'Filling in the gaps'

Where the problems lie in addressing the oral health of Australians with disability

Mathew Lim

Living with Disability Research Centre Seminar Series 2022
Journey to *try* to ‘Fill the gap’

- Transition from general dental practice to specialisation
- ‘Special Needs Dentistry’
- Wanting to be (part of) a ‘solution’

**PhD thesis:** “*Overcoming barriers to access and provision of dental care for people with special needs in the Australian public dental system*”

- Aim:
  - To understand the problems associated with providing dental care for people with special needs
  - To begin to address barriers from within the dental profession
Main ‘gap’ in current system

Public hearing 4: Health care and services for people with cognitive disability

“Limited access to dental assessments and treatment is a significant barrier to oral health for people with cognitive disability. This is a particular concern for people with cognitive disability in supported accommodation settings. There are often long waiting times to see ‘special needs dentists’ and we heard that many dentist do not have adequate skills to properly treat people with cognitive disability”

Barriers reported by people with disability (and their carers):

• 19.7% Lack of adequately experienced clinicians
• 15.3% Cost
• 14.7% Inconvenient clinic location
• 13.9% Lack of willingness of clinicians to treat

(Pradhan et al 2009)
WHAT FACTORS INFLUENCE SPECIALIST SERVICES?

- Limited resources
- Limited specialist workforce
- Referrals

WHICH PATIENTS ARE REFERRED FOR SPECIALIST CARE?

- Integrated Special Needs Department (Royal Dental Hospital of Melbourne)
- Special Needs Unit (Adelaide Dental Hospital)
- Special Care Dental Units (Oral Health Services Tasmania)

WHY DO DENTISTS REFER?

- Insufficient training and experience
- Barriers within public dental system
- No interest

WHAT WOULD IMPROVE WILLINGNESS TO TREAT?

- Better training or ongoing education
- Network with more experienced clinicians
- Working alongside specialists or training specialists
- Better communication or use of telehealth
- Closer collaboration with other health professionals and carers
- Resources, equipment, and facilities

CAN ADDITIONAL SUPPORTS FROM SPECIALISTS IMPROVE WILLINGNESS TO TREAT?

- Structured network
- Visiting specialists
Additional support provided by specialists can improve the willingness of clinicians to treat patients with special needs.
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The research approach

Advertised for participants at clinics known to have dental programs targeted towards patients with special needs

Semi-structured interviews
N = 27

Inductive thematic analysis

**Interview questions:**

1. Do you treat patients with special needs?
2. Do you think the clinicians you work with are generally willing to treat patients with special needs?
3. Are there particular groups of patients you find more difficult to manage / feel less comfortable to treat?
4. Do you feel able to provide your patients with special needs with the treatment they require?
5. Do you feel there are any factors that prevent you from being able to do so?
6. Are there factors that you feel may affect the willingness of clinicians to treat individuals with special needs?

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Not all dentists willing to treat patients with special needs

Don’t want to express interest to avoid being asked to do more

### Disability
- Communication
- Consent
- Limitations of treating patients in wheelchairs

### Complex medical issues
- Implications of medications
- How to provide treatment safely

**Results: Perceptions of clinicians**

Lim et al, Spec Care Dentist 2021
Results: Barriers to providing care

LACK OF CONFIDENCE IN ABILITY
- Worried about harming patient
- Inadequate training or experience
- Difficult getting information about patient
- Stress of managing complex patient

LACK OF SUPPORT
- Lack of facilities and equipment
- Lack of priority
- Inability to provide level of care required

- Productivity pressures
- Waiting lists
- Unable to provide ongoing care
- Workforce

Lim et al, ADJ 2021
Results: Recommendations

- Ability to network with clinicians with more experience
- Visiting specialists / specialist trainees
- More supportive or suitable work environment
- Equipment and facilities
- Telehealth to communicate with specialists or joint consultations
- Greater collaboration with other health professionals and carers
- Allowances for additional time
- Greater support from administrative staff
- Regular access to CPD sessions
- Resources: protocols and guidelines

Lim et al, ADJ 2021
How to address the ‘gaps’

- Networking and Communication
- Supportive Work Environment
- Education and Training
Findings from Disability Royal Commission

1. Measures required to increase awareness among dentists, other health professionals, and disability support workers of oral health needs of people with disability

2. Training programs to increase awareness amongst dentists and oral health professionals of practices that reduce stress and anxiety among people with cognitive disability who seek or receive oral health care

3. Establish pathways to promote collaboration and coordination between disability support workers and dental services, as a means of improving the oral health of people with cognitive disability
Do we really understand the problem?

The Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability

Obvious issues with public dental system ...
- 150,000 Victorians waiting for general dental care
- Specialist care not reported (~ 7-8 years)

Barriers to accessing care reported in literature
‘Gaps’ in our understanding

What do Australians with disability want and/or need?

Preferences for health care?

• Local general dentist vs. specialist
• Public vs. private
• What if treatment under GA is what they want

Is oral health a priority?

• Prevention and oral health literacy – *futility* of dental treatment
• Value-based healthcare – *will this disadvantage those who can’t advocate for themselves?*

No mechanisms to measure oral health needs of Australians with disabilities
"Required an average of two fillings and six extractions"

Range:
- Fillings: 0 – 10
- Extractions 0 – 30
- 41% unable to be examined prior to GA
- 82% needed clean

Lim & Borromeo, JIDD 2018
Creating opportunities to support change

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**EDUCATION AND TRAINING**

oral health & intellectual disability
a guide for dental practitioners

oral health is central to good overall health

People with disability are at increased risk of poor oral health and face multiple barriers to accessing dental services.

This guide is for dentists, dental therapists, oral health therapists, dental hygienists and dental prosthetists. It outlines some of the barriers to good oral health experienced by people with intellectual disability. It provides strategies that dental practitioners can use to identify these barriers so that they can engage patients' support networks and provide high quality dental care.

Most patients with mild or moderate disability can be treated successfully in the general dental clinic.

“Oral health is considered integral to general health, with poor oral health likely to exist when general health is poor and vice versa. Oral health refers to the standard of health of the oral and related tissues that enable an individual to eat, speak and socialise without active disease, discomfort or embarrassment. While oral diseases are common, they are largely preventable through population-level interventions (including water fluoridation), and individual practices such as personal oral hygiene and regular preventive dental care.”

**NETWORKING AND COMMUNICATION**
Listening to what clinicians want and need ...

- Ability to network with clinicians with more experience
- Visiting specialists / specialist trainees
- More supportive or suitable work environment
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Lim et al, ADJ 2021
Lim et al, JDRCTR 2021
Lim et al, JDOH 2022
Addressing funding ‘gaps’

For patients:
No dedicated funding for oral health of Australians with disability
- No Medicare
- No NDIS support
- No direct funding for people with disability within the public dental system

For service providers or clinicians:
Current activity-based funding models disadvantage patients with disability
Do not recognise:
- Additional time required during dental appointment
- Additional complexity

Could additional funding for patients support choice of service, and thereby improve access to care?

Current funding models discourage treatment because of productivity measures
What are we trying to achieve?

EQUITY = HEALTH OUTCOMES + ACCESS TO CARE

Article 25 of the United Nations Convention on the Rights of Persons with Disabilities: ‘people with disability have right to enjoy highest attainable standard of health without discrimination on the basis of disability’
Filling the ‘gap’

Fostering a supportive environment ...

- Understanding and recognition of problems + Creating opportunities to support change

In the current environment, insidious barriers that exist at several levels:

- Individual / clinician: no support - may be disincentives
- System : dental profession is seen as the problem

Oral health is not just a dental issue

... it is an integral part of general health and quality of life of Australians with disability
Thank you

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