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# WISDOM

Special Care  
DENTISTRY  
ASSOCIATION

## Member Forum

*for Ideas, Insights, and Action*

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### Transitioning Your Child From A Pediatric Office To An Adult Office: Tips For Parents

Margaret Maclin, DMD - Member at Large,  
Council for People with Disabilities  
and Ashland Doomes, DDS - Vice Chair,  
Council for People with Disabilities

[Download](#) a Word document of these tips to share with a parents of special needs children. You are welcome to add your own logo and contact information to this document but please keep the authors and the SCDA logo.



Margaret Maclin, DMD



Ashland Doomes, DDS

Finding a place that feels comfortable and like “home” can be difficult for parents with children who have special healthcare needs. This is common across all aspects of life: medical, academic, social and recreational. It should come as no surprise that this is particularly true when it comes to the dental home.

Patients with special healthcare needs sometimes receive dental care in the same office throughout their entire lives. This is not always possible based on the specific dental needs of the patient and the services rendered by their

provider.

Most people will transition from one dentist to another at some point their lives. Most frequently this will be the transition from a children’s dentist to an adult dentist sometime in their late teens to early twenties. This article has a few tips and pointers to help smoothly move from one dental home to another for parents that have a child with special healthcare needs.

**1. Talk about it openly with your child long before the transition happens.** For most patients with special healthcare needs, earlier is better. Casually broach the subject of change a few years, if possible, before your child will start seeing another provider. This allows your child to have time to adjust to the idea, before the idea becomes reality. It allows them time to ask questions and to get answers.

**2. Allow your child to visit their new dentist before the first treatment day.** Everybody loves a familiar face, particularly people that thrive in an environment of structure, organization, and minimal change. By visiting the new provider’s office before the treatment appointment, your child will become

familiar with the new faces and the new space before they are actually the patient. Most circumstances are less intimidating when your child knows that *it*, whatever it may be, isn't actually happening today.

3. **Mark the event as a celebration of new milestones.** This will direct the thinking and feeling by your child away from the idea that they are being punished, but rather that they have accomplished something new. This can even include the original dentist so that your child does not feel as if anyone is upset or left out of the decision making process. It also gives the original dentist the ability to encourage your child and to help transfer trust from the original to the new provider.



4. **Don't just forward your records. Request that your new dentist talk to your original dentist.** As simple as this sounds it can be exceptionally helpful for the new provider in understanding your child when they have talked to, and can learn from, the previous provider. There is no sense in starting at ground zero or having the new provider blindly guessing or assuming your child's likes, dislikes, fears, favorites or triggers. Helpful hints and histories shared between providers can make the transition much faster and smoother.

5. **Check out the Special Care Dentistry Association at <https://www.scdonline.org/> to find a provider near you.** As providers, we all have strengths and weaknesses. Not all providers are as comfortable or as effective as some at treating children and adults with special healthcare needs. This website will help you find a provider near you that enjoys and is looking forward to treating your child, no matter their age.

*Do you have a tip to add to this list? Email Dennis Bozzi [Dennis@scdaonline.org](mailto:Dennis@scdaonline.org)*

**Do you have WISDOM you would like to share with colleagues?**

**Email it to [Dennis@scdaonline.org](mailto:Dennis@scdaonline.org)**

## Teledentistry

By Scott Howell



Just over four years ago I was hired at A. T. Still University, Arizona School of Dentistry & Oral Health (ATSU-ASDOH), to develop a teledentistry program\*. I was hired along with my colleague, a dental hygienist, and neither of us knew what teledentistry actually was or how to make it work. In the time since we were hired, we have developed and implemented an incredibly unique curriculum. We provide the dental students at ATSU-ASDOH an opportunity to learn about teledentistry in the classroom and then practice using teledentistry in various clinical settings. We work with unique populations, including youth in detention, low-income seniors, and men on parole in a 90-day substance abuse treatment program. I've also had the opportunity to speak on the subject to groups around the country. And as of July 1, I was appointed the Director of Teledentistry at ATSU-ASDOH.

So, what is teledentistry? The quick and easy explanation is this: The patient is in one location and the provider is in another; technology is used to connect the two. There is no one way this can be accomplished and when you start learning about what people have done with technology to connect patients with providers it's pretty fascinating to see what can be done. Teledentistry has expanded into academia, private practice, public health, and the corporate world.

At ATSU-ASDOH we use teledentistry to conduct oral health surveillance of youth in detention and to develop treatment plans using digital records (photos, radiographs, and videos) for patients who can't get to the school easily. Dr. Paul Glassman developed the virtual dental home (<https://tinyurl.com/y6omk3zs>) to connect patients to dentists. In this program two thirds of patients, who only require preventive care, can be managed remotely by a dentist and on site by a dental hygienist. In Brazil, a program between dentists and oral medicine specialists reduced wait times for the specialists from nearly a year to less than one month. Dr. Nathan Suter, in Missouri, is using teledentistry in his private practice and has a teledentistry consulting company to help those who are interested in exploring teledentistry in their own clinics (<http://www.accessteledentistry.com/>). In the corporate world, MouthWatch (<https://www.mouthwatch.com/>) has developed a cloud-based teledentistry platform and intraoral camera\*\*.



Courtesy of MouthWatch

There are several guidance documents available to help those who may want to get a program up and running. A good place to start is the Center for Connected Health Policy, to see if your state has laws allowing teledentistry (<https://www.cchpca.org/>). Then check the ADA teledentistry guidance document to see how to use the teledentistry CDT codes (<https://tinyurl.com/y5jn5d7h>). Dr. Glassman has a thorough white paper on the subject (<https://tinyurl.com/y3scmkqk>) and I wrote a white paper with the Association of State and Territorial Dental Directors on the various issues surrounding teledentistry (<https://tinyurl.com/y5csuta7>).

Teledentistry and the world of special care dentistry fit hand in hand. Given that our patients are often not able to come to us, it only makes sense that we find alternative ways to get to them. It takes time to be comfortable examining and treatment planning a patient from digital records. However, there can be significant cost savings by sending hygienists, dental therapists, or dental assistants (refer to your state practice act to learn for who can work under general supervision) into a location to gather the clinical data, in the form of digital records. This data can then be used by the remote dentist to develop plans of care. I think teledentistry could be used in hospital settings where an in-patient case or patients who come to the emergency department can be evaluated remotely after a nurse, emergency department technician, or other healthcare professional takes digital records that can be reviewed by dentists off site. I have yet to see this type of program develop but please contact me if you have a hospital program and would like to explore this idea.

While still a fledgling method for delivering dental care, teledentistry has the potential to increase access to care for all types of patients and in all types of settings. If you'd like to learn more, please feel free to send me an email ([showell@atsu.edu](mailto:showell@atsu.edu)). I'd be more than happy to discuss what kind of opportunities may exist for your clinic or institution.

\*Disclosure: This program received initial funding from the Health Resources and Services Administration and additional funding from Arizona Dental Foundation

\*\*Disclosure: Dr. Howell is a clinical consultant with MouthWatch.

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## Call for Abstracts for The Coalition of Caring: The 32<sup>nd</sup> Annual Meeting on Special Care Dentistry April 3-5, 2020 San Diego

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### **Deadline**

**Friday, September 20<sup>th</sup> at 11:59 pm (EST)**

SCDA encourages all of its colleagues to participate in this growing educational program by submission of a formal abstract for lectures, case studies, short talks, roundtables and poster presentations.

**SCDA only accepts electronic abstract submissions via the official abstract submission website.**

### **Rules for Submission of Abstracts**

Abstracts must meet the following criteria:

- All submissions will be considered but priority will be given to any submission that has not been previously published or presented on at another conference. Previously presented/published submissions that have significance to the care of people with disabilities, hospital patients, or geriatric patients will be considered before other previously presented/published materials.
- No reference should be made in the abstract to the names or institutions of the authors.
- Abstracts must be structured as follows: 1) Background 2) Methods 3) Results 4) Conclusions

- Abstract text must be between 50 (minimum) and 500 (maximum) words.
- Each table and/or graph will count as 25 words in the total word count. (Limit two images per abstract.)
- Abstracts must be submitted under one of the following categories:

#### **Presentation Types\***

- Lecture/Case Study – 60 minutes
- Short Talk: 20 - 30 minutes
- Roundtable – 60 minutes
- Poster Presentation: Authors will be given the opportunity to provide a 3-minute oral presentation of their work during a moderated poster session.
- Student/Resident Posters: included with the poster competition
- Non-Student/Non-Resident Posters: oral presentation

*\*Your presentation preference will be given every consideration; however, the final determination will be made by the Program Committee.*

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[Submit Abstract](#)

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