



Dental Transformation Initiative Pilot for Medical and Dental Integration

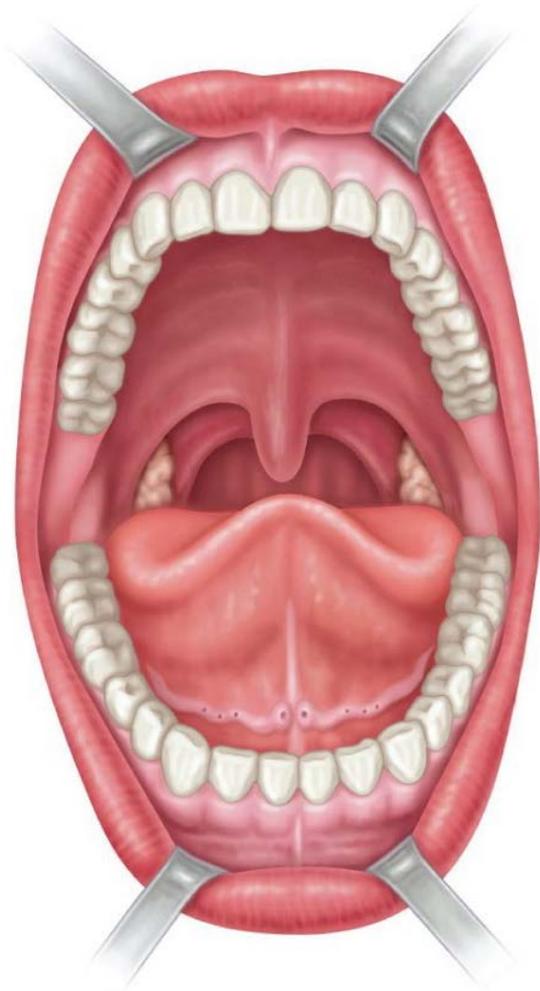
Jan Carver, MSHS, RDH
Dental Project Coordinator

Dental Transformation Initiative

- Domain 4: Local Dental Pilot Project
- \$2.6 million over 4 years



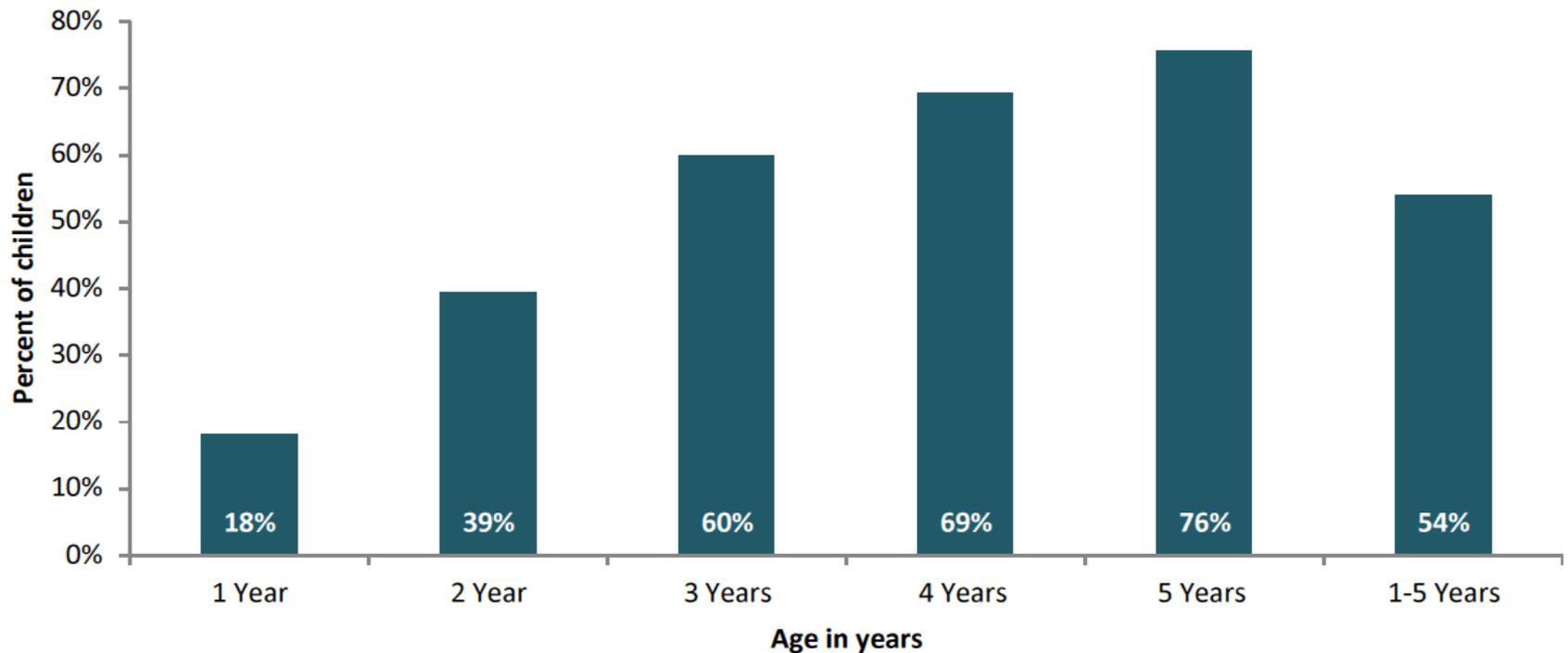
What Do You See?



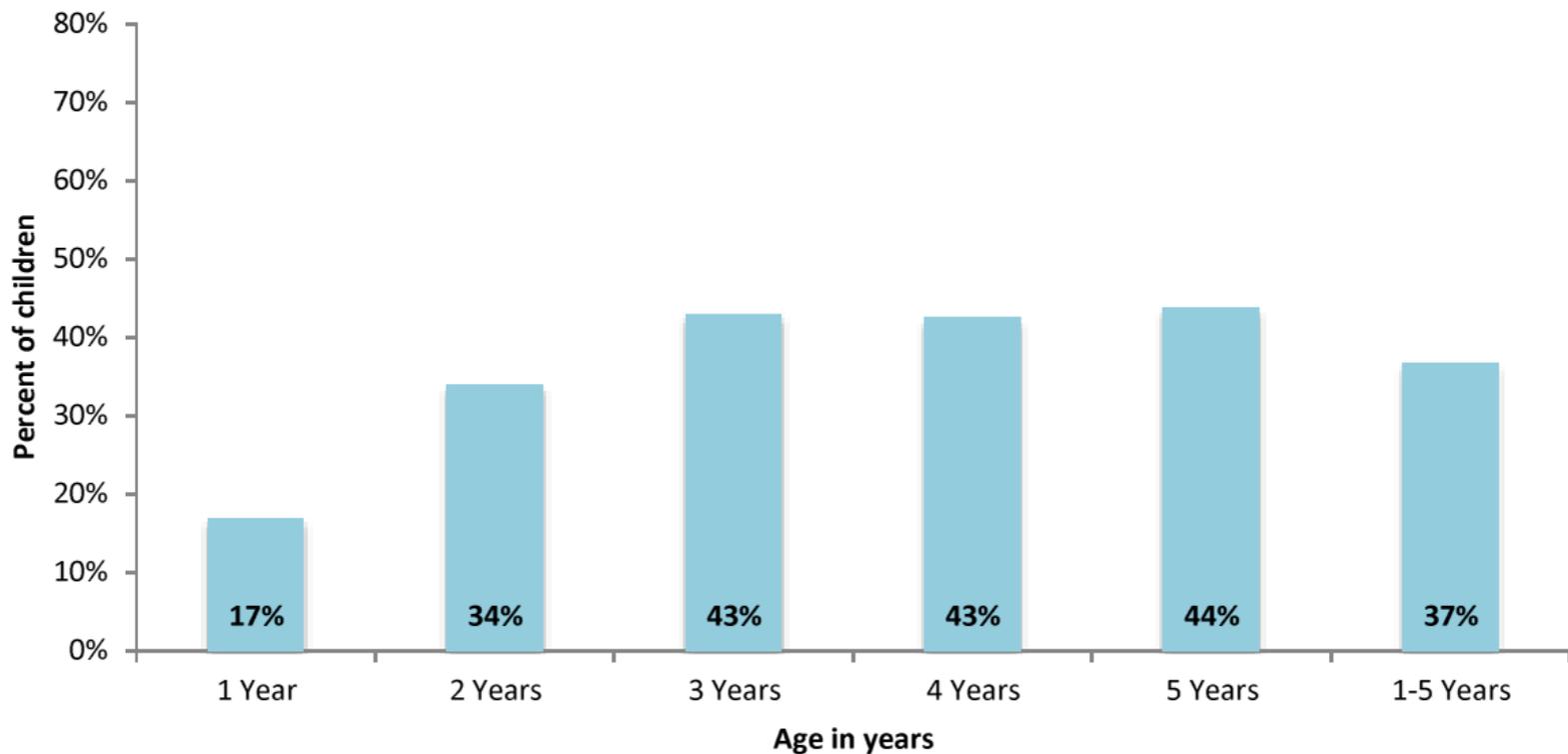
Why Should You Care About Dental Disease?

- ▶ Because you're seeing dental disease every day in your medical practice.
 - 1 in 5 California children under age 12 have never seen a dentist. (Pew Report, 2011)
 - 1 in 5 children age 5–11 have at least one untreated decayed tooth.
 - 1 in 7 adolescents age 12–19 have at least one untreated decayed tooth.
 - Pediatric hospitals average 2 admissions a week because of dental disease.
 - Patients see their primary care provider 9–11 times before they ever see a dentist.

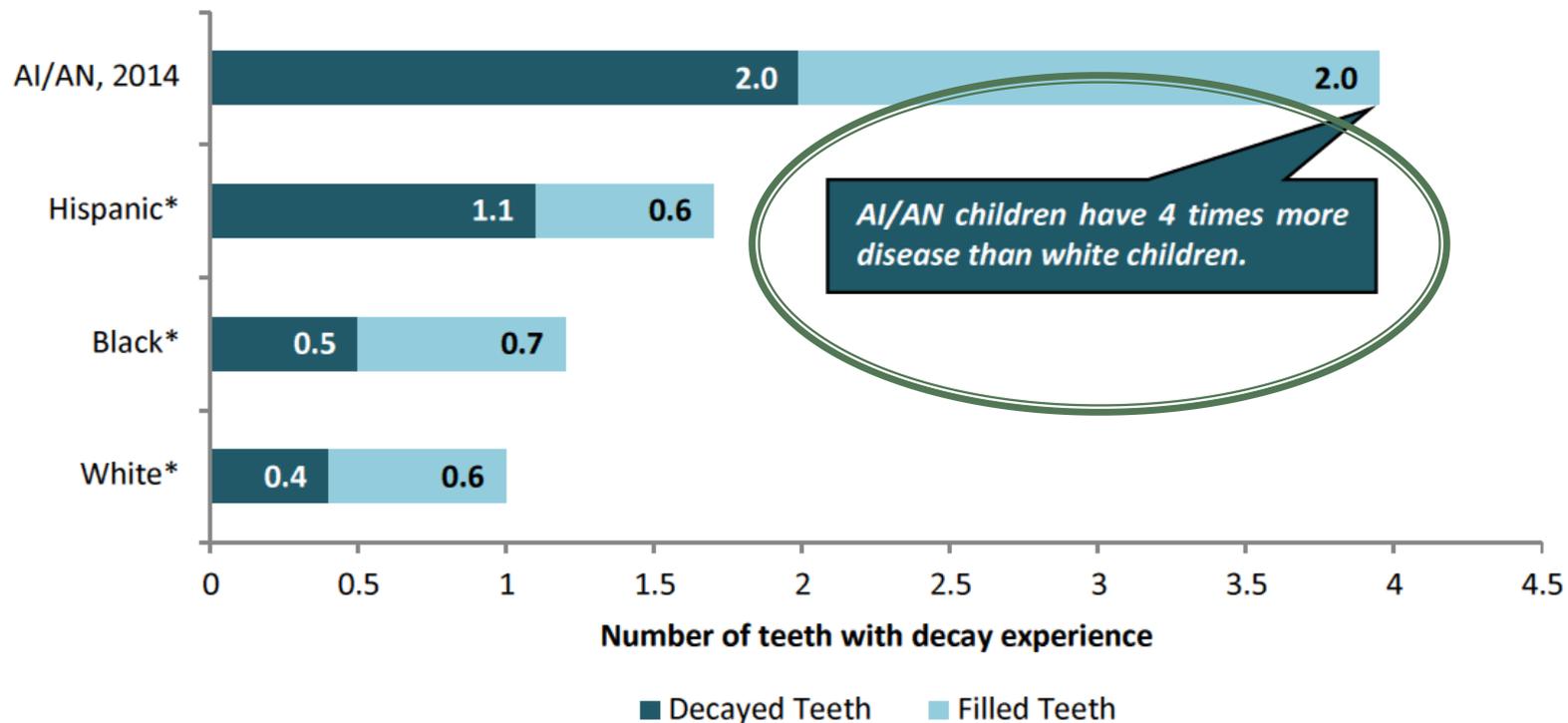
Prevalence of Decay in Primary Teeth of AI/AN Children by Age, 2014



Prevalence of **Untreated** Decay in Primary Teeth of AI/AN Children by Age, 2014

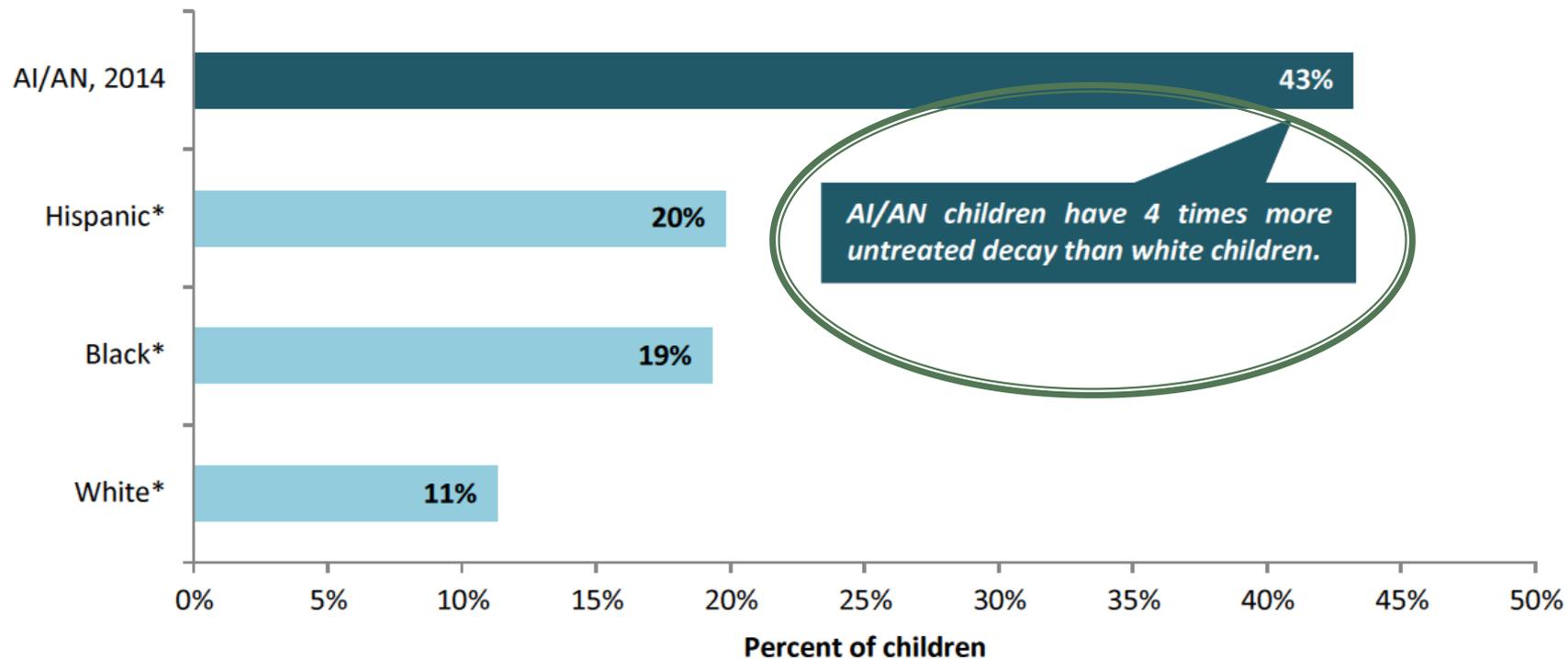


Mean Number of Decayed and Filled Primary Teeth—2 to 5 years of age



* Data Source: National Health and Nutrition Examination Survey (NHANES), 1999-2002

Percent with Untreated Decay— 3 to 5 years of age



* Data Source: National Health and Nutrition Examination Survey (NHANES), 2009-2010

Prevalence of Tooth Decay— Primary Teeth

- ▶ ~37% of children aged 2–8
 - ~14% untreated
- ▶ ~23% of children aged 2–5
 - ~10% untreated
- ▶ ~56% of children aged 6–8
 - ~20% untreated



More than 62% of
AI/AN children 2–5
years have
experienced dental
caries

Data from the National Health and Nutrition
Examination Survey, 2011–2012.

Prevalence of Tooth Decay— Permanent Teeth

- ▶ ~21% of children aged 6–11
 - ~14% age 6–8
 - ~29% age 9–11
- ▶ ~6% of children aged 6–11 with untreated caries
 - ~3% age 6–8
 - ~8% age 9–11



Data from the National Health and Nutrition Examination Survey, 2011–2012.

Prevalence of Tooth Decay— Adolescents

- ▶ ~58% of children aged 12–19
 - ~67% age 16–19
 - ~50% age 12–15
- ▶ ~15% of children aged 12–19 with untreated caries
 - ~19% age 16–19
 - ~12% age 12–15



Data from the National Health and Nutrition Examination Survey, 2011–2012.

Why?

- ▶ Unknown
- ▶ May be:
 - Biological differences
 - Bacterial differences
 - Behavioral differences
 - Sociodemographic differences
 - Environmental differences
- ▶ Two main reasons for high rates of **untreated** decay:
 - Parents may not understand the benefits of early dental visits or the importance of treating decay in primary teeth.
 - Relative geographic isolation limits access to dental care.



What is the Most Common Chronic Disease in Childhood?

▶ Dental Caries!

- 5x more common than asthma
- 7x more common than hay fever
- 20% of emergency room visits because of tooth decay
- 51 million hours of school lost per year (Surgeon General's Report, 2000)

Why Primary Care Clinicians?

Primary care clinicians are well positioned to promote oral health:

- ▶ 96% of children have access to primary medical care.
- ▶ Primary care clinicians have regular, consistent contact through well-child visits.
- ▶ Clinicians see children for well and acute care at least 8 times by age 2, and frequently thereafter.
- ▶ Few preschool children from low-income families receive regular dental care.

The Caries Process



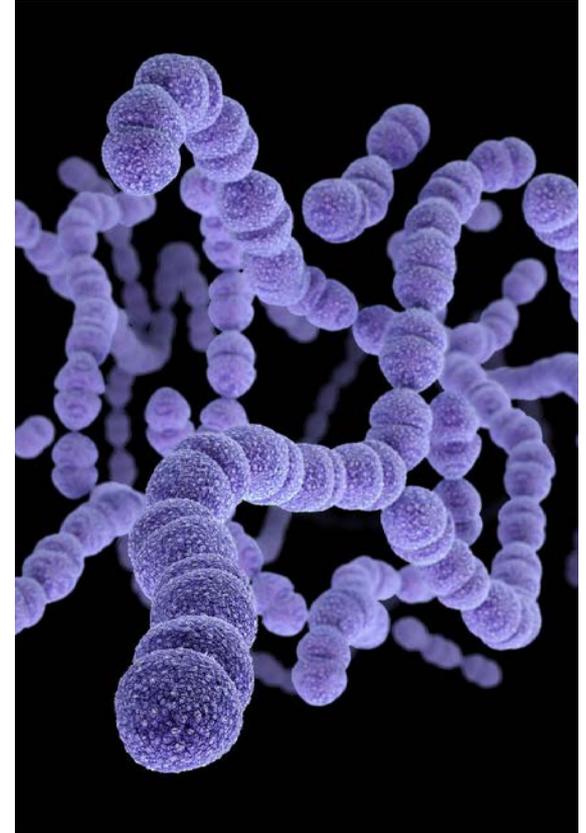
The Caries Process

- ▶ Dental caries is an infectious, transmissible disease.



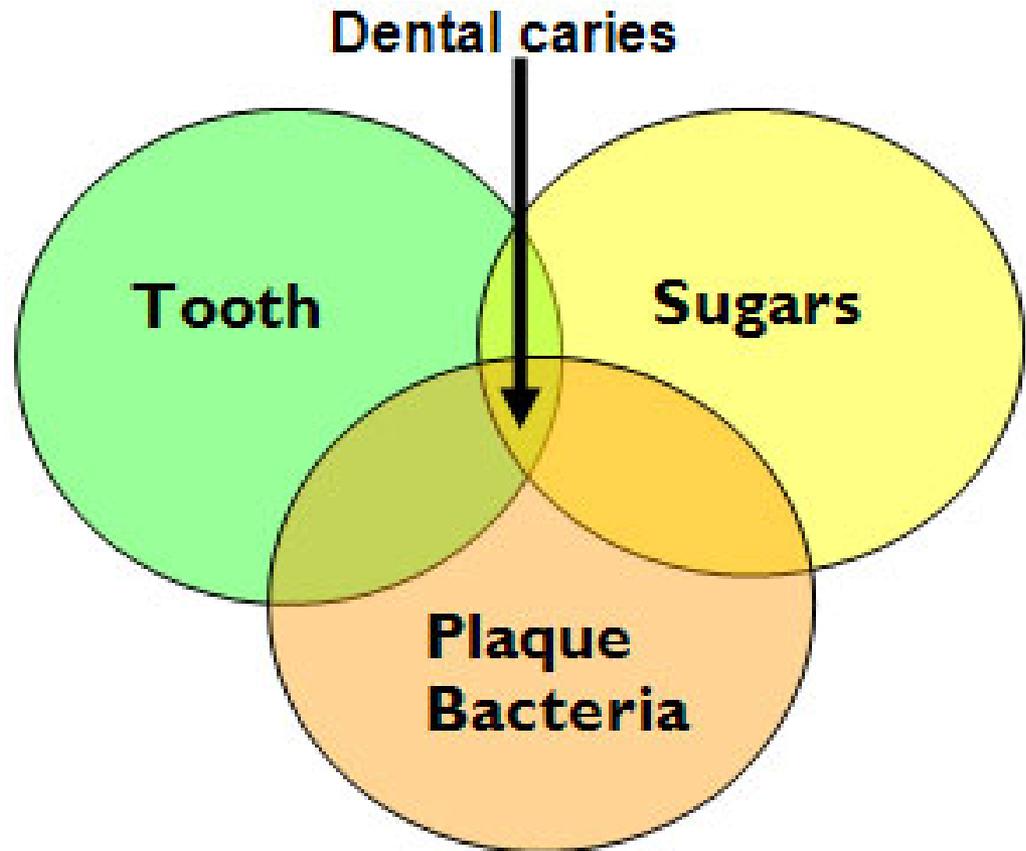
The Caries Process

- ▶ Major cariogenic group of bacteria *mutans streptococci*, consisting mainly of:
 - *Streptococcus mutans* (SM)
 - *Streptococcus sobrinus* (SS)
- ▶ Research suggests that AI/AN children...
 - Acquire SM at a very early age (as young as 1 month).
 - Have a higher total count of SM.
 - Have a higher percentage of their oral bacteria being SM.
 - May have more virulent strains of SM.
 - Are more likely to have SS.

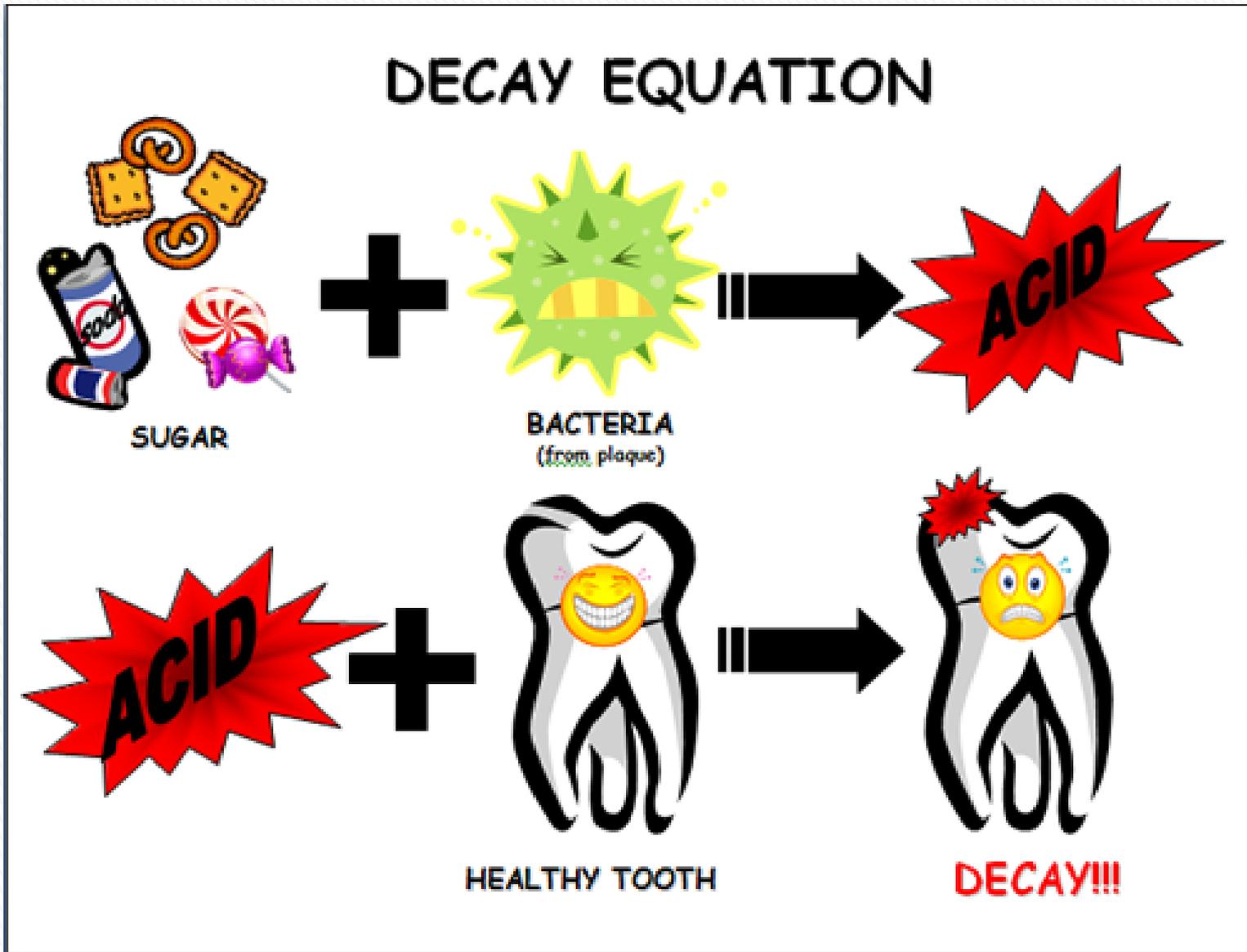


The Caries Process

- ▶ Caries requires an interaction between three factors:
 - Susceptible tooth
 - Plaque bacteria
 - Sugar to feed the plaque

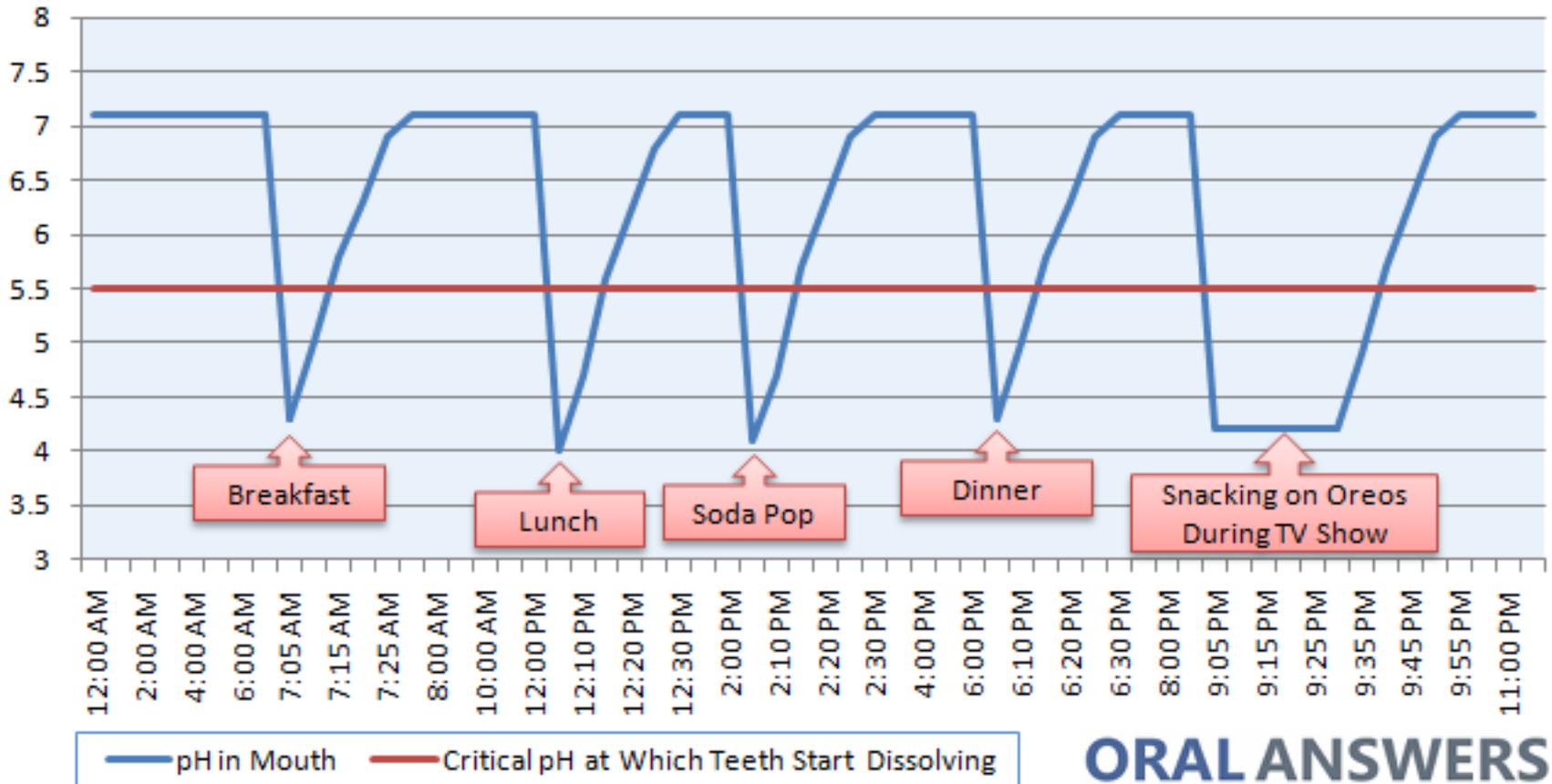


Plaque Attack!



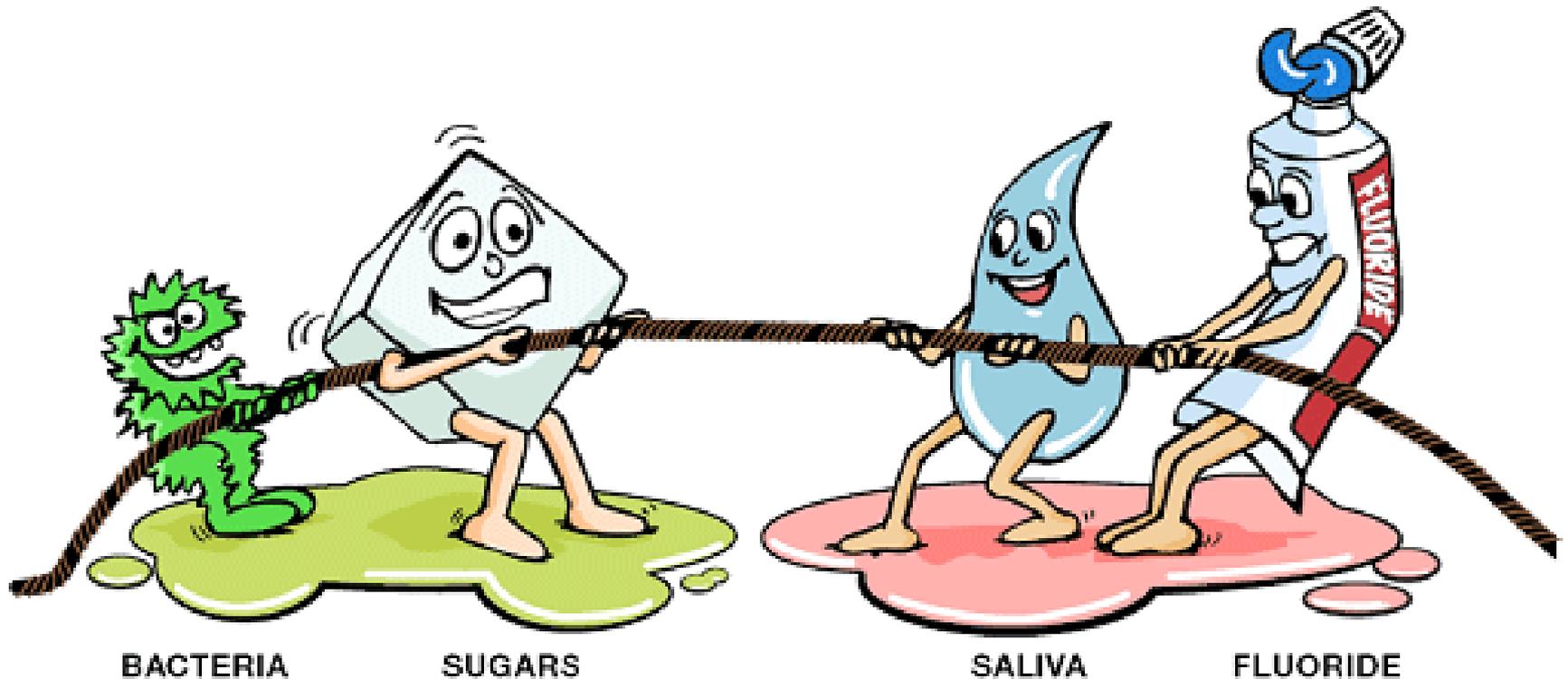
Plaque Attack!

What Happens In Your Mouth When You Eat or Drink



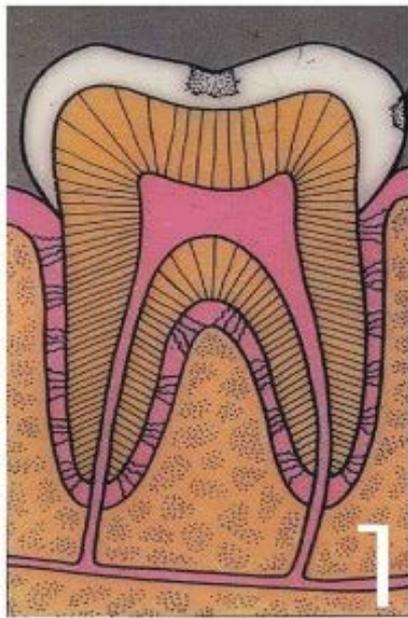
ORAL ANSWERS

The caries process is a tug-of-war between cariogenic factors and protective factors.

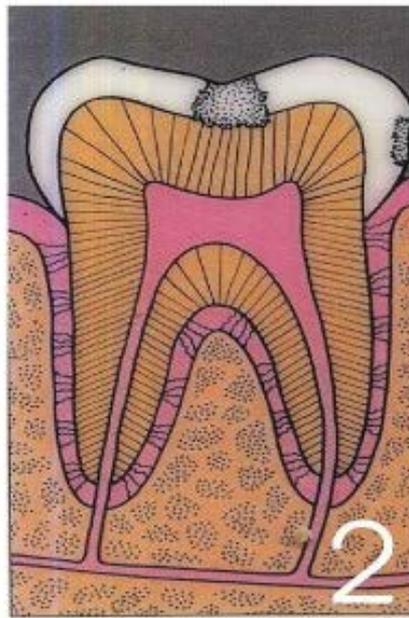


Caries Progression

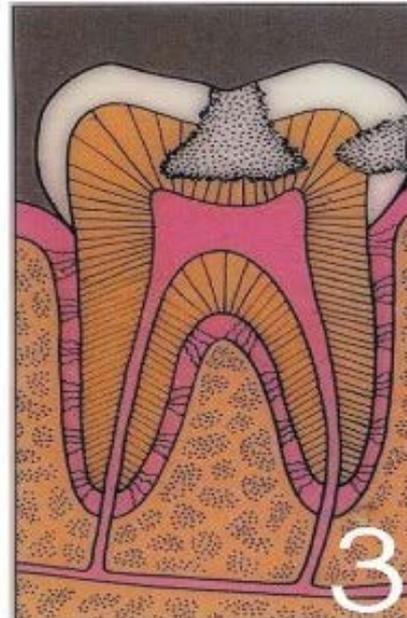
Progression of Decay in Four Stages



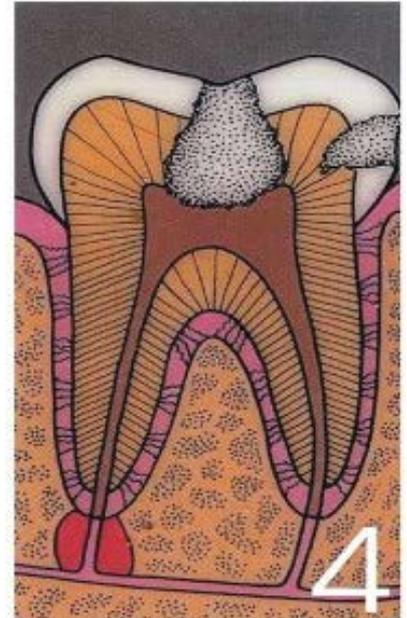
Enamel Decay



Decay in Dentin



Decay Near Pulp



Decay Causing Abscess

Caries Risk Factors

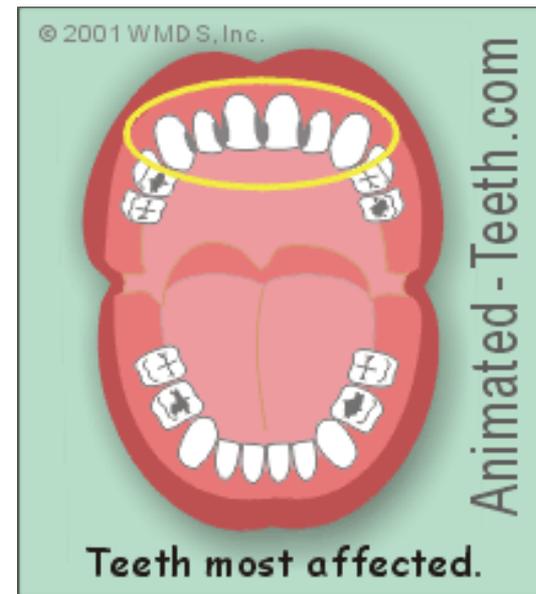
- ▶ Sleeping with a bottle that contains anything but water or nursing on demand
- ▶ Frequent beverages other than water, including sugary beverages, soda, or juice
- ▶ Snacking more than 3 times a day on packaged or processed sugary foods, including dried fruit
- ▶ Frequent or regular use of asthma inhalers or other medications that produce dry mouth
- ▶ Child with a developmental disability or other special health care need

Caries Risk Factors

- ▶ Child's teeth not brushed with fluoride toothpaste by an adult twice per day
- ▶ Inadequate exposure to fluoride
- ▶ Obvious white spots, decalcifications, or obvious tooth decay
- ▶ Dental restorations in the past 12 months
- ▶ Obvious plaque on the teeth and/or the gums bleed easily

Early Childhood Caries (ECC)

- ▶ Any tooth decay occurring in children 0–5 years of age
- ▶ Treatment often in a hospital-based operating room under general anesthesia—very expensive



ECC Causes

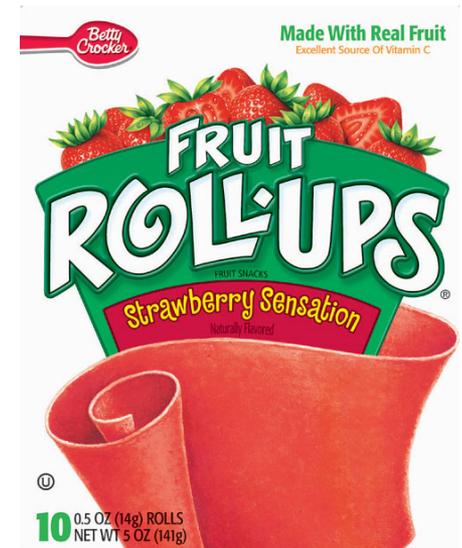
- ▶ Unrestricted and at-will intake of sugary liquids during the day or while in bed
- ▶ Unrestricted, at-will breastfeeding at night after eruption of the child's first tooth
- ▶ **Baby bottle tooth decay** is recognized as one of the more severe types of ECC.



ECC Causes

▶ Many parents do not realize that we need to look at:

- Frequency of intake of foods.
- Consistency of food—oral clearance.



ECC Signs and Symptoms

- ▶ **Early Signs:** Chalky white spots at the gum line
- ▶ **Advanced Signs:** severely decayed teeth at the gum line and extending between the teeth; possibly broken teeth



Cost of ECC

- ▶ Depending on the severity of ECC, it can cost as much as \$8,000 if the child needs general anesthesia.
- ▶ 40–50% of children with severe ECC have new decay within 4–12 months.



Social Effects of ECC

- ▶ Pain
- ▶ Infection
- ▶ Delayed speech development
- ▶ Low self-esteem
- ▶ Delayed social development
- ▶ Missed school days and difficulty concentrating on school



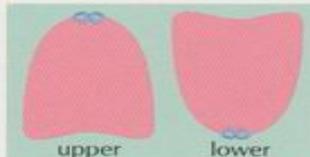
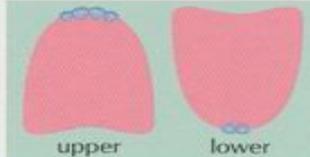
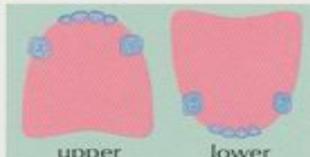
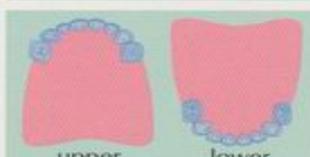
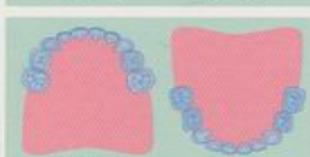
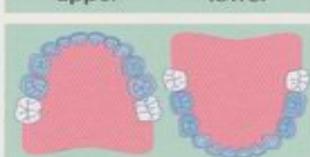
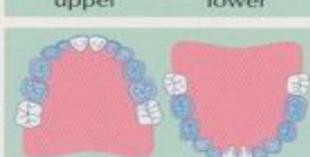
Baby Teeth Matter!

- ▶ Primary teeth matter for:
 - Eating.
 - Holding space for permanent teeth.
 - Speech.
 - Smiling.



Primary Teeth

- ▶ Eruption patterns vary widely.
- ▶ Baby teeth begin falling out as soon as age 5, with the last of them falling out around age 12.

Tooth Arrival Chart			
Use this chart to identify the number and location of teeth at a given age. Baby teeth are shaded in blue and permanent teeth are shown in white.			
When?	How many?		Where?
5-12 months	4 baby teeth	0 permanent teeth	 upper lower
8-13 months	6 baby teeth	0 permanent teeth	 upper lower
13-19 months	12 baby teeth	0 permanent teeth	 upper lower
16-23 months	16 baby teeth	0 permanent teeth	 upper lower
2-3½ years	20 baby teeth	0 permanent teeth	 upper lower
6-7 years	20 baby teeth	4 permanent teeth	 upper lower
6-8 years	16 baby teeth	8 permanent teeth	 upper lower

Prevention of ECC



Water Fluoridation



Fluoride Toothpaste



Fluoride Varnish



Dental Sealants



Proper Infant Feeding Practices



Diet Low in Sugar and Refined Carbohydrates

Anticipatory Guidance



First Dental Visit



- ▶ The American Academy of Pediatrics (AAP) and the American Academy of Pediatric Dentistry (AAPD) recommend that all children should see a dentist by age one, or within six months after the eruption of the first tooth.

Oral Hygiene Instructions for Parents

- ▶ Begins when the first tooth erupts.
- ▶ Cleaning method for small children can include:
 - The knee-to-knee position.
 - Child on lap with face up.
 - Cleaning front of teeth during bath time or while on the changing table.
- ▶ Include fluoride toothpaste in daily routine.



Oral Hygiene Instructions

- ▶ Discuss home care.
- ▶ Brush twice a day, using a small smear of fluoride toothpaste for infants, and pea-size for older children.



Smear

Age less than 2 years



Pea-size

Age 2 to 5 years



Regular

Age more than 5 years

Nutrition Education

- ▶ Feed children at regular feeding times. Minimize snacking. No grazing!
- ▶ Never let the children walk around with a bottle or cup with anything other than water. Fruit juice or milk should only be offered in a cup with meals or at snack time.
- ▶ Limit sugar to no more than three times per day. Sugar causes plaque attack!



Nutrition

- ▶ Offer snacks that don't cause caries.
- ▶ Encourage milk and water as the preferred beverages.
- ▶ Discourage soda consumption.

5 foods to avoid munching on



More Advice for Parents

- ▶ Lift the lip and look for chalky white or brown spots. Take the child to the dentist if you see these signs of cavities.
- ▶ Put baby to bed without a bottle, and wean from the bottle around 12 months of age.
- ▶ Get fluoride varnish treatments in both the medical and dental offices to protect your baby's teeth from cavities.

Fluoride Facts



Fluoride Is...

▶ Cariostatic

- Enhances tooth (re)mineralization
- Arrests /reverses tooth demineralization
- Inhibits acid-producing bacteria
- Decreases enamel solubility
- Concentrates in plaque
- Primarily a topical effect, even when given systemically

Sources of Fluoride

- ▶ Natural
 - Mineral, in phosphate rock
 - Also found in tea, seafood, and other foods
 - Naturally dissolves in water
- ▶ Community water fluoridation
 - 63.7% of Californians (rank 34th in U.S.)
 - Recommended level 0.7 mg/L
- ▶ Toothpaste (0 to prescription strength)
- ▶ Bottled water ?
- ▶ Fluoride treatments

“The dose makes the poison.”—Paracelsus

Fluoride Varnish

- ▶ A concentrated resin that sets on contact with saliva
- ▶ Contains 5% NaF, with flavor
- ▶ Can be applied to healthy teeth for prevention, or to beginning decay (class 1 or 2) for remineralization (white or brown spots)
- ▶ NOT for use on pulpal exposure (class 3)

7 Steps to Oral Care in the Primary Care Setting



Preparation

- ▶ Caries Risk Assessment (CRA) form or electronic questionnaire
- ▶ Self-Management and Goal Setting Handout



California Department of Health Care Services
Domain #2 Caries Risk Assessment Form for Children <6 Years of Age

Patient Name: _____
ID#: _____ Age: _____ Date of Birth: _____
Assessment Date: _____

Please indicate whether this is a BASELINE assessment or a FOLLOW-UP VISIT _____
Provide follow-up visit #) _____

RISK ASSESSMENT				
Assessment through interview and clinical examination	High Risk	Moderate Risk	Low risk	Priority for Self-management goal
	Check All That Apply			
1. Risk factors (Biological and Behavioral Predisposing factors)				
(a) Child sleeps with a bottle containing a liquid other than water, or nurses on demand		Yes <input type="checkbox"/>	No risk factors	
(b) Frequent use beverages other than water including sugary beverages, soda or juice		Yes <input type="checkbox"/>		
(c) Frequent (>3 times/day) between-meal snacks of packaged or processed sugary foods including dried fruit		Yes <input type="checkbox"/>		
(d) Frequent or regular use of asthma inhalers or other medications which reduce salivary flow		Yes <input type="checkbox"/>		
(e) Child has developmental disability (C/CH) (child with special health care needs)		Yes <input type="checkbox"/>		
(f) Child's teeth not brushed with fluoride toothpaste by an adult twice per day		Yes <input type="checkbox"/>		
(g) Child's exposure to other sources of fluoride (fluoridation or fluoride tablets) is inadequate		Yes <input type="checkbox"/>		
2. Disease indicators/risk factors—clinical examination of child				
(a) Obvious white spots, decalcifications, enamel defects or obvious decay present on the child's teeth	Yes <input type="checkbox"/>	No disease indicators	No disease indicators	
(b) Restorations in the past 12 months (past caries experience for the child)	Yes <input type="checkbox"/>			
(c) Plaque is obvious on the teeth and/or gums bleed easily		Yes <input type="checkbox"/>		
OVERALL ASSESSMENT OF RISK* (Check)	HIGH <input type="checkbox"/> Code 0603	MODERATE <input type="checkbox"/> Code 0602	LOW <input type="checkbox"/> Code 0601	



Preparation

▶ Clinical Supplies

- Gauze
- Light source
- Toothbrush
- Fluoride varnish
- Gloves



Overview of the 7 Steps

1. Interview—Caries Risk Assessment
2. Position the child
3. Oral examination
4. Toothbrush prophylaxis—optional
5. Fluoride varnish treatment
6. Summary and goal setting
7. Documentation

Adapted from *TYKE: Treating
Young Kids Everyday*



Step 1: Interview/Carries Risk Assessment

Interview the Caregiver (Begin Anticipatory Guidance)

- ▶ Or interview the child if s/he is old enough.
- ▶ Closed questions.
- ▶ Open-ended questions.
- ▶ Questions will follow the CRA form.



Caries Risk Assessment

- ▶ Fosters the treatment of **the disease process** instead of treatment of **the disease outcome** (caries).
- ▶ Gives an understanding of the disease factors for each specific child and aids in individualizing preventive discussions (motivational interviewing).
- ▶ Individualizes, selects, and determines frequency of preventive treatment for a patient.
 - Fluoride varnish frequency.
- ▶ Anticipates caries progression or stabilization.

Source: American Academy of Pediatric Dentistry. Guideline on Caries-risk Assessment and Management for Infants, Children, and Adolescents. Clinical Practice Guidelines.



Caries Risk Assessment Tool

California Department of Health Care Services
Domain #2 Caries Risk Assessment Form for Children <6 Years of Age

- ▶ A form to gather information for classifying children into high, moderate, or low caries risk categories.
- ▶ Identifies key clinical, risk, and protective factors for management of caries.
- ▶ Helps to set self-management goals and motivate patients.

Patient Name: _____				
ID# _____ Age: _____ Date of Birth: _____				
Assessment Date: _____				
Please indicate whether this is a BASELINE assessment or a FOLLOW-UP VISIT _____				
Provide follow-up visit #) _____				
RISK ASSESSMENT				
Assessment through interview and clinical examination	High Risk	Moderate Risk	Low risk	Priority for Self-management goal
	Check All That Apply			
1. Risk factors (Biological and Behavioral Predisposing factors)				
(a) Child sleeps with a bottle containing a liquid other than water, or nurses on demand		Yes <input type="checkbox"/>	No risk factors	
(b) Frequent use beverages other than water including sugary beverages, soda or juice		Yes <input type="checkbox"/>		
(c) Frequent (>3 times/day) between-meal snacks of packaged or processed sugary foods including dried fruit		Yes <input type="checkbox"/>		
(d) Frequent or regular use of asthma inhalers or other medications which reduce salivary flow		Yes <input type="checkbox"/>		
(e) Child has developmental disability/CSHCN (child with special health care needs)		Yes <input type="checkbox"/>		
(f) Child's teeth not brushed with fluoride toothpaste by an adult twice per day		Yes <input type="checkbox"/>		
(g) Child's exposure to other sources of fluoride (fluoridation or fluoride tablets) is inadequate		Yes <input type="checkbox"/>		
2. Disease indicators/risk factors—clinical examination of child				
(a) Obvious white spots, decalcifications, enamel defects or obvious decay present on the child's teeth	Yes <input type="checkbox"/>	No disease indicators	No disease indicators	
(b) Restorations in the past 12 months (past caries experience for the child)	Yes <input type="checkbox"/>			
(c) Plaque is obvious on the teeth and/or gums bleed easily		Yes <input type="checkbox"/>		
OVERALL ASSESSMENT OF RISK* (Check)	HIGH <input type="checkbox"/> Code 0603	MODERATE <input type="checkbox"/> Code 0602	LOW <input type="checkbox"/> Code 0601	



Biological & Behavioral Risk Factors

RISK ASSESSMENT				
Assessment through interview and clinical examination	CIRCLE High Risk if any "Yeses" are present	CIRCLE Moderate Risk if any "Yeses" are present and there are no high risk factors	No Risk Factors CIRCLE Low risk	Priority for Self-management goal
1. Risk factors (Biological and Behavioral Predisposing factors)				
(a) Child sleeps with a bottle containing a liquid other than water, or nurses on demand		Yes	No risk factors	
(b) Frequent use beverages other than water including sugary beverages, soda or WIC juice		Yes		
(c) Frequent (>3 times/day) between-meal snacks of packaged or processed foods including dried fruit		Yes		
(d) Frequent or regular use of asthma inhalers or other medications which reduce salivary flow		Yes		
(e) Child has developmental disability /CSHCN (child with special health care needs)		Yes		
f) Child not brushed teeth by adult for 2 x day		Yes		
g) Child's exposure to other sources of fluoride (fluoridation or fluoride tablets) is inadequate		Yes		

- ▶ It is best completed via interview with the caregiver.
- ▶ Factors that predispose a child to dental caries.
- ▶ Indicators for **moderate risk**.

Clinical Indicators of Disease

2. Disease indicators/risk factors – clinical examination of child

(a) Obvious white spots, decalcifications, enamel defects or obvious decay present on the child's teeth	Yes		No disease indicators	
(b) Restorations in the past 12 months (past caries experience for the child)	Yes			
(c) Plaque is obvious on the teeth and/or gums bleed easily		Yes		
OVERALL ASSESSMENT OF RISK (Circle)	HIGH Code 0603	MODERATE Code 0602	LOW Code 0601	

- ▶ Completed by visually inspecting the child's mouth for signs of disease
- ▶ Signs that the disease process has affected tooth structure automatically place a child into a **high risk** category.

CRA Results

- ▶ YES to any one indicator in the HIGH RISK COLUMN = **HIGH RISK** [Presence of disease or recent disease experience].
- ▶ YES to one or more factors/indicators in the MODERATE RISK COLUMN in the absence of any HIGH RISK indicators = **MODERATE RISK** [Presence of a risk indicator; no disease].
- ▶ Absence of factors in either high or moderate risk categories = **LOW RISK.**

CRA Summary

Moderate Risk	High Risk
Frequent carbohydrates	White spot lesions
Visible plaque	Active caries
Low fluoride exposure	Restorations previous 12 months
Low saliva flow	
Low risk indicated by absence of factors in either category	

Fluoride Exposure—Is Your Water Fluoridated?

- ▶ To determine if a water system is fluoridated, visit the [California State Water Resources Control Board](http://www.waterboards.ca.gov/drinking_water/certlic/drinkingwater/Fluoridation.shtml) at

http://www.waterboards.ca.gov/drinking_water/certlic/drinkingwater/Fluoridation.shtml.



AAP Oral Health Risk Assessment

Oral Health Risk Assessment Tool

The American Academy of Pediatrics (AAP) has developed this tool to aid in the implementation of oral health risk assessment during health supervision visits. This tool has been subsequently reviewed and endorsed by the National Interprofessional Initiative on Oral Health.

Instructions for Use

This tool is intended for documenting caries risk of the child, however, two risk factors are based on the mother or primary caregiver's oral health. All other factors and findings should be documented based on the child.

The child is at an absolute high risk for caries if any risk factors or clinical findings, marked with a ▲ sign, are documented yes. In the absence of ▲ risk factors or clinical findings, the clinician may determine the child is at high risk of caries based on one or more positive responses to other risk factors or clinical findings. Answering yes to protective factors should be taken into account with risk factors/clinical findings in determining low versus high risk.

Patient Name: _____ Date of Birth: _____ Date: _____		
Visit: <input type="checkbox"/> 6 month <input type="checkbox"/> 9 month <input type="checkbox"/> 12 month <input type="checkbox"/> 15 month <input type="checkbox"/> 18 month <input type="checkbox"/> 24 month <input type="checkbox"/> 30 month <input type="checkbox"/> 3 year <input type="checkbox"/> 4 year <input type="checkbox"/> 5 year <input type="checkbox"/> 6 year <input type="checkbox"/> Other _____		
RISK FACTORS	PROTECTIVE FACTORS	CLINICAL FINDINGS
<ul style="list-style-type: none"> ▲ Mother or primary caregiver had active decay in the past 12 months <input type="checkbox"/> Yes <input type="checkbox"/> No ● Mother or primary caregiver does not have a dentist <input type="checkbox"/> Yes <input type="checkbox"/> No ● Continual bottle/sippy cup use with fluid other than water <input type="checkbox"/> Yes <input type="checkbox"/> No ● Frequent snacking <input type="checkbox"/> Yes <input type="checkbox"/> No ● Special health care needs <input type="checkbox"/> Yes <input type="checkbox"/> No ● Medicaid eligible <input type="checkbox"/> Yes <input type="checkbox"/> No 	<ul style="list-style-type: none"> ● Existing dental home <input type="checkbox"/> Yes <input type="checkbox"/> No ● Drinks fluoridated water or takes fluoride supplements <input type="checkbox"/> Yes <input type="checkbox"/> No ● Fluoride varnish in the last 6 months <input type="checkbox"/> Yes <input type="checkbox"/> No ● Has teeth brushed twice daily <input type="checkbox"/> Yes <input type="checkbox"/> No 	<ul style="list-style-type: none"> ▲ White spots or visible decalcifications in the past 12 months <input type="checkbox"/> Yes <input type="checkbox"/> No ▲ Obvious decay <input type="checkbox"/> Yes <input type="checkbox"/> No ▲ Restorations (fillings) present <input type="checkbox"/> Yes <input type="checkbox"/> No ● Visible plaque accumulation <input type="checkbox"/> Yes <input type="checkbox"/> No ● Gingivitis (swollen/bleeding gums) <input type="checkbox"/> Yes <input type="checkbox"/> No ● Teeth present <input type="checkbox"/> Yes <input type="checkbox"/> No ● Healthy teeth <input type="checkbox"/> Yes <input type="checkbox"/> No
ASSESSMENT/PLAN		
Caries Risk: <input type="checkbox"/> Low <input type="checkbox"/> High	Self Management Goals: <input type="checkbox"/> Regular dental visits <input type="checkbox"/> Wean off bottle <input type="checkbox"/> Healthy snacks <input type="checkbox"/> Dental treatment for parents <input type="checkbox"/> Less/No juice <input type="checkbox"/> Less/No junk food or candy Completed: <input type="checkbox"/> Anticipatory Guidance <input type="checkbox"/> Brush twice daily <input type="checkbox"/> Only water in sippy cup <input type="checkbox"/> No soda <input type="checkbox"/> Fluoride Varnish <input type="checkbox"/> Use fluoride toothpaste <input type="checkbox"/> Drink tap water <input type="checkbox"/> Xylitol <input type="checkbox"/> Dental Referral	

Treatment of High Risk Children

If appropriate, high-risk children should receive professionally applied fluoride varnish and have their teeth brushed twice daily with an age-appropriate amount of fluoridated toothpaste. Referral to a pediatric dentist or a dentist comfortable caring for children should be made with follow-up to ensure that the child is being cared for in the dental home.

Adapted from Ramos-Gomez TJ, Crystal YO, Ng MW, Crall JJ, Featherstone JD. Pediatric dental care: prevention and management protocols based on caries risk assessment. J Calif Dent Assoc. 2010;38(10):746-761; American Academy of Pediatrics Section on Pediatric Dentistry and Oral Health. Preventive oral health intervention for pediatricians. Pediatrics. 2009; 123(6):1387-1394, and American Academy of Pediatrics Section on Pediatric Dentistry. Oral health risk assessment timing and establishment of the dental home. Pediatrics. 2003;111(5):1113-1116. The recommendations in this publication do not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate. Copyright © 2011 American Academy of Pediatrics. All rights reserved. The American Academy of Pediatrics does not review or endorse any modifications made to this document and is not liable for any such changes.

Clinical Findings



▲ White Spots/Decalcifications

This child is high risk.

White spot decalcifications present—immediately place the child in the high-risk category.



▲ Obvious Decay

This child is high risk.

Obvious decay present—immediately place the child in the high-risk category.



▲ Restorations (Fillings) Present

This child is high risk.

Restorations (Fillings) present—immediately place the child in the high-risk category.



Visible Plaque Accumulation

Plaque is the soft and sticky substance that accumulates on the teeth from food debris and bacteria. Primary care clinicians can teach parents how to remove plaque from the child's teeth by brushing and flossing.



Gingivitis

Gingivitis is the inflammation of the gums. Primary care clinicians can teach parents good oral hygiene skills to reduce the inflammation.



Healthy Teeth

Children with healthy teeth have no signs of early childhood caries and no other clinical findings. They are also experiencing normal tooth and mouth development and spacing.

For more information about the AAP's oral health activities email oralhealth@aap.org or visit www.aap.org/oralhealth.



Step 2: Position the Child

- ▶ Position knee-to-knee.
- ▶ Slowly lower the child onto your lap.
- ▶ Caregiver holds the child's hands and helps to keep the child stable.
- ▶ Expect crying.
 - Bad news: The child is crying.
 - Good news: You can see the teeth clearly.



Step 2: Position the Child

- ▶ Older children can sit on the exam table or stand in front of you.



Step 3: Oral Examination

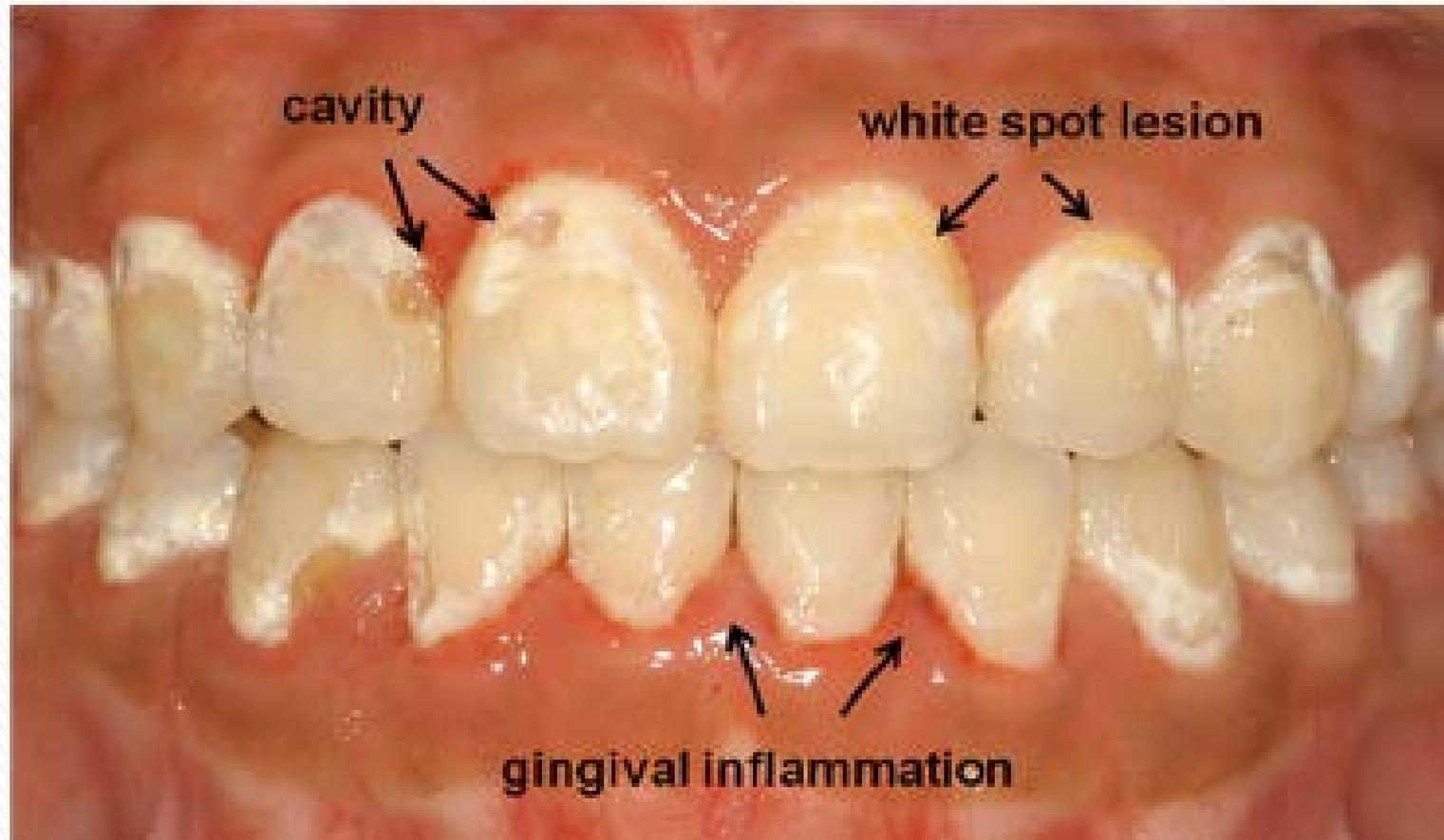
- ▶ Look for:
 - Presence of thick plaque
 - Chalky white spots, brown spots, or obvious dental caries
 - Recent restorations
 - Tooth defects
 - Abscesses
 - Visually inadequate saliva flow
- ▶ Show caregivers any signs of tooth decay.

How to Spot Dental Disease



- ▶ Look for obvious white spots, decalcifications, enamel defects, or obvious decay.

How to Spot Dental Disease



- ▶ White spot lesions and decalcifications occur in areas where plaque builds up.

Dental Plaque and Inflamed Gums



Oral Examination

- ▶ Teach the caregiver to “lift the lip” to check for chalky white spots or brown spots.



Step 4: Toothbrush Prophylaxis

- ▶ Remove plaque thoroughly (or help the child or parent do it) with a toothbrush. (optional)



Step 5: Fluoride Varnish Treatment

▶ Get started:

- Dry teeth lightly with a gauze square.
 - *Check manufacturer's instructions. Some work better without drying.*
- Open the packet of varnish.
- Bend the end of the applicator.
- Stir with applicator



Step 5: Fluoride Varnish Treatment

- ▶ Apply varnish:
 - Do the outsides of all teeth and then the insides.
 - Begin with the upper arch.
 - Repeat with lower arch.
 - Takes less than 3 minutes to apply!



Step 5: Fluoride Varnish Treatment

▶ Finish up:

- Raise the child back into the caregiver's arms for comforting.
- Provide child with a toy.
- Instructions to the parent and/or the child:
 - Don't brush until the next day.
 - No hard, crunchy foods or hot drinks until the next day.
 - Slight coloration will be gone when the varnish wears off.

Step 6: Summary & Goal Setting

- ▶ Summarize your findings for the parent and the child.
- ▶ Recommend follow-up care.
- ▶ Discuss risk and determine appropriate recare interval.
- ▶ With the parent and/or patient, set goals for home care.

Self-Management Goals for Parent/Caregiver

Patient Name _____

DOB _____



Regular dental visits for child



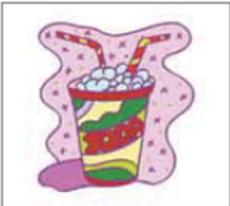
Family receives dental treatment



Healthy snacks



Brush with fluoride toothpaste at least 2 times daily



No soda



Less or no juice



Wean off bottle (no bottles for sleeping)



Only water or milk in sippy cups



Drink tap water



Less or no junk food and candy



Use xylitol spray, gel or dissolving tablets

IMPORTANT: The last thing that touches your child's teeth before bedtime is the toothbrush with fluoride toothpaste.

Self-management goals 1) _____

2) _____

On a scale of 1-10, how confident are you that you can accomplish the goals? 1 2 3 4 5 6 7 8 9 10

Signature _____ Date _____

Practitioner signature _____ Date _____

Self-Management Goals & Plans



Small Steps for Change

- ▶ Choose 1 or 2 key messages.
- ▶ Remain positive.
- ▶ It takes multiple triggers over time to change behavior.



Legal Requirements

- ▶ Create **standing orders** allowing fluoride varnish and CRAs to be performed as part of the well-child visits.
- ▶ Complete the trainings in the resources section on children's oral health, CRAs, and fluoride varnish. (recommended, but not required)
- ▶ If delegating to a nurse or medical assistant, complete the credentialing process.

Delegation of Fluoride Varnish and Caries Risk Assessment

- ▶ California law allows fluoride varnish and CRA to be delegated to a medical assistant.
- ▶ As required under § 1366 of the California Code of Regulations:
 - ▶ The supervising physician or delegated R.N., L.V.N., or P.A. shall certify in writing the place, date, content, and duration of the training.
 - The easiest way to do this is to have the M.A. complete the free online Smiles for Life course, “Caries Risk Assessment, Fluoride Varnish, and Counseling,” a National Oral Health Curriculum. (See *Resources* slide)

Delegation of Fluoride Varnish and Caries Risk Assessment

- ▶ The M.A. then will be observed by the certifying physician or his/her delegated R.N., L.V.N., or P.A. to demonstrate competence in the application of fluoride varnish.
- ▶ After the M.A. has completed the course, the supervising physician or delegated R.N., L.V.N., or P.A. observes the M.A. applying fluoride varnish and signs the form attesting to her competence to perform the function.
- ▶ See credentialing form on your flash drive.

Step 7: Documentation

- ▶ Record the lot# of the fluoride varnish packet and verify that the product is not expired.
- ▶ D0601 – CRA, low risk
- ▶ D0602 – CRA, moderate risk
- ▶ D0603 – CRA, high risk
- ▶ D1206 – Topical application of fluoride varnish
- ▶ 99188 – Topical application of fluoride varnish
- ▶ If bringing a child back for an additional fluoride varnish application, may also bill for an office visit (99211) as well as the fluoride varnish (D1206)
- ▶ This list is not complete. Billing can be complicated!

Biggest Objections to Integrating Oral Health

- ▶ “I don’t have time.”
 - It takes 1–5 minutes to do it.
 - You can delegate it.
- ▶ “It costs too much.”
 - You may be reimbursed \$18 for CHDP children.
 - The product costs about \$1.
 - The income should cover those for whom you can’t bill.
- ▶ “They should get it from the dentist.”
 - There aren’t enough dental providers to provide preventive care to all the children in California, especially those on Medi-Cal.

Online Training

- ▶ Smiles for Life: A National Oral Health Curriculum (CME)
 - A free online series of courses designed to ensure the integration of oral health and primary care.
 - Course #2 Child Oral Health
 - Course #6 Caries Risk Assessment, Fluoride Varnish, and Counseling
 - Course #7 The Oral Exam
 - Smilesforlifeoralhealth.org

Online Training

- ▶ TYKE: Treating Young Kids Everyday
 - A free online program for educating and training dental and primary care teams in using Caries Risk Assessment and early intervention to reduce Early Childhood Caries.
 - <https://www.cda.org/member-resources/education/tyke-training>

IHS Resources

▶ Fluoride Varnish Training

- <https://www.ihs.gov/DOH/index.cfm?fuseaction=ecc.varnish>

▶ Early Childhood Caries Collaborative

- <https://www.ihs.gov/doh/index.cfm?fuseaction=ecc.display>

CA DHCS Resources

▶ California CRA Form

- <http://www.dhcs.ca.gov/provgovpart/denti-cal/Documents/Domain%202%20CRA%20Tool.pdf>

▶ California Self-Management Goals for Parent/Caregiver Form

- <http://www.dhcs.ca.gov/provgovpart/Documents/Domain%202%20CRA%20Self-Management%20Goals%20for%20Parent-Caregiver.pdf>

AAP Resources

- ▶ American Academy of Pediatrics Oral Health Risk Assessment Tool
 - https://www.aap.org/en-us/Documents/oralhealth_RiskAssessmentTool.pdf
- ▶ Oral Health Page
 - <https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Oral-Health/Pages/Oral-Health.aspx?>
- ▶ EQIPP: Oral Health CME
 - <https://shop.aap.org/eqipp-oral-health/>

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Questions?

