

Geography and scale:

Germany, nation-wide

Type of disability:

All persons with disabilities insured by the public health insurance and entitled to integration assistance and care support.

Involved actors

- German Federal Ministry of Health
- Federal Joint Committee (G-BA)
- National Association of Statutory Health Insurance Dentists (KZBV)
- German Dental Association (BZÄK)
- German Society of Geriatric Dentistry (DGAZ)
- Working group dentistry for patients with disabilities (AG ZMB)
- Public health insurance companies.

Zustand Pflege

Zähne	😊	😐	😞
Schleimhaut/ Zunge/Zahnfleisch	😊	😐	😞
Zahnersatz	😊	😐	😞

Oral health status assessment of teeth, tongue, gums and dentures with a smiley face rating scale.

Best practice description

Special regulations apply for people with disabilities already since 2012; simple dental care procedures provided at home and travel costs to outpatient dental facilities covered for persons with severe disabilities. However, in 2018, a new directive was established to further change the reimbursement for insured persons with disabilities. Four main benefits apply: **(1)** Oral health status assessed and registered on a form with an accessible format; **(2)** dental calculus removal available and offered; **(3)** individual oral health plans developed with measures and means to promote dental care and **(4)** oral health education tailored to the specific needs of each person, for instance with demonstrations and practical instructions. Carers are considered in oral health education and individual health plans when needed. All benefits are provided every six months (once per year for the general population).

Origin / impetus for best practice

- Scientific studies had shown that some adults with disabilities have worse oral health (more decayed and missing teeth) than the general population^{1,2,3}. Main reasons are financial barriers, physical inaccessibility, and lack of knowledgeable health workers.
- The social law stipulates that health insurances need to consider specific needs. Advocates used that to convene stakeholders and develop the "Oral health for elderly and people with disabilities" report, published in 2010.
- Advocates used this report to enforce the new 2018 directive that changed the reimbursement.

Impact / results of implementing best practice

- Further regulations are being discussed e.g., life-long fluoridation, additional time for dental treatments, in-patient dental treatments, interventions with general anesthesia.

Critical success factors for best practice

- Advocacy (e.g., Special Olympics outreach activities)
- Data collection and evidence building.
- Collaboration among stakeholders.
- Reimbursement of dental services.

Impact statement

"...After decades of struggling to improve dental and oral health for patients who still belong to the high-risk group for caries and periodontal disease, this is a great success. For the beneficiaries themselves, but also for the dentists, who have often carried out preventive measures for their patients free of charge". Dr. med. Imke Kaschke MPH (Head of Health, Special Olympics Germany, 2nd chairperson of AG ZMB).

Lessons learned

- Evidence-based data is essential to successfully implement further requirements.
- Training of health workers is necessary, and this may expand the number of actors involved in the field.

Sources

- ¹ Kaschke, Liere & Jahn (2004) Spec Care Dentist.
² Schnorrenberg (2010) Universität Witten-Herdecke.
³ Schulte, Freyer & Bissar (2012) Community Dental Health.

Further links & information

- [G-BA](#)
- [German Dental Association](#)
- [KZBV](#)

*All in German language.