

Following the COVID pandemic, many healthcare institutions have found themselves with overflowing emergency rooms, a lack of adequate medical and nursing staff, and a shortage of hospital beds. This has led to increased costs for these medical centers to pay for agency nurses and a lack of operating room time for any procedure not considered essential or urgent. This has meant that dental care under anesthesia/sedation for elderly patients with special health care needs (SHCN) is not a priority. Indeed, in our own hospital, the University of Maryland Medical Center (UMMC) there is no OR time available for adult/geriatric dental care. This situation is exacerbated by the fact that for the 55 million beneficiaries of traditional Medicare part A (which covers hospital treatment), only very limited “medically necessary” benefits are covered.<sup>i</sup> In the USA only 2% of retirees retain their dental coverage insurance.<sup>ii</sup>

This lack of hospital time and limited resources for intravenous sedation/anesthesia for these complex patients within the dental school (UMSOD) has led to an increasing number of patients being put on our waiting list for treatment. We have been unable to find an alternative medical center or day-case surgical center that will take these patients.

Elderly patients, 65 years and older, have increased oral and dental disease and this is particularly true of patients with medical conditions and those taking medications that dry the mouth. In vulnerable populations > 65 years old, who are economically disadvantaged, belong to a racial minority group, are disabled, institutionalized, or homebound, these oral health concerns are significantly greater. In 2011-2012 the National Center for Health Statistics report showed that with increasing age, (adults 75 years old and greater), were twice as likely to be edentulous than those 65-74 years 26% vs 13%. 29% of African Americans were edentulous compared to 15% of Hispanics and 17% of Whites. A study in 2015 showed that 34% of seniors in nursing homes had urgent and major dental health needs that were not being met.<sup>iii</sup>

The University of Maryland Dental School (UMSOD) serves the population of West Baltimore which is regarded as one of the most under-served communities socio-economically in the City of Baltimore. In 2017 the City of Baltimore overall had a population comprising 62.8% Black or African American, and 28.8% of families with children <18 years -old were living in poverty. 32.2% of the people living in Baltimore City have an income <\$24,999 and 13.1% are unemployed. The hospital ED is the primary source of health care for 51.4% of those below the poverty level, 55.5% of those without medical insurance, and 36.1% of African Americans living in Baltimore.<sup>iv</sup> **Between 1/1/2021 and 12/31/2022 14,807 patients were seen in the UMSOD Adult Special Needs Clinic. In this 2-year cohort, 1,617 patients (10.9%) were aged 64-70 years, 1,901 patients (12.8%) were aged between 70 and 80 years of age and 652 patients (4.4%) were over 80 years of age. In total 4,170 geriatric cases were seen. This represented 28.1% of our adult patients with special health care needs or major medical morbidities. Since COVID our numbers have increased. In 2021 1,476 adult SHCN patients were > 64 years old, but in 2022 2,694 cases were > 64 years old an increase of 82.7%.**

Patients with dementia who are not able to tolerate conventional dental treatment have had their dental problems successfully treated with intravenous sedation<sup>v</sup> or outpatient general

anesthesia.<sup>vi</sup> A total of 1,700 diagnoses of major neurocognitive or neuropsychiatric disorders ranging from anxiety to Alzheimer's disease had been made in our SHCN elderly population. In order to treat our vulnerable geriatric patients and serve our community we believe that we need to have our own surgical center for daycare general anesthesia and intravenous sedation. This will allow us to treat their oral health care problems in a safe and caring environment.

UMSOD has a mission to serve the vulnerable communities of West Baltimore that have limited access to health care. We are trying to raise \$3 million to construct and equip a surgical center to address the dental anesthesia needs of vulnerable special needs patients with limited health care access.

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<sup>i</sup> Raphael C, Oral Health and Aging. Am J Public Health 107 (Suppl1.) 1-4: 2017

<sup>ii</sup> State of decay. Chicago, IL Oral Health America; Are older Americans coming of age without oral health care?

<sup>iii</sup> Philadelphia PA: Pew Charitable trusts; 2015 A path to expanded dental access in Massachusetts. (Google Scholar)

<sup>iv</sup> Community Health Assessment Baltimore City September 20 2017 <https://health.baltimorecity.gov/files>

<sup>v</sup> Sugimara M, Kudo C Hanamoto H et al Considerations during intravenous sedation in geriatric dental patients with dementia Clinical Oral Investigations 19;1107-1114: 2015

<sup>vi</sup> Jockusch J, Hopfenmüller W Ettinger R et al Outpatient, dental care of adult vulnerable patients under general anesthesia-a retrospective evaluation of need for treatment and dental follow up. Clin Oral Invest 25(4);2407-2417:2021