

# San Diego Pediatricians and Dentists: Can We Work Better Together Towards A Common Cause?

By Howard Taras, MD

Physicians and dentists who care for children's physical and oral health in San Diego County have much in common. And although we share the very same children and families, we do not commonly operate together in ways that could make our jobs easier and our patients healthier.

The recent introduction of fluoride to select portions of San Diego's water supply, which left this county with a checkered fluoridation map, is one example of the need to work together. In October of 2007, recommendations from the State Department of Health encouraged local physicians to consider performing case-by-case risk-based assessments to guide decisions on fluoride supplementation. The extent to which state recommendations have been followed cannot be easily determined. It is safe to assume that variation in practice is large and physician assessment of childhood risk for caries is far from optimally practiced, pointing out the need for the medical and dental communities to work together. In addition, although physicians are encouraged to apply fluoride varnish to very young children's teeth to increase exposure to this preventive measure at an earlier age, this practice is still exceedingly rare in medical settings. If the professions work together toward the common cause of optimal fluoride exposure the outcome could be healthier patients.

The new law that requires California public schools to have their kindergarten students receive an oral evaluation, along with immunizations and medical exams, is another perfect opportunity to collaborate. Primary health care providers for children are very familiar with the concept and importance of "a medical home" for each child. As such, the medical ex-

amination is a prime opportunity for physicians to educate their patients about the need to establish a dental home for this required evaluation, as well as for dental services and ongoing oral health care.

Preventable dental diseases place a large burden on a child's general health as well as on the general health care budget. In recent decades, local pediatricians and family doctors have been fairly scrupulous about at least two preventive oral health practices: warning parents of baby bottle tooth decay and providing oral fluoride supplements to young patients. However, for many, that has often been the limit of their involvement in preventive oral health. But, preventive practices for

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...it is also good visibility  
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good oral health share much in common with preventable practices for numerous other health conditions. For example, many food choices and eating patterns that could prevent tooth decay also reduce obesity (e.g., decreasing apple juice intake; limiting snacking). Obesity places a larger risk on dental procedures, primarily on sedation. Treatable and preventable medical conditions, like type 2 Diabetes, metabolic syndrome, hypertension, and bulimia, carry with them higher risk during some dental procedures. Teen drug abuse, oral piercings, and facial injuries are examples of preventable childhood risk-taking behaviors. Reducing the incidence of these would better serve children and ease time-consuming and expensive burdens that face both medical and dental professionals.

Despite the profusion of common

health goals that dentists and doctors have for our patients, there are too few coordinated efforts among these two professions to achieve these goals. With that said there are some attempts being made which include several innovative efforts operating at both at the national, state and local levels. Nationally, the American Academy of Pediatrics has welcomed dental health professionals into the organization's relevant sections and structure. Oral health plays a more prominent role in the AAP's anticipatory guidance guidelines for doctors (Bright Futures). And the AAP's "Oral Health Initiative" encourages practicing pediatricians to learn more about preventive oral health and to practice this better. In the past few years, professional dentistry journals have become familiar homes for informative and instructive articles about problems that have heretofore been traditionally medical, such as research and review articles on strategies to prevent and treat obesity.

When many of today's practicing dentists and physicians were trained professionally, there were not nearly the range of opportunities for cross-training as exists for today's students and residents. Dental students and pediatric dental residents are now exposed to medical problems not previously considered relevant to dentistry, and in turn now medical students and pediatric residents are learning more about oral health. Cross-training practicing professionals is a phenomenon that is expanding, reflected in California's First Five funded trainings and in several innovative San Diego programs. For example, the Council of Community Clinics along with Anderson Center of Rady's Children's Hospital hosts a joint medical-dental conference which, among other

Dr. Gary France  
and assistant  
Elizabeth Rodilla  
Volunteering at  
Give Kids A  
Smile event.



things, attempts to bridge these professional groups towards our common goals.

Notable among local initiatives is The Dental Health Initiative of San Diego/Share the Care, which is operated by the San Diego County Health and Human Services Agency in collaboration with the San Diego County Dental Society. DHI-Share the Care is staffed by dental and medical professionals (including some from UCSD School of Medicine), health educators, and a registered dietician. DHI-Share the Care cross-threads oral health messages with those that are primarily related to childhood nutrition, physical activity, and access to care for underserved populations. Its activities include linking young uninsured children with dental emergencies to financial and professional resources. Moreover, DHI-Share the Care provides informational resources and continuing education to medical professionals (e.g., doctors, nurses), dental professionals (e.g., dentists, hygienists) and those who work at community based organizations that serve children (schools, childcare, foster care system, etc).

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For medical and dental professionals in San Diego County to more efficiently serve our shared patient populations, the following 4 suggestions are mechanisms and resources that can be tapped to synergize our efforts.

**1** Medical and dental practices share similar restrictions in health insurance coverage. Both types of practices understand the struggles of the declining value of reimbursement against fixed or rising operating expenses. These professions, perhaps through our representative organizations, may want to jointly develop public education messages and co-develop and share educational resources that explain the health ramifications of the current status as well as the pros and cons of other options. These messages can be aimed at various audiences such as academics, policy makers, health care consumers, foundations and the media.

**2** Compared to medical professionals, dentists are likely to be more attentive to public notices of changes in local water fluoride levels and to revised state recommendations for fluoride supplementation. They may wish to inform medical professionals in their own communities of such changes. This is not only good practice, it is also good visibility for a dental practice! Dentist interested in contacting physician in their area, could check first with Dental Health Initiative of San Diego/Share the Care or other organizations for information to be shared with the physician. Dentists can then pass the material along to physicians in their neighborhood. For dentists who want to explore this or other ideas, reach DHI-STC's general information through their web site or general phone number (619/692-8858; [www.sharethecaredental.org](http://www.sharethecaredental.org)). To reach a DHI-STC-affiliated pediatrician, Howard Taras MD, try [htaras@ucsd.edu](mailto:htaras@ucsd.edu)

**3** Dental health professionals or agencies who want to reach pediatricians in other ways, but are unsure of how to do so, may want to inquire with the American Academy of Pediatrics' local chapter office by visiting [www.aapca3.org](http://www.aapca3.org).

**4** A limited degree of cross-referrals between doctors and dentists occurs currently. Many, if not most, primary care doctors are not yet routinely performing oral health risk assessments on all young patients – limiting the incentive to refer patients to a dentist. Many dentists, who may be the first health professional to observe and identify common childhood problems like obesity, are equally unlikely to be make a cross-referrals. Yet, increasing such referrals can be a great way to develop an important relationship with local physicians and dentists. To support the cross referral, the Dental Health Initiative of San Diego/Share the Care is providing information on how to perform an oral health risk assessment. If a practicing dentist wishes to provide this or other information to doctors in their neighborhood, for example, information about the most current state-required dental screening requirements for kindergarten students, DHI-STC may be able to provide dentists with the information they wish to distribute.