

Hospital Visits for Chronic Dental Conditions in Maryland

January 24th, 2018

Maryland Dental Action Coalition

State Medicaid Coverage of Adult Dental Benefits

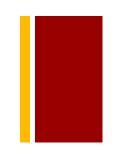
| Dental Benefits Category | Offered to Medicaid Base Population | Offered to Medicaid Expansion Population |
|--------------------------|---|---|
| No dental benefits | 3 states: AL, DE , TN | 2 states: DE, ND |
| Emergency-Only | 14 states: AZ, FL, GA, HI , ID, ME, <u>MD</u> , MS, NV , NH , OK, TX, UT, WV | 6 states: AZ, HI, <u>MD</u> , NV, NH, WV |
| Limited | 17 states: AR , CO , IL , IN , KS, KY , LA , MI , MN , MO, NE, PA , SC, SD, VT , VA, WY | 10 states: AR, CO, IL, IN, KY, LA, MI, MN, PA, VT |
| Extensive | 17 states: AK, CA, CT, DC, IA, MA, MT, NJ, NM, NY, NC, ND, OH, OR, RI, WA, WI | 14 states: AK, CA, CT, DC, IA, MA, MT, NJ, NM, NY, OH, OR, RI, WA |

Notes: Bolded states expanded Medicaid eligibility under the ACA. DC is included as a state. North Dakota offers different categories of benefits to its Medicaid base vs. expansion populations. Idaho offers limited Medicaid dental benefits beyond emergency care to pregnant woman and adults with disabilities and/or other special health care needs. Maryland's contracted managed care organizations provide a limited dental benefit to adult Medicaid beneficiaries who are enrolled in managed care.

Source: Center for Healthcare Strategies



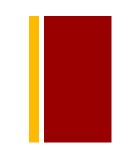
MDAC Adult Oral Health Efforts to Achieve Success



- 2015: Survey of adult oral health in Maryland
- 2016: Cost analysis of expanding MD Medicaid to include adult dental benefits (The Hilltop Institute Report)
- 2017: Unanimous passage of SB 169 authorizing the inclusion of an adult dental benefit in Medicaid, which instructs MDAC to conduct a study of the cost of emergency department use by adults for chronic dental conditions
- Report was submitted by MDAC to the Maryland General Assembly on December 1, 2017



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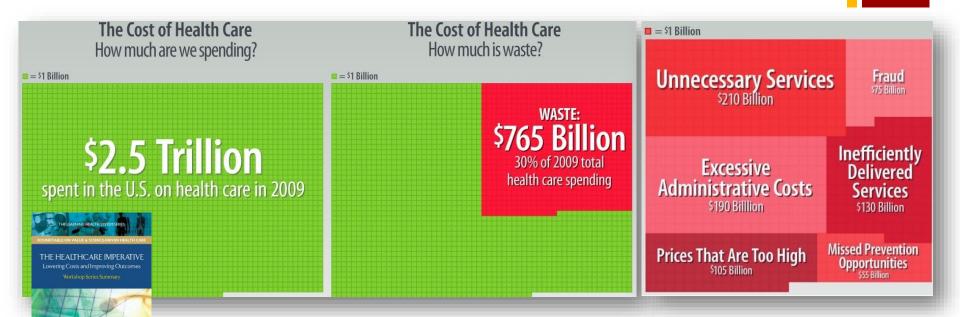
The Problem







The Problem

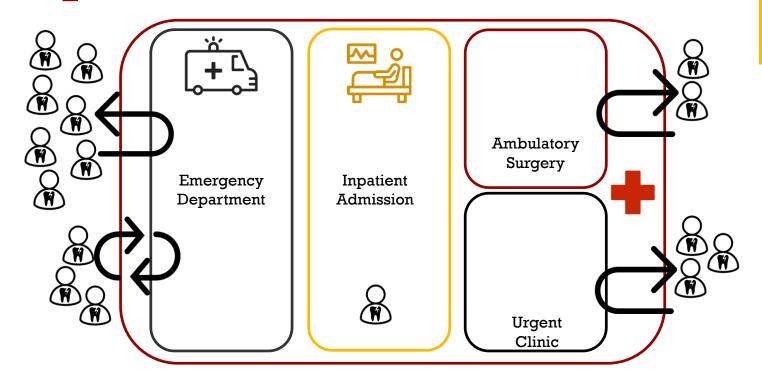






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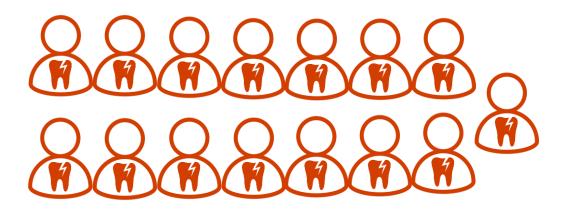
Hospital Utilization for Dental



The report focused on ED visits and ED visits that result in Inpatient Admission for Adult (20+ years) Maryland Residents

Deadly Toothaches

Between 2013 and 2016 in Maryland after visiting the ED or being admitted to the hospital for a Dental Condition

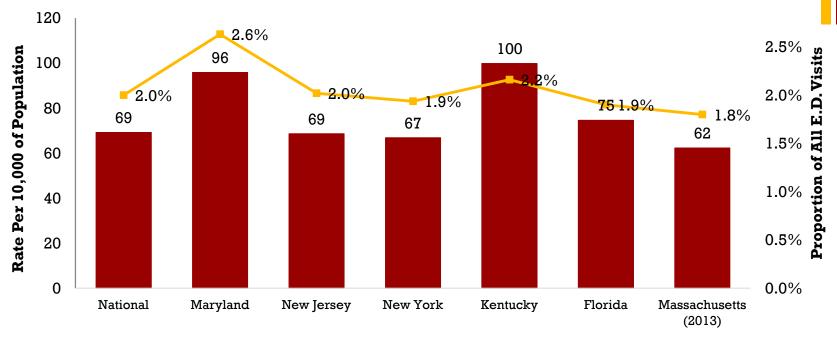


15 adults died

- 311 lost working years
- \$13.8 million in lost productivity

Hanly et al (2015) doi:10.1002/ijc.29105

National and State Perspective

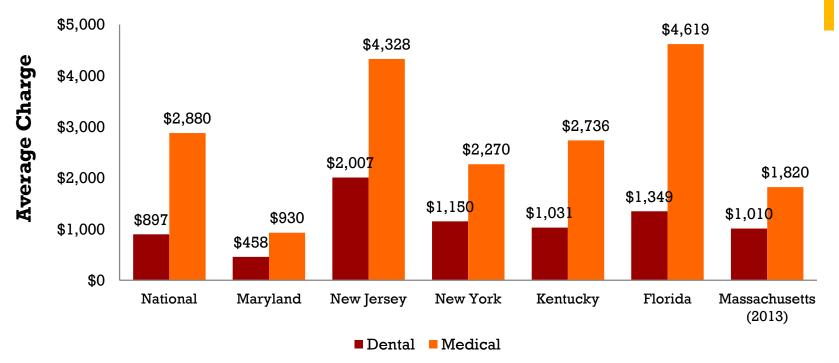


Rate Per 10,000 of Population

Proportion of All E.D. Visits



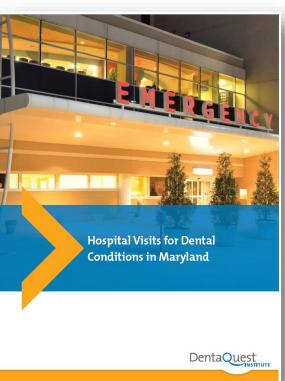
National and State Perspective



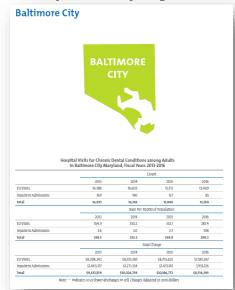


Study Reports



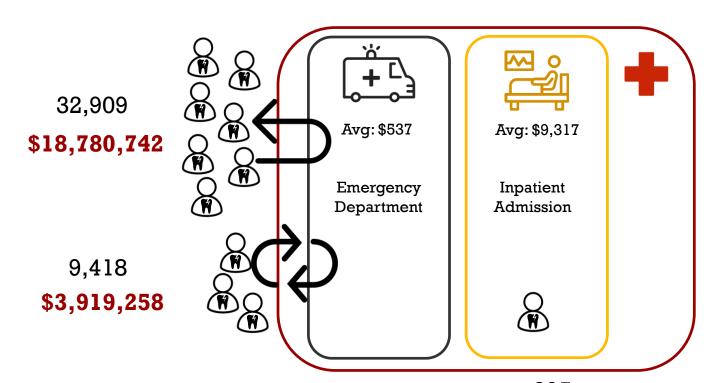


County Summary Reports





Summary



FY2013-FY2016

Single ED:

\$83,086,756

Repeat ED:

\$16,451,244

Inpatient:

\$18,658,353

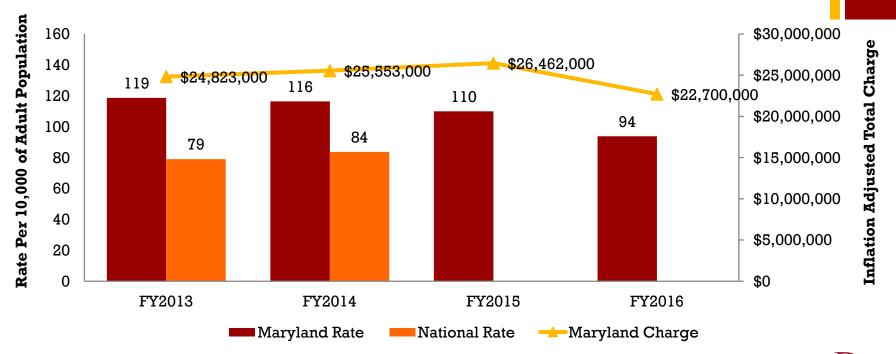
Total:

\$118,196,352

2016 TOTAL: \$26,380,277

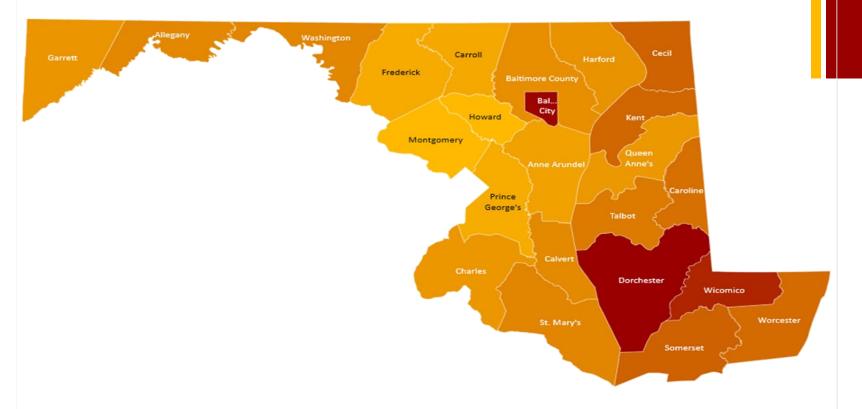
395 **\$3,680,277**

Rates and Total Charges for Dental ED Visits



Maryland Dental Action Coalition

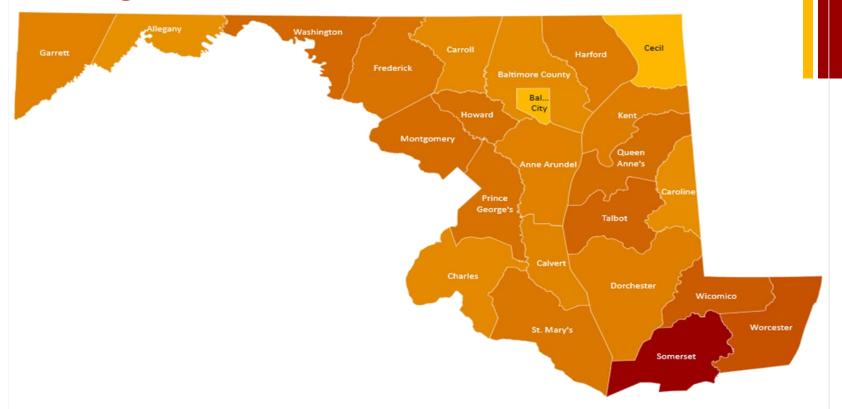
Counties Rates For Dental ED Visits 2016





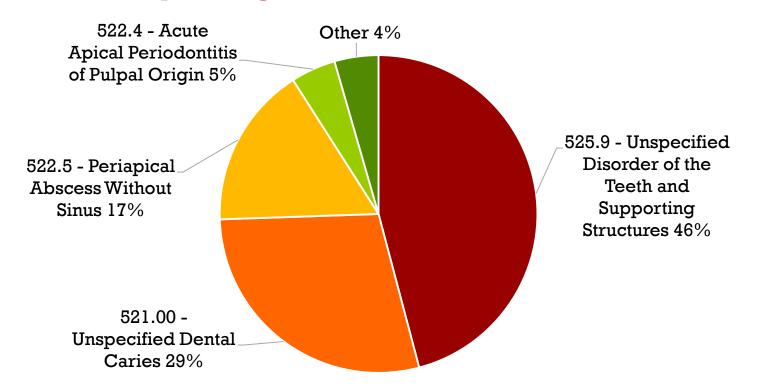
294

Change from 2013 to 2016



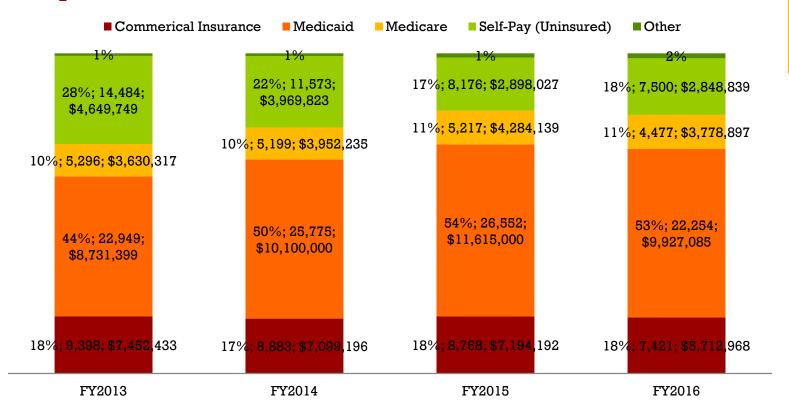


Commonly Diagnosed Conditions



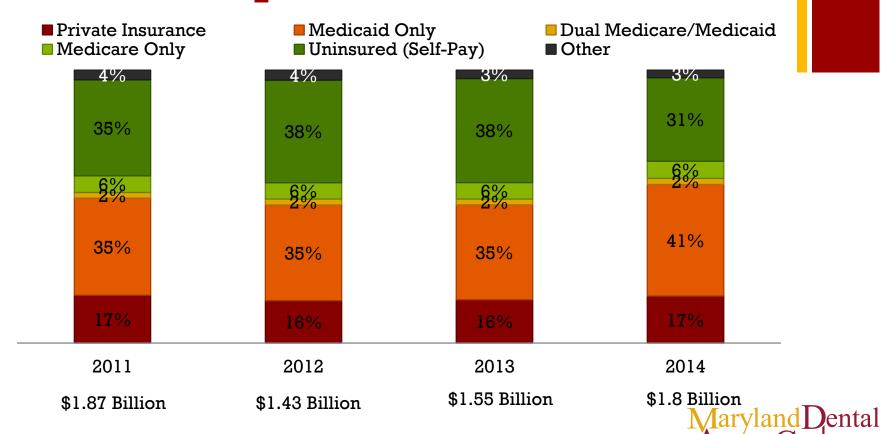


Payers of Dental ED Visits

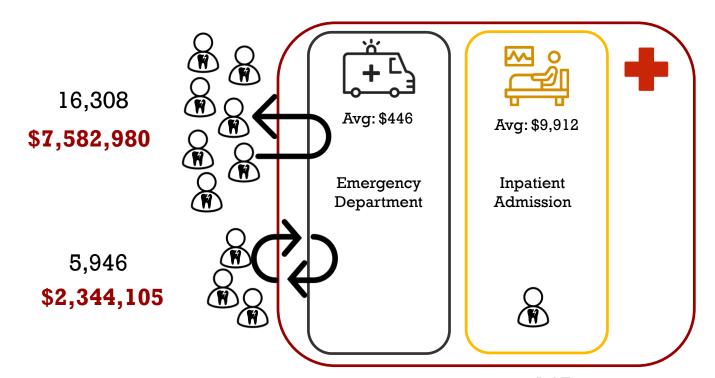




National Impact on Medicaid



Summary: Impact on Medicaid



2016 TOTAL: \$11,364,349

145 **\$1,437,264**



FY2013-FY2016

Single ED:

\$31,140,018

Repeat ED:

\$9,233,466

Inpatient:

\$5,591,685

Total: \$55,965,169

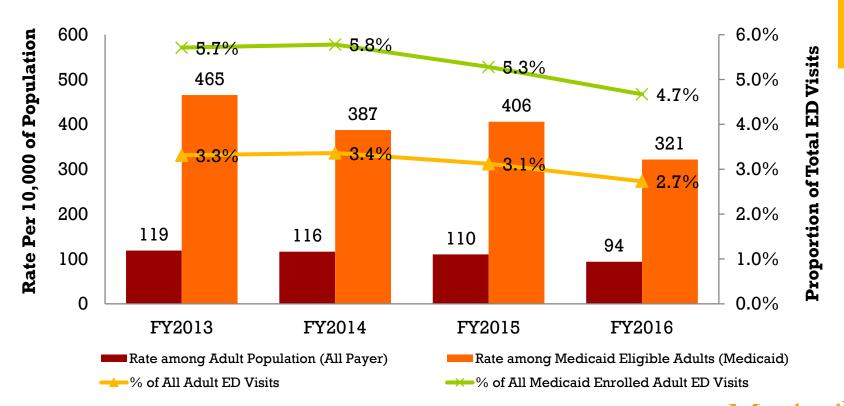
Maryland Dental Action Coalition

Impact on Medicaid 2016

| | | | | _ | |
|--------------------------|-------------------|------------|------------|----------|--------------|
| | Medicaid Enrolled | | % of Total | Rate Per | |
| | Adults are 15% of | | Visits | 10,000 | |
| | the MD Adult | | among | Medicaid | |
| | Population | | Adults in | Eligible | Total |
| | | # of Visit | s MD | Pop. | Charges |
| ED Visits f | or Chronic | | | | |
| Dental | | _ | | | |
| Single | e Visit in Year | 16,308 | 50% | 235.59 | \$7,582,980 |
| Repeat Visit 5,94 | | 5,946 | 63% | 85.90 | \$2,344,105 |
| Total | ED Visits | 22,254 | 53% | 321.48 | \$9,927,085 |
| Inpatient A | Admissions for | | | | |
| Chronic D | ental | 145 | 37% | 2.09 | \$1,437,264 |
| Total Visits for Chronic | | | | | |
| Dental | | 22,399 | 46% | 323.58 | \$11,364,349 |

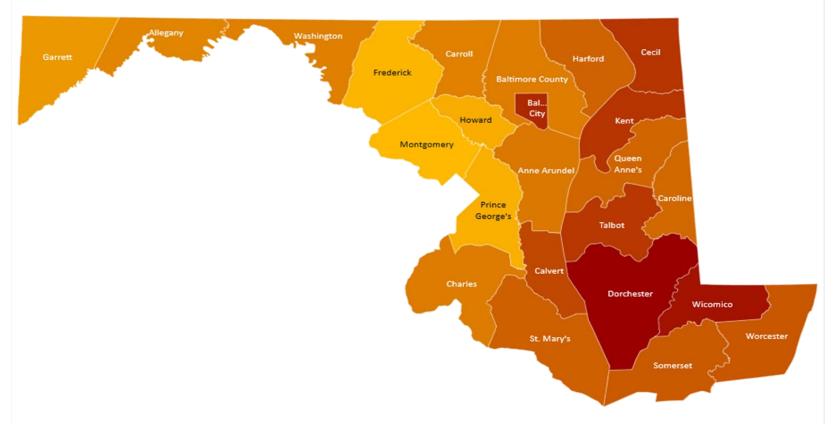


Impact on Medicaid





Counties Rates For Medicaid Adults 2016





Hospital Utilization for Dental Needs

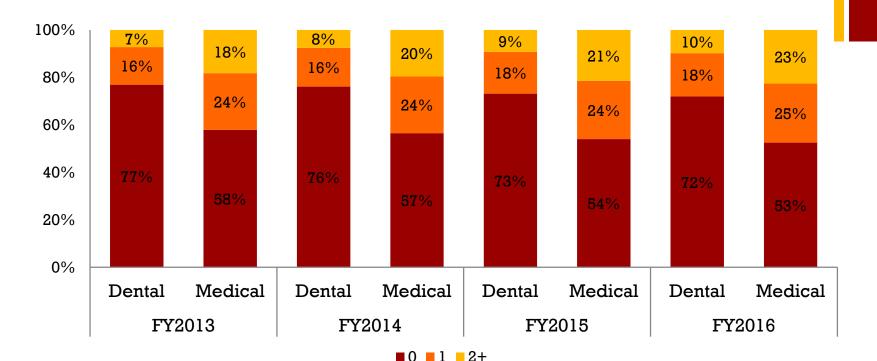
All Payers

| _ | Count | Total Charge | Average Charge | Count | Total Charge | Average Charge |
|---|-------|--------------|-------------------|-------|-----------------|-------------------|
| ED Visits for Unspecified Jaw Pain | 1,409 | \$1,405,480 | \$998 | 474 | \$391,292 | \$826 |
| Urgent Care Visits for Chronic Dental | 4,107 | \$4,192,637 | \$1,021 | 588 | \$305,977 | \$520 |
| Ambulatory Surgeries for Chronic Dental | 1,168 | \$2,783,805 | \$2,383 | 354 | \$512,030 | \$1,446 |
| Total: | 6,684 | \$8,381,922 | | 1,416 | \$1,209,299 | |



Medicaid

Dental Patients in the ED are Healthier

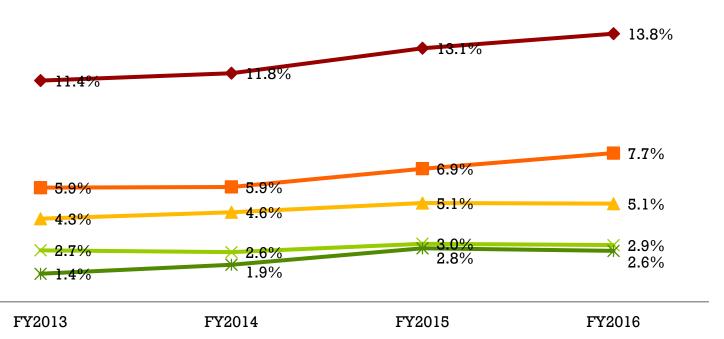






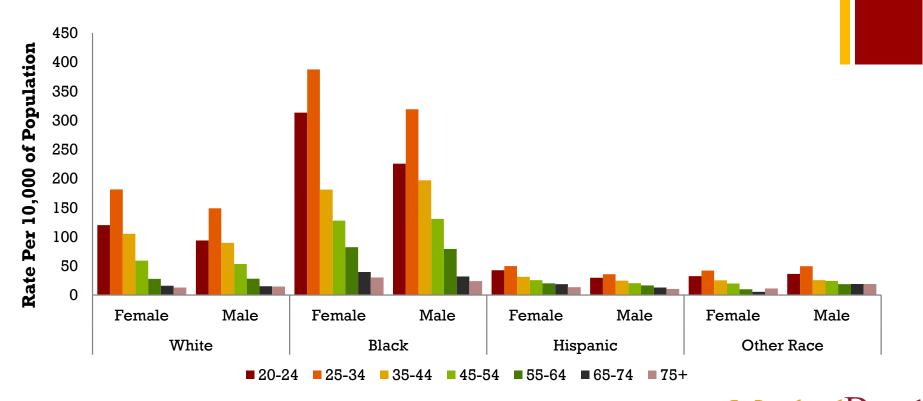
Dental Patients Common Comorbidities





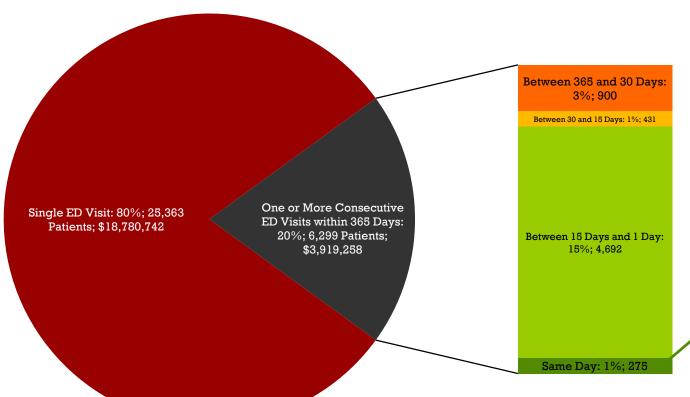


Race and Gender Disparities 2016





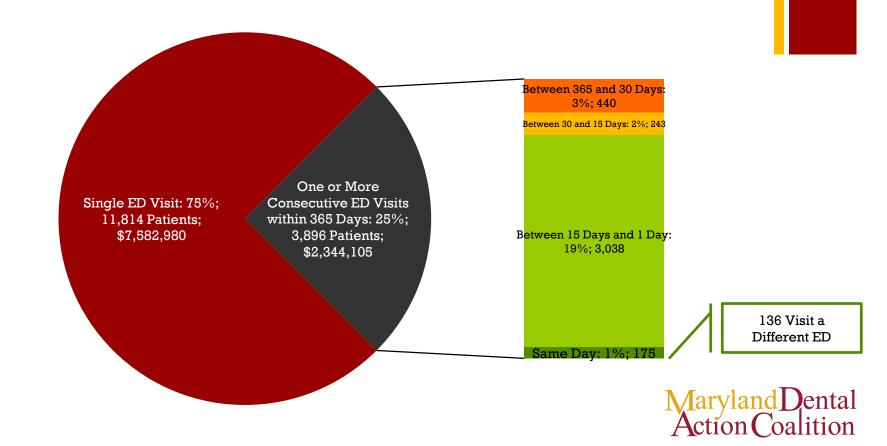
Dental Repeat Visits 2016



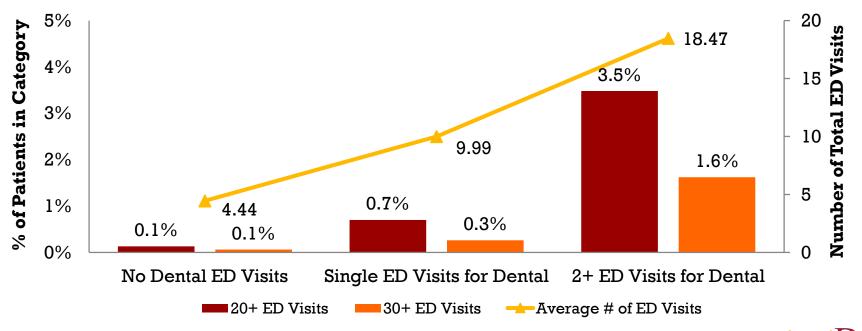
213 Visit a Different ED



Dental Repeat Visits for Medicaid 2016

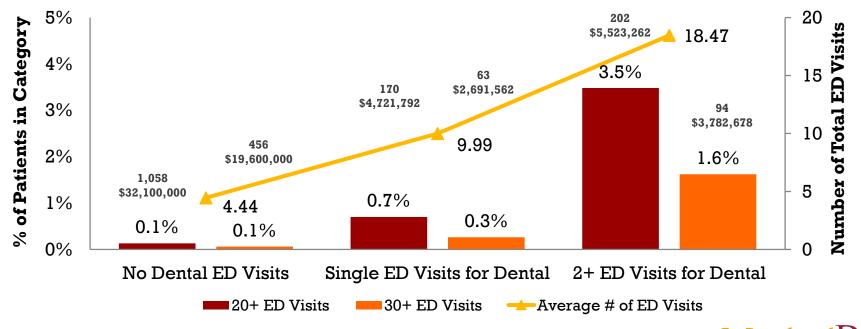


Overall ED Use, Dental Needs, Substance Abuse and Behavioral Health 2016



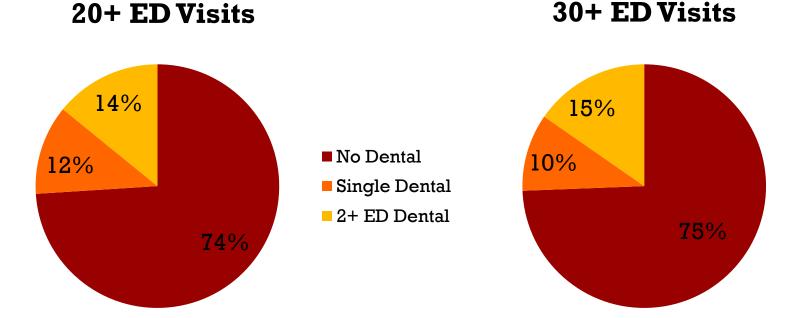


Overall ED Use, Dental Needs, Substance Abuse and Behavioral Health 2016





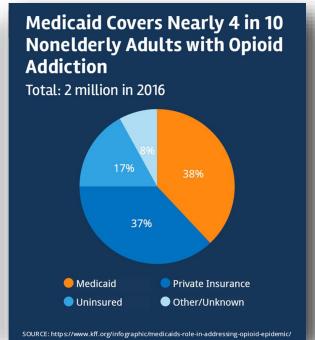
Dental Needs of High ED Utilizers



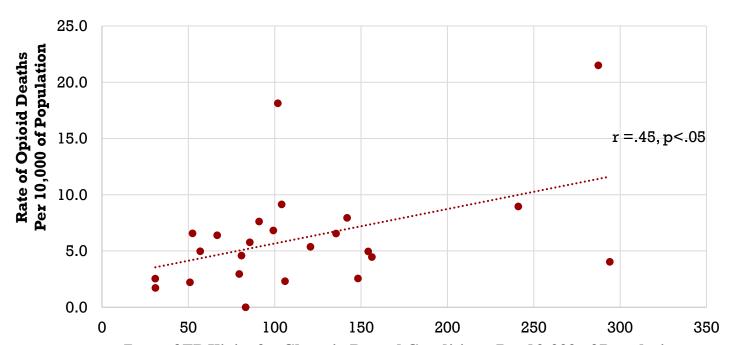
In 2016, dental ED visits were only 2.7% of all ED visits by adults, but were 26% of those with 20+ and 25% of those with 30+ED

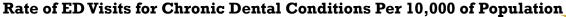
The Opioid Epidemic and Dental Pain in the Emergency Department



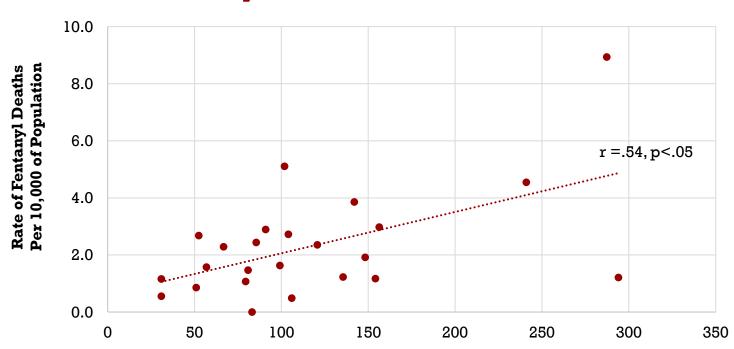


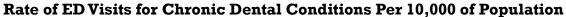
Counties with More Dental ED visits have more Opioid Deaths 2016





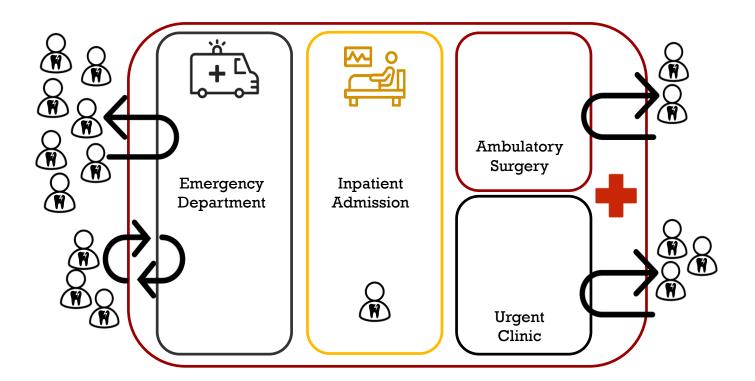
Counties with More Dental ED visits have more Fentanyl Deaths 2016







Hospital Utilization for Dental





The Bottom Line for 2016

All Adults

■ Direct Medical Charges: \$26.4

■ Underreporting: \$8.4 Million

■ Lost productivity: \$3 Million

■ Total: **\$37.8 Million**

Medicaid Adults

■ Direct Medical Charges: \$11.4

■ Underreporting: \$1.2 Million

■ Lost productivity: \$1 Million

■ Total: **\$13.6 Million**

^{*} underreporting and lost productivity are estimates and requires further study



Better Oral Health for All Marylanders: Children and Adults