The Role of Insurers in Oral Health Professionals’ Efforts to Address Pediatric Obesity and Reduce Consumption of Sugar-Sweetened Beverages

Session III: Supporting and Promoting Involvement
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What is the role of insurers in oral health professionals’ efforts to address childhood (under age 12) obesity and reduce the consumption of sugar sweetened beverages?
**Basic Definitions**

* **Body Mass Index**
  * A person’s weight in kilograms divided by the square of height in meters
  * Surrogate measure for adiposity

* **Overweight:** BMI =/> 85\(^{th}\) to 94\(^{th}\) percentile*

* **Obese:** BMI =/>95\(^{th}\) percentile*

https://www.cdc.gov/healthyweight/assessing/bmi/index.html

*Sex and age

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**The Problem ➔ Pediatric Obesity Epidemic**

* 31.7% children are overweight
* 17% children obese
* Of those overweight or obese
  * 70% demonstrate at least one risk factor for CVD
  * 39% have 2+ risk factors for CVD
* Impact is significant not only on beneficiaries, but also on employers; providers; payers and society.
* Despite the seriousness of the condition and the epidemic, effective and safe prevention and treatment programs are not widely available

Overweight & Obesity Prevalence Increases with Age


Causes

* Genetic & environmental factors
* Changing American diet
* Increased consumption of sugar-sweetened beverages (SSB)
  * 200-567 calories/day among 5%-25% children
  * Children ages 6-11 years
    * 60% Increase in SSB between 1989-2008
    * 91% of these children consumed 130-208 calories from SSB

Expert Committee on the Assessment, Prevention, and Treatment of Child and Adolescent Overweight and Obesity

Clinical Recommendations for Assessment

Staged Approach to Treatment

American Medical Association, 2008

Stage 1: Preventive
BMI = 85th—94th percentile

Stage 2: Preventive Plus
BMI = 85th—94th percentile

Stage 3: Comprehensive, Multidisciplinary Intervention
BMI = 95th—98th percentile

Stage 4: Tertiary—Pharmacological and Surgical
BMI = 99th percentile

www.aafp.org/afp/200/0701/p56.pdf
www.medscape.org/viewarticle/577665
The USPSTS recommends that clinicians screen children aged 6 years and older for obesity and offer or refer them to comprehensive, intensive, behavioral intervention to promote improvement in weight status.

American Academy of Pediatrics

2015 Guidance for Pediatricians

* Healthy behaviors
* Healthy diet choices
* Increased physical activity
* Sedentary behaviors
Variability

* No universal guidelines that outline scope of the benefit
* No consistency in use / universal ICD-10 diagnostic, CPT, or HCPCS codes for reimbursement
* Obesity preventive interventions, and treatment protocols vary considerably across providers and across the states
* Benefits, coverage, and reimbursement differ as well
* Significant health system gaps
  
  ↓

  Health Outcomes Vary

Employees—Beneficiaries—Obese Patients

Low Use of Obesity Treatment Services
* Lack of awareness of a benefit
* Employees more apt to follow medical advice when benefits are available
* Parents don’t always perceive the need

Increased Use of Other Services
* Medicaid data
* Hospitalization rates: 3.7 times higher
* Physician visit rates: 1.8 times higher
* Surgical services: 1.2—2.9 times higher

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Thomson Medstat
Medical Providers

Low Delivery of Treatment Services

- Limited knowledge of patient’s benefits and codes
- Too much variability in coverage across plans
- Insufficient interdisciplinary professional support or referral
- Lack of infrastructure to support coordination of services
- Reimbursement limitations
- Limited patient education resources
- Insufficient training
- Time constraints
- Perceived lack of parental concern and patient motivation

Medical Providers


Thomson Medstat

health Care Costs

- 1999-2008 Health care Premiums ↑ 119%
- 2007 Health care Premium Costs Family of 4 = $8,824
- 2007 Claims:

  Obesity:
  - $147 Billion in 2008
  - 10% of all health care spending

To explore the role of insurers in oral health professionals’ efforts to address childhood (under age 12) obesity and reduce the consumption of sugar sweetened beverages?

Methods

* Scoping Studies Methodology
* Literature searches via PubMed, CINAHL, and Google Scholar
* Explored professional resources and guidelines
* Investigated state Medicaid policies and reports
* End Point ➔ Impact of public/private health insurers on the delivery of professional pediatric obesity preventive and weight management services
17% of U.S. children and adolescents are obese

- Low-income and ethnic minority children experiencing disproportionate rates
- Recent decline in obesity among young children

*No evidence of existing models that demonstrated the role of insurers on oral health professionals’ efforts to reduce consumption of sugar sweetened beverages*
Results – Insurers’ Roles

- Traditional Role = design plans, manage provider network, administer benefits, and pay claims
- Roles are changing in some settings (e.g., Government)
- Many insurers incorporate recommended staged approach to treatment in benefit plans, HOWEVER,
  - Variations in benefits and coverage
  - Eligibility requirements (i.e., age, plan)
  - Coverage restrictions
  - Limited number of visits

Driven by Employer and Vendor Costs


Results – Insurers’ Issues

- Systems issues
- Variability in benefit plans and structure
- Issues with claims processing
  - Integrating BMI with claims processing
  - Diagnosis (Dx) and treatment (Tx) coding issues
- Engaging employers, providers, and families
- Coordination with community wellness programs
- Enrollment requirements
- Monitoring use of services

Results - Medicaid’s EPSDT

* Labor costs are high
* Health benefits account for the largest component of overall benefit costs
* Productivity impact
* MEPS data identified “Obesity” = condition contributing to workplace issues
* Few employers address obesity in employees’ children
* Lack of understanding of the impact on labor
* Lack of awareness of direction or interventions to take
* Now at risk of inheriting a future obese workforce

Conclusion

- Insurers play a role in policy development, benefit design, service delivery, provider reimbursement, and potentially impacting health outcomes
- Continues to be a lack of a clear program and protocol
- General gaps in knowledge of effective and efficient Tx
- Many gaps in system
- Coordinated approach necessary
  - Involve government
  - Communities
  - Health care providers
  - Health plans

Conclusion – Unmet Need

**Need to/for:**

- **Identify children** at-risk for obesity as early as possible
- **Treat and monitor** obesity and related diseases during childhood and adolescence
- **Train and sustain a multi-disciplinary obesity health care workforce**
- **Supportive health care infrastructure**
- **Design benefit plans** to support diagnosis and treatment
- **Affordable health plans**
- **Better informed** employers, providers, beneficiaries, and payers
- **Improve data** to gain understanding of trends and issues

Mandates Under the Law

“New commercial and individual health policies must cover preventive services with strong scientific evidence, under health benefits where the patient has no cost sharing, co-pays, co-insurance, or deductible.”

Required Services

* Patients with >30 BMI
  * Intensive, multicomponent, counselling and behavioral interventions to support weight loss
* Patients with diet related chronic diseases
  * Intensive behavioral dietary counselling provided by dietician or specially trained PCC
Opportunities Exist—Patient Protection and Affordable Care Act

Opportunities Under the Law

*  **Innovative interventions** -> programs, bundled services, pay for performance, integrated multi-disciplinary services
*  **Technology upgrades** -> Funding for infrastructure to support practice and population-based obesity data registries

Insurer Opportunities

1. Engage and train a broader workforce
2. Work with employers to broaden benefits and coverage
3. Design and test innovative payment models
   * Bundling
   * Pay for Performance
   * Shared savings plans
   * Report Cards
4. Engage families
5. Include as “Value Added Service” in Government plans
6. As MCOs or ACOs promote integration at the provider and technology levels

Insurers may broaden the health care workforce to include oral health professionals

1. OHP prepared to fill the workforce gaps
2. Deliver Stages 1 and 2 obesity screening, prevention, and counseling services
3. Insurers may also take the lead in promoting employer, provider and beneficiary engagement
4. Create the necessary infrastructure and capacity for provider communication, collaboration, coordination, and cooperation

Discussion

1. Develop codes and policies that support services by OHP (codes)
2. Reimburse OHP
3. Train providers
4. Drive obesity treatment via implementing incentivized payment models delivery
5. Monitoring disease, interventions, and outcomes across populations and systems of care
Recommendations

* Develop *public health and health care delivery systems policies* aimed at decreasing variability in screening, treatment, access, benefits, and provider practices across states and health plans

* Develop *universal obesity practice guidelines* based on the scientific evidence, that may be integrated into health care policy, health plans and benefits

* Develop regulations that support *universal medical necessity rules*, promoting screening, education, prevention and comprehensive treatment when necessary

* Develop *CDT codes* that support the provision of nutrition counseling by oral health professionals for the prevention and reduction of overweight and obese children and youth

Recommendations

* Develop policies that support the use of *ICD-10 and CPT codes* for the diagnosis and treatment of Stages 1 and 2 overweight and obesity treatment by oral health professionals

* Develop of a *broader trained provider network*—one that includes trained oral health professionals to aid in Stage 1 and Stage 2 obesity screening, education, nutritional counseling, and referral

* Engage and support *community-based obesity programs* and services

* Design and test *innovative payment models* that incentivize provider delivery of services
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