

# Colorado Older Adult Oral Health Action Plan

## Summary of the Planning Process and Next Steps

**Background:** On June 23, 2014, approximately thirty stakeholders attended an Advisory Meeting (Improving Oral Health Care for Older Adults in Colorado). The goal of the Advisory Meeting was to improve access to quality oral health care for older adults age 60 and above. The objectives of the meeting were to:

- Raise awareness of critical issues that impact seniors' oral health and overall health.
- Identify new opportunities to improve quality oral health care for older adults.
- Discuss opportunities to work together as a community of interested stakeholders to provide the highest quality oral health care to older adults.

On July 2, a summary of the meeting was sent to attendees. The summary reflected the following four overarching categories determined by meeting participants to be integral to improving oral health for older adults and broadly inclusive of several priorities for improving the oral health of older adults:

1. Integrated Care
2. Prevention
3. Provider Outreach, Education, and Training
4. Financing (provider reimbursement, dental insurance coverage)

**The Action Plan:** In October three program priority areas were identified within each of the four categories to focus the development and content of the action steps: *Clinical; Education; and Policy Initiatives.*

**The Action Planning Meeting:** On December 16, fifteen stakeholders attended the Older Adult Oral Health Action Planning Meeting and identified action steps and organizations that were willing to lead the development of the action steps.

Note: in some cases organizations not present at the Action Planning Meeting were identified as the lead for an action step, subject to their subsequent agreement to assume that role.

### **Next Steps:**

1. **Request:** as you review the document please note where your organization is indicated as the lead for an action step.
  - a. For organizations present at the December 16 meeting, please proceed to strategize, partner with other organizations, and generally take the steps you deem necessary to initiate action on your associated action step(s).
  - b. For organizations identified as the lead for an action step that were not at the December 16 meeting, please contact one of the following individuals to more fully discuss the associated action step(s):
    - Integrated Care: Katya Mauritson
    - Prevention: Leighanna Konetski
    - Provider Outreach, Education, and Training: Diane Brunson
    - Financing: Deb Foote
2. The Planning Team anticipates a meeting with the action step "leads" sometime in March or April to discuss progress, challenges, and address other issues that may arise.
3. Please tentatively plan for a full meeting in June or July amongst a broad array of older adult oral health stakeholders to continue strategic conversations and to add to or revise this Action Plan.

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**The Planning Team:** special thanks to members of the Older Adult Oral Health Planning Team, who have been working on this project since April, 2014:

- ❖ Katya Mauritson, DMD, MPH(c), Dental Director, Oral Health Program Manager, Colorado Dept. of Public Health and Environment; [katya.mauritson@state.co.us](mailto:katya.mauritson@state.co.us); 303-692-2569
- ❖ Diane Brunson, RDH, MPH, Director of Public Health and Community Outreach, University of Colorado School of Dental Medicine; [diane.brunson@ucdenver.edu](mailto:diane.brunson@ucdenver.edu); 303-724-2239
- ❖ Deb Foote, MPA, Executive Director, Oral Health Colorado; 303-258-3339; [deborah@oralhealthcolorado.org](mailto:deborah@oralhealthcolorado.org)
- ❖ Leighanna Konetski, RDN, Nutritionist, State Unit on Aging, Colorado Department of Human Services; [leighanna.konetski@state.co.us](mailto:leighanna.konetski@state.co.us) ; 303.866.3056
- ❖ Melissa Bosworth, MHA, Director of Workforce and Outreach, Colorado Rural Health Center; [mb@coruralhealth.org](mailto:mb@coruralhealth.org); 720.248.2750
- ❖ Deb Astroth, RDH, Colorado Dental Hygienists' Association; [dbastroth@gmail.com](mailto:dbastroth@gmail.com);
- ❖ Colleen Lampron, MPH, Colleen Lampron Consulting; [colleenlampron@gmail.com](mailto:colleenlampron@gmail.com); 720-838-7739

**Glossary of Organizations and Acronyms:** (“present” denotes that a representative of the organization attended the December 16 meeting)

AHEC: Area Health Education Center

CCF: Caring for Colorado Foundation

CAFP: Colorado Academy of Family Physicians (present)

CAPA: Colorado Academy of Physician Assistants (present)

CCHN: Colorado Community Health Network

CDA: Colorado Dental Association (present)

CDHA: Colorado Dental Hygienists' Association (present)

CDHS: Colorado Department of Human Services, State Aging Unit (present)

CDPHE: Colorado Department of Public Health and Environment (present)

CHCA: Colorado Health Care Association

CHI: Colorado Health Institute

CNA: Colorado Nurses Association

CRHC: Colorado Rural Health Center (present)

DDFCO: Delta Dental of Colorado Foundation

DentaQuest: (present)

DORA: Department of Regulatory Agencies (present)

HCPF: Colorado Department of Health Care Policy and Financing (present)

NGA: National Governors Association

OAP: Old Age Pension

OED: Colorado Office of Economic Development

OHCO: Oral Health Colorado (present)

RCCO: Regional Care Collaborative Organization

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## The Action Plan

### INTEGRATED CARE

**Goal: To provide Colorado seniors with “one health” care where oral health is considered part of overall health.**

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| <p>A. <b>Clinical co-location of oral health and primary care services for seniors</b> – the co-location of dental and medical services and “integrating” oral health services “into” primary care.</p> | <p>B. <b>Education</b> – primary care providers ensuring oral health referrals and coordination. Education of PCPs on importance of oral health and relationship to systemic health of seniors, and how to perform oral disease risk assessments.</p> | <p>C. <b>Policy initiatives</b> – current and future efforts to integrate oral health into primary care through grants, initiatives, and legislation that may assist seniors. Future data collection efforts through All Payer Claims Database (APCD) linking chronic disease outcomes codes (such as emergency department or hospitalizations for diabetic crises) and utilization of dental codes.</p> |
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#### Initial action step developed in October and refined on December 16 2014:

1. Co-locate dental hygienists in geriatric and family practices.

**Responsible Entity/Organizations:**

CDA and CDHA lead with DDFCO and other foundations

#### Action items developed on December 16:

1. Identify one agency to coordinate data ensuring everyone is using the same metrics to measure success.

**Responsible Entity/Organizations:**

CDPHE lead with DORA, HCPF, OHCO, CHI

2. Support implementation of the virtual dental home (including a tele-dentistry component), such as hygienist practice act expansion to include interim therapeutic restorations (future action steps will be determined based on an RFA).

**Responsible Entity/Organizations:**

Caring for Colorado Foundation leads with DORA, CDA, CDHA, OHCO

3. Provide education/awareness/training materials to providers and insurers regarding the importance of oral health to overall health, specifically to older adults.
  - a. Start with Regional Care Collaborative Organizations (RCCOs) and other primary care providers, especially in high-need populations, and provide resource lists/referrals to dental homes. (HCPF/DentaQuest)
  - b. Get providers and insurers to understand the lack of dental insurance and issues facing older adults. (CDA, CDHA, CDPHE)
  - c. Tap in to Colorado’s recently awarded State Innovation Model grant awarded by the federal Centers for Medicare and Medicaid Services. Train local implementation teams on the

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importance of oral health and the link to mental health (e.g., behaviors, medications causing dry mouth, etc.) (HCPF, CDPHE)

**Responsible Entity/Organizations:**

(as indicated above in parentheses)

4. Seek opportunities to deliver dental services via community-based organizations serving older adults, such as long-term care facilities, assisted living, home health agencies, congregate meal sites, and in geriatricians' offices or family practices serving older adults (look at colocation, InnovAge, independent hygiene practices, mobile private and non-profit dental practices).

**Responsible Entity/Organizations:**

CDA and CDHA lead with CDPHE Long Term Care, community partners, Virtual Dental Home/Caring for Colorado, HCPF/DentaQuest, various Foundations

5. Find best practices of integrated care models and disseminate to others.

**Responsible Entity/Organizations:**

CDA and CDHA lead with DDFCO, Kaiser NW, Colorado Coalition for the Homeless, CCHN/ClinicNet/CRHC

## PREVENTION

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| <p><b><i>Goal: Focus on prevention of oral disease in the senior population that is increasingly retaining natural teeth.</i></b></p> |   |   |
| <p>A. <b><i>Clinical preventive services</i></b> – includes prophylaxis, fluoride varnish, perio maintenance, and education.</p>      | <p>B. <b><i>Education</i></b> – senior oral disease risk assessment by primary care providers. Education of case managers, health navigators, registered dietitians, nursing staffs of nursing homes, home health nurses and staff, congregate meal sites, assisted living, senior meal services (i.e., Meals on Wheels and Family Caregiver programs).</p> | <p>C. <b><i>Policy Initiatives</i></b> – current and potential initiatives to increase seniors' <u>access</u> to prevention; establish and maintain a dental home. Ensure availability of low-cost dental insurance that includes preventive services (fluoride varnish, etc.).</p> |

**Initial action step & measures of evaluation developed in October and refined on December 16, 2014:**

1. Train Home Health Agencies Nurses and staff, Meals on Wheels volunteers, Registered Dietitians, and Program Coordinators to ask about oral health and provide education/toothbrush; encourage drinking tap water (*Evaluation: Training curriculum, # of volunteers trained, # of seniors served*)

**Responsible Entity/Organizations:**

CDHS (Lead) in partnership with other entities

**Action items developed on December 16:**

1. Provide opportunities for dentists and hygienists to become more comfortable serving seniors:
  - a. Convene a Summit between aging/geriatric medicine/dental school/CDHA/CDA regarding success models for treating geriatrics

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- b. Develop a unified voice, messaging and resources with and for the dental community, and for non-oral health professionals
- c. Provide continuing education for serving older adults

**Responsible Entity/Organizations:**

CDA and CDHA lead

- 2. Provide CHCA training for long-term care providers (i.e., mouth care without a battle)

**Responsible Entity/Organizations:**

CHCA, CDA, and The Legal Center (Lead); CDHA, CDPHE (Supporting)

- 3. Colorado Medical Director Association: provide oral health training; ombudsman training/oral health concerns (*this action item is already underway*)

**Responsible Entity/Organizations:**

The Legal Center (Lead); CDHA, CDA, CDPHE, CDHS State Unit on Aging

- 4. Support the following policy initiatives:

- a. The inclusion of oral health issues and considerations in nursing facility/assisted living rules and regulations for health facilities.

**Responsible Entity/Organizations:**

OHCO to convene a workgroup (Lead), The Legal Center, CDHA, CDA, CDHS

- b. The inclusion of oral health issues and considerations in personal care training

**Responsible Entity/Organizations:**

CDHS

- c. Update personal care rules and requirements to include oral health considerations in caregiver services and personal care training (for older Americans and state funds for services)

**Responsible Entity/Organizations:**

CDHS

## PROVIDER OUTREACH, EDUCATION, TRAINING

***Goal: Increase the number of health care providers comfortable and able to serve the senior population.***

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| <p>A. <b>Clinical</b> – provide clinical training to dental providers on unique oral health aspects of aging; behavior management in long-term care; accommodating disabilities.</p> | <p>B. <b>Education</b> – oral health education and outreach to under-served communities. Education and training for dental and medical providers on overall health best practices for older adults (ECHO). Provide CME and CDE credits.</p> | <p>C. <b>Policy Initiatives</b> – utilize oral health surveillance, data collection on oral health status of seniors (Basic Screening Survey, Behavioral Risk factor Surveillance System (BRFSS), Colorado Community Assessment Survey of Older Adults (CASOA), Emergency Department utilization, HCPF and APCD data as basis for</p> |
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|  |  | policy. |
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## **Action items developed on December 16:**

1. Train medical providers in oral health:
  - a. Provide continuing education for serving older adults (Lead: AHEC, CAFP)
  - b. Offer on-demand webinars for medical providers, and consider using the existing Smile for Life geriatric oral health curriculum (CAFP and AHEC)
  - c. Create opportunities for family practice physicians to conduct peer-to-peer mentoring regarding older adult oral health (CAFP and AHEC)
  - d. Provide opportunities for inter-professional education regarding older adult oral health (University of Colorado School of Dental Medicine and AHEC)

### **Responsible Entity/Organizations:**

(as indicated above in parentheses)

2. Raise awareness and collaboration among CDA, CDHA, CAFP, CNA, and CAPA about how to improve (increase access to) oral health for older adults:
  - a. Establish communications and share resources, e.g., distribute oral health information via newsletters, magazines, etc. (CDA/CDHA/CAFP/CNA/CAPA)
  - b. Provide speakers for CAFP annual conference (CAFP)
  - c. Share claims data and lessons learned from first year of adult Medicaid benefit (HCPF, DentaQuest)
  - d. Initiate a dialogue between CDA and CAFP at the leadership level regarding opportunities for dental and medical communities to coordinate and collaborate on older adult oral health issues (CDA, CAFP)

### **Responsible Entity/Organizations:**

(as indicated above in parentheses)

3. Offer provider training, provide workforce development, and address workforce shortages:
  - a. Support the loan repayment decision item in the Long Bill (OHCO)
  - b. Confirm oral health as part of the National Governor's Association health care workforce policy academy (DORA)
  - c. Increase awareness of the economic impact of dental care at the local level and as a means to engage in oral health workforce planning and development activities (HCPF, AHEC, OED)
  - d. Create a system of professional support for providers starting in dental school regarding taking care of, and giving back to the older adult population, with an emphasis on the unique treatment needs of older adults, access issues traditionally encountered by this population, and the opportunities and advantages of working in integrated teams in different practice settings to more effectively address older adult oral health needs (University of Colorado School of Dental Medicine)

### **Responsible Entity/Organizations:**

(as indicated above in parentheses)

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## FINANCING (PROVIDER REIMBURSEMENT, DENTAL INSURANCE COVERAGE)

**Goal: Ensure optimal funding of senior oral health services to meet the needs of an increasing population.**

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| A. <b>Clinical</b> – encourage/increase number of dental providers serving the senior population, especially those serving the low-income senior population. | B. <b>Education</b> – mechanisms of financing oral health care (Title IIIB, Title IIID, and State Funds for Senior Services; PETI, Medicaid, Medicare Advantage Plans for dental and primary care providers. | C. <b>Policy</b> – ensure adequate funding and expansion of eligibility for senior oral health insurance coverage. |
|--|--|--|

### Action items developed on December 16, 2014:

1. Align state rules, regulations and law to support the virtual dental home.  
**Responsible Entity/Organizations:**  
OHCO, HCPF
2. Educate the legislature to maintain funding for adult Medicaid.  
**Responsible Entity/Organizations:**  
OHCO, HCPF/stakeholders, CDA
3. Work with CDA and CDHA to recommend reimbursement from all payers to independent Registered Dental Hygienists.  
**Responsible Entity/Organizations:**  
CDA and CDHA

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## “PARKING LOT” ITEMS

The following action steps were not fully developed by participants during the December 16 meeting but are retained in this Action Plan for future consideration and development.

1. Seek funding to develop and pilot a “Cavity Free at 93” program for seniors (risk assessment, motivational interviewing, fluoride varnish training for both dental and primary care providers).  
*(Evaluation: existence of program, # of providers trained)*  
**Responsible Entity/Organizations:**
2. Reimburse medical providers for Cavity Free at 93.  
**Responsible Entity/Organizations:**
3. Seek funding to develop senior oral health as an ECHO topic (ECHO is a project at the CU Health Sciences Center with a goal to develop a common learning/communications/outreach and education platform for health care practitioners). *(Evaluation: Topic developed, providers attend)*  
**Responsible Entity/Organizations:**
4. Identify resources to develop an oral health surveillance system component specific to seniors.  
*[Evaluation: oral health data collected, analyzed, reported and added to existing (but yet to be released) CDPHE dashboard]*  
**Responsible Entity/Organizations:**
5. Seek enhanced reimbursement rates for oral health services provided in long-term care and assisted living facilities. *(Evaluation: Activities to increase rates occurred, rates enhanced, # seniors served)*  
**Responsible Entity/Organizations:**
6. Align Medicaid and low-income dental program funding (former OAP).  
**Responsible Entity/Organizations:**
7. Collaborate with corporate dentistry to offer discount programs for uninsured seniors, and to market seniors.  
**Responsible Entity/Organizations:**