

# Missouri Children & Oral Health Care

November 2007

“Oral health is essential to the general health and well being of all...”

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Oral health extends beyond a pretty smile. Oral health is essential to maintaining overall health and quality of life. Access to regular dental care is recommended for all children to ensure healthy growth. Improving access to dental care for children is consistent with MO HealthNet’s focus on preventive care and wellness and will enhance health and well-being for generations to come.

Former Surgeon General Dr. C. Everett Koop emphasized the importance of oral health in the landmark publication released in 2000, *Oral Health in America: A Report of the Surgeon General*.

“Oral health is essential to the general health and well being of all Americans and can be achieved by all Americans.

However, not all Americans are achieving the same degree of oral health.”<sup>1</sup>

### *Understanding the significance:*

Oral health is an excellent indicator of an individual’s health status. Children without good oral health experience pain, difficulty eating and sleeping, lower self-esteem, and a greater number of lost days in school. Research on the health status of children in Missouri demonstrates the significance of oral health on the welfare of Missouri’s children:

- The Centers for Disease Control and Prevention found that by the time Missouri children reach the

third grade, 55.3% of them have tooth decay/dental caries)<sup>2</sup>.

- Twenty-six percent (26.6%) of tooth decay in children went untreated in 2004.
- Although dental sealants provide an effective means of preventing caries, only 27.4% of Missouri third-graders have received them, as of 2004<sup>3</sup>.

Regular preventive oral health care visits should begin at an early age. Dentists recommend dental care for children as soon as signs of first teeth are evident, and once every six months from that point forward. The National Survey of Children’s Health found that only 56.1% of children in Missouri aged 1-5 received preventive dental care in the past 12 months. The national average for this age group was 58.8%<sup>4</sup>.

Children who have access to dental care are typically covered by private health insurance or out of pocket payments. Low-income children are disproportionately affected by oral health problems, such as caries and tooth infections. Those covered by Medicaid are often not provided dental services. The loss of Medicaid dental benefits in 2005 affected both adults and children<sup>5</sup>. In recent years, less than one in five Medicaid-covered children has had a preventive dental visit<sup>6</sup>.

When dentists, especially those serving rural counties, do not accept Medicaid plans, access to oral health care for Missouri's children is limited. Advocates have questioned whether Medicaid-contracted health plans and the state Medicaid agency are maintaining the necessary level of access required under the Federal guidelines<sup>7</sup>. If access and coverage are not available, individuals often turn to the emergency room as a source of care, driving up overall health care costs. In Missouri in 2003, 45% of children hospitalized for preventable dental conditions and 53% of children who visited emergency rooms for dental related illnesses were MC+/Medicaid recipients<sup>8</sup>. An urban children's hospital in a metropolitan east-coast city found 73% of problems brought to the emergency department were related to dental caries<sup>9</sup>. Another national children's hospital reported as many as 96% of the problems in their emergency department were results of dental caries and abscesses<sup>10</sup>.

Dental care provided through emergency departments is not comprehensive and is adequate substitute for care provided in dental offices. Attending physicians or pediatricians try to treat the problem, but these fixes often mask the underlying causes, not addressing the source of the issues that brought the children to the emergency department. The two most common treatments given in emergency departments are antibiotics or drainage of the abscesses or sores in the mouth, as opposed to tooth extractions that could be performed in a dental care setting<sup>11</sup>.

### ***Barriers to receiving oral health care:***

Children's advocacy groups in Missouri have been voicing concerns about the lack of access to oral health care for our children for many years. Strained public financing, lower reimbursement rates for dentists, and a shortage of professionals have impeded people from seeking preventive dental care. Dentists in many states do not participate in the Medicaid program because they are not

reimbursed for the full cost of treatment<sup>12</sup>. Forty-four of Missouri's 115 counties have no dentist willing to accept MC+/Medicaid patients<sup>13</sup>.

Some argue that dentists' unwillingness to accept Medicaid patients stems from the entrepreneurial culture of dental school. Others point out that dentists are typically solo practitioners and are, therefore, responsible for overhead expenses in their clinics such as dental equipment, hygienists' salaries, auxiliary staff members' salaries, laboratory expenses, rent, and dental supplies<sup>14</sup>. Dental offices financial viability requires that the offices must accept patients who can pay or have dental insurance with adequate reimbursement.

### ***Recommendations for Improvement:***

In Missouri, advocates such as the Oral Healthcare Network of Missouri, evaluated oral health access barriers and disparities facing low-income and/or uninsured Missourians. From this evaluation, recommendations to improve oral health care included:

- Increase recruitment and retention of oral health practitioners;
- Increase reimbursement for services;
- Expand consumer education and prevention services; and
- Expand oral health care infrastructure.<sup>15</sup>

A publication of the Missouri Department of Health and Human Services additionally recommended:

- State and local oral health programs, Maternal and Child Health Bureaus (MCH), and Children/Special Health Care Needs (CSHCN) programs should work collaboratively to promote sources of free or low-cost care, such as special clinics, for families who lack dental insurance and financial resources;

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- Insurance reimbursement should be increased to adequately compensate dentists for providing care for children with complex medical conditions or behavioral issues;
- Medicaid and the State Children's Health Insurance Program should support special clinics or provide supplemental reimbursement programs to increase access to care for children with special health care needs;
- Dental insurance exclusions should be eliminated and annual maximums increased for children with special health care needs, who may require complex and costly dental treatment; and
- Insurance should cover the cost of operating room charges for children with special health care needs whose oral health needs cannot be met on an outpatient basis<sup>16</sup>.

Oral health care access deserves our ongoing attention as Missouri transitions to the new MO HealthNet. The focus on preventive care will lead to increased health and quality of life for Missouri's children.

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