# Policy on the Dental Home

**Originating Council**
Council on Clinical Affairs

**Review Council**
Council on Clinical Affairs

**Adopted**
2001

**Reaffirmed**
2010

**Revised**
2004, 2012, 2015

## Purpose

The American Academy of Pediatric Dentistry (**AAPD**) supports the concept of a dental home for all infants, children, adolescents, and persons with special health care needs. The dental home is inclusive of all aspects of oral health that result from the interaction of the patient, parents, dentists, dental professionals, and nondental professionals. Establishment of the dental home is initiated by the identification and interaction of these individuals, resulting in a heightened awareness of all issues impacting the patient's oral health. This concept is derived from the American Academy of Pediatrics' (**AAP**) definition of a medical home which states pediatric primary health care is best delivered or supervised by qualified child health specialists.[1,2]

## Methods

This policy is based on a review of the current dental and medical literature related to the establishment of a dental home. An electronic search was conducted using the search parameters: Terms: dental home, medical home in pediatrics, and infant oral health care; Fields: all fields: Limits: within the last 10 years, humans, English. Papers for review were chosen from this list and from references within selected articles. Expert opinions and best current practices were relied upon when clinical evidence was not available.

## Background

The AAP issued a policy statement defining the medical home in 1992.[3] Since that time, it has been shown that health care provided to patients in a medical home environment is more effective and less costly in comparison to emergency care facilities or hospitals.[3-5] Strong clinical evidence exists for the efficacy of early professional dental care complemented with caries-risk assessment, anticipatory guidance, and periodic supervision.[6] The establishment of a dental home may follow the medical home model as a cost-effective and higher quality health care alternative to emergency care situations.[7]

Children who have a dental home are more likely to receive appropriate preventive and routine oral health care. Referral by the primary care physician or health provider has been recommended, based on risk assessment, as early as six months of age and no later than 12 months of age.[8-10] Furthermore, subsequent periodicity of reappointment is based upon risk assessment. This provides time-critical opportunities to implement preventive health practices and reduce the child's risk of preventable dental/oral disease.[11]

## Policy statement

The AAPD encourages parents and other care providers to help every child establish a dental home by 12 months of age. The AAPD recognizes a dental home should provide:

- Comprehensive, continuously-accessible, family-centered, coordinated, compassionate, and culturally-effective care for children, as modeled by the AAP.[1,2,4,12]
- Comprehensive oral health care including acute care and preventive services in accordance with AAPD periodicity schedules.[13]
- Comprehensive assessment for oral diseases and conditions.
- Individualized preventive dental health program based upon a caries-risk assessment[14] and a periodontal disease risk assessment[15].
- Anticipatory guidance regarding growth and development.
- Plan for acute dental trauma.
- Information about proper care of the child's teeth and gingivae. This would include the prevention, diagnosis, and treatment of disease of the supporting and surrounding tissues and the maintenance of health, function, and esthetics of those structures and tissues.
- Dietary counseling.

- Referrals to dental specialists when care cannot directly be provided within the dental home.
- Education regarding future referral to a dentist knowledgeable and comfortable with adult oral health issues for continuing oral health care.
- Referral at an age determined by patient, parent, and pediatric dentist.

The AAPD advocates interaction with early intervention programs, schools, early childhood education and child care programs, members of the medical and dental communities, and other public and private community agencies to ensure awareness of age-specific oral health issues.[15]

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