Utah Health Status Update

KEY FINDINGS

- Between 2007 and 2017, there were 55,239 oral health ED visits in Utah, accounting for nearly $52 million in charges, with an average cost of $1,033 per visit.
- The majority of these admissions were the result of a dental abscess (50.6%), which is preventable.[1]
- Oral health ED visits occurred at a higher rate among adults aged 20–64 years and in rural hospitals vs. non-rural hospitals.
- As EDs cannot adequately treat for dental issues, cost-effective treatments such as teledentistry, urgent care facilities for dental visits, preventive dental care in the primary care setting, and community water fluoridation must be explored to facilitate Utahns' ability to access dental care directly.[4–6]

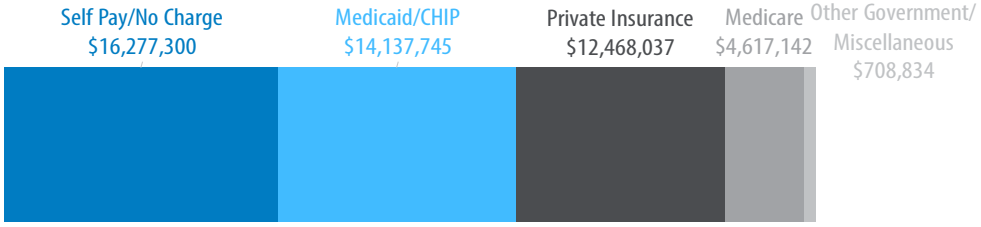
Dental Visits to Emergency Departments

Oral health is a critical component to overall health. Poor oral health is associated with increased use of health care services and an increased risk for chronic diseases such as heart disease and diabetes.[1] Along with a connection to other diseases, oral health can also impact time spent away from school and work. Nationally, an estimated 51 million hours of instructional time and approximately 160 million employee work hours are lost each year due to oral health issues.[2–3]

Since many individuals do not receive preventive dental care or have access to a dental provider, they often present to emergency departments for care.[4] Unfortunately, emergency departments (EDs) are ill equipped to handle comprehensive dental services; most of the patients are simply treated for pain and/or infection rather than the cause of the dental complaint.[4]

Charges for Oral Health ED Visits by Primary Payer

Figure 1. Overall, where payer was known, the primary payer for oral health ED visits between 2007–2017 was self-pay/no charge, followed by Medicaid/CHIP.



Source: Utah Emergency Department Database

Between 2007–2017, there were 55,239 visits to Utah EDs for dental care related to non-traumatic and preventable oral health diagnoses. These visits accounted for nearly $52 million in charges, with an average cost of $1,033 per visit. Overall, the number one payer for all groups was self-pay, no charge (charity), or the patient was uninsured (Figure 1).

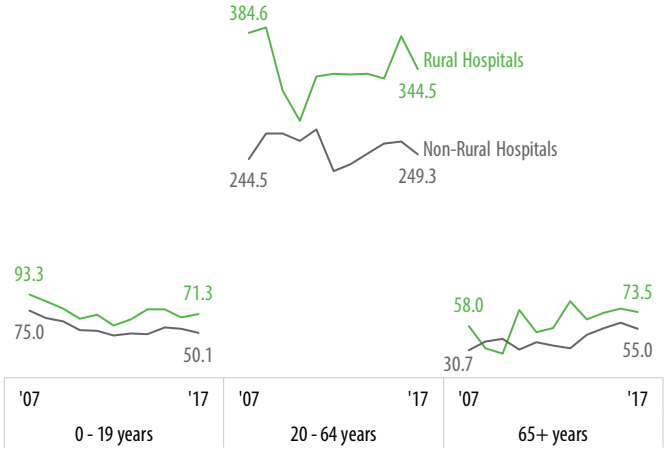
The majority of these admissions were the result of a dental abscess (50.6%), which occur secondary to dental cavities and periodontitis (gum disease), all of which are preventable.[1] Abscesses can lead to severe complications including sepsis, hemorrhage, and even death.

Feature article continued

Overall, the working age group of 20–64 years of age displayed the highest rate of ED visits for oral health-related diagnoses (Figure 2). Although it is not quantified in the analysis, the working age group almost certainly would have incurred indirect costs in loss of work hours and reduced productivity, which may impact the Utah economy as a whole.[3]

Oral Health ED Visits by Geography and Age Group

Figure 2. Oral health ED visits occurred at a higher rate in rural hospitals vs. non-rural hospitals between 2007–2017 (rates per 100,000 population).



Rates were adjusted by population estimates for patient age and geographic residence
Source: Utah Emergency Department Database

As EDs cannot adequately treat for dental issues, solutions must be explored to facilitate Utahns' ability to access dental care directly. Possible solutions include cost-effective treatments such as teledentistry, urgent care facilities for dental visits, preventive dental care in the primary care setting, and community water fluoridation.[4–6]

For more detailed information about costs, age groups, race/ethnicity, and diagnosis, the full report can be found at An Analysis of Utah's Emergency Department Non-Traumatic Dental Visits 2007–2017.

1. Quock RL. Dental Caries: A Current Understanding and Implications. Journal of Nature and Science. 2015;1(1):1–4
2. Gift HC. Oral health outcomes research-challenges and opportunities. Measuring oral health and quality of life. 1997:25–46.
3. Reisine ST. Dental Disease and Work Loss. Journal of Dental Research. 1984;63(9):1158–61.
4. Pew Children's Dental Campaign. A Costly Dental Destination: Hospital Care Means States Pay Dearly. The Pew Center on the States; 2012.
5. Association of State and Territorial Dental Directors (ASTDD). Teledentistry: How Technology Can Facilitate Access To Care 2019.
6. McCormick AP, Abubaker AO, Laskin DM, Gonzales MS, Garland S. Reducing the Burden of Dental Patients on the Busy Hospital Emergency Department. Journal of Oral and Maxillofacial Surgery. 2013;71(3):475–8

UDOH ANNOUNCEMENT

The Center for Medical Cannabis launched its program on March 1st, opening the application process for prospective medical cannabis patients, providers, and caregivers. The first medical cannabis pharmacy, Dragonfly Wellness, opened on March 2nd in downtown Salt Lake City, with 13 other pharmacies across the state to open throughout 2020. Qualifying patients may obtain a medical cannabis card with the certification of a qualified medical provider, who must be registered with the program. More details on the program and the application process can be found at https://medicalcannabis.utah.gov/.

Spotlights

UTAH DEPARTMENT OF HEALTH

MARCH 2020

Maternal Mental Health Screening through WIC Services

The consequences of poor maternal mental health are well documented and mental health screening recommendations are widely available for obstetric and pediatric care settings. However, women are often not screened because of socioeconomic barriers that prevent them from receiving routine healthcare for themselves and their newborns.[1] The Women, Infants, and Children (WIC) program addresses these barriers by providing health screenings, education, and referrals to resources.[2–3] Although WIC clinics provide an ideal setting for maternal mental health screening, Utah WIC clinic staff do not routinely receive training on standardized mental health screening methods.

Data from the Utah Pregnancy Risk Assessment Monitoring System (PRAMS) indicate depression rates before, during, and after pregnancy were higher among women who received WIC services when compared to women who did not receive WIC services during 2016–2018 (Figure 1).[4]

Findings from PRAMS data prompted the development and implementation of a maternal mental health education/training initiative targeting Utah WIC staff and WIC clients. The objective for this initiative is to increase the number of women screened and referred to appropriate mental health services and to empower WIC staff to serve as a local resource on maternal mental health.

Maternal Depression in Utah, 2016–2018

Figure 1. The percentage of women with self-reported depression before, during, and after pregnancy was higher among women who received WIC services.

1. Linking MCH and WIC: Integrating perinatal depression screening and prevention for high risk women, Huynh-Nhu Le, 2010. (HRSA funded project) mchb.hrsa.gov/research/project_info.asp?ID=143.
2. Supporting Maternal Mental Health in Public Health Nutrition Practice, Association of State Public Health Nutritionists (ASPHN) Fall Brief, 2017, p.12.
3. USDA: wicworks.fns.usda.gov/resources/wic-guidance-screening-and-referring-women-or-risk-depression.
4. Utah Department of Health PRAMS website: mihp.utah.gov/pregnancy-and-risk-assessment.

Spotlights

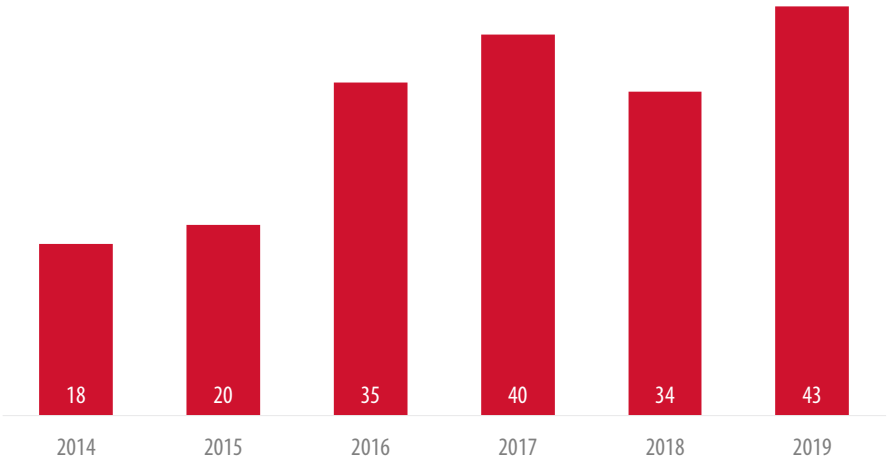
Children's Hearing Aid Program (CHAP)

A baby with typically-developing hearing starts creating neural connections based on sound beginning in the womb, at around week 18 of pregnancy; however, a child born hard-of-hearing may not develop these important connections until they are fit with hearing aids. This delay in hearing can create developmental delays or concerns in important areas such as speech, reading, academics, behavior, and social skills. The first year of life is when the brain is the most flexible. If sound stimulation doesn't occur, then the brain will start to use the auditory portion for other functions. Brain connections can still happen if hearing aids are fit later than 12 months of age, but they will not be as efficient as the original space dedicated to hearing and understanding sound.

Two out of every 100 infants born in Utah are deaf or hard-of-hearing; this equates to approximately 100 infants each year. An average set of hearing aids can cost several thousand dollars. However, this is a small investment compared to the cost of needing special education if not fit early. The Utah Department of Health Children's Hearing Aid Program (CHAP) has funding to pay for one set of hearing aids for eligible children up to age six, in order to provide early auditory stimulation.[2] This helps to ensure that infants are fit as soon as possible so parents can start saving for the next set of hearing aids and children who are hard-of-hearing can reach their full potential on par with their typical hearing peers. The rate of children participating in the CHAP program has steadily increased since the start of the program in fiscal year 2014 (Figure 1).

Number of CHAP Participants in Utah by Fiscal Year, 2014–2019

Figure 1. Utah Department of Health Children's Hearing Aid Program (CHAP) participants increased to an overall high of 43 in 2019.



1. Centers for Disease Control and Prevention (CDC) Last reviewed 2019. Retrieved from: cdc.gov/ncbddd/hearingloss/data.html.
2. Utah Department of Health CHAP website: health.utah.gov/chap.

UTAH DEPARTMENT OF HEALTH

DATA THROUGH JANUARY 2020

Monthly Health Indicators

Monthly Report of Notifiable Diseases, January 2020	Current Month # Cases	Current Month # Expected Cases (5-yr average)	# Cases YTD	# Expected YTD (5-yr average)	YTD Standard Morbidity Ratio (obs/exp)
Campylobacteriosis *(Campylobacter)*	28	33	28	33	0.8
Shiga toxin-producing *Escherichia coli (E. coli)*	6	4	6	4	1.7
Hepatitis A (infectious hepatitis)	1	7	1	7	0.1
Hepatitis B, acute infections (serum hepatitis)	0	6	0	6	0.0
Influenza	Weekly updates at http://health.utah.gov/epi/diseases/influenza.				
Meningococcal Disease	0	0	0	0	0.0
Pertussis (Whooping Cough)	5	27	5	27	0.2
Salmonellosis *(Salmonella)*	18	26	18	26	0.7
Shigellosis *(Shigella)*	6	4	6	4	1.4
Varicella (Chickenpox)	13	26	13	26	0.5
Quarterly Report of Notifiable Diseases, 4th Qtr 2019	**Current Quarter # Cases**	**Current Quarter # Expected Cases (5-yr average)**	**# Cases YTD**	**# Expected YTD (5-yr average)**	**YTD Standard Morbidity Ratio (obs/exp)**
HIV/AIDS†	31	28	127	124	1.0
Chlamydia	2,652	2,354	11,049	9,392	1.2
Gonorrhea	759	546	2,847	2,107	1.4
Syphilis	33	26	137	99	1.4
Tuberculosis	8	7	27	27	1.0
Medicaid Expenditures (in Millions) for the Month of January 2020	**Current Month**	**Expected/ Budgeted for Month**	**Fiscal YTD**	**Budgeted Fiscal YTD**	**Variance over (under) Budget**
Mental Health Services	$ 19.7	$ 19.9	$ 103.4	$ 104.7	$ (1.3)
Inpatient Hospital Services	20.8	20.7	93.5	94.9	(1.4)
Outpatient Hospital Services	4.1	4.3	23.8	25.3	(1.5)
Nursing Home Services	17.4	17.3	150.4	151.6	(1.3)
Pharmacy Services	10.0	10.2	68.4	69.9	(1.6)
Physician/Osteo Services‡	3.4	4.1	33.2	34.7	(1.5)
Medicaid Expansion Services	35.4	35.7	258.8	260.3	(1.5)
TOTAL MEDICAID	**180.0**	**181.3**	**1710.8**	**1714.4**	**(3.6)**

*Both influenza B (48%) and influenza A (52%) are being detected at about equal rates, a slight change from previous reporting periods where influenza B was more common. The majority of influenza A viruses detected are the H1N1 subtype. Hospitalizations have continued to increase, 715 have been reported through the end of January, including 413 just in January 2020. This is a bad flu season for children and young adults who are experiencing a lot of flu illness and high rates of hospitalization nationwide. More information and weekly reports can be found at http://health.utah.gov/epi/diseases/influenza/surveillance/2018-2019/Utah_Weekly_Influenza_Report.htm.

† Diagnosed HIV infections, regardless of AIDS diagnosis.

Notes: Data for notifiable diseases are preliminary and subject to change upon the completion of ongoing disease investigations. Active surveillance has ended for influenza until the 2019–2020 season.

‡ Medicaid payments reported under Physician/Osteo Services does not include enhanced physician payments.

UTAH DEPARTMENT OF HEALTH

DATA THROUGH JANUARY 2020

Monthly Health Indicators

Program Enrollment for the Month of January 2020	Current Month	Previous Month	% Change§ From Previous Month	1 Year Ago	% Change§ From 1 Year Ago
Medicaid	290,842	287,546	-1.1%	265,830	+9.4%
CHIP (Children's Health Ins. Plan)	17,048	17,142	-0.5%	17,945	-5.0%
Commercial Insurance Payments#	**Current Data Year**	**Number of Members**	**Total Payments**	**Payments per Member per Month (PMPM)**	**% Change§ From Previous Year**
Medical	2018	10,355,207	$ 3,146,492,372	$ 303.86	-0.9%
Pharmacy	2018	8,195,234	543,507,290	66.32	+3.6%
Annual Community Health Measures	**Current Data Year**	**Number Affected**	**Percent \ Rate**	**% Change§ From Previous Year**	**State Rank** (1 is Best)**
Obesity (Adults 18+)	2018	618,400	27.8%	+10.1%	13 (2018)
Child Obesity (Grade School Children)	2018	38,100	10.6%	+11.6%	n/a
Cigarette Smoking (Adults 18+)	2018	200,100	9.0%	+0.9%	1 (2018)
Vaping, Current Use (Grades 8, 10, 12)	2019	37,100	12.4%	+11.3%	n/a
Binge Drinking (Adults 18+)	2018	236,700	10.6%	-7.7%	1 (2018)
Influenza Immunization (Adults 65+)	2018	182,300	52.0%	-7.1%	16 (2018)
Health Insurance Coverage (Uninsured)	2018	300,300	9.5%	-3.1%	n/a
Motor Vehicle Traffic Crash Injury Deaths	2018	239	7.6 / 100,000	-16.2%	8 (2018)
Drug Overdose Deaths Involving Opioids||	2018	404	12.8 / 100,000	-9.0%	24 (2018)
Suicide Deaths	2018	665	21.0 / 100,000	-1.5%	46 (2018)
Unintentional Fall Deaths	2018	262	8.3 / 100,000	+14.8%	31 (2018)
Traumatic Brain Injury Deaths	2018	604	19.1 / 100,000	-6.5%	28 (2018)
Asthma Prevalence (Adults 18+)	2018	205,500	9.2%	+3.6%	21 (2018)
Diabetes Prevalence (Adults 18+)	2018	185,900	8.3%	+17.5%	12 (2018)
High Blood Pressure (Adults 18+)	2017	532,900	24.5%	+3.8%	3 (2017)
Poor Mental Health (Adults 18+)	2018	418,300	18.8%	+3.1%	20 (2018)
Coronary Heart Disease Deaths	2018	1,624	51.4 / 100,000	-5.8%	4 (2018)
All Cancer Deaths	2018	3,262	103.2 / 100,000	+1.3%	1 (2018)
Stroke Deaths	2018	919	29.1 / 100,000	+1.6%	24 (2018)
Births to Adolescents (Ages 15–17)	2018	363	4.9 / 1,000	-15.3%	10 (2018)
Early Prenatal Care	2018	35,975	76.2%	-1.0%	n/a
Infant Mortality	2018	255	5.4 / 1,000	-7.0%	24 (2017)
Childhood Immunization (4:3:1:3:3:1:4)††	2018	36,400	72.0%	+5.9%	22 (2018)

§ Relative percent change. Percent change could be due to random variation. # Figures subject to revision as new data is processed.
** State rank based on age-adjusted rates where applicable.
†† Data from 2018 NIS for children aged 24 months (birth year 2016).
|| Drug Overdose Deaths Involving Opioids reported for unintentional and undetermined deaths.