Preventing early childhood caries through medical and dental provider education and collaboration
Objectives

• Describe an Oregon model for training medical providers to provide Early Childhood Caries Prevention services

• Identify the Early Childhood Caries Prevention services included in the First Tooth model

• Explain why successful implementation of these services needs to include tools and technical assistance
“First Tooth”

Project goals:

• Expand the oral health workforce in Oregon by utilizing medical and dental providers to deliver early childhood caries prevention services to at-risk children ages birth to three years.

• Train local oral health champions to be First Tooth trainers within communities, health care organizations and CCO’s for sustainability beyond the grant funding.

• Facilitate collaborative referral relationships between dentists and primary medical care providers so that all Oregon children have a dental home.
Early Childhood Caries Preventative (ECCP) services

- Assess
- Screen
- Educate
- Intervene
- Refer
Evidence-Based ECCP

Assess
Screen
Educate
Intervene
Refer
Project Components

- In-office training for medical and dental providers - 1-1/2 hours
- Free CME/CE
- Free lunch/breakfast
- Starter toolkit
- Oral health education tools
- Anticipatory guidance resources
- Comprehensive resource website
- Continued technical assistance
Training Statistics as of 7/2014

- 180 in-person trainings
  - 97 medical
  - 45 dental
  - 38 combined medical/dental
- 250 different sites have been trained.
- 2,600+ participants have been trained:
  - 1,606 medical providers
  - 994 dental providers
- Trainings have occurred in 34 counties out of 36.
Training Feedback

Medical and Dental Personnel Training Feedback

- Learned new info/skills
- Can apply info
- Worth my time
- Instructor knowledgeable
- Effective teaching methods
- Length appropriate
- Satisfied overall

% of Respondents who Agree or Strongly Agree

- Medical
- Dental
Outcomes

- 50% of medical provider survey respondents report that all or most of the children in their practice now receive fluoride varnish at least once a year.
- 69% report that all or most parents receive oral health education.
- 78% report that all or most children are referred to a dental home.
- 57% report that all or most children receive an oral health risk assessment.
Outcomes

- 50% of children receive fluoride varnish at least once a year
- 69% of parents receive oral health education
- 78% of children are referred to a dental home
- 57% of children receive an oral health risk assessment
What is next for First Tooth?

- Reaching out to child care providers, community advocacy groups, faith-based communities, etc. to provide consistent messaging and increase awareness.

- Create a Head Start/Early Childcare adult-learner style format emphasizing teaching staff about ECC and how to teach families about nutrition and good oral hygiene. This is also a Train the Trainer model for health educators.
What is next for First Tooth?

- **Increased reimbursement for providing these services in medical and dental home**
  - Advocacy at Medicaid, CCO’s
  - Education on how to utilize new codes

- **Increase our capacity to collect more data**
  - Utilization of ECCP services in the medical office
  - Number of children getting referrals into dental home
  - Increased number of fluoride varnish applications
Challenges to overcome

Program challenges
• Outreach - best utilization of outreach efforts
• Data collection - what, how, how often
• Non-Medicaid practices - getting them to buy in to importance
• Dental providers not taking Medicaid
• Staff capacity - keep up with demand of the program

Clinic/site challenges
• Blocking time for mandatory staff attendance
• Billing/reimbursement
• Finding Medicaid dental providers
• Limited time for well-child visits to add another element
• Keeping the momentum after initial implementation
Module 1:
The prevalence and impact of oral disease
1 Why providers of pediatric patients?

• They have frequent contact with infants and children.

• They can help prevent or reduce the risk of tooth decay.

• They can provide appropriate referrals to a dentist for early intervention and/or treatment.
Module 2: Risk assessment
ECC disease progression

See AAP Flip Chart
First clinical signs of caries

- White spots
- Acids have demineralized enamel
- First appear at gumline of upper front teeth
- High risk for developing cavities

White spots *can be remineralized* with early intervention

- Fluoride
- Behavior modification: improved brushing & dietary habits
- Indication for dental referral
Remineralization of fluoride varnish

Electron microscopic pictures in vitro

Demineralized dentin treated with water (a,b) and fluoride varnish (c,d)

http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3474951/
## Who is most at-risk?

<table>
<thead>
<tr>
<th>Caries Risk Indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children at high risk for early childhood caries</td>
</tr>
<tr>
<td>Children on Medicaid (low socioeconomic group)</td>
</tr>
<tr>
<td>Children who have visible plaque, white spot lesions or previous caries</td>
</tr>
<tr>
<td>Children whose mother/primary caregiver has caries or has siblings who have caries</td>
</tr>
<tr>
<td>Premature or low birth weight children</td>
</tr>
<tr>
<td>Children with special health care needs</td>
</tr>
<tr>
<td>Children with poor dietary and feeding habits</td>
</tr>
</tbody>
</table>

See AAP Flip Chart

*Chart adapted from the AAP’s A Pediatric Guide to Children’s Oral Health Flip Chart.*
Dental care and pregnancy

Important for the mother
• Reduces bacteria in mouth
• Dental treatment safe during pregnancy
• Education for mother and baby
• Insurance

Important for the baby
• Less harmful bacteria transmitted
• Mother learns importance of early dental intervention

• Increased rate of dental caries in certain ethnic groups.

• Beliefs about health, disease, diet and hygiene in different cultures may impact practices and child-rearing habits.
Module 3:
Oral health education and anticipatory guidance for parents/caregivers
Motivational interviewing (MI)

- Goal of MI is to establish rapport with the parent/caregivers and then discuss a “menu of options” for infant oral health and caries preventive behavior.

- MI focuses on techniques such as:
  - Open-ended questioning
  - Affirmations
  - Reinforcement of self-efficacy
  - Reflective listening
  - Summarizing

See Explore-Offer-Explore
Use diverse formats for delivering oral health education

- DVDs
- AAP flip chart
- Pocket guide
- Posters
- Handouts
- Puppets or plastic models
Module 4: Implementation and workflow
Oral screening of the child may take no more than 1 minute: Knee-to-Knee, Lift the Lip

Start 1 minute Finish

Photo: Nick George / The Chronicle

Used with permission by the Washington Dental Service Foundation
What to look for

• Lift the lip to inspect soft tissue and teeth
• Eruption sequence
  – Summarized in the AAP flip chart
• Assess oral hygiene
  – Presence of plaque
  – Presence of white spots or dental decay
  – Signs of abscesses in the gums
• Provide education on brushing and diet during examination
• Apply fluoride varnish

See AAP Flip Chart and Office Pocket Guide
Have all the necessary supplies ready

Step 1: Position the child
  – Knee-to-knee
  – Table top exam

Step 2: Apply the Fluoride varnish
  – Toothbrush often prompts opening!
  – Lift the lip
  – Quick visual inspection
Documenting oral health services and findings

- Exam forms
- Electronic medical records
- Smartphrases
- Chart labels/stickers

<table>
<thead>
<tr>
<th>Oral Health Assessment—Birth to 3 Years of Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mother/caregiver's oral health</td>
</tr>
<tr>
<td>Existing dental home? Yes No</td>
</tr>
<tr>
<td>❑ caries</td>
</tr>
<tr>
<td>❑ staining</td>
</tr>
<tr>
<td>❑ plaque</td>
</tr>
<tr>
<td>❑ demineralization</td>
</tr>
<tr>
<td>❑ night feeding</td>
</tr>
<tr>
<td>❑ frequent snacking/juice intake</td>
</tr>
<tr>
<td>(sippy cup)</td>
</tr>
<tr>
<td>❑ special needs</td>
</tr>
<tr>
<td>❑ SES</td>
</tr>
<tr>
<td>Does mother have a dentist? Yes No?</td>
</tr>
<tr>
<td>Outcome Education Fluoride Referral Completed</td>
</tr>
</tbody>
</table>

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See Resource binder: chart label template
Specific implementation examples

• Sample electronic forms

• Sample work flow charts

• Billing and reimbursement details
4 Ready…set…implement!!!

- Determine who will deliver the services.
- Decide when the services will be delivered.
- Identify an oral health champion.
- Create a plan for fluoride varnish and materials.
- Decide who will coordinate dental referrals.
- Establish process for chart documentation.
- Create process for eligibility and billing.

See Resource binder: Ready, Set, Implement

Adapted from the Washington Dental Service Foundation
Questions?

Please fill out the training feedback form
“First Tooth” training and technical assistance contacts

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You can also access our website for materials

First Tooth Website
http://www.orohc.org/