



Enhanced Care Through Appropriate Medical Referrals (ECTAMR)

ECTAMR is a grass-roots initiative between Dentists and Medical Care Providers to improve access and quality of pediatric oral health care by enhancing appropriate referral timing.

Introduction

Enhanced Care Through Appropriate Medical Referrals (ECTAMR) has been designed for the community dentist who wishes to enhance the number of infant patient referrals through effective interaction with local pediatric, medical primary care providers (PCPs). ECTAMR is a template for interaction between dental and medical practitioners that defines “best practice” in terms that will impact the medical PCP. This concept approach requires face-to-face contact with your local medical PCPs and offers an opportunity to accurately define your mission within the community.

Defining the Dentist’s Role to the Medical PCP

Although it may seem unnecessary, defining our identity and capabilities to our medical colleagues can significantly improve our rapport and collaborative ability to care for our communities. Primary medical providers offer, as you might suspect, primary care. Introducing them to a new paradigm of early preventive intervention, which allows pathology to be anticipated and ameliorated, essentially redefines and improves our collective ability to impact oral health. We are, in fact, primary care providers for oral health and a huge scope of our expertise and care delivery is geared toward preventing our patients from requiring restorative intervention.

There are two additional pieces of information the medical provider will require to give them a clear picture of the dentist’s role in the health care community. First, dentists are the best and only qualified providers of comprehensive oral health care to young children with restorative needs. The most appropriate role of all dentists is to establish patient relationships early enough to prevent caries because the alternative can result in the patient being untreatable except by a pediatric dentist. Secondly, pediatric dentists make up less than 3% of all dentists and their skill sets are generally in high demand. Therefore, the best overall utilization of dentists within the healthcare community is to provide patients early enough to avoid the need for complex restorative intervention.

Defining Appropriate Referral Timing

The purpose of establishing a dental home is to provide a conduit for comprehensive dental services. The best time to establish a dental home is prior to any occurrence that

would warrant the surgical intervention of a dentist and allow an opportunity for preventive intervention and anticipatory guidance. Whereas, as stated by the AAPD, the ADA and the AGD, it is ideal for all infants to establish a dental home by 12 months of age, there are a significant number of infants who should be seen as early as 6 to 9 months of age based on “risk assessment”. The American Academy of Pediatrics’ (AAP), oral health policy, “Oral Health Risk Assessment Timing and Establishment of the Dental Home”, states that all infants should receive an oral health risk assessment by 6 months of age and those at risk should be referred to a dentist. Therefore, a literal interpretation of the AAP policy would facilitate a referral as early as 6 months of age. This alignment of medicine and dentistry validates the concept of early intervention and represents an untapped opportunity for collaboration at a grass-roots level.

Enhancing Access

Early referral and intervention allows the dental community to integrate a greater number of patients into their practices in “preventive mode” and ameliorates the need for costly restorative care delivery. Many of the services required to maintain patients in preventive mode can be delegated to auxiliary staff under the supervision of a dentist, while primarily the dentist must treat “restorative mode” patients. Therefore, a dental practice can more effectively and efficiently treat a greater number of patients in preventive mode. Measures that increase the number of patients that can be effectively treated, while reducing treatment costs, are key elements of optimal utilization of dentists as a community resource.

Conclusions

Dentists can best care for the communities they serve by initiating “Infant Oral Health Programs” in their practices and by establishing productive relationships with the medical PCPs within their communities. ECTAMR offers the means to present us to our medical colleagues as allies in a continuing struggle to improve the overall health of our communities through efficient utilization of the dentist as a community resource.

Our bottom line message to our medical colleagues is that it is inappropriate to wait until children have significant, although preventable, oral disease before being referred to a dentist. It is up to the individual practitioner within their own community to initiate effective outreach that will change the way medical providers perceive quality oral health care and the role of dentists.

Action Issues

Developing rapport with your local medical colleagues is a key method of enabling one to provide the highest level of oral health care to their community. With their support you will most effectively bring an infant oral health program to operational fruition. Be prepared to invest your time toward this endeavor. If you haven’t already had a face-to-face meeting with your local physicians, now is a good time give them a call.

Community medical staffs are always open to having lunch brought in by a local deli and it gives you a great opportunity to present your educational program. Keep in mind that you have to convince the entire staff of the value of early oral health intervention.

Talking Points for Consideration

- Dentists are primary care providers for oral health.
- Good oral health has been conclusively linked to better overall health.
- Early oral health intervention enhances oral health for the life of the patient.
- Dentists are the only qualified health care providers to offer comprehensive/restorative oral health care to very young children.
- The goal of the dentist and a large part of our practice effort is to prevent the need for restorative intervention.
- The ideal time for a dental referral is no later than 12 months of age, (be prepared to accept patients deemed “at risk” by the physician by 7 to 9 months).
- Infant dental referrals are supported by AAP policy (May, 2003).
- The goal of the infant dental referral is not about increasing the dentist’s patient volume. The goal of the infant dental referral is about improving the quality of care provided to the entire community.
- Early referrals offer the dentist the ability to prevent pathology rather than react to it.
- “Preventive mode” patients can be treated in greater numbers at less cost than “restorative mode” patients.
- Appropriate referral timing is “best practice” and the best utilization of the dentist as a community resource.

References

- American Academy of Pediatric Dentistry. Policy on the Dental Home. *Pediatr Dent*. 2004-05;26:18-19 (supplemental issue).
- Nowak AJ, Casamassimo PS. The dental home: A primary oral health concept. *J Am Dent Assoc*. 2002;133:93-98.
- American Academy of Pediatrics. Section on Pediatric Dentistry. Oral health risk assessment timing and establishment of the dental home. *Pediatrics*. 2003;111(5):1113-1116.
- Adair SM. The dental home – Why the delay? *Pediatr Dent*. 2005;27:4.
- Morley KR. The age one dental visit – Don’t leave home without it. *Pediatr Dent*. 2005;27:5.
- American Dental Association. Statement on early childhood caries. *Trans*. 2000:454.
- Crall JJ. Development and integration of oral health services for preschool-age children. *Pediatr Dent*. 2005;27:323-330.
- American Academy of Pediatric Dentistry. ABC’s of Infant Oral Health-Instructional Video (available through AAPD Online Store at <http://eservices.aapd.org/scripts/mgrqispi.dll?APPNAME=AAPDWEB&PRGNAME=TOCFRAME&ARGUMENTS=-N,-N,-A,-A,-N50>)