

# SPECIAL CARE DENTISTRY FOR INDIVIDUALS WITH DISABILITIES: CHANGES IN EDUCATION, POLICY, & CARE DELIVERY

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# DISCLOSURES

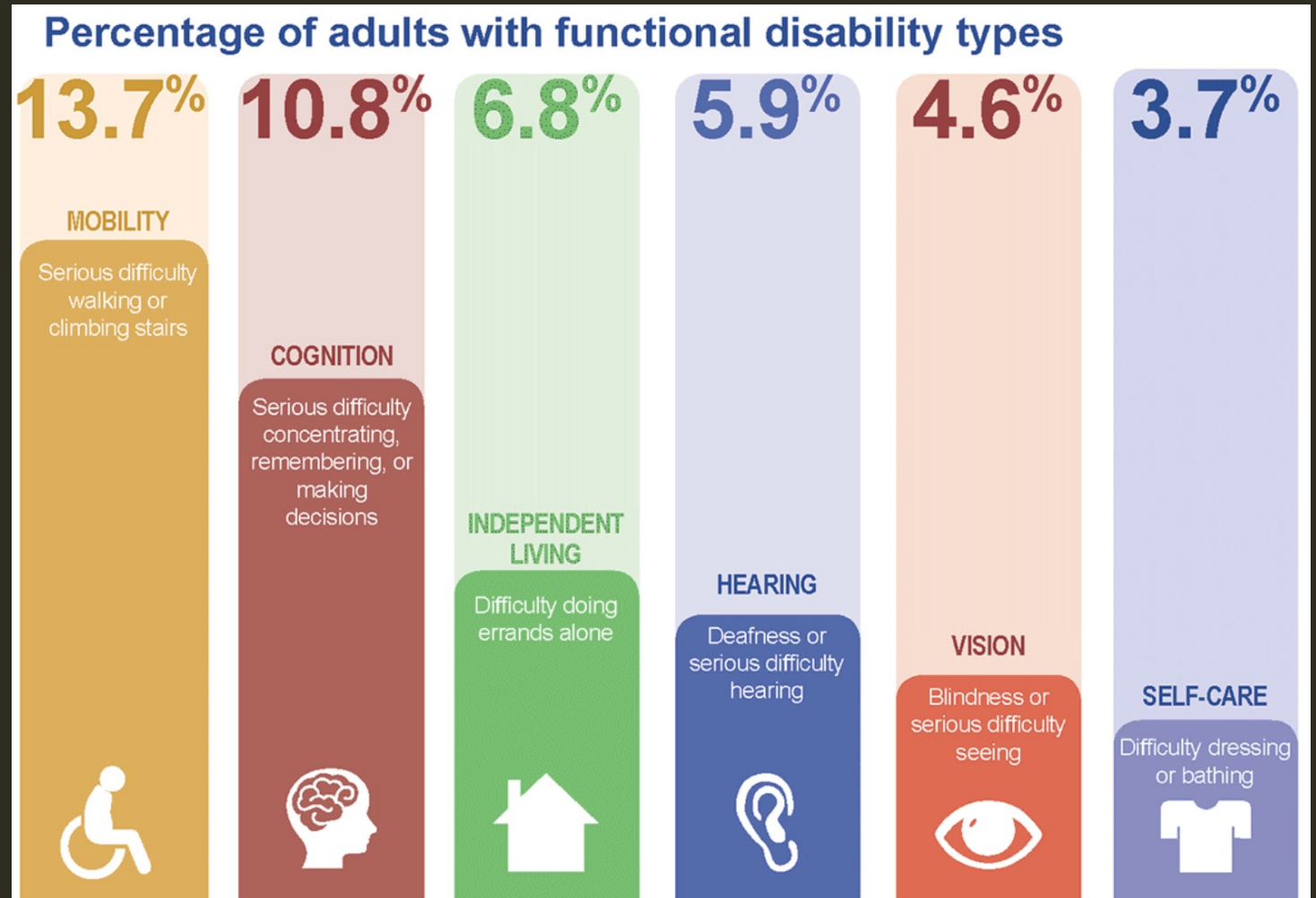
None to report.

# OBJECTIVES

- Describe the existing challenges in obtaining dental care for people with special health care needs.
- Understand how changes in dental education and training can improve access to special care dentistry.
- Identify the various policy facilitators and barriers to improved care delivery and financing for people with special health care needs.

# DISABILITIES ARE COMMON AND IMPACT US ALL

61 million adults in  
the U.S. currently  
live with at least  
one disability

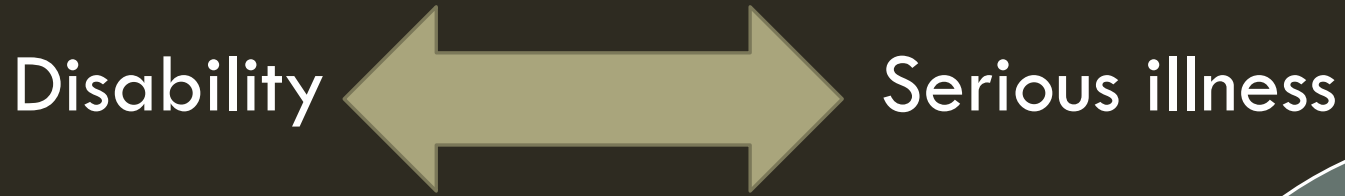


Source: [www.cdc.gov/disabilities/](http://www.cdc.gov/disabilities/)

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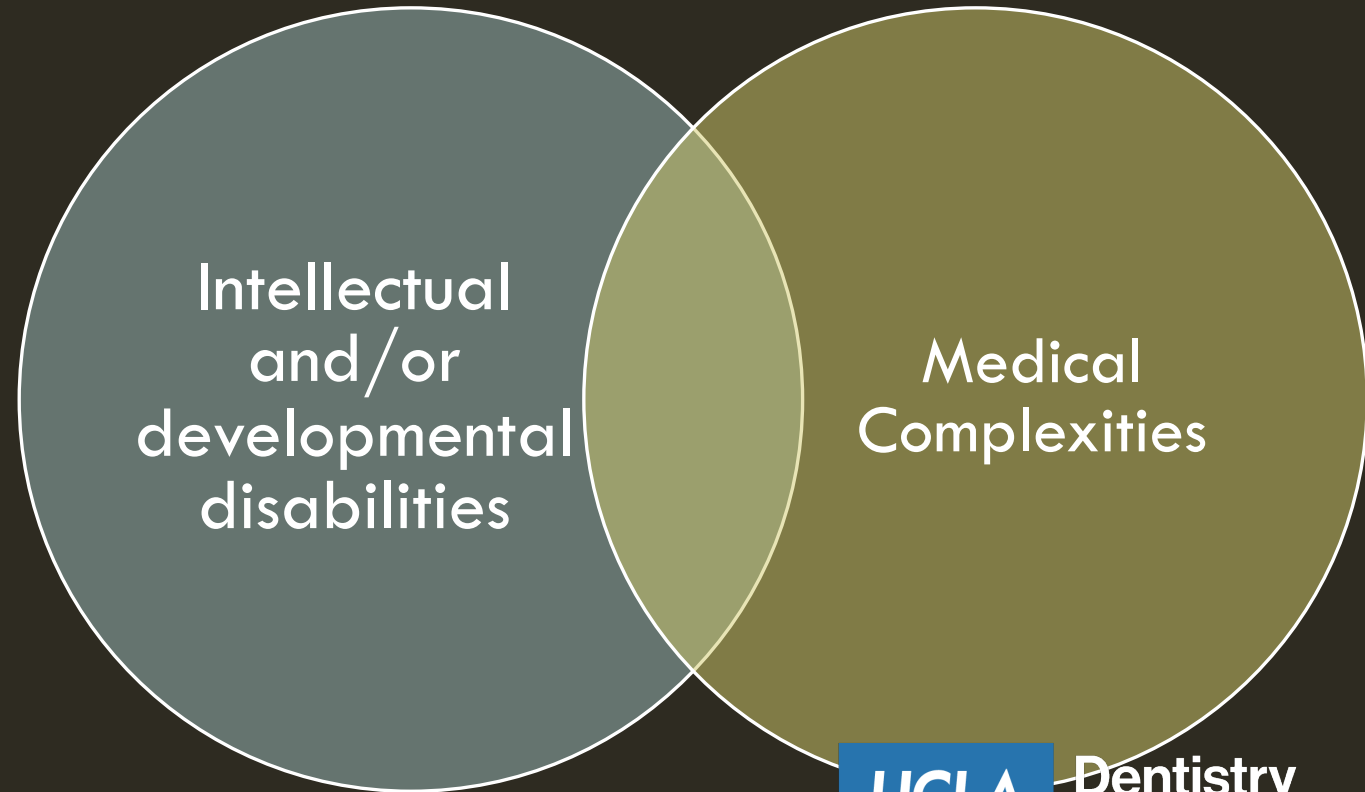
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# PEOPLE WITH DISABILITIES TEND TO HAVE MORE HEALTH CHALLENGES



## Challenges while at the dentist:

- Behavioral
- Mobility
- Movement
- Medical complexities



# ORAL HEALTH PROBLEMS ARE MORE SEVERE IN THOSE WITH SPECIAL HEALTH CARE NEEDS

- Tooth decay
- Gum disease
- Medications
- Varied oral anatomy
- Trauma
- Comorbidities



# 2000 SURGEON GENERAL'S REPORT

People with disabilities often have worse oral health than those without

Persistent barriers to accessing dental care

- Availability of dental providers trained & willing
- Patchwork financing/insurance

No national studies had been conducted to determine the prevalence of oral and craniofacial diseases among those with disabilities

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## Oral Health in America: A Report of the Surgeon General

Department of Health and Human Services  
U.S. PUBLIC HEALTH SERVICE

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# ORAL HEALTH IN AMERICA: ADVANCES AND CHALLENGES (2021)

People with disabilities often have worse oral health than those without

Persistent barriers to accessing dental care

- Availability of dental providers trained & willing
- Patchwork financing/insurance

Minimal surveillance of this population – an invisible problem to policymakers!

→ *Not much has changed!*





# WHAT'S UNIQUE ABOUT DENTAL CARE?

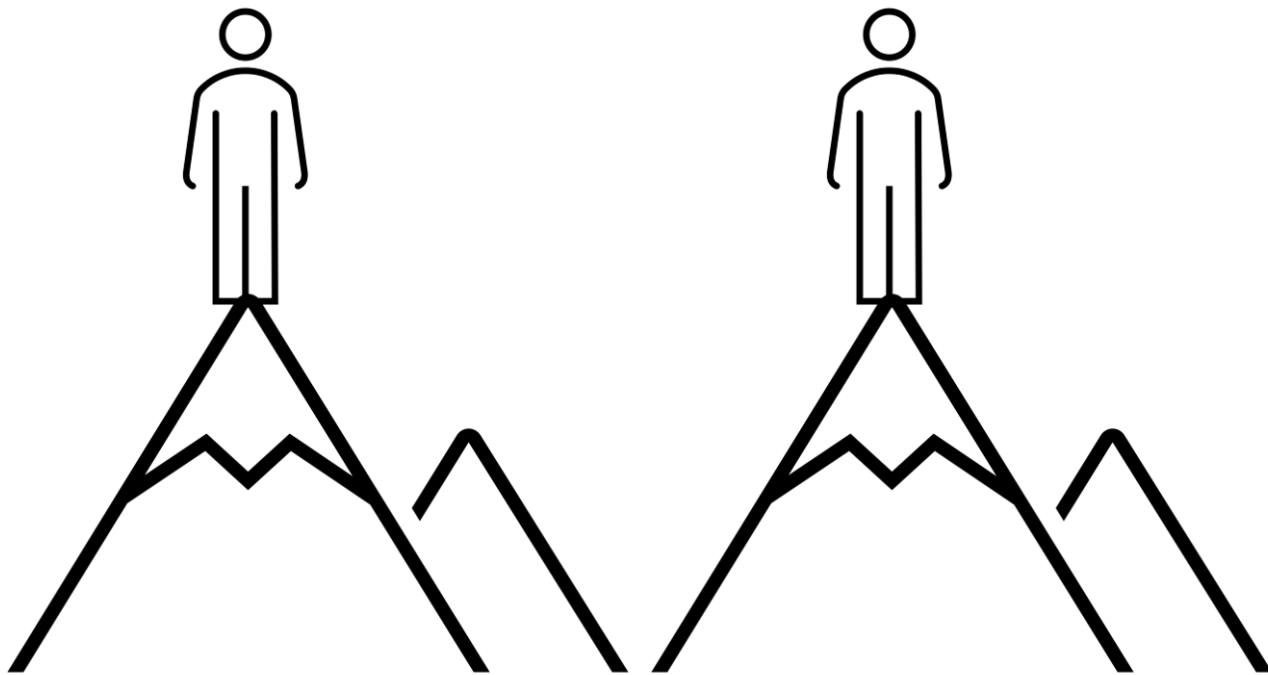
“With few exceptions, maintenance of oral health through a lifetime requires timely receipt of advice for self-care, preventive therapies, early detection and treatment of problems, and restoration of function.”

”...almost everyone experiences oral diseases and conditions over a lifetime, and unlike the common cold, most diseases do not resolve over time.”

- Oral Health in America: A Report of the Surgeon General (2000)

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## WHAT'S UNIQUE ABOUT DENTAL CARE?

Separation from the rest of the health care system

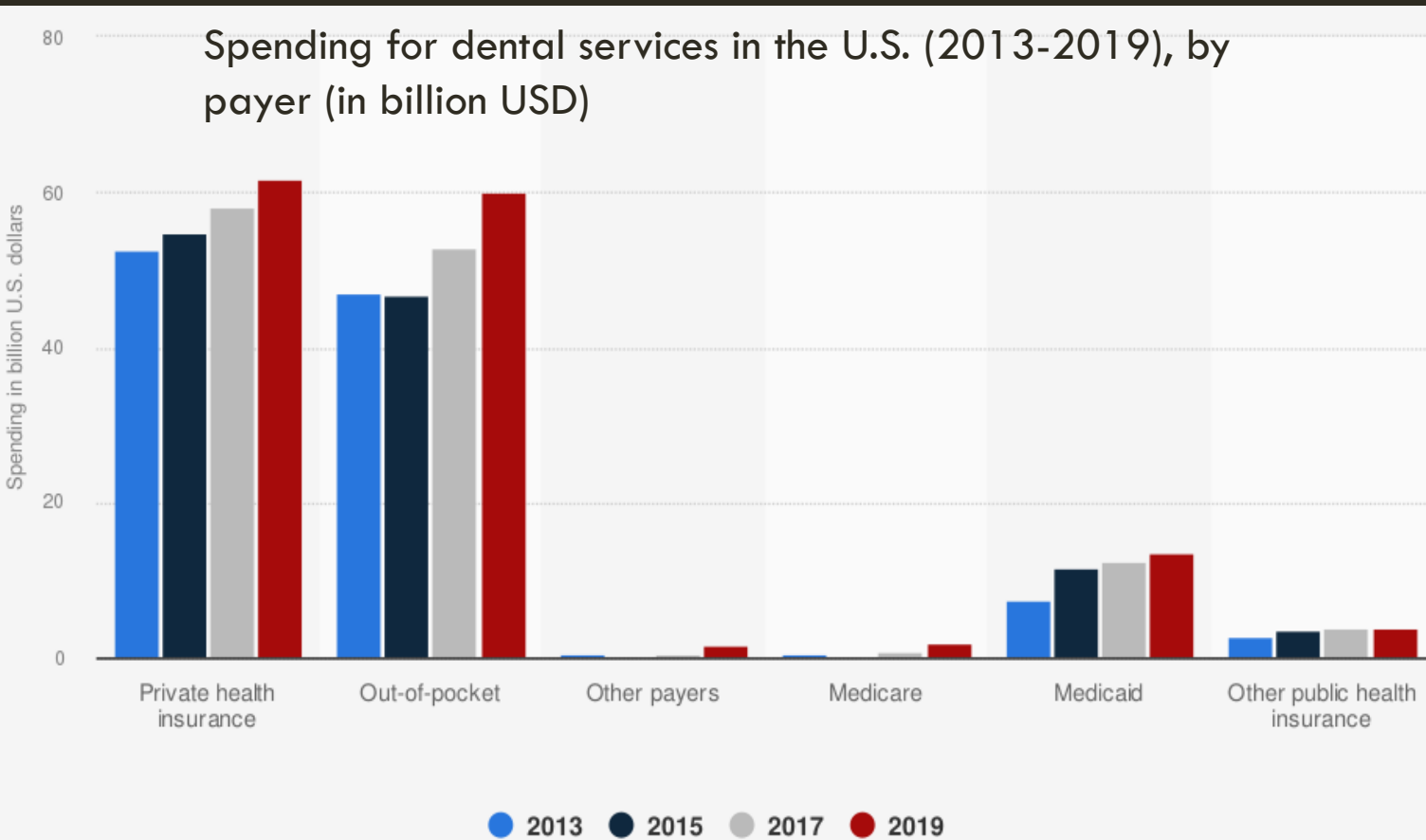
- Separate education & training
- Separate financing
- Separate care delivery system

→ The mouth has been separated from the rest of the body

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# DENTAL CARE DELIVERY & FINANCING — CURRENT LANDSCAPE



Most U.S. dental spending is via private insurance and out-of-pocket

Most care delivered through private sector

Separate systems for those with special health care needs (SHCN) and significant medical complexities

# PATCHWORK OF DENTAL CARE DELIVERY FOR PATIENTS WITH SPECIAL HEALTH CARE NEEDS

## Private sector

- Healthier patients w/few disabilities
- Private insurance/out of pocket payments
- Can be seen almost immediately

## Dental schools/hospitals

- Most complex patients
- Operating room care
- Higher % of public insurance
- Significant waitlists!!

# HAVE MEDICAID? GOOD LUCK FINDING A PROVIDER

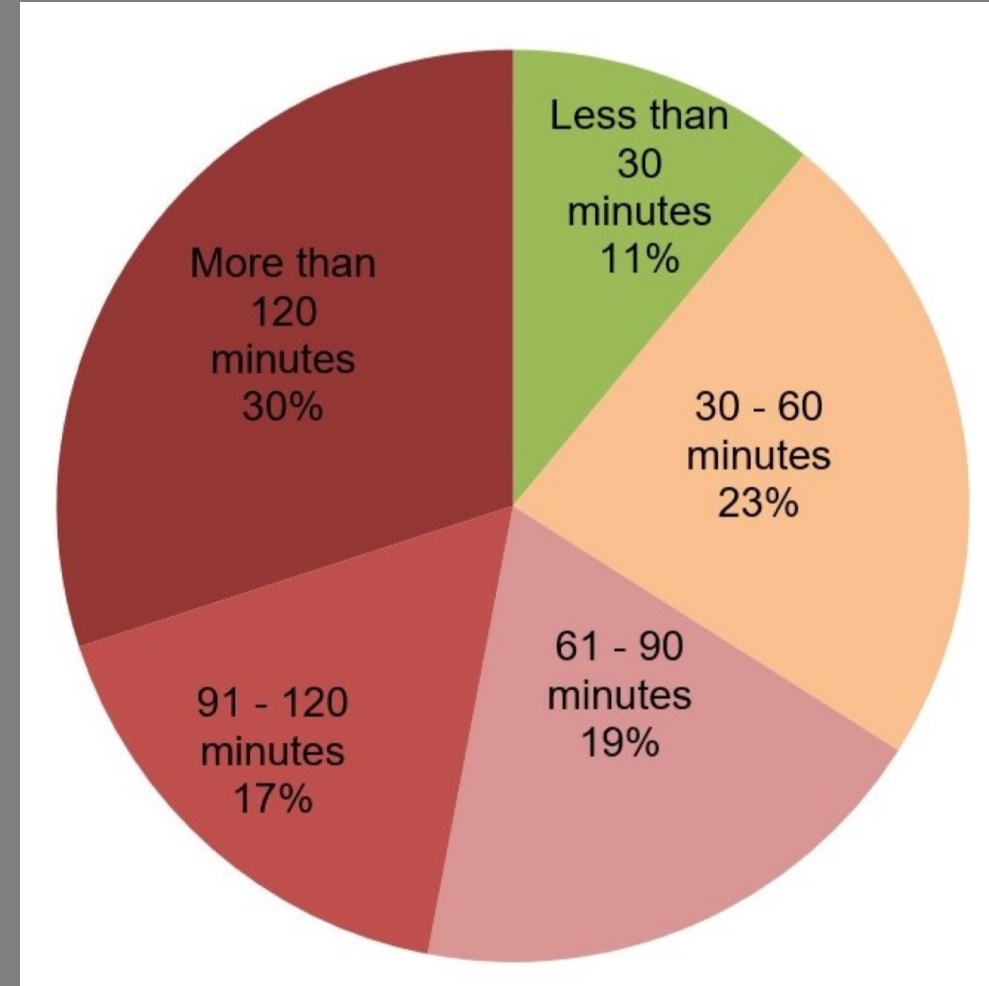
Low reimbursements

High administrative burden

Influx of people as Medicaid expansion rolls out

More “difficult” patients

→ Legal discrimination?



Travel times for patients at UCLA's Special Patient Care Clinic

IF YOU DO FIND A PROVIDER...

...you might get referred anyway.

# CHANGES ARE HAPPENING! - EDUCATION

National Council on Disability's white paper (2017)

Changes to the Commission on Dental Accreditation (CODA) standards (2019)

Changes to the American Dental Association (ADA) Professional Code of Conduct (Nov. 2020)

ADA House of Delegates Resolutions 46-48 (Oct 2021)



## Highlights

- Though it does prohibit other forms of discrimination, the American Dental Association's *Principles of Ethics and Code of Professional Conduct* does not currently prohibit a practitioner from refusing to accept a patient based on their disability, generally.
- The American Academy of Developmental Medicine notes that people with I/DD regularly face an uphill battle in finding clinicians properly trained to treat them because most dentists lack proper training and exposure regarding the health and psychological needs of the I/DD population.
- Requirements of the Commission on Dental Accreditation do not require that dental school graduates be proficient in treating patients with I/DD, they only require graduates be competent in "assessing" treatment needs.
- Absent more generous Medicaid coverage, solutions must be sought to help encourage dental care providers to serve this underserved population despite the financial predicaments of those providers.

## Neglected for Too Long: Dental Care for People with Intellectual and Developmental Disabilities

Fall 2017

This policy brief is designed to provide insight concerning the lack of dental care many people with intellectual and developmental disabilities (I/DD)\* continue to experience due to a shortage of properly trained dental care providers and, consequently, a lack of dental care providers willing to provide that care.

The brief will provide recommendations regarding how to begin to rectify the problem, including modifying dental school accreditation and professional ethics requirements. It will also recommend that Congress amend the Public Health Service Act,<sup>1</sup> thereby providing more public funding and student loan debt forgiveness to improve dental care.

### Introduction

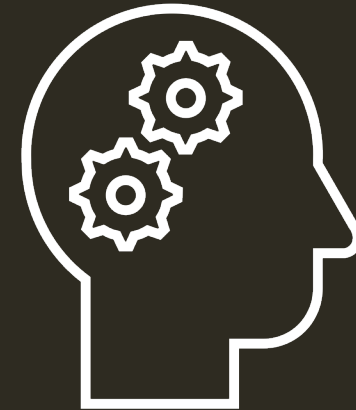
Unfortunately, interactions with patients who have disabilities may become uncomfortable when the care providers themselves are unfamiliar with their disabilities. This may lead to a lack of care and, accordingly, a lack of preventive care. Adults with disabilities are four times more likely to report their health to be only fair or poor than people without disabilities.<sup>2</sup> More specifically, studies have shown that adults with developmental disabilities are at risk for multiple health problems including poor oral health.<sup>3</sup> Further, in 2002, the U.S. Surgeon General reported that, compared with other populations, "adults, adolescents, and children with [intellectual disability (s/i)] experience poorer health and more difficulty in finding, getting to, and paying for appropriate health care."<sup>4</sup>

There are multiple factors to consider as to why people with I/DD face challenges in finding proper care, including, among others, guardianship complications and compensation.<sup>5</sup> Often times providers are concerned about the length of time it might take to treat just one patient with I/DD.<sup>6</sup> As noted in NCD's 2005 publication *The Right to Health: Fundamental Concepts and The American Disability Experience*, dental care is a frequently forgotten area within the overall health care equation; and dental offices are often inaccessible and their equipment may not accommodate many disabilities. As was also noted, even when the physical environment has been adapted, a lack of understanding of disability issues among health professionals can minimize the effectiveness of the services provided, thus

<sup>1</sup> NCD recognizes that not all people with I/DD require particular accommodations when receiving dental care.

# EDUCATIONAL CHANGES ON THE HORIZON?

- Increased post-doctoral training opportunities/improved education of dental students
- Federal funding
- Improved reimbursement (?)
- Alternative provider models





# CHANGES ARE HAPPENING! - FINANCING

ADA added new procedure codes for dental case management (2020)

National Council on Disability's white paper (March 2022)

**Accountable Care Organizations (ACOs)** – limited #s have included dental services

Medicaid/Medicare expansion?

Value-based care in dentistry



Medicaid Oral Health Coverage for Adults  
with Intellectual & Developmental  
Disabilities – A Fiscal Analysis



National Council on Disability  
March 9, 2022

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# CHANGES ARE HAPPENING!

## - FINANCING

In California:

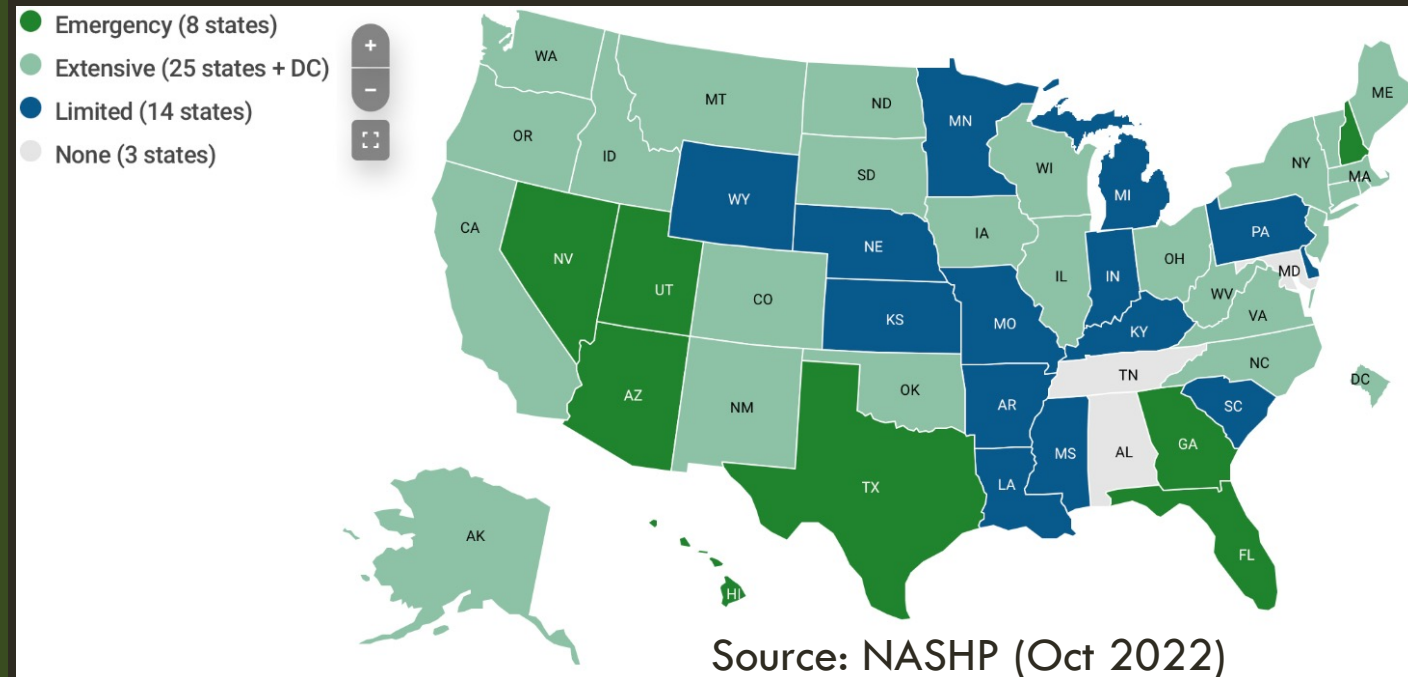
- Cal-AIM initiatives experiment w/ P4P within FFS

Nationally:

- State waivers – 1115, 1915

Better integration with social services

- State developmental/aging and disability resource centers



# WHERE IS THIS ALL GOING? - CLINICAL DENTISTRY & BEYOND

Alternative payment methodologies

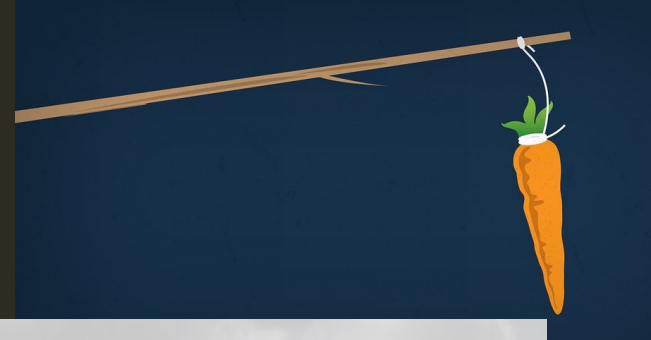
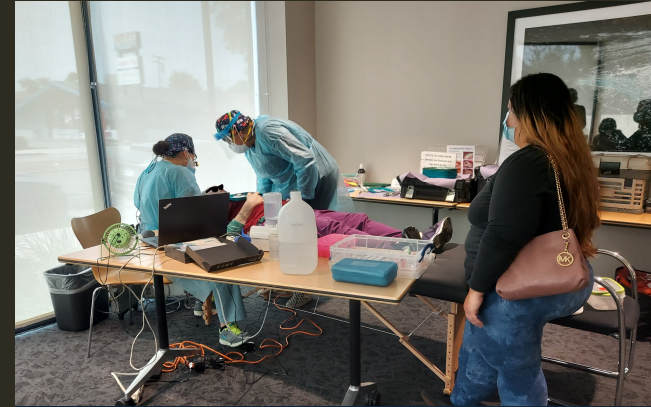
Minimally invasive care

Integrated care

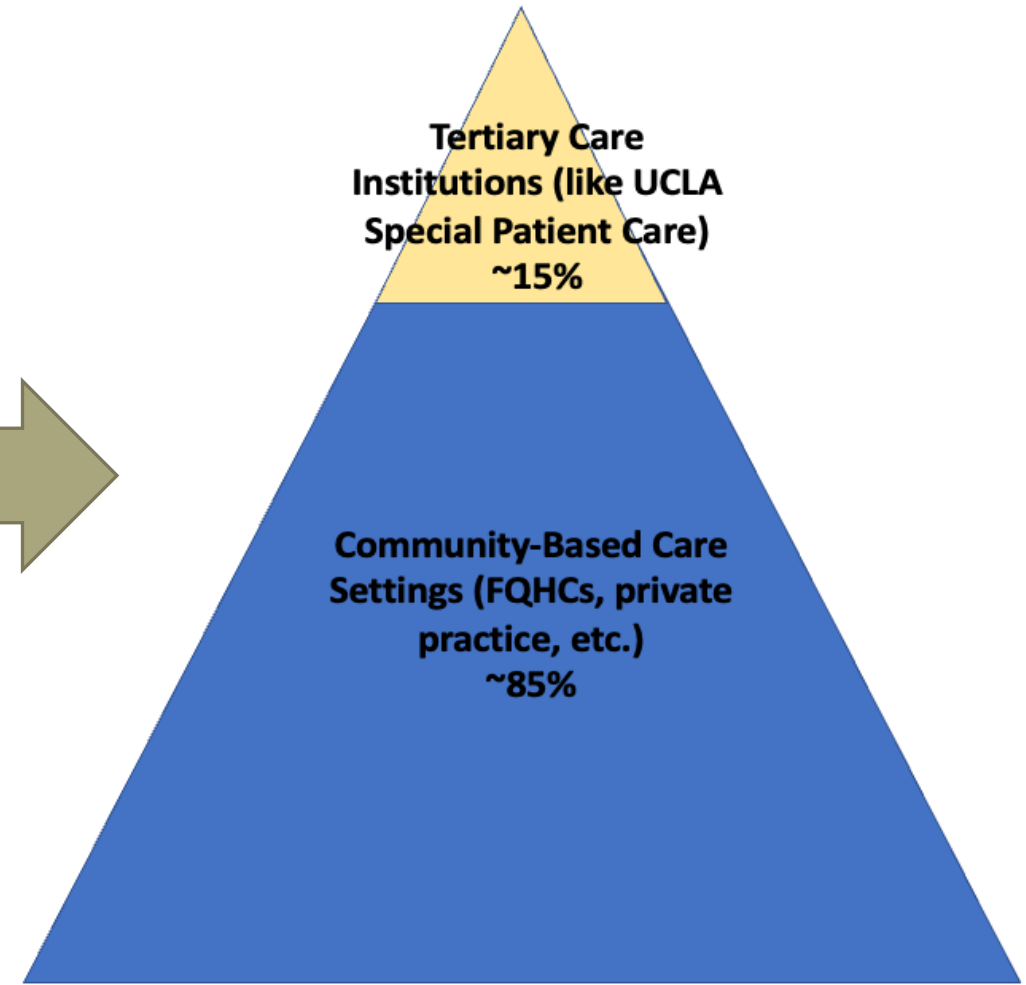
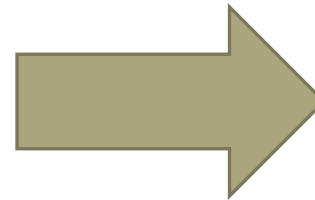
Community-based care

Increased educational opportunities

Incorporation of social determinants  
of health



# SHIFTING THE DISTRIBUTION



# HOW TO GET THERE

## - MAKING CONNECTIONS



Connecting with advocates and other stakeholders

- Advocating = conversations beyond the dental chair
- Stakeholders – state regulatory bodies, legislators, advocacy orgs, dental orgs, foundations, other health care professionals
- Making the invisible visible

Connecting with own patients

- Quality improvement framework
- Patient & Family Advisory Boards in dentistry

# OUR EFFORTS THUS FAR

## Social work integration

### Discrete projects

- Teledentistry
- Desensitization
- Community-based care

### Research efforts

## Stakeholder engagement

- State budget and legislative process
- ADA HoD resolutions
- Coalition/network participation
- Connecting with other programs/providers
- Connecting with our patients!

QUESTIONS?

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<https://dentistry.ucla.edu/clinic/39>