

Pediatric and General Dentist Attitudes toward Transitioning Care for Adolescents with Special Health Care Needs

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Background and Objective:

Establishing a dental home early in life enables individuals with special health care needs (SHCNs) to access family-centered oral health care that is continuous, comprehensive, coordinated, compassionate and culturally competent.[1] Out of an estimated 14.1 million children with SHCNs in 2019-20, 1 in 4 experienced functional limitations and 1 in 5 were significantly impacted by their health condition.[2] According to the Maternal and Child Health Bureau, children, and adolescents with SHCNs are twice as likely to have unmet oral health needs compared to counterparts without SHCNs.[3] Young patients with SHCNs face several barriers to accessing timely and appropriate oral health services. So, it is very important to sustain access to the dental home as they transition from adolescence into adulthood. Although there are several best practices for transitioning patients from pediatric to general dental offices, implementation remains tough due to factors such as patient/family preference to stay with pediatric providers, limited number of adult providers who see patients with special health care needs, low Medicaid acceptance among adult dental providers, etc. [4,5,6].

The objective of this study is to explore attitudes among pediatric and general dentists toward dental care transition for adolescents with special health care needs.

Method:

IRB approval was obtained (202401006) and University of Iowa College of Dentistry faculty and residents were invited take an anonymous, 22-item Qualtrics survey that included Likert scale and open-ended response questions on issues pertaining to barriers and enablers for dental care transition for adolescents with SHCNs. Only respondents who practiced pediatric or general dentistry at the University of Iowa College of Dentistry and Dental Clinics or affiliated clinics were included in this study. Responses were tabulated at the end of the survey period, analyzed and presented as descriptive statistics.

Results:

19 eligible responses were received, 7 pediatric dental providers and 12 general dentists. Most general dentists (58%) were very comfortable providing routine care to individuals with SHCNs and more than half (53%) favored initiation of the care transition process for adolescents with SHCNs between the age of 15-18 years. Most providers felt that the transition process must be driven by patient-specific factors (79%) rather than “aging out” of one’s pediatric dental home (5%). Providers favored written transition plans (84%) that could be reviewed and reinforced for patients and caregivers (84%). While most general dentists (84%) perceived public dental insurance to be somewhat helpful for the transition process, pediatric dentists were divided on this issue with 4 out of 7 respondents feeling it was not helpful. Both providers agreed that

reimbursement rates needed to be enhanced (74%). Most providers agreed that training personnel in the care of individuals with SHCNs will help with successful care transitions (95%). Further research is needed in larger, representative samples of dental providers to confirm the trends noted here. It will also be beneficial to explore attitudes toward dental transition among adolescents with SHCNs and their caregivers using a similar approach.

Conclusions:

There was broad agreement between pediatric and general dentists on the importance of dental care transition for adolescents with special health care needs as a key contributor to patient-centered care.

References:

1. Nowak AJ, Casamassimo PS. The dental home: a primary care oral health concept. *J Am Dent Assoc.* 2002 Jan;133(1):93-8. doi: 10.14219/jada.archive.2002.0027. PMID: 11811749.
2. U.S. Department of Health Resources and Services Administration's (HRSA) Maternal and Child Health Bureau (MCHB). Children with Special Health Care Needs. National Survey of Children's Health (NSCH) Data Brief June 2022. Available at: "<https://mchb.hrsa.gov/sites/default/files/mchb/Data/NSCH/nsch-cshcn-data-brief.pdf>". Accessed April 20, 2024.
3. Holt K, Barzel R, Bertness J. 2014. Oral Health Services for Children and Adolescents with Special Health Care Needs: Challenges and Opportunities (2nd ed.). Washington, DC: National Maternal and Child Oral Health Resource Center.
4. Blum RW, Garell D, Hodgman CH, et al. Transition from child-centered to adult health-care systems for adolescents with chronic conditions. A position paper of the Society for Adolescent Medicine. *J Adolesc Health.* 1993;14(7):570-576.
5. Cruz S, Neff J, Chi DL. Transitioning from Pediatric to Adult Dental Care for Adolescents with Special Health Care Needs: Adolescent and Parent Perspectives--Part One. *Pediatr Dent.* 2015;37(5):442-446.
6. Bayarsaikhan Z, Cruz S, Neff J, Chi DL. Transitioning from Pediatric to Adult Dental Care for Adolescents with Special Health Care Needs: Dentist Perspectives--Part Two. *Pediatr Dent.* 2015;37(5):447-451.
