

Spotlight on Arizona

Adult Use of Emergency Departments for Non-Traumatic Dental Conditions

Oral health is directly linked to overall health. When oral health deteriorates, it can have far-reaching consequences and health effects that go beyond the mouth.

Most oral disease is almost entirely preventable. Yet routine dental care is out of reach for millions of Americans due to high costs of care, lack of dental coverage, cultural and linguistic issues, a shortage of dentists in rural areas and of dentists who accept public and/or private insurance, and the lack of integration between the medical and dental healthcare systems.

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Main Entrance

Lack of access to care can leave people with few or no viable options other than visiting hospital emergency departments (EDs) for oral health care. Most EDs are not equipped to provide dental treatment, and patients are treated for symptomatic pain or possible infection without definitive treatment for the underlying problem. These visits are costly — to patients, health systems, state Medicaid programs, and taxpayers — and are often responding to unmet oral health needs that are more effectively addressed at a dental office or clinic.

Use of EDs for non-traumatic dental conditions is not new, yet the COVID-19 pandemic has further highlighted and exacerbated this issue. At a time when ED capacity is strained and needed most, and when state budgets are already stretched thin, reducing preventable dental visits in these settings is of vital importance.

Arizona at a Glance

| Total Population | 23 |
|---|-----------|
| Medicaid Expansion State | es |
| Total Medicaid/CHIP Enrollment (July 2021) 2,265,70 | 52 |

Medicaid Enrollment by Gender

(July 2021)

Medicaid Enrollment by Age (July 2021)¹

Medicaid Enrollment by Race (April 2021)

| American Indian/Alaska Native | 8.38% |
|---|-----------------------------|
| Asian | |
| Black/African American | 7.72% |
| Caucasian/White | 45.19% |
| Native Hawaiian/Other Pacific Islander. | . 0.38% ³ |
| Other/Unknown/Unspecified | .35.8% |

Medicaid Enrollment Ethnicity (April 2021)

| Not Hispanic, Latino, or Spanish | . 15.25% |
|----------------------------------|----------|
| Mexican/Mexican American/Chicano | .25.62% |
| Puerto Rican/Cuban | 0.5% |
| Other/Hispanic or Latino Unknown | 9.25% |
| Ethnicity Unspecified | 44.33% |
| Ethnicity Unknown | 5.05% |

Level of Medicaid Adult Dental Benefit⁴

Emergency Only⁵

Dental Health Professional Shortage Areas (DHPSA)⁶

| Total number of DHPSAs | 2 11 7 |
|---|-----------------|
| Total number of residents living in a DHPSA 2,340,8 | 15 ⁸ |

- 1. Please note that the figure included under 'Medicaid Enrollment by Age' differs from the 'Total Medicaid/CHIP Enrollment' figure because Arizona's Medicaid Program, Arizona Health Care Cost Containment System (AHCCCS) does not include SLMB enrollees due to the timing of reports.
- 2. "Asian" category includes the following racial groups identified by Arizona's Medicaid Program, Arizona Health Care Cost Containment System (AHCCCS): Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, Other Asian, Asian Unknown.
- "Native Hawaiian/Other Pacific Islander" category includes the following racial groups identified by AHCCCS: Asian/Pacific Island, Native Hawaiian, Samoan, Guam/Chamorro; Native Hawaiian/Other Pacific Island; Other Pacific Island.
- 4. An emergency-only Medicaid adult dental benefit is defined as one that provides coverage for pain relief under defined emergency situations. <u>https://www.ada.org/~/media/</u> ADA/Science%20and%20Research/HPI/Files/WhitePaper_0721.pdf
- 5. AHCCCS provides up to \$1,000 per year for emergency dental care and extractions for adults ages 21 and older, and an additional \$1,000 for elderly and disabled adults enrolled in the Arizona Long Term Care Services (ALTCS) program.
- 6. "Dental" is one of three categories of Health Professional Shortage Areas (HPSA) designations. HPSA designations are used to identify areas and population groups within the US that are experiencing a shortage of health professionals, and is determined by the number of health professionals relative to the population with consideration of high need. Federal regulations stipulate that, in order to be considered as having a shortage of dental providers, an area must have a population-to-provider ratio of at least 5,000 to 1 (4,000 to 1 if there are unusually high needs in the community).
- Bureau of Health Workforce, Health Resources and Services Administration (HRSA), U.S. Department of Health and Human Services, Designated Health Professional Shortage Areas Statistics: Designated HPSA Quarterly Summary, as of June 30, 2021.

Emergency Department Use for Non-Traumatic Dental Conditions (NTDCs): What it is and why it is insufficient

<u>While many EDs are equipped to provide care for dental trauma, most</u> <u>do not have adequate staff or equipment to evaluate, diagnose, and treat</u> <u>non-traumatic dental conditions</u>. As a result, EDs focus on managing pain or infections rather than addressing the cause of the dental problem. Furthermore, EDs often lack systems for oral health provider referrals, leaving many patients to return to the ED again for treatment.

In most cases, patients would be better served in an office or clinic setting. In fact, research indicates that nearly <u>79% of ED visits for NTDCs could have</u> been addressed in a dental office.

Care received in the ED is expensive, and <u>state Medicaid programs and the</u> <u>uninsured largely bear the costs</u>. Most patient needs could be addressed at a dental office or clinic at a much lower cost.

••• Use of Emergency Departments for NTDCs By age and race



Every <u>15 seconds</u> in the U.S., an individual **visits an ED for a dental condition**.

Dental trauma is an injury to the teeth, gums, or nearby tissue including the lips and tongue.

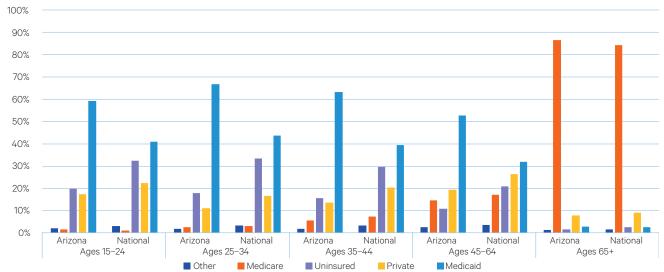
Non-traumatic dental conditions are dental issues that would ordinarily not require care in an ED.

In Arizona

Adults ages **25–34** have the **highest rate of ED use** among all age groups for NTDCs with **94.6 visits per 10,000** people.

Adults ages **25–34** enrolled in Medicaid in Arizona make up **66.7% of all ED visits** for NTDCs compared to **43.7% of adults** within the same age group nationally. Adults ages **65 and older** have the lowest rate of ED use for NTDCs across all age groups, with **15.8 visits per 10,000** people. Among this age group, adults enrolled in Medicare in Arizona make up **86.6% of all ED visits** for NTDCs (compared to 84.2% nationally).

Non-Traumatic Dental Care Visits to Hospital EDs by Age Group and Primary Payers Group: *Arizona 2017–2019 vs. National 2017–2018*



Black residents of all ages in Arizona have the **highest rate of ED use** for NTDCs, with **125.1 visits per 10,000** people. This is nearly three (2.83) times higher than the rate for white residents (44.2 visits) and more than 3.2 times higher than the rate for Hispanic residents (38.5 visits) in Arizona.

Across all racial groups, **women ages 25–34** in Arizona have the **highest rates of ED use** for NTDCs. **Black women ages 25–34** in Arizona have the **highest rates of all** with **296.2** per **10,000 visits**.

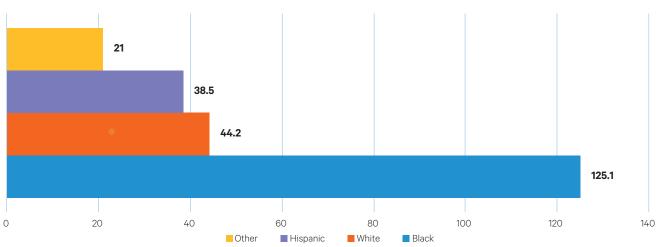
Rate of ED visits for NTDCs per 10,000 people

Ages 25-34 in Arizona

| | Male | Female |
|----------|-------|--------|
| White | 102.9 | 121.9 |
| Black | 232.1 | 296.2 |
| Hispanic | 56.8 | 77.1 |
| Other | 25.6 | 41.4 |

Rates of Visits to Hospital EDs for NTDCs by Race, Sex, and Age per 10,000 people:

Arizona 2017–2019



Use of Emergency Departments for NTDCs

By insurance coverage status

Adults enrolled in Medicaid and those without insurance are the **most likely to seek dental care through EDs** for NTDCs.

Nationally, nearly **7 in 10 ED visits** for NTDCs among patients **ages 21–64** were made by those **enrolled in Medicaid** (39.5%) or those who were **uninsured** (29.4%).⁹



In comparison, **20.5% of all ED visits** nationally for this same age group were made by adults with **private insurance**.

In Arizona, nearly **8 in 10 ED visits** for NTDCs among patients age 21–64 were made by adults **enrolled in Medicaid** (61.4%) or who were **uninsured** (15.7%). By comparison, **14.5% of all ED visits** for this same age group were made by adults in Arizona with **private insurance**.

9. Please see Charges and Payers tab within the HCUP Dashboard. Users may adjust the age range displayed in the Average Charge by Insurance, % of Visits by Insurance, % of Total Charges by Insurance tables.

•••• Use of Emergency Departments for NTDCs The high cost of care

Costs vary widely by insurance status.

Nationally, **patients with Medicaid ages 21–64** make up **39.5% of all ED visits** for NTDCs and account for **33.9% of all costs**. The average charge per visit for patients with Medicaid is \$1,400.

 In Arizona, patients with Medicaid ages 21–64 make up 61.4% of all ED visits for NTDCs and account for 56.7% of all costs. The average charge per visit for patients with Medicaid is \$2,100.

Although patients ages 21 and older with Medicare represent a smaller portion of ED visits for NTDCs (11.6% nationally and 12.3% in Arizona), **Medicare pays the most for their dental care**.

• The **average national charge** for an adult with Medicare is **\$2,000**, compared with **\$3,400 in Arizona**.

Nationally, the **average charge for an ED visit** for NTDC across all ages and insurance status is **\$1,520**.

In Arizona, the average charge is **\$2,251**.

Meanwhile, a <u>similar visit to a dental</u> office or clinic for dental pain typically costs **\$90-200**.

Did you know?

Medicare coverage is available for adults age 65 and older and certain younger people with disabilities. The program covers 60 million people, yet it does not include a dental benefit. As a result, **2/3 of enrollees lack coverage for oral health care**.

Percentage of Visits to Hospital EDs for Non-Traumatic Dental Conditions and Average Charge by Insurance Ages 21–64

Arizona (2017–2019) vs. National (2017–2018)

| | Percent of Visits by Insurance | | Average Charge by Insurance | |
|-----------|--------------------------------|----------|-----------------------------|----------|
| | Arizona | National | Arizona | National |
| Other | 2.1% | 3.4% | \$2,800 | \$1,700 |
| Medicare | 6.3% | 7.2% | \$2,700 | \$1,600 |
| Uninsured | 15.7% | 29.4% | \$2,000 | \$1,500 |
| Private | 14.5% | 20.5% | \$2,900 | \$1,700 |
| Medicaid | 61.4% | 39.5% | \$2,100 | \$1,400 |

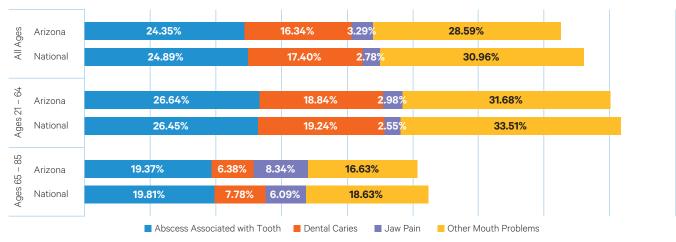
•••• Use of Emergency Departments for NTDCs Reasons for ED visits



Children and adults seek care in EDs for a variety of dental concerns and problems. The most common dental problems across all ages are abscess dental caries/decay, jaw pain, and other problems within the mouth.

Top Diagnoses for Non-Traumatic Dental Conditions to Hospital EDs by Age Group:

Arizona vs. National 2017–2019



Promising Solutions to Expand Access to Care

The oral health care system in the United States is failing millions of Americans each year. Barriers such as high cost of care, lack of dental coverage, cultural and linguistic issues, transportation issues, and provider shortages exist and persist. Improving access to care is a key component of creating an equitable oral health care system that promotes better health and allows every person to reach their full potential. Promising solutions to improve and expand access are available and should be explored by community and state leaders.

Expanding coverage within Medicaid

Arizona currently offers an emergency-only Medicaid adult dental benefit. This has proven more expensive to the overall health care system and inadequate to meet the needs of enrolled adults.

Establishing a dental benefit within Medicare

Medicare covers 60 million older adults and people with disabilities but does not cover preventive or restorative dental care. Advocates and policymakers are calling for expanded coverage for medically necessary oral health care. This is an interim step towards the full positive health impact of expanding Medicare to include a comprehensive dental benefit in Medicare Part B.

CareQuest Institute for Oral Health® is committed to transforming the oral health care system by creating a more equitable, accessible, and integrated health system designed for everyone, through our work in grantmaking, research, health improvement programs, policy and advocacy, and education. Each of these areas allows us to drive meaningful change in reducing oral health disparities.

About the Healthcare Cost and Utilization Project:

The data in this report comes from the Healthcare Cost and Utilization Project (HCUP). The HCUP dashboard reports state trends in emergency department visits for non-traumatic dental conditions and includes information on patient demographics, visit rates, diagnoses, charges acrrued, and insurance status by state. CareQuest Institute for Oral Health will be using this data to inform and engage communities and policymakers about existing oral health inequities and to support state and federal efforts to expand adult dental benefits in Medicare and Medicaid.

Access the data: DQ HCUP: ED Visits for NTDCs - CareQuest Institute for Oral Health | Tableau Public.

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