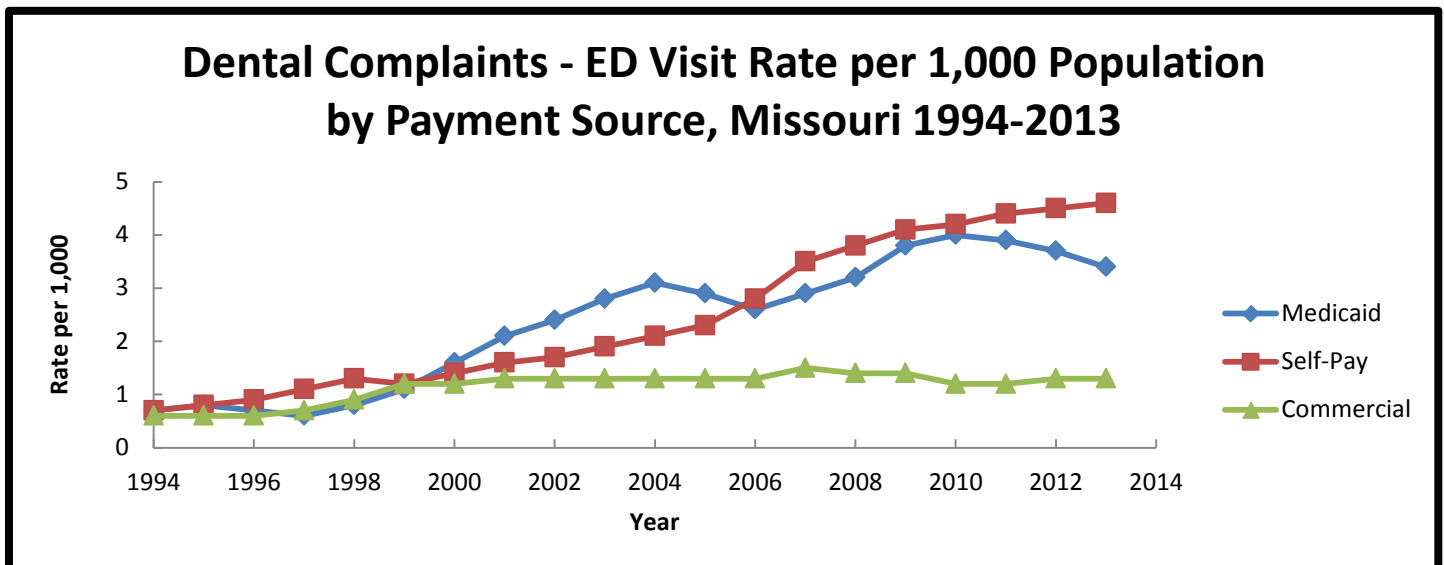




Oral Health Fact Sheet: Emergency Department Utilization for Dental Complaints, Missouri 1994-2013

A number of national studies have described an increase in dental-related emergency department (ED) visits in recent years.¹ This trend has also been observed in Missouri; between 1994 and 2013, there was a 20% increase in dental visit rates each year. The primary diagnosis for these visits includes “disorders of the tooth and jaw” which are complaints that could be treated in a dental office rather than an ED and specifically exclude injuries. In 2013 alone, 57,641 ED visits for dental complaints occurred among Missouri residents.² According to national estimates, an ED visit for a dental complaint costs more than \$300¹; based on this estimate, Missouri dental ED visits exceeded \$17.5 million in 2013. Furthermore, hospitals generally only provide short-term relief of symptoms, and many will require an additional visit to a dentist to complete their treatment.¹

The three most commonly reported expected payment sources are Medicaid, Self-Pay, and commercial insurance for ED visits due to dental complaints. ED visit rates for Medicaid and Self-Pay payment sources have increased dramatically over the years; the increase was less dramatic for Commercial Insurance. Between 2000 and 2006, Medicaid was the leading expected payment source until 2006 when Self-Pay became the leading payment source.



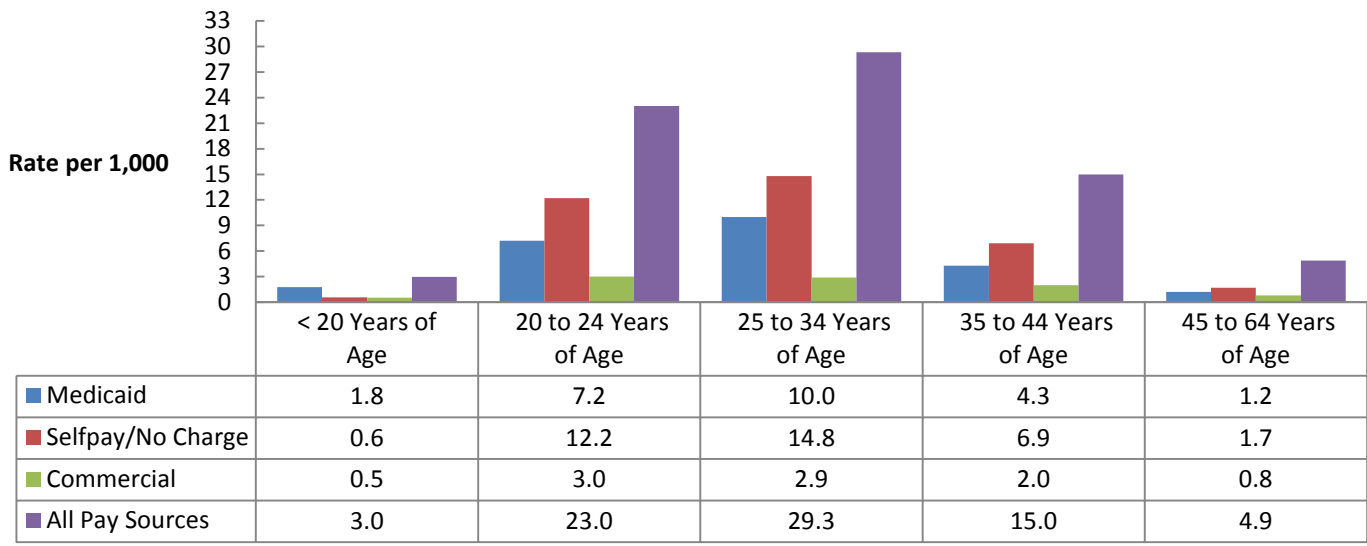
*Rates age-adjusted using the 2000 standard population.

ED visit rates for dental complaints are highest among adults aged 25 to 34 years of age. Among adults between 20 and 64 years of age, Self-Pay was the most common payment source, followed by Medicaid. Medicaid was the most common expected payment source among individuals younger than age 20, followed by Self-Pay; it is important to note that the majority of individuals eligible for Medicaid dental benefits are younger than 20 years of age. The majority of ED visits for individuals over 65 years old had an expected payment source of Medicare.²

Created by the Missouri Department of Health and Senior Services.

For more information, please visit the Missouri Oral Health Program website at health.mo.gov/oralhealth.

Dental Complaints - ED Visit Rate by Payment Source and Age Group, 2013



It is estimated that the 57,641 ED visits in 2013 were associated with \$17.5 million in charges. Of these, approximately \$5.7 million were charged to Medicaid and \$7.8 million were Self-Pay. It is unclear whether ED visits in the Self-Pay category are paid by the patient out-of-pocket or how hospitals are compensated for these visits.

Inpatient hospitalizations for dental complaints also occur. In 2013, 572 such visits were observed, which led to over \$12.8 million in charges. Combined with estimated ED visit charges, Medicaid, Medicare, commercial insurers, citizens, and hospitals paid approximately \$30.3 million due to dental complaints in 2013.

Receiving regular preventive care from dentists is the most effective way to avoid ED visits for dental problems.¹ Most healthy adults should visit a dentist at least annually for an exam and cleaning. According to 2012 data, only 62% of Missouri adults (18 years of age and older) visited a dentist at least once in the last year. This is lower than the national median of 67%. For Missouri, dental visit rates vary by socioeconomic status: college graduates and those with an annual income of \$50,000 or greater were twice as likely to have visited a dentist in the last year as compared with Missouri adults with less than high school education or with an annual income of less than \$15,000.^{3, 4}

In order to reduce ED utilization for non-traumatic oral complaints, interventions should attempt to increase regular preventive dental visits. This may involve educating the public about the importance of oral health, addressing a lack of providers that accept Medicaid, and increasing the number of individuals with dental coverage. Additional interventions should be geared toward ensuring that the dental emergencies that do occur are treated in dental offices rather than in EDs, which will result in cost savings and more effective treatment for patients.¹

References

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