

Access to Dental Care for Low-Income Children in Illinois

Issue: Although children's oral health has improved over the last forty years, many children still receive inadequate dental care. National attention has recently focused on the problem of limited access to oral health care for low-income children. In 2000, the Surgeon General's Report, *Oral Health in America*, called dental disease a "hidden epidemic." The national public health agenda, Healthy People 2010, presents initiatives aimed at reducing rates of decay and untreated dental disease. Policy makers across the country are addressing the issue of access to dental care at the state level.

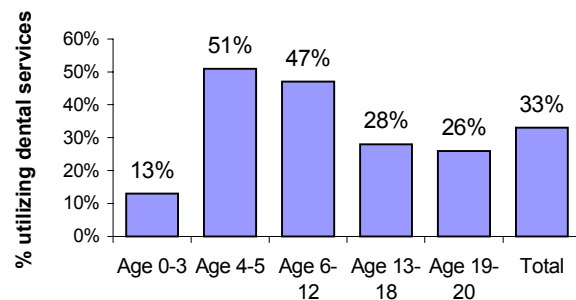
Study Questions:

- What proportion of Medicaid-enrolled children receive dental services and what services do they receive?
- What proportion of dentists enroll and participate in Medicaid?
- What is the capacity of Illinois dentists to care for Medicaid children?

Children Receiving Dental Care

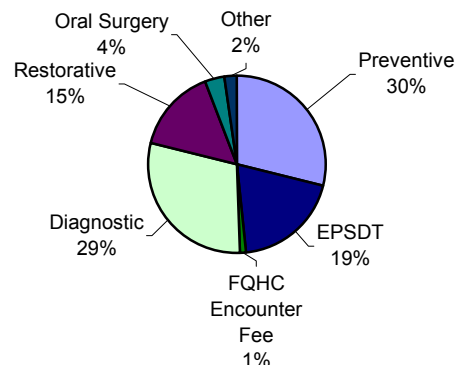
In the study year, only one-third of Medicaid-enrolled children received any dental services in Illinois.¹ Younger children and adolescents had lower use rates (Figure 1). Children's utilization rates for dental services varied by region of the State from a high of 38% in Cook County to less than 30% in all other regions.

Figure 1. Dental Services Use by Medicaid Children, by Age



Almost half of all procedures were for preventive and EPSDT (school-based) services (Figure 2). A total of \$29 million was spent on children's Medicaid dental services, for an average of \$108 per dental user.

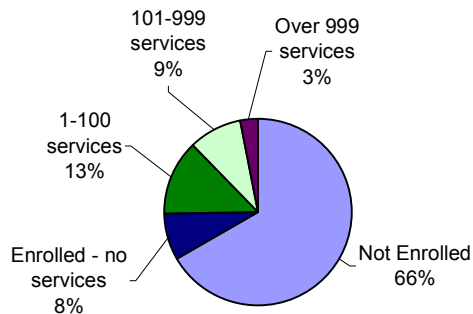
Figure 2. Type of Dental Procedures Provided to Medicaid Children



Dentists Providing Services

About 25% of Illinois active general practice and pediatric dentists provided and billed for Medicaid services to children² (1,537 of 6,061 dentists). Most participating dentists provided a small volume of services (1–100 procedures in the year). About 3% (165) of dentists provided a high volume of services (>999 services in the year). Another 8% of dentists were enrolled in the Medicaid program but did not bill for services. Two-thirds of the dentists were not enrolled in the Medicaid program. (Figure 3)

Figure 3. Medicaid Enrollment and Participation of Illinois Dentists



Capacity

There are limited data and standards by which to measure and assess dentists' capacity to treat Medicaid and low-income children. The report describes different scenarios for doing so, based on available information. However, to better address dentists' existing capacity to provide care, more data are needed on the relationship among oral health needs, dentist productivity, use of auxiliary dental personnel, and competing demand from the non-Medicaid population.

Study Recommendations:

The following recommendations were developed to improve access to dental care for children.

- Efforts should be made to recruit more dentists to the program and to increase the number of children treated by

currently enrolled dentists. This will require adequate dental reimbursement rates and outreach to enroll new dentists.

- Consider options to increase the dentist supply in underserved areas of Illinois. This may require special recruitment incentives and increasing the number of in-state dental school graduates.
- Explore the feasibility of expanding the capacity of dental safety net clinics, such as community health centers, local health departments and others.
- Expand the role of dental hygienists in the care of Medicaid children.
- Encourage the integration of oral health care with primary health care.
- Enhance dental school training to include the study of oral disease in high-risk groups, the problem of access to dental care, and public health dentistry. Expose dental students to private practices and safety net clinics where high-risk children are receiving care.
- Establish a statewide oral health surveillance system.
- Expand community based oral health awareness and prevention programs.

¹ These figures represent only those services billed to and paid by the Medicaid program from 3/1/99-2/29/00.

² A service is not the same as a visit. Some number of services are provided and billed for every visit.

Findings from this study are more fully described in Byck GR, Russinof HJ, Cooksey JA. Access to Dental Care for Low-Income Children in Illinois. December 2000.

See also, Byck GR, Cooksey JA, Walton S. Access to Oral Health Care for Medicaid Children in Illinois: A Focus on Rural Illinois. February 2001.

www.uic.edu/sph/ichws/pub.html

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