ASSESSMENT AND CARE CONTINUITY BEST PRACTICES IN HOSPITAL-BASED DENTAL TREATMENT OF INDIVIDUALS WITH IDD

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CONTEXT FOR THIS PROJECT

- American Dental Association
  - Institute for Diversity in Leadership
BACKGROUND—DEMAND FOR CARE

- Medical→ Social Model of Care = Community integration of life and care
  - Rehabilitation Act of 1973
  - Americans with Disabilities Act of 1990
  - Olmstead Act of 1999
  - ABLE Act of 2004
  - Et al.
Most dental graduates pursue post-doctoral training

- Specialty training in pediatrics, endodontics, orthodontics, radiology, surgery, pathology, public health, etc.
- Advanced Education in General Dentistry (AEGD) or General Practice Residency (GPR)

Accreditation standards are insufficient

- “should be able to evaluate and treat or refer individuals with complex needs”
- Dental graduates report inadequate experience and comfort with caring for individuals with IDD
Gaps in training + Changing demand = Lack of quality and continuity in comprehensive dental care

Major site of care: academic hospital-based residency programs

- Operating room care
  - Financial burden for states without a Medicaid dental benefit
  - Physical risk with multi-morbidity and cumulative general anesthesia exposure
  - 6-18 month wait-lists
  - 2 year OR recall schedule
  - Lack of continuity between dental resident cohorts
Lack of official assessment forms or protocols

Few interdisciplinary collaborations for evaluating and coordinating interventions for behavioral challenges

Increasing numbers of individuals with IDD reaching adulthood and residential independence in the community

Assessment for two target niches

- Referrals between community and hospital-based dental practices
- Comprehensive care and follow up within one practice
GOALS AND AIMS

- **Overarching goal:**
  - Improve the quality and continuity of dental care for adults with intellectual and developmental disabilities

- **Project goal:**
  - Describe the treatment and post-assessment protocols of adults with IDD in hospital-based dental programs

- **Aims**
  - Connect with providers and residency program directors to discuss the topic and aid in development of a survey
  - Obtain contact information/avenues through which to send survey to providers and residency program directors who provide dental treatment to adults with IDD in hospital settings
  - Analyze survey responses to describe treatment and post-assessment of adults with IDD in hospital-based dental programs
  - From survey attachments/responses, compile any existing assessment/referral/continuity of care resources in a repository
  - Disseminate findings about best practices and tools/resources for improving treatment and post-assessment of adults with IDD treated in hospital-based settings
METHODS

- Survey Instrument and cover letter were created around Project aims and piloted with key informants
- IRB approval was obtained for the project via the University of Iowa IRB
- Survey was disseminated across several organizational partners
  - AADMD, SCDA, CHDA, and other professional networks
- Data analysis
- Synthesis of a report
- Dissemination of findings to stakeholders and wider professional audience
RESULTS TO DATE

- Survey response period: Apr 10-June 26
- Total responses = 68 individuals
  - 50% female
  - 30% in each age bracket and 15% >66yo
TRAINING AND CURRENT POSITION

- DDS/DMD and specialty training
  - GPR
  - AEGD
  - Pediatric Dentistry
  - Dental Anesthesia

- Hospital-based
  - Residency director
  - Clinical director
  - Public Health dentist
  - Faculty
  - Private Practice
With what frequency do you provide dental care to patients with IDD in your clinic/practice? At least one patient per _____.

- Day—65%
- Week—25%
- Month—8%
- Year—3%
From where are patients with IDD often referred to you?

- Community/general dentist—79%
- Physician/PCP—78%
- Community pediatric dentist—53%
- Specialty clinic—50%
- Other—41%
  - Social worker, insurance,
  - School, support groups, SOI
  - Group homes, DSPs, parents/family
DOES YOUR PRACTICE USE ANY KIND OF BEHAVIORAL ASSESSMENT INSTRUMENT TO DETERMINE COOPERATION CAPACITY AND/OR QUALIFICATION OR NEED FOR SEDATION SERVICES?

- No—72%
- Yes—28%
  - Triage forms
  - Snozelen assessment and assessment during transition into office setting
  - WHO ICF Profile (qualitative application)
  - Cooperation scale
  - DHCS medical necessity requirements
  - Frankel behavior scale
  - HRST & Support Intensity Scale
  - Try-and-see
SELECT ALL THE VISITS THAT YOUR PRACTICE ROUTINELY REQUIRES PATIENTS WITH IDD TO ATTEND.

- >90% across groups except post-op/follow-up (75%)
SELECT ALL THE VISITS FOR WHICH PATIENTS WITH IDD TYPICALLY PRESENT WITH PRE-APPOINTMENT SEDATION.

- Treatment—59%
- Routine recall—44%
- Consultation—31%
- Post-op/follow-up—24%
- Other—21%
SELECT ALL THE VISITS AT WHICH PATIENTS WITH IDD ARE TYPICALLY EVALUATED FOR TREATMENT COOPERATION AND/OR QUALIFICATION OR NEED FOR SEDATION SERVICES (EITHER SUBJECTIVELY BY PROVIDERS OR WITH AN ASSESSMENT TOOL).

- Consultation—84%
- Routine recall—72%
- Treatment—63%
- Post-op/follow-up—40%
- Other—12%
  - Continuous evaluation and adaptation
AFTER COMPLETING TREATMENT IN YOUR PRACTICE, WHAT IS THE TYPICAL MAINTENANCE/RECALL PLAN FOR YOUR PATIENTS WITH IDD?

- Establish as patient of record—73%
- Other—17%
  - Collaborative treatment with referring dentist
- Send back to referring dentist—8%
- No action—2%
IN YOUR PRACTICE SETTING, HOW IS SEDATION DENTISTRY FINANCED?

- Medicaid—65%
- Out of pocket—50%
- Private insurance—44%
- Medicare—29%
- Other—24%
  - No fee/charity care
IF A DENTAL/MEDICAL INSURANCE COMPANY REQUIRED AN ASSESSMENT OF TREATMENT COOPERATION/QUALIFICATION FOR SEDATION OF PATIENTS WITH IDD TO COVER GENERAL ANESTHESIA COSTS, AT WHICH VISIT WOULD YOUR PRACTICE BE WILLING TO PERFORM THESE? (SELECT ALL THAT APPLY)

- Consultation—79%
- Routine recall—38%
- Treatment—34%
- Post-op/follow-up—21%
- Other—10%
IF A REFERRING DENTIST ASKED FOR AN ASSESSMENT OF TREATMENT COOPERATION/QUALIFICATION FOR SEDATION OF PATIENTS WITH IDD TO DETERMINE WHERE THEIR ORAL HEALTH MAINTENANCE WOULD BEST OCCUR, AT WHICH VISIT WOULD YOUR PRACTICE BE WILLING TO PERFORM THESE? (SELECT ALL THAT APPLY)

- Consultation—84%
- Treatment—34%
- Routine recall—32%
- Post-op/follow-up—21%
- Other—7%
32 individuals agreed to participate in a 5-10 minute phone conversation to discuss their assessment practices.
KEY EMERGENT THEMES

- Objective vs subjective information
  - Implications for assessment/guidelines that are generalizable while also being customizable
  - Recorded in intake/referral forms or progress notes
- A tool for two purposes for continuity of high-quality care
  - Referrals
  - Comprehensive long-term care
- Universal template with adaptable sections
  - Next project! Suggestions?
- Importance of a checklist/accessible overview
POSSIBLE COMPONENTS FOR A UNIVERSAL TEMPLATE

- Health history/medications
- POA/consent/financial/insurance information
- Chief complaint
  - Patient
  - Referring dentist
  - Care giver
- Past dental experience history
- Cooperation with dental exam
- Extent of dental treatment needed
- Maintenance/hygiene capacity → dental treatment prognosis
- Communication strategies/behavioral adaptations/consent for immobilization
QUESTIONS OR COMMENTS?

- Join the effort and stay tuned!
  - lyubov-slashcheva@uiowa.edu or slashld3@gmail.com
  - Access the survey at this link: https://uiowa.qualtrics.com/jfe/form/SV_3Dfq7Qs56VHgltX