Proceedings of the November 18-19, 2010

National Coalition Consensus Conference on Oral Health of Vulnerable Older Adults and Persons with Disabilities

J.W. Marriott Hotel, Washington, D.C.

Council on Access, Prevention and Interprofessional Relations
American Dental Association

ADA American Dental Association®
America's leading advocate for oral health
Table of Contents

Executive Summary .................................................................................................................. 1
  Background ............................................................................................................................. 1
  Organization .......................................................................................................................... 1
  Recommendations ................................................................................................................ 1

Background ............................................................................................................................. 3

Purpose ................................................................................................................................... 3

Organization ............................................................................................................................ 3

Program Schedule .................................................................................................................. 4

Summary of Presentations ....................................................................................................... 5
  Welcoming Remarks .............................................................................................................. 5
  The Expanding Population of Older Adults and Persons with Disabilities ....................... 5
  Medical Considerations in the Oral Health of Older Adults and Persons with Disabilities .... 6
  Oral Health Delivery Systems for Older Adults and Persons with Disabilities ................... 7
  Keynote Presentation ........................................................................................................... 8
  Professional Education for Oral Health for Older Adults and Persons with Disabilities ....... 9
  Policy Implications - Improving Oral Health for Older Adults and Persons with Disabilities 10
  Conference Summary and Call to Action ............................................................................ 11

Recommendation Topics ....................................................................................................... 13
  Oral Health Delivery Systems ............................................................................................ 13
  Finance ................................................................................................................................. 14
  Education .............................................................................................................................. 14
  Research ............................................................................................................................... 15
  Policy and Advocacy ............................................................................................................ 15
  The National Coalition ......................................................................................................... 16

Appendix 1: Speakers Biographies ......................................................................................... 17
  Douglas B. Berkey, D.M.D., M.P.H., M.S. ........................................................................... 17
  Sarah Crane, M.D. .................................................................................................................. 17
  Teresa Dolan, D.D.S., M.P.H. ............................................................................................. 17
  Chester W. Douglass, D.M.D., Ph.D. .................................................................................. 17
  Burton L. Edelstein, D.D.S., M.P.H. ................................................................................... 18
  David Fray, D.D.S., M.B.A. ................................................................................................. 18
  Raymond F. Gist, D.D.S. ...................................................................................................... 18
  Paul Glassman, D.D.S., M.A., M.B.A. ................................................................................ 18
  Michael Helgeson, D.D.S. .................................................................................................... 19
  Paul Mulhausen, M.D., M.H.S. ........................................................................................... 19
  Jonathan Mushar, M.D., C.M.D. ......................................................................................... 19
  Linda C. Niessen, D.M.D., M.P.H. ...................................................................................... 20
  Robyn I. Stone, Dr.P.H. ....................................................................................................... 20
  Beth Truett ............................................................................................................................ 20
  Mary Wakefield, Ph.D., R.N. ............................................................................................... 20
Proceedings of the National Coalition Consensus Conference on Oral Health of Vulnerable Older Adults and Persons with Disabilities
November 18-19, 2010

- Education
  - Educate the general public about the importance of oral health for frail elders and adults with disabilities
  - Enhance education of oral health professionals on providing oral health care for frail elders and adults with disabilities

- Research
- Policy and Advocacy
- Development of a National Coalition to address the lack of oral health care for frail elders and adults with disabilities

The American Dental Association (ADA) convened a National Coalition Consensus Conference on Oral Health of Vulnerable Older Adults and Persons with Disabilities on November 18 and 19, 2010 in Washington D.C. The conference drew over 150 representatives from professional dental associations, general health organizations, consumer advocacy groups and policy makers.

This document contains a summary of the proceedings as well as a listing of the recommendations from the conference.
Program Schedule
The following is the schedule of presentations and events from the conference. Speaker biographies are located in Appendix 1.

Welcome and Opening Remarks
- Paul Glassman, DDS, MA, MBA
- Kevin T. Hendler, DDS, FASGD, DABSCD
- Raymond F. Gist, DDS

The Expanding Population of Older Adults and Persons with Disabilities
- Presenter: Chester W. Douglass, DMD, PhD
- Reactor: Jonathan Mush er, MD, CMD

Medical Consideration in the Oral Health of Older Adults and Persons with Disabilities
- Presenter: Douglas B. Berkey, DMD, MPH, MS
- Reactor: Sarah Crane, MD

Oral Health Delivery Systems for Older Adults and Persons with Disabilities
- Presenter: Michael Helgeson, DDS
- Reactor: David Fray, DDS, MBA

Keynote Address
- Mary Wakefield, PhD, RN

Professional Education for Oral Health for Older Adults and Persons with Disabilities
- Presenter: Teresa A. Dolan, DDS, MPH
- Reactor: Paul Mulhausen, MD, MHS

Policy Implications for Improving Oral Health for Older Adults and Persons with Disabilities
- Presenter: Burton L. Edelstein, DDS, MPH
- Reactor: Robyn I. Stone, DrPH

Meeting Summary and Call to Action
- Linda C. Niessen, DMD, MPH
- Beth Truett
Jonathan Musher, MD, CMD
I represent the American Medical Directors Association (AMDA). The Omnibus Budget Reconciliation Act enacted in 1987 (OBRA '87) mandated that all nursing homes have a physician medical director. AMDA is the professional organization of practitioners in long-term care. Its 8000 members are mostly physicians (80%) but we also represent the interdisciplinary care team, practicing in sites ranging from nursing homes to community based programs.

The role of the medical director is two-fold: 1) implementing resident care policies and 2) coordinating medical care within the facility. This includes assuring that all services, including oral care, are available. Getting dental care for residents can be very difficult and requires a shift in how that care is delivered.

The White House Conference on Aging in 2005 dealt with Baby Boomers and their impact on the economy, especially as they begin to reach age 80 and beyond. The number of disabled older Americans is projected to be 21 million in 2040. We must be prepared for substantial increases in the need for long-term care services. Testimony provided to the US Senate Special Committee on Aging in 2003 on behalf of AMDA and the American Health Care Association underscored the following: 1) oral health in the elderly is important to providers, 2) proper assessment and intervention is critical to quality care and the quality of life of our patients and 3) Lack of oral health can lead to numerous problems that affect overall health and quality of life

Medical Considerations in the Oral Health of Older Adults and Persons with Disabilities

Douglas B. Berkey, DMD, MPH, MS
My presentation emphasizes the profound disparities in oral health and access to care that exist for all ages – and especially for the vulnerable elderly and persons with disabilities. It is very important to effectively address prevalent oral health needs because they can severely impair quality of life and negatively affect systemic health. Healthy smiles lead to vital social engagement, self esteem and mental health. Biofilms (plaque) are responsible for most oral-related problems (e.g., dental caries and periodontal disease). Dental caries may contribute to malnutrition due to loss of teeth and concomitant poor chewing function. Dental infections may lead to extreme tooth pain, bacteremia, facial cellulitis, brain abscess, and airway compromise. Circulating inflammatory mediators associated with periodontal disease have been implicated in a large number of systemic diseases. Epidemiologic studies are demonstrating that dental prevention efforts may provide substantial medical cost savings associated with diabetes, pneumonia, coronary artery disease, stroke, dementia, and other conditions. The U.S. Surgeon General affirmed that “…too many people outside the oral health community are uninformed about, misinformed about, or simply not interested in oral health." Future efforts must: 1) build a broadly-based and energized coalition advocating for improved oral health for the most vulnerable; 2) improve epidemiological research on oral/general health links (risk factors) and operational public health research; 3) develop oral health systems capacities based on age and disability friendly primary health care; 4) better integrate effective health promotion/disease prevention efforts; and 5) enhance dental health insurance coverage.

Sarah Crane, MD
Mouth care, unfortunately, doesn’t seem to be a medical concern. Some reasons include: 1) Despite extensive training, physicians learn little about teeth or the diseases that affect them. 2) Medicare doesn’t pay for dental care. 3) Within long term care, there is no regulation that compels medical directors to send residents to the dentist. As a result, mouth disease is missed, sometimes with catastrophic outcomes at enormous cost. Medicare and Medicaid pay for almost every infected device, heart attack, aspiration pneumonia, and ventilator associated pneumonia caused by ignoring tooth problems and mouth health.

Data which would support changing the situation is absent. The dental care system and the medical care system exist in silos with independent diagnostic documentation and reimbursement mechanisms. This
Keynote Presentation

Mary Wakefield, PhD, RN
As the Administrator of the Health Resources and Services Administration (HRSA) and also representing the U.S. Department of Health and Human Services (HHS), I am very pleased to be here. This topic is one that many of us from our different vantage points have an interest in addressing and at the end of the day, I think that we do it best, especially in times of economic constraints, when we're doing it together. This topic is perhaps especially important for us at the Health Resources and Services Administration because we focus on vulnerable populations.

HRSA has many areas of focus. Many of HRSA's activities impact our vulnerable aging and disabled populations. Our programs support health centers, health professional education, and health delivery for underserved populations. Oral health is present in virtually every one of our programs.

HHS has traditionally focused the bulk of its oral health efforts, as you probably are aware, on children. But today, we are working to reach all vulnerable populations in comprehensive, evidence-based, and coordinated manner, including additional attention on our elderly population and those with disabilities.

So, let me just say a couple of words about the HHS Oral Health Initiative. The Initiative's overarching goal is really pretty straightforward. It is to promote the concept that good oral health is essential, is integral, to good physical health. And, the Initiative aims to create a systems-based approach to oral health care through a solid foundation of coordination, collaboration, and integration of department-wide efforts.

We have moved to reassess the nation's capacity to provide good oral healthcare, especially for those that are least able to help themselves, and for the 21 million people that reside in health professions and dental health professions shortage areas. And so, with those goals in mind at HRSA, we have commissioned the Institute of Medicine to do two studies for us. Those studies are currently underway. One, the Oral Health Initiative study and the second study focusing on oral health access to services.

Tele-health is another area that we use to facilitate access to health services. It holds great potential to provide cost-effective services for people who reside in underserved areas or who have mobility problems because you can take services right into patient's homes, for example.

To maximize quality and cost-effective care, we, from our vantage point, are looking for innovative approaches to expand services. So, with that, thank you to all of you for being here today and for extending to me the opportunity to be here with you, and rest assured, we have this commitment. We're looking for your best ideas, and when you don't think we're executing them well, I'm here to tell you, we are here to listen.
Policy Implications - Improving Oral Health for Older Adults and Persons with Disabilities

Burton L. Edelstein, DDS, MPH
Effecting federal policy change requires that we understand our issues within the context of a much more complex setting. When members of congress are approached with requests for support, they may ask themselves several questions:

- What really happens if we do nothing?
- How consequential and severe is the problem, especially compared to other problems?
- Why can’t someone else address the problem, e.g. state government?
- What can be done that is really effective and costs little or nothing?

The historic separation of the medical and dental professions has:

- lead to the appearance that oral health is independent of general health
- resulted in the concept that dental care is more elective and aesthetic than medically essential
- created the assumption that oral diseases are not consequential or worthy of public attention
- been reinforced by political activity seeking exclusion of dental coverage in public programs (e.g. Medicare)

For policy makers, oral health is a niche issue that is deserving of attention within the context of other issues, but not necessarily in its own right. It needs to be hooked to other policy issues that are determined by the political environment. Currently, across the political spectrum, there is agreement that cost, quality, and access are significant issues. The liberal faction may view this in terms of equity or school readiness whereas the conservative faction may think more in terms of military readiness and employability. Regardless, oral health can be attached to these hooks especially if our messages are expressed so that they resonate with the intended listeners.

The policy making process is absolutely endless. To organize a campaign in support of oral health for vulnerable adults and be effective, we must do the following and be persistent:

- Develop the data, evidence and arguments
- Identify best practices, best examples
- Frame the arguments and the "asks"
- Prepare to defend the arguments against counter-arguments
- Identify proponents and opponents, negotiate to extent possible
- Engage a high profile spokesperson
As a result of this conference,

- What will you do differently?
- What will you go back to your communities to do?
- What are you willing to take on?
- Will you become an advocate for increasing access to affordable healthcare for disabled and older adults based on the demographic imperative?
- Will you increase your collaborations with your social services, dental and medical colleagues based on the oral systemic linkages?
- Will you examine innovative delivery systems and new methods of financing and reimbursement?
- Will you commit yourself to educating the next generation of dental and medical professionals together, putting them in the same room taking advantage of the richness of our academic health science centers where medicine, dentistry, pharmacy and law are on the same campus?
- Will you let your voice be heard and ensure that reimbursement for oral health is included for vulnerable populations as part of our healthcare system?

In order to reach these populations we need to find solutions. To quote Thomas Friedman, we need to be “dreamers in action, not martyrs in waiting.”

Beth Truett
We need to think about change by asking, “How do we take care of the aged, blind, and disabled with good, overall healthcare and with good oral care?” We need to focus on changing situations rather than changing people. Hayagreeva Rao in Market Rebels: How Activists Make or Break Radical Innovations, suggests that change can be accomplished by employing WUNC, an acronym which stands for Worthiness, Unity, Numbers, and Commitment. Would reducing the number of emergency room visits for dental related problems be a rallying point for us? We may need to seek unlikely partners. We lack pictures that illustrate our issues. A Mission of Mercy event for older adults with media coverage could put a face on the issue. We need to gather large numbers of people, make it easy to participate, and practice message simplicity. Requests need to be based upon very simple steps. We need simple messages that people can understand.

One of the strategies of Oral Health America’s Wisdom Tooth Project is the creation of an online community and portal where various groups can talk to one another: caregivers, families, seniors, organizations, professionals, and the community. We need to tap the growing volunteer work force. We need to adopt a business strategy and use the resources of the business community. The mental health movement was successful in part because business and medicine collaborated. We need to execute, that is the job of leaders.
• Treatment of oral disease
  o Establish reimbursement mechanisms for implementing standardized oral health protocols.
• Create positions for Dental Directors who can work in collaboration with Medical Directors and other organization staff.
• Develop mechanisms to finance and support dental director positions parallel to mechanisms for medical and pharmacy directors.

Finance
• Pass the Special Care Dentistry Act. Ensure that Medicaid covered services for aged, blind and disabled adults include comprehensive preventive and restorative dental care in outpatient and inpatient settings, application of preventive medications (i.e. fluoride varnish) by non-dentists, and reimbursement for behavioral management (via appropriate codes), and home-based care (via care location codes).
• Expand federal sources of support for patient services, education and research in oral health for frail elders and adults with disabilities (i.e. Title VII supported primary care dental residency programs and targeted research).
• Expand the evidence base and prepare advocacy positions to support payment for dental care that supports treatment of general health conditions.
• Educate dentists and the nursing homes industry about Incurred Medical Expense (IME) allowance in long-term care facilities.
• Give elders the option of funding their own dental insurance in retirement.

Education
Educate the general public about the importance of oral health for frail elders and adults with disabilities.
• Develop a public awareness campaign on the importance of oral health for frail elders and adults with disabilities.
• Work with Oral Health America’s Wisdom Tooth project.
• Provide information and web links about oral health for frail elders and adults with disabilities to national advocacy organizations that work with these populations.

Educate general health and social service professionals about oral health for frail elders and adults with disabilities.
• Develop competencies in oral health for students of medicine, nursing, nurse practitioners, physician’s assistants and pharmacists.
• Analyze core curriculum in general health and social service professions and develop resources for missing oral health content.
• Foster collaboration among advocacy organizations for frail elders and adults with disabilities to provide educational programs on oral health at national and local meetings.
• Work with the Accreditation Council on Graduate Medical Education (ACGME) and other general health accrediting bodies to increase the number of hours on oral health in general health curricula.
Policy and Advocacy

- "Declare War" on oral neglect for frail elders and adults with disabilities through positive efforts such as a public awareness campaign and education, and through penalties and litigation as a last resort.
  - Brand the effort and create a national communication campaign
  - Identify a national spokesperson or celebrity champion
  - Use the oral/systemic health connection in the messaging
  - Emphasize the impact on downstream medical expenses, reduced morbidity and mortality
  - Communicate the cost of neglect
  - Create and promote an annual event such as a Mission of Mercy (MoM) for frail elders and adults with disabilities—to provide care for individual need as well as highlight challenges preventing vulnerable adults from receiving care.
  - Provide media training for advocates.

- Develop and disseminate a national training initiative required by the Centers for Medicare & Medicaid Services (CMS) for nursing homes and nursing home surveyors regarding the oral health section of the Minimum Data Set (MDS) to ensure accurate patient assessment and compliance with follow-up activities.

- Promote the dental director model within long term care facilities, and educate the medical directors of these facilities about the importance and value of having a dental director.

The National Coalition

- Develop a policy statement about the need for a national coalition on vulnerable adults
- Launch a national coalition on Oral Health for Vulnerable Elderly and Persons with Disabilities
- Develop a mechanism to identify and engage members for the coalition.
- Develop mission and vision for the coalition focusing on the "cost of neglect"
- Develop the capability to identify and catalog national efforts to improve health of vulnerable populations and explore opportunities to join or focus those efforts on oral health. An example is the National Priorities Partnership convened by the National Quality Forum under HHS
Proceedings of the National Coalition Consensus Conference on Oral Health of Vulnerable Older Adults and Persons with Disabilities
November 18-19, 2010

Burton L. Edelstein, D.D.S., M.P.H.

Dr. Burton Edelstein, a pediatric dentist, is Columbia University Professor of Clinical Dentistry at the College of Dental Medicine and Professor of Clinical Health Policy and Management at the Mailman School of Public Health. He is also President of the Children’s Dental Health Project, a nonprofit policy agency committed to improving children’s access to oral health. After 20 years of clinical private pediatric dental practice, Burt’s career shifted to health policy when he served as a 1996–97 Robert Wood Johnson Health Policy Fellow in the Office of the US Senate Minority Leader where he worked primarily on health coverage legislation. Burt worked with the US Department of Health and Human Services as an oral health consultant to the Administrator of HRSA, chaired the US Surgeon General’s Workshop on Children and Oral Health, and authored the child section of the Surgeon General’s Report.

David Fray, D.D.S., M.B.A.

Since 2002, Dr. David Fray has been Chief of the Developmental Disabilities Division in the Hawaii Department of Health. This Division provides Medicaid and community support services statewide to more than 3,000 persons with neurotrauma, developmental and intellectual disabilities through 60 community provider agencies. Currently Dr. Fray is the Vice President for Education on the Board of the American Academy of Developmental Medicine and Dentistry. He is a faculty member of the John A Burns School of Medicine, Department of Pediatrics, LEND program. Previous positions are Director of Developmental Disabilities in Arkansas, Assistant Director of Mental Health, Director of the Arkansas Health Center, part time dental school faculty, and the co-founder of two community health clinics. He is a board certified health care administrator and a licensed nursing home administrator. He has owned two private dental practices and provided risk management and expert testimony for several malpractice insurance carriers. His professional interests are in the areas of autism and elder care.

Raymond F. Gist, D.D.S.

Dr. Gist practices general dentistry in Flint, Michigan and is president of the American Dental Association. He recently completed a four-year term on the ADA Board as the trustee from the Ninth District. His previous responsibilities with the ADA include serving as a delegate and on the Reference Committee on Dental Benefits, Practice and Health. He is a past president of the Michigan Dental Association, the Genesee District Dental Society and the Mid State Dental Study Group. In addition, he is a Fellow of the American College of Dentists, the International College of Dentists and the Pierre Fauchard Academy. He received his dental degree from the University of Michigan School of Dentistry and was a Captain in the U.S. Air Force before entering private dental practice.

Paul Glassman, D.D.S., M.A., M.B.A.

Dr. Paul Glassman has a long career working with special needs populations in a variety of practice and community settings and in developing community-based systems to improve oral health for people with special needs. He is currently professor and director of Community Oral Health at the University of the Pacific, Arthur A. Dugoni, School of Dentistry in San Francisco. In addition, he is a former president of the Special Care Dentistry Association. He is also co-director of the Pacific Center for Special Care at Pacific and co-director of the California Statewide Task Force on Oral Health for People with Special Needs and Aging Californians. Dr. Glassman currently serves as the Chair of the American Dental Association’s National Elder Care Advisory Committee.
Dr. Mushel is a Past President of the American Medical Directors Association (AMDA), Immediate Past Chair of the AMDA Foundation, a member of the AMDA Public Policy Committee, and was a recent delegate to the White House Conference on Aging.

Linda C. Niessen, D.M.D., M.P.H.

Dr. Linda Niessen currently serves as Vice President, Chief Clinical Officer for DENTSPLY International where she oversees clinical education, professional relations and corporate communications. She holds a faculty appointment as clinical professor in the department of restorative sciences at Baylor College of Dentistry, Texas A&M University Health Science Center in Dallas. She is a diplomate of the American Board of Special Care Dentistry and the American Board of Dental Public Health.

Robyn I. Stone, Dr.P.H.

Dr. Stone is a noted researcher and internationally recognized authority on long-term care and aging policy and has held senior research and policy positions in both the U.S. government and the private sector. She is currently the executive director of the Institute for the Future of Aging Services (IFAS) at the American Association of Homes and Services for the Aging in Washington, DC. While at IFAS, she has developed and directed a number of national programs including the Center for Medicare Education, the Better Jobs Better Care National Program and the National Initiative to Link Affordable Senior Housing with Health and Supportive Services. She was a political appointee in the Clinton Administration, serving in the U.S. Department of Health and Human Services as Deputy Assistant Secretary for Disability, Aging and Long-term Care Policy and as Assistant Secretary for Aging.

Beth Truett

Beth Truett is President and Chief Executive Officer of Oral Health America (OHA), an organization dedicated to improving oral health, especially for America’s most vulnerable citizens. Based in Chicago, OHA was founded in 1955 and works to connect communities with resources to provide access to care, education and public policies. Truett came to OHA in September 2008 with significant corporate and non-profit leadership experience, serving previously as the Executive Director of Chicago Lights, a community outreach organization that annually serves 7,000 Chicagoans who face the challenges of aging, poverty, access to education and healthcare.

Mary Wakefield, Ph.D., R.N.

Dr. Mary Wakefield is currently the administrator of the Health Resources and Services Administration (HRSA), an agency of the U.S. Department of Health and Human Services. She was previously associate dean for rural health at University of North Dakota (UND) School of Medicine and Health Sciences, a tenured professor, and director of the university’s Center for Rural Health. She has served as chief of staff to two U.S. senators, as director of the Center for Health Policy, Research and Ethics at George Mason University, and worked as a consultant to the World Health Organization’s Global Programme on AIDS. In announcing Dr. Wakefield’s appointment to HRSA, President Obama said, “As a nurse, a Ph.D., and a leading rural health care advocate, Mary Wakefield brings expertise that will be instrumental in expanding and improving services for those who are currently uninsured or underserved.”