

How effective are dental referrals by primary care physicians?

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Young children from low-income families experience high levels of tooth decay and face many barriers to getting dental treatment and preventive services. Because these children usually visit their pediatrician or other primary care provider far more frequently than a dentist, the primary care medical setting is gaining popularity as a place to provide preventive dental services.

Currently, physicians in more than 400 pediatric primary care offices in North Carolina (NC) have been trained to screen for tooth decay, so that referrals for those in need can be made to dentists. This effort is part of a preventive dental program known as "Into the Mouths of Babes" (IMB).

In a study undertaken by investigators at the University of North Carolina at Chapel Hill and Duke University, researchers examined factors that lead to dental referrals by physicians and whether these referrals result in dental office visits for children who received IMB services. The study used information from Medicaid reimbursement claims for IMB services provided during 2001 and 2002 and patient records completed by physicians for 24,403 children. The patient records provide information on the child's tooth decay experience, results of a dental risk assessment, and whether the child was referred to a dentist.

The investigators report their results today during the 86th General Session of the International Association for Dental Research. Of the

24,403 children in the study, about 5% had tooth decay, 2.8% were referred to a dentist, and 3.5% made a dental visit before 42 months of age. Among children with tooth decay, 32% were referred, and a higher percentage of children with a referral visited a dentist (35.6%) than those not referred (12.0%).

Several factors were associated with whether a child received a referral to a dentist besides the presence of any decayed teeth, including increasing age of child, the availability of a general dentist in the county where the child received IMB services, and whether the child was seen in a practice located in a rural area.

In a second analysis, child tooth decay, a referral, increasing age of child, availability of a general dentist in the county, and having a dental visit prior to the first IMB visit were related to shorter time intervals between the referral and a dental visit.

The authors concluded that referrals by physicians increased access to dentists for children with tooth decay, but use of dentist services for those needing care remained low.

Source: International & American Association for Dental Research

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