

# Dental Provider Toolkit

Created by the Minnesota Health Plans

*HealthPartners*

*Hennepin Health*

*Medica*

*PrimeWest*

*South Country Health Alliance*

*UCare*

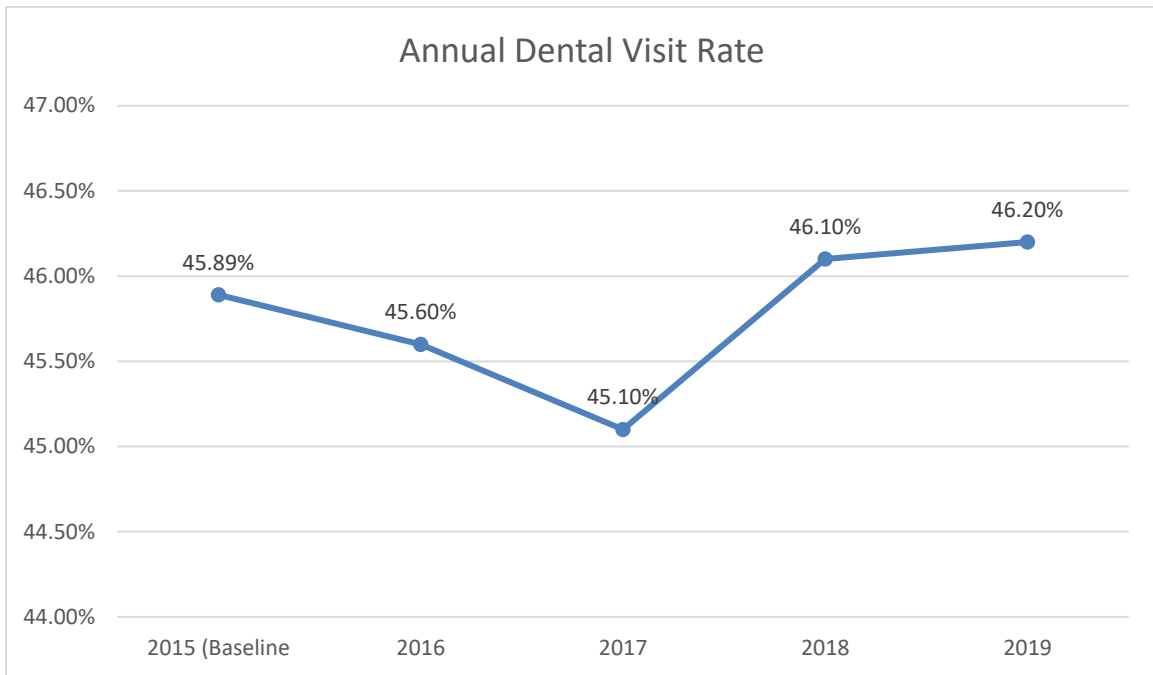
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## Introduction

This Provider Toolkit is a result of the Special Needs Basic Care (SNBC) Dental Access Improvement & Evaluation Project. The project is a collaborative effort between Minnesota Department of Human Service Special Needs Purchasing Division, Department of Human Services/Direct Care & Treatment Community Dental Clinics (DCT-DC), and SNBC Health Plans<sup>1</sup> with project support from Stratis Health. The primary goal is increasing the annual dental visit rate by improving access to dental services for SNBC enrollees and other individuals who have special dental needs throughout Minnesota.

Special Needs Basic Care (SNBC)	Information
<u><a href="#">SNBC Program Criteria</a></u>	<ul style="list-style-type: none"> <li>▪ Voluntary program for members 18-64 years of age</li> <li>▪ Managed by health plans</li> <li>▪ Low income &amp; have a disability               <ul style="list-style-type: none"> <li>○ Developmental</li> <li>○ Physical</li> <li>○ Behavioral Health</li> </ul> </li> </ul>
<b>Population Characteristics</b>	<ul style="list-style-type: none"> <li>▪ 54,000 adults enrolled in the program               <ul style="list-style-type: none"> <li>○ 40% minorities</li> <li>○ 70% older adults (40-64 years old)</li> </ul> </li> <li>▪ Medically complex               <ul style="list-style-type: none"> <li>○ 4 or more chronic conditions</li> <li>○ 70% with a behavioral health diagnosis</li> </ul> </li> </ul>
<b>Social Factors</b>	<ul style="list-style-type: none"> <li>▪ Unstable housing &amp; supports</li> <li>▪ Limited education</li> <li>▪ Lower level reading skills</li> <li>▪ Low health literacy</li> </ul>
<b>Dental Needs</b>	<ul style="list-style-type: none"> <li>▪ Medications used to treat enrollee’s chronic conditions have dental side effects</li> <li>▪ Dental pain is known to amplify behavioral and medical health concerns</li> <li>▪ Dry mouth side effect from medications               <ul style="list-style-type: none"> <li>○ Impact diet</li> <li>○ Increase fluid consumptions</li> <li>○ Use of sugary drinks to squelch dryness &amp; discomfort</li> </ul> </li> <li>▪ Oral hygiene constraints</li> </ul>
<b>SNBC Dental Facts</b>	<ul style="list-style-type: none"> <li>▪ Less than half (49%) of SNBC enrollees have had one (or more) dental visits in a calendar year</li> <li>▪ 700 SNBC enrollees access acute dental care through the hospital Emergency Department*</li> </ul>



\*Data provided in this table is from the Minnesota Department of Human Services 2017 SNBC Dental Access Improvement & Evaluation Project

### Goal of the Dental Provider Toolkit

The goal of this toolkit is to:

- Provide clinicians and clinics with tools and resources to enhance the dental care offered to people with special dental needs
- Improve dental access and care for people with special dental needs
- Increase clinicians' level of comfort caring for this population
- Raise awareness of resources for self-guided educational resources clinicians can access.

The Toolkit includes resources on:

- Overview: explanation of product lines and care coordination for members
- Health plans: information on each plans dental benefits manager and resources (e.g. prior authorizations, commonly use forms, etc.)
- Specials needs population: description of this population and who they are, tips & strategies to working with these members
- Behavioral health screening: screening tools and resources on what questions to ask during scheduling, how to use the information once it is collected, action steps if someone scores high need, and how to work with someone with dental anxiety
- Evidence based practices: tips, advice from the field (expert panel interviews)
- Oral health education: how to work with English/Caucasian population versus diverse cultural groups on dental care, providing feedback to culturally diverse

patients based on the food they eat, how to provide oral health education, so it translates appropriate back to the cultural group (e.g. Hmong, Somali languages, etc.)

- Medical and behavioral health conditions and dental: medication and side effects and how it affects dental care, chronic conditions and dental health, how dental health affects chronic conditions
- Resources for members and providers

# How Health Plans Work

## Health Plan Overview & Product Descriptions

							
<p><b>MnCare—</b> Coverage for low-income people age birth to 64. *Effective 1/1/19 non-pregnant MnCare enrollees ages 21 and older are subject to a \$15 copayment per visit for non-routine services (D2000-D9999).</p>	●	●	●		●	●	●
<p><b>Prepaid Medical Assistance Program (PMAP)—</b> Coverage for children, families, pregnant women, and adults under age 65.</p>	●	●	●		●	●	●
<p><b>MN Senior Health Options (MSHO)—</b> Integrated coverage for seniors age 65 and older that combines Medical Assistance and Medicare.</p>	●	●		●	●	●	●
<p><b>MN Senior Care Plus (MSC+)—</b> Coverage for low-income seniors age 65 and older who are eligible for Medical Assistance.</p>	●	●		●	●	●	●
<p><b>Special Needs BasicCare (SNBC)—</b> Coverage for adults ages 18-64 with certified disabilities.</p>		●	●	●	●	●	●
<p><b>Special Needs BasicCare + Medicare (SNP)—</b> Integrated coverage for people ages 18-64 with disabilities that combines Medicaid and Medicare.</p>				●	●	●	●

## Health Plan Choices by County








- ❖ MinnesotaCare (MnCare) [County Map](#)
- ❖ Special Needs Basic Care (SNBC) [County Map](#)
- ❖ Minnesota SeniorCare Options (MSC+) [County Map](#)
- ❖ Minnesota Senior Health Options (MSHO) [County Map](#)
- ❖ Prepaid Medical Assistance Program (PMAP) [County Map](#)

## Dental Benefits Manager

The Dental Coverage Administrator manages the member’s dental benefits in the same way that the health plan manages the medical benefits. Some health plans administer dental benefits in-house, while others delegate the operations of dental services to a dental benefits manager.

Benefit Manager	Health Plan	Responsibilities/Services Provided
<b>Internal Management at Health Plan</b>	Health Partners PrimeWest	- Customer Service - Dental Care Coordination
<b>Delta Dental</b>	Blue Cross Hennepin Health Medica South Country Health Alliance UCare	- Claims - Grievances & Appeals - Management of in-network providers

## Health Plan Provider Resources

							
<b>Provider Customer Service</b>	<b>Delta Dental Provider Customer Service:</b> 651-406-5907 or 1-800-774-9049 TTY 711	<b>Provider Services:</b> 952-967-7998 or 1-866-885-8880 TTY 952-883-6060 or 1-800-443-0156	<b>Delta Dental Provider Customer Service:</b> 651-406-5907 or 1-800-774-9049 TTY 711	<b>Delta Dental Provider Customer Service:</b> 651-406-5919 or 1-800-347-3630 TTY 711	<b>Providers:</b> 1-866-431-0802	<b>Delta Dental Provider Customer Service:</b> 651-406-5907 or 1-800-774-9049 TTY 711	<b>UCare Dental Connection Provider:</b> 651-768-1415 or 1-855-648-1415 TTY 711

## Information on Joining the Medicaid Network

Administrative forms for each MN health plan:

❖ *Blue Cross, Hennepin Health, Medica, South Country Health Alliance, & UCare  
Delta Dental: Minnesota Select Dental (formerly CivicSmiles™) Network*

- [Credentialing and Participation Agreements](#)
- [Re-Credentialing Application](#)
- [Minnesota Uniform Initial Credentialing Application](#)
- [Minnesota Select Dental Participation Agreement](#)

The [Delta Dental Provider Network](#) page provides more information on the fee-for-service network as well as dental providers.

❖ *HealthPartners*

Dental providers interested in contracting with HealthPartners can fill out a [form](#) requesting to become a network provider.

❖ *PrimeWest*

Dental providers interested in contracting with PrimeWest should fill out a Participation Request Form. To find out more about enrollment with PrimeWest, go to the [Join our Network](#) section of our website.

## Medicaid Dental Services—Provider Manual

Additional resources for providers about the Medicaid Dental Services

Dental Resources	Description
DHS Provider Manual	<ul style="list-style-type: none"> <li>- Primary information source for MHCP coverage policies, rates and billing procedures.</li> <li>- It is important to check &amp; utilize this resource frequently for updates, changes, &amp; additions.</li> <li>- Sign up to get <a href="#">email notices</a> from DHS of revisions specific to the services you provide.</li> </ul>
<a href="#">Provider Manual-Dental Services</a>	<p>Information on the provider manual dental section includes:</p> <ul style="list-style-type: none"> <li>- Eligible Providers</li> <li>- Locum Tenens or Temporary Dentist</li> <li>- Eligible Recipients</li> <li>- Covered Services</li> <li>- TeleDentistry</li> <li>- Non-Covered Services               <ul style="list-style-type: none"> <li>○ Authorization Requirements</li> <li>○ General Billing Guidelines</li> </ul> </li> <li>- Legal References</li> </ul>

Dental Reimbursement	- MHCP coverage is set by DHS Statute base fee amounts & each individual health plan determines any additional increases.
<a href="#">DHS Oral Health Page</a>	- Provides more detailed information on the needs of Minnesota Medicaid members receiving dental care.

### Special Needs Dental Care

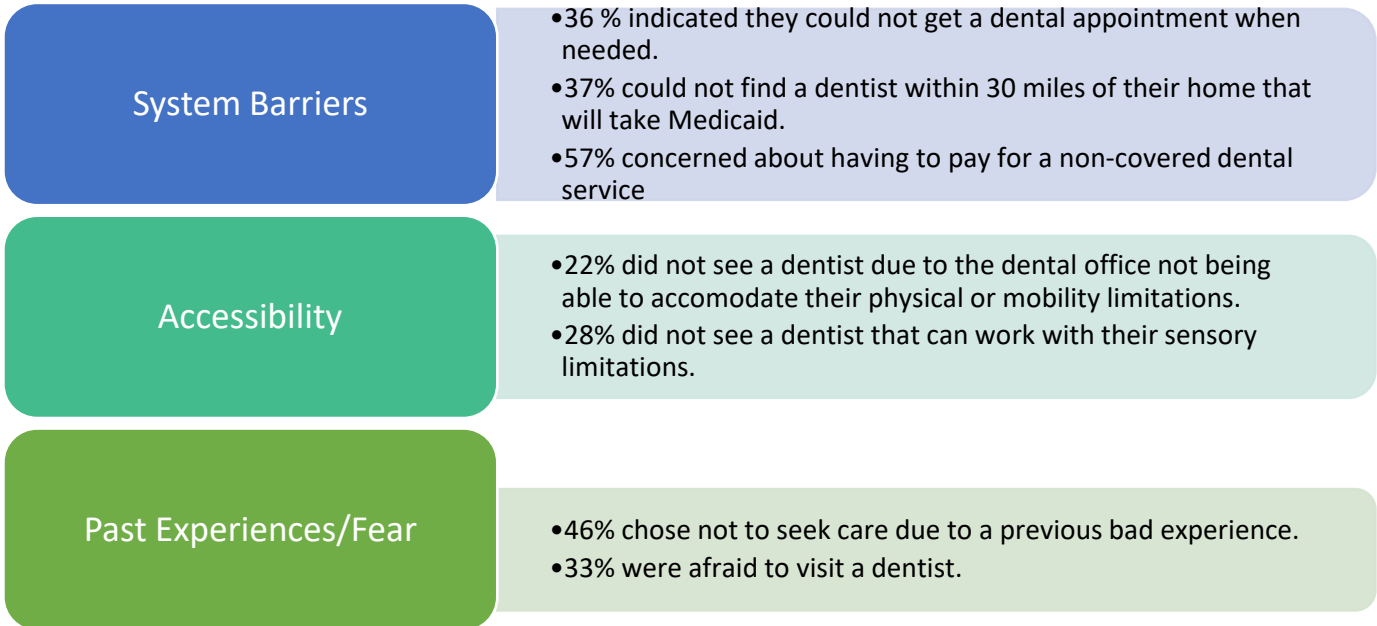
Individuals who have a disability in the special needs program may experience barriers to receiving dental care due to access or their disability. People who live with a disability may or may not need additional support to access and receive dental care, and dental providers may need to make accommodations to their treatment plan to serve this population successfully.

#### Barriers to dental care for people with special needs

People with special needs often experience barriers to accessing dental care. In addition to cost being an issue, there are many other barriers to care highlighted in the [Journal of Multidisciplinary Care Decision in Dentistry](#). These barriers include:

- Sensory impairments, including vision and hearing problems
- Psychosocial issues such as low health literacy, dental anxiety and past negative experiences
- Mental health symptoms such as auditory or visual hallucinations, anxiety or depression
- Behavioral concerns such as physical or verbal aggressions
- Limited transportation
- Dental offices that are not wheelchair accessible
- Cultural barriers, such as health care providers with little training in cultural competency and/or treating patients with special needs.

In 2017, the SNBC health plans and DHS conducted a survey of SNBC members who identified reasons they did not seek dental care. The common themes and findings from the survey about barriers to care included:





## YOU Can Provide Special Needs Dental Care too!

Many people with a disability can be seen in a regular dental office with little or no additional supports provided. When patients with minimal extra needs are seen in a regular dental clinic, more access is available at specialized dental clinics for those with higher needs.

The Minnesota DHS – DCT Dental Clinics and other special needs providers use criteria to determine if the patient needs to be seen by a specialized provider, or if they can be seen in a community dental clinic. Simple screening guidelines may include:

- If the patient is able to successfully live on their own in the community with minimal supports, they can likely be seen by a community dentist.
- If they live in a residential facility, have a guardian, need 24 hours / day supervision or care or if they rely on a case manager for managing their life activities, they likely need a higher level of support and may need to be seen by a special needs dental provider. This decision tree can help determine if a specialized dental clinic is needed. [CLICK HERE](#) to view decision tree.

## Experts in the Field

We asked experts in Minnesota for strategies to be successful in providing care to patients with special needs.

“It is just an extension to what we do for all of our patients. Once you know them, you know what to expect.”  
James Gambucci, DDS MPH, UMN

- **Behavioral Management Screening:** Behavioral screening can be vital in the success of the treatment. It helps in better preparing the operatory and the personnel for the treatment.
  - An in-depth medical history of the patient will help in better understanding their disability. Apart from discussing this with the patients, comprehensive discussion with guardians and caregivers can also provide better understanding of what behavioral issues may or may not be expect during the appointment.
  - Questions like, “Are there any behavioral concerns or mental health symptoms that we should know about?” can be utilized for behavioral screening. While behavioral management screening can be extremely helpful towards establishing positive outcome of the treatment, it is important to be considerate and careful that patients do not feel discriminated by additional questioning.
  - To compensate for additional time spent during behavioral management screening, codes for dental case management – care coordination can be used for health plan SNBC members. Refer to the [MN Health Care Programs Provider Guide](#).
- **Dealing with Dental Anxiety:** Dental anxiety may be more common among patients with special needs. If a person has had a previous bad experience, they may develop ‘white coat syndrome’ or anxiety of being in the care of any dental professional. Don’t take it personally. It is important that their fears are acknowledged and cared for. Some ways to manage dental anxiety among special needs patients include:

- Conduct a pre-visit orientation visit. This allows the patient to see the office and know what to expect. Having the patient meet the staff that will work with them for their actual visit is ideal. Consistent staff can set expectations and provide comfort.
  - Be aware of what sounds are in the office that may cause anxiety such as news on the lobby TV, talk radio, louder music or other upset patients. Using nature sounds can be helpful.
  - Heavy blankets can be used to give patients a sense of safety during the procedures. Alternatively lead aprons can also be used as heavy blankets.
  - Utilize TELL, SHOW, DO. Acknowledge their fears, do what you say, say what you do.
  - Utilize positive reinforcement and distraction techniques (headphones, pillow, open fist facing upwards then closed) when other non-pharmacological techniques do not work.
  - Limit interruptions and apologize when they occur.
- **Other tips:**
- Ask the patient to bring along a friend who may be able to help ease their anxiety.
  - Invest time in desensitizing patient and ensuring they understand what is happening.
  - Understand the difference between physical and cognitive disability
  - Schedule for last appointment of the day.
  - Take time to explain procedures carefully so the patient can give informed consent, if competent to give consent.
  - Provide oral health education to the patient but also to their caregiver who can reinforce the importance later.

The experts we spoke with emphasized that there is tremendous need to serve this community and it is extremely rewarding.

## Additional Resources



- For tips speaking to families of people with special needs, the [brochure](#) from USC may be helpful.
- An [article](#) published by *Special Care Dentist* may help clinicians understand basic behavioral supports that some patients may need.
- The *Journal for Multidisciplinary Care - Decisions in Dentistry* offers a 2 credit course for clinicians who wish to improve their basic understanding of the oral health challenges faced by this patient population and allow clinicians to provide effective care.
- A recent article from [Dentistry IQ](#) offers great tips for working with patients who have dental anxiety that can be applied with patients with special dental needs.
- [Norman Corah's Dental Questionnaire](#)- An anxiety scale that may help to identify patient needs. Includes specific questions to assess areas of most concern to help providers know triggers (such as sound of drill, gagging, cost worries, etc.)

## Evidence Based Practices – Tips – Advice from the Field

Although there have been advancements in special needs dentistry there are many factors regarding dental providers' willingness and preparedness to treat patients with special needs, which contributes to dental access issues worldwide. A study published by the National Institutes of Health focused on the Iron Triangle of Health Care. In this model, the three necessary ingredients of health care are access to care, cost of care, and quality of care.<sup>1</sup> Some experts also include a fourth vector, choice. Findings have shown that special needs' patients' lack of access to quality dental care results in increased oral health disease. This reinforces the importance of addressing what drives the providers' hesitancy or inability to perform special needs dentistry including feeling confident in their knowledge of special needs dentistry.

According to the National Institute of Dental and Craniofacial Research, there are many aspects to consider when providing dental care to a special needs' patient which will vary based on each situation.<sup>2</sup>

Elevated risk of tooth decay, periodontal disease, malocclusion, damaging oral habits (such as teeth grinding, clenching, food pouching, mouth breathing or tongue thrusting), oral malformations, delayed tooth eruption

Increased likelihood of health conditions such as cardiac disorders, gastroesophageal reflux, seizures, visual impairments, hearing loss or latex allergies

Mobility and other neuromuscular problems may make access to dental equipment difficult or result in drooling, gagging and swallowing problems

Mental capabilities and behavior problems can complicate oral health by making following directions difficult or to appear uncooperative

Uncontrolled body movements can create a safety hazard when receiving dental care

Trauma and injury to the mouth from falls or accidents

The NIDCR offers practical advice to both caregivers and dental professionals.<sup>2</sup> For dental professionals, an adaption of skills used every day is required when providing oral care to patients with developmental disabilities.

- Determine your patient's capabilities and communication skills prior to beginning treatment
- Set the stage for a successful visit by engaging caregivers and involving the entire dental team
- Observe the physical manifestations of the disability as well, looking for challenges such as uncontrolled body movements or difficulty sitting in the dental chair
- Be sure to ask about latex allergies, as these can be life threatening

Dental fears and phobias can affect anyone, however patients with other disabilities may be comorbidly phobic, which is often missed or misdiagnosed by treating providers. Research has been done regarding

methods for treating special needs patients experiencing dental fear or phobias including office-based techniques such as relaxation, breathing, imagery, hypnosis and effective use of operatory language.<sup>3</sup> Sedation or general anesthesia may also be considered to treat difficult cases, where the patient’s pathology, medication or uncooperative behavior require it.<sup>4</sup>

The focus on preventive strategies is especially emphasized in The American Academy of Pediatric Dentistry’s (AAPD) “Management of Dental Patients with Special Health Care Needs”.<sup>5</sup> Evidence based guidelines were established in 2017 on the use of silver diamine fluoride to treat active cavities in both pediatric and special needs patients of all ages.<sup>6</sup> A recent ADA Council of Scientific Affairs and the Center for Evidence-Based Dentistry study published in the Journal of the American Dental Association further supports the use of nonrestorative treatments for arresting carious lesions.<sup>7</sup>

An Expert Panel was created to advise DHS and the SNBC MCOs in the development and implementation of a provider mentoring program for special needs dental care in Minnesota for the SNBC Dental Access Improvement Project. This included representatives with a variety of specialties and various backgrounds with vast experience working with SNBC patients. This resulted in representation from those providing care to patients with disabilities, community dentists and those affiliated with academic institutions and active in policy-making. In addition to meeting as a group to provide essential feedback to the MCO group, individual interviews were conducted to compile a mentoring guide to assist other dental providers in special needs dentistry.

The summary table below includes suggestions and advice collected during interviews of dental providers with extensive experience in special needs dentistry:

Recommendations	Strategies & Tips
<p><b>Before Appointment Recommendations</b></p>	<ul style="list-style-type: none"> <li>✓ Conduct a “Happy Visit” prior to the appointment to familiarize the patient with the clinic’s surroundings</li> <li>✓ Review the medical history, create chart alerts about the member</li> <li>✓ Send reminders</li> <li>✓ Consistently scheduling the patient with the same provider</li> <li>✓ Schedule shorter procedures (e.g. less than an hour)</li> <li>✓ When possible, use a larger operatory to allow for additional staff and comfortable transfers, if needed</li> <li>✓ Some individuals with special needs will feel safer in an operatory with a closeable door.</li> </ul>

<p><b>During Appointment Recommendations</b></p>	<ul style="list-style-type: none"> <li>✓ Look at success in a series of small steps</li> <li>✓ Look at the patient in the eye when greeting</li> <li>✓ Communicate in a calm &amp; friendly manner directly to the patient</li> <li>✓ Make sure the patient is comfortable</li> <li>✓ For patients who use a wheelchair, find out if they are able to transfer to the dental chair, or if they prefer to receive dental treatment while using their own wheelchair</li> <li>✓ Understand the patient’s complexity, needs, and expectations, and treatment plan to meet their needs</li> <li>✓ Ask questions about brushing &amp; flossing habits</li> <li>✓ Understand each individual patient’s dental fear &amp; anxiety, if any</li> <li>✓ Utilize group home or case management staff as appropriate</li> </ul>
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*\*The opinions described above are based on the experiences shared by SNBC dental providers during interviews conducted in conjunction with the SNBC Dental Access Improvement and Evaluation Project.*

Many educational resources are available to offer valuable knowledge and training, some including CE credits. The professional journal, “Decisions in Dentistry” has created a CE course based on the article “Dental Care for Patients with Special Needs”. The self-paced 2-hour course will give participants basic knowledge of the oral health challenges faced by this population resulting in increased ability to care for these patients.<sup>8</sup> For a more in depth knowledge base, Special Care Dentistry Association offers a 16-CE online course titled, “Oral Health Considerations for People with Special Needs”.<sup>9</sup>

Special needs dentistry may be challenging but also extremely rewarding. With a combination of special training and practical experience dental professionals can easily improve oral health outcomes of individuals with special healthcare needs.

### Additional Educational and Informational Resources:



- [The National Institute of Dental and Craniofacial Research](#) (NIDCR) has a self-study curriculum available titled "[Practical Oral Care for People with Developmental Disabilities](#)" Practical Oral Care for People with Developmental Disabilities. Topics include health challenges, oral health problems and strategies for care.
- Many downloadable factsheets and order forms are available in NIDCR’s [online publications catalog](#). This has valuable resources for caregivers, including condition-specific guides for caring for individuals with autism, cerebral palsy, Down syndrome, intellectual disabilities and diabetes. Oral health topics such as xerostomia, oral cancer, periodontal disease and complications of cancer treatment are also available. Additionally, you will find a health care provider’s guide to wheelchair transfer.

- The Special Care Dentistry Association continues to develop many [educational fact sheets](#). There is information for providers, patients and caregivers related to xerostomia, denture care, autism, head and neck radiology and Down syndrome.
- [Special Care Advocates in Dentistry](#) offer [Self-Study Educational Modules](#). Fifteen downloadable pdf modules are available. Topics include intellectual disabilities and their clinical concerns, Down syndrome, cerebral palsy, behavior management, genetic syndromes, preventive dentistry and treatment planning.
- [New York State Office for People with Developmental Disabilities](#) offers [practical training modules designed for the General Practice Resident](#). The educational series consists of eight evidence-based Power Point presentations designed for general practice residents addressing the most important aspects of special needs dentistry.
- In May 2019, [Decisions in Dentistry](#) published a self-study activity “[Treating Dental Patients with Special Needs and Complex Medical Histories](#)”. Objectives are education on the prevalence of and examples of patients with special needs, medical history and clinical strategies. Two Continuing Education credits are available for purchase.
- [American Academy of Developmental Medicine and Dentistry](#) (AADMD) announced that A.T. Still University of Arizona School of Dentistry and Oral Health in conjunction with the University Of California San Diego School Of Medicine offers a Dental CE opportunity, [10 modules on special care dentistry](#). Legal and ethical issues, learning and intellectual disabilities, autism, geriatric dentistry, neuromuscular, genetic, congenital, and seizure disorders are some of the subjects covered. Approaches to prevention, treatment planning, and delivery, including sedation, are also included.
- In 2012, The Journal of the American Dental Association, published an abstract on “[The Oral Health Status of Adults with Disabilities](#)”. The study used data to support the fact that individuals with intellectual and developmental disabilities have a significantly higher incidence of dental disease. Due to the challenges associated with prevention and management of dental disease in this population, JADA suggested that further research was required to develop interventions to improve oral health in this population.
- NIDCR has published “[Wheelchair Transfer: A Health Care Provider’s Guide](#)”, which outlines six steps to a safe wheelchair transfer. The guide recommends practicing the steps prior to doing an actual patient transfer.
- The Journal of Gerontology and Geriatric Research published “[The Perception of Special Needs Dentistry amongst General Dentists within western Australia, Australia](#)” in 2016. While the study takes place in Australia, there are universally common themes that underlay dentists’ beliefs and trepidation in treating special needs patients. A key component identified to promote special needs dentistry are the development of professional developmental training programs.
- The Journal of Dental Education conducted a 2010 study, “[Dental Education about Patients with Special Needs: A Survey of U.S. and Canadian Dental Schools](#)”. While they found that there are a wide variety of approaches amongst dental schools and special needs’ dentistry training, further research is needed to evaluate which are the most effective to support an educational standard.

## Shared Decision Making

Before any dental treatment is initiated or continued, dental clinicians should ensure that their patients understand the risks and benefits of preventive or restorative dental treatment as well as alternatives before obtaining [informed consent](#). Decisions should support patient safety while improving health outcomes and should be made collaboratively. It is important to note that shared decision making for special needs dental patients may involve a team of caregivers, guardian, or family members.

Shared decision making is the process by which patients and their health care providers discuss the condition or risk factors, preventive or treatment strategies and options, best available medical evidence to support each strategy, and patient preferences to arrive at an individualized plan of care. When used, shared decision making is one strategy of reducing patient anxiety and engaging the patient by being an integral part of the treatment planning.<sup>10</sup>

An important factor of each alternative may be whether it is a covered benefit and the cost associated with a non-covered service. These factors should be addressed with the patient, guardian or care team. Extra appointment time may be allowed for any questions. The patient and their care team may want some extra time to review the information presented, to discuss it independently and come to a decision at a future date.

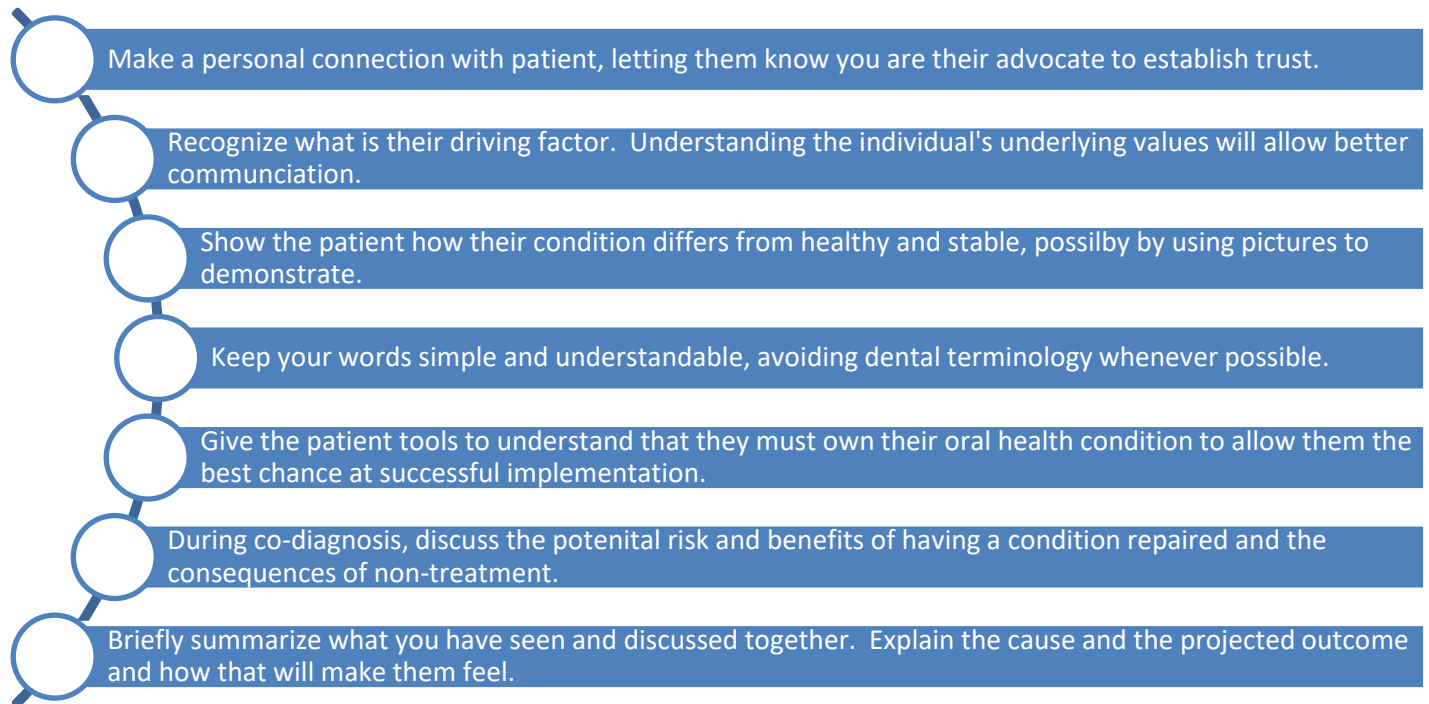
A key component of shared decision-making is to provide the patient with the necessary information on alternative options to manage their oral health condition. The alternatives should be presented, discussing the risks, advantages and disadvantages of each discussed.<sup>11</sup>

## Shared Decision Making in the Dental Arena

Modern technology and tools are available to support active patient involvement in their treatment planning decisions. This may include an intraoral or standard digital camera<sup>12</sup> or integration of a patient education program.<sup>13</sup> Any of these may allow for information to be taken home for contemplation or discussion and will support the final treatment planning decision.

Making the patient and their guardian or care team, active participants in their diagnosing and treatment planning not only improves health outcomes but allows for a better patient (and clinician) experience. Establishing trust with the patient will allow for improved oral health maintenance and less complicated future dental visits.

The [Dawson Academy](#) has developed 7 key factors in dental co-diagnosis and case acceptance.<sup>14</sup>



## Resources for Shared Decision Making



- The Journal of Dental Education's [A Chairside Aid for Shared Decision Making in Dentistry: A Randomized Controlled Trial](#) evaluates the effectiveness of using decision aids
- The Journal of the American Dental Association's [Abstract on Shared Decision Making](#)
- Minnesota has a [Shared Decision Making Collaborative](#) which promotes the routine use of Shared Decision Making in clinical practice in Minnesota. Patients with limited health literacy skills often lack medical-related knowledge and have.
- [The SHARE Approach](#) is developed by the Agency for Healthcare Research and Quality (AHRQ). The SHARE approach is a five-step process for shared decision making that includes exploring and comparing the benefits, harms, and risks of each option through meaningful dialogue about what matters most to the patient. One tool in the SHARE approach is a [reference guide with conversation starters](#).
- The [Ottawa personal decision guide](#) is a tool that patients could fill out when they are making a difficult decision about their health. It is available in both English and Spanish.
- [ICSI](#) offers resources on shared decision making on their member site.



## Medical and Dental Interactions

Much has been reported over the last many years about the growing association and connection between conditions in the mouth and systemic conditions affecting or impacting one another. This is of even greater concern to people who have disabilities and benefits limited by resources available by state public programs and a network of providers willing and able to manage their care needs. Additionally, those members with complicated medical histories may find providers who are willing to provide treatment but are unable to do so due to the access, mobility and transfer needs as well as the complex dental needs of many of these members.

The SNBC population in Minnesota is specifically at a higher risk of medical and behavioral health conditions and complications and their dental benefit has distinct limitations of services available.

## Medical Conditions Impacts on Oral Health

According to a [Mayo Clinic](#) newsletter, a person's poor oral health may be associated with or contribute to a number of systemic conditions and diseases. They include:

- Cardiovascular disease
- Diabetes
- Endocarditis
- Birth complications including pre-term delivery and low birth weight
- Pneumonia
- HIV/AIDS
- Alzheimer's Disease
- Osteoporosis

Two common conditions from a medical-dental connection perspective with a high impact to members are [diabetes](#) and [xerostomia](#) (dry mouth), a side effect stemming from the use a number of medications to manage systemic disease or psychiatric disorders. Diabetics, due to the inflammatory process of this disease, are at risk of developing periodontitis, an equally chronic inflammatory disease. Diabetics heal slowly from treatments, especially surgical interventions like extractions or gum surgery. Research has shown that having appropriate control of gum disease can have a positive impact on managing a diabetic's HbA1C value, a measure of diabetic control. This can in turn create a savings in the medical arena by lowering the number of ER visits or hospitalizations for a diabetic. The challenge for the SNBC population is that treatment for periodontitis is not a covered service unless the member is under the age of 21 or are pregnant. However, most managed care organizations will allow up to 4 dental cleanings per year for SNBC members to help manage this condition.

## Medication Impacts on Oral Health

The [Mayo Clinic](#) and the American Dental Association have topic reviews on oral-systemic connections. Many medications, including some that are over the counter (OTC) have the side effect of creating a dry mouth condition, when chronic is called xerostomia. Typical classes of medications that create this effect are:

- Antidepressants
- Diuretics
- Decongestants
- Antihistamines
- Muscle relaxants
- Appetite suppressants
- Pain medications
- Anti-seizure medications
- Anti-hypertensives

Many SNBC members will be taking one or more of these medication classes based on their disabilities and diagnoses and may present with a dry mouth condition leading to more extensive dental needs. These may include potentially rampant tooth decay, periodontal disease, poor fitting dentures and partial dentures, mouth sores and fungal infections in the mouth. Every effort should be made to identify the cause(s), provide palliative and preventive care such as fluoride varnish applications, recommending frequent drinking of water and using saliva substitutes such as Biotene. Xerostomia effects can also be a side effect of Sjögren's Disease or loss of saliva output due to radiation to the head and neck as part of cancer treatment. Extra strength fluoride toothpaste can also be recommended and the use [Silver Diamine Fluoride](#) (SDF) is a relatively new procedure can help arrest decay, particularly in areas that are otherwise difficult to access and treat. If an SNBC member has a guardian or care giver present at a dental appointment, emphasize the need to keep the mouth moist, use mouth rinses if appropriate, brush and floss daily and consider the use of an electric toothbrush for greater efficiency in removing plaque.

Disease-producing bacteria in the mouth can also gain access to the lungs and cause pneumonia by aspirating them and specific bacteria that contain toxins have been found in plaques that form in coronary arteries and trigger an inflammatory process by the body. These plaques, if dislodged, can lead to a heart attack or stroke. And it is well-known in dentistry that patients with a history of heart valve replacement or endocarditis require prophylactic antibiotic coverage for invasive dental procedures. More focused research is ongoing regarding the connection of oral bacteria and inflammatory conditions like periodontal disease and their cause and effect on other systemic diseases and disorders.

With respect to SNBC members who present with extensive dental needs it is important to know what other systemic conditions they may have in order to create a more effective treatment approach or strategy of care. A thorough knowledge of any medications they may be taking and the impacts or side effects they may have on their oral structures and tissues is key to managing their needs and minimizing future dental needs. With one out of three adults having either pre-diabetes or overt diabetes in the general population it is statistically likely many of these members will present with this condition in the dental setting. Preventive measures including fluoride varnish, sealants and the use of Silver Diamine Fluoride along with home-based strategies including higher strength fluoride toothpastes, fluoridated rinses and saliva substitutes can have the greatest on this population and their dental needs.

## Additional Articles and References



- [American Dental Association's website.](#)

## Behavioral Health Screening

Special needs patients may have complex behavioral health conditions. Dental visits can create feelings of anxiety, uncertainty, fear, worry, etc. Dental providers can help make the patient's experience as stress free as possible by being proactive upon scheduling appointments. See below for resources which include screening questions or tools to assess member needs, how to best utilize this information, and general tips for managing patients who struggle with anxiety.

1. Screening Tools- See below for an example of a screening tool that dental clinics have used to assess patient needs prior to appointments.
  - [Norman Corah's Dental Questionnaire](#)- An anxiety scale that may help to identify patient needs. Includes specific questions to assess areas of most concern to help providers know triggers (such as sound of drill, gagging, cost worries, etc.)

### 2. Meeting patient needs (Strategies and Tips)

See below for specific strategies that may help special needs patients have a positive dental experience based on the assessment outcome above.

- [Stop Signals](#)- Includes helpful ways to communicate via hand signals with patients who are nonverbal or may have trouble expressing their concerns.
- [Tell-Show-Do](#)- Includes instructions on helpful techniques to build trust and communicate with anxious patients by talking through and demonstrating each step prior to performing it
- [Lack of Control](#)- Includes information on how to empower your patients who may fear the dentist due to lack of control
- [Structure Time](#)- Includes tips to break up procedures and appointments to reduce apprehension
- [Fear of Gagging](#)- Includes tips on addressing patient's fears related to gagging at the dentist
- [Fear of Choking](#)- Includes tips on addressing patient's fears related to choking
- [Fainting Prevention](#)-Includes tips on addressing patient's fears related to needles and fainting
- [Distraction Tips](#)- Includes comprehensive list of tools to assist with distracting and redirecting members during dental visits including modeling, voice control, positive reinforcement, etc.

## How Culture Affects Oral Health Beliefs and Behaviors

Studies indicate that children from low-income and minority families, children with special needs, and children raised in rural areas of the U.S. have a disproportionate amount of oral disease, adding to the list of health disparities among some disadvantaged populations.

- Contributing factors may include lack of community water fluoridation, dental workforce shortages, and the high cost of care and limited access to dental insurance.
- Cultural beliefs, values, and practices are also often implicated as causes of oral health disparities, yet little can be found in the dental literature that isn't epidemiological in nature.

### HELP SEEKING AND PREVENTIVE CARE

- Many cultural groups don't have a strong preventive orientation when it comes to their health care. People often seek care only when there is a problem.
- Advanced interventions to save a bad tooth, such as root canals and crowns, may be common in the U.S. and other western countries, but are often the privilege of only wealthy people in other cultures.

### ORAL HYGIENE PRACTICES

- In many cultures there is little understanding of gum disease.
- Brushing the teeth may be done to remove left over food from the mouth, but the concept of removing plaque and tartar is less well-understood.

### BELIEF ABOUT TEETH AND THE ORAL CAVITY

- In many cultures the esthetic appearance of teeth may be important; but having "healthy" teeth and gums is not connected to appearance in a direct way. Red or swollen gums, bleeding gums, painful chewing, loose teeth, receding gums, all these symptoms of gum disease may be ignored as long as the visible teeth "look good".

### USE OF FOLK REMEDIES

- In some traditional cultures there is a preference for using traditional remedies and cures either in place of western medicine or in conjunction with it.
- Use of herbs or healing methods like acupuncture and moxibustion (a traditional Chinese medicine therapy consisting of burning dried mug wort on certain areas of the body) are common.
- Pain in any area of the body, including oral pain, is treated using culturally accepted remedies passed down through generations.
- In some African American families, the use of cotton balls soaked in aspirin solution, alcohol or saltwater is a well-known home remedy for pain and swelling.

To read more about how culture impacts dental care, check out this article. [How Culture Affects Oral Health Beliefs and Behaviors](#) by Marcia Carteret

## Diversity

The American Dental Association states:

*The **American Dental Association** strives to model **diversity** and inclusion in everything we do. We believe that these foster an innovative and dynamic culture and lead to sustainable results. They allow us to further advance the **dental** profession, improve the **oral health** of the public, and promote equity and access to **oral health**.*

The ADA continues to work on diversity among their membership. The ADA is working on building a more diverse membership, fostering an inclusive and welcoming environment and institutionalize sustainability of this model.

Additional information on the [American Dental Association](#) diversity and inclusion.

## Additional Resources



- CULTURAL COMPETENCY TRAINING OFFERED BY DELTA DENTAL OF MINNESOTA AND NORTH DAKOTA
  - Cultural competency is the ability to interact effectively with people from other cultures. Cultural competency is an important part of accessibility to health care. By understanding diverse values, beliefs and cultural behaviors, providers can offer customized care to meet their patient’s cultural, social and linguistic needs.
    - [Minnesota training](#)
    - [North Dakota training](#)
- An additional cultural competency course for oral health providers by [Think Cultural Health](#).
- The following guides are available to providers to assist with tools and resources for multi-ethnic
  - [THE PROVIDER’S GUIDE TO QUALTY AND CULTURE](#) Assisting health care organizations throughout the US in providing high quality, culturally competent services to multi-ethnic populations
- The National Institute of Dental and Craniofacial Research division of NIH (National Institute of Health) has excellent *Free Publications* on many topics, including topics on Developmental Disabilities and several Spanish-Language Publications  
Order Free Publications and read more [HERE](#)
- REFUGEE AND INTERNATIONAL HEALTH – Minnesota Department of Health
  - Minnesota’s Refugee and International Health Program (RIHP) partners with local health departments, private health care providers, and community organizations to offer each new refugee arrival a comprehensive screening examination, appropriate follow-up or referral, and community-based health education.
- For further information visit this site: [Refugee and International Health - Minnesota Dept. of Health](#)
- The National Institute of Dental and Craniofacial Research division of NIH (National Institute of Health) has excellent *Free Publications* on many topics, including topics on Developmental Disabilities and several Spanish-Language Publications  
[Order Free Publications](#) and read more on this at the site below:
  - Practical Oral Health for People with Autism
  - Practical Oral Health for People with Cerebral Palsy
  - Practical Oral Health for People with Developmental Disabilities
  - Practical Oral Health for People with Down Syndrome
  - Practical Oral Health for People with Intellectual Disability
  - Wheelchair Transfer: A Health Care Provider’s Guide
- [DIET CONTROL AND DENTAL HEALTH](#)
  - Diet plays an important role in all aspects of one’s health – including dental health. Check out these [websites](#) on how Diet and Dental Health are so important.

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