

## What's Your Moonshine? Podcast Series

CareQuest Institute Advancing Access and Affordability in Veterans' Oral Health

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**[00:00:00] Wade Rakes:** Veterans are paying more out of pocket Today, veterans are further away from access points to get quality care. And in this country, just like the rest of us, the connection between primary and preventative care and overall care for veterans is still separated from oral care. So bridging that gap is critically important because we know it pays tremendous dividends in reducing chronic health conditions well beyond those that happened inside the mouth.

**[00:00:31] Narrator:** Welcome to A&M Healthcare Industry Group's *What's Your Moonshot* Podcast series where leaders seek to solve big problems and transform healthcare. Join us for conversations to hear how their vision and bold moonshots are becoming reality.

**[00:00:50] Ken Barrette:** Good morning and welcome to am What's Your Moonshot Podcast Series. My name is Ken Barrett, Managing Director in A&M's Healthcare Industry Group practice and I'm joined with the co Host, the Honorable Dr. David Shulkin, A&M Senior Advisor and 9th Secretary of the US Department of Veterans Affairs.

Today we're speaking with Wade Raikes, CEO of CareQuest Institute of Oral Health.

And I'm really honored to be speaking to Wade. Wade and I go quite a ways back in his career, having spent more than a decade in one of the largest insurers in the country, Centene, in multiple senior executive leadership positions as well as a successful career in public service, having served for administrations in the state of Michigan, as well as his new role he'll get into as CEO of CareQuest Institute of Oral Health.

**[00:01:50] David Shulkin, M.D.:** Glad to be here, and Wade, nice to meet you and thank you for joining us today.

**[00:01:55] Wade Rakes:** No, great. Great to be with you. Always good to see you Ken, and of course to be with Secretary Shulkin. It's just a delight to talk about such an important topic today.

**[00:02:06] Ken Barrette:** Great with that, let's tee up the topic.

As the CEO of of CareQuest, you're working towards an ambitious moonshot. You're in a mission aligned organization.

Love to hear more about your organization and also what's inspiring you to focus on veterans oral health.

**[00:02:28] Wade Rakes:** Well, I love the question Ken, because at the Care Quest Institute for Oral Health we are fully focused on improving oral health for all and a significant part of that focus is on communities that are underserved.

And today we have a significant level of veterans who do not get the care that they've earned that they deserve and that will ensure they have the healthiest life following their service in this country. So, at CareQuest, part of increasing oral health access and opportunity is raising awareness about this issue and aligning with organizations that seek to serve filling that gap. And I'm excited to be with Secretary Shulkin who has been a leader in so many issues relative to

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improving health in this country, but particularly health, integrated health for veterans. And we are dedicated to seeing that mission completed at the CareQuest Institute.

**[00:03:25] David Shulkin, M.D.:** Well, Wade, thank you for that. Just so our listeners know, there's about 18 million veterans in the United States.

About 9 million of them are getting their care through the VA, but only about 10% of the veterans in the VA system are actually getting comprehensive oral care, dental care. So about 900,000 of the 9 million. And I guess that is your moonshot that every veteran should be offered the opportunity to get comprehensive dental care as part of the VA? Is that the moonshot? And if so, why is that important? What are the health consequences for the veterans that aren't receiving dental care right now?

**[00:04:14] Wade Rakes:** So absolutely, let me tell you that we believe that all veterans deserve access to high quality community delivered oral health care. And there are a few reasons for that. First and foremost, viewpoint, Mr. Secretary, that many of the veterans that have access to health care through the VA don't have access to comprehensive oral health care. And the integration between oral health and primary care and overall health is critically important. We know at the Care Quest Institute that issues that develop and are defined inside your mouth can have major impacts, negative impacts in things like heart disease, diabetes for women. There can be birth impacts along the way. So high quality oral health is one of the greatest and most addressable preventative measures of health care that exists. And for veterans, the data is really, really concerning. But again, as I say, there are solutions to address this crisis. We see that veterans out of pocket in this country, veterans pay 65% more out of pocket for oral health care than the median population.

We see that a quarter of veterans, because like anyone, you should be able to choose where you want to live. But because a large number of veterans live in rural communities, they are more than 50 miles away from the closest general dentist. And in this country, more than 90% of oral health specialists, when you think of folks you need beyond general dentistry, live and practice in an urban community.

So veterans are paying more out of pocket. Today, veterans are further away from access points to get quality care. And in this country, just like the rest of us, the connection between primary and preventative care and overall care for veterans is still separated from oral care. So bridging that gap is critically important because we know it pays tremendous dividends in reducing chronic health conditions well beyond those that happen inside the mouth.

**[00:06:27] David Shulkin, M.D.:** You know, Wade, I, I was just gonna, you know, as you were talking, I was just reflecting upon my, my own experiences and my thoughts these days are with so many of our men and women who are serving in the Navy that are bearing the overwhelming burden of our current conflict. You know, out on all those ships.

And I remember when I was secretary, I went and I visited our North Chicago site, which is a naval base and a VA. We actually run them together, one of the few in the country.

And as they were touring me around, there was this long, long line of naval recruits. And I said, why is this line so long and what people may not know? Every one of our naval recruits gets their entrance examinations in North Chicago.

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And the long, long line was the dental line. And they explained to me that many people who are entering the military, this would be the first time that they've seen a dentist and that some of their issues were so complex and care needed to happen that this was always the greatest demand service in North Chicago. So, I think many of the things that you've talked about, about this connection between oral health and physical health and the requirements and the needs of our military and of our veterans resonates very strongly.

**[00:07:57] Ken Barrette:** You know, Wade, you touched on gum disease indicators.

You know, we've seen statistics where veterans face almost a two times higher rate of gum disease than non-veterans.

The other thing that most folks may not be aware of is that basic dental services, things such as screenings and basic preventative care isn't covered as part of the basic health plan. And I put that in context of even our senior programs in the country such as Medicare. Just recently, probably in the last three or four years, started to include basic dental coverage as part of Medicare. Do you want to spend a few minutes just touching on, commonly known to folks, what dental care is offered and the fact that if you want dental care, a veteran actually has to spend out of pocket money on a buy up plan and things like that.

**[00:08:51] Wade Rakes:** Yeah, Ken, you and I have talked about this broader health industry and as I said, it is only because of the size and complexity of the health ecosystem, when we think of all of the inputs that this multi-billion dollar area of oral health is considered ancillary.

It's one of those areas where there is absolutely opportunity to look at how we deliver and construct and have models that have the sophistication to meet the needs. You're absolutely right. The traditional plan that people will get is the two visits a year and a set of X-rays.

But of people who even have that in the United States, fewer than half go to sea for one of those visits. So, you already, even with the covered population, have a level of challenge to access and even availing themselves of that core benefit. And then all of the things that we talk about in the specialty space is above and beyond that. So, we at CareQuest are focused on access and affordability because we absolutely want to ensure that that preventative care takes place. It is the most impactful form of engagement that can exist. And on a dollars and cents perspective, Prevention is 1/10 the cost of emergency department utilization when it comes to oral health. And unfortunately, a lot of oral health emergency utilization is extractions because you don't tend to have oral health professionals walking around most of the emergency departments at hospitals across the United States. And so, in the veterans' population it's acutely problematic because as the Secretary pointed out, many folks who are entering service may not have had that care in any fashion prior to entering service.

And then we have these, these great patriots who are deployed. And as I said, if you think it's unlikely to find a dentist walking around most emergency rooms in the United States, think of those that are deployed in theaters all across this world. So, you then you have a disruption in care and then you get home. And of course, people may choose to be in the same community that could have access challenges because there isn't a local dentist. The same local dentist they didn't see when they joined service, and they move home is not there.

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So, veterans face a particularly unique challenge when it comes to accessing the type of oral care that is going to allow for them to do the great things they do when they come home and serve their communities.

We see a high degree of work and life disruption in this country today.

300 million worker school hours are missed because of an oral health condition every single year.

And it's more acute amongst our veterans who have oral health conditions that they have higher emergency department utilization and higher disruption in their day to day lives. So as I say, this is an addressable crisis, but I emphasize as the crisis that we need to work on, not tomorrow, but today, and are excited again to raise the awareness and move towards the things that will be better for those that have earned our support when they get home.

**[00:12:20] David Shulkin, M.D.:** Wade, one... One of the bright spots in veterans benefits came a few years ago in the passage of what's called the PACT Act. The PACT act, for those who don't follow this as closely, is really giving veterans who have had toxic exposures, particularly in the outside the United States, in the theaters of conflict where they've been exposed to things like burn pits, giving them benefits that they've had to fight for years. Prior to this legislation. One of the results of that was about 330,000 veterans are now eligible for dental benefits.

And that's the good news. The challenge with this is that over the past couple decades, there used to be, many decades ago, most VA hospitals, many acute hospitals in the community, used to have dental clinics, but they've shut them down. And so, the capability to handle these new entrants into the VA system at the VA hospitals is relatively limited. Which means that either veterans are going to have to wait for their dental care or they're going to have to go out into the community and find dentists in the community.

So, what are the implications when we give veterans additional benefits but we may not have the capacity to immediately help them? How would you be thinking about that issue?

**[00:13:55] Wade Rakes:** Absolutely, it's a both and again, I've worked in this space both from a policy perspective and at a carrier, and now here at CareQuest for the better part of 20 years. And I think anyone in the healthcare space knows that a card is not equivalent to immediate, high quality, affordable Access.

So, at CareQuest, we really look at both sides of the equation. First and foremost, there is a need for people to understand the benefits and to avail themselves if they do have coverage of the benefits. There is already in many ways a view that, well, if I don't have coverage, this is going to be really expensive. I'm going to avoid it, I'm going to defer it. And unfortunately, what we see is our country spends four to five billion dollars a year on emergency room oral health care, which again is what is needed at that time and that place. But when you look at the opportunity for us to prevent that and to move those into community and move those into areas of care, much like any other aspect of health care, the benefits to our system, but really the benefits of the individual are significant.

And allowing our emergency rooms to be available for emergencies is something that we see as a tremendous opportunity. But the first is ensuring that there is access to coverage and then

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there's access to care. So, at CareQuest we understand that there is still a need for more clinicians all over this country. We don't have enough of, and you can no different than any, any clinical specialty today.

It is generally we don't have enough of, and you can continue that with a whole host. But we have seen some innovation in states which involves things like dental therapy, which allows highly trained, highly skilled hygienists and other Oral health clinicians to broaden the opportunity for care, often under supervision of a dentist. But in areas where you may not have the ability, as you said, Mr. Secretary, you may not have the ability for someone to have a practice all day, every day in the same way that they would, particularly in rural areas or hard to reach areas. But how do you provide extended access, as we're seeing in physical health, with nurse practitioners and, and physician assistants? There is a similar area and opportunity in oral health to increase access. The other piece is that this is a country that is built on innovation and growth in education and it is partnering with the institutions. And there have been, when you look at it, very few entities have sponsored more clinicians than our armed services.

And how do we work to ensure that that both the educational system is supported to produce more oral health clinicians and those areas of practice, whether they're community health centers or they're individuals who serve in our National Health Service Corps or serve in our armed services to get training and support individuals in that format, we at CareQuest are all in when it comes to not just supporting expansions of coverage, but ensuring that that coverage can be used and, in communities. And that's going to require a lot of work, a lot of effort. But it is, again, as I said, something where we know there are tried and true solutions to get us there.

**[00:17:22] David Shulkin, M.D.:** Great.

**[00:17:23] Ken Barrette:** What do we say to our policymakers, our congressional representatives around this topic, and what do we need to be pushing at a policy level related to veterans' health?

**[00:17:37] Wade Rakes:** Well, for us, it's really.

Oral health is not something that goes away.

It is an issue that most people will have to address.

So, either it's addressed by innovation in our program and our delivery, or the everyday person. As I said, a veteran's spending 65% more to pay for the service out of pocket.

So, the dollars are something I know we often spend time on. And this is not something that is, at its core, small investment.

But when we look at focusing on prevention and focusing on early intervention, it more than pencils out because of the disruptions in work, because of the disruptions in school, because of the higher cost, when it's deferred. What I would say to policymakers, particularly in this space, is that we have provided some oral health care solutions and services for some of our veterans. Just use the word all instead of some, and we will multiply the benefit in so many ways across our country.

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So, for me, the policy is shifting from some to all.

And let's work together to ensure that no person, particularly our Veterans is left without or left behind.

**[00:19:02] David Shulkin, M.D.:** Wade, you had referenced the challenges sometimes in areas where we don't have many healthcare professionals, especially in oral health, like rural areas, but about one third of veterans choose to live in rural areas.

And so that may be a challenge in meeting your moonshot and delivering this care. And you know, I know that the VA you had talked about innovation, the VA does have oral or dental telehealth programs, which I often wondered, how does that work? And now, of course, who knows, maybe we're going to have AI enabled dentists or, you know, chatbot dentists.

But how do you see meeting this challenge of delivering comprehensive, good quality oral care to our rural veterans?

**[00:20:01] Wade Rakes:** Well, a big piece of this use of technology is allowing for dental medical integration and for individuals who are trained and licensed and skilled on what we would call the medical side to benefit via technology from expertise on the dental side. So, let's talk about in the form of, form of a young person, a pediatrician can apply fluoride varnish in their office. They're not classified, they're a pediatrician, they're not a general dentist.

But there are absolutely ways to lever technology where we may have a pediatrician, we may have family practitioner, we may have a nurse practitioner or a PA in a rural area. And they can definitely work to expand preventative care options and are already both in emergent and non-emergent settings providing forms of oral health care and practice that is consistent with their, their abilities, but also consistent with extending those services further. So that's a big piece that we're able to lever technology to drive greater integration across the different types of clinical practice.

So that's how it happens. I know most people will say, well, tele-dentistry, it is using technology to help the person on the other side do the best they can in the place that they are. And in many cases there are a number of preventative care components that other clinicians can do with the support and supervision of great dentists and hygienists.

**[00:21:38] Ken Barrette:** What does success look like in three to five years for veterans' oral health?

**[00:21:44] Wade Rakes:** Well, for us it's that move from some to all.

For us it is. And the department is already elevating this conversation and seeing that oral health is health. So yeah, we commend what's already underway because oral health is top of mind amongst those at the department today. But when we look at what does success in 2030 or 2035 look like?

It is easy to measure.

It is from some to all, when it comes to coverage from some to all, when it comes to access.

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And ultimately it is seeing that we have fewer emergency department visits that aren't emergencies, that we have fewer chronic conditions being missed because we didn't have access, and that we have fewer interruptions in life that could have been prevented. And that covers the whole gamut from the ability to go to work or to enjoy a vacation that you've had or go to class but also avoid other chronic health conditions. And that includes things like cancer, that includes things like diabetes.

So, this level of investment and this level of system change has an immense opportunity to improve the health of the individuals in this program, but also really to improve the health of the community that we all live in. So, success for us is, is something that we look forward to continuing to move, move on, because it is visible. It's really, do we have the will to prioritize these, these individuals who've earned the right to, to not just have our attention, but to have our service and support as they come home and, and contribute to our community. So, we're looking forward to, to that successful day.

**[00:23:34] David Shulkin, M.D.:** Wade it's very powerful when you talk about this connection between other conditions, chronic conditions and physical conditions, and oral care, and you've used the word integration.

Virginia has had tremendous success, I believe, in integrating things like behavioral health care into primary care and delivering an integrated type of service between mental health in the primary care setting. I wonder whether you see there being a similar model of integrating dental care and oral care into the primary care setting, and if so, whether you've seen that work in other settings.

**[00:24:20] Wade Rakes:** We all have heard the term medical home, and that's ensuring that primary care clinician has the ability to drive the conversation across all the needs of the person that is their patient in front of them, and that they are generally the first, first line that it's seen. Very rarely does someone, you know, call an advanced clinician on their own. It is so often happening in a doctor's office, happening at a community clinic, happening in a place where primary care is what it says on the front door and primary care is what they are doing. So, when we look at partnerships at CareQuest, we know that medical dental integration involves engaging with primary care clinicians. And we recently announced in Washington a partnership with the national association of Community Health Centers, who are the largest, when you look at all of their centers around the country, the largest set of primary care entities that exist, and they're in all 50 states and serve really anyone that comes to their door and have long provided comprehensive care largest provider of co located oral and dental primary care services of any entity that exists. So, we are driving that connection between primary care and dental care. And as you said, Mr. Secretary, we, we have seen that happen at community clinics as well as, as the VA that they have often seen that that location is meant to solve as many of the questions and as many of the provider channels that are needed in one location because moving between spots is hard. But we've seen the ability and the benefit of having those things co located and that also drives that connection and drives folks back to that primary care home. So, we are supportive of those types of collaboratives and looking forward to expanding them.

**[00:26:27] Ken Barrette:** That's great.

Well, you know, just in terms of some closing comments, you know, I wanted to kind of say a pre word and then hand over to Secretary Shulkin and then yourself, Wade, to close out. But obviously the men, women and patriots deployed right now around the world brings this topic

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even into more focus around the care and support that the folks serving our country deserve in this critical moment in time in history.

So, I was going to suggest this in terms of closing comments, Secretary Shulkin and Wade, in the context of what we just talked about and the importance of making sure that our veterans get the and we're talking about basic care here, the basic preventative and standard of care that you would expect.

How do we put that into perspective in terms of the call to action that some of our active military personnel are dealing with right now?

**[00:27:30] David Shulkin, M.D.:** Well, Ken, you know, I think you said that very well and I'd like to just amplify a little bit about what you said and what Wade is brought to our attention.

I do think that knowing that just 10% of our veterans are getting comprehensive dental care and knowing that this is this sort of siloing of care that we've separated physical care from oral care, from vision to behavioral care, the body just doesn't work that way. It's all integrated into a single body.

And we need to start changing our model of care to recognize that that whole health really provides the necessity to integrate physical, behavioral, dental, oral, visual care and what better population to do that on for the reasons that you said, Ken, than our veterans. So, I think that this is a terrific moonshot. This is one that deserves our support. This is one that's needed. And once again, Wade, we thank you and your entire team for raising this as an important issue and something that we do need to see happen and become a reality. So thank you for joining us today and we'll give you the last word.

**[00:28:52] Wade Rakes:** I really do appreciate the invitation and enjoyed this conversation. And I'll end as I started with first, you know, Mr. Secretary, thanking you for what you've done to advance health care for veterans for so many years in so many ways. I came to this conversation really with the opportunity on behalf of CareQuest, to pick up on the work that's already underway.

So, when we say that this is something that's addressable, in part, it's addressable because we're not the only ones who see and know and want to face this challenge.

So, for us at CareQuest, we're honored to be able to say more than thank you, but to make the type of investment and graze the type of awareness that is going to provide so much good for our veterans who deserve it and so much good for our communities and our overall healthcare system. So, I thank you for the invitation and I really look forward to coming back and saying that we succeeded in this vitally important moonshot.

**[00:30:00] Ken Barrette:** Fantastic. Well, thank you both for your time and appreciate, Wade, the work that you and CareQuest are doing in this space.

**[00:30:21] Narrator:** Alvarez & Marsal. Leadership. Action. Results.

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