



Exploring Dental Transitions of Children with Special Health Care Needs

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Background

- 750,000 adolescents with SHCN become adults each year and with the development in modern medicine, more children with special health care needs (CSHCN) are expected to live past their childhood to adulthood.^{1,2,3}
- In the U.S., pediatric dentistry is the only specialty that is required by the Commission of Dental Accreditation to be trained in the provision of care for CSHCN.⁴
- According to the previous research conducted, dentistry is the most unmet need for CSHCN.⁵ There should not be a disparity in care due to one's medical condition. It is important that these patients receive adequate oral health care and preventative care and should not be lost in the transition to their adulthood.
- To this day, only a few evidence-based guidelines on dental care transitions for this population exist in the U.S.⁵ Evidence-based guidelines and a clear understanding of current practices are critical for dental transitioning from pediatric dental clinic to adult clinic to be effective.
- It is important to understand whether aspects of dental transitions for CSHCN are being taught at pediatric dentistry residency programs, how residency programs can aid in the transition of CSHCN from their own clinics when these individuals age, and the obstacles they may face in transitioning these patients.
- For the purposes of this study, dental transition refers to the process through which CSHCN transition from a pediatric dental practice to an adult practice setting.
- The goal of this study is to provide a general overview of current practices of dental transition of CSHCN among U.S. pediatric dental residency programs from the perspective of residents.

Study Design & Methods

- Cross-sectional study design:** Data collected was performed over a period of approximately 2 months. Anonymous survey was sent to pediatric dental residents in the United States.
- Data Collection:** A 27-question survey was sent out to all the current pediatric dental residents who are part of AAPD list serve. The survey inquired about the residents' familiarity with dental transition of CSHCN, the process of dental transitions, and lastly, the obstacles they encounter in the process. The survey was distributed via RedCap platform and the participants were given the option to participate or not participate on the survey. All the data were collected and stored anonymously on the RedCap platform.

References

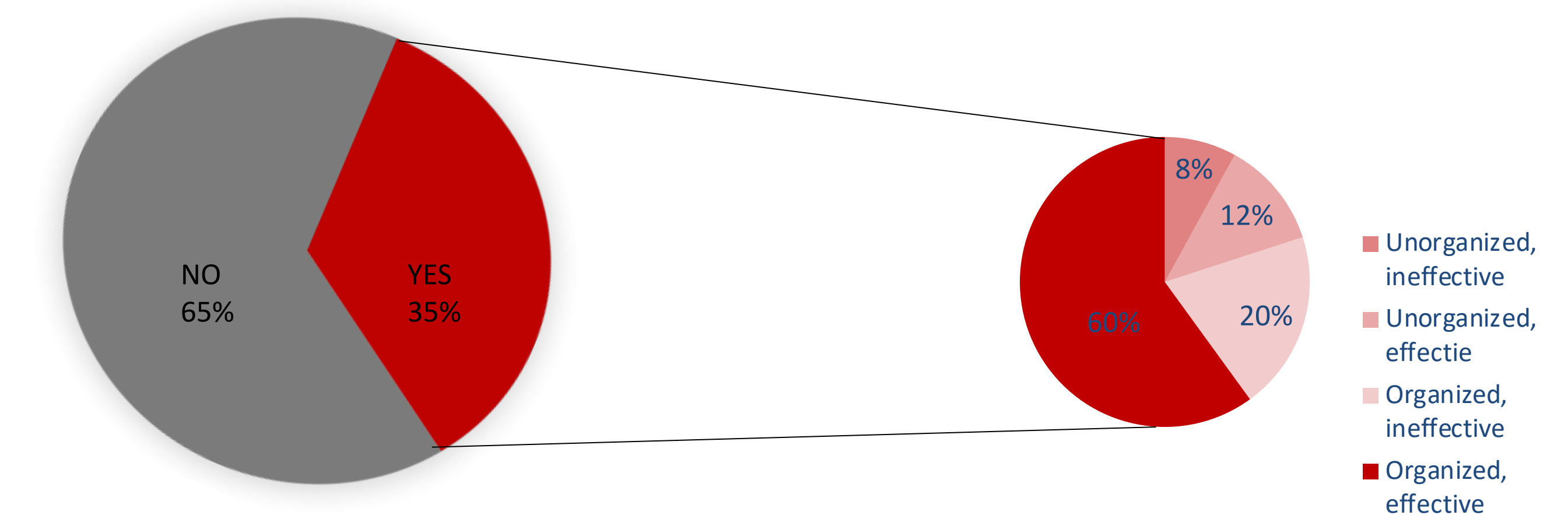
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 Reference

Results

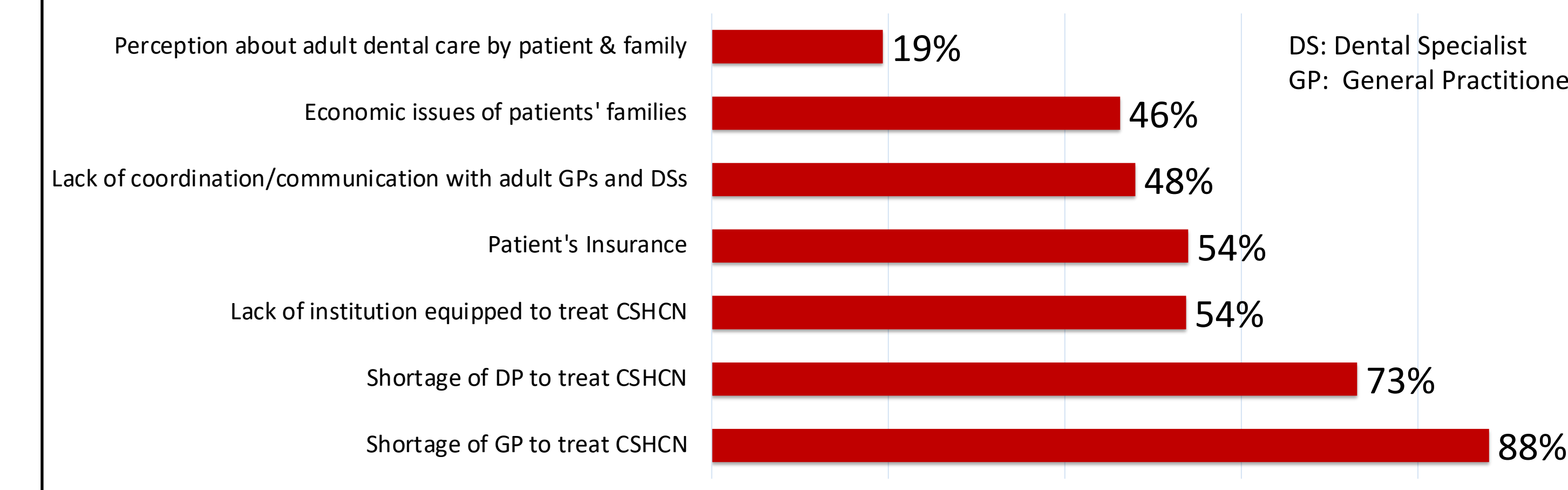
Table 1. Description of study subjects (n=74)

Year in the residency program	Characteristic	%(N)
	1st	48.6%(36)
	2nd	51.4%(38)
Previous dental experience	No experience	50.0% (37)
	GPR/AGD	10.8% (8)
	Private Practice	43.2% (32)
	Other Postgraduate training	1.4% (1)
Previous experience with CSNHCN)	Yes	47.3% (35)
	No	52.7% (39)
Type of residency program	Hospital based	32.4% (24)
	University based	9.5% (7)
	Hospital and University based	58.1% (43)
Location of residency program	Urban	85.1% (63)
	Suburban	13.5% (10)
	Rural	1.4% (1)

Graph 1: Programs with a set guideline for dental transition of CSHCN



Graph 2: Barriers in dental transition of CSHCN reported by current pediatric residents



- 61% of residents have **not** heard of the term dental transition of CSHCN.
- 62% reported that their program does **not** have class/lecture about dental transition of CSHCN.
- 65% reported that their program does **not** have an established guideline/protocol on dental transition of CSHCN.
- Of those who are in the program with the dental transition guideline, 78% reported that they do **not** have a patient education material to explain the dental transition process to the guardians and CSHCN.
- 51% of those without a set dental transition protocol kept CSHCN dental home within the program while 49% referred CSHCN out.

Discussion

- More than half of the respondents have not heard of the term dental transition of CSHCN and not all pediatric dental residency programs educate the residents on the concept of transition of care for CSHCN. This finding suggests that current pediatric residents are **not** informed in their training regarding the importance of facilitating the transition of care CSHCN to the adult-based dental clinic.
- Based on the results of this study, there is no consensus across residency programs on guideline/protocol in transitioning CSHCN to adult care dental clinic in the pediatric residency program settings, which may lead to unmet dental needs in CSHCN as they become adults.
- Barriers reported by pediatric dental residents in present study are consistent with the barriers reported by pediatric dentists in previous studies.⁶
- Improved consensus on how to implement systems to aid in transitioning of CSHCN to adult dental care is necessary to improve patient care.