

# Policy on Transitioning from a Pediatric-centered to an Adult-centered Dental Home for Individuals with Special Health Care Needs

## Originating Council

Council on Clinical Affairs

## Adopted

2011

### Purpose

The American Academy of Pediatric Dentistry (AAPD) recognizes the importance of transitioning patients with special health care needs (SHCN) to an adult dental home as they reach the age of majority. Finding a dental home<sup>1</sup> to address their special circumstances while providing all aspects of oral care in a comprehensive, continuously accessible, coordinated, and family-centered way may be a challenge. This policy addresses transition of young adult patients with SHCN and identifies barriers that may impede delivery of oral health care to this population.

### Methods

This policy is based upon a review of current dental and medical literature, including a systematic search of the PubMed<sup>®</sup> electronic database with the following parameters: Terms: “special needs”, “disabled patients”, “handicapped patients”, “adolescent development”, “adolescent health”, “special health care needs”, AND “health care transition”; Fields: all; Limits: within the last ten years, humans, English, birth through age 18. Sixty-four articles matched these criteria. Papers for review were chosen from this list and references within the selected articles.

### Background

AAPD is concerned about decreased access to oral health care for SHCN patients. Each year in the US, 750,000 adolescents with SHCN cross into adulthood.<sup>2</sup> Forty years ago, most with severe disabilities died before reaching maturity; now, more than 90% survive to adulthood.<sup>3</sup>

Transitions are part of normal, healthy development and occur across the life span. Health care transition for older adolescents with SHCN is a dynamic process that seeks to meet their individual needs. The goal is to maximize lifelong functioning and potential through uninterrupted provision of high-quality, developmentally-appropriate health care as the individual moves from adolescence into adulthood. The cornerstones of patient-centered health care are flexibility, responsiveness, continuity, comprehensiveness, and coordination.<sup>4</sup>

**Transitioning patients with SHCN.** Facilitating health care transition for SHCN patients has received national attention

from other organizations recognizing the need to support the process.<sup>5-8</sup> The medical community, specifically, and the broader health care community (including dentistry) have yet to ensure that young people with SHCN who are the most dependent on coordinated health care services are able to make the transition to the adult health care system and still receive the services that they need.<sup>9</sup>

To improve health care transition for adolescents and young adults with chronic conditions, a policy statement was established by a number of medical organizations.<sup>4</sup> The policy statement articulated 6 “critical steps” to ensuring the successful transition to adult-oriented care. They are:

1. “to ensure that all young people with special health care needs have a health care provider who takes specific responsibility for transition in the broader context of care coordination and health care planning.
2. to identify the core competencies required by health care providers to render developmentally appropriate health care and health care transition, and ensure that the skills are taught to primary care providers and are an integral component of their certification requirements.
3. to develop a portable, accessible, medical summary to facilitate the smooth collaboration and transfer of care among and between health care professionals.
4. to develop an up-to-date detailed written transition plan, in collaboration with young people and their families.
5. to ensure that the same standards for primary and preventive health care are applied to young people with chronic conditions as to their peers.
6. to ensure that affordable, comprehensive, continuous health insurance is available to young people with chronic health conditions throughout adolescence and into adulthood.”<sup>8</sup>

Although these “steps” represent a medical perspective for successful transition between pediatric and adult care, they may be applied to the dental situation.

It is important to educate and prepare the patient and parent on the value of transitioning to a dentist who is knowledgeable in adult oral health needs. At a time agreed upon by the parent, patient, and pediatric dentist, the patient should be transitioned to a dentist knowledgeable and comfortable with

managing the patient's specific health care needs. In cases where this is not possible or desired, the dental home can remain with the pediatric dentist and referrals for specialized dental care should be recommended when needed.<sup>10</sup>

Discussion about transition can begin early, although the transfer of care may not take place for many years.<sup>3</sup> There is agreement in the literature that specific transition planning should begin between the ages of 14 and 16 years.<sup>4,11</sup>

**Barriers in transitioning patients with SHCN.** Dentistry has been found to be the most common category of unmet health care for children with special needs.<sup>12</sup> Only 10% of surveyed general dentists reported that they treat patients with SHCN often or very often, while 70% reported that they rarely or never treat patients with SHCN.<sup>13</sup> Pediatric dentists appear more likely to provide dental care for this population as evidenced by a survey of AAPD members which reported that 95% routinely treat patients with SHCN.<sup>14</sup>

There are approximately 10.2 million children with SHCN under 19 years of age (representing 14% of all US children)<sup>15</sup> and approximately 5953 pediatric dentists<sup>16</sup>. The relatively small number and distribution of pediatric dentists, however, mean that broader involvement by general dentists is necessary to address access to care issues and transition patients with SHCN.<sup>16</sup> When patients reach adulthood, their oral health care needs may go beyond the scope of the pediatric dentist's expertise. Even if a patient is best served by maintaining a dental home with a pediatric dentist, he/she may require additional dental providers to manage some aspects of his/her oral health care. It may not be in the young adult's best interest to be treated solely in a pediatric facility.<sup>17</sup>

Oral health care for adults with special needs is often difficult to access because of a lack of trained providers.<sup>3,4,16</sup> A recent survey revealed that most pediatric dentists help patients with SHCN transition into adult care, but the principal barrier is the availability of general dentists and specialists willing to accept these patients.<sup>18</sup> A 2005 survey of senior dental students noted that the provision of oral health care to patients with special needs was among the top 4 topics in which they were least prepared.<sup>19</sup> This self-perceived lack of preparation of future dentists bodes poorly for effective transitioning of adult SHCN patients.

Addressing the manpower issue is of utmost importance. Training and instruction for health care providers can be obtained through post-doctoral educational courses. Programs such as general practice residencies and advanced education in general dentistry provide opportunity for additional medical, behavior guidance, and restorative training needed to treat patients with SHCN. The Academy of General Dentistry's Mastership program may provide an opportunity, through continuing education to its members, to increase the workforce.<sup>20</sup>

Most patients with special needs can receive primary oral health care in traditional settings utilizing clinicians and support staff trained in accommodating these individuals. Others require treatment by clinicians with more advanced training in special facilities.<sup>19</sup>

Some pediatric hospitals may enforce age restrictions that can create a barrier to care for patients who have reached the age of majority.<sup>11</sup> This may present difficulties for pediatric dentists providing care to adult SHCN patients who have not yet transitioned to adult primary care. Additionally, some pediatric hospitals require that dentists eligible for medical staff membership be board certified, thus making it difficult for general dentists to obtain hospital privileges. While surgery centers abound, these may not be the preferred setting to treat medically compromised patients.

For patients with special needs, overall health care involves intensive and ongoing medical supervision and coordination between medical and dental care. The integration of dentistry within the medical care system presents a series of logistical challenges.<sup>21</sup> There is a lack of special programs or alternative care delivery arrangements (eg, mobile dental programs, nursing home, group home facilities) to complement the care provided through private practices to address access issues for patients with SHCN.<sup>22</sup>

The medical home<sup>23</sup> reflects recognition that care is best served by having a central point of contact for ongoing primary care and coordination of care when delivered by a multitude of health care providers and support service providers. The dental home<sup>1</sup> closely parallels the essential elements of the medical home as they relate to dental care.<sup>22</sup>

Linkages between patients' medical and dental homes, however, often are not established as formally as those among medical care providers, frequently resulting in inattention to dental services for patients with SHCN.<sup>24</sup> Efforts to establish stronger relationships between medical and dental homes are an important endeavor.<sup>25</sup>

The most efficient but least common arrangement of care for patients with SHCN is a single institution having providers from both disciplines (typically a hospital or regional care center).<sup>21</sup> Transitioning may become less of an issue in these facilities; however, those with comprehensive dental clinics are limited in number and spread unevenly across the country.

## Policy statement

A coordinated transition from a pediatric-centered to an adult-centered dental home is critical for extending the level of oral health and health trajectory established during childhood.

The AAPD supports:

1. expanding the medical and dental home across the lifespan of a patient, especially to enable successful transition of the adolescent with SHCN;
2. partnering with other organizations to prepare general dentists to accommodate and provide primary health care for these patients in the usual dental setting;
3. developing special programs or alternative care delivery arrangements (eg, mobile dental programs, nursing home, group home facilities) to complement the care provided through private practices to address issues for patients with SHCN;

4. utilizing the 6 'critical steps' to maximize seamless health care transition for the adolescent dental patient with special needs. These steps provide a framework to organize and prepare the dentist, patient, and patient's family for the transition process.

## References

1. American Academy of Pediatric Dentistry. Definition of dental home. *Pediatric Dent* 2010;32(special issue):12.
2. Scal P, Ireland M. Addressing transition to adult health care for adolescents with special health care needs. *Pediatrics* 2005;115(6):1607-12.
3. Blum RW. Transition to adult care: Setting the stage. *J Adolesc Health* 1995;17(1):3-5.
4. American Academy of Pediatrics, American Academy of Family Physicians, American College of Physicians-American Academy of Internal Medicine. Consensus statement on health care transitions for young adults with special health care needs. *Pediatrics* 2002;110(6Pt2):1304-6.
5. Koop CE. Executive summary. In: McGrab P, ed. *Growing Up and Getting Medical Care: Youth with Special Health Care Needs*. Jekyll Island, Ga: US Public Health Service; 1989.
6. Maternal and Child Health Bureau. *Moving on: Transition from Child-centered to Adult Health Care for Youth with Disabilities*. Washington, DC: Department of Health and Human Services, Health Resource and Services Administration, Maternal and Health Bureau; 1992.
7. American Academy of Pediatrics, Committee on Children with Disabilities, Committee on Adolescence. Transition of care provided for adolescence with special health care needs. *Pediatrics* 1996;98(6Pt1):1203-6.
8. Rosen DS, Blum RW, Britto M, Sawyer SM, Siegle DM. Transition to adult health care for adolescents and young adults with chronic conditions: Position paper for the Society for Adolescent Medicine. *J of Adolesc Health* 2003; 33(4):309-10.
9. Blum RW. Improving transition for adolescents with special health care needs from pediatric to adult-centered care. *Pediatrics* 2002;110(6Pt2):1301-3.
10. American Academy of Pediatric Dentistry. Guideline on management of dental patients with special health care needs. *Pediatr Dent* 2010; 32(special issue):132-6.
11. Geene SJ, Powers LE, Sells W. Understanding the role of health care providers during the transition of adolescents with disabilities and special health care needs. *J Adolesc Health* 2003;32(3):225-33.
12. Newacheck PW, Hung YY, Wright KK. Racial and ethnic disparities in access to care for children with special healthcare needs. *Ambul Pediatr* 2002;2(4):247-54.
13. Cassmassimo PS, Seale NS, Ruehs K. General dentists' perceptions of educational and treatment issues affecting access to care for children with special health care needs. *J Dent Educ* 2004;68(1):23-5.
14. Nowak AJ. Patients with special health care needs in pediatric dental practices. *Pediatr Dent* 2002;24(3):227-8.
15. National Survey of Children with Special Health Care Needs. Data Resource Center Available at: "<http://www.cshcndata.org/Content/#>". Accessed February 15, 2011.
16. American Academy of Pediatric Dentistry. Symposium on lifetime oral health care for patients with special needs. *Pediatr Dent* 2007;29(2):92-152.
17. Woldorf JW. Transitioning adolescents with special health care needs: Potential barriers and ethical conflicts. *J Spec Pediatr Nurs* 2007;12(1):53-5.
18. Nowak AJ, Casamassimo PS, Slayton RL. Facilitating the transition of patients with special health care needs from pediatric to adult oral health care. *J Am Dent Assoc* 2010;141(11):1351-6.
19. Chmar J, Weaver R, Valachovic R. Annual ADEA survey of dental school seniors: 2005 graduating class. *J Dent Educ* 2006;70(3):315-39.
20. Academy of General Dentistry. Mastership award guidelines. Available at: "<http://www.agd.org/files/education/MAGDawardGuidelines.pdf>". Accessed July 3, 2011.
21. Edelstein BL. Conceptual frameworks or understanding system capacity in the care of people with special health care needs. *Pediatr Dent* 2007;29(2):108-16.
22. Crall JJ. Improving oral health for individuals with special health care needs. *Pediatr Dent* 2007;29(2):98-104.
23. American Academy of Pediatrics. The medical home. *Pediatrics* 2002;110(1Pt1):184-6.
24. Slavkin HC, Baum BJ. Relationship of dental and oral pathology to systemic illness. *J Am Med Assoc* 2000;284(10):1215-7.
25. Lewis C, Robertson AS, Phelps S. Unmet dental care needs among children with special health care needs: Implications for medical home. *Pediatrics* 2005;116(3): 426-31.