



## The Dental Home—Why the Delay?

It has been a little more than three years since the American Academy of Pediatric Dentistry (AAPD) adopted its policy on the dental home. The full discussion of this notion was put forth by Nowak and Casamassimo shortly thereafter in the *Journal of the American Dental Association*.<sup>1</sup> The dental home, however, is based on the even older construct of the medical home, described by the American Academy of Pediatrics (AAP) in 1992.<sup>2</sup> The idea of a safe and familiar health care haven in pediatrics is now more than a decade old, and it serves children well. So why has the idea encountered so much resistance in dentistry?

The definition of the medical home describes a relationship and process. The relationship involves the medical care provider, child, and child's family. The practitioner who is familiar with the child and his caregivers is best equipped to provide coordinated and compassionate care. The relationship fosters access to care and encourages care providers to take responsibility and understand their roles in optimizing their child's health. The process includes education, anticipatory guidance, counseling, and round-the-clock availability to manage emergent situations.

As described by Nowak and Casamassimo, the vision of a dental home is one in which the child's caregivers can avail themselves of accessible, comprehensive, and continuous care in a family-centered environment providing primary care and coordinating specialty care as needed. Rather than seeking episodic care in emergency rooms, children can be treated in familiar settings by familiar faces. Provision of preventive counseling and risk assessment at an early age are likely to lead to higher quality and more cost effective care.

So why the hesitation in dentistry to embrace the dental home? Some have suggested that the age one dental visit and dental home are merely ways for pediatric dentists to garner more patients. In truth, most pediatric dental offices are very busy, and I have heard more than one pediatric dentist say that she is on the verge of becoming overwhelmed caring for all of her patients, particularly those needing restorative care. Pediatric dentists are looking for ways to lessen this burden, and they believe that early caries risk assessment coupled with anticipatory guidance may be the best way to accomplish this. Such an approach not only leads to a less stressful practice, but ul-

timately benefits the children we treat. Pediatric dentists also know that to reach our vision of optimal health and care for children, we must enlist the aid of our general dentist colleagues in this endeavor. To that end, the AAPD has extended membership to general dentists and is increasing its continuing education offerings to those practitioners.

Others have misinterpreted the dental home as the gatekeeper concept of managed care. Their fear is that pediatric and general dentists who become dental homes will somehow dictate the type of dental care that children can receive. In fact, the dental home is designed to ensure that each child receives the care that will optimize his or her oral health. The dental home will coordinate with other providers, specialists and generalists alike, to enable the child to achieve the highest level of oral health possible. The emphasis is on access to care, not controlling the delivery of dental procedures.

As Dr. Keith Morley urges in his guest editorial, the time for embracing the notion of early evaluation and risk assessment is here. If dentistry does not adopt this concept, others will. The AAP has recommended to its members that oral health risk assessments begin in the medical home at 6 months of age, and that infants in particular risk groups be referred to a dentist between 6 to 12 months of age. Pediatricians in many communities are having difficulty finding pediatric dentists who will accept patients at this age. We have done a good job educating our medical colleagues on the value of early oral health assessment. It is time for dentistry to keep our end of the bargain with no future delays.

1. Nowak AJ, Casamassimo PS. The dental home. A primary care oral health concept. *J Am Dent Assoc* 2002;133:93-98.
2. American Academy of Pediatrics Ad Hoc Task Force on Definition of the Medical Home. The medical home. *Pediatrics* 1992;90:774.

Steven M. Adair, DDS, MS  
Editor-in-chief

Copyright of Pediatric Dentistry is the property of American Society of Dentistry for Children and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use.