

Commentary

“HEADLINES ARE IMPORTANT, BUT TREND LINES ARE MORE IMPORTANT.” This is how President Bill Clinton began his keynote address at the 154th Annual Meeting of the American Dental Association in 2013. It is not every day that you hear a politician, let alone a former president, emphasize the need to temper rhetoric with facts and to let evidence guide policy.

The American Dental Association’s Health Policy Institute (HPI) has compiled a first-of-its-kind comprehensive analysis of key aspects of the oral health care system in all 50 states and the District of Columbia. This multi-year effort brings together data and analysis in a way that helps inform policy decisions. And when it comes to oral health in America, indeed, many trend lines are important.

One major takeaway from this new analysis is that adults view oral health as very important. For example, 95 percent of adults say they value keeping their mouth healthy. Furthermore, routine dental care is seen as a key part of overall wellness, with 93 percent of adults agreeing that regular visits to the dentist “help keep me healthy.”

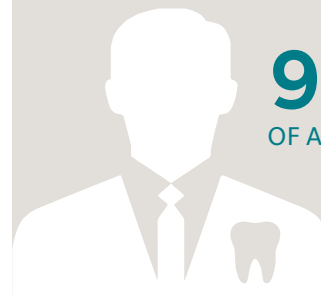
A second major takeaway is that there have been substantial gains in access to dental care among Medicaid children in recent years. Between 2000 and 2013, all but one state saw an increase in the percentage of Medicaid children who had at least one dental visit within the past year. Nationally, the rate increased from 29 percent to 48 percent, and in states such as Maryland, it increased fivefold. As a result, the gap in dental care use between Medicaid children and children with private dental benefits narrowed significantly over this same timeframe in the vast majority of states. In fact, in Texas, Medicaid children are actually more likely to visit a dentist than their privately insured counterparts.

A third major takeaway is that dental care use trends for adults are very different than the trends for children. Among adults with private dental benefits, dental care use is declining in most states. Additionally, other HPI analysis shows that the gap in dental care use between Medicaid and privately insured adults is much wider than it is for children.

Additional troubling statistics emerge when it comes to oral health among adults. More than one out of three low-income adults say they avoid smiling and 17 percent report difficulty doing usual activities because of the condition of their mouth and teeth. Nearly one out of four low-income adults and 14 percent of all adults report that their oral health issues have led them to reduce participation in social activities.

Three Major Takeaways

ORAL HEALTH IS REALLY IMPORTANT



95%
OF ADULTS SAY

THEY VALUE
KEEPING THEIR
MOUTH HEALTHY

MORE MEDICAID CHILDREN ACCESSING DENTAL CARE

BETWEEN
2000 AND **2013**,
THE PERCENTAGE OF
MEDICAID CHILDREN WITH
A DENTAL VISIT INCREASED
FROM **29%** TO **48%**

ADULT TRENDS ARE DIFFERENT



THE GAP IN DENTAL CARE USE BETWEEN
MEDICAID AND PRIVATELY INSURED ADULTS
IS MUCH WIDER THAN IT IS FOR CHILDREN

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The facts are the facts. But what should policymakers think about doing to address some of these oral health challenges?

First, policymakers need to continue implementing evidence-based reforms in Medicaid. The states with the largest gains in access to dental care among Medicaid children are those that implemented comprehensive, multi-pronged reforms that work. For example, the experiences in Connecticut, Maryland and Texas have been well documented. The Medicaid programs in these states focused on provider and Medicaid beneficiary outreach, provider reimbursement increases, and streamlining administrative procedures. It is important to note that the remarkable gains in access to dental care in these three states, as well as others, did not involve any major increase in the number of dental care providers. In fact, there is strong evidence that there is significant excess capacity in the dental care system today. According to new HPI research, one out of three dentists in the U.S., and as high as one out of two in states like Florida, report they are not busy enough and can treat more patients. This further suggests that policymakers ought to focus on policies that leverage existing unused capacity rather than increasing the number of dental care providers.

Second, policymakers, and the oral health community more broadly, need to consider reinventing how oral health is defined and measured. The current focus of many government agency data collection efforts is to measure the presence and severity of dental disease and the frequency and type of dental care services people use. There is very little emphasis, in contrast, on measuring the contribution of oral health to physical, social and emotional wellbeing. These are the ultimate outcomes of interest that the oral health care system ought to be designed around. The new measures of oral health status developed by HPI are a significant advancement in this area but are meant to be a starting point for others, including the Centers for Disease Control and Prevention and the Agency for Healthcare Research and Quality, to build upon. A robust oral health measurement system would also enable a shift toward outcomes-based delivery and reimbursement models, a critical aim of the Affordable Care Act.

Third, policymakers need to rethink how dental care for adults is handled in state and federal health care policy. Research shows that adults, particularly low-income adults, report cost as the number one reason for not visiting the dentist. Current policies are not helping. Under the Affordable Care Act, dental care for adults is not considered “essential” and thus, dental coverage is not part of the individual mandate. Within Medicaid, adult dental benefits are optional and most states provide only basic coverage. Implementing a comprehensive dental benefit for Medicaid adults in states that currently lack one is estimated to cost \$1.4 billion to \$1.6 billion per year. The estimated state portion of this bill translates to about 1 percent of total Medicaid spending. At the same time, an estimated \$1.6 billion is spent each year on hospital emergency room visits for dental conditions, one-third of which is paid for by Medicaid. Additionally, while more and more private medical insurance plans in the health insurance marketplaces established by the Affordable Care Act are covering dental benefits for children, there are far fewer options for adults. This is despite the fact that dental care is a high priority among young adults who are shopping for health insurance.

As stated by a former U.S. surgeon general: “You can’t be healthy without good oral health.” There is emerging evidence that oral health is related to conditions outside of the mouth, like diabetes, pregnancy and even mental health. Health care policy in the United States clearly emphasizes oral health for children. It might be time to reconnect mouth and body for adults. Now there’s a headline.