

ORAL HEALTH AND THE MEDICAL HOME

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OBJECTIVES

- ▶ Explain why primary care health professionals need to address children's oral health issues in the medical home
 - ▶ Discuss ways that primary care health professionals can utilize the medical home to improve children's oral health
 - ▶ Review ways to insert oral health education into the Bright Futures agenda for well child visits in the medical home
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KEY TAKE-AWAY PRINCIPLES

- ▶ Primary care providers must address oral health issues as soon as the baby has the first tooth; it is not practical for dentists to provide oral health services for babies and young preschool children
 - ▶ The time children spend with sweet liquids and foods on their teeth will determine their incidence of early dental disease.
 - ▶ State government leaders must be convinced that indigent children need preventive oral health services in a medical home.
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Cost of Early Caries

- ▶ \$6000 per patient who needs general anesthesia in an operating room
 - ▶ Pain and suffering
 - ▶ Future oral health problems
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BACKGROUND WORK

North Carolina Institute of Medicine
Task Force on Dental Care Access

Report to the North Carolina General
Assembly and to the Secretary of the North
Carolina Department of Health and Human
Services

Chapel Hill, North Carolina Institute of
Medicine, 1999.



BACKGROUND WORK

North Carolina Dental Society

North Carolina Academy of Pediatric Dentistry


North Carolina Academy of Family Physicians

North Carolina Pediatric Society

North Carolina General Assembly



COALITION

- ▶ UNC School of Dentistry
 - ▶ NC Division of Medical Assistance (Medicaid)
 - ▶ NC Division of Public Health
 - ▶ NC Academy of Family Physicians
 - ▶ NC Pediatric Society
 - ▶ Dental Hygienists
 - ▶ Primary Care Providers
 - ▶ NC Partnership for Children (Smart Start)
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REFERENCE

Prevention of Early Childhood Caries in North Carolina Medical Practices: Implications for Research and Practice

Rozier, R. G. et al


Journal of Dental Education

Volume 67, Number 8


August 2003



INTO THE MOUTHS OF BABES

- ▶ 2000: UNC School of Dentistry; NC Division of Medical Assistance (Medicaid); NC Academy of Family Physicians; NC Pediatric Society
 - ▶ Medicaid Waiver
 - ▶ Grants: CMS, HRSA, CDC
 - ▶ Payment of Providers: Medicaid
 - ▶ Education of Providers: Dental Hygienists under direction of UNC School of Dentistry
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COMMUNITY CARE OF NC (CCNC)

- ▶ Physician-directed Medicaid Managed Care (there are no for-profit health insurance companies)
 - ▶ 14 Networks that cover the entire state
 - ▶ Educational component of CCNC
 - ▶ Payment of providers (\$50 per visit)
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ORAL HEALTH TOOLKIT

Link to the materials that are included in the education program for providers:

<http://www.ncdhhs.gov/dph/oralhealth/partners/IMB-toolkit.htm>

These materials are the components of the AMA-approved CME course providers are required to complete

ORAL HEALTH TOOLKIT

Videos

Provider education tools

PORRT (NC Priority Oral Health Risk Assessment and Referral Tool)


Fluoride and fluoride varnish information

Parent education tools

Resources


<http://www.ncdhhs.gov/dph/oralhealth/partners/IMB-toolkit.htm>

INTO THE MOUTHS OF BABES


- ▶ Oral cavity-specific history and physical
 - ▶ Referral of at-risk children to a dentist
 - ▶ Application of fluoride varnish
 - ▶ Education of family
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PORRT (Priority Oral Health Risk Assessment and Referral Tool)

Questions for Parent:

1. Brushing teeth
 2. Fluoridated water
 3. Sweet liquids / sugary snacks
 4. Family history of significant dental disease
 5. Sleeping with bottle / sippy cup
 6. Enrolled in care of dentist
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PORRT

- ▶ Questions for Provider:
 1. Special health care needs
 2. Cavities
 3. Visible plaque
 4. Enamel defects
 5. White spot lesions
 6. Other oral health conditions
 7. Referral made to dentist
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Diagnostic Procedure: Clinical Oral Evaluation

D0145: Oral evaluation for a patient under three and one-half years of age and counseling with a primary caregiver

- ▶ Early caries screening
- ▶ Caries susceptibility
- ▶ Preventive oral health and dietary counseling
- ▶ Allowed once every 60 calendar days
- ▶ Limited to 6 visits prior to 3 ½ years of age
- ▶ Prescribing fluoride supplements if needed

Preventive Procedure: Topical Fluoride Treatment

D1206: Topical fluoride varnish; therapeutic application for moderate to high caries risk patients

- ▶ Apply to all teeth erupted at the time of visit
- ▶ Must be billed in conjunction with D0145
- ▶ Limited to recipients under 3 ½ years of age
- ▶ Allowed once every 60 days
- ▶ Limited to six times prior to age 3 ½ years

INTO THE MOUTHS OF BABES

Office-Based Preventive Dental Program and Statewide Trends in Dental Caries

Leo N. Achembong, Ashley M. Kranz and R. Gary Rozier


DOI: 10.1542/peds.2013-2561

Pediatrics 2014;133:e827; originally published online March 31, 2014;

Integration of Oral Health with Bright Futures Recommendations

- ▶ Nutrition: limit exposure of teeth to sweet snacks and liquids in bottles and sippy cups
- ▶ Early language development: sit at the table for all meals and snacks (or hold the child for breast feeding/bottle feeding during infancy and early childhood) **FACE TO FACE TALKING!**
- ▶ Sleep: after six months, avoid night time feedings; **NO BOTTLE OR SIPPY CUP IN BED!**
- ▶ Motor development: children do not brush their teeth independently until age 8 years

ISSUES

- ▶ Health Disparities
 - ▶ Socioeconomic Factors
 - ▶ Dentist Supply
 - ▶ Fluoride
 - ▶ Coalition Building
 - ▶ Education of Non-Dentists
 - ▶ Implementation of Comprehensive Program
 - ▶ Primary Care Providers: Finding Time
 - ▶ Finance
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COCHRANE REVIEW

The evidence produced has been found to be of moderate quality due to issues with trial designs. However in the 13 trials that looked at children and adolescents with permanent teeth the review found that the young people treated with fluoride varnish experienced on average a 43% reduction in decayed, missing and filled tooth surfaces. In the 10 trials looking at the effect of fluoride varnish on first or baby teeth the evidence suggests a 37% reduction in decayed, missing and filled tooth surfaces. There was little information concerning possible adverse effects or acceptability of treatment.

REFERENCE: COCHRANE REVIEW

Published: 11 July 2013

Authors: Marinho VCC, Worthington HV, Walsh T, Clarkson JE

Primary Review Group:

[Oral Health Group](#)



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