Periodontal Treatment Needs in a Medicaid Expansion Population

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Abstract

Objective: Investigate and determine periodontal treatment needs with use of the Community Periodontal Index of Treatment Needs (CPITN) of a Medicaid expansion population in Iowa (DWP) in comparison with patients insured by the traditional Medicaid State Plan, patients with private dental insurance, and self-pay patients, while evaluating systemic health conditions and socio-behavioral factors.

Methods: A retrospective analysis of electronic health records (EHRs) of new patients at the UI COD between 2014-2016 was performed. The primary outcome of interest was CPITN score indicating need for scaling and root planing (SRP). Logistic regression models analyzed associations between selected predictors and treatment need by source of financing. Results: EHR data for 1876 patients were reviewed. SRP was indicated for 59% of DWP members. After controlling for systemic health and socio-behavioral factors, there was no significant difference in periodontal treatment need based on source of financing. Significant predictors of need for SRP in the full model included: age, gender, diabetes, smoking status, and not receiving regular dental exams.

Discussion: Associations between periodontitis and predictors are consistent with previous studies. Interestingly, source of financing was not significantly associated with treatment needs. However, high need for SRP among all payment sources was noted.

Conclusions: Previous studies found that DWP members had lower oral health than Medicaid adults. DWP’s earned benefits structure delays periodontal treatment, potentially leading to deteriorating periodontal health for nearly 60% of the population. Further assessment of periodontal burden at different stages of treatment within DWP should be conducted for a potential program modification.

Key words: dental benefits, health policy, insurance, Medicaid expansion, oral health, periodontitis

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