The Lay of the Land: Children’s Oral Health Disparities in Arizona

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Objectives

- Understand the relevance of oral health disparities in Arizona
- Describe oral health disparities in children in the State
- Discuss current trends in AHCCCS spending on oral health
Removing the Barriers
Social Determinants of Oral Health

Access to oral health care is associated with gender, age, education level, income, race and ethnicity, access to medical insurance, and geographic location.

Efforts are needed to overcome barriers caused by geographic isolation, poverty, insufficient education, and lack of communication skills.

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ARIZONA
Most Oral Diseases Are Preventable
Caries History

Kindergartners with History of Dental Caries

ARIZONA: 52%  
U.S.: 36%

Third Grade Children with History of Dental Caries

ARIZONA: 64%  
U.S.: 52%

N=3630

Untreated Dental Caries

Kindergartner and Third Grade Children with Untreated Dental Caries

N=3630

Dental Sealants

Third Grade Children with Pit and Fissure Sealants

N=3630

HPV Vaccine Recommendations

• Age 11 or 12 yrs, can be started at age 9

• Not vaccinated previously
  • Females 13-26 yrs
  • Males 13-21 yrs
  • High Risk populations through 26 yrs

Data source: AHCCCS dental utilization claims paid for dental services, calendar year 2016 and 2017. Data includes 100% of pediatric dental claims for both.

*Preventive groups the following CDT 2017 dental codes: D0100-D0999 (Diagnostic) and D1000-D1999 (Preventive).

**Restorative groups the following CDT 2017 dental codes: D2000-D2999 (Restorative), D3000-D3999 (Endodontics), D4000-D4999 (Periodontics), D5000-D5899 (Prosthodontics - removable), D5900-D5999 (Maxillofacial prosthetics), D6000-D6199 (Implant services), D6200-D6999 (Prosthodontics - fixed), D7000-D7999 (Oral & maxillofacial surgery), and D9000-D9999 (Adjunctive general services).
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### AHCCCS Preventative VS Restorative Dollars

<table>
<thead>
<tr>
<th>AHCCCS Claims paid</th>
<th>CY 2016 (dollar amounts)</th>
<th>CY 2017 (dollar amounts)</th>
<th>% change between years</th>
<th>How are we doing in AZ?</th>
</tr>
</thead>
<tbody>
<tr>
<td>AHCCCS Pediatric – Preventive*</td>
<td>$58,279,366</td>
<td>$62,790,701</td>
<td>+8% ($4,511,335)</td>
<td>Increased preventive spending</td>
</tr>
<tr>
<td>AHCCCS Pediatric – Restorative**</td>
<td>$60,621,202</td>
<td>$59,995,579</td>
<td>-1% ($-625,623)</td>
<td>Decreased restorative expenses</td>
</tr>
</tbody>
</table>
PZWI Analysis – Pediatric AHCCCS Members—Dollar Amount of Dental Claims 2016

Minimum Amounts Paid by County CY2016
PZWI Analysis – Pediatric AHCCCS Members—Dollar Amount of Dental Claims 2016, 2017

Minimum Amounts Paid by County 2016

- Coconino: $1,100,350.00
- Mohave: $1,123,050.00
- Navajo: $471,400.00
- Apache: $243,750.00
- Yavapai: $4,809,650.00
- Maricopa: $652,164,350.00
- Pinal: $2,158,000.00
- Graham: $368,550.00
- Greenlee: $5,000.00
- La Paz: $50,000.00
- Yuma: $3,961,250.00
- Santa Cruz: $261,250.00

Minimum Amounts Paid by County 2017

- Coconino: $1,225,700.00
- Mohave: $1,436,150.00
- Navajo: $534,100.00
- Apache: $427,300.00
- Yavapai: $4,721,750.00
- Maricopa: $57,647,550.00
- Pinal: $2,299,350.00
- Graham: $385,450.00
- Greenlee: $8,200.00
- La Paz: $35,300.00
- Yuma: $3,379,550.00
- Santa Cruz: $906,350.00
PZWI Analysis – % AHCCCS Pediatric Providers Per 5,000 members

Data source: ASU CHIR – AHCCCS claims paid for dental services, CY 2016 and 2017. 2015/16 AHCCCS pediatric member data. For information on sources and methodology, see The Georgetown University Center for Children and Families’ report, Medicaid in Small Towns and Rural America: A Lifeline for Children, Families, and Communities.
PZWI Analysis – % AHCCCS Pediatric Providers Per 5,000 members

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PZWI Analysis – % AHCCCS Providers Paid More than $10,000 Per Year

Population estimates for 2016 and 2017 come from the medium series published by the AZ Office of Economic Opportunity (https://population.az.gov/population-estimates)
PZWI Analysis – % AHCCCS Providers Paid More than $10,000 Per Year

PZWI Analysis of AHCCCS Meaningful Providers CY16 and 2017

* For this analysis, PZWI has defined meaningful providers as providers being paid 10k or more a year for dental services by AHCCCS.

Data source: AHCCCS dental utilization claims paid for dental services, calendar year 2016 and 2017. Data includes 100% of pediatric dental claims for both years.
For this analysis, PZWI has defined meaningful providers as providers being paid 10k or more a year for dental services by AHCCCS.

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Addressing The Issues

**Policy**—coverage gaps, inconsistencies between Local, State and Federal levels, infrastructure (surveillance)

**Care**—workforce, evidence based care, high quality care, quadruple aid

**Community**—oral health integration into education and social services

**Financing**—funding to support care, funding for infrastructure, affordability, alignment of payment with positive outcomes
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