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/
PEOPLE WITH DISABILITIES TEND TO HAVE MORE HEALTH CHALLENGES

Challenges while at the dentist:
- Behavioral
- Mobility
- Movement
- Medical complexities

Disability ↔ Serious illness

Intellectual and/or developmental disabilities
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.
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.”

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
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.

Sources:
CMS; CHCF
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Additional Information:
United States; CMS; 2013 to 2019
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)
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
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

Source: NASHP (Oct 2022)
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
Current institution patient mix includes all levels of complexities. They include mild cases needing a dental home to the most complex cases.
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!