Dentistry at a Crossroads

Marko Vujicic, PhD
Chief Economist & Vice President
Health Policy Institute
“HEADLINES ARE IMPORTANT, BUT TREND LINES ARE MORE IMPORTANT.”
Dental Spending

Figure 2: National Dental Expenditure per Capita

Dental Spending

Figure 5: Distribution of Dental Expenditure by Source of Financing

Source: Centers for Medicare and Medicaid Services. Note: CMS includes Medicare, Medicaid and CHIP.
Dental Care Utilization

Figure 1: Percentage of the Population with a Dental Visit in the Year, 2000-2013

Source: Health Policy Institute analysis of the Medical Expenditure Panel Survey, AHRQ. Notes: For children ages 2-18, changes were statistically significant at the 1% level (2000-2013) and at the 5% level (2011-2013). Among adults ages 19-64, changes were statistically significant at the 1% level (2003-2013). For adults 65 and older, changes were significant at the 5% level (2000-2013). Changes from 2012 to 2013 among children, adults 19-64 and the elderly 65 and older were not statistically significant.
Dental Benefits Coverage

**Figure 1:** Source of Dental Benefits, Children Ages 2-18, 2000-2013

Source: Health Policy Institute analysis of the Medical Expenditure Panel Survey, AHRQ. Notes: All changes were significant at the 1% level (2000-2013). All changes from 2012 to 2013 were not statistically significant.
**Dental Benefits Coverage**

**Figure 2:** Source of Dental Benefits, Adults Ages 19-64, 2000-2013

- **Source:** Health Policy Institute Analysis of the Medical Expenditure Panel Survey, AHRQ. **Notes:** Changes for private and public were significant at the 1% level (2000-2013). All changes from 2012 to 2013 were not statistically significant.
Figure 3: Source of Dental Benefits, Adults Ages 65 and Older, 2000-2013

Source: Health Policy Institute analysis of the Medical Expenditure Panel Survey, AHRQ. Notes: Changes in private and uninsured were significant at the 1% level (2000-2013). Changes in private and public from 2012 to 2013 were not statistically significant. Changes in uninsured from 2012 to 2013 was statistically significant at the 10% level.
Figure 1: Percentage of the Population Who Needed But Did Not Obtain Select Health Care Services during the Previous 12 Months Due to Cost, 2000-2014

Source: National Health Interview Survey, National Center of Health Statistics. Notes: Changes from 2000 to 2010 for all services were statistically significant at the 1% level. Changes from 2010 to 2014 for all services were statistically significant at the 1% level. Changes from 2013 to 2014 were statistically significant at the 1% level for prescription drugs, dental care services, eyeglasses and medical care.
Figure 2: Percentage of the Population Indicating Cost as a Barrier to Receiving Needed Dental Care by Age Group, 2000-2014

Source: National Health Interview Survey, National Center for Health Statistics. Notes: Changes from 2000 to 2010 for age groups 21-34, 35-49, 50-64 and 65+ were statistically significant at the 1% level. Changes from 2010 to 2014 for age groups 2-20, 21-34, 35-49 and 50-64 were statistically significant at the 1% level. For adults ages 21-34, the change from 2013 to 2014 was statistically significant at the 1% level. Changes from 2013 to 2014 for adults ages 35-49 and 50-64 were statistically significant at the 10% level.
Dentist Earnings

Figure 1: Dentist Earnings, GDP Per Capita, Mean U.S. Household Income, 1981 to 2014 (2014 dollars)

Source: ADA Health Policy Institute; Bureau of Economic Analysis; U.S. Census Bureau, Current Population Survey. Note: Dentist net income data are based on the ADA Health Policy Institute annual Survey of Dental Practice with years 2000-2014 weighted to adjust for nonresponse bias. Shaded areas denote recession years according to NBER. GDP is deflated using the GDP deflator. Net income is deflated using the All-Items CPI. All values are in constant 2014 dollars.
Dentist Busyness

Figure 2: Percentage of Dentists “Not Busy Enough”

Source: ADA Health Policy Institute annual Survey of Dental Practice. Note: Indicates the percentage of dentists reporting they are “not busy enough, could have treated more patients.” Weighted to adjust for nonresponse bias.
Dentist Busyness

Figure 4: Average Wait Time for General Practitioner Dentist Appointment

Source: ADA Health Policy Institute annual Survey of Dental Practice. Note: Indicates the average wait time in days for an appointment with a general practitioner dentist. Weighted to adjust for nonresponse bias.
Dental-Inflation-Adjusted Private Dental Benefit Plan Charges and Payments (2005=100)


Charges (from FairHealth) Payments (from Truven)

102.0 100.0 91.5
A Look at MO...

Percentage of Children with Medicaid Coverage with a Dental Visit in the Past 12 Months, 2013

- WI: 38.9%
- FL: 48.3%
- MO: United States

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A Look at MO...

Percentage of Children with Medicaid Coverage with a Dental Visit in the Past 12 Months, 2000 and 2013

- 29.2% in 2000
- 48.3% in 2013

Large Increase

Small Increase

2000  2013
A Look at MO…

Relative Gap in the Percentage of Children with a Dental Visit in the Past 12 Months, Children with Medicaid and Private Dental Benefits, 2013

Children with Medicaid Coverage
Children with Private Dental Benefits Coverage

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A Look at MO…

Percentage of Dentists Participating in Medicaid for Child Dental Services in 2014

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Reimbursement

Percent Change in Private Dental Benefit Plan Payments Index, 2005-2014
Some Opportunities…
Looking to the Future…5 Trends

1. The value agenda
2. Increased consumerism
3. Shifting coverage patterns
4. Increased collaboration
5. A data revolution
#1 – The Value Agenda

A View of the Changing Landscape

From

Provider Centric
Value Blind Reimbursement
Episodic Fragmented Care
Inpatient-Focused
Individuals
Disease and Treatment

To

Patient Centric/Consumer
Value-based Reimbursement and Accountability
Continuous and Coordinated
Ambulatory/Office/Home focused
Population Based
Health/Wellness Prevention

#1 – The Value Agenda

HEALTH POLICY PERSPECTIVES

What the ADA can learn from the NBA

Marko Vujicic, PhD
#2 – Increased Consumerism

Dentists in Los Angeles, CA 90024

<table>
<thead>
<tr>
<th>Location</th>
<th>Procedure</th>
<th>Speciality</th>
<th>Insurance</th>
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<td>90024</td>
<td>Check-up &amp; Cleaning</td>
<td>All</td>
<td>I do not have insurance</td>
</tr>
</tbody>
</table>

Sort by Rating

45 Dentists near Los Angeles, CA

Dr. Ebi Nikjoo
10921 Wilshire Blvd, Los Angeles, CA 90024 | 310-683-0123
OVERALL QUALITY: EXPENSIVE
OVERALL PRICES
(46 reviews)

Check-up & Cleaning $35
- General Dentist
- 6 yrs in practice

Dr. Ronelle Claypool
10921 Wilshire Blvd, Los Angeles, CA 90024 | 310-598-1370
OVERALL QUALITY: EXPENSIVE
OVERALL PRICES
(31 reviews)

Check-up & Cleaning $39
- General Dentist
- 16 yrs in practice

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ADA American Dental Association®
#2 – Increased Consumerism
#2 – Increased Consumerism

HEALTH POLICY PERSPECTIVES

Of lawyers, lattes, and dentists

Marko Vujicic, PhD
#4 – Increased Collaboration

Accountable Care Organization (ACO)

- Post-Acute Alignment
- Disease Management Programs
- Population Health Analytics
- Payer Partners
- Primary Care Physicians
- Specialists
- Hospital
The next big thing to hit medical care will be new ways of accumulating, processing, and applying data—revolutionizing medical care the same way Billy Beane and his minions turned baseball into “moneyball”.
Giving connected toothbrushes to patients makes all the sense in the world. Knowing they brush their teeth regularly means they are less likely to develop cavities and other issues associated with higher cost. Insurers and providers might even be able to promote more brushing or even flossing using incentives from the app associated with the connected toothbrush.

*Fortune Magazine*