

Using Scientific Evidence to Advance Oral Health Care & Dental Benefits

An Interview with Bill Kohn, DDS - Vice President, Dental Science and Policy, Delta Dental

IOH: Dr. Kohn, please tell us about your background.

Dr. Kohn: My dental career has gone through a number of phases, primarily within my first 12 years as a clinical dentist and the past 20 years focused on research and policy with some clinical practice. After graduation from University of Illinois College of Dentistry, I spent 3 years in the Navy, one as a general practice resident and two as a dentist in Alaska. After owning a private practice for two years, I spent six years as the Director of a large clinic with an Alaskan Native Corporation in Fairbanks, Alaska, flying all over Alaska to provide dental care in remote villages. Later, I was accepted into an Oral Medicine/Public Health Management residency and left Alaska for Bethesda, Maryland to work at the National Institute of Dental Research, which started my deep interest and appreciation for research and evidence-based care that continues today. I did basic and clinical research as well as policy development, and served as Deputy Clinical Director and Director of the Oral Medicine Program. After seven years I joined the Centers for Disease Control and Prevention (CDC) in Atlanta, Georgia. At CDC, I spent 12 years as the Associate Director for Science for the Division of Oral Health and spent my final two years as the division director. I retired from CDC in early 2011 and I am now very pleased to be with Delta Dental Plans Association (DDPA) as Vice President for Dental Science and Policy.

IOH: What is your role at DDPA?

Dr. Kohn: I work to bring strategic leadership to the organization, with a focus on anticipating and managing the dental and scientific influences likely to impact the market position of Delta Dental and the success of DDPA's member companies. I will look to develop and execute short and long-term strategies to communicate and enhance Delta Dental's influence in the private and public sectors, particularly in dental and scientific matters, and to help member companies increase their market share, revenues, and public benefit activities. I hope to emphasize scientific principles and discovery to impact Delta Dental's positioning in the consumer marketplace and solidify it as a leader in using dental science to improve the public's oral health. I'll also participate and chair various committees, such as the Dental Policy Committee, Dental Advisory Group, etc., and act as the key liaison to organized dentistry, such as the ADA, including the ADA Code Revision Committee, as well as dental research and standards setting communities.

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--Dr. Bill Kohn

IOH: What are your short term goals?

Dr. Kohn: Short-term I am raising my knowledge of the business side of providing the benefits of professional oral health care. I can then better apply my knowledge of the science to as many situations and opportunities as possible. I am visiting member companies, attending the annual meetings of the various committees, talking with member companies executives and staff to understand product design, marketing, sales, network development, IT, and other key functions. I'm also building on my existing strong communication links with leadership at outside dental associations, dental education, and

academic research centers. Determining how to best apply emerging science to assist in developing new plan designs and improve on existing plans is another challenge I'll enjoy working on.

IOH: What are your long term goals?

Dr. Kohn: Long-range I would like to bring together key individuals, Delta Dental member companies, and outside organizations using claims data and resources to bring the best science to bear on problems in oral and dental health. Through better understanding of factors that influence dental disease and health, we can improve practice performance and quality of care that will help us to provide our customers with value, cost-savings, powerful prevention and disease management tools, and benefits that promote oral and overall health. Some key goals include:

- I hope to work across member companies to raise questions about such things as provider preferences, patient-specific factors, and practice characteristics that influence treatment decisions and outcomes. By answering key questions, we'll be able to develop better strategies to prevent disease and get providers and consumers to use best practices for a lifetime of oral health.
- I'll look for more ways to measure the quality of dental care as a key to improving it. Diagnostic coding such as that used in medical claims may soon be available to dental researchers through provisions within the Affordable Care Act. The inclusion of diagnostic codes into provider reporting will help us produce standardized quality and performance measures, which will make it easier to identify specific treatment areas where improvements can be made in benefits design. This in turn can improve consumer oral health while at the same time reducing employer costs, including overall medical costs.
- I'll also build on the excellent scientific structure that has been developed among many Delta Dental companies and through DDPA science committees. We'll foster the development and use of evidence-based care and build dental policy/dental science capability that adds real value to member companies.

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IOH: Thank you for agreeing to serve as a member of the IOH advisory committee. Can you tell us your thoughts on dental benefits in oral health reform today and what challenges are still to come?

Dr. Kohn: Let's divide that question into dental benefits as mandated in the Affordable Care Act vs. how benefits have traditionally been provided (by employers). Health care reform has expanded the development of state-based health care insurance exchanges. Although there have been some sales of products to individuals in the past, the health care exchanges will increase dramatically the number of individuals seeking dental coverage. It will be key to provide affordable benefits that focus on disease prevention and appeal to an individual's sense of health and wellness. We'll also need to maintain and strengthen our position as market leader in providing employer-based dental benefits. We will need to be conscious of the increasing emphasis on evidence-based care, wellness and chronic disease management. There appear to be great opportunities to integrate oral health care with overall health in the workplace. In addition, many more children will have improved access to care. When 2014 comes and all children have mandated coverage, more and more children will be visiting their local dentist offices. These covered visits will ensure adequate oral care, preventative measures early on, and hopefully less need for emergency dental treatments and costly restorative treatments later on.

IOH: Has the language in the exchange market been clarified?

Dr. Kohn: Although the recently released rules for the Health Insurance Exchanges by the Department of Health and Human Services (DHHS) clarified some issues, they did not clarify many of the key issues for standalone dental plans. The rules overall provided greater flexibility to states in designing and regulating their own exchange. This may mean keeping track of great variability in regulations for those companies with national or multi-state markets. Stand-alone dental benefits can be offered in the exchanges in order to satisfy the requirements of an essential health benefits package for providing a pediatric dental benefit. However, beginning in 2014, further work is needed to clarify the treatment of stand-alone dental outside of the exchange; in particular, how to address the many consumer protections that are targeted at large medical insurers. Although dental plans are considered “excepted benefits” and not subject to the consumer protection standards, it is not clear if DHHS will impose some of these protections on dental benefit companies. Certain protections such as no annual maximum, or the ability to appeal denied claims could prove very costly and take dental benefits out of the realm of “affordable” for most people.

IOH: Has the essential benefit packages been determined?

Dr. Kohn: No, the benefit packages, including the pediatric oral health component, are not yet decided, although federal staff at the DHHS has indicated that final decisions may be made by fall 2011. DDPA has been working with dental professional, industry and advocacy organizations to develop agreement among key stakeholder groups about the construct and design of an essential dental benefit for use on the exchanges. We believe that federal regulators, in defining the pediatric benefit in the Affordable Care Act, should endorse a set of dental services that reflects current professional and governmental evidence-based guidelines and recommendations that are designed to improve oral health outcomes in children, and yet be affordable.

IOH: How do you think the Institute for Oral Health might help you?

Dr. Kohn: The Institute for Oral Health can help with a variety of key oral health issues by being an influential voice with legislators, government agencies, industry, professional organizations, research organizations, academic institutions and other key decision-makers, as well as the public for oral health issues. With IOH’s organizational recognition as a convener of key decision-makers and thought leaders, their support and statements on issues should carry a higher level of authority and visibility. IOH helps by providing a forum for key thinkers and decision-makers to express their thoughts on pressing issues of the times. I see IOH as a great resource to the profession and the public in bringing together key stakeholders to have the needed discussions about important issues that will shape oral health of the nation for decades to come.