



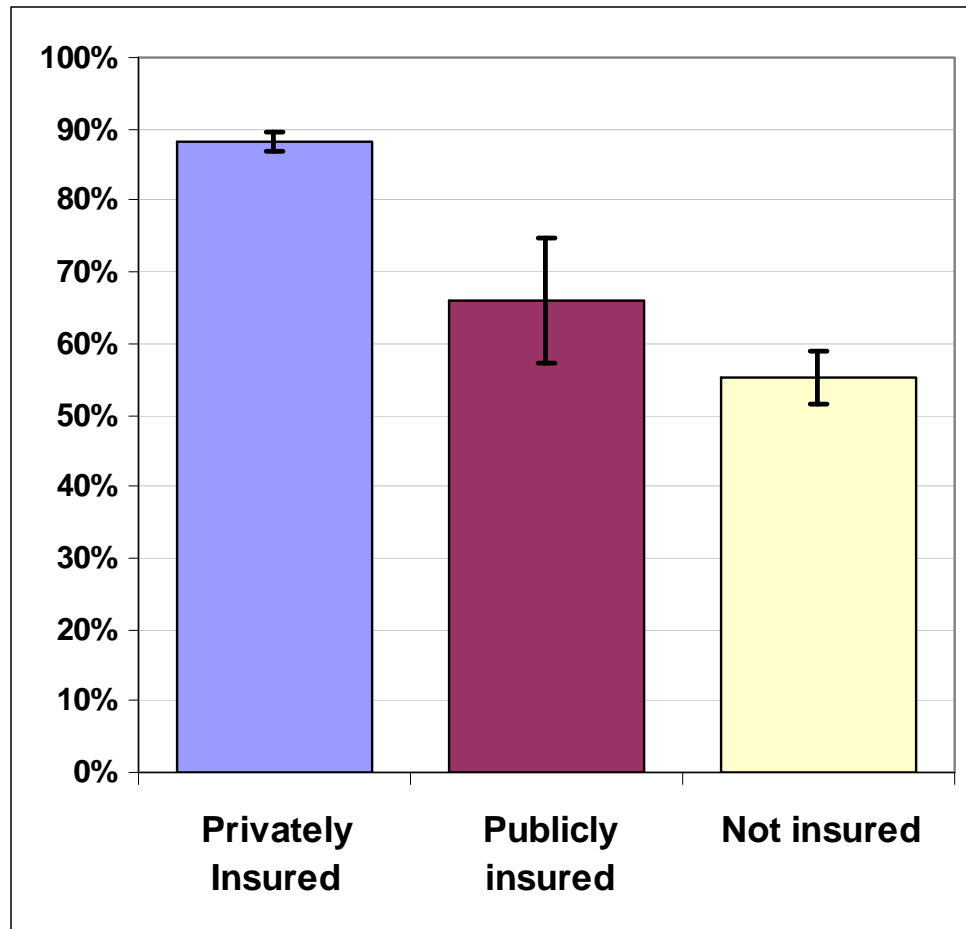
Medicaid Expansion and Change in Hospital Emergency Department Visits for Oral Health Conditions among Rhode Island Adults

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Dental Care Utilization among RI Adults

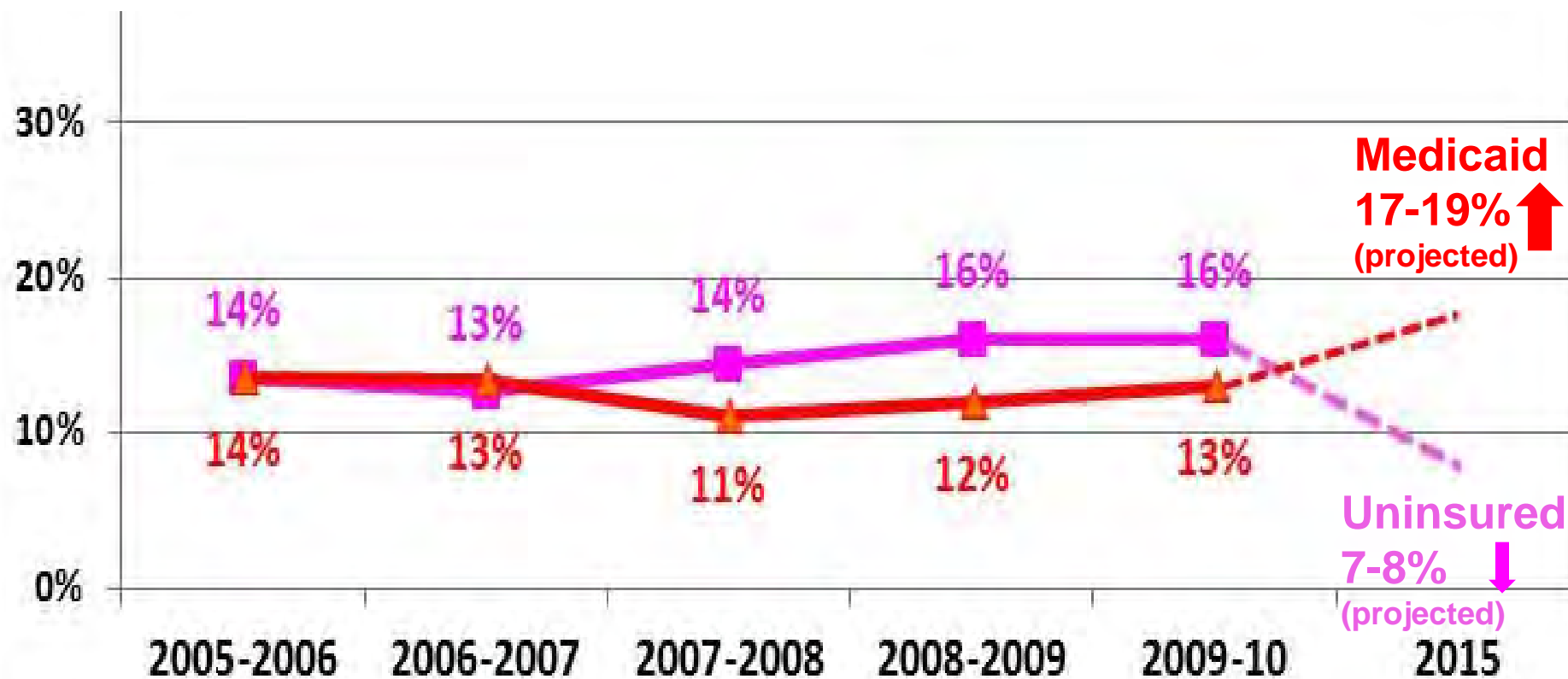


- **RI adults (age 21-64)
Who Received
Preventive Dental Care
in the Past Year by
Dental Insurance Type**



(BRFSS, 2008,2010,2012)

RI Health Insurance Status Change among RI Adults (21-64 years)



Objectives



- Report changes in RI adults' ED utilization with oral health conditions associated with expanded Medicaid coverage under the Affordable Care Act (ACA) in 2014
- Summarize the ED visits by age group and insurance status;
- Discuss potential interventions to assure optimal oral health care for all Rhode Islanders.

Is ED use for oral health conditions such a concern?



- Not designed to provide on-going, non-urgent, comprehensive standard of care to patients with chronic conditions.
- ED physicians/nurses are not trained to diagnose/treat dental conditions.
- Most of dental conditions are better served in a primary care setting.
- Higher charges for ED visits
- Already overburdened EDs

DATA SOURCE: RI Hospital Discharge Data



- **Hospital inpatient and ED encounters are submitted by the 14 Rhode Island hospitals**
- **Patient demographic and insurance information:** age, sex, race/ethnicity, zip code of residence, expected source of payment (private or public health insurance or self-pay)
- **Administrative information:** admission and discharge dates, admission type and source, discharge status, charges
- **Medical information:** admitting diagnoses and clinical procedures (ICD-9-CM), dates of procedures, service type



Methods

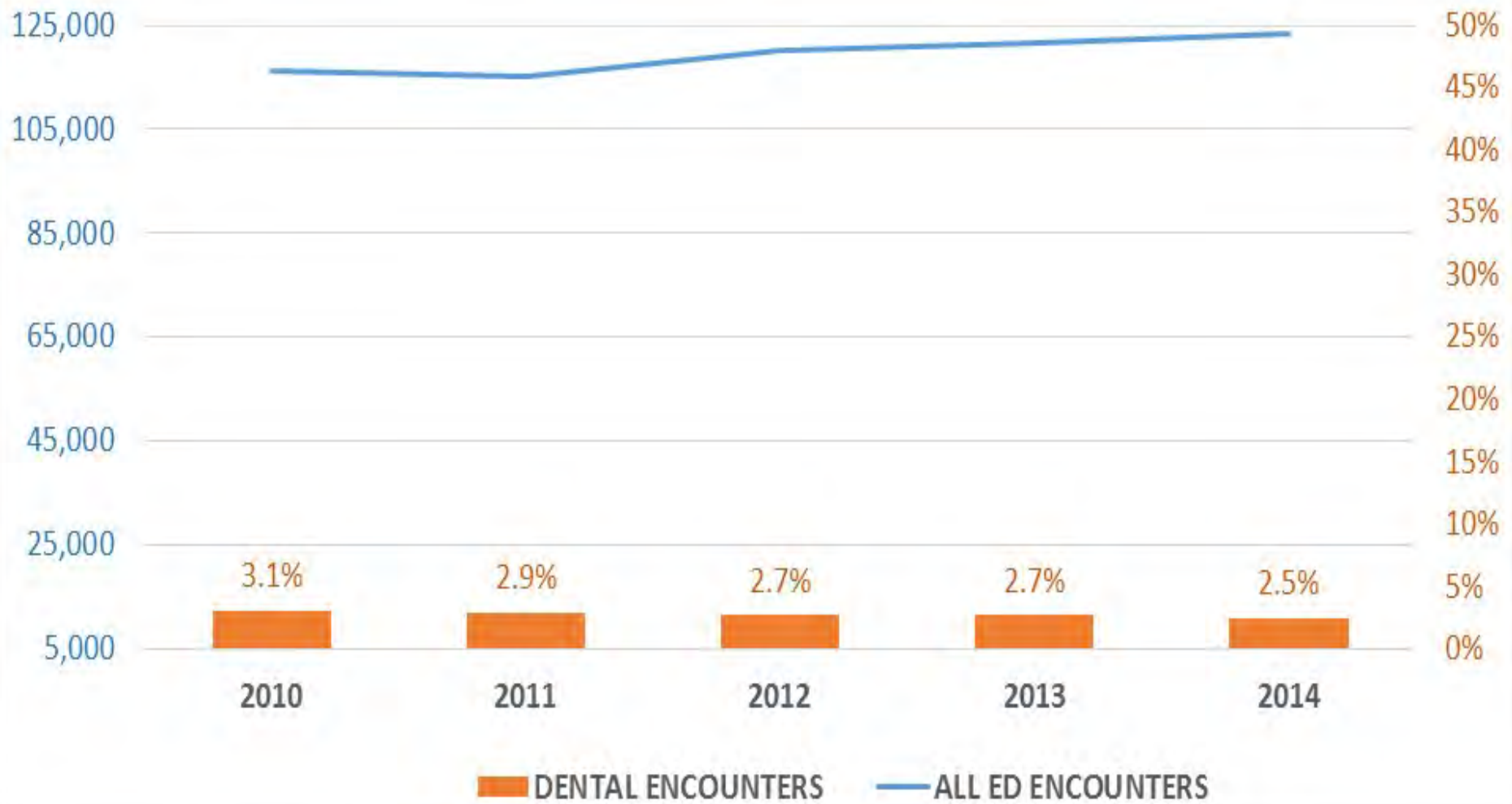
Inclusion:

- First half year of ED encounters between 2010–2014
- Adults (age 21–64 years)
- With non-traumatic oral/dental health conditions with primary admitting diagnoses (i.e. ICD-9-CM codes of 520.0–529.9) that did not result in hospital admission

Data analysis: SAS® version 9.3

- Bivariate analysis to test if utilization was associated with different age groups and payment sources

Results





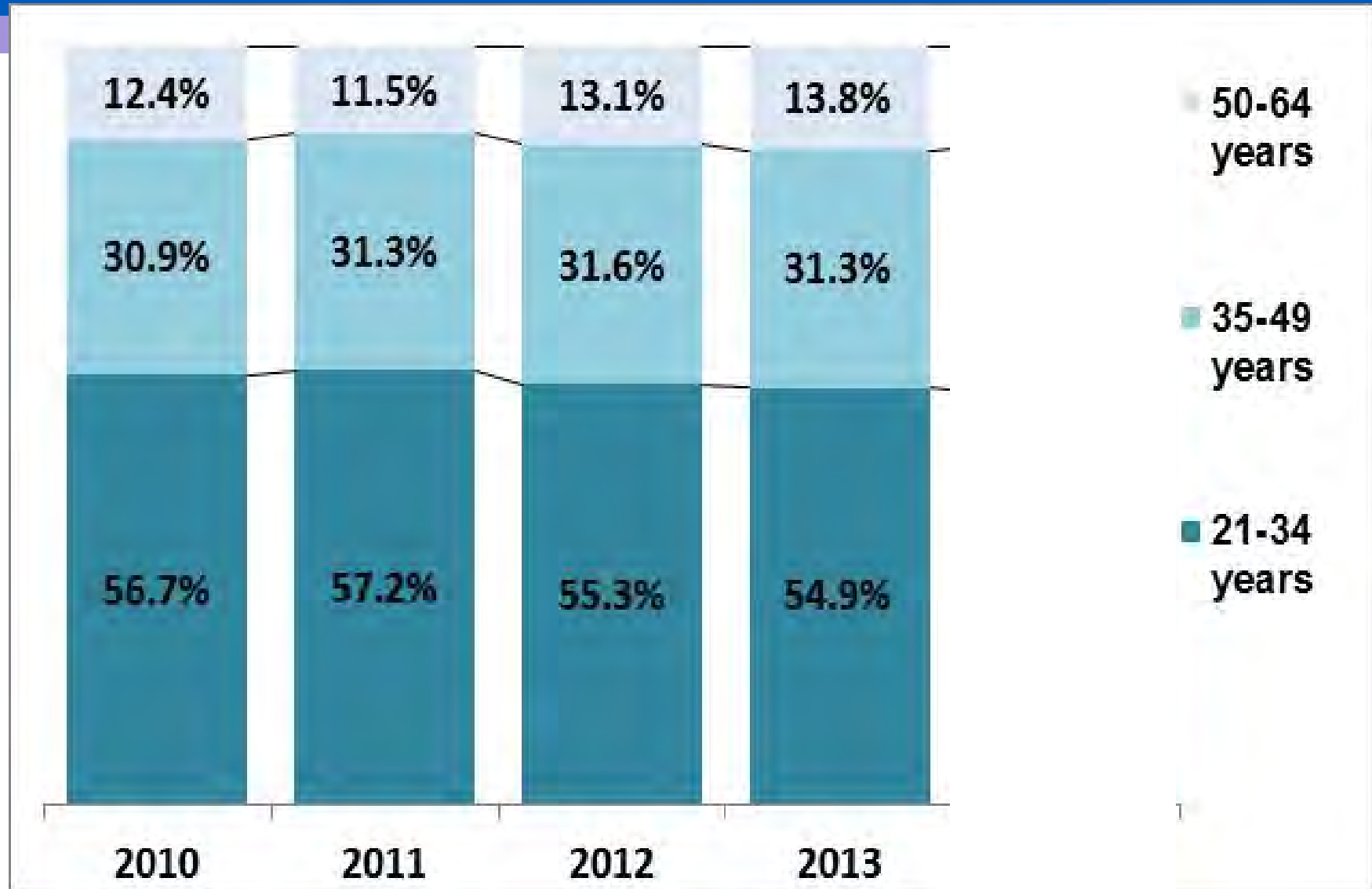
Primary Diagnosis	ICD-9-CM code	Number of visits	Percent
Unspecified disorders of the dental/supporting structure	525.8, 525.9	7,738	46.2%
Dental caries, pulpitis and periapical lesions	521.0, 522	6,704	40.0%
TMJ and Jaw	524.6, 526	706	4.2%
Soft tissue lesions	528	629	3.8%
Gingival and periodontal lesions	523	348	2.1%
Salivary gland	527	336	2.0%
Other (including eruption, tooth development, erosion)			

Top 10 Primary Admitting Dx by Insurance Type

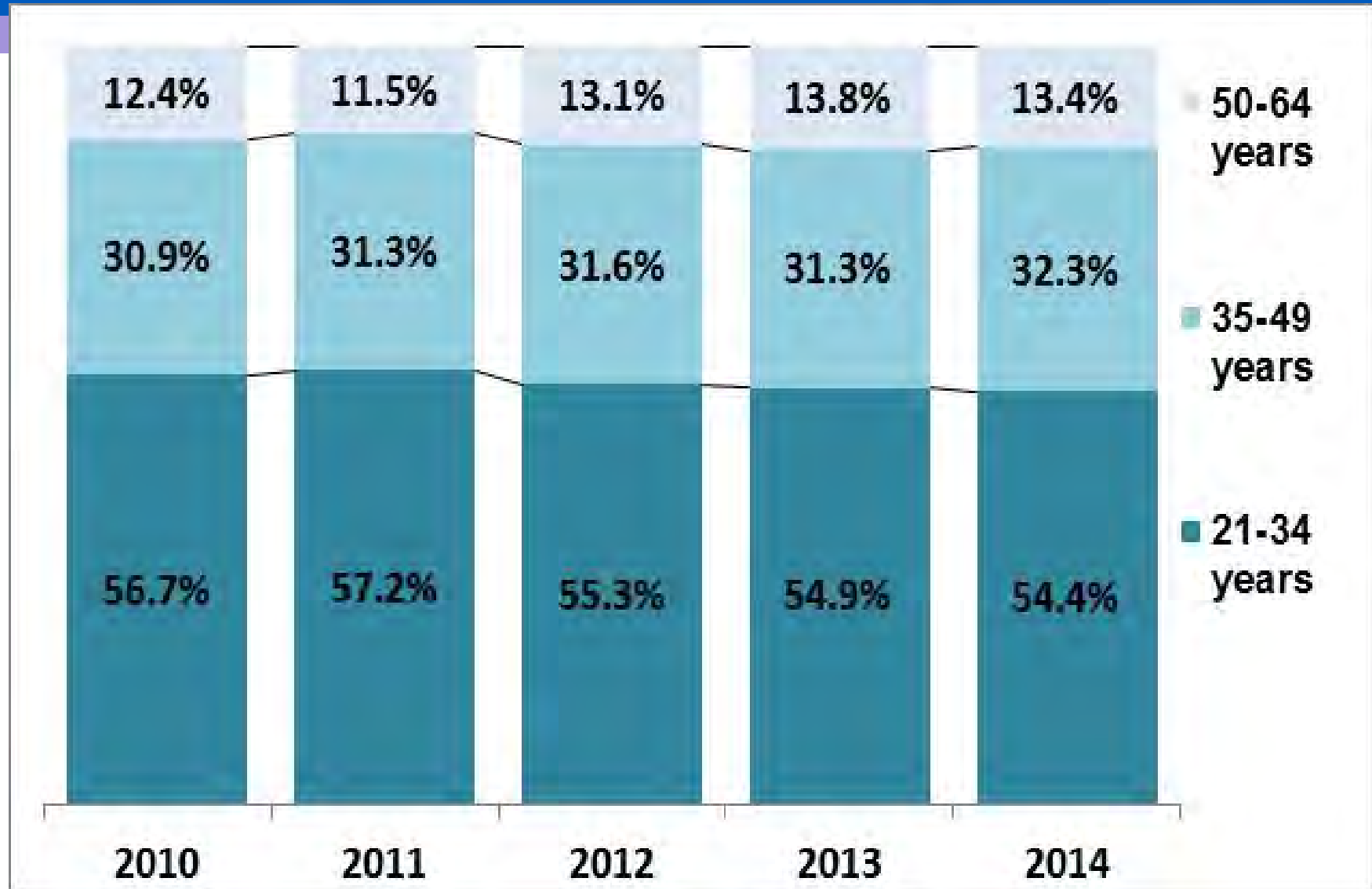


Private insurance	Medicaid	Self-pay (uninsured)
Neck strain	Pregnancy related complication (648.93)	Alcohol abuse
Abdominal pain (789.00)	Alcohol abuse	Lumbago
Pregnancy related complication (648.93)	Lumbago	Unspecified disorder of teeth and supporting structures (525.9)
Chest pain (786.50)	Abdominal pain (789.00)	Neck strain
Headache	Headache	Abdominal pain (789.00)
Chest pain (786.59)	Unspecified disorder of teeth and supporting structures (525.9)	Headache
Lumbago	Neck strain	Chest pain (786.50)
Open wound of upper limb	Chest pain (786.50)	Depressive disorder
Syncope and collapse	Chest pain (786.59)	Acute alcoholic intoxication
Alcohol abuse	Abdominal pain (789.09)	Chest pain (786.59)

Who utilizes Hospital EDs for non-traumatic oral/dental conditions? - By Age Group

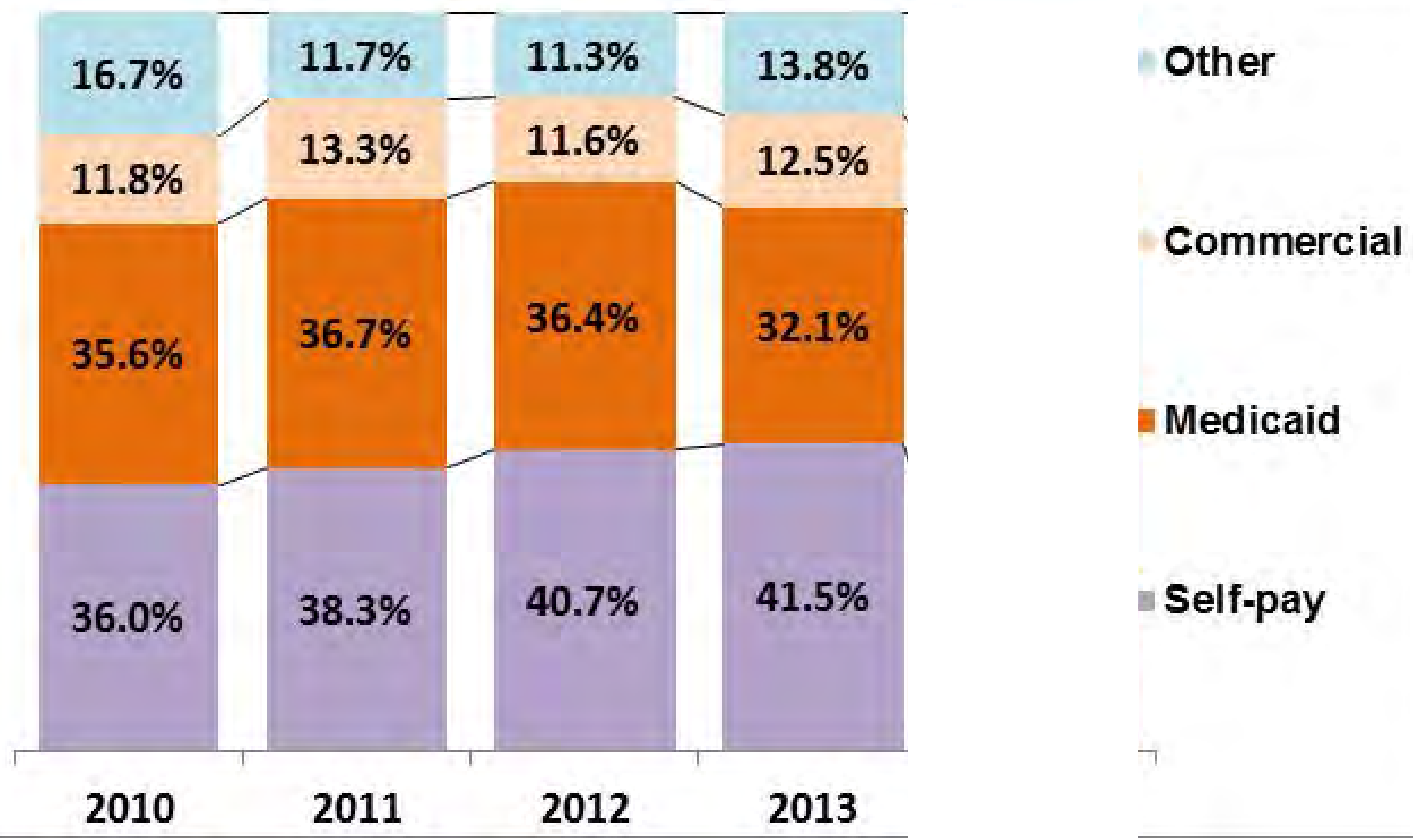


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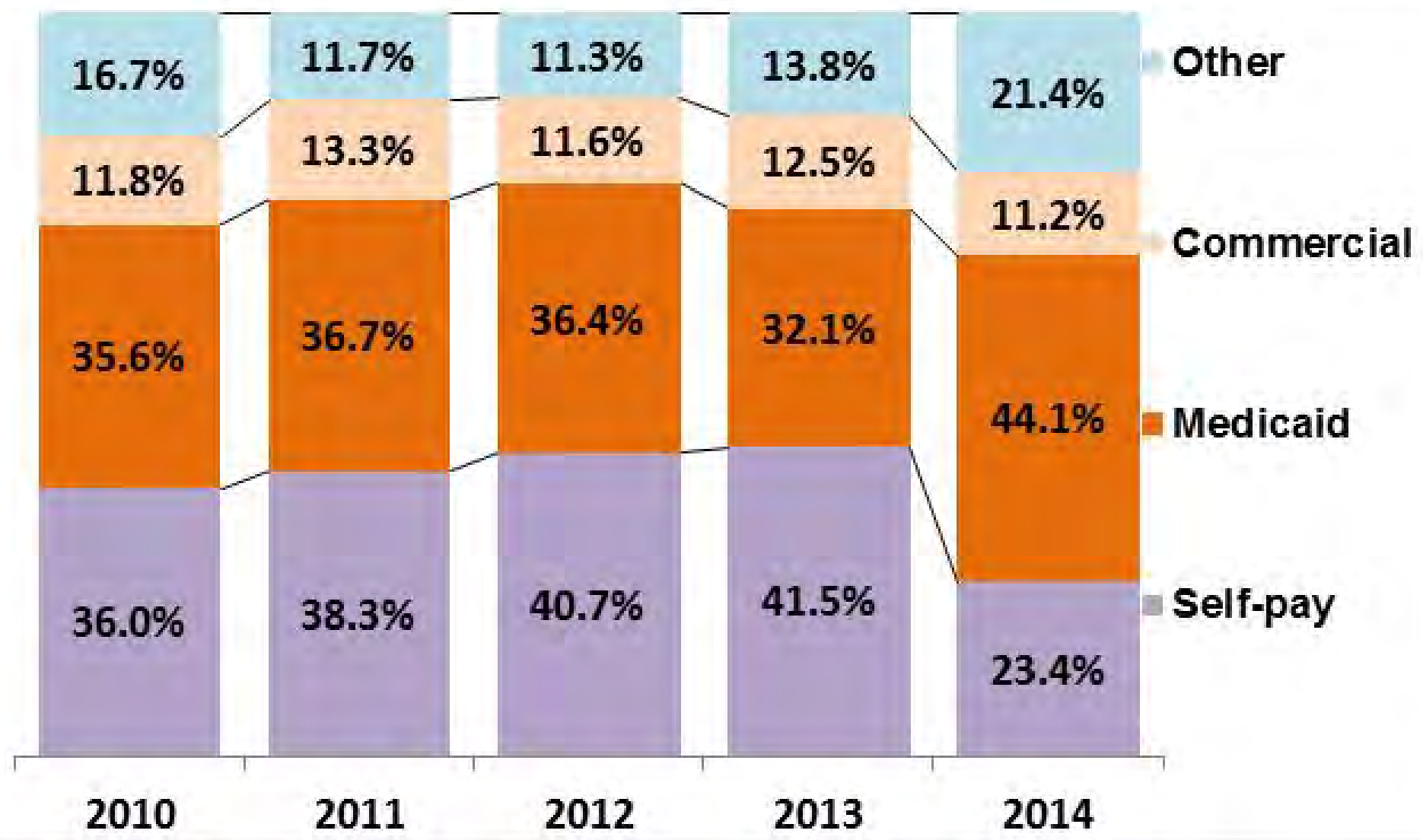
Who utilizes Hospital EDs for non-traumatic oral/dental conditions? - By Payment Source (21-64 years)

DE 151

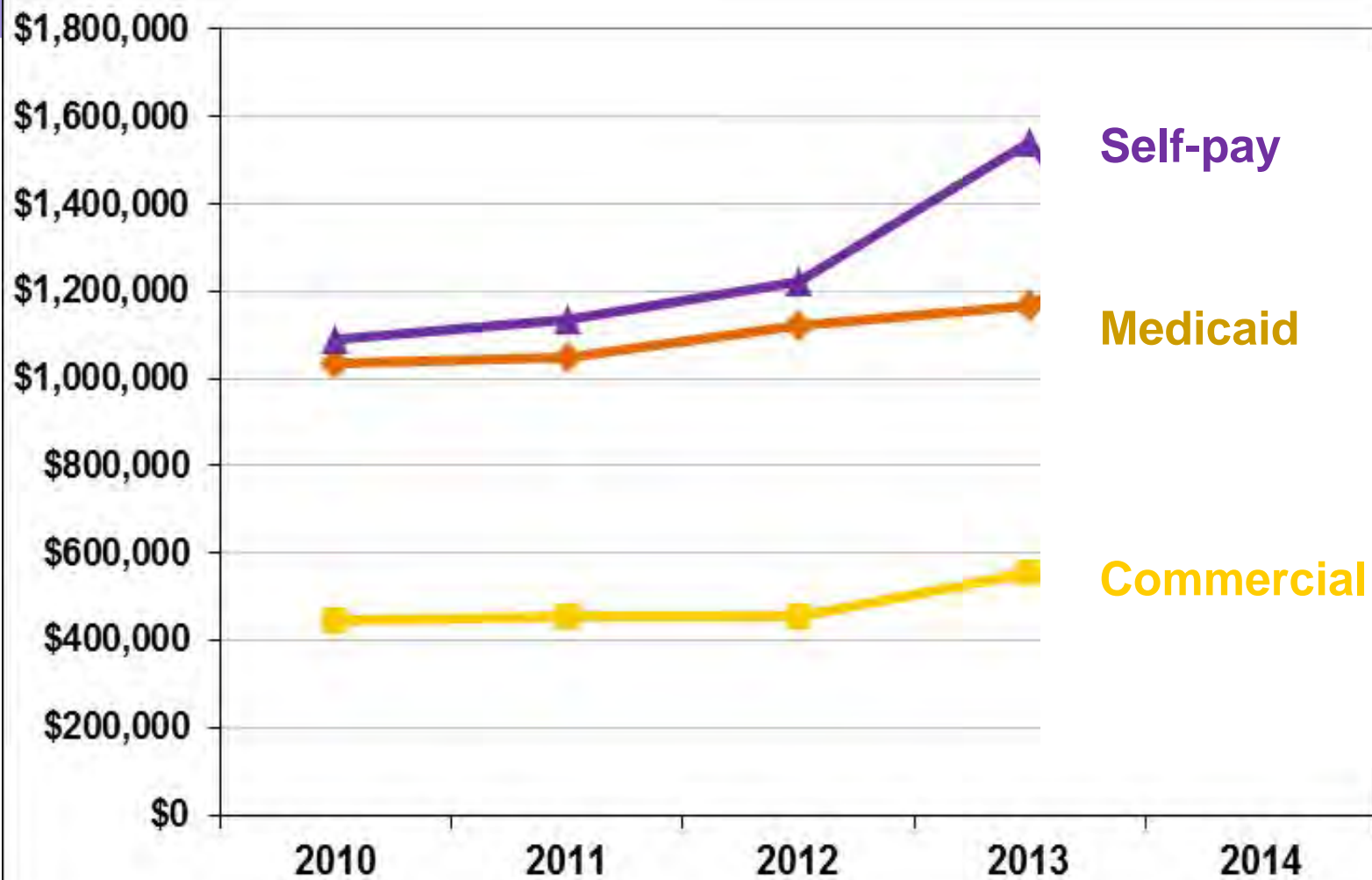


Who utilizes Hospital EDs for non-traumatic oral/dental conditions? - By Payment Source (21-64 years)

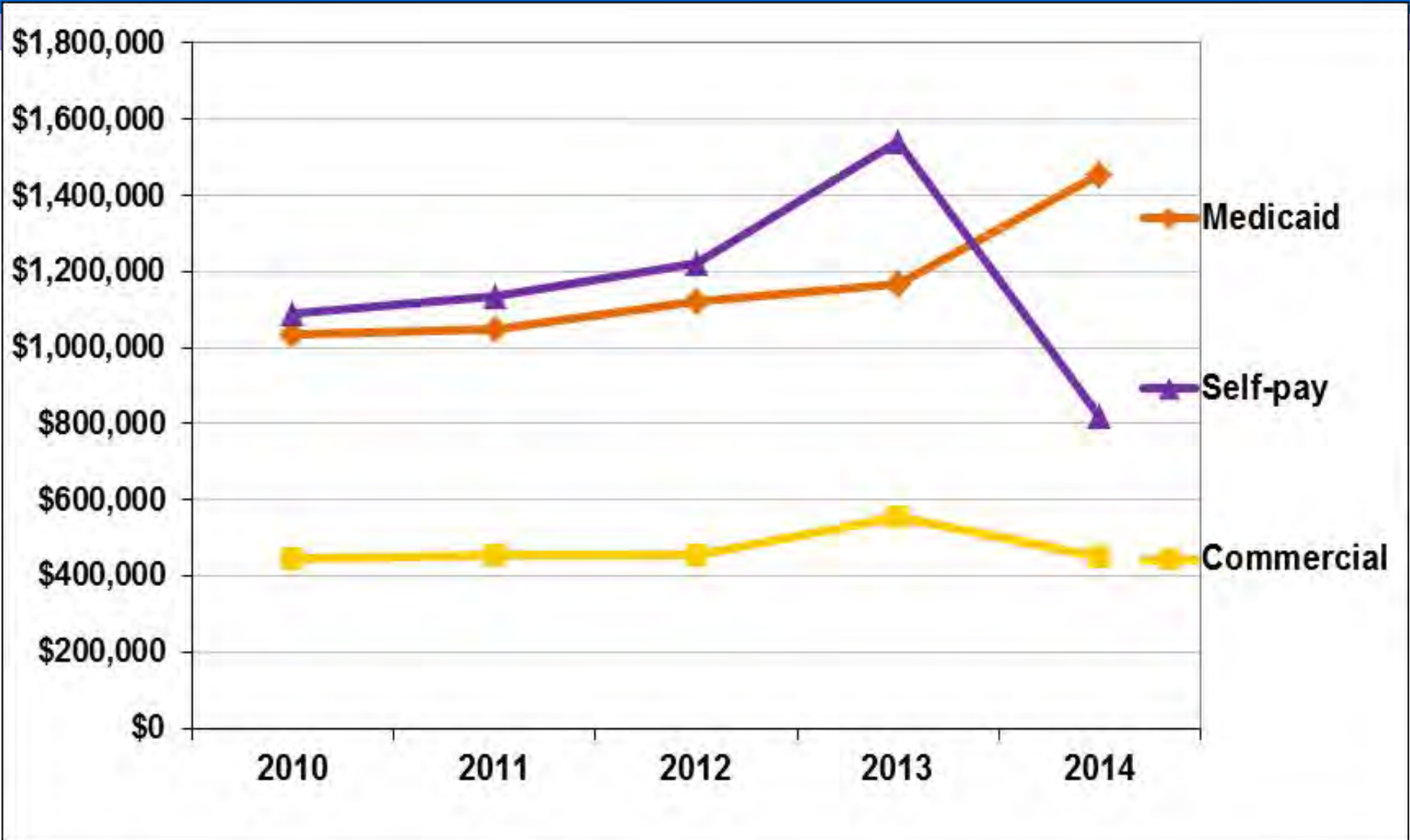
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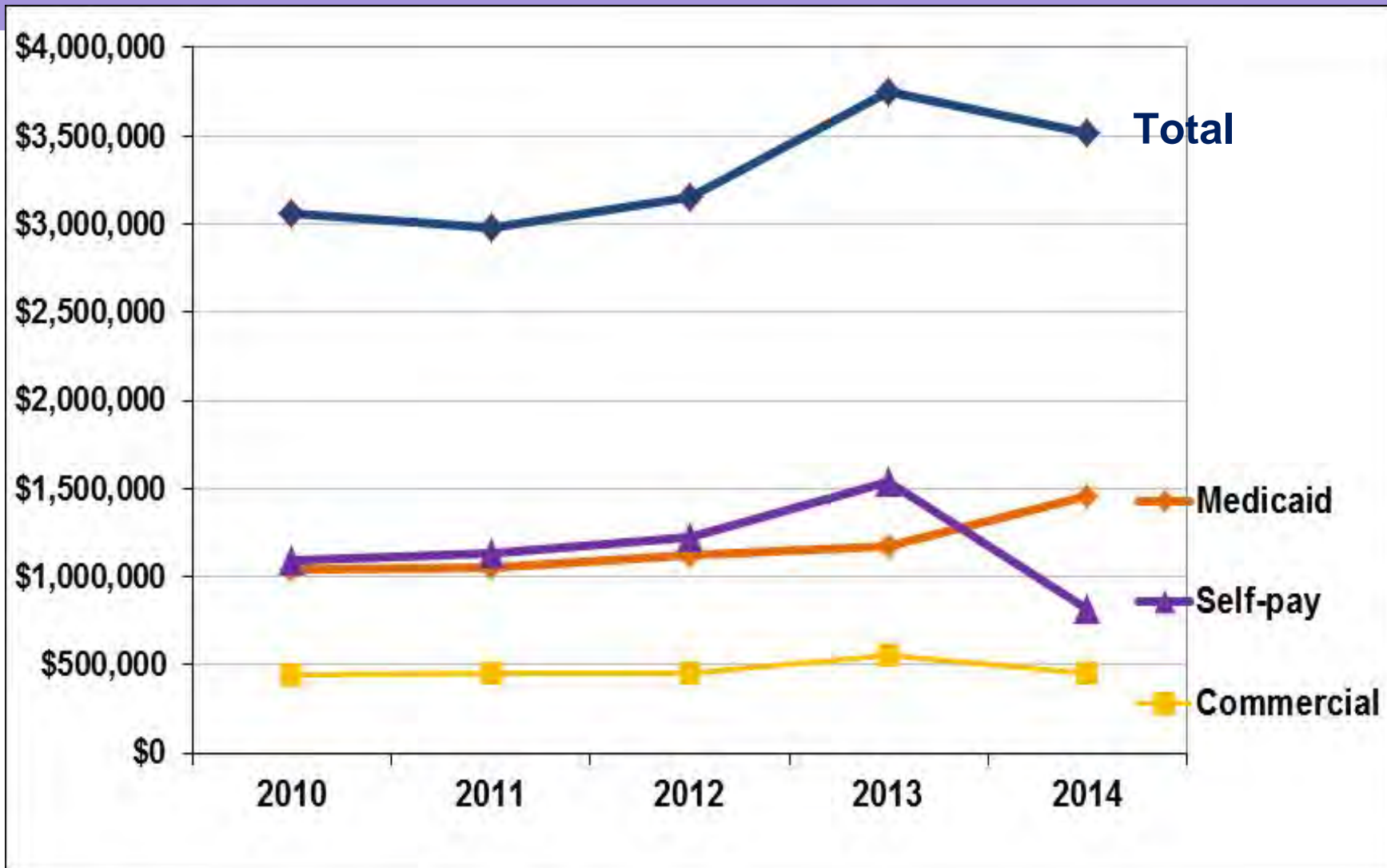
\$\$\$ Charged for ED Visits with Non-traumatic Oral/Dental Conditions - By Payment Source



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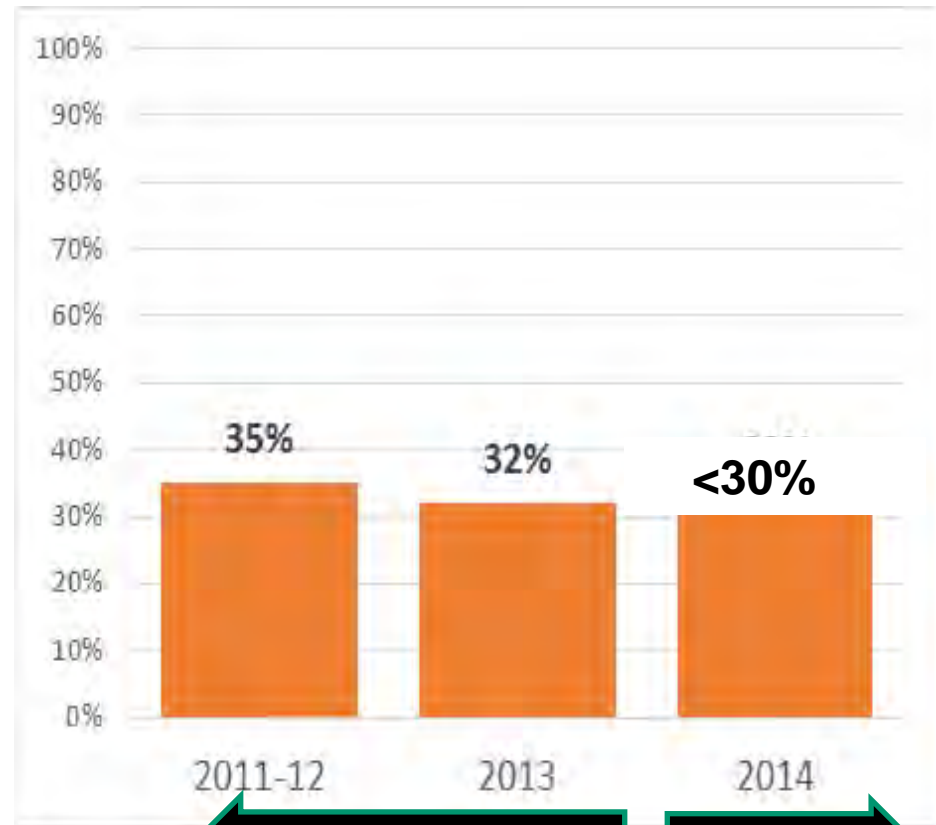
\$\$\$ Charged for ED Visits with Non-traumatic Oral/Dental Conditions - By Payment Source



A costly consequence of delayed care?



- **RI Adult Medicaid Enrollees (age 21-64) Who Received at least One Dental Care**



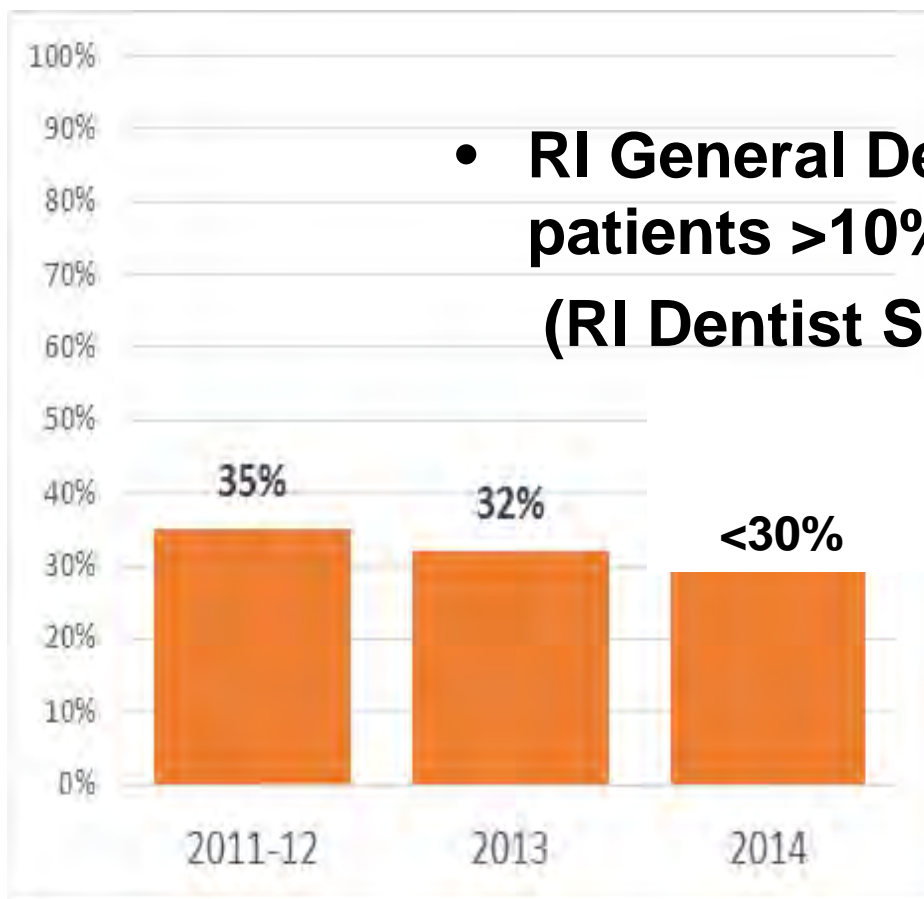
(RI Medicaid Claim Database)

← Before ACA →
← After ACA →
← No dental benefit change →



A costly consequence of delayed care?

- RI Adult Medicaid Enrollees Who Received at least One Dental Care



- **RI General Dentists who had Medicaid patients >10% in their practice: 28% (RI Dentist Survey, 2010-11)**

Medicaid Reform



- Dental benefit package redesign
- Sustainable reimbursement system
- Coordinated care
- Treatment without educating patient is waste of opportunity