Periodontal referral patterns for general dentist

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Abstract
The referral process in dentistry involves the mutual care and treatment of the same patient shared between the referring doctor and the specialist to whom the patient has been referred. Many factors influence the decision to refer a patient for specialist care and support. Clinical, personal, and economic factors of the referring doctor and the specialist coupled with the patient's preferences and means make the referral process a complex entity in the everyday practice of dentistry. Good clinical reasoning and decision making in dentistry are necessary factors in the appropriate management and referral of patients with periodontal disease.

Keywords: General Practitioners, Referrals, Periodontitis.

Introduction
The diagnosis and management of periodontal disease is essential in the success of the overall management of dental patients. A foundation of periodontal health is important to enable success of subsequent restorative treatment and ensure overall patient health.[1] 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. The term "referring dentist," when used in this document, usually means the primary dental care provider as defined by the American Dental Association. The term "consulting dentist," usually means the dentist who is not the primary dental care provider.[2] The referring dentist has the responsibility of supplying as much information as possible to the specialist. Before this happens, it is vital to obtain a release from the patient to transfer records. It is very important for the specialist to understand any personality issues unique to this patient. Pertinent medical history is definitely worth forwarding, as patients are not always complete in their history each time they present it. The referring dentist with a complete, long-term history is sometimes a better historian than the patient. Because the dentist may have knowledge of long time family history and dental awareness, communication of these factors will give the specialist a head start in dealing with new people.[3]

Referral Process
A general dentist has a duty to refer a patient to a specialist in situations where other reasonably prudent dentists would make such referral under similar circumstances. The general dentist who declines to make a referral, choosing instead, as a generalist, to perform the needed procedure or treatment, will be held to the specialist's standard of care. Specialists may be held to a higher standard of care. The duty to refer is not confined to general dentists. Specialists frequently encounter conditions that are best treated by a specialist in another discipline. In such cases, the specialist should refer. The American Dental Association Principles of Ethics and Code of Professional Conduct permits general dentists to advertise advanced education credentials for treatment of periodontal disease. Treatment records should also reflect discussions with the patient about the reasons for referral (including chief complaint), as well as the patient's decision to seek or reject the referral. If the referral is refused, the reason should be recorded.[4]

Interdisciplinary treatment in dentistry creates a triad made up of the referral doctor, referral patient, and the specialist. The value of this coordinated diagnosis and treatment approach is for everyone in the triangle to win. The success of this triad depends on teamwork, mutual understanding and respect among the team members. Mutual acceptance by the general dentist and specialist as professional peers, subject to each other's critical professional evaluation with a teamwork is essential for any interdisplinary referral.[5]

The following citations related to referrals found in the American Dental Association's Principles of Ethics and Code of Professional Conduct:[2]

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.

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:

a. 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.

b. 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.

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.

Possible Referral Situations or Conditions According to American Academy of Dental Association[2]

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:

1. Level of training and experience of the dentist •
2. Dentist's areas of interest •
3. Extensiveness of the problem •
4. Complexity of the treatment •
5. Medical complications •
6. Patient load •
7. Availability of special equipment and instruments •
8. Staff capabilities and training •
9. Patient desires •
10. Behavioral concerns •
11. Desire to share responsibility for patient care •
12. Geographic proximity of the specialist or consulting dentist

Communication from the Referring Dentist to the Patient: The referring Dentist may wish to consider the following points when communicating with the patient:[2]

1. An assessment of the patient's ability to understand and follow instructions •
2. An explanation of the reason for the recommended referral to the patient, patient's parent or legal guardian as appropriate •
2. An explanation of which area of dentistry or specialty is chosen and why •
3. If possible, making a specific appointment with the specialist or consulting dentist •
4. If known and if requested by the patient, providing information about the specialist or consulting dentist's fee for the consultation or evaluation •
5. 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.

Factors Influencing Periodontal Referral:[6,7]

1. Personality of periodontist
2. Availability of periodontist
3. Ability/skill of periodontist
4. Previous treatment success with periodontist
2. Previous patient satisfaction with periodontist
3. Good communication of periodontist
4. previous positive experience between the general practitioners and specialist
5. specialist's quality of communication
6. similar practice philosophies between the general practitioners and specialist

The Specific Periodontal Conditions to Consider for Referral to a Periodontist Includes:[6]

1. Consultation for treatment planning
2. Comprehensive exam
3. Initial therapy
4. Treatment of generalized disease
5. Treatment of localized disease
2. Crown lengthening
3. Cosmetic periodontal plastic surgery
4. Implants
5. Bone grafting
6. Second opinion
7. Soft tissue grafting

Factors Preventing the Referral to a Periodontist from a General Dentist

Inspite of the guidelines for the referral process, still many dentists do not refer the patients to the specialist. Various studies have mentioned possible reasons for not referring the patients to a specialist which includes:[6,8]

1. **Education Loan:** Graduates with higher debt they keep more patients in their practices rather than referral.
2. **Solo Dental Practice:** Dentists who practiced with other dentist were found to be twice as likely to refer more frequently than solo practitioners or dentists in larger group practices.
3. **Number of Hygienists:** Dentists employing more hygienists are likely to refer more patients than those with fewer hygienists
4. **Low-treatment Cost:** A patient requiring certain procedures who typically would be referred to a specialist may request the dentist to complete the care because the fees of nonspecialists are lower than those of specialists
5. **Distances:** Long distance to referral centres is a barrier to specialist referral
6. Poor communication between primary and secondary provider.

The referral procedure in periodontal treatments involves the mutual care and treatment of the same patient shared between the referring doctor and the periodontists to whom the patient has been referred. To improve the referral relationship the patient, the referrer and the specialist have the responsibility to communicate well and be informed and educated to each other's needs.[5]

Referrals to periodontists may not be based on uniform standards. Some general dentists may not be aware of when to refer certain cases. Linden et al. found that a considerable variation existed among general dentists in relation to the

referral patterns for specialist periodontal advice and treatment. One way to encourage general dentists to be aware of the importance of periodontal treatment in a timely manner is to develop protocols for periodontal therapy that integrate important nonsurgical periodontal techniques, including scaling, root planing, and the use of local and systemic antibiotics and subantimicrobial chemotherapy.[9]

Making referrals based on the clinical condition of the patient, it has been found that many referrals are based on the relationship between the general practitioner and the periodontist and especially on the communication between these professionals.[10,11] Unfortunately, a lack of communication between general practitioners and periodontists has been found to be a significant barrier to effective patient referrals.[12] Often, general dentists may not note in the patient record or otherwise convey important health concerns such as heart conditions, mental illness, and blood diseases/hemophilia to periodontists when making a referral. However, attention to systemic conditions is crucial when treating periodontal disease.

The characteristics of the patients in a general dental practice also affect how referrals are made. For instance, general dentists may refer older and less educated patients more frequently than they do younger and more educated patients.[13]

Christopherson et al. found, that general dentists might refer more patients for orthodontic treatment than is justified by an objective assessment of these patients with an index of orthodontic treatment need. This behavior pattern of potential overtreatment of orthodontic patients should be considered as an additional indicator that education about proper referral processes needs to be revisited.[14]

The key consideration in the referral process is the patient. Dockter et al. found that some patients delayed their referral for over a year citing reasons such as fear, financial constraints and low priority.[15] Financial restraints and travel difficulties appear to play a major role in the allocation and acceptance of referrals. General dental practitioners with lower socio-economic, uninsured or rurally located patients are far less likely to make referrals than practitioners with higher socio-economic, insured or urbanely located patients.

Conclusion

General dental practitioners form a critical component in the referral process as they are the key screening modality for the majority of patients. Regular and thorough periodontal screening and care is imperative and should be a basis of all examinations. General dentists refer very few patients for periodontal treatment. This situation can put patients at risk for receiving substandard care. The referral relationship is dynamic and multifactorial and is likely never going to facilitate a rigid guideline system. It is the duty of each practitioner to ensure patient needs are identified and treated by the most appropriate authority in the timeliest manner possible.

Conflict of Interest: None.

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