

Rural Oral Health ECHO Case Recommendations

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Case Overview: Persons with intellectual/developmental disabilities (I/DD) who live in rural areas often have difficulty accessing dental care and have long wait times between visits. This can result in poor oral health and increased use of hospital emergency rooms.

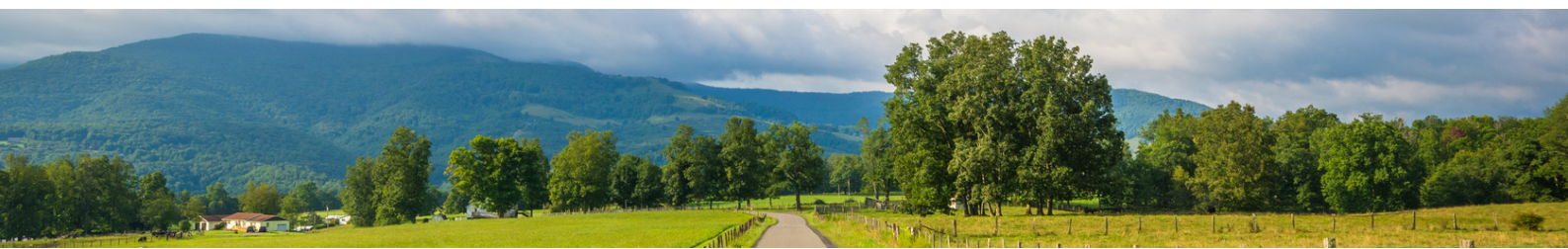
The percentage of adults living with I/DD is highest in rural counties. Persons with I/DD are also more likely to be unemployed, low-income, and covered by Medicaid. Reduced access to transportation and other services in rural areas creates additional barriers. In addition, many dental providers will not treat patients with I/DD.

Ask of the Group:

- What will increase the willingness of providers to treat patients with I/DD?
 - What social determinants of health (SDOH) need to be addressed to get patients into care, and are there models that address these barriers that can be replicated?
 - What resources are needed by parents/caregivers of individuals with I/DD in rural areas?
 - What promising or potential models for access to care can be used to assist the I/DD population in rural areas?
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Recommendations

- ▶ Train clinicians (e.g., dentists, dental hygienists, nurses) and non-clinicians (e.g., office staff, community health workers) to work together to provide care to the population.
- ▶ Incorporate strategies to increase the number of dental providers who serve the I/DD population, and integrate medical, dental, and behavioral health for holistic care.



Recommendations, continued

- ▶ Offer provider training and continuing education to change provider behavior. Providers should learn the language, get comfortable with concepts, etc. It will take multiple trainings to see this change. Change has to start early in dental clinical education/training – not just didactic exposure, but also clinical care. There is a lot of stigma, ambiguities and unknowns, and direct clinical exposure during the education process early on is helpful to facilitate a more equitable process and care delivery after education is completed. Providers also need to be encouraged and incentivized to serve in rural areas.
- ▶ Measure whether trainings/CEs for providers are increasing rates of care delivery, improving care delivery, and increasing engagement numbers. Are we routinely evaluating outcomes and publishing them?
- ▶ Telehealth/teledentistry models could help to provide non-invasive care to the population. This could also help patients get desensitized to a dental office, integrate them into a “dental home,” and be useful for follow-up care, oral hygiene, early intervention services, and nutritional counseling. A lot of care and screening can be done outside of the dental office.
- ▶ Provide continuous support and resources that are easy to access, such as the All Smiles Shine App, which helps I/DD communities learn about oral health care, practice preventive care at home, and prepare for upcoming visits to the dentist.
- ▶ Screen I/DD patients ahead of time to determine if they are on the milder end of disability and can be treated and seen just like any other patient. Refer to another facility or provider only if necessary.
- ▶ Note that the Special Care Dentistry Association is creating a specialty in this area, which will help streamline guidelines and standards of care and allow for specialists to have a unified voice.
- ▶ Refer to residency programs and experiences that focus on either hospital-based or outpatient geriatric special needs (either typical Advanced Education in General Dentistry programs or mini residency programs for practicing professionals).
- ▶ Provide ICD-code training to dental providers so they understand the importance of medical and dental coding integration to care for I/DD populations.
- ▶ Provide an online platform where individuals with I/DD can find providers, sources, and answers to common topics/questions.



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Recommendations, continued

- ▶ Consider a wide range of social determinants, from a macroscopic view such as dental insurance policies and coverage, to an individual level such as education about oral health and dental care.

- ▶ Address the following barriers:
 - Providers' unfamiliarity with providing care for the population.
 - Staffing shortages at provider practices.
 - Organization structure and bureaucracy – contracts, management, providers, payment, and circumstances can be complex and/or change.
 - Families' needs to fill out extensive paperwork and obtain consent/medical clearance – some families may not know how to navigate this process. Consider hiring a care coordinator to help them with this.
 - Transportation and its cost.
 - Some state Medicaid programs pay for non-emergency transportation for medical/dental appointments.
 - If a patient has a large wheelchair, mobility challenges, and/or requires a lot of equipment, it is harder for them to access a typical community dental practice.
 - There are some great mobile dental service programs: VA Department of Health and Apple Tree Dental.

- ▶ Suggested resources:
 - [Special Care Dentistry Association "Find a Dentist"](#)
 - [Penn Dental Series: Persons with Disabilities](#)
 - [Smiles Shine App](#)
 - [Special Needs Network of Dentists](#)
 - [Lee Specialty Clinic: Developmental Dentistry AEGD Residency](#)
 - [Apple Tree Dental: Postdoctoral Residency Program](#)



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