ORAL HEALTH, MEDICAID EXPANSION, AND PERSONAL RESPONSIBILITY

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BACKGROUND: IMPORTANCE OF ORAL HEALTH

- 91% US adults had tooth decay in 2011-12[1]
- Tooth decay is the most common chronic childhood disease[2]
- Oral health is a risk factor for cardiovascular disease and diabetes[3]
- Oral diseases include: dental abscess/bacterial infections, oral cancers, fungal infections
- Poor oral health also affects quality of life (ex. eating and self-esteem)

1. US Centers for Disease Control and Prevention; National Center for Health Statistics. Data brief 197: dental caries and tooth loss in adults in the United States, 2011-2012. https://www.cdc.gov/nchs/data/databriefs/db197_table.pdf.
2. Lee JS, Somerman MJ. The Importance of Oral Health in Comprehensive Health Care. JAMA. 2018;320(4):339-340. doi:10.1001/jama.2017.19777
3. Li, Xiaojing, Kristin M. Kolltveit, Leif Tronstad, and Ingar Olsen. “Systemic Diseases Caused by Oral Infection.” *Clinical Microbiology Reviews* 13, no. 4 (October 2000): 547–58.

BACKGROUND: ORAL HEALTH DISPARITIES

- Poor oral health disproportionate afflict low income populations ("silent epidemic")[4]
- ACA's 2014 Medicaid expansion (<138% FPL) aimed to reduce disparities by expanding adult dental benefits
  - 22 states expanded with dental benefits

4. Lee, J.Y., and K. Divaris. "The Ethical Imperative of Addressing Oral Health Disparities: A Unifying Framework." *Journal of Dental Research* 93, no. 3 (March 2014): 224–30. https://doi.org/10.1177/0022034513511821.

BACKGROUND: MEDICAID EXPANSION

- Dental usage uptake was mixed after Medicaid expansion
  - No immediate significant change[5]
  - 3-6% increase after 2 years[5]
  - Increased for childless adults but decreased for parents from 2010 to 2014[7] (Singhal 2017)

6. Nasseh, Kamyar, and Marko Vujicic. “The Impact of the Affordable Care Act’s Medicaid Expansion on Dental Care Use through 2016: Adult Dental Care Use and Medicaid Expansion.” Journal of Public Health Dentistry 77, no. 4 (September 2017): 290–94. https://doi.org/10.1111/jphd.12257.

7. Singhal, Astha, Peter Damiano, and Lindsay Sabik. “Medicaid Adult Dental Benefits Increase Use Of Dental Care, But Impact Of Expansion On Dental Services Use Was Mixed.” Health Affairs 36, no. 4 (April 2017): 723–32. https://doi.org/10.1377/hlthaff.2016.0877.

RESEARCH QUESTIONS

1. To what extent is lack of dental usage due to personal responsibility and voluntary choice?
2. What is the role of incentives to improve oral health in Medicaid?

METHODS

- **Behavioral Risk Factor Surveillance System (BRFSS) 2015**
  - WHO (in overall Medicaid population) used services
  - State by state analysis of dental usage rates among Medicaid recipients
- **Medical Expenditure Panel Survey (MEPS) 2015**
  - WHAT dental services were used by low income populations
- **Literature search**
  - Structural and personal barriers to dental care usage
  - Previous Medicaid dental incentive programs

SELECTED FINDINGS - BRFSS

	Dental Visit in last 12 months?		
	Yes (1)	No (2)	N/A
Expanded States	51.05%	48.03%	0.93%
Nationally	65.10%	33.93%	0.98%

All adults <138% FPL Based on family size			
		Had Dental Visit	No Dental Visit
Sex	Male	39%	45%
	Female	61%	52%
Education level	Never attended	0.42%	1%
	Elementary	11%	15%
	Some HS	17%	21%
	HS Grad	34%	32%
	Some College	28%	24%
	College Grad	9%	6%
# permanent teeth were removed due to disease	1 to 5	49%	45%
	6+ but not all	49%	53%
	All	2%	2%

SELECTED FINDINGS - BRFSS

- More people visit the physician than the dentists
- A majority of people have a personal doctor/health care provider

Health Activation				
	within past year	within past 2 years	within past 5 years	5 or more years ago
How long since your last routine medical checkup?	74.01%	12.77%	5.56%	5.17%

Health Activation 2			
	One or more	No	N/A
Personal doctor or health care provider?	76%	23.8%	0.34%

SELECTED FINDINGS - BRFSS

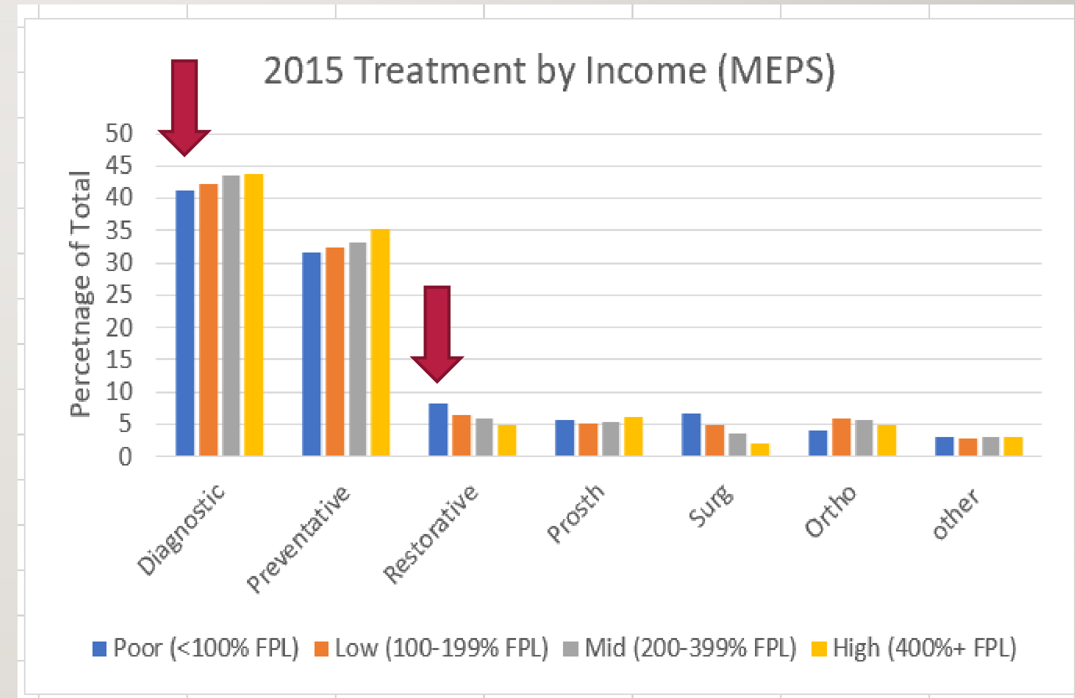
Potential for activation		
	Yes	No
difficulty walking or climbing stairs	18.85%	80.15%
difficulty dressing or bathing	6.81%	92%
difficulty doing errands alone such as visiting a doctor's office or shopping?	11.35%	87.26%
During the past month, other than your regular job, did you participate in any physical activities or exercises?	69.90%	29.99%

SELECTED FINDINGS - BRFSS

Health Literacy		
	Very/somewhat EASY	Somewhat/very HARD
how difficult is it for you to get advice or info about health or other medical topics if you need it	79%	11%
how difficult is it for you to understand information that doctors, nurses, and other health professionals tell you?	87%	13%

SELECTED FINDINGS - MEPS

- Lower income tend to use:
  - LESS diagnostic & preventative care
  - MORE restorative care



SELECTED FINDINGS – STRUCTURAL BARRIERS

1) **Lack of providers -** distribution, quantity

   Due to provider disincentives (reimbursement, administrative burden)

   Missed appointments

2) **Lack of medical integration**

   primary care physicians education

3) **Transportation** costs/access

SELECTED FINDINGS – PERSONAL BARRIERS

1) **Financial -** research suggest biggest barriers to care are financial, not supply related

2) Lack of **awareness** about benefits

3) Low oral health literacy

SELECTED FINDINGS – INCENTIVE PROGRAMS

Florida

- poor evaluation, and program kept changing
- Some evidence the financial motivation worked (millions of $ credits were claimed)

Iowa

- tiered approach to earn benefits
- Many people unaware of program & how to earn benefits
- Not a lot of people made it past tier 1

Kentucky

- TBD

CONCLUSIONS

- ***There may be a role for incentives***
  - Some people with NO structural barriers still don't all seek care → incentives can overcome personal barriers
  - Incentives may also be able to over come some structural barriers (ex. transportation costs)
- Important to consider equity
- Need to rigorously evaluate incentive programs over time

LESSONS LEARNED

- Big disparities in oral health service utilization and outcomes based on income
- Lack of dental care usage is multifaceted and require a combination of solutions to overcome
- Need for more oral health services research

OTHER PROJECTS & CONTINUED WORK

- Evaluation of KY HEALTH - MyRewards program (dental component)
- Pediatric Dental Medicaid Usage and Incentives for Older Children
- The Role of Oral Health in Universal Health Coverage (UHC)