

Meeting the Oral Health Care Needs of the Underserved

The rate and severity of oral disease is greater among people with special health care needs than in the general population due to difficulty in maintaining regular oral hygiene practices, medications that can cause and/or exacerbate oral disease, and barriers to accessing oral health care. Barriers to access include a lack of financial resources and/or insurance to pay for care and difficulty finding a dentist to treat them.

Adults and children¹ with special health care needs include those with mild to severe cognitive or physical impairment, traumatic brain injury, dementia or Alzheimer's; hemophilia; genetic disorders such as autism; and older adults, including those in nursing homes. To better meet the needs of these and other patients, the Michigan Oral Health Coalition (MOHC) and the Michigan Department of Community Health (MDCH) are seeking to partner with hospitals and organizations around the state to make hospital dentistry services more widely available.

What Is Hospital Dentistry?

Hospital dentistry is the segment of the dental delivery system located within a hospital or in close association with a hospital. Hospital dentists focus on serving people who cannot receive dental care through the traditional delivery systems, such as patients who are medically compromised or who have a severe developmental disability. While hospital dentistry alone is not sufficient to meet all the needs of patients with special health care needs, it can offer benefits to both patients and dentists. Hospital dentistry services allow patients with special health care needs to get regular oral health exams and cleanings to prevent future and more severe oral health needs. Offering dental services in a hospital setting provides dentists with the support and resources they need to care for patients with special health care needs who are unable to receive services in a traditional office setting.

Hospital dentistry offers a wide variety of services to its patients, including surgical, restorative, maintenance, and preventive outpatient procedures. It also allows the hospital dentist to use general anesthesia to perform dental procedures on special needs patients when necessary; for example, in the case of individuals who are physically unable to hold their mouth open for an extended period of time or those who do not understand what the dentist will be doing and might react in a way that could harm themselves, the dentist, or dental assistants. Hospital dentists can also serve in a consultative role within the hospital, providing an oral health evaluation prior to a medical procedure to determine whether there is a possibility of an infection for patients with a compromised immune system (i.e., cancer or HIV/AIDS patients) or patients preparing for an organ transplant.

Many patients receive hospital dentistry services as part of a standard preoperative oral health evaluation, but most patients receiving dental services in a hospital are the children

¹ In November 2008 there were 30,043 children (up to the age of 21) enrolled in the Michigan Department of Community Health Children's Special Health Care Services.

and adults with special health care needs noted above. These patients become identified as needing hospital dentistry services through a private practice dental office, a primary care physician office, or a hospital emergency room. Many referrals are made from dentists who have attempted unsuccessfully to provide care to a special needs patient.

A Limited Supply of Hospital Dentistry Services

Currently in Michigan, hospital dentistry services are available to qualifying individuals at four Graduate Medical Education sites and four Veteran Affairs sites, with locations concentrated in lower and Southeast Michigan. In addition, several dentists throughout the state have privileges at local hospitals allowing them to provide services to some patients in a hospital setting. Nearly one-third (32 percent) of dentists responding to a recent survey conducted by the Michigan Department of Community Health reported having ever treated at least one patient in a hospital setting.² Statewide, however, this setting for oral health care is unavailable to most of the patients who need it. Dr. Samuel Zwetchkenbaum, DDS, chief of the University of Michigan Dental School Hospital Dentistry program, said in a telephone interview that his program receives far more referrals than it is able to handle. He says that his program is able to serve only 5,000 of the estimated 25,000 significantly cognitively impaired residents in Michigan. Patients of University of Michigan hospital dentistry services come from all over the state. Dr. Zwetchkenbaum notes that most are in need of advanced oral treatments because they have not been able to receive the preventive care that is needed for good oral health.

Barriers to Implementing Hospital Dentistry Services

The two most significant barriers to greater implementation of hospital dentistry services are a lack of practitioner education and training and inadequate practitioner reimbursements coupled with steep start-up costs.

A survey conducted by the American Dental Education Association and a recent study published in the *Journal of the American Dental Association* show that dental school students feel that they have not been adequately educated and trained to treat patients with special health care needs,^{3,4} and a 2005 study finds that

the curriculum concerning special needs patients would make a difference in how future providers practice their profession, set up their practices, train their staff, and feel about treating special needs patients. Such changes could then make a difference in the long run for reducing oral health disparities and increasing access to dental care for all individuals.⁵

Of dentists who responded to the MDCH survey, the vast majority reported having experience in treating patients with two or more types of disabilities. However, nearly

² Michigan Department of Community Health (MDCH) and Michigan Oral Health Coalition (MOHC), *Oral Health Needs Survey 2009*, Technical Report (Lansing, Mich.: MDCH and MOHC, August 2009).

³ Weaver et al., "Annual ADEA Survey of Dental School Seniors: 2002 Graduating Class," *Journal of Dental Education* 66 (2002).

⁴ A. J. Wolff et al., "Dental Students' Experiences with and Attitudes toward People with Mental Retardation," *Journal of the American Dental Association* 135, no.3 (2004).

⁵ L. P. Dao, S. Zwetchkenbaum, and M. Rohr Inglehart, "General Dentists and Special Needs Patients: Does Dental Education Matter?" *Journal of Dental Education* 69, no. 10 (2005):1107–15.

half (48 percent) report treating fewer than five children with disabilities in a year, and a third (33 percent) report treating fewer than five adults with disabilities in a year. And less than one fifth of dentists (19 percent) responding to the survey report having been trained to treat patients with disabilities.⁶

This research shows a need for dental and dental hygiene education programs to revisit the issue of training practitioners to prepare them to serve special needs patients. For example, Dr. Thomas Burdo, a general practice dentist with privileges at a Grand Rapids hospital, said in a telephone interview that there are a number of behavior modification methods dentists can use to better serve patients with special health care needs, but many dentists do not use such methods to treat patients because they were not trained to do so. He believes that this type of training would allow dentists to feel more comfortable treating patients with special health care needs in their office.

Dentists who want to treat patients in a hospital must acquire specialized training—specifically, a general practice residency. This requires an additional one to two years of study and is available at only two hospitals in Michigan: the University of Michigan and Mt. Sinai Hospital-Detroit. In addition to the limited availability of general practice residency programs in Michigan, a limited number of dental students are interested in participating in the programs. Among respondents to the MDCH survey, only about one-fifth (21 percent) said they were interested in furthering their education for treating patients with special needs.⁷ According to Drs. Zwetchkenbaum and Burdo, the following issues may contribute to dental students' lack of interest in pursuing a general practice residency: a possible lack of awareness of the residency and the type of work it allows a dentist to do; the fact that dental students usually leave school with large student loans and may not want to add to their debt by participating in another year of training; and the possibility that dental students may think that the work of treating special needs patients is difficult and that the pay, as noted below, is low.

The second major barrier to implementing hospital dentistry services to serve special needs patients is that of reimbursement to the practitioner. Several studies indicate that “people from lower socio-economic groups and those covered by Medicaid ... have more dental disease and receive fewer dental services than the general population, and many individuals with disabilities are in these lower socioeconomic groups.”^{8, 9, 10} Currently,

⁶ MDCH and MOHC, *Oral Health Survey*.

⁷ Ibid.

⁸ U.S. Department of Health and Human Services (HHS), *Oral Health in America: A Report of the Surgeon General* (Rockville, Md.: HHS, National Institute of Dental and Craniofacial Research, National Institutes of Health, 2000).

⁹ U.S. Bureau of the Census, *Current Population Reports, Americans with Disabilities: 1994–95*, P70-61 (Washington, D.C.: U.S. Department of Commerce, Economics and Statistics Administration, August 1997), available online at <http://www.census.gov/prod/3/97pubs/p70-61.pdf> [accessed 7/14/09] and Census Brief, CENBR/97-5 (Washington, D.C.: U.S. Department of Commerce, Economic and Statistics Administration, Bureau of the Census, December 1997), available online at: <http://www.census.gov/prod/3/97pubs/cenbr975.pdf> [accessed 7/14/09].

¹⁰ A. J. Bonito and Linda Cooper, *Adults with Disabilities: Dental Care Considerations of Disadvantages and Special Care Populations, Proceedings of the Conference held April 18–19, 2001* (Rockville, Md.: U.S. Department of Health and Human Services, Health Resources and Services Administration, Bureau of Health Professions, Division of Medicine and Dentistry, Division of Nursing, April 2001).

federal mandates require Medicaid health plans to cover dental care for children with special health care needs, yet a number of dentists are not willing to participate in Medicaid because the reimbursements are so low.¹¹ Little more than half (56 percent) of dentists who responded to the MDCH survey report accepting MICHild, Michigan's children's health insurance program.¹² Recently all dental care coverage (with the exception of extractions) was removed from adult Medicaid health plans, further limiting access to oral health for adults with special health care needs who do not have the financial resources to pay for care.

Dentists interested in treating patients in a hospital may also face sizeable start-up costs. According to Dr. Burdo, if hospital dentistry is not established in the hospital itself, the dentist needs to purchase the necessary equipment and transport it to and from the hospital. Dentists would be better served by having equipment available in a hospital to spare them the burden of acquiring and transporting expensive equipment.

Expanding the Availability of Hospital Dentistry Services

The Michigan Oral Health Coalition and the Michigan Department of Community Health (MDCH) have identified a need to expand the limited implementation of hospital dentistry programs in Michigan. Additional stakeholders who could play a role in the development, implementation, and support of hospital dentistry services include dental and dental hygiene teaching institutions; hospitals, including emergency departments, cardiologists, surgeons, and oncologists; community mental health systems; nursing homes and other residential homes; nonprofit organizations that support adults and children with special needs; and dentists within the community who practice privately. In particular, the participation of pediatric dentists who have been trained and are experienced in treating special needs children would be a valuable asset to discussions on serving the populations we mention above. Also valuable to the discussion are pediatric dentists who currently do *not* have experience treating children with special health care needs; they would be able to gain knowledge about the need for additional dentists to serve these populations.

One solution to meeting the needs of the populations that we discuss here will require further engagement of stakeholders and research on how to use hospital dentistry services to meet the needs of patients with special health care needs. Hospital dentistry, ideally, is one component of a comprehensive oral health care system. The oral health system continuum of care could include the traditional private dentist office; community dental centers that provide supports and resources to the private office; and regional hospital dentistry programs that provide additional supports and resources for the most severe oral health cases. To meet the need for hospital dentistry services across the state, Dr. Zwetchkenbaum and Dr. Burdo suggest that hospital dentistry services be spread around the state to cover large regions, for example, in Detroit, Ann Arbor, Grand Rapids, and northern Michigan and/or the Upper Peninsula (e.g., Marquette, Petoskey).

¹¹ C. R. Bennett, "Dentistry and the Disabled," *TeamRehab Report* (January 22, 1998): 20–24.

¹² MDCH and MOHC, *Oral Health Survey*.

The Advocacy and Education Efforts of MDCH and MOHC

On July 22, 2009, the Michigan Department of Community Health joined forces with the New York State Office of Mental Retardation and Developmental Disabilities to provide a free continuing education course to dental professionals on treating special needs patients in the office. The course was offered as a three-hour live webinar that was screened in multiple locations across Michigan and New York. Topics included an introduction to developmental disabilities, legal and ethical issues, and treating people with autism. In Michigan, the webinar was viewed in 22 locations with over 400 dental professionals in attendance. The webinar is available online at www.michigan.gov/oralhealth and at www.mohc.org.

To assist those dentists who are interested in increasing their knowledge about how to provide hospital dentistry, MDCH and MOHC have made available a hospital dentistry manual developed by Paul Glassman, DDS, MA, MBA. Dr. Glassman is professor of dental practice at University of Pacific in San Francisco, California, and is a renowned expert in the treatment of patients with special needs. The manual has already been sent to many dentists who indicated interest in hospital dentistry through the 2009 MDCH survey on oral health needs. If you would like a copy, please contact Jill Moore at MDCH (Moorej14@michigan.gov).

The MOHC and the MDCH are, and will continue to be, advocates for hospital dentistry services through these and other programs and events. The MOHC and MDCH are seeking partnerships with stakeholders around the state to develop additional services to serve the populations with special health care needs. Please contact Jill Moore at MDCH if you are interested in working with the MOHC and the MDCH or if you would like additional information on how to implement hospital dentistry services in your community and across the state.