ORAL HEALTH EMERGENCY ROOM SPENDING IN FLORIDA*
AN AVOIDABLE HEALTHCARE COST

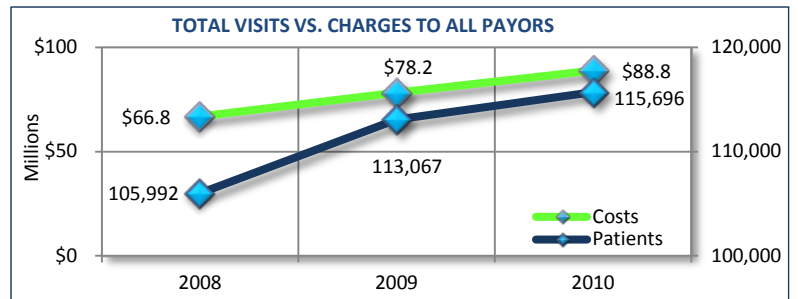### HOSPITAL EMERGENCY ROOM DENTAL CARE VISITS DRAMATICALLY INCREASING

More than 115,000 hospital emergency room visits in 2010 were for dental care with charges exceeding $88 million. Much of it may have been avoided with proper preventive care.

An analysis of emergency room visits from 2008 to 2010 for dental conditions generally considered preventable found the number of patients seeking emergency-room dental care increased over the three years by about 10,000, and charges have increased by more than $21 million. More than half of the increase—$12.9 million—was to Medicaid and Medicaid Managed Care. In contrast, charges to private insurance increased by only about $800,000. The data is a conservative estimate of the true cost of care as it reflects only a subset of the most common billing codes used to charge for dental services.

LACK OF ACCESS DRIVING EXPENSIVE EMERGENCY ROOM VISITS

Hospital emergency rooms are among the most expensive sources of dental care yet typically provide only temporary relief of the problem. Peak times for emergency room visits are during business hours, an indication of lack of access to providers willing to take Medicaid patients. While dental practices may refuse to accept Medicaid patients due to low reimbursement rates, hospital emergency rooms must treat all patients regardless of their ability to pay.

The average age of emergency-room dental patients is 32, when a lifetime of neglect may manifest as significant health issues. This may be exacerbated because routine dental services for adults are not covered under Medicaid. Better access for low-income patients to preventive and restorative services may be a cost-effective solution to reducing hospital and overall healthcare spending.

TOTAL VISITS VS. CHARGES TO ALL PAYORS
- Costs: 2008 $66.8, 2009 $78.2, 2010 $88.8 (Millions)
- Patients: 2008 105,992, 2009 113,067, 2010 115,696

PUBLICLY FUNDED EMERGENCY-ROOM DENTAL CARE OF CHILDREN DOUBLED FROM 2008 TO 2010
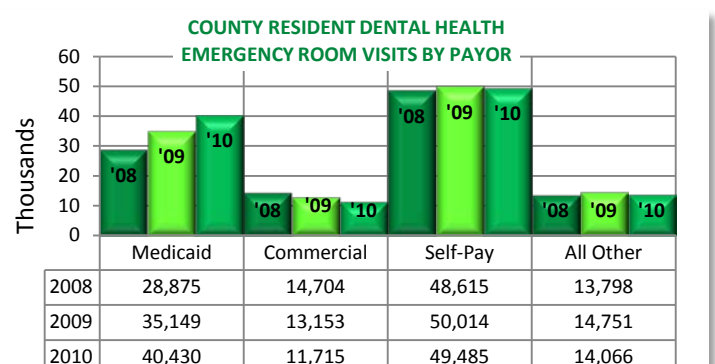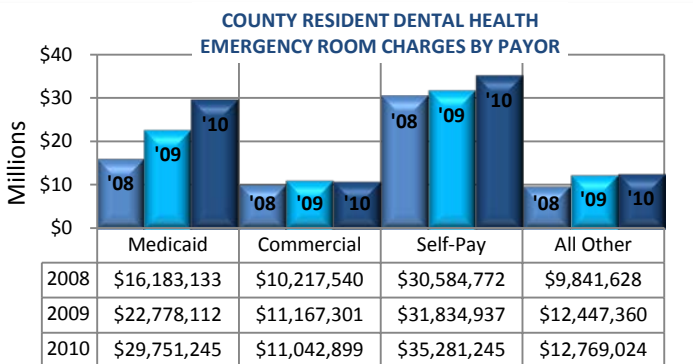
Visits charged to child-specific payors – KidCare, Healthy Kids, MediKids and Children's Medical Services – more than doubled over the years reviewed while charges almost tripled. Unlike adults, routine dental services for low-income children are covered by Medicaid and other public-payor sources. These findings may reflect a lack of community providers and the need to better inform parents—in all income brackets—of the vital importance of preventive dental care.

STATE ORAL HEALTH ER VISITS BY CHILD AGE GROUP		0-4	5-9	10-14	15-19	TOTAL
	2008	4,286	2,795	1,670	5,852	14,603
	2009	4,617	2,866	1,734	6,241	15,458
	2010	4,588	2,922	1,845	6,173	15,528

POLICY SOLUTIONS

The relationship between oral and overall health is well documented. As the cost of healthcare mounts, increasing access to preventive oral health services would help avoid more expensive care. Recommended policy actions include:

- ✓ Expand preventive services by dental hygienists
- ✓ Support and expand county health department dental services
- ✓ Expand pre-school- and school-based preventive dental services in high-risk communities
- ✓ Increase Medicaid reimbursement rates for preventive and restorative dental care
- ✓ Cover routine dental services for adults under Medicaid
- ✓ Work toward 100 percent community water fluoridation

COUNTY RESIDENT DENTAL HEALTH EMERGENCY ROOM CHARGES BY PAYOR (Millions)

	Medicaid	Commercial	Self-Pay	All Other
2008	$16,183,133	$10,217,540	$30,584,772	$9,841,628
2009	$22,778,112	$11,167,301	$31,834,937	$12,447,360
2010	$29,751,245	$11,042,899	$35,281,245	$12,769,024

COUNTY RESIDENT DENTAL HEALTH EMERGENCY ROOM VISITS BY PAYOR (Thousands)

	Medicaid	Commercial	Self-Pay	All Other
2008	28,875	14,704	48,615	13,798
2009	35,149	13,153	50,014	14,751
2010	40,430	11,715	49,485	14,066

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