Family Medicine Moments

October 26, 2023

Introduction: Every once in a while, I get to use my editorial license to choose topics that are near and dear to my heart. This week, I share with you a reflection from Grant Garcia, UMass Chan SOM ’24 who recently did my oral health elective. During this elective, students are asked to think broader about what they are seeing about access, role models, and other observations of inequity. I think Grant has made some important comments that we all can learn from as we think about what our patients are experiencing in the dental and health settings as well as in society in general.

An Oral Health Reflection

By Grant Garcia

This elective was an excellent introduction to the management of basic oral health and the barriers that limit access to that care. Dentistry and primary care occupy similar spaces in the healthcare system in that the preventative steps are the best way to ensure long-term health and minimize patient costs.

However, because dental insurance is even more sparse than medical, PCPs will necessarily be the first point of contact regarding oral health matters for many of their patients. Though I believe all students should be trained more extensively in oral health, students planning to go into primary care, in particular, need to be able to recognize oral pathologies. Observing several different dentists throughout this elective helped me
learn useful oral exam techniques and taught me to identify findings that would signal a possible dental condition. Additionally, Dr. Sacheti (a pediatric dentist) demonstrated some excellent exam techniques that will be useful when I am caring for pediatric patients or patients with autism regardless of their chief complaint.

The barriers that limit a patient’s access to dental care were a frequent theme throughout the month. Several preceptors noted that many people have no dental insurance and certain plans like MassHealth may not be accepted by every dentist. This patchwork network of dental insurance limits the sites where patients can receive their necessary dental care. Compounded on top of that, a patient’s access to transportation was a recurring theme throughout this month.

This was particularly notable at the UMass mobile care unit where the team was providing care to Haitian refugees. The hygienist pointed out that many of the cases we saw should ideally be handled over several appointments so that the patient’s gums had time to recover from the trauma from cleaning. However, it was uncertain when or where the refugees would be relocated, so there was no guarantee that they would be able to return for their next appointment. Because of this, they required more thorough and physically traumatic cleaning. Further, more complex conditions were referred to Worcester or Boston. This posed a problem for a community who was recently displaced and may not have any reliable transportation. The clinic tried to arrange transportation and pay for it themselves, but this does not seem to be a fair expectation for clinics to manage transportation and it is not a viable long-term solution.

A similar event happened at Dr. Sacheti’s office, where a patient’s check-up revealed a tooth that needed to be extracted. The office shuffled some appointments around and found time to do the extraction within the next half hour because they did not have reliable transportation to return on another day. This was only possible because the office forced flexibility into their crowded schedule. Both instances depended on the dental staff taking additional steps outside of their job description to try to patch over the larger shortcomings of our social safety net.

Shortcomings like poor transportation and inadequate insurance coverage keep our patients from receiving the help they need. Until there is more structural change, it seems much of the responsibility will fall upon individual providers to take extra steps to help their patients. My goals as a PCP will be to establish relationships with local dentists so that we can effectively coordinate care, to manage basic oral health counseling myself for patients who may not have access to a dentist, to help connect patients with local dentists when I identify an oral pathology, and to maintain a list of free resources to help my patients overcome the social barriers limiting their health.

Further, I believe it is a physician’s duty to use their privileged position to advocate on behalf of their patients and try to change the social structures that are the root cause of these barriers. For the patients I saw during this month, advocating for free and more robust public transit, fluoridated drinking water in Worcester, and a healthcare structure
that is less reliant on one’s access to insurance are causes which would translate to better dental care for our patients.

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