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The Back Page Commentary: Care for Special Needs Patients: We Must Do Better

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By Craig C. Spangler, DDS, FSCDA

Care for Special Needs Patients: We Must Do Better

Recently, the Michigan Dental Association has made significant strides by providing valuable resources on its public website (www.smilemichigan.com) focusing on the dental care needs of “neurodivergent” individuals and geriatric patients. Yet the question remains: “Where are the dentists who are willing and able to treat these patients?”

A survey conducted in Oakland County in 2015 revealed a startling reality: For 100% of parents of adolescent males (aged 14-26) with special needs, the most significant barrier to accessing dental care for their child was not financial constraints, transportation issues, or lack of insurance coverage, but finding a dentist capable of providing suitable care. Consider the plight of these patients, some of them enduring dental pain every single day.

Regrettably, these are the patients who have been overlooked by the dental profession. There is an urgent need for increased access to care for medically and physically challenged adult patients. My office frequently received calls from desperate parents willing to pay any amount to ensure treatment for their adult children. How did we get to this juncture? What proactive steps can organized dentistry take to address this crisis?

Pediatric dentists have capably served these patients during childhood. However, as these individuals transition into adulthood, doubts arise among parents regarding the continuity of dental care. The unfortunate reality is that once they age out of pediatric dental practices, there is no seamless transition to general dentists trained to treat their adult dental needs. Consequently, many pediatric dentists continue treating these patients into adulthood. Moreover, advancements in medical care have led to increased lifespans for patients with special needs, further exacerbating this issue of inadequate dental care.

In the past decade, predoctoral dental education has failed to adequately train dental students to effectively treat these complex patients. While the Commission on Dental Accreditation has established standards for didactic and clinical experiences in the curriculum on special needs dentistry, enforcement of these standards

is lacking. It is imperative that general dentists possess the skills to diagnose, plan, treat, and maintain the oral health of adolescent and adult patients with special needs. Recent graduates, with diminished clinical training in school, lack the skills to competently provide quality care. Burdened by staggering debt, they often lack the time and resources necessary to develop competency in treating neurodivergent adults.

How will we train the general dentist to deliver the necessary dental treatment requiring sedation or general anesthesia in the hospital or ambulatory surgery center? Where are the opportunities for CE, mentorship, and career advancement that will enable young dentists to meet these needs?

The MDA website highlights that 10,000 patients in Michigan necessitate sedation or general anesthesia for dental procedures. However, hospitals face numerous challenges, including staffing shortages, reimbursement changes, and the lingering effects of the COVID-19 pandemic. Dentistry is often the first cut, as hospitals don't understand our services, coding, billing processes, and grapple with inadequate reimbursement rates. It becomes increasingly difficult for hospital administrators to justify allocating resources to adult dental patients when Medicaid reimbursements, and even private insurers, cover only a fraction of the associated costs.

It is incumbent upon the MDA to take the lead in fostering collaboration between medical and dental leaders to address the pressing issues of access, training, and third-party reimbursement. While MDA legislative advocacy has made strides in improving Medicaid reimbursement, a concerted effort is needed to engage stakeholders such as the Michigan Hospital Association, Blue Cross Blue Shield, dental schools, and parent advocacy groups. Only through unified action can we ensure that dentistry truly serves as the “Connection for Oral Health” for all residents of our state. ●

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