



REFERRAL ACCEPTANCE GUIDELINES FOR SPECIALIST SERVICES

BACKGROUND

Patients who may be referred to the Oral Health Centre of WA (OHCWA) for specialist dental services fall into several categories:

- **Eligible Patients** – patients who are eligible for public dental services whose treatment is partly funded by the Department of Health in accordance with a contract between the University of Western Australia and the Minister for Health. These patients receive subsidised treatment, and pay for part of their treatment as determined by Government policy;
- **Teaching Patients** – patients who are not eligible for public dental services but are treated to ensure dental students have exposure to procedures that are not provided for Eligible Patients or rarely arise. These patients receive no subsidy from Government for their treatment and pay an appropriate fee to the Oral Health Centre;
- **Private Patients** – patients who are not eligible for public dental treatment who are treated as private patients by specialist dentists who have been assigned rights to do so in accordance with Oral Health Centre policy and procedures. These patients pay the relevant dentist an appropriate fee, part of which is retained by the Oral Health Centre.

These guidelines, approved by the Department of Health, apply only to those patients whose treatment is subsidised by the Western Australian Government (ie Eligible Patients).

There are some forms of treatment that will not be provided to Eligible Patients other than in exceptional circumstances at the discretion of the Director of OHCWA and based on the advice of the appropriate specialist OHCWA clinicians. These are generally the highly expensive forms of treatment, such as implant surgery or multi-unit bridges, where less expensive but satisfactory alternative options exist, or treatment that addresses primarily cosmetic rather than functional problems.

GENERAL REQUIREMENTS:

Referrals of patients are accepted subject to the following:

- The patient has demonstrated good oral hygiene and a positive approach to oral health (except in exceptional circumstances);
- The referring dentist must provide the ongoing general dental care of the patient;
- The referring dentist must complete an OHCWA Referral Form and provide all relevant information and documentation (including radiographs) with the referral;

- Other than in emergencies, patients will be placed on a waiting list on the day that their referral is accepted, and appointments are made first for those patients who have been on the waiting list for the longest time.

Referrals may not be accepted if the above requirements are not met.

SPECIALTY SPECIFIC REQUIREMENTS:

ENDODONTICS

Appropriate Patients -

Only patients requiring **specialist** level endodontic care should be referred – typical examples would be: a complex medical history, allergies to endodontic or other dental materials, difficult diagnosis, difficult anatomy, crowns/posts to be removed, pulp canal obliteration, internal resorption, external resorption, perforation, open apices, broken files, re-treatment of previously root-filled teeth, avulsions, all luxation injuries, follow-up after dental trauma, combined endo-perio lesions, cases requiring periapical surgery, etc.

In general, second and third molar teeth will not be accepted for treatment unless they are strategic teeth (e.g. bridge abutment, partial denture abutment, only remaining molar in that quadrant, etc) or in a patient who has no other missing teeth and a commitment to oral health. If the referring clinician wishes to refer a second or third molar tooth for endodontic treatment, then the referral should state the reasons why.

Except in the case of teeth with complex restorations (such as crowns and posts), the referring dentist must remove the existing restorations, all caries and cracks prior to referral in order to establish whether the tooth is suitable for further restoration following the endodontic treatment. This will also enable the referring dentist to identify how the tooth can be restored and whether the patient also requires referral to OHCWA for Fixed Prosthodontics – if this is the case, then the referral letter should identify this as well as the endodontic problem so the patient can be placed on all appropriate Waiting Lists. The tooth must then have a durable temporary restoration placed – that is, a temporary restoration that will last for the time the patient is likely to be on the Endodontic Waiting List. Finally, it must also be possible to isolate the tooth with rubber dam during endodontic treatment.

Referral letters should indicate whether the case is urgent (e.g. if the patient still has pain following the referring dentist's initial pain relief procedures; if the case is too complex for the dentist to commence treatment and the patient is in pain, etc). Trauma cases should automatically be identified as urgent due to the necessity for immediate management in order to reduce the consequences of the trauma.

Referral letters must be accompanied by a pre-operative radiograph of the tooth in question – this should be taken prior to referral and prior to any emergency treatment provided by the referring dentist. Details of any previous relevant history concerning that tooth or the patient in general should also be provided. **Previous radiographs** of the region in question should also be sent with the referral letter.

ORAL MEDICINE MUCOSAL CLINIC

Appropriate Patients -

Those requiring investigation, diagnosis, management and treatment of:

- Infective, inflammatory and reactive conditions of the oral mucosa, including both pre-neoplastic and neoplastic conditions;
- Infective, inflammatory, iatrogenic and neoplastic disease of salivary tissue;
- Infective, inflammatory and neoplastic disease of basal and alveolar bone of the jaws, including antral pathology with oral manifestations;
- Neurological disease which manifests in the oro-facial region;
- Psychogenic disease as it affects the oro-facial region;
- Developmental disorders of the oro-facial tissues;
- Degenerative disease affecting oro-facial tissues; and
- Systemic disease and syndromes with oral manifestations.

Oral medicine/oral pathology referrals are only to be marked urgent if:

- a) The patient is in severe pain, or
- b) There is an acute problem, or
- c) There is a suspected malignancy.

It is imperative that all routine dental causes relating to the referral have been investigated, diagnosed and managed e.g., pulp testing, periodontal probing, taking and viewing appropriate radiographs, completing all necessary endodontic, periodontal and restorative treatment to eliminate pain, etc.

Oral medicine/oral pathology staff can be contacted on 9346 7628 to assist with the diagnosis/management of patients.

OROFACIAL PAIN & TEMPOROMANDIBULAR DISORDERS

Appropriate Patients -

Specific referral categories to this Clinic may include:

- Temporomandibular joint disorders;
- Non-resolving orofacial pain;
- Mixed physical, oral and psychiatric disorders that warrant concurrent management;
- Atypical facial pain, burning mouth syndrome, post traumatic pain, self inflicted injuries, headaches;
- Medico/dento-legal problems with an associated psychiatric component.

All organic causes of pain need to have been excluded prior to a referral to OHCWA.

Neutral splint therapy should be considered and administered where necessary by the referring dentist before referral of the patient to OHCWA.

ORAL AND MAXILLOFACIAL SURGERY

Appropriate Patients -

Only patients anticipated to require specialist level Oral and Maxillofacial Surgery should be referred. This is most commonly for the management of impacted teeth which the referring dentist feels is beyond the scope of the average dentist, but it may also include management of dento-alveolar infections (*note: serious dento-alveolar infections should be sent directly to one of the three main teaching public hospitals in Perth*), oro-antral fistulae, etc.

The Oral Health Centre can only accept patients for treatment under General Anaesthetic if they are medically fit for Day Case Anaesthesia, since OHCWA does not have patient admission rights to Sir Charles Gairdner Hospital. All medically compromised patients will need to be assessed by their doctor prior to referral to OHCWA. These patients should provide a letter or report from their doctor summarising their medical conditions.

Patients may be referred in the following manner:-

- 1) **Adult and Children Country Patients for non-urgent Oral Surgery** should be referred direct to the OHCWA Annexe (Oral Surgery) - phone:(08) 9346 7626 - with:
 - a) Oral Surgery Referral and radiographs - a periapical radiograph is acceptable for a single tooth extraction, but it must include the lower border of the mandible if the tooth is a lower wisdom tooth. A panoramic film (e.g. OPG) should be sent for multiple extractions.
 - b) A medical report from the local medical practitioner regarding the patient's suitability for a general anaesthetic.
 - c) Eligibility assessment details. (For referrals from the School Dental Service, patients can provide these at their appointment).
 - d) Patient contact details including their address and telephone numbers.

Appointments for the consultation and surgical treatment will be sent to patient. These appointments will normally be on consecutive days to minimise travel for the patient.

- 2) **Children Country Patients in need of urgent extractions** should be referred to the Paedodontics Department at OHCWA (08) 9346 7550 for assessment and they can be booked for consult and GA theatre in Oral Surgery on consecutive days.
- 3) **Non urgent oral surgery cases** may be referred direct to Oral Surgery (08) 9346 7626 with an adequate referral and appropriate radiographs. The Oral Surgery staff will then contact the patient to arrange an appointment.
- 4) **Urgent oral surgery cases** where a tooth has been fractured may be referred direct to Oral Surgery by ringing (08) 9346 7626. These cases may or may not be seen that day, depending on staffing availability. Referred patients must be adequately covered for pain and infection management before referral, in case they are not seen on the day of referral. Patients will not be seen without an adequate referral letter as well as the pre- and post-operative radiographs.

ORTHODONTICS

Appropriate Patients -

Any patient whose orthodontic condition has a pathological consequence should be referred to OHCWA for treatment.

Only patients in the following categories should also be referred, based on the Orthodontic treatment priority index for treatment need:

Very Great Priority - Category 8

- Congenital abnormalities
- Severe skeletal problems – severe facial disfigurement requiring surgery

Great Priority - Category 7

- 10mm+ overjet
- Traumatic impinging overbite on **marginal** gingiva (labial or palatal)
- Impacted anterior teeth

Priority - Category 6

- 6-9mm overjet
- 7mm+ crowding in both arches
- Oligodontia 6 or more teeth
- Anterior space maintenance following trauma or congenital absence
- Early treatment of Class III
- Posterior crossbite with deviation in permanent dentition

Low Priority - Category 5

- 3-6mm overjet
- Incisor in crossbite
- Posterior crossbite with deviation in mixed dentition
- Congenital absence of anterior teeth

Category 4

- Gross excess of space in both arches
- 5 mm crowding.

Cases that will not be treated other than for teaching purposes:

Category 3

- Mild crowding in 4 quadrants (2mm per quadrant)

Category 2

- Mild crowding in 2 quadrants (2mm per quadrant)

Category 1

- Mild crowding in one quadrant (2mm per quadrant)

PAEDIATRIC DENTISTRY

Appropriate Patients -

This service caters for children who:

- Are very young;
- Have behavioural difficulties that make treatment in the dental chair impossible;
- Have abnormal patterns of dental growth or complex dental pathology that require specialist management (supernumerary teeth, cysts, ectopic eruptions, ankylosed teeth, advanced endodontic techniques such as open apices, etc);
- Require general anaesthetic management of their dental problems;
- Have genetic problems or syndromes (amelogenesis imperfecta, dentinogenesis imperfecta, etc).

Princess Margaret Hospital

Princess Margaret Hospital's Dental Department provides a service under the following guidelines:

1. Emergency Treatment (dental extraction(s) or stabilisation of acute conditions with immediate discharge and referral to other services for follow up management);
2. Dysplasias of the dentition including cleft lip and palate;
3. Medical conditions that significantly affect the growth and development of the dentition, or are associated with specific complications during dental treatment;
4. Treatment under general anaesthesia where an inpatient stay is necessary (not same day care).

The above sequence is the prioritisation used when determining eligibility.

PERIODONTICS

Appropriate Patients –

The Periodontics Clinic caters for patients with:

- Localised/generalised pocket depth of > 6mm;
- Attachment loss of >4mm
- Rapid attachment loss
- Furcation involvement
- Any dramatic changes in gingival contour and texture
- Excessive bleeding of gums
- Drifting or mobile teeth
- Multiple/isolated periodontal abscess formation

- Recession defects – especially where there has been an increase in recession or there is a major aesthetic problem
- A family history of aggressive periodontitis, including juvenile periodontitis
- Medical conditions which may affect their periodontal management or conditions that require periodontal care (e.g. following organ transplants, with diabetes, etc.)

The Periodontics clinic will also accept referrals for patients requiring periodontal surgical procedures such as:

- Crown lengthening procedures
- Access surgery
- Mucogingival procedures
- Root resection/amputation
- Surgical investigation (e.g. suspected root fractures)
- Implant procedures
- etc.

Considerations for the referral:

- A comprehensive summary of the Medical History must accompany the referral.
- If antibiotic prophylaxis is required for dental treatment, then this must be highlighted in red pen on the referral form, and OHCWA reception will arrange a preliminary appointment for the review of medical history and possible administration of antibiotics at least an hour prior to the examination/consultation appointment with the periodontist.
- Copies of recent periapical or panoramic radiographs (i.e. an OPG).
- A CPITN score.
- Patients being referred for surgical procedures must have had their initial phase (non-surgical) of periodontal treatment completed prior to referral.

Considerations for optimising patient management and treatment:

- Acute problems should be addressed prior to the referral (including caries control, periodontal abscesses, infected root canals, etc.)
- Overhanging restorations, any impediments to plaque control, or other local modifying factors, including simple endodontics (e.g. an intracanal dressing) should be addressed prior to the referral.
- In order to optimise the success of periodontal treatment, monitoring of patient motivation and their compliance by the referring dentist is encouraged.
 - Note: Patients who cannot maintain a high standard of plaque control (P.I. < 15%) or who maintain a smoking habit are unlikely to progress beyond the initial phase (non-surgical) of periodontal therapy.

PROSTHODONTICS

Referrals will be accepted for:

1. *FIXED PROSTHODONTICS* -

The patient should:

- Require and have requested fixed prosthodontic procedures
- Have excellent oral hygiene, good periodontal health and a sensible diet
- Have completed or nearly completed general dental care, which must be of a satisfactory standard
- Be free of dental caries and pain.

Referrals of severely damaged dentitions may require simultaneous referral to other specialities – such as endodontics and periodontics. In such cases, the referral letter should specify ALL areas that require specialist management so the patient's name can be placed on all appropriate waiting lists.

2. *REMOVABLE PROSTHODONTICS* -

Only patients requiring specialist level Removable Prosthodontics should be referred. This does NOT include patients requiring the uncomplicated provision of full dentures.

Referrals should indicate whether the case is urgent and any, and all, radiographs of the tooth/teeth or region in question must accompany them – these should be taken prior to referral so the referring dentist can make an initial assessment of the suitability of the case for further complex treatment. The relevant history of the problem, and the patient in general, should also be provided. Previous radiographs of the region in question, if available, should also be sent with the referral letter.

Appropriate Patients –

1. ORALLY DISADVANTAGED PATIENTS:

- Developmental defects - such as:
 - Cleft lip and palate cases (e.g. those who have had treatment at Princess Margaret Hospital or other similar institutions outside WA)
 - Uncommon syndromes affecting the head, jaws and mouth
 - Partial anodontia and hypodontia
 - Mineralization disorders of the teeth
 - Skeletal base (maxillary and mandibular) disorders
 - Patients requiring orthognathic surgery and prosthodontics.
- Oncology patients from public hospitals (e.g. following chemotherapy and/or irradiation therapy, those requiring prostheses for reconstruction).
- Medically compromised patients where complex restorative procedures are indicated – often these will require treatment in association with the periodontics and endodontics clinics.

2. SPECIAL PROSTHESIS CASES:

- Palate lift appliances (e.g. following strokes, with speech problems, etc)
- Burns appliances
- Maxillofacial appliances (in association with Oral Surgery Clinics);
- Osseo-integration prostheses
- Trauma victims

3. SEVERE OCCLUSAL PROBLEMS:

- Parafunction (e.g. excessive loss of tooth substance or vertical dimension)
- Severe arch malalignment cases
- Teaching and research cases

4. RESTORATIVE PROBLEMS AND OPINIONS:

- Iatrogenic prosthodontic problems
- Insurance claims – analysis, reports and advice

5. CRANIOMANDIBULAR DISORDERS

(in association with the Orofacial Pain and Temporomandibular Disorders Clinic)

- Cases requiring full mouth rehabilitation or reconstruction

6. MATERIALS AND TECHNIQUE RESEARCH TRIALS

- New materials and technique development prior to introduction within OHCWA (e.g. porcelain facings, bonded bridges, indirect composite inlays/onlays, implants, restorative materials, etc).
- Cases suitable for in-service training.

7. TEACHING CASES FOR MDS_c POSTGRADUATE STUDENTS:

- A variety of cases will be required for the training of specialist prosthodontists. Initially, they will treat less complex cases, and then proceed to manage the more complex patients as their expertise develops. Hence, a variety of cases are required – ranging from simple crowns and bridges through to full reconstruction and oral rehabilitation.

8. PSYCHOLOGICAL REJECTION OF REMOVABLE APPLIANCES:

- Fixed or implant prostheses will only be provided for these cases if there are special circumstances – such cases will only be accepted at the discretion of the Head of Restorative Dentistry.

9. INELIGIBLE CASES FOR TEACHING PURPOSES:

- These cases will be accepted **only under strict guidelines** as referred to in the preamble to this document.
- At the discretion of the Head of Restorative Dentistry or the Director of OHCWA, such other cases will be evaluated and may be treated if there are compelling reasons for doing so. All of the foregoing guidelines are to be observed in making such an assessment.

INTRAVENOUS SEDATION CLINIC

Patients must meet the following criteria:

- Requires general dentistry and/or minor oral surgery
- Suffers from extreme dental phobia
- Medically fit and suitable for intravenous sedation.

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