

# Improving Pediatric Comprehensive Care by Bridging the Gap in Services Related to Patient Access to Dental Care and Treatment

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## Background

Dental care for bleeding disorder patients has long been an established need. Good oral hygiene and access to dental treatment is critical and should be part of our comprehensive treatment model. In the state of Florida, children under the age of 18 years whose health coverage is obtained through the Florida Healthy Kids initiative/Medicaid, have complete dental coverage.

## Problem Description

We have learned that many approved dental providers are reluctant to treat children with bleeding disorders or have very little experience treating patients with bleeding disorders. We have also encountered a subset of pediatric patients whose family income exceeds the eligibility criteria for state medical coverage but whose medical insurance does not cover dental care. These families are, of necessity, forced to pay out-of-pocket for dental visits and oral surgeries.

Our QI project will focus on those pediatric patients who do not have dental insurance coverage and patients who do have coverage but the dental providers covered by their insurance plans are reluctant or inexperienced with treating coagulation patients. These Scenarios prevent our patients from receiving adequate care.

The University of Miami HTC will partner with the Hemophilia Foundation of Greater Florida to create a program which will allow these patients to access dental care at a reduced fee or free of charge. We have identified community pediatric dentists who are familiar with, and comfortable treating, patients with bleeding disorders. These Health Care Providers will provide the dental care for our identified pediatric patients, following a fee schedule agreed upon by the Hemophilia Foundation of Greater Florida. We anticipate at least 3 patients a year who would qualify for this program.

## PDSA

**Plan:** HTC plans to bridge the gap in dental services for pediatric patients (16-20 years of age) who do not have dental insurance or access to dental providers experienced in treating bleeding disorder patients.

**Do:** Identify the pediatric patients in need of dental services, create and implement a Pediatric Dental Assistance Program, secure funding for program with the Hemophilia Foundation of Greater Florida, and connect patients with experienced dental providers.

**Study:** Record measures by administering Pre and Post Access to Dental Treatment Surveys.

**Act:** Integrate the University of Miami HTC Pediatric Dental Assistance Program as an ongoing patient resource. Our Hematologist will continue to assess and identify pediatric patients in need of dental care at every clinic visit.

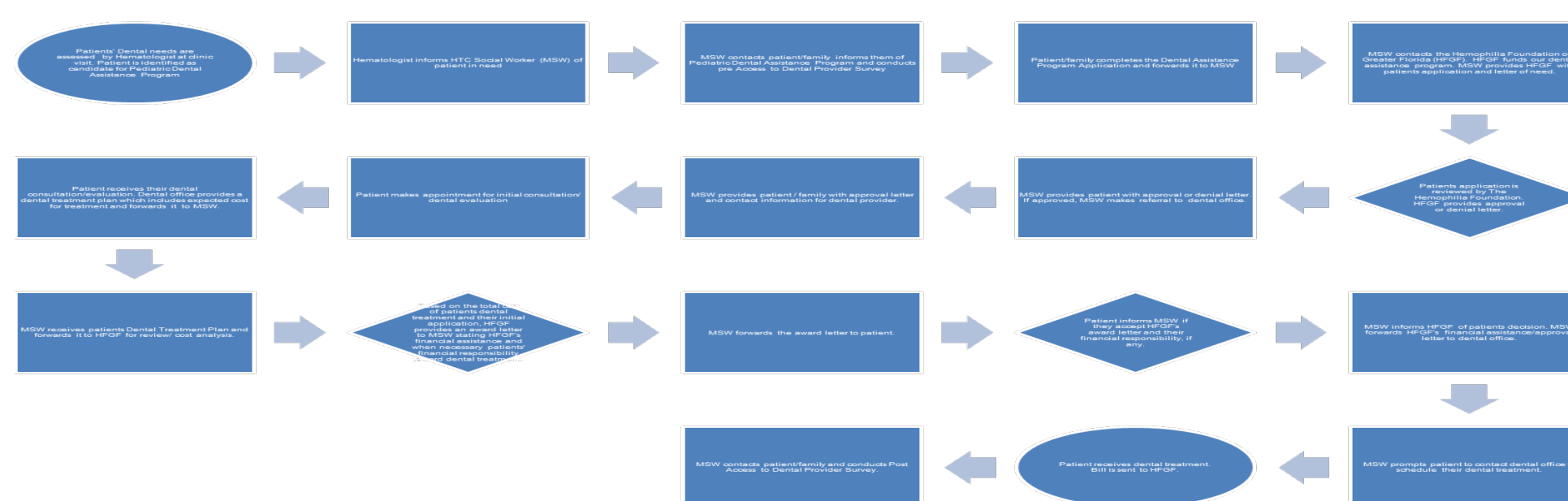


## Global Aim Statement

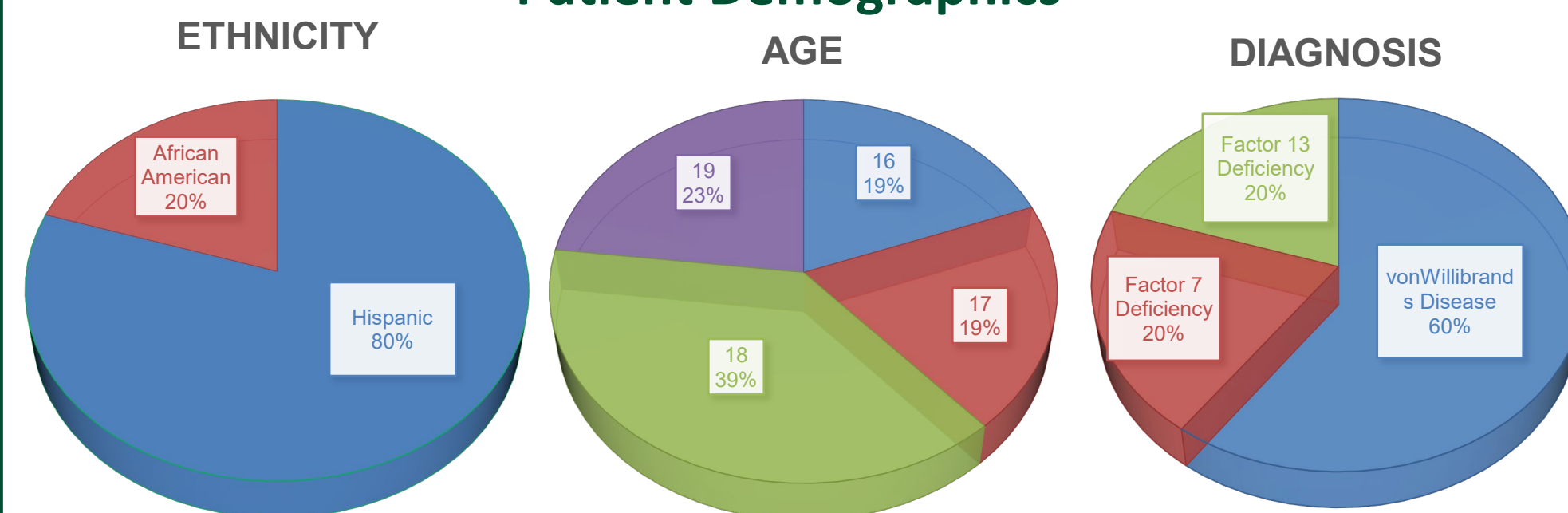
We aim to provide access to dental evaluations and treatment for our pediatric patients between 16-20 years of age who do not have dental insurance or access to knowledgeable dental providers.

**Specific AIM Statement:** A subset of pediatric patients between 16-20 years of age have been identified as not having dental insurance or access to dental providers with experience treating bleeding disorder patients. By 12/1/2019 we plan to develop a Pediatric Dental Assistance Program to bridge that gap in services for the identified patients providing 60% of them access to treatment and experienced dental providers.

## Flowchart

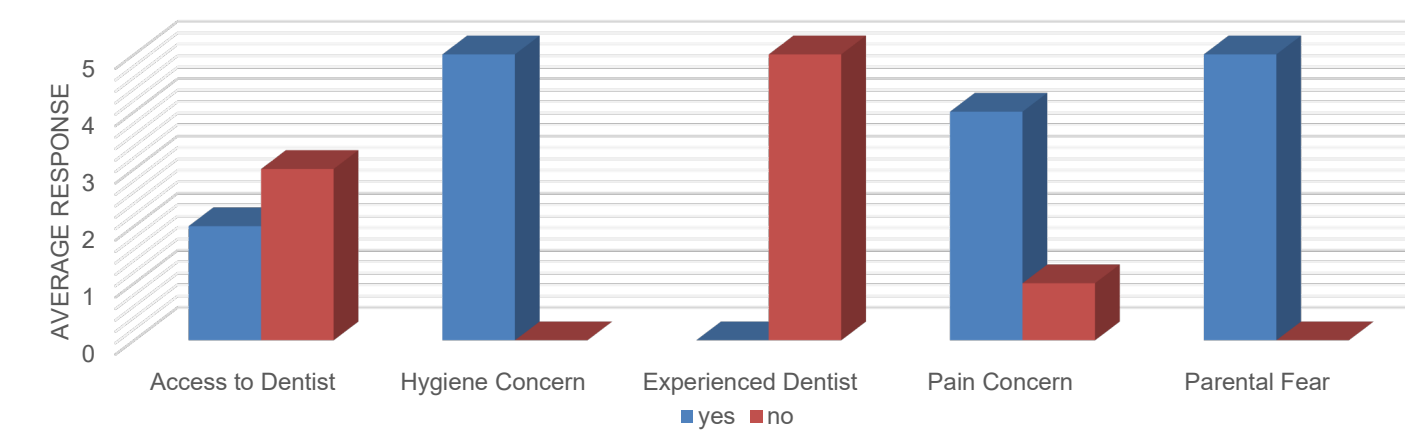


## Patient Demographics

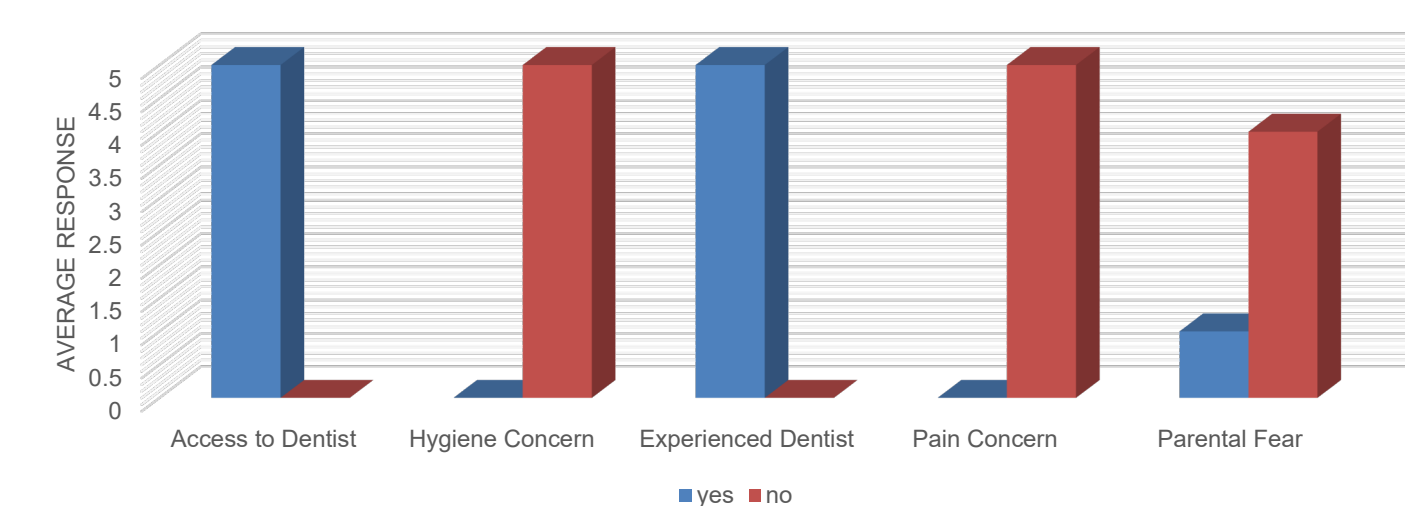


## Results

Pre Access to Dental Treatment Survey



Post Access to Dental Treatment Survey



## Conclusion and Discussion

Our measures document that the implementation of the HTC Pediatric Dental Assistance Program has successfully bridged the gap in dental services for our patients in need of dental care and treatment. In conducting this QI we also learned that by providing this much needed service, we significantly reduced our patients fear and concerns associated with not having access to an experienced dental provider and concerns for their overall dental health and hygiene.

**Limitations 1:** Throughout this QI MSW conducted most of the work associated with direct contact with patients, administering surveys, gathering data, various support conversations, referrals, approval and denials, and securing financial assistance for patients dental treatment. This time commitment directly impacted MSW's workload.

**Limitations 2:** Towards the end of our QI study our funding source informed us that they were unable to provide the same amount of financial funding for our HTC Dental Assistance Program due to budget cuts. All patients moving forward would be allotted a maximum of \$1,000.00 in dental treatment over the course of two years. This change was due to unforeseen budget cuts.

## References

Noriega-Sánchez, S. A., Legaz-Arrese, A., Suarez-Arrones, L., Santalla, A., Floría, P., & Munguía-Izquierdo, D. (2015). Forced Inspiratory Volume in the First Second as Predictor of Front-Crawl Performance in Young Sprint Swimmers. *The Journal of Strength & Conditioning Research*, 29(1), 188-194.