

PEDIATRIC DENTAL- MEDICAL INTEGRATION: A CONCEPT FOR FUTURE

Sejal Sachin Shah ¹, Sunny Priyatham Tirupathi ^{2*}, Priyanka Rathod ³,
Apeksha Nalwade ⁴, Rahul Rameshwar Bopte ⁵ and Avanti Murarkar ⁶

¹ Senior Lecturer, Department of Pediatric & Preventive Dentistry, Pandit Deendayal Upadhyay Dental College & Hospital, Kegaon, Solapur. Email: sejalsshah1995@gmail.com

² Reader, Department of Pediatric and Preventive Dentistry, Saveetha Dental College and Hospitals, Saveetha Institute of Medical and Technical Sciences (SIMATS), Saveetha University, Chennai, Tamil Nadu, India. *Corresponding Author Email: dr.priyatham@gmail.com

³ Postgraduate, Bharati Vidyapeeth's Dental College & Hospital, Katraj, Pune, Maharashtra, India. Email: priyankarathod1205@gmail.com

⁴ Senior Lecturer, Department of Pediatric & Preventive Dentistry, Pandit Deendayal Upadhyay Dental College & Hospital, Kegaon, Solapur. Email: apekshanalawade46@gmail.com

⁵ PG Student, Department of Oral Medicine and Radiology, Pandit Deendayal Upadhyay Dental College Solapur. Email:Rahul.bopte23@gmail.com

⁶ Tutor, Department of Pediatric & Preventive Dentistry, Pandit Deendayal Upadhyay Dental College & Hospital, Kegaon, Solapur. Email: avanti1212@gmail.com

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Abstract

Oral health is as essential as overall wellness. As pediatric dentists, we believe that children should be referred or tested for oral health diseases in the same way that they are screened for overall well-being at various ages in primary care settings or hospitals. So, there is a need for a model that takes care of children's oral health from beginning with effective communication between pediatricians, primary care providers, and pediatric dentists or dentists, and acting as a link. Pediatric dental-medical integration is a collaborative paradigm that encourages interdisciplinary contact among healthcare providers, ensuring smooth continuity of care, complete treatment planning, and addressing complex medical illnesses or developmental concerns that affect oral health. It includes an oral health risk assessment to identify children who are at high risk of developing dental disease, as well as preventative care, oral hygiene teaching, and dietary advice. We feel it fills a gap and captures missing possibilities that were implemented a long time ago to improve early intervention and prevention. This patient-centered practice style entails sharing information, offering basic diagnostic services, oral health education, and consulting with one another in a methodical and sustained manner, which saves both parents and doctors time and effort. It enables the use of interdisciplinary strategies to overcome patient-specific barriers to obtaining treatments, such as patient uncertainty and anxiety about visiting the dentist, through the referral system. Our communication paper introduces novel model of the Pediatric dental-medical integration as an effective approach to incorporate oral health care into primary care for children.

Keywords: Medical-Dental Integration Model, Interdisciplinary Collaboration, Patient Centered Approach.

INTRODUCTION

Oral health is an essential component of general health. "Prevention is better than cure" this implies to medical health as well as to oral health. In developing child, both dental and medical primary care provision are necessary to avoid further impacts of any disease on quality of child's life^{1,2}. Teeth decay is the most common and chronic disease of childhood. Many parents think that they do not have to take care of milk teeth as they are going to fall soon and are more concerned about child's overall health. It is important to include oral health as a part of "Well-child Care visits as compared to dental visits. It has been reported that "Well-child Care visits" are more in number amongst younger children than dental health visits^{1,2}. So, early care

provision demonstrated increased access to preventive care following implementation of preventive oral health services at “well-child care visits” in physician offices³. To provide good preventive oral health services it is important to introduce **Medical-Dental Integration Model**.

Pediatric medical dental integration refers to the coordination and collaboration between pediatric medical and dental care providers to improve the overall health and well-being of children. Historically, medical and dental care have been treated as separate entities, leading to fragmented care and missed opportunities for early intervention and prevention. Integration efforts seek to bridge this gap by promoting a holistic approach to children's health that recognizes the interconnection between oral health and overall health. This includes:

Interdisciplinary Collaborative association: Encouraging communication and collaboration between pediatricians, family physicians, pediatric dentists, and other healthcare professionals involved in the care of children.

Early Screening and Prompt Referral: Implementing protocols for oral health screening during routine medical visits, and referring children to dental providers for preventive and restorative care as needed.

Health Education and Primary Prevention: Providing parents/caregivers with education on the importance of oral health, including proper dental hygiene practices and nutrition, as well as the implications of oral health on overall health outcomes.

Co-location of Services: Co-locating medical and dental services within the same facility or through shared electronic health records systems to facilitate seamless coordination of care.

Health Policy and Advocacy: Advocating for policies that support reimbursement for integrated care models, provider training in oral health, and increased access to dental services for children, particularly those from underserved communities.

By integrating medical and dental care, healthcare providers can better identify and address oral health issues early, improve access to preventive services, and ultimately enhance the overall health outcomes and quality of life for children.⁴ **“When oral health works within primary care”**. It is a basically patient centered practice model in which dental and medical professionals will work by sharing information, providing basic diagnostic services, oral health education/Anticipatory Guidance and consulting one another in a systematic and sustained manner^{4,5}.

In India, government tried to achieve optimal oral health for all by 2020(National Oral Health Programme)^{5,6} but this model faced so many challenges. Integration will increase the effectiveness and efficiency of both professionals in prevention with reduction in prevalence of dental disease. Integration will facilitate the use of interdisciplinary techniques to overcome patient-specific barriers to accessing services, such as patient apprehension and anxiety about visiting the dentist⁶.

Oral health and systematic health are intimately related and they have important functional and clinical associations. The oral cavity is recognized as contributing factor in case of a bacteremia so the physicians should first address oral health for patient who have these underlying conditions such as in case of Diabetes Mellitus patient's oral cavity manifest increased periodontal infections, odontogenic infections and delayed wound healing⁷.

Integration model will enhance the chance to prevent and manage this underlying systemic disease with risk factors which are largely the same. Overall, their relation and how both can afflict the children's life is beyond the scope of this article. An oral health screening (screening of the health of the mouth and teeth), application of fluoride varnish, application of dental sealants⁶(if patient meets requirements), oral health education and care coordination with pediatric dental care referral^{8,9}.

If there will be any emergency regarding oral disease then the dental personal amongst integration team can contact pediatric dental specialty via telephone or mobile phone. This communication via telephone i.e., Tele-dentistry will reduce time required to start the treatment and it will reduce chances of any further complications due to exact diagnosis.

Likewise, if child below age group five to whom it is difficult to handle in dental clinics is undergoing any surgery in pediatrics department under general anesthesia, dental treatment also can be planned simultaneously. During the situations such as COVID-19 pandemic dental services are forced to shut down and unable to provide services. If dental and medical field were integrated before or during such times presence of dental professional in primary health care system will be able to provide Oral health education and services to parents¹⁰.

Pediatric dental-medical integration is a collaborative model that promotes interdisciplinary communication among healthcare providers, ensuring seamless continuity of care and comprehensive treatment planning. This approach enables dental professionals as well as pediatric dentists to work with pediatricians, family physicians, and other specialists to address complex medical conditions or developmental issues impacting oral health⁵.

CONCLUSION

However, there are so many challenges to implicate this integration like patient communication, case management, Interprofessional communication, appointments, time allotment and treatment costs but all this can be overcome by inducing some guidelines or policies. By integrating dental care into medical practice, can enhance early detection, intervention, holistic care, access to services, and facilitates interdisciplinary collaboration, ultimately leading to better health outcomes for children.

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