Dental Home Initiative Issues/Barriers

Access to Care Issues/Barriers
- To use or not to use mobile dental vans? Barriers in working with Dental Vans or Mobile Dentists that don’t do follow up treatment
- EPSDT requirements are unclear
- Dental providers are lacking in some areas of PA
- Some families do not have access to EPSDT well child services because they are unable to get their child in to see pediatricians and family physicians
- Families with no insurance or children are undocumented
- Families are anxious about calling physicians and dentists, because they don’t know “who to talk to”
- Hours of operation of dental clinics are not convenient for families who work
- Many general dentists do not take children under 3 years of age
- Early Head Start families have limited access to oral health care for their young children, age birth to 3 years.
- Challenges in establishing dental homes for migrant/seasonal families
- Parents report that their child’s doctor says children can start seeing the dentist at age 3
- Inadequate resource lists of available dental providers
- Pregnant women won’t go to the Dentist and the Dentist won’t see pregnant women
- Pregnant women lose their dental coverage 6 weeks after they deliver
- Limited access to those dentists accepting Medical Assistance and those who provide follow up services;
- Limited access to new MA providers by programs and by Pediatricians for children needing treatment
- HS/EHS staff work closely with parents to call the dental clinic and then the clinic does not accept the child
- The turn-around time on staff referrals to dental providers for treatment services is too long – 2 weeks is not quick enough

Difficulties Navigating the Oral Health Care Delivery System
- Difficulties understanding “ACCESS” (Medical Assistance) and why dentists do not accept “ACCESS”
- Navigating the health care system is difficult for families with English as a second language
- Children often get lost during the “referral” process because parents do not know how to get follow up treatment for their child, or they do not follow through on the referral

Reimbursement Issues
- Not understanding how Medicaid programs reimburse providers – fee for service, capitated
- Do not understand certain Medicaid dental reimbursement rules and procedures
- Lack of awareness of provider reimbursement rates and which services receive reimbursement
- Lack of awareness regarding populations covered by Medicaid for reimbursement – for example, children younger than 3
- Low/inadequate reimbursement
Medicaid Bureaucratic Issues
- Long processes and red tape
- Too much paperwork
- Too many preauthorization requirements
- Too cumbersome credentialing process

Other Insurance Issues
- No consistent coverage between private insurances and Medicaid – causes confusion among providers and lack of continuity of care when patients switch insurance companies and, as a result, dental providers
  - For example, some private dental insurances don’t cover dental care until age 3
  - Physicians and dentists on different Medicaid insurance plans
  - Some Medicaid insurance plans not accepted by dentist

Other
- Long waiting lists
- Transportation to the dental office
- Mobile dentistry concerns:
  - Assurance of real referral – lack of case management
  - Continuity of care
  - Reimbursement for referral dentist
- Lack of information about insurance for pregnant women
- More primary care medical practitioners need training to assess young children and pregnant women
- Lack of adult oral health service coverage – may impact child receiving care
- Some families have multiple children and it’s difficult to schedule several children during one visit to the dentist
- Perceived Head Start bureaucratic/paperwork issues

Challenges in providing services for 0-3 year olds
- Family told that the child is too young to receive care
- Difficulties in dealing with children who have behavior problems
- Difficulties in serving children with special health care needs autistic children
- Some general dentists do not feel comfortable examining and treating young children
- Some general dentists only do an examination and preventive care for a child but not any restorative treatment
- Outcome is lack of continuity of care/dental home
- Dentist who receives referral may want to do their own examinations and are unable to get reimbursed
- Often poor referral ensures - Children get lost in the system when the dentist does not refer the child personally

Challenges Related to Attitudes, Behaviors, and Culture
- Fear factor
- Lack of parental awareness about importance of oral health – affect their attitudes
- Not returning permission form
- Lack of motivation
- Lack parental education with regard to oral health
• Severity of dental disease
• Other health issues have higher priority
• Anxiety
• No shows and how to prevent no-shows
• Overbooking appointments only way to keep chairs occupied
• Communication barriers between families and dental providers
• Negative behaviors of some families in the waiting rooms – cell phones, inappropriate dress; inappropriate language
• Lack of compliance of parent regarding dental protocols such as sedation, diet, oral hygiene
• Limited family financial resources
• Pregnant women afraid to get dental care – unaware that it is safe (and needed) to receive treatment

Workforce Issues
• Recruitment of new dentists
• Retention of existing dentists
• Lack of adequate dental resources in the community
• Dental providers are busy in private practice
• Volunteer burnout among dentists

Logistical Challenges
• Children come to the clinic with inaccurate information in their health records
• Securing parental consent
• Transportation issues
• Parent work schedules don’t coordinate with clinic schedules

Health Care Professional Development and Continuing Education Needs
• Rise in significant dental infections being encountered
• Increased urgency and greater pathology in dentistry
• Lack of recognition of importance of teeth among primary health care providers
• General dentists do not see young children
• Recognizing child abuse in the dental office
• Infectious transmission of decay producing bacteria from caregiver to child