February 2019

GREETINGS,

It's hard to believe 2019 is well underway! Last year marked the launch of DentaQuest’s new brand platform, Preventistry: our all-in strategy to make oral health more affordable, easier to access, driven by innovation and better integrated with the broader health care system. Preventistry extends beyond traditional care settings and procedures to include innovative new solutions that will revolutionize oral health for everyone by redefining prevention and care. Our mission, to improve the oral health of all, remains the same.

While both the DentaQuest Foundation and DentaQuest Institute have shared a similar focus and commitment, historically, the two have worked separately in support of our mission. As part of our evolution and continued efforts to make a positive social impact, DentaQuest has taken bold steps to integrate these two organizations in a powerful way by launching the DentaQuest Partnership for Oral Health Advancement. Creating the DentaQuest Partnership has better positioned us to ensure that we have the greatest impact in our key areas of focus:

- **Pursue person-centered care models through interprofessional practice and value-based transformation**
- **Advance a single, national oral health measurement system**
- **Advocate for a public adult dental benefit to expand access**

This report includes a summary of the work done throughout the past year within these focus areas. The DentaQuest Partnership will continue to engage in care improvement initiatives, research, grantmaking and thought leadership. Moreover, 2019 will be a year of transition for our grants strategy as we evolve from the role of backbone funder for the Oral Health Progress and Equity Network to strategic partner.

We are also building new capabilities and business models that will drive both business performance and social impact. The DentaQuest Impact Group has documented a plausible, challenging and quantifiable view of oral health in the year 2030. This future view of the industry will inform the strategic planning process for our combined grantmaking, innovation and clinical program improvement capabilities.

We look forward to what’s to come. As always, thank you for your partnership and continued commitment to improving oral health for all.

Sincerely,

Alison Gregg Corcoran
President, DentaQuest Partnership for Oral Health Advancement
Chief Marketing Officer, DentaQuest
DENTAQUEST IMPACT REPORT 2018

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2018 DENTAQUEST HIGHLIGHTS

18 STATES offer extensive coverage for adult dental benefits

LAUNCH of the Oral Health Progress and Equity Network

Creation of a ORAL HEALTH VALUE-BASED CARE PROGRAM

2030 VISION of the oral health care ecosystem

85% of services in Oregon were preventive or diagnostic

Key players identified a policy agenda for achieving a COMPREHENSIVE MEASUREMENT SYSTEM

+722 WEBSITE MEMBERS ADDED
  21% increase from 2017
In October 2013, oral health stakeholders across the country came together to build a shared set of goals aimed at transforming the U.S. oral health care system to support overall health and wellbeing. They agreed that some fundamental approaches to social change would be critical to achieve an equitable health system in which everyone has access to care.

Originally launched as the Oral Health 2020 Network (OH2020), the group—which now includes more than 1,400 members from national, state and community-based organizations in all 50 states—conducted a branding effort and announced its new name at the 2018 National Convening: Oral Health Progress and Equity Network (OPEN).

OPEN is the largest social impact network of its kind. Its diverse membership includes key health care system stakeholder groups such as:

- federal and state agencies and administrators;
- national, state, and local advocacy organizations;
- policymakers;
- community-based organizations;
- providers and provider associations;
- payers;
- academics;
- health professionals;
- youth leaders and others.

The Network refined its vision and goals in 2014 and outlined specific targets to achieve by 2020.

Last summer, members formed “target teams” that led an assessment of progress toward the Network’s six goals. Each goal identified annual milestones as markers of progress. This process will continue to inform changes to the Network’s strategic plan for the next two years. OPEN members will continue their work toward all of these goals through the end of 2020.
As we continue our strategic transformation, the DentaQuest Partnership will evolve its approach to supporting systems change. Based on the foundational work of the OH2020 Network, our grantees and the boundary-pushing work of the DentaQuest Institute, we have identified three key strategic areas where we can have the greatest impact:

• Pursue person-centered care models through interprofessional practice and value-based transformation;
• Advance a single, national oral health measurement system;
• Advocate for a public adult dental benefit to expand access.

We used the six goals of the former OH2020 Network as a roadmap and examined what DentaQuest, with all our unique capabilities, could do best to move forward. OPEN members will continue to work toward all six of these goals to realize a better oral health system for all. The next several pages highlight the Network progress toward the first three goals, as well as some grantee updates in these areas.

The remainder of this report, in addition to an overview of our Innovation efforts, highlights 2018 efforts at the DentaQuest Partnership that are advancing our key areas of focus. The report also shares OPEN progress and grantee successes toward the final three goals.
The first five years of a child's life are critical to their cognitive, emotional and physical development. Oral health plays a significant role in a child’s overall health and development. There have been consistent improvements in the rates of oral health care access; continued reduction in caries in young children and ongoing efforts by federal and state agencies to improve access to dental care for Medicaid-enrolled children.

2020 GOAL  Eradicate dental disease in children

TARGET  With the closing of disparity gaps, 85% of children reach age five without a cavity

PROGRESS  According to the most recent data, 79% of children reach age 5 without a cavity

Grantee Successes toward Eradicating Dental Disease in Children

Historically, the DentaQuest Foundation has supported the American Academy of Pediatrics’ Campaign for Dental Health (CDH). The CDH has played a central role in equipping advocates and key national stakeholders with the resources and tools necessary to promote community water fluoridation (CWF) efforts across the county. The CDH has promoted and defended CWF within and beyond the network of oral health advocates; recruited key organizations working on civil rights, equity and social determinants of health to partner with and collaborated with local, state and national organizations to elevate the visibility of oral health. This strategy aligned with a broader goal to close disparity gaps so that 85 percent of children reach age five without a cavity. While continuing to serve as a national hub for CWF, the American Academy of Pediatrics is shifting focus to integrating preventative oral health care into primary care pediatric settings through pediatrician engagement.

The Children’s Partnership (TCP) uses a collaborative, systems-change approach to improving children’s access to oral health care; the quality and effectiveness of care that is delivered in local, community-based sites and the value that the public places on oral health as it relates to overall health. TCP focuses on engaging communities, especially communities of color and immigrant families, to identify and pursue solutions to close the oral health gap for underserved children and families in California. Their work in 2018 was key in the implementation of the California Oral Health Plan and Dental Transformation Initiative and embedding oral health into the state’s Migrant Education Program. Additionally, they worked to elevate the impact of immigration policy on access to oral health care in California and across the country while engaging in efforts to utilize technology to bring dental care to community settings, highlight the role of home visitors within the oral health workforce and identify oral health access challenges in the border regions of California.

The implications of oral disease for children extend to their overall health, self-image and quality of life. Oral disease specifically affects their ability to be successful in school.

2020 GOAL
Incorporate oral health into the primary education system

TARGET
The 10 largest school districts have incorporated oral health into their systems

PROGRESS
6 of 10 of the largest school districts are working to develop a comprehensive oral health model as part of the School-Based Health Alliance's learning community

Grantee Successes toward Incorporating Oral Health into Primary Education

The School Based Health Alliance provides backbone support to the expanding school oral health learning community and participating school districts. Together, these groups are working to drive and encourage innovation, action and change to strengthen and advance oral health in school-based settings. This work better prepares school-based partners to advocate for policies and practices that enable oral health services for students in their districts. The learning collaborative has also helped connect the nodes of innovation in school-based oral health services across the country and scale successful evidence-based initiatives, ultimately transforming the delivery of school-based oral health services in the participating school districts and beyond.

In 2019, the School Based Health Alliance will continue to:

- support the learning community, providing resources and technical assistance as needed;
- synthesize and catalog resources related to sustainable school oral health programs for primary care associations, school groups and the Alliance’s network and
- create a sustainability assessment tool and a playbook for schools designed to help them plan, implement and maintain a comprehensive school oral health program.

The DentaQuest Foundation has provided support to the Los Angeles Trust for Children’s Health (L.A. Trust) to design and implement a School Oral Health Initiative to educate, screen, refer and partner with local providers to spread preventative care across the Los Angeles Unified School District—the second largest school district in the country. The platform integrates oral health care data into a Data xChange portal to gather and synthesize both care and academic data. As a result, they will be able to cross-examine the impact of delivering oral health services in school and leverage data-driven ideas to expand their reach.
Changing the public discourse about oral health is critical to creating an environment that fosters an understanding of the importance of oral health to overall health. Critical to shifting the public discourse is elevating the voices of those who are most impacted by oral health inequities. Oral health is not simply about the teeth and mouth, but also includes quality of life and health equity.

**2020 GOAL**  
Improve the public perception of the value of oral health to overall health

**TARGET**  
Oral health is increasingly included in the health dialogue and public policy

**PROGRESS**  
The February 2018 New York Times article “How Dental Inequity Hurts Americans” was a clear example of a well-framed piece about oral health that resulted directly from Network efforts.

**Grantee Successes toward Improving Public Perception**

Launched in 2015, the DentaQuest Foundation’s **Grassroots Engagement Initiative** is an innovative approach to integrating the consumer voice—those most affected by the broken oral health system—into the movement to change it. Twenty organizations across six states (Arizona, California, Florida, Michigan, Pennsylvania and Virginia) have been funded to learn about and respond to the oral health needs of their communities, bringing a vital health equity perspective to the Oral Health Equity and Progress Network.

- In Pennsylvania, grassroots lead organizations (GLOs) are making a case to reinstate a comprehensive adult dental benefit in Medicaid through direct advocacy, relationship building, compelling storytelling and community organizing.
- In Arizona, GLOs support policies related to protecting the federal Children’s Health Insurance Program (CHIP); early and periodic screening, diagnostic and treatment (EPSDT, the child health component of Medicaid) and expanding Medicaid dental benefits. The landmark policy success of 2018 included the passage of House Bill 2235, a bill that allows dental therapists to work in tribal and non-tribal settings. This legislation is intended to create a new workforce that will fill significant gaps in access to oral health that exist throughout Arizona, most notably within tribal communities.
LEADING THE ADOPTION OF PERSON-CENTERED CARE MODELS

Person-centered care is built on life-long relationships among people, providers, communities and others who are invested in a person’s whole life and overall well-being. It includes both clinical and nonclinical factors such as environment and other socio-demographic characteristics. Beyond medical interventions, this approach supports personalized, shared decision-making between patient and provider and focuses on improved quality of life for both the person and the community.

Consumer habit changes have sparked a shift toward person-centered models of care in both medical and dental settings. However, while much of the medical care system operates in what some refer to as Health Care 3.0, oral care lags behind.

Through quality improvement collaboratives, medical-dental integration initiatives and Safety Net Solutions program, we have worked with partners across the country to develop and test strategies and identify their impact on the oral health care system. Lessons learned from these efforts continue to inform how we are leading the transition to oral health person-centered care models, which must include disease management, interprofessional practice and preparation for a value-based system of care.

THREE ERAS OF HEALTH AND HEALTH CARE

<table>
<thead>
<tr>
<th></th>
<th>FIRST ERA - 1.0</th>
<th>SECOND ERA - 2.0</th>
<th>THIRD ERA - 3.0</th>
</tr>
</thead>
<tbody>
<tr>
<td>Goals of health system</td>
<td>Improve life expectancy</td>
<td>Reduce disability</td>
<td>Optimize health</td>
</tr>
<tr>
<td>Primary focus of services</td>
<td>Diagnose and treat acute conditions</td>
<td>Prevent and manage chronic diseases</td>
<td>Promote and optimize health of individuals and populations</td>
</tr>
<tr>
<td>Role of health and health care provider/organization</td>
<td>To protect from harm, cure the sick and heal the ill</td>
<td>To prevent and control risk, manage chronic disease and improve quality of care</td>
<td>To optimize health and well being</td>
</tr>
<tr>
<td>Role of individual and community</td>
<td>Inexperienced patient</td>
<td>Activated partners in care</td>
<td>Co-designers of health</td>
</tr>
</tbody>
</table>

1 Copyrighted and published by Project Hope/Health Affairs as Hallon N, Long P, Chang DL et al. Applying a 3.0 transformation framework to guide large-scale health system reform. Health Affairs 2014, 33:12003-2011. Permission to use received 03/13/17
http://content.healthaffairs.org/content/33/11/2003.abstract
Value-Based Care

For more than a decade, the DentaQuest Institute has supported community health centers and other safety net dental programs across the country by providing individualized practice management consulting. **Safety Net Solutions (SNS)** was created to provide technical assistance and coaching for dental practice management with a focus on efficiency and financial viability. Key lessons from the work of Safety Net Solutions are being used to prepare providers and administrators to operate in the era of Health Care 3.0.

In March 2018, we hosted the first Oral Health Summit on the Transformation of Health Care Delivery and Financing. The event brought together more than 60 stakeholders representing providers, payers, academic institutions and membership and advocacy organizations. The Summit allowed a diverse group of stakeholders to come together and share information, discuss the current health care transformation landscape and explore how oral health fits into that environment. Both barriers and breakthroughs were identified, which were helpful in shaping our next steps.

### 12-MONTH EVALUATION DATA SUBMITTED BY SNS DENTAL PRACTICES IN 2018

**SHOWED THE FOLLOWING IMPROVEMENTS:**

- **Average decrease in cost per visit of $3**
- **3 percentage point decrease in broken appointment rate**
- **Average increase in TOTAL revenue per site of $416,320**
- **24% increase in visits**
- **38% increase in unduplicated patients**
- **83% increase in preventive procedures**
- **20% increase in number of sealants**

Person-centered care can only be achieved through the use of value-based payment models and continued medical-dental integration. In 2018, we began developing the tools and resources to take dental programs into the future with an oral health value-based care (OHVBC) training program. These tools focus on preparing providers and payers for the transition from the current fee-for-service model to a value-based system of care.

### EVOLUTION OF SAFETY NET SOLUTIONS

<table>
<thead>
<tr>
<th>Year</th>
<th>Creation of Safety Net Solutions; 4 Programs</th>
<th>Online Learning Center</th>
<th>Safety Net University</th>
<th>OHVBC Program</th>
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<tbody>
<tr>
<td>2006</td>
<td>75 programs</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>2009</td>
<td></td>
<td>500 programs</td>
<td></td>
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<tr>
<td>2013</td>
<td></td>
<td></td>
<td></td>
<td>Footprint in 45 states</td>
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<td>2015</td>
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<td>2018</td>
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In 2019, the DentaQuest Partnership is launching an OHVBC program that will offer tools, training classes and publications designed to help achieve better health outcomes, measure population health and successfully practice within alternative payment models such as value-based contracts. Value-based care is centered on the person and focuses on prevention, patient engagement and community-based interventions to ensure optimal oral health for all. Value-based reimbursement models offer incentives for providers to prevent dental disease by achieving better quality health outcomes for patients and populations rather than retroactive reimbursement based on the quantity of procedures. This approach is driven by the Triple Aim:

- better individual care,
- improved population health
- and lower costs.

The oral health system of the future will be structured around value-based care and reimbursement models. Currently, more than 40 states are working to adopt value-based payment initiatives, up from only 15 in 2014.

After a successful presentation about value-based care in oral health at a Medicaid/Medicare/CHIP Services Dental Association (MSDA) symposium in June 2018, the Dentaquest Institute was invited to present a webinar for state dental directors. Representatives from 37 states participated in the webinar.
Dental Caries Management

Historically, the DentaQuest Institute has used an individualized coaching model to help dental practices implement dental caries management (DCM) protocols with the ultimate goal of reducing the prevalence of cavities. The current care model relies almost exclusively on surgical interventions. However, restorative care alone does not address the underlying social, behavioral and physiological factors that can lead to disease. Dental caries often affect patients throughout their life, and both the cost of managing the disease and the severity of treatment increase with age. The DCM protocol emphasizes a chronic disease management approach that effectively identifies opportunities to prevent, manage and treat cavities.

We invested significant time in 2017 to creating online learning tools to scale the use of the DCM protocol and increase access for more practitioners. Throughout 2018, we saw amazing adoption of these tools. Given that success and the increased utilization of the DCM Virtual Practicum, we are working to incorporate core innovations, particularly The Clinician’s Companion and the measurement tool into other focus areas, including our new oral health value-based care program, in order to achieve more broadscale implementation of the tool.

We continue to look for new ways to improve the oral health of all though value-based care initiatives, data analysis, medical-dental integration and technological and clinical innovations. But a key approach that remains unchanged is our collective effort to bring people together to learn collaboratively and develop innovative solutions to reach our shared goals for oral health equity.
Interprofessional Practice

Shifting the focus to value also means rethinking the relationship of dentistry to medicine. Without a proactive approach to prevention-focused care across the health care continuum, the transition to value will not succeed. Interprofessional practice, or medical-dental integration, is another key element of person-centered care. Since 2015, the DentaQuest Institute has piloted models of oral health integration and care coordination with primary care. Our Medical Oral Expanded Care (MORE Care) initiative aims to provide primary and secondary preventive oral health services in primary care medical offices to underserved populations, as well as testing optimal patient-centered referral systems between primary care and dental care teams.

In 2018, the work in MORE Care’s three pilot states (South Carolina, Colorado and Pennsylvania) that focused on integrating and coordinating oral health care with rural primary care practices wrapped up, and the project shifted toward capturing and collating the knowledge and learning experienced in those states. Based on early learnings related to workflows, health information technology and coding and billing, we developed and shared both the “Rural Primary Care Practice Guide to Creating Interprofessional Oral Health Networks” and corresponding starter kit. These documents serve to streamline and springboard future interprofessional practice efforts.

Together with Advantage Dental, a DentaQuest accountable care organization, we are working in two regions of Oregon to adapt the MORE Care model to fit the state’s unique coordinated care environment where providers are paid under a value-based reimbursement model. This effort is a great example of Preventistry at work, as we continue to blend in-the-chair and out-of-the chair care to engage more people.

The team is also collaborating with the Medical University of South Carolina Center for Telehealth to initiate a medical-dental telehealth partnership with a MORE Care interprofessional oral health network. This solution will more readily and conveniently connect primary care teams with dental sites and patients through virtual encounters.

BMC Oral Health published “Narrowing the rural oral healthcare gap” in December 2018. The article analyzes the 2017 Rural Interprofessional Oral Health Practice Symposium, which brought together more than 40 dental, medical and policy leaders to address gaps in rural health and oral health care. Ultimately, the participants came to consensus around the need to advance interprofessional practice to address these disparities.
The Network has made meaningful progress toward oral health integration in person-centered care models. Movement in national accreditation standards, person-centered care policies and quality metrics for oral health care integration further point to recognition of the target’s importance in advancing both oral and overall health outcomes.

### 2020 GOAL
Integrate oral health into person-centered care

### TARGET
Oral health is integrated into 50% of emerging person-centered care models

### PROGRESS
20% of provider education and training programs include a focus on oral health and interprofessional care

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**Grantee Success in Interprofessional Practice**

The Lunder-Dineen Health Education Alliance of Maine, a program of Massachusetts General Hospital, is refining an interprofessional training model for teams working in long-term senior care facilities. Maine’s Oral Team-Based Initiative: Vital Access to Education (MOTIVATE) aims to prevent more costly illness and improve quality of life. The program provides enhanced oral health education training to support “best practices to promote evidence-based oral health care [and] strengthen both an interprofessional collaborative practice model and total health care for older adults.” MOTIVATE was also designed to be scaled and survive staff turnover. To date, this initiative has been piloted at six Maine Veterans’ Homes locations. In partnership with the University of Maine Center on Aging, the program is evaluating potentially broad-reaching policy and financial implications.
ADVANCING A SINGLE, NATIONAL ORAL HEALTH MEASUREMENT SYSTEM

The effective use of data can lead to a better understanding of health outcomes, both for individual patients as well as populations. Data tells powerful stories. It is an essential tool for evaluating the success of disease management.

The oral health community [...] suffers from a lack of timely, consistent and readily-available data to adequately describe the state of oral health across populations, as well as the outcomes of health interventions. To better inform policy and improve accountability, both policymakers and oral health advocates continue to seek a comprehensive and well-aligned system of oral health measurement.³

³ https://www.astdd.org/docs/dqf-astdd-cdhp-measurement-brief.pdf

Medical Model of Care Collaborative (MC2)

Dental and dental hygiene students represent the future of oral health care. Not all dental and hygiene curriculums include quality improvement (QI) methods as a guide to adequately measure and understand health outcomes.

Last year, our Quality Improvement team piloted a collaborative with selected faculty from three dental schools—University of the Pacific, Loma Linda University and Temple University—to implement QI and data measurement methodologies. This pilot looked at how to use data more effectively to measure improvements to patients’ oral health.

A comprehensive and well-aligned system of oral health measurement is necessary to better inform policy and improve accountability. The Children’s Dental Health Project and the Association of State and Territorial Dental Directors published a white paper, “Making Oral Health Count: Toward a Comprehensive Oral Health Measurement System,” which includes a matrix of oral health measurement priorities and a driver diagram outlining factors that may advance progress toward a more ideal oral health measurement system.

2020 GOAL  Build a comprehensive measurement system

TARGET  A national and state-based oral health measurement system is in place

PROGRESS  40% of states are collecting data aligned with the recommendations of the Network
Grantee Success toward a Comprehensive Measurement System

With support from the DentaQuest Foundation, Critical Learning Systems (CLS) is developing and refining a comprehensive Oral Health Needs Index. This interactive online tool was piloted in Florida to assess oral health needs without requiring access to clinical data and define the oral health needs of a community in the context of health equity and social justice. CLS is currently working to enhance, expand and sustain this resource to increase access to timely and meaningful oral health data and resources to achieve health equity; identify and engage national partners to analyze, report and utilize nationwide dis-aggregated data and leverage existing and emerging partners and tools to develop a sustainable financing model for data collection and analysis.

CLS utilizes GIS mapping technology to overlay key oral health indicators that capture oral health outcomes for different communities based on data that includes access, clinical care, outcomes, behaviors and environment. The selected indicators will include data at the national, state and county levels, and will be retrieved from national sources including but not limited to the Centers for Disease Control and Prevention Behavioral Risk Factor Surveillance System, the Health Resources and Services Administration and the U.S. Census Bureau American Community Survey. Beginning with disaggregated data from Florida, the project aims to produce a methodology that can be replicated in communities across the country to visibly delineate pockets of oral health disparities.
GAINING CONSENSUS FOR A PUBLIC ADULT DENTAL BENEFIT TO EXPAND ACCESS

Continuing research has shown that oral health is closely linked to overall health. We now know that gum disease is associated with increased risk for chronic illnesses such as heart disease and stroke, and can also make it more difficult for diabetic patients to manage insulin levels. Women with advanced gum disease are more likely to give birth to an underweight or preterm baby. If not treated early, caries and tooth decay can lead to sinus and ear infections which in some extreme cases can spread to the brain and blood, even causing death.⁵

Although states are required to provide dental benefits for children covered by Medicaid and the Children’s Health Insurance Program, adult dental benefits are an option that states can decide to offer. States define adult dental services in one of three ways: emergency only, limited coverage or extensive benefits.

STATE MEDICAID COVERAGE OF ADULT DENTAL BENEFITS, NOVEMBER 2018

Three states, Tennessee, Delaware and Alabama, do not offer any adult dental benefits. Twelve states offer only emergency services, 16 states offer limited benefits and 18 states offer extensive coverage for adult dental benefits to their adult Medicaid recipients. Except for North Dakota, extensive adult dental benefits were offered to adult beneficiaries if the state expanded Medicaid under the Affordable Care Act.

⁵ https://www.mayoclinic.org/healthy-lifestyle/adult-health/in-depth/dental/art-20047475
⁶ https://www.chcs.org/media/Adult-Oral-Health-Fact-Sheet_112118.pdf
The Network has made strong progress toward its Medicaid milestones including increases in covered services for all Medicaid-eligible adults in 20 states and coverage increases for specific Medicaid eligibility groups in 21 states. In addition, a group of subject-matter experts, Medicare advocates and other stakeholders are on their way to producing a consensus on dental benefit design. The consensus includes agreement around a strategy to advocate that the Centers for Medicare & Medicaid Services use its current regulatory ability to cover medically necessary dental procedures.

2020 GOAL
Include an adult dental benefit in publicly funded health coverage

TARGETS
At least 30 states have an extensive Medicaid adult dental benefit; Medicare includes an extensive dental benefit

PROGRESS
Key national organizations including the American Dental Association, Center for Medicare Advocacy, Families USA, Justice in Aging and the Santa Fe Group came to consensus on benefit design and financing, as reflected in a 2018 white paper published by Oral Health America

Since 2014, nine states increased their benefit levels for adult Medicaid recipients. California and Illinois made the greatest strides over this time period by increasing their benefit levels from emergency to extensive. As of November 2018, eighteen states offer extensive benefits.

Steps to authorizing a Medicare dental benefit:
Completed Planned
Convene a broad group of stakeholders Define the benefit Identify the core leadership team to champion the bill Launch a media campaign to increase support & awareness Find a legislative champion to introduce the bill to Congress Analyze the cost of the benefit

Medicare does not include an extensive dental benefit, but efforts to build demand for a bill are underway. Building on a Florida pilot that resulted in over 2,000 points of contact with lawmakers, the core leadership team is replicating a campaign to increase support for Medicare dental benefits in Iowa, Michigan and Tennessee.

7 & Engage R+D and Harder+Company
Grantee Successes toward Increased Access through an Adult Dental Benefit

Maryland Dental Action Coalition

A DentaQuest Foundation grant is supporting the work of the Maryland Dental Action Coalition (MDAC) to connect and engage with new partners as the backbone of the oral health network in the state. Last year, the MDAC and its partners, including the DentaQuest Institute, successfully advocated for the unanimous passage of Senate Bill 284 in the Maryland General Assembly, the “Maryland Medical Assistance Program—Dental Coverage for Adults—Pilot Program.” The bill will extend oral health benefits to more than 39,000 low-income individuals. This collaborative effort included testifying before the General Assembly; educating policymakers, the media and the general public about the importance of oral health; working closely with the Centers for Medicare and Medicaid Services; and convening a state summit on oral health. The Institute also produced and distributed a report, “Financial Impact of Emergency Department Visits by Adults for Dental Conditions in Maryland,” that analyzed trends in hospital data and showed that adults with oral health issues seek care at hospital emergency departments at a significantly higher cost than traditional dental visits.

Texas Health Institute

Similar work to expand adult dental coverage is also underway in Texas. With funding provided by the DentaQuest Foundation and collaborative analytics by the DentaQuest Institute, the Texas Health Institute (THI) has been leading a successful effort to establish an adult dental benefit within the Texas Medicaid program. Several other grantees and partners are engaged in these efforts including Texas Impact, Coalition of Texans with Disabilities, and the Texas Oral Health Coalition. THI has played a central role in gathering, analyzing and synthesizing statewide data to build cost-analyses that support the benefit, including a report entitled “Oral Health in Texas: Emergency Department and Inpatient Hospitalization for Non-Traumatic Dental Conditions in Texas.”

In 2018, THI began a 10-year study to identify and describe emergency department and hospital utilization trends for oral health conditions in the state. This project builds on the recent success in Texas and shows that the political climate may be ripe for policy change. With the passage of an appropriations bill in early 2018, the state is examining the financial burden on adults with disabilities who lack a dental benefit. Preliminary findings based on 2016 trends showed a significant cost burden for all Texans with an adult benefit, the bulk of which were paid out-of-pocket or by Medicaid.
INNOVATION IS KEY TO SHIFTING THE PARADIGM OF ORAL HEALTH

As we move into the era of “Health Care 3.0” and oral health shifts toward a person-centered model of care, innovation will be a key driver in truly fixing the broken system. Innovative solutions will help coordinate care with providers and prevent the onset of disease instead of simply managing symptoms, which will improve people’s quality of life. Together with the DentaQuest Partnership, our Impact Group is working to identify industry trends that may provide new opportunities to pilot, test and prototype both clinical and technological innovations to advance treatment and better integrate the patient experience.

DentaQuest has already begun to pilot some of these approaches, including value-based payment models; innovative benefit designs that emphasize prevention and disease management; and new teledental applications that offer care beyond the dental chair.

Value-Based Purchasing in Texas
Dentistry was established apart from medicine and remains largely planted in a reactive, surgical approach to care due to the fee-for-service model of reimbursement. Skyrocketing health care costs and an increasingly sick population prove that our system is broken; it’s time now to focus on value. The days of a siloed oral health system are coming to an end. The oral health industry is in the midst of reforming care delivery and payment models to improve health outcomes and reduce costs. Over the last several years, the medical field has moved toward a value-based reimbursement model. Dentistry is following suit by emphasizing prevention-focused oral health care and incentivizing providers for keeping patients healthy.

Value-based care is a person-centered approach that focuses on prevention, minimizes surgical intervention and extends beyond the dental chair to the community. Value-based reimbursements reward providers for preventing dental disease. Incentives are based on better quality health outcomes for patients and populations instead of the number of services provided. Value-based payment models cannot be assumed to create a value-based, person-centered approach to care without other adaptations by the dental practice. However, value-based payment models are a critical step toward achieving person-centered care.
As we began assessing opportunities to better enable value-based care through expansion and diversification of payment models, we’ve used the Alternative Payment Model (APM) Framework published by The Health Care Payment Learning & Action Network as a roadmap for payment reform.

Last year, DentaQuest entered into a first-of-its-kind provider agreement in Texas using a value-based care and payment model. The contract with Brident Dental, which supports 34 affiliated dental offices in 11 counties, took effect in mid-September for the Medicaid beneficiaries Brident serves. The program aims not only to help control costs, but also result in better patient care.

Within this partnership, Brident Dental’s reimbursement levels are tied to quality metrics and overall cost of care. It is a shift away from a fee-for-service payment model to an alternative payment model that rewards value and outcomes. DentaQuest has invested significant resources in research and evaluation of payment and care models, and with this contract, our care improvement initiatives have come to life. This agreement aligns with the goals of DentaQuest’s role as dental management organization to the Texas Health and Human Services Commission. We are excited to learn more as we expand within the Texas market and grow use of value-based reimbursement in other markets.

Through this project, DentaQuest has gained experience not only in the administration of value-based contracts, but also how to best prepare providers using the tools and resources developed for our oral health value-based care (OHVBC) training program (see p. 11 for additional details). As we ready our own operations for the transition to value-based care, we recognize that there is a lot of trepidation among providers across the country about this change. We are committed to help them prepare, provide support and invest in their partnership to advance the shared goal of improving the oral health of all.
Innovation in Benefit Design

The current oral health care model relies almost exclusively on surgical interventions, rarely involving the use of pre-surgical restorative care. However, restorative care alone does not address the underlying social and environmental factors that lead to dental disease. The DentaQuest Institute created a Virtual Practicum to help dental practices implement dental caries management (DCM) protocols, which emphasize a chronic disease management approach that effectively prevents, manages and treats dental caries (see more on p. 12). We have seen voluntary adoption of the DCM protocol throughout the United States, but many benefit allowances and payment models fail to support this approach to care as a financially feasible option for providers.

DentaQuest has translated the DCM periodicity schedule into a value-based insurance design that is actively in use within our business. We are also training providers how to adapt the DCM protocol for use in their practices. As a result of these efforts, providers have the ability to personalize treatment plans based on an individual patient’s caries risk level and receive commensurate reimbursement for the corresponding level of treatment, prevention, monitoring and patient education. Adapting the DCM approach enables care teams to help patients understand their own role in managing their oral health and adopt new techniques to improve the care experience.
Teledentistry: Virtual Dental Homes

We believe that telehealth will be an important element in sustainably improving access, quality and the patient-provider experience while decreasing costs. Teledentistry has the potential to expand access to dental screenings and preventive care for underserved populations including rural communities, homebound or institutionalized individuals and people with disabilities; support medical-dental integration; divert unnecessary dental emergency department use; and affordably and conveniently engage more members in their oral health.

DentaQuest has and continues to invest in understanding how teledentistry helps to improve access to care, especially related to the provision of preventive services. In particular, the virtual dental home (VDH) concept model brings much-needed services to individuals who may otherwise receive no care.

Beginning in June 2017, the DentaQuest Institute partnered with the University of the Pacific (UOP) on a Virtual Dental Home Collaborative. Based on Dr. Paul Glassman's teledentistry concept model and using the Institute for Healthcare Improvement (IHI) Breakthrough Series, five clinics in California worked to establish and implement virtual dental homes. Dental clinics in Los Angeles County and in northern California partnered with community organizations such as WIC and local youth centers to deliver care. Most clinics focused on children, but one clinic partnered with a medical office in their health system to deliver dental services to adults where access to care was an issue. In June 2018, Dr. Glassman and his team added three more dental clinics.

Preliminary data shows this initiative produced similar results to the VDH pilot project that UOP ran a few years ago, which was funded in part by the DentaQuest Foundation: two-thirds of children and adolescents could be kept healthy with only direct care from a hygienist.10

The virtual dental home (VDH) creates a community-based oral health delivery system in which people receive preventive and simple therapeutic services in the community settings where they live or receive [other] services. It utilizes the latest technology to link practitioners in the community with dentists at remote office sites. This system promotes collaboration between dentists in dental offices and ... community-based dental hygienists and dental assistants.

The VDH model has the potential to provide long-term savings by avoiding costly procedures, emergency room visits and hospitalizations associated with advanced dental disease.11

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10 https://www.ocregister.com/2017/05/10/orange-county-receives-12-million-to-expand-dental-visits-at-school/
2030 Vision
Oral health is essential to overall health and well-being, and yet millions of Americans suffer the social and economic impacts of preventable dental disease every day. The importance of good oral health to overall health is poorly understood, access to dental care across populations is inequitable and inadequate, and the system of dental care and payment is designed around surgically treating disease rather than preventing it. This is why DentaQuest is revolutionizing oral health for everyone by redefining prevention and care, in support of our mission to improve the oral health of all.

The DentaQuest Impact Group recently documented a plausible, measurable view of the future of oral health care ecosystem, creating a concise video overview. This future view of the industry will inform the strategic planning process for our combined innovation, grant-making and clinical program improvement capabilities focused around integrating medical and dental primary care and disease prevention; empowering people for a lifetime of health by introducing innovative products and experiences to leverage oral health insights; and improving community and population health through both traditional and alternative interventions based on socio-economic, risk and other data.
The DentaQuest Partnership continues to focus on transforming data and information into knowledge that can be used by providers, policy makers and advocates to improve the oral health system and better inform policy and financing decisions. We work closely with external researchers, internal program staff and other authors to coordinate the development of publications that are designed to link oral health to overall health and increase awareness of the importance of oral health.

Key research activities completed by the DentaQuest Institute in 2018 include the following:

- “Early Well Child Visits Associated with Higher Dental Utilization” was accepted for the 2018 American Academy of Pediatrics National Conference and Exhibition in Florida and won “Best Poster Abstract Award” for the Section on Oral Health

- In partnership with the National Institutes of Health/National Institute of Dental and Craniofacial Research, the team began work to evaluate opioid prescribing practices by dentists and other medical providers for dental conditions

- With colleagues from the University of Colorado, a manuscript highlighting the association between well-child visits and improved dental/oral health was submitted for publication in JDR: Clinical and Translational Research
DentaQuest is a purpose-driven oral health care company that is dedicated to advancing oral health for all. We bring a uniquely holistic perspective to our work—as we manage dental and vision benefits for more than 27 million Americans and provide direct care to patients through our network of more than 85 oral health centers in five states.

DentaQuest provides flexible and customized dental solutions for Medicaid and CHIP, Medicare Advantage, small and large businesses and individuals throughout the U.S. Our clients range from state governments to leading health plans.

At DentaQuest, we believe that business performance and social impact go hand-in-hand, and we have provided more than $200 million in funding for research, grants and programs to advance oral health in communities across the country.

Our mission is bold—our commitment is strong. By advancing oral health for everyone, we will achieve better health for all. Welcome to Preventistry.

To learn more about DentaQuest and Preventistry,

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