



# Strategies for Improving the Oral Health System of Care for Children and Youth with Special Health Care Needs SECOND EDITION

The following strategies are intended to inform professionals who provide care for children and youth with special health care needs (SHCN) and their families, as well as those who are planning, developing, or implementing state and community efforts, to ensure that children and youth with SHCN receive optimal oral health care. The strategies may be used as talking points for presentations or as ideas for funding proposals, for developing or enhancing programs, and for fostering collaboration among health professionals and programs. Some strategies presented in this document can be readily implemented and others offer inspiration. The document concludes with a list of resources.

## Personal oral health

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Personal oral health includes the steps children and youth can take to have a healthy mouth, with assistance from their caregivers<sup>a</sup> as needed. Some strategies for health professionals to promote the personal oral health of children and youth with SHCN health include:

- Provide counseling to this population and their caregivers about personal oral health, including the importance of brushing with fluoridated toothpaste twice a day, eating healthy foods, scheduling regular preventive oral health appointments, and obtaining care promptly when there are oral health problems.
- Encourage case managers and home visitors to address personal oral health as part of their support for children and youth with SHCN, including those who live independently or in group homes.
- Establish relationships with family support groups to more effectively reach caregivers.
- Share information about Family Voices' Family-to-Family Health Information Centers staffed by family members who can offer support to families of children and youth with SHCN, particularly those caring for children and youth with complex SHCN and from diverse communities.

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<sup>a</sup> "Caregivers" refers to parents and others who care for an infant, child, adolescent, or young adult with SHCN.



## Workforce

Most children and youth with SHCN can obtain oral health care from a general dentist and their staff, but those with significant behavioral challenges, complex medical conditions, or other issues may need to be seen by a dentist with experience in providing care to this population. Unfortunately, there is a shortage of such dentists in many areas, especially in rural communities. Some strategies to promote access to oral health care for the population include:

- Promote the development, maintenance, and use of state-level directories of general dentists and pediatric dentists with experience in providing care to children and youth with SHCN. Directories can specify dentists' specialty or generalist status. Directories can also share provider contact information, age of patients served, counties served, level of special health care needs served, patient sedation techniques available, and insurance accepted. For example, see South Carolina's *Special Needs Directory of Dentists* and the *Virginia Dental Directory for Individuals with Special Health Care Needs and Young Children*.
- Promote educational opportunities for oral health professionals related to oral health care for children and youth with SHCN and ensuring that they have dental homes.
- Support emerging dental workforce models such as dental therapists (mid-level oral health professionals similar to physician assistants or nurse practitioners) or teledentistry to provide oral health care for children and youth with SHCN to improve their ability to access care.
- Promote educational opportunities, related to oral health care for children and youth with SHCN, for physicians, nurse practitioners, nurses, and other health professionals on how to screen for problems; provide preventive care, such as fluoride varnish or silver diamine fluoride (SDF) application; provide education about personal oral health to children and youth with SHCN and their caregivers; and refer children and youth with SHCN to a dentist for follow-up care.



## Financing

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Oral health care may be expensive for children and youth with SHCN who require general anesthesia in the hospital operating room (OR) to receive the specialized care they need. Some families of children and youth with SHCN do not have dental insurance, and even for those who do, benefits often do not cover costs, resulting in high out-of-pocket expenses that families cannot always afford. Because reimbursement rates for public programs such as Medicaid and the Children's Health Insurance Program (CHIP) are relatively low, many dentists are unwilling to participate in these programs unless there is additional reimbursement for behavior management or other procedures. Some strategies to reduce financial barriers include:

- Promote higher Medicaid and CHIP reimbursement rates to encourage more dentists and dental hygienists to provide care for children and youth with SHCN enrolled in these programs.
- Encourage Medicaid to reimburse for SDF.
- Encourage insurance plans to use a "special needs" or "behavior-management" payment code to compensate dentists for the extra time, knowledge, and skills that might be needed to provide care for some children and youth with SHCN.
- Support the American Academy of Pediatric Dentistry's efforts to increase access to oral health care provided under general anesthesia in the hospital OR, if needed, and to expand approvals for medically necessary oral health care.<sup>1</sup>

## Medical home–dental home integration

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The medical home and the dental home are related concepts; they refer to a source of medical care or oral health care (respectively) where all children and youth, including those with SHCN, can obtain comprehensive, continuously accessible, coordinated, and family-centered care from a trusted health professional. Ideally, medical homes and dental homes work together to promote the oral health of this population. Some strategies for promoting medical home–dental home integration include:



- Encourage all health professionals to routinely screen children and youth with SHCN for oral health problems; to refer them to dentists who can meet their needs; to provide preventive oral health care such as fluoride varnish or SDF application, as appropriate; and to help caregivers find a dental home if they don't have one.
- Work with oral health professionals with experience in providing care for children and youth with SHCN and local dental and dental hygiene societies to help caregivers find a new dental home as their child transitions from childhood to adolescence and from adolescence to young adulthood.
- Because advanced and untreated oral disease often causes pain, infection, and inflammation that lead to systemic health consequences, health professionals should prioritize identifying children and youth with SHCN with these serious problems and referring them to an oral health professional who can provide care in the least restrictive environment.

## Collaboration between state and local government programs

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To effectively promote the oral health of children and youth with SHCN, health professionals working in the Maternal and Child Health (MCH) program, the Children and Youth with Special Health Care Needs (CYSHCN) program, and the Oral Health program at the state or local level should collaborate with each other and with other groups. Some strategies for collaboration include:

- State and local MCH and CYSHCN programs should establish a formal or informal consulting relationship with an oral health professional in the state or local agency oral health program, if one exists, to provide expertise on children and youth with SHCN oral health issues.
- Non-surgical advances in the management of tooth decay make it possible in some circumstances to arrest tooth decay by applying SDF, which does not require preparing the tooth with a drill or numbing with local anesthetic. Health professionals in state and local programs may consider SDF as an option for children and youth with SHCN with untreated tooth decay, if indicated.



- In some cases, despite attempts at behavior management, it is not possible to provide oral health care for children and youth with SHCN in an outpatient setting, and it must be provided in a hospital OR. However, many dentists who have privileges to provide care in an OR have difficulty obtaining OR time to provide urgently needed care for this population under general anesthesia. Health professionals in state and local programs could leverage their relationships with colleagues in hospitals to increase access to the OR for dentists to provide care for children and youth with SHCN.

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## Resources

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