

Abstract

Purpose: The purpose of this study was to find what percentage of the patients coming to the East Carolina School of Dental Medicine (ECU SODM) pediatric clinic initially for limited exams between 2017 and 2023 established this as their dental home.

Methods: A retrospective chart review was completed in which data was collected on the percentage of patients who established their dental home at ECU and the potential reasons if they did not.

Results: There were 1,101 patients included in this study, and 21% of these patients returned to make ECU their dental home.

Conclusion: This study provides insight into characteristics of the pediatric patient population seen at the ECU SODM.

Introduction

It is recommended that a child should start seeing the dentist once their first tooth erupts or by the age of 1 year old. This relationship between the dentist and patient is known as the dental home. However, there are many children who do not see a dentist until an emergency arises.

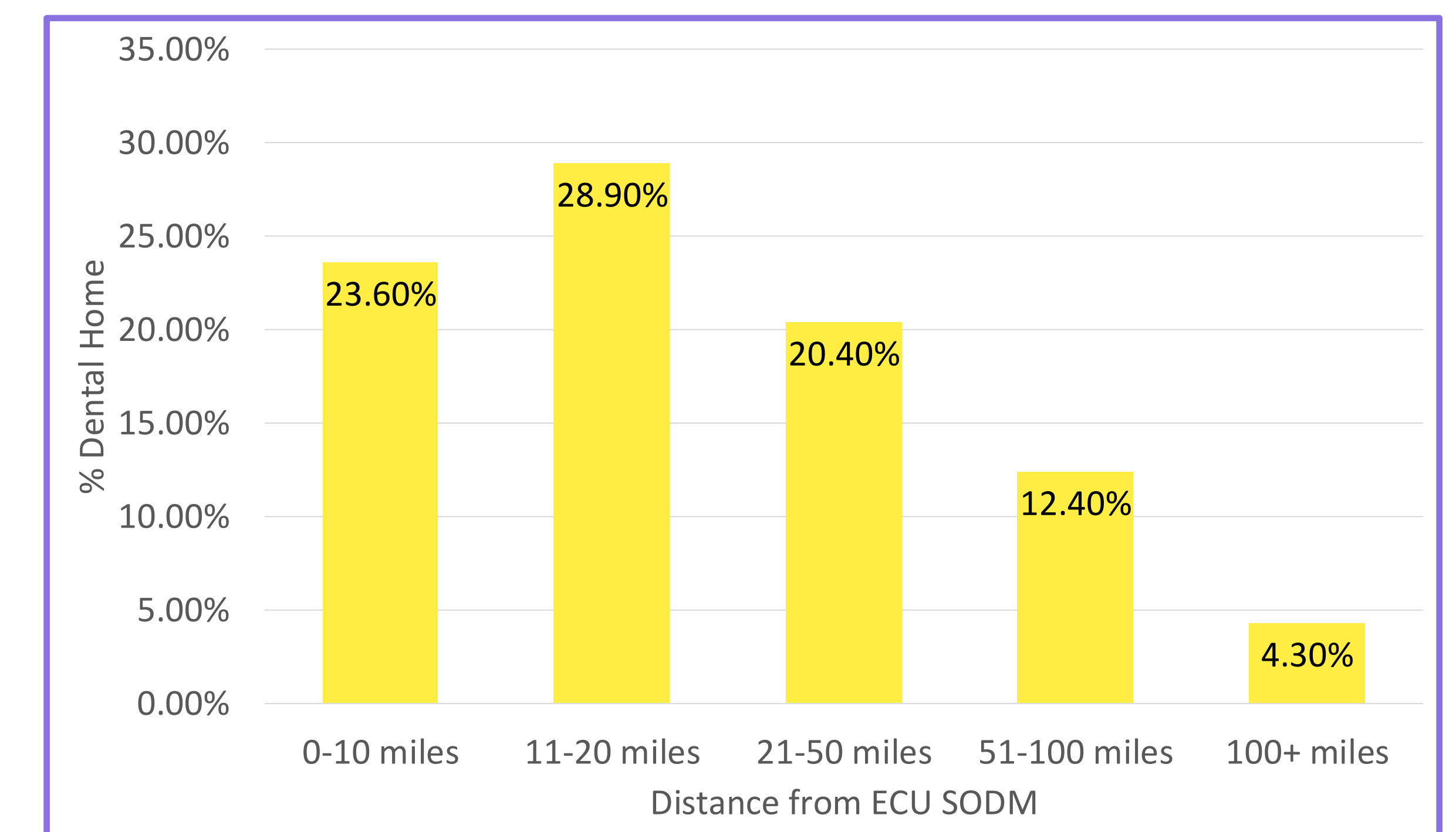
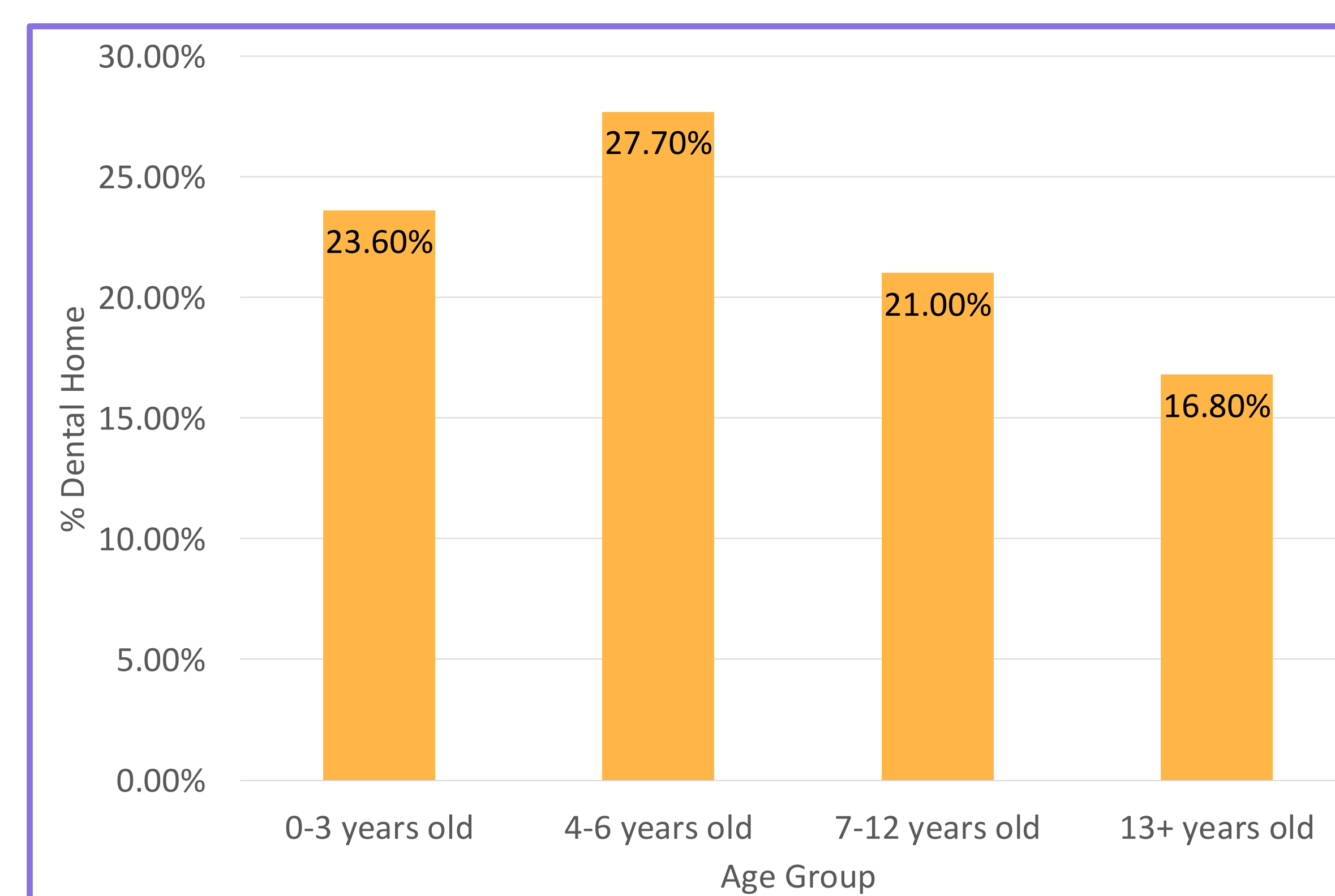
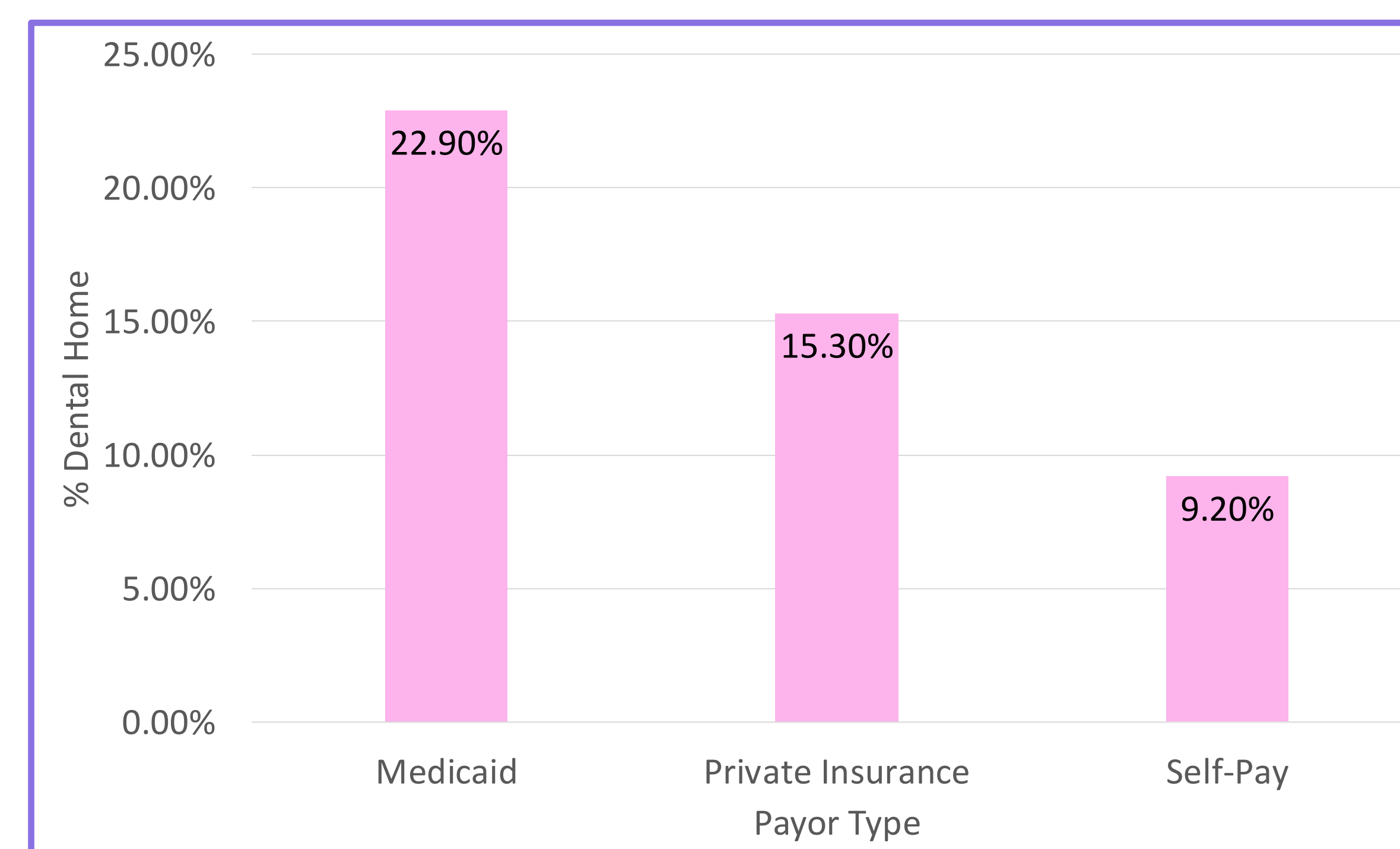
Dental caries is the most common chronic illness in childhood, and children from low-income families are twice as likely to have caries.

At the East Carolina University School of Dental Medicine (ECU SODM) pediatric clinic, many of the patients have Medicaid. About half of children with Medicaid are not receiving any dental services in a year.

Methods

- Retrospective chart review
- Initial D0140 exam between 1/2017–6/2023
- Dental home defined as one D0150 exam and one D0120 exam in the year to follow
- Collected data included completed D0140, D0150, and D0120 codes, as well as zip codes, payor types, and ages
- Charts included in this study are those with the initial exam being a D0140

Results



Discussion

1,101 patients included in this study and 20.9% returned to make ECU their dental home. Patients with Medicaid were most likely to return for comprehensive care ($P < 0.01$). Younger children were significantly more likely to return to ECU for comprehensive care compared to older children ($P < 0.05$). Patients coming from 11-20 miles away were significantly more likely to return to ECU for comprehensive care compared to patients living closer to the school. For patients coming from over 20 miles away, they were less likely to return for comprehensive care the further away they got from the school ($P < 0.01$). COVID precautions being in place did not affect the likelihood that a patient would return to ECU SODM for comprehensive care ($P = .53$).

References and Acknowledgements

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