# The Burden of Dental Problems on Ohio's Emergency Departments

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## **Presentation Overview**

- Background
- Purpose
- Methodology
- Results
- Conclusions



## Background

- Many Ohioans cannot afford to go to a private dentist or have difficulty accessing one that will accept their method of payment
  - Individuals may then turn to hospital emergency departments (EDs) to alleviate dental problems
- Most EDs are not staffed with a dentist who can regularly provide definitive care



#### Purpose

To describe the extent that patients in Ohio are utilizing hospital EDs to alleviate dental problems

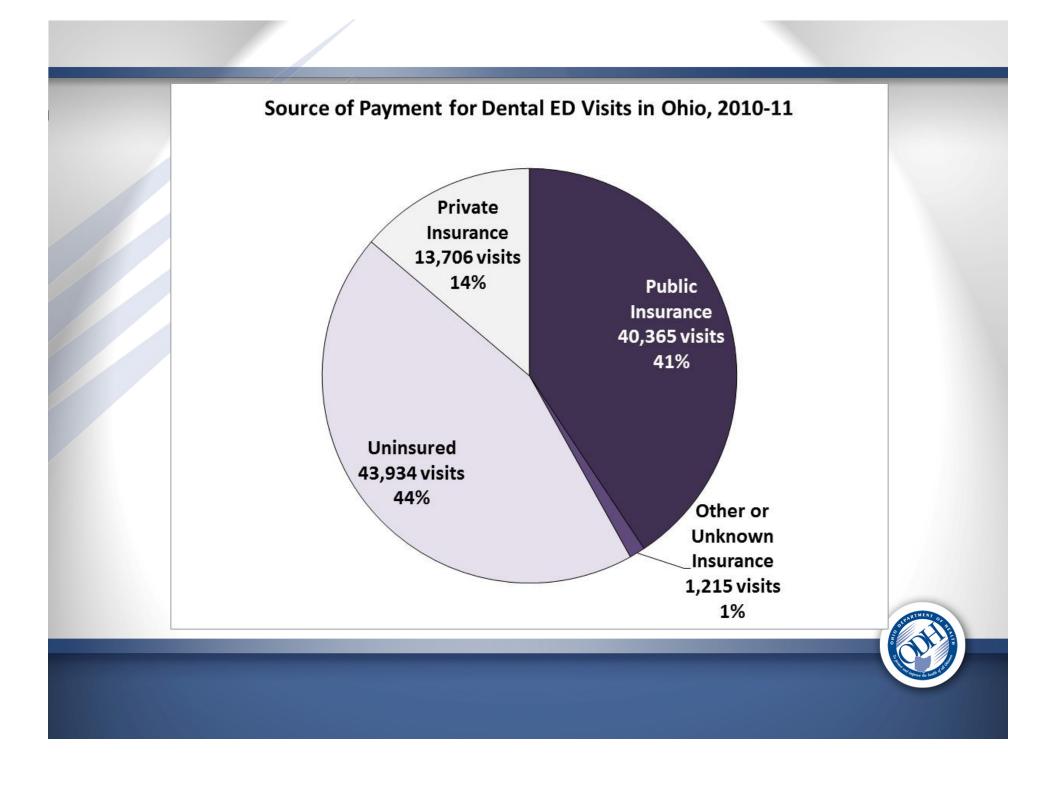


# Methodology

- Data on hospital visits provided to ODH from Ohio Hospital Association for January 2010 through June 2011
- Data from Ohio Medicaid Claims provided to ODH by the Ohio Department of Job and Family Services for SFY 2010 and 2011
- ED visit for dental problem defined as:
  - Had a emergency department source code
  - Had an ICD-9 primary diagnosis code consistent with non-trauma related dental pain and infection (included in groups 521-523; 525; 873)

## **Results – The Basics, All Patients**

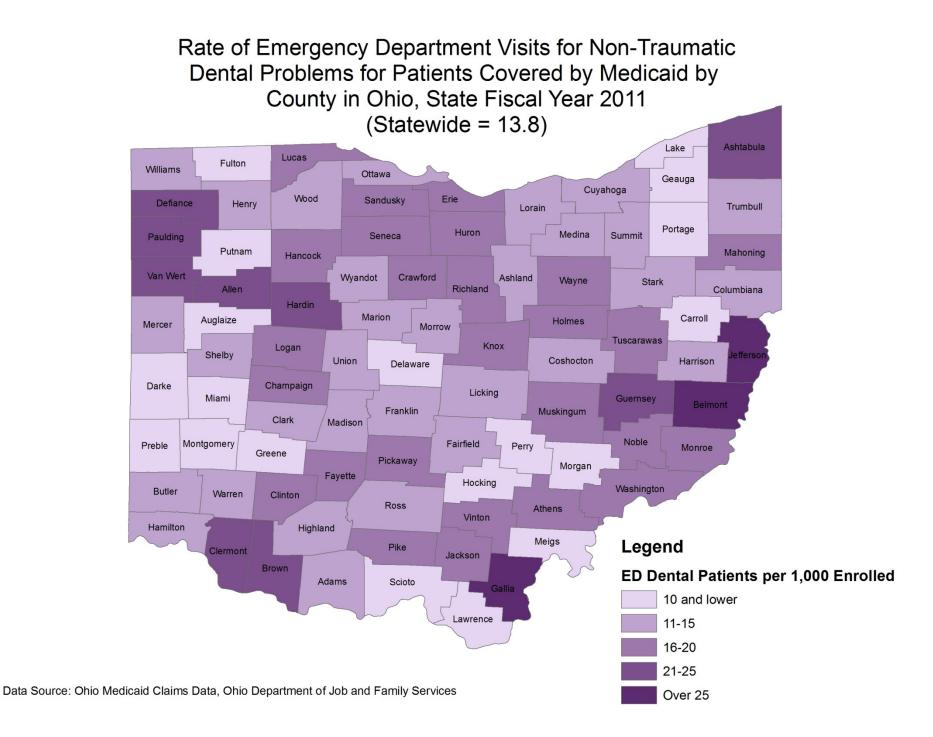
- Over 100,000 visits to the ED for primary dental diagnosis over an 18-month period totaling just over \$58 million in hospital charges
  - Roughly 200 visits and \$100,000 in charges per day statewide
  - Most occurred on weekdays (69%)
  - Most visits were by patients age 22-44 years (57%)
  - Higher rate of utilization among non-Hispanic blacks (19% versus 12% in the population)
  - Most visits were by patients who were uninsured or insurance through public coverage



#### **Results – The Basics, Patients Covered by Medicaid**

- About 23 percent of patients covered by Medicaid with an ED visit for dental problems had multiple visits to an Ohio ED for dental problems
- Dental problems represent just under 4% of all patients covered by Medicaid who sought care in an Ohio ED





## **Conclusions and Implications**

- Many patients in Ohio are seeking to alleviate dental problems in hospital EDs
- Most are uninsured or publically insured
  - There appear to be demographic and geographic differences in utilization
    - Need to further explore if geographical differences are associated with:
      - Lack of nearby primary care dental providers
      - Lack of nearby primary care dental providers who serve low-income patients
      - Other demographic and socioeconomic indicators



#### **Conclusions – Strengths and Weaknesses**

- Strengths
- Relies on two sources of data
  - Data is relatively consistent between sources
- Methodology is consistent with other studies
- Weaknesses
  - Relies on physician diagnostic coding and hospital data reporting
  - Data on all patients provided by the Ohio Hospital Association does not provide patient nor hospital identifiers
  - Information on cost/charges not available through Medicaid claims data



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