



**DENTAL RELATED VISITS TO
HOSPITAL EMERGENCY ROOMS-
PAY ME NOW OR PAY ME LATER
Oral Health Florida Conference
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OVERALL OBJECTIVES:

1. Hospital ER visits for preventable dental problems are increasing, particularly where adult Medicaid has been cut or is minimal! Enormous costs!
2. Not much dental care actually happens in the hospital.
3. We need better ways to prevent ER use for preventable dental problems.
4. We need better ways to provide services to patients who do use the hospital ER.



Case Presentation

Deamonte Driver

- On Jan. 11 2007 Deamonte Driver, a 12 year old male and Medicaid recipient, came home from school complaining of a headache.
- Subsequently admitted to Children's Hospital, where he underwent emergency brain surgery for an abscess that originated from an infected tooth.
- In need of two surgeries and more than six weeks of therapy.
- On Saturday, their last day together, Deamonte refused to eat but otherwise appeared happy, his mother said. They played cards and watched a show on television, lying together in his hospital bed. But after she left him that evening, he called her. "Make sure you pray before you go to sleep," he told her.
- The next morning at about 6, she got another call, this time from the boy's grandmother. Deamonte was unresponsive. She rushed back to the hospital. "When I got there, my baby was gone," recounted his mother.





Overall health care costs in the US are the highest per capita in the world and generally twice as high as comparable countries and outcomes are generally poor.

Vujicic, M. Health Care Reform Brings New Opportunities. JADA 2014:145 (4): 381-382



This perspective by Dr. Vujicic aroused significant criticism by readers of JADA, claiming that US healthcare is just terrific, that the reports claiming otherwise were from “liberal think tank headed by a former Democratic staffer” and Obamacare is the worst thing since sliced bread and academics do not know what they are talking about. But, of course, no references to back up these opinions. “Letters to Editor”, JADA, July, 2014, pages 699-70.

Dr. Vujicic responded with three specific references to back up his claims:

1. OECD. Health at a glance 2013. OECD Indicators. www.oecd.org/health-systems/Health-at-a-Glance-2013.pdf.
2. Health Affairs. Health Policy Briefs. Reducing waste in health care. Dec. 13, 2012. www.healthaffairs.org/healthpolicybrief.php?brief_id=82.
3. Kassebaum et al. Global, regional, and national levels and causes of maternal mortality during 1990-2013: a systematic analysis for the Global Burden of Disease Study 2013 (published online ahead of print May 2, 2014) Lancet. Doi:10.1016/S0140-6736(14)60696-6.



Is there any logical reason to think that dentistry is different than the rest of the health care system in terms of cost and quality?

ADA Health Policy Institute- The decrease in adults seeking dental care cuts across economic groups with reductions in upper income, middle income and 6% lower income groups.
REASON-COSTS.

Recent HARRIS- Oral Health America Poll. Almost half of older adults with incomes of \$35,000 or less have not been to the dentist in 2 years and 35% of all lower income older adults have not sought dental care in the last four years.

REASON- COSTS



Boros, A. (2012, December 1). Massachusetts' Emergency Departments and Preventable Adult Oral Health Conditions: Utilization, Impact and Missed Opportunities (2008-2011). . Retrieved July 19, 2014, from <http://www.mass.gov/chia/docs/r/pubs/12/dental-ed-report.pdf>

This Massachusetts study conducted from 2008-2011 found that 29.2 percent of patients who came to the ED for preventable dental conditions had three or more such visits, and 8.7 percent had ten or more. These individuals are likely either not following discharge instructions due to challenges to access (difficulty finding a dentist, costs?) or the discharge instructions are insufficient, or there is a lack of education about routine dental care (Oral Health Literacy?).

Abstracted by Harrison Hodgeman, UF MPH Student

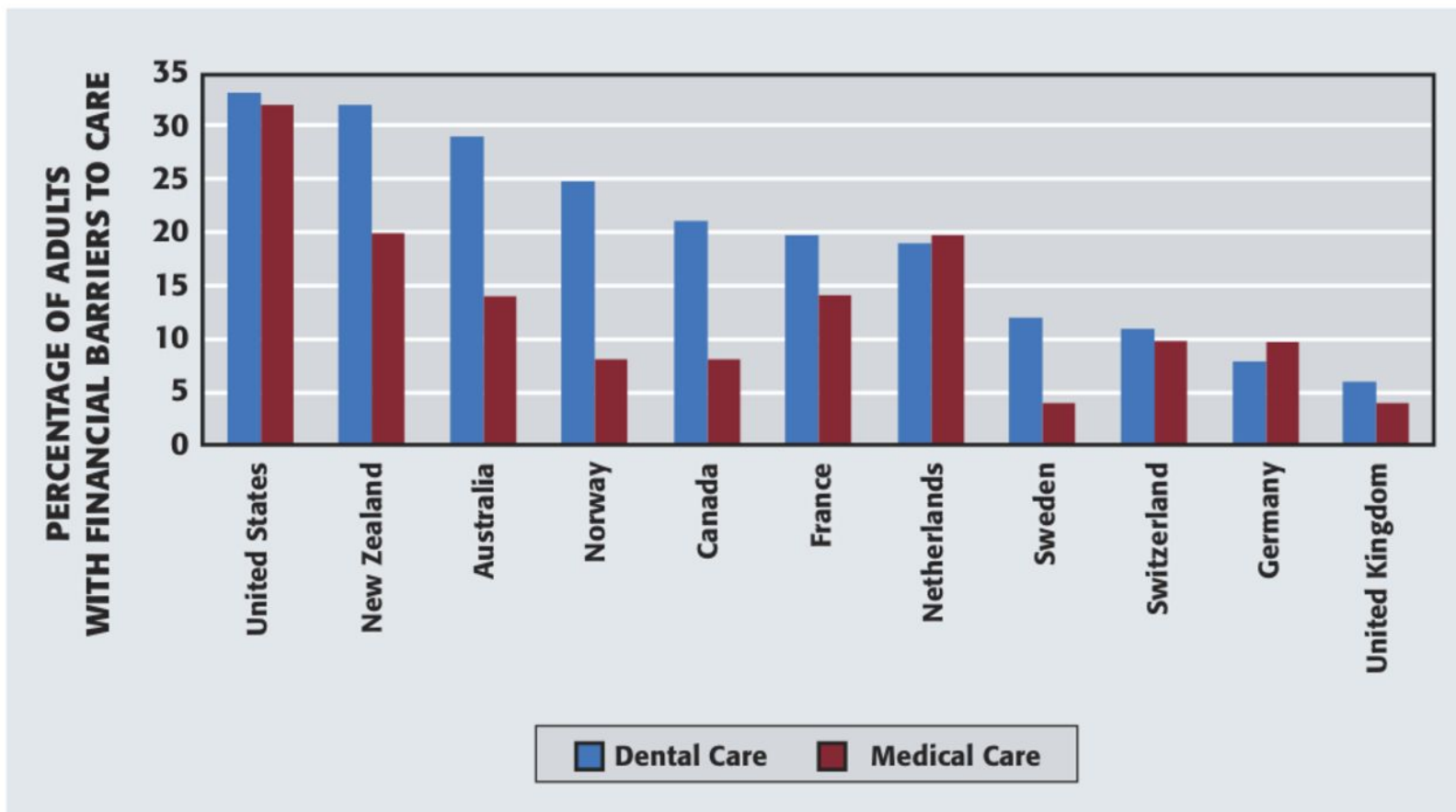


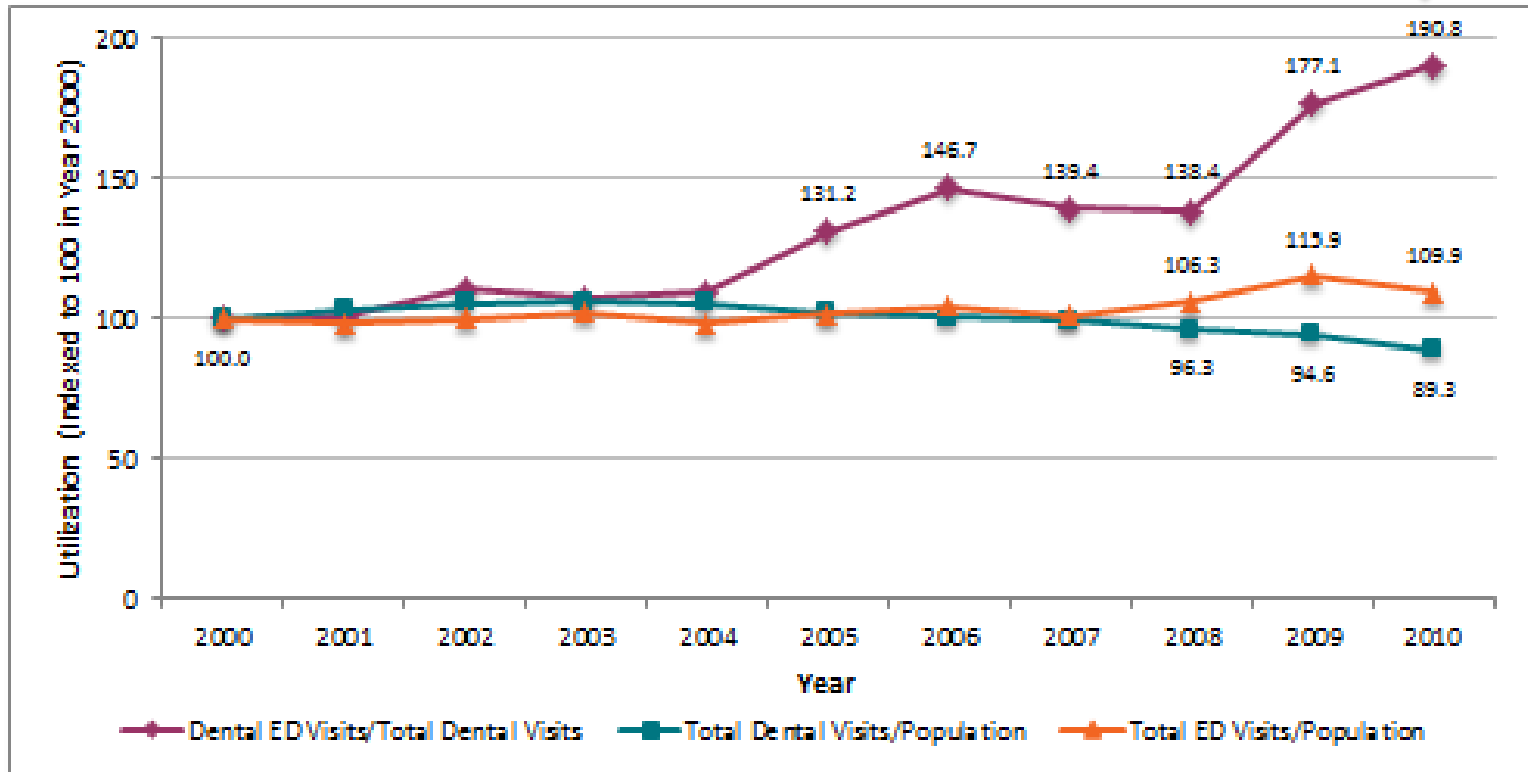
Figure. Percentage of adults with financial barriers to care. Data are based on the percentage of respondents who indicated that they did not see a physician when they were sick or that they did not get recommended care because of cost in the past year. The figure also shows the percentage of respondents who indicated that they skipped dental care or checkups because of cost in the past year. Source: The Commonwealth Fund.²

Vujcic, M. JADA 2014;145:5:482-483



CONSEQUENCES- Lack of access to oral health care has consequences which include preventable use of hospital emergency rooms and actual hospitalization.

Figure 2: Trends over Time in Various Components of Dental Emergency Department Use for Dental Services in the United States, 2000 to 2010 (Indexed to 100 in Year 2000)



Sources: National Hospital Ambulatory Medical Care Survey, NCHS; Medical Expenditure Panel Survey, AHRQ; Census Bureau.

Hospital-based emergency department visits involving dental conditions. Allareddy et al. JADA 145(4), April 2014 331-337

- Study period 2008-2010; Nationwide Emergency Department Sample of the Healthcare Cost and Utilization Project (AHRQ)
- 4,049,361 ED visits, about 1% of all ED visits.
- About 40.4% uninsured; 8% Medicare; 30% Medicaid; 19% private insurance.
- Mean ED charges were \$760; **\$2.7 BILLION**

Hospital-based emergency department visits involving dental conditions. Allareddy et al. JADA 145(4), April 2014 331-337

- Mean age 33 years
- 94% routine discharge
- 4.8% discharged to another hospital/facility
- 92% DID NOT involve a Charlson comorbidity
- 71% resided in a low income geographic area
- ED charges increased as the Charlson comorbidity index increased.

Hospital-based emergency department visits involving dental conditions. Allareddy et al. JADA 145(4), April 2014 331-337

- 101 deaths; following are characteristics of those who died.
- Mean age 46.6 years
- Nearly 85% did not have other comorbidity
- Medicare 36%, private insurance 30.5%; uninsured 26%.
- 75% lived in low income areas.

Outcomes of hospitalizations attributed to periapical abscess from 2000 to 2008: a longitudinal trend analysis.

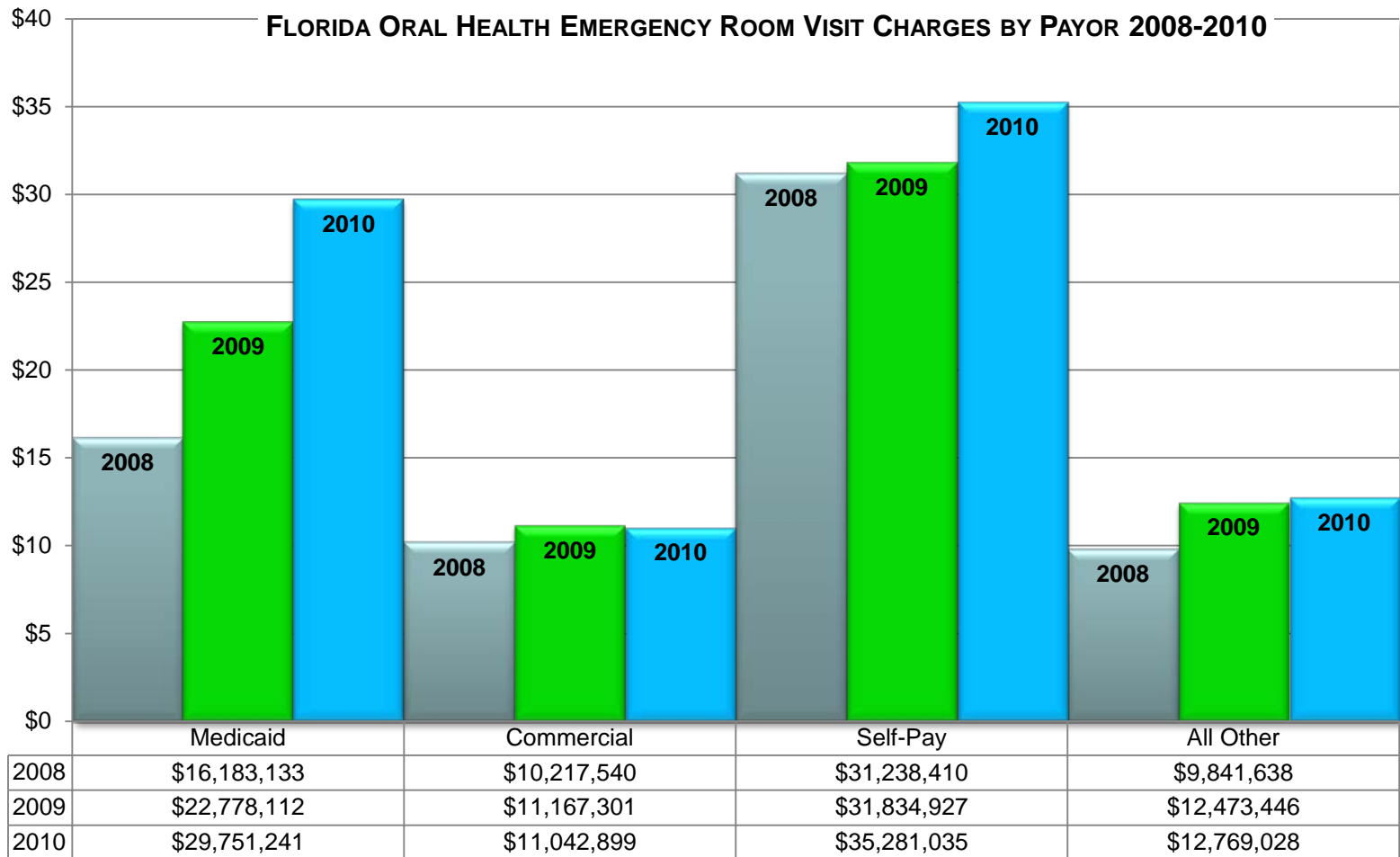
J Endod. 2013 Sep;39(9):1104-10. doi: 10.1016/j.joen.2013.04.042. Epub 2013 Jul 11.

During the 9-year study period (2000-2008), a total of 61,439 hospitalizations were primarily attributed to periapical abscesses in the US. Average age was 37 years, and 89% of hospitalizations occurred on an emergency/urgent basis. Mean length of stay was 2.96 days, **and a total of 66 patients died in hospitals.** Medicare, Medicaid, and private insurance plans paid for 18.7%, 25.2%, and 33.4% of hospitalizations, respectively. Uninsured patients accounted for 18.5% of hospitalizations.

ORAL HEALTH EMERGENCY ROOM SPENDING IN FLORIDA

AN AVOIDABLE \$88,000,000 HEALTHCARE COST

115,000 ER VISITS IN 2010 INCLUDING 8,935 KIDS UNDER 13 YEARS OF AGE



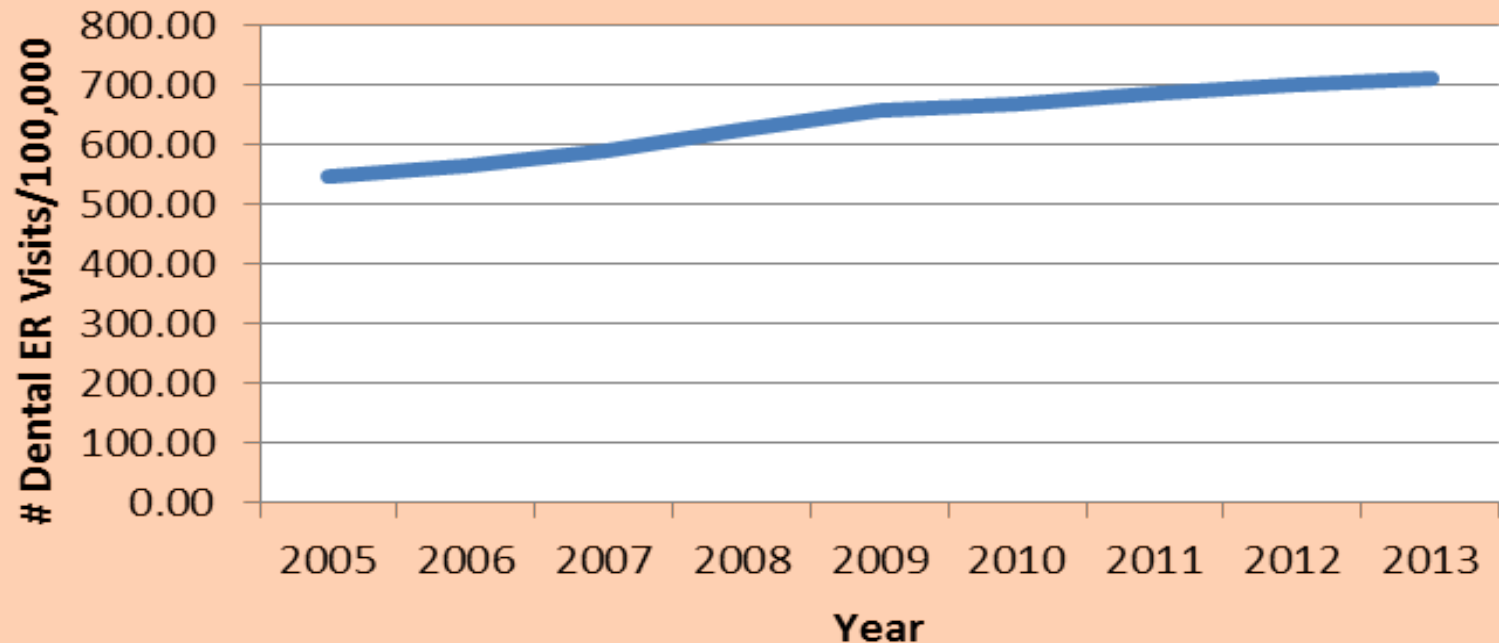
ORAL HEALTH EMERGENCY ROOM SPENDING IN FLORIDA 2011-12 (FPHI, February, 2014)

- The tragic trend continues with 130,951 visits in 2011 and 139,298 in 2012 (a slight change in methodology so direct comparisons of numbers is not possible)
- 2012 costs of \$115,592,378.
- Self-Pay/uninsured accounted for \$52,591,929-that means you and I paid in higher hospital costs and premiums!
- Medicaid accounted for \$49,240,459- we paid in tax dollars
- Young adults aged 20-34 accounted for the largest population group at 70,243, about half!

Florida dental related ER visits are increasing

Dental ER Visits/Florida Population

Harrison Hodgeman, MPH candidate



Pay me now or pay me later

Dental Abstracts. 2012 Nov; 57 (6):284- 286.

- Hospital ER visits do not provide “treatment” of the underlying dental problem, only relief of symptoms of pain and infection. Patients are told to see a dentist for the dental problem. So, there are lots of repeat visits.
- If one just looked at 2010 Medicaid costs of \$29,751,241 and used the average cost of a Medicaid dental PREVENTIVE visit (\$50), this could have resulted in 595,024 PREVENTIVE VISITS.
- This 2010 sample only included 40,430 Medicaid children and adults; they could have each had **14.7 dental preventive visits. Or \$735 of initial primary dental care.**
- **What is wrong with this picture?**



What can we do to prevent Hospital ER visits or provide better follow up care?

- 1. Increase Medicaid fees**
- 2. Work with medical insurers who pay for the hospital ER and hospitalization visits.**
- 3. Better coordination of medical and dental insurers- ie, Managed Care programs.**
- 4. Health Care/Patient Navigators linking hospital with outpatient dental care.**