Joint Commission on Health Care

Study on the Cost of Untreated Dental Disease on the Commonwealth

(SJR 50 – Senator Barker)

October 22, 2013

Jaime Hoyle
Senior Staff Attorney/Health Policy Analyst

Senate Joint Resolution 50 (SJR 50)

- Directs the Joint Commission on Health Care (JCHC) to study the fiscal impact to the Commonwealth of Virginia that results from untreated dental disease. The JCHC shall:
  - "(i) estimate the payments made by Virginia's Medicaid program to hospital emergency departments for dental-related diagnoses,
  - (ii) the amount of uncompensated care provided by hospital emergency departments for dental-related diagnoses, and
  - (iii) the number of dental patients treated and the overall value of the dental-related services provided by Virginia's safety net providers.
- JCHC shall submit its report to the 2014 Session of the General Assembly."
- SJR 50 was tabled in the House Rules Committee, but JCHC members voted to include it in the 2012 work plan.

Agenda

- Background
- Dental Care Payment Sources and Safety Net Providers
- Initiatives to Improve Oral Health and Reduce the Fiscal Impact of Untreated Dental Disease
- Policy Options

3

Background

4

Oral Health and Dental Disease

- The Surgeon General has called oral and dental disease a persistent, but silent epidemic.
- Dental disease is not reversible, but it is preventable.
- Regular preventive care helps people avoid the pain and cost associated with more invasive acute dental care.
- According to the Centers for Disease Control and Prevention, "Check-ups can detect early signs of oral health problems and can lead to treatments that will prevent further damage, and in some cases, reverse the problem. Professional tooth cleaning (prophylaxis) also is important for preventing oral problems, especially when self-care is difficult."

5

Dental Visits

- Virginia Department of Health data from the Behavioral Risk Factor Surveillance System, 2010.

	Visited Dentist W/in YR		Teeth Cleaned w/in Yr		Had 1 tooth Extracted (45-64)		Lost All Teeth (65-74)	
	US	VA	US	VA	US	VA	US	VA
18-34	65.9	78.4	63.6	75.6				
35-44	71	80.4	69.1	78				
45-54	71.7	79.1	70.2	78.4				
55-64	72.7	78.6	73.1	80.6				
65+	69.2	75	74.9	82.1				
<$25,000	49.3	53	47.3	50.3	75.4	69.7	27	23.9
$25,000-$50,000	66.3	76.3	65.1	76.6	63.2	63	13	16.3
>$50,000	82.6	88	81.2	87	42.2	38.7	4.7	n/a

6

Dental Care Payment Sources and Safety Net Providers

Dental Insurance Coverage

- Insurance coverage figures illustrate the fact that oral health is seen as separate from overall health.
  - Fewer adults have dental coverage than medical (2.5 times more medical)
- Although individuals are more likely to seek dental services if they have dental insurance, the number of individuals with dental coverage is declining.
  - More than 1/3 of adults have no dental insurance.
  - Dental insurance is not consistently provided through employers.
    - Employer-sponsored dental insurance has been decreasing, from 77% of full-time private U.S. workers in recent years to 57% in 2011.
  - Private health insurance plans often exclude dental coverage.
    - Approximately 98% of Americans with dental coverage have a policy separate from their medical insurance policy.
  - Dental insurance typically costs less per month than health insurance but may have high levels of cost-sharing and maximum benefit caps.
    - The limited nature of dental benefits and the potential for significant out-of-pocket expenditures may influence the decision to obtain dental insurance.

Lack of Dental Insurance

- Often, individuals who do not have dental insurance cannot afford care, and therefore go without.
  - They defer treatment due to cost and do not regularly access routine preventive care and may suffer chronic pain, struggle to swallow or speak, and risk systemic infections and tooth loss.
- Studies show that lower-income adults are more likely to seek dental care on an emergency or as-needed basis.

9

Medicare

- Although some Medicare Advantage plans may include a dental benefit, traditional Medicare does not provide a dental benefit.
  - Many seniors face a “cliff” upon retirement when they no longer receive employer-based coverage and cannot afford to purchase an individual dental policy.

10

Virginia Medicaid

- States can choose whether to include dental care in their Medicaid coverage.
- Virginia Medicaid only provides coverage to adults for emergencies.
  - Coverage is limited to medically necessary oral surgery and associated diagnostic services.
- Virginia Medicaid does provide full dental coverage for children.
  - The Smiles for Children program provides coverage for diagnostic, preventive, restorative/surgical, as well as orthodontia for FAMIS and FAMIS plus for children.
  - However, access to care may be limited as there is a shortage of pediatric dentists.
  - Additionally, studies show that children are less likely to access available dental services if their parents do not go to the dentist.

11

Dental Provisions of Affordable Care Act

- The Affordable Care Act treats adult oral health as separate from overall health.
  - Individuals are not required to purchase dental insurance; only dental care for children is mandated.
- In Virginia, consumers who do not already have dental coverage through an employer, can purchase a separate dental benefit through the Health Benefit Exchange. (Enrollment began October 1, 2013.)
  - The mandated pediatric dental benefit, an adult benefit, or a family benefit may be purchased as a stand-alone dental plan, a qualified health plan partnered with a dental plan, or a dental benefit embedded within a qualified health plan.
- Consumer costs will vary significantly depending on how plans manage the deductibles and cost-sharing requirements.

12

Health Benefit Exchange

- If the uninsured take advantage of the dental plans on the Health Benefit Exchanges, it is possible some of the burden on the safety net providers will be alleviated.
  - If dental plans catch on, clinics may begin to accept them, in addition to the Medicaid patients they already accept.

13

Medicaid Expansion

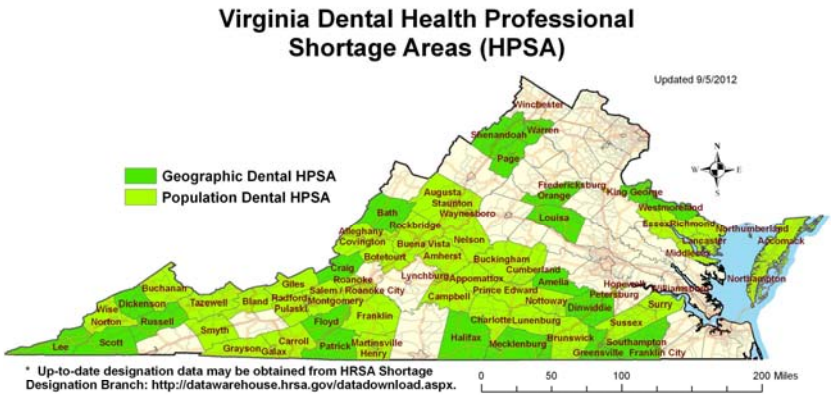
- While pediatric dental coverage is included as an essential benefit under the Affordable Care Act, adult dental coverage is not.
- Because Virginia does not already include adult dental coverage (except in limited circumstances), Medicaid expansion will not positively affect the provision of adult dental care beyond allowing for emergency extractions.

14

Limited Access to Dental Care Influences Dental Disease Prevalence

- The Virginia Health Care Foundation reports:
  - 3.8 million Virginians have no dental insurance.
  - 72 Virginia localities have no dental safety net provider
    - In 28 localities there is no access to care nearby.
  - In many of the 63 localities with a community dental provider, care is offered on a part-time basis.
  - Some rural areas have as a few as one dentist for every 5,000 residents.
- Additionally, residents report transportation issues and dental providers who fail to provide dental access for special needs as limiting access to dental care.

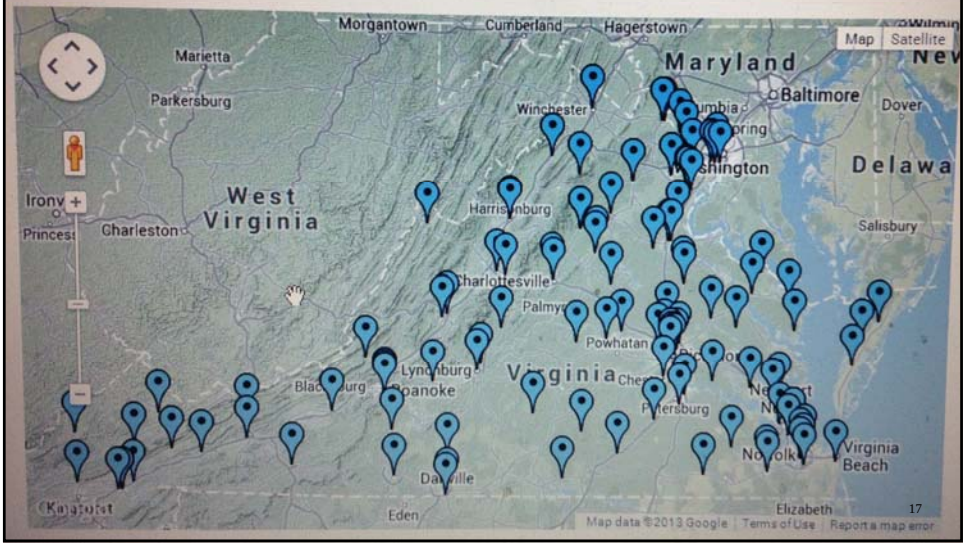
15



16

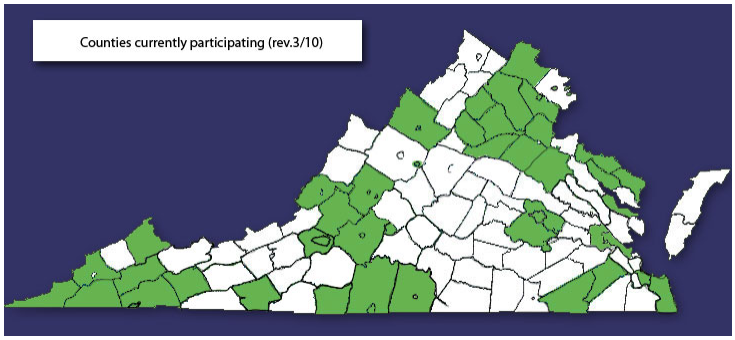
Dental Providers for the Uninsured

Click on the map markers below to view information on Dental Safety Net Providers in Virginia or view a Dental clinics list by locality (it is a PDF file — if your computer does not have Adobe already installed, you will need to install the **free** Adobe reader).



17

Virginia Department of Health Dental Programs



18

Community Health Centers in Virginia Providing Dental Services

I. Alexandria Neighborhood Health Services
1. Arlandria Health Department- Alexandria
2. Arlington Health Department- Arlington

II. Blue Ridge Medical Center
1. Amherst
2. Mobile Unit- Amherst

III. Capital Area Health Network
1. Vernon J. Harris Medical Center- Richmond
2. Glenwood Medical Center- Richmond

IV. Central Virginia Health Services
1. Central Virginia Health Center- New Canton
2. Charlotte Primary Care- Charlotte Courthouse
3. Southside Community Health Center- Alberta
4. Hopewell-Prince George Community Health Center- Prince George
5. Westmoreland Medical Center- Montross
6. Charles City Regional Health Services- Charles City
7. Appomattox Area Health & Wellness Center- Petersburg
8. Community Health Center of the Rappahannock- Fredericksburg
9. Health & Wellness Center of Louisa- Louisa
10. Caroline Family Practice- Bowling Green

V. Eastern Shore Rural Health Systems
1. Franktown Community Health Center- Franktown
2. Atlantic Community Health Center- Oak Hall
3. Metompkin School Based Clinic- Parksley
4. Pungoteague School Based Clinic- Melfa

VI. Greater Prince William Community Health Center
1. Woodbridge

VII. Hampton Roads Community Health Center
1. Portsmouth Community Health Center- Portsmouth

VIII. Harrisonburg Community Health Center
1. Harrisonburg Community Health Center- Harrisonburg

IX. HealthWorks for Northern Virginia
1. Leesburg

X. Highland Community Health Center
1. Highland Community Health Center-Monterey

XI. Horizon Health Services
1. Ivor Dental Center- Ivor

XII. Johnson Health Center
1. James River Dental Center- Madison Heights

XIII. Monroe Health Center
1. Craig County Dental Center- New Castle

XIV. Olde Town Medical Center
1. Olde Town Dental Center- Williamsburg

XV. Piedmont Access to Health Services (PATHS)
1. PATHS Community Health Center- Danville

XVI. Southeastern Virginia Health System (SEVHS)
1. Main Street Physicians- Suffolk
2. Community Dental Services- Newport News

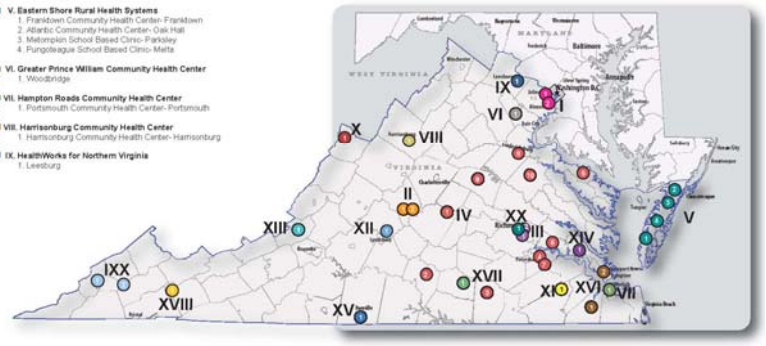
VIRGINIA COMMUNITY HEALTHCARE ASSOCIATION

XVII. Southern Dominion Health Services
1. Southern Dominion Family Dentistry- Victoria

XVIII. Southwest Virginia Community Health Systems
1. Southwest Regional Dental Center- Saltville

IXX. Stone Mountain Health Services
1. Pennington Gap
2. Saint Paul

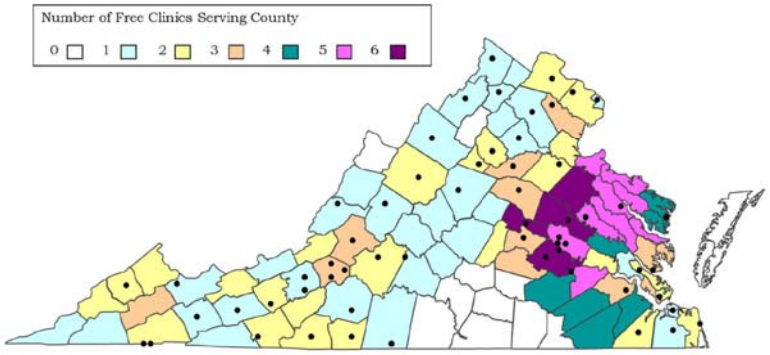
XX. The Daily Planet
1. The Daily Planet Health Clinic- Richmond



19

Virginia Free Clinics

Figure 1. Member Free Clinics and the Localities They Serve



20

Virginia Safety Net Capacity is Limited

- Virginia's dental safety net providers are not staffed or equipped to accommodate the dental needs of so many uninsured and underinsured patients.
- Because safety net providers are limited in capacity, with long waiting lists, many patients go to emergency departments (EDs).
  - For example, Augusta Health indicated an average of 4.3 people were seen daily in the ED from January 1, 2013-September 30, 2013 with a dental diagnosis.

21

Fiscal Impact of Untreated Dental Disease

22

Importance of Oral Health to Overall Health

- Recent research found numerous links between oral health and overall health and well-being: including nutrition, digestion, speech, social mobility, self-image, and esteem and quality of life.
- Bacteria and inflammation from oral disease have negative effects on other chronic diseases such as cardiovascular, stroke, adverse pregnancy outcomes, respiratory infection, diabetes and osteoporosis.
- Approximately 80% of American adults have some form of periodontal disease which is linked to diabetes and an increased risk of heart disease and stroke.
- Pregnant women with gum disease are 7 times more likely to have a preterm or low birth weight baby.
  - Tooth decay in the mother puts the child at a higher risk of also developing cavities, leading to weakened oral health.
- Tooth decay and infection often cause pain which can result in missed school and work and in some extreme cases death may occur.
- Studies also indicate a correlation between poor oral health and academic performance, including lower grades and more school absences.

23

Focus on Prevention

- Preventive oral health care and needed treatment improve overall health and reduce medical costs, as demonstrated in several studies.
  - Annual medical costs were lower by $3,964 for individuals with rheumatoid arthritis, by $2,430 for pregnant women, by $2,956 for individuals with heart disease, and by $1,029 for individuals with cerebrovascular disease when treated for gum disease.
    - For individuals with diabetes who received treatment and ongoing maintenance for gum disease, had annual reductions in medical costs ($1,814), hospitalizations (33%) and physician visits (13%) were seen.

24

Untreated, Preventable Dental Disease Leads to Higher Costs and Temporary Solutions

- In the United States, lack of access to dental care often means people with dental problems seek care in costly emergency departments (EDs).
  - Approximately 1.7% of visits to an ED are for oral health problems.
- A Pew Research Center study of ED utilization found that in 2009, preventable dental problems were the primary diagnosis in 830,590 ED visits, an increase of 16% from 2006.
  - The average cost for a visit to a physician for preventive care is $50-$100/per visit; however, ED visits in which only antibiotics or pain medicine is given cost $1,000 on average.
  - For Medicaid enrollees, on average, the cost of inpatient hospital treatment for dental problems was nearly 10 times the cost of preventive care provided in a dentist's office.

25

Emergency Department Visits

- EDs are the most expensive treatment provider and typically provide only temporary relief for dental problems.
  - ED patients are often only treated for pain or given antibiotics for infection; the underlying problem is not treated and the patients will return.
- Recent studies indicate peak times for dental ED visits are during business hours, an indication of a lack of access to routine dental care providers.
- A recent national study estimated that for the 10-year period (ending in 2008), the number of dental-related ED visits increased from 4.2 to 7.5 per 1000 in population.
  - The increase was highest for young adults (20 to 34 years old) increasing from 8.5 to 17.6; followed by an increase from 4.2 to 8.5 for adults aged 35 to 49.

26

Fiscal Impact on the Commonwealth

- Anecdotal evidence indicates that the cost of uncompensated care in Virginia's emergency departments mirrors those found in other states.
  - Reliable Virginia-specific dental emergency data is not uniformly collected or required to be reported.
  - Procedures are coded differently and inconsistently between and within EDs.
    - Most often coded as pain management or infection, rather than a dental occurrence.

27

Costs to Virginia Medicaid

DentaQuest

Smiles For Children

SFY	Members Over 21 Receiving Dental Services	Amount Paid For Dental Services
2006	2,989	$658,404.32
2007	4,652	$1,466,494.85
2008	8,030	$3,004,309.50
2009	13,338	$5,123,747.70
2010	21,009	$9,885,194.40
2011	32,921	$10,974,518.30
2012	36,945	$11,333,009.02

28

Virginia Hospital Discharges in 2011
DRG 157 Dental and Oral Diseases with major complicating condition

		Number of discharges	Median charges in dollars**	Median costs in dollars**	Median length of stay in days**
TOTAL U.S. in 2009 (standard error)*		4,447 -220	$24,565	$7,531	4.0
SOUTH U.S. in 2009 (standard error)*		1,678 -143	$24,300	$7,242	5.0
Virginia Total		88	$24,230	$10,713	4.0
Age group					
	<18	c	c	c	c
	18-44	18	$28,810	$10,957	4.0
	45-64	27	$22,203	$10,558	6.0
	65+	38	$24,746	$11,545	4.0
Gender					
	Male	45	$24,732	$10,591	4.0
	Female	43	$22,334	$11,104	5.0
Payer					
	Medicare	45	$24,251	$10,763	4.0
	Medicaid	10	$28,190	$16,442	6.0
	Private including HMO	21	$22,334	$10,662	5.0
	Self-pay	9	$15,659	$6,926	2.0
	No Charge	c	c	c	c
	Other	c	c	c	c
Race/Ethnicity					
	White	58	$24,746	$10,763	4.0
	Black	25	$24,179	$11,261	7.0
	Hispanic	c	c	c	c
	Asian or Pacific Island	c	c	c	c
	Other	c	c	c	c

Values based on 5 or fewer discharges are suppressed to protect confidentiality of patients and are designated with a "c". **Weighted national estimates from HCUP Nationwide Inpatient Sample (NIS), 2009, Agency for Healthcare Research and Quality (AHRQ), based on data collected by individual States and provided to AHRQ by the States. Total number of weighted discharges in the U.S. based on HCUP NIS = 39,434,956. Statistics based on estimates with a relative standard error (standard error / weighted estimate) greater than 0.30 or with standard error = 0 are not reliable, and are designated with a +.

29

Virginia Community Health Centers
2012 Statewide Data

2012 Uniform Data System Report for Virginia Community Health Centers		
Total costs for Dental Services	$ 16,736,881.00	
Total Dental Visits	108,596	
Total persons Served	82,585	
Extrapolated Data from UDS data:		
Average Cost per person:	$ 202.66	
Average Cost per Visit	$ 154.12	
* does not consider severity, type of services provided, etc.		
* 2012 report is from Calendar Year 2012 Data Reports of health centers to HHS / HRSA		
Dental Services Personnel by FTE equivalent	FTEs	Clinic Visits
Dentists	32.42	73284
Dental Hygienists	11.51	9863
Dental Assistants, Aides, and Techs	52.89	-
Total Dental Services	96.82	83147
* number of visits may not be same as under costs due to methods used by feds to compile data from various areas of all submitted reports		
Number of Providers (total - full and part-time)		
Dentists	42	
Dental Hygienists	17	

30

UDS No. All Health Center Data (VA) Date Submitted: N/A

Calendar Year 2012 Status: Exported by site

TABLE 6A - SELECTED DIAGNOSES AND SERVICES RENDERED

Universal Report ☐ CHC ☐ MHC ☐ HO ☐ HOC ☐ PH

Service Category	Applicable ADA Code	Number of Visits (a)	Number of Patients (b)
Selected Dental Services			
27. I. Emergency Services	ADA: D9110	1,893	1,710
28. II. Oral Exams	ADA: D0120, D0140 D0145, D0150, D0160, D0170, D0180	40,201	32,409
29. Prophylaxis - adult or child	ADA: D1110, D1120	14,437	11,556
30. Sealants	ADA: D1351	1,779	1,397
31. Fluoride Treatment - adult or child	ADA: D1203, D1204, D1206	11,198	9,020
32. III. Restorative Services	ADA: D21xx - D29xx	18,729	11,324
33. IV. Oral Surgery (extractions and other surgical procedures	ADA: D7111, D7140 D7210 , D7220, D7230 D7240 , D7241, D7250 D7260 , D7261, D7270 D7272, D7280	13,266	10,244
34. V. Rehabilitative services (Endo, Perio, Prostho, Ortho)	ADA: D3xxx, D4xxx, D5xxx, D6xxx, D8xxx	7,093	4,925

Note: x denotes any number including the absence of a number in that place.

International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM), Volumes 1 and 2, 2010/2012. American Medical Association.

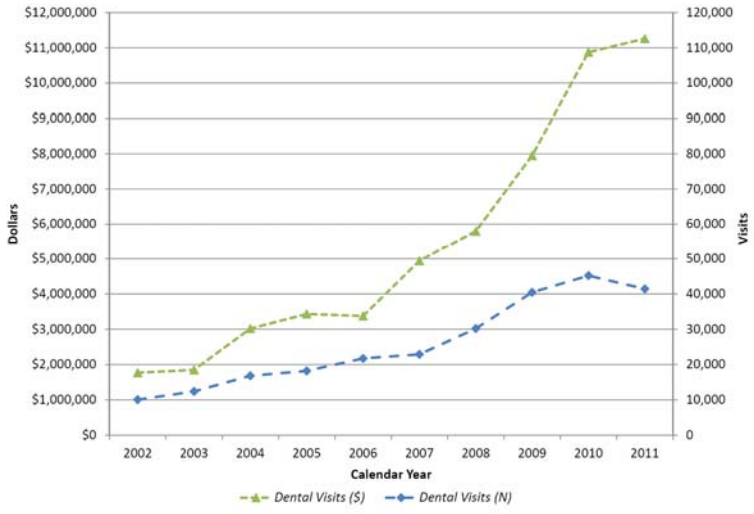
Current Procedural Terminology, (CPT) 2010/2012. American Medical Association.

Current Dental Terminology, (CDT) 2010/2012. American Dental Association.

31

Virginia Free Clinics

Figure F. Trends for DENTAL for VAFC Member Clinics' Patients



32

Virginia Free Clinics

Table 11. Summary of Visit and Value Data by Visit Type

	General Medicine Visits	Specialty Medicine Visits	Dental Visits	Mental Health Visits	Prescrip-tions Filled (not visits)	Patient Education Visits	Social Services Visits
Clinics Reporting Visits							
N	54	47	36	40	56	37	18
% of All Clinics	93.1	81.0	62.1	69.0	96.6	63.8	31.0
Total Visits	207,111	71,501	41,407	18,973	823,966	36,000	23,468
Clinics Reporting Unduplicated Patient Counts							
N	52	35	33	34	37	27	15
% of Clinics w/ Visits	96.3	74.5	91.7	85.0	66.1	73.0	83.3
Unduplicated Patients	66,194	25,169	18,454	5,317	37,314	9,799	3,931
Clinics Reporting Value per Visit Data							
N	19	13	15	13	31	9	7
% of Clinics Reporting Visits with Values	35.2	27.7	41.7	32.5	55.4	24.3	38.9
Minimum	$41.00	$41.56	$67.07	$18.69	$13.48	$5.03	$5.00
25th %tile	$79.41	$108.62	$230.28	$70.00	$75.50	$25.00	$16.58
Median Value/Visit	$98.27	$133.90	$297.25	$99.98	$104.11	$36.25	$28.00
75th %tile	$122.03	$184.68	$318.54	$113.00	$145.81	$50.00	$33.06
Maximum	$675.64	$1,445.85	$530.61	$128.57	$223.86	$4,000.00	$50.16
Total Value (based on reported and estimated value data)							
Total Value	$21,318,280	$16,533,682	$11,258,392	$1,604,097	$91,490,254	$1,083,305	$632,244
% of Total Value Based on Estimates	61.5	40.5	62.5	59.3	29.7	76.0	65.4

33

Initiatives to Improve Access to Oral Health and Reduce the Fiscal Impact of Untreated Dental Disease

34

VCU Medical Center Study and Pilot Program

- Between 2007-2009:173,648 ED visits and 4.3% were dental-related.
- 39.7% had Medicaid or Medicare
- 52.7% were uninsured, and
- 7.6% had private insurance.
- 67% had tooth related ailments.
- Treatment in most cases was limited to a prescription for pain medicine and an antibiotic.

- In response, VCU instituted a pilot program to reduce ED visits for dental problems.

35

VCU Pilot Program

- The year before initiation of the pilot program, 2,618 patients with dental-related problems were managed in the VCU ED.
- Patients who presented at the ED were given the option to visit the Urgent Dental Care Clinic and be evaluated by an oral and maxillofacial surgery resident to determine appropriate treatment.
  - If no medical problems or oral surgery was required, the resident either treated the patient or gave palliative care and an appointment for a later date.
  - Patients who needed other types of nonsurgical dental care were provided with a prescription and given a list of dental clinics or offices that either offered free or reduced fee care.
- During the first year of the pilot program, the number of patients seen in the ED decreased to 1,249 and the number of dental patients with 2 or more visits to the ED also declined 66.3%.

36

Virginia Health Care Foundation

- The Virginia Health Care Foundation (VHCF) actively supports dental care for uninsured Virginians.
  - "VHCF dental grants totaling nearly $8 million have helped establish or expand 35 dental safety net sites…from providing funding for dental equipment to helping underwrite the salaries of dentists or hygienists."
  - VHCF has worked with Patterson Dental-Richmond to provide discounts on equipment, maintenance, and practice software and through another agreement to make relatively-inexpensive Larell one-step dentures available.
- VHCF resources also include *Tooth Talk*, which allows providers to share best practices and ideas; and a directory which "is the only comprehensive resource available to help Virginians find local dental safety net providers."

37

Virginia Oral Health Coalition

- The Coalition is working to integrate oral health and overall health by increasing "the amount of oral health education provided to students in at least 20% of Virginia's schools of medicine, nursing, pharmacy and physician assistant training."
- The Coalition received one of 20 grants nationwide from DentaQuest Foundation's Oral Health 2014 Initiative.
  - The Initiative seeks to "forge alliance among a broad group of partners committed to improving oral health outcomes and chronic disease management" and ultimately overall health.
- The Coalition has worked with over 100 stakeholders to create a roadmap that leads to more oral health education and training for future and existing health care professionals and a practice environment that makes referrals and information sharing simpler.

Source: http://www.vaoralhealth.org/wp-content/uploads/2013/02/Med-Dental-Webinar-State-Slides_Combined_Final.pdf

38

Policy Options

39

Policy Options

- **Option 1:** Take no action.

Insurance Options

- **Option 2:** Introduce a budget amendment for $30,255,000 GFs and $30,255,000 NGFs in FY 2015 and $63,535,499 GFs and $63,535,499 NGFs in FY 2016 to expand Medicaid to include full dental coverage for adults.

- **Option 3:** Introduce a budget amendment for $7,563,750 GFs and $7,563,750 NGFs in FY 2015 and $9,530,325 GFs and $9,530,325 NGFs in FY 2016 to expand Medicaid to include preventive dental services for adults.

40

Policy Options

Access Options

- **Option 4:** Include in the JCHC Work Plan for 2014, a targeted study of the dental capacity of Virginia's safety net providers. The Virginia Department of Health, Virginia Association of Free Clinics, Virginia Community Healthcare Association, Virginia Dental Association, Virginia Health Care Foundation, Virginia Oral Health Coalition, and Virginia Rural Health Association will be asked to work with JCHC staff in determining the need for any additional funding and resources and in reviewing potential teledentistry and workforce initiatives.

- **Option 5:** By letter of the JCHC chair, request that the Virginia Department of Health develop and distribute a public service announcement that promotes the benefits and need for dental care and oral health.

41

Public Comment

- Written public comments on the proposed options may be submitted to JCHC by close of business on November 12, 2013.
- Comments may be submitted via:
  - E-mail: jhoyle@jchc.virginia.gov
  - Fax: 804-786-5538
  - Mail: Joint Commission on Health Care
    P.O. Box 1322
    Richmond, Virginia 23218
- Comments will be summarized and included in the Decision Matrix which will be considered during the JCHC meeting on November 18th.
  - Website – http://jchc.virginia.gov

42