



A compassionate fund to help Marillac's youngest patients recover from the pain and distress of dental disease

### **What is a pediatric dental hardship case?**

*A pediatric dental hardship case is an urgent situation that involves a youngster (most often 3-6 years old), with advanced oral disease whose family lacks dental insurance and/or the financial resources to pay for treatment. For children with extensive decay, infection and pain, the only realistic solution is a comprehensive dental intervention performed under sedation with assistance of an anesthesiologist and within the controlled setting of a hospital or surgical center. While the goal is to salvage and restore as many teeth as possible, it is not uncommon for treatment to include multiple extractions of diseased baby teeth, as well as multiple root canals, crowns, fillings, and space maintainers. Under anesthesia, this compassionate care requires 2-3 hours and results in a healthy outcome without trauma to the young patient.*

### **Why are these situations so challenging?**

*When children are diagnosed with advanced oral disease there is the urgency. In many cases, the child has extensive decay close to nerves and/or already abscessed teeth which are causing considerable pain. For this reason, treatment cannot be delayed or spread out over time. Compounding the heartache of a frightened child in pain is the stress felt by a family that does not have sufficient money to cover the necessary dental work--not to mention the hospital facility fee (which must be prepaid) as well as an anesthesiology fee.*

### **Why are young patients difficult to treat?**

*Very young children have not yet developed cognitive and communication skills to process why they are hurting and what must be done. Most surgical patients are in their preschool years – too young to know how to cooperate. S/he cannot be treated safely or humanely in the traditional dental setting for such extensive work. Furthermore, some young patients have complex health needs that make dental treatment more complicated. Children affected by autism, sensory issues, cerebral palsy, asthma, or seizure disorders require careful planning. Even children with severe seasonal allergies are considered at increased risk for airway emergencies because of the water spray required to accomplish dental work.*

### **What happens if a child does not receive care?**

*During eating, tooth pain can intensify because chewed food is being impacted into decayed, holey teeth. If decay is ignored, pain and infection will worsen. Taking a child to the Emergency Room is fruitless, because ERs are not equipped to treat dental infections and can only offer temporary relief. Sadly, children endure pain, hunger, poor eating habits, sleep disturbances, speech interference, behavior problems, social stigma and missed school days. Tooth loss at an early age may also result in drifting and crowding problems later. In*

rare cases, serious complications can occur. Swelling near upper teeth can damage a child's eyesight; swelling can compromise the child's airway; infection can spread to the brain.

### **What are the causes of advanced oral health disease in children?**

Lack of education and barriers to access are the root causes; however, there are many factors.

- Parents do not always understand that baby teeth must last for the child's first 12-13 years of life
- Cavities in baby teeth spread quickly since baby teeth are smaller and softer than permanent teeth
- Some parents choose to avoid the emotional power struggle that can come with assisting their young child with brushing and flossing their teeth
- Some parents have not learned brushing/flossing techniques or adopted these habits themselves
- Constant access to a baby bottle or sippy cup in lieu of a feeding schedule invites decay
- Packaged snacks, highly processed food and fast foods high in sugar and processed carbohydrates contribute substantially to childhood tooth decay
- Worries about the cost of professional dental care, lack of insurance, language-barriers, and transportation-barriers—all keep parents from seeking care for their children

### **What is the outcome if the child is provided timely intervention?**

With timely intervention it is possible to save a greater number of teeth, prevent space loss and the crowding of permanent teeth, and enable the child to chew normally and without pain. Restoring a child's smile naturally improves self-esteem, behavior and healthy growth and development. Oral health education happens at every patient visit so that the patient and family can gain confidence, pride, and practice in how to achieve lifelong oral health. Regular fluoride treatments help protect remaining baby teeth and emerging adult teeth in the coming months and years.

### **How is Marillac responding to community needs?**

When a family walks through Marillac's doors and the parent(s) or guardian(s) realize their child is facing a dire situation, the wheels are set into motion quickly -- our skilled pediatric dentist works with her team to develop an accelerated treatment plan. In the days leading up to the surgery, the child must receive a pre-op medical exam. In a parallel lane, Marillac's care team works with the anesthesiologist, surgical center and the family to get the surgery scheduled and develop a payment approach that will work for the family. This planning includes receiving pre-authorization from Medicaid, CHP+ or other insurance.

Medicaid covers 100% of dental surgery costs, which means those children do not require any financial assistance. In contrast, families on CHP+ learn that only \$1000 of their child's total cost will be covered. Families with no insurance usually have nowhere to turn for help with this costly care. That is why we created this compassionate fund, **Big Help for Little Teeth**. In service to all families in need, Marillac's dental team assists families with applying to the fund. And in taking patient care to the next level, our teams also identify and address any other barriers to treatment, like transportation. A bilingual interpreter or professional translation service is available to bridge language and communication barriers.

### **Do families contribute to the cost of care?**

The total cost of most pediatric dental surgeries is \$3000-4000—a sum well out of reach for the low-income families we serve. Families not covered by Medicaid face a very daunting situation. For this reason,

Marillac's care teams work with them to apply for our Sliding Fee Discount Program. Families are delighted to discover our Eligibility Team can qualify them for sliding fee discounts in one day, using their household size and annual income. Their Marillac SFDP card is the golden ticket to receive discounts for all care provided by MarillacHealth. Families are asked to provide an equivalent of their SFDS copay, but no one is denied treatment if they are unable to contribute. What's more, Marillac has worked to lower surgery costs by arranging a reduced rate of \$1,200 fee for the local surgical center and a reduced rate of \$300-\$500 for the anesthesiologist's fee. Our collaborative relationships with other healthcare providers help lower the surgery cost by several hundred dollars.

### **What kind of follow-up care is provided after surgery?**

*There is more, much more, to helping these youngsters than completing surgery. From our first contact with families, we begin working on lifestyle habits that include toothbrushing, rinsing, flossing and drinking plenty of water. We teach families about food choices and how much it helps to shop in the outer aisles of the grocery store rather than the inner aisles where processed foods tempt us to fill our carts. In addition to oral care supplies, Marillac provides colorful educational handouts in English and Spanish.*

*And, importantly, we ask for the family 's commitment to complete routine cleanings and checkups. Following surgery, the patient has a 2-week post-op checkup. After that, s/he is scheduled for quarterly visits so that we can apply fluoride treatments and monitor oral health. Every 6 months, a cleaning is necessary to maintain the child's restored mouth. While surgery is the focal point of recovery, ongoing oral hygiene habits are the real key to enjoying a beautiful, strong, long-lasting smile.*

### **How will my gift be used?**

**Big Help for Little Teeth** provides a new beginning, a fresh start, to children who, through no fault of their own, are experiencing serious physical, emotional and social impacts from oral health disease. Your generous financial contribution ensures children will receive the swift, safe dental surgery they need to return to full health. The financial success of this program is achieved through:

- Discounted services from all 3 providers (Marillac, surgical facility, anesthesiologist)
  - Families contributing to the cost of their dental surgery and follow-up care
  - The **Big Help for Little Teeth** fund covering one-half to two-thirds of the overall cost per child
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### **Some facts about the children served by MarillacHealth's Dental Program**

- As of 9.17.24, 2,207 children are being served by our dental teams
- 38% are in the age range of birth to age 5, 38% are 6-12, and 24% are adolescents, 13-18
- Marillac assists families with applying for Medicaid and our Sliding Fee Discount program
- While 81% of all these children are enrolled in Colorado's Medicaid program with full dental coverage, the remaining 19% (400 children), are underinsured or uninsured for dental care
- At Marillac, 47% of patients/families live at/below the Federal Poverty Level; 41% live at 101-150% of FPL and 3%, 151-200%. In other words, 91% of all Marillac patients live in poverty
- Marillac's patients report challenges in housing stability, food insecurity, and other basic expenses
- Full recovery is enjoyed by nearly all of the young patients entrusted to our care!