

Dr. Ted Siegel, right, opens the doors to patients at Big Smile Dental, 2833 N. Milwaukee Ave., where the Dentists With Heart program recently provided free dental care. Some 130 million Americans have no dental insurance, and many are forced to turn to hospital emergency rooms for even routine dental problems.

More patients with routine dental problems turn to hospital emergency rooms

With no insurance amid a tough economy, they are often forced to get treatment at nearly 10 times the cost, study says



*By Bonnie Miller Rubin, Chicago Tribune reporter
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Meredith Postlewaite's mouth throbbed constantly, but self-employed and without dental insurance, she had few options.

"I couldn't sleep, couldn't eat. ... I was living on Tylenol and Advil," said the 27-year-old landscaper.

But there were times the Markham woman surrendered to the pain, seeking relief at the closest emergency room, at Oak Forest Hospital. "I'd get a prescription, but as soon as the meds wore off, I'd be right back where I started."

Since the economic downturn, patients such as Postlewaite have had little reason to smile. Some 130 million Americans have no dental insurance, and along with strained finances, there's not much left over for oral care, say advocates.

Moreover, with fewer dentists willing to treat Medicaid patients, including only 10 percent of dentists in Illinois, people are increasingly turning to hospital emergency rooms for routine dental problems at nearly 10 times the cost, according to a recent report released by the Pew Center on the States.

"It's really penny-wise and pound-foolish," said Shelly Gehshan, director for Pew Children's Dental Campaign, which analyzed federal and hospital data. "States think they're saving money by cutting Medicaid, but they just end up spending more on the expensive side and don't even fix the problem."

Nationwide, the number of dental-related visits to the ER jumped by 16 percent during a three-year period between 2006 and 2009. In Illinois, about 65,500 residents in 2009 went to the ER for dental conditions, of which almost half were deemed preventable, according to the campaign, a division of the nonprofit Pew Charitable Trusts.

The trend is not just playing out in low-income neighborhoods, but in solidly middle-class suburbs.

"We're seeing a fair amount of people who come in with some pretty significant pain," said Keith Hill, director of nursing in the emergency room at St. Alexius Medical Center in Hoffman Estates. "But what the doctor can do is truly limited." That's because ERs typically do not have a dentist on staff. So, physicians give patients painkillers or antibiotics and tell them to call their dentist and send them home, according to Pew.

But, as both the Pew report and clinicians point out, if patients had dentists, they wouldn't be in the ER to begin with. "People just don't have a lot of spare income to spend on their teeth," Hill said.

Under the state's Medicaid program, an extraction in a dentist's office costs the state \$57, or it can cost \$400 in the ER, without addressing the underlying condition, said the Illinois State Dental Society.

The Pew researchers hope the findings spark a national conversation on the lack of access to dental care. One possible remedy: They are working with some states to develop training for other "midlevel dental providers" — such as dental hygienists — to do routine procedures, so the underserved have more alternatives.

Though the American Dental Association agrees that no one should seek help for a toothache in an ER, they said relegating patients to non-dentists is "wrongheaded."

The real issue is not access, but the state's Medicaid fees, which rank among the lowest in the country, said Greg Johnson, director of the Illinois State Dental Society.

With overhead taking a 65 to 70 percent bite out of every dollar and Medicaid reimbursing about 39 percent of the service, seeing low-income patients is just not economically feasible for most private dentists, he said. "This is not about a shortage of dentists," Johnson said, "but a shortage of dentists who can afford to see this population."

Of the 2,500 dentists enrolled in the state Medicaid program, only about 800 submitted claims during a recent four-week period precisely because most practitioners can't meet their expenses, said Bruce Graham, dean of the dental school at the University of Illinois at Chicago.

For newly minted dentists, costs are even more of a factor, with the average student graduating with \$200,000 of debt.

"It's a very expensive educational program," Graham said.

Cheryl Watson-Lowry is one dentist who still takes Medicaid patients at her South Side practice. But she's had to cut back recently or risk not staying open at all.

"If Medicaid would just take the money that they're spending in the ER and put it into fees so we could cover our overhead, we'd make a huge dent in taking care of this issue," she said.

Over the last several years, Cook County has closed a number of public dental clinics for budget reasons. Add the lingering effects of the recession, and the facilities that remain are overwhelmed, with waits of two to three months for even the simplest procedures.

Research shows that poor dental health may be linked to heart disease, stroke and oral cancers. In children, untreated decay is one of the leading reasons for missing school, said Watson-Lowry, who has been working with public officials to remove barriers.

For Postlewaite, her suffering was finally alleviated this month, by getting her cavity filled at the Center for Dental Excellence in Flossmoor, which provided a free day of care.

She found plenty of company in line, where decay, loose molars and infected gums intersected with joblessness, marital woes, foreclosure and maxed-out credit cards.

Bea Minner, 55, an unemployed secretary, spotted a poster about the pro bono event at a Tinley Park food pantry and eagerly told her daughter, Jody Drzewiecki, who had been plagued by a miserable toothache. Dental visits were a need they could no longer afford, taking a back seat to rent, food and gas.

"There were times when the pain got so bad that I just had to stop eating, drinking ... even talking. I'd just put a fist in my mouth to apply pressure and just get some relief," said the 29-year-old Drzewiecki, who is also out of work.

Despite attempts to get into the free dental clinic at Stroger Hospital, Drzewiecki could never snare one of the coveted 40 appointments. The facility typically fields 400 requests each day, according to its website. Minner came away from the Flossmoor clinic with a cleaning — and also left her resume. Drzewiecki was "thrilled" with her extraction and vowed to take good care of her teeth.

Karen Plath, a single mom from Homewood, lost health coverage when she divorced nearly a decade ago. The self-employed massage therapist has no insurance and uses dental floss obsessively to ward off decay. After nine years without seeing a dentist, Plath went to the Flossmoor event and needed just a single filling, she said. "I was so happy to get it done ... I was in tears."

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