

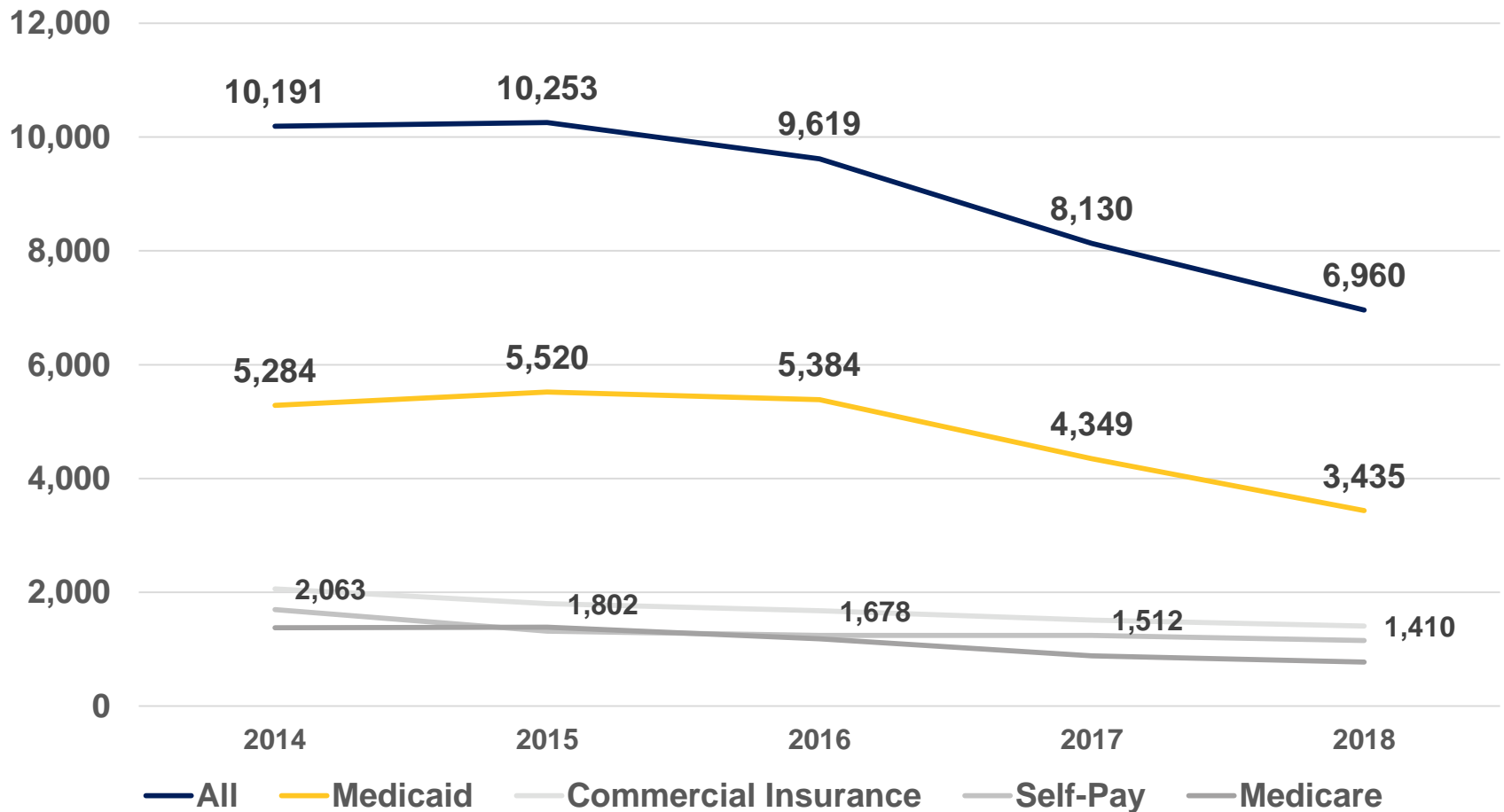


Dental Update

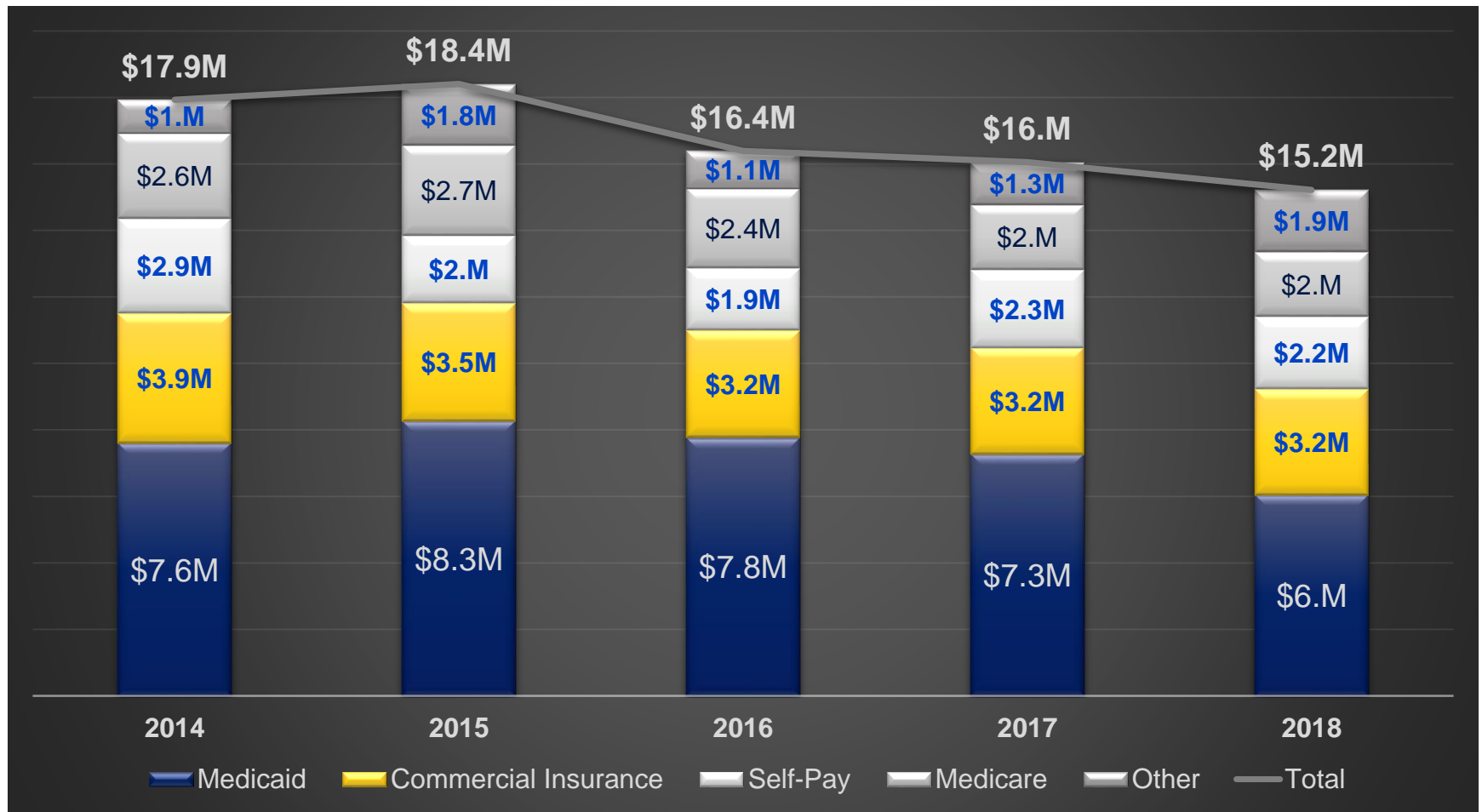
February 2020

“Oral health is multifaceted and includes the ability to speak, smile, smell, taste, chew, swallow and convey a range of emotions through facial expressions with confidence and without pain, discomfort, and disease of the craniofacial complex...It is a fundamental component of health and physical and mental well-being.” - 2016, *FDI World Dental Federation General Assembly*

Total visits to ED for Non-Traumatic Dental Conditions by Payer, 2014-18, Rhode Island



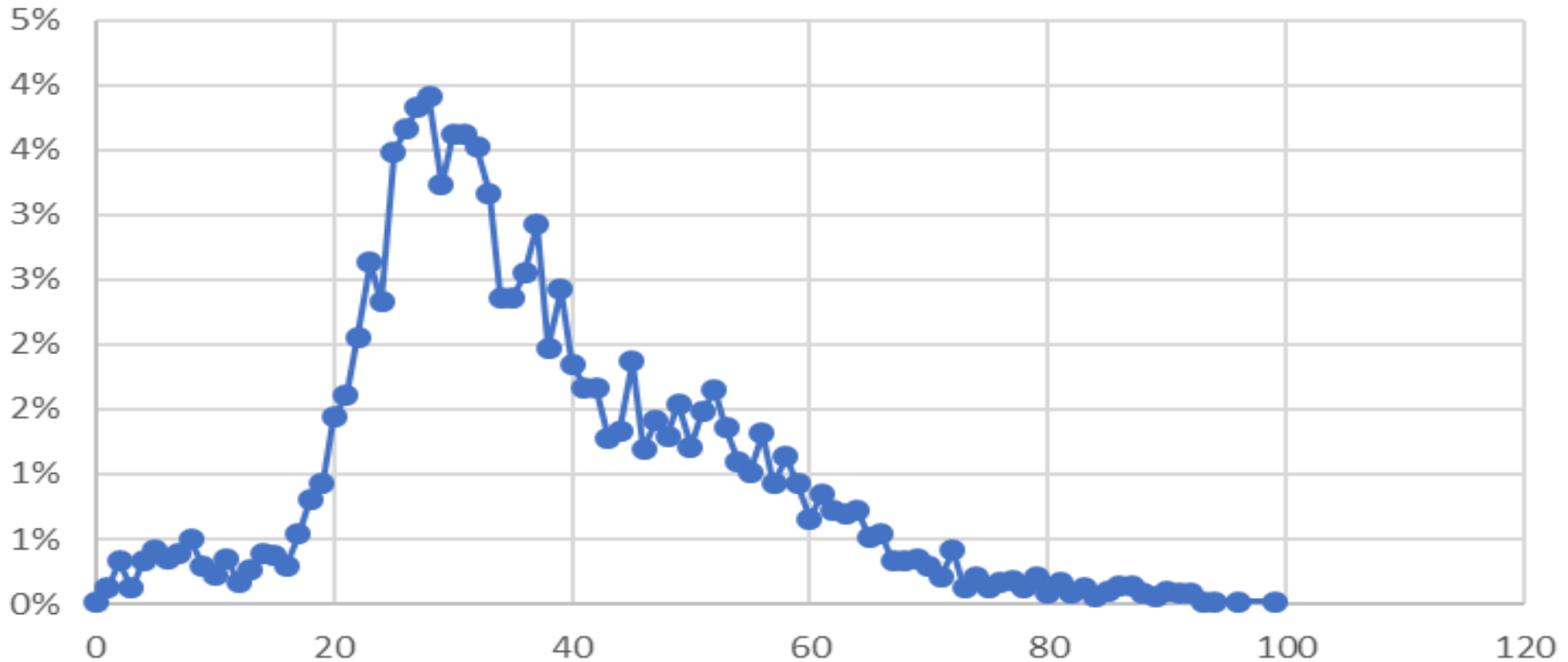
Total ED Charges for Non Traumatic Dental Conditions, 2014-2018



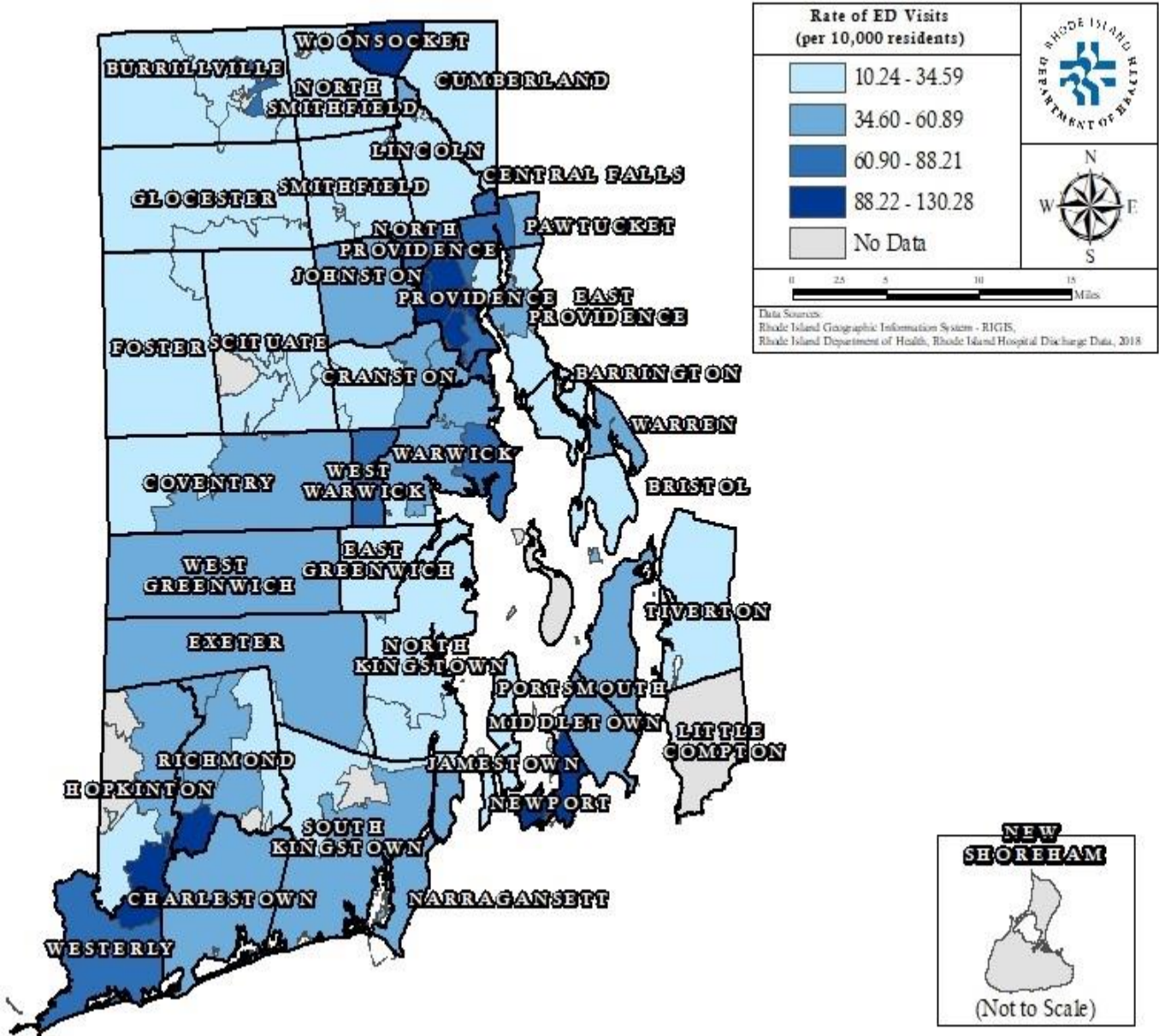
Emergency Department Use by Age (2017)

Use of the Emergency Department (ED) for dental complaints is high in early adulthood. This group is least likely to have regular dentist visits and use preventive services.

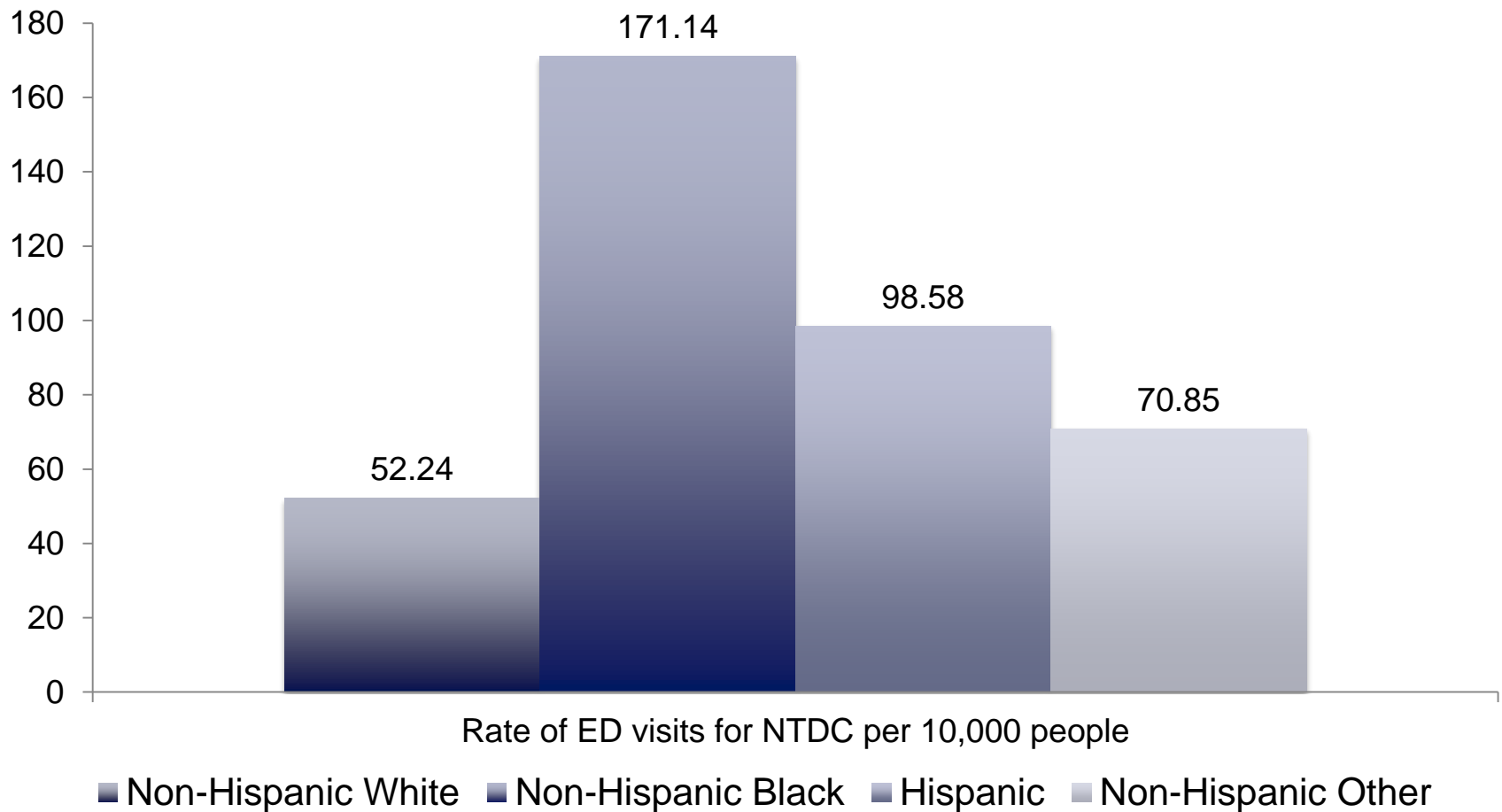
Percent of ED visits with dental diagnosis by age



Use of ED for Non-Traumatic Dental Conditions: Disparities by Location



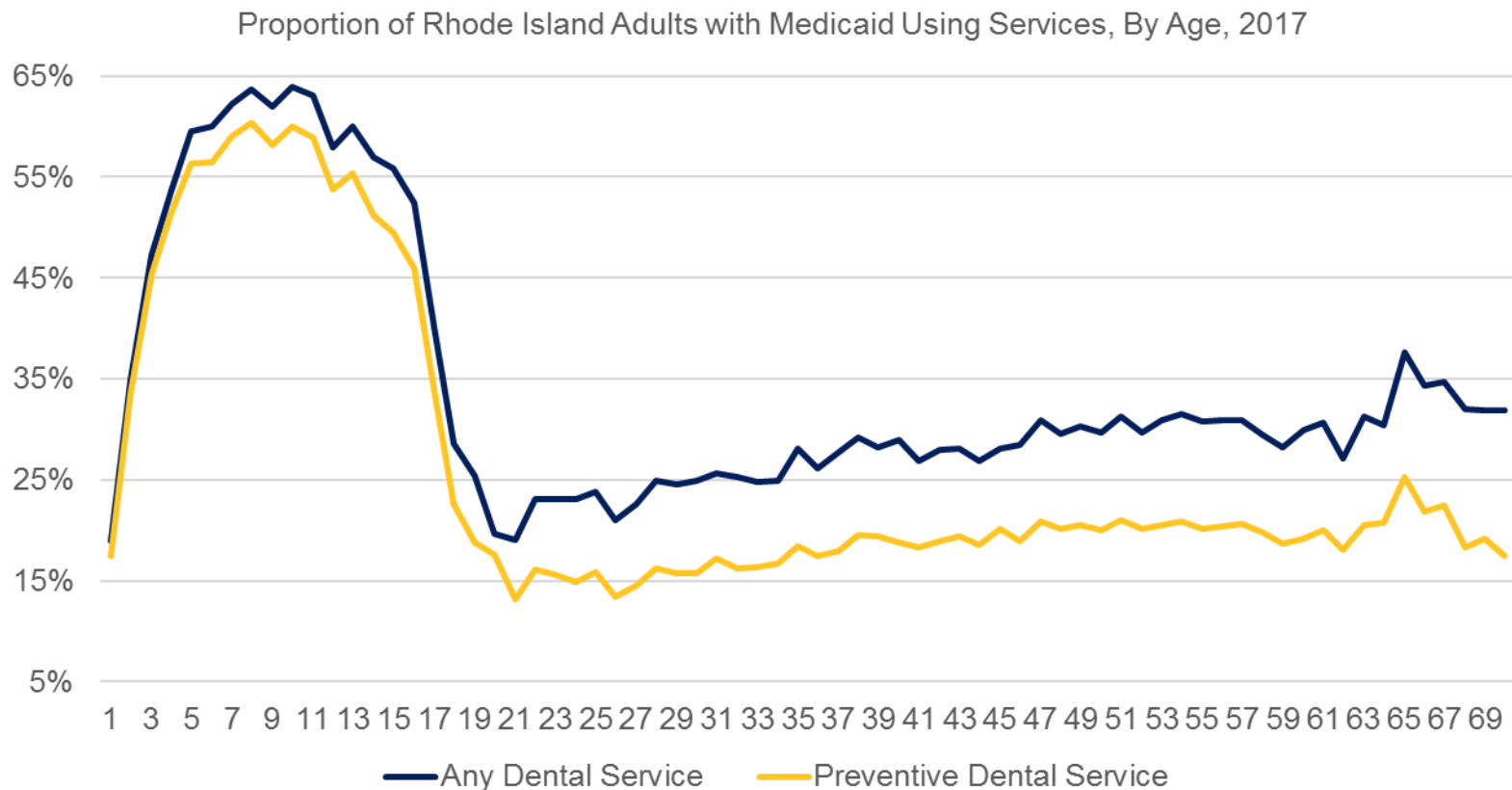
Use of ED for Non-Traumatic Dental Conditions: Disparities by Race/Ethnicity





Dental Use by Age by Medicaid Members in RI

While use among children and teens is high, fewer than 30% of adults used any dental service. Of greater concern, use of preventive services – those that improve health and reduce long-term cost – dips below 20% for most adults.



Benefits of Increasing Use of Dental Services in Early Childhood

Create a lifelong healthy oral health foundation

Building closer relationships between medical and dental providers to improve health outcomes

Decreasing health care costs through decreasing future procedures and ER visits



Use of OR for Rlte Smiles Kids

Age Group	FY2017	FY2018
0-17 Kids	1111	1038
0-17 Cases	1182	1082
0-17 Est'd charges	\$5.9 mil	\$5.4 mil
0-6 Kids	717	709
0-6 Cases	760	741
0-6 Est'd charges	\$3.8 mil	\$3.7 mil

Non-dental charges for 2 hour OR case estimate= \$5000*



3 WAYS TO INCREASE DENTAL UTILIZATION FOR AGE ONE CHILDREN AND PREGNANT WOMEN

The Perinatal and Infant Oral Health Quality Improvement Project was awarded to Rhode Island (RI) by HRSA in 2015. The goal is to increase dental utilization for age one children and pregnant women...here's how RI made that goal a reality!

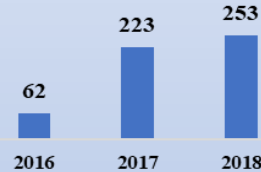
1



FIND YOUR CHAMPION

Identify partners with a shared vision to improve oral health outcomes. RI's Family Home Visiting Program (FHV) is an essential partner to deliver oral health education to families and their very young children. The RI Oral Health Program (OHP) continues to partner with FHV through trainings and data collection.

Hours FHV spent talking about oral health



Dental referrals adults and children



3



DEVELOP COORDINATED MESSAGING

Ensure that all partners are spreading the same message.

The OHP and partners created and disseminated over 9,000 bilingual brochures promoting the importance of oral health during pregnancy and the age one dental visit. Our Age One Champion list provides families and providers with a list of dentists in RI who accept age one children.



2

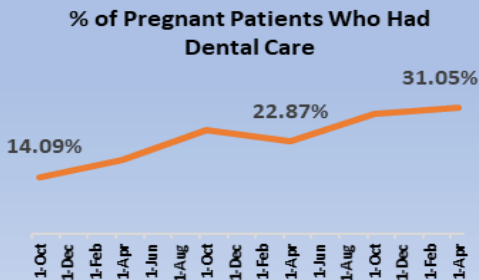
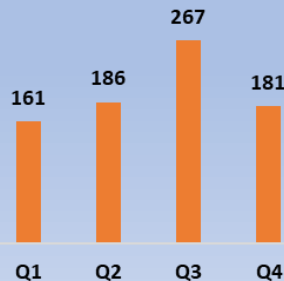


EDUCATE HEALTH CARE PROFESSIONALS

As part of the effort to increase medical and dental integration RI provided 42 medical practices with education about the importance of integrating oral health into overall health through fluoride varnish training, academic detailing, and quality improvement training.



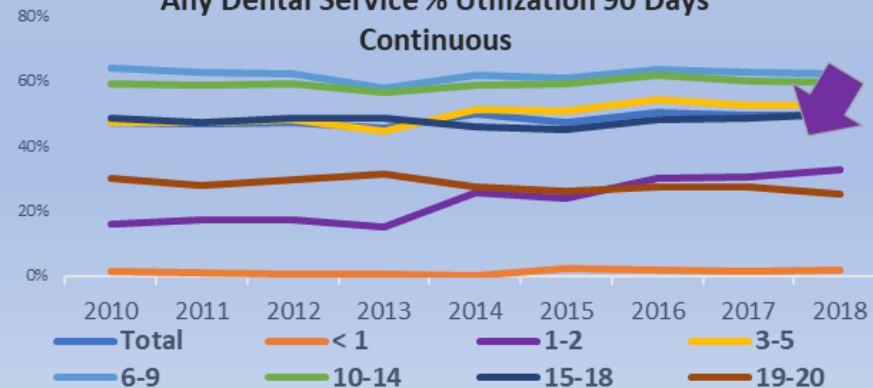
Fluoride Varnish Application Bald Hill Coastal Medical



THIS WORKS!

RI Medicaid data is proof that finding champions, educating health care professionals, and developing coordinated messaging increases age one dental visits.

Any Dental Service % Utilization 90 Days Continuous



Impact of Low Adult Dental Utilization

- Members **resort to the ED** or wait for the annual Mission of Mercy free dental clinic
- Oral health strongly correlates to **overall health outcomes**; low use among those with chronic conditions leads to higher overall medical costs.¹
- Oral health is important for success and quality of life. A Harvard Dental study found Improving dental esthetics increases likelihood of **employment**.²

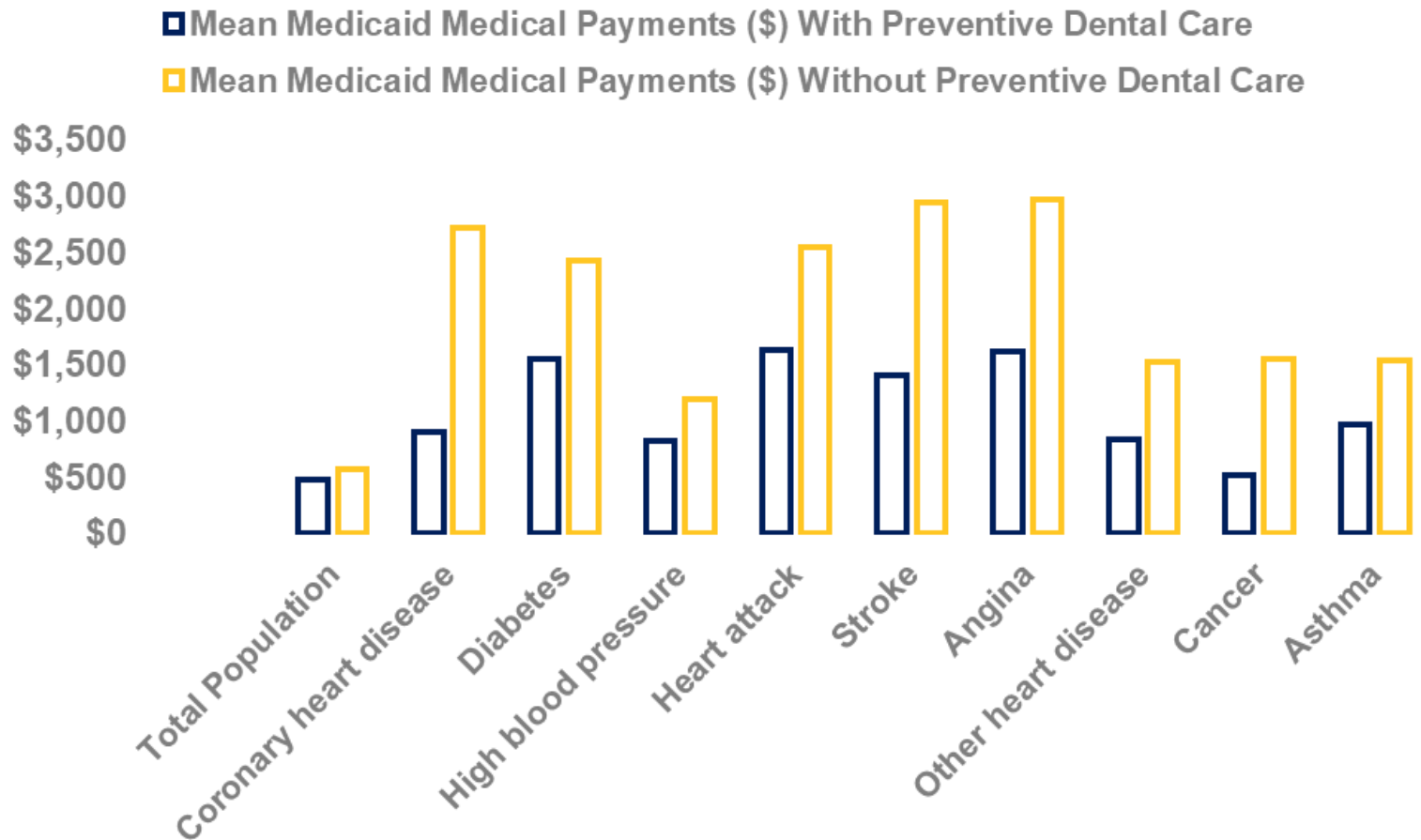


Current state:

- Low use of preventive services leads to higher costs for treatment services
- Health centers provide care, but locations have significant limitations in scope of services provided (e.g. dentures, oral surgery)
- Private practice participation has decreased, despite being cost-effective and well-distributed among RI cities and towns



Potential Cost Savings



National Association of Dental Plans (NADP) 2014 analysis showed that when a preventive dental benefit was provided for adult Medicaid recipients, medical costs for patients with seven chronic conditions were lowered, ranging from 31 to 67 percent.

Sample of 15,483 non-Medicare adults between the ages of 25 and 64 from the 2014 Medical Expenditure Panel survey (MEPS) .

Preventive dental care indicates having at least one dental visit during the year in which there was a cleaning, examination, fluoride treatment, or sealant procedure

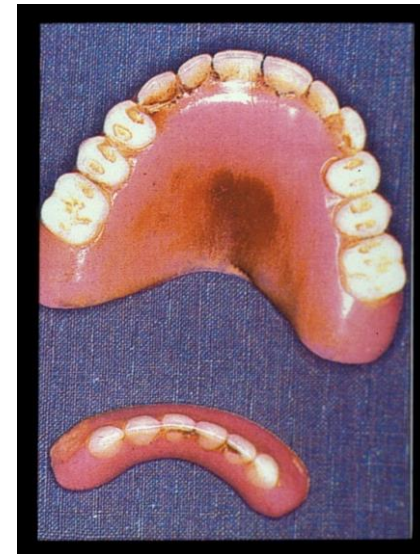


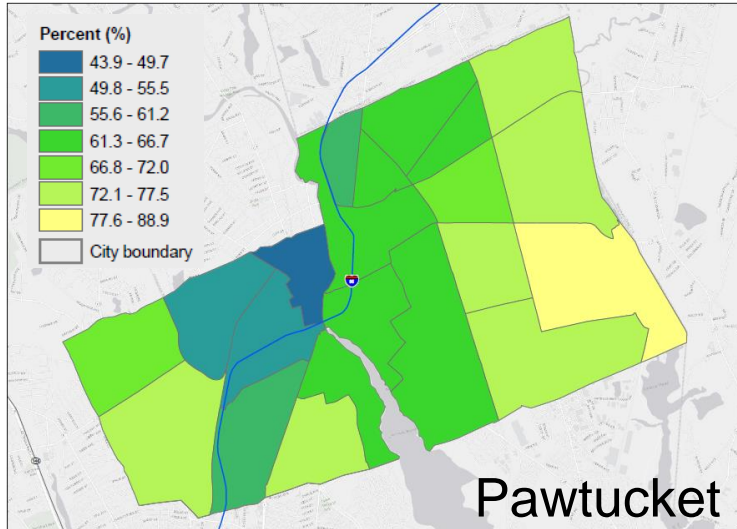
Stories from Families

Vulnerable adults unable to find complex oral surgery services.
Adults needing denture services having difficulty finding care

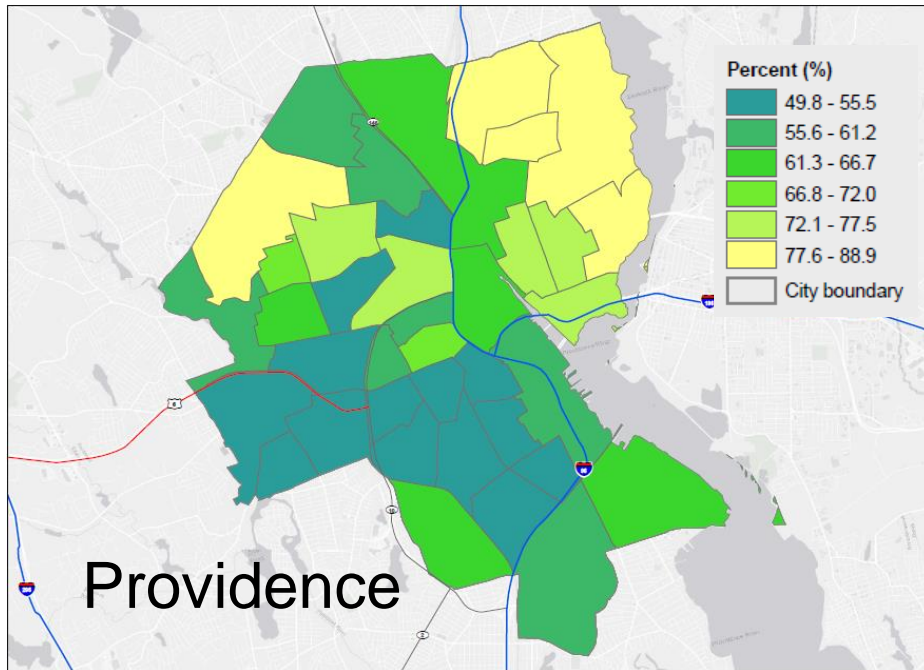


Lines for free dental care, R.I. Mission of Mercy, 2019



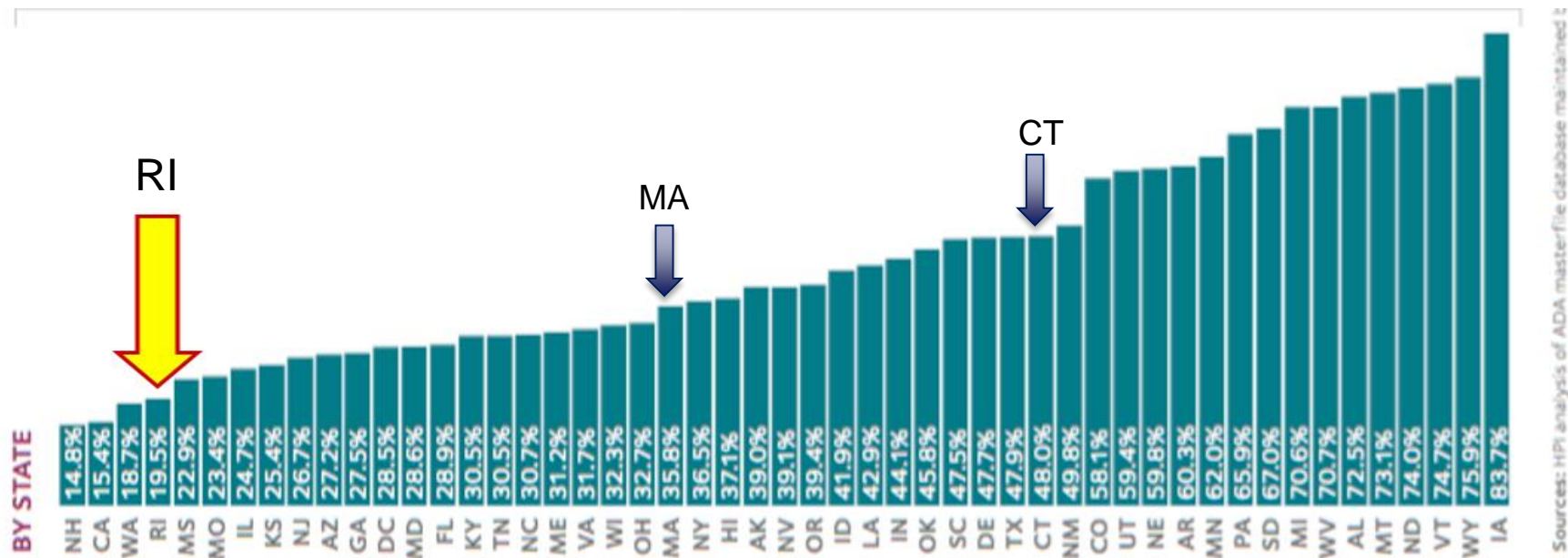


City/Town	Util 0-18	Util 19-64
CENTRAL FALLS	57%	32.5%
CHARLESTOWN	42%	27.2%
COVENTRY	56%	30.8%
CRANSTON	52%	30.5%
CUMBERLAND	45%	24.3%
EAST GREENWICH	51%	31.1%
EAST PROVIDENCE	48%	24.4%
EXETER	56%	24.8%
FOSTER	49%	36.2%
GLOCESTER	46%	31.9%
HOPKINTON	77%	30.2%
JAMESTOWN	39%	32.6%
JOHNSTON	47%	31.0%
LINCOLN	51%	26.3%
LITTLE COMPTON	43%	20.2%
MIDDLETOWN	54%	25.3%
NARRAGANSETT	55%	38.6%
NEWPORT	51%	24.4%
NORTH KINGSTOWN	51%	35.9%
NORTH PROVIDENCE	47%	26.4%
NORTH SMITHFIELD	46%	28.2%
PAWTUCKET	49%	30.1%
PORTSMOUTH	45%	18.0%
PROVIDENCE	53%	28.0%



Note: A sampling of cities were selected for illustration.
Green indicates above average, pink indicates below average.

RI Dentist Participation in Adult Medicaid Has Plummeted



The proportion of dentists participating in the Adult Medicaid program fell from 29% in 2012 to 19.5% in 2016.

Primary reasons expressed by dentists:

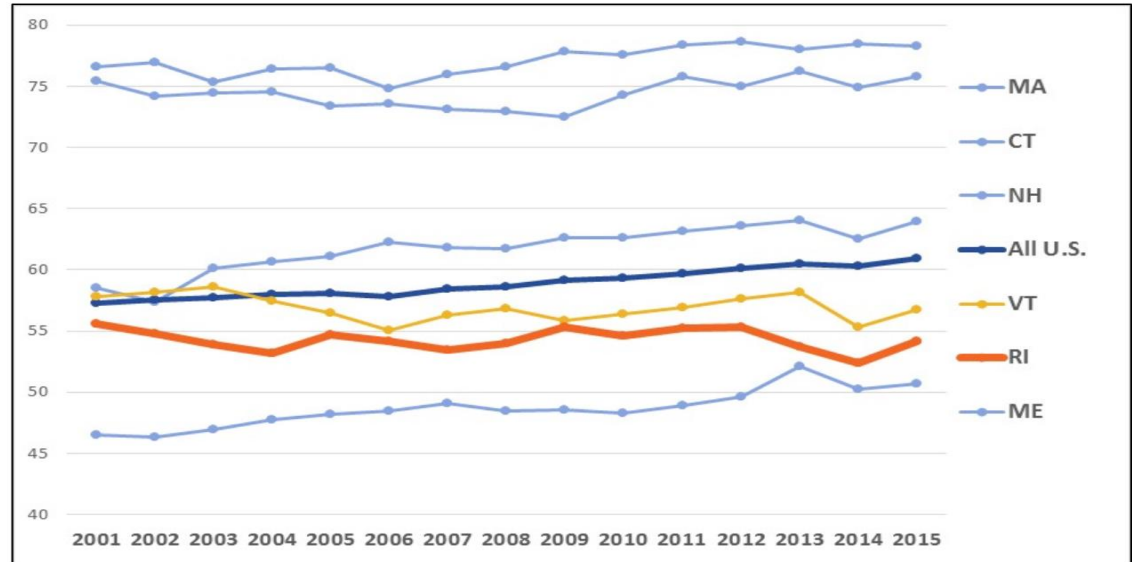
1. Rates are not compatible with costs of care and have not changed since 1992. Costs of running a practice continue to increase
2. Patients are late or miss appointments, don't follow through with recommended prevention strategies, have difficulty making decisions about care, have medically complex needs, etc.

Workforce

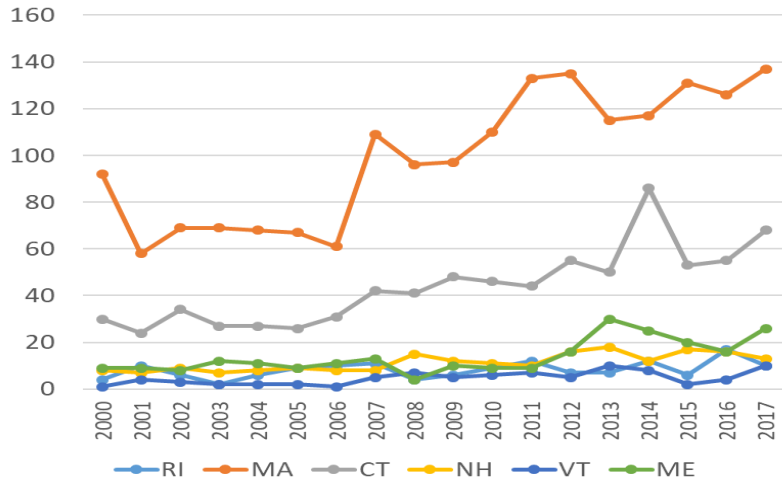
Dentists per 100,000

- US: 62
- RI: 54
- MA: 78
- CT: 72

FIGURE 23. Rhode Island Dentist to Population Ratio, Compared with US, and other New England States, 2001-2015



Data source: American Dental Association Health Policy Institute. *Dentist Supply in the U.S.: 2001-2015*. Available at <http://www.ada.org/en/science-research/health-policy-institute/data-center/supply-of-dentists>



Data from Health Policy Institute (HPI) of the American Dental Association (ADA), which asks First-year students in each dental school, what is your home state?



Dental Workforce Members

- Dental Assistants
- Dentists
- Dental Specialists
 - Pediatric Dentists
 - Oral Surgeons
 - Others
- Dental Hygienists
 - Public Health Dental Hygienists
- Dental Therapists



How to Increase Provider Participation in the Adult Program??

- Managed care
- California- Prop 56
- Colorado- Take 5 program
- Connecticut- rate increase
- These programs succeeded through collaboration with state dental associations

