

Paying for Oral Health in America

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Dentistry is facing unprecedented changes in the years to come. Some of these forces may be seen as challenges and some as opportunities. Recent studies published by the American Dental Association show that dentist incomes are stagnant. The cost to obtain a dental degree and to enter practice continues to climb, while reimbursement for traditional procedures is under constant pressure to control costs. In the background of these issues, there exists a growing population of citizens in America who do not have the financial resources to access oral health care services, and who suffer from higher levels of disease than their more affluent neighbors. The Affordable Care Act, signed into law in 2010, brought millions of uninsured Americans into the Medicaid program. With respect to dentistry, this primarily impacted access to care for low-income children. We are currently facing a crisis related to low reimbursement rates and low participation of dental providers in Medicaid. All of these changes are playing out under the pressure of the highest healthcare inflation rates in the world. Our national economic health is at risk.

The Centers for Medicare and Medicaid Services (CMS) has developed a strategic plan to transform the delivery of healthcare in America.

The Triple Aim: Care, health, and cost

Berwick DM, Nolan TW, Whittington J. The Triple Aim: Care, health, and cost. *Health Affairs*. 2008 May/June;27(3):759-769.

Improving the US health care system requires simultaneous pursuit of three aims: improving the experience of care, improving the health of populations, and reducing per capita costs of health care.

The idea of improving the health of populations and reducing costs may seem to be at odds with the dominant fee for service dental business model that has been in place for many decades. Fortunately, there currently exist new tools for dentists to utilize while participating in this new healthcare world. These tools are both financial and technological.

In the previous paradigm of procedural based reimbursement, dentists who were successful in leading their patients toward a state of health, could be seen as working themselves out of a job. It is hard to imagine that a modern dental practice could survive on a reduced fee for service reimbursement system that gives no value for preventive education and very little value for traditional preventive interventions such as sealants and fluoride varnish. Yet when a patient is in need of a procedure, which requires sophisticated technology, such as complex endodontics and oral surgery, we need to have the sophisticated and expensive supportive technology for these procedures. Sadly, many Americans who experience the pain and discomfort of dental emergencies are turning to the local emergency department of hospitals for relief.

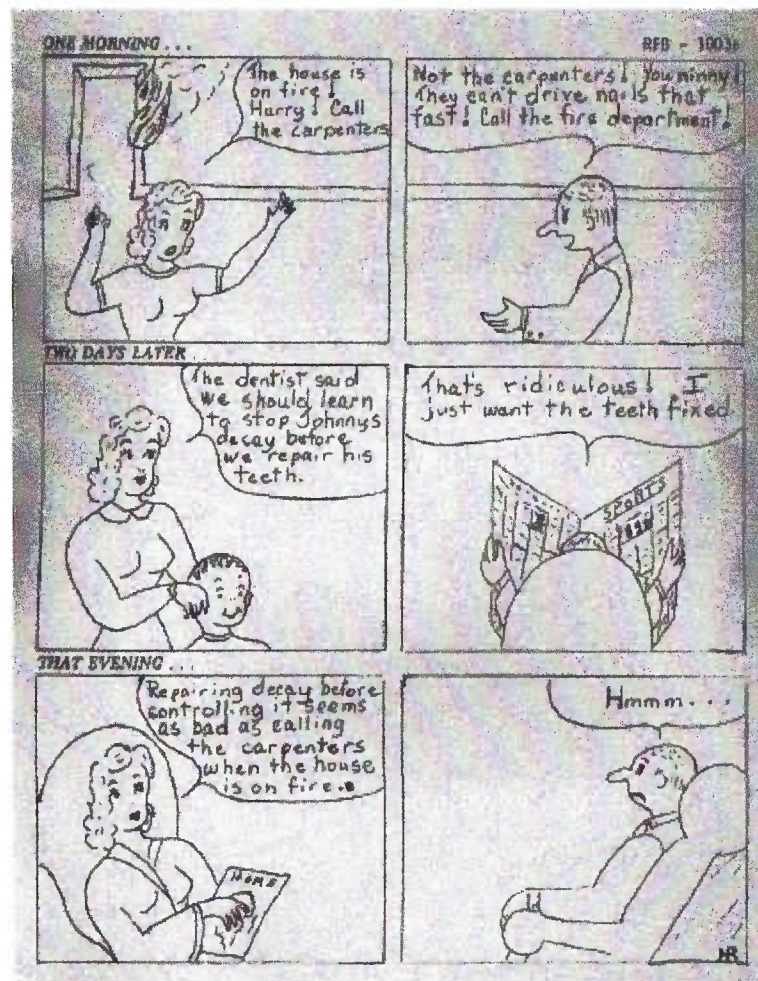
A group of pioneering dentists in the Pacific Northwest has been working for over twenty years on solutions to these problems. Dr. Mike Shirtcliff founded Advantage Dental in 1994, at the very beginning of the Oregon Health Plan.



Dr. Mike Shirtcliff

Oregon was the first state to obtain a federal waiver to manage their own Medicaid program. As a Medicaid provider himself, Dr. Shirtcliff understood that there was simply not enough money in the system to fill all of the cavities in the Medicaid population.

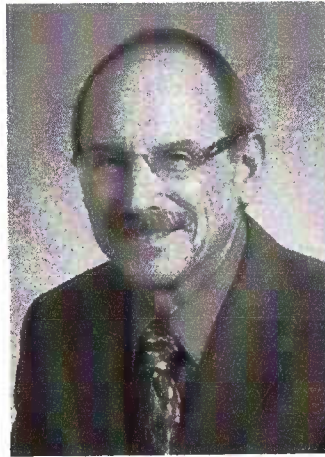
Borrowing from the famous words of Dr. Bob Barkley, "we have to first put the fire out, and then rebuild the house." Placing fillings in the mouth of a patient with active decay was similar to remodeling a house that was on fire.



Dr. Bob Barkley, taken from Successful Preventive Dental Practices

Dentistry has a robust portfolio of tools for restoring tissue lost to the infectious disease of caries. But until recently we have not had a “magic bullet” to put the fire out.

This all began to change when professor Peter Milgrom from the University of Washington spoke at a conference on oral health in the early days of the Oregon Health Plan.



Dr. Peter Milgrom

Dr. Milgrom described a product available for decades in other countries, silver fluoride. There was an abundance of international literature, which showed that silver fluoride was extremely successful in both arresting tooth decay and preventing its re-occurrence. Dr's Milgrom and Shirtcliff began a collaboration, which culminated after over ten years of work, with the FDA approval of silver diamine fluoride. This product is approved as a desensitization agent but is used by many dentists to arrest caries in an off label protocol. The product is distributed by Elevate Oral Care and is called Advantage Arrest.

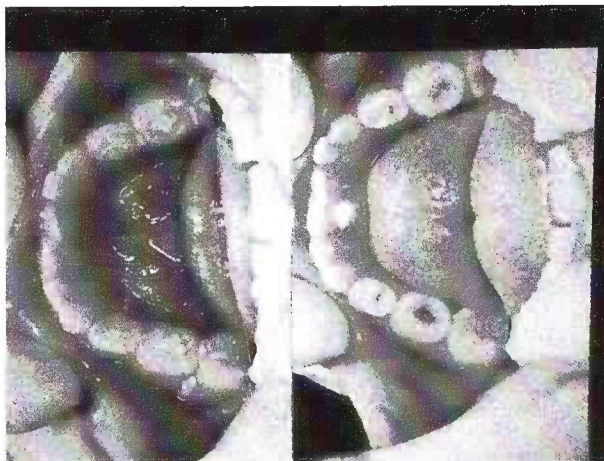


In a historic decision by the Oregon Board of Dentistry, silver diamine fluoride was categorized as a new form of fluoride similar to sodium fluoride and stannous fluoride. This decision may lead to the product becoming available for dental hygienists and EFDA assistants to apply in community settings.

Through the combination of teledentistry technology dentists and community based dental hygienists may bring the benefits of silver diamine fluoride to those communities that are in the most need of care and potentially saving millions of dollars in emergency room visits for dental conditions that can not be treated in that environment.



Silver diamine fluoride acts by stopping the infection that causes tooth decay and strengthening the tooth against future attack by disease causing germs. In some cases this simple treatment is sufficient until the primary tooth exfoliates or to stabilize root caries in seniors. In cases where a restoration is indicated, it is far superior to disinfect and arrest the lesion before placing the restoration.



Decay treated with silver diamine fluoride and restored with GIC

Prior to the FDA approval of silver diamine fluoride for desensitization, this author developed a method inspired by GV Black, to place silver nitrate followed by fluoride varnish to arrest tooth decay. This approach using silver and fluoride resulted in dramatic reduction in the need to take young children to the hospital for restorations under general anesthesia.

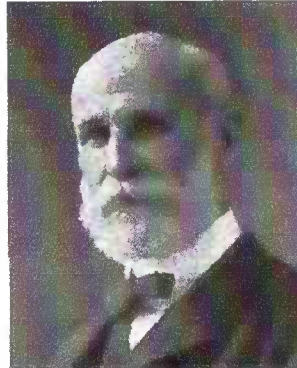
Dentists like Dr. John Frachella who practices in Oregon and Maine are developing novel new approaches to restorative dental care. Dr. Frachella and others are combining the benefits of caries arrest with silver compounds together with Glass Ionomer Cements in combination therapy, which holds great promise in treating high caries risk populations,.

So now that we have a tool for putting the fire out (silver diamine fluoride), how do we stay in business? The answer is called Global Budgeting, or a method to use the same

money we already have in the system to pay for different outcomes? Wellness rather than procedures. Our methods for financing healthcare are in transition across the country. In Oregon we call them Coordinated Care Organizations, in other states they may be called Accountable Care Organizations. These are locally controlled entities, which are charged with the responsibility to allocate existing local and federal healthcare dollars to align with the CMS triple aim of better experience of care, better outcomes of care and at a lesser cost. We are seeing new kinds of reimbursement metrics based on population health rather than tooth surface specific interventions. The traditional insurance marketplaces are being turned upside down by these organizations and we need to understand how to participate and lead in this brave new world. If we are successful, we will remain in business, our patients will have better health outcomes and our economies will thrive. Advantage Dental Care in Oregon has embraced this new method of financing dental care to communities by paying a fair and adequate capitation payment to providers who are charged with accountability for the oral health of the assigned membership. With reasonable withholds and specialty referral funds put into place, there exists a new kind of triple win situation. As the oral health of the community improves, the dentist wins economically, the payer of services wins by purchasing effective outcomes, and most importantly the patient wins by experiencing less dental disease.

Just as our healthcare economy was under pressure to reform due to out of control inflation, a new technology has come to dentistry which enables us to control the disease, to reach out to those currently underserved and to build a new future for our profession. Perhaps a more accurate way to view this situation is to realize that an effective

technology used in the past has come “back to the future” of dentistry.



G.V. Black

“The idea that dental practice is purely mechanical and not dependent upon knowledge of the pathology of dental caries, should be abandoned forever. It is an anomaly of science that should not continue.”

GV Black 1924

Steven Duffin completed a degree in microbiology at UCLA in 1979 and graduated from Emory University School of Dentistry in 1983. Dr. Duffin served as the dental director of the largest Medicaid dental care organization in Oregon before returning to private practice in 2005. His present interests lie in developing novel caries management methodologies in support of global oral health and supporting healthcare transformation in the United States.



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