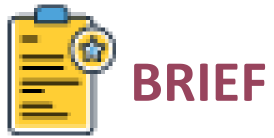

Strategies and Promising Practices in Coordinating Dental Care for Dually Eligible Individuals

Surgeon General David Satcher noted in his groundbreaking report on oral health nearly 25 years ago that the mouth is a mirror that reflects a person's overall health.[1] It often offers the first signs of systemic health conditions ranging from nutritional deficiencies to immune disorders, microbial infections, diabetes, and some cancers.[2,3,4] Regular preventive dental care is vital for early detection and treatment for a broad range of medical conditions and to maintain general health and well-being, especially among low-income older adults.[5,6,7]

A Closer Look at the Oral Health of Dually Eligible Enrollees

Despite the well-documented benefits of regular dental services, individuals dually eligible for Medicare and Medicaid often forego timely oral health care for a variety of reasons, including social needs that create access barriers, provider shortages, and high out-of-pocket costs.[8] Further, because only certain states offer Medicaid dental benefits and because Medicare does not cover comprehensive dental care, dually eligible individuals who seek oral health services often lack coverage and may have to bear costs on their own. An analysis of 2021 data indicates that dually eligible individuals are the least likely among all Medicare enrollees to receive any dental services: among dually eligible individuals with dental care coverage through Medicare Advantage or Medicaid, more than 70 percent failed to receive any preventive dental service while over 80 percent had no dental procedures.[9,10]

Such infrequent use of dental services is having a dramatic effect on dually eligible enrollees' oral health. They are more likely than non-dually eligible Medicare enrollees to have lost all their natural teeth (35 percent versus 14 percent), report chronic tooth pain (18 percent versus 12 percent), and experience trouble eating solid food because of dental issues (30 percent versus 12 percent).[11] Moreover, even among seniors living in poverty, some populations are affected more than others—for instance, Black and Hispanic low-income older adults consistently experience poor oral health more frequently than do their White counterparts.[12] Such data prompted the Centers for Medicare & Medicaid Services (CMS) to include oral health in its latest strategic plan's cross-cutting initiatives.[13]

This document, developed by Resources for Integrated Care (RIC), offers guidance to health plans, providers, oral health benefit specialists, care coordinators, and other care partners. It shares promising dental care coordination practices to support dually eligible individuals, including strategies to integrate dental care into comprehensive health care delivery systems. This resource serves as a supplement to RIC's July 2024 webinar, *Supporting Dental Health Care Coordination for Individuals Dually Eligible for Medicare and Medicaid.*

Growing Demand for Primary and Dental Care Integration to Improve Communication and Care Coordination

Although the interconnectedness of oral health and overall health is well established, dental care has historically been a siloed delivery system, leading to fragmented care experiences and missed opportunities for early interventions.[14,15] Lack of coordination between dental and primary care can pose significant challenges in delivering comprehensive health care. Primary care providers (PCPs) may remain unaware of dental issues that affect a person's overall health while dental providers frequently lack full access to the individual's medical history—leaving both with an incomplete picture of the factors that impact a person's oral health.[16]

Integration of oral health into primary care offers opportunities to provide oral risk assessments and screenings, education, and referrals to oral health professionals.[17] It also offers opportunities to increase disease prevention and management effectiveness, address oral health care access issues, and potentially realize cost savings.[18] Recognizing its potential, health plans, providers, and policymakers are working to better coordinate and integrate dental and primary care to improve health outcomes.[19,20] For example, because plans typically maintain dental and medical records separately, with dental care often under the purview of a separate benefit administrator, some plans are looking to data sharing (e.g., linking medical and dental records through health information exchanges) as a strategy to support primary and dental care integration.[21]

Strategies and Promising Practices

Using Person-Centered Approaches to Care

The person-centered care (PCC) model encourages providers to actively partner with individuals and develop care plans that reflect a person's goals, preferences, and values.[22,23] This collaborative approach recognizes that patients are experts in their own experiences and empowers them to play an active role in managing their health. While feeling seen and heard by one's providers is an important component to any effective PCC relationship, it is vital in the oral health arena, where dental anxiety can be a barrier to seeking oral health care services. However, despite extensive evidence identifying PCC as a best practice in health care generally, recent research suggests that it is not yet standard practice in dentistry for a variety of reasons, including insufficient consensus on the definition of PCC in a dental context—a challenge that may be hampering efforts to operationalize PCC within dental school curricula.[24,25] Plans and provider organizations, therefore, may want to lean in on training efforts to help practitioners adapt the PCC model to a dental care context, emphasizing efforts to engage, empathize, and build rapport with enrollees.[26,27]

Including Dental Care in Integrated Care Teams

Integrated care teams are multidisciplinary groups of health care professionals who collaborate to provide comprehensive and coordinated care within the broader context of an individual's overall health and improve patient outcomes and satisfaction. Involving dental practitioners in integrated care teams can improve continuity of care and reduce fragmentation in health care delivery, enabling timely referrals and follow-up to ensure that patients receive appropriate care. It is particularly important to include oral health providers in care teams because other clinicians traditionally have limited experience with or education on oral health conditions. For instance, a 2021 survey on

interprofessional oral health collaboration found that, among hospital-based PCPs, 80 percent reported having little to no formal training in oral health.[28] Additionally, while 85 percent of surveyed PCPs had never worked with dental practitioners on integrated care teams, 74 percent reported the lack of relationships with dental providers as their top barrier to collaboration.[29] Therefore, plans seeking to improve oral and primary care integration may wish to identify opportunities to support formal relationship development efforts between dentists and other care providers.

Improving Referrals Between Primary Care and Dental Providers Through Data Exchange

Studies have demonstrated that integrating medical and dental records creates better communications among clinicians, which can positively influence patient satisfaction and health outcomes.[30] Relatedly, instituting a formal referral management system enables providers to track successful referrals, which can help the care team improve care continuity. Providers can collaborate to establish referral processes, particularly if they have shared infrastructure and resources for staffing support. Compatible primary care and dental electronic health records and electronic referral (eReferral) systems are optimal, but organizations without this infrastructure can still track referrals by following up with the provider or the individual directly.[31]

For example, thanks to a series of partnerships,[i] all Medicaid enrollees—including dually eligible individuals—enrolled in Sacramento County's dental managed care networks can receive referrals through the web-based Medical Dental Referral and Navigation (MDRAN) system.[32] MDRAN empowers community-based organizations, governmental agencies, and health care providers serving Medi-Cal enrollees to issue dental referrals.[33] Using this "no wrong door" approach, the program is successfully boosting Medi-Cal enrollees' access to oral health care services in Sacramento County. MDRAN sends referrals in real time to care coordination teams, who then schedule dental appointments and auxiliary supports, such as transportation or interpretation services. MDRAN generated 12,450 referrals of all-age Medi-Cal enrollees in 2022—a nearly 300 percent increase from 2021—over two-thirds of which resulted in successful (i.e., completed) dental visits.[34] Dually eligible enrollees similarly experienced a greater number of successful referrals through MDRAN.[35]

Enrollee Education and Outreach

By providing comprehensive educational resources and outreach, health plans and health care providers empower patients with the knowledge and tools necessary to make informed decisions about their oral health. Such initiatives can bridge gaps in understanding, promote preventive practices, and encourage regular dental visits among dually eligible populations.

One innovative approach to implementing enrollee outreach involves leveraging front office staff within dental practices—those staff members who greet patients upon arrival and schedule follow-up visits—to serve as "dental care advocates" (DCAs). For example, a 1,400-employee multi-specialty dental practice in the Pacific Northwest sought to leverage existing employees to better support patients at risk for oral health disease. Recognizing that front office staff reflect the demographics of its client base, have an existing rapport with enrollees and have knowledge of any needed scheduling accommodations, this practice launched a successful DCA pilot in 2015. DCAs conduct outreach calls to

[i] MDRAN is the product of Oral Health Solutions and was developed in collaboration with public and private funders, medical and dental plans, public health agencies and providers, and oral health advocates.

enrollees who are overdue for a visit, follow up to answer post-visit questions, provide targeted educational materials, and connect and share information with enrollees' medical and mental health providers.[36] This practice later expanded their DCA program by training reception staff and office managers on clinical oral health knowledge, the medical-dental continuum, and patient engagement strategies like motivational interviewing.[37] The practice also developed a DCA certification exam to standardize training and competencies. One study found that individuals with access to DCAs were more receptive to care coordination efforts and were more engaged in their care, compared with a control group of similar individuals, resulting in both improved quality of care and reduced costs.[38]

For more on promising practices, please refer to the Additional Resources section below.

Webinar Questions & Answers

During RIC's *Supporting Dental Health Care Coordination for Individuals Dually Eligible for Medicare and Medicaid* webinar, attendees engaged panel speakers in a dialogue about tackling oral health challenges. The following section captures additional questions asked by webinar attendees, as well as panelist responses.

Question: Given concerns about dental provider shortages, what strategies can health plans implement to attract and retain oral health care providers?

Answer: Health plans may leverage opportunities to engage with both existing and would-be network providers. One core strategy is to establish strong, collaborative relationships with local dental societies, state or local health department oral health offices, and medical provider groups. It is also helpful to partner with dental educational institutions across all levels (e.g., dental hygiene programs, dental schools, residency programs). This can help plans stay up to date on priorities of local providers, as well as current or planned activities addressing oral health care in the community.

Alliances with these stakeholder entities also enable plans to hear directly from providers about challenges and needs, which can inform strategic planning efforts around dental care programming; likewise, such partners can be a helpful sounding board for plans seeking to improve services or medical-dental care coordination. If a plan is struggling to expand its network, these relationships help foster honest dialogue that can shed light on why some clinicians may be opting against joining at a given point in time, offering valuable insights plans can leverage to better appeal to eligible providers.

Creating liaison teams, comprised of dental benefits managers or administrative staff working to support dental referrals, is another way that health plans can maintain close relationships with existing dental service providers. Such teams can engage in direct communication with providers, which enables plans to accurately assess current provider availability and potential wait times for services. This can help to effectively manage enrollee care needs by avoiding over-referrals and reducing frustration among both enrollees and provider practices.

Question: How can individuals access necessary dental care when health plan dental benefits and services are limited?

Answer: Options are available to help bridge gaps in oral health services and care. The first step is to understand all available oral health benefits. If an individual has oral health care needs outside of existing benefit coverage or on an emergent basis, providers and plans may connect with enrollees to discuss options for accessing and paying for the services or exploring affordable treatment alternatives. Low-cost dental services may be available through community health centers, federally qualified health centers, or dental schools. The U.S Department of Health and Human Services developed a resource page identifying options for individuals seeking low-cost dental care.

Question: What strategies can plans use to facilitate enhanced information flow and collaboration between dental and primary care providers to improve outcomes for dually eligible enrollees?

Answer: Effective communication and collaboration between dental and primary care providers is vital for delivering comprehensive health care and improving individual outcomes. RIC's webinar panelists noted that improved care coordination, effective referral systems, and efficient reimbursement mechanisms can support dental and primary care provider partnerships.

Promising strategies include reducing access barriers by integrating member intake for both dental and primary care, thus offering a single point of entry into referral networks. This approach allows case managers to optimize enrollee benefits to ensure access to timely and appropriate whole-person care. Similarly, co-locating primary and dental care services may enhance communication across providers and support efficient care delivery.

Implementing both oral health and health-related social needs screenings within primary care practices can also enhance integrated primary and dental care services, particularly for dually eligible enrollees and other high-needs populations. Such screenings capture the broader context of the individual's needs and limitations, offering providers insights that can produce more tailored and viable care plans than would be possible otherwise. Information from these screenings can also help plans connect individuals with needed care services, ultimately improving overall health outcomes.

Additional Resources

Supporting Dental Health Care Coordination for Individuals Dually Eligible for Medicare and Medicaid

This RIC webinar articulates the dental care needs of dually eligible individuals and highlights promising practices for health plans and providers to meet those needs. Speakers shared strategies to support benefits and dental service coordination in a complex health care delivery landscape while addressing underlying oral health equity challenges facing the dually eligible population.

Oral Health Cross-Cutting Initiative Fact Sheet

CMS' Oral Health Cross-Cutting Initiative (CCI) aligns CMS programs and policies to better address oral health needs, leveraging the expertise and collaboration of various CMS centers and offices. The Oral Health CCI, led by the CMS Chief Dental Officer, is committed to ensuring equitable access to oral

health care, eliminating disparities, expanding dental service availability, and effectively engaging stakeholders. Through the use of data analytics and innovation, this initiative aims to improve the oral health and wellness of individuals who have Medicare, Medicaid, and Marketplace coverage. Through strategic partnerships with states, health plans, and providers CMS is dedicated to expanding coverage, improving access, and exploring new options within current frameworks. This fact sheet highlights Oral Health CCI's important work and accomplishments to date.

Oral Health in America

This report from the National Institutes of Health explores the state of the nation's oral health over 20 years (2000-2021). It represents the culmination of research on topics related to the effect of oral health on overall well-being; oral health across the lifespan; oral health integration; oral health related to pain, mental illness, and substance use; and promising technologies to transform oral health.

Oral Health Literacy Toolkit

This toolkit was developed by Health Research for Action within the University of California, Berkeley's School of Public Health, in collaboration with the California Department of Public Health Office of Oral Health. The toolkit provides a set of resources oral health providers can use to address oral health literacy broadly, as well as within their practice. Components of the toolkit include a practice assessment checklist and an action plan template. Additional resources, available in both English and Spanish, include guidance on engaging patients in teach-back conversations, and a brochure to share with individuals unfamiliar with dental care to help set expectations about visiting a dental practice.

Oral Health and Chronic Disease Management in Older Adults

This publication, developed by the National Center for Equitable Care for Elders and the National Network for Oral Health Access, discusses the connection between chronic diseases that disproportionately affect older adults and oral health. The resource includes examples of how health centers integrated oral health and primary care to better address the health needs of older adults impacted by three conditions: diabetes, cognitive disorders, and chronic kidney disease.

Setting the PACE for Frail Older Adults in the Community

This article, published in The Journal of the American Dental Association, summarizes findings from a survey of national Programs of All-Inclusive Care for the Elderly (PACE). The findings indicate that most PACE programs offer comprehensive dental services and competitive reimbursement rates, presenting a key opportunity for medical-dental integration of care for older adults.

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The Medicare-Medicaid Coordination Office (MMCO) in the Centers for Medicare & Medicaid Services (CMS) seeks to help beneficiaries dually eligible for Medicare and Medicaid have access to seamless, high-quality health care that includes the full range of covered services in both programs. This brief is intended to support health plans and providers in integrating and coordinating care for dually eligible beneficiaries. It does not convey current or anticipated health plan or provider requirements. For additional information, please go to www.resourcesforintegratedcare.com. The list of resources in this guide is not exhaustive. Please submit feedback to RIC@lewin.com

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