Confluence:
SCDA and ADA
Meet on Common Ground

Barbara Smith
Greg Folse
Gretchen Gibson
Janet Yellowitz
Overview

• ADA snapshot
• Incurred Medical Expense
• Manuscript Project
• AMDA Collaboration
• Special Care Dentistry Act update
• Recognized leader on oral health
• Professional association of dentists that
  – fosters the success of a diverse membership and
  – advances the oral health of the public
Governance

• The **House of Delegates** is the legislative and policy making body of the Association.

• The **Board of Trustees** is the administrative body of the ADA.

• **Councils** report to the ADA House of Delegates and make policy recommendations.
ADA 11 Councils

- Council on Access, Prevention, and Interprofessional Relations
- CAPIR
- Government & Public Affairs
Council

- provide leadership, vision and coordination of the ADA's activities in the areas of access to dental care for specific population groups

- promote preventive dentistry as a cornerstone of oral health care

- to broaden the scope of oral health care within the total health care system
Some history…ADA and Elder Oral Health Care

• 2006 - Task Force Report
  “shoring up the oral health care system and profession’s readiness for meeting the oral health needs of vulnerable elders”

• Vulnerable Elderly Resolution
  26 initiatives: education, advocacy, research
National Elder Care Advisory Committee (NECAC)

- CAPIR Subcommittee

- Composition
  - Dentists with geriatric/special needs focus
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  - Dentists with geriatric/special needs focus
  - Long-term care industry
  - Geriatrician
National Elder Care Advisory Committee (NECAC)

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- Composition
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- Adopted 4 Goal Statements
NECAC advises ADA in the following goals

- Equip dentists with the funding, education and delivery systems necessary to meet the needs of the elderly
- Build and transfer the knowledge base needed to improve the oral health of elders
- Improve elder oral health outcomes by building national coalitions and promoting legislative and regulatory reform
- Enable elders and/or their caregivers to be good stewards and advocates for their own health, including preventing and managing disease
NECAC Goal

Equip dentists with the **funding**, education and delivery systems necessary to meet the needs of the elderly…

Promote Incurred Medical Expense reimbursement mechanism
What is Incurred Medical Expense (IME)?

• Reimburses dental care in nursing home
• Uses existing federal legislation
• Regularly used for other services
  – eyeglasses, hearing aids or podiatry services
• ADA developed How-to Guide

http://www.ada.org/6097.aspx?currentTab=2
How-to guide for Incurred Medical Expense

- Can help most residents enrolled in Medicaid pay for dental care.

- Medicaid residents with Social Security/other retirement income may be able to pay for medically necessary dental care that is not covered by Medicaid

How-to guides: 3 targets

- dental professionals
- state and county Medicaid caseworkers
- nursing home residents and their representatives
How does it work?

• Use resident’s monthly income
  – usually applied to nursing home care
  – for health care services not covered under Medicaid
How does it work?

- Medicaid temporarily increases the amount it pays to the facility…
  - patient receives the care
  - the dentist is paid at private rate
  - nursing home receives normal monthly fee
NECAC Goal

• Build and transfer the knowledge base needed to improve the oral health of elders...

  encourage new and renewed interest in research relevant to the vulnerable elderly population
Manuscript development project

“identify, aggregate and synthesize existing research on the oral health of the vulnerable elderly, in order to identify knowledge gaps.”
Manuscript development project-Round 1

• Call for applicants to:
  – Geriatric Dental Fellowships
  – Dental Public Health Residencies
  – Oral Epidemiology Training Programs

• 12 programs responded
Manuscript Development Project

• ADA provided:
  – Suggested topics
  – Services of a library scientist with a background in oral health
  – Honorarium to be used by resident/fellow for meeting attendance to present the work
  – Critical review by content experts prior to journal submission
Manuscript Development Project

Round 1

• Prevention of Root Caries - New York University
• Access to Dental Care - University of Texas San Antonio
• Xerostomia and Salivary Gland Dysfunction - Boston University **
• Root Caries Restorative Materials - University of Iowa

Manuscript Development Project-Round 2

• Goal - two published reviews
• Topics
  – Evidence of cost savings related to preventive dental care
  – Evidence for improved systemic outcomes in persons with diabetes receiving dental care
  – Evidence regarding appropriate informed consent in dentistry for vulnerable elderly
NECAC Goal

Improve elder oral health outcomes by building national coalitions and promoting legislative and regulatory reform…

Develop resources in collaboration with other stakeholders
ADA meets with AMDA

• AMDA - Dedicated to Long Term Care Medicine (formerly American Medical Directors Assoc.)
  – Professional association: medical directors, physicians & practitioners in LTC
  – Excellence in patient care
  – Education, advocacy, information & professional development

Source: AMDA website
Outcome of the National Coalition Consensus Conference Recommendations

- Collaboration initiated with AMDA
- Develop educational materials on oral health care in LTC
AMDA Long Term Care Medicine

• Offers educational & informational resources for LTC practitioners.

• Resources include:
  – Clinical Practice Guidelines in LTC Series
  – Clinical Practice Guidelines Implementation Tool Kits
  – Long Term Care Information Series
  – Practice Management Tools
  – Self-Study Education Materials
CPG Implementation Tool Kits

• Designed to ‘walk through each step’

• Kits to inform team and family members include:
  – Task assignment grid
  – Procedure documents for implementation
  – Quality indicators
  – In-service materials for:
    • Practitioners
    • Licensed nurses
    • Certified nursing assistants
Tool kits also include:

- Instructor’s manuals
- Quantitative protocols
- Clinical outcome measures
- Customizable CD-ROMs
Information Kit: Oral Health in Long Term Care

• Developed through a cooperative agreement with ADA

• Justification:
  – Relationship of oral to general overall health
  – Oral health in LTC facilities often described as “poor”
  – Consequences of poor oral health to health & well-being
Development of Oral Health Tool Kit

• AMDA aware and supportive of need for tool kit

• Co-chairs:
  – NECAC: Drs. Paul Mulhausen and Janet Yellowitz
  – AMDA: Dr. Jonathan Musher

• Initial topic outline developed

• Team members recruited.
  – Geriatric dentists, physicians, nurses, LTC directors and administrators

• Work initiated 11/2011.
Topic Outline Design

• Oral health basics:
  – Common presentations
  – Teeth, tooth fragments
  – Crowns & bridges
  – Complete & partial dentures
  – Implant fixtures & restorations
  – Gingiva (gums) – in health & disease
  – Photographs!
Topic Outline Design

• Oral diseases: Caries, periodontal disease, oral cancer, oral mucosal diseases
  – Etiology
  – Risk Factors
  – Presentation
  – Treatment Option(s)
  – Preventive Strategies

• Photographs!
Topic Outline Design

- Barriers to providing oral care services
  - Patient(s) and Provider(s)
    - Knowledge, opinions (attitudes) and behavior
  - Fiscal and space issues

- Daily care strategies
- Minimum Data Set - approaches

- Delivery systems
Topic Outline Design

• Oral care delivery options

• Incurred Medical Expenses

• Roles and Responsibilities of:
  – Medical Directors
  – Directors of Nursing
  – Nursing Supervisors
  – Nursing Aides
Oral Health Tool Kit

• To be reviewed by members of NECAC

• Anticipated date of completion: September, 2012
Special Care Dentistry Act

To amend title XIX of the Social Security Act to require States to provide oral health services to aged, blind, or disabled individuals under the Medicaid Program…

- 100% FMAP (No state matching required)
- $500 million price tag
Special Care Dentistry Act

**H. R. 1606**

To amend title XIX of the Social Security Act to require States to provide oral health services to aged, blind, or disabled individuals under the Medicaid Program, and for other purposes.

- Introduced April 2011 into 112th Congress by
  - Representative Eliot Engel (D-NY)
  - Representative Jan Schakowsky (D-IL)
  - 8 additional Democrats joined in support
Special Care Dentistry Act: State Dental Association Support (27)

- Arizona
- California
- Colorado
- Connecticut
- Florida
- Hawaii
- Illinois
- Indiana
- Maine
- Massachusetts
- Mississippi
- Missouri
- Montana
- Nebraska
- Nevada
- New Hampshire
- New Jersey
- New York State
- Ohio
- Oklahoma
- Oregon
- South Carolina
- Tennessee
- Utah
- Virginia
- Washington State
- Wisconsin
Special Care Dentistry Act: Other support (12)

- Academy of General Dentistry
- American Association of Dental Editors
- American Assn of Oral & Maxillofacial Surgeons
- American Academy of Periodontology
- American Association of Dental Boards
- American Assn Public Health Dentistry
- American Dental Education Association
- American Dental Hygienists' Association
- American Society of Dentist Anesthesiologists
- Special Care Dentistry Association
- Special Olympics
- The Nat'l Consumer Voice for Quality Long-Term Care
ADA lobbying efforts

• Dear colleague letter
  – Under Rep. Engel’s signature
  – 435 House offices urging co-sponsorship

• H Energy & Commerce Committee
  – Submitted questions specific to dental care
  – Highlighting need for the legislation
ADA lobbying efforts

- **S Health Committee**
  - Reauthorization of the Older American Act
  - Possible inclusion of SCD Act
- **24+ Senate office visits seeking sponsorship**
Political Realities…2012

- Defense of Affordable Care Act (D)
- Cut budget (R)
- Congressional Budget Office cannot “score” a bill based on savings
- Election year- shortened legislative calendar