

Research Brief

Physicians Dissatisfied with Current Referral Process to Dentists

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Key Messages

- *In a tertiary health care setting, physicians reported they were dissatisfied with the referral system to dentists, the coverage of dental care services for patients, and their ability to distinguish a worrisome oral lesion from a variant of normal.*
- *More than half of worrisome lesions were referred to physician specialists instead of dentists specifically due to the lack of a referral system.*
- *Efforts to improve the referral system to dentists, facilitate the creation of an electronic referral system, and promote dental education for physicians could increase both physician and dentist satisfaction and the quality and efficiency of care for patients.*

Introduction

In a changing health care environment, the role of dentistry is still being defined. Since the inception of the Affordable Care Act (ACA) in March 2010, comprehensive dental care and guidelines for medical-to-dental referrals have yet to be included. With the exception of pediatric dental care, dental services are not a component of the Affordable Care Act. Title III of the ACA declares the act's ability to "improve the quality and efficiency of health care,"¹ yet no plan exists for the coordination of medical and dental services. Additionally, Title IV, "Prevention of Chronic Disease and Improving Public Health," addresses the evaluation of community-based prevention programs for Medicare and Medicaid beneficiaries, but without mention of dental services for this population and other adults. This lack of guidelines for dental referrals and dental coverage leads to delays in the diagnosis of oral lesions. It also results in excess health care expenditures when referrals are made to physician specialists instead of dentists and dental specialists.

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Not only are dental professionals and the public affected by the lack of guidelines for dental referrals and coverage for dental services, the medical community is affected, as well. In order to determine the importance of guidelines for dental referrals, a small survey was conducted at the University of Illinois Hospital in Chicago to assess the physician referral patterns regarding oral lesions.

In this research brief, we analyze what the survey responses reveal about trends in the medical-to-dental referral process. We then discuss potential policy changes that can address specific points of physician dissatisfaction with the lack of integration between the medical and dental fields.

Results

Most of the responding physicians (74 percent) had referred at least five patients to a dentist in the past year and 45 percent had referred somewhere between 10-50 patients to a dentist. Only one physician reported referring greater than 50 patients in one year (Figure 1).

The survey asked physicians to select all applicable reasons why they issued dental referrals in the past year. The greatest number of referrals were made for odontogenic reasons such as swelling or pain associated with a tooth (79 percent) or for routine oral health services (85 percent). Non-odontogenic problems such soft tissue lesions and tumors of facial bones and salivary glands (oral pathology) were the next most frequently referred category (32 percent). Dental care for oral complications related to diabetes or cancer (candidiasis, mucositis and xerostomia) accounted for 18 percent of referrals. Dental evaluation prior to chemotherapy and radiation treatments accounted for approximately 7 percent of referrals. Other reasons that accounted for 18 percent of referrals included dental care for HIV patients, dental

evaluation prior to stem cell transplant, and dental evaluation before initiation of bisphosphonate therapy. No referrals were made for a syndrome or developmental abnormality that involved the oral cavity (Figure 2).

Physician referrals to specialists for intraoral soft tissue lesions were distributed as follows: otolaryngologists (ENTs), 65 percent (n=20) and oral surgeons, 32 percent (n=10). No referrals were made to dermatologists or oral pathologists. One physician reported not referring any patients for soft tissue lesions in the past year (Figure 3).

Also seen in Figure 3, physician referrals to specialists for oral candidiasis and/or xerostomia in diabetic patients were led by referrals to otolaryngologists (ENTs), accounting for 54 percent (n=15). Other specialists that each accounted for 7 percent of referrals were dermatologists and oral surgeons (n=4). The remaining physicians reported either referring patients to an infectious disease specialist (n=3), treating the infection themselves (n=1), or not having encountered these conditions in the past year (n=4).

Over half of responding physicians (52 percent) reported not referring a patient to a dentist in the past year due to lack of an adequate dental referral system. Twenty percent reported not encountering any oral lesions. Seven percent stated they encountered difficulty with patient coverage, particularly for Medicare and Medicaid beneficiaries. Five percent of physicians felt they lacked knowledge concerning which types of oral lesions require referral (Figure 4).

Physicians revealed in their survey answers specific preferences and common procedures for facilitating patient referral visits to dentists:

- Seventy percent of physicians reported allowing the patient to contact the dentist on their own while

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the remaining 30 percent provided a formal referral to a dentist.

- Ninety percent of physicians preferred the use of electronic referrals, while only 10 percent preferred paper referrals.
- Only 32 percent of physicians referred patients to a specific dentist, while the majority of physicians (67 percent) allowed the patient to choose the dentist.
- Sixty-five percent of physician offices reported not having any information such as pamphlets or website contact information in order to facilitate referrals to dentists. The remaining 35 percent reported having some type of information available.

Just over 55 percent of physicians indicated they were comfortable identifying a lesion that requires a referral for further assessment by a dentist or a specialist. The remaining 44 percent felt they were not able to distinguish a worrisome oral lesion from a variant of normal (Figure 5).

Discussion

A clear disjoint exists between oral health care and general health care. In this study, physicians' in a tertiary care setting indicated an overall dissatisfaction with the current referral process to dentists. Several factors contribute to this. First, physicians feel there is a lack of an adequate dental referral system, citing difficulties in obtaining patient appointments and limited patient access and coverage, especially for Medicare and Medicaid patients. Physicians expressed concerns about the medical-to-dental referral system with additional input beyond the survey answers. One physician stated, "I worry that they (diabetics, patients with ventriculoperitoneal (VP) shunts) will have untoward medical complications due to lack of dental care. It truly frightens me sometimes....it brings up

equal access to care which has been much on my mind at this institution as the economy has changed."

Both the American Dental Association and the American Medical Association have established guidelines for referral within their respective fields,^{2,3} but not specifically for physician-to-dentist referrals.

Second, physicians reported dissatisfaction when they were not able to use electronic referrals to guide patients toward necessary dental care. Almost all of the physicians surveyed at this institution indicated a preference for electronic referrals over paper. The use of a universal electronic referral system by physicians and dentists would improve patient care and reduce health care costs. Not only do electronic referrals enable contact between the referring physician and dentist, they improve efficiency of communication and can allow for triaging of patients. Gandhi et al.⁴ found that when primary care providers (PCPs) used an electronic referral tool within an electronic medical record, the chances that information was received by specialists prior to the patient's referral visit were three times as high as when PCPs did not use the tool. An important component of the ACA is the electronic health record (EHR) system. The EHR Incentive Program asks providers to use the capabilities of their EHRs to achieve benchmarks that can lead to improved patient care. However, the major drawback to the EHR program is the cost, especially for solo practitioners. Furthermore, the incentive-based program is part of the Medicare and Medicaid programs, which do not include dental care.

Potential improvements include automating referral communication through electronic referral applications. For example, an app that is used at either the federal or state level via a professional organization such as the ADA can provide physicians a mode through which to contact dentists, triage patients and schedule appointments with the touch of a screen.

The final key driver of physician dissatisfaction is the inability to distinguish worrisome lesions from a variant of normal and determine that a referral to a dentist or a specialist was necessary. One physician stated, “I have some confidence about referring some lesions, but not others.” In 2013, the U.S. Preventive Services Task Force determined there was “not enough evidence to determine the potential benefits and harms of screening for oral cancer in primary care settings.”⁵ These two findings provide further support for the need for clear guidelines for dental referrals by physicians. Currently, some states mandate continuing medical education for topics such as HIV/AIDS, risk management, or end-of-life palliative care, but none currently have oral lesion education requirements.⁶

Dentists, oral surgeons, oral pathologists and oral medicine specialists are experts in the diagnosis of oral lesions. Facilitation of patient referral directly to dentists and dental specialists benefits the patient and helps reduce health care expenditures. Haberland et al.⁷ found not only an increase in patient morbidity when delays in diagnosis occurred due to inaccurate referrals, but also a decrease in costs for diagnosis and management of patients with oral lesions seen in an oral pathology clinic as compared to the cost associated with other health care providers.

The dental profession ought to work more with the medical profession to improve referral systems to, ultimately, improve patient care and reduce health care costs.

Figure 1: Number of Referrals Physicians Made to Dentists in the Past Year

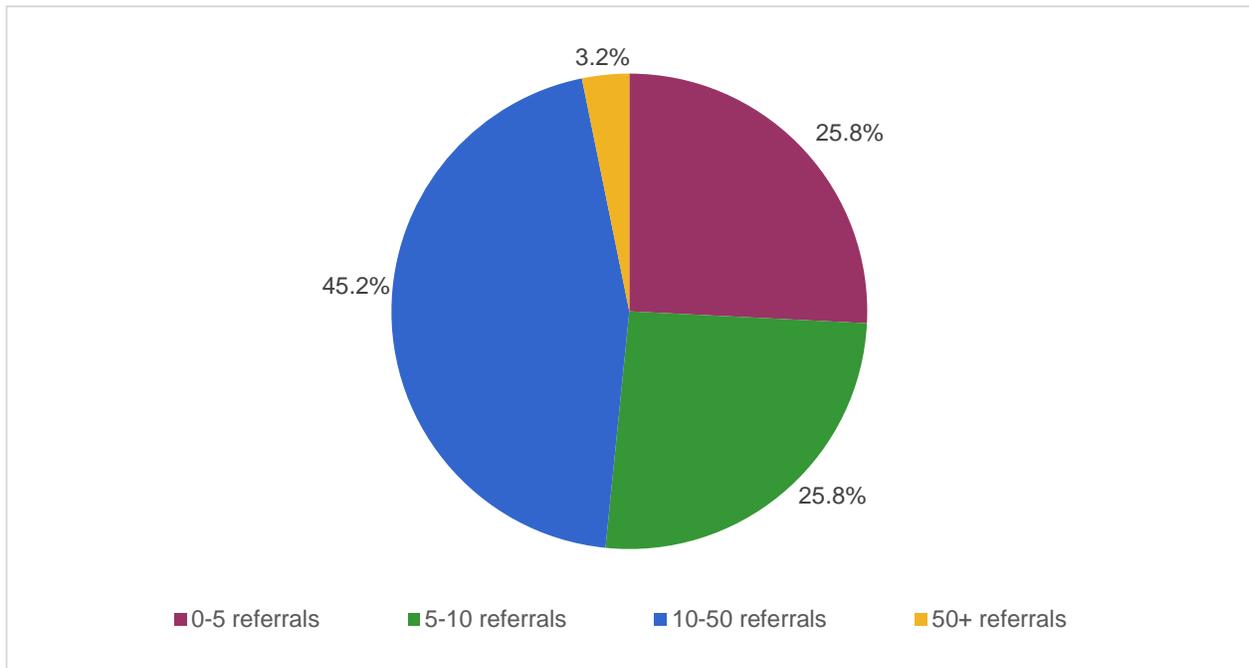


Figure 2: Distribution of Reasons for Dental Referrals

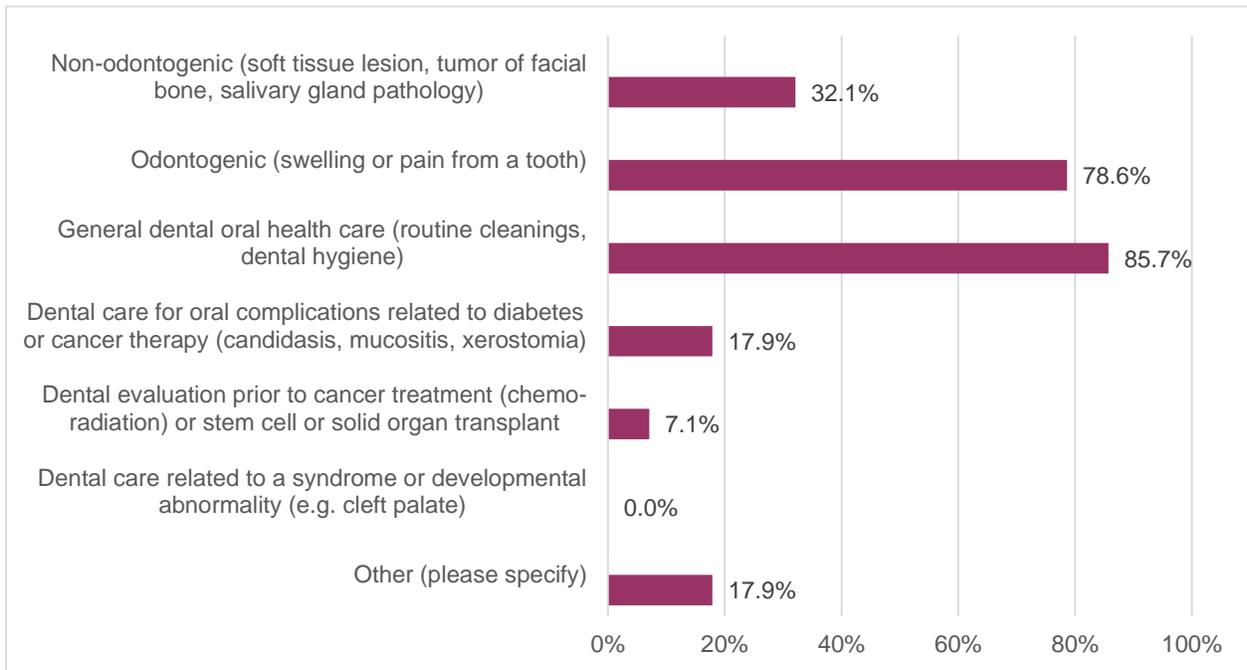


Figure 3: Distribution of Referrals by Specialty for Soft Tissue Lesions and Diabetic Complications

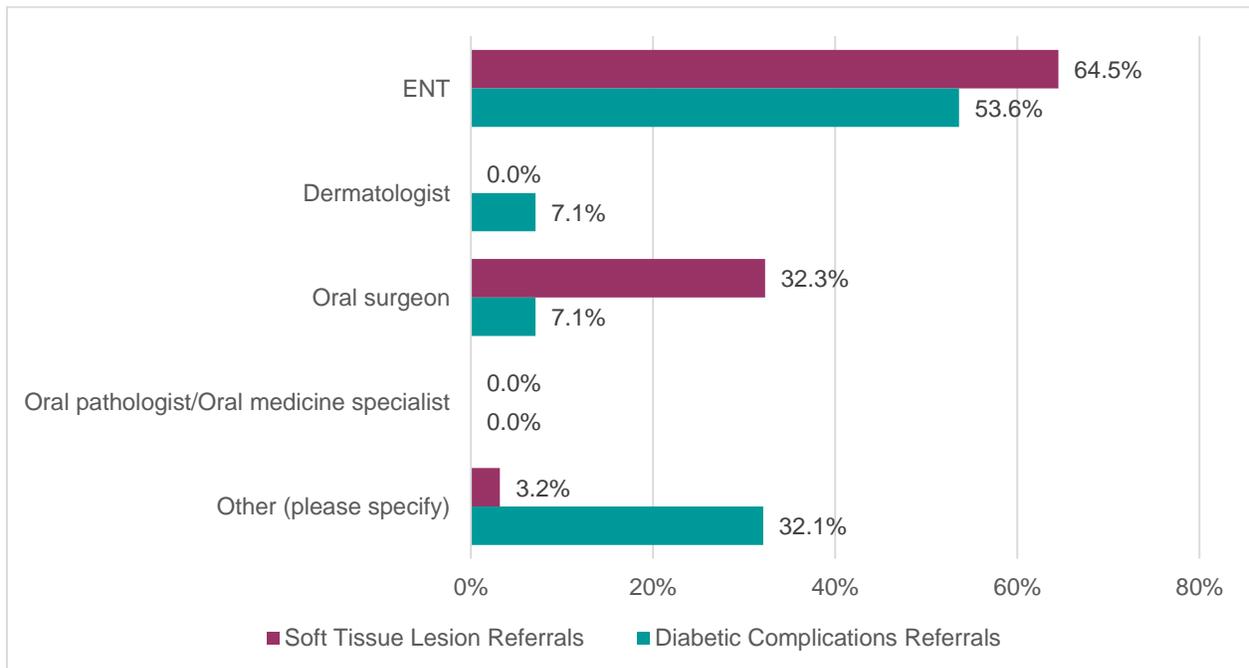


Figure 4: Distribution of Reasons for Not Referring to a Dentist in the Past Year

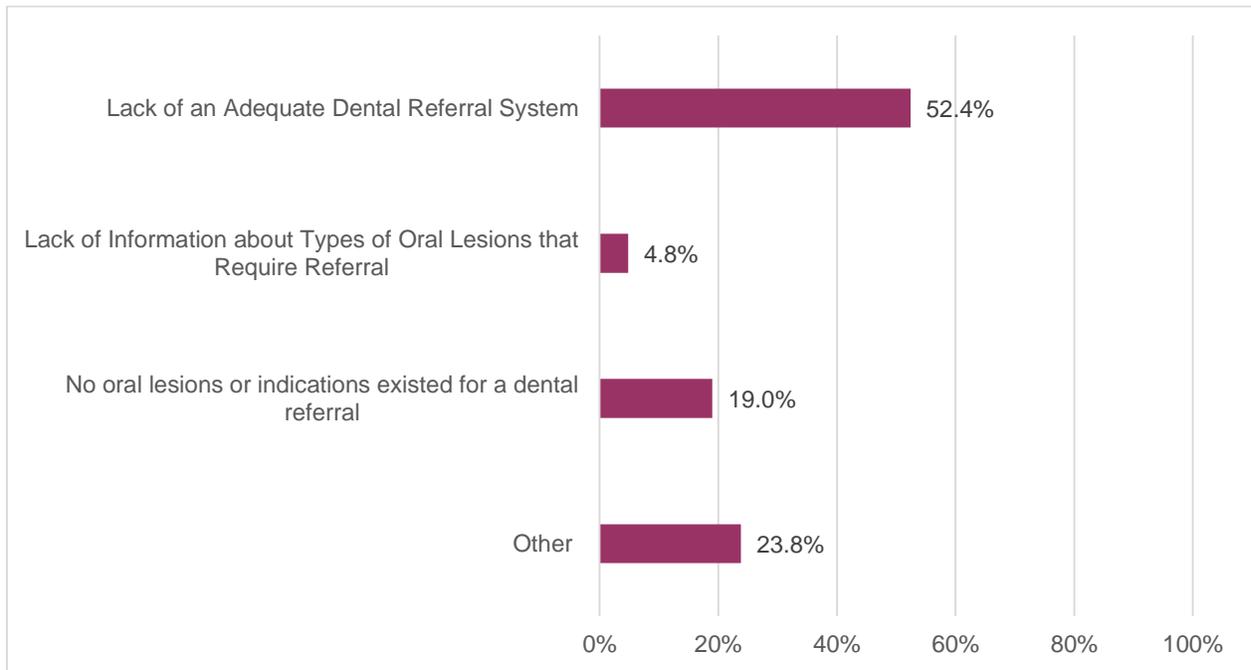
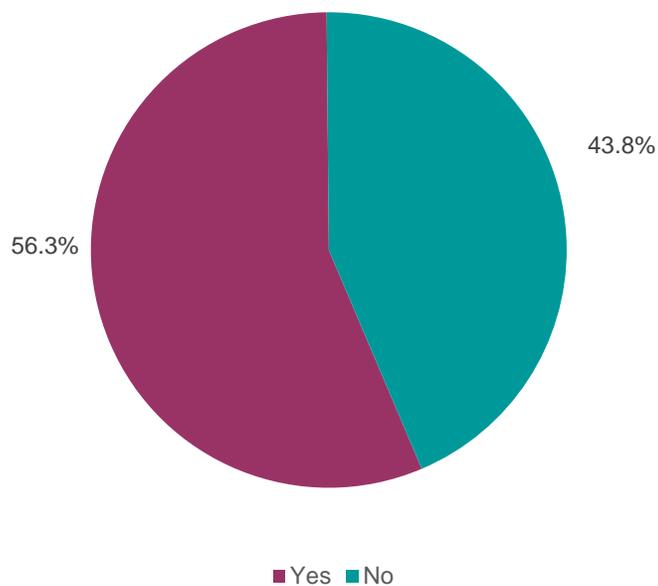


Figure 5: Physician Ability to Distinguish a Worrisome Oral Lesion from a Variant of Normal



Data & Methods

Between October 16 and November 3, 2015, an electronic survey was emailed to 181 internal medicine physicians and specialists at the University of Illinois at Chicago Hospital, an academic tertiary care teaching center. This included the divisions of Internal Medicine/Geriatrics, Cardiology, Endocrinology, Gastroenterology, Hematology/Oncology, Nephrology, Pulmonary/Allergy and Rheumatology. The survey was resent 10 days after the initial email to those who had not responded. Thirty-two responses were attained for a response rate of 17 percent.

The survey consisted of ten questions and asked participants how many times they had referred a patient to a dentist or dental specialist during the past year and the reason for the referral. The survey also asked if the physician did not refer a soft tissue lesion to a dentist, which type of provider the patient was referred to. The remaining questions were inquires about obstacles to referring patients to a dentist such as contacting a dentist, dental care coverage, and comfort level with distinguishing worrisome oral lesions. Some questions allowed multiple answers. Respondents were not required to answer all questions.

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References

- ¹ HHS. Gov. (2015), *The Affordable Care Act, Section by Section*. Retrieved from: <http://www.hhs.gov/healthcare/about-the-law/read-the-law/index.html>.
- ² American Medical Association.(2015). *Opinion 8.132 - Referral of Patients: Disclosure of Limitations*. Retrieved from <http://www.ama-assn.org/ama/pub/physician-resources/medical-ethics/code-medical-ethics/opinion8132.page>.
- ³ American Dental Association (2007). *General Guidelines for Referring Dental Patients*. Retrieved from http://www1.umn.edu/perio/periocasepresent/text/ADA_Referring_Guidelines.pdf.
- ⁴ Gandhi TK, Keating NL, Dittmore M, et al. Improving Referral Communication Using a Referral Tool Within an Electronic Medical Record. In: Henriksen K, Battles JB, Keyes MA, et al., editors. *Advances in Patient Safety: New Directions and Alternative Approaches (Vol. 3: Performance and Tools)*. Rockville (MD): Agency for Healthcare Research and Quality (US); 2008 Aug. Available from: <http://www.ncbi.nlm.nih.gov/books/NBK43671/>.
- ⁵ *Final Recommendation Statement: Oral Cancer: Screening*. U.S. Preventive Services Task Force. November 2013. <http://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/oral-cancer-screening>.
- ⁶ State License CME Requirements (2014) State License CME/CE Requirements for Physicians, Nurse Practitioners, and Physician Assistants. Retrieved from: http://media.mycme.com/documents/94/physician_cme_requirements_23287.pdf.
- ⁷ Haberland CM, Allen CM, Beck FM. (1999) Referral patterns, lesion prevalence, and patient care parameters in a clinical oral pathology practice. *Journal of Oral Surgery, Oral Medicine, Oral Pathology, Oral Radiology and Endodontology*, 87 (5), 583-588.

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