

Assessing Continuity of Care Between Pediatricians and Pediatric Dentists: A Statewide Survey of the Nebraska Chapter of the American Academy of Pediatrics Members

Lauren Wright, DDS Alexandra Bilunas, DDS

University of Nebraska Medical Center College of Dentistry, Department of Growth and Development

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BACKGROUND/PURPOSE

Oral health is a key part of overall child health, yet dental disease—especially early childhood caries—remains highly prevalent in the United States, particularly among children with limited access to care. Pediatricians, who see children frequently before a dental home is established, are well positioned to support oral health through risk assessment, guidance, fluoride varnish, and referrals. However, implementation of these practices varies widely due to differences in training, confidence, and clinical constraints.

Collaboration between pediatricians and pediatric dentists is critical for improving early detection, prevention, and care coordination, but is often limited by unclear referral pathways, poor communication, and system barriers. In Nebraska, little is known about pediatricians' knowledge, practices, or referral patterns related to oral health, making it difficult to develop targeted strategies to improve access and coordination of care.

The purpose of this study is to assess the continuity of care between pediatricians and pediatric dentists in accordance with American Academy of Pediatrics (AAP) and American Academy of Pediatric Dentists (AAPD) guidelines.

The study focuses on coordination and collaboration between pediatricians and pediatric dentists for home care, in-office care, and management of restorative and emergent treatment needs.

METHODS

A brief survey was sent to all members of the Nebraska Chapter of the American Academy of Pediatrics. Participants who are either current residents in a pediatric medical residency program or pediatricians who have graduated from an accredited residency program have been asked to participate in the survey through an email. Data was obtained virtually through REDCap. Surveys were conducted anonymously.

RESULTS

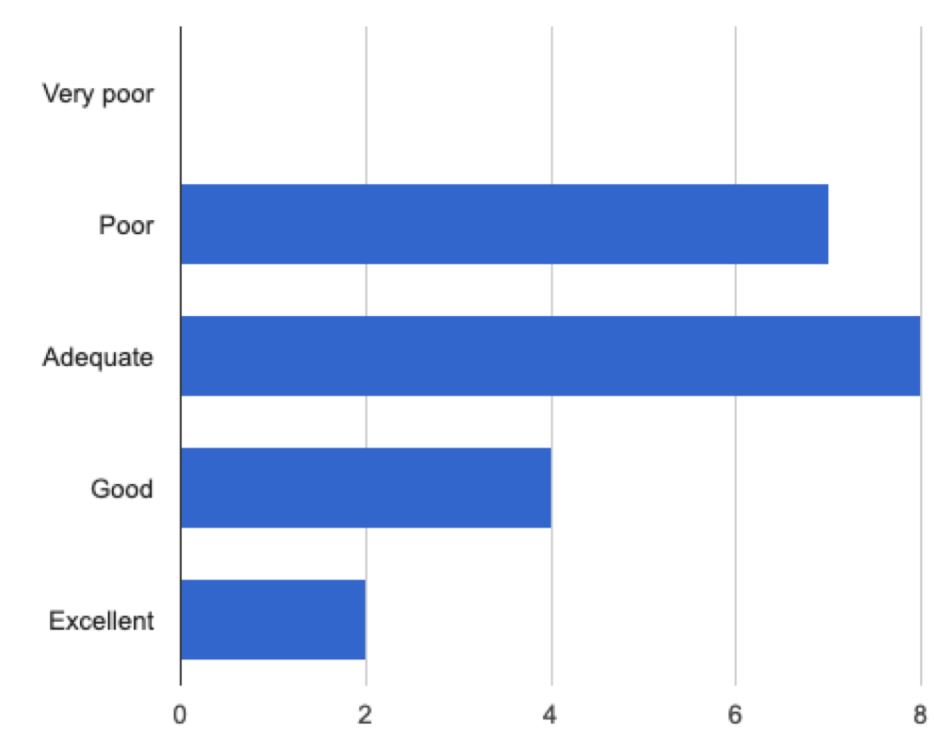


Chart 1: "How would you describe collaboration between pediatric dentists and pediatricians in your area?"

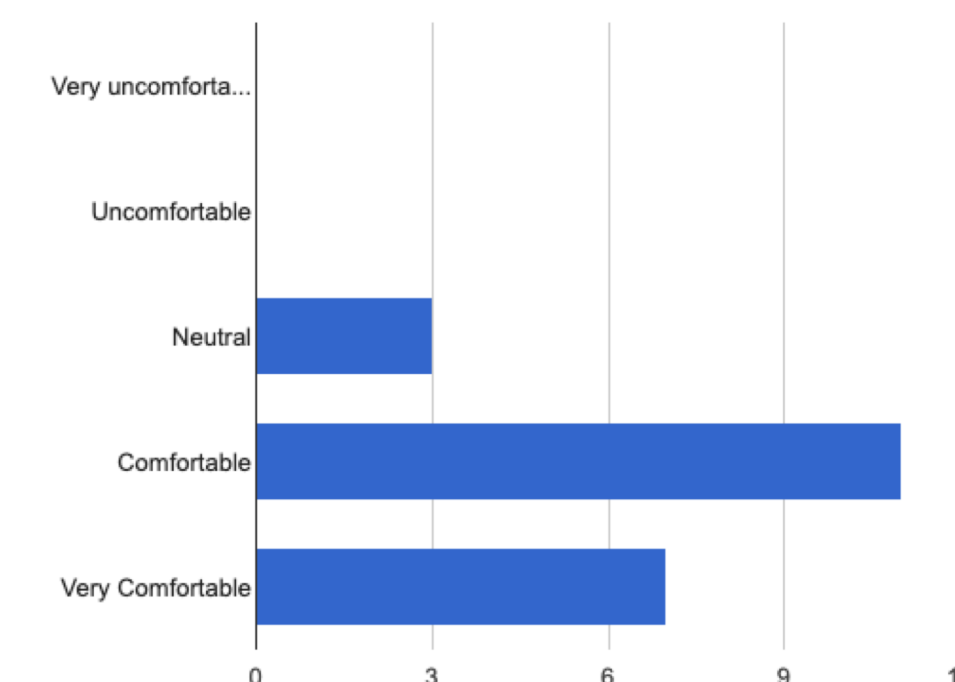


Chart 2: Comfortability with counseling on oral health and prevention

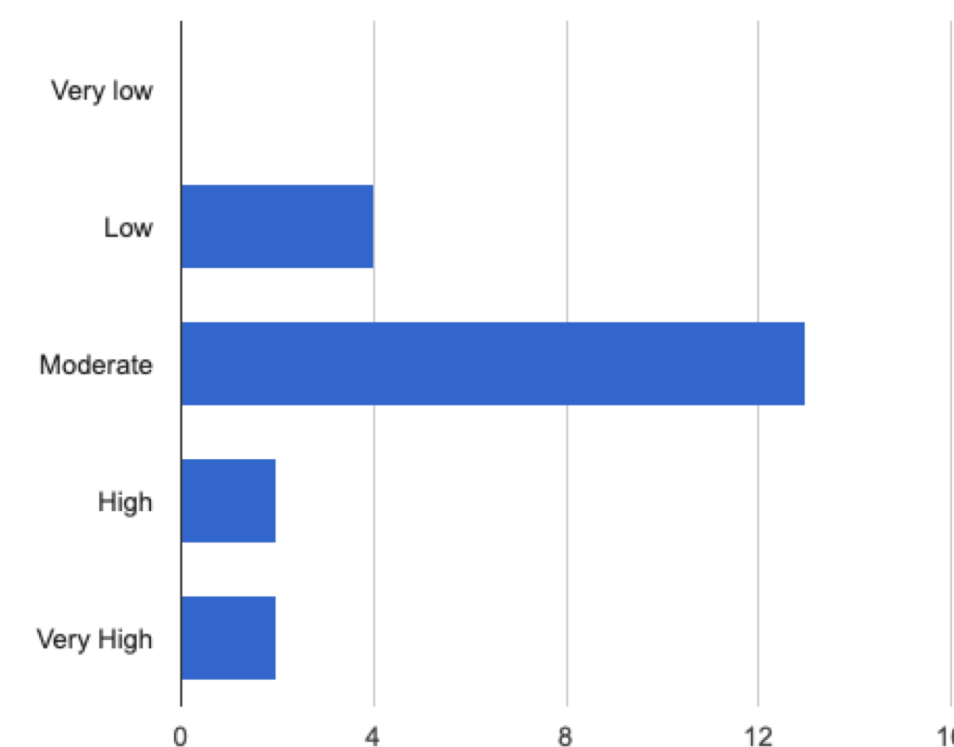


Chart 3: Knowledge of early childhood oral health, including risk factors and preventative practices

Preventive practices such as oral hygiene instruction and general counseling were reported frequently, while communication with dental providers occurred less often. Paired t-test analysis demonstrated that communication was significantly lower than oral hygiene instruction ($t(20) = -10.87, p < 0.001$) and referral frequency ($t(20) = -6.61, p < 0.001$). Despite these differences, perceived collaboration remained moderate among respondents. These findings highlight a measurable gap between preventive care delivery and interprofessional communication.

DISCUSSION/CONCLUSIONS

The findings of this study support this need for standardization, as providers reported moderate knowledge of oral health topics but consistently high engagement in preventive practices, particularly oral hygiene instruction and general counseling. This suggests that while providers may not feel fully confident in their knowledge base, they still recognize the importance of preventive care in clinical practice. Fluoride counseling demonstrated slightly lower mean scores, indicating variability in adherence to preventive guidelines and potential uncertainty in its application. Referral practices were relatively strong, reflecting awareness of the importance of involving dental professionals; however, communication with dental providers was significantly lower. This statistically significant gap highlights a disconnect between performing appropriate actions and engaging in active interdisciplinary collaboration. Limited communication may negatively impact continuity of care and reduce the effectiveness of preventive and follow-up strategies. Therefore, a national study is necessary to further evaluate these inconsistencies, identify gaps in knowledge and coordination, and guide efforts to standardize care and improve pediatric oral health outcomes.

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