

Promoting Mandatory Special Patient Care Hours in Dental Education to Address Barriers in Dental Care for Patients with Special Needs or Medical Complexities.

Individuals with special health care needs often have unmet dental needs along with greater barriers to access adequate dental care. According to a survey done by the Centers for Disease Control and Prevention, the service most commonly reported as needed nationally in patients with special health care needs, but not received, was preventive dental care. Special needs patients are often unable to obtain care due to general dentists either being unwilling or feeling underprepared in their abilities to address this population's oral needs. There are unique challenges when caring for this patient population, including complex medical and physical conditions often coupled with a need for management of challenging behaviors. The lack of education that dental students receive influences the number of dentists currently in practice who treat patients with special needs. There are other barriers to care including but not limited to: the medical care system itself, demographics, economics, and poor reimbursement rates which dissuade general practitioners from seeing these patients.

According to a study done by Williams et al. "The most limiting barrier was finding a dentist willing to treat, with 34.2% responding that this barrier was difficult compared to finances (17.6%), wait time (14.4%), distance (12.4%), and transportation (1.9%). This finding is consistent with other studies, including one that found 40% of caretakers in Florida responding about the difficulty of finding comprehensive care for patients with special needs, and another in Alabama that found 33.6% of their surveyed population responding that finding a dentist able to treat their children was the main barrier."

While the Commission on Dental Accreditation has added modifications in their requirements. Dental school graduates must be comfortable in managing and assessing patients with special health care needs, but there is no requirement for treating these patients. In surveys performed by Oral Health Workforce Research Center, training or experience working with patients with special needs through continuing education (83.3% vs 62.3%; $P < .0001$), community involvement (86.3% vs 66.9%; $P < .0001$), and didactic education (81.7% vs 65.0%; $P < .0001$) and clinical training (80.8% vs 66.3%; $P < .0001$) in residency programs had the highest impact on the provision of dental care for "many" patients with special needs. Clinicians who reported having at least one of these sources of education, training, or experience in working with special needs populations were 1.7 times more likely to serve "many" patients with special needs than those who had none (75.8% vs 45.5%; $P = .0001$). The survey demonstrated that the majority of clinicians who see special care patients received their training in a residency or post graduate program.

In order to increase the confidence of new dental school graduates, we recommend mandating that dental schools provide experiences to students such that they are comfortable in the management, assessment and treatment of patients with special health care needs. Dental students should be required to undergo training to ensure they feel confident in treating patients with special health care needs. The goal is to enforce changes to dental school curricula requiring dental students to treat this patient population for a specific number of hours before graduation. With this new requirement, our hope is that dental students graduating as general dentists will feel confident and competent to treat patients with special health care needs allowing for an increase in access to oral health care.

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