The Future of Dental Practice: Implications for Dental Education

David S. Gesko, DDS
Sr. Vice President & Dental Director
HealthPartners
2014 ADEA Deans’ Conference
November 15-18, 2014
Loews Coronado Bay Hotel
Coronado, CA
Your last Deans’ meeting...
Learning objectives:

• Identify an integrated practice setting in the Midwest where medical care is offered alongside dental care.
• Describe the models of practice that include an expanded role in primary care delivery.
• Define dentistry’s role in the collaborative care model
• Identify opportunities where dental education strategies can be modified to support better overall integration.
HealthPartners at a glance...

- Not-for-profit, consumer-governed
- Integrated care and financing system
  - A team of 21,000 people
  - Health and Dental plan
    - 1.4 million health and dental members in Minnesota and surrounding states
  - Medical Clinics
    - 1 million patients
    - 1,700 physicians
      - HealthPartners Medical Group
      - Stillwater Medical Group
      - Park Nicollet Health Services
    - 35 medical and surgical specialties
    - 40 primary care locations
    - Multi-payer
  - Dental Clinics
    - 75 + dentists, 60 + hygienists, 3 dental therapists
    - Specialties: oral surgery, orthodontics, pediatric dentistry, periodontics, prosthodontics, endodontics
    - 22 locations
  - Five hospitals
    - Regions: 454-bed level 1 trauma and tertiary center
    - Lakeview: 97-bed acute care hospital, national leader in orthopedic care
    - Hudson: 25-bed critical access hospital, award-winning healing arts program
    - Westfields: 25-bed critical access hospital, regional cancer care location
    - Methodist: 426-bed acute care hospital, featuring the Jane Brattain Breast Center
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Our unique position

HealthPartners Family of Organizations

Medical Group & Clinics

Pharmacy

Institute for Education & Research

Hospitals

Medical & Dental Health Plan

Dental Group
A Shared Purpose

HealthPartners Triple Aim

Health

Experience

Affordability

Dental Plan structures reimbursement, develops provider resources, influences quality

Research generates knowledge & innovation

HPDG provides care & shapes delivery

HealthPartners

E Experience

Affordability

Dental Plan structures reimbursement, develops provider resources, influences quality

Research generates knowledge & innovation

HPDG provides care & shapes delivery

HealthPartners

A Shared Purpose
**Triple Aim: Transformation Elements**

- **Set goals; aim high**
- **Redesign Care**
  - Reliability
  - Customization
  - Access
  - **Coordination**
- **Align compensation, payment, and plan benefit design with Triple Aim goals**
- **Transparency**
  - report results
- **Provide actionable Triple Aim data**
- **Support healthy lifestyle choices**
- **Proactively identify and engage high risk populations**
- **Culture**
Our Strategies

- **Partner** for better health
- **Design new approaches** to care
- **Engage consumers** effectively
- **Pilot new payment approaches**
Minnesota is known for innovation!
Another Minnesota “first”:

If you have a toothache, one of the first persons you call most likely would be your dentist to set up an appointment. If you need a flu shot, who would you call?

Probably not your dentist. But if Rep. Jerry Hertaus (R-Greenfield) gets his bill passed, you could get your flu vaccination during your routine teeth cleaning.

HF2581 would allow licensed dentists to administer influenza vaccinations if they have immediate access to emergency response equipment and have received training on how to give the shot and respond to vaccine reactions.

Rep. Hertaus explains his bill and tells who in particular would be helped in our Starting Line segment for this week. Watch it here.
HealthPartners is also known for innovation!
We live in a life of change...

Amazing what you can get when you spend over $1 Billion!

HealthPartners®
How many of you remember this?
Dentistry is changing too...
“Quality” has changed as well...

- Dental School definition:
  - Sharp line and point angles
  - “Extension-for-Prevention”
  - “3-point” occlusal contacts

- Evolving definition:
  - Improved health (for a population)
  - Reduced risk
  - Greater value proposition
  - Cost-effective results
HealthPartners Dental Group

Practice principles:

- The delivery of care based on evidence-based care guidelines
- A focus on disease management, disease risk assessment and risk reduction
- The preservation of hard and soft tissue
- The application of a medical model of care to dentistry
- Maintain/improve on overall cost-of-care
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Goals of being “Evidence-Based”

Best evidence

Best evidence

Best evidence

Best evidence

Clinical Guidelines

Used by permission of the ADA. December, 2008
HealthPartners’ Dental Group: Current Guidelines

- Caries
- Periodontal disease
- Oral Cancer
- Treatment Planning
- Endodontic Care
- Third-Molar Care
Building a Simulation System To Train Dentists To Practice Evidence-Based Dentistry

Case-based learning, structured around an internet interface
Practice principles:

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# Caries Risk Assessment

<table>
<thead>
<tr>
<th>Caries Risk Factors</th>
<th>Low</th>
<th>Mod</th>
<th>High</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caries in last 2 years (Primary)</td>
<td></td>
<td></td>
<td>✔</td>
</tr>
<tr>
<td>Caries in last 3 years (Mixed)</td>
<td>✔</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1-2 Caries in last 3 years (Permanent)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Caries in last 3 years (Permanent)</td>
<td></td>
<td>✔</td>
<td></td>
</tr>
<tr>
<td>Medicated Caries in last 3 years</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Breast/Bottle Feeding (beyond 1 year old)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Poor home care - limited parental supervision</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Suboptimal Fluoride</td>
<td></td>
<td></td>
<td>✔</td>
</tr>
<tr>
<td>Caries-Inducing Dietary Practices</td>
<td></td>
<td>✔</td>
<td></td>
</tr>
<tr>
<td>Medically/Physically Compromised</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Receiving any form of Public Assistance</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Syndrome</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Radiation Therapy Head/Neck</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medications/Microbiology</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Active Ortho Treatment/Oral appliance</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Caries Risk Assessment

<table>
<thead>
<tr>
<th>Caries Risk Assessment</th>
<th>Edent</th>
<th>Low</th>
<th>Mod</th>
<th>High</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>R80.0</td>
<td>R80.1</td>
<td>R80.2</td>
<td>✔ R80.3</td>
</tr>
</tbody>
</table>

## Caries Interventions

- 1203: Topical Fluoride (in office)
- 1204: Topical Fluoride (in office)
- 1205: FL Prime (OTC)
- 1207: RX FL SeFaste
- 1208: RX Synthene FL Supplement
- 1209: FL Varnish
- 120C: Re-evaluation
# Perio Risk Assessment

## Perio Risk Factors
- **Hx/Current Active Perio Disease**
- **Smoking < 10/Day**
- **Smoking > 10/Day**
- **Smokeless Tobacco Use**
- **Diabetes - Controlled/Uncontrolled**
- **Immunosuppressed Disease**

<table>
<thead>
<tr>
<th>Low</th>
<th>Mod</th>
<th>High</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>R17.0</td>
</tr>
<tr>
<td>R12.1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>R12.2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>R31.1</td>
<td></td>
<td>R31.2</td>
</tr>
<tr>
<td>R32.1</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Perio Risk Assessment

<table>
<thead>
<tr>
<th>Edent</th>
<th>Low</th>
<th>Mod</th>
<th>High</th>
</tr>
</thead>
<tbody>
<tr>
<td>R75.0</td>
<td></td>
<td>R75.1</td>
<td>R75.2</td>
</tr>
</tbody>
</table>

## Perio Interventions

- 122F: Re-evaluation
- 1321: Refer Smoking Cessation
- 132P: Refer to MD - Uncontrolled Diabetes
- 133F: OH- (Separate Apxx)
- 134F: OH - Aqment (Elec. T Brush, Etc.)
- 135F: Antibacterial Rinse (CHX)
- 1400: Ed about path of Perio Disease
- 150P: Referral to Periodontist
- 4314: Recommended Perio Therapy
- 4313: Perio Maint - 6 M Interval
- 4314: Perio Maint - 4 M Interval
- 431S: Perio Maint - 6 M Interval
Oral Cancer Risk Assessment

GSD Groups - [Data Test]

Providers | Patients | Maplewood | Inver Grove | Apple Valley RDH

Search By Last Name: Test, Dave

Dates:
- 06/19/2008 02:35pm
- 07/11/2008 11:33am
- 03/01/2009 11:14am

Patients:
- 999 TG
- 332 SP
- 1181 WG

Insurance: Insur

Risk:
- 31x5m

Oral Cancer Risk Factors:
- Tobacco Use: R12.5
- Alcohol Use: R13.0
- History of Oropharyngeal Cancer: R33.0
- Immunodeficient: R32.5
- Sun Exposure: R14.0
- Age: 31y5m

Oral Cancer Risk Level:
- Low
- Elevated: R90.2

Oral Cancer Interventions:
- 1322: Recommend tobacco cessation
- 1350: Reinforce tobacco cessation
- 1401: Education on alcohol use/oral cancer
- 1402: Recommend use of sun-blocking lotions
- 1403: Recall interval for soft tissue exam

User: JEELIASON | Date: 03/10/2009 | Period: Mar/09 | Clinic: AD | Practice: HealthPartners Dental Group
Risk Assessments Recorded

Risk Assessments Recorded

1/1/2008 through 3/31/2014

Percent of Exams

Quarter

HealthPartners
Perio Interventions

Perio Interventions Prescribed

1/1/2008 through 3/31/2014

- Interventions for Med Risk
- Interventions for High Risk
- Moderate Goal
- High Goal

Percent of Perio Risk Assessments

Quarter
Caries Interventions

Caries Interventions Prescribed

1/1/2008 through 3/31/2014

- Interventions for Mod Risk
- Interventions for High Risk
- Goal

Percent of Caries Risk Assessments

Quarter

HealthPartners®
Oral Cancer Interventions

Oral Cancer Interventions Prescribed

4/1/2008 through 3/31/2014

Percent of Risk Assessments

Quarter

HealthPartners®
## Personal Dental Care Report

**Prepared for:** SP Test  
**Age:** 32  
**Exam date:** 01/16/2012

### Your Risk for Caries (Tooth Decay) Disease

<table>
<thead>
<tr>
<th>Risk Factor</th>
<th>Your Risk Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recent caries</td>
<td>One or more caries in last 3 years</td>
</tr>
</tbody>
</table>

**Today's exam:** Moderate  
**Last exam:** Low

**What we recommend to reduce your risk level for Caries Disease:**
- Daily rinsing of fluoride product purchased at HealthPartners pharmacy or other retail store. Rinse with fluoride rinse once or twice daily at times other than when brushing.
- Application of a concentrated fluoride product to the teeth in the clinic to assist in remineralization.

### Your Risk for Periodontal (Gum) Disease

<table>
<thead>
<tr>
<th>Risk Factor</th>
<th>Your Risk Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>History of or active periodontal disease</td>
<td>Have had a diagnosis of periodontal disease, with or without past treatment</td>
</tr>
</tbody>
</table>

**Today’s exam:** Moderate  
**Last exam:** Low

**What we recommend to reduce your risk level for Periodontal Disease:**
- Consider quitting tobacco habit, participate in a QuitLine program or other means of quitting.

### Your Risk for Oral Cancer

<table>
<thead>
<tr>
<th>Risk Factor</th>
<th>Your Risk Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tobacco use</td>
<td>Use of tobacco—either smoking or smokeless</td>
</tr>
</tbody>
</table>

**Today’s exam:** Elevated  
**Last exam:** Low

**What we recommend to reduce your risk level for Oral Cancer:**
- Consider quitting tobacco habit, participate in a QuitLine program or other means of quitting.

We recommend that you schedule your next dental check-up for **March 2012**.

---

**Today's Blood Pressure:** 115/72

**Color Key**
- **Low**
- **Moderate**
- **High/Elevated**
HealthPartners Dental Group

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Cavities

Replacement Filling $150

Crown $1,000

Root Canal $900

Healthy Tooth
Annual Maintenance $10/year

Filling $100

Total Average Lifetime Cost $6,000

Implant $4,000
HealthPartners Dental Group

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“Findings” and “Diagnostic” Codes
Exam with findings:
Treatment planned for next visit:
Findings codes to Diagnostic codes
Medical – Dental Integration

Link takes you to web page with care recommendations
The HealthPartners Dental Group has begun an initiative to help dental providers improve the care of dental patients with chronic conditions. The goal is to increase provider awareness and ensure sound decision-making by providing dental recommendations for patients with chronic conditions. Chronic medical conditions such as diabetes, heart disease, obstructive pulmonary disease, and conditions that cause xerostomia (dry mouth) can have a profound effect on the quality and safety of dental care if neglected. For example, a diagnosis of diabetes makes an individual significantly more prone to periodontal disease and dental caries, while patients with congestive heart failure need special treatment during dental care to prevent a cardiac event. If these medical conditions are not identified and addressed in routine dental care, the quality and safety of the care can be adversely affected. The 1995 Institute of Medicine Report on Dentistry ([http://www.iom.edu/CMS/3809/16730.aspx](http://www.iom.edu/CMS/3809/16730.aspx)) calls for more links between dentistry and medicine and identifies the need to better train dentists on special considerations in managing patients with medical conditions. The report concludes that "dental practitioners will use more medical knowledge in the future and will need to work more closely with other health professionals. Meeting the needs of an aging population with more complex health problems will require that dental professionals have more comprehensive medical knowledge...and that the dental profession will and should become more closely integrated with medicine and the health care system on all levels: education, research and patient care." The U.S. Surgeon General's 2000 Report on Oral Health in America also highlights the important interactions between oral diseases, particularly, periodontal disease and oral infections, with diseases such as coronary heart disease, bacterial pneumonia, diabetes, and stroke. ([http://www.surgeongeneral.gov/library/oralhealth](http://www.surgeongeneral.gov/library/oralhealth)) Thus, the following recommendations have been developed for dental patients in HPDG.

An initial step to improve care for dental patients with chronic conditions is to assess the patient and treatment recommendations prior to initiating dental care, follow the recommendations to prevent problems, and document that you have reviewed and completed them in clinical notes or a SOAP note as part of the chart.
More medical-dental integration:

This link takes you to another web page with specific medical information from our EMR
Problem list from EHR:

- Lens replaced by other means (11-Aug-14)
- Dry skin dermatitis (29-Jan-14)
- Cardiac pacemaker in situ (18-Jan-13)
- Microscopic colitis (24-Oct-12)
- Colon cancer (31-May-12)
- Hypertension (05-Jan-12)
- Atrial Flutter (21-Oct-10)
- Muscle tension dysphonia (07-Jul-10)
- Exposure keratocon or keratitis (23-Feb-09)
- DVT (deep venous thrombosis) (22-Feb-09)
- Facial nerve injury (23-Feb-09)
- H/O: facial fractures (23-Feb-09)
- Accident (31-Dec-08)
- Glaucoma suspect (12-May-08)
- Presbyopia (12-May-08)
- Benign nuclear sclerosis (12-May-08)
- Unspecified hyperplasia of prostate without urinary obstruction and other lower urinary tract symptoms (LUTS) (01-Jun-06)
Medication list from EHR:

**Medications**

1. ARTIFICIAL TEARS 0.4% OP SOLN
2. ASPIRIN 81 MG OR TABS
3. CALCIUM + D 600-200 MG-UNIT OR TABS
4. CHOLECALCIFEROL 1000 UNITS OR TABS
5. CYANOCOBALAMIN 100 MCG OR TABS
6. MAGNESIUM 100 MG OR CAPS
7. PROBIOTIC DAILY OR
8. TRIAMTERENE-HCTZ 75-50 MG OR TABS
9. WARFARIN SODIUM 5 MG OR TABS
Relevant labs and vitals from EHR:
Computer Assisted Tobacco Intervention in Dental Practice Settings—The CATI Study

Brad Rindal, Emily Durand, Charles Huntley, Cheri Rolando, Wendy Jorgenson, Michelle Emerson

HealthPartners Regional Dental Meetings
Spring 2012
The Problem

Tobacco is…

• The **single greatest cause of disease and premature death** in America today.
• Responsible for more than **430,000 deaths each year**.
• Approximately **20% of adult Americans currently smoke**.
• **3,000 children and adolescents become regular users of tobacco every day**.
• **Societal costs approach $100 billion each year**.

The solution:

Most smokers (>70%) express a desire to stop smoking; if they successfully quit, the result will be both immediate and long-term health improvements. **Clinicians have a vital role to play in helping smokers quit.**

Research demonstrates that **efficacious treatments exist** and should become a part of standard caregiving. Research also shows that delivering such treatments is cost-effective.

In summary, the treatment of tobacco use and dependence presents the **best opportunity for clinicians to improve the lives of millions of Americans nationwide** in a cost-effective manner.

The Evidence

Current research suggests dental providers ask about tobacco use (i.e., screen) but don’t assist the patient in tobacco cessation. (Internal data and other)

Approaches that involve Screening for drug use, Brief Intervention, and Referral to Treatment (SBIRT) provide a promising, practical solution.

Image: www.drsabadra.com

Health education

Behavioral strategies

Medication

Awareness

Motivation

Tobacco Free

Fear of quitting

Psychological dependence

Physical dependence

Image: www.drsabadra.com
Will dental providers:

1) assess **interest in quitting**, 
2) deliver a **brief tobacco intervention**, and 
3) refer to a **tobacco quit line** more frequently when provided with computer-assisted guidance as compared to a control group?
The Research Design

Why is this important?

Clinical trial, group randomized by clinic

Control Clinics

“Usual care”

Intervention Clinics

DH Float Pool

Arden Hills
Central MN
Inver Grove Heights
Midway
Riverside
St. Paul
West
Woodbury
White Bear Lake

Apple Valley
Bloomington
Blaine
Como
Coon Rapids
Brooklyn Center
Maplewood
The CATI “Smart Tool”
Supporting SBIRT— an evidence-based approach facilitates the 5 A’s

ASK/ASSESS
With items 68-71 complete...
...an automatic calculation of dependency...

ADVISE
...creates, personalized, evidence-based provider scripts...

ASSIST/ARRANGE
...and quick links to helpful patient info
Tobacco use is assessed as part of a comprehensive health history.

A rules-based algorithm automatically generates a pop-up provider script (16 possible message combinations).

Clicking “Discussed” automatically documents dependency level and script use.

At next visit, discussion notes are reviewed as part of health history review.
Outcomes

What does this tell us about the CATI tool in the environment of HealthPartners Dental Clinics?

1. Patients are being screened at high levels and report high satisfaction across all clinics.

2. Most returning patients expect dental providers to talk to them about smoking and feel the provider listens and shows a genuine interest.

3. The tool was successful in promoting an SBIRT approach in HPDG clinics.

4. Most patients feel they are getting the right amount of information.
Why address tobacco in the dental office?

• There are nearly as many dental hygienists practicing in the United States (181,800)\(^1\) as primary care physicians (209,000).\(^2\)

• The number of dental hygienists is expected to increase to 250,000 by 2020.\(^1\)

• Half of Americans visit a dental office each year,

Why address tobacco in the dental office?

• In contrast to the 7-15 minute primary care doctor’s visit, dental visits average about 60 minutes
• Dental visits are focused on one topic, oral health; physicians must address many topics
• Dental hygienists are passionate about prevention
• Addressing tobacco use increases patient satisfaction
Blood Glucose screening in the dental office:

Random blood glucose testing in dental practice: A community-based feasibility study from The Dental Practice-Based Research Network
Andrei Barasch, Monika M. Safford, Vibeke Qvist, Randall Palmore, David Gesko and Gregg H. Gilbert
JADA 2012;143(3):262-269
10.14219/jada.archive.2012.0151

The following resources related to this article are available online at jada.ada.org (this information is current as of November 10, 2014):
28 dentists and dental specialists in 2 countries covering 5 geographic regions enrolled 498 patients

www.dentalpbrn.org
Conclusion

• Opportunistic glucose testing in dental practice appears to have excellent acceptance from both practitioners and patients who experienced such screening.

• Barriers to testing appear to be surmountable.
Fluoride Varnish in Primary Care

State of Minnesota
HOUSE OF REPRESENTATIVES
EIGHTY-SIXTH SESSION

February 19, 2009
Authored by Norton; Huntley; Murphy, E.; Abeler; Liebling and others
The bill was read for the first time and referred to the Committee on Health Care and Human Services Policy and Oversight
Proposes caries prevention as mandatory part of check-up

1.20 (d) As part of the child and teen checkup or at an episodic care visit, the primary care health care provider must include primary caries prevention. Primary caries prevention services include, at a minimum:

1.22 (1) an oral examination;

1.24 (2) a risk assessment; and

Section 1.

2.1 (3) the application of a fluoride varnish beginning at age 1 to those children assessed by the provider as being high risk according to the criteria of the American Academies of Pediatrics and Pediatric Dentistry.
States With and Without MEDICAID Reimbursement for Primary Care Medical Providers to Perform Caries Prevention Services

** Indicates state grade from *The Cost of Delay: State Dental Policies Fail One in Five Children*, Pew Children’s Dental Campaign

Legend:
- Medicaid reimburses
- Medicaid reimbursement approved but not funded
- Medicaid reimburses in certain circumstances
- Reimbursement not yet approved
Our results:

- Nearly 94% of all “at-risk” children receive fluoride varnish in the medical office setting in our clinic system.
First Point of Contact

- Dental Health Professionals may be the first point of contact
  - symptom complaints
  - knowledge of family dynamics and established TRUST

- Early detection and intervention crucial
  - critical to development based on age
Oral Effects of Bulimia Nervosa

- Loss of tissue and erosive lesions on surface of teeth (due to the affects of acid)
- Changes in the color, shape, and length of teeth
- Increased sensitivity to temperature (extreme cases the pulp can be exposed and cause infection, discoloration and pulp death)
- Enlargement of the salivary glands, dry mouth and cracked lips
- Tooth decay
- Unprovoked, spontaneous pain in a particular tooth
Oral Effects

- Dental erosion
- Perimolysis
- Raised restorations

- Thinning and chipping
- Anterior open bite
- Dentin hypersensitivity
So, when do you refer?

- When signs of Bulimia become evident and confirmed by patient: tooth sensitivity, tooth decay, enlarged salivary glands
- When binge eating and purging behaviors seem to be completely out of control and/or getting worse
- When weight continues to drop despite all efforts
- Basically, whenever you feel eating disorder specialists are needed
- Call the Melrose Center Triage Hotline at 952-993-5864 for urgent appointment scheduling or questions
Getting Your Patients Started

- Melrose Center does not require referrals
- Call Melrose Center at 952-933-6200 to schedule an assessment
- Distribute information and brochures in your lobby and exam rooms
HealthPartners Dental Group

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➢ Maintain/improve on overall cost-of-care
# U.S. Expenditures 2010

<table>
<thead>
<tr>
<th>Diagnostic Conditions</th>
<th>U.S. Expenditures*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heart Conditions</td>
<td>$107 Billion</td>
</tr>
<tr>
<td>Trauma-related Disorders</td>
<td>$82 Billion</td>
</tr>
<tr>
<td>Cancer</td>
<td>$82 Billion</td>
</tr>
<tr>
<td>Mental Disorders</td>
<td>$73 Billion</td>
</tr>
<tr>
<td>COPD, Asthma</td>
<td>$64 Billion</td>
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</tbody>
</table>

*Agency for Healthcare Research & Quality Medical Expenditures Panel Survey, 2010*
RTU Payment Model

• Reimbursement based on Relative Time Units (RTUs)
  – Promotes appropriate care
  – Eliminates possible incentives to overtreat
  – Ideal for self-insured employers

prevention of costly disease
## HPDG Total Cost of Care

### HealthPartners Dental Group vs. HealthPartners PPO

<table>
<thead>
<tr>
<th>Plan and Patient Liability</th>
<th>Percent Savings: 14.3%* in HPDG</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plan Liability Savings</td>
<td>100/80/50 benefit package</td>
</tr>
<tr>
<td>Percent Savings</td>
<td>10.5%* in HPDG</td>
</tr>
<tr>
<td>Patient Liability Savings</td>
<td>0/20/50 member liability</td>
</tr>
<tr>
<td>Percent Savings</td>
<td>29.2%* in HPDG</td>
</tr>
</tbody>
</table>

Measured as allowed claims cost/PMPM

* Does not include 15% discount in PPO network
Where do we go next?
Driving to achieve results...

Diagnostic Codes

Accepted Metrics of Quality

Risk Assessment

IMPROVED ORAL/SYSTEMIC HEALTH OUTCOMES

Performance Measurement

Reimbursement system evolution

Dental Research
Thank you!

David.S.Gesko@HealthPartners.com

www.HealthPartners.com/dental