

Dental Treatment Case Complexity Assessment Form and Recommendations For Persons with Special Health Care Needs



CANADIAN
DENTAL
ASSOCIATION

BACKGROUND

The World Health Organization's (WHO) framework, the International Classification of Functioning (ICF), Disability and Health, is a classification of health and health-related domains that measures health and disability of both individuals and populations.¹

ICF describes "disability" as impairments, activity limitations and participation restrictions. Examples include persons with physical, sensory, intellectual, medical, emotional and/or social impairments, or a combination of these factors. These groups are often referred to as persons with Special Health Care Needs (SHCN).²

Oral health inequality experienced by persons with disabilities is unnecessary, unjust and unfair. The International Association for Disability and Oral Health (IADH) and the World Dental Federation (FDI) advocate for an integrated public policy that will develop and support oral health goals to address this inequity.³ These goals must include training and continued support for a competent dental work force, as well as mechanisms to ensure that oral health care is recognized as essential and fully integrated into local health, education, social care, and environmental (i.e. wheelchair accessibility, access to transport and the built environment) policies.

Examples of oral health inequality experienced by persons with disabilities:

1. Social determinants of oral health create significant inequities for persons with SHCN.⁴
2. The way in which a society or culture perceives disability and persons with disabilities may exert additional effects, such as discrimination and stigmatization, thereby limiting access to care.⁵
3. Oral disease and dysfunction among persons with SHCN often remain untreated.
4. Poor oral health has a significant impact on general health and the quality of life of persons with SHCN.
5. Persons with SHCN may require care by a dental specialist.⁶
6. In many communities, there is often no formal or clear "transition of care plan" in place for:
 - children with SHCN who are moving from pediatric care to adult care;
 - adults who move between practices; or
 - older individuals who progress to becoming a person with SHCN and require different levels of care.

Given the extent of oral health inequality experienced by persons with SHCN and the application of the *United Nations Convention on the Rights of Persons with Disabilities*⁷, it is imperative that educational programs, governments and regulatory bodies act to develop local oral health goals in the context of their own communities. These goals must focus on access to preventative care, informed and direct planning of oral health care services for persons with SHCN, and evaluation of outcomes from services and activities.⁸

The contribution of clinician members of Canadian Society for Disability and Oral Health to the development of this form is gratefully acknowledged. The Dental Treatment Case Complexity Assessment Form and Recommendations is provided for informational and educational purposes. It is intended to aid the dental practitioner in making referral decisions; to demonstrate case complexity of patients with special health care needs; and to help determine a practitioner's comfort-level—based on their existing knowledge, experience and/or physical clinical space—to provide treatment and/or make modifications to treatment. The Canadian Dental Association and the Canadian Society for Disability and Oral Health neither expressly nor implicitly warrant that the use of this form will result in any positive results or outcomes. This form may be reproduced but may not be amended or altered in any way. © Canadian Dental Association 2019, 1815 Alta Vista Drive, Ottawa, ON, K1G 3Y6; Phone: 1-800-267-6354; Website: cda-adc.ca. The Canadian Society for Disability and Oral Health 2019, 389 HydePark Rd, London, ON, N6G 3RH; Phone: 519-601-8745; Website csdh.ca.

Version 1: Last Updated, November 2021

Please use the current version of this document, available for download at <https://www.cda-adc.ca/assessment>



ACCESS TO CARE: A PRIORITY FOR THE CANADIAN DENTAL ASSOCIATION

One of the Canadian Dental Association's (CDA) top priorities is to advocate for accessible oral health care for all of Canada's populations, including vulnerable groups who require special oral health care.⁹

Oral health is an important part of healthy daily living. Being able to eat, swallow, interact socially (i.e. smile and talk) and live without pain is critical to an individual's well-being and good health. Persons with SHCN are often more prone to develop dental cavities and gum disease, which can negatively impact their overall health.¹⁰ Furthermore, persons with SHCN are generally dependent on others for personal care. They rely on their parents and/or caregivers to assist and monitor their daily activities, health care, and oral health care due to limitations in manual dexterity, coordination, and/or ability to comprehend complex tasks.¹¹

In 2018-19, CDA engaged in research to determine how to further improve communication efforts and access to quality oral health care for persons with SHCN.¹² Nearly 1,500 dentists across Canada participated in focus groups, in-depth telephone interviews and an online survey. Dentists shared their views on where they felt they could use further training or support when caring for persons with SHCN. Developing an assessment tool came as a recommendation to help dentists determine when to treat, when not to treat and when to refer persons with SHCN to alternative care, where available

PURPOSE

Co-developed by the CDA and clinician members of the Canadian Society for Disability and Oral Health (CSDH), this assessment form can be used in any SHCN patient group for assisting in decision-making regarding referrals. Completing this form when persons with SHCN present for care may also help identify any data trends to third parties (i.e. patient advocacy groups or government who are working to improve access to care) such as the number of persons with SHCN who are not being seen and/or treated based on assessment outcomes.

The aim of this assessment tool is:

1. To encourage private and public dental clinics to make dental services more accessible to persons with SHCN.
2. To help dentists assess the complexity of individual cases and determine whether to treat or refer these patients to clinics where specialized care can be provided.

This assessment tool is **not** intended to evaluate specific oral health conditions or emergency oral health treatment options. Instead, this tool attempts to be generally inclusive; it would be impractical to define all potential and specific patient conditions in a single tool.

POTENTIAL BARRIERS FOR DENTAL CARE FOR PERSONS WITH SPECIAL HEALTH CARE NEEDS

Dentists across Canada identified common challenges when providing oral health care for persons with SHCN¹³:

- Communication (i.e., language barriers, learning disabilities, limited verbal communication)
- Care-resistant behaviour (i.e., requires sedation or general anesthetic to receive treatment)
- Medical history (i.e., ability to manage appointments independently, history of abuse/neglect)
- Dental history/treatment needs (i.e., oral hygiene at home, dental home in place, risk of caries)*
- Personal and/or environmental barriers of access to oral care (i.e., wheelchair accessibility, access to transport or the built environment)

* **Note:** As a result of the global COVID-19 pandemic, guidance, recommendations and requirements related to the delivery of oral health care are evolving and will vary from province to province across Canada. There are additional and unique challenges in providing oral health care to persons with SHCN during periods of respiratory outbreaks.



HOW TO USE THE ASSESSMENT FORM

This assessment form makes case selection for persons with SHCN more efficient and consistent to document. Dentists and the dental team may choose to use the assessment form as part of their patient record as well as an adjunct in determining when to refer patients.

The overall assessment reflects the complexity of clinical care for persons with SHCN. Although there is an element of subjectivity in the assessment process, this tool aims to provide the practitioner with enough information to only serve as a reference model.

The items listed in this form should be considered as a range of potential factors that may complicate treatment and potentially influence treatment outcomes and may not be under the control of the dentist or dental team. These factors may influence a practitioner's ability to provide care at a consistently predictable level and impact the longevity of restorative treatment.

The assessment form enables a dental practitioner to assign a level of complexity to a particular individual by making indications in the "Y" or "N" columns. Selecting "Y" or "N" for conditions applicable to a person with SHCN will help both the practitioner and parent/caregiver better understand the factors that can contribute to the patient's dental treatment needs.

LEVELS OF COMPLEXITY

Categorization of *routine*, *moderate*, or *complex* is based on a multitude of factors for each patient. However, clinical judgment is needed to determine the final decision to treat or refer the patient to alternate care, if available (**Figure 1**).

If the clinician is unable to make reasonable adjustments to carry out patient treatment based on experience, training/education and/or comfort level, or is unsure about available treatment options and/or modalities, the recommendation is to refer the patient with details of attempts that have been made to facilitate care thus far.

Routine (Green): Patient care can be provided with minor adjustments in order to facilitate care.

Moderate (Yellow): Based on the dental provider's knowledge/experience and the physical properties of the clinical setting, patient care can be provided with reasonable adjustments or modifications to facilitate care.

Complex (Red): Patient has complex needs and referring the patient to a specialist is recommended to facilitate care.

Spectrum of Need & Disability: The Integrated Role of Primary Dental Services & Specialists

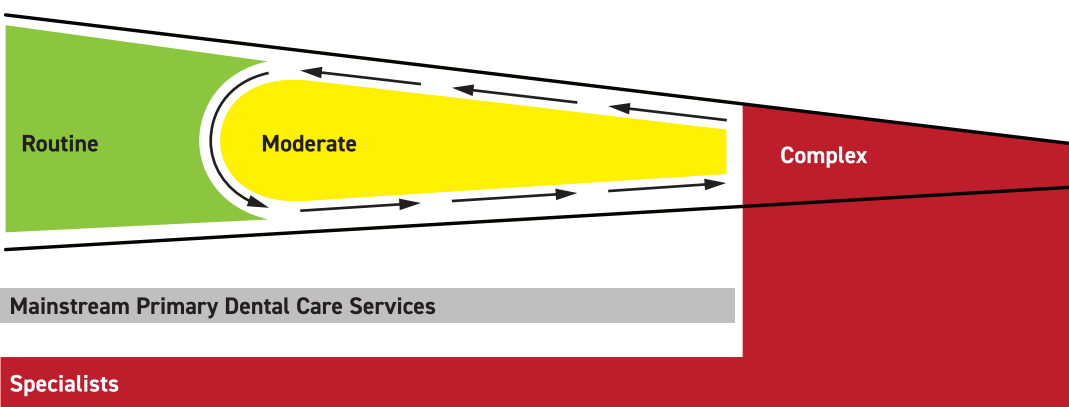


Figure 1: Spectrum of Need & Disability: The Integrated Role of Primary Dental Services and Specialists
The arrows in Figure 1 demonstrate that moderate (yellow) category patients' needs can range from one appointment to the next. For example, some dental appointments may be more routine (green) compared to others that are complex (red) and require the care of a specialist.



REFERENCES

1. World Health Organization. International Classification of Functioning, Disability and Health (ICF) Geneva: World Health Organization; 2001.
2. Griffo G, Leonardi M, Martinuzzi A, Francescutti C, Raggi A, Kosic V, Barbieri PV. Moving towards ICF use for monitoring the UN Convention on the rights of persons with disabilities: the Italian experience. *Disabil Rehabil.* 2009;31(Suppl 1):S74-S77.
3. FDI/IADH global statement Oral Health and Dental Care of People with Disabilities. Available at: <https://www.fdiworlddental.org/oral-health-and-dental-care-people-disabilities>
4. Commission on Social Determinants of Health. Closing the gap in a generation. Health equity through action on the social determinants of health. Geneva: WHO, 2008.
5. World Health Organization [and] The World Bank. World Report on Disability. Geneva, Switzerland: World Health Organization, 2011. Available at: http://www.who.int/disabilities/world_report/2011/en/
6. Faulks D, Freedman L, Thompson S, Sagheri D, Dougall A. 2012. The value of education in special care dentistry as a means of reducing inequalities in oral health. *Eur J Dent Educ* 16(4):195-201.
7. UN General Assembly, *Convention on the Rights of Persons with Disabilities : resolution / adopted by the General Assembly, 24 January 2007, A/RES/61/106.* Available at: <https://www.refworld.org/docid/45f973632.html>
8. Canadian Academy of Health Sciences. Improving Access to Oral Healthcare for Vulnerable People Living in Canada. A report of the Canadian Academy of Health Sciences. 2014. Available at: https://cahs-acss.ca/wp-content/uploads/2015/07/Access_to_Oral_Care_FINAL_REPORT_EN.pdf
9. The Canadian Dental Association. Advocacy Activities (2019). Available at: https://www.cda-adc.ca/en/about/membership/benefits/advocacy_activities.asp
10. The Canadian Dental Association. The State of Oral Health in Canada (2017). Available at: <https://www.cda-adc.ca/stateoforalhealth/vulnerable/>
11. Liu HY, Chen JR, Hsiao SY, Huang ST, "Caregivers' Oral Health Knowledge, Attitude and Behavior Toward Their Children with Disabilities." *Journal of Dental Sciences*, 2017. Available at: <https://www.sciencedirect.com/science/article/pii/S1991790217300685?via%3Dihub>
12. The Canadian Dental Association. *CDA Essentials*, Vol 6, Issue 6, 11-12 (2019). Available at: <http://www.cda-adc.ca/en/services/essentials/2019/issue6/10/>
13. IPSOS Research. *The Canadian Dental Association Patient Understanding Study*. March 2019. PowerPoint Presentation.





DENTAL TREATMENT CASE COMPLEXITY ASSESSMENT FORM (1/3)

Indicate whether a condition is applicable to a person with SHCN seeking oral health care in either the "Y" column or the "N" column. This assessment form can help the practitioner and parent/caregiver to better understand factors that contribute to the patient's dental treatment needs. Categorization of routine, moderate, or complex is based on preponderance of factors. Clinical judgment is still needed to determine the final decision to treat or refer the patient to alternate care, if available. This assessment tool attempts to be generally inclusive and is not intended to evaluate specific oral health conditions or emergency oral health treatment options.

Patient Name: _____ DOB (DD/MM/YY): ____/____/____

GENERAL INFORMATION

Form completed by: _____ Date completed (DD/MM/YY): ____/____/____

LEGAL GUARDIAN / PERSON WITH LEGAL CONSENT CONTACT INFORMATION

Name: _____ Relationship to patient: _____

Address: _____

City: _____ Postal code: _____

Cell #: _____ Home #: _____ Email: _____

Preferred method of contact: Cell Phone | Home phone | Email

PARENT/CAREGIVER CONTACT INFORMATION (if different from above)

Name: _____ Relationship to patient: _____

Address: _____

City: _____ Postal code: _____

Cell #: _____ Home #: _____ Email: _____

Preferred method of contact: Cell Phone | Home phone | Email

PERSON RESPONSIBLE FOR ARRANGING PATIENT APPOINTMENTS (if different from above)

Name: _____ Relationship to patient: _____

Address: _____

City: _____ Postal code: _____

Cell #: _____ Home #: _____ Email: _____

Preferred method of contact: Cell Phone | Home phone | Email

DENTAL INSURANCE PLAN

Private insurance: _____ Government insurance: _____



DENTAL TREATMENT CASE COMPLEXITY ASSESSMENT FORM (2/3)

Patient Name: _____ DOB (DD/MM/YY): ____/____/____

Level of Complexity	Communication	Y	N	Comments
Routine	Good communication between patient, caregiver and the dental team			
Routine	Some difficulty in communication, but can overcome			
Moderate	Patient/caregiver cannot speak English/French; May need interpreter			
Moderate	Patient has mild learning difficulty			
Moderate	Patient has limited verbal communication due to age or other underlying conditions			
Complex	Non-verbal patient; Multiple communication aids required			
Complex	Patient has moderate learning difficulty			
Complex	Patient has severe communication difficulty; Only limited communication possible			

Level of Complexity	Behaviour	Y	N	Comments
Routine	Patient will accept hygiene appointments, restorative treatments and simple extractions with local anesthetic (LA)			
Moderate	Full examination and regular cleanings possible with additional support and/or behaviour facilitation techniques			
Moderate	Patient requires multiple desensitization/acclimatisation visits to accept treatment			
Complex	Only limited examination possible			
Complex	Patient will accept limited restorative care with difficulty and/or physical restraint			
Complex	Patient shows aggressive behaviour			
Complex	Patient requires general anaesthetic, sedation or other advanced management techniques to accept treatment			

Level of Complexity	Medical History	Y	N	Comments
Routine	Medical history non-contributory with no significant relevance to dental treatment (ASA 1-2)			
Routine	Patient is able to manage medication and appointments independently			
Moderate	Unable to get the medical history at first appointment, further information required			
Complex	Medical or psychiatric status complex and/or unstable, affecting the provision of dental treatment (ASA 3-above)			
Complex	Multidisciplinary appointment needed for medical reasons			
Complex	History of abuse or neglect			
Complex	Potentially COVID-19 positive, or at increased risk of a respiratory infection during an outbreak			



DENTAL TREATMENT CASE COMPLEXITY ASSESSMENT FORM (3/3)

Patient Name: _____ DOB (DD/MM/YY): ____/____/____

Level of Complexity	Dental History/Treatment Needs	Y	N	Comments
Routine	Stable/healthy oral environment; Good oral hygiene and home care			
Routine	Patient has dental home			
Moderate	Patient unable to brush/floss effectively, dependent on others			
Moderate	Oral Hygiene and oral function compromised due to malocclusion or oral pathology			
Moderate	Patient doesn't use fluoride or other preventive sources (Xylitol, CHX, CPP-ACP)			
Moderate	Cariogenic diet/sugar containing medication resulting in high caries risk			
Moderate	Bleeding disorders			
Moderate	Low salivary flow (Medications, Sjogren's syndrome, etc.)			
Complex	Developmental problems (Hypoplasia, MIH, AI,DI, OI, etc.) with symptoms or post-eruptive breakdown			
Complex	Children with craniofacial developmental anomalies			
Complex	Oral defensive; Access to oral cavity restricted			
Complex	G-Tube feeding and patients with eating disorders (obesity, anorexia, bulimia, etc.)			
Complex	High risk for dental caries and/or periodontal problems due to underlying medical/behavioural condition			
Complex	Severe bruxism or other habits (severe attrition, abfraction and erosion)			

Level of Complexity	Access to oral care/Barriers	Y	N	Comments
Routine	Patient can access dental services without additional accommodations			
Moderate	Access to dental care compromised due to financial problems			
Moderate	Patient who fails to attend, or cancels at short notice, more than once in a course of treatment; Compliance problems			
Moderate	Patient requires quiet environment/needs a separate space from other patients in waiting room			
Complex	Patient requires specialized equipment for dental appointments (e.g. ambulance, hoist, wheelchair tilt, slide board)			
Complex	Patients needs to be seen in hospital setting			

[Download Blank Fillable Form \(for multiple use\) \[click here\]](#)

[Save Form \(one-time use only\) \[click here\]](#)