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OPINION Guest writer

Dental homeless

Nowhere to treat some patients

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SPECIAL TO THE DEMOCRAT-GAZETTE



With recent decisions made by Arkansas Children's Hospital (ACH) and the University of Arkansas for Medical Sciences (UAMS), there are three groups of dental patients that no longer have a dental home. The three groups are adult and adolescent neurodiverse, adult cleft palate and lip, and adult craniomaxillofacial syndrome patients.

ACH will no longer take patients over the age of 26 to the operating room, and is in the process of dismissing all dental patients over the age of 21. Over the past 10 years, some attempts have been made to see adult neurodiverse patients at UAMS, working with the Oral Health Clinic and the General Practice Residency program; the last attempt

started in July 2023 and ended halfway through September.

If you contact ACH and ask for a referral, they have no place to refer patients for treatment; if you call UAMS, you are referred to either Houston, Texas, or St. Louis.

There is no home for these complex patients here in the state of Arkansas—and that is just wrong.

A complete background of the adult neurodiverse patients needs and their treatment issues, along with the other two groups of patients, is an article for another time. During the past 3.5 years I have seen, firsthand, patients from these groups on a daily basis.

Most of the neurodiverse patients must have general anesthesia to be examined and treated. Should there be a need for overnight observation after the procedure, they must be admitted to a hospital. That is one of several issues in providing treatment for these patients. Another is finding operating room availability to treat these patients.

Perhaps the greatest obstacle is inadequate reimbursement for treating these patients. A hospital or surgery center is reimbursed less than \$200 for a procedure, and the \$500 Medicaid limit for adults does not allow for adequate reimbursement of the procedures that need to be completed.

Many people are actively working on both short-term and long-term solutions for these patients.

Short-term solutions involve finding a surgery center to take these patients to for treatment and having a hospital affiliation for admittance if needed. Long-term solutions may include the development of a free-standing dental outpatient surgery center to serve these patient populations.

Funding these solutions is going to take organized dentistry working with our state government, charitable organizations, and each other to take care of the dental homeless.

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