



Definition of Access to Care for Non-Emergency Dental Treatment

Overview and Background Facts:

The generic term “access to care” does not clearly define what type of treatment is needed. It is important to determine if the patient is seeking restorative care, emergency care, preventive services or the services of a dental specialist for a unique or difficult dental condition. ISDS has developed two definitions of access to care based on whether or not the dental condition is a clinical dental emergency.

Current data published by the ADA from the Agency for Healthcare Research and Quality shows that nationally, about 26% of the poor or near-poor families had a dental visit in 2000 compared to 40% for middle-income families and 54% of high-income families.

Comments:

Many advocacy groups and individuals do not define what they mean when they use the term “access to care.” That leads to groups putting forth ideas that address “access to care” in their own limited ways.

Disparities by income would disappear if poor and near poor visited a dentist at the 40%-54% range. That is, however; much lower than what some advocacy groups believe is appropriate when attempting to increase access to dental services.

Individuals that have never been established as a patient of record at any dental practice need to understand what a reasonable time frame is to see a dentist and how far they may need to travel.

ISDS Position Statement:

An individual should have a reasonable expectation to obtain an initial visit with a general dentist within 4 weeks. Ideally, the general dentist should be located no more than the greater of 30 miles or 30 minutes from the residence or place of employment of the individual.