

Trends in Oral Health

Spotlight on Virginia

Cassandra Yarbrough, M.P.P.
Lead Public Policy Analyst
Health Policy Institute

Health Policy Institute

Bloomberg Businessweek
Small Business

The New York Times

POLITICO



The Washington Post

THE WALL STREET JOURNAL.

American Journal of
PUBLIC HEALTH

Health Affairs

HSR HEALTH SERVICES RESEARCH
*Impacting Health Practice and Policy Through
State-of-the-Art Research and Thinking*

JADA
THE JOURNAL OF THE AMERICAN DENTAL ASSOCIATION

Journal of Dental Education

MEDICAL CARE
Official Journal of the Medical Care Section, American Public Health Association



The **NEW ENGLAND**
JOURNAL of **MEDICINE**

Health Policy Institute

- ada.org/hpi
 - Research Briefs
 - Infographics
 - Commentaries
 - Data

Today

- Just the facts...
- Tools moving forward...

Just the Facts...

HPI Health Policy Institute

ADA American Dental Association®

Oral Health Care State Fact Projects



Oral Health and Well-Being in
the United States



Oral Health Care System

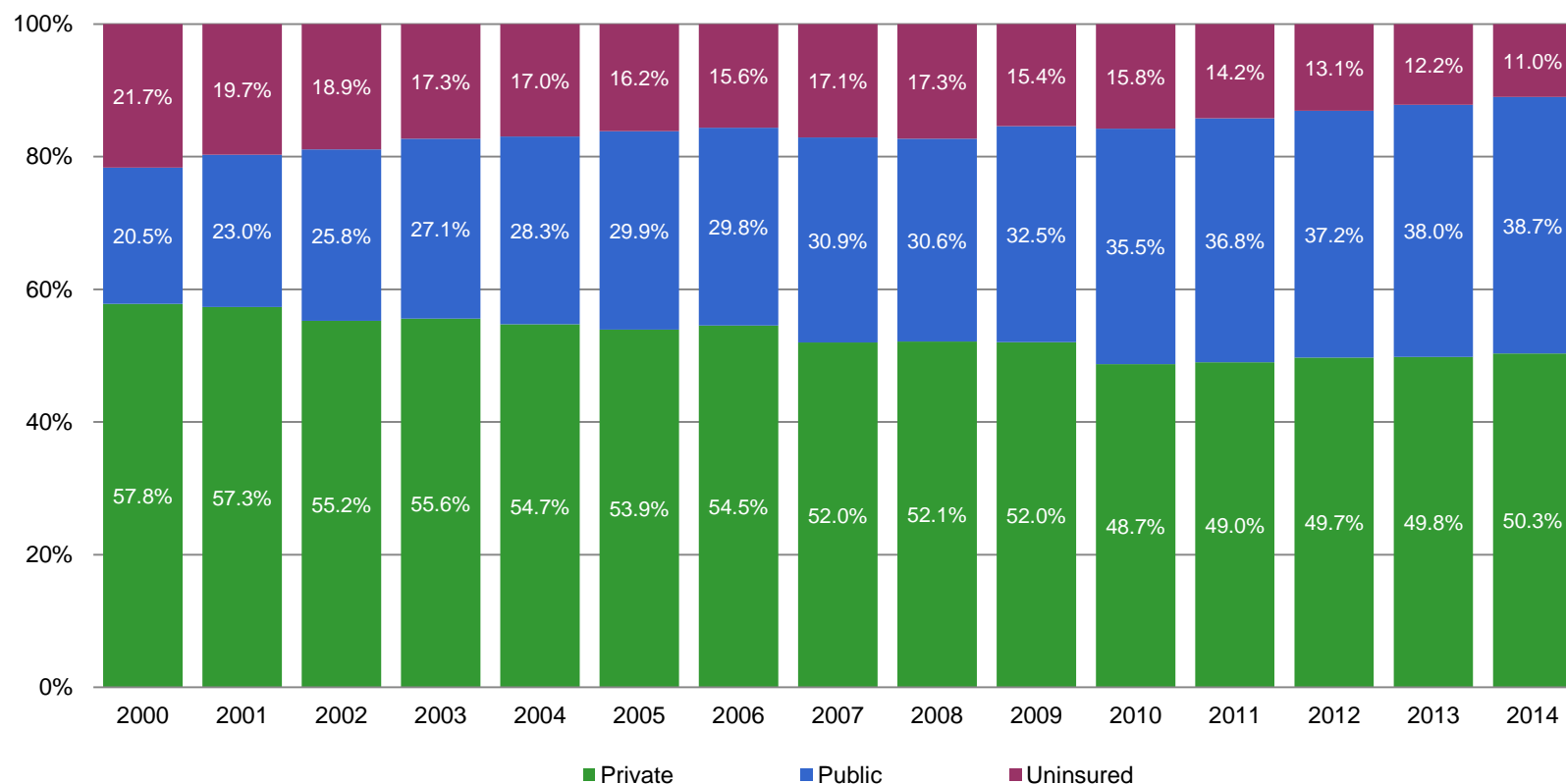
ada.org/statefacts

HPI Health Policy Institute

ADA American Dental Association®

More Kids Have Medicaid Benefits

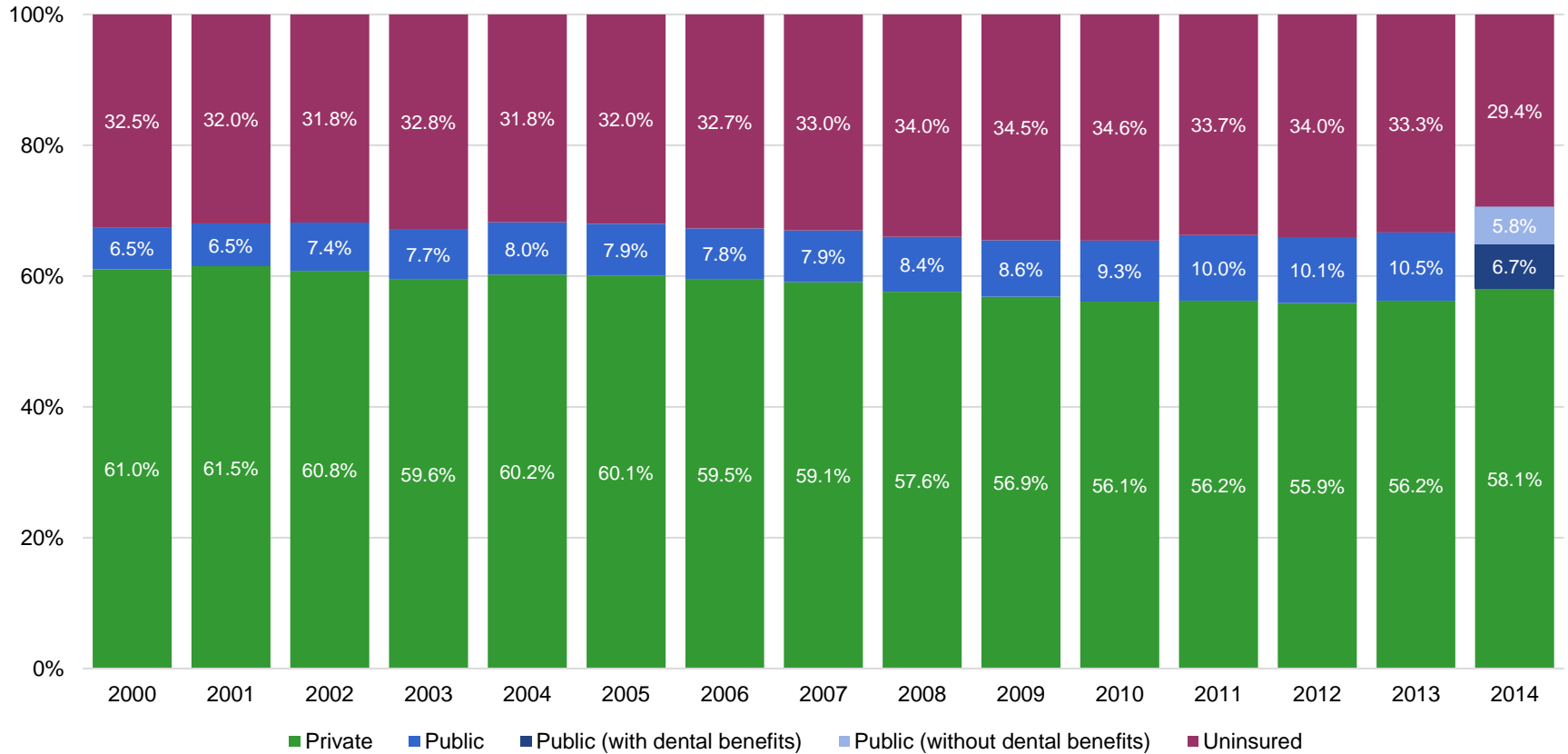
Source of Dental Benefits, Children Ages 2-18, 2000-2014



Source: Health Policy Institute analysis of the Medical Expenditure Panel Survey, AHRQ. **Notes:** All changes were significant at the 1% level (2000-2014). The change in uninsured from 2013 to 2014 was statistically significant at the 10% level.

Adult Benefits Largely Stagnant

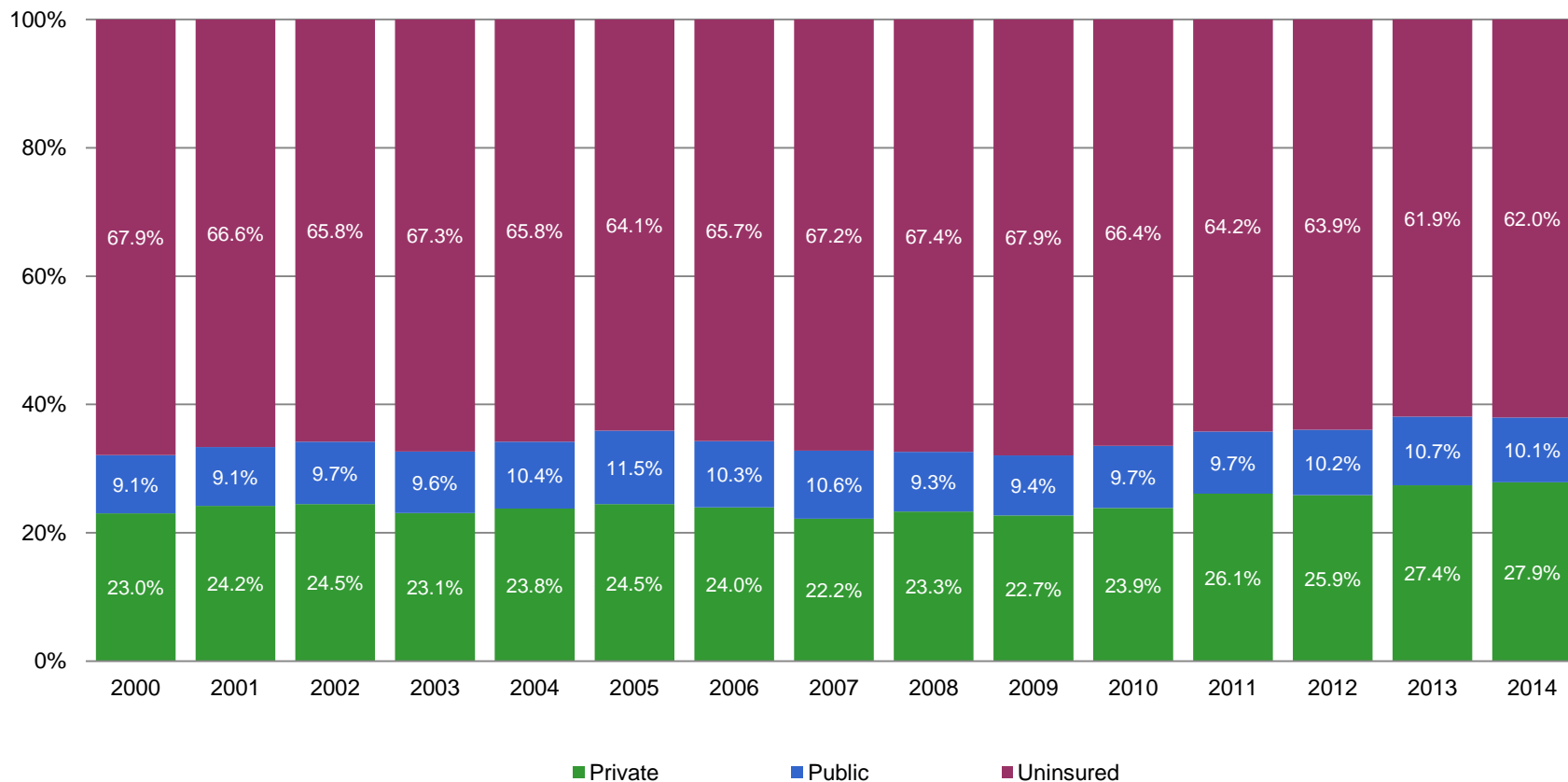
Source of Dental Benefits, Adults Ages 19-64, 2000-2014



Source: Health Policy Institute Analysis of the Medical Expenditure Panel Survey, AHRQ. **Notes:** Changes for public and uninsured were significant at the 1% level (2000-2014). Changes for private were significant at the 5% level (2000-2014). All changes from 2013 to 2014 were statistically significant at the 1% level.

Small Increase in Seniors with Private Benefits

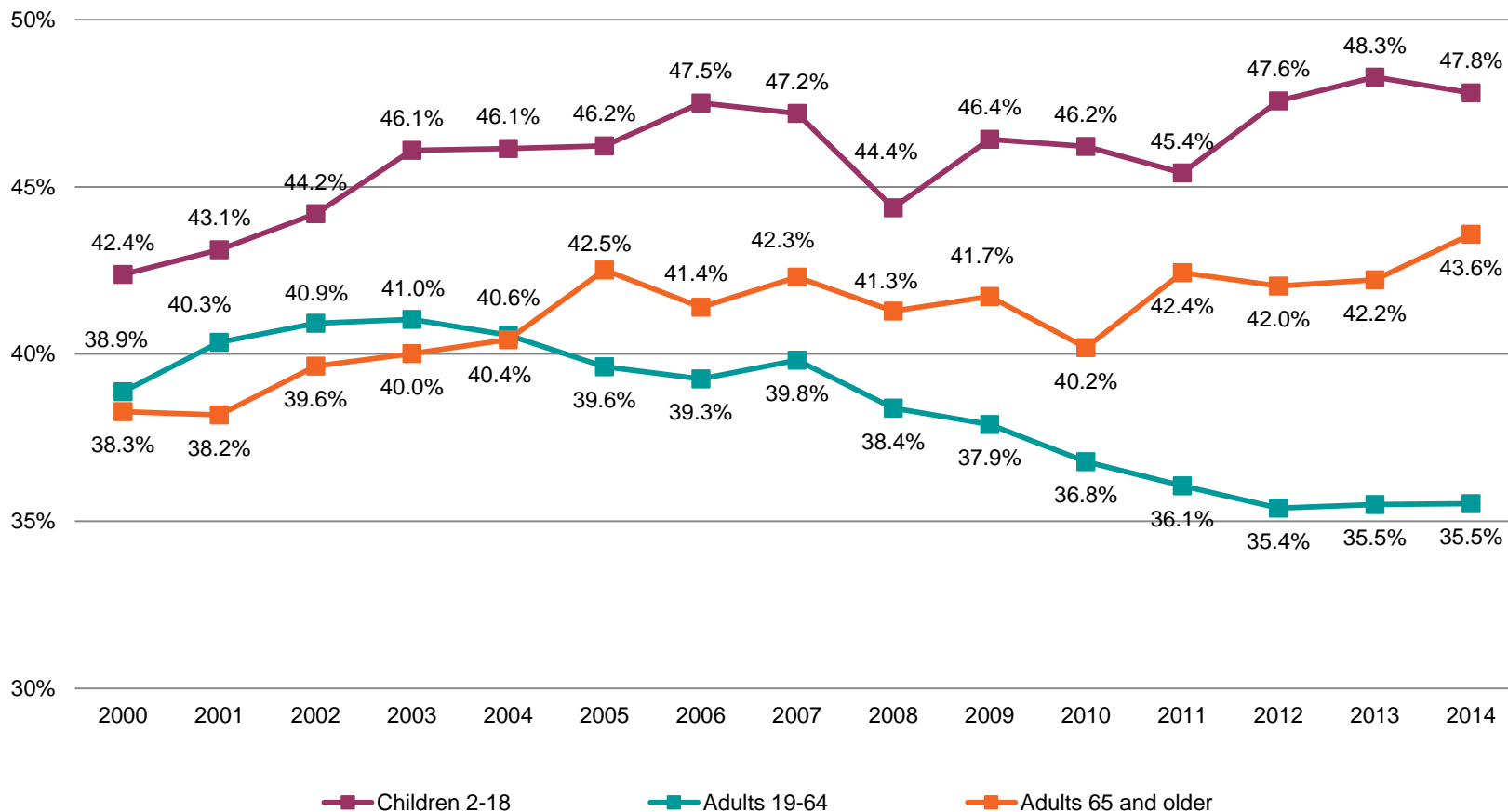
Source of Dental Benefits, Adults Ages 65 and Older, 2000-2014



Source: Health Policy Institute analysis of the Medical Expenditure Panel Survey, AHRQ. **Notes:** Changes in private and uninsured were significant at the 1% level (2000-2014). All changes from 2013 to 2014 were not statistically significant.

Dental Care Utilization

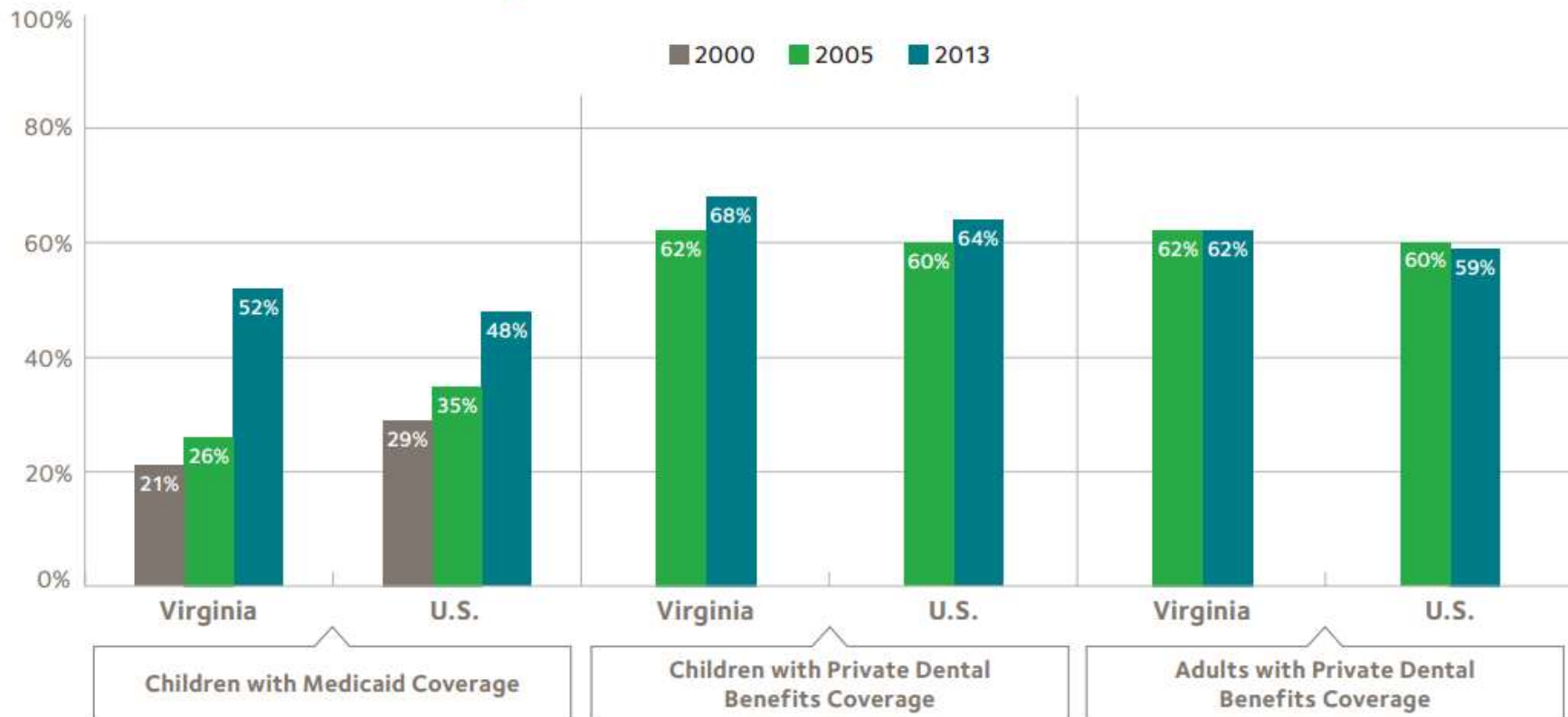
Percentage of the Population with a Dental Visit in the Year, 2000-2014



Source: Health Policy Institute analysis of the Medical Expenditure Panel Survey, AHRQ. **Notes:** For children ages 2-18 and adults ages 65 and older, changes were statistically significant at the 1% level (2000-2014). Among adults ages 19-64, changes were statistically significant at the 1% level (2003-2014). Changes from 2013 to 2014 among children, adults 19-64, and the elderly 65 and older were not statistically significant.

Dental Care Utilization

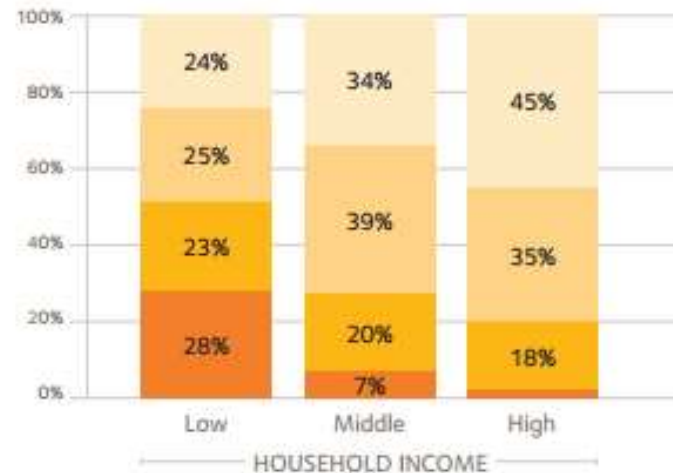
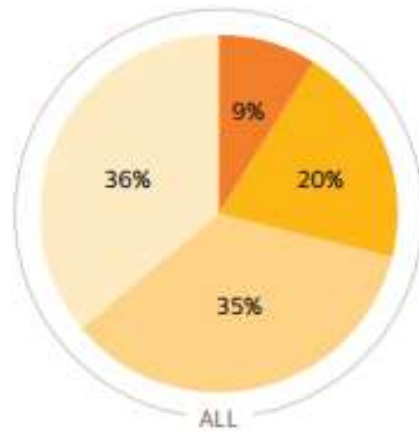
Percentage with a Dental Visit in the Past 12 Months



Oral Health & Well-Being Among Virginia Adults

Overall Condition of Mouth and Teeth

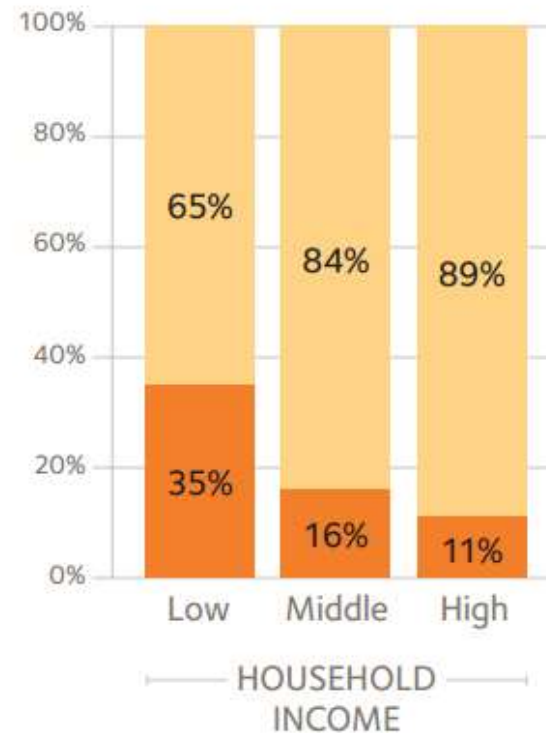
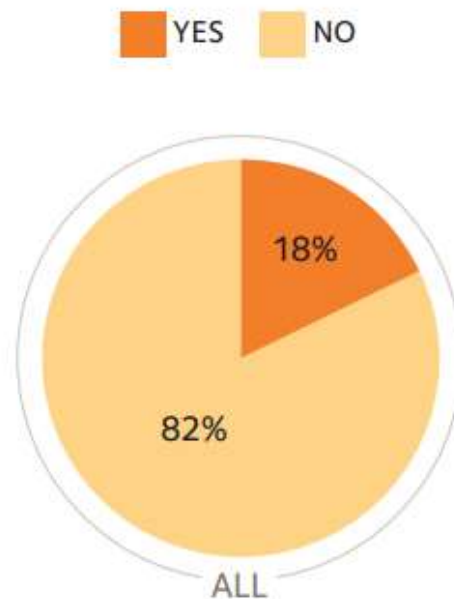
VERY GOOD
GOOD
FAIR
POOR



28% of low income adults say their mouth and teeth are in poor condition.

Oral Health & Well-Being Among Virginia Adults

Appearance of Mouth and Teeth Affects Ability to Interview for a Job



Oral Health & Well-Being Among Virginia Adults



1 in 5

adults **avoid smiling** due to the condition of their mouth and teeth.



22%

of adults **feel embarrassment** due to the condition of their mouth and teeth.



1 in 5

adults **experience anxiety** due to the condition of their mouth and teeth.

Low income adults are most likely to report having problems due to the condition of their mouth and teeth.



The top oral health problem for low income adults is **experiencing pain**.



34% of low income adults avoid smiling due to the condition of their mouth and teeth.



16% of high income adults experience pain due to the condition of their mouth and teeth.



25% of middle income adults feel embarrassment due to the condition of their mouth and teeth.



27% of low income adults reduce participation in social activities due to the condition of their mouth and teeth.

Barriers to Utilization

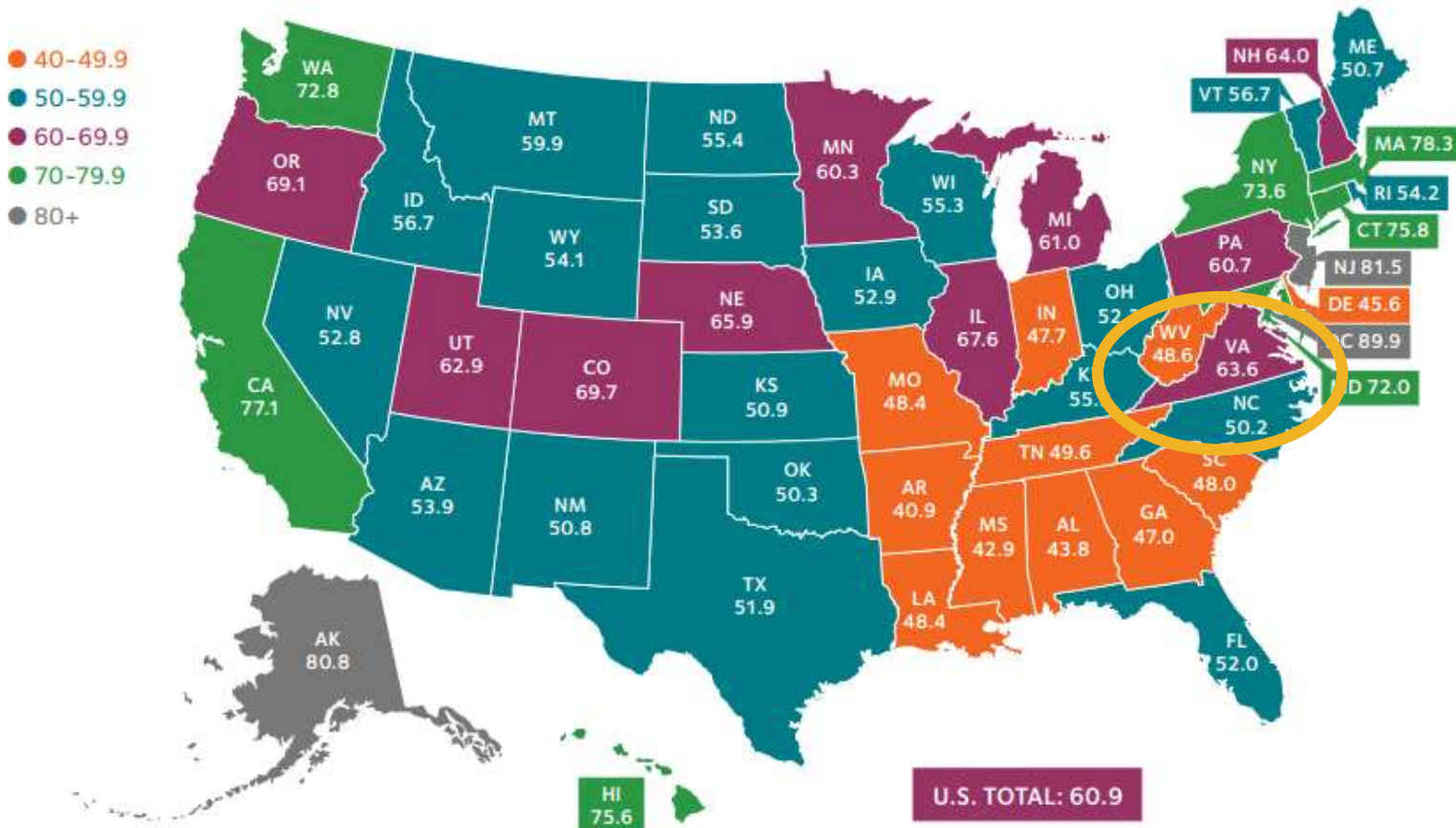
Reasons for Not Visiting the Dentist More Frequently, Among Those Without a Visit in the Last 12 Months



Dentist Supply

DENTIST-TO-POPULATION RATIOS VARY ACROSS STATES

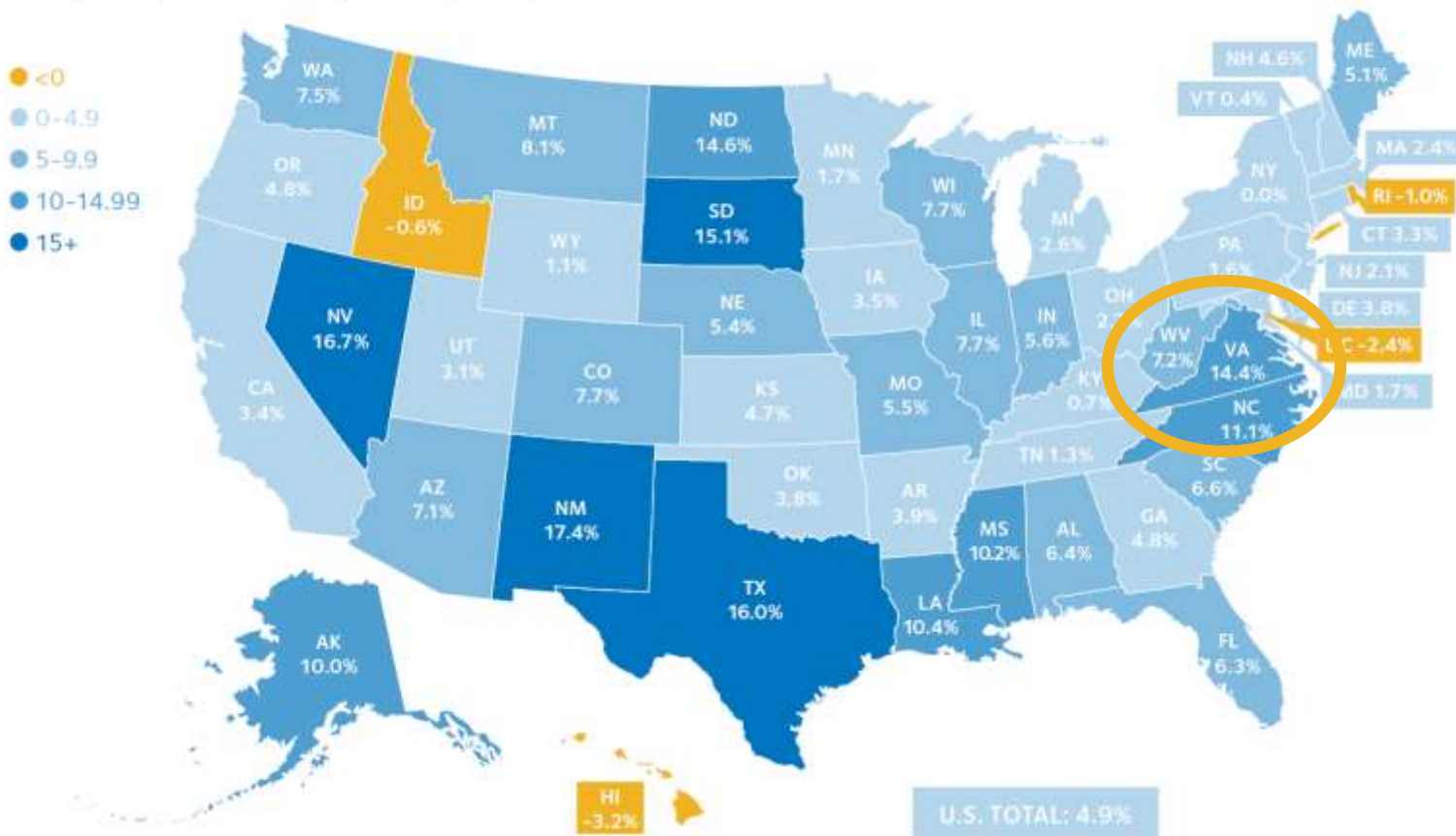
The number of dentists per 100,000 population in the United States was 60.9 in 2015 and varied across states. The District of Columbia (89.9), New Jersey (81.5) and Alaska (80.8) had the highest ratios in the nation.



Dentist Supply

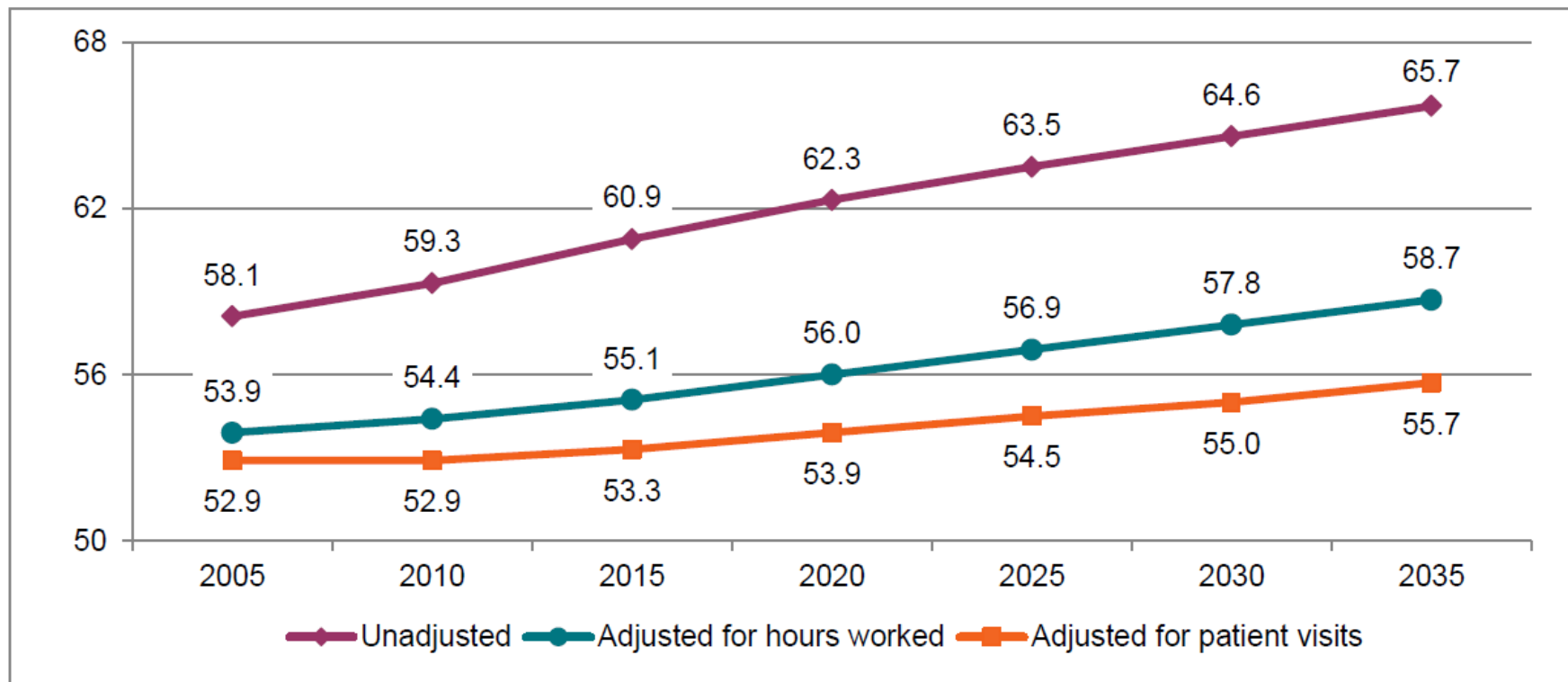
DENTIST-TO-POPULATION RATIOS INCREASED FOR MOST STATES IN THE PAST DECADE

The states where the dentists per 100,000 population increased the most between 2005 and 2015 were New Mexico (17.4 percent), Nevada (16.7 percent) and Texas (16 percent). Only four states experienced decreases, ranging from -0.6 percent (Idaho) to -3.2 percent (Hawaii).



Projecting the Supply of Dentists

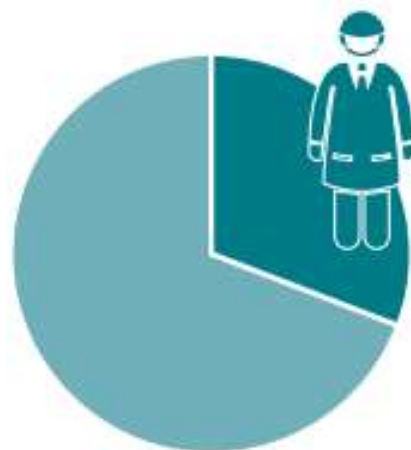
Figure 1: Historical and Projected Dentists per 100,000 Population in the U.S., Baseline Scenario



Sources: ADA Health Policy Institute analysis of ADA masterfile; ADA Survey of Dental Practice; ADA Survey of Dental Education; U.S. Census Bureau, Intercensal Estimates and National Population Projections. **Notes:** Data for 2005, 2010 and 2015 are based on the ADA masterfile. Results after 2015 are projected. Assumes (a.) U.S. total annual dental school graduates will increase until 2020 and then remain constant (b.) future outflow rates are same as 2010-15 historical percentages.

DDS Medicaid Participation

Percentage of Dentists Participating in Medicaid for Child Dental Services in 2014



31%

Virginia

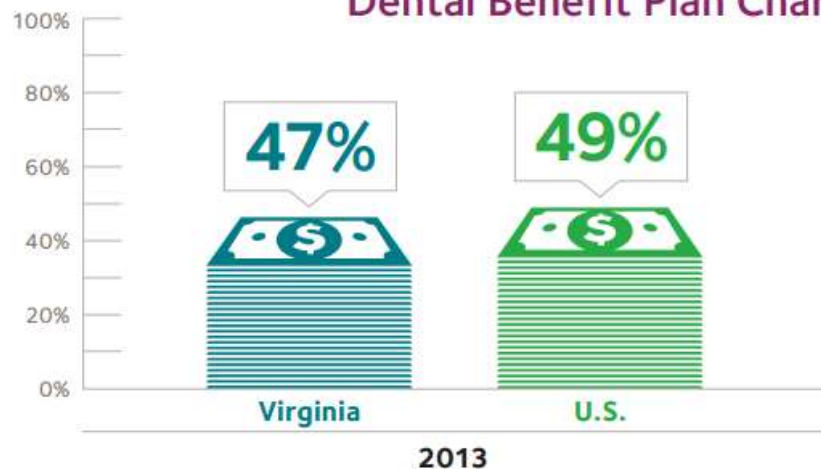


42%

U.S.

Medicaid FFS Reimbursement

Medicaid Fee-for-Service Reimbursement as a Percentage of Private Dental Benefit Plan Charges for Child Dental Services



BETWEEN
2003 AND 2013
REIMBURSEMENT RATES FOR
CHILD DENTAL SERVICES
IN MEDICAID
**decreased 5.7%
in Virginia**

Tools for Policymakers...

Tools for Policymakers

The Health Policy Institute compiled a number of useful tools for policymakers focused on improving the oral health care system.

Oral Health and Well-Being in Your State and for the U.S. >

The Oral Health Care System in Your States and for the U.S. >

Projecting the Supply of Practicing Dentists in Your State and for the U.S. >

Estimating the Cost of a Medicaid Adult Dental Benefit in Your State >

Assessing the Accuracy of Medicaid Provider Lists >

Medicaid Dental Care Reimbursement Rates in Your State >

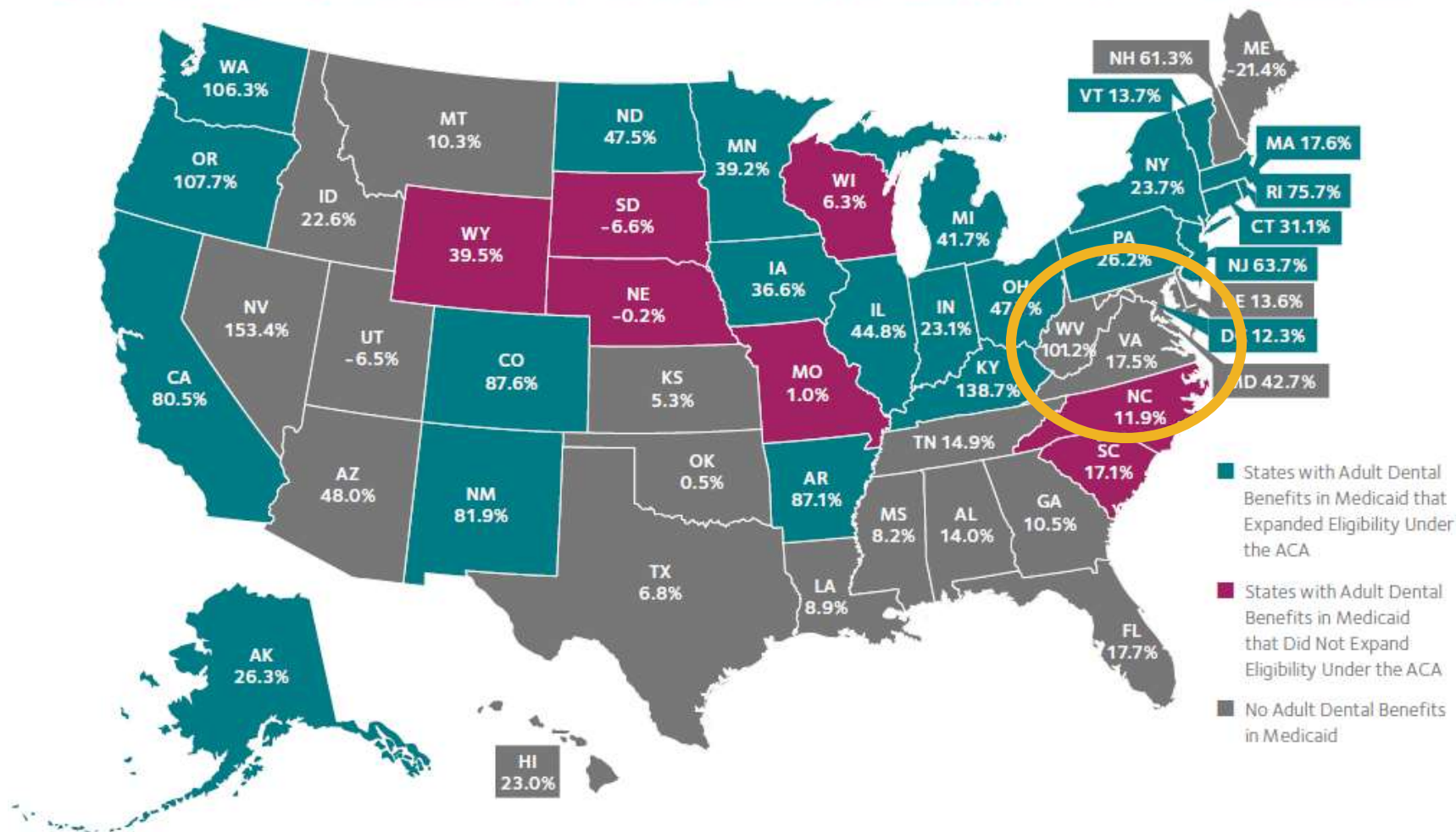
Developing an Effective RFP/Dental Benefits Contract in Medicaid in Your State >

HPI Health Policy Institute

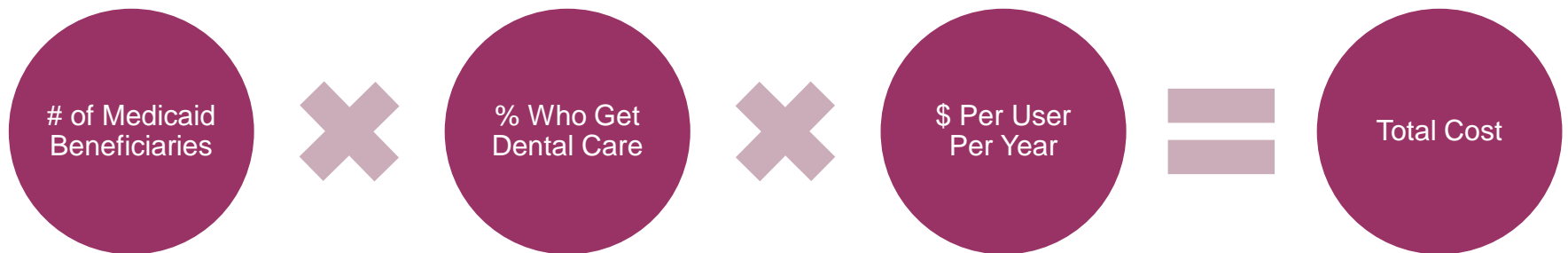
ADA American Dental Association*

Estimating Cost of Adult Dental Benefit

PERCENTAGE CHANGE IN THE NUMBER OF ADULTS WITH MEDICAID DUE TO THE AFFORDABLE CARE ACT



Estimating Cost of Adult Dental Benefit



Virginia

- Formula: Enrollment x Utilization x Spending/User x State Share
- Scenario 1: 234,582 adults x 0.249 x \$818.47 x 0.311 = \$14.9 million
- The cost of adding an adult dental benefit under Scenario 1 represents about 0.9% of Alabama's total Medicaid budget.

State	Adult Medicaid Enrollment	Utilization Rate (% with a dental visit)			Spending per Dental Care User per Year (\$2015)			State Share of Medicaid Expenditure
		Scenario 1	Scenario 2	Scenario 3	Scenario 1	Scenario 2	Scenario 3	
Virginia	307,583	24.9%	24.9%	62.1%	\$818.47	\$646.59	\$646.59	49.2%

Current Total Medicaid Expenditure	Increase in Expenditure (\$)			As Percentage of Total Medicaid Expenditure		
	Scenario 1	Scenario 2	Scenario 3	Scenario 1	Scenario 2	Scenario 3
\$3,620,454,452.83	\$30,859,295.83	\$24,378,843.70	\$60,756,420.35	0.9%	0.7%	1.7%

Medicaid Adult Dental – an Example

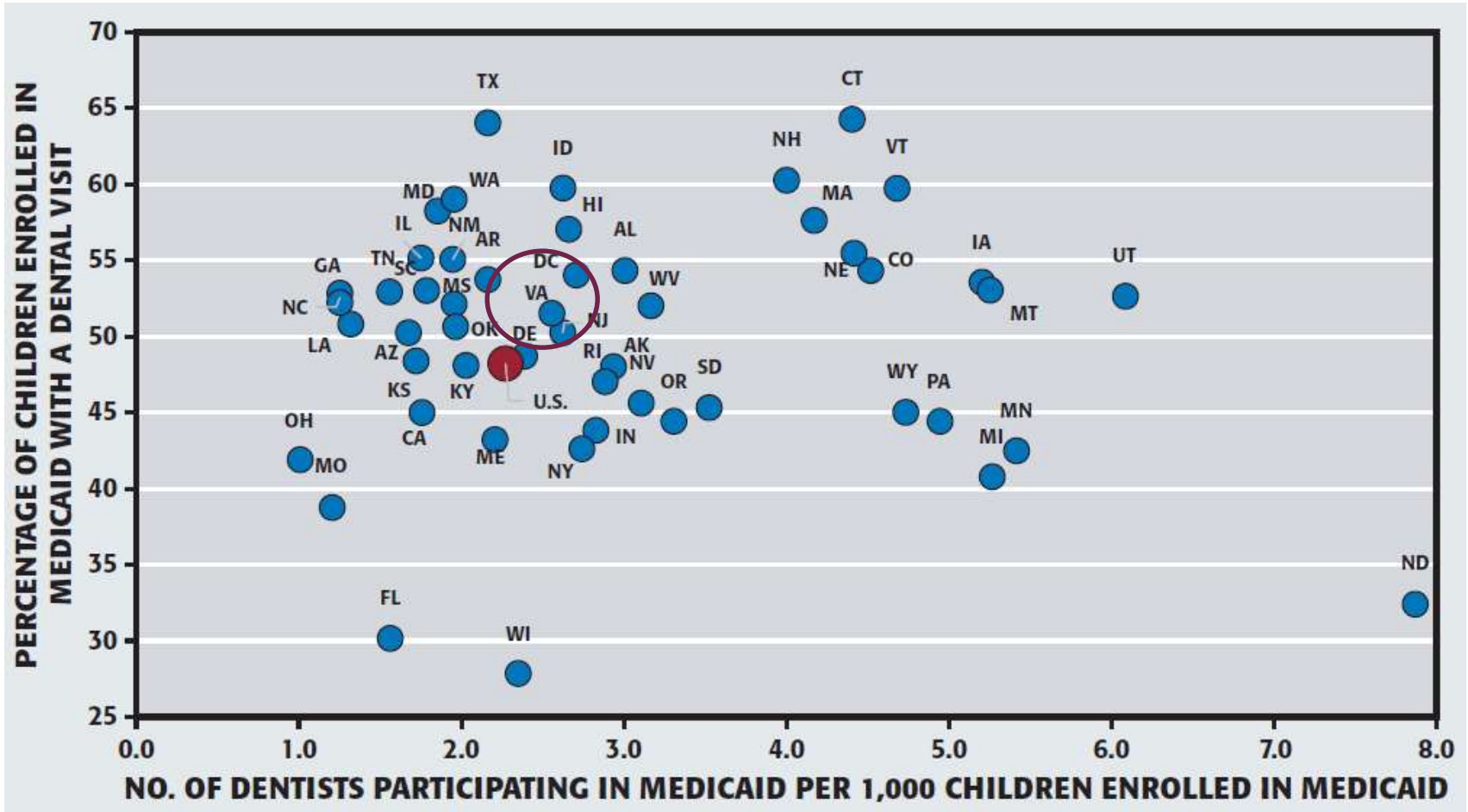
Dental Wellness Plan (Delta Dental of Iowa – Medicaid)

Incentives:

- Patients: graduated benefits rewarding preventive service utilization
- Providers: bonus payments rewarding use of oral health risk assessments

	Core Benefits <i>Immediate Access</i>	Enhanced Benefits <i>Complete 1st follow-up within 6-12 months of initial exam</i>	Enhanced Plus Benefits <i>Complete 2nd follow-up within 6-12 months of 1st follow-up</i>
Diagnostic Services	■	■	■
Preventive services	■	■	■
Emergency services for pain	■	■	■
Stabilization services for basic function	■	■	■
Restorations		■	■
Root canals		■	■
Non-surgical gum treatment		■	■
Some oral surgery		■	■
Crowns			■
Tooth replacements			■
Gum surgery			■

Understanding Access



Understanding Access

Figure 2a. (Missouri, 15 Minute Catchment Area)

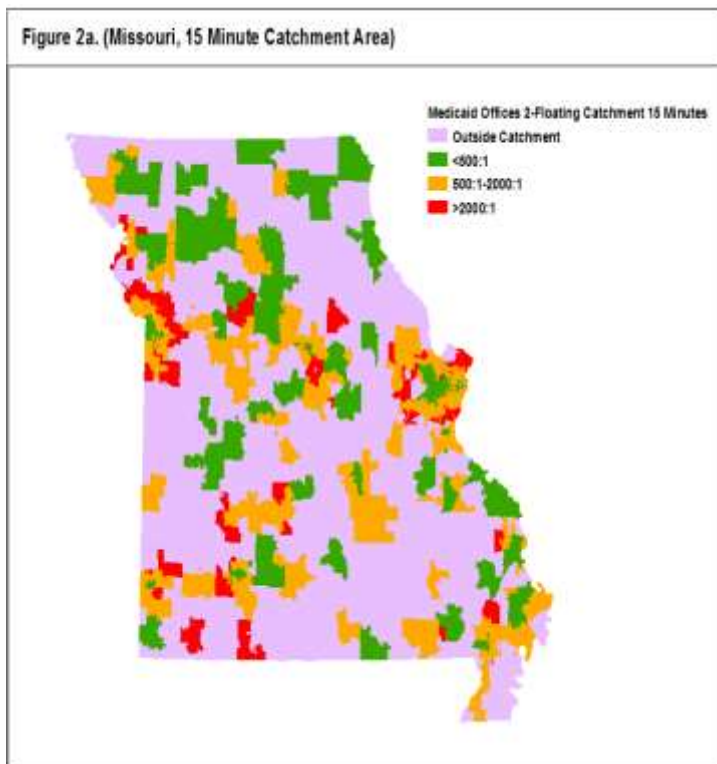
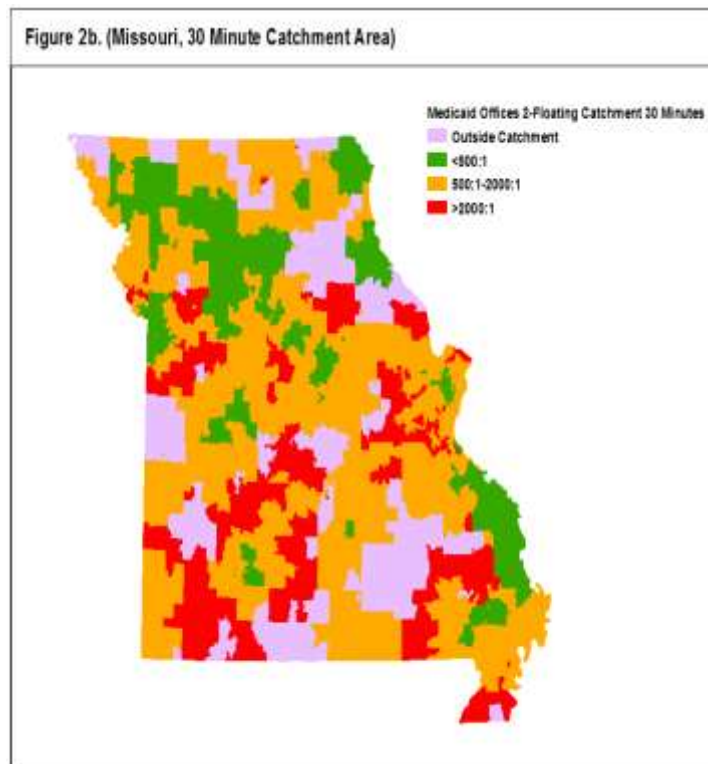


Figure 2b. (Missouri, 30 Minute Catchment Area)



Understanding Access

Figure 2c. (Wisconsin, 15 Minute Catchment Area)

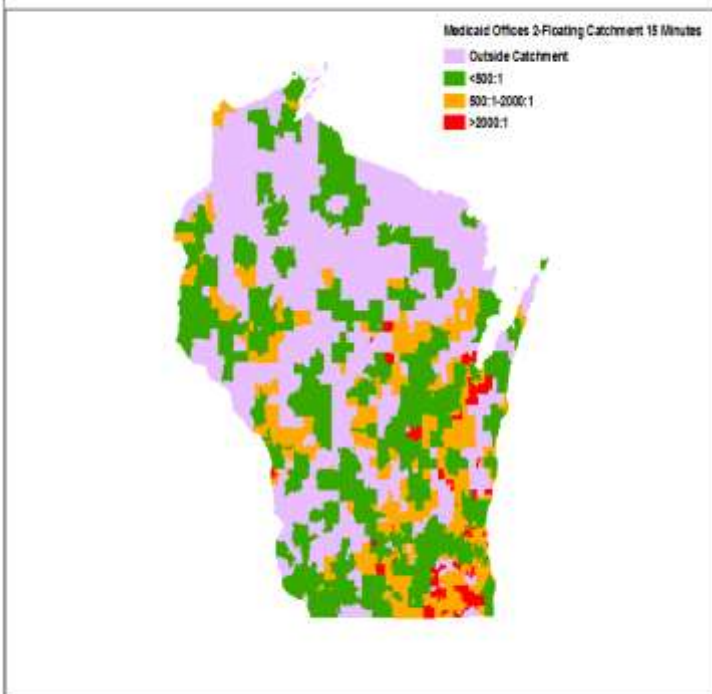
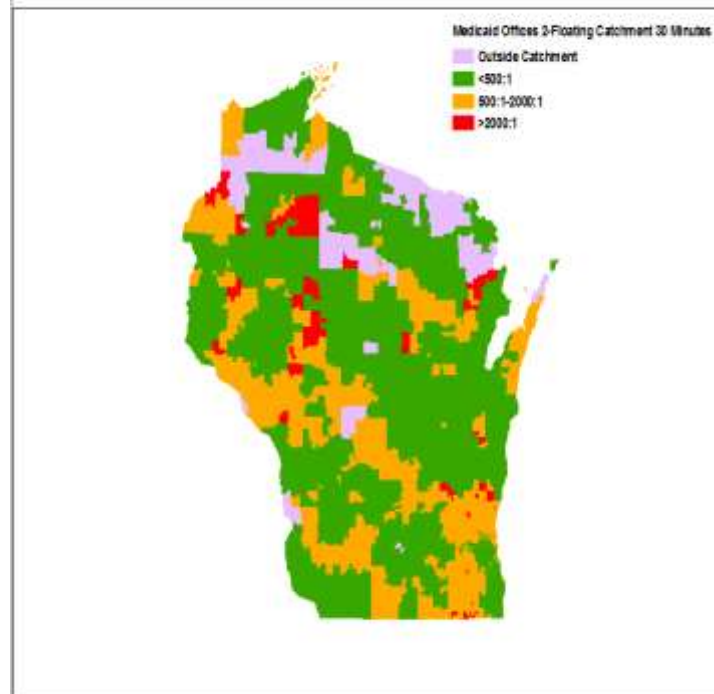


Figure 2d. (Wisconsin, 30 Minute Catchment Area)



Understanding Access

State	Population to DDS Ratio	15 Minute Catchment Area	30 Minute Catchment Area	Pediatric Publicly Insured Population to Medicaid DDS Ratio	15 Minute Catchment Area	30 Minute Catchment Area
Missouri	<2500:1	44.6%	49.5%	<500:1	24.2%	23.7%
	5000:1-2500:1	33.9%	35.4%	2000:1-500:1	46.0%	59.6%
	>5000:1	14.5%	14.4%	>2000:1	9.0%	12.4%
	Outside Catchment	7.1%	0.7%	Outside Catchment	20.7%	4.3%
Wisconsin	<2500:1	59.2%	67.1%	<500:1	55.7%	73.3%
	5000:1-2500:1	27.6%	28.6%	2000:1-500:1	32.6%	24.9%
	>5000:1	10.1%	4.2%	>2000:1	2.1%	1.0%
	Outside Catchment	3.0%	0.2%	Outside Catchment	9.7%	0.8%

Thank You!

ada.org/hpi

ada.org/statefacts

hpi@ada.org



ADA American Dental Association®