

Transition to Adult Dental Care from a Children's Hospital for Patients with Special Health Care Needs

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BACKGROUND

For patients with special health care needs (SHCN), the transition process from their pediatric dental home to adult dental care entails many challenges, mostly involving access to care¹. At many children's hospitals, many of the patients in the pediatric dental clinic are patients with complex special health care needs. When these patients graduate from the dental clinic to find adult dental care, they face obstacles including finding facilities that will accommodate their special health care needs, long wait times to become patients of record, and extensive travel times from their homes².

PURPOSE

The purpose of this study is to 1) describe the characteristics/ demographics of adolescents with SHCN transitioning from a hospital-based pediatric dental home to an adult dental home and 2) survey these patients at least one year after their final visit in their pediatric dental home to: determine efficacy of the current transition method, examine the influence of selected patient characteristics on transition efficacy, and identify barriers to successful transition.

METHODS

The study population includes 1) patients for whom Children's Hospital Los Angeles (CHLA) served as their pediatric dental home (he/she had completed a comprehensive exam to be a patient of record) and had completed at least two recall examinations 2) the patient has SHCN 3) the adult patient is not competent to consent, and 4) the patient graduated from the CHLA pediatric dental clinic between July 1, 2017 and October 1, 2022. After obtaining consent, a phone survey was conducted with the legal guardian of the patient to assess the effectiveness of current transition processes. Demographic data was collected from these patients' charts including: patient age at referral, ASA categorization, insurance type, Frankl behavior rating, years at CHLA, and number of previous GA appointments.

RESULTS

A total of 135 CHLA dental charts were reviewed to verify meeting of inclusion criteria. Of the 135 charts reviewed, 83 patient charts met the inclusion criteria and were called to participate in the survey. Of the 83 patients phoned, 8 legal guardians agreed to participate and were surveyed regarding their child's transition from CHLA to adult dental care. These surveys were included for data analysis. The demographics of these graduated patients is included in **Table 1 and Table 2**.

	N	%		N	%
Gender			Insurance		
Male	5	62.50%	DentiCal	6	75%
Female	3	37.50%	Private	2	25%
Total	8	100%	Total	8	100%
Age at Referral			Previous GA Visits at CHLA		
No referral	2	25.00%	0	4	50%
16	2	25.00%	1	2	25%
17	4	50.00%	2	2	25%
18+	0	0%	3	0	0%
Total	8	100%	Total	8	100%

Of the patients surveyed, 75% had received a referral by age 18. 25% of patients had not received a referral to adult dental care while at CHLA. 50% of patients had either 1 or 2 dental general anesthesia visits while at CHLA (**Table 1**).

Frankl Rating	N	%	ASA Category	N	%
1	4	50%	1	0	0%
2	2	25%	2	4	50%
3	1	12.50%	3	4	50%
4	1	12.50%	4	0	0%
Total	8	100%	Total	8	100%

Table 3 shows that 62.50% of legal guardians who were surveyed stated that they had established a new dental home. More than a third of patients (38.5%) reported not having an established adult dental home. Of the 38.5% (of patients who had not established a dental home, 33% were not given a referral to an adult dental home. When asked on a scale of 1-10 (1 being very easy, 10 being very difficult), how they felt regarding the ease of the transition process, the average was 5.0.

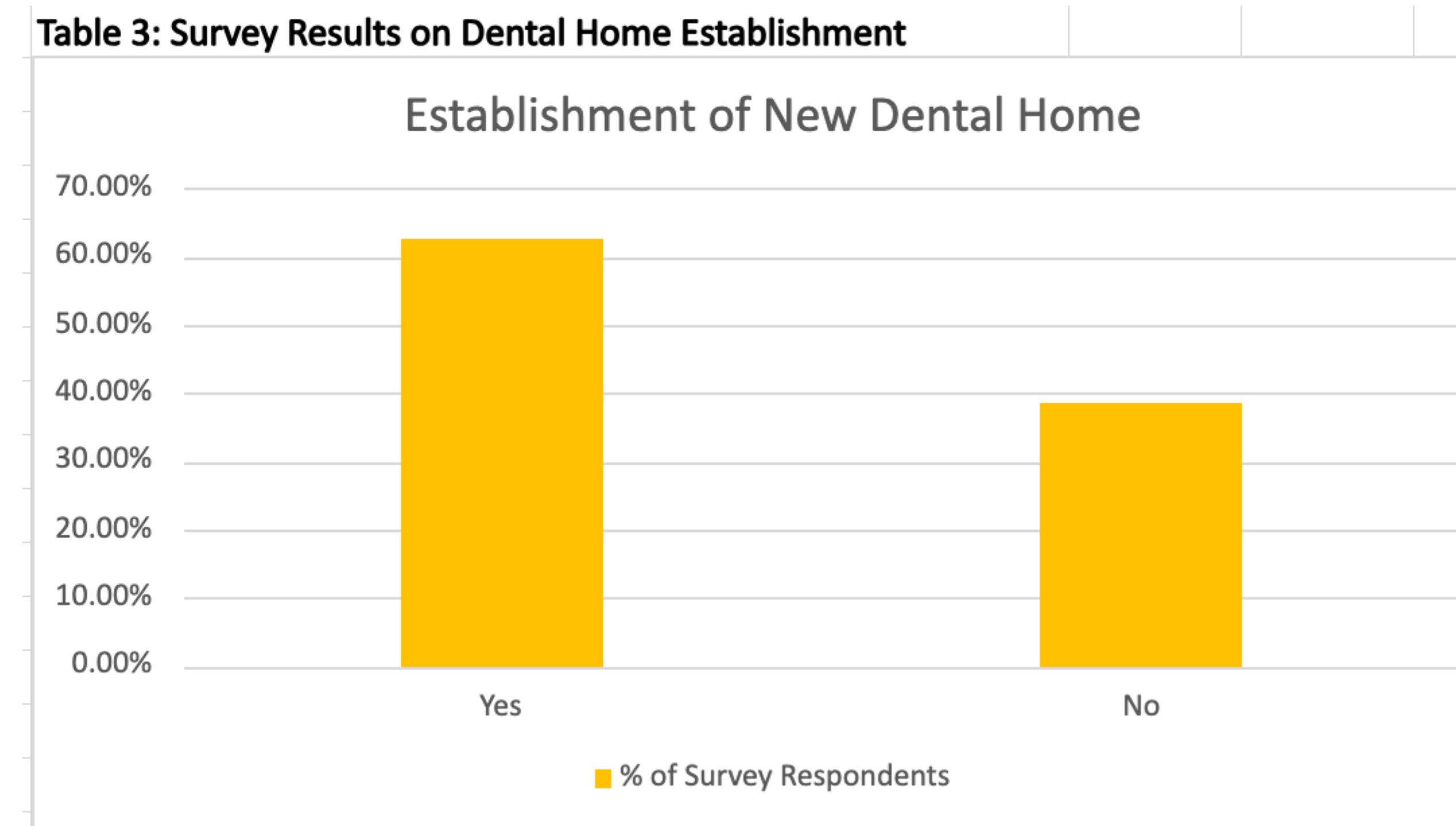
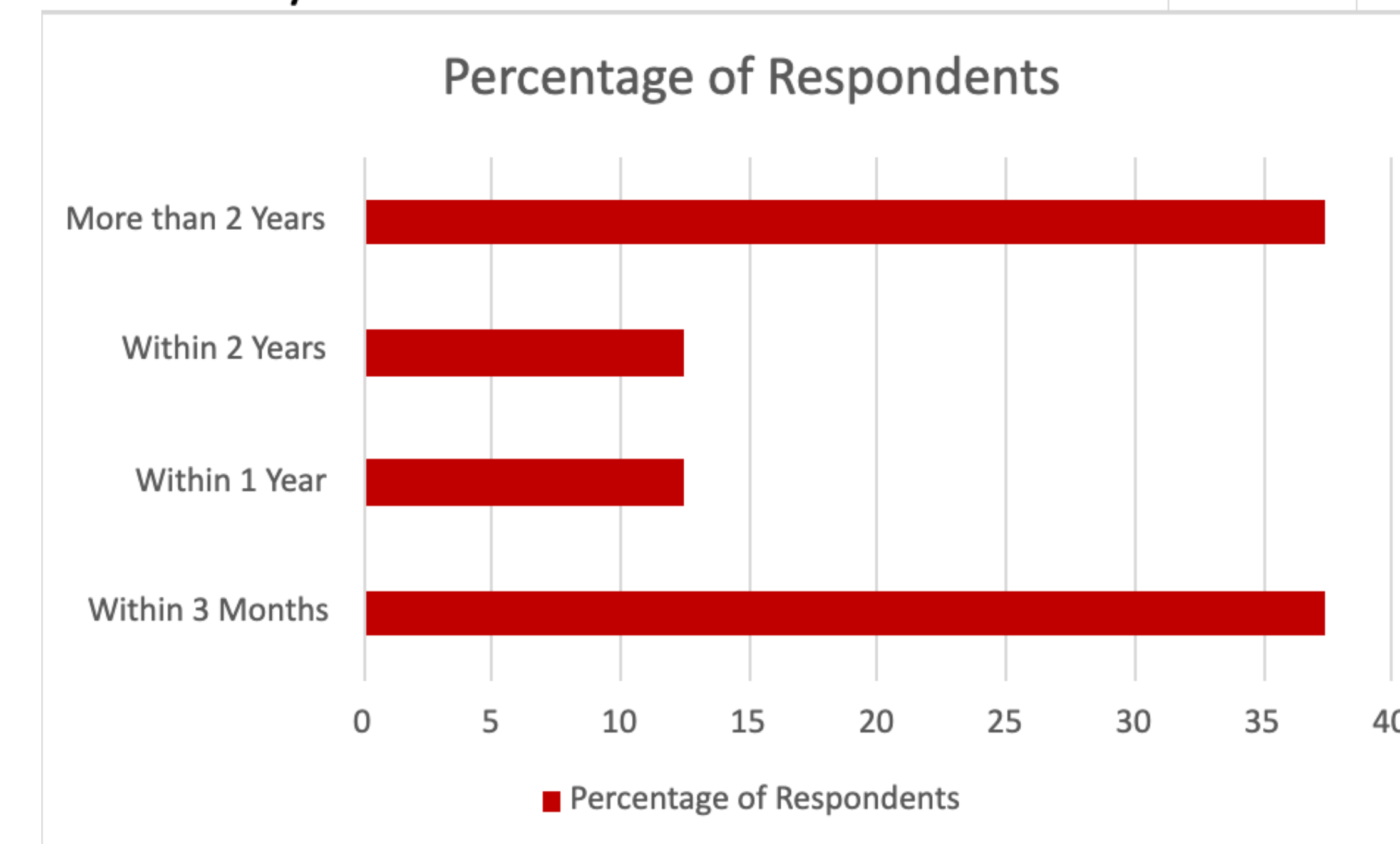


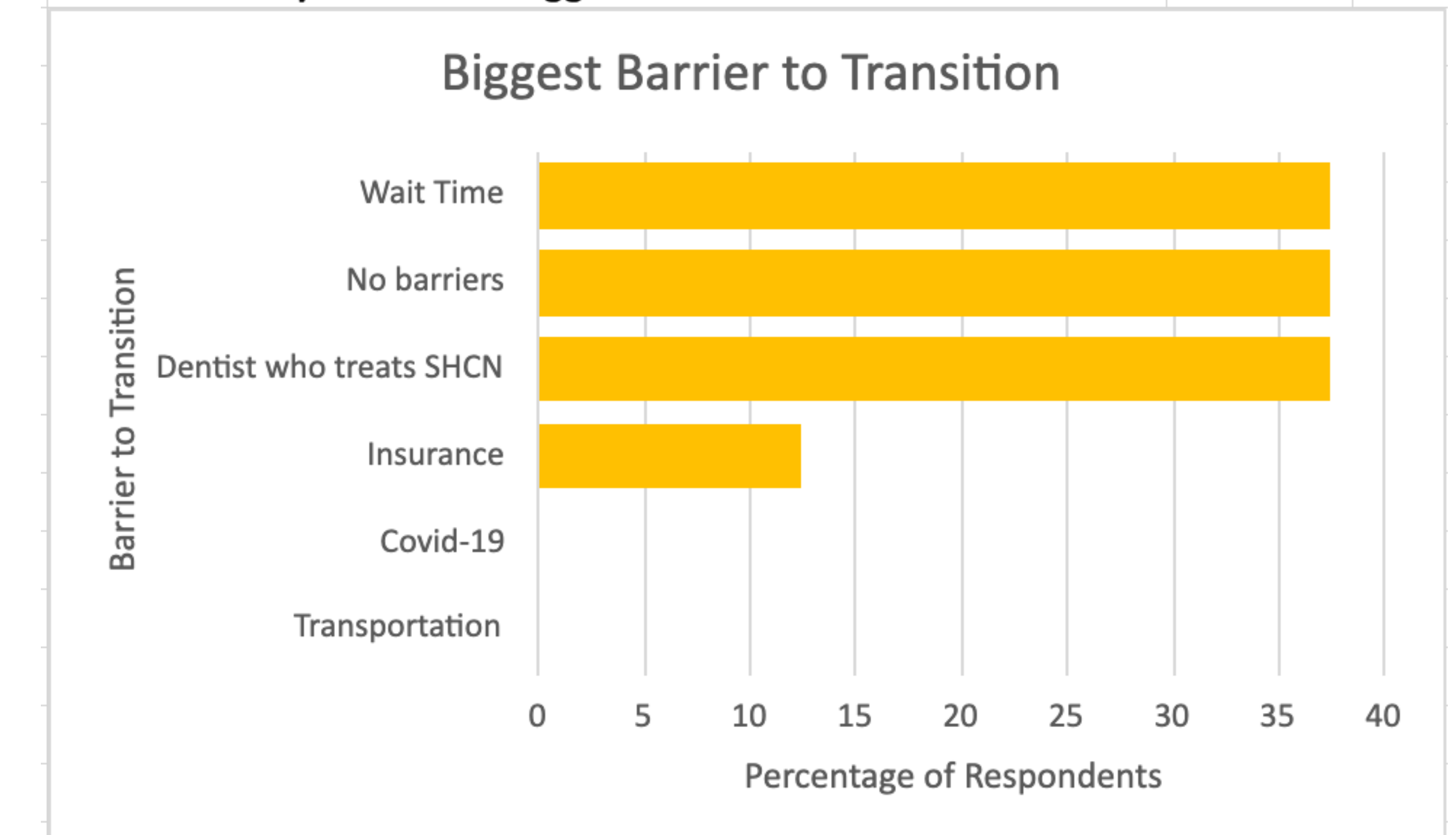
Table 4: Survey Results on Wait Time for First Adult Dental Visit



When surveyed about wait time to be seen after contacting adult dental office, 37.5% of surveyed guardians stated it took more than 2 years while 37.5% also stated that they were seen within 3 months (**Table 4**).

Finally, **Table 5** shows that wait time (37.5%), no barriers (37.5%), and finding a dentist who treats patients with special health care needs (SHCN) were reported equally as the biggest barrier to transition when surveyed. The next most common reason cited was finding a facility that accepts their insurance (12.5%).

Table 5: Survey Results on Biggest Barrier to Transition



CONCLUSIONS

It appears there is a wide discrepancy in reported barriers to transition. Some respondents had a very easy transition process, while others found it very difficult. Due to the varying data, a larger sample size will be studied to determine statistically significant barriers to transition. Further statistical analysis can be performed to determine if ASA classification and Frankl Rating have a significant correlation with ease of transition.

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