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March 3, 2009

Health and Human Services Committee:

My name is Dr Brent Martin and I am extremely thankful for the opportunity to share a realistic and viable cost savings perspective regarding the proposed elimination of most adult dental Medicaid benefits.

To enable your understanding of my positions, I would share that I am a high honors graduate of University of Missouri School of Dentistry, and I also have an MBA in healthcare economics and healthcare administration. I have held senior management positions with CIGNA and Aetna, where I was responsible for thousands of dental offices, and hundreds of thousands of patients. *I am very fortunate at this time to work with Charter Oak Health Center.*

I am extremely aware of the difficult decisions facing elected leaders, balancing compassionate care for needy patients and the seemingly overwhelming financial crisis facing our state.

Speaking as resident I am very proud of our Governor and our legislative branches as they continue to demonstrate their dedication in these difficult times for the citizens of Connecticut.

The objective of my testimony is threefold:

1. Assure enhanced awareness of the clinical impact on patients lives of removal of adult dental care.
2. Demonstrate and validate that cost "savings" will likely not be delivered as desired; rather expenses will be shifted to other areas of health care, and still borne by taxpayers.
3. Offer an alternative to the initial proposal that would eliminate adult dental coverage, an alternative that would assure better patient health, and still enable savings for Connecticut taxpayers.

We all know people can and do die from dental infections; most recently a Medicaid patient developed a brain abscess secondary to an infected tooth in Washington D.C.

We all know prevention, and early diagnosis and intervention is the most effective way to manage any disease state.

We should all agree that *if* there is no adult coverage for restoring fractures, and early pathology, and no coverage for preventive services then the current proposal becomes EXTRACTION or IGNORE everything.

The literature clearly tells us that early stage periodontal disease in pregnant women{ untreated }significantly increases the frequency of low birth weight babies,

and also significantly increases the frequency of early term or premature babies.

Irrefutable science now confirms the direct link between periodontal disease, oral health pathology, and cardiovascular disease.

Specifically a patient of mine (Dr Browne) who was on transplant team at Hartford Hospital, said “you cannot get on the transplant list unless and until you are cleared by the dental department to be free of periodontal disease.” because the causative organisms increase risk of failure of the transplant.

We teach dental students NOT to extract teeth that can be saved;

We teach them that patients with no natural teeth have significantly more hospitalizations for gastrointestinal problems than normal patients because dentures, or patients without teeth, means the food is less well prepared for digestion

The author Michaud published in the British Journal Lancet that:

“those with a history of gum disease had a 36% higher risk of lung cancer, a 49% higher risk of kidney cancer, 54 % higher risk of pancreatic cancer”; so refusal to allow early intervention merely will assure transference of even greater costs to the state later in the patient’s life.

A 2005 study of visits to emergency rooms in a metropolitan area found more than 10,000 instances of oral health problems, was treated inadequately with drugs, for infection or pain. This resulted in many repeat visits for the same complaint, at a cost of nearly FIVE MILLION dollars. Data indicates that the cost of accessing care in the emergency room is between seven to ten times more expensive than in community health care environment.

Finally, the current proposal eliminates all restorative work for adults. So in a simplistic example I would pose the question, “if the patient merely fractured a small piece of an otherwise healthy tooth, to eliminate the pain, the expectation is to ?extract this ?

Even in the anterior or front **where the smile shows** the removal of healthy sound teeth for minor issues is unethical and in my opinion mal practice; But in all cases we know it makes the patient less marketable.

Again there is abundant literature that applicants with missing teeth are far less likely to be hired in all jobs; so mandating extraction of patients teeth (or ignoring pathology) will seriously hamper the ability of the patient to be hired in almost all jobs.

Is that what we want for the state of Connecticut to recover ?

Would you allow this for your children even if they were 19 or 20 years old ?

If, repeat IF the patients had any other choices my perspective would be dramatically different, but we know from empirical data, patients have no other choice, and with no where to go, so what they will do is to go to the emergency room, the most inefficient and costly place possible, where they can never get treatment done, only a couple of prescriptions (they don’t have \$\$ for) and be sent away.

There are many sets of numbers and perceptions regarding “savings” from allowing dental disease to get worse with intent; the fact is that the listed 22 million dollars is likely a pseudo savings which can not, and will not be net savings for the state after transference of **much greater expenses** to emergency rooms and doctors, and hospitals related to patients declining overall health.

I seriously doubt there is an actuary working for the state that would be willing to bet his/her career on delivering these numbers (22 Million year one and 28 million year two "savings")

In closing there is another way;

Specifically to do the hard work, quickly, and deliver significant savings from the current state by imposing an *annual maximum* per patient covered under state insurance,

Not unlike the maximum you each have yourselves if you have dental coverage.

I did a cursory analysis but my preliminary estimates are there could be benefits for some prevention, early intervention, and restorative care instead of going to

EXTRACT or IGNORE and then pay more !!

Specifically working with state officials and top load savings of say four million dollars, then reduce coverage for some high cost procedures but allowing for diagnosis, prevention and restorative care when appropriate, and implementing an annual maximum would enable adult Medicaid patients and their treating doctors to have choices, and not force unnecessary extraction of natural dentition that should be saved.

I sincerely thank you for your thoughtful consideration of my comments, and of course welcome any and all questions

Respectfully submitted,

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Charter Oak Health Center