

# Comparison of Dental Appointment Compliance Between Pediatric Patients with and without a Medical Home within the Same Community Health Center



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## INTRODUCTION

The establishment of a medical and dental home is important in disease management and the prevention of caries. Ideally, the American Academy of Pediatric Dentistry (AAPD) recommends that the dental home be established no later than 12 months of age and should address anticipatory guidance, as well as, comprehensive oral care for patients. Similarly, a medical home addresses ongoing health concerns in order to develop a plan of care to effectively manage patients<sup>2</sup>. It is proven that having a medical home is associated with improved family satisfaction, decreased missed workdays and parental worry, and improved health outcomes. Some of these outcomes include decreased emergency room visits, hospitalizations, delay in care, and unmet treatment needs<sup>3,4</sup>. Consequently, the establishment of a dental home decreases the number of dental treatment procedures experienced by young children and is a cost effective measure to reduce out-of-pocket spending<sup>5</sup>.

## PURPOSE

The purpose of this study was to identify whether pediatric dental patients who are established with a medical and dental home within the same facility have better compliance with dental appointments.

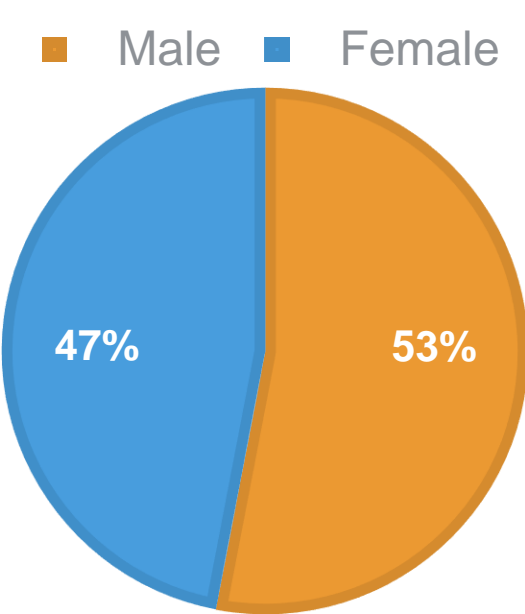
## METHOD

Retrospective chart review of 0–9-year-old children who were seen for a new patient exam and subsequent recall appointments between the years of 2016-2019 at Suncoast Community Health Centers, Inc. Brandon site was conducted. Success in patient compliance was determined by the absence of a missed 6-month recall appointment within the studied time period. Failure was determined by the presence of a missed 6-month recall appointment within the studied time period. Missed appointments included appointments that were no-showed, cancelled, or not scheduled. However, rescheduled appointments were accepted as compliance in care, due to the patient’s dedication towards continuation in treatment. Data was analyzed to determine if appointment compliance varied between the two groups. Fisher exact test was used for a bivariate analysis of the data.

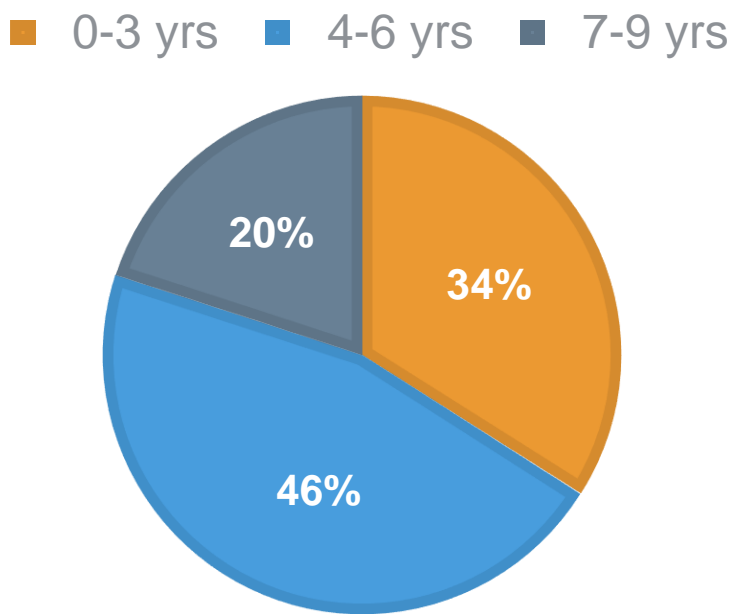
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## DEMOGRAPHICS AND APPOINTMENT STATUS

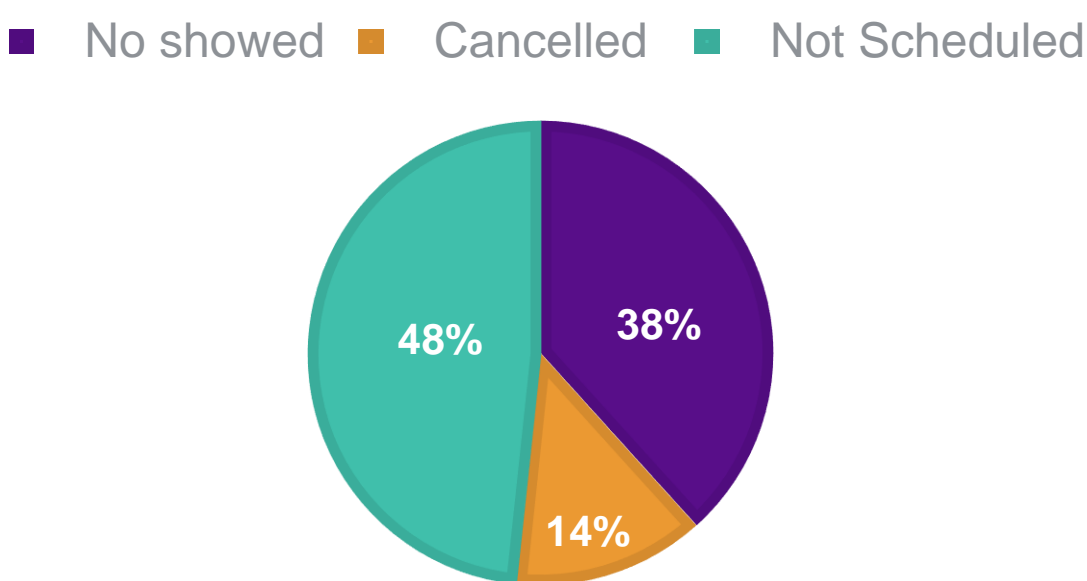
SEX



AGE

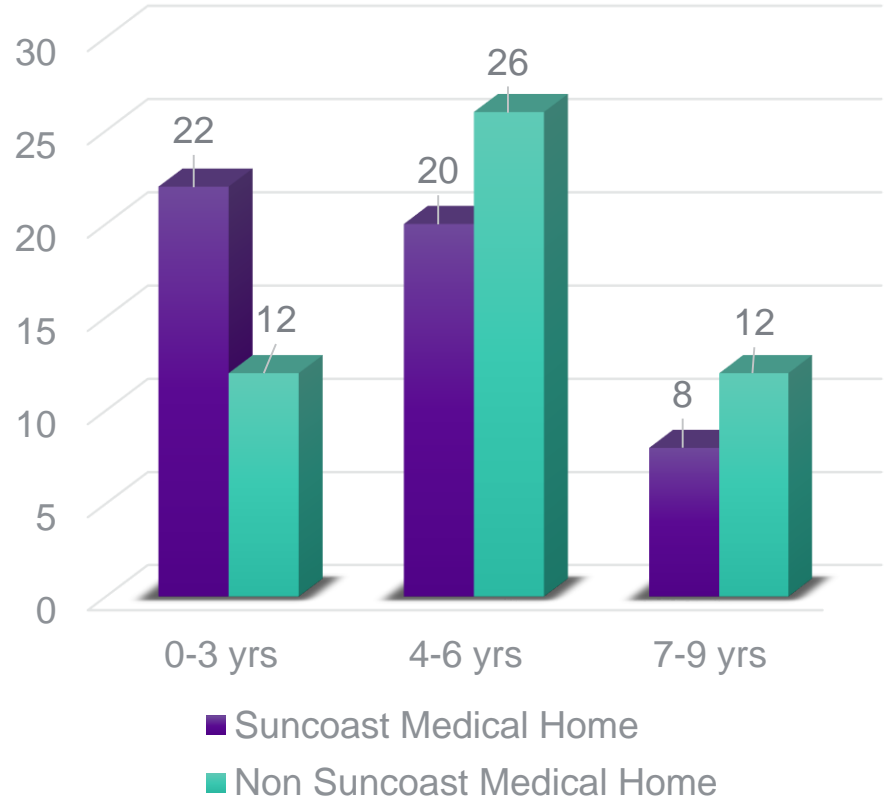


NUMBER OF MISSED APPOINTMENTS

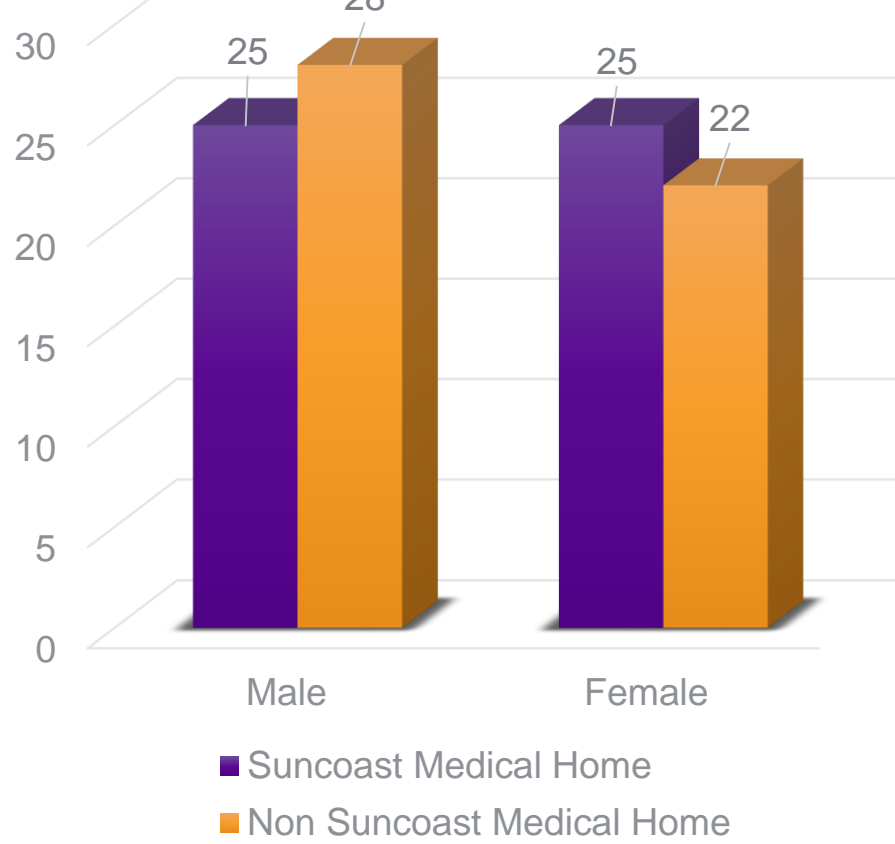


## COMPARISON OF DENTAL APPOINTMENT COMPLIANCE

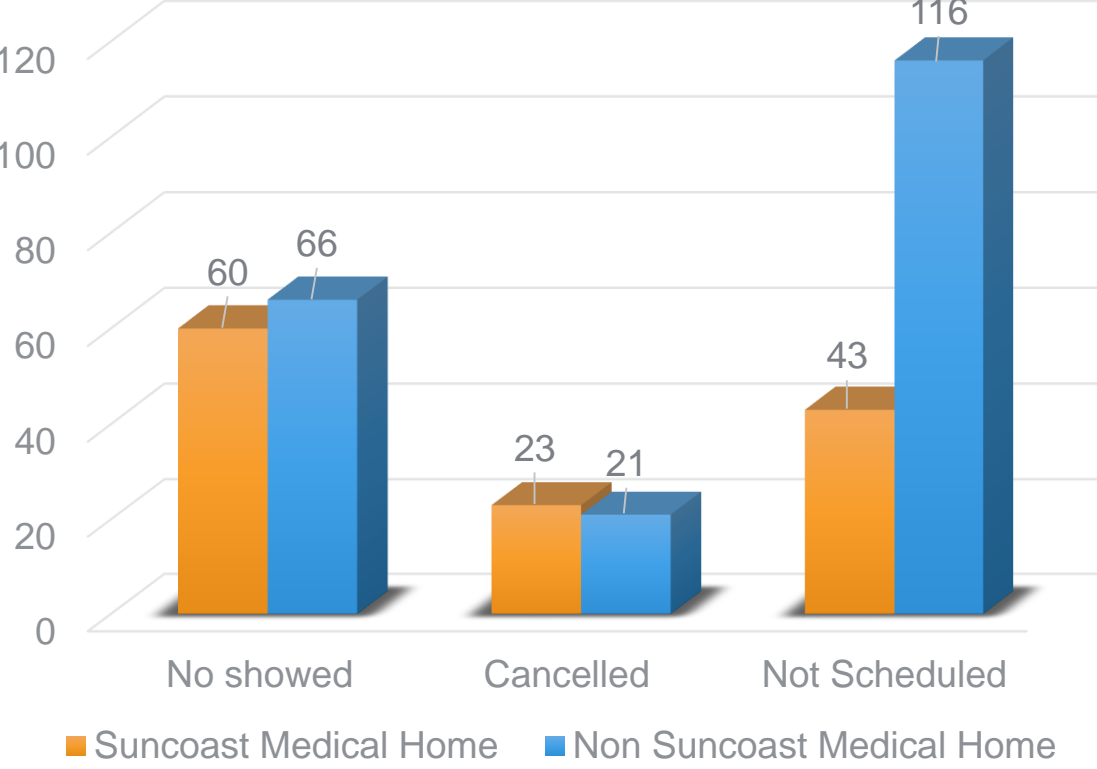
Age



Sex



Number of Missed Appointments



Appointment Type	Patient Groups			
	Non-Suncoast + Suncoast Medical Home	Suncoast Medical Home	Non-Suncoast Medical Home	P Value
Total Missed	329	126 (38.3%)	203 (61.7%)	0.0002
No-Showed	126	60 (47.6%)	66 (52.4%)	
Cancelled	44	23 (52.3%)	21 (47.7%)	
Not Scheduled	159	43 (27%)	116 (73%)	

## RESULTS

- 100 dental pediatric patients were included in this study
- 50 dental patients had a Suncoast medical home and the other 50 patients did not
- Of the 53 males total, 25 (47.2%) had a Suncoast medical home and 28 (52.8%) did not
- Of the 47 females total, 25 (53.2%) had a Suncoast medical home and 22 (46.8%) did not
- There were 126 (38.3%) missed appointments for patients with a Suncoast medical home and 203 (61.7%) missed appointments for patients without a Suncoast medical home (P=0.0002)

## CONCLUSION

- Pediatric patients with a medical and dental home within the same facility were more compliant in their dental appointments than patients who did not have a medical and dental home within the same facility.
- “Not Scheduled” missed appointments were more prevalent among patients without a Suncoast medical home.

## REFERENCES

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<sup>3</sup>Strickland, B. B., Jones, J. R., Ghandour, R. M., Kogan, M. D., & Newacheck, P. W. (2011). The medical home: health care access and impact for children and youth in the United States. *Pediatrics*, peds-2009.

<sup>4</sup>Strickland, B., McPherson, M., Weissman, G., Van Dyck, P., Huang, Z. J., & Newacheck, P. (2004). Access to the medical home: results of the National Survey of Children with Special Health Care Needs. *Pediatrics*, 113(Supplement 4), 1485-1492

<sup>5</sup>Policy on the Dental Home. *Pediatr Dent*. 2016 Oct;38(6):25-26. PMID: 27931409.

<sup>6</sup>Mason DK, Gibson J, Devennie JC, Haughney MG, Macpherson LM. Integration of primary care dental and medical services: a pilot investigation. *Br Dent J*. 1994 Oct 22;177(8):283-6. doi: 10.1038/sj.bdj.4808588. PMID: 7946665.

<sup>7</sup>dela Cruz GG, Rozier RG, Slade G. Dental screening and referral of young children by pediatric primary care providers. *Pediatrics*. 2004 Nov;114(5):e642-52. doi: 10.1542/peds.2004-1269. PMID: 15520094.