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Journal

Journal of the California Dental Association, 51(1)

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Publication Date

2023-12-31

DOI

10.1080/19424396.2023.2253960

Peer reviewed

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To cite this article: Michelle Luong, Meagan Smith-Bocanegra, Adam Valdivia, Kelly Vitzthum, Reeva C. Mincer, Michael Lee O'Hara & Eric C. Sung (2023) Integrating Social Work into Adult Special Care Dentistry – An Interdisciplinary Approach to Care, Journal of the California Dental Association, 51:1, 2253960, DOI: [10.1080/19424396.2023.2253960](https://doi.org/10.1080/19424396.2023.2253960)

To link to this article: <https://doi.org/10.1080/19424396.2023.2253960>



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Published online: 14 Sep 2023.



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Integrating Social Work into Adult Special Care Dentistry – An Interdisciplinary Approach to Care

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ABSTRACT

Patients with Special Health Care Needs (SHCN) encounter many barriers in achieving optimal health. This includes primary care, mental health, and oral health. Social workers are adept at addressing these barriers and are trained to provide additional assistance such as emotional counseling, clinical case management, community resource navigation, patient education, and anticipatory guidance. While their assistance is well documented in medical care and hospital settings, collaboration between dentistry and social work is less common. The initiation and integration of a social worker program in dentistry that focused on patients with SHCNs was examined. It was found that social work integration allowed for improved identification of unmet psychosocial needs and decreased barriers to care. As a result, initial appointment attendance rates increased post-integration. Social work in a dental setting has demonstrated the ability to improve bio-psychosocial wellbeing in patients and families, helping address unmet social and psychological needs and reducing barriers to oral health care.

ARTICLE HISTORY

Received 15 June 2023
Revised 1 August 2023
Accepted 28 August 2023

KEYWORDS

Special patient care; Special health care needs; social work; LCSW; access to care; barriers to care

Introduction

Patients with Special Health Care Needs (SHCN) encounter many barriers to achieving optimal health. As health systems nationwide strive to improve equity, the care of patients with SHCN continues to be highlighted as one of the greatest challenges facing health care. One in four adults in the United States has some kind of disability, including those related to mobility, cognition, and self-care.¹ Among these adults, a quarter do not have a usual health-care provider and/or have experienced an unmet health-care need because of cost in the past year.²

Barriers to oral health are no exception. The landmark 2000 Surgeon General's report on oral health underscored the widespread lack of access to basic dental care for patients with SHCN.³ Unfortunately, the recent update issued by the NIH revealed that not much has changed. The combination of individual, social, cultural, financial, and other systemic barriers has resulted in an intractable relationship between disability and poor oral health.⁴ Too few dentists receive adequate training around treating this population, and consequently most general dentists do not feel comfortable accepting these patients into their care. In addition, as young patients with SHCN age out of pediatric dentistry, they struggle to establish a new dental home, bouncing from referral to referral and often ending up at dental schools or tertiary care institutions with advanced dental educational programs. Those patients who identify as having SHCN and rely on state-based dental insurance for treatment often

struggle for years without care^{5,6}. This combination has led to wait times of over a year at most institutions just for the initial visit.

Not only does this vulnerable population experience a higher prevalence of significant dental needs but they also commonly experience higher psychosocial needs, which are typically unaddressed in dental settings. These may include transportation, housing, food, social and peer support, and mental health needs, to name a few. In medical settings, social workers are established members of multidisciplinary care teams, working to address the social determinants of health and psycho-socio-emotional needs of patients and their families through patient-centered care coordination and by ensuring access to resources and support.^{7,8} There is much evidence demonstrating the efficacy of social work in improving health and psychosocial outcomes.⁹ In dentistry, the integration of social work by way of a clinician on the team remains a newer concept, and an area for further implementation and research.

Like much of the rest of the country, relatively few clinics in California provide dental services specifically to individuals with SHCN. The UCLA Special Patient Care (SPC) clinic is one such facility, and treats over 4,000 patients annually who would otherwise struggle to receive dental care in the community. Although adept at providing clinical dental services to this patient population, the dental team is unable to address the psychosocial, emotional, or care coordination needs of patients due to lack of capacity and expertise. With these considerations in mind, the UCLA School of Dentistry and

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clinic leadership sought an interdisciplinary relationship with the School of Public Affairs and the Social Welfare Department at UCLA, and a role was created for a licensed clinical social worker (LCSW) to supervise a graduate Masters in Social Work (MSW) student completing their required fieldwork education at the SPC clinic. This article will describe the implementation of social work integration at the UCLA SPC clinic.

Methods

Patients who were scheduled for the screening appointment in the UCLA Special Patient Care clinic from January 2018 to March 2023 were included in this study. Given the long wait time to be seen in the clinic, the initial intervention was to improve the patient care experience and decrease barriers to access. A screening appointment is an initial intake appointment to assess patients to determine if their needs are suitable for the SPC clinic. Beginning in September 2021, the MSW intern began performing a *Psychosocial Screening Phone Call* to patients the week of their scheduled screening appointment. The goal is to develop an initial understanding of the patient, family, and/or caregiver in the context of their life and to provide anticipatory guidance about the clinic process. Details of these calls are documented in each patient's chart, and pertinent information is used to better provide appropriate resources for each patient and their family at their screening appointment.

As part of the intake paperwork gathered for each new patient at their screening appointment, a *Social Work Case Management Questionnaire* (Figure 1) is administered to screen for potential needs. This form gathers information from the patient or the caregiver about conservatorship, regional center connection, access to resources, and assesses for social support, and serves as a tool for the social work team to engage in further conversation with patients and their families. This form is also available in Spanish to further access and equity. At the appointment, the LCSW utilizes evidence-based modalities, including brief counseling, motivational interviewing, risk assessment, Solution-focused Brief Therapy, and Therapeutic Crisis Intervention to further assess social, emotional, legal, psychological, and basic needs. The social work team actively works to build trust, rapport, and be perceived as a non-threatening service in the clinic.

Attendance at screening appointments and verbally requested resources/needs were recorded, in addition to the data gathered through the *Psychosocial Screening* calls and the *Social Work Case Management Questionnaire*. To evaluate transportation as a barrier, the social work team documented the distance patients traveled to reach the clinic. To evaluate the effect of the Psychosocial Screening calls on screening appointment attendance, the show rates for screening appointments from January 2018 to December 2020 prior to social work implementation were compared to that of September 2021 to March 2023 following implementation. Statistical analysis was performed using a chi-squared test with 1 degree of freedom with alpha set at 0.05.

Results

There were 1071 patient screening appointments across January 2018 to December 2020 and September 2021 to March 2023, with 868 appointments prior to social work integration and 203 appointments post-integration (Figure 2). The average monthly attendance rate increased from 45.8% to 61.1%, which was statistically significant ($p < .001$).

Resources requested by patients and families on the *Social Work Case Management Questionnaire* or during in-person discussions are reported in Figure 3. The most commonly requested resources were mental health/emotional counseling (20.5%), Medi-Cal/insurance navigation (16.5%), and conservatorship guidance (15.3%).

Transportation assistance was requested by 6.4% of patients and their families. Figure 4 displays the residential zip codes of patients who attended screening appointments since social work integration. Two-thirds of patients travel more than an hour to reach the SPC clinic, with some traveling over 200 miles. Patients travel from as far north as the Bay Area, as far south as San Diego County, and as far east as Kern County. Anecdotally, the social work team reported that patients and families often indicate travel as one of the most common barriers to obtaining dental care.

Discussion

The integration of social work into the UCLA SPC clinic has uncovered psychological, social, economic, legal, care coordination, and basic needs that require additional assessment and intervention. Due to limited clinic capacity, patients wait over a year for an initial screening appointment. Even with the existing reminder phone calls placed several days prior to each appointment, historical show rates for screening appointments had been under 50%. With a social worker conducting pre-screening psychosocial phone assessments, barriers to attendance can be addressed and families are better supported in helping their loved ones receive care. Since the start of social work integration, average screening appointment attendance rates jumped to over 60%. This increase is significant and suggests the positive effects of this approach; however, we cannot fully account for the effects of COVID-19 and other potential confounders during this time, including the possible effects of pent-up demand and contemporaneous closure of other community resources.

Prior to the availability of social work in our facility, the faculty and staff had a limited ability to provide other forms of assistance outside of clinical dental care. Social workers possess knowledge pertaining to the healthcare system and social services, in addition to being specially trained to navigate sensitive and complex patient challenges. In having social workers present on-site at screening appointments, patients are able to receive personalized referrals and brief counseling according to their unique circumstances. This includes recommendations and referrals to community-based resources specific to their geographic area. Though many patients and families do not specifically request additional social work support on their intake *Social Work Case Management Questionnaire*, once in

DATE:
 PATIENT NAME:
 PATIENT DATE OF BIRTH:
 PATIENT UNDER LEGAL CONSERVATORSHIP? **YES/NO**
 NAME OF LEGAL CONSERVATOR: _____

FORM COMPLETED BY:

- PATIENT
- PARENT/CAREGIVER
- LEGAL CONSERVATOR
- OTHER

- DOES PATIENT BELONG TO A REGIONAL CENTER? **YES/NO**

WHICH LOCATION: _____

Please circle answer and explain below:

1. Do you (patient/caregiver) have supportive people in your life? **YES/NO**

Describe below:

2. Do you (caregiver/ family) ever worry about meeting basic needs (food/housing/transportation)?
YES/NO

Describe below:

3. Would you like information or help obtaining additional resources? Mental health, legal support, insurance help or other social work resources? **YES/NO**

Describe below:

4. Do you have any questions for social work today or want a follow up call to get support or talk about social needs?
YES/NO

Describe below:

If you answered yes or if follow up or resources are needed, please provide your contact information.

Email address: _____

Phone number: _____

Figure 1. Social work case management questionnaire.

conversation with the social work team, a need or request will often arise.

Given the challenges faced by numerous patients with SHCN in accessing dental care, the social worker can assume a pivotal role in establishing an essential foundation of trust and rapport with patients during the initial stages of care. A full fifth of all patients and families who requested social work services asked for mental health/emotional counseling. Persons who identify as having an SHCN and their families commonly experience grief, loss, and emotional responses related to their diagnosis and in obtaining health care. This is particularly true for dental care, as barriers to access often lead necessarily to more

invasive, interventional dental care as opposed to prevention. Social work presence in the clinic has highlighted the importance of having a trained mental health professional to meet these needs for brief counseling, empathetic listening, assessment, intervention, and referrals. Prior to the integration of social work, much of the emotional aspect of dental treatment fell to providers, staff, and administrative team or was simply unaddressed.

The majority of other social work requests directly relate to other specific barriers to care. Though information on insurance and conservatorship is freely available online and in member bulletins, existing resources are often difficult to navigate. More than 30% of social work service requests are

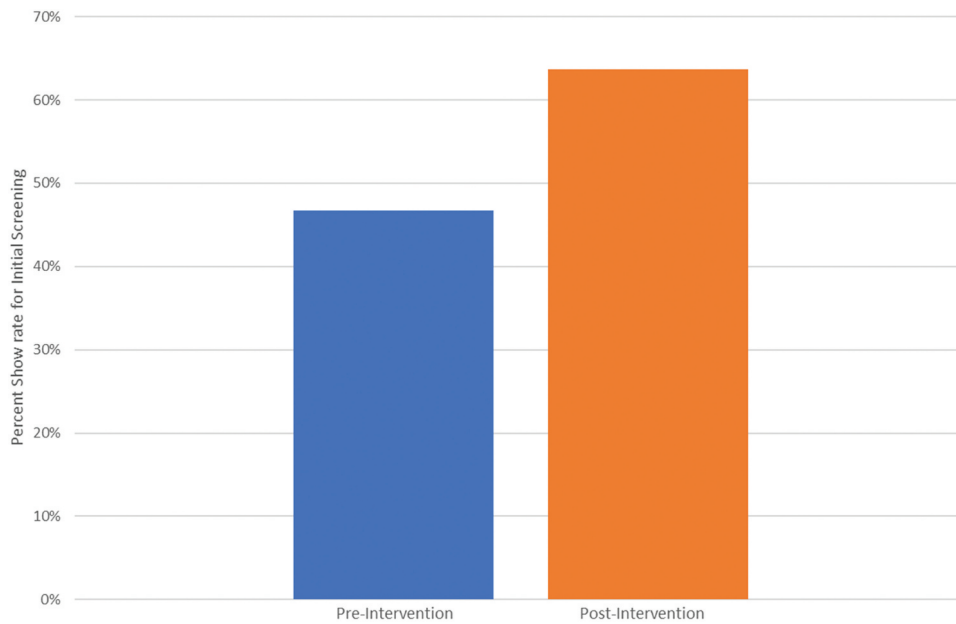


Figure 2. Screening appointment attendance rate average (%).

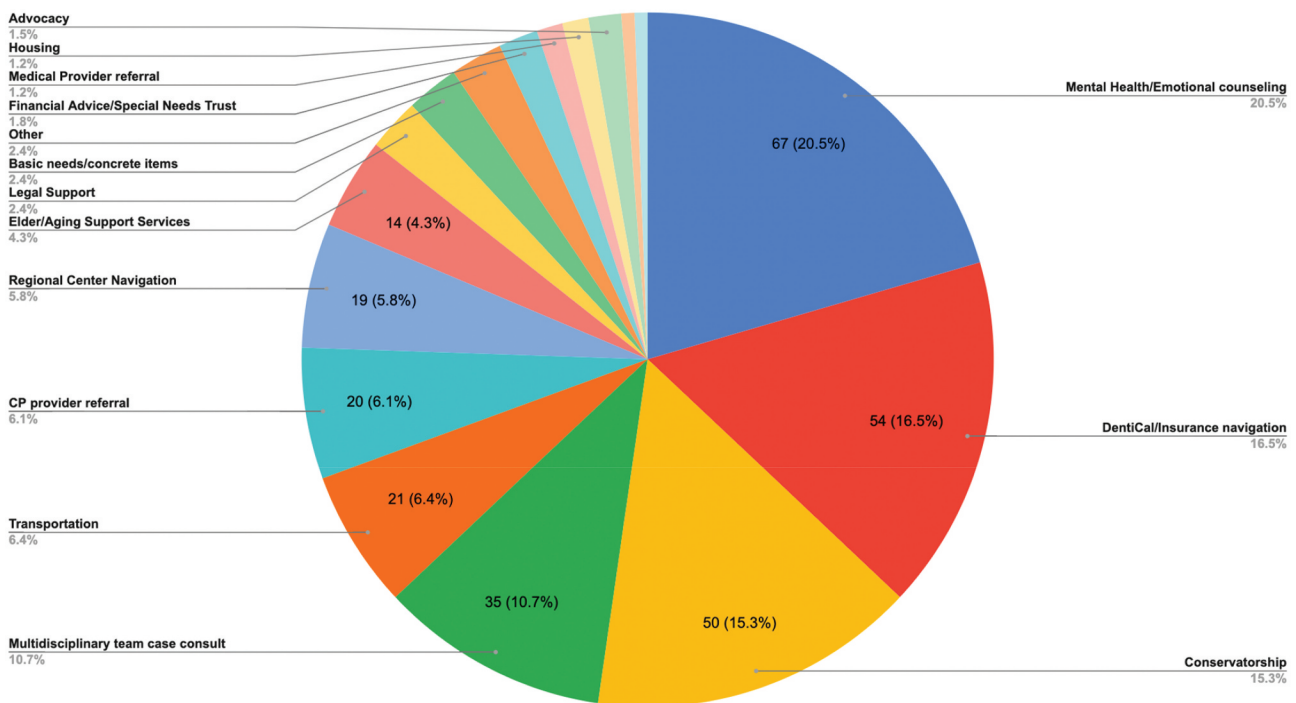


Figure 3. Percentage of social work requests in each category since intervention.

regarding either health/dental insurance or conservatorship status, both of which have significant impacts on the ability to receive dental care (Figure 3). Transportation assistance was another commonly requested service, indicating the severe lack of community dental providers available to see this patient population and demonstrating a need for more easily accessible dental care options.

From an educational standpoint, integration has also allowed social workers in training to gain a better understanding of how individuals are impacted by their dental needs. Social workers can partner with residents, faculty,

and dental staff to help caregivers and patients also understand their treatment and improve oral health literacy when possible. Similarly, dental residents and students gain a better understanding of interdisciplinary, team-based care and how social determinants of health impact oral health outcomes.

Historically, dental education in the treatment of patients with SHCN has been mostly limited to post-graduate education. It was only recently that the Commission on Dental Accreditation voted to require dental schools to train dental students in managing treatment of this population. Perhaps

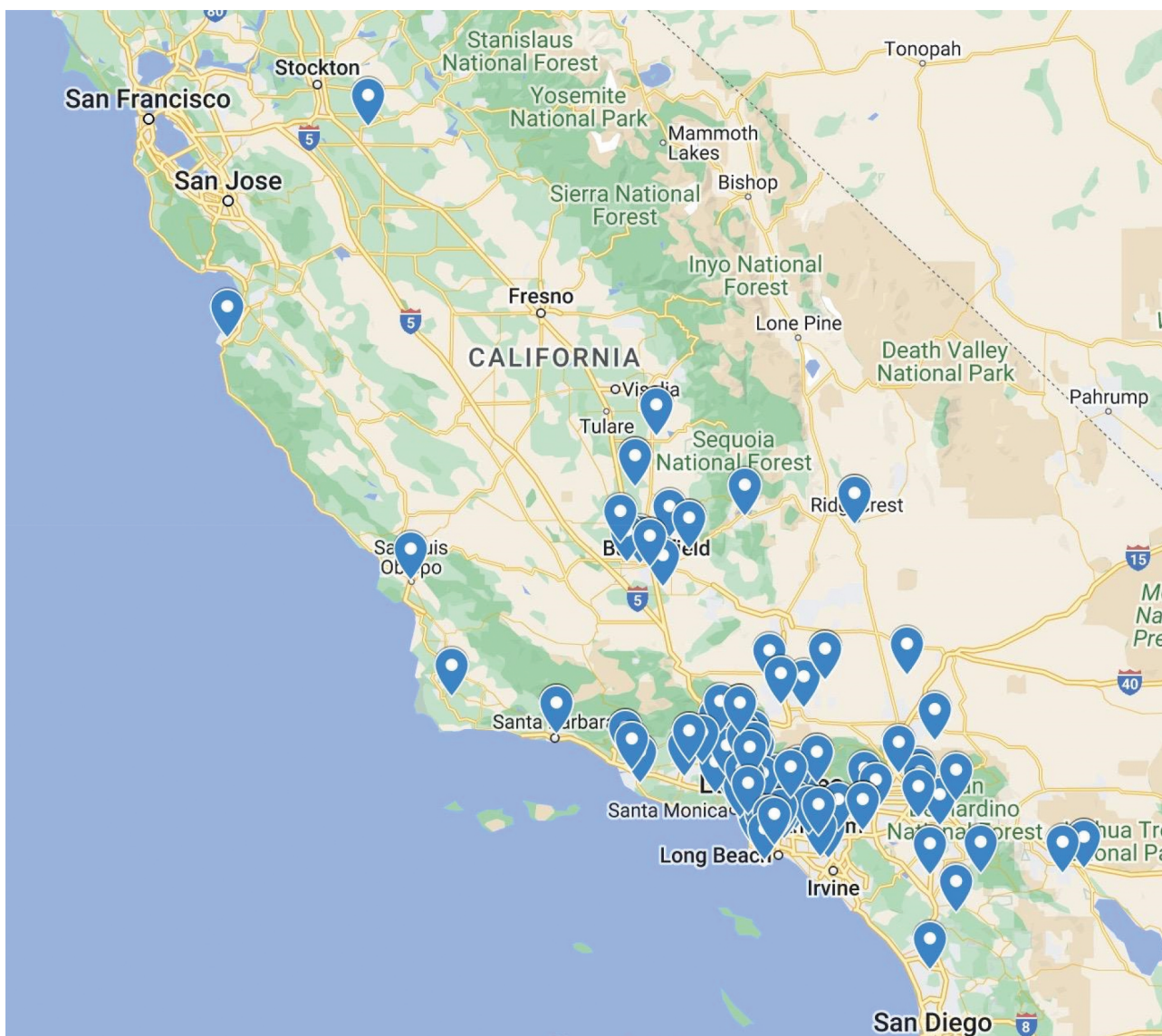


Figure 4. Map of patient zip codes since start of social work intervention.

interprofessional education programs incorporating allied health professionals like social work could help dental schools teach students the importance of a multidisciplinary approach to care for this patient population. This cross collaboration will help future dentists understand the barriers that patients with SHCNs face and perhaps improve access at a broader level.

Social work integration can increase bio-psychosocial well-being in patients and families by helping address social and psychological needs and reducing barriers to oral health care. Further research is needed to quantify the impact of social work in the dental setting. The hope remains that establishing a model of social work as a member of the dental team will increase adoption of similar programs, improving outcomes for patients and providers.

Disclosure Statement

No potential conflict of interest was reported by the author(s).

Notes on contributors

Michelle Luong, DDS was heavily involved in serving disadvantaged and marginalized patient populations. Her efforts led her to the Special Patient Care Clinic at UCLA, where she worked with faculty and specialized clinicians to conduct research regarding the care of patients with special needs. Inspired by the quality of care provided by the team at UCLA's Special Patient Care Clinic, Michelle continued to strive for growth by pursuing an Advanced Education in General Dentistry residency at the NYU Langone Santa Barbara Neighborhood Clinic. As she continues her journey in becoming a more compassionate, capable, and discerning clinician, she hopes to utilize her growing repertoire of skills and knowledge to care for those with challenging circumstances and medical/dental complexities.

Meagan Smith-Bocanegra received her B.A. in Sociology from California Lutheran University in 2020 and her Master of Social Welfare from University of California, Los Angeles in 2023. Meagan's second year MSW field work was completed at UCLA School of Dentistry's Special Patient Care Clinic, supporting individuals and families with unique strengths and needs as they seek specialized Hospital Dentistry care. She is passionate about advocating for and supporting the psychosocial wellbeing of individuals and families as they interface with the often-difficult healthcare system and is currently pursuing a career in medical social work.

Adam Valdivia, MSW, studied Social Welfare with a concentration in Social and Economic Justice at the Luskin School of Public Affairs. He was a recipient of the Shapiro Fellowship while interning at UCLA School of Dentistry, Special Patient Care providing case management, therapeutic interventions, and support during patient treatment.

Kelly Vitzthum, MPH DDS is the Director of Community-Based Clinical Education and a Health Sciences Clinical Assistant Professor at the UCLA School of Dentistry. She joined the faculty in January 2023, serving in both the Section of Public and Population Health (Division of Oral and Systemic Health Sciences) and the Section of Special Patient Care and Maxillofacial Prosthetics (Division of Regenerative and Reconstructive Sciences). She has an MPH from Harvard, a DDS from UCLA, and completed a general practice residency at UCLA.

Reeva C. Mincer, DDS is a Health Sciences Assistant Clinical Professor in the Section of Special Patient Care and Maxillofacial Prosthetics at the UCLA School of Dentistry. She currently serves as the program director for the General Practice Residency program. She received her Doctor of Dental Surgery at the University of Detroit Mercy in 2018 and completed her General Practice Residency at the UCLA School of Dentistry in 2019. Her research and work interests include improving access to care for underserved populations and the dental management of patients with medical complexities.

Michael Lee O'Hara, LCSW, MSW, is a Licensed Clinical Social Worker. Michael earned her Bachelor of Arts degree from the University of California Santa Barbara and a Master of Social Welfare degree from UCLA Luskin School of Public Affairs. Michael's experience includes working for LA County in child welfare and as a therapist for foster youth and prob youth in residential care. Michael began her medical social work career at Seattle Children's Hospital. Most recently she served as a field instructor for the Center for Cerebral Palsy at UCLA health and for Special Patient Care in the School of Dentistry at UCLA. Currently, she is a therapist in her own practice, and consulting for social work field education.

Eric C. Sung, DDS earned his dental degree and General Practice Residency at UCLA School of Dentistry. He has been actively training students and residents in the area of Patients with Special Healthcare Needs throughout his career. He is currently a Professor of Clinical Dentistry at UCLA School of Dentistry. He is the inaugural holder of the Momentum Endowed Chair in Special Patient Care. He is also the Chair in the Section of Special Patient Care and Maxillofacial Prosthetic.

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