

# ENTRY POINT



**Care at home:** During a recent visit to Kingsley Manor, a Los Angeles, California, senior living community, dental hygienist Maria Ladd uses an intraoral camera to take photos of resident Ruth Wilson's teeth. As part of a Virtual Dental Home pilot project, Ladd will send the pictures and other information to a dentist, who will decide if Wilson needs additional treatment.

DOI: 10.1377/hlthaff.2016.1393

## AGING & HEALTH

# Seeking Dental Care For Older Americans

*Since Medicare doesn't cover most dental care, seniors often go without treatment.*

BY SUSAN JAFFE

**T**he last time Evelyn Sell went to the dentist was nearly three years ago, when he told her his staff would no longer be able to lift her out of her wheelchair and into the dentist's chair. "That really threw me for a loop," said Sell, 87, a retired pre-

school teacher who lives in Kingsley Manor, a retirement community in Los Angeles. "I didn't know what I was going to do about dental care."

"Finding a good dentist and a dentist you can afford to pay for out of pocket is a problem," she said.

Although Medicare provides medical

insurance coverage for fifty-five million older or disabled Americans, Sell doesn't understand why the federal program doesn't also cover dental care. But with some rare exceptions, rules that date back to Medicare's creation in 1965 exclude the routine care, treatment, removal, or replacement of teeth.

"It's just as important as a physical checkup," Sell said. "Every part of your body interacts with all the other parts. If you lose your teeth or if you have a painful situation with your teeth, that is just as important as having a pain in your leg or fingers."

Then earlier this year, she found the solution. A flyer in her mail informed her that the management of her assisted living facility had partnered with the Virtual Dental Home project run by Pacific Center for Special Care at the University of the Pacific in San Francisco. Sell could have a dental hygienist come to her home. She was one of the first residents to sign up.

The project is one of several innovative demonstrations that providers and researchers are developing to serve vulnerable uninsured or underinsured patients. Despite their promise, however, these efforts meet only a fraction of the need. A comprehensive solution would likely require federal legislation, but bills to broadly expand Medicare's dental coverage have languished in Congress. So some advocates for older adults are working on a third front, seeking changes to Medicare coverage policy based on the idea that dental care can be an integral part of the medically necessary care Medicare covers.

## Despite Serious Health Risks, Limited Coverage

For seniors without access to care, untreated dental problems can lead to a host of other problems. "A dental cavity is not just a hole in the tooth, it is a bacterial infection," said Larry Coffee, founder of the Colorado-based Dental Lifeline Network, which has linked needy older or disabled patients across the country with 15,000 dentists and specialists who provide their services

for free. Over 111,000 patients have received services worth \$331 million since the network was established in 1985, including \$23.8 million during the last fiscal year.

Although a cavity can be fixed with a filling or crown, restoration does not stop the disease process and more cavities. And while the bacterial infection begins in the mouth, it can travel once it gets access to the bloodstream. If the infection migrates to a conducive environment—perhaps an orthopedic prosthesis, vascular stent, or transplanted organ—bacteria at that secondary site can “create what’s called a biofilm that becomes impregnable to antibiotics,” Coffee said.

At the same time, drugs to treat cancer and rheumatoid arthritis and other autoimmune chronic diseases affecting many older adults also suppress the body’s ability to fight infection. People who have had an organ transplant take “a cocktail of immunosuppressant drugs” for the rest of their lives to prevent rejection of the transplant. Coffee said a localized dental infection could pose a fatal threat to a person with a compromised immune system.

“So you have saved someone’s life with a transplant only for them to die of septicemia,” he said.

Officials at the Centers for Medicare and Medicaid Services (CMS) have acknowledged that threat and, more than two decades ago, allowed one of the only exceptions to its policy of not covering routine dental care. Medicare will cover an oral dental examination prior to a kidney transplant to rule out any problems that might complicate the outcome, said Wey-Wey Kwok, a senior attorney at the Center for Medicare Advocacy in Connecticut.

The other exceptions include “medically necessary” dental care, such as dental services related to surgery on the jaw or other covered procedure, and tooth extraction in preparation for radiation treatment for cancers of the jaw.

“I’ve gotten calls from oral surgeons who have a patient with advanced breast cancer and can’t get clearance for chemo until she gets her [infected] teeth extracted,” said Kwok. Because the treatment does not involve the jaw, Medicare won’t pay for it.

Private dental insurance is expensive

and limited, so seniors who can’t afford dental care often go without it. “The evidence has been quite compelling for a fairly long time that people on Medicare lack dental coverage and do not get the care they need because of costs,” said Tricia Neuman, director of the Henry J. Kaiser Family Foundation’s Medicare Policy Program. Half of older Americans lived on annual incomes of less than \$24,150 in 2014.<sup>1</sup>

The consequences of neglected dental problems are reflected in some bleak statistics. Nearly 20 percent of adults over age sixty-five had no natural teeth in 2011–12.<sup>2</sup> Of those who have some natural teeth, 68 percent have periodontitis,<sup>3</sup> and about 20 percent have untreated tooth decay.<sup>2</sup> And yet by 2014, almost 40 percent of adults over age sixty-five had not visited a dentist in the past year.<sup>4</sup>

“It is really odd to have picked out one part of the body and not provide health coverage for that part of the body when you’re providing health coverage for all the other parts of the body in a Medicare program,” said Paul Glassman, a professor of dental practice who directs the Virtual Dental Home project that is helping Sell. “It’s a self-defeating policy that doesn’t actually end up saving the country money,” he said.

But when President Lyndon Johnson signed the Medicare legislation into law in 1965, dental care was hardly a priority. Medicare’s benefit package was modeled after the major medical policies sold by private insurers, which did not include dental coverage or outpatient prescription drugs.

At the signing ceremony in Independence, Missouri, while former President Harry Truman looked on, Johnson noted that most Americans over age sixty-five had low incomes, and “most of them are threatened by illness and medical expenses that they cannot afford.”<sup>5</sup> This new insurance would help pay for the big-ticket items—care in hospitals, in skilled nursing homes, as well as doctors’ fees—but not routine dental care.

### Few Good Options

For seniors who can’t afford to pay for dental care on their own, the alternatives are limited, said Glassman. “People end up losing teeth, they end up with cosmetic problems and difficulty socializing, speaking, and eating, some often

end up unfortunately in the emergency room because of some dental infection,” he said. And if that infection isn’t treated early enough, it can be fatal.

Medicaid, the federal-state program that serves low-income individuals and families, isn’t much help for most seniors. First, only about 20 percent of Medicare beneficiaries, or 10.7 million, also qualified for Medicaid in 2013.<sup>6</sup> Whether those older adults can get dental care, which is not a required Medicaid benefit, depends on where they live: Last year eighteen states provided coverage only for emergency extractions and other treatment to relieve pain, while thirty-three states also provided one or more services including preventive, restorative or periodontal care. Only twenty-six state Medicaid programs provide dentures for older adults, according to an analysis by the Medicaid and CHIP Payment and Access Commission.<sup>7</sup> And in those states with Medicaid dental coverage, it can be difficult to find a dentist. Only 42 percent of dentists accepted children with Medicaid coverage in 2014.<sup>8</sup>

Medicaid dental coverage can also be precarious as a result of intense and changeable state budget pressures. For example, when California restored some dental services in 2014 for adults with Medicaid coverage, it continued to exclude coverage for adult periodontal treatment, root canals in the back teeth, and partial dentures, said Amber Christ, senior attorney at Justice in Aging, an advocacy group in Los Angeles. The state also kept the annual \$1,800 limit unless additional services are medically necessary. These restrictions come on top of another obstacle: Only 25 percent of California dentists accept Medicaid patients of any age, according to a recent Justice in Aging report.<sup>9</sup>

Medicare-eligible seniors who agree to opt out of the public program can buy private insurance plans known as Medicare Advantage. These plans often provide additional benefits including dental care, but they limit beneficiaries to a provider network. Even when doctors and hospitals drop out during the yearlong term of the policy, patients cannot change plans midyear.

“These benefits are often limited and tend to provide more preventive services than expensive dental care, which is the

real concern that many people have,” cautioned Neuman.

Community health centers funded by the federal government are another option for low-income patients, but Glassman said that their limited capacity means they can meet about only 5 percent of the need. The Health Resources and Services Administration, which oversees the health centers, recently announced an infusion of \$156 million to help 420 sites expand oral health services in 47 states, the District of Columbia, and Puerto Rico.<sup>10</sup>

Temporary dental clinics staffed by volunteer dental care providers are another option for some older adults. However, such clinics have been often overwhelmed by people who begin lining up hours in advance to improve their chances of getting care. The clinics “are a valiant effort,” Glassman said, “but hardly a system of care.”

### Creating A Dental Benefit

“As patterns of illness and standards of medical care change,” said Bruce Vladeck, who once headed CMS (then known as the Health Care Financing Administration), the absence of medically necessary dental care in Medicare is an “anomaly that just gets more and more glaring.”

The need to add dental coverage appears to have some support even within CMS. Ever since Lynn Mouden joined CMS as its chief dental officer in 2012, he has believed that Medicare should include a dental benefit, he said.

Vladeck, now chair of the board of the Medicare Rights Center, said discussions with CMS have “elicited some real sympathy” for the view that officials have the legal authority to define a set of medical conditions for which dental care is a necessary part of the medical treatment plan and require Medicare to cover those dental procedures.

Medicare was originally designed to insure people for the significant costs of major illness and injury, not routine care, said Kwok. But to exclude nearly all dental care as routine fails to recognize the dental procedures that are essential to providing the other medical care that Medicare covers.

Another route to expanding dental coverage would begin with CMS creating a pilot project to test a dental care

payment and service model. Positive results might persuade Congress to add dental coverage to Medicare. CMS is conducting a variety of pilot programs aimed at improving medical care and reducing costs, but none include expanding dental coverage, said Mouden.

A recent analysis by Avalere Health, a research firm, provides a hypothesis that a dental care pilot program could test. Avalere found that by covering the initial and follow-up treatment of periodontal disease for beneficiaries with diabetes or heart disease and those who had suffered a stroke, Medicare could save \$63.5 billion from 2016 to 2025. The \$7.2 billion cost for periodontal treatment “will be offset by an estimated \$70.7 billion reduction in Medicare spending, largely related to fewer hospitalizations and emergency room visits,” the study concluded.<sup>11</sup>

“Certainly among people with chronic conditions, I think the benefit will likely pay for itself,” said Marko Vujicic, vice president of the Health Policy Institute at the American Dental Association.

### Virtual Dental Home

While some explore Medicare policy revisions, Glassman is focused on another ambitious task: to “rethink the whole delivery system” for dental care. “Instead of trying to help seniors come into dentist offices,” he said, “I think our challenge is to get us out rather than get them in.”

For more than a decade, Glassman has been developing a chronic disease management approach in which dental care is delivered by a team of dental hygienists and dentists in community settings, such as preschool programs. As part of a Virtual Dental Home, dental hygienists go where patients are, equipped with portable miniature x-ray machines, laptop computers, tiny cameras to take pictures of teeth, and other telemedicine tools. Dental hygienists collect a full set of dental records, charting, and other information to transmit to a dentist who can make a diagnosis and treatment plan. The hygienists also provide dental cleanings and some early intervention services.

In 2014 California state lawmakers passed legislation allowing hygienists to decide which dental x-rays to take (without a dentist’s prior approval)

and to provide interim therapeutic restorations to address small cavities without local anesthesia in consultation with a dentist. The law also required the state Medicaid program, Medi-Cal, to pay dental providers whose services depend on electronic telemedicine technology.

A year later, Glassman’s Pacific Center for Special Care received a grant from the California Wellness Foundation to expand Virtual Dental Home services to older adults in independent and assisted living facilities and other group housing. The center is collaborating with a senior housing provider, Front Porch (which manages Kingsley Manor), and dental care providers at Queens Care Health Centers, a federally qualified health center in Los Angeles.

“Over half the population we’re dealing with—even seniors in nursing homes—can be kept healthy with the dental hygienist being the only one physically touching them,” Glassman said. When patients need to see a dentist, the dentist knows what to do, the problems have been identified, and the need for multiple return visits can be minimized, he said.

Evelyn Sell—who hadn’t seen a dentist in nearly three years—is an enthusiastic supporter of the Virtual Dental Home. Last February, she had her first visit from Maria Ladd, a dental hygienist with the program. Sell receives Medicaid coverage in California, which is among the thirty-three states with Medicaid programs that pay at least some of the cost for adult dental care other than for emergencies.<sup>7</sup> Ladd returned in September to check Sell’s teeth again and provide a cleaning, which cost Sell \$40 (because Medi-Cal covers only one dental cleaning per year). Recalling the experience, Sell doesn’t sound like she’s describing what most people would consider a typical dental appointment.

“Being in my own place, surrounded by my own familiar things, tends to be very soothing,” she said. “I can relax, I can sit in my wheelchair, and Maria will do everything that needs to be done to my teeth.” ■

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## NOTES

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