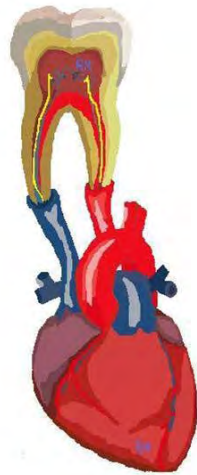
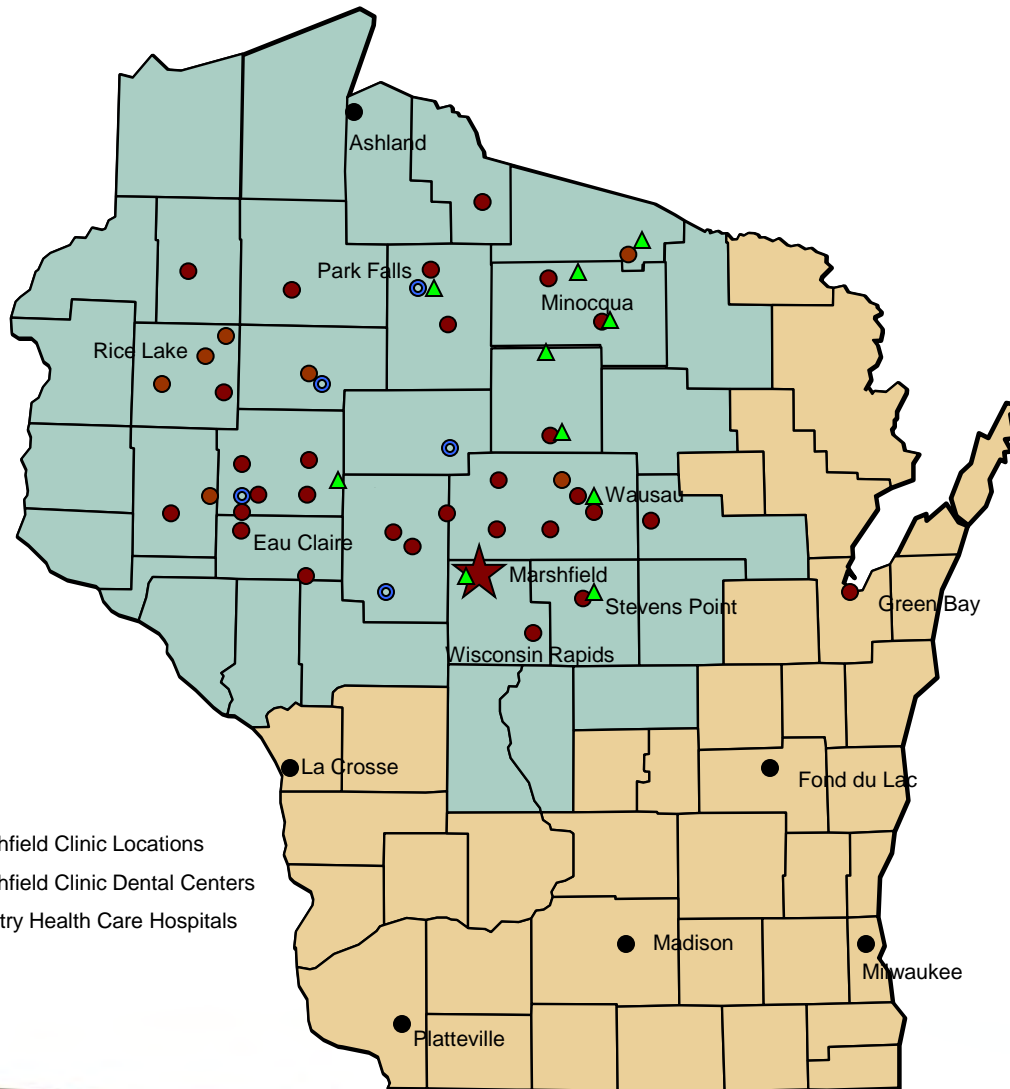


Marshfield Clinic's Dental Initiative & Platform for Improved Dental-Medical Outcomes



HLC Compendium Briefing to the
Congressional Caucus on Wellness
November 30, 2011

Marshfield Clinic



- Marshfield Clinic Locations
- ▲ Marshfield Clinic Dental Centers
- ⊙ Ministry Health Care Hospitals

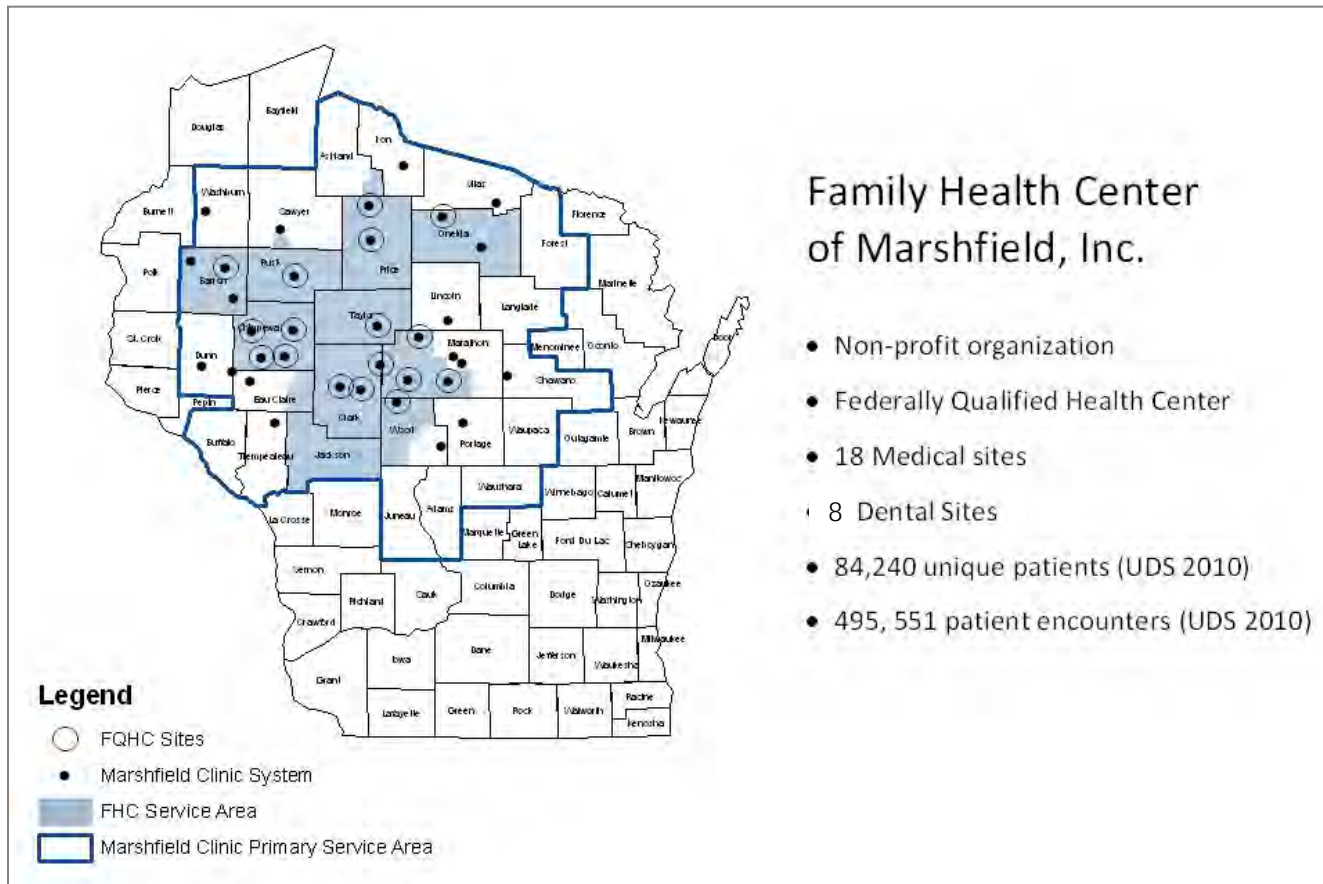
- Non-profit organization
- 52 locations and 2 hospitals
- 3,741,308 patient encounters in 2010
- 376,708 unique patients in 2010
- 86 different medical specialties
- 781 physicians
- 400+ research and educational projects
- 30,000 square miles of primary service area



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Family Health Center of Marshfield, Inc.



Family Health Center of Marshfield, Inc.

- Non-profit organization
- Federally Qualified Health Center
- 18 Medical sites
- 8 Dental Sites
- 84,240 unique patients (UDS 2010)
- 495, 551 patient encounters (UDS 2010)



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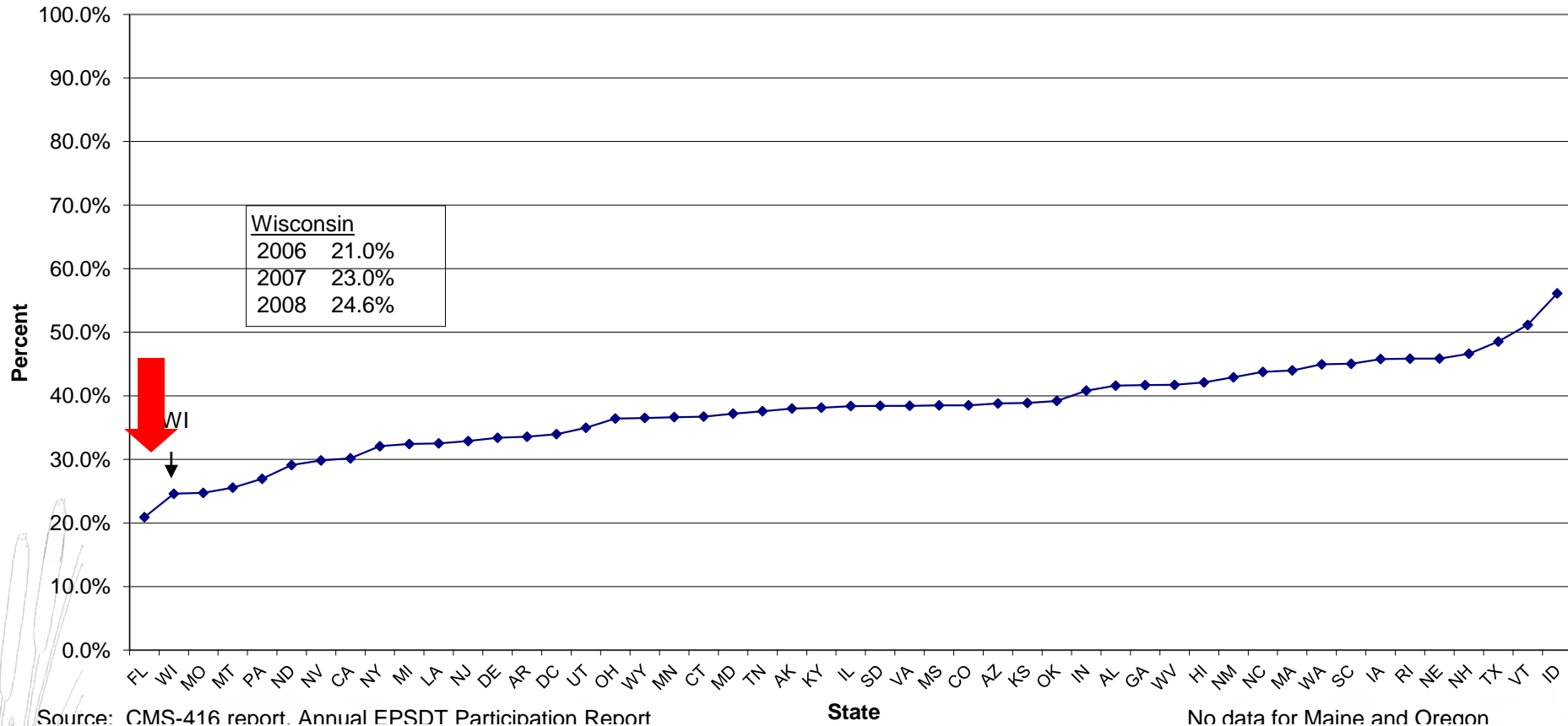
Health Conditions **are** Affected by Oral Health Status

- Cardiovascular Disease
- Chronic Kidney Disease
- Diabetes Mellitus
- Gastrointestinal Diseases
- Osteoporosis
- Pregnancy
- Respiratory Diseases
- Xerostomia (dry mouth)
- Alzheimer's Disease
- More



Only ¼ Children Received Dental Care

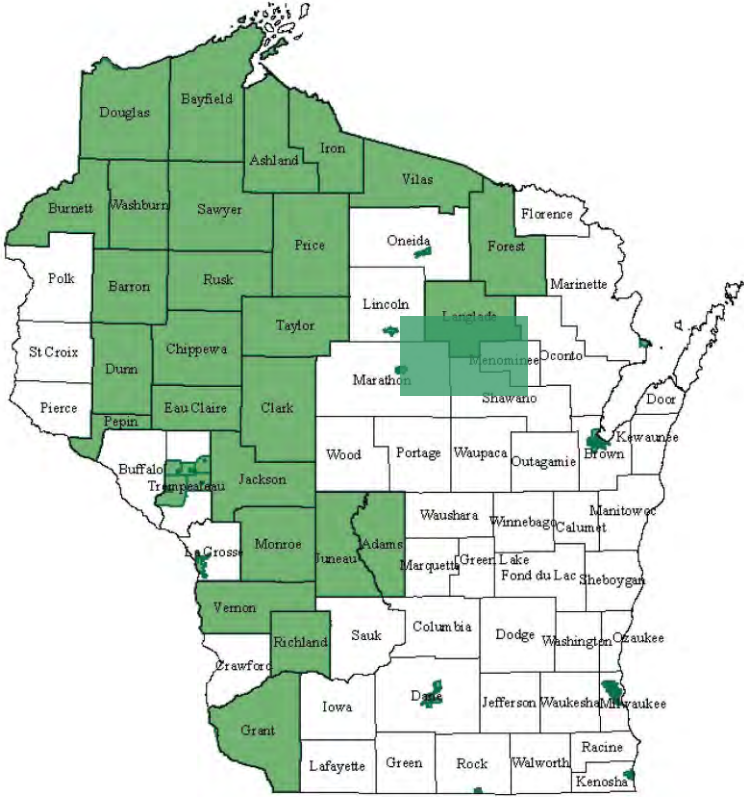
FY2008 EPSDT Dental Utilization Rates
Percent Receiving a Dental Service



Access is an Issue

1,000,000 without access to dental care in a state of 5,600,000.

[Approx 300,000 in our service area]



Green = Dental Health Professions Shortage Area



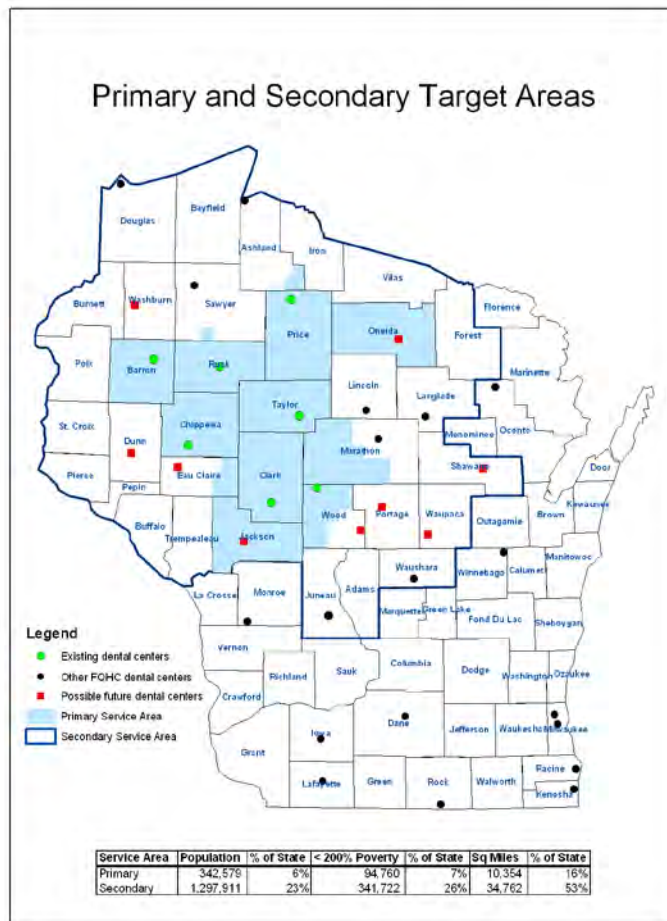
What Would a Leader in Health Care Do?

Three-Step Strategy

1. Address the capacity to serve those who cannot get care now.
2. Integrate medicine and dentistry.
3. Utilize a sustainable business model for education to create a team-based rural health care [medical–dental] home workforce.



Step One – Partner with Family Health Center of Marshfield, Inc.

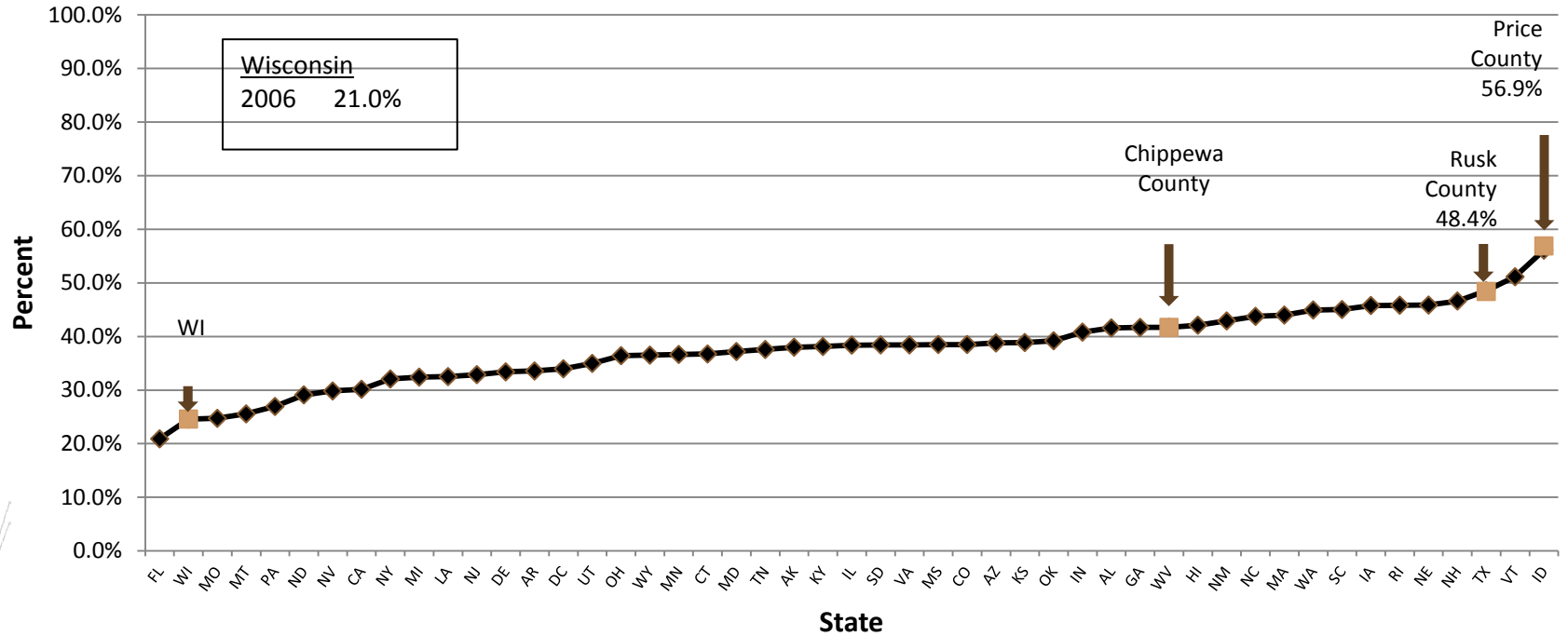


- Marshfield Clinic added dental clinics starting in 2002
- 8 dental centers currently
- 39 (FTE) dentists
- **40,114 unique dental patients seen in 2010**

2012 – One additional dental clinic will be opening.

2010 “Marshfield Effect” Counties

FY2008 EPSDT Dental Utilization Rates Percent of Children Receiving a Dental Service



Source: CMS-416 report, Annual EPSDT Participation

No data for Maine and Oregon



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Leveraging the Prevention Potential in Dentistry

Reducing oral disease

And reducing the cost per visit...

- 4% overall lower cost per visit since 2005.
- 13% over four years at some of the more established clinics.



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Step 2 – Integrate Medicine & Dentistry

Dentistry + Medicine = Improved Quality &
Reduced Costs



How do you get
there?



Use an Integrated Electronic Health Record

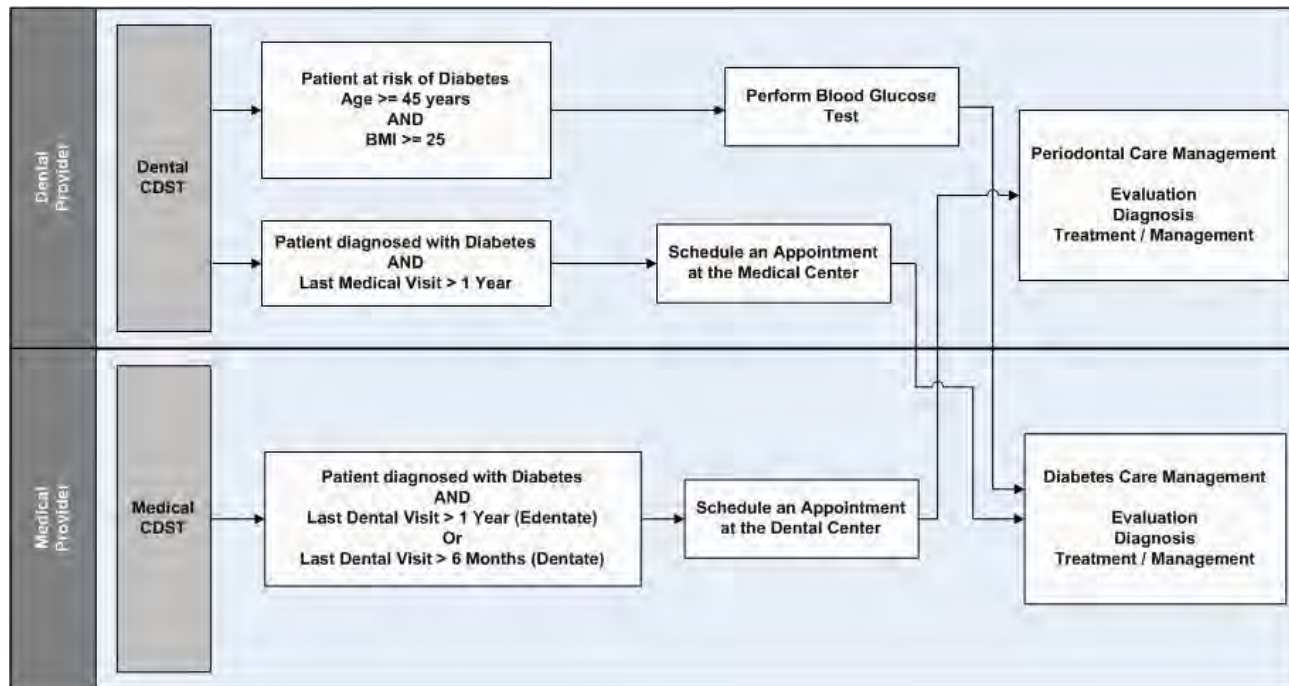


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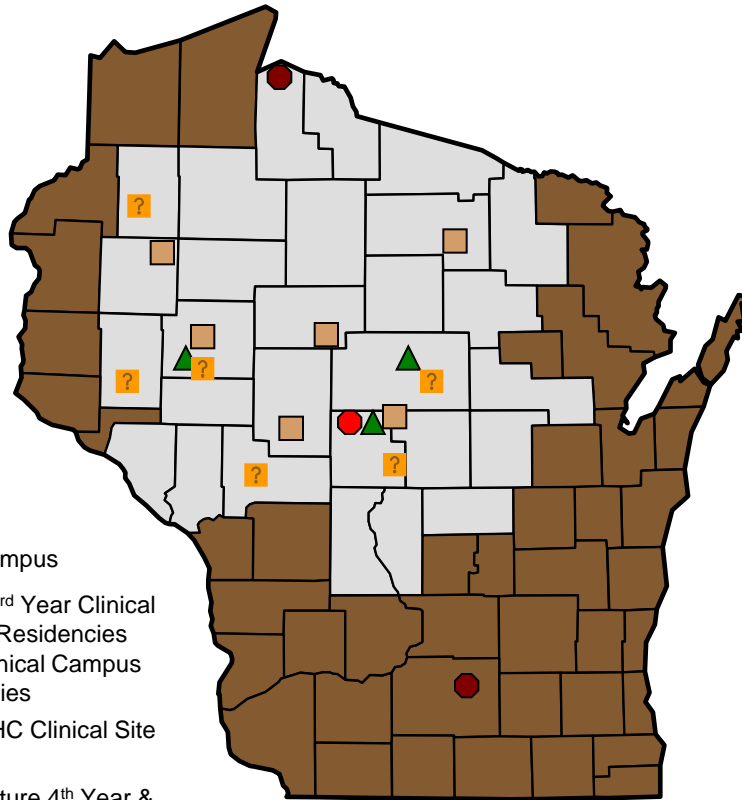
Key is Decision Support: Management of Patients with Diabetes & Periodontitis

- Developing Clinical Decision Support Tools within the iEHR to support cross disciplinary care management of diabetic and periodontal patients



Step 3 – Train in that Environment

Marshfield Clinic Dental Education Campus Structure



Marshfield

Chippewa Falls
Marshfield
Wausau

Medford
Neillsville
Rhineland
Rice Lake

- Medicine – 3x more likely
- RMED Program
- Loan forgiveness

- Didactic Campus
- ▲ Proposed 3rd Year Clinical Campus & Residencies
- 4th Year Clinical Campus & Residencies
- External CHC Clinical Site
- Possible Future 4th Year & Residency Clinical Site

Why? Growing Evidence for the Need to Integrate

THIRD PARTIES DRIVING IT

2009 U of MI study included **21,000 BCBS members** and found that **with regular periodontal care**, it was observed:

- **10% reduction in diabetes related medical costs.**
- **20% reduction in cost** related to the treatment of **cardiovascular disease in patients with heart disease and diabetes;**
- **30% reduction in cost** related to treatment of kidney disease for patients with **diabetes and kidney disease;**
- **40% reduction in costs** related to treating **congestive heart failure** for patients with **diabetes.**

According to research cited by **CIGNA**, expecting **mothers with chronic periodontal disease during the second trimester are 7 times more likely to deliver preterm** (before 37th week).



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Scaling it Up

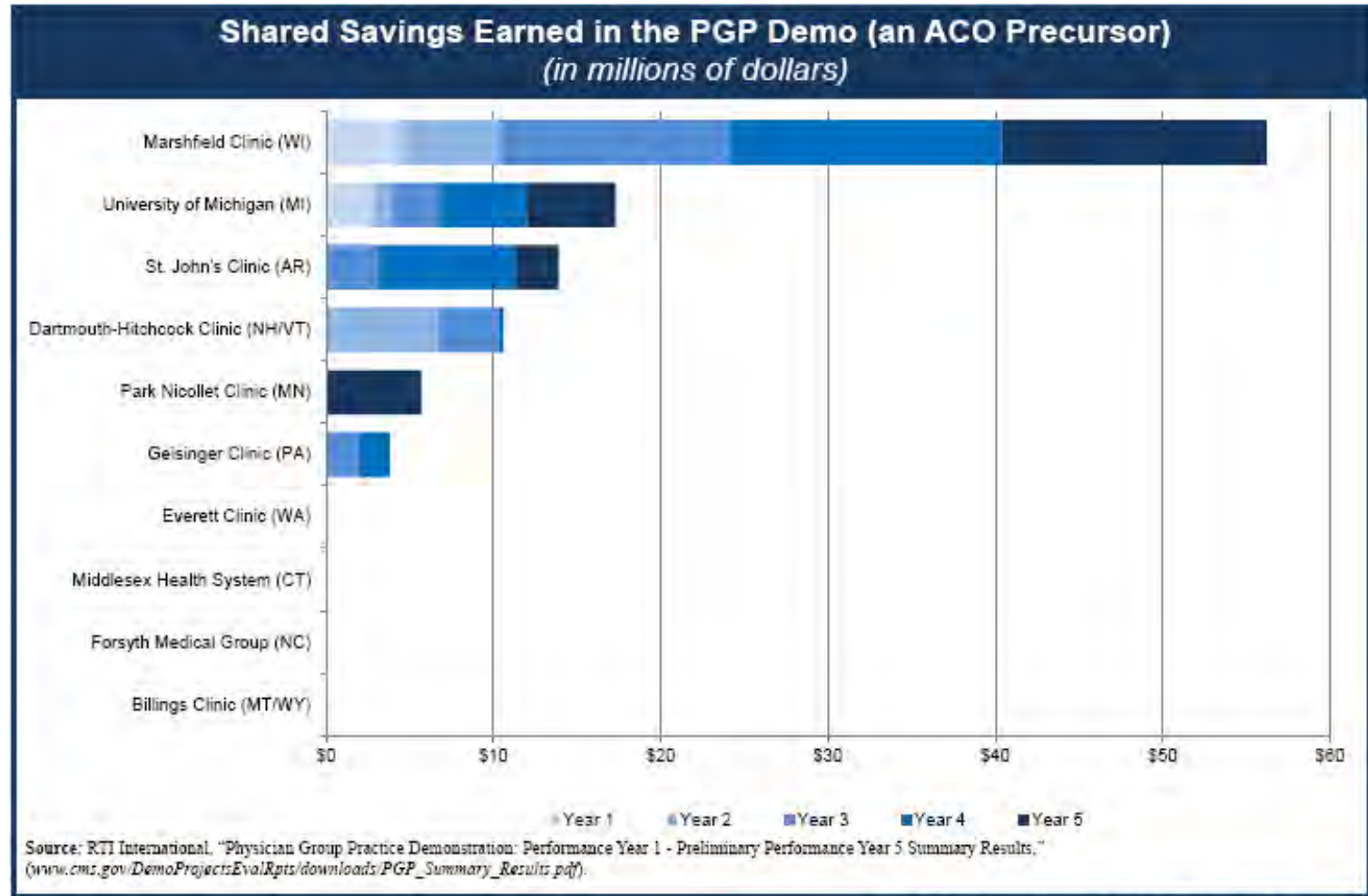
- A two-year study of 144,000 insured patients by Aetna found that earlier periodontal treatment reduced overall medical care costs by 9% for diabetics, 16% for patients with coronary artery disease, and 11% in patients with cerebral vascular disease. The potential impact on healthcare costs by providing quality dental care to the millions of Americans with these three diseases is hard to overstate.
- **Diabetes alone accounts for \$116 billion in direct medical costs. If all diabetics received periodontal care, it is estimated that the direct costs associated with managing diabetes would reduce by at least \$1,000 per capita and potentially a \$10.4 billion in savings nationwide.** [\$1000 / Capita includes medically underserved / Medicare and commercial populations – internal estimate. \$10.4B is applying the 9% Aetna savings]



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Scaling it Up – Policy Considerations



As published by Robert Berenson & Rachel Burton; "Accountable Care Organizations in Medicare and the Private Sectors: A Status Update; Timely analysis of immediate health policy issues" November, 2011



Beyond the ACO Ceiling

- Cost and quality opportunities anticipated by ACO's [based on the PGP Demo] will hit a ceiling **unless** oral health is integrated as part of the overall care of the patient.
- Opportunity: incent [at the patient and provider level], cross discipline [medical-dental] care management for medically compromised and at-risk patients.
- How? Cost savings, if shared across disciplines, it creates a mechanism for coverage and sustainability.... leading to maximized outcomes for these patients.



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For more information on dental center expansion plans:

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For more information on the integrated EHR and research plans:

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