



THE UNIVERSITY OF
MELBOURNE

‘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

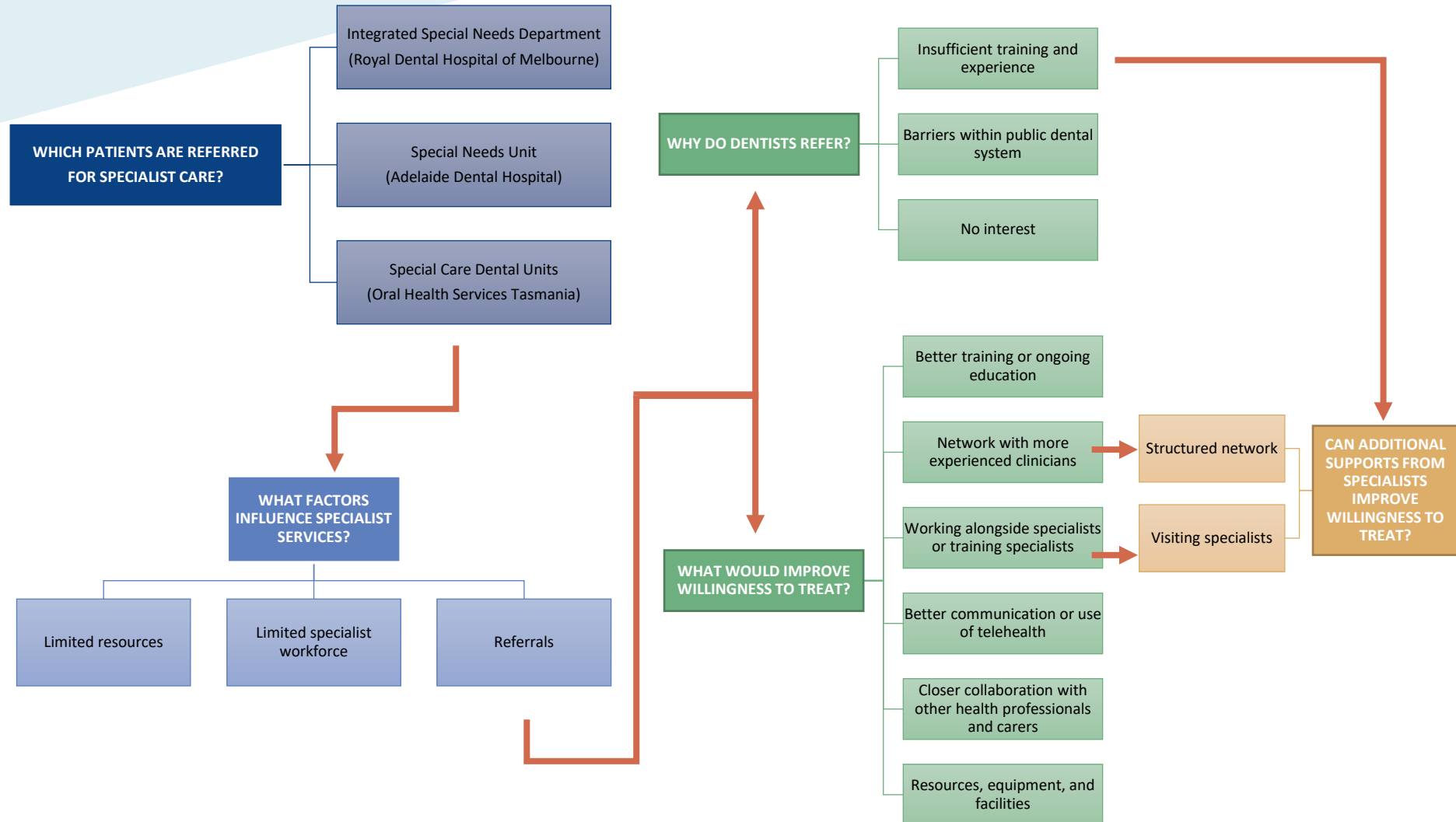
Public hearing 4: Health care and services for people with cognitive disability

“**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”

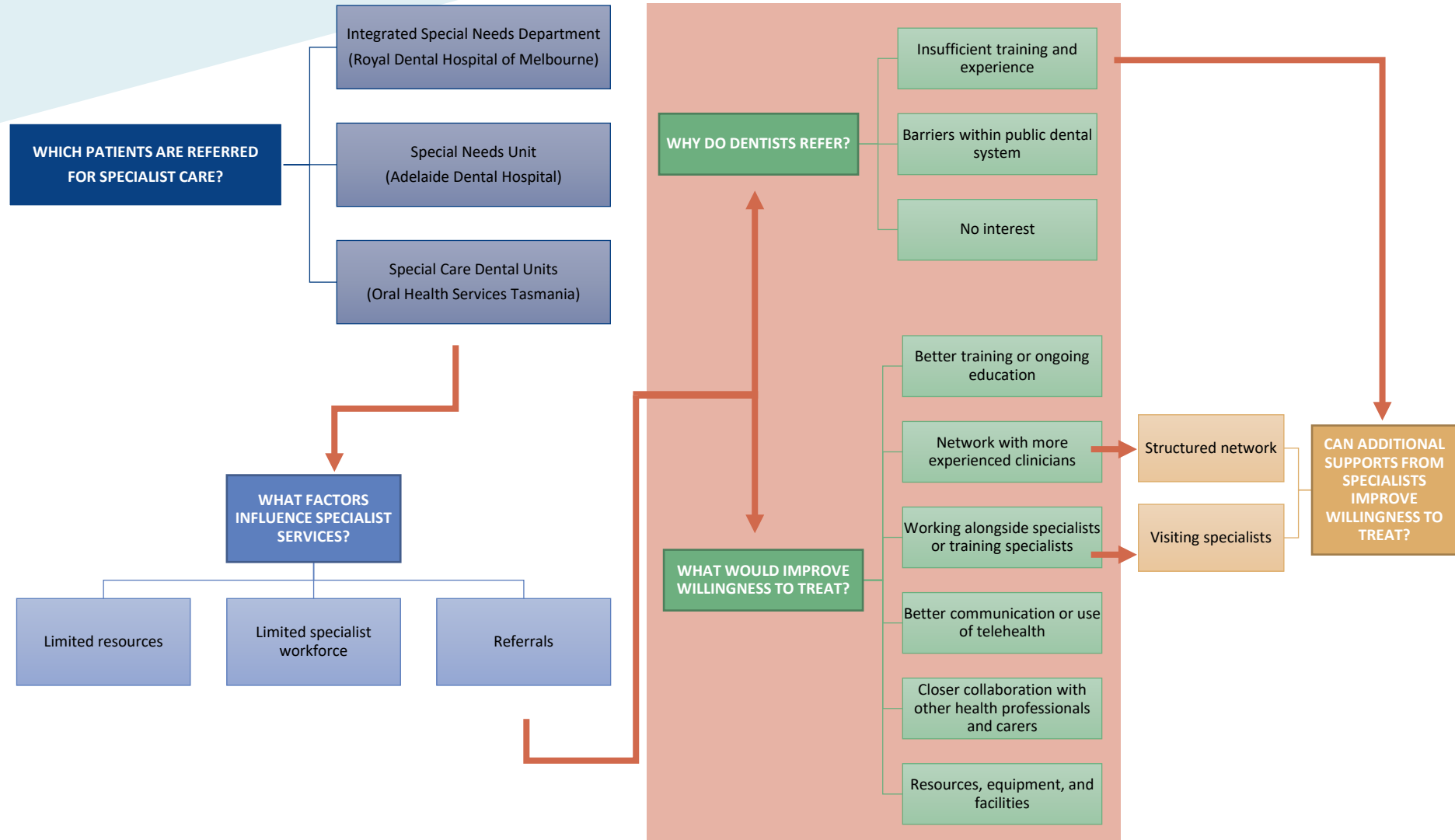
Barriers reported by people with disability (and their carers):

- **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)







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

	Dentists	OHTs	Prosthetists
Northern Territory	2	0	0
South Australia	8	0	0
Tasmania	7	4	1
Victoria	4	1	0

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?

Results: Perceptions of clinicians

Not all dentists
willing to treat
patients with
special needs

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

Disability

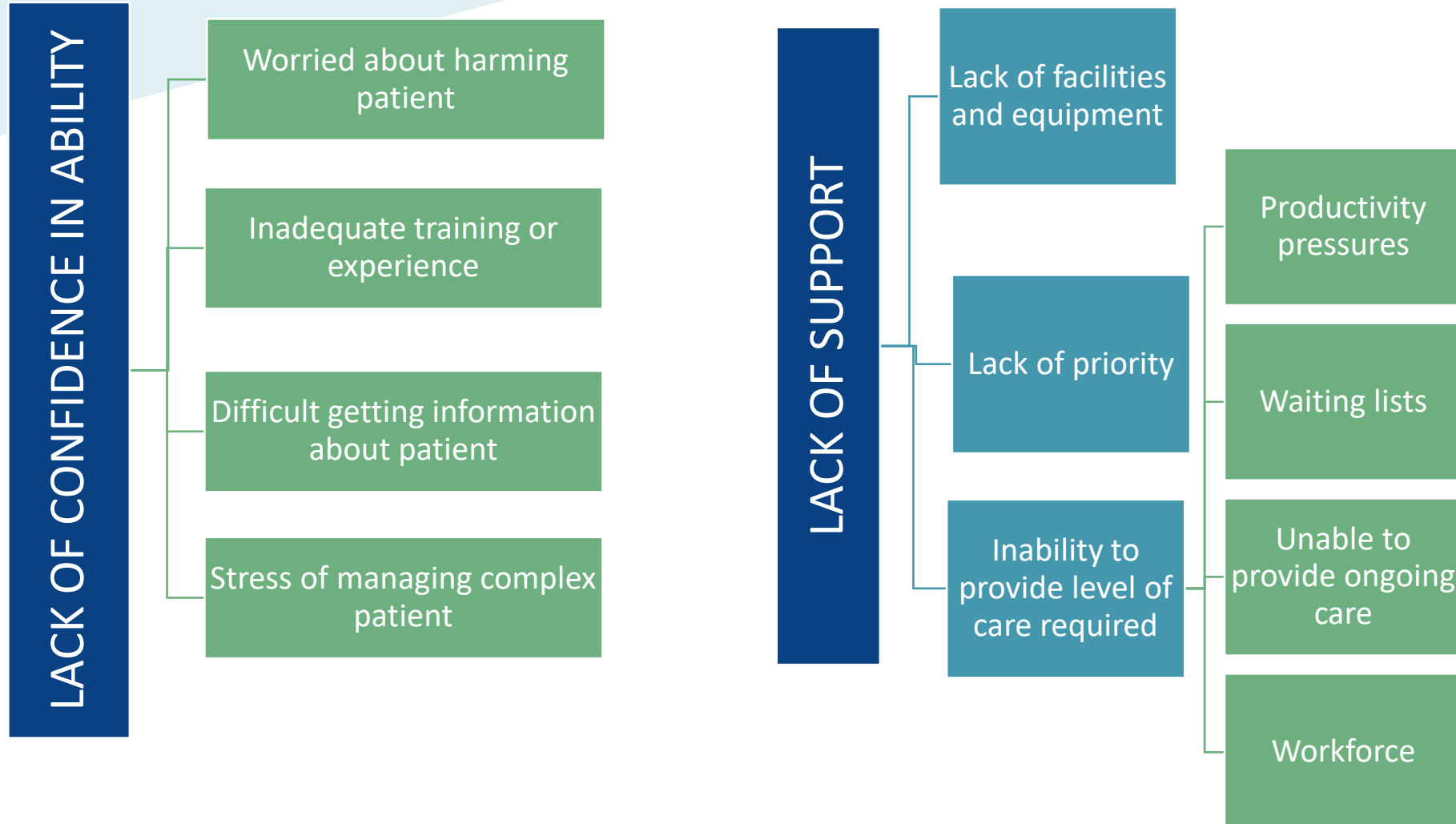
- Communication
- Consent
- Limitations of treating patients in wheelchairs

COMMON DIFFICULTIES

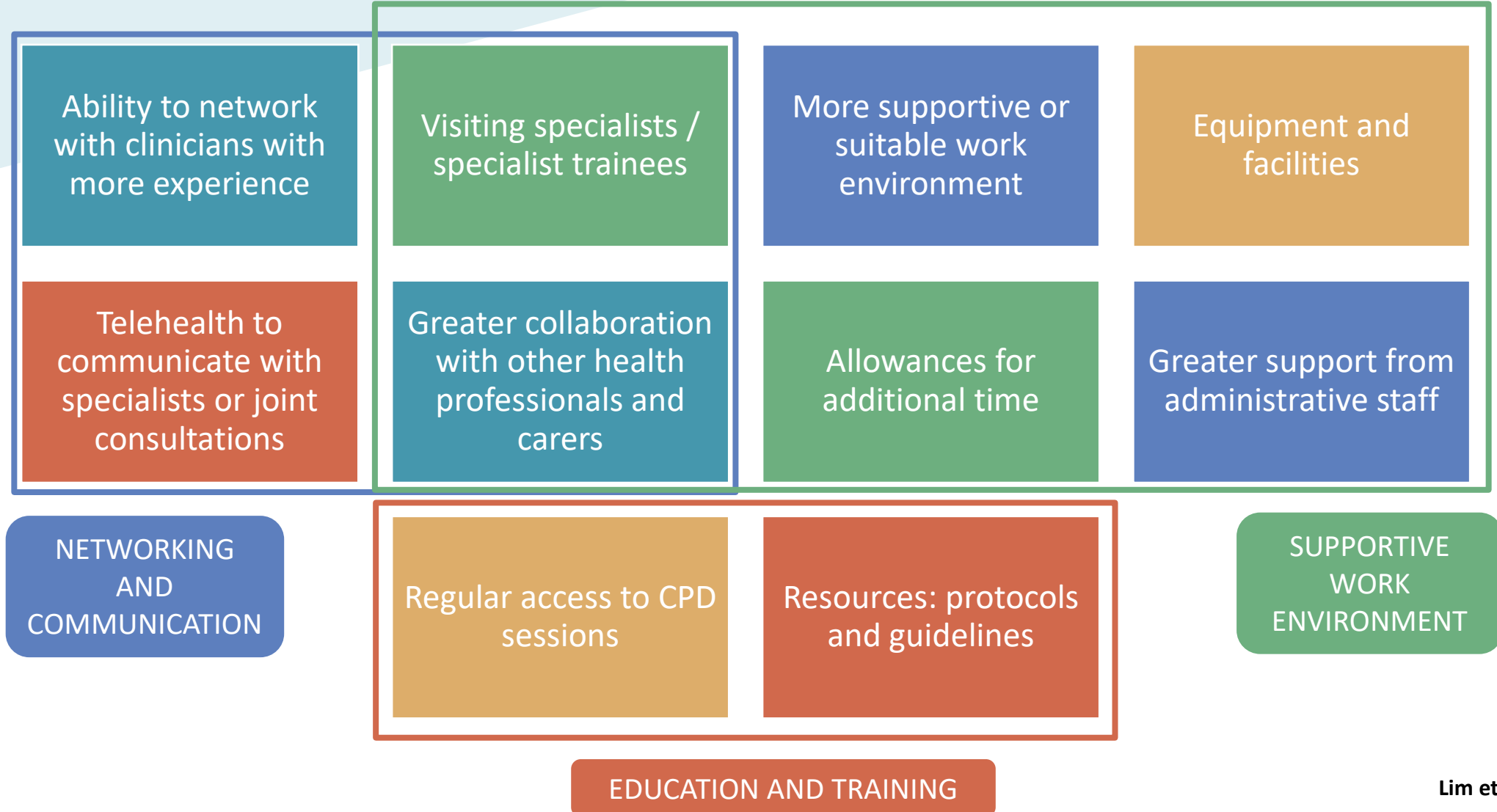
Complex medical issues

- Implications of medications
- How to provide treatment safely

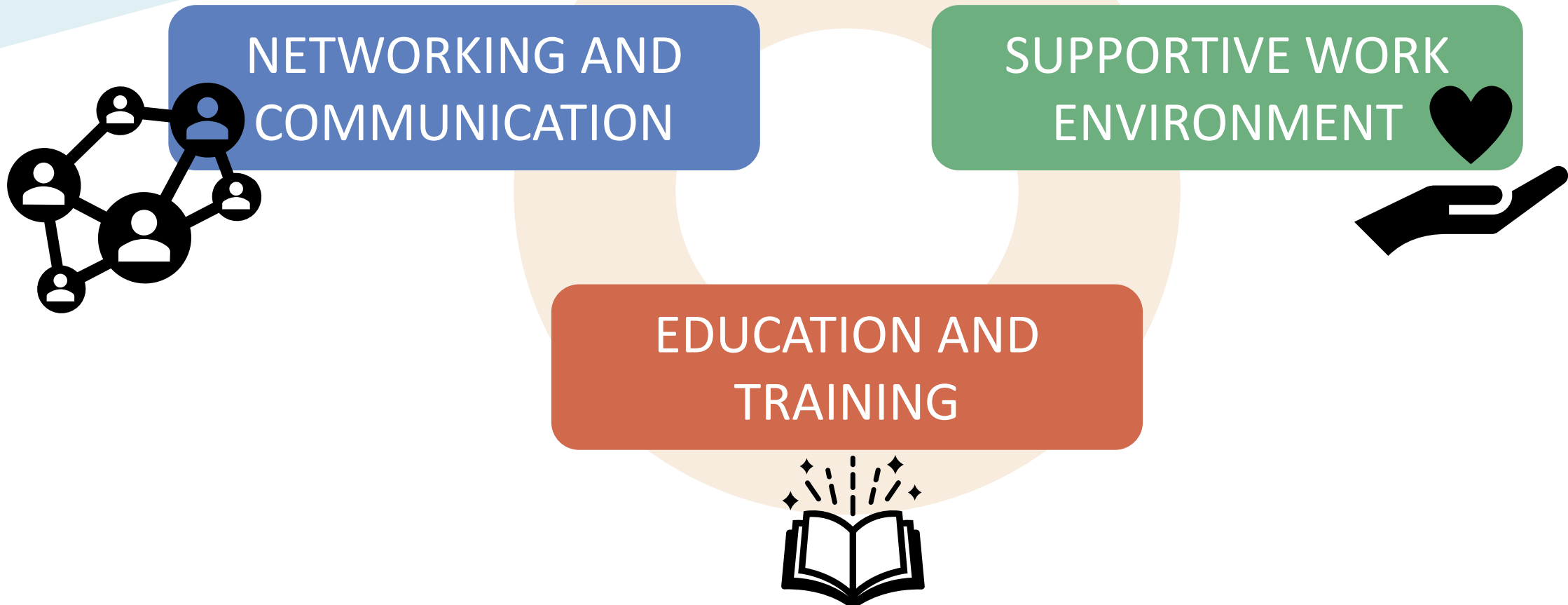
Results: Barriers to providing care



Results: Recommendations



How to address the ‘gaps’



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

EDUCATION AND
TRAINING

?
SUPPORTIVE WORK
ENVIRONMENT
?

NETWORKING AND
COMMUNICATION

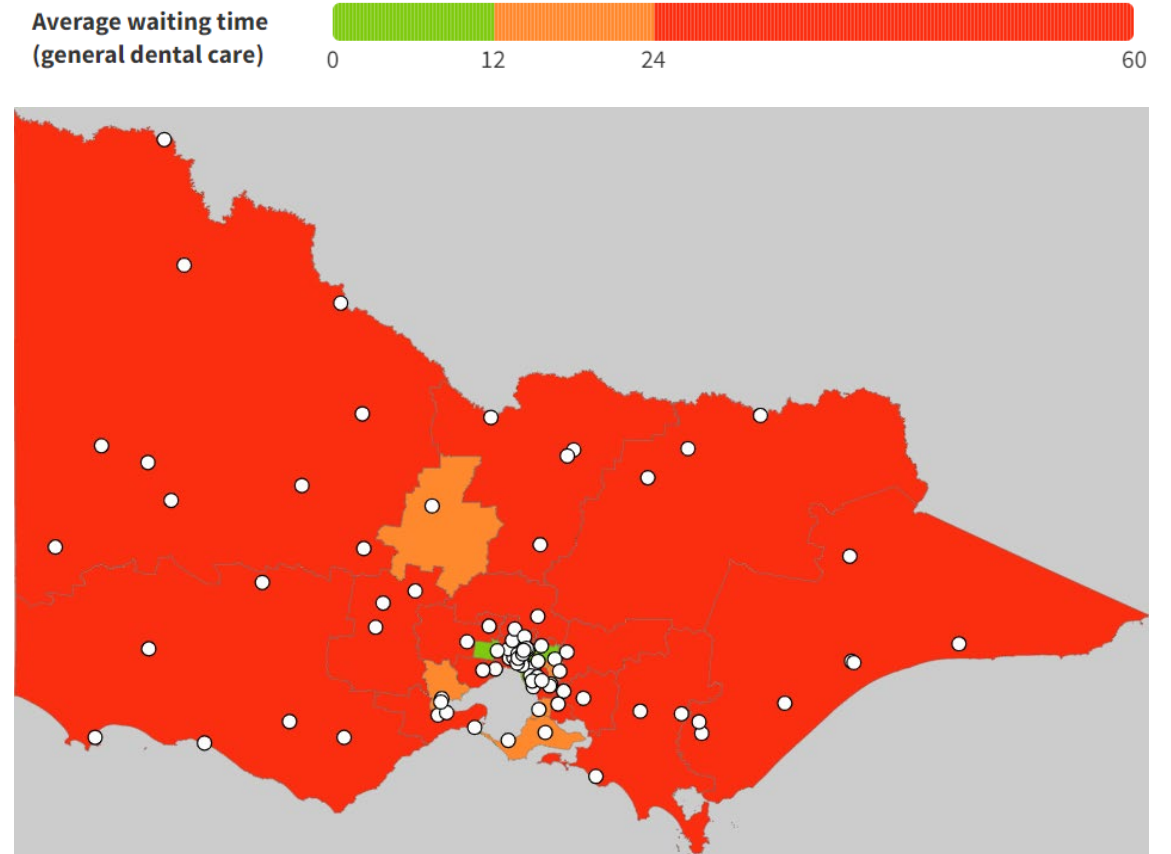
Do we really understand the problem?

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



Source: adayb.org • Data obtained under Freedom of Information from Dental Health Services Victoria in January 2022 by the Australian Dental Association Victorian Branch Inc.



‘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?*

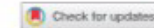
No mechanisms to measure oral health needs of Australians with disabilities

“Required an average of two fillings and six extractions”



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BRIEF REPORT



Oral health of patients with special needs requiring treatment under general anaesthesia

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ABSTRACT

Background: General anaesthesia (GA) remains a vital modality to facilitate dental treatment for patients with special needs but there is limited literature to describe the types of patients requiring this form of care and the treatment they receive.

Method: A cross-sectional clinical audit was conducted of patients treated under GA at the Day Surgery Unit of the Royal Dental Hospital of Melbourne during August 2015.

Results: The majority of patients had an intellectual disability and were referred due to their inability to tolerate conventional dental treatment. These patients demonstrated high levels of treatment need requiring an average of two fillings and six extractions.

Conclusions: Although these results demonstrate the value of GA in treating patients with intellectual disabilities, the level of treatment need identified raises concerns about current approaches to oral health for this cohort. Greater efforts are required towards preventive oral care for patients with special needs.

KEYWORDS

Dental anxiety; dental treatment; general anaesthesia; intellectual disability; oral health; special needs dentistry

Patients with special needs encompass a diverse group including those with intellectual and physical disabilities, psychiatric conditions, and complex medical conditions (Dental Board of Australia, [n.d.](#); Royal Australasian College of Dental Surgeons [RACDS], [2014](#)). In many circumstances, these factors do not occur in isolation but rather with several compounding factors thereby complicating the manner in which they receive oral health care. As a result, special techniques or treatment modalities

wisdom teeth but has also been described to facilitate the treatment of patients with special needs, in particular, those with intellectual disabilities that are unable to tolerate conventional dental treatment (Dougherty, [2009](#); Glassman, [2009](#); Lim & Borromeo, [2017c](#)). Despite this, little has been published about the types of treatments these individuals receive.

This pilot study aims to review the types of patients with special needs treated under GA at the Royal Dental

Range:

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

Lim & Borromeo, JIDD 2018

ties to support change

1. Measure dental support with

2. Train dent that cogn care

3. Establish coord and oral



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oral health & intellectual disability
a guide for dental practitioners

oral health is central to good overall health

Good oral health is required if people with intellectual disability are to:

- ▶ experience good overall health and wellbeing
- ▶ participate in their communities
- ▶ function to the best of their abilities

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."

(Centre for Oral Health Strategy NSW, 2013:4)

EDUCATION AND TRAINING

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

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

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

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

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

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'



'DISCRIMINATION'

Highlight 'disability'
Promote
'specialised'
healthcare and
recognising
additional needs

'Normalising'
disability as a
spectrum of ability

SPECIAL NEEDS DENTISTRY



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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