

Dr. Bob Russell, Public Health Dental Director,
Iowa Department of Public Health
Comments to the Integrated Health Delivery Legislative Study
Committee: November 19, 2013

Dental Care in Health Care Delivery

Dental Care Access

- ***The Centers for Disease Control (CDC), in its Hospital Ambulatory Care Survey of hospital emergency room admissions from 1999 to 2010, reports an increase from 1.0 million dental related visits to 2.3 million annual visits for individuals under age 65. The age cohort most frequently accessing ER dental services was between ages 18 and 44 years of age. This represents an increase from 1.2 percent of all ER admissions to 2.1 percent for all admissions under age 65 (1.7% to 3.2% for those between 18 – 44 years of age). Two other studies provided to this committee and posted to its website contain similar evidence relating to hospital emergency room admissions for dental-related issues.***
- ***In Iowa, the Iowa Department of Public Health (IDPH) recently performed an analysis of hospital-related ER admissions for dental-related complaints from 2003 to 2008. The results show that 121,825 Iowans accessed ER services for dental-related problems in that period of time. Insurance coverage for these encounters were identified as follows:***
 - ***Medicaid - 12,143,***
 - ***Blue Cross/Blue Shield - 21,461***
 - ***Other private insurance - 20,137***
 - ***Uninsured (including self-pay or no charge) - 27,862***
- ***As another indication of unmet need, in 2013, the Iowa Dental Association held its first Iowa Mission of Mercy dental event in the City of Des Moines. The total individuals seeking dental care for this two day annual event was 1,465 patient encounters which is estimated to over \$1 million in free oral health care.***

Dental Care Costs

- ***The annual impact on Iowa Medicaid alone for dental ER visits account for up to \$7 million dollars annually.***
- ***United Health Care, in a 2013 Optum study on their behalf, evaluated the impact of various dental treatments on medical and pharmacy costs associated with chronic medical conditions. The study looked at data from 130,546 United Health members from 2008 to 2011. They determined that those members receiving preventive dental visits (i.e. periodontal disease treatment and cleanings) experienced, on average,***

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\$1,037 in reduced medical costs compared to those that did not have dental treatment. The savings was \$701 per individual when including drug costs. Medically compliant members in disease management protocols that included dental care had an average net savings of \$264 while the non-compliant medical cases actually had the largest savings of up to \$1,849 when dental care was part of their health management process. The conditions compared in this study ranged from diabetes, coronary artery disease, asthma, congestive heart failure, chronic obstructive pulmonary disease, and chronic renal failure.

- *In a 2012 study provided by United Concordia, the cost savings due to dental interventions in medical management was averaged at \$1,814 annually per individual, independent of sex and age groups. They reported savings in categories such as diabetes, heart diseases, stroke, rheumatoid arthritis, and pregnancy.*

Dental ER visits and IMOM events cannot provide definitive and regular comprehensive dental care and cannot resolve dental needs unaddressed by the current fragmented system of health delivery in Iowa.

The lack of integrated care that includes dental has a large cost impact on Iowa, not only in ER costs, but lost opportunity savings in the management of traditional chronic diseases as well.

Greater integration in healthcare delivery systems will also provide incentives to healthcare providers to deal with emergency room visits in the most appropriate, cost-effective way.