Measuring What Matters

Access to Dental Care in Oregon

Marko Vujicic, PhD
Chief Economist & Vice President
Health Policy Institute
American Dental Association

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CNN Health » Diet + Fitness | Living Well | Parenting + Family

Stopped flossing? Teeth still vital to overall health

By Susan Scutti and Carina Storrs, CNN
Updated 3:46 PM ET, Wed August 3, 2016

Story highlights

Periodontal disease could complicate the management of diabetes and heart disease

One-third of adults in the United States have no dental coverage

Studies show dental insurance provides improvements in overall health and cost savings

(CNN) — Your teeth are more than just something to chew and smile with. Research is increasingly showing that they can have an effect on your overall health.

Many Americans think their poor oral health is holding them back. In a 2015 survey by the American Dental Association, 20% of low-income adults said their mouths and teeth were in bad condition, and 20% of all adults said their unhealthy mouths caused them anxiety, according to Marko Vujicic, chief economist for the

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The main reason people avoid the dentist isn't fear

The biggest reason people skip out on going to the dentist isn't fear or inconvenience; it's cost, KIDY reports. A study published this month in *Health Affairs* found people are more likely to forego dental health because of cost than any other type of health care.

In fact, cost is the main reason for not seeing a dentist even among people who have private dental insurance. Study author Marko Vujicic points to maximum benefit limits and high co-pays in most dental coverage as the culprit.

"Anything beyond checkups, like getting a cavity filled or a root canal and a crown, you're looking right away at 20% to 50% coinsurance," he says.

the Atlantic

Education Doesn't Solve the Gender Pay Gap

For women in professions that require advanced degrees, such as dentists and physicians, discrepancies in pay are becoming harder to explain.

BOURREE LAM | 3:44 PM ET | BUSINESS

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Forbes

Why Some Millennials Aren't Smiling: Bad Teeth Hinder 28% In Job Search

If some millennials aren't smiling, there's good reason. A recent study by the American Dental Association's (ADA's) research arm found they're in a world of hurt – from tooth pain and anxiety about the poor condition of their teeth.

Decaying teeth and gum problems make one in three young adults aged 18 to 34 (33%) reluctant to smile, the ADA found. About one in five have cut back on socializing as a result of dental problems. And 28% say the appearance of their teeth and mouth undermines their ability to interview for a job.

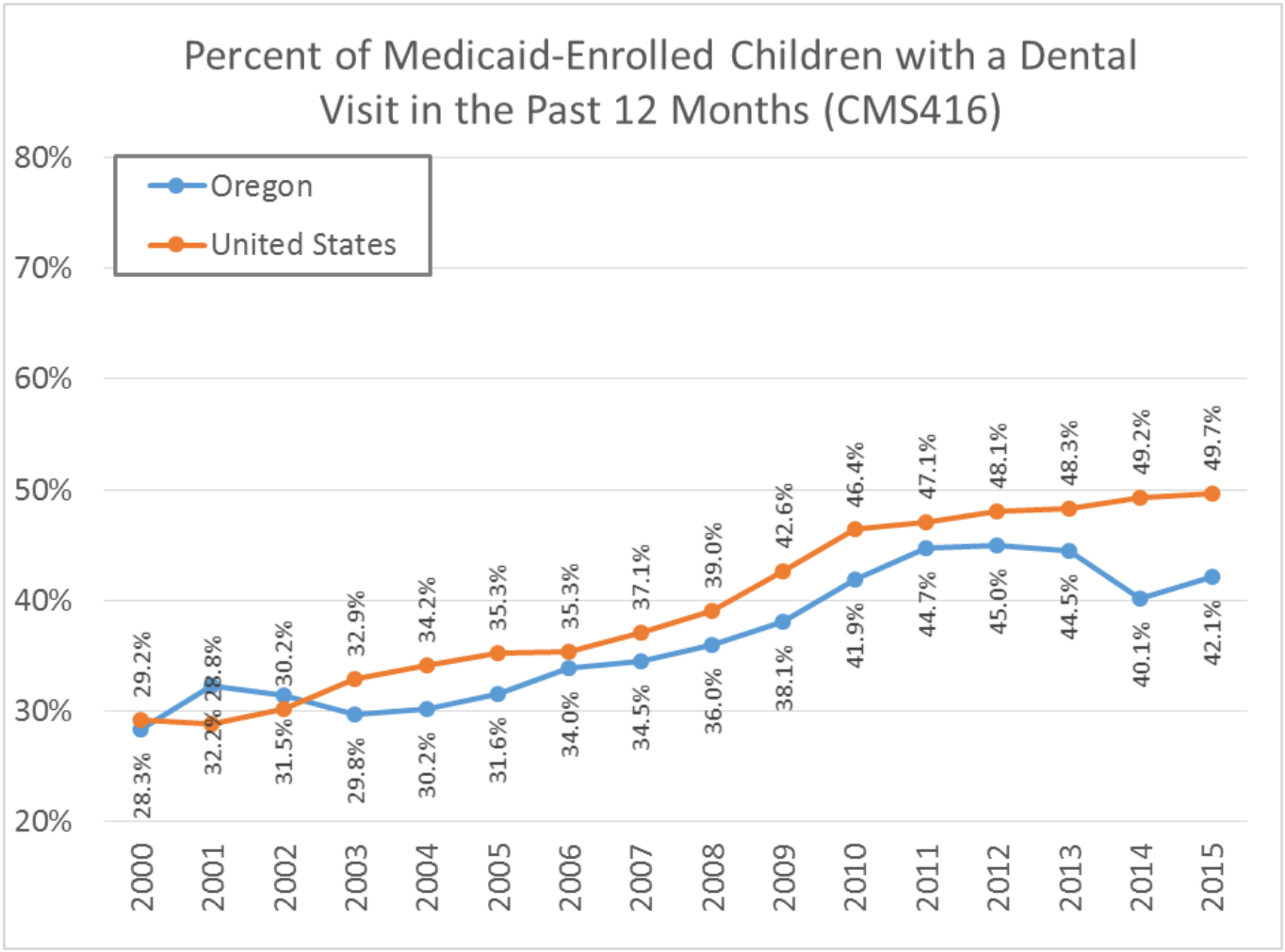
Today

1. Review key oral health outcomes in Oregon compared to other states

2. Present new analysis on access to dental care in Oregon

3. Give you my takeaways on where policy makers should be putting more focus

Dental Care Use



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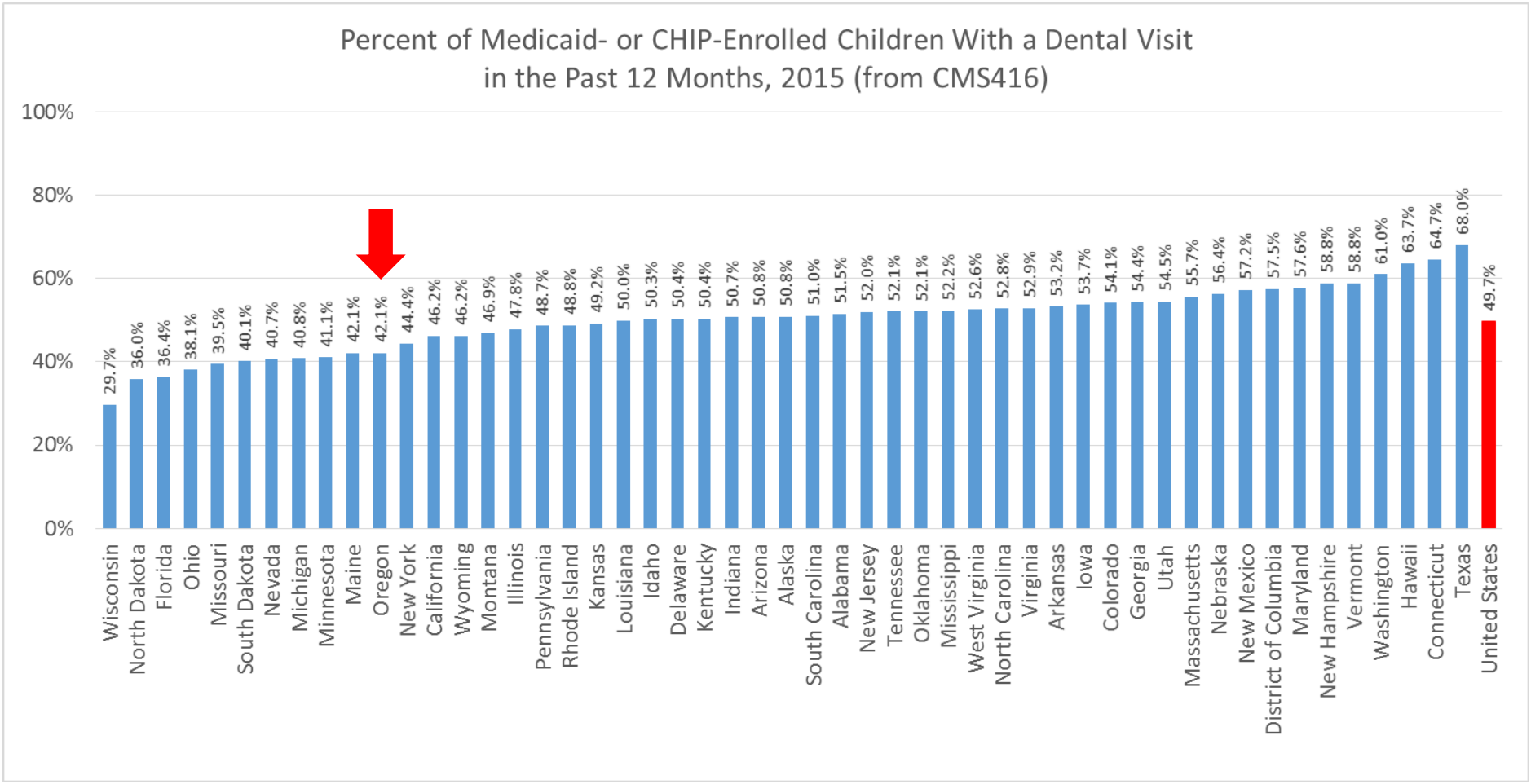

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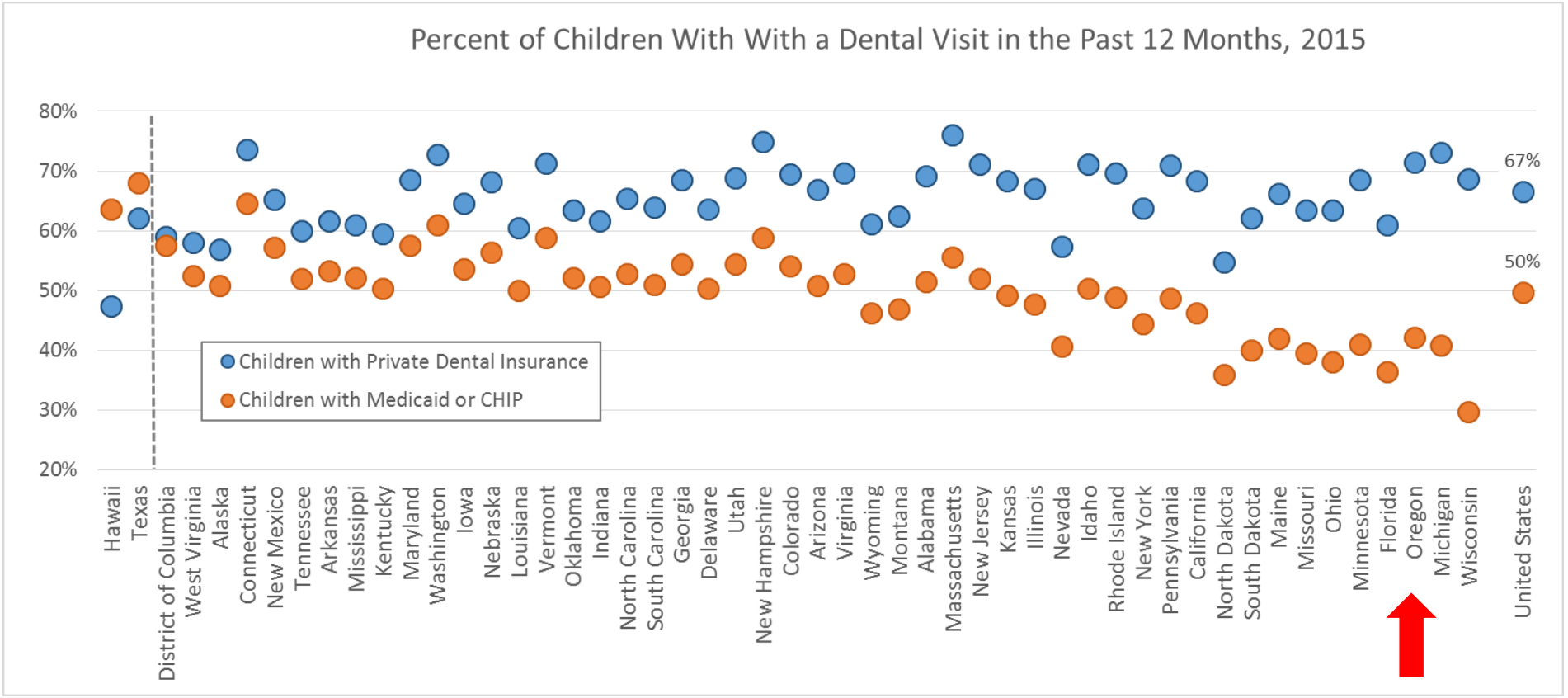
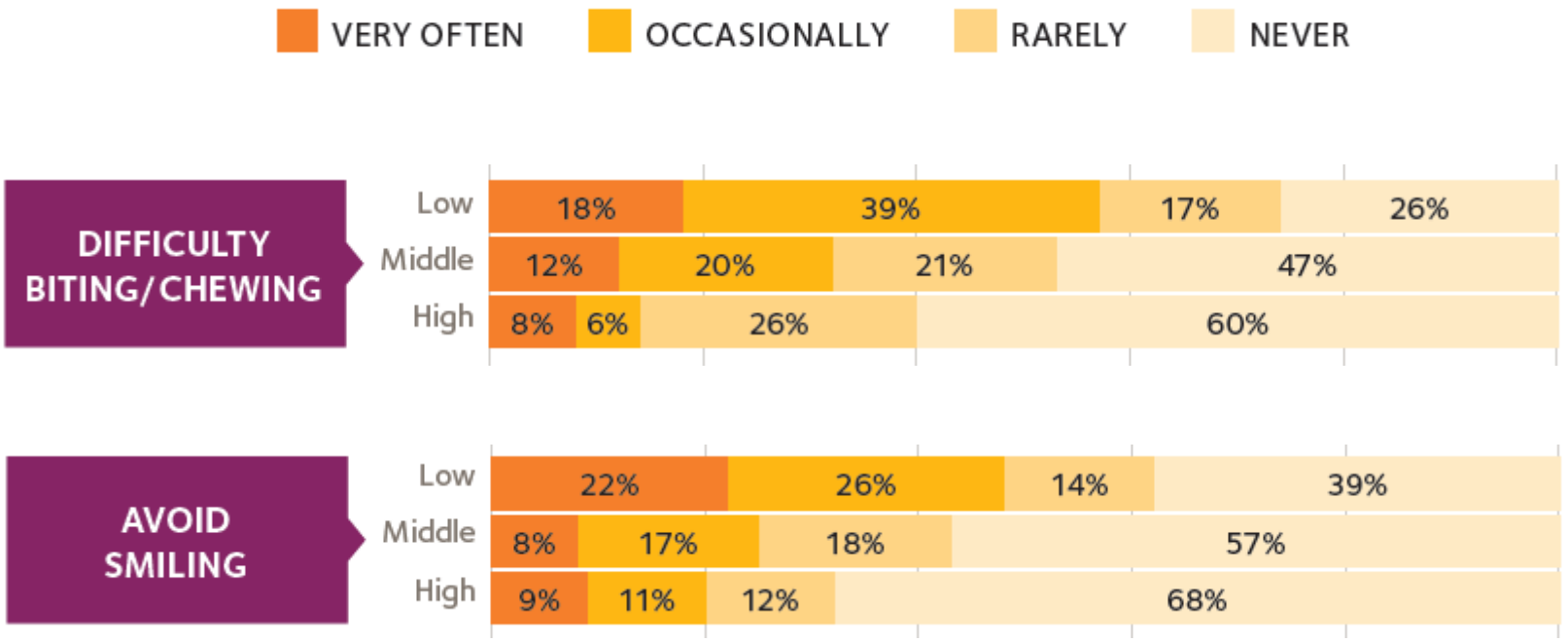


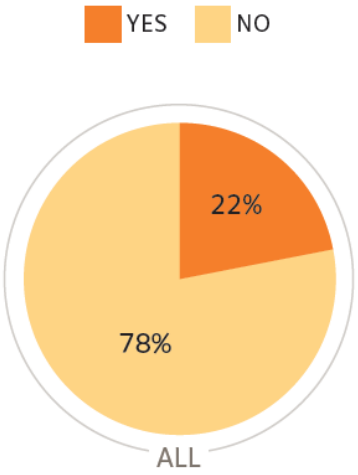
Oral Health & Well-Being for Adults

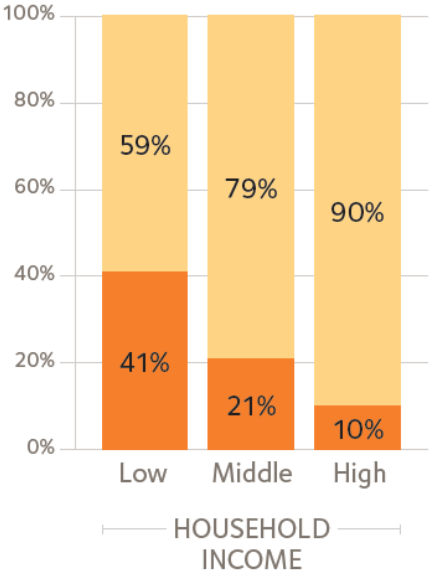


Oral Health & Well-Being for Adults

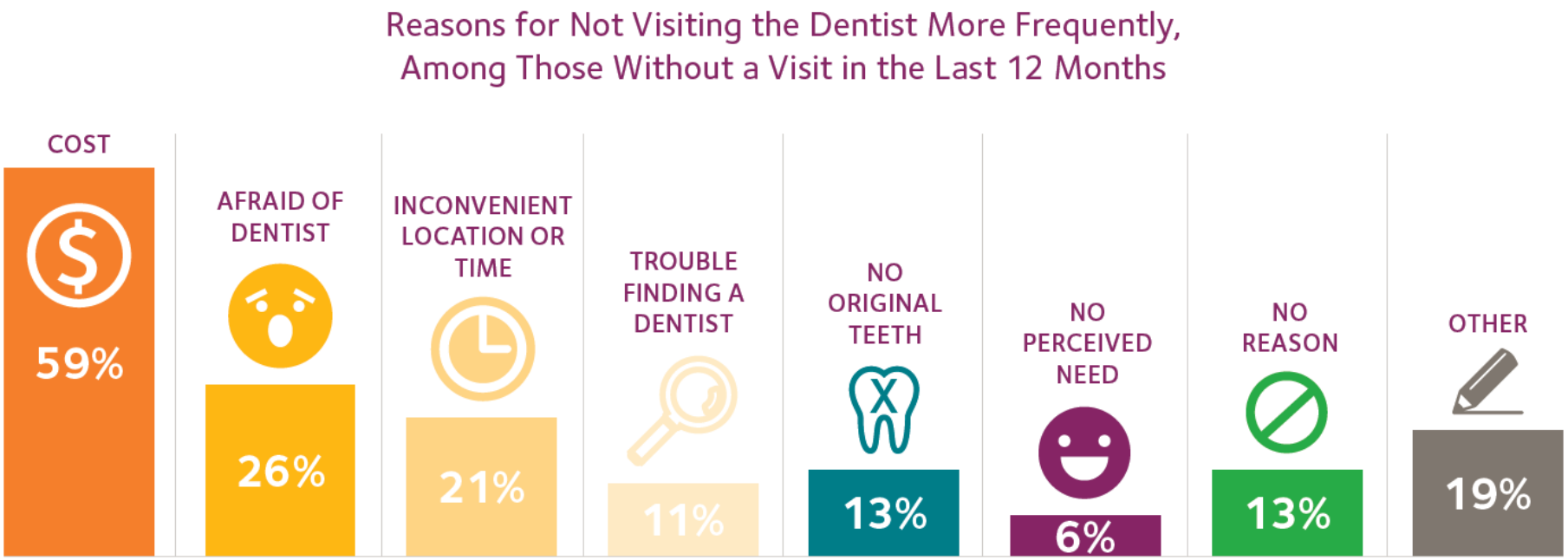
33% of low income adults reduce participation in social activities due to the condition of their mouth and teeth.

Appearance of Mouth and Teeth Affects Ability to Interview for a Job

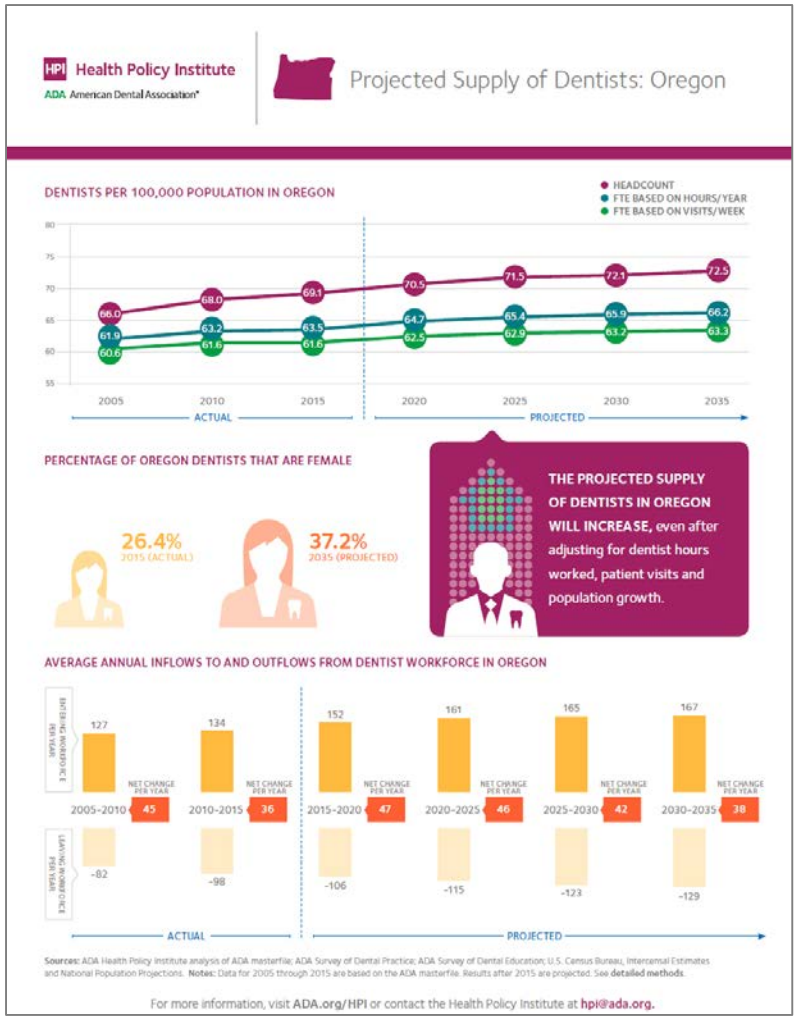


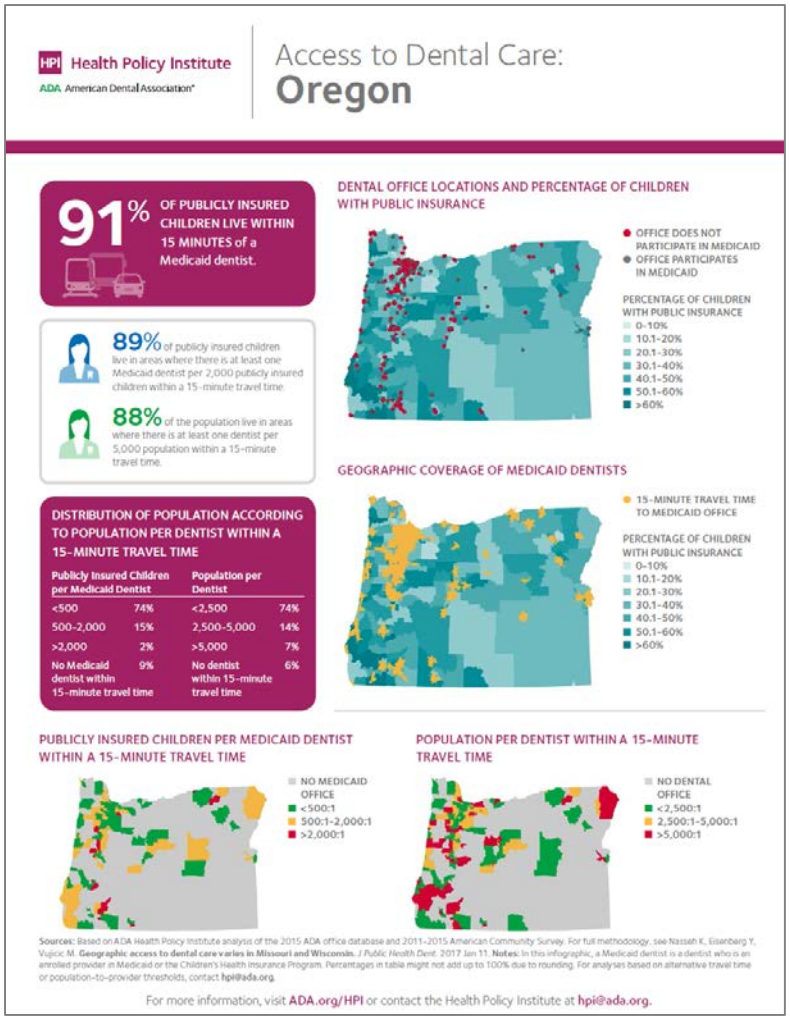


Barriers to Dental Care for Adults



New Data-Driven Insights

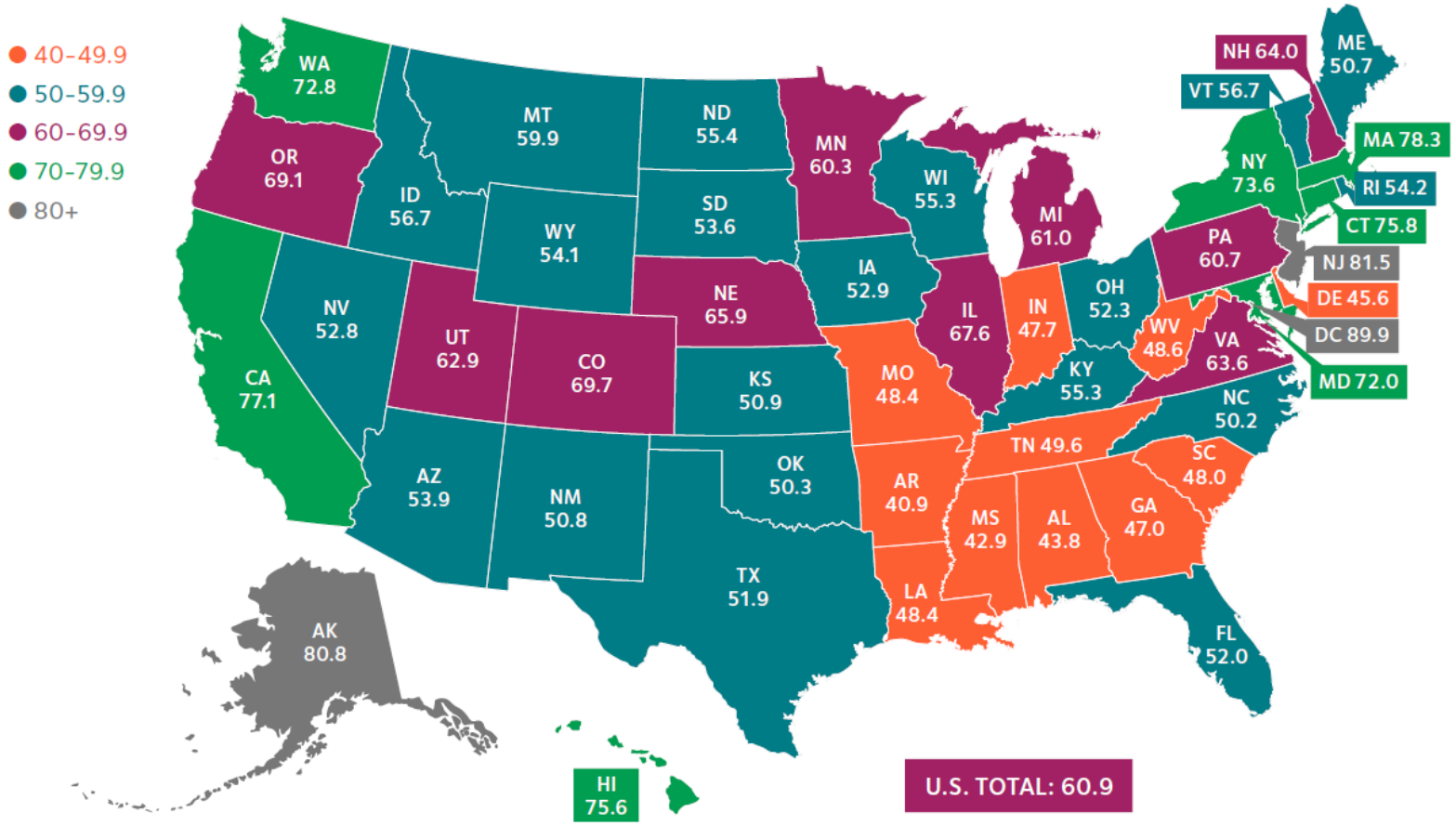




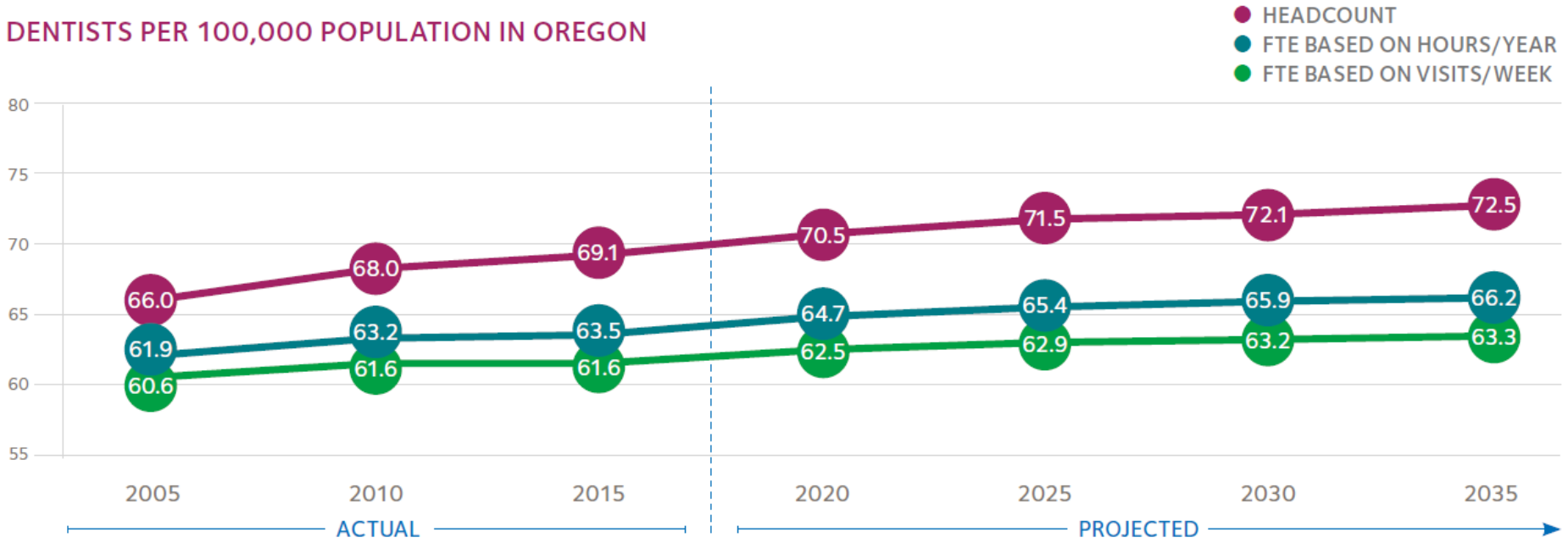
Supply of Dentists

DENTIST-TO-POPULATION RATIOS VARY ACROSS STATES

The number of dentists per 100,000 population in the United States was 60.9 in 2015 and varied across states. The District of Columbia (89.9), New Jersey (81.5) and Alaska (80.8) had the highest ratios in the nation.



Supply of Dentists



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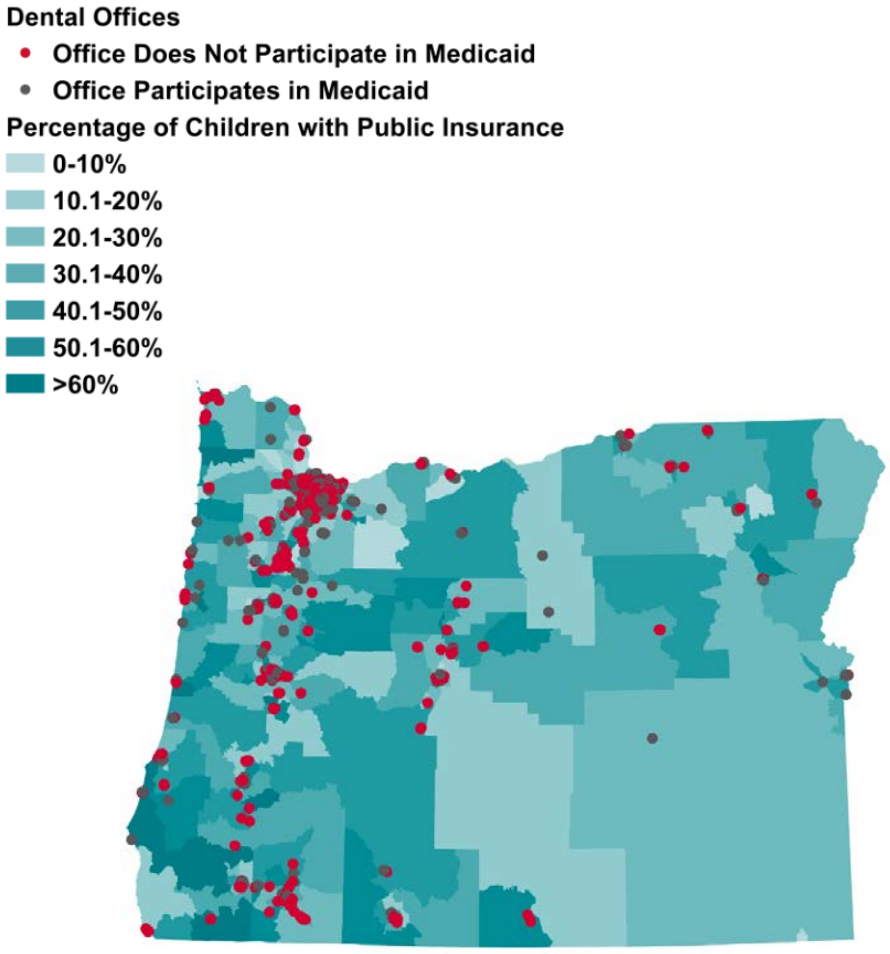

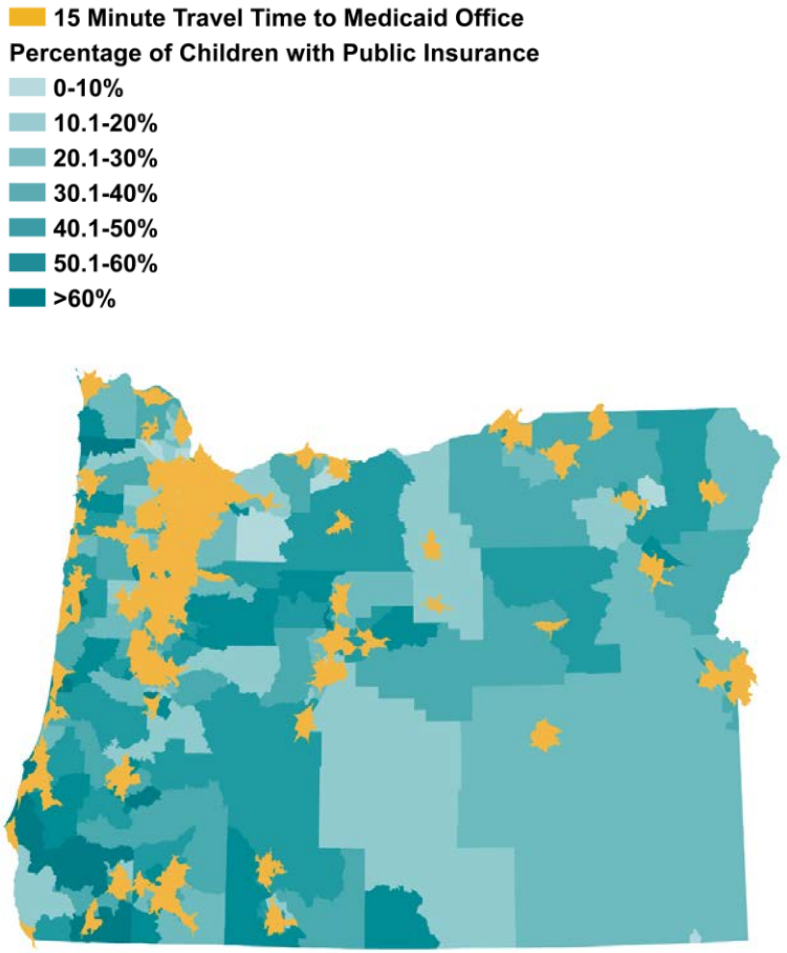

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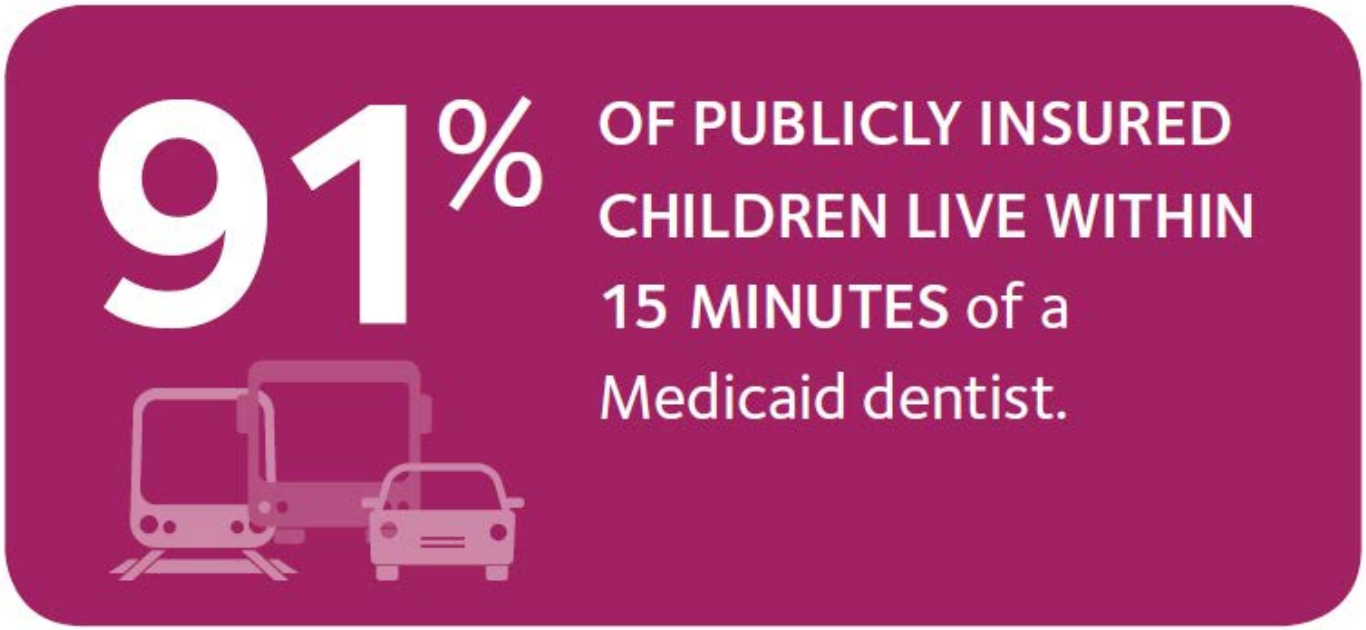

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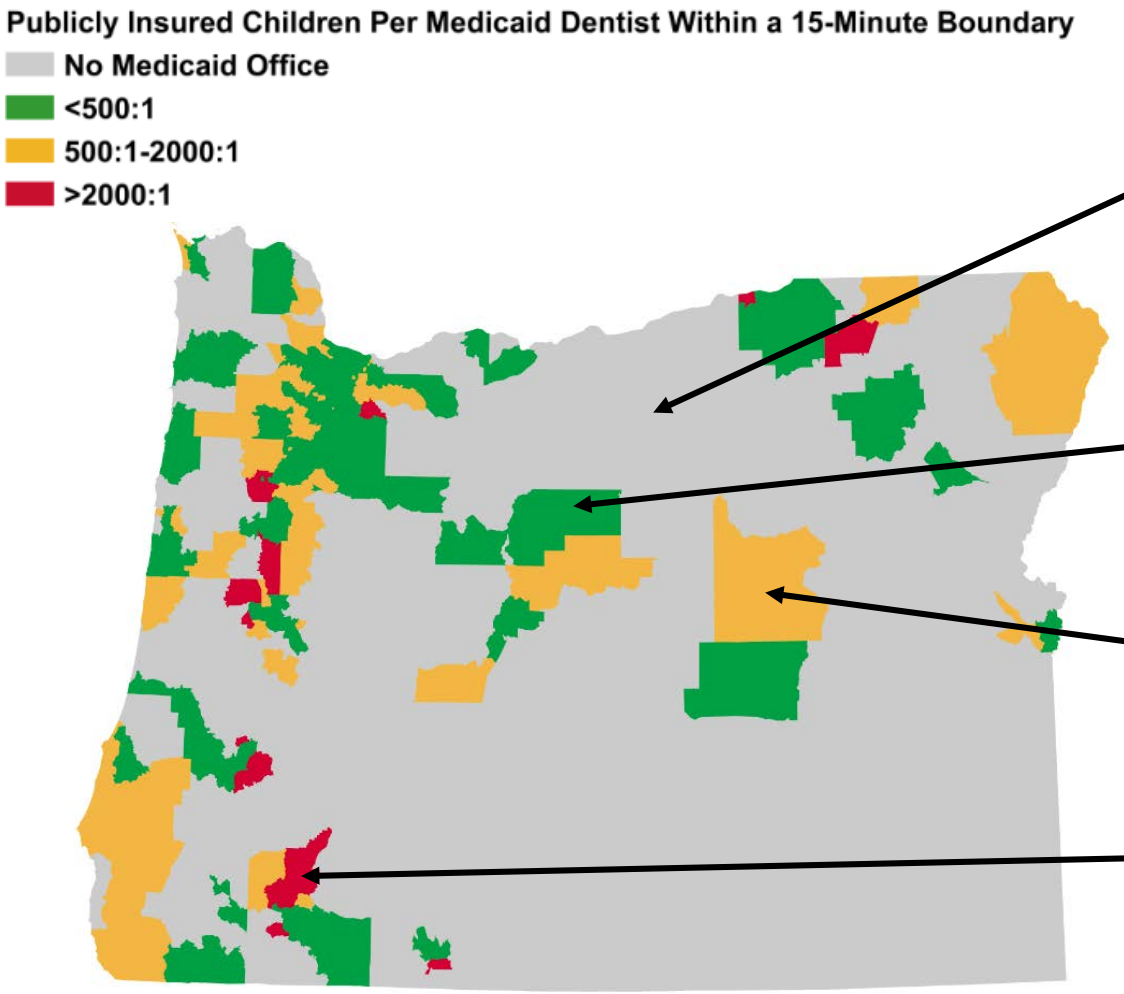

9% of publicly insured children do not have a Medicaid or CHIP dentist within a 15 minute travel time

74% of publicly insured children live in areas with more than one Medicaid or CHIP dentist within a 15 minute travel time for every 500 publicly insured children

15% of publicly insured children live in areas with one Medicaid or CHIP dentist within a 15 minute travel time for every 500 to 2,000 publicly insured children

2% of publicly insured children live in areas with less than one Medicaid or CHIP dentist within a 15 minute travel time for every 2,000 publicly insured children

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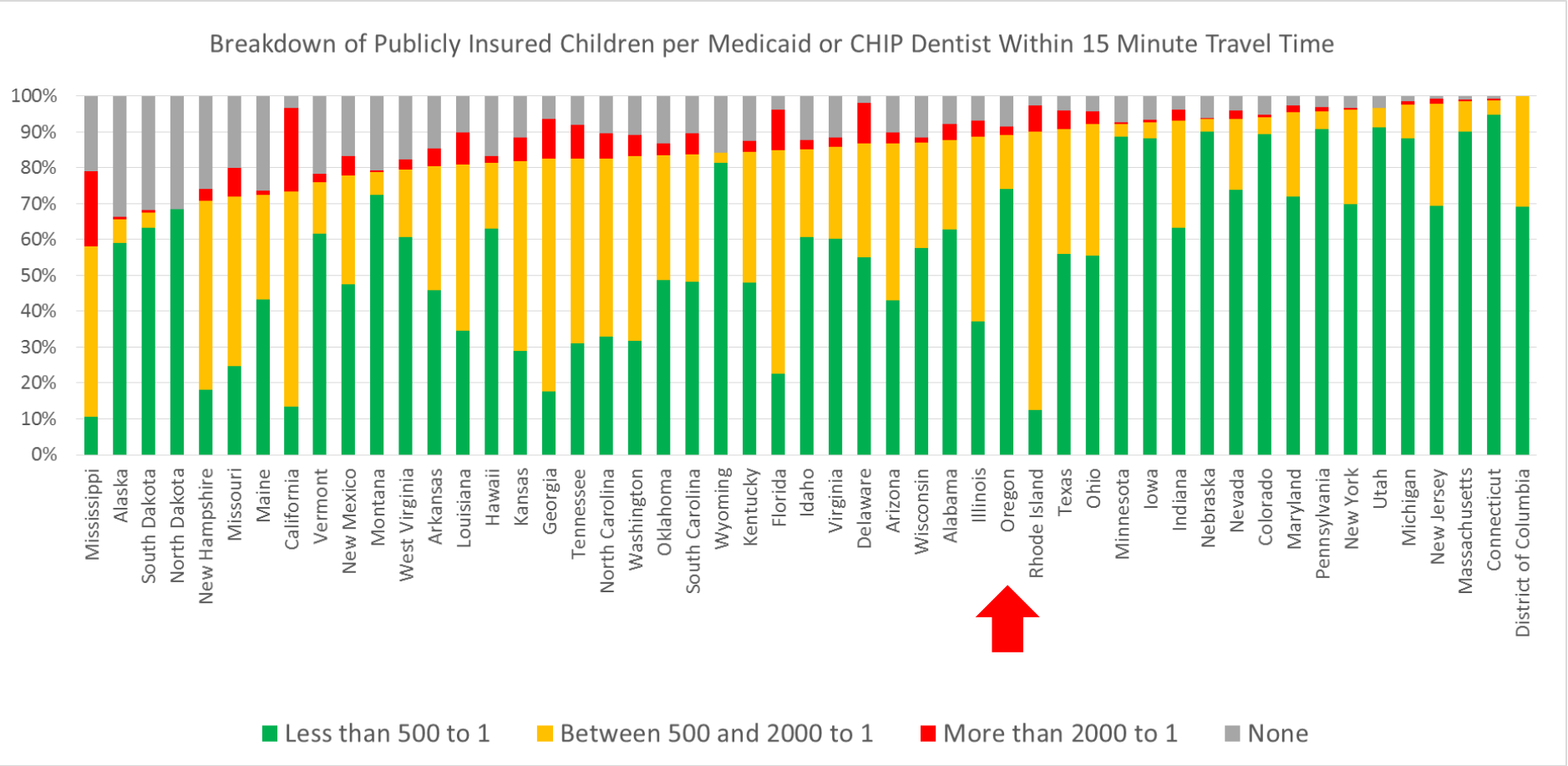

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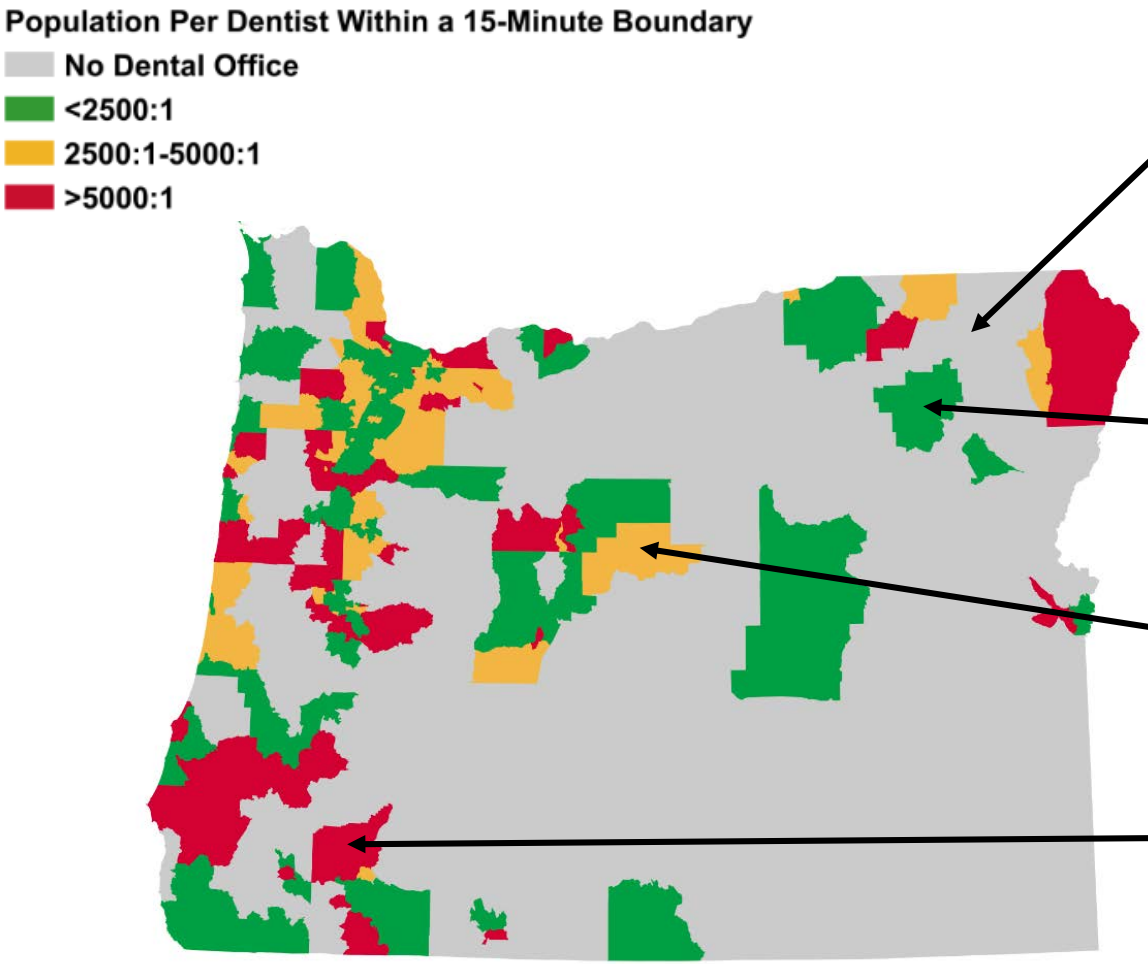

6% of the population do not have a dentist within a 15 minute travel time

74% of the population live in areas with more than one dentist within a 15 minute travel time for every 2,500 people

14% of the population live in areas with one dentist within a 15 minute travel time for every 2,500 to 5,000 people

7% of the population live in areas with less than one dentist within a 15 minute travel time for every 5,000 people

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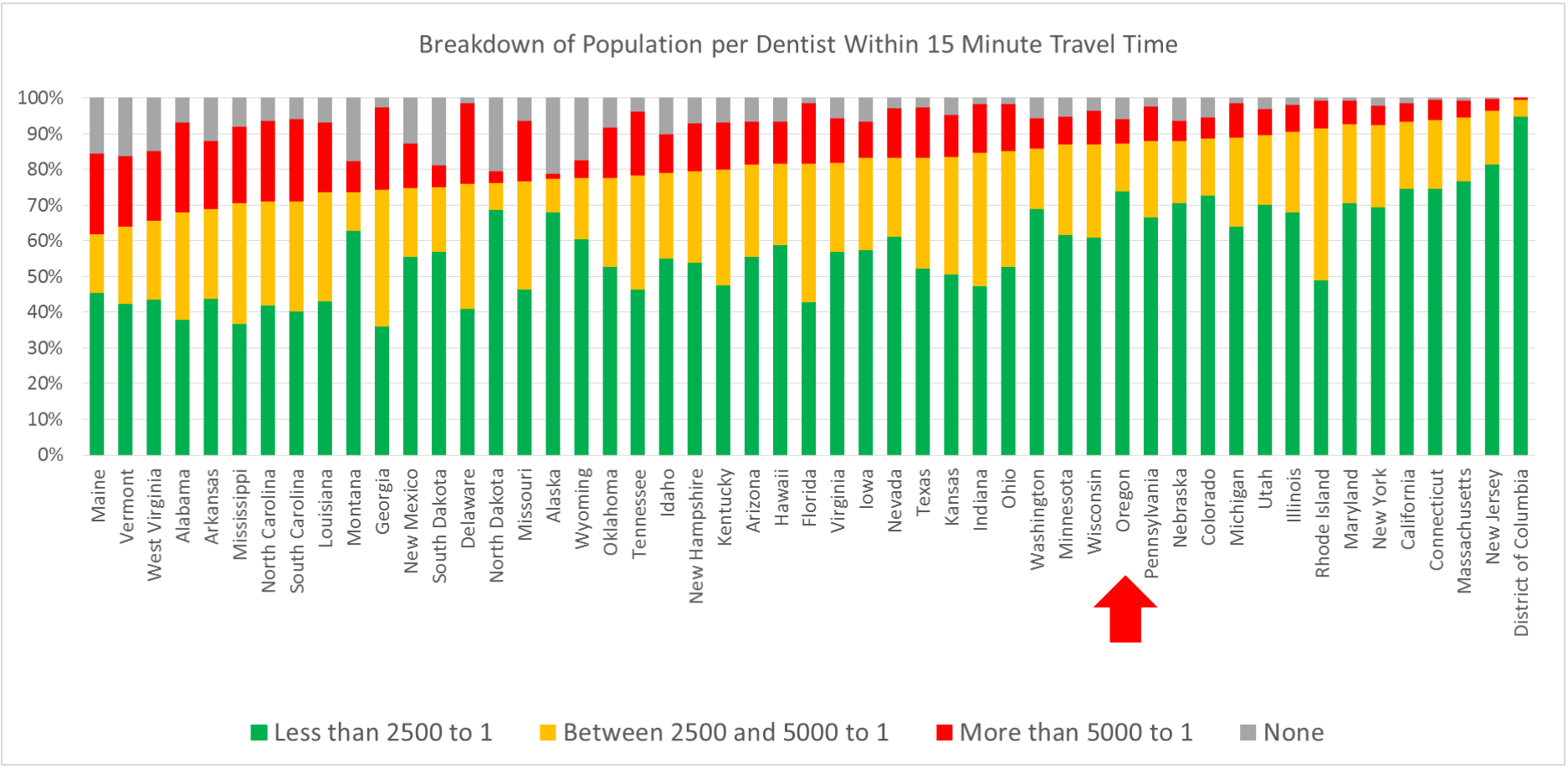

Reimbursement in Medicaid

HPI Health Policy Institute
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Research Brief

Medicaid Fee-For-Service Reimbursement Rates for Child and Adult Dental Care Services for all States, 2016

Authors: Niodita Gupta, M.D., M.P.H., Ph.D.; Cassandra Yarbrough, M.P.P.; Marko Vujicic, Ph.D.; Andrew Blatz, M.S.; Brittany Harrison, M.A.

The Health Policy Institute (HPI) is a thought leader and trusted source for policy knowledge on critical issues affecting the U.S. dental care system. HPI strives to generate, synthesize, and disseminate innovative research for policy makers, oral health advocates, and dental care providers.

Who We Are

HPI's interdisciplinary team of health economists, statisticians, and analysts has extensive expertise in health systems policy research. HPI staff routinely collaborates with researchers in academia and policy think tanks.

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Key Messages

- *Wisconsin, Washington and California had the lowest Medicaid reimbursement rates for both adult and child dental care services among states that provide dental services via fee-for-service.*
- *There is considerable variation across states in Medicaid fee-for-service reimbursement rates.*

Introduction

Low-income children and adults are subject to different dental safety nets. States are required to provide dental benefits to children, who are covered by Medicaid and the Children's Health Insurance Program (CHIP), but providing adult dental benefits is optional.[1] Increased enrollment in Medicaid and CHIP led to a historic low of 11 percent of children lacking dental benefits in 2014, the most recent year data are available.[2] There has also been a steady increase in dental care utilization among children enrolled in Medicaid and CHIP over the past fifteen years.[3] Low-income adults have not experienced similar gains. In 2014, the latest year for which we have data since Medicaid expansion under the Affordable Care Act, 54 percent of Medicaid-enrolled adults lived in states that provide adult dental benefits in their Medicaid programs.[2] However, 35.2 percent of adults in the U.S. do not have any form of dental coverage.[2]

A key issue for Medicaid is having a sufficient number of providers willing to participate. Research shows that a variety of factors limit the number of dentists that accept Medicaid, including high rates of cancelled appointments among Medicaid enrollees, low

April 2017

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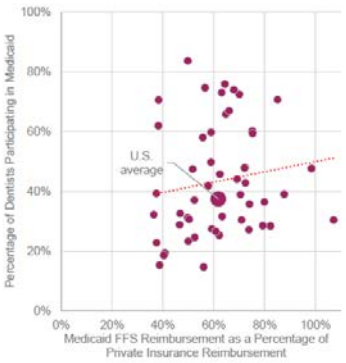
Medicaid Fee-for-Service (FFS) Reimbursement and Provider Participation for Dentists and Physicians in Every State

REIMBURSEMENT AND PROVIDER PARTICIPATION IN MEDICAID FOR DENTISTS IN EVERY STATE



REIMBURSEMENT AND PROVIDER PARTICIPATION IN MEDICAID FOR PHYSICIANS IN EVERY STATE

PERCENTAGE OF PROVIDERS PARTICIPATING IN MEDICAID

37.5% DENTISTS
68.9% PHYSICIANS

MEDICAID FFS REIMBURSEMENT AS A PERCENTAGE OF PRIVATE INSURANCE REIMBURSEMENT

61.8% DENTISTS
60.1% PHYSICIANS

Source: Medicaid reimbursement for dentists is calculated from **here**. Medicaid reimbursement for physicians is calculated from **here** and **here**. Medicaid participation for dentists can be found **here** and for physicians **here**. **Note:** While fee-for-service (FFS) reimbursement rates are an important policy lever within Medicaid, they may not be representative of actual payment rates to providers in all states, depending on the extent of managed care programs. However, excluding managed care states based on classification found **here** does not change main conclusions. Analysis for dentists is based on reimbursement and participation in Medicaid for child dental care services. Physician participation is for office-based physicians and reimbursement is for primary care services. Data are for 2016 except for physician participation in Medicaid, which is for 2013. However, **analysis** suggests physician participation has not changed substantively since then.

Reimbursement in Medicaid

Figure 1: Medicaid Fee-For-Service Reimbursement as a Percentage of Fees Charged by Dentists, Child Dental Services, 2016

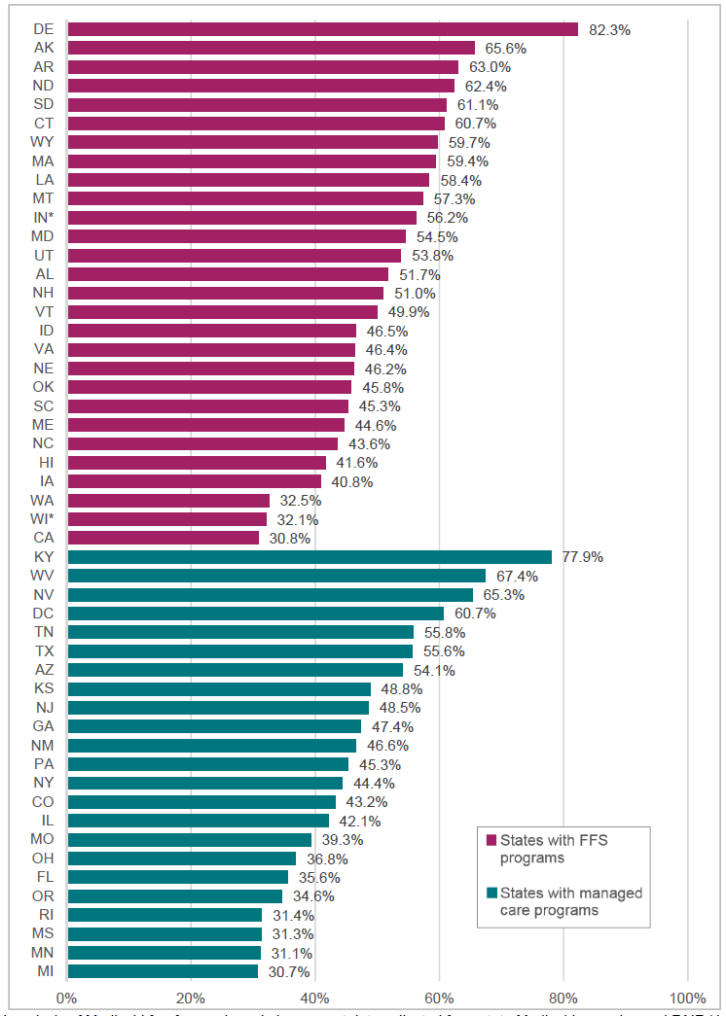
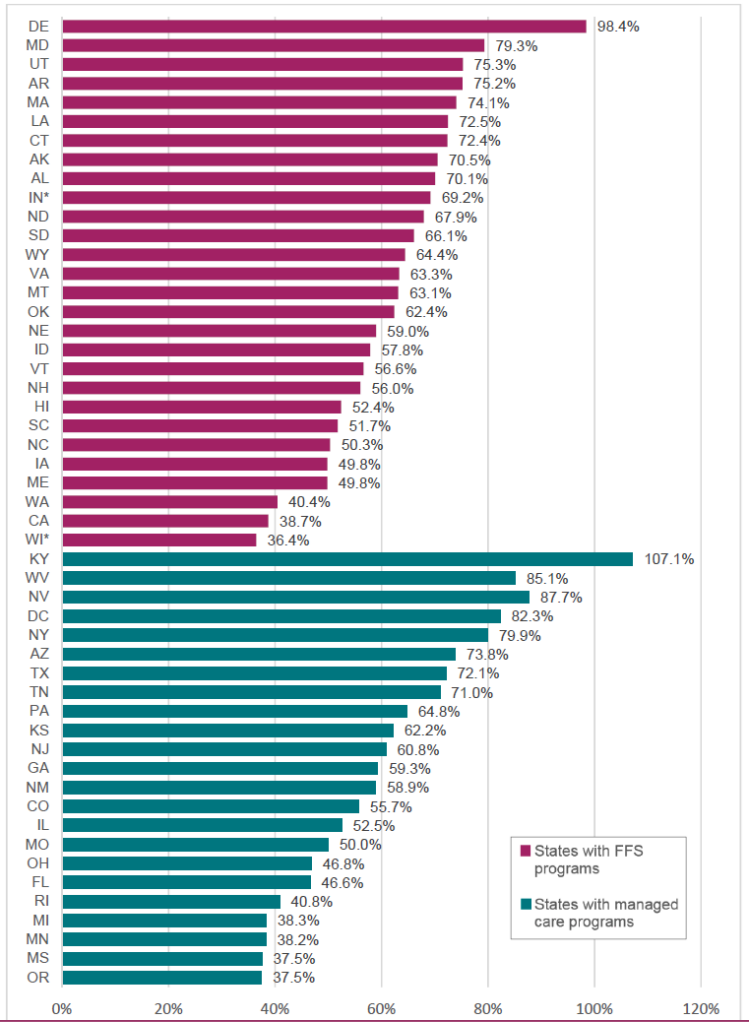


Figure 2: Medicaid Fee-For-Service Reimbursement as a Percentage of Private Dental Insurance Reimbursement, Child Dental Services, 2016



Reimbursement in Medicaid

Figure 4: Medicaid Fee-For-Service Reimbursement as a Percentage of Fees Charged by Dentists, Adult Dental Services, 2016

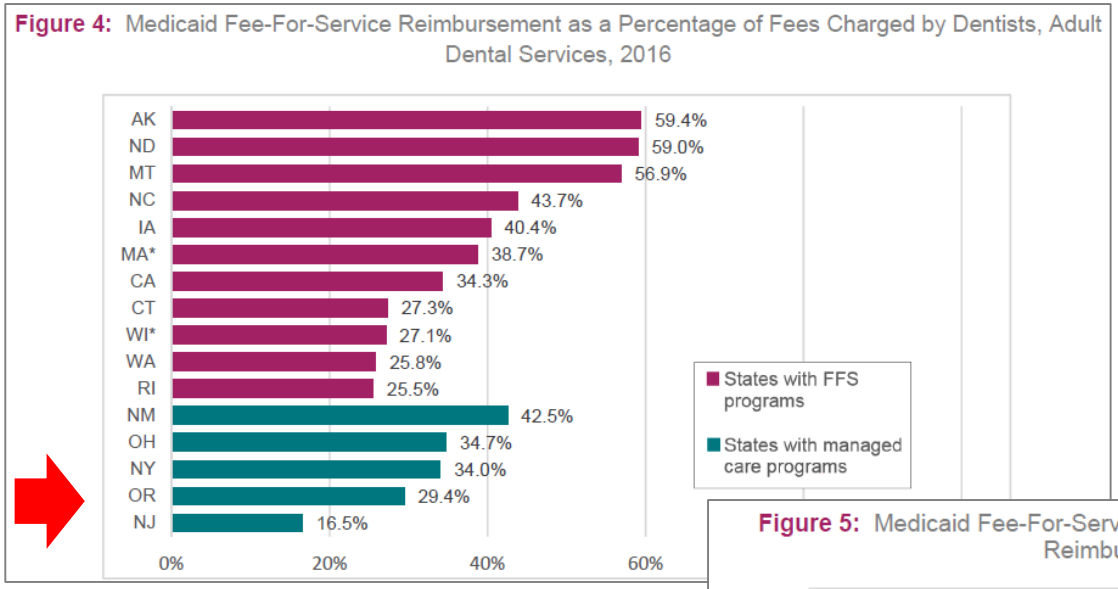
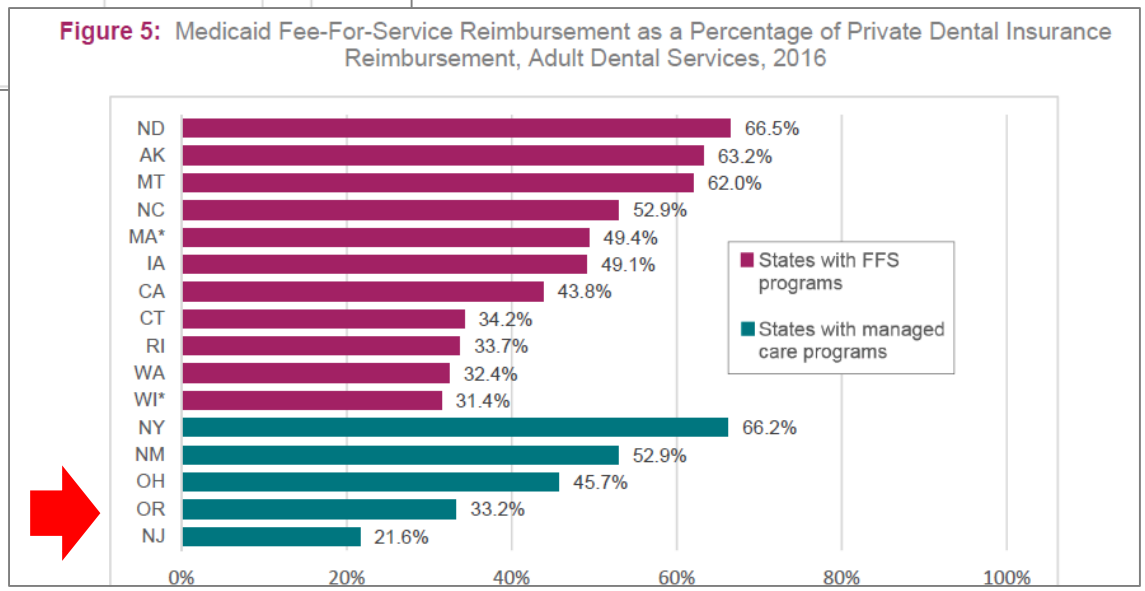
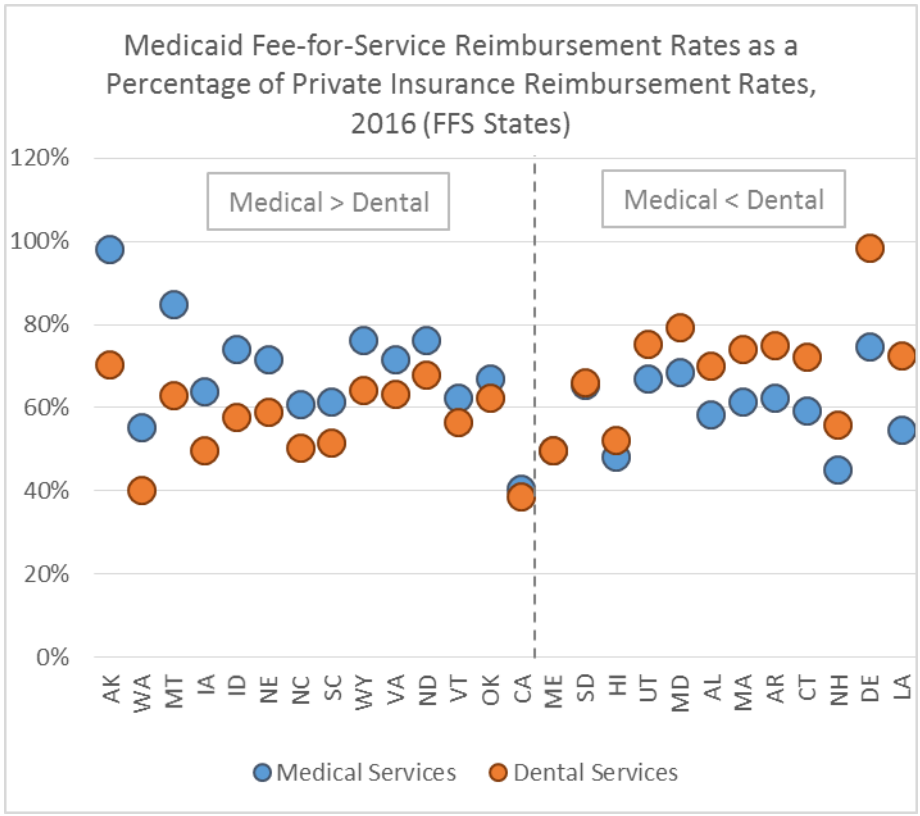
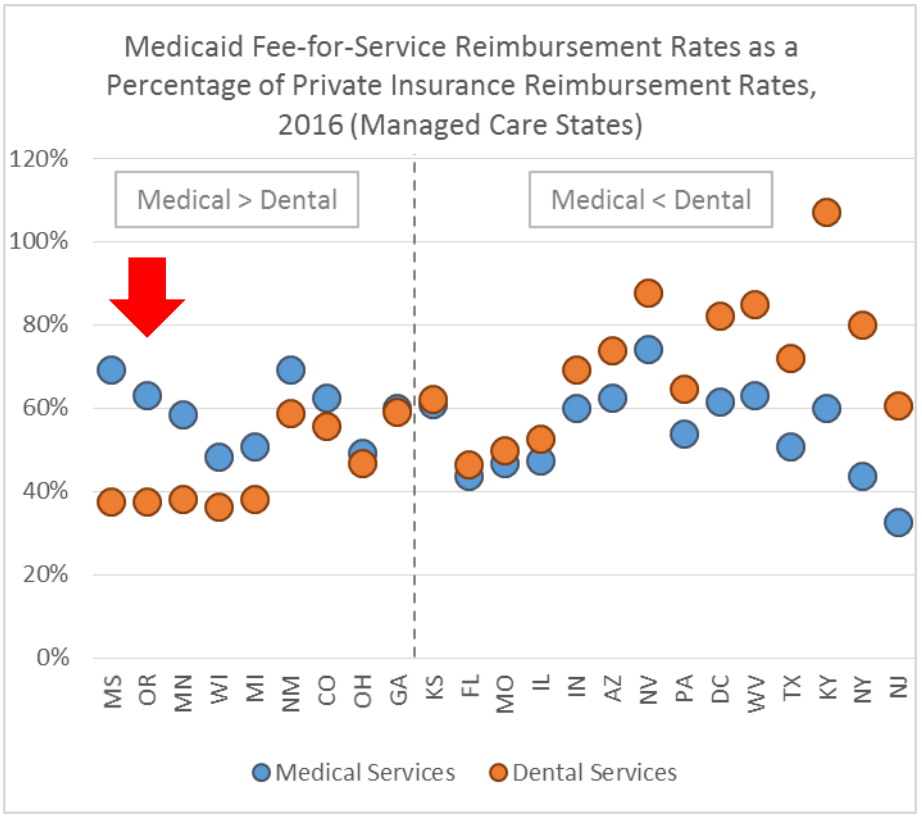


Figure 5: Medicaid Fee-For-Service Reimbursement as a Percentage of Private Dental Insurance Reimbursement, Adult Dental Services, 2016



Reimbursement in Medicaid

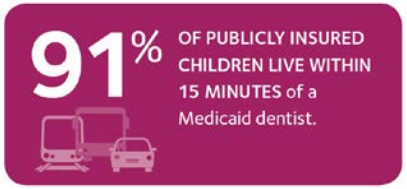


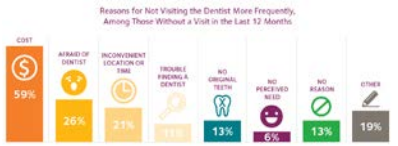


Key Takeaways

What We Learned…

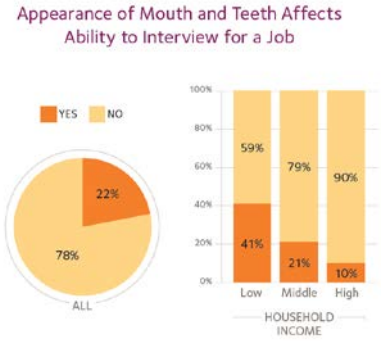
- Geographic coverage of dental care providers is quite extensive
- The supply of dentists is expected to grow steadily in the coming years
- Dental care use is low among publicly insured children
- Main barriers to dental care among adults relate to cost and fear, not lack of providers





What This Means…

- Need to focus less on “supply” interventions, more on “navigation” interventions (e.g. connecting members to a dental home, nudging diabetics into routine dental care)
- Need to re-examine adult dental benefit design so that is focuses much more on oral health outcomes
- Need to accelerate innovations in payment and care delivery models that focus on outcomes



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