**Is There a Medical-Dental Divide in Pediatric Health Care?**

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In some recent literature,1,2 much has been made of the separation of medicine and dentistry and its influence on the limitations and problems of the oral health care system. Pediatric dentists are not divided from our medical colleagues. We see ourselves as co-therapists and policy partners, living in our respective homes in the medical and dental neighborhood. Other recent literature,3,4 more embedded in fact than opinion, bears out this view. Early childhood caries appears to be declining, and children are being seen and treated.

The following points demonstrate how pediatric dentistry is lodged within pediatric medicine in the care of children that began more than a half-century ago and persists today.

* As early as the 1950s, the Academy of Dentistry for the Handicapped, composed largely of pediatric dentists, engaged medical colleagues in the care of people with special needs.
* In the 1960s, the American Academy of Pediatrics (AAP) and pediatric and public health dentists engaged in formulating school health and ambulatory health care guidelines related to the mouth.
* In the 1980s, the American Academy of Pediatric Dentistry (AAPD) created a standing liaison with AAP that continues today.
* Pediatric dentistry’s advanced training standards have for decades required exposure to the medical issues of children, partnership in hospital affairs, participation on interdisciplinary teams, as well as functioning within a hospital.
* Children’s hospitals across the U.S. have long-standing dental departments, treating the sickest children in collaboration with medical.
* In the early 1990s, the Bright Futures movement began, including pediatric dentistry with medicine and other health professionals. Today these guidelines form the basis of all U.S. child health supervision guidelines. Pediatric dentists were critical to the inclusion of oral health across childhood and adolescence.
* The AAP has a Section on Oral Health bringing pediatric dentists and pediatricians to work together on policy and scientific statements affecting oral health of children.
* AAPD and AAP have also worked together on sedation guidelines for children by all health professionals, and on other health issues like fluoridation, craniofacial abnormalities and early intervention.
* Pediatric dentists are second only to oral and maxillofacial surgeons in their representation on hospital medical staffs. Many have achieved top leadership positions, contributed to hospital health policy, and enhanced the overall care of children. Oral health’s prominence in pediatric cancer care, management of the craniofacial effects of prematurity, and oral aspects of child abuse and neglect are just a few examples of our positive influence.
* Pediatric dentists are active partners in childhood cancer care, cleft lip and palate care, and other areas of pediatric health. Pediatric dentists are advancing knowledge in airway management, gastroesophageal reflux, and other childhood maladies, working with teams on the cutting edge of discovery. The recent Robert Wood Johnson symposium on sugar-sweetened beverages and obesity illustrates this front-end engagement.
* The integration of pediatric dental education with pediatric medical education may be irreversible in residency programs across the country with shared rounds, seminars, research, and other common experiences.
* Pediatric oral health was the only oral health inclusion in the Affordable Care Act, making it the only recognized oral health area in overall health care insurance coverage.
* Pediatric dentists are among the medical, nursing, and dental professionals recognized by the Health Services Research Agency (HRSA) for access to primary care training funds under Title VII and have been since the 1998 reauthorization of these programs.
* Pediatric oral health care remains the only mandated dental service in Medicaid.
* Pediatric oral health has been one of AAP’s three priorities in the first decade of this century, leading to the incorporation of oral health in well-child care by family practitioners and pediatricians.
* Pediatric dentists are the most likely to use dental auxiliaries maximally in their practices.
* Pediatric dentists have relationships with pediatricians around patient care. Interprofessional care has long resided in pediatric dental practice through the inclusion of patient safety issues beyond the provision of oral health care. Pediatric dentists and pediatricians collaborate on the hospitalization of children and management of oral-systemic problems daily.

Certainly, the great divide exists for other parts of dentistry, but the integration of pediatric dentistry and pediatric medicine comes closer to being next-door neighbors than residing across a chasm. The relationship may be better for patients than those that exist between some medical specialties. Why? First, the homogeneity of our patients: they are all children. Second, the shared reality of childhood disease paired with a shared hope of its prevention. Third, the employment of the same instruments, such as the whole-child stethoscope. Fourth, the availability of public insurance coverage for those most in need of our respective services. Pediatric dentists serve Medicaid children, who on average are a fifth of our patient families, so we share a common funding system for many children.5

For the adult world of dentistry, the medical-dental chasm may be getting worse due to our health care funding system. Those few threads of contiguity that exist between medicine and dentistry in the adult world are taut. The medical-dental abyss may not be the root cause of all of our problems. Just look at the UK’s National Health Service, a single-payer, integrated, limited-sized system and its failures related to the oral health of children. The irony should not be lost to readers that its most scathing critic is the Royal College, an amalgamation of dentists and physicians.6  An intimate relationship between medicine and dentistry may not solve all of our problems, but it might just be time for the dental health establishment to look to the children for solutions.

References

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