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Ensuring Access to Dental Care for Pregnant Women in Vermont

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Introduction

• Early Childhood Caries (ECC) is the most common chronic disease in childhood and is preventable.
• Mothers with untreated caries are more likely to have children with ECC.1,2
• In Vermont, $2.7 million is spent annually caring for children ages 0 to 5 with ECC who require hospitalization for treatment.1
• Nationwide, most obstetrician/gynecologists (OB/GYNs) are not familiar with published prenatal oral health guidelines.6 It is unclear how providers in Vermont address prenatal dental care.
• The $495 Medicaid cap on reimbursement for dental care for pregnant women was lifted (October 2012) and coverage extends 60 days after delivery, making the prenatal period an ideal time to intervene.
• We conducted a provider survey and a patient focus group to understand the barriers to prenatal oral health care in Vermont.

Methods

Provider Survey
• 29 questions. Constructed to assess patient demographics, knowledge, and methods used to address prenatal oral health (published on www.surveymonkey.com).
• Emailed to OB and family physicians and midwives in Vermont. Paper copies of the survey were available at FAHC’s OB/GYN Grand Rounds on 11/5/2013.

Patient Focus Group
• Organized at a residential facility for women facing challenges including mental illness, domestic violence, financial insecurity, and addiction (voluntary participation during a weekly meeting).
• Script was based on the research survey and all participants (n=7) had children but were not currently pregnant.

Survey Demographics
• Survey was sent to 148 providers. 39 completed responses were received, resulting in a response rate of 26%.
• 74% were MDs (n=29), 10% were certified nurse midwives (n=7), 8% were RNs (n=1).

Results

Oral Health Assessment Guidelines: Usage vs. Need (Provider Survey)

<table>
<thead>
<tr>
<th>Providers currently using specific guidelines (national, state) to assess guidelines to improve assessment of oral health during pregnancy</th>
<th>Yes 18%</th>
<th>No 82%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Providers who identified a need for guidelines to improve assessment of oral health during pregnancy</td>
<td>Yes 74%</td>
<td>No 26%</td>
</tr>
</tbody>
</table>

Barriers to Prenatal Care (Provider Survey)

<table>
<thead>
<tr>
<th>Financial constraints</th>
<th>Scarcity of dentists who accept Medicaid</th>
<th>Perceived low priority of dental care</th>
<th>Concerns about safety</th>
<th>Scarcity of dentists in the area</th>
<th>Transportation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider Survey: 31</td>
<td>24</td>
<td>21</td>
<td>8</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

Provider Awareness of Medicaid Coverage Extension (Provider Survey)

In October, 2012, the $495 cap on Medicaid coverage of dental care was lifted for pregnant women in Vermont. Were you aware of this change prior to taking this survey?

<table>
<thead>
<tr>
<th>Aware 26%</th>
<th>Unaware 74%</th>
</tr>
</thead>
</table>

Patient Preferred Interventions (Focus Group)

<table>
<thead>
<tr>
<th>Patient Preferred Interventions (Focus Group)</th>
<th>Posts in waiting rooms &amp; schools</th>
<th>Free dental supplies in offices</th>
<th>Conversation with doctor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider Survey: 31</td>
<td>24</td>
<td>21</td>
<td>8</td>
</tr>
</tbody>
</table>

Conclusions/Discussion

National guidelines for providers
• The majority of providers surveyed (82%) are not currently using guidelines to assess oral health care during pregnancy. Moreover, 74% identified the need for guidelines as a means of better addressing prenatal oral health.
• Provider education pertaining to recommended guidelines concerning safety of dental procedures and approaches to prenatal oral health care could improve current provider practices.

Medicaid coverage extension
• The majority of providers surveyed (74%) were unaware of the lifting of the cap on Medicaid coverage.
• Focus group participants were also unaware that the cap had been lifted.
• Improvements should be made in communicating policy changes to both providers and patients in order for the benefits of new policies to be fully received.

Scarcity of dentists who accept Medicaid
• Both providers surveyed and focus group participants commented on the scarcity of dentists who accept Medicaid.
• Focus group participants felt that this resulted in long wait times to an open appointment slot.
• Providing medical practices with information regarding dentists in their community and insurance coverage they accept would help medical personnel provide helpful referrals to patients.
• Vermont may benefit from more dentists who accept Medicaid to improve access for pregnant women at risk for dental caries.

References