Conference Paper

Policies and Guidelines Outside the American Academy of Pediatric Dentistry: Influencing Oral Health Care for Persons with Special Health Care Needs

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Abstract: *Organizations other than the American Academy of Pediatric Dentistry (AAPD) have produced policies and guidelines regarding oral health care for persons with special health care needs (PSHCN). These organizations may be classified as: (1) educational groups; (2) legislative groups; (3) research-oriented groups; (4) industry groups; and (5) parent support groups. The other dental organization heavily advocating for oral health for PSHCN is the Special Care Dentistry Association. Diagnosis-based associations, such as the National Foundation for Ectodermal Dysplasia, also provide caregiver and patient support. Legislative agendas at the state and federal levels are aimed at improving the oral health of PSHCN. The purpose of this paper is to review the policies and guidelines outside AAPD influencing oral health care for PSHCN. AAPD should be aware of these activities and develop such policies in concert with other organizations where feasible. (Pediatr Dent 2007;29:140-2)*

KEYWORDS: PERSONS WITH SPECIAL HEALTH CARE NEEDS, POLICIES, GUIDELINES, ORAL HEALTH

Are there any entities outside the American Academy of Pediatric Dentistry (AAPD) influencing the oral health care for persons with special health care needs (PSHCN)? To answer this question, the potential influences were categorized into the following influential categories: (1) dental (other than AAPD) and nondental organizations; (2) diagnosis-based associations; (3) educational groups; (4) legislative bodies; (5) research-based groups; (6) industry groups; and (7) parents.

For historical purposes, 3 guidelines have been embraced by the dental community on a national level that have an impact on the safe delivery of health care to PSHCN:

1. In 1989, the Occupational Safety and Health Administration (OSHA) implemented the standard of universal precautions to minimize the risk of transmission of bloodborne infections in the healthcare environment;[1]
2. The American Heart Association (AHA) maintains the infective endocarditis prophylaxis guidelines, with the most recent revision occurring in 1997;[2]
3. In 2003, the American Dental Association and the American Academy of Orthopaedic Surgeons issued an advisory statement regarding the dental care for individuals with orthopedic hardware.[3]

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These 3 classic guidelines share the following features:

1. Experts convened to develop these guidelines.
2. They were well-disseminated and universally adopted.
3. They involve mechanisms for future revisions.
4. They included handouts/pocket guides for ease of use.

The primary organizational leader other than the AAPD advocating for PSHCN is the Special Care Dentistry Association (SCDA).[4] SCDA provides an opportunity for colleagues across all fields of dentistry to interact and develop strategies to enhance the care of PSHCN. Advocacy efforts specific to PSHCN are the primary focus of SCDA.[5]

Other organizations influencing the oral health care of PSHCN are diagnostic-based organizations. The more prevalent the disease, the more likely oral health guidelines will exist within the organization's materials. Table 1 lists 4 of the more prevalent conditions and their associated organization.[6-9]

There are nondental organizations that impact the care of PSCHN. The American Academy of Pediatrics (AAP) has made oral health one of the 3 main initiatives for its strategic plan for 2006-2007.[10] To educate current and future pediatricians, the AAP has developed an Oral Health Training Module that is available to all residents in pediatric training programs in the United States as well as to all AAP members.

The American Academy of Family Physicians has recently required oral health education for accreditation of their residency programs. In conjunction with this requirement, oral health training modules entitled Smiles for Life: A

National Oral Health Curriculum for Family Medicine[11] have been developed.

The Maternal and Child Health Bureau has funded 2 grants related to improving oral health care in this country.[12] One grant was awarded to AAP and focuses on improving access to dental care for pediatric patients. The second grant was awarded to the AAPD to enhance the oral health of pregnant women and infants.

Educational entities have a significant influence on educating future providers for PSHCN. The Commission on Dental Accreditation (CODA) guidelines have weakened the requirements for dental students to become competent in the care of PSHCN.[13] Not requiring dental students to provide care for PSHCN affects the confidence and competency of future dentists to provide appropriate dental care for PSHCN, consequently affecting access to care for PSHCN. Dental students need to be encouraged to develop a social conscience as well as the intellectual curiosity to include PSHCN in their future practice of dentistry.

Legislative agendas on both the national and state levels have impacted dental care for PSCHN. On September 20, 2006, the US Congress passed legislation to improve military dependents' oral health care, including coverage for dental treatment under general anesthesia for PSCHN.[14] Many states have enacted similar legislation to require private insurance companies to cover dental treatment in the operating room for PSCHN. The SCDA is sponsoring the "Special Care Dentistry Act" (H.R.4624) in the present Congress to advocate for oral health care benefits for PSCHN within the Medicaid Program.[15]

Funding for research to enhance the understanding of diseases that impact the oral health of PSCHN primarily comes from National Institute of Dental and Craniofacial Research (NIDCR).[16] Individual foundations such as the National Foundation for Ectodermal Dysplasias (NFED) also sponsor research projects.

Industry has an impact on the delivery of oral health care of PSCHN. Technological enhancements in digital panoramic machines, for example have made the machine more wheelchair accessible, and shortened the exposure times to make obtaining a panoramic film more feasible for a PSCHN. Future technological improvements should include considerations for PSCHN.

Parents may have the following questions:

1. What dental conditions are part of the medical diagnosis (bruxism, oral self-abuse, delayed eruption, missing teeth)?
2. How do I access a dentist, and what should I expect at the first visit (facility accessibility, caregiver involvement)?
3. What are the special dental needs (communication, antibiotics, mouth props, restraints, muscle relaxants)?
4. Are there special prevention measures (eg, fluoride varnish, xylitol and chlorhexidine rinses, and spin brushes)?
5. How does medical treatment affect oral health (drug-induced xerostomia, delayed or missing teeth)?

To find answers to these questions, parents may access a variety of resources, including magazines (Exceptional Parent), brochures/handouts, local parent support groups, Internet searches and chat rooms, specific diagnosis based registries, Special Olympics networking, and Family Voices.[17–21] In summary, PSCHN should be viewed as "people first" and every effort should be made through all these entities described to optimize every aspect of their oral health.[22]

Table 1. DIAGNOSTIC-BASED ORGANIZATIONS FOR SPECIFIC DISABILITIES

Diagnosis	Organization
Cleft lip with or without cleft palate	American Cleft Palate-Craniofacial Association
Down syndrome	National Down Syndrome Society
Ectodermal dysplasia	National Foundation for Ectodermal Dysplasia
Autism	National Autism Society

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