Early Childhood Oral Health Initiative: Fluoride Varnish Supplementation for Children
The vision for the Early Childhood Oral Health (ECOH) program is to improve oral health outcomes for Ohio’s youngest and most vulnerable citizens by integrating preventive oral health practices within the primary care setting.
The establishment of dental homes and regular dental care for children by 1 year of age.

An increase in the number of general dentists providing care to pediatric patients.

A significant reduction in the incidence of oral health problems among children under 36 months of age over the course of the initiative.
The establishment of oral health screenings, caries risk assessments, fluoride varnish applications, appropriate referrals, caregiver education and anticipatory guidance as components of the expected standard of care provided during routine well-child and minor illness primary care visits within participating community health centers.
Implementing a fluoride varnish program into a health center is literally adding a new procedure for the medical provider.

“Parents are grateful for the fluoride varnish program and the opportunity to prevent ECCs. It is easy and quick to apply at the end of the physical exam. Fluoride varnish application is definitely within the scope of practice for doctors and advanced practice nurses and is a preventative service like immunizations.”

- Dr. James Duffee, MD
ECOH Impact

* 13 Community Health Centers organizations participated
* 29 Community Health Center clinical sites participated
* 141 Clinicians trained and participating
* 21,971 Children who received a fluoride varnish application
ECOH Sites

Ohio's Federally Qualified Health Centers & FQHC Look-Alikes

Community Health Centers Locations
- Asian Services in Action
- AxessPointe Community Health Center
- CAA of Columbiana County
- CAC of Pike County
- CAD Family Medical Centers
- Canton Community Clinic
- Care Alliance Health Center
- Centerpoint Health
- Center Street Community Health Center
- Change, Inc., WV
- Cincinnati Health Network
- City of Cincinnati Primary Care
- Columbus Neighborhood Health Centers
- Community Health Centers of Greater Dayton
- Community Health Services
- Community Health & Wellness Partners of Logan County
- Crossroad Health Center
- Erie County Health Center
- Fairfield Community Health Center
- Family Health Care of Northwest Ohio, Inc.
- Family Health Services of Darke County, Inc.
- Family Health Services of Erie County
- Five Rivers Health Centers
- Free Medical Clinic of Greater Cleveland
- Health Partners of Western Ohio
- HealthSource of Ohio
- Heart of Ohio Family Health Centers
- Hopewell Health Centers, Inc.
- Lorain County Health & Dentistry
- Lower Lights Christian Health Center
- Muskingum Valley Health Centers
- NEON-Northeast Ohio Neighborhood Health Services
- Neighborhood Family Practice
- Neighborhood Health Association
- Ohio Hills Health Services
- ONE Health Ohio
- Primary Health Network - PA
- Primary Health Solutions
- Rocking Horse Center
- Samsonite Homeless Clinic
- SouthEast Inc.
- The HealthCare Connection
- Third Street Family Health Services
- Valley Health Systems - WV
- Winton Hills Medical and Health Center, Inc.
- WH County Health Service Association - WV
- Wood County Community Health and Wellness Center
2008 Received Grant from Anthem Foundation now HealthPath Foundation of Ohio

- 6 sites
- Originally 9 measures
- 4 page Report the HCs had to do monthly
- Reimbursing HCs $8.00 per FV application

**WHY** wasn’t this successful?
Hired new staff: Heather and Susan

We simply asked the Health Centers what was working and what was not

We looked for “Change Models” - we found

“Success Factors” by Dr. Robert Ludke
ECOH – Critical Success Factors

- Strong Physician Commitment
- Culture that Values Oral Health
- Integration into Existing Patient Care Process
- Team Leader
- Staff Training
- Data Collection
- Referral System
ECOH – Critical Success Factors

Strong Physician Commitment
1. All of physicians within the clinic must demonstrate strong commitment to the program.

2. The physician must not simply endorse the concept, but must be dedicated to improving the oral health of the children seen within the clinic and serve as PROGRAM CHAMPIONS.

3. Each physician must assume the responsibility of ensuring that every child has an oral examination and is provided fluoride varnish at the appropriate time and that the child’s caregivers are provided with basic oral health information and anticipatory guidance.
ECOH – Critical Success Factors

Culture that Values Oral Health
A Clinic Culture that Values Oral Health

1. Every clinic employee must value the importance of good oral health, not only for patients, but also for themselves.

2. It is important to address any dental phobias that staff may have and how their attitudes, fears, and misconceptions may be transferred, even inadvertently, to patients and their families.

3. Establishing a culture based on teeth and gums being as important as every other body part helps to ensure that patients receive appropriate oral health care, and also communicates to parents and caregivers that good oral health is a vital part of one’s overall health.

4. In this environment, parents and caregivers are more likely to be willing to participate in the program, adopt good oral health behaviors for their children as well as themselves, and comply with patient referrals to a dentist.
ECOH – Critical Success Factors

Integration into Existing Patient Care Process
Integration into Existing Patient Care Process

1. The conduct of the oral exam, the application of the fluoride varnish, the provision of anticipatory guidance, and the collection of the necessary informed consent, patient information, and documentation must be well-integrated into the practice’s patient care processes.

2. Because these are activities being added into an already busy practice, they must be efficiently and effectively incorporated into existing policies and procedures.

3. Failure to do so will result in the activities either not being performed routinely or being conducted in a less than high quality manner.

4. This integration requires a careful examination of the practice’s patient flow patterns and a modification of those patterns to adopt the added responsibilities.
5. This may also include examining current staff roles, as well as practice act regulations, regarding staff responsibilities, use of standing orders, and dental referral policies and practices.

6. Decisions must be made regarding the location of supplies needed for the program as well as the flow and processing of the required information.
ECOH – Critical Success Factors

Team Leader
1. A staff member should be designated as the coordinator for the program.

2. This person should be responsible for working with other staff in developing and implementing the plan for integrating the program into the clinic, making parents and caregivers aware of the program and addressing their questions and concerns, and addressing operational issues that arise.

3. Most importantly, the team leader should monitor the implementation of all aspects of the program and establish quality control and improvement policies and procedures.

4. This Team Leader should be given at least 4 hours a week to perform their duties.
Staff Training
1. Staff must be appropriately trained to provide the necessary anticipatory guidance to parents and caregivers regarding good oral health behaviors, conduct the oral health examination on the child and correctly identify and document any oral health problems, correctly apply the fluoride varnish to the child’s teeth and address any parent or caregiver questions or concerns, and make the appropriate dental referral decisions.

2. The trainer should be available for follow-up questions and technical assistance (via phone or site visit), especially in the early stages of implementation.

3. Follow-up training sessions are important for any new staff members, and can be an effective way of re-energizing or engaging existing providers.
ECOH – Critical Success Factors

Data Collection
<table>
<thead>
<tr>
<th>Measure</th>
<th>Goal</th>
<th>#</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Patients with documented oral health screening</td>
<td>&gt; 70%</td>
<td>98</td>
<td>45.16%</td>
</tr>
<tr>
<td>2. Patients with documented indication for dental care referred to a dentist</td>
<td>&gt; 70%</td>
<td>5</td>
<td>2.30%</td>
</tr>
<tr>
<td>3. Patients referred for dental care and seen by a dentist</td>
<td>&gt; 50%</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>4. Patients with a documented fluoride varnish application</td>
<td>&gt; 70%</td>
<td>118</td>
<td>54.38%</td>
</tr>
<tr>
<td>5. Parents/caregivers with documented oral health education</td>
<td>&gt; 70%</td>
<td>110</td>
<td>50.69%</td>
</tr>
</tbody>
</table>

Should be recording #’s 1, 4, and 5 for UDS “ORAL HEALTH QUALITY IMPROVEMENT”
Effective Data Collection Systems

1. A system for recording the clinical findings of the oral health examination, the application of the fluoride varnish, and the anticipatory guidance provided to parents and caregivers must be effectively integrated into existing documentation policies and procedures to minimize data collection burden on staff, while providing the necessary data for continuity of oral health care.

2. Any additional data collection efforts established for evaluation purposes, which is an important component for on-going program quality monitoring and improvement, must also be designed to minimize staff and parent/caregiver burden as well as be culturally sensitive.

3. Procedures should be established for not only the collection of evaluation data, but also the processing, analysis, and review of the data to provide timely feedback on the level of success of the program and areas of potential improvement.
ECOH – Critical Success Factors

Referral System
Effective Referral System

1. Because oral health problems may be identified that are beyond the practitioner’s scope of practice, an effective system must be established to refer patients to the dental community.

2. The implementation of the program in the practice must have the support of the local dental community and members of that community must be willing to accept referrals of (a) young children and (b) children with the particular type of payment source.

3. Very important to establish a relationship with private dentists in your area.
Changes:

* Strategic Framework: Mission/Vision statement
* Went from 9 measures to 5
* 1 page reporting tool that was electronic
* Developed a educational brochure for staff to “teach” from and then send home
* Monthly Conference calls
* Patient Care Kits
* Assessment tool
Established “dummy codes” for ease of reporting
On-line library: LOTS of resources
Developed informational materials for “C-Suite”
ECOH Logo
ECOH Banner for waiting rooms
$2000 one-time planning grant
Monthly incentives (pizza parties, books, stickers, popcorn, etc.)
Program Coordinator did lots of site visits!
Increased reimbursement to $15.00
SUCCESS!

- First year saw a 200% increase in FV applications!
- PC did lots of trainings (Lunch and Learns)
- Physicians and Dentists started working together!
- Went from 6 networks to 13 networks
- 12 networks are still doing ECOH without REIMBURSEMENTS!
## Measurement of Goals

<table>
<thead>
<tr>
<th>MEASUREMENT OF GOALS</th>
<th>% of INCREASE FROM 2009 TO 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patients with documented oral health screening</td>
<td>174 %</td>
</tr>
<tr>
<td>Patients with documented indication for dental care referred to a dentist</td>
<td>187 %</td>
</tr>
<tr>
<td>Patients referred for dental care and seen by a dentist</td>
<td>215 %</td>
</tr>
<tr>
<td>Patients with a documented fluoride varnish application</td>
<td>161 %</td>
</tr>
<tr>
<td>Parent/Caregivers with documented oral health education</td>
<td>212%</td>
</tr>
</tbody>
</table>
Patient Care Kits
ECOH Team: Susan & Heather
In Conclusion

* The classic children’s book, “The Little Engine That Could”, teaches us the value of optimism and hard work. If you remember, a stranded train is unable to find an engine to take it up and over the difficult mountain to its destination. Only the brave, little, blue engine is willing to try and says over and over again “I think I can...I think I can” as he slowly accomplishes his task. Like the stranded train, we can help these vulnerable children who need our help. Here at OACHC, we know you can do it! So keep “CHUGGING” along and say...

* “I THINK I CAN...I THINK I CAN”