



# NCEMCH Policy Brief

May 1998

## *The Cost of Caring: Emergency Oral Health Services*

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*A visit to the emergency room*

**H**alf of the children who presented to Pittsburgh Children's Hospital emergency room over a 10-year period with faces swollen from infection were suffering from nothing more than tooth decay gone amuck.<sup>1</sup> The same scene is repeated daily at hospitals across the nation: dental emergencies account for 6 percent of all Las Vegas emergency room visits among children younger than 6,<sup>2</sup> three children seen each night at Columbus Children's Hospital emergency room,<sup>3</sup> four children seen each night at Boston Children's Hospital emergency room,<sup>4</sup> and growing numbers of children seeking relief from pain and infection in small and large towns in every state every day.

One-third of all children seeking emergency care for toothaches have

abscessed teeth; one-quarter of children have draining lesions.<sup>3</sup> These children have been living with dental problems for weeks or months. For more than one in four children, the trip to the emergency room is their first "dental visit."<sup>5</sup> These children usually receive little more than an injection of antibiotics and a prescription for pain medication because most emergency rooms don't provide complete dental care.<sup>6</sup> Nearly 20 percent of these children are suffering from a devastatingly rapid form of tooth decay called "early childhood caries" or "baby bottle tooth decay."<sup>3,5</sup> Nearly half of all children who present to the emergency room ultimately have their decayed teeth extracted rather than repaired.<sup>3</sup>

The emergency room visit is costly and the money is not well spent. In one

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southwestern hospital alone, expenditures for “dental and oral disease except extractions and restorations” (DRG 186) were among the top seven diagnoses for children under age 6, and accounted for \$548,557 in hospital billings.<sup>2</sup> The average emergency room charge was \$123 for children under 6 and \$142 for children ages 6–18. Trips to the emergency room may bring relief, but this lack of definitive care is a recipe for recurrence and for increased costs to the health care system.

## Who Are These Children?

These children are the dental “have-nots,” unable to access routine dental care with its promise of prevention and repair, despite the Medicaid programs designed to reach many of them. Children and adults who use the emergency rooms for dental care are generally from minority, low-income, or uninsured populations.<sup>6</sup> Similarly, children who miss school because of dental problems are generally from these same populations.<sup>7</sup> Almost 52 million school hours—equivalent to more than 850,000 school days—are missed each year because of dental concerns.<sup>7</sup> U.S. children and adults from lower-income, less educated, and uninsured groups have experienced more than 41 million restricted-activity days annually because of dental problems.<sup>7</sup>

## The More Fortunate Children

Hundreds of thousands of children seek emergency services at dental offices and clinics where they can obtain definitive treatment. Most children obtain urgent care from general dentists and oral surgeons. Frequently, children with

the most advanced stages of oral disease are referred to a pediatric dentist for treatment. Pediatric dentists serve a disproportionate share of children covered by the Medicaid program.<sup>8</sup> Each workday, pediatric dentists alone (who constitute only 3 percent of the dentists working in the United States) see more than 5,000 children who are seeking emergency care.<sup>9</sup>

We now know that children need to see the dentist at 1 year of age—much earlier than previously thought.<sup>10</sup> Many toddlers with early childhood caries ultimately must be treated in a hospital for comprehensive dental treatment under general anesthesia in the operating room. The Health Care Financing Administration estimates that the Medicaid program alone pays between \$100 million and \$400 million each year to treat these children,<sup>11</sup> each of whom could have avoided the operating room and experienced better dental health through early and aggressive preventive care—at much less overall cost to the Medicaid program.

## The Most Fortunate Children

The most fortunate children experience a very different kind of oral health and dental experience. These children sport winning smiles, look forward fearlessly to their semiannual preventive visits to their dentists, enjoy the benefits of dental sealants, and reflect the fantastic benefits of modern dental care. They do not know acute dental pain or the experience and consequences of extractions. These fortunate children are the majority. Their remarkable and obvious dental health has masked the “neglected epidemic” of their less fortunate peers.<sup>12</sup>

## Setting a Goal

The goal of advocates, policymakers, program administrators, and all who care about children must be to end the suffering of the “have-nots” and work to make all of our children “the most fortunate children.” Medicaid and its sister program, the new State Children’s Health Insurance Program (CHIP), provide tremendous opportunities to reach these children. Now is the time. ■

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