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Upon request, this material will be made available in an alternative format such as large print, Braille or audio recording. Printed on recycled paper.
Summary

The Minnesota Department of Human Services (DHS) Special Needs Purchasing Unit collaborated with the Special Needs BasicCare Health Plans1 to conduct an electronic survey of community dental clinics to assess their interest and willingness in making physical and practice accommodations needed to treat adult public program enrollees with special health care needs. People with physical, intellectual or developmental disabilities may not seek dental care because they believe dental clinics are unable to accommodate their needs.

DHS and the health plans conducted the survey to verify their hypothesis that dental clinics want and can care for many people with special needs if physical and behavioral barriers can be overcome. Dental clinics were asked by the health plans to complete a short DHS electronic survey of 22 questions.

Special Needs BasicCare population

Special Needs BasicCare (SNBC) is a voluntary program managed by health plans for people with low incomes between the ages of 18 and 64 who have a developmental, physical or behavioral disability. Currently, approximately 52,000 adults are enrolled in the program; nearly 40 percent are minorities and almost 70 percent are older adults (40 to 64 years old).

Enrollees are medically complex: most have five or more chronic conditions with 70 percent of enrollees experiencing some type of behavioral health diagnosis (not including use of nicotine). They may also experience social barriers that affect their ability to maintain health, such as unstable housing and supports, a lack of education, poor reading skills, and other social factors, all of which may be addressed by the SNBC program’s care coordination activities.

Many medications used to treat enrollees’ chronic conditions have dental side effects. Dental pain is known to amplify behavioral issues, especially for individuals who communicate differently. Dry mouth, a common drug side effect, impacts diet. Patients with a diagnosis of dry mouth will increase fluid consumption, using sugary drinks to squelch the dryness discomfort.

Consistent, frequent professional dental care is critical to the overall health and well-being of SNBC enrollees. These dental visits:

1. Monitor patients closely for any changes, which can be promptly addressed.
2. Counsel patients and support staff repeatedly about at-home dental care and methods that may be helpful for patients who are resistant to brushing.

1 Health plans and county based purchasers (CBP): Health Partners, Hennepin Health, Medica, PrimeWest Health (CBP), South Country Health Alliance (CBP) and UCare
3. Foster relationship and develop trust – both of which are crucial in long-term health and appointment success.

This survey examined if community-based dentists feel equipped to serve SNBC enrollees. The majority of SNBC patients may be well cared for in a typical private dental office with a few considerations, typically: a longer appointment time, accommodations for a service dog or room for residential staff to attend the appointment with the person or a specialized dental chair. The appointment experience can be enhanced for everyone when enrollees and dentists know what to expect and dentists are prepared with appropriate accommodations for the SNBC patient.

**Community-based dental clinic survey results feedback**

Of the 167 responses received from clinics, 43 percent were from seven counties in the Twin Cities metro area, 33 percent were from northern Minnesota and 24 percent from southern Minnesota. Most of the clinics were staffed by one or two dentists and two or three hygienists or dental therapists.²

- Approximately half of the clinics reported asking new patients if they required special accommodations that could impact their care.
- Approximately 70 percent reported they communicated with the patient’s primary care or behavioral health provider.
- More than 85 percent of respondents allowed service animals, had dental chairs that could adjust to wheelchair level and had wheelchair-accessible waiting areas. Eleven percent of clinics had a bariatric dental chair, and one-third of respondents indicated they could accommodate patients who require a private waiting area. Approximately two-thirds of the clinics indicated that their staff already had training to support patients with physical limitations or mildly challenging behaviors.
- Seventy-eight percent of the responding clinics indicated interest in education on working with people with special needs. Dental clinic staff voiced concerns about a lack of training in working with people with special needs since obtaining their degree. Several comments addressed the need for continuing education courses, job shadowing or additional training by experts experienced in working with people with disabilities.
- Most respondents indicated they may be able to serve people with certain special needs provided they had an understanding of the person’s complete needs before coming to the dental appointment. Respondents discussed the importance of clear and complete communication of a person’s needs when scheduling a dental appointment. In addition, dental staff expressed the need for the person to have staff attend the appointment if there is a need for assistance in activities of daily living.
- Many respondents commented on the need for higher reimbursement rates due to the extended length of time needed to give quality care to this population and the need for expanded benefits to help this population maintain good oral health.

² Appendices 1 and 2 for survey demographics and results.
Observations

The survey shows that dental clinics are serving patients with special needs, and are willing to see more SNBC patients if DHS and the health plans can provide meaningful ways to overcome some of the barriers to dental care experienced by people with disabilities.

Survey responses demonstrated a need for more information and training on the management of dental patients with special needs. Dental staff want and would benefit from access to information and consultations about special needs dentistry. Dentists want to care for their community members and need mentoring, care support and access to tangible information about a person’s unique needs.

Dental care for people with and without disabilities is important. Prevention and early intervention are the milestones of modern dentistry. These milestones can be more difficult to accomplish when dental professionals feel unprepared for the unique needs of SNBC recipients. It is the intent of this project to foster collaboration for the purpose of meeting the oral health care needs of SNBC recipients. Currently, less than half of adults (19 to 64 years old) receive at least one dental visit per year. By working through operational accommodations, these statistics can be improved, eventually enabling many SNBC individuals to be seen regularly by dental providers in their own communities.

Thank you

DHS and the SNBC Health Plans express their appreciation to all of the Minnesota dental providers that responded to this survey. The team will strive to use your input as they move forward with implementing the SNBC Dental Access Project. If you want more information on the SNBC Dental Access Project, please email one of the project contacts listed on page two.
Appendix 1: SNBC Dental Clinic Survey Responder Demographics

Clinic Information

1. **Clinic location:**
   - 58 dental clinics within the Twin Cities seven county metro area.
   - 45 dental clinics in northern Minnesota.
   - 33 dental clinics in southern Minnesota.

2. **Dental clinic staffing:**
   - **Full-time dentist:**
     - None = 10
     - One = 89
     - Two = 30
     - Three = 12
     - Four or more = 10.
   - **Part-time dentist:**
     - None = 59
     - One = 34
     - Two = 13
     - Three = 5
     - Four or more = 6.
   - **Dental therapists:**
     - None = 95;
     - One = 11
     - Two = 3
     - Three = 0
     - Four or more = 1.
   - **Dental hygienists:**
     - None = 17
     - One = 26
     - Two = 49
     - Three = 22
     - Four or more = 40.
Appendix 2: Dental Clinic Survey Responses

Scheduling New Patients

1. Ask if new patient has special needs or require special accommodations?
   • Yes = 84; No = 84
2. Ask if new patient has medical or behavioral health issue?
   • Yes = 77; No = 91
3. Ask if new patient will require interpreter services?
   • Yes = 63; No = 104
4. Ask if new patient has a guardian?
   • Yes = 81; No = 85
5. Clinic communicates with patient’s primary care provider?
   • Yes = 121; No = 46
6. Clinic communicates with patient’s behavioral health support provider?
   • Yes = 118; No = 47
7. Allow patients to communicate using telecommunications relay services?
   • Yes = 93; No = 91
8. Clinic offers orientation visit for new special needs patients?
   • Yes = 40; No = 126
9. Time scheduled for orientation visits?
   • Fifteen minutes = 17; 30 minutes = 15; more than 30 minutes = 5

Accommodations

1. Allow service/therapy animals?
   • Yes = 141; No = 24
2. Waiting area accommodates wheelchairs?
   • Yes = 162; No = 5
3. Dental chairs adjust to wheelchair level?
   • Yes = 147; No = 20
4. Have a bariatric dental chair?
   • Yes = 18; No = 147
5. Accommodate the need for a private waiting area?
   • Yes = 50; No = 115
6. Staff trained to accommodate patients with physical limitations?
   • Yes = 102; No = 61
7. Staff trained to accommodate patients with sensory issues?
   • Yes = 65; No = 98
8. Staff trained to accommodate patients with cognitive conditions?
   • Yes = 81; No = 81
9. Staff trained to accommodate patients with mildly challenging behaviors?
   • Yes = 104; No = 60