

Oral Health Emergencies

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Basic US EM stats

- I ED utilization nationwide increasing
 - >400 visits/1000 people/year
- I Decreasing number of acute care hospitals
- I Reasons are complex
 - Interface between public and high technology
 - Care on demand psychology
 - Mobile population working on 24 hour cycle
 - Static management philosophy in primary care systems
 - Low entry barrier for uninsured/indigent

Organization of Emergency Medicine

- | Professionalization and career orientation
 - 140 EM residencies
 - 8%-10% of most medical school classes go into EM
 - | (1/11 ambulatory visits in US to ED)
- | Most hospitals contract the ED's to a physician group
- | Insurers pay separate professional and technical fees
- | Increasing use of PA's for "fast track" patients

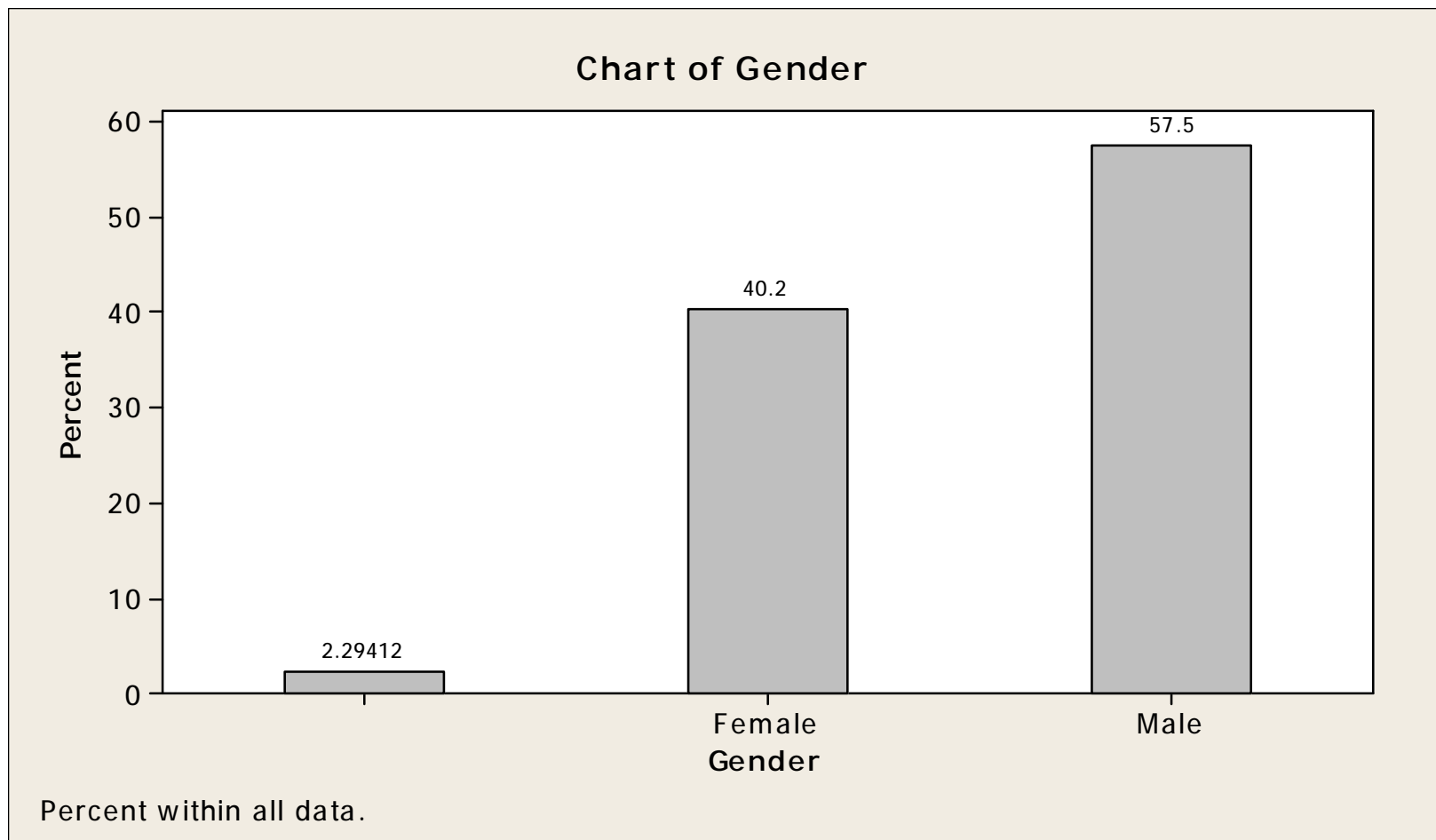
Diagnoses reviewed

- | Dental fracture – tooth
- | Dental abscess
- | Dental caries
- | Dental pain
- | Dental infection
- | Gingivitis – acute
- | Gingivitis – chronic
- | "Gingivitis - ulcerative, acute necrotizing (ANUG)"

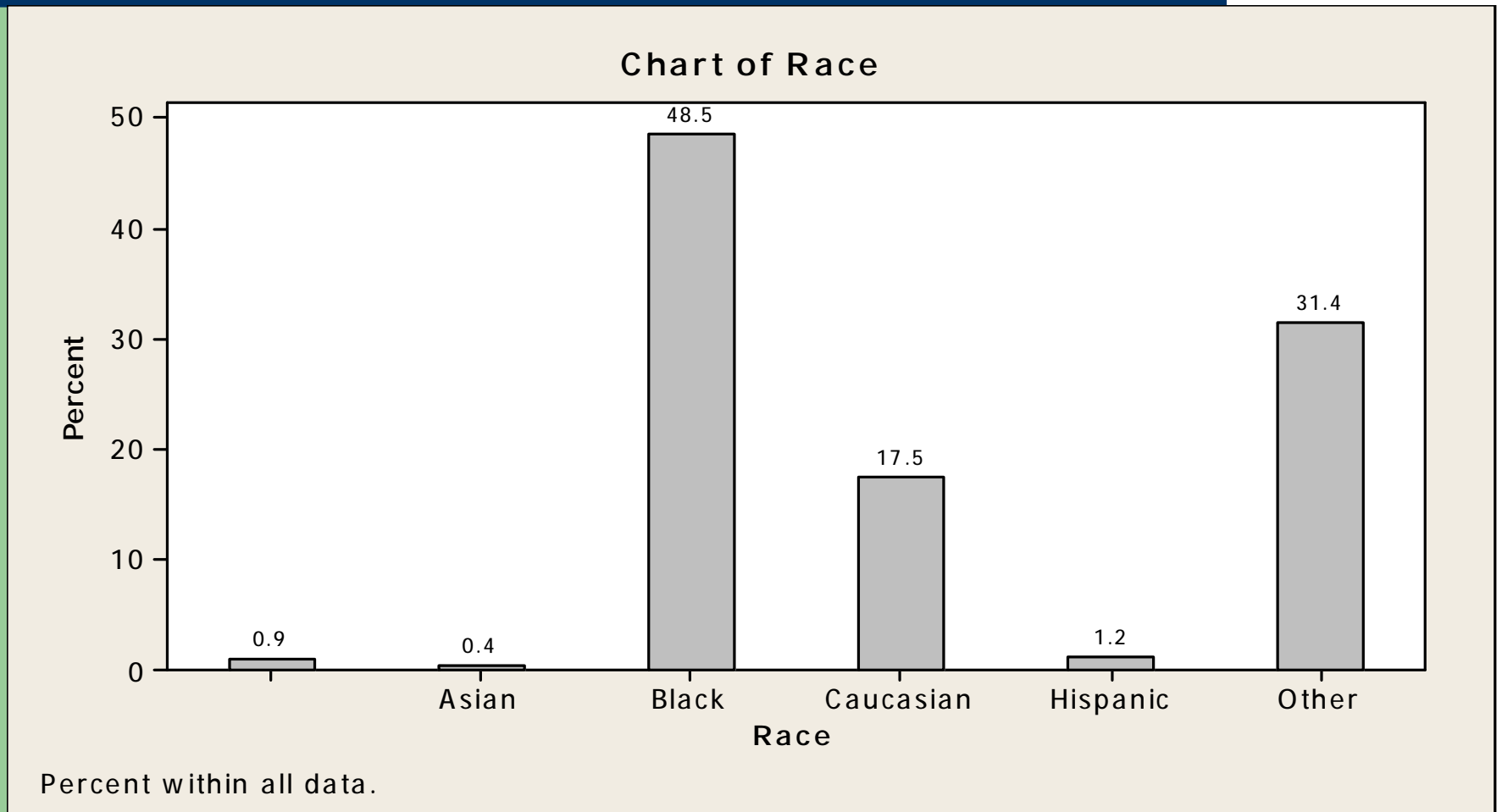
Oral Health at GW ED

- | 2006: $321/60240 = 0.53 \%$
- | 2007: $431 / 63620 = 0.67 \%$
- | 2008: $454 / 64375 = 0.70 \%$
- | 2009: $494 / 68796 = 0.71 \%$
 - Overall: $1700 / 257,000 = 0.66 \%$
 - Age: 37.7 (IQR: 27-47)

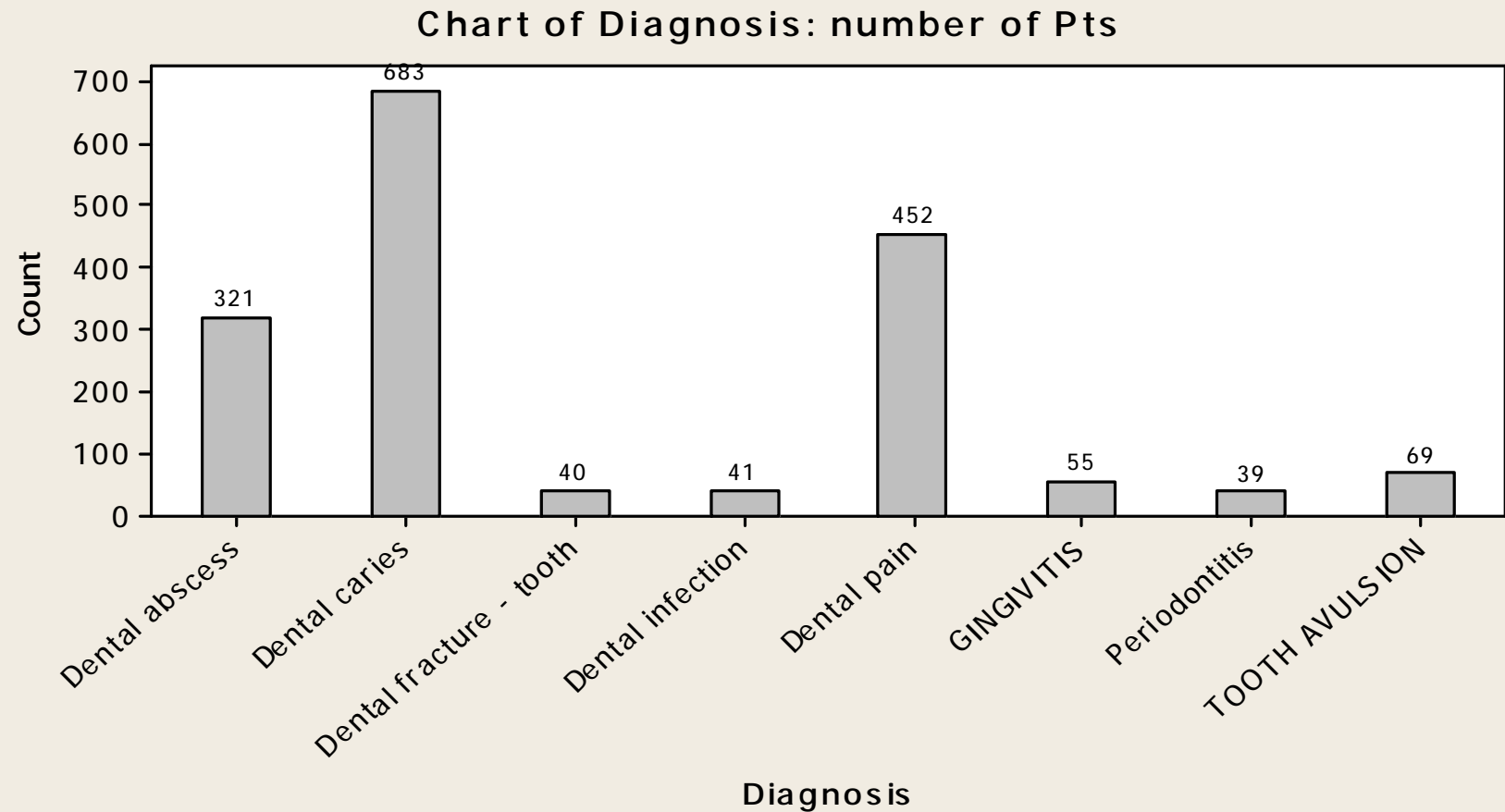
Epidemiology of Oral health I



Epidemiology of Oral health II



Epidemiology of Oral Health III



Conclusions

- | Most oral health visits are “discretionary”
 - Do not represent serious conditions
- | Many people with chronic problems
 - May be drug seeking
- | Most hospitals do not have general dentists on staff
 - There is no “dental referral” pattern
- | Most emergency physicians are trained in basic dental procedures to manage tooth trauma
- | Many emergency physicians not aware of community dental safety net resources