



EXPANDING PEDIATRIC ORAL HEALTH ACCESS IN A COMMUNITY HEALTH CENTER

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BACKGROUND & OBJECTIVE

Background

- The U.S. Surgeon General’s landmark 2000 report on Oral Health in America highlighted the inherent unfairness by which the greatest burden of oral disease disproportionately affects those groups of individuals with the fewest resources
 - 36.8% of poor children ages 2-9 have untreated decay compared to 17.3% of non-poor children
 - 6 out of 10 children in the U.S. have one or more decayed or filled primary teeth by age 5
 - 51.6% of children age 5-9 have a cavity or a least one filling in a primary or permanent tooth
- **Data assessed from the MEPS (Medical Expenditure Panel Survey) from 2001-2016 showed the proportion of children being given dental check up advice by their PCP increased from 31.4% in 2001 to 51.8% in 2016, however there was no significant increase in having a dental visit among children. The same low-income children have the highest rates of coverage via Medicaid and SCHIP but the lowest rates of pediatric dental visits**
- Eligible children have difficulty accessing care, but once they have successfully navigated the delivery care system, they receive at least one preventative, diagnostic or treatment service
- More research is needed to better understand how a PCP’s advice on dental care can effectively motivate and facilitate dental care for children.
- Objectives**
 - To determine whether a Federally Qualified Health Center (FQHC) oral health integration program can increase dental service utilization among children with an established medical home
 - To examine trends and associations in dental service utilization from 2016 through 2021 among children ages 0-20
 - To examine trends and associations in dental service utilization and medical service utilization during the program period to determine if children with an established medical home led to the establishment of a dental home via physician referral and coordinated care

MATERIALS & METHODS

Data Source

- Codman Square Health Center
- De-identified retrospective chart review of children with a same day medical and dental visit from 2016 through 2021 using EPIC and DENTRIX EMR/EDR systems

Study Population & Retrospective Analysis

- Children ages 0-20
- Bivariate & Multivariate Logistic Regression Analysis
- Using SAS 9.4 procedures

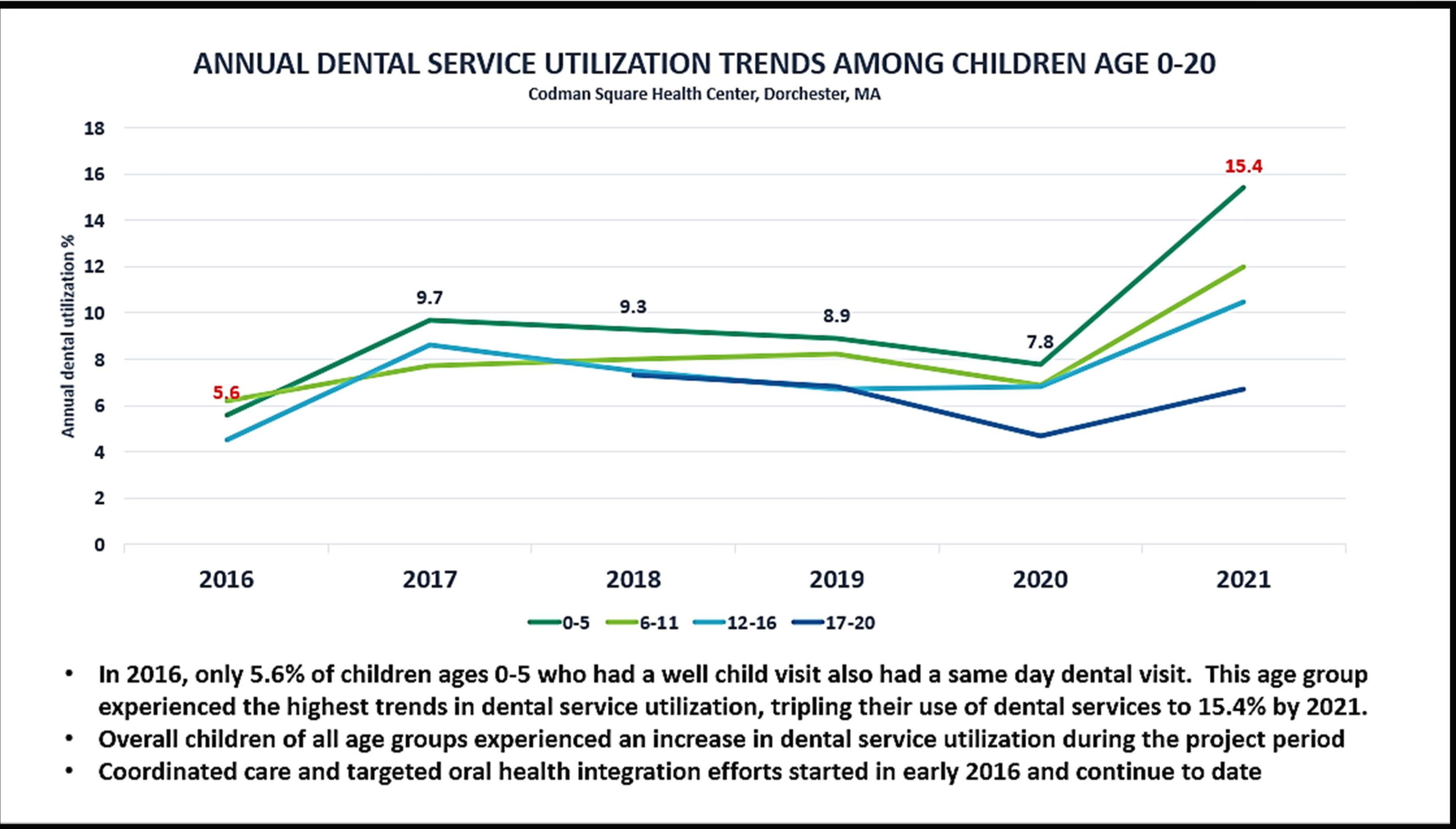
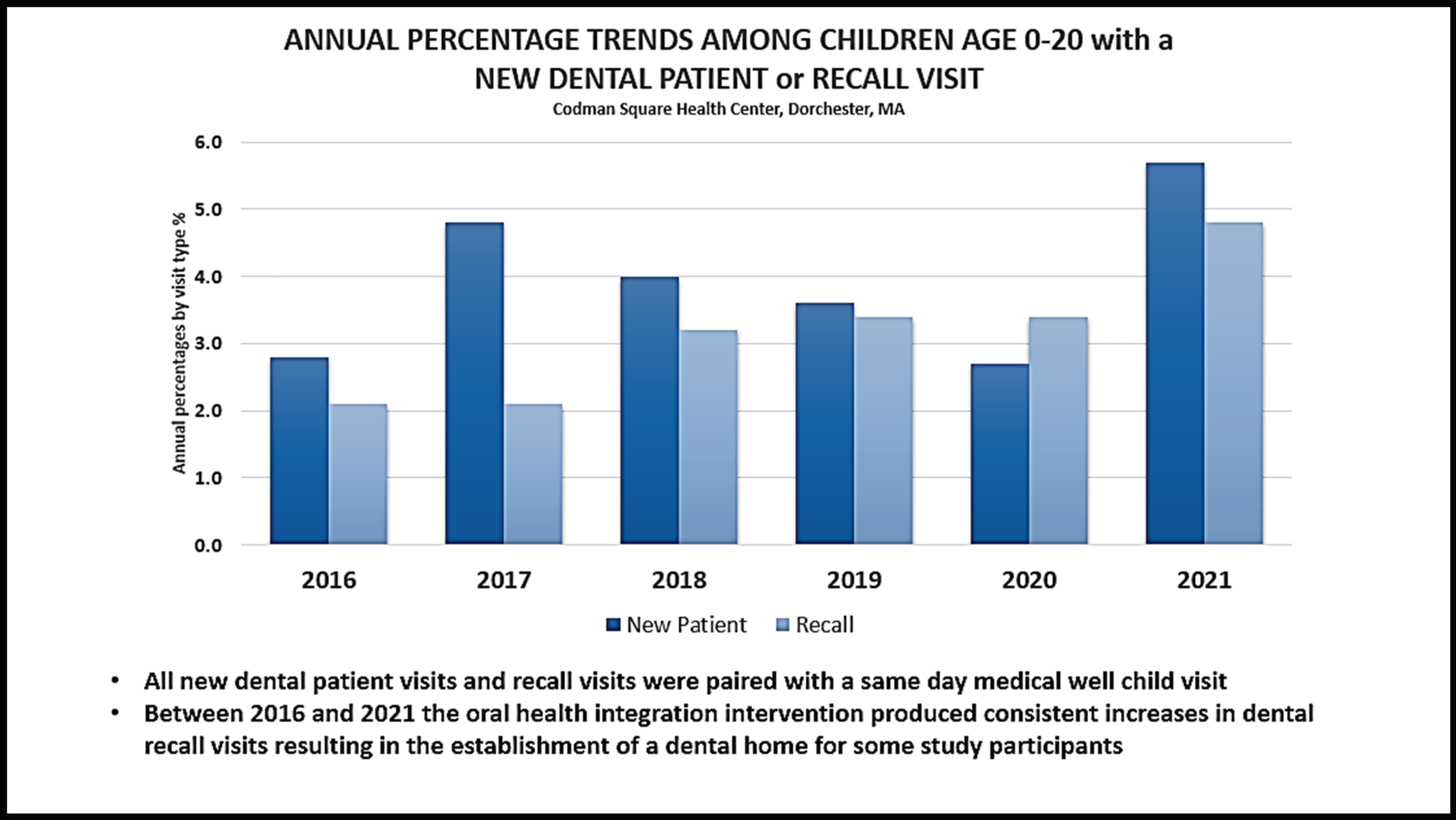
Dependent Variable

- Dental Service Utilization

Independent Variables

- Age
- Gender
- Race/Ethnicity
- Insurance type
- Medical Service Utilization
- Same day medical/dental service utilization due to PCP referral
- Preventative dental services procedures completed

RESULTS



Multivariate Logistic Regression Results (Dental Service Utilization)

Codman Square Health Center, Dorchester, MA

Dental Service Utilization Model	Recall Dental Visit	
Variable	OR and 95% CI	P-Value
Med Year 2017 vs 2016	1.04(0.78-1.37)	0.8105
Med Year 2018 vs 2016	1.59(1.22-2.07)	0.0006
Med Year 2019 vs 2016	1.69(1.31-2.18)	<.0001
Med Year 2020 vs 2016	1.71(1.31-2.21)	<.0001
Med Year 2021 vs 2016	2.40(1.88-3.05)	<.0001

CONCLUSIONS & DISCUSSION

CONCLUSIONS

- Our most significant results are depicted in the multivariate logistic regression model and shows an association between increased dental service utilization (recall visits) and medical year. Children who utilized medical services **demonstrated increasing odds of completing a dental recall exam** in 2019 1.69(1.31-2.18); 2020 1.71(1.31-2.21); and 2021 2.40(1.88-3.05) indicated by their OR’s and 95% CI compared to 2016 1.04 (0.78-1.37).
- PCP referral for pediatric dental visits in conjunction with coordinated care leads to increased dental service utilization in FQHC settings
- The major finding of our study demonstrates that children with an established medical home at an FQHC can strongly influence the establishment of a dental home

DISCUSSION

- Early access to care in conjunction with connecting Medicaid eligible children to dental providers who deliver the appropriate preventive intervention and treatment has a greater impact on positive oral health outcomes
- There would be added benefit to exploring the impact of dental care coordination since just having access to dental coverage has not been demonstrated to reduce disparities or disease rates.

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