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

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Abbreviations
AAPD: American Academy of Pediatric Dentistry.
Majr: Medical subject headings major topic.
SHCN: Special health care needs.
Tiab: Title and abstract.

* *Used in the PubMed search to identify all terms that begin with this truncated base.*

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[1] to address their special circumstances while providing all aspects of oral care in a comprehensive, continuously accessible, coordinated, and family-centered manner may be a challenge. This policy addresses transition of young adult patients with SHCN and identifies challenges in delivery of oral health care to this population.

Methods
This policy was developed by the Council on Clinical Affairs, adopted in 2011,[2] and last revised in 2021.[3] This revision included electronic database and hand searches of dental and medical literature using the terms: (*evidence based dentistry* [**Majr**] OR *pediatric dentistry* [Majr] OR *dental care for children* [Majr] OR *dental health services* [Majr] OR *dentistry* [Majr] OR *public health dentistry* [Majr] OR *community dentistry* [Majr]) AND (*transition to adult care* [Majr] OR *delivery of health care* [Majr] OR *continuity of patient care* [Majr] OR *treatment accommodation** [**Tiab**] OR *care transition* [Tiab] OR *health transition* [Majr] OR *adolescent health services* [Majr] OR *persons with disabilities* [Majr] OR *health services accessibility* [Majr] OR *transition** OR *patient advocacy* [Majr] OR *oral hygiene* [Majr] OR *caregivers* [Majr] OR *persons with intellectual disabilities* [Majr] OR *intellectual disabilit** OR *physical disabilit**); fields: all; limits: within the last 5 years, humans, English, adolescent: 13-18 years, adult: 19+ years, young adult: 19-24 years, adult: 19-44 years. Eight hundred ninety articles were identified and evaluated by title or abstract. Additionally, websites for the American Dental Association, American Medical Association, American Academy of Pediatric Dentistry, Agency for Healthcare Research and Quality, Special Care Dentistry Association, and International Association for Disability and Oral Health were reviewed. Expert opinions and best current practices were relied upon when clinical evidence was not available.

Background
AAPD is aware of the challenges that patients with SHCN and their families encounter when seeking oral health care. Due to advances in diagnostic medicine, the prevalence of children with SHCN has increased.[4-6] With improvements in medical care, patients with SHCN are living longer and require continued medical and oral health care.[7] This results in the need for an increasing number of patients to transition from a pediatric to an adult health care provider. In the US, there are 65 million people between ages 12 and 26, the range at which many medical providers transition patients from pediatric to adult practitioners.[8] An estimated 25% to 35% of these have 1 or more chronic conditions ranging from mild asthma and obesity to congenital diseases.[8] For youth ages 12-17 in the US with special health care needs, only 17% received preparatory services to transition to adult health care.[9]

The goal of a health care transition 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.[10] Health care transition for older adolescents with SHCN is a dynamic process that seeks to meet their individual needs. This transition relies on the cornerstones of patient-centered health care: flexibility, responsiveness, continuity, comprehensiveness, and coordination.[10]

Multiple medical organizations recognize the importance of facilitating health care transition for patients with SHCN.[11-13] However, 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.[4,14,15] Additional factors associated with limited access to care during adulthood transitioning include living in poverty, being a minority, and the independence level of the individual with SHCN.[16-20] The transition period is often a stressful time for both adolescents or young adults with SHCN and their parents, and resources to assist with the acquisition of adult health care services are usually inadequate.[21-23] Evidence reveals that adolescents who do not benefit from medical transitions are less likely to receive dental transitions when they age out of pediatric dental settings.[15]

To improve the health care transition for adolescents and young adults with chronic conditions, a policy statement was established by several medical organizations.[24] The policy statement articulated 6 critical initial steps to ensuring the successful transition to adult-oriented care. They are

> "1. Ensure that all young people with special health care needs have an identified health care professional who attends to the unique challenges of transition and assumes responsibility for current health care, care coordination, and future health care planning. . . .
> 2. Identify the core knowledge and skills required to provide developmentally appropriate health care transition services to people with special health care needs and make them part of training and certification requirements for primary care residents and physicians in practice.
> 3. Prepare and maintain an up-to-date medical summary that is portable and accessible. . . .
> 4. Create a written health care transition plan by age 14 together with the young person and family. . . .
> 5. Apply the same guidelines for primary and preventive care for all adolescents and young adults, including those with special health care needs, recognizing that young people with special health care needs may require more resources and services than do other young people to optimize their health. . . .
> 6. Ensure affordable, continuous health insurance coverage for all young people with special health care needs throughout adolescence and into adulthood."[24]

Although these steps represent a medical perspective, they may be applied to oral health care as well. A proper handoff, including clear written or verbal communication between providers, can reduce medical errors during the transition.[25] This transition process should begin during early adolescence and continue until the transfer of care is complete.[26]

Transition of care begins with education and preparation of the minor patient, parent, caregiver, and health care guardian on the value of transitioning to a dentist who is knowledgeable in adult oral health needs. Discussion about transition can begin early, although the transfer of care may not take place for many years.[26] Evidence supports initiating a transition plan between the ages of 14 and 16 years.[27] The transition can take place at a time agreed upon by the parent, patient, and pediatric dentist.

In cases where a complete transition of care is not possible or desired, the dental home can remain with the pediatric dentist.[28] The transition may not be a physical change in provider, but rather a change in mentality to adult-centric care. However, when patients reach adulthood, their oral health care needs may

go beyond the scope of the pediatric dentist's expertise. In those situations, the patient may require additional oral health care providers to manage some aspects of the patient's oral health care.[28,29]

The number of individuals at transition age having SHCN far overwhelms the number of pediatric dentists available to care for this population; yet, the number of general dentists with the training, willingness, or experience to care for these patients is inadequate.[30,31](ADA 2012; Medicaid 2025) The US has approximately 9,300 pediatric dentists.[32] In 2023-2024, there were an estimated 19.6 million children with SHCN under age 17 (representing 27% of US children).[9] The relatively small number and distribution of pediatric dentists mean that broader involvement by general dentists is necessary to address access to care issues, especially for transition of patients with SHCN.[33]

Yet, general dentists are largely not equipped or trained to treat this population of patients.[33] 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.[34] The lack of general dentists open to patients with SHCN is the principal challenge reported by pediatric dentists when managing a patient's transition of care.[35] This challenge can be directly addressed at the level of pre- and postdoctoral training.[36] A 2024 survey of senior dental students noted that the provision of oral health care to patients with SHCN was among the top 4 topics in which they were least prepared.[37] Increased experience treating patients with SHCN can address this level of preparation. Additionally, multiple postdoctoral educational courses have been designed to train general dentists to meet this population's needs. In the US, programs such as general practice residencies and advanced education in general dentistry, as well as hospital and university-based special care dentistry programs[38], provide opportunity for additional medical, behavior guidance, and restorative training needed to treat patients with SHCN. The Special Care Dentistry Association's fellowship and diplomate programs and the Academy of General Dentistry's mastership program also may provide opportunities to increase workforce competency.[39-41] In other countries (eg, Australia, Brazil, the United Kingdom) where special care dentistry is a recognized academic discipline, a variety of postdoctoral education and clinical training programs, as well as organizations (eg, International Association for Disability and Oral Health), seek to reduce inequities in oral health care.[42]

Institutional challenges also impact the transition of care for patients with SHCN. Most patients with SHCN can receive primary oral health care in traditional settings utilizing clinicians and support staff trained in accommodating these individuals. Advanced or extensive cases or complex patients may require treatment in special facilities or under general anesthesia.[43] This presents a challenge, as some pediatric hospitals may enforce age restrictions for patients they can accept.[23] Hospitals frequently require that dentists eligible for medical staff membership be board certified, thus making it difficult for general dentists to obtain privileges. While surgery centers abound, these may not be the preferred setting to treat medically compromised patients.

During the transition in care from adolescence to adulthood, patients may experience changes in finances and insurance coverage. Young adults may be discontinued from their parents' insurance, a challenge faced by patients with and without SHCN alike. Low socioeconomic status and insufficient health insurance benefits can exacerbate difficulties in transitioning to an adult dental home.[15]

The transition to an adult health care setting for those with limited independence due to SHCN is further complicated by social and structural factors, including lack of local health centers, discrimination against identified minorities, and language barriers.[16-19,26,44] For patients living at a distance to health care centers or with transportation issues, minimal options are available. Special programs or alternative care delivery arrangements (eg, mobile dental programs, nursing home dental care, group home facility dental care, teledentistry programs as an adjunct to in-person care) would greatly benefit this population and complement the care provided through private practices.[45-47]

A further opportunity to support transition of care for patients with SHCN is increased medical-dental integration. For patients with SHCN, overall health care involves intensive and ongoing medical supervision and coordination between medical and dental care professionals. The integration of dentistry within the medical care system presents a series of logistical challenges.[48]

The medical home[49] 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

professionals and support service providers. The dental home[1] closely parallels the essential elements of the medical home as they relate to dental care.[46] 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.[15] Efforts to establish stronger relationships between medical and dental homes are an important endeavor.[50] 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).[48] 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.

Of additional note, although transition to adult dental care is recognized in the AAPD's *Recommended Dental Periodicity Schedule for Pediatric Oral Health Assessment, Preventive Services, and Anticipatory Guidance/Counseling*[51], it is the only item on the schedule lacking a procedure code. This presents a systems-level challenge for transition of patients to an adult dental home. Medicine has developed Current Procedural Terminology (CPT) codes for interprofessional consultations, prolonged services with and without direct patient contact, case management services (eg, medical team conferences with and without direct contact with the patient and/or family), care plan oversight, and non–face-to-face services.[52] There is further an International Classification of Diseases-11 (ICD-11)[53] code for an encounter for pediatric-to-adult transition counseling.[54] Dentistry has the opportunity to mirror these codes to recognize the time and effort involved in transition of care for the provider. These codes can further support increased reporting on this transition, establishment of transitional programs dedicated to facilitating the shift from pediatric to adult care, and development of trackable quality metrics.

Policy statement

In order to facilitate successful, comprehensive, and continuous care for all children and adolescents, especially for those with SHCN, the AAPD supports expansion of the medical and dental home across the lifespan of a patient. A coordinated transition from a pediatric to an adult dental home is critical for extending the level of oral health and health trajectory established during childhood and adolescence. The AAPD encourages:

- enhanced medical-dental integration to support collaboration and communication between dentists and primary or specialty health care providers through unified electronic medical systems or integrated health centers.
- utilization of 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.
- expanded efforts within the Commission on Dental Accreditation and educational institutions to prepare general dentists to accommodate and provide primary health care for patients with SHCN.
- partnerships with other organizations to prepare general dentists to accommodate and provide primary health care for these patients in the usual dental setting.
- development of special programs or alternative care delivery arrangements (eg, mobile dental programs, teledentistry programs as an adjunct to in-person care, nursing home, group home facilities) to complement the care provided through private practices to address issues for patients with SHCN.
- institutional restructuring to support general dentists in gaining the credentialing needed to provide care in properly equipped surgical centers for young adults and adults with SHCN.
- provision of financial assistance for dental treatment for adults with SHCN by local, state, and federal programs.
- establishment of Current Procedural Terminology codes on transition services with concurrent mandatory reporting to the Center for Medicaid Services on transition in health services and development of quality metrics surrounding transition of care.

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