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Dental Services and Health Outcomes in the New York State Medicaid Program

Maryland State Legislature Presentation

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Thank you for inviting me to discuss our study entitled Dental Services and Health Outcomes in the New York State Medicaid Program recently published in the Journal of Dental Research.

We sought to investigate the relationship between utilization of dental care, subsequent health service utilization, and associated health care costs comparing cohorts of New York State Medicaid members receiving preventive dental care, those receiving extractions and/or treatment for dental disease, and members receiving no dental care. Additional analyses were conducted to evaluate the same relationships among members with selected chronic diseases.

The study included more than half a million Medicaid members, ages 40-64, not also enrolled in Medicare.

We found the all-cause emergency department (ED) rate ratio was significantly lower in members who received preventive dental care compared to those who received dental treatment.

Similarly, for all-cause inpatient admissions, rate ratios were significantly lower for members who received preventive dental care compared to those who received treatment for dental disease, with reductions even larger than those observed in ED visits, particularly among members who received preventive dental care.

With regards to costs, the average adjusted ED cost differences across cohorts were small and mostly not statistically significant.

However, average inpatient admission costs per member were significantly lower for members receiving preventive dental care, with savings ranging from -\$263 to -\$380.

For each additional preventive care visit received, we found a 3% reduction in relative risk for ED visits and a 9% reduction for inpatient admissions.

Each additional preventive care visit significantly lowered costs for all outcomes and was especially pronounced for total adjusted health care at -\$236 and inpatient admission at -\$181.

In an analysis of members with selected chronic diseases, preventive dental care was associated with lower ED and inpatient admission utilization rates and costs per member in all disease cohorts. Cost savings were most pronounced for inpatient admissions for members receiving preventive dental care without dental treatment ranging from -\$539 to -\$1950.

In conclusion, we found that utilization of preventive dental care was associated with reduced ED and inpatient admission rates and inpatient admission costs.

Thank you for this time to share our findings.