Establishing a Dental Home in a Timely Manner: Improving the Referral Process of Patients from Pediatric Primary Care to Dental Care

Lavelle V1, Wansi LB2, Cotterill C2, Webb MD2, Tumin D3, Higginson A3
1 Brody School of Medicine, 2 ECU School of Dental Medicine, 3 ECU Department of Pediatrics

BACKGROUND

The Baby Oral Health Program (BOHP) is a partnership between ECU Pediatrics Outpatient Center (OPC) and the ECU School of Dental Medicine (SoDM) that established a direct referral process for children without a dental home. Routine dental care has been shown to decrease morbidity and mortality, as well as overall cost of care. Previous projects have described improved pediatric dental care compliance when dental clinics were co-located with medical practices. The process established by the BOHP is a potential model for areas where co-location is not an option. At initiation of this project, 13/13 (100%) of attending physicians, 13/21 (62%) of pediatric residents, and 0/5 (0%) of medicine-pediatric residents surveyed were aware of the BOHP. At baseline from 2017 to 2020, 61% of BOHP referred patients established a dental home with ECU SoDM.

PROJECT AIM & DESIGN

Global Aim

Improve patient adherence to AAPD/ADA/AAP guidelines for establishing a dental home
(by the end of the 1st year or within 6 months of the first tooth eruption)

Specific Aim

Improve the percentage of patients referred through the BOHP from ECU Pediatric OPC to ECU SoDM who establish a dental home to 75% within 1 year.

CHANGES MADE

Identified areas of improvement:
1. Resident knowledge of form
2. Lengthy, inefficient form
3. Different electronic health records
4. Unable to reach patient
   a) Wrong number
   b) No voicemail
5. Lack of patient buy-in/education

PDSA Cycle

Cycle 1

Revised form + Spanish version
• Shorter
• Less free text
• Additional phone number
• Added special concerns

DATA COLLECTION

Quantitative Research
Prospective chart review (EPIC and AXIUM)
[Retrospective for baseline]
Exempt Study IRB Approved

LESSONS LEARNED

Interprofessional collaboration:
• Communication becomes increasingly challenging due to differences in schedules, technical knowledge, physical space, and electronic health record (EHR) systems

System-based challenges:
• Working with different EHR systems adds complexity to data collection
  ▪ Lack of access to system requiring extra personnel to assist with data collection
• Locations with high provider turnover (i.e. teaching hospitals) require structured education practices to maintain sustainability

These challenges are best met with strong communication and a shared mental model.

NEXT STEPS

Data Collection:
- Set-up sustainable process to pull data from Axium (dental EHR)
- Plot collected data in run chart

PDSA Cycles:
- After visit summary reminder using standardized dot phrase
- Positive feedback loop (those not contacted will be communicated back to provider to address at next visit)
- Quantify turnaround time between referral and SoDM contact with patient
- Reinvigorated education efforts targeted at resident awareness of forms and propensity to educate parents on importance of dental care

ACKNOWLEDGEMENTS

This work was made possible by the ECU Department of Pediatrics, the ECU School of Dental Medicine, and the Leaders in Innovative Care (LINQ) Scholars Distinction Track.

Veronica Lavelle
Department of Pediatrics
ECU Brody School of Medicine
Greenville, North Carolina 27858
919-622-9254
lavellev18@gmail.com