

EVALUATION OF WHY PATIENTS WITH SPECIAL HEALTHCARE NEEDS HAVE NOT RETURNED FOR CARE: BARRIERS TO CARE AND THEIR EFFECT ON PATIENTS' CONTINUITY OF CARE

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Introduction

- Access to dental care can be very limited to patients with special healthcare needs despite their increased oral health disease risk compared to other populations.¹ **See Table 1.** for barriers and OHD.
- Special healthcare needs (SHN) include any developmental, physical, mental, sensory, behavioral, cognitive, or emotional impairment or medically complex conditions.²
- Penn Dental Medicine (PDM) is at the forefront of providing and advocating dentistry for people with SHN. The Personalized Care Suite (PCARE) in the Care Center for Persons with Disabilities at Penn Dental Medicine opened in January 2021. This suite provides oral healthcare services to this underserved population.
- Our goal is to identify the various barriers to returning for care when dental care is accessible and a specialized center is available to these patients. No previous studies have been conducted analyzing reasons why PCARE patients have not returned to PDM.

Table 1. Summary of General Barriers to Dental Care for Patients with Special Healthcare Needs^{3,4,5,6}

Systemic/Institutional	<ul style="list-style-type: none">• Inadequacies in dental training of oral healthcare providers<ul style="list-style-type: none">◦ Insufficient curriculum time◦ Lack of funding to support special needs clinics◦ Lack of trained faculty• Medicaid dental coverage
Dental Provider	<ul style="list-style-type: none">• Poor financial reimbursements to oral healthcare providers• Increased provider time to provide care for these patients• Lack of knowledge about patients with special healthcare needs• Anxiety treating this patient population due to lack of experience and exposure• Shortage of oral healthcare providers willing to treat this patient population• Negative attitude of healthcare provider
Dental facilities	<ul style="list-style-type: none">• Paucity of dental facilities that cater to patients with special healthcare needs• Dental office not designed to accommodate patients with mobility issues• Lack of specialized equipment to treat these patients• Dental environment being overwhelming/disturbing to this patient population (ie. lights, noises, smells)
Personal	<ul style="list-style-type: none">• Underestimating the importance of oral health (oral health viewed as low priority)• Psychologic (dental anxiety,fear, phobia)• Transportation issues<ul style="list-style-type: none">◦ Need to travel far distances to access oral healthcare provider◦ Lack of transportation options for patient• Inability to coordinate time to receive care/difficulty obtaining an appointment• Reliance on guardians/parents/caregiver• Difficult access to dental facilities• High cost for dental care• Behavioral/cognitive issues• Patient need for general anesthesia to receive dental care

Methods

- An IRB approval was obtained to contact PCARE patients or representatives of patients for phone surveys and to utilize patient data for research.
- Reports were run through Axiom, PDM's electronic health record, to obtain chart numbers of active patients who did not have a scheduled appointment at PCARE after having had at least one appointment.
- The current contact information of these patients and their representatives was obtained through the patient card information on Axiom.
- A 10-15 minute phone call survey was administered on a HIPAA-compliant phone to patients or representatives of patients who have not scheduled another appointment.
- Consent was obtained from participants over the phone to use their responses for research purposes.
- Data was gathered and analyzed on a HIPAA-compliant computer.
- Respondents were asked an open-ended question as to why they had not scheduled a return appointment to PCARE. Responses were then categorized based on common themes determined by researchers (Chart 1 and 2).
- Participants who stated that the patient plans to or wishes to return to PCARE were contacted by PDM to schedule an appointment.
- Chart numbers of patients who will not return to PCARE were inactivated.

Results

- I conducted 162 phone surveys to patients or representatives of patients that had no rescheduled visit to PCARE at PDM.
- 135 of the survey participants (83.33%) stated that the patient is planning to return to PCARE for their dental needs. 27 of the survey participants (16.67%) stated that the patient will not return to PCARE.
- The primary institutional based reason had not returned was due to lack of contact by PDM (23.16%).
- The primary personal based reason had not returned was issues in timing (i.e. patient being extremely busy, times PCARE is open doesn't work for the patient),(23.16%). The second main personal reason was due to patient illness/injury/death (20.53%) **See Chart 1.**
- The primary reason patients will not return to PCARE in the future is due to patient death (26.47%). The second most common reason is that dental care and treatment at PCARE took too long to complete (23.53%). The third main reason is patient need for general anesthesia for all dental services (14.71%). **See Chart 2.**

Chart 1. Analysis of Reasons Why Patients HAVE Not Returned to PCARE (N=162)

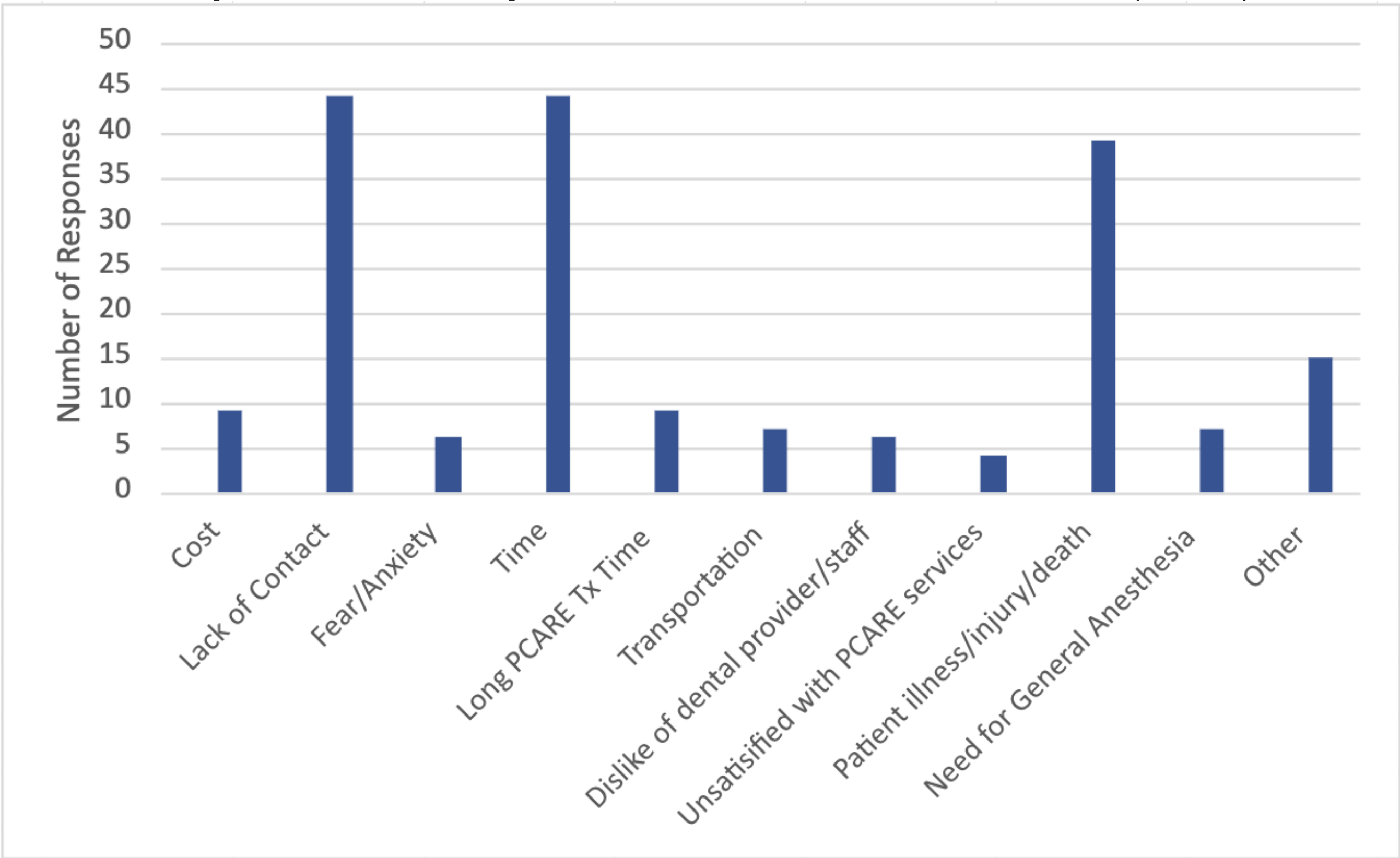
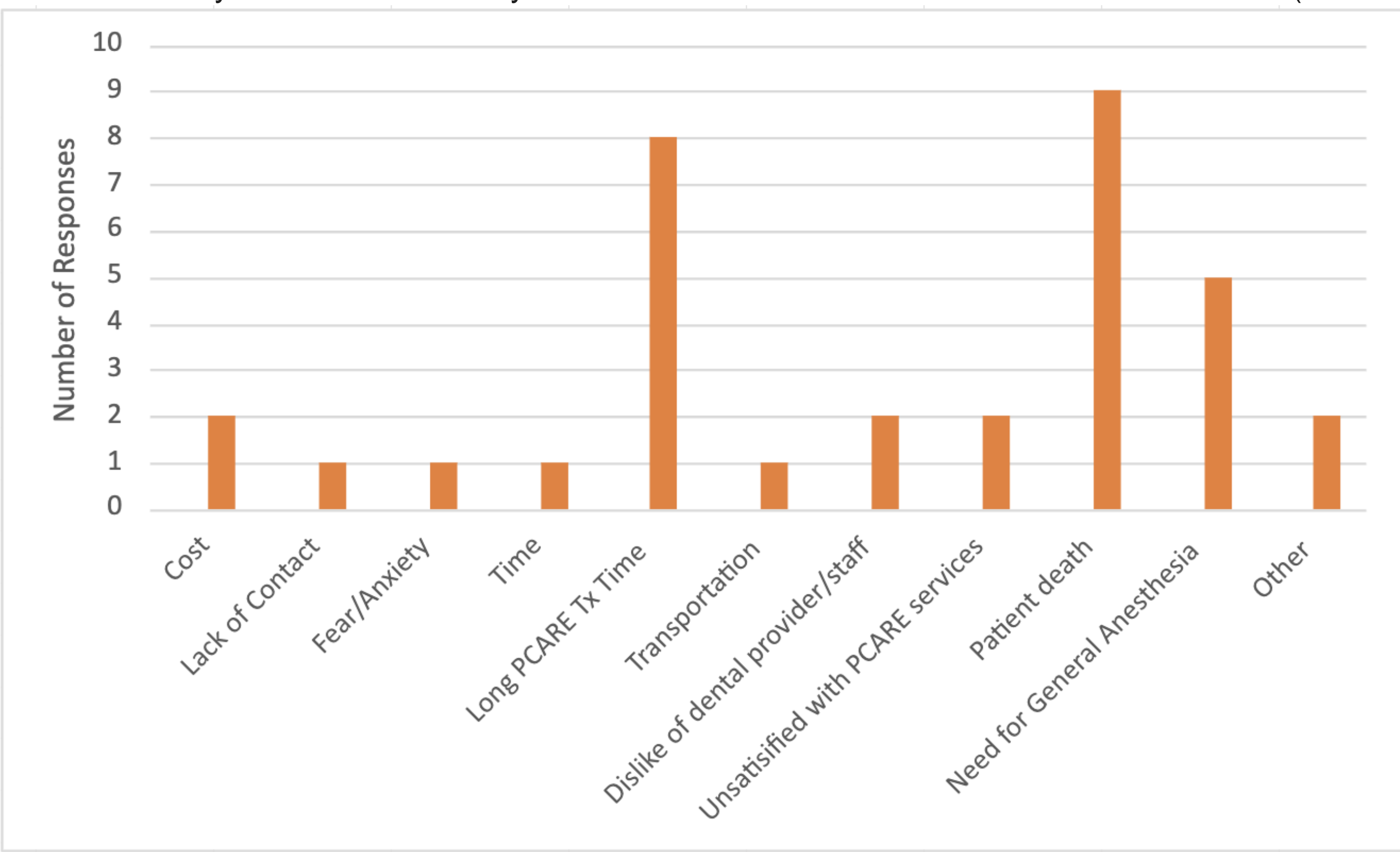


Chart 2. Analysis of Reasons Why Patients WILL Not Return to PCARE in the Future (N=27/162)



Conclusion

Patients with SHN have increased oral disease prevalence. Regular oral healthcare is critical to the overall health of this population.¹ PCARE provides a dental home for these patients, yet active patients were identified who did not have a scheduled appointment. This project determined that PCARE patients have not returned for care for various reasons, with the lack of contact from PDM and issues in timing being the main reasons. Besides patient death, the top reason patients will not return to PCARE in the future is due to long treatment time at PCARE. Phone surveys conducted highlight that there are both institutional and patient-centered factors that constitute reasons why patients have not returned to PCARE, and that the majority of patients plan/wish to come back to PCARE for their oral health needs. Emphasis will be placed on scheduling return appointments and teaching student dentists the need for more vigilant follow-up. Patients can be made more aware of the fact that dental care and treatment may take longer at PCARE compared to a typical dental office setting.

References

1. https://www.aapd.org/globalassets/media/policies_guidelines/bp_shcn.pdf
2. <https://www.aapd.org/research/oral-health-policies--recommendations/special-health-care-needs/>
3. <https://www.sciencedirect.com/science/article/pii/S001185320800092X>
4. <https://doi.org/10.1111/scd.12926>
5. <https://doi.org/10.1111/scd.12652>
6. <https://pmc.ncbi.nlm.nih.gov/articles/PMC7837515/>

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