The Importance of Commitment and Communication in the Generalist/Specialist Relationship

Dear Readers:

By nature the relationships between general practitioners and specialists can be at times uncomfortable. For the generalist several issues may arise. How will my patient be treated in someone else’s office? Will the specialist comment positively or negatively to the patient about any work I’ve already done? Will the specialist take the patient and send them to one of their favorite restorative dentists? Will the specialist consult with me prior to performing any treatment? Will the patient have any financial resources left following the specialist’s care? In addition to these concerns, there is an inherent risk of having an up/down hierarchal relationship any time you are asking someone else for help because you don’t know the answers or are unable to perform the treatment.

From the specialist’s perspective, there are issues as well. Does this generalist only refer patients when they are in trouble? Do they only refer patients they don’t want in their office? Is the generalist willing to take the time to interact on complex treatment plans? Does the generalist set up the referral so the patient arrives in a positive frame of mind? Does the generalist refer to multiple specialists in one area, ie, multiple orthodontists, or are they willing to make a commitment to the relationship?

Along with all of the challenges listed above for both the generalist and specialist, there is the inequity in the referral process. That is, far more referrals will occur from the generalist to the specialist than the other way around.

As an educator, I hear both sides of this story on a routine basis. In the past 2 months these are a handful of the examples I’ve seen or heard from students or colleagues. A general dentist referred a patient, who was partially edentulous posteriorly, to an oral surgeon for an implant consult, only to have the patient return with five implants placed without any consultation, three in unusable locations. A generalist who had treatment-planned four implants for teeth Nos. 3, 19, 20, and 21 but was uncomfortable placing the No. 21 implant due to the location of the inferior alveolar nerve referred the patient to a periodontist. The referral asked the periodontist to place the No. 21 implant but return the patient for the other three, two which were to be placed in the Nos. 19 and 20 locations. Another general practitioner had a patient who...
was involved in a traumatic accident fracturing the left central, No. 9, at the gingival. The patient was sent to a surgeon for evaluation and returned with a single-tooth implant significantly angled to the facial and with no attached gingiva. No wax-up, surgical stent, or other guide was used because no communication occurred between the practitioners. Finally, an endodontist received a referral from a general practitioner who had started endodontics on an upper first molar. He had located the palatal and distobuccal canal but couldn’t find the mesiobuccal canal. The referral requested the endodontist find and instrument the mesiobuccal canal but return the patient to the generalist for the endodontic filling of all the canals. Each of these examples illustrates a lack of communication and understanding of the needs of the other practitioners.

For these relationships to function on a different level, some fundamental issues have to be addressed. First, the consideration of the patient’s care has to come first. Placing implants without planning, and/or making the patient go through multiple appointments so the generalist gets to fill the endo or place three of the four implants, is not putting the patient first, but instead may well be an issue of putting production first. Second, there has to be a commitment to the relationship from both sides to make it a win-win for the generalist and specialist. This involves listening to each other’s concerns, collaborating on the treatment plan, and agreeing on a fair resolution of who will do what. This also absolutely means feedback on progress from each clinician throughout the process. And finally, both sides need to be sensitive that each desires a good income and are sensitive to each other’s issues of production.

In the end, developing, nurturing, and maintaining the relationship between the generalist and specialist benefits everyone in the quality of care, alleviating the stress of not having to know or do it all, and the enjoying the rewards of accomplishing goals as a team.

Sincerely,

Frank M. Spear, DDS, MSD

TABLE OF CONTENTS

2
Congenitally Missing Mandibular Second Premolars: Clinical Options
Vincent G. Kokich, DDS, MDS; and Vincent O. Kokich, DMD, MSD

17
CE Quiz

18
Extracanal Invasive Resorption: A Clinical Perspective
Gerald W. Harrington, DDS, MSD; David R. Steiner, DDS, MSD; and Tiina Oviir, DDS

26
The "Eggshell" Provisional Technique"
Gregory A. Kinzer, DDS, MSD