

Dental Care for SHCN Patients: Survey of Mississippi Pediatric Dentists

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Introduction

There have been many terms used to describe the special healthcare needs population. The AAPD defines special health care needs to include “any physical, developmental, mental, sensory, behavioral, cognitive, or emotional impairment or limiting condition that requires medical management, health care intervention, and/or use of specialized services or programs.”

It is commonly reported that this population has a higher level of oral health care problems, but at the same time are less likely to receive dental care. Older surveys consistently show that a small percent of general dentists (40%) provide care to the special health care needs population. This leaves pediatric dentists (approximately 90%) who provide care for this population.

The purpose of this study is to determine what proportion of Pediatric Dentists in Mississippi have treated special needs patients during and following residency training, what types of treatments and clinical protocols are being used, and what factors affect referral of special needs patients to and from pediatric dentists.

Methods

A ten-question anonymous survey was emailed to all pediatric dentists in the state of Mississippi. Demographics were not included in the survey. There was a 44% response rate.

Results

Following residency training, pediatric dentists treat significantly fewer special needs patients than during training ($P < .001$). The majority of those patients they treat are referred by primary care providers (79±18%), general dentists (63±22%), or recommended by other patients (95±10%). The most common reasons to refer special needs patients to another practitioner were: the hospital denying general anesthesia (58±22%) and medical history (47±22%). It was most common to treat special needs patients under general anesthesia (84±16%), and the most common procedures were restorative (90±14%), prophylaxis (79±18%), and radiographs (74±20%). Perceived, barriers to treatment of special needs patients included: financial (68±21%), psychosocial (68±22%), transportation (53±22%), and language (32±21%).

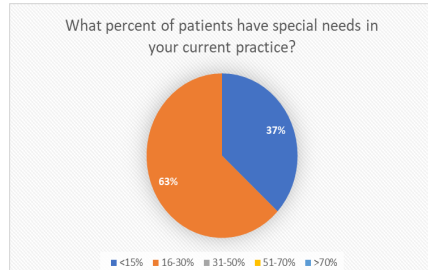
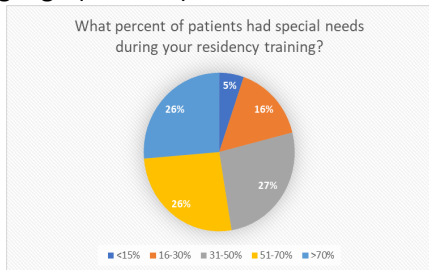


Table 1.1

How does the Special Needs population hear about your office?

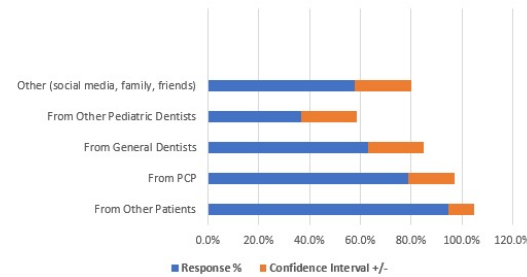


Table 1.4

What procedures do you provide under general anesthesia to Special Needs patients?

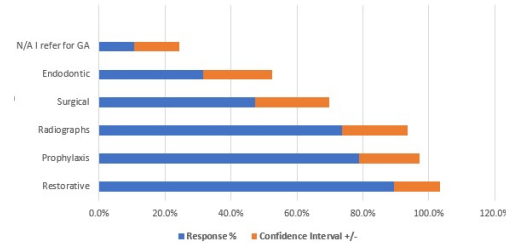


Table 1.6

Reasons why you refer Special Needs to other pediatric dentists?

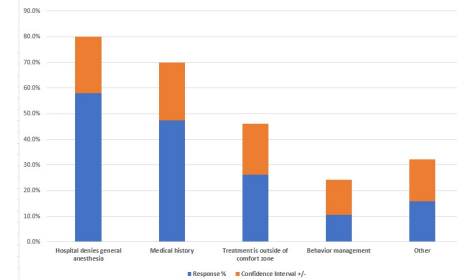


Table 1.2 - What type of pharmacological management of behavior is more commonly used in your practice for this population?

Response	Response %	Confidence Interval +/-
General Anesthesia	84.2%	16.4%
Nitrous Oxide	68.4%	20.9%
In office moderate sedation	31.6%	20.9%

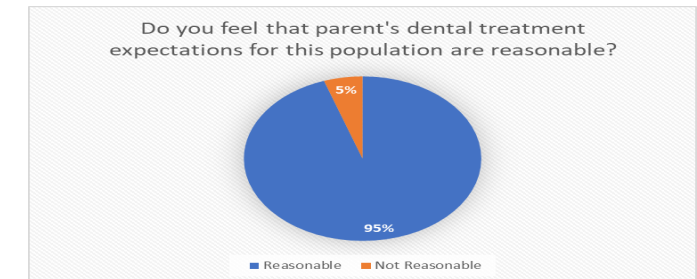
Table 1.3 - Under general anesthesia do you typically perform phase 1 (caries control) or definitive care?

Response	Response %	Confidence Interval +/-
Definitive	100.0%	0.0%
Phase One	5.3%	10.0%

Table 1.5 - What are some of the barriers to treating this population in your office?

Response	Response %	Confidence Interval +/-
Financial	68.4%	20.9%
Psychosocial	63.2%	21.7%
Transportation	52.6%	22.5%
Language	31.6%	20.9%
Other	31.6%	20.9%

Chart 3



Conclusion

The survey results help us understand the opinions of Pediatric Dentists in Mississippi regarding treatment options, behavior management techniques, and barriers to treatment for the special needs population. Once these obstacles are identified then solutions can be suggested in order to allow for more accessible dental care. Limitations to this study included a small sample size, low response rate, and unvalidated survey. In the future, I would like to add demographics and have a larger sample size.