STATEMENT OF THE

AMERICAN DENTAL ASSOCIATION

TO THE

UNITED STATES SENATE

SPECIAL COMMITTEE ON AGING

ON

AGEISM IN HEALTH CARE: ARE OUR NATION'S SENIORS RECEIVING PROPER ORAL HEALTH CARE?

SUBMITTED BY

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The American Dental Association (ADA) would like to thank Senators Larry Craig and John Breaux and the other members of the Senate Special Committee on Aging for holding a forum to address "Ageism in Health Care: Are Our Nation's Seniors Receiving Proper Oral Health Care." The ADA represents 147,000 licensed dentists (more than 70 percent of the profession) in the United States. The Association is thankful for the past interest and support the Committee has given to ensuring America's seniors have adequate access to oral health care. We appreciate the opportunity to appear today.

In 2001, the Surgeon General published the landmark report *Oral Health in America*, the first such document to focus exclusively on the nation's oral health and dental needs. The report identified troubling disparities in the nation's oral health, most pointedly among the elderly and children.

The ADA is concerned with ensuring that the regulatory and financial resources are in place to address the oral health care needs of the frail elderly, particularly those who reside in long-term care facilities. To do this effectively, it is important that oral health be recognized by dentists and non-dentists alike as an important component of overall health and well-being. Scientific research is currently underway to understand the associations observed between oral health and such serious systemic conditions as diabetes, cardiovascular disease, stroke and respiratory infections. Ensuring access to oral health care services results in a savings in overall health care expenditures and improvement in seniors' quality of life.

Oral health problems faced by seniors

It is important for the Committee, when we are talking about the oral health needs of seniors, to differentiate among seniors. Not all seniors lack access to oral health care, and, as a result, not all seniors have poor oral health. There is no `one size fits all' answer to addressing the question "What are the greatest oral health problems that America's seniors face?"

Scientific data show that Americans are living longer than ever before and are more likely to keep their natural teeth. Dentistry is proud of this achievement, which is a direct result of prevention and early intervention – hallmarks of dental practice. For those elderly who have limited economic means and for those weakened by serious, chronic disease, however, the ADA believes that improved access to dental care is needed. The Surgeon General's report stated that 23 percent of those aged 65 to 74 have severe gum disease, and oral and pharyngeal cancers are diagnosed in about 30,000 Americans annually – the highest prevalence of that disease is among the elderly. The frail elderly also suffer devastating oral health side effects from the use of multiple medications and treatments they receive for other diseases, particularly immuno-suppressant and radiation treatments.

Oral disease can also have a social impact on the elderly, affecting life functions (e.g., eating and digestion) and impacting quality of life. Problems with oral health care result

in pain and suffering; difficulty chewing and swallowing; and loss of self-esteem. For all of these reasons, access to oral health assessment and treatment is so critical.

According to the Surgeon General's report, "nursing homes and other long-term care institutions have limited capacity to deliver needed oral health services to their residents, most of whom are at increased risk for oral diseases." More must be done to improve the system for oral and dental care, considering that the low-income and frail elderly residents with special needs have complex physical and medical conditions and more serious and complicated dental disease. Congress has taken some important steps toward ensuring that quality of life is protected for those people residing in long-term care facilities. As a result of the Omnibus Budget and Reconciliation Act (OBRA) of 1987 and subsequent legislation, nursing facilities certified under Medicare or Medicaid or both are required to assess and provide for the oral/dental care of their residents as part of their general care. All nursing facilities must conduct a standardized, comprehensive assessment of each resident's health status, including their oral/dental condition. While statute and regulations provide the opportunity for dentistry to work with nursing facilities to best serve the long-term care population, there are holes in the system. Oversight of oral health has lagged behind other facility improvements that have been made over the years.

Responsibilities of stakeholders

The ADA in partnership with Special Care Dentistry and other stakeholders has been working with the Centers for Medicare and Medicaid Services (CMS) to address the specific problems that exist with the tools used by nursing facilities and state surveyors to assess a resident's oral health. Our collective goal is to improve the oral health assessment process in nursing facilities, and therefore, strengthen the enforcement of existing federal regulations. Better dental oversight will lead to better dental care and quality of life for nursing facility residents.

Affecting change in the current system in any form will require training of nursing facility staffs, state and federal surveyors, as well as the dental profession. In September 2001, CMS, for the first time, held a live web-cast training program for state surveyors to promote oral health screening and awareness. The ADA applauded this effort, which involved the nursing home facilities, nurses, physicians and many others. This was a terrific first step toward building awareness and elevating the importance of oral health for long-term care residents.

States have also pursued their own training programs to assist nursing facility staff. In Illinois, for example, dentists and dental hygienists are working together with the support of a grant from the Illinois Department of Public Health's Bureau of Long Term Care. Under this grant, the dental team has developed and is providing oral health care in-service training programs for nursing facility staff on oral health assessment and daily oral hygiene. This is a model that other states could surely duplicate to enhance access to care for those elderly most in need. Perhaps similar programs could be used in other home care settings, outside of long-term care.

All health providers serve as stakeholders when it comes to ensuring that the frail elderly – those with diseases, disabilities and other special needs- have access to quality oral health services. The dental profession's partners in this effort span the health care professions, from medical colleagues, social service agencies, health care industry, long-term care providers, home health agencies, community health officials, private health insurers, Medicaid and many others.

Dentists throughout the U.S. have developed partnerships with many of these stakeholders, working with portable and mobile equipment to deliver care to elderly in need and finding other innovative approaches to bring care to those who can't make it to the dental office themselves. There are numerous models in existence, and dentists in partnership with other stakeholders can and should explore opportunities to make these services more readily available.

Geriatric dental training

The ADA asserts that the aging of the population, increases in the numbers of people with disabilities, and a rapidly changing racial and ethnic profile requires a dental workforce that is confident and competent to address both routine and uncommon oral problems. The dental profession as a whole must be equipped to manage the oral health effects of comorbidities and medications, interacting more often with other health care providers, social service agencies and the nursing home industry. One should not have to be labeled or identified as a "geriatric" dentist to have understanding and training in providing care to the elderly. In fact, many dentists provide care to members of a family of all ages, from the very young through those in their elder years where this expertise is needed.

The Commission on Dental Accreditation of the American Dental Association serves the public by establishing, maintaining and applying standards that ensure the quality and continuous improvement of dental, advanced dental, and allied dental education programs. Currently, the Commission accredits more than 1,330 educational programs. The standards provide for the preparation of dental graduates to meet the oral health needs of the public.

Graduates of dental schools accredited by the Commission must be competent in providing dental care, as defined by the school, for geriatric patients. A May 2003 study in the *Journal of Dental Education* reported that all dental schools teach some aspects of geriatric dentistry, including 98% with required didactic curricula and 67% with a clinical component. Although the teaching of didactic content in geriatric dentistry has increased markedly in the last two decades, clinical training has lagged behind and some dental graduates report feeling unprepared in this area.

More than 2,700 individuals graduate annually from accredited advanced education programs in general dentistry or one of the nine dental specialties. Accreditation standards for these educational programs require that residents receive training at a level

of skill and complexity beyond that accomplished in pre-doctoral training for a variety of patients, including patients with special needs. Advanced general dentistry programs in particular emphasize training in comprehensive, multidisciplinary oral health care and some of these programs offer the option of an additional year of study with emphasis on the geriatric patient.

Although a handful of fellowships or advanced education programs that specifically focus on geriatric dentistry are offered in the United States, historically they have suffered from lack of adequate funding and under-enrollment. The ADA sponsors continuing education programs each year at its national meeting on dental care for elderly patients and those with chronic illnesses. The ADA also encourages dental schools to provide similar continuing education courses for all practicing dentists as well as to carry out research programs on the specialized techniques or methods of delivery for dental services to this vulnerable population.

Recommendations to improve oral health for seniors

According to the Surgeon General's report, many elderly lose their dental insurance once they enter retirement, leaving them with no prepayment benefit for care. The ADA supports the development of medical savings accounts for retired seniors who wish to save for their dental care and have the means to do so.

The financial complexities of long-term care also impact the delivery of dental services. No solid financial infrastructure for low-income seniors exists, as many states do not cover adult dental care under Medicaid or coverage is minimal. The ADA supports comprehensive dental benefits for low-income elderly individuals, with adequate reimbursement provided for care. The dental profession continues to emphasize that oral health care leads to overall cost savings to the health care system because dentistry emphasizes prevention and early intervention when disease does occur. Low-income seniors unable to pay for oral health care services should not be denied such care for financial reasons.

The ADA also believes it is essential that the dental community, nursing home industry, CMS and others continue to build on the progress that has been made to improve the nursing home oral health assessment and state survey requirements. It is so critically important that nursing facility residents are properly assessed for oral disease and referred to a dentist for treatment when necessary. The Association thanks the Committee for its leadership in this area.

The ADA stands willing to work with Congress and other stakeholders to identify other ways to achieve necessary improvements in access to oral health care for older Americans, particularly the frail elderly.