Patients with special health care needs are amongst the most underserved of our society; they have more dental disease, missing teeth, and difficulty obtaining dental care than any other segment of the population. The purpose of this study was to evaluate the attitudes of general dental practitioners (GPs) and pediatric dentists (PDs) in North Carolina and determine if they were willing to treat pediatric patients with special health care needs (PSHCN), identify potential barriers to treating PSHCN and what measures (if any) can be taken to overcome these barriers.

Methods

An 18-item questionnaire was emailed to 1807 general dentists and 193 pediatric dentists in North Carolina. Questions asked included if they treated PSHCN, their confidence level, type of treatment provided, behavior management techniques used and how transition of dental care from pediatric care to adult care was managed. Dentists that did not treat these patients were asked why not and what measures would allow them to be able and willing to treat this population.

Results

Of the 224 qualified responses, n=186 (9%) were from GPs and n=38 (~20%) were from PDs. 100% of PDs reported treating PSHCN (p<0.001) compared to only 56% of GPs. Reasons GPs cited for not treating PSHCN included not having the right practice set up or inadequate facilities (~71%), inadequate training (~ 63%) and patient’s behavior was a barrier (60%). Only 6 % stated it was not profitable.

Discussion

As found in other studies 2,3 GPs report they would be more willing to treat PSHCN if they had more training and adequate facilities. This can be possible through greater access to surgery centers and hospitals. Kerins et el.4 suggest increasing the number of pediatric dentists in the workforce might alleviate the burden to access of care. Limitations of this study include a small sample size, recall bias and study design.

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The data indicates that more GPs in North Carolina would be willing to treat PSHCN with additional hands-on training, adequate facilities, sedation options and hospital privileges.

References