Bringing Smiles to your Doorstep: The Vitality of Portable Dentistry for Adults with Special Needs and Home-Based Services

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PROVIDING AT-HOME DENTAL SERVICES

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Learning Objectives

1. Emphasize the crucial role of dental care in improving the health of adults with I/DD.

2. Discuss unique needs and challenges in providing dental care to the I/DD population.

3. Showcase examples various models of dentistry and successful partnerships between I/DD organizations and portable dental services.

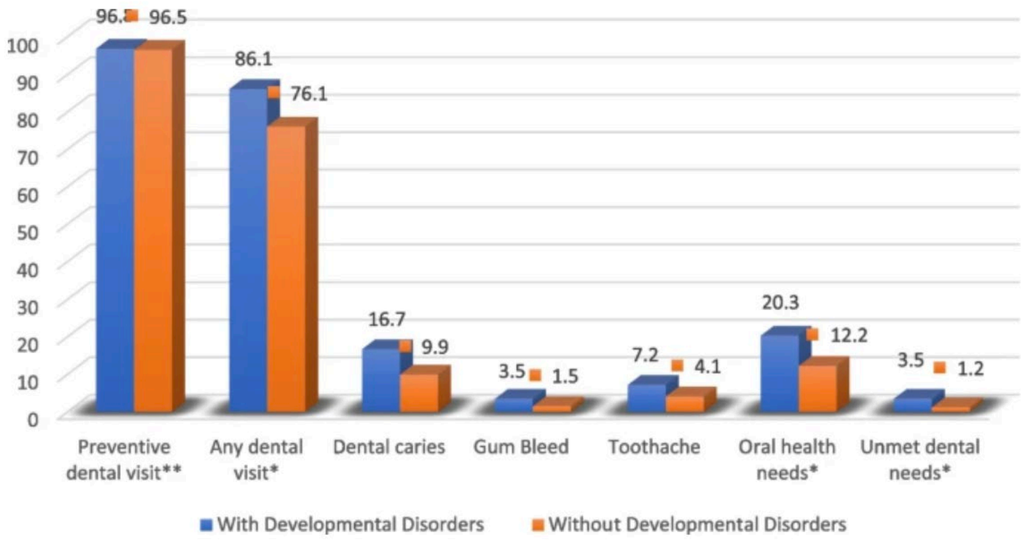
4. Explore diverse funding models for integrating dental care into existing care structures.

Oral Health in the IDD Population

People with intellectual and developmental disabilities tend to have more oral health issues compared to others.

People with IDD are particularly vulnerable to poor oral health and have more complex oral health care needs than people without IDD.

Fig. 1

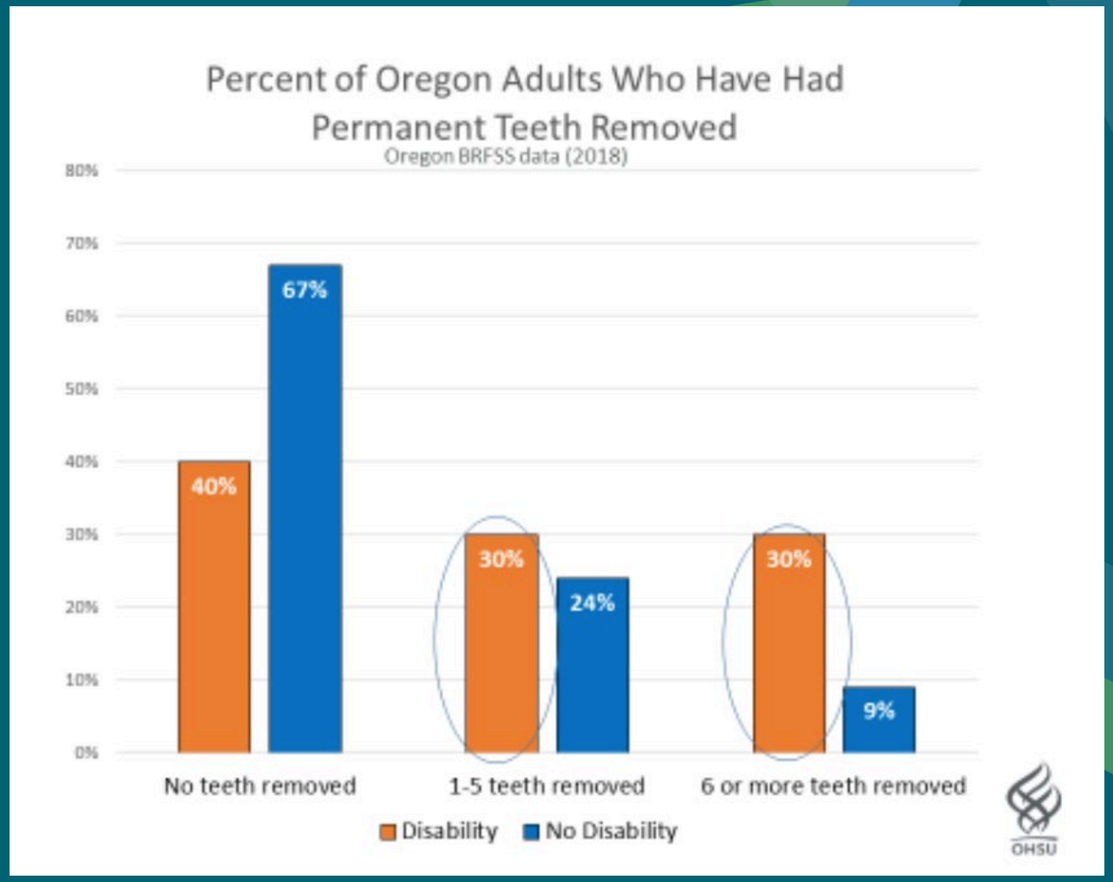


Children's utilization of dental services, oral diseases, OHN, and unmet dental needs, stratified by developmental disorders status, $n = 30{,}530$ $^{*}P < .000$ each comparison between children with and without DD: any dental visit, oral health needs, and unmet dental needs. $^{**}P = .639$ for preventive dental visit

Oral Health in the IDD Population

The more teeth a person has removed, often correlates with poor oral health and/or limited access to appropriate oral health care.

I/DD individuals are TWICE as likely to have had a permanent tooth removed as people without disabilities, and are THREE TIMES more likely to have had six or more teeth removed than people without disabilities.



Group Question

Do we naturally lose our teeth as a result of aging?

True or False

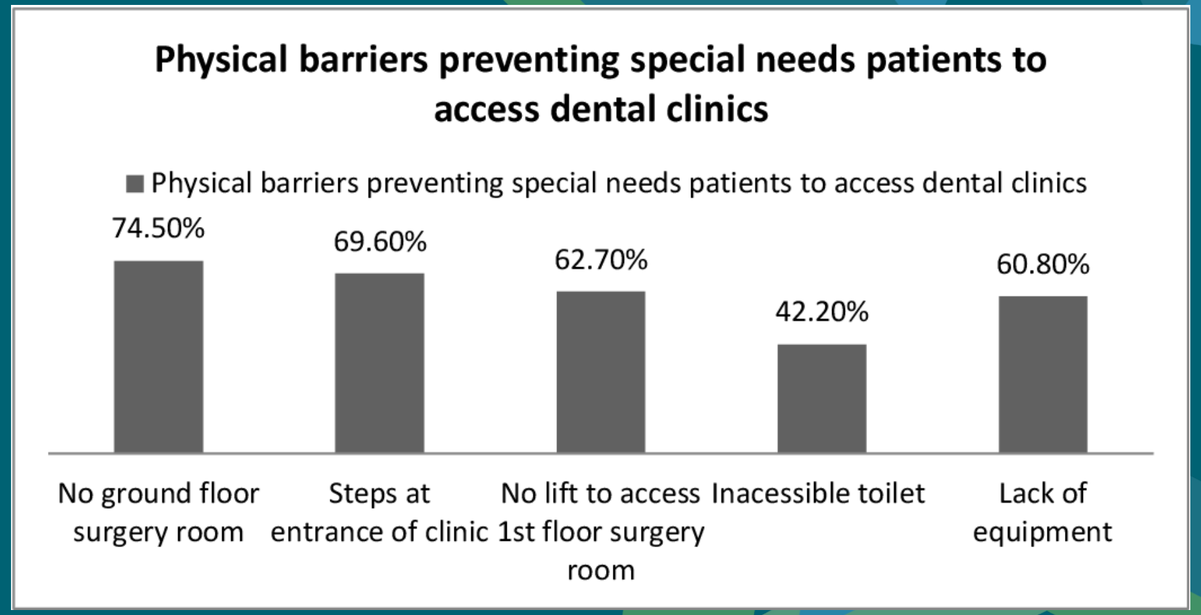
Risk Factors Contributing to Poor Oral Health

- Chronic Disease
- Self care deficit
- Polypharmacy
- Behaviors (pocketing food, self injury, grinding, pica)

Barriers to Care – Individual's Point of view

A study done in 2000 – 2019 explored the experiences of people with IDD and their caregivers in community dental services.

The study highlighted the discrepancies in communication competencies of dental professionals, as well as barriers to accessing affordable dental services.



Barriers to Care – Dentist's Point of View

- The perspectives of dentists indicated that
  - behavior management problems
  - inadequate training/experience
  - severity of the patient's condition
  - inadequately trained staff
  - inadequate reimbursement were the main barriers to providing better dental care for people with IDD

Physical Infrastructure	Behavioral	Treatment/Other
Wheelchairs with a head rest	Use of IV sedation	Additional education and training
Bariatric dental chairs	Access to anesthesiologist	Policy that supports general practitioner use of IV sedation
Larger operatories with open floor plans	Sedation via Certified Registered Nurse Anesthetist (CRNA)	Sedation support staff
Quiet spaces without lots of noise and distraction	Oral conscious sedation	Compensation for increased treatment time
Wheelchair-accessible treatment rooms	Sedation	Ability to use oral sedatives
Panorex and three-dimensional scanning machines with wheelchair capability	Outreach facilitator	More staff to support patient care and safety
Portable x-rays		Better reimbursement
Regular access to the operating room		Initial consultation with parent/ caregiver
Papoose boards		Medical consultation prior to treatment
		Policy approval for the use of papoose board

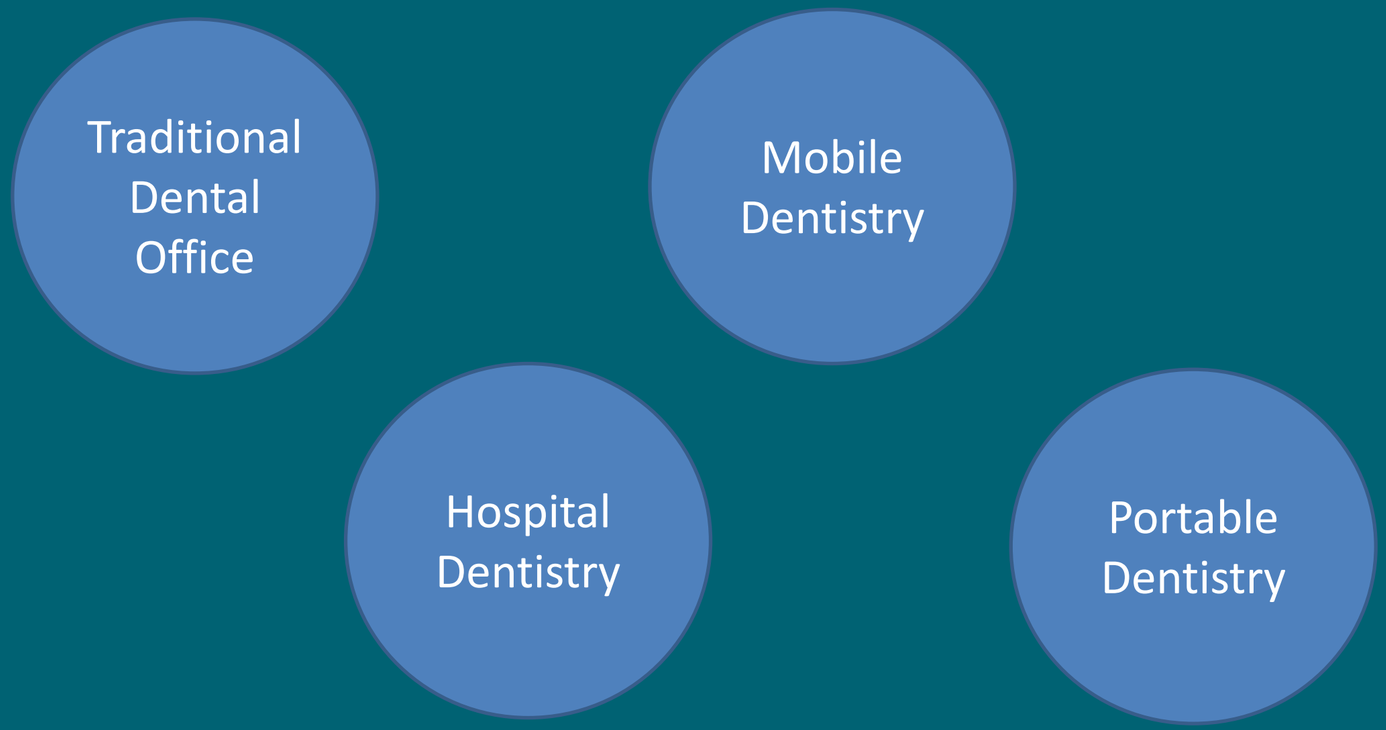
Supports Needed to Render Dental Care

Interventions for Traditional Care

- Desensitizing
- Social stories
- Exposure
- Clear appropriate communication
- Distraction
- Guided Imagery
- Positive reinforcement
- Medication (as last resort)

Appropriate Models of Care

People with IDD have poor oral health, and a one-size-fits-all approach is unlikely to be effective at maintaining or improving the oral health of people who are least able to participate in their own care.



Portable Dentistry

We can do better by providing higher quality, appropriate, and more accessible care.

How is this different?

- Dentistry brought to the patient
- Familiar environment
- Removes transportation barriers
- Behavioral management is prioritized by the provider
- Specialized providers

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Group Question

How many calories are in a tooth?

a) 15
b) 350
c) 36
d) 264

Dental Funding Options

1. Medicaid

2. State health departments or departments of developmental disabilities

3. Non-profit organizations and foundations

4. Private insurance

5. Community health centers

What Programs Are Out There?

HCS/ICF/
CLASS
(Texas)

MO IDD
(Missouri)

HCBS
(Colorado)

FIDA-IDD
(New York)

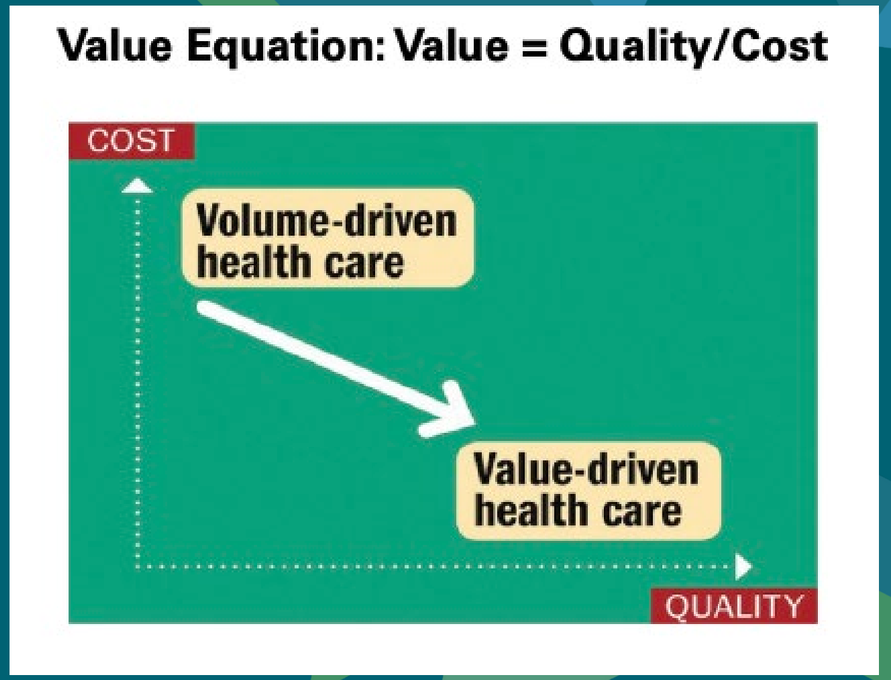
Access and Funding

Medicaid dental programs are required by federal law to produce and publish provider reimbursement fee schedules. Medicaid managed care plans often reimburse dental providers at rates below the FFS reimbursement schedule.

Reimbursement rates for adults covered through Fee-for-Service Medicaid are even worse than for children, at 38.2% of commercial insurance reimbursement.

Value-based care

The traditional dental model encourages volume over value, discourages preventive over surgical, and costs more. This means dental care is primarily focused on treatment after disease occurs. The cost of treating disease far exceeds the cost of preventing it.



Calculate ROI

Framework for achieving ROI for a traditional Medicaid dental program

1. Identifying applicable Medicaid authority
2. Determining eligibility
3. Defining the population
4. Designing the dental benefit
5. Determining the reimbursement rates
6. Demonstrating an ROI

Conclusion

Existing federal mandates fail to ensure that people with I/DD ages 21 years and older have equitable access to oral health care services.

Adopting a new operational framework moves away from traditional fee-for-service models to one that incentivizes and rewards quality over quantity.

For people with I/DD, the model proposed here will ensure better health care, better health outcomes, and lower costs for all involved.

References

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Incentivizing Oral Health Care Providers to Treat Patients with . https://ncd.gov/sites/default/files/Documents/NCD_Medicaid_Oral_Incentives_Final_Report_508.pdf

Thank you!

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