

# Forging Effective Alliances for Quality Patient Care

## How Endodontists and General Dentists Can Build Successful Partnerships

### Complementary Skills

Properly cultivated partnerships between endodontists and general practitioners can lead to powerful, mutually beneficial relationships that strengthen both practices. More importantly, these collaborations ensure that patients receive the best possible care.

According to a recent American Association of Endodontists (AAE) study, in the United States endodontists perform more than a quarter of all root canal treatments each year. While general practitioners perform the majority of root canal treatments, they often rely on the expertise of endodontists for procedures that exceed their training or comfort level. This practice allows general dentists more time for other procedures and enhances their relationship with patients by improving patient satisfaction.

“When I used to do endodontic treatments, I did a really good job, but I was slow as molasses,” says Jeff Chamberlain, D.D.S., of Santa Rosa, Calif. “I’m always impressed with my endodontist because he can do the procedures two to three times faster. He’s helpful because my patients don’t think of root canals as a big deal. They’re in his chair for an hour or so and they leave happy. Referring my endodontic cases frees up my time to do things I’m more effective at.”

On average, endodontists perform nearly 25 root canal treatments a week, while general practitioners perform less than two. This familiarity with the procedure, combined with endodontists’ advanced training in endodontics, expertise in achieving anesthesia, and adoption of technologies, such as digital imaging and operating microscopes, makes them more adept at handling difficult endodontic cases.

“A great deal of the success of my practice is due to endodontists with whom I’ve cultivated relationships,” says Stephen D. Davis, D.D.S., of Santa Rosa, Calif. “I’ve never been comfortable with endodontics and don’t perform the procedures. It’s so different from general dentistry, where vision and access are key. To me, endodontics is like working in a closet with the lights turned off.”

### Availability Is Essential

For the sake of patients, it’s best for general practitioners to initiate and build relationships with endodontists prior to the need for referrals, so delays in treatment are kept to a minimum. “If a patient is in pain, I’ll want him or her seen right away,” says Robert Huot, D.D.S., of Framingham, Mass. “I would prefer that if it isn’t an emergency case, the office would see the patient within a few days, depending on the patient’s schedule.”

Fortunately, most endodontists offer tremendous flexibility in accommodating emergency cases, because they realize its importance to their continued success. “We respond to our top referrers immediately, no matter the time of day,” says endodontist Shepard Goldstein, D.M.D., of Framingham, Mass. “The awkwardness occurs when we hear from a dentist only a few times a year, always at a strange hour, and every case is an emergency.” A strong relationship between an endodontist and general practitioner can prevent these situations and best meet the needs of patients in pain.

### To Refer or Not to Refer?

The decision that has the greatest impact on the quality of patient care during endodontic treatment is the decision whether or not to refer. To prevent treatment errors that cause patients unnecessary complications, the AAE has developed a Case Difficulty Assessment Form, available on the AAE Web site at [www.aae.org](http://www.aae.org), that helps general dentists catalogue and characterize cases prior to treatment.

“The dentists who consistently refer patients to a specialist don’t find themselves in emergency situations – it just doesn’t happen,” says endodontist James Abbott, D.D.S., M.S., of Santa Rosa, Calif. “The Case Difficulty Assessment Form is a valuable tool to help dentists decide whether a referral should be made.”

When the practitioner determines that a referral is in the patient’s best interest, it should be made as quickly as possible to minimize the likelihood of complications such as pain or swelling associated with untreated endodontic pathosis.



## We Need to Talk

The office staff of both general practitioners and endodontists should be well acquainted with each other to maintain the open communication that fosters quality patient care. Should any staffing changes occur at either practice, the other office should be notified to prevent delays and miscommunication. This is crucial to the dentist-endodontist relationship, as well as to the final positive outcome for the patient.

In particular, notes Goldstein, the general dentist's office should be sure to send the endodontist's staff all relevant information regarding the patient's restorative plan, since the timing of the completion of the root canal treatment may vary depending on the dentist's preferences.

Following treatment, the endodontist's office should send a follow-up report, including pre- and post-treatment radiographs, to the patient's general dentist. A prognosis and additional treatment recommendations also should be clearly stated. For example, if one or more of the patient's root canals is calcified, or if a patient's canal is blocked and the endodontist believes that apical surgery may be necessary, this should be communicated in the letter.

Once the root canal treatment has been completed, the patient's restorative work should be scheduled as soon as practical. Significant delays in the placement of the restoration can compromise the effectiveness of root canal treatment.

## Establishing the Relationship

When an endodontist sets up a practice in a new location, contacting the area's general dentists is crucial to developing a referral base. Some endodontists invite the dentists to lunch meetings or schedule other face-to-face appointments. New general practitioners sometimes take the same initiative to build relationships with local endodontists. But after the initial relationship is established, many general dentists and endodontists find such gestures unnecessary, since availability, communication and expert treatment are ultimately the factors that will determine the success of the partnership.

"At the end of the day, the lion's share of America's dentists want what's best for their patients," Abbott says. "Endodontists need to provide a seamless experience, quality care, and the necessary availability to help dentists meet this objective."

## Endodontists the root canal specialists

Earlier this year, the American Association of Endodontists launched an exciting public awareness campaign, **Endodontists: the root canal specialists**. The initiative is designed to inform consumers about what endodontists do, dispel myths and misperceptions about root canal treatment, and celebrate the important partnership between endodontists and general dentists. In the coming months, you may see advertisements in dental trade magazines, articles in your local newspaper or TV news coverage about these issues.

A special campaign Web site contains a number of resources and materials for patients and general practitioners. Included are the AAE Case Difficulty Assessment form, designed to help dental students and general practitioners evaluate endodontic procedures and determine when to refer patients to endodontists, an endodontic fact sheet describing the specialty and dental symptoms, and other links to valuable resources provided by the AAE. For more information, visit [www.rootcanalspecialists.org](http://www.rootcanalspecialists.org).

