

# **National Periodontal Disease Coalition**

## **Executive Summary**

**November 16-17  
Pittsburgh, PA**

### ***Oral Health America***

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## Attending Organizations

1-800-DENTIST  
Academy of General Dentistry  
Ackourey Legislative & Healthcare Services  
Aegis Communications  
Aetna Dental  
Aetna Insurance Company  
American Academy of Periodontology  
American Association for Dental Research  
Aspen Dental  
Association of State & Territorial Dental Directors  
Belmont Publications  
Centers for Disease Control and Prevention  
Colgate-Palmolive Company  
Columbia University School of Dental and Oral  
Surgery  
Delta Dental Plan of Massachusetts  
Delta Dental Plan of Michigan  
Dental Care Partners  
Dentsply Pharmaceutical/Professional  
Diabetes Centers of America  
GC America, Inc.  
Hu-Friedy Mdg. Co., Inc.  
Ingenix  
Kentucky Dental Association  
Meals On Wheels Association of America  
Medical College of Georgia School of Dentistry  
National Association of Chronic Disease Directors  
Oral Health America  
OraPharma, Inc.  
Pennsylvania Department of Health  
PennWell Dental Group  
PreViser, Inc.  
Romano Group  
Special Care Dentistry Association  
Sunstar Americas  
SUNY at Stony Brook School of Dental Medicine  
United Concordia  
University of Pittsburgh School of Dental Medicine

## Introduction

On November 16-17, the National Periodontal Disease Coalition (NPDC) gathered in Pittsburgh to explore the issues and recent scientific data surrounding the relationship between periodontal disease (PD) and diabetes. NPDC is a proactive group of practitioners, researchers, industry leaders, educators, universities, government agencies, health advocates, foundations, and insurers that meets annually to address health issues surrounding PD, an infection that afflicts more than 30% of the adult population. Though prevalent, PD is often underdiagnosed and undertreated, despite mounting evidence of its relationship to systemic diseases such as cardiovascular and respiratory diseases, diabetes and pre-term, low-birth weight babies.

This advisory meeting brought together leaders from a diverse array of backgrounds for discussions about periodontal disease, diabetes, and the role of NPDC. This, NPDC's third meeting in three years, was characterized by enthusiasm, support, frank discussion, proactive dialogue, and a call to action. The purpose of this document is to share key messages and recommendations from those discussions.

NPDC was created in 2004 by Oral Health America, the nation's premier, independent advocacy organization dedicated to improving oral health for all Americans. Oral Health America remains the neutral convener of NPDC.

## Meeting Objectives

As an advisory group on the issue of periodontal disease, NPDC met on November 16-17 to address the nature of the relationship between oral health and overall health, and specifically the connections between PD and diabetes. Meeting objectives were to:

- Review current research, data, current knowledge about the relationship between diabetes and periodontal disease
- Learn more about current and potential roles for dentistry in diabetes management
- Discuss the impact of periodontal treatment on medical costs and insurance risk scores
- Establish next steps for advancing the work of coalition partners, collectively and independently, in relation to periodontal disease
- Develop/explore a disease risk management model for PD and diabetes

## Meeting Agenda and Schedule of Events

*Thursday, November 16, 2006*

- 1:00 Convene, Welcome, Introduction, Update on NPDC Activities  
Message from Dr. Gordon Christensen  
*Robert Klaus, President & CEO, Oral Health America*
- 1:30 To Head Off Disease Start at the Top: Oral-Systemic Connections in Diabetes  
*Maria Ryan, DDS, PhD, Professor and Director of Clinical Research, State University of New York at Stony Brook, School of Dental Medicine, Department of Oral Biology and Pathology*
- 2:30 Discussion and Dialogue
- 3:30 Break
- 3:45 Diabetes Management: Involving Dentistry in the Diabetes Management Process  
*Martee Wade Engel, DDS, Director of Oral Health Programs, Diabetes Centers of America*
- 4:30 Discussion and Dialogue
- 6:15 Reception and Dinner  
*Sponsored by Aetna Dental*

*Friday, November 17, 2006*

- 8:00 The Effect of Periodontal Treatment on Medical Costs and Risk Scores  
*Mary Lee Conicella, DMD, FAGD, National Director of Clinical Operations, Aetna Dental*
- 9:15 Discussion and Dialogue
- 11:30 Advancing the work of the NPDC  
- Structure - Resources  
- New Partners - Next Meeting
- 12:15 Adjourn

## “Air Time for Periodontal Disease” PSA Campaign

Larry Twersky, President, 1-800-DENTIST

New coalition member 1-800-DENTIST, in collaboration with Oral Health America on behalf of NPDC, recently launched a public service announcement (PSA) campaign to raise public awareness of periodontal disease. The PSAs are airing throughout the country in prime media markets, and feature dentistry leader Gordon J. Christensen, DDS, MSD, PhD and Fred Joyal, CEO and Co-Founder of 1-800-DENTIST. Dr. Christensen’s message underscores the need for good dental hygiene and the need to see a dentist on a regular basis. More about the campaign is available on Oral Health America’s website, [www.oralhealthamerica.org/oralhealthoverallhealth.html](http://www.oralhealthamerica.org/oralhealthoverallhealth.html).

## To Head Off Disease Start at the Top: Oral-Systemic Connections in Diabetes

Maria Ryan, DDS, PhD, Professor and Director of Clinical Research, State University of New York at Stony Brook, School of Dental Medicine, Department of Oral Biology and Pathology

As an academician and periodontist, Dr. Ryan’s research and practice addresses PD and overall health. She has conducted pre-clinical and clinical research studying the impact of periodontitis on metabolic control and risk for diabetic complications<sup>1</sup> and the influence of diabetes on periodontal tissues.<sup>2</sup> Multiple epidemiologic studies have demonstrated that both type 1 and type 2 diabetes are predictors and contributing factors of periodontal disease when the systemic condition is poorly controlled. In addition, compelling evidence suggests that periodontal therapy can improve metabolic control in diabetes. Her presentation focused on the importance of increased

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<sup>1</sup> Ryan M, Carnu O, Tenzler R. The impact of periodontitis on metabolic control and risk for diabetic complications. *Grant Rounds Oral-Sys Med.* 2006;2:24-34. [www.thesystemiclink.com](http://www.thesystemiclink.com).

<sup>2</sup> Ryan M, Carnu O, Kamer A. The influence of diabetes on the periodontal tissues. *JADA*, Vol. 134, October 2003; 345-405.

communications with and among dentists, hygienists, physicians, nurses, and patients about the role of PD in diabetes risk management—and the implications of diabetes in the oral cavity.

Dr. Ryan stated that the press coverage discussing the links between oral and systemic health began to appear more frequently before the public at least ten years ago in the mid to late 1990's, in publications as widely read as *USA Today*. Information about the impact of oral disease on the body is not new, yet patients, dental care professionals, and medical practitioners have not yet embraced these connections due to a general belief that the oral cavity is some how disconnected from the rest of the body. This suggests that improved dissemination of information is necessary regarding the importance of oral health to overall health especially with regards to improved diagnosis, management and treatment of periodontal diseases. Moreover, Dr. Ryan recommends the adoption of a uniform model on “ask, advise, and refer,” distilling accepted knowledge to useable, practical messages and protocols for all care providers.

With diabetes emerging as a national epidemic in the U.S., and the fastest growing populations of diabetics residing in India and China, it is likely that most practicing dentists worldwide have or will see diabetic and pre-diabetic patients. Given that reality, Dr. Ryan asks how dentistry can make a difference in addressing diabetes in clinical practice. Dental professionals may assist in identifying undiagnosed or high risk pre-diabetics and the dental profession should consider customizing care to address the specific treatment and management needs of the diabetic patient.

Poor glycemic control, as assessed by glycated hemoglobin levels (HbA1c), increases the risk for developing multiple long-term complications of diabetes, including periodontitis. Periodontitis, in turn, has been linked to other well-known complications such as retinopathy, angiopathy, and nephropathy. In order to achieve and sustain

optimal oral care in diabetic patients, Dr. Ryan recommends that dental providers closely monitor diabetic patients for metabolic control, compliance and systemic health. With newly developed treatment modalities that target both microbial and host response components of periodontal disease, in addition to overall risk reduction strategies, it can be expected that metabolic control may improve in diabetic patients simultaneous to improvements in periodontal health. Dental providers who are willing to pursue progressive care can play a role in decreasing the risk for a number of long-term complications from diabetes. Providers who are uncomfortable treating PD should nevertheless be aware of systemic health issues including metabolic control, and be proactive in referring and tracking the treatment of patients by PD specialists. The treatment of PD should never be considered an option or elective in any patient and particularly in the individual with diabetes. PD treatment should instead be considered an absolute necessity to ensure the overall well-being of our diabetic patients.

#### **Discussion and Dialogue:**

- Guidelines are needed in dentistry for the medical/dental management of periodontal disease and other systemic health issues.
- Guidelines will raise the comfort level of practicing dentists and dental hygienists
- Guidelines will also help in rethinking the Standard of Care for PD—who can/is able and willing to treat PD especially in higher risk patient populations such as uncontrolled diabetics.
- Guidelines should underscore that dentists are “physicians of the mouth.”
- Further outreach is needed to physicians and other health care providers, including the possibility of shared electronic records.

- Outreach is also needed to the public—to the general public, to select audiences, such as care providers, nursing homes, volunteers, advocacy groups, etc.

## **Diabetes Management: Involving Dentistry in the Diabetes Management Process**

*Martee Wade Engel, DDS, Director of Oral Health Programs, Diabetes Centers of America*

Dr. Engel is the director of oral health programs for Diabetes Centers of America (DCoA), a Houston, TX, based network of centers dedicated to the care and management of diabetes. Recognizing the importance of oral health to systemic health, the Centers have developed a network of referral dentists that provide “dental homes” to diabetics, and involve dentists in the overall care and management of the disease.

As some 50 percent of diabetics are undiagnosed, Dr. Engel stressed the importance of dentists in serving as a first line of diagnosis and defense. Diabetes Centers of America has adopted best practices recognized by the American Diabetes Association, and incorporated guidelines from the American Association of Clinical Endocrinologists and American Association of Diabetes Educators. The Centers, under Dr. Engel, are developing a diabetes management model to help foster expertise among dentists caring for patients participating in DCoA programs. Key to success is the regular exchange of information, including patient treatment records—which incorporate a diabetes risk assessment and surveillance tool as part of medical/dental history.

DCoA is creating a model for diabetes education, management and care that includes oral health and oral health care as a key and necessary component.

### **Discussion and Dialogue:**

- NPDC could serve as a catalyst for a meeting of the American Diabetes Association (ADA), American Dental Association (ADA), Academy of General Dentistry (AGD), American Academy of Periodontology (AAP) to develop best practices/clinical guidelines for the treatment and care of the diabetic patient.
- Guidelines (such as PreViser's assessment tool) are also needed for uniform PD assessment because a standard is not currently agreed upon or followed.
- Information about the cost analysis of oral health care implications in diabetes care and management should be promoted with employers, patients and others.
- A CEU certification track should be developed for dental diabetes care.
- Dental offices should be able and willing to use glucometers to monitor patient status.
- NPDC should advocate for a dental complications section at annual American Diabetes Association meetings.

## **The Effect of Periodontal Treatment on Medical Costs and Risk Scores**

*Mary Lee Conicella, DMD, FAGD, National Director of Clinical Operations, Aetna Dental*

A recent study conducted by Aetna and Columbia University College of Dental Medicine found a relationship between periodontal treatment and the overall cost of care for several chronic diseases. The results of the study, which included approximately 145,000 Aetna members with continuous dental and medical coverage, indicate that periodontal care appears to have a positive effect on reducing the cost of medical care, with earlier treatment resulting in lower medical costs for members with diabetes, coronary artery disease, cerebrovascular disease, or stroke. The study illustrates that early treatment of periodontal disease can help reduce medical costs.

Dr. Conicella explained that Aetna Dental is now offering additional, unique benefits under dental plans for pregnant women and those with diabetes and cardiovascular diseases. In an effort to encourage members to go to the dentist, the company is sending postcards to those who have not used their dental benefits recently. Aetna conducts telephone outreach that includes an offer to help subscribers who have not responded to the postcard find a dentist or make an appointment. Approximately 57 percent of subscribers went to the dentist after the first year of program outreach.

Aetna is focusing on enhanced benefits along with outreach to encourage subscribers to use their dental insurance. In addition, the company is further investigating opportunities for integrating medical and dental care. Dr. Conicella indicated that the partnership with Columbia University College of Dental Medicine continues, and expanded studies of care utilization, health status, medical and dental costs, etc., are underway.

#### **Discussion and Dialogue:**

- The addition of dental diagnosis codes would improve compliance, promote shared information, etc.
- It is important to engage the dental community in the conversation about periodontal treatment and possible decrease in overall health costs.
- Columbia University researchers continue to analyze Aetna data to assess the impact of dental care on the risk scores for systemic diseases.
- NPDC members cited the importance of sharing the Aetna data with medical and dental communities.
- Members discussed the promotion of electronic dental records, which would enhance shared information, data and research.

- Delta Dental of Massachusetts has seen that 20 percent of general dentists do not provide preventive or active PD care.
- Close to 100 percent of large companies provide dental benefits, but most/many smaller to mid-sized ones do not. It is difficult to convince them to add dental despite the cost savings over the long term. Many are so focused on the immediate bottom line.
- Dr. Ryan reiterated that providing care at any level is having an impact on systemic health.
- Conversation returned to the fact that there are no universal protocols for treatment, no baseline for diagnosis, no roadmap.

## General Discussion: Advancing the work of NPDC

The following bullet points summarize the primary discussion points surrounding the next steps and future activities of the NPDC.

- Discussion centered on the development of a “direct to consumer” campaign that might include:
  - A message about how dentistry can lower medical costs
  - Representation by a large company that has dental benefits for employees
  - Simplicity and repetition
  - Accurate representation of current research
  - Message to dentists underscoring their importance to overall patient health

- Patient information regarding PD diagnosis that will help in the determination of best practices, such as probing, radiographs, communication with care providers
- Impactful visuals, i.e. perio exam/correlation with a stethoscope, chest exam
- Informative PSAs (public service announcements)
  - PD is a silent disease
  - Do you have PD
  - Chronic inflammation/infection issue
  - Go to the dentist/improve your health
- Bring in experts on medical links, such as Michael Roisen (Living Younger)
- Combine a grassroots national approach by working with the National Association of Chronic Disease Directors (Denise Cyzman, Diabetes Program Consultant, NACD)
  - Grassroots message: here's what to expect from your dentist
  - Share with existing programs (diabetes management centers)
- Participating dental trade publishers are willing to publish summaries/findings of this meeting.
- Need for NPDC committees
  - Strategic focus/planning (including legislative outreach)
  - Professional Communications/Outreach
  - Public Communications/Outreach
  - Scientific
- Additional suggestions/comments

- Financial support for pilots on prevention for dental/dental hygiene students
- Create NPDC linkages to other groups (example: AARP) to share messages
- Address lack of coverage under Medicare
- Importance of early intervention in the overall process
- Strongest systemic link to periodontal disease is respiratory disease
- The #1 malpractice in dentistry is mismanaged PD
- Think back to early days of infection control
- Look at New York State's treatment model for pregnant women as an example—the only state with oral health guidelines in the country.

## Conclusion

NPDC members are ready to take action in developing a plan to reach out to the public and the profession (medical and dental) with specific, simple messages about the diagnosis and treatment of periodontal disease. These messages could incorporate diabetes as a catalyst for better understanding of how periodontal disease treatment can improve overall health and quality of life. Messages should inform consumers about the importance of PD detection through regular visits to dental care professionals, and the need for medical professionals to play a proactive role in oral health care as well.

NPDC further plans to serve as a conduit in ensuring that research surrounding PD, including cost-benefit analysis of periodontal treatment and medical expenditures; systemic disease links to PD, impact of early intervention, etc., are communicated to dental and medical professionals, health advocates and associations (such as the

American Diabetes Association and its members), grassroots organizations, and to the public.

Meeting attendees agreed that NPDC committees could act to pursue areas of concern, including strategic planning for the group, public outreach, professional outreach, and scientific review. While the next full NPDC meeting is expected to take place within a year, committees can lead the charge on specific action steps, beginning immediately. Already, a group of those interested in consumer outreach are discussing strategies for PSAs and media education in early 2007. Oral Health America and coalition members 1-800-DENTIST, OraPharma, Crown Council, and the Romano Group will be releasing the results of a public opinion survey conducted in September 2006 that highlighted the importance of PD to consumers, including an expectation that dental professionals are performing periodontal exams during dental visits. The National Association of Chronic Disease Directors, a new coalition member, is eager to share messages about PD with its members at national, state and local levels, which encompass centers addressing heart disease, diabetes, tobacco control, etc.

NPDC is an organization which because of its constituencies, charter and forming culture, is like no other in dentistry or oral health. Coalition consensus is that NPDC continue efforts to alert Americans to all the health issues posed by periodontal disease. A subtext of the meeting was finding the right leadership and development of resources to ensure that NPDC efforts continue. Within two years, the coalition has moved considerably beyond what appeared to be an institutional bias for inertia, and has seen the issue grow in public and professional opinion. Credible and established platforms have come forward to disseminate the NPDC message and information about the Coalition itself.

Coalition members participate in a unique and at once, a hybrid organization, of varying parts: dentistry, research, industry, consumer interest, public health and advocacy. Its like is not found elsewhere in oral health. NPDC is poised to use this exceptional position to foster further public awareness of periodontal disease and the health issues attending it.