



Patients with special health care needs in pediatric dental practices

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Abstract

Purpose: The objective of this study was to determine the involvement of pediatric dentists in practice in managing patients with special health care needs (SCHN) upon completion of training.

Methods: A questionnaire was developed, pilot tested, modified and sent to a randomly selected sample of 950 pediatric dentists in practice who were active and fellow members of the American Academy of Pediatric Dentistry.

Results: Fifty-one percent of the dentists responded. The majority were males between the ages of 41 and 50 years. Most practiced in communities with over 500,000 citizens. Most were trained in hospital-based programs, and 84% reported comprehensive didactic courses on SHCN patients during training. SCHN patients were routinely appointed in an integrated schedule in their practices. Seventy-one percent of responders continue to follow the patients after 21 years of age. Most had buildings and offices that were handicapped accessible. Patient profiles remained similar since initiating private practice with notable increases reported in the new and recall patients and patients with complicated medical histories categories.

Conclusions: The results of this survey demonstrate the continuing involvement of pediatric dentists in private practice in scheduling and treating patients with special health care needs after the completion of training. (*Pediatr Dent 24:227-228, 2002*)

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Of all the specialties in dentistry, pediatric dentistry is the only one that includes in its definition the care of patients with special health care needs.¹ Since its recognition as a specialty, pediatric dentists have been actively involved in not only treating patients with special health care needs but also as strong advocates for their educational and social needs. Throughout the "Standards for Advanced Specialty Education Programs in Pediatric Dentistry" (CODA/ADA),² specific standards must be met by programs to be accredited by the Commission. It is well known that throughout training the pediatric dental resident is actively involved in patients with special health care needs (SHCN) but little is known about the continuation of this care once the pediatric dentist initiates a practice.

It was the purpose of this study to determine the involvement of pediatric dentists in private practice in managing patients with special health care needs.

Methodology

A questionnaire was developed and pilot tested with 10 practicing pediatric dentists. Modifications were made based upon the responses from the pilot study. The questionnaire was sent to a randomly selected sample of 1,000 active and fellow members of the American Academy of Pediatric Dentistry (AAPD). The sample generated by the Academy is considered to be a representative sample of Academy membership from all six AAPD regions. After three months, data collection was discontinued and the results were tabulated.

Results

Fifty-one percent of the surveys were returned and evaluated. The majority of the respondents were in the 40- to 50-year age range (184); were male (373); and practice in communities over 500,000 (156). The largest number of respondents have been in practice 11-20 years (156; Table 1).

Table 1. Respondents Profile

Age	
31-40	27%
41-50	37%
51-60	24%
Gender	
Male	76%
Female	23%
Size of community	
Over 500,000	31%
Over 100,000	18%
Under 50,000	17%
Type of practice	
Private practice	84%
Years practice	
2-5 years	11%
6-10 years	15%
11-20 years	31%
21-30 years	27%
Over 30 years	9%

Table 2. Respondents Training

Training location	
Hospital-based	54%
University-based	45%
Comprehensive didactic courses	84%
Clinical training	97%
Proficient treating SHCN patients	89%

Table 3. Practice Characteristics

Routinely schedule SHCN patients	95%
Integrated into routine schedule	95%
Discontinue scheduling after 21 years old	27%
Building handicapped accessible	95%
Office handicapped accessible	96%

gency patients, number of patients with a complicated medical history, treatment needs of patients with special health care needs, the need to sedate the patients and finally the need to complete the treatment in the operating room under general anesthesia. The data showed that patient profiles have remained relatively stable over the years in practice.

The majority of respondents (264) were trained in hospital based programs, while 226 were trained in university based programs. The majority (84%) reported they had a specific didactic course on SHCN patients and 15% said they had not. With regard to clinical training of SHCN patients, overwhelmingly 97% of the respondents said they had treated SHCN patients. Information was requested whether the practitioners felt proficient in treating children with special health care needs upon completion of formal training. Almost 89% of the respondents responded yes and approximately 10% responded no (Table 2).

Almost 95% of the respondents routinely scheduled patients with SHCN; 95% integrate them in the routine schedule and almost 71% of them continue to follow them after they reach 21 years of age. Nearly 95% said that their buildings were handicapped accessible and 96% said that their offices were handicapped accessible (Table 3).

The final section of the survey had to do with determining what the patient profile of the practice was at the time of the survey as compared to when the respondent started his or her practice. The profile included the number of new patients, number of recall patients, number of emer-

Table 4. Patient Profile Changes Since Initiating Practice

	Increased (%)	Same (%)	Decreased (%)
New patients	31	48	20
Recall patients	33	51	14
Emergency patients	7	60	30
Comprehensive medical history	33	55	11
Treatment needs	16	72	11
Need to sedate	13	72	11
Need to go to OR	22	61	14

Notable increases in patient activities included new, recall and patients with complicated medical histories (Table 4).

Discussion

The survey demonstrates that pediatric dentists in private practice are involved in treating SHCN patients. The care of special needs patients are routine in the pediatric dentists' weekly schedule. It can also be stated that there have been some minor shifts in either the need for treatment or for the supply of patients over the years, from initiating a practice to the present time. Pediatric dentists are very involved with patients with special health care needs and continue to feel that it is important for them to care for these patients as part of the usual pediatric population seeking oral health care.

There are several limitations to this study. Although the response rate was 51%, this falls well in the 43-61% range of other AAPD membership surveys.^{3,4} There were no follow-up mailings to non-responders. As with any survey, there is a potential for responder bias. It is possible that those who responded were most involved with special care patients and anxious to report their activities, while those who did not respond were not managing patients with special needs.

Conclusion

The results of this survey demonstrate the continuing involvement of pediatric dentists in private practice in scheduling and treating patients with special health care needs after the completion of training.

References

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