

Strategies for Improving the Oral Health System of Care for Children and Adolescents with Special Health Care Needs

The following strategies are intended to inform health professionals in planning, developing, and implementing state and local efforts to ensure that children and adolescents with special health care needs (SHCN) receive optimal oral health care. The strategies may be used as “talking points” for presentations or ideas for funding proposals, enhancing programs, and identifying areas of common interest and fostering collaboration among all health professionals and programs.

Personal Oral Health

Maintaining oral hygiene can be a challenge for many children and adolescents with SHCN and their parents and other caregivers.

- Work with parents and other caregivers to promote performing appropriate self-care, eating healthy foods, and obtaining regular oral health care.
- Establish relationships with family support groups to reach parents and other caregivers.
- Provide case management and personal assistance to children and adolescents with SHCN, including those who live independently or in group homes, and make provisions for oral health visits.

Work Force

There is a shortage of pediatric dentists in many geographic areas, and many general dentists lack the knowledge and skills needed to provide care for children and adolescents with SHCN. The nature and severity of oral disease and its serious implications for general health make it imperative that all health professionals (e.g., dentists, dental hygienists, physicians, nurses, dietitians) engage more actively in oral health promotion and disease prevention.

- Recognize the importance of assessment, prevention and early intervention efforts (e.g., fluoride varnish application), education, and referral by all health professionals.



- Improve oral health promotion and disease prevention in education and training programs for all health professionals.
- Develop financial or professional recognition incentives for members of the oral health care team who have special knowledge or skills in serving children and adolescents with SHCN.

Financing

Complex oral health procedures (e.g., crowns, bridges) or those requiring general anesthesia are often not covered by insurance plans and must be paid for out-of-pocket by families. Insurance coverage for oral health care, even when available, does not ensure access to care. Inadequate reimbursement rates may make it financially difficult for dentists to provide care for children and adolescents with SHCN.

- Increase reimbursement rates to recruit dentists to participate in Medicaid and the State Children’s Health Insurance Program.
- Promote supplemental reimbursement rates for the extra time and special knowledge and skills needed to provide care for children and adolescents with SHCN.

- Investigate strategies for including oral health services under medical insurance when treatment is needed to correct a developmental anomaly (e.g., cleft lip/palate) or is “medically necessary” to maintain health.



Dental Home

Many children and adolescents lack a dental home where coordinated, comprehensive, and ongoing oral health care is provided. A continuum of services is needed to maintain the oral health of children with SHCN as they transition to adolescence, when they often transfer from the pediatric dentist to the general dentist.

- Promote the concept of the dental home (i.e., oral health professionals helping families understand what care is needed, finding a dentist who can provide necessary care, and coordinating care with specialists or other health professionals) through efforts such as peer-reviewed journal articles and continuing education courses for health professionals.
- Connect families to dentists through directories, case management, and nontraditional models (e.g., mobile dental vans, special needs clinics).
- Encourage the use of existing resources for oral health funding/care and for developing new community-based resources (e.g., safety net dental clinics).

Medical Home

Many children and adolescents with SHCN lack a medical home that manages and facilitates oral health care as a part

of comprehensive health care. Neglected oral health problems may exacerbate other health problems in children and adolescents with SHCN.

- Develop referral, tracking, and follow-up protocols for health professionals, and include oral health.
- Establish collaborative relationships between non-oral health professionals and oral health professionals to strengthen the focus on oral health in the medical home and to ensure coordinated care.
- Establish oral health assessment, anticipatory guidance, and preventive services (e.g., fluoride supplementation) as part of routine health supervision.

State and Local Programs

The lack of a coordinated effort among maternal and child health/children with special health care needs (MCH/CSHCN) and oral health programs may impede the funding, availability, and promotion of oral health services.

- Encourage MCH/CSHCN programs and oral health programs to collaborate in the delivery of services.
- Include oral health in MCH/CSHCN health promotion efforts.
- Include the delivery of preventive and treatment services for children and adolescents with SHCN in oral health programs.



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