

Transition of care and dental–medical integration: shared experiences from the complex care center

The Complex Care Center (CCC) at the University of Rochester is a primary clinic that provides medical and dental care to adults with complex childhood-onset conditions. It resides within the Division of Transitional Care Medicine, the only division in the United States dedicated to addressing pediatric-to-adult health care transition care. The CCC provides a unique integration of services in a single location and has become one of the unique clinics with integrated medical and dental services.

The CCC provides an array of integrated services, including medical and dental primary care, behavioral health integration, care management support, a clinical pharmacist, physical therapy, medical nutrition, and respiratory therapy. This comprehensive approach serves a large region of Western New York State. Since opening in 2016, the CCC evolved to become its own Division of Transitional Medicine in Pediatrics in 2018. It has seen significant expansion of its behavioral support services throughout the system as well as expansion of its sickle cell disease program. Dental services have paralleled this journey, earning recognition as part of the interdisciplinary team.

The collaboration between medical and dental teams can take various forms, including referral optimization, virtual integration, co-location, or full integration of care. The CCC exemplifies full integration, offering unique benefits not only for patients but also for dental faculty and trainees, who gain valuable interdisciplinary experience.

Overall, the interdisciplinary collaboration opens doors for providers to share responsibilities in critical patient care situations and provides teams with multidisciplinary support when needed. Traditionally, the dental and medical fields have operated in separate silos. However, the critical link between oral and systemic health provides an opportunity to explore collaboration between dentistry and medicine. Another key opportunity lies in exploring best practices in supporting patients' transition of care from childhood to adulthood, particularly for individuals with complex childhood-onset conditions, who often experience significant adverse outcomes stemming from

gaps in care during this time. A comprehensive approach and coordination of care during the vulnerable transition period is essential given previously demonstrated higher morbidity and increased emergency room utilization in this population.¹ While interdisciplinary approaches can improve outcomes and address the root causes of complex health issues, effective transition processes within dentistry remain poorly defined and underexplored in the literature.

One of the critical elements of successful transition involves the development of policies and guidelines, along with effective collaboration with caregivers and families.² Got Transition's Six Core Elements of Health Care Transition³ is the widely adopted approach called for in the 2018 Clinical Report on Health Care Transition from the American Academy of Pediatrics (AAP), the American Academy of Family Physicians (AAFP), and the American College of Physicians (ACP). The main challenges often reported by patients with childhood-onset conditions and their families are problems to engage with adult-oriented providers and to navigate within the adult health care system.⁴ These difficulties include being asked to leave pediatric providers too soon and encountering adult providers inadequately trained in managing complex childhood-onset conditions.

The six core elements of transition (Got Transition – Six Core Elements of Health Care Transition)³:

- Policy and guide: Develop, discuss, and share transition and care policy/guide
- Tracking and monitoring: Track progress using a flow sheet registry
- Readiness: Assess self-care skills and offer education on identified needs
- Planning: Develop a health care transition (HTC) plan with medical summary
- Transfer of care: Transfer to adult-centered care and to an adult practice
- Transition completion: Confirm transfer completion and elicit consumer feedback.



Coordination and teamwork in interdisciplinary teams

Building interdisciplinary teams involves addressing key questions about knowledge, skills, and attitudes among providers. Effective collaboration requires a willingness to learn about different roles and communication styles, as well as the flexibility to adapt to new workflows.⁵ Coordinating interdisciplinary teams can be time-consuming, but meetings and huddles provide a platform for alignment. At CCC, team members have learned to adjust workflows and foster an environment of trust and respect, emphasizing role awareness and effective communication.

One of the greatest advantages of interdisciplinary collaboration is the opportunity to share knowledge amongst teams, collaborate to support patients, and share decision-making responsibilities. This approach not only optimizes patient care but also saves time and effort for both patients and providers.⁶

Interdisciplinary collaboration is a dynamic, evolving process that benefits from feedback and everyday experiences.⁷ The CCC has established daily huddles involving all teams, including dentistry, to review patient cases and coordinate care efficiently. We hold regular interdisciplinary rounds to allow for discussion of medically and behaviorally complex patients.

Tracking progress and assessing readiness are essential components of care for patients with chronic conditions. A carefully planned transition process begins with the development of a transition plan and ends with an evaluation of the process' success after transfer. Leading organizations such as AAP, ACP, and AAFP advocate for initiating transition programs starting between the ages of 12 and 14 years.

Despite its benefits, interdisciplinary collaboration is not without challenges. Studies have reported suboptimal conditions in collaborative environments,⁸ but CCC has succeeded by fostering open-mindedness, adaptability, and learning from mistakes. We frequently examine our workflows and ensure that we grow from any difficulties encountered.

Conclusion: building a collaborative future

The CCC's success underscores the importance of open communication, practical strategies, and shared responsibilities in interdisciplinary work. By embracing these principles, health care teams can achieve positive change and deliver better care for patients. Ultimately the goal of interdisciplinary collaboration is to improve patient care and satisfaction.

References

1. Bloom SR, Kuhlthau K, Van Cleave J, Knapp AA, Newacheck P, Perrin JM. Health care transition for youth with special health care needs. *J Adolesc Health* 2012;51:213–219.
2. American Academy Pediatric Dentistry. Policy on transitioning from pediatric-centered to an adult-centered dental home for individuals with special health care needs. *Pediatr Dent* 2014;36(special issue): 104–106.
3. Got Transition: Six Core Elements of Health Care Transition. <https://www.gottransition.org/six-core-elements/>. Accessed 12 March 2025.
4. Lotstein DS, Ghandour R, Cash A, McGuire E, Strickland B, Newacheck P. Planning for health care transitions: results from the 2005–2006 National Survey of Children With Special Health Care Needs. *Pediatrics* 2009;123:e145–e452.
5. Mahdizadeh M, Heydari A, Karimi Moonaghi H. Clinical interdisciplinary collaboration models and frameworks from similarities to differences: a systematic review. *Glob J Health Sci* 2015;7:170–180.
6. D'amour D, Oandasan I. Interprofessionality as the field of inter-professional practice and interprofessional education: An emerging concept. *J Interprof Care* 2005;19(Suppl 1):8–20.
7. Fewster-Thuente L. Working together toward a common goal: a grounded theory of nurse-physician collaboration. *Medsurg Nurs* 2015;24:356–362.
8. Fewster-Thuente L, Velsor-Friedrich B. Interdisciplinary collaboration for healthcare professionals. *Nurs Adm Q* 2008;32:40–48.

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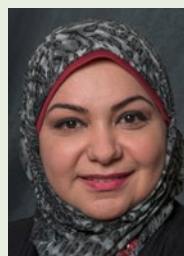
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