



## Inter- and multidisciplinary oral health clinics can better serve patients with special needs and complex diseases



Holly Barone



Eli Eliav

Older adults, individuals with intellectual and developmental disabilities (IDD), and patients with complex diseases often experience significant disparities and access issues in dental care. This may be related to factors such as deinstitutionalization for geriatric and IDD patients, increases in life expectancy, lack of appropriately trained providers, and a shortage in facilities that are adequately equipped to provide appropriate treatment.

Over the years these trends have not been accompanied by needed changes in dental training to include an emphasis on patients with special medical needs, or by the number of clinics willing and able to provide appropriate care. The above-mentioned, as well as the severity of the oral diseases that is often observed in these populations, drive the need for a different approach.

Ideally, inter- and multidisciplinary systems of coordinated and individualized care are envisioned that provide lifetime care in facilities that are safe, physically accessible, appropriately equipped, and staffed by health providers that have the proper skills and training to address each individual's special needs with no compromise to the quality of care. This can take place in interdisciplinary clinics with specialists in all the disciplines of dentistry working together with physicians, nurses, and other care providers. Long-term improvements to access to care issues for individuals with IDD, dementia, Alzheimer disease, and other complex diseases should also come from educating dentists in the community who are not trained to provide coverage that addresses the unique needs of these populations. Moreover, interdisciplinary clinics can increase the pipeline of qualified providers by training dental resi-

dents who may end up practicing in other regions of the country or the world.

In order to create long-term solutions to the fragile oral health delivery system for patients with IDD and complex medical conditions, closer collaboration in health centers between medical and dental providers can be the first step to achieve this goal. Bringing these opportunities and resources together may produce useful clinical advances with cross-disciplinary training and interaction. Promoting oral health among these populations will require interprofessional collaboration, with physicians becoming advocates for good oral health and dentists becoming more aware of medical conditions that affect oral health.

This comprehensive approach may change the way oral health treatment is provided to patients with complex medical conditions. Inter- and multidisciplinary systems of coordinated care will make a lasting difference in the general health and quality of life for patients with IDD and complex diseases and for the long term may also address the shortage of dentists qualified to treat those populations.

Holly Barone, RDH, MHA  
Chief Administrative Officer,  
Asst. Director Clinical Services,  
Eastman Institute for Oral Health,  
University of Rochester, Rochester, NY, USA

Eli Eliav  
Editor-in-Chief