Improving Oral Health:
An Opportunity to Control Medical Costs Associated with Diabetes

Policy Solutions:

- **Provide dental coverage to Medicaid enrollees with diabetes.** Doing so could both improve health outcomes and generate cost savings for the state.
- **Address oral disease in the health home model currently being implemented in Medicaid.** Screening patients in health homes for oral disease and providing appropriate preventive care could potentially avoid the onset of more costly medical conditions.

Diabetes – A Growing Problem with High Costs

Diabetes is a highly prevalent chronic condition that is affecting an increasing number of people in Washington. Over 400,000 people in the state have diabetes and nearly one million more have pre-diabetes.[i] The percent of the population in Washington with diabetes increased from four to seven percent from 1996-2006.[ii] Among people over 65 years, the diabetes rate is 16 percent – roughly eight times the prevalence for people aged 18-44 (2 percent).[iii] The rate of diabetes is likely to continue to climb as the older adult population grows in our state.

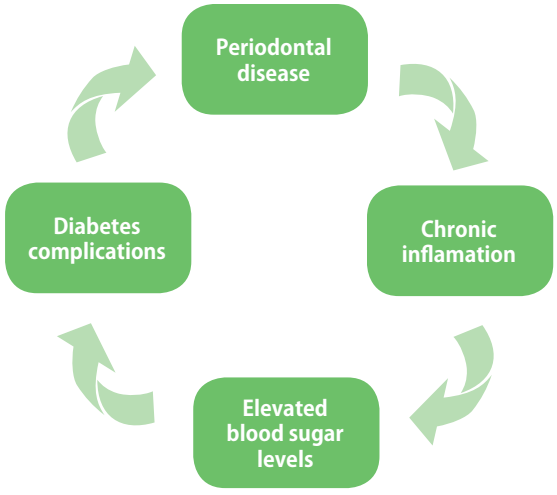
The costs of diabetes are significant. At least 50 percent of the medical costs associated with diabetes are due to hospitalizations that result from diabetic complications such as heart disease, hypertension, blindness, kidney disease, and amputations.[iv] In Washington, 76,732 diabetics were hospitalized in 2004 at a cost of $1.5 billion.[v]

Approximately 60,000 or 12 percent of Medicaid-insured adults have diabetes, which means that a significant portion of hospital costs are paid for by taxpayers.[vi] The costs to the state for hospital care to treat diabetic complications are high – on average $10,990 per patient.[vii]

Poor Oral Health Contributes to Uncontrolled Diabetes

Untreated gum disease (periodontal disease) can exacerbate diabetes and lead to costly diabetic complications.[viii] Chronic gum inflammation and infection from periodontal disease can make it hard to control blood sugar levels.[ix] Far too many people are caught in this cycle; one-third of people with diabetes nationally suffer from severe oral disease. In fact, oral disease is widely recognized as the 'sixth complication' of diabetes. Furthermore, untreated gum disease is linked to an increased risk of developing type 2 diabetes.[xi]

Oral Disease Can Lead to Diabetic Complications



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Evidence Shows that Treating Gum Disease Reduces Medical Costs

Recent studies show significant cost-savings when diabetics receive oral health care:

- People with diabetes and other chronic conditions who received regular oral health care had medical costs 10-40 percent lower than those who did not receive oral health care. (University of Michigan, 2009).[xii]
- A multi-year study found that the medical costs for diabetics who received oral health care were significantly lower than for diabetics who did not receive oral health care. Cost of care dropped 32 percent in the first year of the study and on average decreased $1,814 annually. Hospital admissions for the group receiving oral health care were reduced by over 61 percent. (University of Pennsylvania, 2011).[xiii]

These findings demonstrate the opportunity that exists in Washington to reduce costs and improve quality of care for people with diabetes by addressing their oral health.

Policy Solutions

Provide Dental Coverage for Medicaid-Enrolled Adults with Diabetes

Given the link between oral disease and diabetes, providing dental coverage for people with diabetes is an opportunity to implement research-based, cost-saving practices. In 2011, Medicaid dental coverage was restored for pregnant women, a portion of seniors, and people with disabilities. Since people with diabetes are another vulnerable population for whom dental intervention can improve health and reduce costs, dental coverage should be extended to this group as well.

Address Oral Disease in the Health Home

The Affordable Care Act (ACA) offers incentives for states to develop health homes in their Medicaid programs. Health homes are a model of health care delivery that focus on whole-person health (including the mouth) and emphasize prevention, better coordination of care, improved quality, and reduced costs. Washington's work to implement health homes in Medicaid represents an opportunity to address oral disease prevention in the primary care setting.

Primary care physicians are in a position to identify patients whose oral disease may impact their overall health, deliver preventive services, including patient education, and coordinate care with dentists to ensure patients receive the treatment they need. Implementing this model would enable medical providers to catch oral disease early, help patients understand that their oral disease may be impacting their chronic health conditions (like diabetes), and deliver preventive care to patients who may not be accessing care in a dental office, resulting in lower health care costs.

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