

*Does the thought of an upcoming trip to the dentist strike fear in your heart? While many people fear dental work, the consequences of not visiting the dentist are actually scarier. Almost half of Ohio adults have had one or more permanent teeth removed due to tooth decay or gum disease.<sup>1</sup>*

*Adults aren't the only ones affected by poor oral health. Many people are surprised when they learn that tooth decay is the most common chronic disease of childhood – five times more common than asthma.<sup>2</sup> Given that four times as many Ohio children lack dental insurance compared to health insurance, perhaps this shouldn't come as a surprise.<sup>3</sup>*

## Relationship between Dental Health and Overall Health

When most people think about dental problems, memories of minor toothaches caused by a cavity probably come to mind. Yet beyond discomfort, dental problems can lead to a wide variety of problems eating, speaking, learning, and working. In fact, an estimated 164 million hours of work are missed each year due to dental problems.<sup>4</sup> Poor oral health may also be linked to an increased risk of heart disease, stroke and diabetes.<sup>5</sup>

In rare cases, untreated dental problems can even lead to death. While uncommon, dying from something that started as very preventable tooth decay is tragic. In 2007 a 12-year-old Maryland boy died from a brain infection that stemmed from tooth decay. His mother had tried unsuccessfully to find a dental provider who would accept Medicaid prior to their coverage expiring.<sup>6</sup>

## The Emergency Room as a Provider of Last Resort

Dental problems can add up to big costs. As with primary care, inadequate access to dental care can lead to emergency room trips that could have been avoided with an ounce of preventive care.

How big is the problem? Getting a solid understanding of the extent of emergency room visits attributable to dental problems is complicated by the fact that not all states mandate that hospitals submit their discharge records. Furthermore, some states do not interpret and report the emergency room data they have collected. However, the most recent estimate suggests that there were 830,590 emergency room trips for dental problems nationwide in 2009 which represents a 16 percent increase from 2006.<sup>7</sup>

While dental emergencies are commonly seen at hospitals, hospitals are not the ideal location to treat toothaches and dental abscesses (infections stemming from a tooth infection or cavity). For one, hospitals are typically not equipped to handle dental emergencies unless they have a dental program at the hospital, and certainly they are not designed to handle the underlying problem.<sup>8</sup>

Furthermore, care is more costly at a hospital emergency department for a problem that often could have been avoided with routine preventive care. The average cost for inpatient hospital treatment of a dental problem for a Medicaid patient has been shown to be 10 times more expensive than the cost of preventive care delivered in a dentist's office.<sup>9</sup> One study found that patients made over 10,000 trips to emergency rooms for dental problems among seven Minneapolis-St. Paul area hospitals in a one-year period at

a cost of more than \$4.7 million.<sup>10</sup> Sadly, hospitals are sometimes the first and last provider of dental care. A study in Washington State found that one in four children make their first "dental visit" to an emergency room.<sup>11</sup>

## Challenges Accessing Dental Care

With so many people being treated in emergency rooms for dental problems, inadequate access to preventive dental care is clearly an issue. For some, including the 45 percent of Hispanics who lack dental insurance, coverage is the issue.<sup>12</sup> While federal law requires state Medicaid plans to provide dental coverage for kids younger than 21 years of age, it is an optional service for adults age 21 and older.

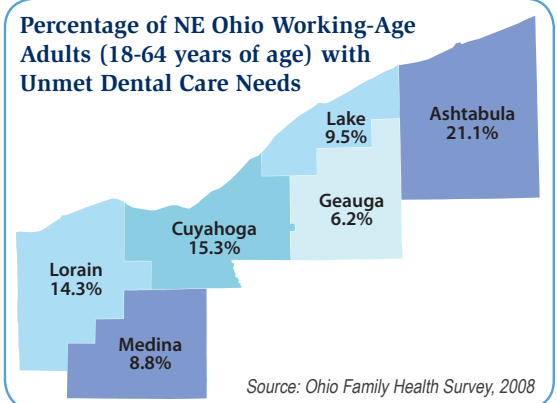
For others, finding a dentist who practices in their community or who accepts their insurance plan is the issue. Roughly 47 million individuals in the U.S. live in areas that are federally designated as having a shortage of dentists, including more than one million Ohioans.<sup>13</sup> Locally, portions of Cuyahoga and Lorain counties as well as all of Ashtabula county are designated as dental health professional shortage areas.<sup>14</sup>

Despite being a covered service for almost all eligible children under Medicaid and the Children's Health Insurance Program (CHIP), a recent report found that accessing dental services remains a problem for children enrolled in these programs. While the provision of dental services for children in these programs has improved since 2001, less than 37 percent of children covered by Medicaid obtained any dental services in 2008, with some states (not Ohio) reporting rates of 30 percent or less. Low dentist participation rates in Medicaid and CHIP are the primary problem. Children enrolled in these programs that have special needs are at a particular disadvantage in finding a provider.<sup>15</sup>

## Ohioans' Access to Dental Care

How are we faring in Ohio? By the time they reach third grade, 51 percent of Ohio children will have experienced tooth decay. Overall, improvements have been made, but there are still groups that are disproportionately affected by poor oral health. Low-income, minority and rural populations all have disproportionately higher rates of dental disease. For example, children living in Appalachian counties have a 50 percent higher rate of tooth decay than children in other counties.<sup>16</sup> Ohio children covered by Medicaid are significantly more likely to have untreated cavities and toothaches than those with private insurance and even those who are uninsured.<sup>17</sup>

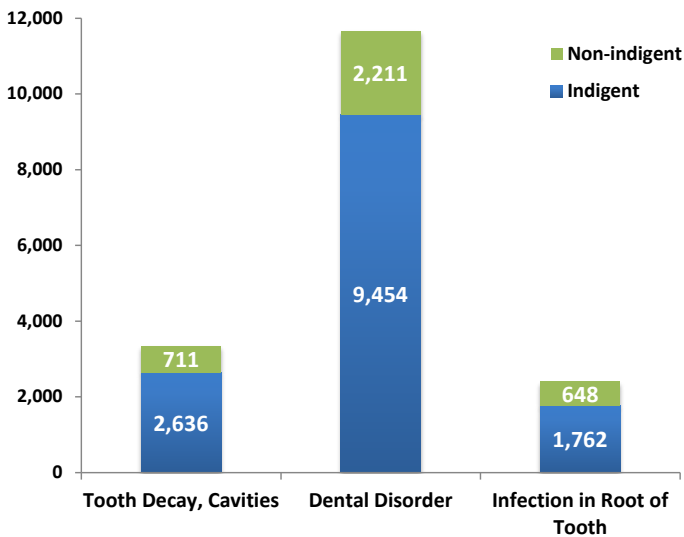
Mirroring the problem at the national level, an inadequate supply of dentists available to treat Medicaid patients plagues the Buckeye state as well. Low reimbursement rates and administrative challenges



discourage many dentists from participating in the Medicaid program. While Ohio Medicaid provides limited dental coverage for adults, including regular check-ups and fillings for most recipients, only 28 percent of dentists in the state provided care to at least one Medicaid-eligible patient in 2009 with just 12 percent of dentists in the state providing care to 250 or more patients.<sup>18</sup>

A lack of preventive dental care locally leads to the same problems witnessed across the country. In 2010, Northeast Ohio hospitals witnessed 17,422 ER visits related to the three most common dental ailments: tooth decay, infection of the tooth root, and dental disorders (which include tooth abscesses and wisdom teeth complications). This represents an increase of more than 2,000 visits attributable to the top three dental ailments compared to 2008. Indigent patients are more likely to turn to emergency rooms for dental problems than non-indigent patients. In 2010, indigent patients were more than three times as likely to be treated in Northeast Ohio hospital emergency departments for tooth decay, more than four times as likely to be treated for dental disorders, and more than twice as likely to be treated for infections of the tooth root compared to non-indigent patients.<sup>19</sup>

**Top 3 Dental Ailments Seen in Hospital Emergency Departments in Northeast Ohio: 2010**



Source: Ohio Hospital Association Statewide Clinical and Financial Database

## Solutions to the Problem

Clearly there is a need to develop solutions that will increase access to dental health services nationally and in Ohio. Improving the Medicaid reimbursement rates to encourage dentists to accept Medicaid patients is one solution that could help ease access problems. The Pew Children's Dental Campaign, a leading voice for improved dental health for children, advocates the following steps to improve oral health:<sup>20</sup>

### Increase availability of fluoridated water

More than one out of every four people connected to public water systems does not receive fluoridated drinking water, despite costing just \$1 per person, per year in a mid-sized community and having the ability to reduce tooth decay.

### School-based sealant programs

Sealants, which are thin, clear plastic coatings that are painted on the biting surfaces of back teeth to prevent decay, have the advantage of costing one-third as much as fillings and can prevent up to 60 percent of tooth decay in children. Some states require dental hygienists to take a dentist's exam or other steps before they can apply sealants in schools. Removing barriers that prevent dental hygienists from applying these sealants in schools, particularly for high-risk children, can help prevent tooth decay in children.

## Fluoride varnish

Fluoride varnish is a protective gel that is applied to teeth to prevent cavities from forming and stop the progression of cavities that have started. State policies that allow pediatricians and other medical providers to be reimbursed by Medicaid for this cost-effective, preventive treatment are another way to help prevent tooth decay.

## Improve access by training more mid-level dental providers

To solve the access problem many individuals face in seeking dental care, many groups have advocated training more mid-level dental providers to fill the gap. Minnesota became the first state in the nation to approve the licensing of a new oral health practitioner, a dental therapist, in May 2009. The dental equivalent of a nurse practitioner, dental therapists are licensed to extract teeth and fill cavities. Dental therapists authorized by the federal Community Health Aide Program have been providing oral health care to remote Alaska Native villages since 2005. While the use of dental therapists is not widespread in the U.S., they have been used for decades in other countries such as New Zealand, Great Britain, and Canada.<sup>21</sup>

## Conclusion

The need for dental care doesn't go away when access to providers or coverage are unavailable, and often greater costs result from failing to provide relatively inexpensive preventive coverage. The pain and suffering, not to mention the costs, of emergency room visits for dental problems are significant.

Fortunately, the federal healthcare reform law will greatly expand access to dental coverage for children. By 2014, 5.3 million children will gain dental coverage under the new law. Recognizing that dental coverage won't translate to care unless sufficient providers are available, the federal healthcare reform law authorizes roughly \$60 million to fund 15 demonstration projects to train or to employ alternative dental health care providers. The aim of these demonstration projects is to increase access to dental services in rural and other underserved communities.<sup>22</sup> Hopefully these and other initiatives will help ease dental care access issues and relieve the strain on hospital emergency rooms.

## Endnotes

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