



# Safety Net or Quicksand: A 1-year retrospective review of TAMU- COD Special Care Clinic and its effects to transform barriers to care in the Special Healthcare needs community.



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## BACKGROUND

Over 70 million adults and children in the United States have disabling conditions, affecting approximately 1 in 6 children and 1 in 4 adults.<sup>1,2,3,4,5</sup>

The American Academy of Pediatric Dentistry (AAPD) defines special health care needs (SHCN) as “any physical, developmental, mental, sensory, behavioral, cognitive, or emotional impairment or limiting condition that requires medical management, health care intervention, and/or the use of specialized services or programs. These conditions may be congenital, developmental, or acquired through disease, trauma, or environmental causes, and may result in limitations in performing daily self-care activities or major life functions.”<sup>2</sup>

## OBJECTIVE

To assess whether the establishment of the Special Care Clinic (SCC) in October 2024 at Texas A&M University College of Dentistry (TAMU-COD) reduced barriers to dental care for patients with special health care needs.

## MATERIALS AND METHODS

A one-year retrospective chart review was conducted using data collected from TAMU axiUm Academic Dental Software, spanning from the inception of the Special Care Clinic (SCC) at Texas A&M University College of Dentistry (TAMU-COD) on October 1, 2024, through October 31, 2025.

Data were analyzed and stratified based on eight potential barriers to care commonly encountered by patients with special health care needs (SHCN): (1) sex, (2) age range, (3) primary language, (4) referral source (internal TAMU-COD referrals vs. external referrals), (5) reason for referral (as defined by the TAMU-COD referral system), (6) whether treatment was planned within the SCC, (7) whether planned treatment was completed within the SCC, and (8) whether treatment required was referred to another TAMU specialty clinic. Inclusion criteria consisted of all patients who completed appointments in the SCC with documented treatment procedures during the study period. 354 patients met the inclusion criteria.

A descriptive analysis was performed for each item to evaluate the associations between the variables and summarized with counts and percentages.

## DISCUSSION

This study suggests that the Special Care Clinic (SCC) has improved access to care for patients with special health care needs, as evidenced by the high rate of treatment planning (85.2%).

However, only 51.1% of patients completed treatment in the SCC, indicating that significant barriers to completion persist. These may include behavioral challenges, medical complexity, and socioeconomic or communication factors.

Additionally, 27.5% of patients required referral to other specialty clinics, highlighting the need for multidisciplinary care rather than a limitation of the SCC itself.

The concentration of referrals within a few primary reasons suggests the SCC is effectively addressing common high-need conditions, such as behavioral or medically complex cases and patients requiring extensive restorative needs.

Overall, while the SCC serves as an important entry point into the TAMU COD Dental care system, additional strategies are needed to improve treatment follow-through and improve patient outcomes within the clinic.

## CONCLUSION

The Special Care Clinic at Texas A&M University College of Dentistry has improved access to dental care for patients with special health care needs, particularly in facilitating evaluation and treatment planning. However, the lower rate of treatment completion within the first year suggests that barriers to comprehensive care persists.

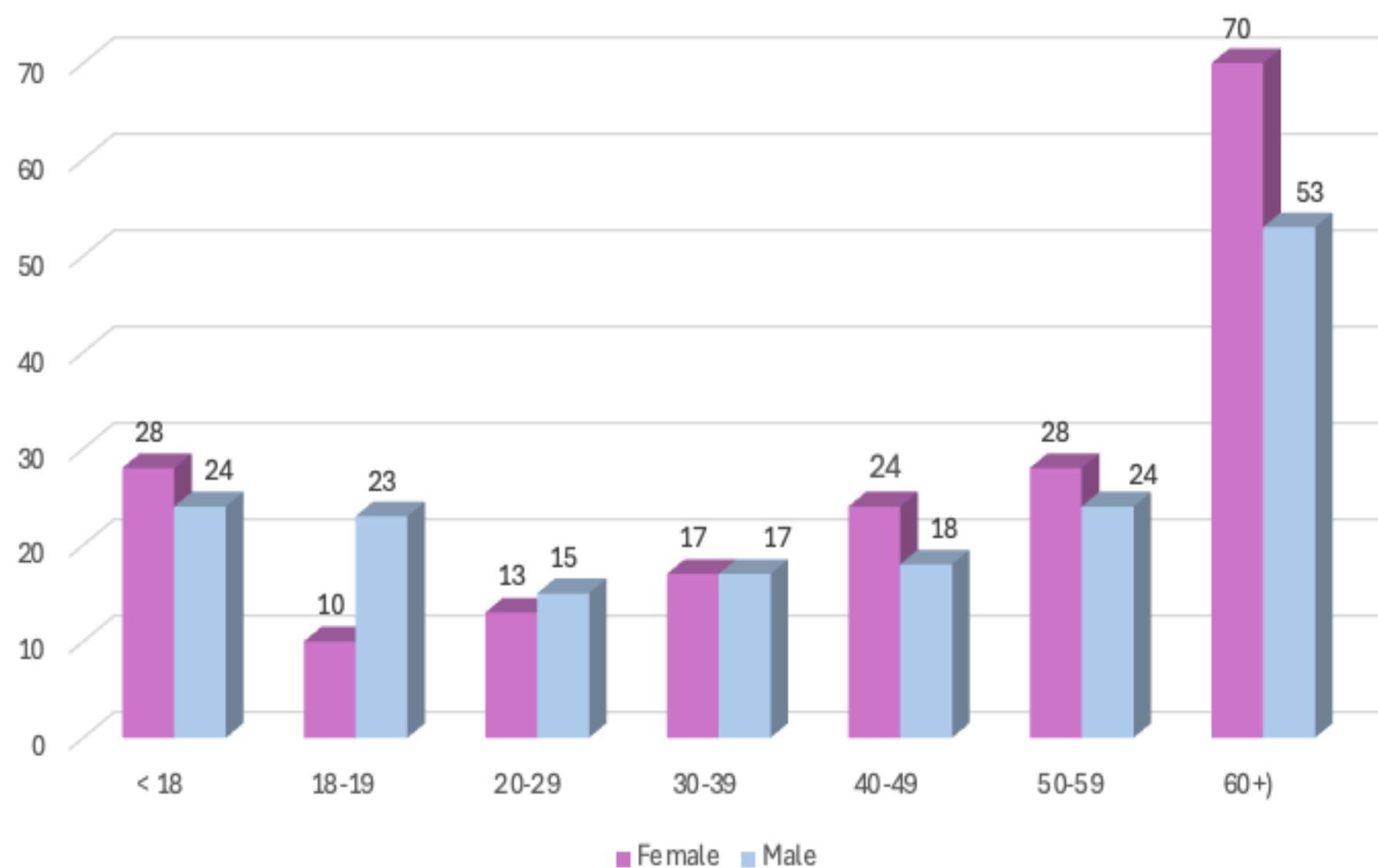
A major limitation of this study is time, as the SCC was newly established during the study period. As a result, clinic processes, guidelines, and policies were still being developed and refined to best serve this patient population. Early operational challenges—such as limited referral pathways and the absence of a dedicated phone line for scheduling—may have contributed to delays in care and impacted treatment completion rates.

## REFERENCES

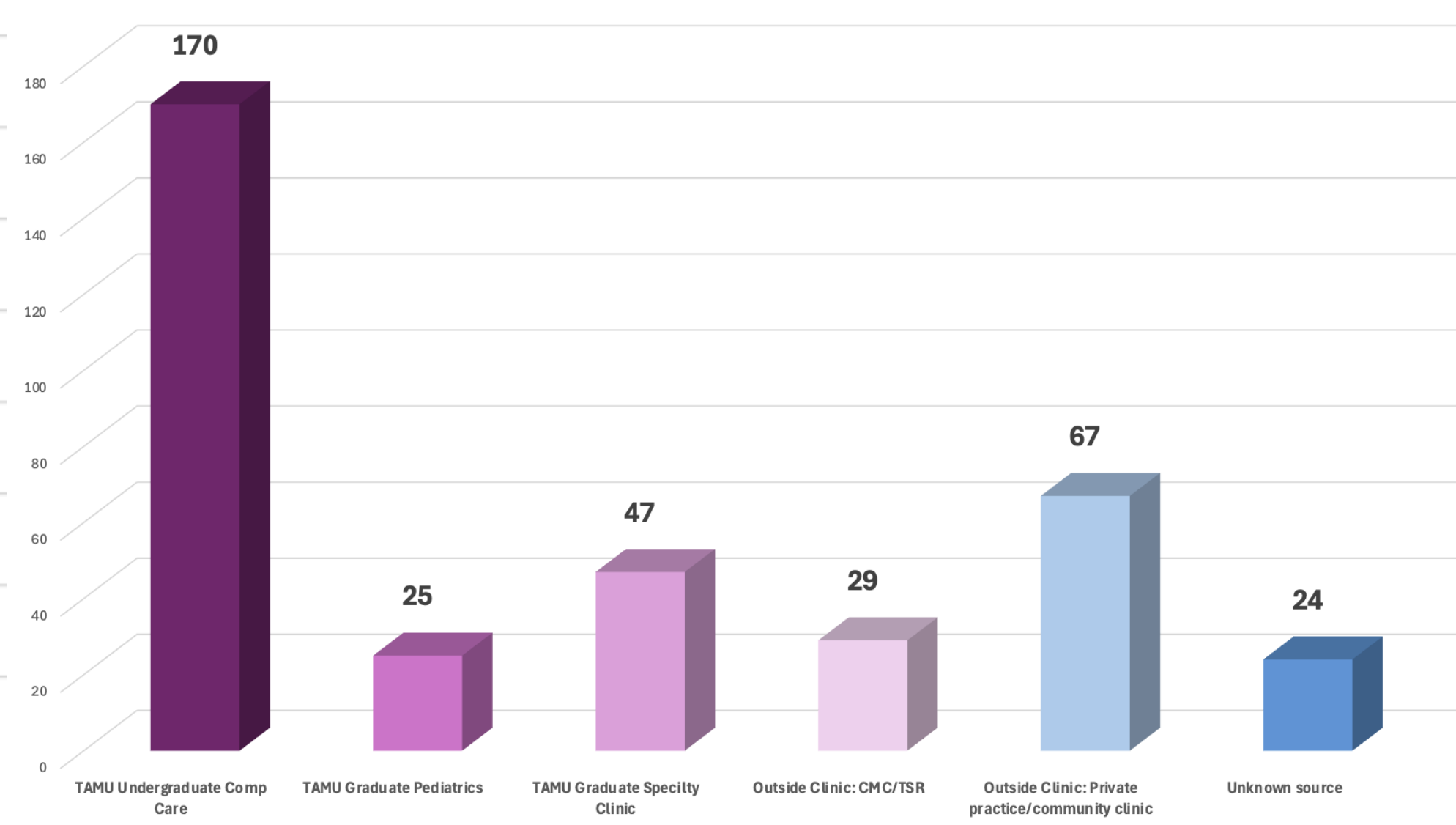
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## RESULTS

Age and gender distribution



Referral sources



Reason for referral to Special Care Clinic

