

Topical Fluoride Treatments



Topical Fluoride: This GPRA objective addresses the prevalence or “coverage” of topical fluoride treatment delivered to American Indian and Alaska Native (AI / AN) patients ages 1 through 15. The computational formula: number of AI / AN patients ages 1 through 15 who receive \geq one topical fluoride treatment divided by the user population for that age group.

Topical fluoride treatments are counted similarly to the way dental access is assessed, in that you do not get credit for the total number of topical fluoride treatments provided, but rather for the number of AI/AN patients who received at least one topical fluoride application. In addition to the dental codes for topical fluoride application, the RPMS medical code V07.31 (topical fluoride treatment) is included because it tracks children who receive topical fluoride treatments from medical staff during MCH clinics or well-child visits. This is the only dental GPRA that uses a medical code to track services provided by non-dental staff. This is an appropriate reward for those programs where the dental staff has collaborated with the medical staff to provide screening and topical fluoride treatments for infants and young children.

Currently most IHS Tribal Dental Programs are using fluoride varnish as the topical fluoride treatment of choice. The primary advantage of fluoride varnish is that it is safe to use with infants and young children whereas the APF gel/tray method is not recommended for this young age group. Fluoride varnish is also considerably quicker and less messy than the gel/tray method. One of the drawbacks of the varnish was the temporary staining it gave the teeth, but there are now both white and clear products available that do not leave a brownish stain on the teeth. As for effectiveness, fluoride varnish and APF/gel treatments are similar, with fluoride varnish having an edge in the remineralization of white spot lesions.

Ways to increase or maintain the number of topical fluoride treatments provided each year.

- One of the quickest and easiest ways to increase the number of patients who receive a topical fluoride treatment is to provide fluoride varnish as part of your school sealant program. Some programs apply fluoride varnish at the conclusion of each sealant session. Other programs apply fluoride varnish during the screening process to be sure that those children who do not need sealants still get the topical fluoride treatment.
- Provide screenings and fluoride varnish treatments at Head Start/Early Head Start or daycare centers. These can be provided on-site and repeated for those children who are at high risk for dental caries.
- Collaborate with MCH, WIC, and other medical staff to provide an oral health assessment and fluoride varnish treatment for infants and toddlers. Some programs train the medical staff to do oral health assessments, fluoride varnish and referrals, while other programs encourage the medical staff to refer infants and toddlers to the dental clinic for these services.

- Include fluoride varnish as part of your protocol for any patients receiving orthodontic care. These patients will especially benefit from topical fluorides.
- Include fluoride varnish as part of the tray setup for routine operative care. Patients with the greatest dental treatment needs are those who will benefit most from repeated topical fluoride treatments. This eliminates the need for additional appointments for high-risk patients to receive repeated fluoride varnish treatments.
- Provide fluoride varnish treatments as part of emergency care and during the first dental exam appointment since many patients may not return for follow-up dental treatment and further preventive care. Initial research (not replicated at present, and done with a cohort of youngsters with relatively good oral health) demonstrated a significant preventive benefit from a single topical fluoride treatment. We do not want to miss out on this opportunity with potential episodic users.

While patients rather than procedures are counted in the numerator of this GPRA objective, that shouldn't stop you from providing 3-4 fluoride varnish treatments per year for high-risk patients. This is a good example of how you can't let GPRA numbers dictate your prevention program. Do the right thing (in this case, multiple treatments for high risk patients), and the GPRA numbers and results will follow.

Be sure to sit down with key staff to set a measurable topical fluoride annual target for each GPRA year. You can track the number of patients who received topical fluoride quarterly through RPMS to measure your progress. Keep in mind that local data will not precisely match GPRA data, but local tracking will give you excellent information about your progress towards meeting GPRA objectives.

With all of the dental GPRA objectives, the goals are similar: increase access to care, increase sealant coverage, and increase topical fluoride treatments. Focus on these objectives not only because funding is tied to our progress in meeting these objectives, but also because they are the right things to do.

Your contacts for any questions this series of brief articles might elicit:

- At the Area level: Area Dental Director and your Dental Support Center personnel (most, but not all Areas, now have Support Centers) should have up-to-date information concerning GPRA, current dental objectives, and any progress reports available from the GPRA national steering committee.
- At the national level, your dental GPRA coordinator is Dr. Patrick Blahut at Headquarters. He can be reached at Patrick.Blahut@ihs.gov.