

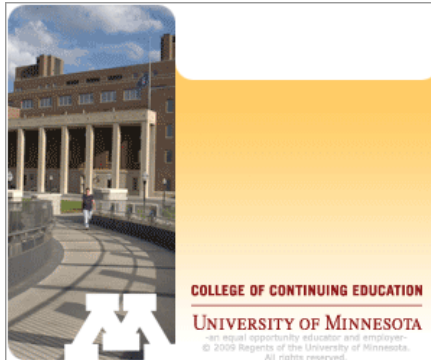


## Proposed cuts to dental services: All pain, no gain

By Dr. Anthony J. DiAngelis | Tuesday, April 14, 2009

There is widespread agreement that the state's budget shortfall will result in necessary, difficult and likely unpopular decisions. There is much less consensus on how to make cuts in a fair and equitable manner. Overall health-care costs are consuming more and more of both federal and state budgets for reasons — too many to discuss here. Dental expenditures as a percentage of total health costs are truly minuscule, representing, at most, four cents of the health-care dollar; they are even less for state-sponsored dental programs that cover the working poor; the unemployed, whose ranks are growing in size as the economy deteriorates; and the disabled. Yet Gov. Tim Pawlenty's budget proposal to eliminate adult dental services for all but pregnant women, children and the disabled is astonishingly disproportionate, economically flawed and fraught with unacceptable short- and long-term consequences.

The governor's solution to dental access for adults is hospital emergency rooms (ERs). In the Twin Cities the cost of an ER visit for a toothache or dental infection averages \$450 to \$500. For this, the patient is seen by a physician and may be given a prescription for an antibiotic and a painkiller with no dental treatment rendered.



Estimates suggest that there were 20,000 dental-related ER visits in Minnesota last year. At Hennepin County Medical Center alone in 2008, there were 7,400 such visits to HCMC's ER and Express Care, costing the state several million dollars in medical billings. This is cost-shifting at its worst, and leaves patients without definitive treatment of their dental problem.

### Expect more patients, more severe dental problems at ERs

Over 80 percent of these visits were by 20- to 50-year-olds, the very individuals being disenfranchised in the governor's budget. Since they would have no access to preventive or routine clinical care, under the governor's plan we could anticipate a dramatic increase in both the number of patients and severity of dental problems presenting to the ERs.

A growing number of patients with dental disease also have underlying chronic medical conditions such as diabetes, which increases their risks for complications. Recently, a diabetic patient spent three months in a surgical intensive-care unit due to infection caused by a tooth. The medical costs approached a million dollars. This could have been prevented by timely dental treatment.

Another provision in the governor's budget calls for the elimination of the Critical Access Dental Provider Program (CADPP), which would further devastate access to dental services. CADPP provides additional dollars to safety-net clinics and dentists serving substantial numbers of Minnesota's under and uninsured patients and doing so at already greatly discounted rates. As access is further diminished, we could witness the dismantling of a vital safety net. To rebuild this infrastructure at some later date would be prohibitively costly.

### Valuable clinical training

Less apparent, but of major significance, the safety net is where many of tomorrow's dentists, dental specialists and allied health personnel receive valuable clinical training. If we reduce our ability to educate Minnesota's oral-health providers, we risk diminishing the quality of dental services for all Minnesotans. I do not believe that we either want or can

afford such an outcome.

The entire dental community and numerous advocacy groups are working diligently to be part of the solution — seeking ways to reduce costs, improve efficiencies in delivering care and accommodating to the realities inherent in the current budget shortfall. We accept that we must shoulder our fair share of the burden; however we do not accept sacrificing the oral health and well-being of the most vulnerable of our citizens and compromising the education of future dental providers.

I, along with many of my dental and medical colleagues, urge the governor to reconsider his cuts in dental services for adults in Minnesota Health Care Programs and elimination of the Critical Access Dental Provider Program.

The "Minnesota Model" was once part of the national lexicon. It acknowledged Minnesota as a leader in many areas, chief among them the quality and innovation in the delivery of health care. We have lost our edge; are we in danger of losing our compassion as well?

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