

Arizona's Dental Health Crisis

Adults Seeking Treatment for Oral Health Issues in Emergency Rooms on the Rise

What is the Problem?

According to Arizona Department of Health Services hospital data, ER treat and release visits for oral health diagnosesⁱ **increased 29%** between 2009 and 2011, and charges for those visits **increased 69%** during that same timeframe.ⁱⁱ

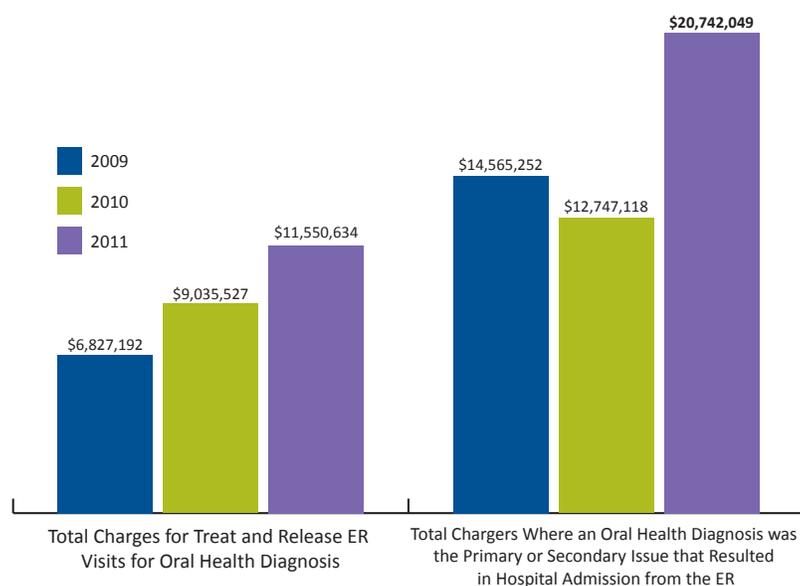
Although preventative dental coverage has not traditionally been provided to low-income adults in Arizona through AHCCCS (Arizona Health Cost Containment System), the state's Medicaid agency, AHCCCS did at one time offer the emergency dental services benefit - limited to providing extractions or root canals on the twelve anterior teeth - for adults already receiving basic medical coverage under Medicaid. As part of the Fiscal Year 2011 budget passed by the legislature and signed by Governor Brewer, the adult emergency dental services program was eliminated.

Lowering the costs of health care is a laudable goal and one that is getting an exceptional amount of attention from policymakers. However, to be effective and efficient, it has to be done in conjunction with ensuring patients are actually healthier. When it comes to adult oral health, Arizona is failing on both fronts.

Provider Testimonies

When asked how often she sees patients come into the ER for oral health related issues, an ER doctor in Yuma responded by saying: "Every day. All we can do is give them pain medication and antibiotics, refer them to a local dentist, and send them on their way. Often they don't have the money or insurance to follow up with a dentist so they return to the ER once they are in pain again. It's a cycle."

A Community Health Center dental director in Casa Grande reported treating an adult patient who had just spent three days in the hospital for a tooth infection. Upon release the patient went to the clinic for an extraction. "The patient spent three days in intensive care for something that could have been treated at our clinic."



Source: Department of Health Services / Intellimed analysis of Department of Health Services data

What are the Costs?

It is clear the charges associated with ER treatment for oral health issues are substantial and rising, and this is not the only cost associated with uncovered oral health treatment. There are those individuals who present with such substantial need, the ER must admit them to the hospital for further, and more expensive, in-patient treatment.

The number of ER cases where oral health was the primary or secondary diagnosis that led to in-patient admissions **increased 37%** between 2009 and 2011. In that same time, charges associated with those hospital stays **increased nearly 40%** to a staggering **20.7 million dollars** in 2011.ⁱⁱⁱ

What Does This Mean for Policymakers?

The perfect storm of a serious downturn in the Arizona economy, the freeze of Medicaid coverage for childless adults and the elimination of the AHCCCS adult emergency dental benefit has created ripple effects across the entire health care system, contributing to oral health emergency room and in patient costs of over **31 million dollars**. These trends can be mitigated by re-directing resources to dental offices and community clinics where patients can receive appropriate and definitive dental treatment, and preventive care can be offered.

ⁱThis analysis focused on three ICD-9 diagnosis codes frequently associated with oral health issues that could have potentially been addressed through preventative care. The codes used for this analysis were 521.00, 522.5 and 525.9. Additionally, visit, in-patient and charge numbers were for the isolated Medicaid population of adults 18-64.

ⁱⁱIt is important to note, these are the reported charges, not actual costs or the amount paid for services. Additionally, there may be other diagnosis that were treated, in addition to the primary oral health diagnosis.

ⁱⁱⁱHospital admission and charge figures were provided by Intellimed analysis of DHS data. Additionally, figures for cases and charges are for those cases where the oral health diagnosis was the primary or secondary diagnosis, with the bulk of cases being secondary diagnoses.