

JCO Survey of Referring Dentists

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Responses to the JCO Survey of Referring Dentists offer orthodontists many clues about forming better relationships with GPs. The survey was mailed on June 30, 2003, to an arbitrary sampling of 5,000 general dentists from the American Dental Association list. Another mailing was sent on Sept. 5, 2003, to 2,500 different general dentists. A total of 539 answers were received, for a response rate of 7.2% (Table 1).

It should be emphasized that because of the small sample size, this is more of an opinion poll than a scientific survey. Our objective was to obtain dentists' views and comments about how and why they refer patients to particular orthodontists and what kinds of communication they find valuable.

Results

The respondents reported that the most important factors in the GP-orthodontist relationship were the orthodontist's treatment results, their patients' satisfaction with their orthodontic treatment, and the orthodontist's reputation (Table 2). Good communication about mutual patients before, during, and after treatment was fairly close behind (when "very important" and "somewhat important" were combined). Convenient location of the orthodontist's office

**TABLE 1
DEMOGRAPHIC INFORMATION
(MEDIAN)**

Age	49
Number of years in practice	21
Number of orthodontists within 10-mile radius	6
Number of patients referred to orthodontists in 2002	30

was considered at least somewhat important by a sizable majority. Whether the orthodontist offered free initial consultations and the dentist's friendship with the orthodontist were the least important. Responses to the JCO Orthodontic Practice Studies have indicated, however, that the offer of a free initial consultation is of some importance to patients, and cultivating the friendship of GPs certainly couldn't hurt.

Around three-quarters of the respondents indicated that they would like the orthodontist to refer patients back to them for their periodic dental check-ups (Table 3). Nearly as many encouraged staff-to-staff relationships. The dentists were about equally divided on whether they would like to share their x-rays with the ortho-

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**TABLE 2
RELATIONSHIP WITH ORTHODONTIST**

Please indicate the relative importance of the following items in your relationship with an orthodontist:			
	Very Important	Somewhat Important	Not Important
Orthodontist's treatment results	97.5%	2.3%	0.2%
Patient satisfaction	92.6	7.0	0.4
Orthodontist's reputation	88.0	10.1	1.9
Good communication with orthodontist:			
At initial referral	73.8	23.8	2.5
About treatment progress	62.8	33.1	4.0
Report at end of treatment	78.5	20.0	1.5
Good professional relationship	62.0	35.6	2.5
Convenient location	32.1	55.7	12.2
Orthodontist offers free initial consultation	19.5	34.6	45.9
Friendship with orthodontist	18.1	51.9	30.0

**TABLE 3
REFERRAL PREFERENCES**

Which of the following do you prefer?		
Take initial x-rays and share them with the orthodontist	48.5%	
Orthodontist takes his or her own initial x-rays	51.5%	
	Yes	No
Do you encourage staff-to-staff communication?	70.9%	29.1%
Do you depend upon the orthodontist to refer your patient back to you for periodic checkups?	78.3%	21.7%

**TABLE 4
ORTHODONTIC POLICIES**

	Yes	No	
Do you feel that your dental school training equipped you to diagnose a malocclusion?	84.8%	15.2%	
Do you feel confident in diagnosing a developing malocclusion and making a referral to an orthodontist at the appropriate time?	93.9%	6.1%	
	None	Some	All
What malocclusions do you feel confident in treating?	58.3%	36.8%	5.0%
	Never	Sometimes	Always
When you refer a patient for an orthodontic consultation do you recommend more than one orthodontist?	13.8%	69.3%	16.9%

**TABLE 5
REPORTS FROM ORTHODONTIST**

Which of the following reports do you like to receive from the orthodontist (check all that apply)?			
	Start of Treatment	End of Treatment	Other Times
Written description	97.5%	72.2%	21.6%
Patient photographs	53.0	55.7	4.5
Photographs of models	24.4	22.7	4.5
Cephalometric tracings	13.4	7.4	6.3

dontists or have the orthodontists take their own x-rays.

Respondents expressed a strong desire for written reports about their patients before and after treatment, accompanied by patient photographs (Table 5). There was some interest in seeing photographs of patients' models, but relatively little interest in cephalometric tracings.

When asked how they would like to be communicated with, a large majority of the dentists favored regular mail (Table 6). More than half wanted telephone communication. It was interesting that fewer than 10% preferred e-mail.

Considering that there was at least some interest shown by respondents to this survey in every aspect of the GP-orthodontist relationship, it would be helpful for orthodontists to find out the preferences of the dentists in their own areas. Toward that end, we offer a survey form that could be sent to those dentists (Fig. 1).

Dentist Comments

Many respondents to the JCO Survey of Referring Dentists offered interesting comments, some of which are listed below:

- Not enough orthodontists doing early orthopedic interceptive treatment in my area.
- Orthodontists must treat TMJ as well.
- Why do some orthodontists not treat the second molars? I have seen braces off before the second molars are fully erupted.
- It would be nice to be kept informed of treat-

**TABLE 6
COMMUNICATION WITH
ORTHODONTIST**

How do you prefer that the orthodontist communicate with you about mutual patients (please check all that apply)?	
By mail	89.0%
By phone	60.0
In person	21.0
By fax	16.6
By e-mail	8.7

ment so I could learn and better evaluate what is going on treatment-wise with the more advanced cases. Solely to better my understanding.

- I do a moderate amount of orthodontics myself, and I am always interested in the diagnosis and treatment planning of my patients that I refer. Our local orthodontist does a nice job of sending an initial diagnosis letter, but it would also be helpful for him to send a note at the end.
- Orthodontists should be acutely aware of occlusion and equilibration.
- Orthodontists are extremely hard to convince GPs know anything about ortho!
- I never get any communications after the first treatment letter, and the letter is usually esoteric.
- When further professional consultations are needed (i.e., periodontist, oral surgeon), I want to

Dear Doctor,

To promote better communications between us with regard to mutual patients, please take a moment to fill out the enclosed survey of your preferences. Please check all appropriate boxes and return it to me in the enclosed reply envelope.

DENTIST PREFERENCE SURVEY

The following are my preferences for communications between us.

- Reports about my patients:

	Start of Tmt.	Progress	End of Tmt.
Written description	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient photographs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Model photographs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cephalometric tracings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Patient x-rays:
 - I take initial x-rays and share with you.
 - You take your own x-rays.
- I would encourage communication between our staffs.
- Please refer my patients back to me for periodic check-ups.
- I prefer to be communicated with:
 - By mail
 - By phone
 - By fax
 - By e-mail

Name: _____

Address: _____

Phone: _____

Fax: _____

E-mail: _____

Fig. 1 Dentist preference survey form.

be included in the decision on where to refer the patient.

- Referrals to the general dentist are an important part of the relationship.
- It would be nice to have orthodontists be more aware of the periodontal status of the teeth.
- Consult about cosmetic procedures and options.
- Orthodontists rarely refer patients back for periodic exams.
- Referring to an orthodontist who gets along with teen-agers is a big deal!
- I have found in 25 years of practice that about half the female patients who have bicuspids extracted and who wore headgear experience TMJ problems starting in their 20s. I refer to orthodontists who allow the maxilla to develop naturally and bring the mandible forward to match it, and who expand or distalize rather than extract.
- If it is obvious that the patient is not keeping regular prophylaxis appointments, then a referral by the orthodontist would be helpful.
- Orthodontists need to provide the general dentist with written records and photos. A phone conversation is a stress on my patient schedule and has too much detail to remember accurately.
- I expect my orthodontist to refer restorative patients to me.
- Communication is the key. The best orthodontists utilize available technology to communicate with me, photos included, with diagnostic evaluation and continual updates.
- Wish all orthodontists understood more about the function of the dentition and what it will look like 10+ years after treatment.
- I want bands and bonds to be as free of leaks as possible.
- I want minimal invasion of brackets, wires, etc., into gum tissue.
- Orthodontists should be willing to treat minor tooth movements.
- It is important that archwires be removed at the time of prophylaxis so I can really scale and polish the teeth.

- I observe that most orthodontists give the impression that they are too busy to send information about treatment to the general dentist. It is important to us to be able answer questions by patients or parents, which we cannot do without proper information. My feeling is if we take the time for the referral, they should send information to us before, during, and after treatment.
- “Free” initial consultations for patients are attractive.
- It is very important to get new patient referrals from an orthodontist.
- I want enough information to understand treatment and answer questions from patients or parents.
- Orthodontists need to stress the need of periodic check-ups and prophies with the general dentist.
- I expect treatment to CR.
- Every case is “comprehensive”. I have had a number of complaints, but have no avenue of redress.
- I see frequent root resorption and unadjusted occlusions.
- Too many orthodontists (at least in our area) have expanded too much the duties of their assistants.
- I do not refer to an orthodontist if my patients have problems with excessive cement or resin not cleaned off, wire problems, etc.
- Having recently completed orthodontic treatment myself, I recognize the need for better communication between the restoring dentist, periodontist, oral surgeon, and orthodontist. More communication is necessary when implants and restorative issues need to be addressed.
- The orthodontists in my area are so busy they don’t seem to do much interceptive orthodontics on young kids. They seem to let a problem develop longer than I like to see.
- Emphasizing routine dental cleanings and check-ups is critical!
- Suggest patient-specific diagnostic records, not blanket prescriptions.
- Lateral cephs are way overdone. □