

We would like to thank those that joined us on January 24, 2017 for the online presentation, Addressing Oral Health in Health Policy. We were unable to answer all the submitted questions during the allotted presentation time. Below please find responses to those questions we were unable to address during the live webinar. Enjoy and thank you again for participating.

With budget cuts looming in health care, where would you suggest cutting health spending to allow for expanded spending on dental care?

This is indeed the challenge and an important point for the oral health community to keep in mind. Essentially we are talking about the ROI on dental care investments compared to other areas of health care. Overlay on top of that the differing advocacy efforts for oral health, long-term care, Rx coverage etc. etc. and you get a complicated process. Emerging evidence suggests that, possibly, oral health care services might pay for themselves, particularly among certain groups of patients (e.g. diabetics). So we may not even be talking about a net fiscal hit. Bigger picture, the webinar made a strong case that we need much better research on “what are you buying” when you invest in oral health. Also, there is new research measuring the cost of a Medicaid adult dental benefit [here](#). And more broadly, on the adult dental benefit landscape [here](#) and [here](#).

There seem to be conflicting numbers for dental spending. Can you clarify?

In 2015 the US spent \$117.5 billion on dental care. You can see more [here](#). The \$66B is a subset of dental spending that got classified as “oral disorders.” There is additional dental spending classified as “well care”. All data tables are available in the supplemental files of the article.

What is the evidence of cost savings on the medical side from increased use of dental care services?

There are two recent articles in peer-review journals you can look at [here](#) and [here](#). There are numerous white papers etc. that have not been peer reviewed, we do not cite those here.

Is there research available on the relationship between substance abuse and oral health?

Perhaps, but it is not something we are up to speed on.

How do you get patients to understand the importance of oral health in how it relates to their other chronic conditions?

Through multiple channels. The health care provider community is a key conduit through which to potentially up engagement on oral health. The question though is whether physicians, nurses, pharmacists etc. buy in to the value proposition of oral health. And if they do, how easy and convenient is it for them to “nudge” their patients into oral health care. Within the current siloed system, this is challenging. There is some very insightful research on ACOs and how they view oral health care services [here](#). Another issue is the siloing of professionals. You see physicians for a wide range of health issues, then for one part of your body (the mouth) you see another with a separate payment model and a separate delivery model. Patients in a sense are having their mouth/body dichotomy reinforced.

How do we address the issue of perception vs. reality in terms of the financial barriers to dental care? People don't flinch at paying a lot for cancer care.

The insurance structure for medical vs. dental is fundamentally different. This is one reason driving the huge variation in perceived cost barriers for dental care compared to medical care. More reasons are discussed [here](#).

What about changing the care delivery model. Should we be exploring dental therapists, teledentistry, expanded scope of practice for hygienists, more dentists in FQHCs as a way to reduce costs?

The best available research on these types of reforms is summarized in some of the articles in the December issue of Health Affairs, which is devoted to oral health. They can be found [here](#).

Most of the speakers had a very optimistic view of investments in oral health and how important it is. But the news these days is mainly about cuts in programs and spending. How will oral health make the case?

One of our panelists mentioned that so many of these decisions are political. As health services researchers, all we can do is to try to put the best evidence together on what exactly you get in terms of physical, social, emotional, and economic well-being when you improve oral health. This is a huge research agenda that needs to be tackled. We are only beginning.