

After Medicaid Expansion in Kentucky, Use of Hospital Emergency Departments for Dental Conditions Increased

Take Away Points

- The percentage of adult Medicaid emergency department (ED) discharges for conditions related to dental or oral health in Kentucky increased from 18 percent in 2013 to 50 percent in 2014, however, the increase may be temporary as the largest increase in visits occurred immediately after the expansion in early 2014.
- States considering adding an adult dental benefit to their Medicaid programs should anticipate at least some initial increase in the use of the ED for dental care and should simultaneously implement the strategies that will maximize the success such as improving Medicaid enrollees' knowledge of their benefits, increasing the number of dentists who participate in Medicaid, including preventive dental care outside of dentists' office.

The Issue

Access to oral health care is an unmet critical need for adult Medicaid beneficiaries. On a national level, Kentucky experiences the poorest oral health outcomes, especially among low-income adults. Kentucky is one of twelve states that chose to provide limited dental coverage for adults as part of its Medicaid expansion, though oral health is considered an essential benefit only for children under Affordable Care Act (ACA). However, expanding dental coverage does not automatically guarantee increased access to dental care. A sudden influx of new patients may overwhelm the dental care system, making it impossible to meet demand. The purpose of this study was to examine the impact of the Kentucky Medicaid expansion on the use of ED visits by adult enrollees for conditions related to dental and oral health from 2010-2014.

Source

Chalmers N, Grover J and Compton R. After Medicaid Expansion in Kentucky, Use of Hospital Emergency Departments for Dental Conditions Increased. Health Affairs.

<http://content.healthaffairs.org/content/35/12/2268.full.pdf+html>

Study Methods and Design

This was an observational study of adults with Medicaid as their primary insurance. Data was obtained from the State Emergency Department Databases of Healthcare Cost and Utilization Project (HCUP) to capture discharge information on all ED visits that did not result in a hospital admission for adults older than 21 years in Kentucky from 2010-2014. Using Medicaid statistics from the Cabinet for Health and Family Services, rates of ED discharges for conditions related to dental and oral health per 100,000 Medicaid-eligible adults were calculated. For descriptive analyses, chi-square and analysis of variations tests were used to compare time trends. Logistic regression models were used to compare discharges for conditions related to dental or oral health and other discharges in the adult Medicaid population. For analysis of trends and specific factors significantly associated with a visit to the ED for dental care, the study assessed race, sex, location and comorbidities.

Key Findings

- The percentage of adult Medicaid discharges for conditions related to dental or oral health in Kentucky increased dramatically, from 18% in 2013 to 50% in 2014, while the percentage of discharges for those conditions covered by private insurance increased only slightly, from 15% in 2013 to 18% in 2014.
- Percentage of discharges for the uninsured decreased significantly from 57% in 2013 to 21% in 2014.
- Stratification of common diagnosis for conditions related to dental or oral health by preventability and severity showed that diagnosis for dental caries became less common over time in ED discharges, while diagnoses for abscesses became more frequent.
- The proportion of discharges for preventable conditions related to dental or oral health rose from 22% in 2010 to 33% in 2014, while the proportion of diagnoses for low severity conditions decreased from 48% to 38%.
- Compared to earlier years, adults covered by Medicaid who used the ED for treatment of oral health conditions in 2014 had high levels of chronic comorbidities and were more likely to be male and nonwhite.
- The most common chronic comorbidities associated with a diagnosis of a condition related to dental or oral health included tobacco use, hypertension, diabetes and asthma.
- Rates of discharges for conditions related to dental or oral health were highest among the youngest group 21-34 years, followed by adults aged 35-54 years and was lowest for those 55 years and older.

Limitations

- It is unclear whether the observed effects were due to immediate release of a pent-up demand for care or associated with longer term trends. Though the available evidence supports the former explanation, data from later years would be needed to determine this with more certainty.
- This study focused only on dental ED visits and did not measure other aspects of the expansion such as increase in visits to dental offices resulting in underestimation of the Medicaid costs during the expansion.
- This was an observational study and causality could not be determined.

Final Thoughts

The findings of this study indicate that as Medicaid expanded to serve previously uninsured individuals, the program reached a population in poorer oral and general health that was more likely to visit the ED for unmet dental needs, though many of these conditions are preventable. The proposed section 115 waiver to the Kentucky Medicaid program, including eliminating dental coverage for adults, has raised many concerns. Solutions for the pent-up demand for services are multifactorial and require system changes that help beneficiaries understand their dental coverage and navigate the dental health care delivery system, encourage dentists' participation in Medicaid, and integrate oral health screenings and referrals into primary care settings.