



Dental Public Health Activities & Practices

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 University of Washington School of Dentistry
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SECTION I: PRACTICE OVERVIEW

Name of the Dental Public Health Activity:

The Dental Education in Care of Persons with Disabilities (DECOD) Program

Public Health Functions:

Assurance – Population-based Interventions
 Assurance – Access to Care and Health System Interventions

Healthy People 2010 Objectives:

21-2 Reduce untreated dental decay in children and adults
 21-10 Increase utilization of oral health system
 21-11 Increase utilization of dental services for those in long-term facilities

State:

Washington

Federal Region:

Northwest
 Region X

Key Words for Searches:

Persons with disabilities, persons with special health care needs, CSHCN, oral health care, access to dental care, direct services, dental treatment, provider training, dental education

Abstract:

The Dental Education in Care of Persons with Disabilities (DECOD) program at the University of Washington School of Dentistry has been in existence since 1974. The DECOD program is a pre- and post-doctoral training program which provides: 1) Direct oral health care for persons with disabilities, and 2) Training of oral health care professionals including dentists, dental hygienists, dental students and dental hygiene students in the provision of care for persons with disabilities. In addition to on-site clinical training, DECOD educational materials are utilized by state and local dental associations, dental and dental hygiene schools, and practicing dental professionals throughout the U.S. The training of dental and dental hygiene students is unique as most schools do not expose their dental and dental hygiene students to such an extensive curriculum. The lack of training in the care of persons with disabilities often results in an unwillingness to treat and missed opportunities to develop a sense of commitment, compassion and competence in caring for this segment of the population in our society. Willingness to treat could be positively affected if training is provided to students early in their academic settings and to dentists early in their practice careers. The DECOD program also offers a fellowship program to practicing clinicians wishing to build skills in the area of special patient care. The funding of the program is provided by Medicaid reimbursement for dental services as well as support from the Department of Social and Health Services (DSHS) in Washington State. In FY 2005, the budget was approximately \$850,000 and 4,800 patient visits were provided through the DECOD program.

Contact Persons for Inquiries:

Glenn M. Govin, DDS, MPH, Director, DECOD, University of Washington School of Dentistry, 1959 NE Pacific Street, Box 356370, Seattle, WA 98195, Email: ggovin@u.washington.edu

Mae Chin, RDH, MEd, Director of Clinics, University of Washington School of Dentistry, 1959 NE Pacific Street, Box 356370, Seattle, WA 98195, Email: mgmchin@u.washington.edu

SECTION II: PRACTICE DESCRIPTION

History of the Practice:

Dental Education in Care of Persons with Disabilities (DECOD) is a special program of the University of Washington School of Dentistry that treats persons with severe disabilities and prepares dental professionals to manage and treat the oral health needs of persons with disabilities.

Funding for the DECOD program was originally provided by the Robert Wood Johnson Foundation in 1974. Robert Wood Johnson Foundation provided start-up funding for several such programs at dental schools in the U.S. However, there were no subsequent "national" funding sources of any magnitude from private or governmental sources to continue these programs. The DECOD program at the University of Washington School of Dentistry is the only program that has flourished and has National and International recognition.

There have been distinct phases of the DECOD program, each with a different primary focus for the program. These phases have been the result of different visions of its three directors over the past thirty-two years and the result of external challenges to the program's funding requirements. The phases include:

1. Initial material development and research. (1970s-1980s)
2. Clinical training with national and international scope. (1980s-1990s)
3. Long distance training through the use of videotapes and modules. (mid 1990s)
4. Clinical competence for undergraduate dental and dental hygiene students. (2000s)

In its early years, the DECOD program developed a didactic curriculum through the use of Self-Directed Modules of written materials for continuing education purposes. In addition, the program emphasis was on pure research to advance the understanding of appropriate interventions for special patient care. As the program grew so did its scope and a fellowship program began to train practicing dentists both in the U.S and abroad. In the mid 1990's, a grant allowed for the development of the distance learning program through use of videotapes to reach a greater number of dental professionals. The 36-hour videotape series was sent to every dental school in the U.S., Puerto Rico, and Canada in 2000 without charge. In recent years, the DECOD program's primary focus has changed to training of undergraduate dental students and dental hygiene students in care of persons with disabilities. This latest phase is the result of more stringent reporting requirements by Washington State to ensure that DECOD is effective in training practitioners capable of meeting the needs of all of its citizens. To be in compliance with the state, DECOD must show substantial undergraduate student involvement with every program activity. As with many state budgets, there have been shortfalls in revenue in the recent past resulting an examination of the Priorities of Government (POG); the state has made dental training of its future practitioners a priority.

Three levels of training have been devised to meet the needs of the students. For the first level, all students are required to rotate through the DECOD clinic for 4 or 5 half-day sessions during their junior and senior years of dental school. A didactic preclinical DECOD course is given to the 2nd year students (10 hours of lecture). The course have guest lecturers covering topics such as the blind patient, the deaf patient, epilepsy, spinal cord injury, mental retardation, cerebral palsy, cleft lip and palate, and wheel chair transfers. For the second level, students wanting more training and clinical exposure may sign up for elective training. The elective course allows the student to spend one-half day per week working in the DECOD on-site clinic for one quarter. The third level of training is available by application to the highly committed student for a pre-doctoral fellowship. The fellowship mimics the program offered to practicing dentists returning for dental continuing education. The pre-doctoral fellowship is a stipend position which allows a student to gain one month of training at off-site locations during the summer semester and holiday breaks of his/her senior year. For the past year, five dental students were enrolled in the pre-doctoral fellowship.

Justification of the Practice:

Access to care for persons with severe disabilities is limited in Washington State. Poor reimbursement rates for dental services through the Washington State Medicaid program and lack

of dental professionals willing to accept persons with disabilities in their practices contribute to the access problem. For example, dentist willing to treat developmentally disabled clients could not be found in the Walla Walla and Clarkston areas of Washington State. Disabled clients in this area had not received regular professional care in decades and emergency treatment required up to a 4 hour commute to the nearest public health center willing to treat this special needs population.

DECOD is primarily focused on treating the *most* severely disabled and the *most* difficult to manage patient populations. The goal of the program is to treat persons with severe disabilities while helping students to gain the skills to treat persons with lesser disabilities in their own practices.

Inputs, Activities, Outputs and Outcomes of the Practice:

Program Objectives

The three main objectives of the DECOD program are:

1. To train dental professionals including dental, dental hygiene and dental assisting students to care for persons with disabilities;
2. To provide a community service to persons with severe disabilities having difficulty receiving adequate dental care, and
3. To conduct research in this field.

Program Faculty, Staff & Volunteers

The DECOD program faculty include three full-time faculty dentists and one full-time faculty hygienist at the University of Washington School of Dentistry. The program staff includes four full-time assistants, one full-time hygienist, and four other part-time employees.

Volunteers (often pre-dental students) are also involved in providing support services. The University of Washington, School of Dentistry makes volunteer opportunities available to those wishing to have hands-on experiences in a dental school setting. Pre-dental students welcome exposure to dentistry through volunteering in the DECOD program and elsewhere. There is rarely a shortage of volunteers for the program.

Education & Training

The DECOD program offers several instruction formats in the dental management of persons with disabilities:

1. Short-Term Fellowships

This option links dental training directly to care delivery and rehabilitation services for persons with disabilities. Courses taking 4-8 weeks provide individualized Home-Based Self-Study Distance Learning Unit and offer clinical instruction that relates to the specific interests of participating dentists, dental hygienists, and dental assistants. The Home-Based Self-Study Distance Learning Unit consists of a series of self-study modules, accompanying video presentations and lecture outlines, and pre-and post-tests. A minimum of 15 days of chair/bedside training and supervised delivery of care allow trainees to obtain experience in treatment of persons with disabilities.

2. Extended Variable-Length Fellowships

Variable-length fellowships are offered extended training to dentists and dental hygienists who plan careers in dentistry for the medically compromised and persons with disabilities in underserved areas. Didactic is provided through the use of the Home-Based Self-Study Distance Learning Unit to provide participants with a broad base of knowledge. A minimum of 15 days of chair/bedside training and supervised delivery of care is required.

3. Visiting Scholar Program

A Visiting Scholar is any person who is currently employed as a dental or dental hygiene professor or instructor by a university, college, or health institution. The Visiting Scholar

Program is designed to accept qualified dentists and dental hygienists in the educational and clinical programs of the School of Dentistry. Visitors rotate through DECOD providing clinical services in the School of Dentistry and in extramural settings. The maximum stay is up to 3 months.

4. Attendant and Staff Training

Videocassettes and booklets on oral health care for persons with disabilities are available for purchase.

Educational Materials

Educational Materials have been developed and include:

1. Video Lecture Series

The DECOD Video Lecture Series was created to enable Oral Health Care Providers to learn about dental care for persons with disabilities from a large faculty of experts, and to participate in this learning experience in the comfort of their own office or home. Each video presentation includes a lecture outline and study questions to guide your learning.

2. Self-Directed Modules

These modules are designed for the dental professional who would like to treat patients with special needs or gain more knowledge in this field. This series can be used exclusively as a self-directed course of study, or may be completed in preparation for on-site clinical training through DECOD at the University of Washington. Continuing Dental Education credit can be obtained by ordering modules as a correspondence course and by completing a multiple choice examination.

Patient Population

The patients served by DECOD include persons with disabilities age 13 and older. Approximately 70 percent have severe developmental disabilities (e.g., mental retardation, cerebral palsy, and autism); the remaining 30 percent have extensive acquired disabilities (e.g. spinal cord and traumatic brain injury, multiple sclerosis, and psychiatric disorders). The majority of patients are on Medical Assistance.

An application package is sent to individuals interested in receiving dental care by DECOD and eligible individuals are given an appointment for a dental examination. An option for mobile dental service is available for those who are unable to visit the University of Washington. If the individual is accepted into the DECOD program, the dentist who will provide treatment will discuss dental needs and provide an estimate of fees. If treatment at the School of Dentistry is not appropriate for a patient, other sources of care are suggested.

Clinical Services

DECOD service goals include:

- *Treatment* – DECOD's trained dentists provide expert treatment for a wide range of dental problems; treatment goal is to improve oral health and contribute to the well-being and function of clinic clients.
- *Prevention* – Prevention is key to maintaining oral health. Clinic staff work with clients and caregivers to establish appropriate methods of preventing dental and oral disease.
- *Rehabilitation* – The dental team will work closely with clients, their counselors and rehabilitation therapists to enhance quality of life and employability by improving oral health.

DECOD is a major resource for Washington citizens who are severely disabled and financially disadvantaged. The charge for DECOD clinical services are the same as the School of Dentistry graduate student fees. These fees generally are lower than those charged in private dental offices. Medicaid and other third-party payments are accepted for procedures covered by these payers.

The DECOD program provides the full range of comprehensive dental treatment found in any outpatient general dental practice. This include basic preventive (hygiene services), restorative, endodontic, removable prosthodontic, and oral surgery. The program follows the philosophy that

in order to maintain dental health, all patients regardless of behavioral issues should receive periodic examinations and cleanings in the program. This is the means for close monitoring of the patient's oral condition over time. It is not feasible or desirable for frequent hospitalizations when performing examinations and cleanings. For those patients who are unable to be safely and effectively treated for their restorative needs, they are referred to Hospital Dentistry for general anesthesia care. When referred, the wait time for dental care under general anesthesia can be up to two years. Therefore, the DECOD program makes every attempt to manage patients through the combined use of physical restraint (papoose board) restraint and chemical management (oral sedation). With family and/or caregiver agreement, less than 5% of our patient population must be referred for care.

Clinical Service Sites

In addition to the primary site at the University of Washington Dental School, the DECOD program operates off-site clinics in the Seattle area. They include Keiro Nursing Home, Mt. St. Vincents Care Center, Heritage House Assisted Living, and Seattle Medical Rehabilitation Center. For patients unable to travel, DECOD provides homebound service through the use of portable dental equipment. Outside of the Seattle metropolitan area, DECOD provides care in Bremerton and Snohomish, WA. In remote areas of the state (Walla Walla, Clarkston, Centralia and Mt. Vernon, WA), DECOD provides dental services by partnering with a faith-based organization Northwest Medical Teams, Int. Northwest Medical Teams, Int. has 10 fully-equipped mobile vans in the Pacific Northwest and generously makes one available for DECOD use when requested.

Outputs & Service Units

The DECOD program provides approximately 400 patient visits per month and more than 4,500 dental visits per year to persons with disabilities.

In the past two years, 19 dentists and hygienists have received clinical training. The length of training has varied from one month to one year in duration. About half have been from the Northwest (e.g., WA, AK, ID, MT, and OR) while the other half have been national and international trainees.

DECOD provides a Website (<http://www.dental.washington.edu/disability/>) that offers information to assist people with disabilities in finding an appropriate clinician to meet their needs in their own community. Dental professionals throughout the State of Washington who welcome persons with disabilities into their practices agree to be placed on the registry and list pertinent information. This registry identifies providers by city, county and zip code. The information on the Website includes the dentist's address, languages spoken, participation in DSHS (Medicaid), acceptance of new patients, offer of reduced fees, specialty training, level and type of disability treated, and the type of sedation available. Currently, 503 dentists are registered on this referral Website.

Outcomes

Patients with severe disabilities are typically treated in a hospital operating room setting under general anesthesia. This is the most expensive means of providing dental treatment and is not without inherent risks. It is the philosophy of DECOD to provide truly ongoing and comprehensive care to its patients. This can only be achieved in an outpatient setting with frequent oversight. More than 95 percent of DECOD patients with severe disabilities are able to be managed for all of their dental care needs in the outpatient setting. For the rest of the DECOD patients, the program minimally provides periodic check-ups and cleanings. It is DECOD's outpatient care approach which leads to a more long-term favorable patient health outcome.

Evidence supporting the effectiveness of the DECOD program's training component is the increase in dentists listed in the DECOD referral service.

In the past 4 years, DECOD has expanded services to four additional sites expanding infrastructure to serve persons with disabilities. These sites include areas of Eastern and rural Washington State.

Evaluation

A dental hygienist on the DECOD staff is completing her thesis requirement for a Masters in Public Health (MPH). She has conducted a pre- and post- survey of all 3rd and 4th year dental students

on their interest in and comfort with working on patients with disabilities. The preliminary results have been quite favorable.

Budget Estimates and Formulas of the Practice:

There is a two tiered system for funding of the DECOD program. Services are billed to the Washington State Medicaid system. This includes reimbursement for adult dental care. In addition, the program has a contract with the Department of Social and Health Services (DSHS) providing supplemental support for the program. The annual budget is approximately \$850,000. DECOD must be self-supporting since the program is not a requirement for dental school accreditation. It is through the generous support of the State of Washington that the DECOD program remains a viable enterprise.

Lessons Learned and/or Plans for Improvement:

The DECOD program has evolved over the past 30+years of operation. In the past several years, as the state budget has tightened, more scrutiny has been applied to the training component. This has been beneficial in assuring that all undergraduate dental students receive an adequate experience in special patient care. Documentation of training is provided annually to the Department of Social and Health Services (DSHS). In addition, reorientation was made for the DECOD program to focus on educating undergraduate dental and dental hygiene students. It is felt that the training of all current and future graduating dentists will eventually improve access to care to the citizens of Washington State.

Available Information Resources:

DECOD (Dental Education in Care of Persons with Disabilities) website at:
<http://www.dental.washington.edu/disability/>

SECTION III: PRACTICE EVALUATION INFORMATION

Impact/Effectiveness

How has the practice demonstrated impact, applicability, and benefits to the oral health care and well-being of certain populations or communities (i.e., reference scientific evidence, outcomes of the practice and/or evaluation results)?

The Surgeon General released the Report of the Surgeon General's Conference on Health Disparities and Mental Retardation "Closing the Gap: A National Blueprint to Improve the Health of Persons with Mental Retardation". One of the goals is to "train health care providers in the care of adults and children with mental retardation". The DECOD program provides such training to dental/dental hygiene students and practicing dentists/dental hygienists to build capacity in the dental workforce. The program provides varying levels and formats to train students and dental professionals. Nineteen dentists and hygienists have received clinical training in the past two years and five highly committed students are enrolled in a pre-doctoral fellowship for advance training in the past year.

In addition, DECOD has expanded infrastructure to serve persons with disabilities including adding services to additional sites (including rural areas). The DECOD program provides approximately 400 patient visits per month and more than 4,500 dental visits per year to persons with disabilities

Efficiency

How has the practice demonstrated cost and resource efficiency where expenses are appropriate to benefits? How has the practice demonstrated realistic and reasonable staffing and time requirements? Provide unit cost analysis or cost-benefit analysis if appropriate.

By being housed within a University setting, DECOD is able to have students and fellows provide treatment to minimize costs of staff providers. The undergraduate dental and dental hygiene students serve as unpaid manpower. The post-graduate trainees pay a fee to receive continuing education credits.

DECOD provides outpatient services to persons with severe disabilities and minimize the need for their patients to be treated in the OR under general anesthesia. OR cases are costly treatment. Maintaining outpatient visits improve patient care efficiency by allowing monitoring, early diagnosis of dental problems, and timely treatment of oral disease.

Demonstrated Sustainability

How has the practice showed sustainable benefits and/or how has the practice been sustainable within populations/communities and between states/territories? What mechanisms have been built into the practice to assure sustainability?

The DECOD program was initiated in 1974 and has been ongoing for more than 30 years. Its sustainability required billing for dental services and additional state support.

DECOD's viability is incumbent in Washington state offering the optional Adult Medicaid dental reimbursement program. While Washington State has added new restrictions for Adult Medicaid dental coverage, it has not eliminated the coverage entirely.

The University of Washington School of Dentistry strongly supports the DECOD program. The University of Washington is committed to providing dental practitioners who have the commitment, competence and compassion to meet the needs of all of its state's citizens including those with special needs.

State support for DECOD by legislators continues to grow as the program is touted as a model for other states and dental schools. Strong advocacy groups exist in Washington State and they have been instrumental in carrying the message for patient care and training for those with special needs those in State government. The groups range from organized dentistry, oral health coalitions, advocates for persons with mental retardation and others. This state has been remarkably clear that care for the most vulnerable is of the highest priority and DECOD is an essential component to that commitment.

Collaboration/Integration

How has the practice built effective partnerships/collaborations among various organizations and integrated oral health with other health projects and issues? What are the traditional, non-traditional, public and private partnerships/collaborations established by the practice for integration, effectiveness, efficiency and sustainability?

The DECOD program has developed and continue to expand effective partnerships with facilities and entities seeking dental services for their clients with disabilities. These partnerships include state run long-term care facilities, private nursing homes, group homes, assisted living centers, traumatic injury rehabilitation facilities, and in individuals' homes.

One non-traditional public and private partnership has allowed DECOD to provide dental care at a "state of the art facility" in remote areas of Washington State. The program has partnered with Northwest Medical Teams, International who provides a fully equipped two chair dental van complete with wheelchair accessibility. Northwest Medical Teams is a faith-based organization funded through private donations.

Objectives/Rationale

How has the practice addressed HP 2010 objectives, met the National Call to Action to Promote Oral Health, and/or built basic infrastructure and capacity for state/territorial/community oral health programs?

The DECOD program addresses the following HP 2010 objectives:

- 21-2 Reduce untreated dental decay in children and adults
- 21-10 Increase utilization of oral health system
- 21-11 Increase utilization of dental services for those in long-term facilities

The DECOD program also responds to the National Call to Action to Promote Oral Health, Action 4: Increase Oral Health Workforce Diversity, Capacity, and Flexibility.

Extent of Use Among States

Describe the extent of the practice or aspects of the practice used in other states?

In the U.S., the vast majority of training programs specifically designed for care of persons with disabilities is at the graduate dental education level. There are many General Practice Residency (GPR) programs and most Pediatric Residency programs throughout the country with a substantial training component for care of patients with special needs. The full scope and extent of special needs clinical training in U.S. Dental Schools at the undergraduate level is unknown.