The Effect of Well Child Visit Location on Preventative Dental Visit

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BACKGROUND

Recent emphasis has been placed on the integration of dental and medical primary care to promote recommendations from both AAP and AAPD that highlight the importance of preventing, intervening, and managing oral disease in childhood. The study aims to provide a population level insight into the role of location of service of medical well-child visit (WCV) and its association to preventative dental visit (PDV) for children between the ages of 0-20 years.

METHODS

Cohort generation: De-identified claims data for 3.17 million Medicaid-enrolled children aged 0 to 20 years in 13 states identified from the IBM Watson Medicaid Database. A cohort of all children who had a WCV in 2016 and 2017 was generated and then followed for 365 days to identify the date of the closest PDV.

Location of service: The location of the WCV encounter was identified as office or hospital, federally qualified health center (FQHC), or rural or public health clinic, based on the encounter's facility claim and provider claim.

Variables: The data evaluated included child age, gender, race and location, as well as CDT codes for dental examination and dental diagnosis completed during WCV.

Data analysis: Descriptive and survival analyses analyzing the time between WCV and PDV. Pearson's $\chi 2$ test was run to analyze racial differences.

RESULTS

The cohort included 3,165,865 Medicaid-enrolled children with a WCV in 2016 and 2017 in 13 states. Ninety-one percent of children were seen at an Office/Hospital for their WCV, five percent at a Rural or Public Health Clinic, and four percent at a FQHC.

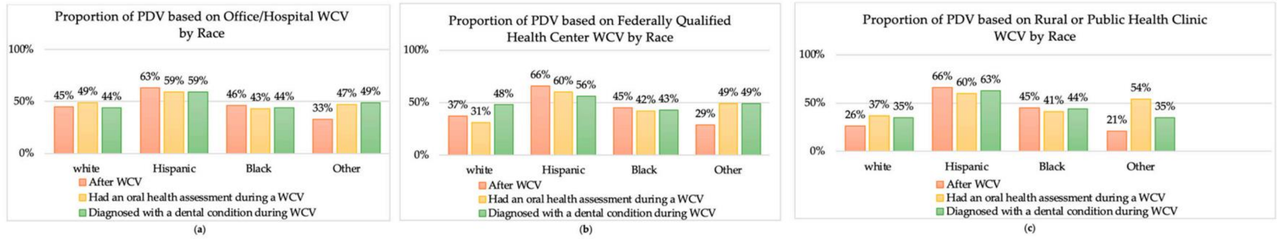

Figure 1. Proportion of children with a PDV among patients with prior WCV with an oral health assessment during a WCV or diagnosed with a dental condition during a WCV.

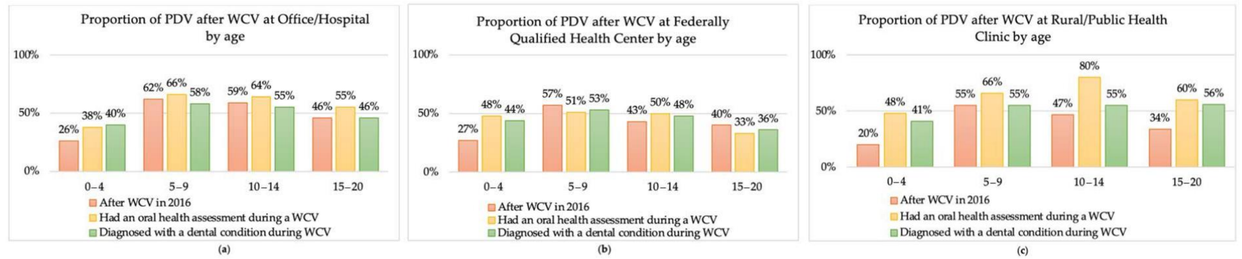

Figure 2. Proportion of children with a PDV with a prior WCV at a rural or public health clinic, with an oral health assessment during a rural or public health clinic WCV or diagnosed with a dental condition during a rural or public health WCV by age.

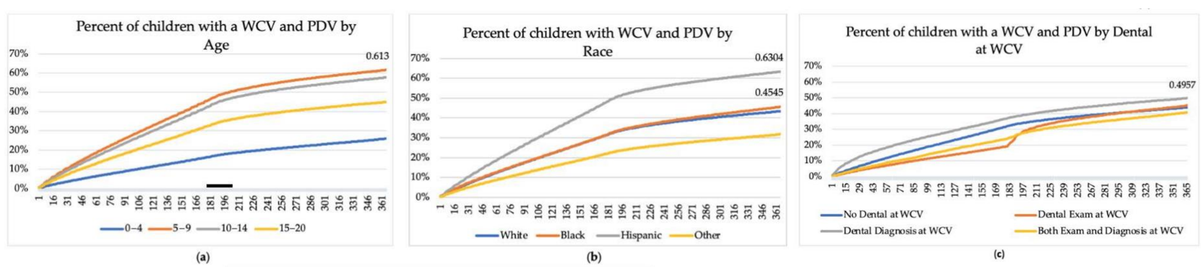

Figure 3. Percentage of children with a WCV followed by PDV across 365 days, by age (a), by race (b), and by any dental (c).

CONCLUSIONS

This study is the first to examine the relationship between WCV and timing of the PDV by location of service using a large, multi-state Medicaid dataset.

- 90% of Medicaid-enrolled children utilized the office and hospital for their WCV location
- Dental assessment during WCV is conducted at the highest percentage (2.9%) at office/hospital
- Hispanic children, female children, and children 5–9 years of age had a higher rate of PDV after a WCV at all three locations.

This study demonstrates increased, and sooner, utilization of dental preventive services for children who receive a WCV.

IMPLICATIONS

This study contributes to the understanding of medical-dental integration among Medicaid-enrolled children and offers insight into the promotion of oral health prevention within medical primary care.

DISCLOSURES

This research received no external funding. The study was conducted according to the guidelines of the Declaration of Helsinki and revived and considered exempt Western Institutional Review Board. Patient consent was waived as this study used de-identified claims data. No patient information was included in this study. No conflicts of interest.