Interprofessional Education (IPE) and Health Center Dental Programs

2013 National Primary Oral Health Conference
Why IPE?

• The 2011 HRSA funded IOM Report: *Improving Access to Oral Health Care for Vulnerable and Underserved Populations*
  – Recommended that non-dental health care professionals take a role in oral health care.
  – Since then, HRSA has increased support for curriculum development and dissemination efforts for non-dental health professionals.

• Interprofessional education can positively impact dental clinics and the populations they serve.
Learning Objectives:

• Learn about interprofessional oral health education programs that have been recently funded by HRSA.
• Understand why it is beneficial to have primary care providers trained in oral health.
• Learn how to access and use the Smiles for Life online Oral Health curriculum.
• Recognize how interprofessional education can benefit health centers.
Our Presenters

- **Anita Glicken, MSW**
  President/CEO, National Commission on Certification of Physician Assistants Health Foundation

- **Erin Hartnett, DNP**
  Program Director, Oral Health Nursing Education and Practice (OHNEP) and Teaching Oral-Systemic Health (TOSH), NYU College of Nursing

- **Monique Morisseau, MD**
  Faculty, St. Mary's Family Medicine Residency
“An Interprofessional Oral Health Journey: Successful Innovations and Challenges”

Funding from: DentaQuest Foundation
Washington Dental Service Foundation
Connecticut Health Foundation
Health Resources and Services Administration

Erin Hartnett DNP, APRN-BC, CPNP
Program Director
OHNEP (Oral Health Nursing Education and Practice Program)
TOSH (Teaching Oral-Systemic Health)
NYU College of Nursing
Interprofessional Patient Centered Care
Interprofessional Oral Health Care Model

Increased Oral and Overall Health Outcomes

Increased Access to Oral Healthcare, Reduced Oral Health Disparities

National Oral Health Needs

Fragmented Oral Healthcare System

IP Oral-Systemic Education

Builds Primary Care Oral Health Workforce Capacity

Collaborative Practice

Health & Education Systems

Community

Successful Interprofessional Innovations
HRSA Teaching Oral-Systemic Health (TOSH) Grant

Thomas Riles, MD
NYU Langone Medical Center

Judith Haber, PhD, APRN, BC, FAAN
NYU College of Nursing

Edwidge Thomas, DNP, ANP-BC
NYU College of Nursing

Kellie Bryant, DNP, WHNP-BC
NYU College of Nursing

Erin Hartnett, DNP, APRN-BC, CPNP
NYU College of Nursing

Kenneth Allen, D.D.S., M.B.A.
NYU College of Dentistry
Social Networking for Oral Health

2,290 Visits
March 1, 2012 – July 31, 2013
IP Education & Collaborative Practice

- **Faculty and Preceptor Development**

- **Curriculum Integration**

  Oral-Systemic Health Knowledge Base for Primary Care Providers

  Interprofessional Oral-Systemic Health Core Clinical Competencies for Primary Care Providers

  - Health History
  - Physical Health Exam (HEENOT)
  - Oral-Systemic Risk Assessment Action Plan (preventive interventions, management within scope of practice)
  - Collaboration
  - Referral
HEENT to HEENOT
Interprofessional Oral Health Teaching-Learning Strategies

- Standardized patient cases
- Virtual cases
- Evidence-based oral health section on care plans
- Collaborative cases
- IP clinical rotations
The NFP Mission

- To expand access to primary healthcare services/improve the quality of life
- To become primary care providers for patients without access to health care or in need of regular health care.
- To test an innovative collaborative oral-systemic primary care delivery model
Interprofessional Nursing/Dental Clinical Experiences

- **Competencies for dental students:** conduct a comprehensive assessment of dental patient general health needs; identify need for referral (primary care, nutrition counseling, social work, etc.)

- **Competencies for nursing students:** conduct an oral health history; recognize normal and pathological variations of oral structures; demonstrate head and neck and oral exams

- **Collaborative Competencies:** identify specific oral-systemic associations derived from assessment data that impact the diagnosis and comprehensive and inter professional treatment planning and evaluation of patient outcomes

- **Who participates:** NP faculty, DDS faculty and DDS, DH and NP students
Objective for DDS: Teach DDS and PG-Pediatric dental residents effective behavioral management of pediatric patients

Objective for Nursing: Teach PNP students to conduct an oral health history and perform oral examination on preschool children (Head Start)

Who participates: PNP students, DDS, DH, PG-Pediatric dental residents, NYUCD and NYUCN faculty
Pediatric Nurse Practitioners Demonstrate Oral Examination During Outreach
Smoking Cessation Program

• **Competency:** Implement an inter professional population-focused health care initiative by nursing, dental hygiene, and dental students

• **Who participates:** NYUCN and NYUCD faculty and nursing, dental hygiene and dental students

New York University
Nursing Faculty Practice
Smoking Cessation program
212-998-9420

New York State Smoker’s Guidelines
1-866-NY-QUIT
Collaborative Oral Systemic Case Conference:

D4 starts

**Introduction Ms. JC**

- 51 Year old female
- Chief complaint: "I want something fixed for my upper front teeth"
- History of chief complaint:
  - She had been going to a private dentist and is wearing a provisional extending from Tooth no 2.1. She could not financially afford the treatment.

**Molecular Mechanism of Osteoporosis**

- mesenchymal stem cell
- osteoblasts, osteocytes
- osteoblastogenesis

D1 steps in

Nursing discusses patient systemic health management

Hygiene contributes...

D3 asks a...

D4 continues...

D4 contributes with...

D4 concludes with...
Service Learning Programs

• **Inter professional Objectives:**
  Expand access to oral and primary healthcare to children; conduct health promotion public health initiatives; practice as an inter professional team

**Who participates:**
DDS, PG- Dental and Dental Hygiene students; BS, NP-Nursing students
NYUCN / NYUCD faculty
D4 Honors Course
Interprofessional Oral Systemic Education Experience at NYSIM

- Oral Systemic Case Presentation
  - Standardized patient
  - Case Discussion

- NYU College of Nursing
  - 82 Students
  - 27 Faculty

- NYU College of Dentistry
  - 84 Students
  - 21 Faculty

- NYU School of Medicine
  - 164 Students
  - 11 Faculty

- Total 330 Students, 59 Faculty
<table>
<thead>
<tr>
<th>Question</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>na</th>
</tr>
</thead>
<tbody>
<tr>
<td>Promote effective communication among members of an interprofessional (IP) team*</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Actively listen to IP team members’ ideas and concerns</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
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<tr>
<td>Express my ideas and concerns without being judgmental</td>
<td>O</td>
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<td>O</td>
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<tr>
<td>Provide constructive feedback to IP team members</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
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<td>O</td>
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<tr>
<td>Express my ideas and concerns in a clear, concise manner</td>
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<tr>
<td>Seek out IP team members to address issues</td>
<td>O</td>
<td>O</td>
<td>O</td>
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<tr>
<td>Work effectively with IP team members to enhance care</td>
<td>O</td>
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<tr>
<td>Learn from and about IP team members to enhance care</td>
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<tr>
<td>Identify and describe my abilities and contributions to the IP team</td>
<td>O</td>
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<td>O</td>
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</tr>
<tr>
<td>Be accountable for my contributions to the IP team</td>
<td>O</td>
<td>O</td>
<td>O</td>
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<tr>
<td>Understand the abilities and contributions of IP team members</td>
<td>O</td>
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<tr>
<td>Recognize how others’ skills and knowledge complement and overlap with my own</td>
<td>O</td>
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<tr>
<td>Collaborative Patient/Family-Centered Approach</td>
<td>O</td>
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<tr>
<td>Use an IP team approach with the patient* to assess the health situation</td>
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</tr>
<tr>
<td>Use an IP team approach with the patient to provide whole person care</td>
<td>O</td>
<td>O</td>
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<tr>
<td>Include the patient/family in decision-making</td>
<td>O</td>
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</tr>
<tr>
<td>Actively listen to the perspectives of IP team members</td>
<td>O</td>
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<tr>
<td>Take into account the ideas of IP team members</td>
<td>O</td>
<td>O</td>
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<tr>
<td>Address team conflict in a respectful manner</td>
<td>O</td>
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<tr>
<td>Develop an effective care** plan with IP team members</td>
<td>O</td>
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<tr>
<td>Negotiate responsibilities within overlapping scopes of practice</td>
<td>O</td>
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</tbody>
</table>

*The patient’s family or significant other, when appropriate, are part of the IP team.
**The word “patient” has been employed to represent client, resident, and service user.
***The term “care” includes intervention, treatment, therapy, evaluation, etc.

Adapted from MacDonald, Archibald, Trumpower, Jolley, Cragg, Casimiro, & Johnstone, 2008.
NYC Department of Health Collaboration

- Bureau of Maternal and Infant Reproductive Health
- Nurse Family Partnership
- Education Program on Oral Health on Pregnancy and Early Childhood
- 120 Nurses and Staff

Erin Hartnett, DNP, APRN-BC, CPNP
Director, OHNEP and TOSH

Julia Lange-Kessler, MS, CM, RN, IBCLC
Clinical Instructor Coordinator, Nurse Midwifery Program

Donna Hallas, PhD, RN, PNP-BC, CPNP, FAANP
Clinical Professor Coordinator, Advanced Practice

Amr M. Moursi, D.D.S., Ph.D.
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Pediatric Dentistry

Jill B Fernandez, RDH, MPH
Clinical Associate Professor
Pediatric Dentistry

Neal G Herman, D.D.S., FAAHD
Clinical Professor
Pediatric Dentistry

Mark Wolff, D.D.S., Ph.D.
Professor, Cariology and Comprehensive Care

NYU College of Nursing
OHNEP IP Oral-Systemic Health Seed Grants

1. IP Model for an Oral Health Protocol in a Pediatric Primary Care Clinic
   PI - Janice A. Odiaga, DNP, CPNP
   Rush University College of Nursing

2. IP Oral - Systemic Health Course for Nursing and Dental Hygiene Students
   PI - Jacquelyn J. McClendon, PhD, APRN
   College of Health Professions, School of Nursing, Wichita State University

3. Oral Health in the Palliative Care Patient: Care throughout the Continuum of Illness
   PI - Rose Anne Indelicato, MSN, ANP-BC, ACHPN, OCN
   Sound Shore Medical Center

4. Refinement of an Existing Oral-Systemic Health Instructional Resource for Interprofessional Geriatric Education
   PI - Pamela Stein, DMD, MPH
   College of Dentistry, University of Kentucky

5. Oral Health and Mechanically Ventilated Critically Ill Adults
   PI – Deborah J. Jones, PhD, MS, RN
   University of Texas Health Science Center Houston

6. Oral Health Assessment Didactic Module for RN and NP Students
   PI – Donna Meyer, MSN, RN
   Lewis and Clark Community College

7. An IP Approach to Oral Health in Adolescents for Improved Birth Outcomes
   PI – Sally Lemke, MS, RN, WHNP-BC
   Rush University College of Nursing
OHNEP IP Oral-Systemic Health Technical Assistance

1. Case Western Reserve University
2. University of Tennessee
3. University of Nebraska
4. University of Maryland
5. University at Buffalo
6. University of Louisville
7. Virginia Commonwealth University
Interprofessional OHNEP Projects Across the Country
The oral-systemic connection in primary care

By Judith Falcon, AHIP-AC, PHD, RN; Barbara Durfee, PhD, WCMH, CRNP; and Mary E. Loken, RN, MS, CDE

Introduction

Oral health is a critical component of overall health and well-being. Poor oral health has been linked to an increased risk of systemic diseases such as heart disease, diabetes, and respiratory infections. As a result, it is important for primary care providers to screen for oral health issues and refer patients to dental professionals when necessary.

Background

The National Institute of Dental and Craniofacial Research (NIDCR) has identified oral health as a critical area for research and intervention. The Institute has identified several key areas of focus, including the prevention and treatment of oral diseases, the development of new diagnostic tools, and the integration of oral health into primary care.

1. Introduction

Over a decade ago, the United States Surgeon General's landmark report, Oral Health in America, called for increased research and education on oral health. The report highlighted the importance of oral health in maintaining overall health and well-being. Since that time, many advances have been made in the field of oral health, including the development of new treatments and preventive measures. However, there is still much work to be done to improve oral health outcomes for all Americans.

2. Methods

The study reported in this article was a retrospective chart review of patients seen in a primary care clinic over a 10-year period. The charts were reviewed for evidence of oral health screening and referrals to dental professionals. Patients were included in the study if they were seen in the clinic at least once during the study period.

3. Results

The results of the study showed that while oral health screening was performed in most cases, referrals to dental professionals were less common. The most common reasons for not referring patients to dental professionals were lack of time in the appointment and lack of patient interest.

4. Discussion

These findings highlight the need for increased collaboration between primary care providers and dental professionals to ensure that patients receive appropriate care for their oral health needs.

Conclusion

In conclusion, the importance of oral health cannot be overstated. Primary care providers have a critical role to play in identifying and referring patients for oral health care when appropriate. Further research is needed to identify effective strategies for improving oral health outcomes for all Americans.

References


Acknowledgments

The authors would like to thank the primary care clinic staff for their assistance in collecting data for this study. This research was supported by the National Institute of Dental and Craniofacial Research (Grant Number DE025101).

Conflict of Interest

The authors declare no conflicts of interest.

Funding

This work was supported by the National Institute of Dental and Craniofacial Research (Grant Number DE025101).
Diabetes-Periodontal Disease


Interdisciplinary Strategies to Reduce the Risk of Early Childhood Caries: Implementation of a Postnatal Educational Program and Follow-Up to Establish a Dental Home in the First Year of Life, funded by Samuel D. Harris Foundation.
Capstone Project

Integrating Preventive Dental Care in a Pediatric Oncology Center

Erin Hartnett, DNP, APRN-BC, CPNP
Program Director, Oral Health Nursing Education and Practice (OHNEP)
Program Director, Teaching Oral-Systemic Health (TOSH)
IP Oral Health Collaboration – It Takes a Village
Respond to the IP Challenge

- Create an interprofessional advisory council
- Sponsor interprofessional faculty development workshops
- Establish formal interprofessional communication mechanisms
- Involve external communities of interest
- Develop interprofessional oral health champions
- Evaluate interprofessional outcomes
How can they work together if they don’t learn together?
Knowledge, Trust, Respect, Collaboration
References

CAVITY FREE AT THREE
PRIMARY CARE PERSPECTIVE
NOVEMBER 12, 2013
BACKGROUND

1. Medical education
2. Health needs seen in practice
3. How to develop a program to address these needs and work in collaboration with the dental community
PROGRAM GOALS

Cavity Free at Three aims to educate health professionals about the consequences of early childhood caries and their role in preventing this disease.

We work to facilitate the implementation of an infant oral care model throughout Colorado with a special emphasis on underserved populations.
WHY IS THIS IMPORTANT?

Dental caries is 5 times as common as asthma

Dental caries is the most common chronic childhood disease

It is largely a disease of poverty

Dental caries affects a child’s ability to learn, attend school, and later to get a job and go to work
WHY BRING THIS TO MEDICAL VISIT?

Early intervention is key because 80% of ECC occurs in 20% of children.

Perform interventions at same time as well visits.
Application of fluoride as early as possible when indicated.
Oral hygiene instruction.
Nutritional counseling.
The American Academy of Pediatric Dentistry recommends that establishment of a dental home begins no later than 12 months of age and includes referral to dental specialists when appropriate.

The American Academy of Pediatrics states, “To prevent caries in children, high-risk individuals must be identified at an early age, and aggressive strategies should be adopted, including anticipatory guidance, behavior modifications and establishment of a dental home by 1 year of age for children deemed at risk.”
## Medical Provider Opportunities

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Age</th>
<th>1 month</th>
<th>2 months</th>
<th>4 months</th>
<th>6 months</th>
<th>12 months</th>
<th>15 months</th>
<th>18 months</th>
<th>19–23 months</th>
<th>2–3 years</th>
<th>1–6 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hepatitis B&lt;sup&gt;1&lt;/sup&gt;</td>
<td>Birth</td>
<td>HepB</td>
<td></td>
<td></td>
<td></td>
<td>HepB</td>
<td></td>
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</tr>
<tr>
<td>Rotavirus&lt;sup&gt;2&lt;/sup&gt;</td>
<td></td>
<td>RV</td>
<td>RV</td>
<td>RV&lt;sup&gt;2&lt;/sup&gt;</td>
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<tr>
<td>Diphtheria, Tetanus, Pertussis&lt;sup&gt;3&lt;/sup&gt;</td>
<td></td>
<td>DTaP</td>
<td>DTaP</td>
<td>DTaP&lt;sup&gt;3&lt;/sup&gt;</td>
<td>DTaP</td>
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<tr>
<td>Haemophilus influenza type b&lt;sup&gt;4&lt;/sup&gt;</td>
<td></td>
<td>Hib</td>
<td>Hib</td>
<td>Hib&lt;sup&gt;4&lt;/sup&gt;</td>
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<tr>
<td>Pneumococcal&lt;sup&gt;5&lt;/sup&gt;</td>
<td></td>
<td>PCV</td>
<td>PCV</td>
<td>PCV</td>
<td>PCV</td>
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<td></td>
<td>PPSV</td>
<td>IPV</td>
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<tr>
<td>Inactivated Poliovirus&lt;sup&gt;6&lt;/sup&gt;</td>
<td></td>
<td>IPV</td>
<td>IPV</td>
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<td>IPV</td>
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<td>IPV</td>
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<tr>
<td>Influenza&lt;sup&gt;7&lt;/sup&gt;</td>
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<td>Influenza</td>
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<tr>
<td>Measles, Mumps, Rubella&lt;sup&gt;8&lt;/sup&gt;</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>MMR</td>
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<tr>
<td>Varicella&lt;sup&gt;9&lt;/sup&gt;</td>
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<td></td>
<td>Varicella</td>
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<tr>
<td>Hepatitis A&lt;sup&gt;10&lt;/sup&gt;</td>
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<td></td>
<td></td>
<td>HepA (2 doses)</td>
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<tr>
<td>Meningococcal&lt;sup&gt;11&lt;/sup&gt;</td>
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<td></td>
<td>MCV</td>
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</table>

**Notes:**
- See footnote<b>3</b> for DTaP.
- See footnote<b>8</b> for MMR.
- See footnote<b>9</b> for Varicella.

**Legend:**
- PPSV: Pneumococcal polysaccharide vaccine
- MCV: Meningococcal vaccine
- HepA Series: Hepatitis A series
- HepA (2 doses): Hepatitis A (2 doses)
ORAL HEALTH IN THE MEDICAL OFFICE

Must include:
- Risk Assessment
- Oral examination
- Education of primary caregiver
- Fluoride varnish application
- Must be provided with well child exam
- Additional codes are age specific

See Medicaid rules
# Risk Assessment

## Pediatric Oral Health Screening
Dental Office

### Chief complaint or reason for referral

<table>
<thead>
<tr>
<th>Caries risk indicators – based on parent interview</th>
<th>Initial</th>
<th>Follow-up</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Mother/primary caregiver has had active dental decay in past 12 months</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>(b) Older siblings with history of dental decay</td>
<td></td>
<td></td>
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<tr>
<td>(c) Continual use of bottle containing beverages other than plain water (nothing added): Bottle use &gt; 12 months old</td>
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<tr>
<td>(d) Child sleeps with a bottle or nurses on demand after any teeth have erupted</td>
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<tr>
<td>(e) Frequent (greater than 3x/day total) candy, carbohydrate snacks, soda, sugared beverages, and fruit juice</td>
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<tr>
<td>(f) Medical Risks: 1. Saliva-reducing meds (asthma, seizure, hyperactivity etc.) 2. Developmental problems etc. 3. History of anemia or iron therapy 4. Daily liquid meds</td>
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</tbody>
</table>

### Protective factors – based on parent interview

<table>
<thead>
<tr>
<th>Protective factors – based on parent interview</th>
<th>Initial</th>
<th>Follow-up</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Child lives in fluoridated community AND drinks tap water daily</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>(b) Teeth cleaned with fluoridated toothpaste smear twice daily</td>
<td></td>
<td></td>
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<tr>
<td>(c) Child has a dental home and regular dental care</td>
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</tbody>
</table>

### Oral examination

<table>
<thead>
<tr>
<th>Oral examination</th>
<th>Initial</th>
<th>Top</th>
<th>Bottom</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Obvious white spots (demineralization)</td>
<td>Y</td>
<td>N</td>
<td></td>
</tr>
<tr>
<td>Non-cavitated ECC (Vystem)</td>
<td></td>
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<tr>
<td>(b) obvious decay present on the child's teeth</td>
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<tr>
<td>Cavitated ECC (521.02, 521.03)</td>
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<tr>
<td>NOTE ON DIAGRAM White/Brown/Black spots</td>
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<td>(c) Plaque is obvious on the teeth and/or gums bleed easily</td>
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### Assessment: Child’s caries risk status (any checked item in shaded areas confers high risk):

- [ ] LOW
- [ ] HIGH
- [ ] EXTREME

### Plan:

- [ ] Oral Health education handouts
- [ ] Self Management Goals

1. 
2. 
3. 
   - Dispense toothpaste and toothbrush
   - Tooth brushing & fluoride varnish application
   - Oral Health Clinic follow-up appointment (high and extreme risk) ___ months
   - Urgent outside dental referral (high risk, needs tracking)
   - Routine dental referral for dental home (all others)

Provider Signature: __________________________ Date of Service: __________________________

Name: __________________________
GOAL SETTING

Self-management Goals

Patient Name: __________________________ Date: __________________________

- Regular dental care
- Eat more fruits, vegetables, milk and cheese
- Brush with fluoride toothpaste
- Drink tap water
- Keep germs to yourself
- Don’t put baby to bed with a bottle
- Wean baby off of bottle
- Only water in a sippy cup
- Drink more water, less juice and soda

What I want to do (my goals)

1. __________________________________________
2. __________________________________________

When will I do this: __________________________

How often will I do this: __________________________

How confident I am that I can accomplish this goal? 1 2 3 4 5 6 7 8 9 10

Not likely Definitely

My promise: I agree to these goals and understand that at future appointments I may be asked how I am doing with these goals.

Signed by: __________________________ Witnessed by: __________________________

Copy given to the patient: Yes No

Review Date: __________________________ Comments: __________________________

Staff Initials: __________________________

Review Date: __________________________ Comments: __________________________

Staff Initials: __________________________
STATES WITH MEDICAID FUNDING FOR PHYSICIAN ORAL HEALTH SCREENING AND FLUORIDE VARNISH

SOURCE: http://www.mchoralhealth.org/feedback/reimbursementchart6_08.pdf
CONTACT INFORMATION

www.cavityfreeat3.org

karen.savoie@ucdenver.edu
LIMITATIONS

Well child visits are loaded with topics to be covered
  Growth and developmental assessments
  Home safety
  Physical exam
  Immunizations
  Anticipatory guidance on future development

Getting provider buy-in critical to success

Time factor impacts motivational interviewing – see less behavior changes

Limited access to dental providers who will see patient with acute need (lack of insurance, dental provider uncomfortable with young children, rural site with limited dental services)
## Recommendations for Preventive Pediatric Health Care

### Bright Futures/American Academy of Pediatrics

Each child and family is unique; therefore, these Recommendations for Preventive Pediatric Health Care are designed for the care of children who are receiving comprehensive primary care, including the early identification and management of any important health problems, and are growing and developing in satisfactory fashion. Additional visits may become necessary if circumstances suggest variations from normal.

### AGE

<table>
<thead>
<tr>
<th>INFANCY</th>
<th>EARLY CHILDHOOD</th>
<th>MIDDLE CHILDHOOD</th>
<th>ADOLESCENCE</th>
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<tbody>
<tr>
<td>HISTORY</td>
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<td>Initial Intervals</td>
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<td>MEASUREMENTS</td>
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<td>Length</td>
<td>Height</td>
<td>Weight</td>
<td>Head Circumference</td>
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<td>age 1-12 months</td>
<td>12-23 months</td>
<td>age 2-3 years</td>
<td>age 4-5 years</td>
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<td>SENSORY SCREENING</td>
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<td>Vision</td>
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<td>DEVELOPMENTAL/BEHAVIORAL ASSESSMENT</td>
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<td>Developmental Screening</td>
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<td>Alcohol and Drug Use Assessment</td>
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<td>PHYSICAL EXAMINATION</td>
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<td>Procedural Interventions</td>
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<td>Immunization</td>
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<td>Leads</td>
<td>Tuberculosis</td>
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<tr>
<td>Anticipatory Guidance</td>
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### Key
- *= performed
- **= to be performed
- | = task assessment to be performed, with appropriate action to follow if task is positive
- **| = range during which a task may be performed, with the symbol indicating the preferred age

### Notes
1. A positive result on any test for the first time at any age on the schedule or if any tests are not administered at the expected age, the schedule should be adjusted in accordance with the guidelines provided.
2. A full set of immunizations for the baby is not a risk factor, and for those who require additional testing, the panel is not intended to include any references to recommendations for the care of children, including those who are clinically vulnerable to complications or those with specific health conditions.
3. If the patient is diabetic, the patient will be retested at 6 months or as otherwise directed by the provider.
4. If the patient is at risk for dental disease, a dental examination should be performed at 12 months, and any appropriate recommendations should be made.
5. The patient should be referred to a dental professional as needed, and any appropriate recommendations should be made.
6. *A* = activity
- = assessment
- * = task
- ** = task assessment
- **| = range during which a task may be performed, with the symbol indicating the preferred age

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ACCOMPLISHMENTS AND NEXT STEPS

1. Many underserved clinics now screening and educating highest risk patients!

2. Training programs at medical, dental, midlevel institutions have incorporated oral health into curriculums, including residency programs.

3. Consistency of message from both medical and dental providers

4. Over 1900 medical providers have been trained in this oral health program.

Working on improving collaboration of medical and dental providers
CLOSING

Exciting time of change!
Tremendous opportunity to impact health in very meaningful way
I encourage us all to work together for our patients oral health.