

Comprehensive approach needed to decrease disparities in dental care

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Oral health continues to be a problem for the lower socioeconomic segments of the population for a variety of reasons. "Filling the Cavities Between Children and Oral Health" (p 74) attempts to stress the importance of good oral health, the need for primary care physicians/staff to help educate patients on early prevention techniques, and the difficulties people have in receiving care.

Through my affiliations and as a member of a 4-dentist private pediatric practice that devotes over 30% of our practice to treating underserved populations, I have considerable firsthand knowledge on the issues raised—one of which involves resident training.

I currently work with second-year pediatric residents by spending a half-day with them in my office. They can see how pediatric dental patients are cared for, and we discuss the importance of prevention and acute care issues such as

trauma and dental infections. Although brief, it is a step in the right direction. Additionally, organizations such as the American Dental Association (ADA), Wisconsin Dental Association (WDA), and the American Academy of Pediatric Dentistry (AAPD), offer many resources to assist in training the medical community on oral health care. And as the relationship between the American Academy of Pediatrics (AAP) and the AAPD continues to grow, more information is shared between the 2 groups.

Another concern raised in the article was the scarcity of pediatric dentists in Wisconsin. However, it's important to understand that dentistry differs from medicine in many ways. One important difference is that approximately 90% of dentists are general dentists. Dental specialists are used only when the general dentist chooses to refer the patient or the patient prefers to seek care with the specialist. General dentists are able provide the vast majority of treatments patients require.

Finally, the article also poses questions about access to care for the patients who need it now. The answer is not simply building more community health centers where dental staff can apply sealants and fluoride. Most of these clinics hire new dental graduates who tend to be less comfortable treating young

children. Instead, the state needs to focus on creating a system that will provide underserved children with adequate ongoing care. An increase in the reimbursement rate to current providers would greatly improve access and allow these kids to have a dental home. A few years ago a legislative study council made recommendations for improving access for the underserved. Although many ideas were honed during the meetings, one of the council's recommendations focused on increasing reimbursement as an effective way to improve access. But these recommendations were largely ignored. No money was allocated to pay for the plan because it was not a priority in the minds of the legislators. If this is truly a priority, the state must spend more than .8% of the medical assistance budget on dental care. All the fluoride varnish in the world is not going to solve the problem. Like varnish used to finish a chair, if the wood, nails, and glue are not put together tightly, the chair is just a pile of wood with a nice finish.

A comprehensive approach between the medical and dental communities, along with real increases in reimbursements for dental care by the state, would go far to decrease the disparities between the have and the have-nots.

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