

GENERAL GUIDELINES FOR REFERRING DENTAL PATIENTS

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American Dental Association

Council on Dental Practice

At the direction of the Council on Dental Practice these *General Guidelines* have been designed as a discussion about appropriate procedures for referrals and are intended to promote an improved patient referral process. The information is necessarily general in scope and cannot cover every situation or detail. The information provided is not to be construed as legal advice or a legal standard, and cannot serve as a substitute for a dentist's own professional judgment or consultation with an attorney. These *General Guidelines* were developed by the Council on Dental Practice with input from many dental-related organizations and should not be interpreted as policy of the American Dental Association or any of its other agencies.

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INTRODUCTION

Appropriate referrals are an integral part of complete quality health care management. Referrals should be based on the education, training, interest, and experience of the referring dentist and the unique needs of the patient. Dentists are expected to recognize the extent of the treatment needs of their patients and when referrals are necessary. These General Guidelines assume the dentist has the requisite skill and knowledge in diagnosis and treatment planning to determine when a referral is needed.

The term "referring dentist," when used in this document, usually means the primary dental care provider as defined by the ADA in *Trans.*1994:668. The referring dentist may be a specialist.* In situations where two or more dentists are involved in the treatment of the patient, communication between all parties is essential. The referring dentist usually manages the overall dental health care of the patient, although there may be times when this role is assumed by another dentist.

The term "consulting dentist," when used in this document, usually means the dentist who is not the primary dental care provider.

Any care rendered by a consulting dentist should be coordinated with that of the referring dentist, and any other dentists involved in the treatment. Each dentist should have a clear understanding of the role each is playing in providing care to the patient.

*The American Dental Association officially recognizes nine specialty areas of dental practice: dental public health, endodontics, oral and maxillofacial pathology, oral and maxillofacial radiology, oral and maxillofacial surgery, orthodontics and dentofacial orthopedics, pediatric dentistry, periodontics and prosthodontics.

The following citations related to referrals are found in the American Dental Association's ***Principles of Ethics and Code of Professional Conduct***:

Section 1.A. PATIENT INVOLVEMENT

The dentist should inform the patient of the proposed treatment, and any reasonable alternatives, in a manner that allows the patient to become involved in treatment decisions.

Section 2.B. CONSULTATION AND REFERRAL

Dentists shall be obliged to seek consultation, if possible, whenever the welfare of patients will be safeguarded or advanced by utilizing those who have special skills, knowledge, and experience. When patients visit or are referred to specialists or consulting dentists for consultation:

1. The specialists or consulting dentists upon completion of their care shall return the patient, unless the patient expressly reveals a different preference, to the referring dentist, or, if none, to the dentist of record for future care.
2. The specialists shall be obligated when there is no referring dentist and upon completion of their treatment to inform patients when there is a need for further dental care.

Advisory Opinion

2.B.1. Second Opinions. A dentist who has a patient referred by a third party* for a "second opinion" regarding a diagnosis or treatment plan recommended by the patient's treating dentist should render the requested second opinion in accordance with this Code of Ethics. In the interest of the patient being afforded quality care, the dentist rendering the second opinion should not have a vested interest in the ensuing recommendation.

Section 4.B. EMERGENCY SERVICE

Dentists shall be obliged to make reasonable arrangements for the emergency care of their patients of record. Dentists shall be obliged when consulted in an emergency by patients not of record to make reasonable arrangements for emergency care. If treatment is provided, the dentist, upon completion of such treatment, is obligated to return the patient to his or her regular dentist unless the patient expressly reveals a different preference.

*A third party is any party to a dental prepayment contract that may collect premiums, assume financial risks, pay claims, and/or provide administrative services.

POSSIBLE REFERRAL SITUATIONS OR CONDITIONS

Patients may need to be referred for several reasons. Any one or combinations of the following situations or conditions may provide the dentist with an appropriate rationale for referring a patient. Some of these situations include, but are not limited to:

- ◆ Level of training and experience of the dentist
- ◆ Dentist's areas of interest
- ◆ Extensiveness of the problem
- ◆ Complexity of the treatment
- ◆ Medical complications
- ◆ Patient load
- ◆ Availability of special equipment and instruments
- ◆ Staff capabilities and training
- ◆ Patient desires
- ◆ Behavioral concerns
- ◆ Desire to share responsibility for patient care
- ◆ Geographic proximity of the specialist or consulting dentist

ELEMENTS OF DENTAL PATIENT REFERRALS

Communication from the Referring Dentist to the Specialist or Consulting Dentist: The referring dentist should convey appropriate information to the specialist or consulting dentist. While this information may vary on an individual patient basis, it could include, but is not limited to, the following:

- ◆ Name and address of the patient
- ◆ Scheduled appointment date and time with the specialist or consulting dentist
- ◆ Reason for the referral/diagnosis
- ◆ General background information about the patient which may affect the referral
- ◆ Authorization or release of records
- ◆ Medical and dental information, which may include:
 - Medical consultations and specific problems
 - Contributory dental history
 - Diagnostic casts
 - Radiographic or digital images
- ◆ Future treatment needs beyond the referral
- ◆ Urgency of the situation, if an emergency
- ◆ Information already provided to patient

Additional information may be found in the section on "Facilitating and Improving the Referral Process."

Communication from the Referring Dentist to the Patient: Many times the referral process is unfamiliar to dental patients who have become accustomed to receiving their routine care at one office. It is essential that all parties involved understand what is necessary to complete the referral successfully. The referring dentist may wish to consider the following points when communicating with the patient:

- ◆ An assessment of the patient's ability to understand and follow instructions
- ◆ An explanation of the reason for the recommended referral to the patient, patient's parent or legal guardian as appropriate
- ◆ An explanation of which area of dentistry or specialty is chosen and why
- ◆ If possible, making a specific appointment with the specialist or consulting dentist
- ◆ If known and if requested by the patient, providing information about the specialist or consulting dentist's fee for the consultation or evaluation
- ◆ Giving instructions that will assist the patient's introduction to the specialist or consulting dentist, i.e., preoperative instructions, educational pamphlets or a map with directions

Communication from the Specialist or Consulting Dentist to the Patient: The specialist or consulting dentist may wish to consider the following points when communicating with patient:

- ◆ Oral and/or written summary of the appointment
- ◆ Proposed additional and alternative treatment
- ◆ Details regarding the coordination of future treatment
- ◆ Follow-up appointments, if needed, and a return to the referring dentist for completion of other treatments and/or maintenance
- ◆ Consequences of no treatment
- ◆ Details of fees and payment options

Pre Referral Communication Between Referring Dentist and Specialist or Consulting Dentist:

Both practitioners should discuss the referral treatment period and the return of the patient to the referring dentist. This arrangement may be enhanced by an exchange of business cards, referral forms and patient instructional materials. Availability for emergency treatment during the referral period should be discussed.

Post Referral Communication Between the Specialist or Consulting Dentist and the Referring Dentist:

Communication between professionals is essential. Patients should receive clear, consistent information about their dental problems and treatment from all dental

professionals. Mixed messages can confuse and frustrate patients. The following steps can facilitate the communication process:

- ◆ Initial report from specialist or consulting dentist indicating the preliminary diagnosis and anticipated treatment
- ◆ Progress reports as necessary, if treatment is extended over a considerable period of time
- ◆ Final report, including factors that may alter the future course of therapy or affect the relationship between the referring dentist and the patient.
- ◆ Diagnostic quality copies or duplicates of radiographic or digital images taken by specialist or consulting dentist
- ◆ Return of any pertinent documents or forms provided by the referring dentist

FACILITATING AND IMPROVING THE REFERRAL PROCESS

Personal knowledge of the specialist or consulting dentist will allow patient needs to be met most appropriately. Inquiries about training and experience, including participation in continuing education and study clubs, may assist the referring dentist in determining where to refer particular dental patients. A visit to the office to observe treatment may be helpful.

Encouraging questions from patients about the referral and responding in lay terminology can ease some of the apprehension associated with unfamiliar treatments or providers. If language barriers exist, every effort should be made to ensure that the patient fully understands the reasons for the referral.

LEGAL AND ETHICAL ISSUES

The focus of this publication is on sound dental practice options relative to patient referrals. The examples given may or may not be appropriate legally, depending on a variety of factors. Some of the legal and ethical considerations pertaining to referrals are noted below

Legal Considerations:

The law may bear on whether and how a referral may be made. One example about “whether” comes from the Supreme Court, which has guided that under the Americans with Disabilities Act, the refusal to treat a patient with HIV would require a scientific basis; a referral to a clinic with more experience treating persons with HIV or any disability cannot be based solely on the dentist’s personal level of comfort.

As for “how,” state law varies regarding communication with the doctor to whom the

referral is being made. In some states communication from the referring doctor may be mandatory, in others it may be permitted, and in others patient consent may be required.

The issue of consent, and the related but distinct issue of authorization as required by HIPAA, open a wide array of questions pertaining to confidentiality, privacy and security. While these issues are beyond the scope of this publication, it is important to know what laws apply to you, and that you secure any and all permissions required. Keep in mind HIPAA covers only certain dental offices – are you a covered entity? -- and state law varies.

Dentists should recognize that separate and possibly conflicting legal interests may be involved during a referral. Particular attention should be directed toward patients or providers whose interests and requirements are detailed in contract form. When dentists or patients participate in such arrangements related to dental services, these arrangements should be reviewed carefully with respect to restrictions that may be placed on the dentist's ability to refer patients to other settings or other dentists for care.

Note: In some situations, a dentist could be held legally responsible for treatment performed by specialist or consulting dentists. Therefore, referring dentists should independently assess the qualifications of participating specialist or consulting dentists as it relates to specific patient needs. The dentist is reminded that contract obligations do not alter the standard of care owed to all patients.

Ethical Considerations: In addition to the ethical provisions reflected on page 3, dentists have an ethical obligation to discuss their referral information with the patient in an appropriate manner. The ***ADA Principles of Ethics and Code of Professional Conduct*** contains the following:

Section 4.C. **JUSTIFIABLE CRITICISM**

Dentists shall be obliged to report to the appropriate reviewing agency as determined by the local component or constituent society instances of gross or continual faulty treatment by other dentists. Patients should be informed of their present oral health status without disparaging comment about prior services. Dentists issuing a public statement with respect to the profession shall have a reasonable basis to believe that the comments made are true.

Advisory Opinion

4.C.1. Meaning of "Justifiable." Patients are dependent on the expertise of dentists to know their oral health status. Therefore, when informing a patient of the status of his or her oral health, the dentist should exercise care that the comments made are truthful, informed and justifiable. This may involve consultation with the previous treating dentist(s), in accordance with applicable law, to determine under what circumstances and conditions the treatment was performed. A difference of opinion as to preferred treatment should not be communicated to the patient in a manner which would unjustly imply mistreatment. There will necessarily be cases

where it will be difficult to determine whether the comments made are justifiable. Therefore, this section is phrased to address the discretion of dentists and advises against unknowing or unjustifiable disparaging statements against another dentist. However, it should be noted that, where comments are made which are not supportable and therefore unjustified, such comments can be the basis for the institution of a disciplinary proceeding against the dentist making such statements.

Reading List:

ADA Principles of Ethics and Code of Professional Conduct, Council on Ethics, Bylaws and Judicial Affairs, American Dental Association, see [http://www @ada.org](http://www.ada.org).