ORAL HEALTH EDUCATION AND PREVENTION SERVICES PROJECT

Brought to you by the local chapter of the American Academy of Pediatrics (AAP-CA3)

Funded by the CDPH under contract #17-10718
1. Introductions, Review current practices
2. Need for Enhanced Oral Health Activities in Primary Care
3. Background of Local Oral Health Project
4. Oral Health Messages and Materials
5. Fluoride Varnish
6. Referrals
7. Program Elements/Requirements
8. Sustainability and follow up
Introductions

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Current Practices

Readiness Assessment Tool Review

Current Practices - referrals, EMR, patient summary, Fluoride Varnish
Dental caries is the most common chronic disease of childhood.

Low income children are at highest risk for dental caries.

More than 70% of California children have a history of dental caries by Third grade (2006).
The California Oral Health Program was established to address the burden of oral disease.

Funded by Proposition 56, the California Healthcare, Research and Prevention Tobacco Tax Act of 2016

Goal: make oral health preventive care more accessible.
Oral Health Project Goals

1. Connect with Pediatric Primary Health Care Providers to promote Oral Health activities
2. Choose a method (or 2!) to target and provide feedback on integrating Oral Health activities during pediatric well child visits
3. Target 12 and 24 month visits
Caries is a bacterial disease. The bacteria comes from saliva exchange, usually from the mother.

Children are at increased risk if the mother

- Has cavities
- Shares eating utensils, cleans pacifier with mouth
- Does not see a dentist
Risk Factors for Caries

- Active or past tooth decay
  - In parents, siblings, caregivers, child
  - White spot lesions on teeth
  - Gingivitis, plaque, staining

- Lack of fluoride in
  - Drinking water
  - Vitamins/Supplements
  - Toothpaste

- Children with special health care needs
  - Inability to cooperate
  - Lack of motor skills
  - Lack of access to specialized dental care
Risk Factors for Caries

- Poor feeding habits
  - Frequent snacking on carbohydrates
  - Sticky sugary foods
  - Sweet/acidic drinks
  - Bottle in bed
  - Nursing caries
Risk Factors for Caries

No recent dental visit
  Within last 6 months

Poor oral care at home
  Lack of daily proper oral hygiene
Project Objectives

12 month visit: give oral health advice, materials and referrals, “Baby Teeth” book, offer varnish application

24 month visit: give oral health advice, materials and referrals, “Potter the Otter” book, offer varnish application

Oral Health messages and offer fluoride varnish (if needed) at all well child visits
Pediatric Oral Health Activities

- Anticipatory Guidance
- Brush, Book, Bed
- Rethink Your Drink
- Fluoride varnish
- Early referrals
Establish a “Dental Home” by Age One

Examine your eating habits – limit snacking

Make brushing teeth a part of your daily routine

Never too early to start focusing on Oral Health
What Happens at the 1st Dental Visit?

 Mostly Educational

 May provide cleaning

 Check teeth eruption and placement
Oral Hygiene

In the first year...

- Rub gums with wash cloth or baby tooth brush

Once teeth erupt...

- Introduce a tooth brush
- Use a small amount of fluoride toothpaste

After 1 year

- Wean from breast or bottle
- Use open or 360 cup
Brush, Book, Bed, a program of the American Academy of Pediatrics (AAP), has a simple and clear message for parents:

Each night, help your children to brush their teeth.

Read a favorite book (or two)!

Get to bed at a regular time each night.
Breastfeeding is preferred. If using bottle, hold baby while feeding. No bottle in bed.

Toddlers should drink only water or milk.
Too much fluoride?

Parents may have concerns about the amount of fluoride in water, toothpaste and varnish.

Giving multiple sources of topical fluoride is safe, even in combination.

- Size of a grain of rice (dab) until child can spit
- “Pea size” for all others
Why Should Providers Apply Fluoride Varnish?

- Young children are seen *earlier* and *more frequently* by medical providers than by a dentist.
- Medical providers are now placing fluoride varnish to *prevent decay*.
  - Research shows high *efficacy* of fluoride varnish.

Check for pine nut allergy before administration.
Fluoride Varnish - Facts

A protective resin coating of sodium fluoride

Painted on teeth in less than 1 minute

1 application cuts decay risk in half

Safe to apply up to 5x per year
- 3x in medical office, 2x in dental office
Fluoride Varnish Billing

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<tr>
<th>May be reimbursable</th>
<th>Still useful to document for Medicare RVUs</th>
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<td>CPT Code 99188</td>
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Varnish Application Video

https://www.youtube.com/watch?v=OzM4UQxP67Q
Routine Referral

- Every 6 months, beginning at age one for low, moderate and high risk children (a Medi-Cal/Denti-Cal benefit once in a six month period)

- Children with special needs may require more frequent referrals

OR

Refer if a problem is detected or suspected at any time regardless of age
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<th><strong>Dental Network</strong></th>
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<td><strong>Share the Care</strong></td>
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<td>Dentist Finder: sharethecaredental.org or call: (619) 692-8858</td>
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Oral Health Materials

Which oral health activity is right for your office?

• Review print materials, books, varnish

Tracking

• Books, materials will be provided by the County (via AAP-CA3). Each month we will determine how many oral health interactions you had based on the materials remaining.
• Office will report in monthly survey
Oral Health Project Participation

To participate in this project, the following is required:

Implement, track and report monthly at least one of the Enhanced Oral Health Activities during the 12 and 24 month well-child visits— at least six months post training date.

Provide success stories.

Initiate appropriate referrals to an oral health provider.

Train new providers in Oral Health activities as they come on board or contact AAP-CA3 to provide in-office training.

Provide feedback to project management team at the end of the project.
Thank You

Survey

Arrange for Material Drop off

Q & A period