0706 Early Preventive Dental Visits: Effects on Subsequent Utilization and Cost

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Objective: The purpose was to determine the effects of early preventive dental visits on subsequent utilization and cost of dental services in preschool children. Methods: This investigation studied North Carolina Medicaid children who were enrolled continuously from birth for a five year period. Our research design was a longitudinal cohort study that relied upon four large data sets including North Carolina composite birth records from 1992, Medicaid enrollment and claims files from 1992-97, and the Area Resource File. Our outcome measures included type of use and dentally-related costs. Results: Of the 53,591 Medicaid children born in 1992, 9,204 were continuously enrolled and met our inclusion criteria. Twenty-three children had their first preventive dental visit before age 1 year, 249 between 1-2 years, 465 between 2-3 years, 915 between 3-4 years, and 823 between 4-5 years. Children who had their first preventive dental visit by age one were more likely to have subsequent preventive visits (P<.05) but no more likely to have subsequent restorative or emergency visits. Those who had their first preventive visit later at ages two and three were more likely to have subsequent preventive, restorative, and emergency visits (P<.05). The age of the first preventive dental visit had a positive and significant effect on dentally-related expenditures (P<.05) with the average dentally-related costs less in children receiving earlier preventive care. The average dentally-related costs per child by age of the first preventive visit were as follows: Before age 1=$262, age 1-2=$339, age 2-3=$449, age 3-4=$492, and age 4-5=$546. Conclusions: Preschool Medicaid children who had an early preventive dental visit were more likely to use subsequent preventive services and experienced less dentally-related costs. Research supported by the AAPD Foundation and OMNII Pharmaceuticals through the OMNII Fellowship, MCH Grant # 5 T17 MC 00015-12 0, and NIDCR Grant # 1K22DE14743-01.

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