

# Oral Health for People With Special Needs: Consensus Statement on Implications and Recommendations for the Dental Profession

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## Abstract

In November 2004, the Pacific Center for Special Care at the University of the Pacific Arthur A. Dugoni School of Dentistry, with support from the California Dental Association Foundation, hosted a conference to explore the issue of oral health for people with special needs. This conference was held in conjunction with the joint meetings of Pacific's Statewide Task Force on Oral Health for People With Special Needs and Pacific's Statewide Task Force on Oral Health and Aging. These groups of interested stakeholders meet several times a year to discuss the increasing problems faced by people with disabilities, elderly individuals, and other special populations in obtaining access to oral health services and maintaining good oral health.

The purpose of this conference was to explore the changing population of people with special needs, analyze the implications for the dental profession and society, and describe systems and strategies that might lead to improved oral health for these populations. This conference also served as a forum for devel-

oping oral health recommendations as a part of the California Commission on Aging's Strategic Plan for an Aging Population. Seven nationally recognized speakers presented draft papers on various aspects of this topic. These presentations are published as the additional papers in this and the next issue of the *Journal*. There was time for audience reaction and discussion with the speakers. The speakers and a designated group of reactors then developed this consensus statement and recommendations for addressing these issues.



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**A**long with the changing demographics of our population and advances in medical and social systems, the number of people with special needs who need oral health services is rising dramatically.<sup>1,2</sup> In this context, people with special needs refers to individuals who have barriers to achieving good oral health primarily because of a disability or medical condition. This includes people who may also have complex medical, physical, and psychological problems, and elderly individuals with these conditions.

The rise in numbers of people with special needs is due to many factors. The percent of people over age 65 is increasing at the same time that the rate of edentulism is decreasing dramatically. In California, only 13 percent of people over 65 are edentulous now compared to close to 50 percent only a few decades ago.<sup>2</sup> This new population of baby boomers with teeth has invested heavily in maintaining oral health, has complex restorations that require maintenance, and will present significant challenges to the dental profession as they become less able to maintain good oral health.<sup>3</sup> Another group is people with complex developmental and mental disabilities who are being released from state institutions into community living arrangements. The population of people living in institutions has been reduced by 75 percent over the past 20 years. The majority of people who would have been living in institutions now live in community settings.<sup>4</sup> Specialized services that were available in these institutions are typically not available in the community. In addition, the medical health care system has made dramatic strides which have resulted in far more people with chronic diseases taking multiple medications, undergoing complex medical

treatments, and living and seeking dental services in community settings.

The current oral health care system is not working well for those populations previously described.<sup>5</sup> Increasing oral health workforce shortages, inadequate training of oral health professionals, a reimbursement system that does not reward the kinds of services needed by these populations and other factors all contribute to the failure of the current system for these groups. The result

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is significant oral health disparities with more dental disease, few preventive services, and significant access problems for people with special needs.

The dramatic increase in the number of people with special needs who will need dental care comes at a time when there is a declining dental workforce.<sup>6-8</sup> It is already difficult to impossible for many people with special needs to find a dentist willing or able to treat them. Under the current system, this situation can only get worse.

### **Issues to Be Addressed**

The panel considered the major issues that need to be addressed if people with special needs are to achieve optimum oral health. The following is a summary of those issues as determined by the panel:

- People with special needs, including those elderly individuals and peo-

ple with disabilities who have complex medical, physical, and psychological problems, are having increasing difficulty finding oral health services and obtaining good oral health.

- There is inadequate training for dental professionals in treatment of individuals with the complex situations described previously. There are currently no requirements in the accreditation standards for dental and dental hygiene education programs to provide experiences for graduates in treating these groups of people.

- There are inadequate incentives for dental professionals to become involved in treatment of individuals with the complex situations described previously who may take more time to treat and may produce less income for the dental professional.

- The predominant funding mechanism for oral health care for people who are disabled, and consequently have lowered incomes, is Medicaid. In most states, this reimbursement system does not recognize the complex issues involved with caring for people with special needs, including the need for increased consultation with general health and social service professionals, and more time to complete procedures.

- The current system of care relies predominantly on dental offices and clinics to provide all levels of oral health services, including screening, oral health education, minor procedures, and complex procedures. A dental office or clinic may not be the only place where some of these services can be provided, and for some services, it may not be the best place. In particular, preventive services may be more effectively delivered in settings closer to where people live and spend the majority of their time.

- The separation between the oral health care system and other general health and social services systems leads to a lack of integration of oral health

issues in general health, social service treatment, and funding mechanisms.

■ Caregivers who work with people with special needs on a daily basis are typically not educated, motivated, or engaged in efforts to prevent dental disease in the people for whom they are caring.

■ Quality improvement systems in place at residential facilities for people with special needs, including nursing homes, licensed health care facilities, and community care facilities often do not consider the extent to which oral health services are being provided in these facilities.

■ Policy makers who calculate current and future oral health workforce needs typically do not consider the needs of underserved populations such as people with special needs. Many workforce projections assume that people who are currently outside of the currently delivery system will continue to stay outside.

### Characteristics of a New System

The panel then considered proposals for how a new system for delivering oral health care would look.<sup>5</sup> They agreed upon a series of characteristics of such a new system. These are:

■ **A focus on prevention** — The current and future oral health workforce will not be able to keep up with the burden of oral disease as special needs populations continue to grow, unless there is a dramatic reduction in the rate of development of oral diseases. This shift will require more focus on the prevention of oral diseases by oral and other health professionals and by social service systems as well as by caregivers, families, and people with special needs themselves.

■ **An incentive system that addresses services likely to improve oral health for these populations** — The current system primarily rewards

surgical interventions (including dental restorative procedures) and provides minimal rewards for other activities that might be more cost-effective strategies for obtaining better health outcomes. A new system should provide incentives for early promotion of preventive practices, early identification of potential and actual oral health problems, preventive education, screening and referral, case management, application of the least invasive solutions, and

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use of major surgical interventions as a last resort. In this context, restorative dentistry procedures such as fillings and crowns could be considered major surgical interventions. They are certainly major compared to re-mineralization procedures applied early in the caries process.

■ **A system integrated with other community health and social service systems** — If we consider an emphasis on preventive education and early intervention to be important aspects of a new oral health system, then it can be argued that the dental office is not the best, nor the most efficient place for such activities to take place. These and other interventions might be better applied in the context of other community health and social service systems. Oral health professionals could adopt new roles as mentors and guides for general health and social service

professionals. This approach would not only integrate these services with social and general health services, but would allow dental practices to focus on those more complex procedures where surgical intervention is needed.

■ **A case management approach where oral diseases can be identified and people referred to care settings that best match their situation and needs** — Currently, many people with special needs have trouble finding sources of oral health care. A case management model can significantly decrease problems people have in finding sources of care. A community triage is a referral and tracking system that can identify people in need of oral health services and facilitate matching them with sources of care to best meet their needs.

■ **A tiered delivery system with oral health professionals serving as coaches, mentors, and supporters of other health and social service professionals** — The current and future oral health workforce will never be able to provide all the preventive education, minor treatment procedures, and surgical interventions that are needed to maintain oral health in populations of people with special needs. It is therefore critical other people become involved in these oral health preventive and treatment activities. Oral health professionals can act as coaches, mentors, and supporters of other health and social service professionals, thereby multiplying the effectiveness of the oral health professionals.

■ **A system that engages caregivers closest to the individual in playing a major role in maintaining oral health** — If oral health professionals act as coaches, mentors, and supporters of other health and social service professionals, then it may be possible to support those individuals who provide care and are in contact with people with

special needs on a daily basis in the application of oral health prevention practices.

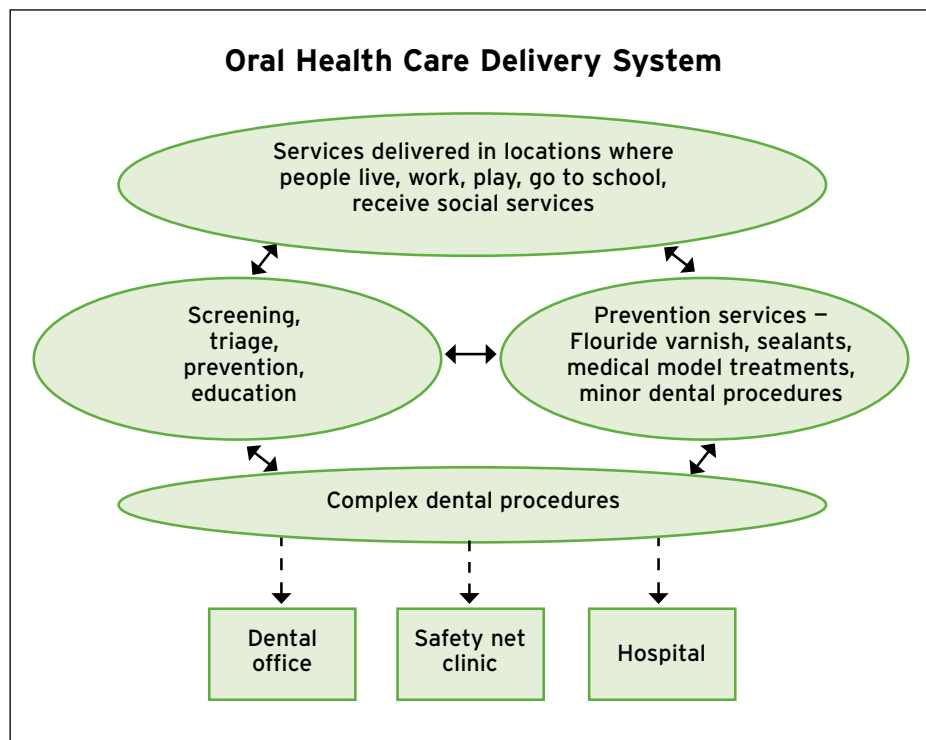
■ A tiered delivery system where increasingly complex care is performed by those with the most extensive training to deliver such care and less complex care is delivered by those with less extensive training — If the bulk of preventive activities and even less invasive oral health treatment procedures were integrated with activities of other community health and social service systems, this would enable dental providers to concentrate on the most complex procedures that only they are trained to perform. Such an approach would require increased training about oral health for caregivers and general health and social service professionals, and possibly development of new professionals or oral health professionals with new roles who could function in general health and social service setting and concentrate on oral health issues.

Figure 1 contains a diagram of a tiered oral health system. In this diagram, basic services are delivered in settings where people live, work, play, attend school, or receive social services. These basic services include screening, triage, referral and tracking of care; preventive education; application of modern preventive protocols for people with special needs; and minor dental procedures. When more complex services are required, traditional dental providers in dental offices, clinics, and hospitals can be involved.

## Recommendations

The panel then considered a series of ideas that could lead to specific solutions for the issues previously listed and developed a list of recommendations to address these issues. The recommendations are to:

Focus on prevention. Although the current population of people with spe-



**Figure 1.** A tiered oral health care delivery system.

cial needs is carrying a large burden of current disease, we are falling further behind in our ability to provide treatment. Therefore, focusing more on preventing future disease must begin.

Develop a reward system that addresses services likely to improve oral health for these populations. It is currently very difficult to find funding for case management services, health education programs, triage and referral systems, and other strategies that can limit the need for costly and complicated dental procedures. Funding a pilot or demonstration projects can help establish the efficacy of this approach.

Increase or provide funding for modern caries prevention and early intervention procedures, including the application of fluoride varnish, dispensing and providing education about the use of xylitol and other products that

have been shown to reverse or prevent the caries process.

Provide adequate reimbursement for oral health treatment services. Provide a mechanism in Medicaid programs to reimburse extra time spent with a patient with special needs who has medical or behavioral challenges.

Provide support systems for professionals working with people with special needs. These include the ability to consult with experts in person or using distance technology, web-based resources, or online education programs.

Integrate oral health services with other community health and social service systems. It is clear oral health professionals alone cannot solve the oral health problems of people with special needs. Oral health identification, prevention, and treatment activities can be integrated with general health and social service systems and professionals

in these fields trained and enlisted to carry out these activities in conjunction with other health and social interventions they are performing.

Develop oral health goals and standards for residential facilities and use quality improvement systems to improve compliance with these standards. Tie compliance with these standards to licensure and certification inspections.

Employ case management systems, including triage and referral systems, where oral diseases can be identified and people referred to care settings that best match their situation and needs.

Consider a new role for oral health professionals as coaches, mentors, and supporters of other health and social service professionals. Expand the scope of oral health activities that can be performed by allied dental professionals and general health and social service professionals when working with people with special needs outside of the dental office or clinic settings. Include in these scope of service reforms case management, preventive procedures, and minor treatment procedures.

Develop incentives and systems for engaging caregivers closest to the individual in playing a major role in maintaining oral health. Incentives can include performance rewards and standards tied to licensing.

Recognize that many people with special needs require professional care from dentists with a higher level of training than is provided in most dental schools. Require a year of "service and learning" for all dental graduates in an advanced education program accredited by the Commission on Dental Accreditation for dental licensure. Ensure these programs graduate dentists competent to treat people with a wide variety of special needs.

Increase training for all dental professionals in providing care for people

with special needs. This includes providing didactic instruction and clinical experience in this area for dental and dental hygiene students. Make this a part of the accreditation requirements for dental and dental hygiene programs. Also, require continuing education in this area for all dental professionals.

Coordinate data systems across state programs. It is currently difficult to

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obtain good data about the oral health and other characteristics of people with special needs because information about them is tracked by differing state agencies using systems that do not allow cross-referencing of data.

Construct an index of dentally underserved populations that would include ways to identify underserved populations of people with special needs.

Catalog and publicize successful models. Fund replication and expansion of models that have been shown to be cost-effective as adjuncts to alternatives to the current oral health delivery system for people with special needs.

Fund research on oral health delivery and prevention models for people with special needs.

**CDA**

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