

# ACCESS TO ORTHODONTIC SERVICES FOR THE PEDIATRIC AND MEDICAID PATIENT POPULATION: A SURVEY OF NON-ORTHODONTISTS

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#### Results

#### Introduction

Orthodontics is the dental specialty concerned with diagnosing, preventing, and treating facial and dental anomalies. W.R. Proffit identified three key consequences of untreated malocclusions: social discrimination related to appearance, functional issues such as jaw dysfunction and speech difficulties, and increased risk for dental decay and periodontal disease. While some orthodontic treatment is cosmetic, the American Dental Association (ADA) and the American Association of Orthodontists (AAO) stress the importance of addressing "handicapping malocclusions" that affect a patient's health and well-being.

Despite the clinical need, access to orthodontic care is limited in the U.S. According to the 2022 AAO Economics and Patient Census Survey, approximately 9,160 orthodontists treated 3.15 million patients ages 8–17, which represents only 7.4% of children in that group at a national level. Socioeconomic and geographic disparities contribute to these gaps, with orthodontic services concentrated in more affluent, urban regions. A 2009 study highlighted the persistent maldistribution of orthodontic providers, despite overall workforce growth.

To address unmet needs, and increase access to care, general and pediatric dentists often provide orthodontic treatment. A 1996 study reported that nearly one-third of orthodontic patients were treated by general dentists. Organizations such as the Academy of Gp Orthodontics (AGpO) and the American Orthodontic Society (AOS) help expand this care network through continuing education and clinical training. As of November 2024, approximately 37.5 million children were enrolled in Medicaid and S-CHIP. Although Medicaid's Early Periodic Screening Diagnosis and Treatment (EPSDT) benefit mandates orthodontic coverage when medically necessary, state policies vary widely in defining eligibility and determining which providers may render care. Some states limit the provisions of services to orthodontists, while others, like Indiana and Oklahoma, allow qualified general dentists to participate. The objective of this study is to assess the role of non-orthodontists in delivering access to orthodontic services for the pediatric population.

## **Methods**

This study was approved by the Nicklaus Children's Hospital and the Western Institutional Review Board. The study design consisted of a cross-sectional study. A thirty-one-item (31) questionnaire in English extracted from previously validated surveys was adapted for this study and pre-tested for comprehensibility. The instrument was emailed to members of the Academy of Gp Orthodontics (AGpO) and the American Orthodontic Society (AOS) to understand member's profile of practice and provision of Orthodontic services to the pediatric population.

Demographic Characteristics			Referral Pattern and Training		
	GP	PD		GP	PD
GENDER			REFERRED CASES		
Male	(17/34) 50%	(3/34) 8.8%	Others	(11/32) 34.37%	(1/32) 3.12%
Female	(13/34) 38%	(1/34) 2.9%	Open Bite	(14/32) 43.75%	(3/32) 9.37%
PRACTICE LOCATION			Extraction Cases	(5/32) 15.62%	(2/32) 6.25%
Urban	(10/34) 29.4%	0	Class III	(18/32) 56.25%	(4/32) 12.5%
Suburban	(12/34) 35.2%	(4/34) 11.7%	Class II	(2/32) 6 25%	(2/32)
Rural	( 7/34)20.5%	0	C1855 II	(2/52) 0.2570	(2/ 52)
ETHNICITY:			Class I	(2/32) 6.25%	0
Hispanic	(1/34)2.9%	(2/34) 5.8%	Phase II	(2/32) 6.25%	0
Non Hispanic	(29/34) 85.2%	(2/34) 5.8%	Phase I	(3/32) 9.67%	(1/32) 3.12%
RACE:				(0,02,000,0	(1)02)0122/0
White or Caucasian	(16/34) 47%	(4/34) 11.7%	Do not Refer	(18/34) 54.55%	0
Black or African American	(2/34) 5.8%	0	Refer	(15/34) 44.45%	(4/34) 11.7%
Asian	(9/34) 26.4%	0	TRAINING		
Native Hawaiian or Another Pacific Islander	0	0		1. fo at a sec.	
American Indian or Alaska Native	0	0	AGpU Diplomate	(1/34) 2.9%	(1/34) 2.9%
Other	(3/34) 8.8%	0	AGpO Fellowship	(1/34) 2.9%	0
			AOS Diplomate	(7/34) 20.5%	0

Barriers for GPs Increasing Orthodontic Volume (GP, N=20)



(2/34) 5.8%

0

AOS Fellowship



Barriers for GPs Incorporating Medicaid (GP, N=6)





#### **Discussion**

This study provides insights into the demographics, training, scope of practice, and challenges faced by non-orthodontists in the provision of orthodontic services. The surveyed professionals are mostly highly experienced, with a predominantly White and Asian demographic and a slight male majority. Most practice general dentistry (83.8%), with limited specialization, particularly in pediatric dentistry (14.7%). Referral patterns reveal that general dentists balance in-house orthodontic treatments with specialist referrals, especially for complex cases like Class III malocclusions and open bites. The study highlights significant gaps in Medicaid participation (23.5%), with low reimbursement rates, administrative burdens, and patient compliance issues as major deterrents. Despite a post-pandemic rise in demand for orthodontic services, financial constraints, insurance limitations, and staffing shortages remain barriers to broader care access. Overall, the study underscores both the potential and limitations of non-orthodontic treatment.

## Conclusions

**Expanded Role for Non-Orthodontists:** The study confirms that general and pediatric dentists are significantly contributing to the provision of pediatric orthodontic services, particularly in suburban settings, by incorporating interceptive treatment and referring complex cases appropriately. Their involvement helps bridge gaps in access where orthodontists are less available.

**Barriers to Medicaid Participation**: Despite the clinical need, few respondents actively serve the Medicaid population due to systemic challenges such as low reimbursement rates, administrative burdens, and patient compliance issues. These barriers hinder equitable access to medically necessary orthodontic care for underserved children.

**Future Growth and Education Commitment:** Post-pandemic increases in orthodontic demand and the high number of continuing education hours among non-orthodontist suggest a growing commitment to pediatric orthodontics. This trend signals an opportunity to expand services further, especially if policy adjustments can better support Medicaid provider participation and training access.