

Dental service use falls and oral health worsens after people become eligible for Medicare, finds study

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Half of all older adults in the U.S. lack dental insurance, and in 2018,

nearly half of older adults received no dental care. A new study by investigators from Brigham and Women's Hospital, a founding member of the Mass General Brigham healthcare system, has examined changes in dental care and oral health after older adults become eligible for Medicare, the traditional version of which covers medical services, but not dental care.

Among more than 97,000 people, the researchers found a dramatic drop in the percentage of people receiving restorative [dental care](#) and an almost 5 percentage point increase the number people who lost all their teeth after they turned 65 and became eligible for Medicare. Their results are published in *Health Affairs*.

"Older adults have the lowest rates of [dental insurance](#) in the U.S. and cost is a major barrier for many in seeking dental care," said corresponding author Lisa Simon, MD, DMD, a resident in the Brigham's Department of Medicine. "We know that Medicare, by covering [medical services](#), improves [health outcomes](#) and reduces racial health inequities among [older adults](#), but it has the exact opposite effect for dental care."

With very limited exceptions, traditional Medicare does not cover dental services. Medicare Advantage plans can offer dental services, but the extent of coverage varies. Federal efforts to expand Medicare dental coverage have not passed and policy debates about dental benefits are ongoing.

Simon and colleagues analyzed national data from the Medical Expenditure Panel Surveys from 2010 to 2019, examining changes in dental insurance and oral health care immediately after respondents became eligible for Medicare. The surveys included community-dwelling adults of ages 50 to 85.

The team found that both traditional Medicare and Medical Advantage beneficiaries experienced immediate and long-term reductions in dental services use after Medicare enrollment. While the total number of annual dental visits did not change, the number of visits for restorative procedures, such as fillings or crowns, decreased by 8.7 percent. Adults also experienced an increase in complete edentulism—loss of all teeth—which puts people at higher risk of poor nutrition, lower quality of life and progression of cognitive impairment.

"Loss of teeth can have a number of negative downstream effects," said Simon. "It's associated with many geriatric conditions, including frailty and cognitive function."

The authors note that the survey data used did not allow them to follow participants over long periods and the changes detected could be confounded by other life changes at age 65, such as retirement or receipt of Social Security income. Using other forms of [survey data](#) could help investigators focus on at-risk populations, such as adults living in long-term care facilities, and could help to identify and compare what dental benefit Medicare Advantage programs offer.

"Without dental coverage for adults who are eligible Medicare, we are seeing a rise in loss of teeth after age 65 among nearly 1 in 20 adults, which represents millions of Americans," said Simon. "Our findings capture the magnitude of the problem but also point to the opportunity to improve [oral health](#) care access and outcomes, should policy makers expand Medicare coverage to include dental services."

More information: Lisa Simon et al, Dental Services Use: Medicare Beneficiaries Experience Immediate And Long-Term Reductions After Enrollment, *Health Affairs* (2023). [DOI: 10.1377/hlthaff.2021.01899](https://doi.org/10.1377/hlthaff.2021.01899)

Provided by Brigham and Women's Hospital

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