

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



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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^{1,2}. Previous projects have described improved pediatric dental care compliance when dental clinics were co-located with medical practices.³ 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.

Measures

Outcome: Percentage of referred patients that establish with ECU SoDM
Process: Turnaround time between referral and SoDM contact with patient
Balancing: Appointment wait time

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:

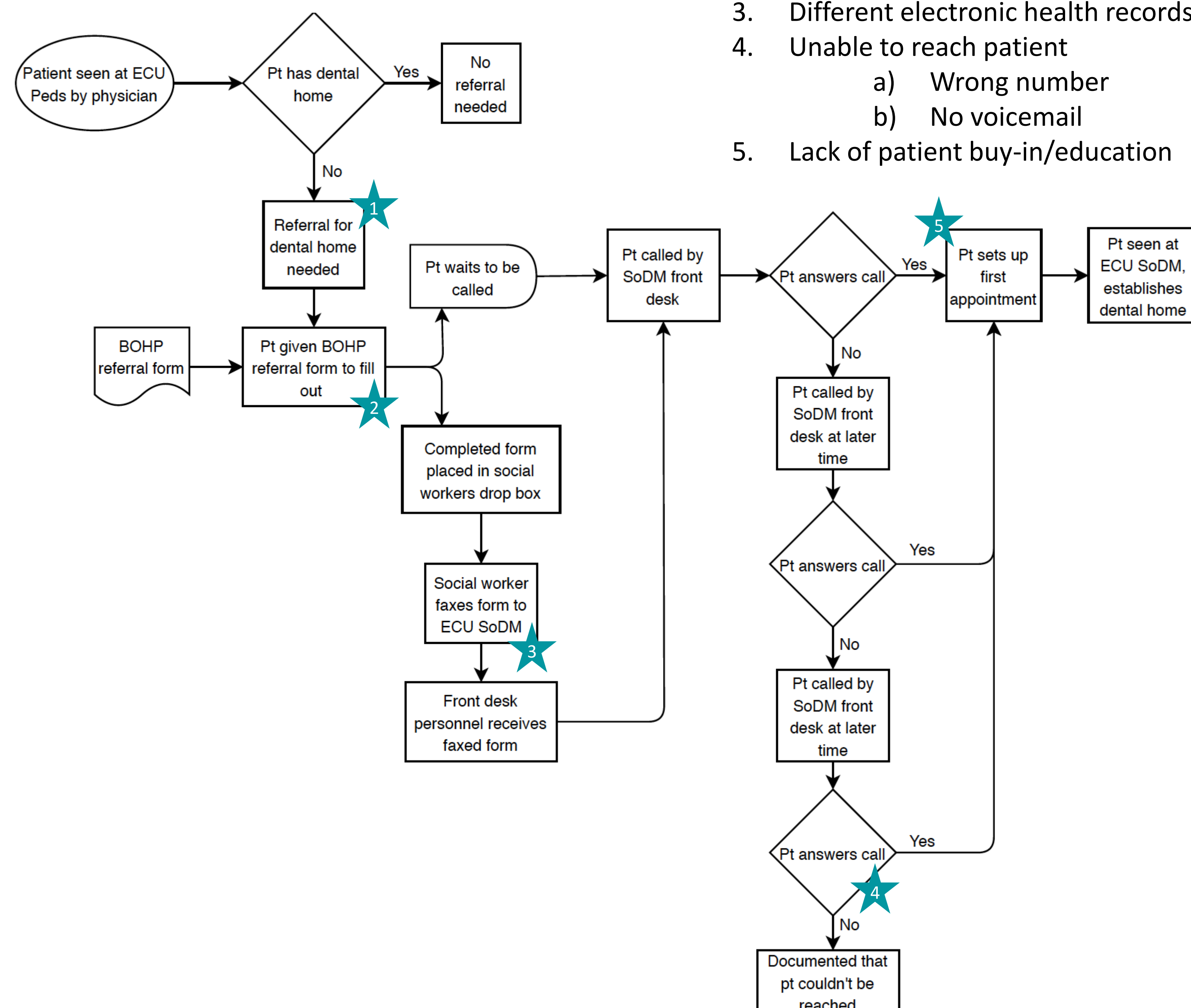
- Working with different EHR systems adds complexity to data collection
 - Lack of access to system requiring extra personnel to assist with data collection
- Locations with high provider turnover (i.e. teaching hospitals) require structured education practices to maintain sustainability

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

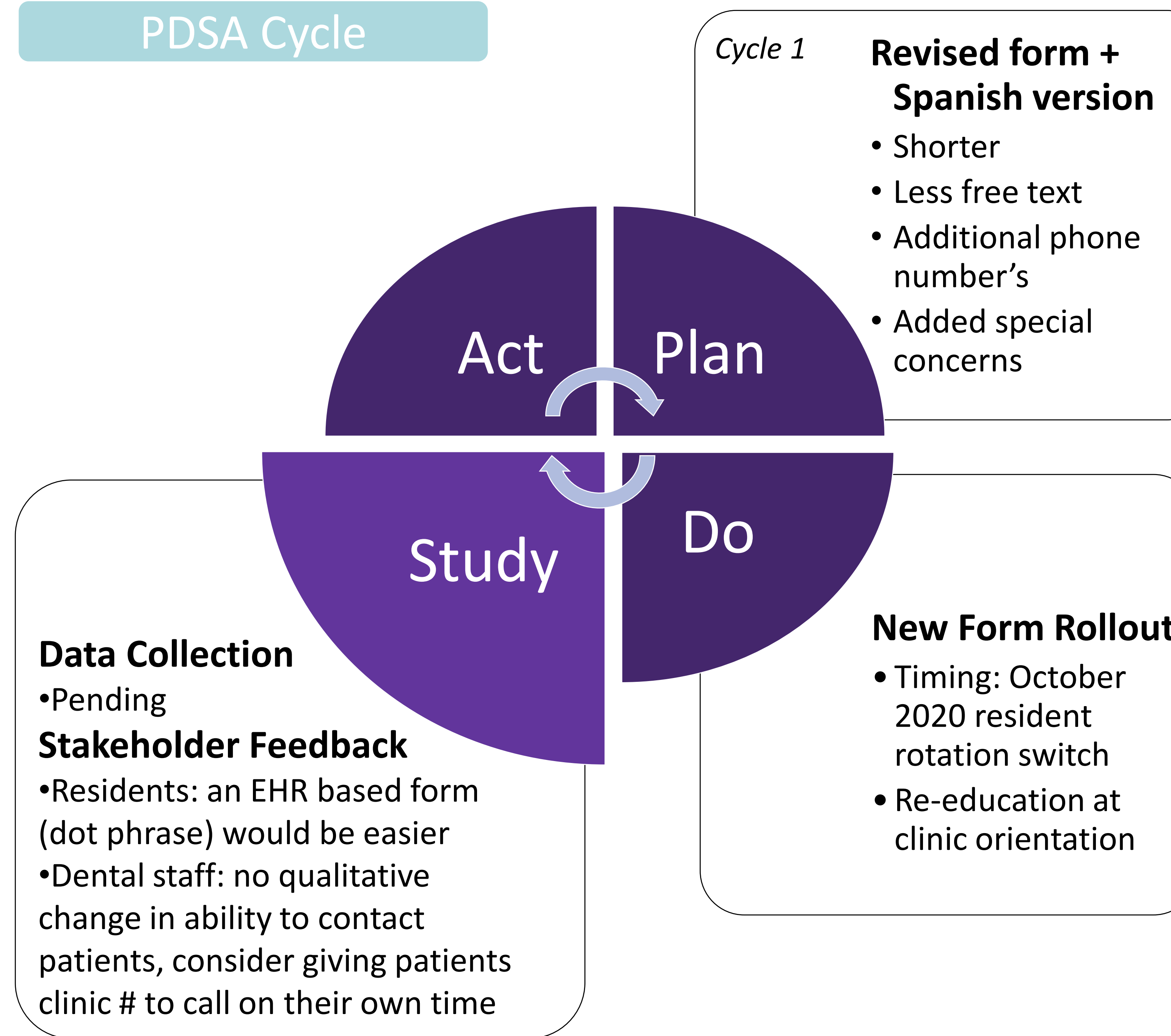
CHANGES MADE

Process Flow Map

- ★ 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



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

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Citations:
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