Dental insurers take bite out of avoidable costs

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As evidence mounts that oral health has a significant impact on overall health, dental insurers are targeting high-risk patients for extra preventive care.

The trend follows similar practices already in place among health insurers that put an additional focus on high-risk members as a way of controlling costs.

Delta Dental of Massachusetts, which has more than 2 million members in the state, has launched a pilot program that gives bonuses to dentists for educating and providing extra treatments to at-risk patients. The insurer identifies children with a prior history of tooth decay and adults with a prior history of periodontal disease, and provides lists to participating dentists. Boston-based Delta Dental will reimburse for the extra treatments, which include fluoride twice per year for at-risk kids, and three or four cleanings per year for at-risk adults. The pilot is being driven by data showing a disproportionate share of dental dollars are spent on a small group of patients.

“When we look at the data, we see that 75 percent of all dental benefits go to just 30 percent of our members,” said Dr. Robert Compton, Delta Dental’s vice president of quality management. “And 85 percent of dental decay is concentrated in 20 percent of children.”

While it’s too early for Delta Dental to count any savings from the program, the data so far is encouraging. In the past year, the percentage of at-risk Massachusetts child members who received fluoride treatment rose to 61 percent from 46 percent. The percentage of high-risk adult members who received extra cleanings rose to 64 percent from 49 percent. Between January and June 2012, 438 dental offices received bonuses for targeting at-risk kids and 508 offices received bonuses for targeting at-risk adults.

Compton said he expects long-term cost savings given that, for instance, a fluoride treatment costs just $25, while a filling costs $75 to $100.

Dental Blue, the 688,000-member dental arm of Boston-based Blue Cross Blue Shield of Massachusetts, is also focusing in on at-risk patients, including those with diabetes, heart disease and pregnant women. What’s unique about the Dental Blue program is that since most Dental Blue members also have health insurance through Blue Cross, Dental Blue
can leverage the member’s medical records to identify patients whose medical status may improve with extra preventive dental care.

“We know that inflammation anywhere in the body, including the mouth, has a negative impact on patients with diabetes and heart disease,” said Dr. Robert Lewando, executive director of Dental Blue. “And a growing body of evidence shows pregnant women with periodontal disease have a higher incidence of pre-term births.”

Dental Blue’s program includes outreach and education for patients and providers, and reimburses dentists for extra treatments, but does not offer bonuses to providers. Lewando said Dental Blue’s diabetic patients who are receiving appropriate oral care cost the health care system, on average, 10 percent less than diabetics without good dental care. Overall health costs are 20 percent less for heart patients who receive extra preventive dental care, Lewando said.

The Group Insurance Commission, which provides dental insurance to 20,000 state workers through MetLife, recently announced that state retirees with dental insurance will receive additional benefits, including coverage for dental implants, due to savings in other areas. For instance, the GIC recently decided to cover a new bridge or crown only every 84 months, versus every 60 months, as evidence shows properly installed bridges and crowns should last for 10 years.

“The dental industry has been behind the medical industry when it comes to creating standards, but that is now changing,” GIC Executive Director Dolores Mitchell said. “These are not cutbacks. It’s best practices.”