MAHA Root-Cause Prevention Healthcare Model

A Blueprint for Reducing Chronic Disease and Healthcare Costs

The Problem

90% of U.S. healthcare costs stem from chronic, preventable diseases (diabetes, heart disease, dementia).

Current systems are reactive, treating symptoms rather than causes.

Oral health and systemic health remain ***sīloed***, despite shared risk factors

Thomas Larkin DDS

Why This Matters

Oral Health Is Integral To Systemic Health

Gum Disease is linked to heart disease, diabetes and dementia

Reactive care is costly and ineffective

A Historic Perspective

- Dr's William and Charles Mayo founded the Mayo Clinic
- The Proactive VS Reactive Care

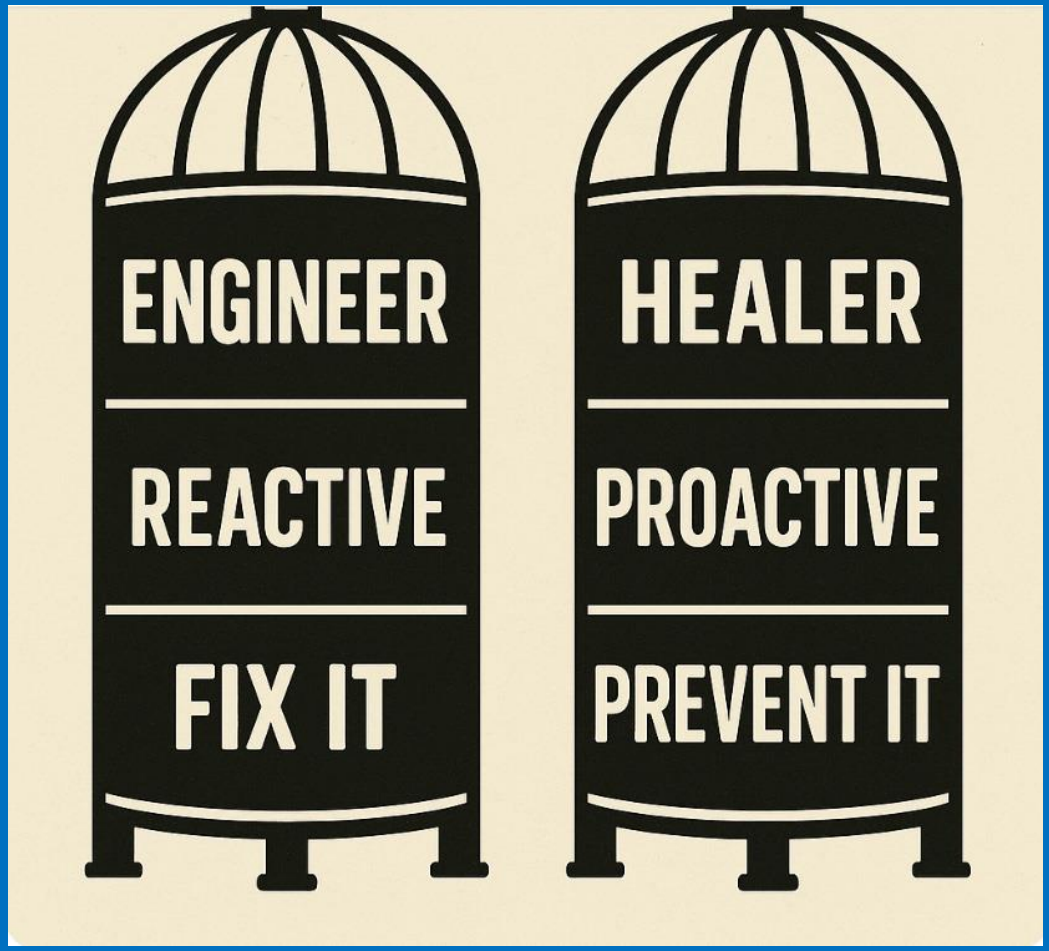
Dr Charles Mayo 1915

"The mouth is by far the greatest portal of germ life into the body"

Complete dental care and preventive measures can extend human life ten years"

The next great step in medical progress in the line of preventive medicine should be made by the dentists. The question is will they do it?"

The Engineers VS Healers



The Cost

$50,000

$271,350

REFINED CARBOHYDATE

REFINED CARBOHYDATE

REFINED CARBOHYDATE

INSULIN RESISTANCE

INSULIN RESISTANCE

DEMENTIA

DIABETES

HEART DISEASE

REFINED CARBOHYDATE

REFINED CARBOHYDATE

REFINED CARBOHYDATE

ORAL DISEASE

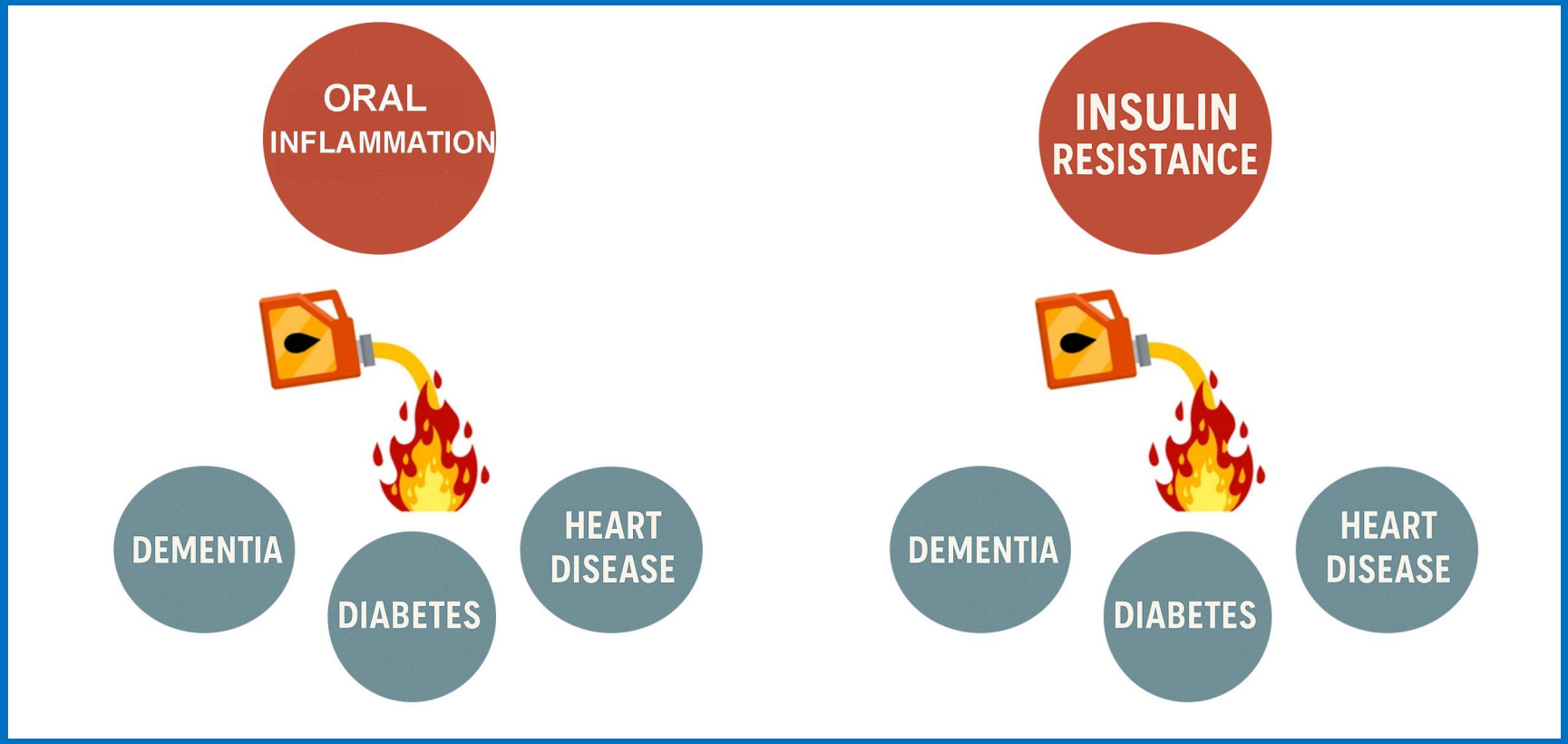
ORAL
INFLAMMATION

DEMENTIA

DIABETES

HEART
DISEASE

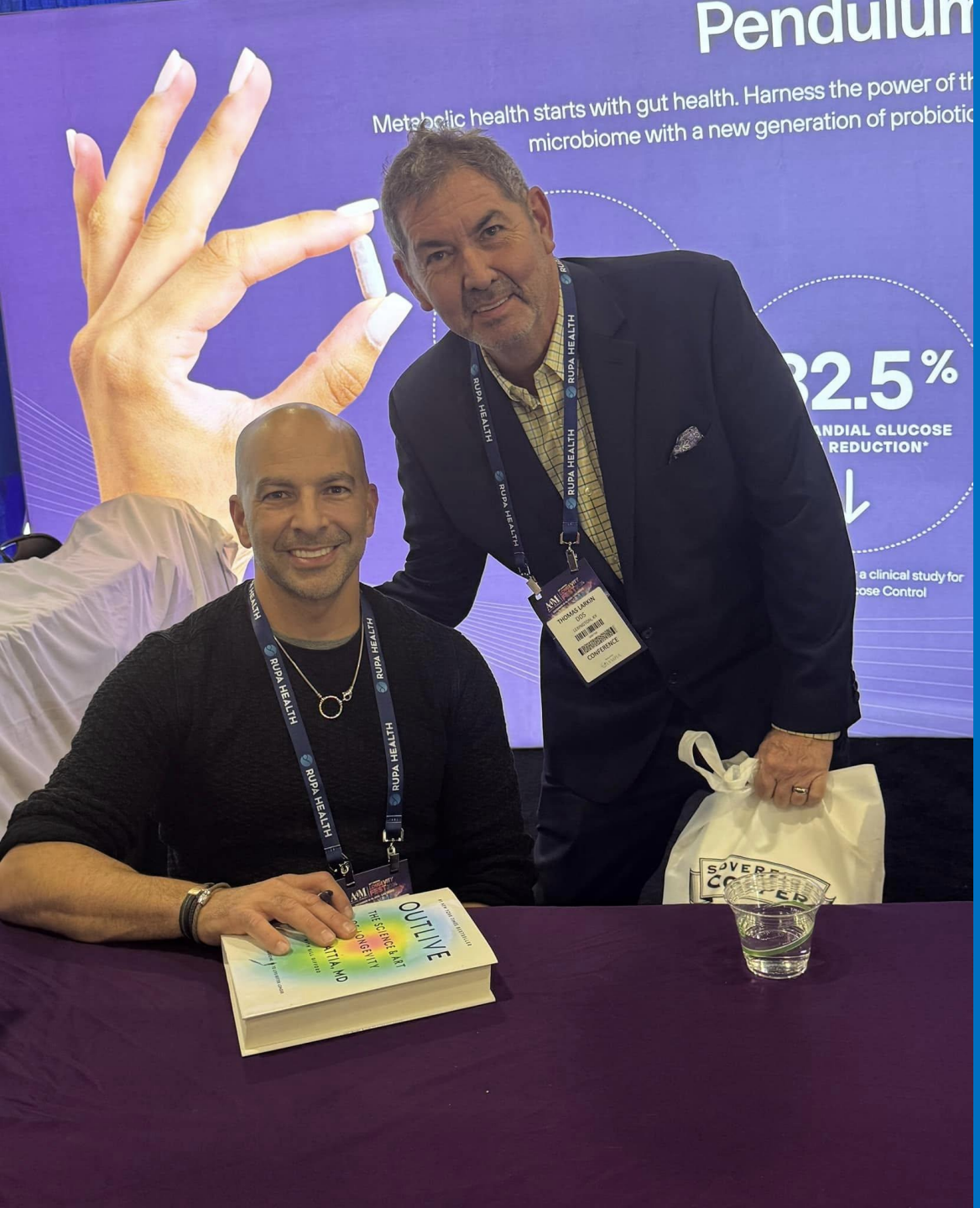
IMMEDIATE ROI

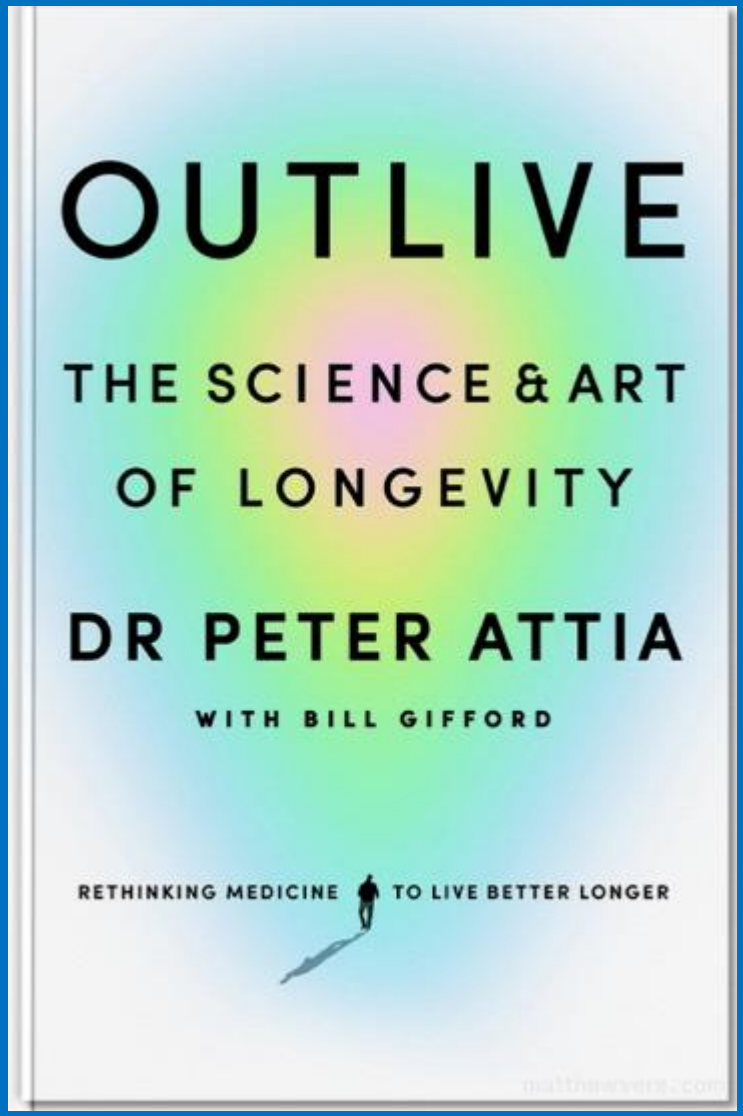


Here's a **side-by-side comparison** of the **Tobacco, Mesothelioma, and Roundup settlements**:

Settlement	Total Payout (Estimated)	Average Payout per Person	Duration of Payments
Tobacco (MSA)	**$246+ billion** (and ongoing)	N/A (state-level payments, not per individual)	Payments continue **in perpetuity**
Mesothelioma/Asbestos	**$30–40 billion** (via trust funds & lawsuits)	**$1–2 million (avg.)**; trials can exceed **$10–50 million**	Ongoing (due to disease latency, payouts continue for decades)
Roundup (Glyphosate)	**$10.9–16 billion** (as of 2024)	**$5,000–$250,000 (avg.)**; trials have hit **$80+ million**	Ongoing (new cases still being filed)

Google “Snap Shopping Cart”


Pendulum
Metabolic health starts with gut health. Harness the power of th
microbiome with a new generation of probiotic
82.5%
NDIAL GLUCOSE
REDUCTION*
a clinical study for
ose Control
RUPA HEALTH
THOMAS LARKIN
CONFERENCE
OUTLIVE


OUTLIVE
THE SCIENCE & ART
OF LONGEVITY
DR PETER ATTIA
WITH BILL GIFFORD
RETHINKING MEDICINE
TO LIVE BETTER LONGER

WITH REFINED CARBOHYDRATES, WE PAY THREE TIMES

1st

TO THE PRODUCER

2nd

TO HOSPITALS

3rd

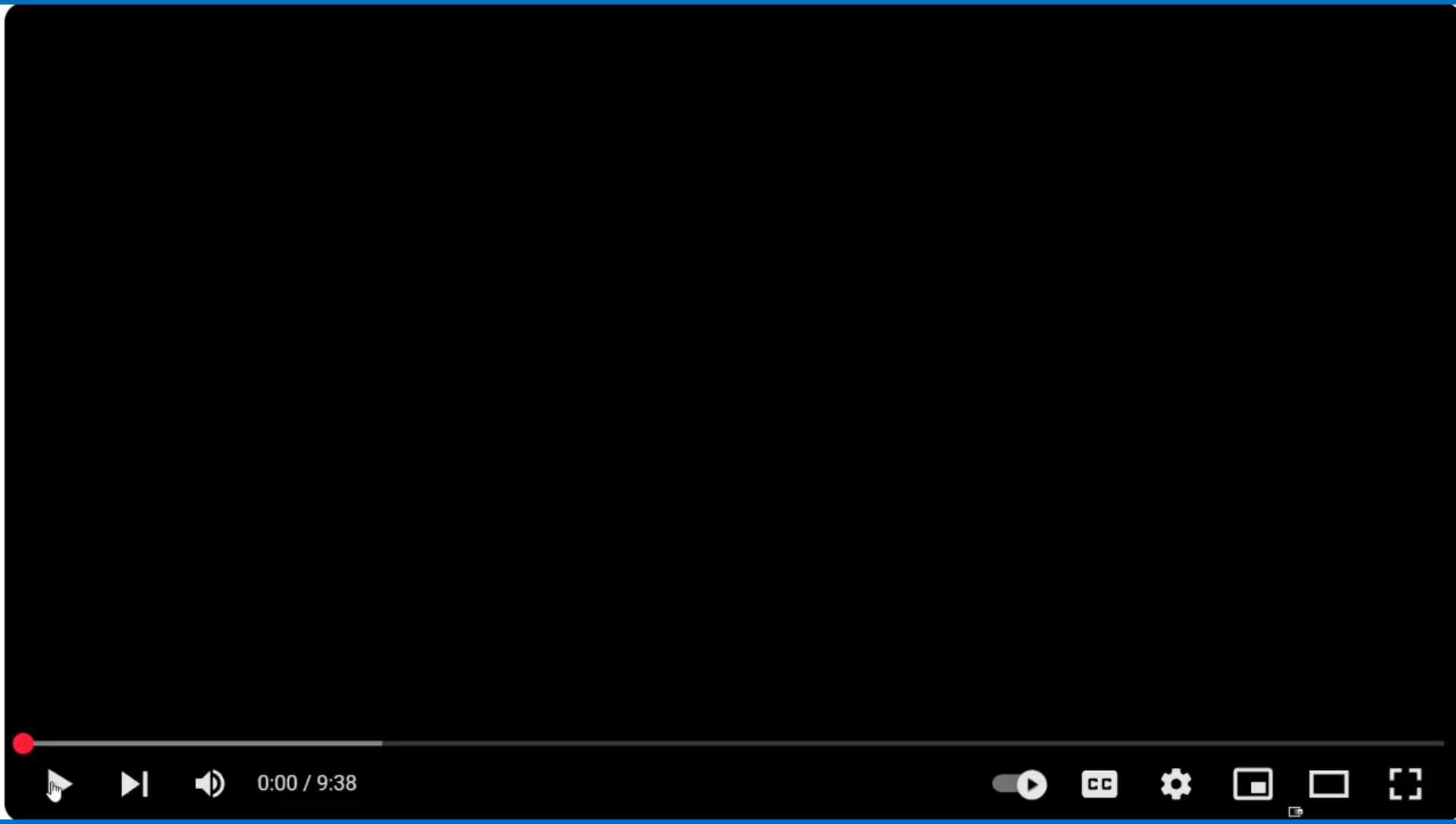
IN REDUCED QUALITY OF LIFE AND LOST PRODUCTIVITY

PROSPR/HHS Study

2025 65> 18%
2055 65> 23% 75% increase in Healthcare Costs

"Healthspan" The number of years aging adults live healthy lives and enjoy overall well being

1 year of shorting duration in 10% of population
29 Billion in Healthcare Costs
80 Billion Economic impact


0:00 / 9:38
CC

PROSPR: The Government Initiative To Extend Healthy Lifespan In America

It is hoped that the new initiative, along with positively impacting the healthspan of Americans, will also help to enhance the economy across the nation.

December 24, 2024

The PROSPR Project Image courtesy of ARPA-H

THE MOUTH

The Missing Piece to Overall Wellness and Lower Medical Costs

WHITE PAPER

UNITED CONCORDIA® DENTAL

Protecting More Than Just Your Smile®

CORONARY ARTERY DISEASE

Annual Medical Costs

8,458 members in the study were identified with both coronary artery disease and periodontal disease. Of these members identified, 90 completed and maintained their periodontal treatment; 8,368 didn't complete or continue to maintain their treatment.

Average Savings:
$1,090
Per Patient Per Year

This data represents an averaged **savings of $1,090** (10.7%) per patient per year for those who received and completed periodontal treatment at a statistically significant value of p<0.04.

Hospital Admissions

In the case of hospitalizations, of the 8,458 members identified with coronary artery disease and periodontitis, 46 completed treatment and were hospitalized; 65 didn't complete treatment and were hospitalized.

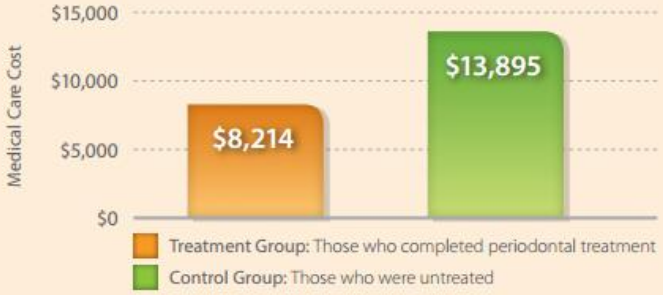
Hospital Admissions:
28.6%
Decrease

This data represents an **admission rate drop of 28.6%** for those who received and completed periodontal treatment at a statistically significant level of p<0.01.

CEREBRAL VASCULAR DISEASE

Annual Medical Costs

13,007 members in the study were identified with both cerebral vascular disease and periodontal disease. Of these members identified, 139 completed periodontal treatment; 12,868 didn't complete treatment.



Average Savings:
$5,681
Per Patient Per Year

This data represents an averaged **savings of $5,681** (40.9%) per patient per year for those who received periodontal treatment at a statistically significant level of p<0.04.

Hospital Admissions

In the case of hospitalizations, of the 13,007 members identified with cerebral vascular disease and periodontitis, 350 completed treatment and were hospitalized compared to 444 who didn't complete treatment and were hospitalized.

Hospital Admissions:
21.2%
Decrease

DIABETES

Annual Medical Costs

91,242 members in the study were identified with both type 2 diabetes and periodontal disease.
Of these members identified, 913 completed periodontal treatment; 90,329 didn't complete treatment.

Average Savings:
$2,840
Per Patient Per Year

This data represents an averaged **savings of $2,840** (40.2%) per patient per year for those who received periodontal treatment at a statistically significant level of p<0.04.

Hospital Admissions

In the case of hospitalizations, of the 91,242 members identified with type 2 diabetes and periodontitis, 40 completed treatment and were hospitalized compared to 66 who didn't complete treatment and were hospitalized.

Hospital Admissions:
39.4%
Decrease

This data represents an **admission rate drop of 39.4%** for those who received and completed periodontal treatment at a statistically significant level of p<0.05.

ADDITIONAL FINDINGS . . .

Outpatient Drug Costs in Diabetic Members

Outpatient Drug Cost Savings: $1,477

We also conducted an internal study of annual outpatient pharmaceutical savings for members with diabetes. We expected that drug costs would decrease over the longer term as the periodontal disease was better controlled and maintained. Our findings indicated that drug costs initially increased over the first two visits, but after a period of seven periodontal visits of treatment and maintenance, the result was a **reduction in annual drug costs of $1,477** for periodontally-treated diabetics compared to those who were untreated.

PREGNANT WOMEN

Annual Medical Costs

8,342 pregnant women in the study were identified with periodontal disease. Of these women identified, 22 completed periodontal treatment; 8,320 didn't complete treatment.

Average Savings: $2,433 Per Patient Per Year

This data represents an **averaged savings of $2,433** (73.7%) per patient per year for those who received periodontal treatment at a statistically significant level of $p<0.001$.

MAHA Root-Cause Prevention Healthcare Model

A Blueprint for Reducing Chronic Disease and Healthcare Costs

The Problem

90% of U.S. healthcare costs stem from chronic, preventable diseases (diabetes, heart disease, dementia).

Current systems are reactive, treating symptoms rather than causes.

Oral health and systemic health remain *sīloed*, despite shared risk factors

The Solution: A Preventive Model

Shift from "sick care" to "root-cause care' integratting medicine, dentistry, technology, and community.

Medical-Dental Integration

Unified screenings (A1c, cholesterol, salivary diagnostics).

Shared records and interprofessional care

Tech-Driven Prevention

Telemedicine and reledentistty access for rurat/underserveed areas.

Wearables & CGMs for early detection of meabolic and carolovascular risk.

School-Based Health Prógrams

Fuli-time school nurses for routine checks.

On-site oral health (sealants, fluoride)

Lifestyle education to provent obesify and diabetes early

Incentive-Based Wellness

Insurance premium reductions for preventive compliance.

Employer-based health rewards & gamified wellness apps

Expected Outcomes

- ✓ Fewer ER visits
- ✓ Lower long-term costs
- ✓ In proved
- ✓ National model for

EPIC Software exists

Medical-Dental Integration

Unified screenings (A1c, cholesterol, salivary diagnostics).

Shared records and interprofessional care

Nurse/Oral Health Therapist

Data Collection

Identify Those At Risk !!!!!!!!!!!

EARLY PROACTIVE INTERVENTION

School-Based Health Prógrams

Fuli-time school nurses for routine checks.

On-site oral health (sealants, fluoride)

Lifestyle education to provent obesify and diabetes early

Tech-Driven Prevention

Telemedicine and Teledentistry access for rural/underserveed areas.

Wearables & CGMs for early detection of meabolic and carolovascular risk.

Dental

- Salivary Diagnostics
- Microscopy Risk Assessment
- Ai Powered Imaging
- Caries Detection (laser fluorescence)
- 3D Scan with Ai Analysis
- Smart Toothbrushes

Tech-Driven Prevention

Telemedicine and reledentistty access for rurat/underserveed areas.

Wearables & CGMs for early detection of meabolic and carolovascular risk.

Medical

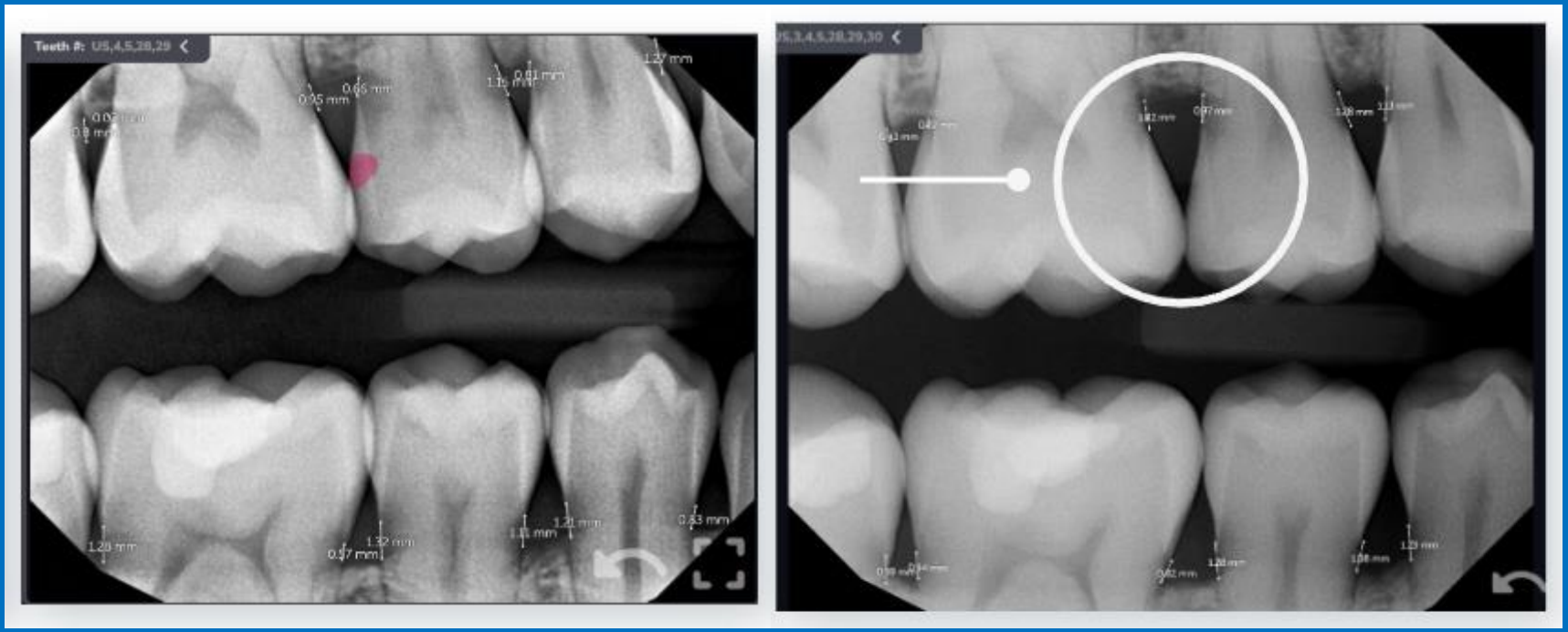
- Continuous Glucose Monitors (CGM’s)
- Wearables and Smartwatches
- Ai Powered Imaging
- Carotid Intima Media Thickness (CIMT) Ultrasound
- Genetic Testing
- Digital Dermatology (Ai Skin Scanners)
- Home Diagnostic Kits

Tech-Driven Prevention

Telemedicine and Teledentistry access for rural/underserveed areas.

Wearables & CGMs for early detection of meabolic and carolovascular risk.

AI Assisted Regenerative Dentistry



Incentive-Based Wellness

Insurance premium reductions for preventive compliance.

Employer-based health rewards & gamified wellness apps

Pay ME!!!!!

3/3/2025

Promote Preventive and Alternative Therapies

Encourage Less Invasive and More Holistic Treatments (Minimally Invasive - Regenerative)

Revamp Medical and Dental Curricula to Ensure Future Providers are Educated On Addressing The Root Causes of Illness.

Call To Action

A Century after Mayo's call, its time to act. We have no choice

Fund, incentivize and integrate preventive protocols

Reimburse preventive care

Revamp Medicaid to bottom

Thank You

A Root Cause
Wellness Model For
Better Health
Outcomes

Thomas Larkin DDS

402-250-7653
tom@tomlarkin.com