- Happier, healthier Medicare Beneficiaries with lower heath care costs.
- Productive and functional Medicare Beneficiaries – the opportunity for creating of additional social and economic value.
- Beneficiary respect and loyalty to providers, insurers and the government
- More vibrant, multi-generational communities
- Social and political stability

Some Challenges

1. The high cost of health care (both in absolute and relative terms) and poor health outcomes achieved relative to other countries – (we're on our way to third world status)
2. The erosion of well-being due to the high cost of care and economic self interest of the Health Industry. (Examples – Declining education budgets, pricing policies, Pharma and opioid dependency)
3. Ignorance of why this matters with regard to personal individual well-being, societal fairness and equity, our system of government, human capital, economic strength, and national defense
4. Serious health system issues: FFS based payment models, lack of accountability for outcomes, disincentives for interdisciplinary team work in delivering health care and creating health, and fragmented care.
5. The existing uneven distribution of existing social, economic and health benefit in the population

Figure 1.1: State budgets for health care coverage and other priorities, FY2004- FY2014

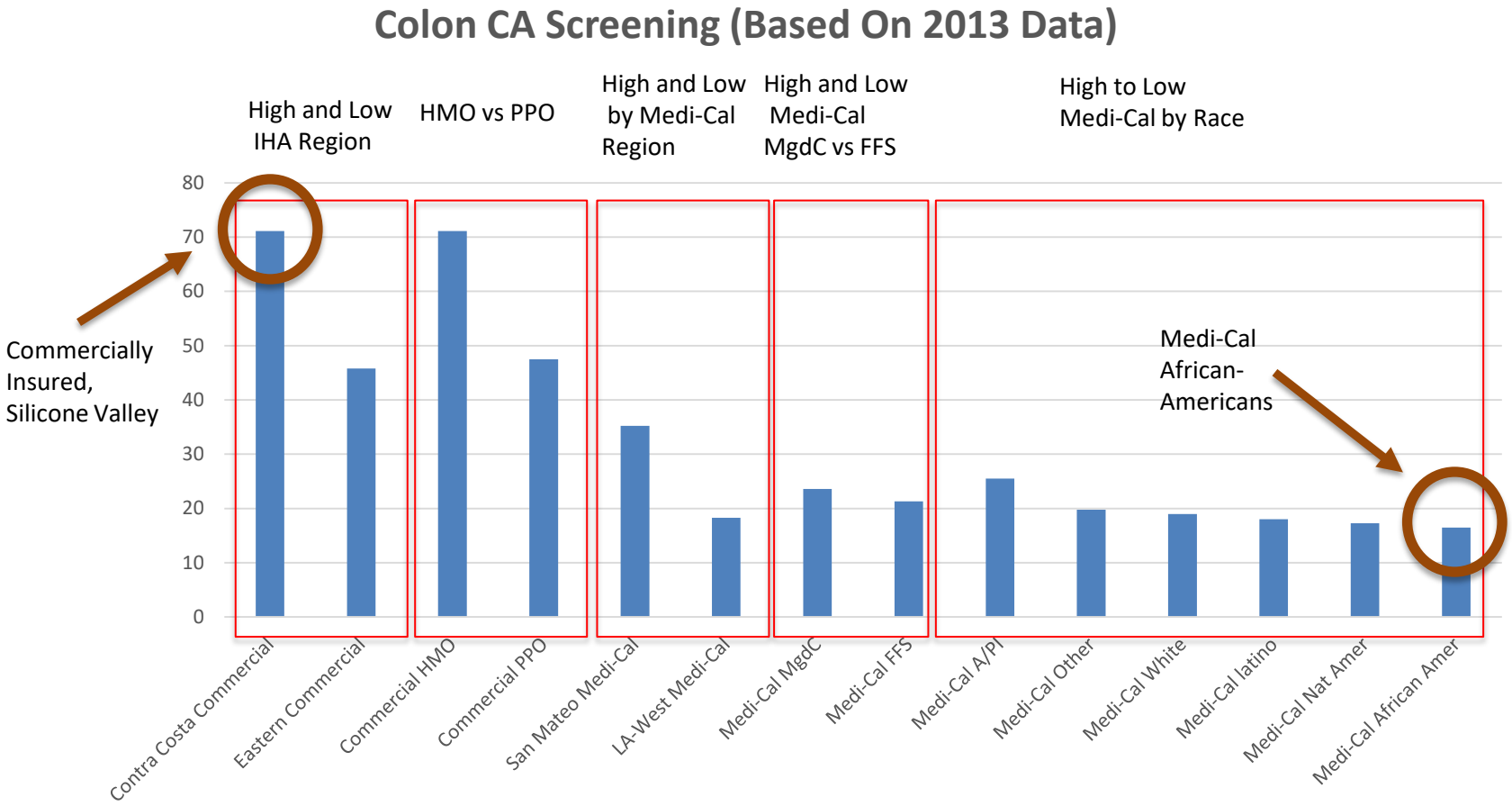
Total budget (dollars in billions) and total real growth percentage, FY2004 – FY2014



NOTE: Figures all adjusted for Gross Domestic Product (GDP) growth; GIC = Group Insurance Commission

SOURCE: Massachusetts Budget and Policy Center

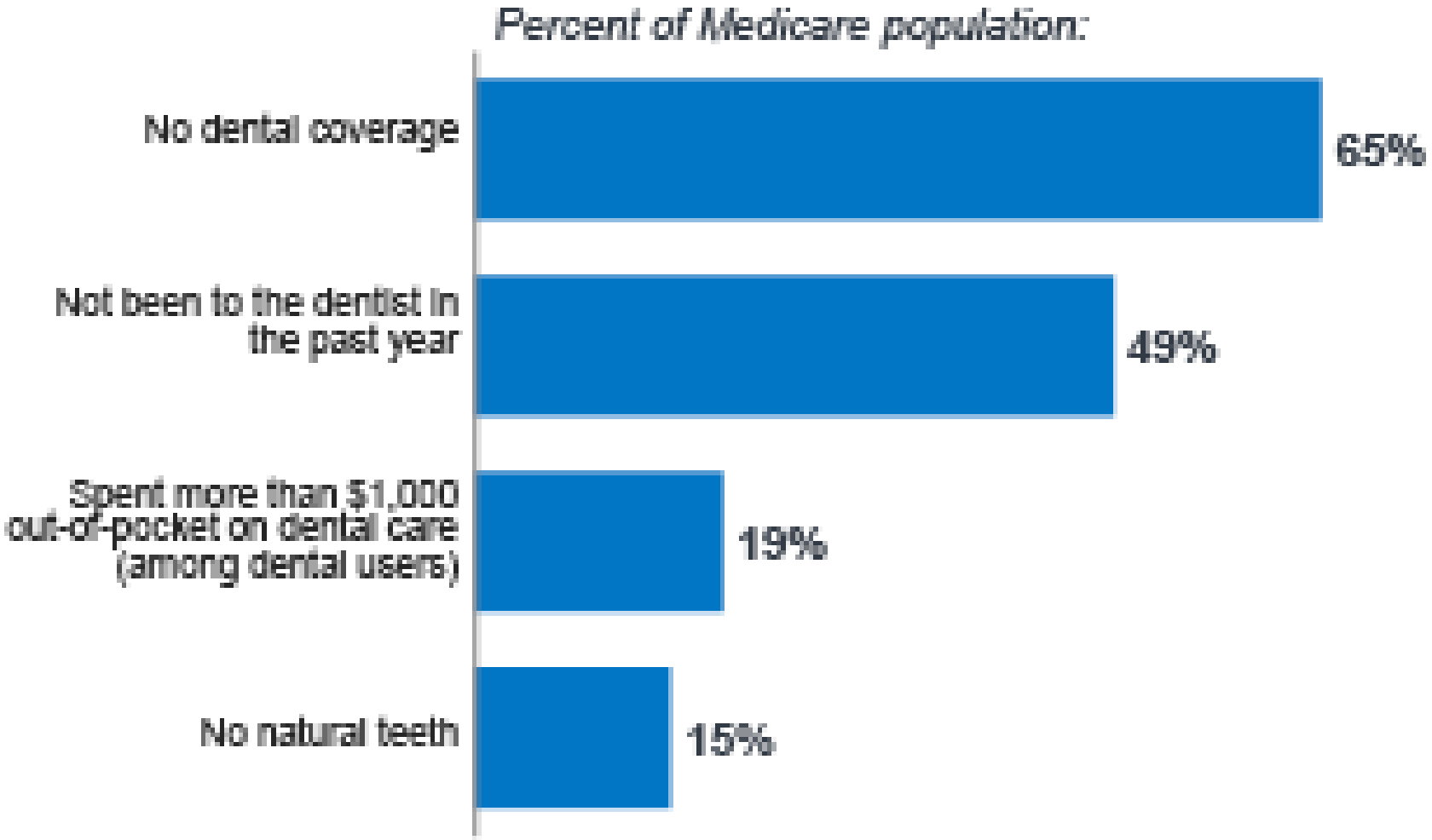
What does the Integrated Healthcare Association Cost and Quality Atlas and Medi-Cal Data Say about Disparity by Geography, Economic Status and Race in California?*



*Isham, G. From *An Outsider's Observations on Improving Care and Health in California.* Presentation to the Integrated Healthcare Association Board Meeting, November 17, 2016

Figure 1

Most people on Medicare do not have dental coverage, and many go without needed care



SOURCE: Kaiser Family Foundation analysis of the Medicare Current Beneficiary Survey (MCBS), 2016; National Health and Nutrition Examination Survey 2013-2016 – See other figures for more details.

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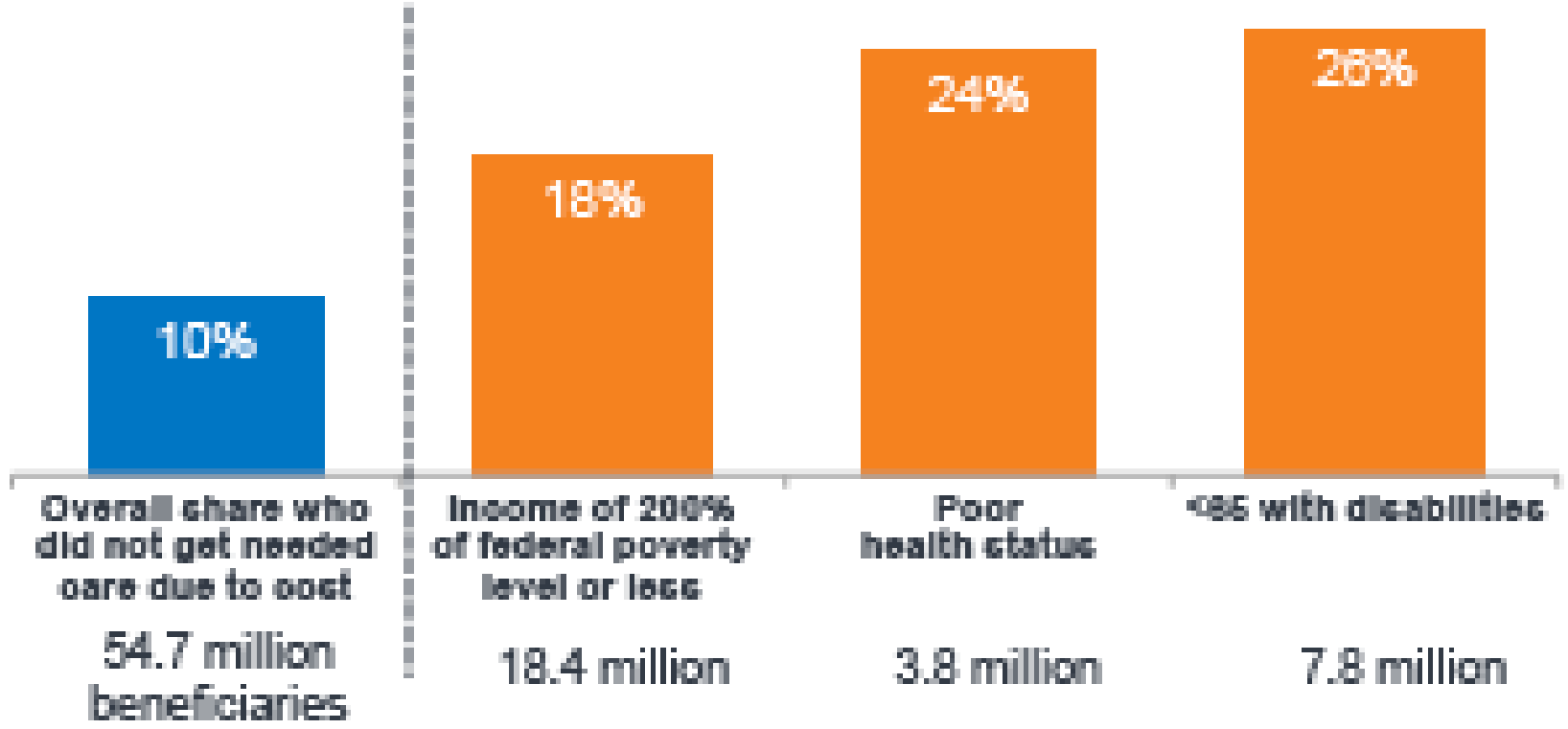
Figure 4

Medicare beneficiaries with low incomes, in poor health, and under age 65 with disabilities are most likely to go without needed dental care due to costs

Share of Medicare beneficiaries who did not get needed dental care in the past year because they could not afford it, 2017, by selected characteristic



NOTE: In 2017, 200% of the federal poverty level was $23,512 for an individual and $29,656 for a couple older than 65.
SOURCE: Kaiser Family Foundation analysis of the National Health Interview Survey (NHIS), 2017, which excludes institutional residents.

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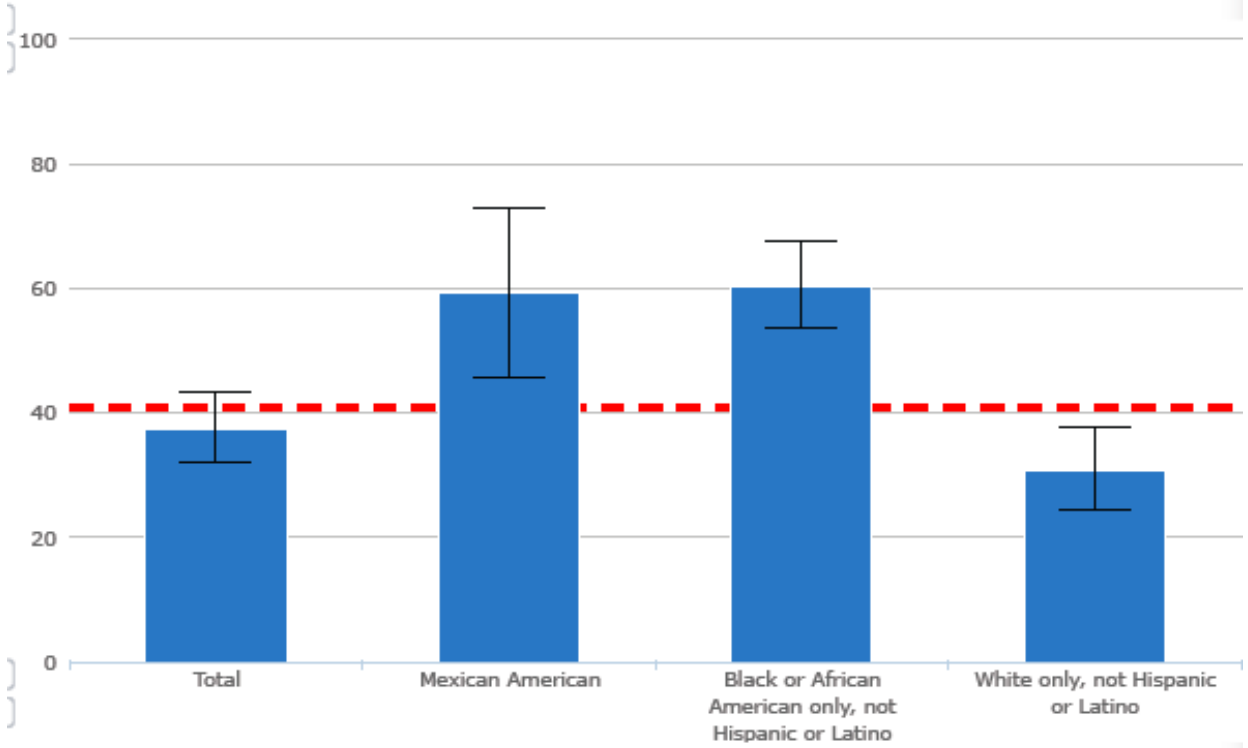
OH-5 Adults with moderate or severe periodontitis (percent, 45–74 years) By Race/Ethnicity

Year: 2013-2014

2020 Target = 40.8 ↓ **Decrease desired**



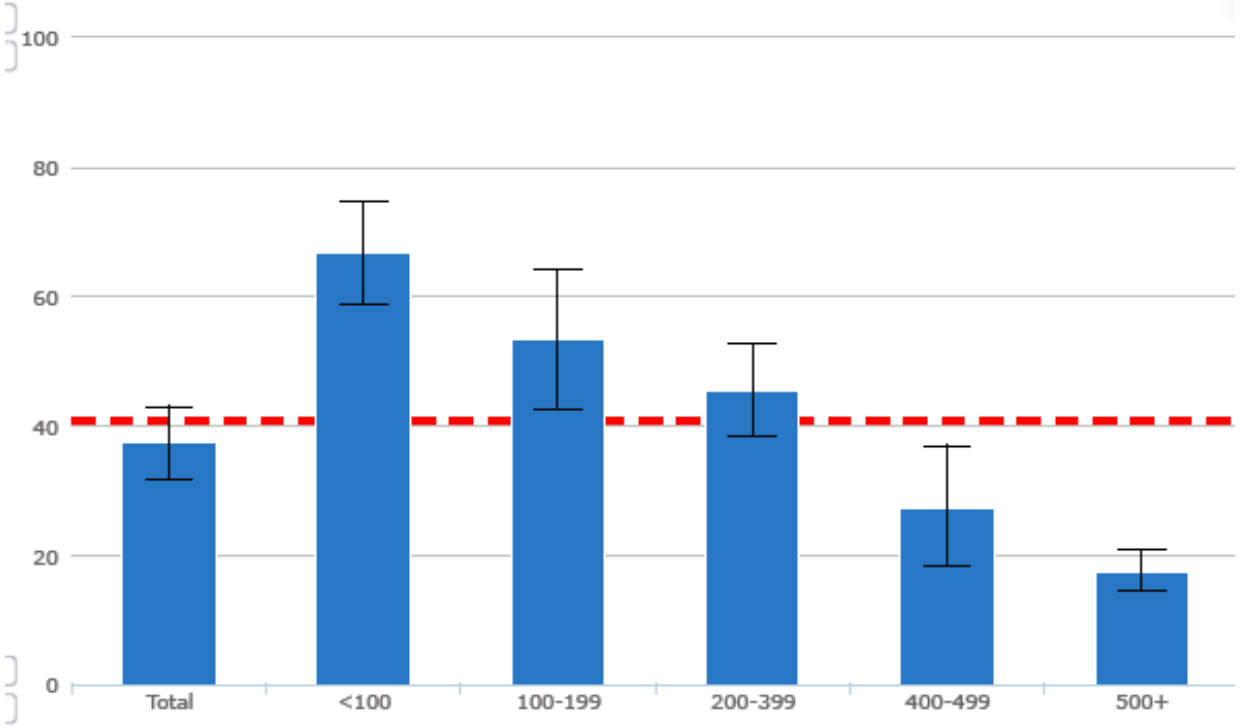
At baseline, 47.5 percent of adults aged 45 to 74 years had moderate or severe periodontitis in 2009–10. The target is 40.8 percent, based on a target-setting method of Minimal statistical significance.

Data Source: National Health and Nutrition Examination Survey (NHANES), CDC/NCHS

OH-5 Adults with moderate or severe periodontitis (percent, 45–74 years) By Family income (percent poverty threshold)

Year: 2013-2014

2020 Target = 40.8 ↓ **Decrease desired**



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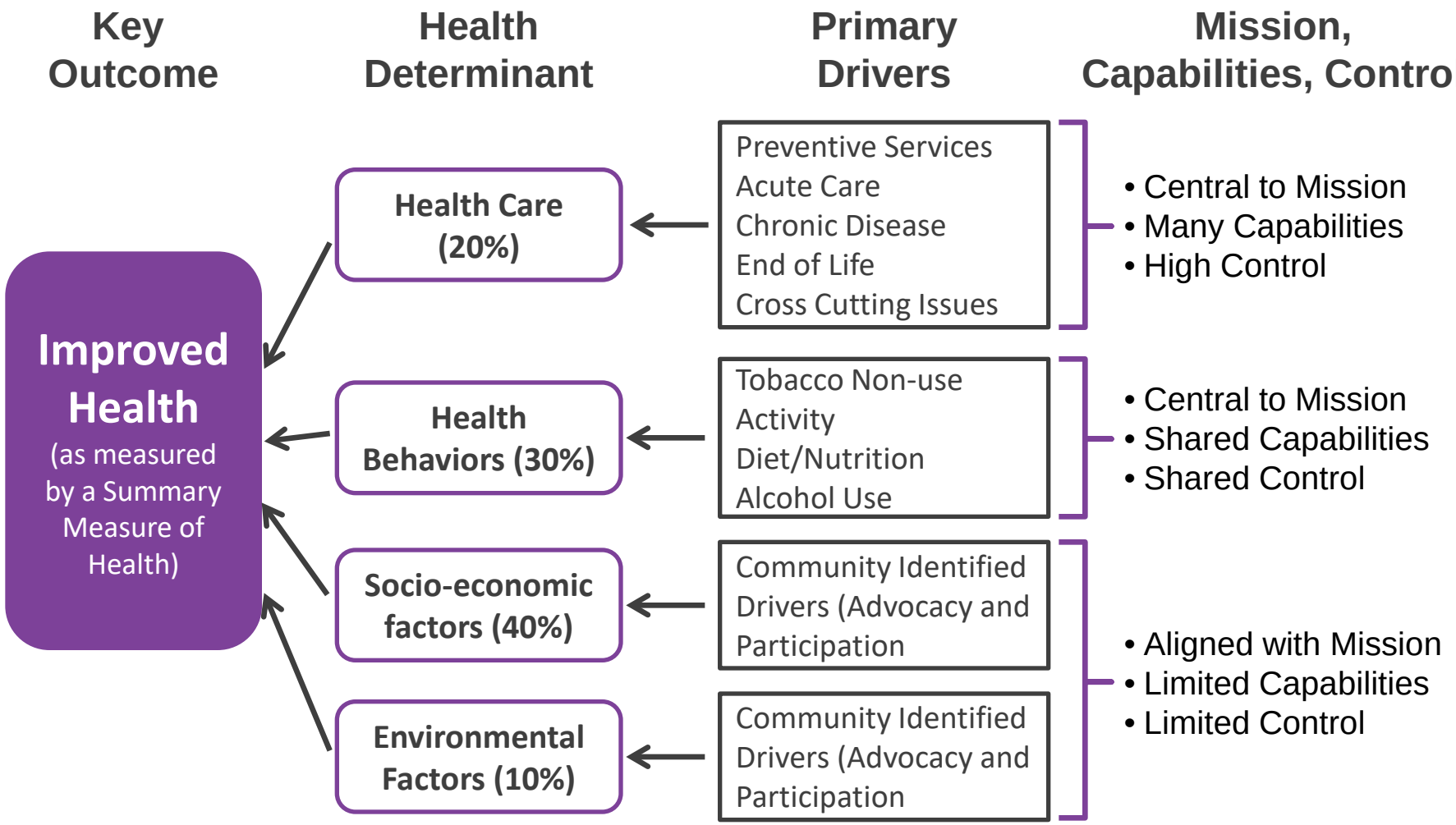
So, Where Does Oral Health Fit In?

The Kindig (UW Madison) Model as Modified by HealthPartners (2010)



Modified from Isham G and Zimmerman D, HealthPartners Board of Directors Retreat, October 2010

Ann Wynia, Board Chair, HP, Board Retreat, October 2010.

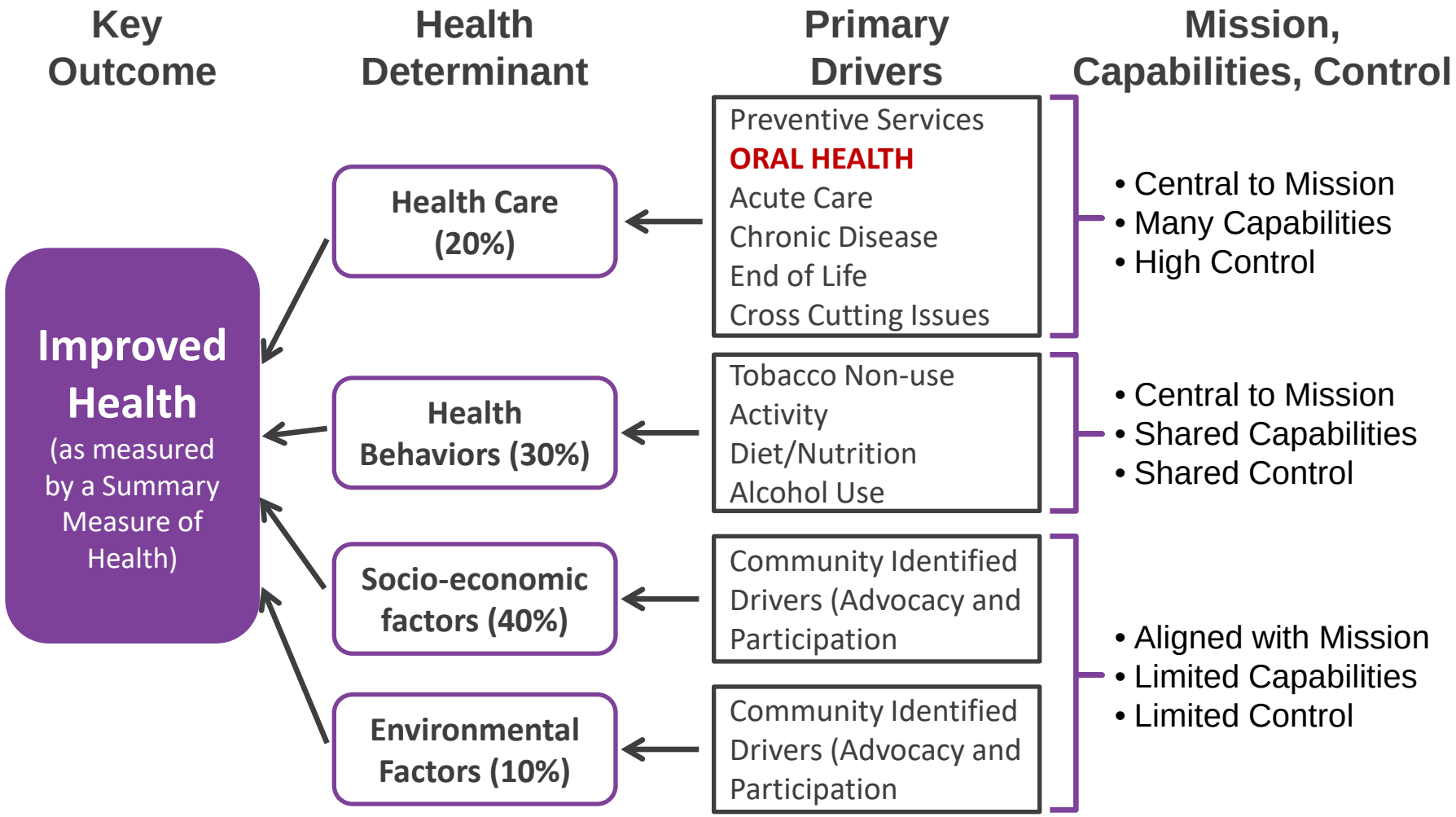
"We are not the Health Department."

and …

“The reality is that government, for a long period of time, has for whatever set of reasons become less functional and isn’t working at the speed that it once was. And so it does fall, I think, not just on business but on all other areas of society to step up.”*

*Tim Cook speaking on social responsibility, as reported in the New York Times, Aug 28, 2017

Oral Health and The Kindig (UW Madison) Model as further Modified* **



Modified from Isham G and Zimmerman D, HealthPartners Board of Directors Retreat, October 2010

*** Modified Further to incorporate Oral Health, Isham G, March, 2019*

The Importance of Oral Health to Health Outcomes

U.S. Surgeon General -

"Oral Health is essential to overall health. Good oral health improves a person's ability to speak, smile, taste, touch, chew, swallow, and make facial expressions to show feelings and emotions." *

* US Department of Health and Human Services, Public Health Service, Office of the Surgeon General, *Oral Health in America: A Report of the Surgeon General,* Rockville Md: National Institutes of health , National institute of Dental an Cranio-facial Research; 2000, p.33-59 & pp 155-88

The Relationship between Oral Health and General Health and Well-Being (Surgeon General, 2000)

- Many systemic diseases have oral manifestations.
- Oral cavity is a portal of entry as well as a site for microbial infections
- Oral cavity can be adversely affected by pharmaceuticals and other therapies and can affect patient compliance.
- Immunocompromised and hospitalized patients are at greater risk for morbidity associated with oral infections.
- Individuals with Diabetes are at grater risk for periodontal disease.
- Studies have demonstrated an association between periodontal disease and diabetes, CV disease, stroke, and adverse pregnancy outcomes.

* US Department of Health and Human Services, Public Health Service, Office of the Surgeon General, *Oral Health in America: A Report of the Surgeon General,* Rockville Md: National Institutes of health , National Institute of Dental an Cranio-facial Research; 2000, p.33-59 & pp 155-88

Oral Health and Quality of Life (Surgeon General, 2000)

- Oral health is related to well-being and quality of life as measured along functional, psychosocial, and economic dimensions.
- Cultural values influence oral health and well-being.
- Oral and Craniofacial diseases place a burden on society in the form of lost days and years of productive work.
- Oral-Facial Pain is a major source of diminished quality of life.
- Self-reported impacts of oral conditions on social function can be significant and individuals may experience loss of self-image, and self-esteem, anxiety, depression, and social stigma.

* US Department of Health and Human Services, Public Health Service, Office of the Surgeon General, *Oral Health in America: A Report of the Surgeon General,* Rockville Md: National Institutes of health , National Institute of Dental an Cranio-facial Research; 2000, p.33-59 & pp 155-88

Periodontal Disease Treatment* **

- There appears to be the need for fewer services and including hospitalizations for individuals with, Diabetes, Asthma, Congestive Heart Failure, Chronic Obstructive Lung Disease and Chronic Renal Failure, and Rheumatoid Arthritis.
- There are fewer insurance claims for these conditions.
- There is an estimated net positive impact on Medicare Program spending of a potential Periodontal treatment benefit.

*Avalere Health, Evaluation of Cost Savings Associated with Periodontal Disease Benefit, Memorandum, January 4, 2016; and

**Jeffcoat MK. Et. al. *Impact of Periodontal Therapy on General Health: Evidence from Insurance Data for Five Systemic conditions.* Am J Prev Med 2014 Aug; 47(2):166-74.

What Can We Do?

Framework for Action - Updated

- Change perceptions regarding oral health and disease so that oral health becomes an accepted component of general health.
- Accelerate the building of the science and evidence base and apply science effectively to improve oral health.
- Build an effective health infrastructure that meets the health needs of all Americans and integrates oral health effectively into overall health.
  - Integrated Electronic Health Records
  - Effective health and quality measures
  - Alternative payment structures
  - Integrated Insurance public (Medicare) and Private.
  - New Integrated Organizational forms and governance.
  - Integrated Medical and Dental Professional Training
  - Effective Interprofessional Team Formation and Training.
  - Common Medical and Dental Public Health Health Promotion and Prevention agendas.
- Remove known barriers between people and oral health services.
- Use public private partnerships to improve the oral health of those who still suffer disproportionally from oral diseases.

* US Department of Health and Human Services, Public Health Service, Office of the Surgeon General, *Oral Health in America: A Report of the Surgeon General,* Rockville Md: National Institutes of health , National Institute of Dental an Cranio-facial Research; 2000, p.33-59 & pp 155-88

When health is absent, wisdom cannot reveal itself, art cannot become manifest, strength cannot be exerted, wealth is useless, and reason is powerless.

– Herophilus, ancient Greek physician