Act Local, Think National: Opportunities in Geriatric Oral Care

TEXAS ORAL HEALTH CONFERENCE
JULY 25, 2018
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Topics: Opportunities in Geriatric Oral Care

- Older Americans Act + AAA
- VA Voucher System
- CMS Long Term Care Updated Regulations
- Messaging “Medically Necessary Oral Care”
ORAL HEALTH

Help Your Community Smile: Start or Enhance an Oral Health Program for Older Adults

- http://oralhealth.acl.gov/
- Searchable database of Community-based oral health programs for older adults.
- Approximately 200 community-based oral health programs listed

Program Profile Portal:
- Types of oral health services available
- Specific populations served
- Location
- Service delivery setting/Service delivery model
- Payment for care/Program funding
- Contact information
Department of Health & Human Services

Administration for Community Living

Administration on Aging

Area Agencies on Aging

Older Americans Act

1965

1973

629
Every community in America is served by an Area Agency on Aging (AAA)
Eldercare Locator at
1-800-677-1116
www.eldercare.gov
AAA - Aging & Disability Resource Centers

• Senior Centers
• Nutrition Program/Meals on Wheels
• Adult Day Care Program
• Homecare Program
• Nursing Home Ombudsman
• Legal Services
• Employment Projects
• Senior Companion Program
• Caregiver Programs*
• Health Promotion Programs*
• Disease Prevention Programs*
• Activities for People with Dementia
• Personal Care Attendant Program
• Elder Abuse Prevention
• Long term care information
• Utility/rent assistance
Older Americans Act: 1965-2018

Oral Health Added in 2015 = New Opportunities for Serving 60+

1. Health Promotion*:
   - Oral Health Screenings for Community
   - Oral Health Education for Community

2. Disease Prevention/Health Maintenance*:
   - Oral Health Maintenance Programs for Eligible Clients
   - Oral Health Maintenance Programs for Caregivers
     - Sign up as a local AAA vendor
     - “Real life example”
     - “Agency authorizes dental care for recipient, total not to exceed $$$.”
     - Payment
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VA Vouchers

1. Outpatient Dental Program
   - Veterans Access, Choice and Accountability Act of 2014
   - Massive backlog within VA system
     - Geographic inaccessibility of VA services or
     - limited capacity within the local VA system
   - Creation of the “Voucher program” = seek care from a local non-VA provider
   - Not every veteran is eligible.

2. Must be “service-connected” + “disability rating”
   - Disability Rating: The severity of the disability and how much the impairment impacts the ability to work
   - % of enrolled veterans age 65 and over with SCD is increasing.
   - “Rough” estimate:
     - 2014: 64% of veterans did not have a service-connected disability (36% did)
     - 2019 projection: 56% of veterans will not have a service-connected disability (44% will)
VA Vouchers

1. Outpatient Dental Program
   - **Dental Benefits for Veterans:** “Dental services to be professionally determined by a VA dentist”
     - Outpatient Dental Program: IB 10-442 (As of February 2014)
     - Class I, IIA, IIC, IV = eligible for any necessary dental care to maintain or restore oral health, including repeat care.
     - Class IIB, III, V, VI = eligible only for specific limited dental care over a specific limited time frame.

2. How to get started:*
   - Contact local VA clinics.
   - Forms:
     - VA-FSC Vendor File Request Form: 10091
     - Criminal History Background Check
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<table>
<thead>
<tr>
<th>Implementation Date</th>
<th>Type of Change</th>
<th>Details of Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phase 1: November 28, 2016</td>
<td>Nursing Home Requirements for Participation</td>
<td>New Regulatory Language Automated Survey Processing Environment (ASPEN)</td>
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<td></td>
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<td>Current 2016 F Tags in use</td>
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<tr>
<td>Phase 2: November 28, 2017</td>
<td>F Tag numbering Interpretive Guidance</td>
<td>New F Tags</td>
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<tr>
<td></td>
<td>Implement new survey process</td>
<td>Updated Interpretive Guidance</td>
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<td>All states use the new survey process</td>
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<tr>
<td>Phase 3: November 28, 2019</td>
<td>Requirements that need more time to implement</td>
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CMS Reform of Requirements for LTC Facilities:

1. **New Survey Process = Combination QIS + Traditional**

2. **Culture Change + Using Normal Language – not institutional “speak”**
   - The power of language to change culture
   - Examples: Avoid phrases live silver tsunami/tidal wave

3. **Comprehensive Person-Centered Care Planning:**
   - Residents - Baseline Care Plan + **Goals**
   - Used over 40 times in new regulations....not in old regulations.
Federal Versus State CMS Regulations

**FEDERAL REGULATIONS**
Set up as a “minimum” for states to follow.
Includes collecting the Minimum Data Set
- Section L: Oral/Dental Status

**STATE REGULATIONS**
Sometimes more proactive and detailed.
Nursing homes are not generally as aware of state specific regulations.
Surveyors are not generally as aware of state specific regulations.
Minimum Data Set: National Data – 2nd Quarter - 2018
Section L: Oral/Dental Status of Nursing Facility Residents

- Broken or loosely fitting full or partial denture?
- No natural teeth or tooth fragments?
- Abnormal mouth tissue?
- Obvious or likely cavity or broken natural teeth?
- Inflamed gums, bleeding gums, loose natural teeth?
- Mouth or facial pain or discomfort with chewing?
- None of the above
Minimum Data Set: National Data – 2nd Quarter - 2018
Section L: Oral/Dental Status of Nursing Facility Residents

Audience Participation: % of nursing home residents who have “none of the above conditions”

- Broken or loosely fitting full or partial denture?
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- None of the above?

Average % of all states reporting “none of the above?”

What about Texas?

- 18% ?
- 38% ?
- 48% ?
- 58% ?
- 68% ?
- 80% ?

CMS, States, and Quality Momentum

1. Communicate the need for accurate oral/dental minimum data set collection.*
2. Recognize, communicate, and enforce State specific regulations.*
3. Understand the importance of nursing facility need for “heads in the beds”.*
Quality Momentum & the Role of Referrals to NFs

Increased Scrutiny of:

- Hospital readmissions data?
- Preventable infections data?
- Aspiration pneumonia data, etc.?
- Compliance with dental regulations?
- Oral health of residents?
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Medically necessary oral care?

- fillings?
- cleaning teeth?
- root canals?
- extractions?
- filling holes in teeth?
- sealants?
- fluoride varnish?

- complete dentures?
- partial dentures?
- relining dentures?
- crowns?
- bridges?
- implants?
- oral hygiene instruction?
Medically Necessary Oral Care:

**Improving oral health:** to lower potential hospital readmissions, lower aspiration risk, reduce risk of pneumonia, keep salvageable teeth serviceable, to reduce the risk of bacterial endocarditis, improve quality of life, reduce risk of choking due to dysphagia, improve PO nutrition, assist with diet upgrade, help prevent diet decline, improve low self esteem contributing to depression, to return to masticatory function, reduce risk of bisphosphonate osteonecrosis, aid in mastication, support healthy diet, etc.

**Providing:** oral cancer screening, oral wound care due to ill fitting dentures, rehabilitation of speech post stroke, masticatory stability due to pending dental collapse, relief of chronic oral suffering, relief from chronic oral self neglect, adaptive oral devices, preventive therapies, periodontal infection treatment, etc.

**Determining the potential role of the mouth in:** unexplained weight loss, chronic infection, septicemia, bisphosphonate osteonecrosis, overall neglect, tissue infection, tissue swelling, dysphagia, speech problems, weight loss, depression, social isolation, unexplained agitation, etc.

**Collaborating with:** Medical Director, Primary Care Provider, Director of Nursing, Speech Pathologist, Nutritionist, Hospice Nurse, Geriatric Psychiatrist, Social Worker, Case Manager, Geriatrician.
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Thank you!

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