Trends in Oral Health

Spotlight on Virginia

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Lead Public Policy Analyst
Health Policy Institute
• ada.org/hpi
  – Research Briefs
  – Infographics
  – Commentaries
  – Data
Today

• Just the facts…
• Tools moving forward…
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


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Oral Health & Well-Being Among Virginia Adults

Overall Condition of Mouth and Teeth

- Very Good: 36%
- Good: 20%
- Fair: 9%
- Poor: 35%

By Household Income:
- Low Income:
  - Very Good: 24%
  - Good: 25%
  - Fair: 23%
  - Poor: 28%
- Middle Income:
  - Very Good: 34%
  - Good: 39%
  - Fair: 20%
  - Poor: 7%
- High Income:
  - Very Good: 45%
  - Good: 35%
  - Fair: 18%

28% of low income adults say their mouth and teeth are in poor condition.
Appearance of Mouth and Teeth Affects Ability to Interview for a Job

- 82% Yes
- 18% No

Income Levels:
- Low: 65% Yes, 35% No
- Middle: 84% Yes, 16% No
- High: 89% Yes, 11% No
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

- **COST**
  - 65%

- **AFRAID OF DENTIST**
  - 21%

- **INCONVENIENT LOCATION OR TIME**
  - 13%

- **TROUBLE FINDING A**
  - 11%

28% of low income adults cite trouble finding a dentist as a reason not to visit the dentist.
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.

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

- Virginia: 31%
- U.S.: 42%
Medicaid Fee-for-Service Reimbursement as a Percentage of Private Dental Benefit Plan Charges for Child Dental Services

2003 and 2013 reimbursement rates for child dental services in Medicaid decreased 5.7% in Virginia.
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
Estimating Cost of Adult Dental Benefit

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

Map showing the percentage change in the number of adults with Medicaid due to the Affordable Care Act across various states.

- **States with Adult Dental Benefits in Medicaid that Expanded Eligibility Under the ACA**
- **States with Adult Dental Benefits in Medicaid that Did Not Expand Eligibility Under the ACA**
- **No Adult Dental Benefits in Medicaid**

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Estimating Cost of Adult Dental Benefit

# of Medicaid Beneficiaries × % Who Get Dental Care × $ Per User Per Year = Total Cost
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.

<table>
<thead>
<tr>
<th>State</th>
<th>Adult Medicaid Enrollment</th>
<th>Utilization Rate (% with a dental visit)</th>
<th>Spending per Dental Care User per Year ($2015)</th>
<th>State Share of Medicaid Expenditure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Virginia</td>
<td>307,583</td>
<td>24.9%</td>
<td>$818.47</td>
<td>49.2%</td>
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<tr>
<td></td>
<td>Scenario 1</td>
<td>Scenario 2</td>
<td>Scenario 3</td>
<td>Scenario 1</td>
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<tr>
<td>Current Total Medicaid Expenditure</td>
<td>Increase in Expenditure ($)</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Scenario 1</td>
<td>Scenario 2</td>
<td>Scenario 3</td>
<td>Scenario 1</td>
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<td>$3,620,454,452.83</td>
<td>$30,859,295.83</td>
<td>$24,378,843.70</td>
<td>$60,756,420.35</td>
<td>0.9%</td>
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</table>
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

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

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

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

![Map of Wisconsin showing Medicaid offices accessible within 15 minutes](image1)

![Map of Wisconsin showing Medicaid offices accessible within 30 minutes](image2)
## Understanding Access

<table>
<thead>
<tr>
<th>State</th>
<th>Population to DDS Ratio</th>
<th>15 Minute Catchment Area</th>
<th>30 Minute Catchment Area</th>
<th>Pediatric Publicly Insured Population to Medicaid DDS Ratio</th>
<th>15 Minute Catchment Area</th>
<th>30 Minute Catchment Area</th>
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</thead>
<tbody>
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<td><strong>Missouri</strong></td>
<td>&lt;2500:1</td>
<td>44.6%</td>
<td>49.5%</td>
<td>&lt;500:1</td>
<td>24.2%</td>
<td>23.7%</td>
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<td></td>
<td>5000:1-2500:1</td>
<td>33.9%</td>
<td>35.4%</td>
<td>2000:1-500:1</td>
<td>46.0%</td>
<td>59.6%</td>
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<td>&gt;5000:1</td>
<td>14.5%</td>
<td>14.4%</td>
<td>&gt;2000:1</td>
<td>9.0%</td>
<td>12.4%</td>
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<td></td>
<td>Outside Catchment</td>
<td>7.1%</td>
<td>0.7%</td>
<td>Outside Catchment</td>
<td>20.7%</td>
<td>4.3%</td>
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<td><strong>Wisconsin</strong></td>
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<td>59.2%</td>
<td>67.1%</td>
<td>&lt;500:1</td>
<td>55.7%</td>
<td>73.3%</td>
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<td>5000:1-2500:1</td>
<td>27.6%</td>
<td>28.6%</td>
<td>2000:1-500:1</td>
<td>32.6%</td>
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<td>1.0%</td>
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<td>Outside Catchment</td>
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<td>0.2%</td>
<td>Outside Catchment</td>
<td>9.7%</td>
<td>0.8%</td>
</tr>
</tbody>
</table>
Thank You!

[Links]

- ada.org/hpi
- ada.org/statefacts
- hpi@ada.org