

Conference Paper

Improving Systems of Care for People with Special Needs: The ASTDD Best Practices Project

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Abstract: *Improving the oral health of children and adults requires not only that patients receive high quality clinical care, but also that they gain access to the dental office in the first place. Access to care can be promoted among many systems of care, both within and outside of dentistry. The Association of State and Territorial Dental Directors has developed a Best Practices Project to share ideas and cultivate best practices for state and community oral health programs. A new topic is being developed that will describe successful practices to improve the oral health of persons with special needs. These individual practices are examples of broader approaches to improving the oral health of people with special needs. These approaches include: (1) improving the competency of the dental workforce; (2) improving the financing system; (3) better organizing community resources; (4) empowering parents and caregivers; and (5) promoting advocacy. To date, 16 practices have been identified, and 3 of them are described in this article. The purposes of this paper were to: (1) describe how the Association of State and Territorial Dental Directors' Best Practice Project can improve systems of care for people with special oral health needs; and (2) highlight 3 successful practices. (Pediatr Dent 2007;29:123-8)*

KEYWORDS: PERSONS WITH SPECIAL HEALTH CARE NEEDS, ACCESS TO CARE, BEST PRACTICES, ORAL HEALTH

Improving the oral health of children and adults requires not only that patients receive high quality clinical care, but also that they gain access to the dental office in the first place. Numerous reports cite lack of access to dental care as a critical problem for persons with special needs.¹⁻⁹

The Association of State and Territorial Dental Directors' Best Practices Project

Interest in best practices is widespread in society; the subject is addressed in fields as diverse as: (1) medicine¹⁰; (2) dental practice¹¹; (3) dental education¹²; (4) dental public health¹³; (5) state government¹⁴; and (6) higher education.¹⁵ Identifying a successful or best way to do something is a “no-brainer,” and the desire not to reinvent the wheel is universal. The Association of State and Territorial Dental Directors' (ASTDD) Best Practices Project defines “best practice” as a service, function, or process that has been fine-tuned, improved, and implemented to produce superior results. The purpose of this paper was to describe some best practices that make these systems of care more responsive to the patient with special needs.

The purpose of the ASTDD Best Practices Project is to serve as a resource to share ideas and cultivate best practices for state and community oral health programs. The aims are

to: (1) help states develop their best practices; and (2) help build a supportive environment for best practices. The project provides 2 types of resource information, bringing the science of effective strategies and the art of successful implementation to promote the development of best practices:

1. best practice approach reports that describe general approaches for addressing oral health issues; and
2. state and community practice examples that illustrate successful ways to implement these general approaches.

To date, 47 states and 2 territories have submitted their successful practices to the Best Practices Project. These reports and practice examples can be viewed at the ASTDD Best Practices Web site.¹³

Best practices criteria. Through the consensus of 90% of state dental directors from 50 states and Washington DC, the Best Practices Project determined practices to be “best,” based on the following criteria:

1. Impact/effectiveness: Does the practice “work?” Does it have the intended outcome? Does it improve, or have the potential to improve, oral health?
2. Efficiency: Is the cost of implementing the practice, in terms of dollar cost and personnel resources, justified based on the impact?
3. Sustainability: Does the practice have a track record of effectiveness and financial support? Is it more than a short-term project or good idea?
4. Collaboration/integration: Does the practice build effective partnerships among various organizations that

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are invested in its success, and is it integrated with broader health projects and issues?

- Objectives/rationale: Does the practice address Healthy People 2010 objectives or respond to the Surgeon General’s Report on Oral Health? Does it build basic infrastructure and capacity for oral health programs that will persist over time?

Some practices have not been implemented long enough to demonstrate that they meet the aforementioned criteria. Other practices do have a substantial track record, but have not been subjected to rigorous evaluation. When expert opinion, rather than formal evaluation, determines that these types of practices represent meaningful approaches that should be shared with others, they are termed “promising” rather than “proven” best practices and are included in the project.

“Special needs” as a new best practice approach.

Special needs is a new best practice approach being prepared for the ASTDD Best Practices Project, in collaboration with the ASTDD Children With Special Health Care Needs (CSHCN) Committee, and is still in the process of development. Professional guidelines and recommendations have been synthesized into a strategic framework for a best practice approach to improving the oral health of persons with special needs/disabilities. The framework has been divided into several general approaches that:

- prepare the dental workforce to serve people with special needs;
- make the financing system more responsive to people with special needs;
- organize community resources to make care more accessible for people with special needs;
- empower parents and caregivers and promote advocacy to improve the oral health of people with special needs

The table summarizes the state and community practice examples that will be included in the best practice report on special needs.

STATE PRACTICE EXAMPLES FOR IMPROVING THE ORAL HEALTH OF INDIVIDUALS WITH SPECIAL HEALTH CARE NEEDS		
State	Practice Name	Author
Approach: Preparing the dental workforce		
CT	Connecticut Mandatory Continuing Education in Special Care Dentistry	Goldblatt
OH	The Nisonger Center Dental Program – Training of Dental Professional Students to Serve Persons with Disability	Sterling
NJ	UMDNJ General Practice Residency with Second Year Concentration in Special Care Dentistry	Spivack
NY	Rose F. Kennedy University Center for Excellence in Developmental Disabilities – Special Care Dentistry Fellowship Program	Romer
WA	The DECOD (Dental Education in Care of Persons with Disabilities) Program	Govin
Approach: Making the financing system more responsive		
NM	The New Mexico Special Needs Dental Procedure Code	Lyons, Catron
PA	Special Smiles – Assuring Access to Dental Care for People with MR/DD in Medicaid Managed Care	Langer
Approach: Organizing community resources to increase accessibility		
MA	Tufts Dental Facilities Serving Persons with Special Needs	Morgan
MO	Elks Mobile Dental Program – Dental Care for People with Special Needs in Rural Missouri	Dane
NC	North Carolina Institution-based Dental Services for Persons with Disability Living in the Community	Spears, Chapin
NC	Survey on Dental Access for People with Mental Retardation and other Developmental Disabilities in the Western Region of North Carolina	Chapin
OH	Butler County Dental Care Program – A Dental Case Management Program	Vasiliadis
OH	Operating Room Dental Practice for People with Mental Retardation and Developmental Disabilities	Schaffer
TN	Greater Memphis Area Special Olympics Special Smiles Program	Fenton
Approach: Empowering individuals, parents and caregivers; promoting advocacy		
FL	A White Paper on Access to Oral Health Care for Florida’s Citizens with Developmental Disabilities	Burtner
SC	The South Carolina Dental Directory for Individuals with Special Health Care Needs	Salinas

Description of 3 successful practices

Three practices have been selected for further description. They have not been selected because they represent “the best of the best,” but rather because each illustrates a different aspect of the strategic framework for improving the oral health of persons with special needs. One of the practices represents an approach to preparing the dental workforce to serve people with special needs; a second practice represents an approach to make the financing system more responsive; and a third practice represents an approach to organizing community resources to improve access to care.

Practice Number 1. The Special Care Dentistry (SCD) Fellowship Program of the Rose F. Kennedy University Center for Excellence in Developmental Disabilities (UCEDD)/Albert Einstein College of Medicine is an example of an approach to preparing the dental workforce to serve people with special needs.

The SCD fellowship is a 1-year clinical postdoctoral program that provides comprehensive training in all aspects of special care dentistry, from training in genetics through the provision of treatment under general anesthesia. The program is university based and provides close interaction with members of the public health and developmental disabilities community, as well as with pediatric and general practice residents who rotate through the program. The SCD fellowship has operated for approximately 30 years and during that time has graduated approximately 50 fellows. These fellows have gone on to serve patients in private practice and to teach throughout the United States and foreign countries.

The roots of the program trace back to 1965 when Dr. Harold Diner began providing dental treatment to children with developmental disabilities as part of the general dental program at the Bronx Municipal Hospital Center, in The Bronx, New York. The fellowship was originally intended for graduates of pediatric dentistry residencies to enhance their skills in treating special needs children. Over time, however, with the realization that special care dentistry was no longer limited to the realm of pediatric dentistry, the fellowship was opened to any dentist with an interest in learning to provide care to patients with developmental disabilities of all ages.

The program currently enrolls 1 fellow, but as many as 3 have been enrolled in past years. Typically, 15 to 20 applications are received annually. The stipend is commensurate with residencies in the New York City metropolitan area. More information about the Kennedy UCEDD program can be obtained at its Web page.¹⁶

Exceptional features of the practice include:

1. Sustainability: The program has existed for over 30 years.
2. Effectiveness: The program has graduated over 50 dentists. Graduates possess a high level of competency due

to comprehensive exposure to the practice of special care dentistry, which is much more intensive than alternative postgraduate experiences such as pediatric dentistry residencies, general practice residencies (GPRs), and Advanced Education in General Dentistry (AEGD) programs.

3. Efficiency: Efficiencies of scale are realized because the SCD fellowship is integrated into a broader training program of 26 general practice and pediatric dentistry residents.
4. Program integration: The SCD fellow is trained at the Kennedy Center UCEDD, an interdisciplinary program for people with disabilities located in The Bronx, New York. Potential barriers to wider adoption of this practice

include:

1. A sufficiently large base of special needs patients is required to support a full-time fellow.
2. The benefits of this training model are not well understood within the dental profession.
3. There are significant costs to employ the fellow, provide additional operatories, and make operating room time available.
4. It may be difficult to provide adequately trained faculty to supervise the SCD fellow.
5. The program may be less attractive to some potential applicants because the extra year of training does not lead to specialty certification or a GPR certificate.

Practice Number 2. Assuring Access to Dental Care for People with Mental Retardation/Developmental Disabilities in Medicaid Managed Care—The Special Smiles Program suggests an approach to make the financing system more responsive to people with special needs.

Special Smiles is a private dental practice operated by Pediatric Dental Associates in Philadelphia, Pa. It specializes in providing full-mouth rehabilitation under general anesthesia to Medicaid-eligible patients with severe disabilities. It is funded through contracts with the state Medicaid agency and 3 local Medicaid managed care organizations (MCOs). Special Smiles serves as a dental home of last resort for patients who are unable to obtain care at other dental practices. The program has been operating for approximately 5 years.

Special Smiles was created in response to widespread dissatisfaction with the inability of the Medicaid dental program to adequately serve persons with severe disabilities. Significant barriers to dental care existed for many years under the state's traditional fee-for-service program. These barriers continued unabated after Pennsylvania switched to a mandatory managed care program in the Philadelphia area in 1997. These problems were aired at a statewide dental summit in 1999, and an oral health taskforce was created to seek solutions. Out of this process came the decision to establish, as a pilot project, a dental clinic dedicated exclusively

to serving Medicaid-eligible people with severe disabilities. Pediatric Dental Associates in Philadelphia, stepped forward to develop the program and it opened in September 2001.

Special Smiles operates in an outpatient facility located at the Episcopal Hospital division of the Temple University Health System in Philadelphia, Pa. It occupies 1,700 square feet, including: (1) 2 outpatient dental suites equipped to provide general anesthesia; (2) an examination room; (3) a recovery room; (4) an administrative office; and (5) waiting areas. Staff include: (1) 2 full-time general dentists; (2) dental assistants; (3) recovery room nurses; and (4) auxiliary staff. The program contracts with an anesthesia group on a full-time basis. Over 50% of the program's patients have severe to profound disabilities. Approximately 68% of them live in supported-living arrangements; 18% live in intermediate care facilities for those with mental retardation and developmental disabilities, and 15% live with their parents. Approximately 95% of Special Smiles patients receive comprehensive oral rehabilitation under general anesthesia; the remaining 5% require IV sedation. Special Smiles has provided comprehensive oral rehabilitation for 4,600 new and recall patients during its 5 years of operation. More information can be obtained at the Special Smiles Web site.¹⁷

Exceptional features of this practice include:

1. **Effectiveness:** This program is extremely effective because it exists for the sole purpose of guaranteeing access for a class of patients that faces great difficulty obtaining care. Unlike more common Medicaid strategies that only encourage dentists to serve patients by offering higher reimbursement or streamlined administrative procedures, this practice uses Medicaid funds to create a new source of specialized care. By contractual agreement, Special Smiles accepts virtually all patients that are referred to it by the Medicaid MCOs.
2. **Efficiency:** The Special Smiles program achieves a major cost efficiency by: (a) providing care under general anesthesia in a hospital based outpatient suite, rather than in a more expensive hospital operating room; (b) contracting for full-time anesthesia services for its high volume patient load, rather than paying for anesthesia services on a case-by-case basis; and (c) obtaining facility space from the hospital as an in-kind contribution, rather than paying rent at market rates. These efficiencies enable Special Smiles to provide highly complex services to Medicaid patients at a cost that is no greater than what Medicaid would be paying for these services at its regular fee schedule rates.
3. **Collaboration:** The Special Smiles program is the result of a very uncommon but highly beneficial public/private partnership among the state Medicaid agency, 3 private Medicaid MCOs, and a private dental practice for the pur-

pose of solving a long-standing public health problem. Such collaboration requires: (a) uncommon vision; (b) commitment to a common goal; (c) trust; and (d) perseverance among all parties to the program.

Potential barriers to wider adoption of this practice include:

1. There is a lack of awareness of the existence of the Special Smiles program, its achievements, and how it was established.
2. It may be difficult to gain a commitment from the state Medicaid agency to provide the leadership necessary to move such a project forward.
3. It may be difficult to identify a dental practice that has both the clinical competency to provide these specialized services and the entrepreneurial spirit to develop an innovative program in partnership with Medicaid.
4. It may be difficult to create an oral health advocacy "voice" that is capable of pushing the "system" to create such a program.
5. Budgetary restrictions and service limitations of the Medicaid program are likely to impede efforts to establish new or innovative programs.

Practice Number 3. Ohio's Butler County dental case management program offers an approach to organizing community resources to improve access to care.

The Centers for Medicare and Medicaid Services defines case management in Medicaid as "an activity under which responsibilities for locating, coordinating, and monitoring necessary and appropriate services for a recipient rests with a specific individual or organization."¹⁸ A dental case management program was initiated by the Butler County Board of MR/DD in 2000 as a result of feedback from the community that persons with mental retardation and developmental disabilities had an extremely difficult time receiving the dental services they needed.

The selection of a dental case management program as a preferred strategy to address the oral health problems of its clients was a logical choice for the County Board of MR/DD. First, the Board had many years of positive experience operating medical and social service case management programs. The initiation of a dental case management program was not perceived as a particularly risky or difficult venture. Second, case management programs provide a good "bang for the buck" by using professional and financial resources that already exist in the community. The Board would not incur the high costs associated with other types of dental access programs that pay for clinical services or which establish new sources of care. Third, there was a means for obtaining Medicaid reimbursement for dental case management services, thus facilitating the program's long-term financial sustainability.

The Butler County dental case management program has

4 components:

1. a patient case management component that:
 - a. screens clients for oral disease;
 - b. disseminates screening results to medical and social service case managers, families and caregivers, and dentists;
 - c. provides “interactive case management” that links clients to appropriate dental practices;
 - d. expedites treatment by arranging or providing transportation for clients and solving Medicaid or other insurance problems for dentists; and
 - e. monitors oral health following treatment to identify any complications or need for subsequent care;
2. a hospital component that partners with hospital administrators to assure that there is sufficient availability of operating rooms for patients who must be treated under general anesthesia and that the operating rooms are adequately equipped and staffed;
3. a professional education component that provides an annual Ohio Dental Association-recognized continuing education program for dentists on special care topics;
4. a parent and caregiver component that provides an oral health education program for parents and caregivers that promotes the use of prevention strategies in the daily lives of people with special needs.

The program employs one dental hygienist who works two thirds of the time; there is no additional administrative support. At this level of staffing, the program provides oral assessments to approximately 900 adults and 100 children per year; the assessments result in approximately 800 clients being treated in the dental office and 200 clients receiving treatment in the operating room each year. Approximately 65 dentists treat patients each year, and 180 dentists participate in the annual continuing education course. More information about the program can be obtained from the Butler County Board of Mental Retardation and Developmental Disabilities Web site (see “parent groups”).¹⁹

Exceptional features of this practice include:

1. Effectiveness: The dental case manager is a clearly identifiable “problem solver” in the community, a “go-to” person whose primary purpose is to link people to the care they need. The program’s effectiveness is further enhanced by its commitment to intervening in the most difficult situations and by its screening (case finding) program that identifies problems at an early stage.
2. Efficiency: The purpose of case management programs, generally, is to make complex and difficult-to-navigate health care systems work efficiently. This program applies that principle to the dental care subsystem that provides care to people with disabilities, which is one of the more complicated components of the broader dental care system.

3. Coordination of care: The case management program is the essence of coordination; it is a program “about” coordination, as opposed to so many other programs that are “about” something else but which coordinate services as a secondary objective.
4. Sustainability: The program has a high potential for long-term sustainability because:
 - a. clinical case management services are reimbursable through Medicaid; and
 - b. program costs are low compared to programs that pay for dental services.

Potential barriers to wider adoption of this practice include:

1. Clinical case management programs are very uncommon in dentistry, so there is little awareness of their benefits.
2. The funding of a dental case management program is not likely to be a high priority for major sectors of the dental care system, including the private dental sector, dental education, and insurers.
3. The dental profession has not often fostered partnerships with organizations that serve people with disabilities, such as County Boards of MR/DD, that are most likely to support programs like this.

Conclusions

The purposes of this paper were to describe how the Association of State and Territorial Dental Directors’ Best Practice Project can improve systems of care for people with special oral health needs and to highlight 3 successful practices. It is hoped that this information will encourage and inspire states, communities, and the profession to build the infrastructure and capacity necessary to improve the oral health of persons with special needs.

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