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

- 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
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)
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

No data for Maine and Oregon
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.
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

Wisconsin
2006  21.0%

Chippewa County  56.9%
Rusk County  48.4%

Source: CMS-416 report, Annual EPSDT Participation
No data for Maine and Oregon
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.
Step 2 – Integrate Medicine & Dentistry

Dentistry + Medicine = Improved Quality & Reduced Costs

How do you get there?
Use an Integrated Electronic Health Record
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

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

- Marshfield
- Chippewa Falls
- Marshfield
- Wausau
- Medford
- Neillsville
- Rhinelander
- Rice Lake

**Diagram Notes:**
- Red circle: Didactic Campus
- Green triangle: Proposed 3rd Year Clinical Campus & Residencies
- Brown square: 4th Year Clinical Campus & Residencies
- Red square: External CHC Clinical Site
- Yellow square: 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).
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. 

Scaling it Up

Marshfield Clinic®
Don’t just live. Shine.
Scaling it Up – Policy Considerations

Shared Savings Earned in the PGP Demo (an ACO Precursor) (in millions of dollars)

- Marshfield Clinic (WI)
- University of Michigan (MI)
- St. John’s Clinic (AR)
- Dartmouth-Hitchcock Clinic (NH/VT)
- Park Nicollet Clinic (MN)
- Geisinger Clinic (PA)
- Everett Clinic (WA)
- Middlesex Health System (CT)
- Forsyth Medical Group (NC)
- Billings Clinic (MT/WY)


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.


- 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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