Medical Dental Integration:

A Market-Based Assessment & Environmental Scan

February 2024

The Medical Dental Integration Landscape
Review, Analysis, and Resources

iCHARM Economics, LLC
Theory • Vision • Practice

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Executive Summary

DTA is introducing an initiative specifically focused on the changing landscape of the dental industry. This initiative will help member companies navigate what we believe is progressing forward within our industry: **Medical Dental Integration**. While the Dental Trade Alliance does not currently advocate for or against this change, the intent is for DTA to provide awareness and insights as new information surfaces, to assist DTA members to take advantage of the growth and perhaps prepare for the economic pressures the MDI model will create. Medical-dental integration and the impact of potential regulatory reform incorporating comprehensive dental benefits into traditional insurance benefits has Dental Trade Alliance engaging with experts to conduct an environmental scan of what this means for the dental industry.

Charm Economics has performed a current state market assessment, to provide a greater perspective and examples of how this reform will impact the dental industry. The major themes from the research are highlighted below and serve as guideposts for evaluating this potential change.

Understanding Current Pricing and Reimbursements for Dental Care

Key Takeaway: Dental reform is inevitable, given the recognized link between oral health and overall well-being, pushing for a more comprehensive patient care approach; recent adjustments in Medicare and Medicaid's historical dental coverage limitations reflect an increasing acknowledgment of dental care's significance in promoting overall health.
Hyperlink to details below.

Rising Costs of Dental Services

Key Takeaway: Dental service costs in the United States have surged by approximately 20% in the past decade, surpassing general inflation rates, making dental care a growing financial challenge for households.
Hyperlink to details below.

Role of Dental Products in Dental Care and Trajectory of Dental Supply Market

Key Takeaway: The dental supply market has evolved significantly over the past two decades, witnessing a dramatic expansion in product variety driven by technological advancements and materials. Highlighting the need for dental supply networks to be adaptive to meet the increasing demand for diverse dental products and services.
Hyperlink to details below.

Medicare and the Current Dental Care Market

Key Takeaway: The expansion of dental coverage under Medicare has emerged as a significant catalyst in driving a notable surge in the demand for dental services and supplies. With the Medicare market expected to reach 80.0 M individuals by 2030, more individuals will gain access to oral health benefits through Medicare. This coupled with the rise in Medicare Advantage demonstrates a potential uptick in the utilization of dental services, underscoring the growing recognition of oral health as an integral component of overall wellbeing.
Hyperlink to details below.

Cost of Care is a Barrier to Dental Care Demand

Key Takeaway: The substantial cost of dental care serves as a barrier for a significant portion of Medicare beneficiaries. 47% of beneficiaries lack access to dental services, emphasizing the urgent need for expanded coverage to meet the high demand and the potential for a rapid surge in demand akin to previous patterns seen with increased health insurance coverage.
Hyperlink to details below.

The 2023 Medicare Physician Fee Schedule Final Rule

Key Takeaway: The 2023 Medicare Physician Fee Schedule Final Rule marks a significant shift, expanding dental care reimbursement criteria under Medicare, with a 30% increase in reimbursement for specific procedures. This highlights a growing acknowledgment of dental care's integral role in overall health and signals potential market impacts.
Hyperlink to details below.

Comparable Landmark Legislation Impact: Mental Health Parity and Addiction Equity Act

Key Takeaway: The comparable impact of legislative changes, such as the Mental Health Parity and Addiction Equity Act, emphasizes the importance of recognizing the interconnectedness of physical and mental health, showcasing how transformative legislation can create demand for integrated care, improve access, and address unmet needs.
Hyperlink to details below.

Coverage Drives Demand: Dramatic Examples of Demand Expansion Based on Medicaid Changes

Key Takeaway: Maryland's comprehensive reforms in Medicaid dental care, triggered by tragic events and enacted through measures like aligning reimbursement rates with market standards and simplifying administrative processes, resulted in a substantial increase in dental care utiliza-

tion, showcasing the tangible impact of policy changes on medical health professional engagement and accessibility of services.
Hyperlink to details below.

Key Components of Current Legislative Proposals to Expand Medical and Dental Integration Coverage

Key Takeaway: Recent legislative proposals, exemplified by the Patient Protection and Affordable Care Act (PPACA), underscores the government interest in administrative simplification, and collaboration betweenoral and medical health professionals, reflecting a broader shift towards recognizing and addressing the interconnected nature of oral health and overall well-being in the pursuit of improved access and quality of care.
Hyperlink to details below.

Tangential Industries Moving to Medicare-Based Payment Models

Key Takeaway: Expected changes, based on past trends in dental and mental health legislation, indicate that upcoming reforms are likely to boost demand for services by aligning reimbursement rates and policies with market standards, highlighting the transformative impact reform can have on healthcare integration.
Hyperlink to details below.

Successful Value Based Care Models and Their Potential for Oral Care

Key Takeaway: The impending healthcare reform aims to introduce alternative reimbursement models such as bundled payments, capitation, and pay-for-performance, emphasizing a shift towards quality, outcomes, and cost reduction in oral healthcare, promoting comprehensive care. This has been common in medical care, but integration will shift these programs into dental care.
Hyperlink to details below.

With this perspective, DTA and its members will be able to navigate more proactively what these potential changes may mean and contemplate what strategic decision points may lay ahead for the Dental Industry.

Introduction

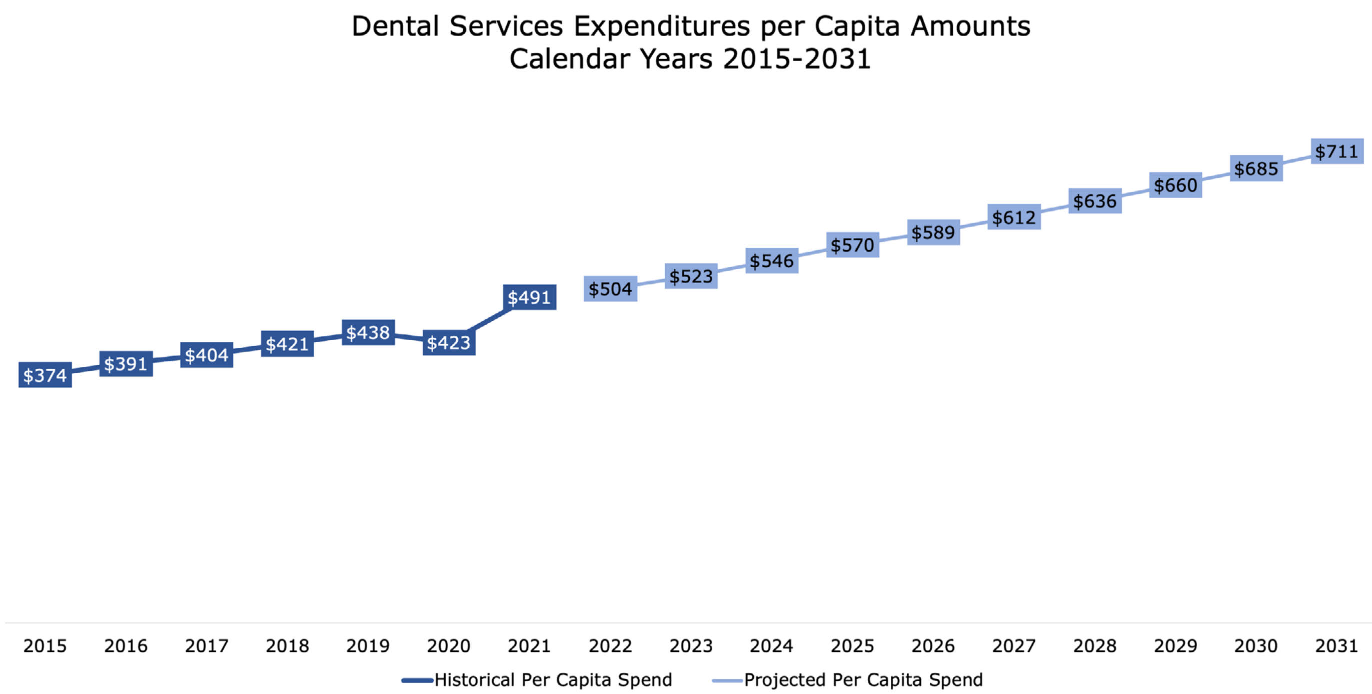
The integration of dental and medical care stands at the forefront of healthcare reform, driven by the recognition that oral health is inextricably linked to overall health and well-being. Dental conditions often intersect with, exacerbate, or even trigger various systemic health issues, such as cardiovascular diseases, diabetes, and respiratory ailments.[1] This integration can offer a holistic approach to patient care, where oral and medical health professionals can address not just the symptoms but the underlying causes of health problems. Furthermore, dental and medical care integration can significantly enhance patient outcomes, reduce healthcare costs, and improve the quality of life for individuals. By bridging the traditional divide between oral and general health, healthcare systems can provide more comprehensive and efficient care, ultimately leading to better long-term health outcomes and increased patient satisfaction. Over time we have seen mental health become more a part of holistic patient treatment and we expect dental care to be the next area in a shifting paradigm towards a more integrated treatment of the whole patient.

Despite the benefits, systemically, the dental care industry and medical care industry remain separate, with different schools for training, insurance systems and supply chains. Therefore, achieving effective dental and medical care integration poses a complex and multifaceted challenge. It necessitates not only a shift in the way healthcare is delivered, but also substantial changes in healthcare policies, insurance structures, and professional collaboration. The endeavor requires the close coordination of various stakeholders, including dental and medical professionals and supply networks, policymakers, insurers, and patients.

Understanding Current Pricing & Reimbursements for Dental Care

Rising Costs of Dental Services

In the United States, the cost of dental services has been steadily rising. Data from the American Dental Association (ADA) reveals that dental services prices have increased by approximately 20% over the past decade.[2] For instance, the ADA's Consumer Price Index (CPI) for dental care has consistently outpaced the general CPI, indicating that dental inflation has exceeded general inflation over time. In short, dental care is growing more quickly than the economy and is a larger portion of a household's expenditures than it was 20 years ago.[3] This upward trend poses challenges for many individuals and families, as they grapple with dental care costs that are growing at a rate above inflation.



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Role of Dental Products in Dental Care and Trajectory of Dental Supply Market

Twenty years ago, the dental industry featured a relatively limited number of dental products available on the market, with a more restricted range of choices for consumers and professionals. In the development of digital dentistry, cone beam computed tomography, CAD/CAM milling, digital imaging, and digital x-ray services became common practices for oral health professionals.[4] However, over time there has been a dramatic expansion in the variety and diversity of dental products, thanks to the advancements in both technology and materials, with greater durability and cosmetic improvements. This growth has led to a significant increase in the number of dental products available today, offering patients and dental practitioners an extensive array of options for various oral health needs such as manual and electronic toothbrushes, floss, mouthwash, whitening strips, and more.[5] Roughly 4% to 6% of a dental practice's income is allocated to dental supplies – when an office generates $1 million in revenue, approximately $40,000 to $60,000 is earmarked for covering the costs of dental supplies.[6] With trends of eco-friendly dental products, continuous technological advancements, natural and organic dental products, personalized care, 3D printing, and more, this expansion indicated the ongoing evolution of the dental industry to meet the diverse needs of consumers and professionals alike.[7]

The demand for dental care plays a pivotal role in shaping the dynamics of dental supply networks. As the need for dental services and products rises with growing awareness about oral health, dental supply networks must adapt to meet these changing demands. Increased demand often leads to the expansion of product offerings, innovation in materials and technology, and adjustments in pricing strategies.

Medicare and the Current Dental Care Market

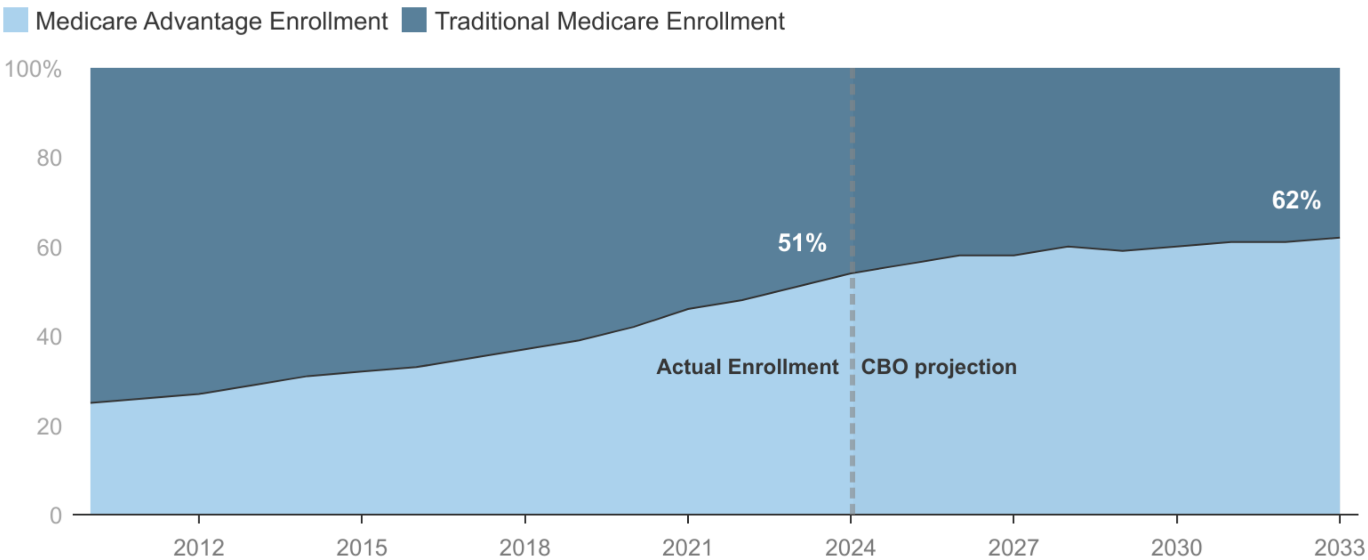
In the United States, dental and medical care are often regulated separately, leading to discrepancies in coverage and reimbursement. Dental insurance is generally regulated at the state level by state departments of insurance. Similarly, dentists and dental practitioners are regulated by state education departments, but in a separate department than medical practitioners. In addition, dental products generally require FDA approval, but from the Division of Dermatology and Dental Products, which does not include medical devices or pharmaceuticals. This disconnect can create challenges in coordinating care, sharing patient records, and ensuring seamless claims processing.

Additionally, as the baby-boom generation ages, Medicare enrollment is expected to surge from 65 million today to over 80 million by 2030.[8] Furthermore, Medicare Advantage is experiencing a rapid surge in popularity, outpacing the growth rate of traditional Medicare as more beneficiaries opt for the enhanced benefits and flexibility offered by private insurance plans. In less than two decades, the Medicare Advantage has grown from 19% to now representing 51% the entire Medicare population and is expected to reach

62% by 2033.[9] The increasing appeal of Medicare Advantage underscores a shifting trend in healthcare preferences, with a growing number of individuals choosing comprehensive, privately managed alternatives over the traditional Medicare fee-for-service model.

Figure 2

Medicare Advantage and Traditional Medicare Enrollment, Past and Projected



SOURCE: KFF analysis Medicare Chronic Conditions (CCW) Data Warehouse from 5 percent of beneficiaries, 2010-2016; CCW data from 20 percent of beneficiaries, 2017-2020; and Medicare Enrollment Dashboard 2021-2023. Enrollment numbers from March of the respective year. Projections for 2023 to 2033 are from the May Congressional Budget Office (CBO) Medicare Baseline for 2023.

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Cost of Care is a Barrier to Dental Care Demand

In 2018, an average of 47% of Medicare beneficiaries did not have a dental visit, citing cost as a barrier to care.[10] For those who did receive dental services, the average out of pocket cost spending was $875.[11] The absence of dental care can worsen chronic conditions and lead to the delayed detection of serious medical issues. This demonstrates that high demand for dental care is not being fully met due to cost barriers, suggesting a need for expanded coverage. While Medicare alone does not provide comprehensive dental coverage, approximately half of all Medicare beneficiaries opt for Medicare Advantage plans, the majority of which include dental coverage as an additional benefit.[12] However, that means well over half of Medicare beneficiaries do not have dental coverage through Medicare.

We have witnessed this before with the Affordable Care Act (ACA). When ACA passed, the number of people with health insurance increased, leading to greater demand on medical health professionals for health services. To meet the demand for services,medical health professionals adapted by hiring more staff, relying more on advanced practices, and expanding facilities and hours.[13] Therefore, dental practitioners and dental supply networks need to be prepared for a commensurate increase in demand that will happen quickly, due to the pent-up demand for services among the previously uninsured population.

The 2023 Medicare Physician Fee Schedule Final Rule

Historically, dental coverage in traditional Medicare (Parts A&B) has been limited. In the 2023 Medicare Physician Fee Schedule Final Rule, Medicare introduced adjustments in how they reimburse dental care. Previously, for Medicare Part A, patients must be hospitalized and require dental care for medical reasons to receive reimbursement. Between June 2018 to December 2019, merely 186 patients received dental services covered by Medicare under such circumstances.[14] Additionally, Medicare Part A extended its coverage to hospital admission arising from severe dental disease, a condition affecting an estimated 13,000 older adults annually.[15] The rule changes increased Medicare's reimbursement for certain dental procedures by approximately 30%, making it more attractive for oral health professionals to offer services to Medicare beneficiaries.[16] This dramatic change is indicative of the way that a Medicare based medical-dental integration can impact the market. Medicare produces a fee schedule annually and changes to that schedule can have a dramatic impact on the economics of the Medicare market, which are less likely in a purely commercial market.

These adjustments reflect a growing recognition of dental care as a part of whole person health within the healthcare system, citing that dental care is "integral to treating a beneficiary's medical condition" in both inpatient and outpatient settings when it comes to insurance coverage.[17] It is particularly relevant for seniors relying on Medicare, as these rules can influence both the accessibility and cost of dental services for approximately 60 million Medicare beneficiaries.[18]

Comparable Landmark Legislation Impact: Mental Health Parity and Addiction Equity Act

Another comparable event in the United States healthcare system is the recognition of the interconnectedness of physical and mental health. This has prompted significant developments in healthcare systems, particularly within the frameworks of Medicaid and Commercial insurance, leading to the creation of the Mental Health Parity and Addiction Equity Act (MHPAEA) in 2008.[19] From a historical context, prior to MHPAEA implementation, in 2011, the treatment of mental health and physical health often remained siloed. Although they were both covered by the same insurance policies, the policies negotiated them separately. Psychiatric and mental health services were frequently treated separately from general healthcare, resulting in fragmented and inefficient care for individuals whose mental health issues are often exacerbated physical ailments. This disjointed approach led to suboptimal outcomes and disparities in access to quality care for individuals grappling with both mental and physical health conditions.

In response to these challenges, various states began to implement pioneering initiatives to integrate behavioral health benefits into their Medicaid. Notably, states such as Minnesota, Oregon, and New York adopted innovative models that sought to bridge the gap between mental health and physical health services. For instance, Minnesota's Medicaid program implemented a "Health Care Homes" model that aimed to provide coordinated, patient-centered care, encompassing both physical and behavioral health services. This initiative emphasized the importance of collaborative care teams, facilitating communication and coordination among medical health professionals to ensure holistic treatment for patients. Integrated care is essential for overcoming barriers to behavioral health services, as people often seek treatment from primary care physicians, addressing issues such as medical health professional shortages, high costs, insurance gaps, and disparities in race, ethnicity, and geography.[20]

Like these states and many others, the landmark legislation of the Mental Health Parity and Addiction Equity Act (MHPEA) created greater access and demand for these services. This was most pronounced within the population of individuals suffering from Substance Use Disorder (SUD). The American Journal of Public Health studied the impact this legislation had on the SUD populations and found that over a five-year period post the enactment of this legislation, service utilization increased by 50% for this population.[21] The transformative change brought on by MHPAEA is foundational for understanding the impact of what legislative change can have on the integration of care. These policies create demand for unmet needs and provide access to underserved communities.

Coverage Drives Demand: Dramatic Examples of Demand Expansion Based on Medicaid Changes

As a comparison, policy reform for dental care in Medicaid have evolved over the years for both adult and child beneficiaries.[22] For example, in Maryland significant steps have been taken in the last decade to enhance dental care provision by boosting dental care reimbursement rates and separating Medicaid dental services from managed care.[23] In the late 1990s, fewer than one-fifth of Maryland dentists participated in the state's Medicaid program due to low reimbursement rates, resulting in one of the nation's lowest average fees per dental claim and per-recipient costs.[24] Consequently, residents with Medicaid faced significant challenges in accessing dental care, with only 19% of Maryland children enrolled in Medicaid receiving oral health services, compared to the national average of 27% at the time.[25] The establishment of the Maryland Office of Oral Health in 1996 aimed to address these issues, but it was the tragic case of 12-year-old Deamonte Driver's death in 2007 due to an untreated tooth abscess that ultimately triggered comprehensive reform in Maryland's oral health care system, particularly for Medicaid enrollees.[26]

In 1998, the Maryland state government enacted Senate Bill 590, which established a 5-year strategy to formally incorporate the Oral Health Program into state law and the formation of a State Oral Health Advisory Committee, boost dentist participation in the Maryland Medicaid program, and mandated the conduction of oral health assessment for school children in the state.[27] The Dental Action Committee was also created and proposed 7 recommendations to improve dental services in Maryland: creating a single vendor insurance administrator for Medicaid, increasing dental reimbursement rates, ensuring all counties have a local dental clinic, establishing public health dental hygienists who could provide care in nursing homes, schools, and other settings without a dentist present, incorporating dental screenings in public schools, and training dental and medical professionals on oral health risk assessments.[28] All were implemented but dental screenings in public schools. Between 2009 and 2018, the number of dentists participating in the state Medicaid program grew 2.5 times and the number of adults and children receiving dental care in the program grew as well.[29] As a result, Maryland has experienced on of the most substantial increase in dental care utilization among children enrolled in Medicaid compared to any other state.[30] The case of Maryland demonstrates how aligning reimbursement rates with market standards, simplifying administrative processes, and increased incentives in underserved regions have a tangible effect on medical health professional engagement and, consequently, the accessibility of dental services.

Key Components of Current Legislative Proposals to Expand Medical and Dental Integration Coverage

In recent years, numerous legislative proposals have emerged with the aim of integrating dental and medical care, reflecting a growing recognition of the interconnected nature of oral health and overall well-being. For example, the passing of the Patient Protection and Affordable Care Act (PPACA) has raised awareness for the need for more oral health professionals by requiring most health plans to cover essential health benefits, including pediatric oral care.[31] It also mandates coverage of pediatric oral care in plans available to most Medicaid expansion recipients, while prohibiting cost sharing on certain preventive oral health services.[32] Several notable medical and public health institutions like the Health Resources and Services Administration and the Institute of Medicine have advocated for non-dental medical health professionals, including physicians, to offer certain oral health services.[33,34] For instance, the 2011 Institute of Medicine report titled "Improving Access for Oral Health for the Vulnerable and Underserved" suggested that the Health Resources and Services Administration should bring together key stakeholders to formulate a fundamental set of dental competencies for non-dental health professions, which would then become part of certification, testing, and accreditation prerequisites.[35] These proposals often underscore:

1. Emphasize the need for comprehensive healthcare coverage, inclusive of dental, and emphasize the importance of preventative care and early intervention.
2. Strive to simplify administrative processes, reducing the bureaucratic hurdles that can hinder efficient patient care and claims processing.
3. Encourage the collaboration between oral and medical health professionals, promoting a more holistic approach to healthcare delivery that considers the interplay between oral health and systemic conditions. At large, the dental and medical systems struggle with information sharing and it is likely that the Center for Medicare & Medicaid Services (CMS) will begin to require this. CMS' Meaningful Use Program is used to define minimum U.S. government standards for electronic health records (EHR), outlining how clinical patient data should be exchanged between medical health professionals, between medical health professionals and insurers, and between medical health professionals and patients.[36] This is not a reimbursement or penalty program – medical health professionals must meet all objectives established by CMS and then demonstrate "meaningful use" of the EHRs to receive incentive payments.[37] The CMS Meaningful Use program indirectly impacts dental care by promoting the adoption of EHRs, which can facilitate the sharing of essential patient medical information between medical and oral health professionals. This can enhance coordination and quality of care for integrated medical and dental services.

This indicates that when CMS is a major direct payer for services, its policies wield an outsized influence on the direction of the industry in a way that the largely commercially driven dental care sector has not yet experienced. Further examples of these proposals include adding a dental benefit to Medicare Part B, creating a voluntary dental benefit under a new part of Medicare, permitting greater access to medically necessary dental services under Medicare, test models for dental coverage, and offering dental discount cards.[38]

More recently, as part of the 2024 Medicare Hospital Outpatient Prospective Payment System (OPPS) and Ambulatory Surgical Center (ASC) Payment System final rule, CMS incorporated over 25 new dental billing codes for dental surgical procedures in ASCs, expanding the availability of oral health services across various healthcare settings.[39] U.S. Senate Majority Whip Dick Durbin (D-IL) has urged CMS Administrator Chiquita Brooks-LaSure in a letter to notify states about recent changes in Medicare coverage and billing practices for oral health care services, emphasizing the potential to enhance treatment for Medicaid enrollees by keeping states informed of these changes, given that states often model their Medicaid coverage and billing practices after Medicare's.[40] Furthermore, the Biden Administration has proposed to add adult dental coverage as an essential health benefit under ACA, without imposing annual or lifetime limits as to encourage states to consider routine non-pediatric dental services as essential health benefits.[41] With greater dental coverage, we can anticipate trends of increased access to dental care, decreased prevalence of untreated decayed teeth, and improved oral-health related behaviors.[42]

Tangential Industries Moving to Medicare-Based Payment Models

A historical analysis of tangential industries, such as medical devices, reveals a significant impact resulting from the shift towards a Medicare-based payment model. The transition towards this kind of reimbursement system has had a profound effect on the medical device industry, particularly in terms of product development and pricing. As Medicare places a strong emphasis on cost-effectiveness, medical device companies have been compelled to develop more efficient and affordable products to meet the demands of this payment model.[43] The shift has driven innovation and fostered a climate of competition, as companies strive to create medical devices that provide value while reducing healthcare costs.

Furthermore, when drugs were first included into the Medicare program, it marked a significant shift in healthcare coverage for eligible individuals in the United States. This change occurred with the introduction of Medicare Part D in 2006.[44] Prior to this expansion, Medicare primarily covered hospital care (Part A) and medical services (Part B), but prescription drugs were not comprehensively included. The introduction of Medicare Part D brought prescription drug coverage to the program, allowing beneficiaries to access a wide range of medications. This expansion greatly improved the affordability and accessibility of prescription drugs for seniors and people with disabilities, who were previously faced with the financial burden of high medication costs. Medicare Part D offers a choice of private plans, known as Prescription Drug Plans (PDPs), which provide drug coverage, allowing beneficiaries to select a plan that best suits their medication needs.[45] This addition led to significant investments in research and development surrounding therapeutic categories that have a greater market presence within Medicare.[46]

Another notable aspect of that transition to a Medicare-based payment model is the increased focus on outcomes and patient satisfaction. Historically, the medical device industry primarily concentrated on the technical features of their products. However, with the Medicare-based payment model, there is a growing emphasis on patient-centered care and the effectiveness of medical devices in improving patient outcomes.[47] This has led to a transformation in the way medical devices are designed and marketed, with companies increasingly aligning their products with the broader healthcare goals of improving patient health and reducing hospital readmissions.[48]

Successful Value Based Care Models and Their Potential for Oral Care

Value-Based Insurance Design Direction

The general direction that Value-Based Insurance Design (VBID) is heading reflects a growing recognition of its potential to transform healthcare delivery in the United States. While the CMS Innovation Center has shown a keen interest in promoting VBID, the full integration and adoption of this approach have been a gradual process.[49] CMS's commitment to VBID underscores its importance in reshaping healthcare by emphasizing quality, cost control, and patient-centered care. However, the complex nature of healthcare systems and the need for extensive policy adjustments have contributed to a slower implementation pace. As stakeholders continue to navigate the challenges and intricacies of VBID, the landscape is gradually shifting toward a model that prioritizes value over volume and what this means is often not clear. Value indicates that medical health professionals are required to show a certain process on how based metrics are being achieved, such as rates of flu shots or number of patients receiving a checkup.

Bundled Payments and Capitation

Two promising models for enhancing oral healthcare are bundled payments and capitation. With bundled payments, payers collaborate with oral health professionals to establish comprehensive payment structure for specific care episodes, such as preventative or urgent care. This could include tailored risk assessments, nutrition counseling, and treatments like fluoride application provided by a single oral health professional.[50] A more complex bundled payment model might involve multiple specialists for comprehensive treatments.[51] These models streamline existing care processes but may pose financial challenges and require new oral health professional relationships. In contrast, capitation offers flexibility in holistic patient care tied to quality metrics, allowing for predictable funding.[52]

Pay-for-Performance (P4P)

Pay-for-Performance (P4P) components can be added into existing payment arrangements for dental care, such as fee-for-service or capitation, particularly with salaried medical health professionals. Health plans and practices can gradually introduce performance measures, using incentives for tasks like risk assessment and preventative care.[53] Dental practices need to ensure their EHRs can capture data and train staff, but P4P programs are more manageable models as they primarily focus on in-practice care, reducing data sharing and extensive external partnerships.[54] In addition, risk adjustment drives health plan policies and integration is expected to bring dental metric evaluation. Medicare already has begun to implement quality measures for dental and oral services for children such as dental evaluations, topical fluorides, and sealant on permanent first molars.[55]

Conclusion

In conclusion, the integration of dental and medical care represents a pivotal transformation in healthcare, recognizing the intrinsic connection between oral health and overall well-being. Like previously segmented industries in health care, specifically mental health and pharmaceuticals, the evolution of dental care as a part of the treatment of the entire patient promises a more holistic approach to patient care. Increasing patient satisfaction and better outcomes in both dental care and medical care can be achieved by addressing the underlying causes of health issues in an integrated way. However, both the dental industry and the medical industry are complex and achieving an effective integration requires a multifaceted shift in healthcare delivery, policy, and professional collaboration, involving various stakeholders. All stakeholders, including dental product distributors, manufacturers, and laboratories, should be aware of the changing environment: with greater demand there will be greater oversight, metrics will become more important, and some processes will need to migrate over to the predominant, generally accepted medical methodologies. In this dynamic landscape, those who adapt and embrace the future of integration will be the ones leading the charge toward a healthier, more efficient, and patient-focused tomorrow. Integration is expected to happen and has occurred in other health care industries over the last twenty years. The time to prepare is now.

What's Next

DTA members can look forward to a robust set of deliverables in Q1 and Q2 of 2024 as part of our ongoing initiative. The curated content series will continue, offering valuable insights and best practices. These deliverables are strategically designed to empower members, ensuring they are well-prepared and equipped for sustained success. The content series will include the following:

How to Manual on transitioning to integrated dental & medical care from a sustainable supply side financial viewpoint

Business Strategy Decks to guide DTA members on how to thrive in this transition as dental supply networks

Pricing Model that evaluates the cost analysis of integrated dental & medical care for dental supply networks

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