

Enhancing the Transition of Dental Care for Patients with Special Health Care Needs: A Quality Improvement Survey

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Introduction

Nationally, the prevalence of special health care needs among children is growing. In 2021–22, approximately 7.3 million children and adolescents ages 3–21 received special education and/or related services under the Individuals with Disabilities Education Act (IDEA), representing 15% of all public school students. 1,2 Individuals with special health care needs may be limited to treatment due to systemic and structural issues throughout our profession. Families of children with special health care needs have consistently identified oral health as one of the most common unmet healthcare needs for their child, highlighting the urgency of addressing gaps in dental care access and continuity. 1,2

South Carolina faces similar challenges in providing comprehensive dental care for children and adolescents with special health care needs (SHCN). While the Medical University of South Carolina (MUSC), in partnership with Shawn Jenkins Children's Hospital, has served as a primary resource for pediatric dental care, there is a significant gap in the transition process for older patients as they move from pediatric to adult dental care. This transition is critical to ensuring continuity of care, yet it is often disrupted due to a lack of systemic processes and provider networks. As patients with SHCN age out of pediatric services, families frequently report challenges in accessing adult dental care. Barriers include limited availability of adult providers experienced in treating SHCN patients, lack of insurance coverage, and inadequate preparation for the transition process.^{2,3,,8,9,10,12,13} Research suggests that effective transitions require structured planning, 3,4,7 interprofessional collaboration, and increased patient and family education.

Quality improvement (QI) initiatives in healthcare transition have shown promise in mitigating these challenges by implementing structured processes such as readiness assessments, individualized transition plans, and improved provider communication.^{3,11,12} However, existing protocols for healthcare transition often overlook dental care, leaving many CSHCN without a designated dental home after aging out of pediatric services.⁴

This study aims to evaluate the transition process for SHCN patients in South Carolina through the use of a structured research questionnaire. The questionnaire will assess the perspectives of patients, families, and care givers regarding barriers to care, readiness for transition, and the effectiveness of existing support systems. The data collected will guide the development of targeted strategies to streamline the transition process, improve continuity of care, and promote better oral health outcomes for this underserved population. Ultimately, the study seeks to provide evidence-based recommendations for quality improvement initiatives and policy changes to address this critical gap in dental care for patients with special health care needs.

METHODS

Data Source:

A report was generated using the EPIC electronic health record system to identify patients meeting the following criteria: (1) patients diagnosed with special health care needs, (2) patients aged 16 years or older, and (3) patients currently established as active patients within the MUSC pediatric dental practice.

Utilization:

A 12-question survey was developed to gather insights from parents and caregivers regarding the transition of dental care for children with special health care needs (SHCN). The survey aimed to assess caregiver perspectives on the importance of personalized care plans, specialized facilities, communication, and other factors influencing the transition process. The questions included a mix of multiple-choice and open-ended formats to capture both quantitative and qualitative data. The survey was administered through discussions with caregivers of eligible patients.

providers and caregivers during the transition from pediatric to

Additionally, participants highlighted the value of a welcoming

adult care was also unanimously supported (Question 4).

and supportive clinical environment (Question 8) and the

importance of having access to comprehensive dental care

information and resources to guide decision-making and care

need for structured transition protocols and support systems

Survey results also revealed that caregivers feel moderately

transitions between providers and expressed moderate

support ongoing care (Questions 5 and 7). Open-ended

responses provided further valuable insights, particularly

concern regarding the availability of financial resources to

continuity (Question 9). These preliminary findings reinforce the

that are responsive to the unique needs of SHCN patients and

prepared to advocate for their child's dental care needs during

Future Development:

As part of the ongoing evaluation of the transition process, a post-appointment survey was administered following treatment in the Special Health Care Needs (SHCN) clinic. This survey, conducted by dental students, aimed to gather qualitative insights into patient and caregiver experiences, with a particular focus on identifying strengths and areas for improvement in the transition to adult dental care. The information obtained from these surveys will be used to further refine transition protocols, enhance patient-centered care strategies, and inform future quality improvement initiatives. This feedback mechanism represents a critical step in developing a sustainable, responsive model for transitioning SHCN patients within diverse clinical settings.

RESULTS and DISCUSSION

Although data collection for this study is still ongoing, preliminary responses underscore the critical need for specialized dental care for individuals with special health care needs (SHCN). Notably, 100% of participating caregivers emphasized the importance of dental clinics being equipped with specialized facilities and equipment to adequately serve this population (Question 2). Similarly, all respondents indicated that it is essential for providers to receive specific training in managing patients with SHCN (Question 3). The necessity of clear and consistent communication between dental

their families.



regarding effective behavioral guidance strategies. Many caregivers reported that the use of protective stabilization and distraction techniques were helpful in ensuring safe and successful treatment experiences for their children. These perspectives offer important considerations for provider training and patient-centered care planning during the transition process.

Caregiver Education and Support Tools

In addition to survey development, an educational brochure was created to assist caregivers in understanding the importance of transitioning their child

into adult-focused dental care. This brochure serves as a critical resource, designed to address common questions and concerns that may not arise during clinical appointments.

By outlining the rationale for a structured transition process and providing practical guidance, the brochure helps ease the uncertainty often associated with this shift in care. Furthermore, it functions as an empowering tool for caregivers, offering strategies for advocacy, information on what to expect from adult dental providers, and tips for preparing their child for the transition.

The brochure also includes information about additional programs and resources available in the community that may support patients and their families. Ultimately, this tool fosters improved communication, promotes shared decision-making, and reinforces the importance of continuity in oral health care for patients with special health care needs.

LIMITATIONS

Several limitations must be acknowledged in the context of this study. First, the timeframe for implementation and data collection is relatively short, which may constrain the depth and generalizability of findings. Additionally, the study is conducted within an academic setting that includes access to a specialized clinic dedicated to individuals with special health care needs. This infrastructure provides resources and interdisciplinary support that may not be available in private practice settings, potentially limiting the applicability of the findings to broader clinical environments.

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