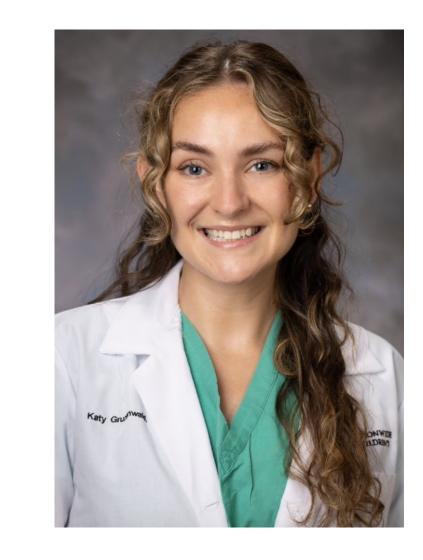
Access to Dental Care for Adolescents with SHCN In Ohio

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PURPOSE

 Compare experiences between parents with adolescents with SHCN (ASHCN) and their healthy counterparts when trying to schedule and procure dental treatment

AIMS

- Quantify the additional time required to find a provider willing to treat ASHCN and wait for an available appointment
- Compare willingness to see ASHCN between pediatric and general dentists

METHODS

- Secret shopper practice audit
- A random sample of 302 dentists (14 general dentists:1 pediatric dentist)
- A research team member called each practice posing as the parent of an adolescent using one of three patient scripts and a self pay status
 - 1. No SHCN
 - 2. SHCN requiring minor additional supports (autism spectrum ADHD)
 - 3. SHCN requiring significant additional supports (cerebral palsy and wheelchairbound)
- Outcomes:
- Time on the phone and waiting for appointment
- Additional information requested
- Appointment given
- Willingness to treat
- Referrals

One of the largest barriers to transitioning care for ASHCN is finding dentist willing to treat them.

"Front desk was candid about how their operatories are smaller and have struggled accommodating patients in wheelchairs before; offered to call back to give referral number"

"She said they are still willing to see patient as long as he is not 'combative'"

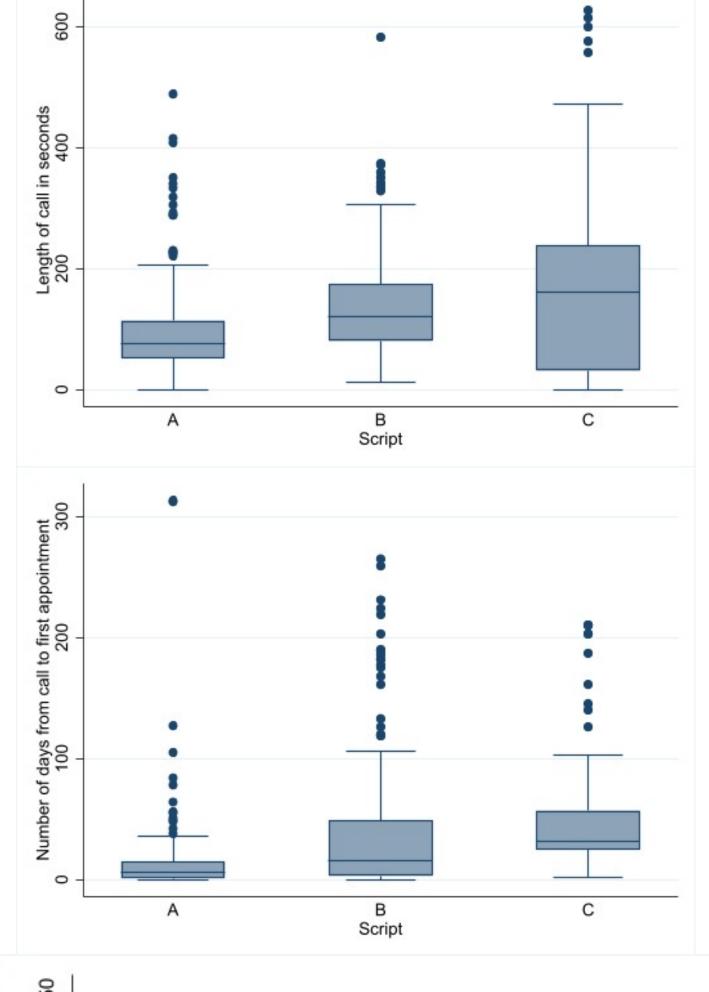
"After I mentioned autism, receptionist thinks patient might be better suited at a pediatric office"

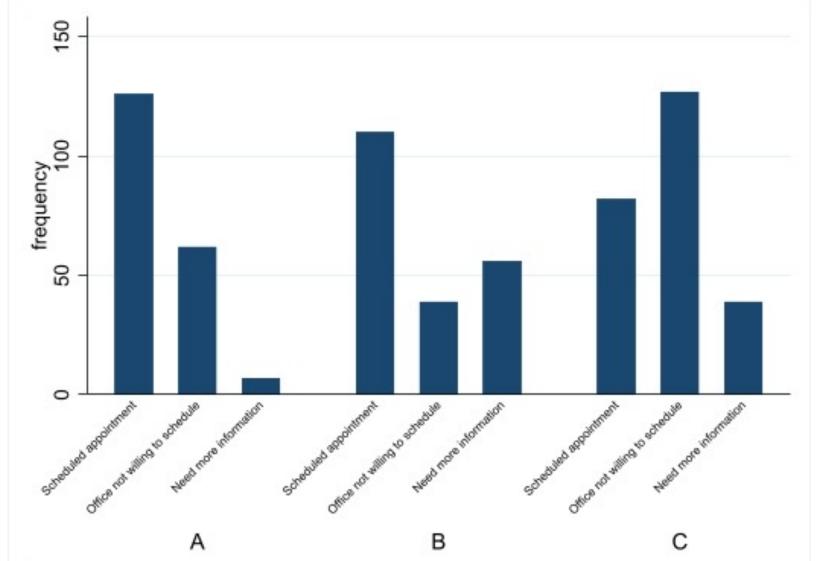
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RESULTS

- Time spent on the phone increased as health complexity increased
- Days until scheduled appointment increased as health complexity increased
- Referrals increased as health complexity increased





- Even with a self pay designation, the ASHCN in this study faced significant barriers in establishing dental care compared to their healthy counterparts.
- A higher percentage of pediatric dental offices are willing to see ASHCN than general dental offices, often preventing the transition to adult care