Applying Viable Alternatives and Evidence-Based Hygiene Practices for Persons with Intellectual and Developmental Disabilities

A Community Health Initiative

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Evidence

- High level of evidence surrounding the burden of dental disease in those with intellectual and developmental disorders (IDD).
- Prevention is limited in this population
- Need to provide cost-effective preventative care
- Need to support collaborative practice

- Inconsistencies in dental training
- Lack of adequate insurance
- Shortage of willing dentists
- Studies are needed to provide support for the provision of dental care
IOM Recommendations

- Oral health core competencies
- These competencies should be part of accreditation for nondental health care education programs
- Core competency development, education, and training, to allow for the use of all health care professionals in oral health care

- Interprofessional, team-based approaches: prevention and treatment of oral diseases
- Best use of new and existing oral health care professionals
- Increasing the diversity and improving the cultural competence of the workforce providing oral health care
Applying HRSA Recommendations

- Apply oral health core clinical competencies within primary care practices to increase oral health care access for safety net populations in the United States.
- Develop infrastructure that is interoperable, accessible across clinical settings, and enhances adoption of the oral health core clinical competencies. Oral health core clinical competencies should be used to inform decision-making and measure health outcomes.
- Modify payment policies to efficiently address costs of implementing oral health competencies and provide incentives to health care systems and practitioners.
- Execute programs to develop and evaluate implementation strategies of the oral health core clinical competencies into primary care practice.
Dentist Accepting New Medicaid Patients

Slide adapted from Frank Catalanotto, DMD & Lindsay Thomas, MD
Medicaid Reimbursement

ARNPs & PAs eligible for reimbursement

Slide adapted from Frank Catalanotto, DMD & Lindsay Thomas, MD
Annual EPSDT Participation Report 2014

Slide adapted from Frank Catalanotto, DMD & Lindsay Thomas, MD
Interface with a dental assistant program to address oral health of a community of persons with IDD

PROBLEM:
Providing effective oral hygiene

SOLUTION:
A multi-disciplinary team approach focused on:
- Creating a daily care plan
- Training staff
- Building working relationships
- Long term goal is for substantive change in staff behavior in providing oral care
Research Project

○ Evidence Based Practices exist for providing care in the IDD population. Includes:
  ○ A daily care plan to maintain long term health
  ○ Techniques and strategies to provide oral care
  ○ (these practices must be modified based on the situation)

Specific to this project:
○ Shared decision making model:
  ○ Changing the behavior of the caregivers
  ○ Creating a partnership with a local dental hygiene school to provide safe and effective training for nursing staff and input into an oral care plan.
Goals and Outcomes

- Cross-sector collaboration: Total care model which includes dental professionals, healthcare professionals, nursing programs and caregivers.

- Shared responsibility of all healthcare professionals involved with caring for the IDD community.

- Policies that support collaboration

- Educate policy makers and payers about the importance of reimbursement

- Helps to ensure healthcare workforce trained to provide primary oral care for population with IDD

- Increases access to oral health care in this population

- Increases overall health outcomes for those with IDD
References


References


Fitzgerald, M. D., & Sweeney, J. (2013). Care of adults with profound intellectual and multiple disabilities. Learning Disability Practice, 16(8), 32-38. ISSN: 1465-8712


Community feeding team to address oral health of special needs children: a pilot project. Journal of Dental Hygiene, 85(2), 132-142. PMID: 21619741
References


