Why is Oral Health Important to Primary Care Offices and their Youngest Patients

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Agenda

- Outline Why Addressing Oral Health is Important in Primary Care Offices
- Outline Best Practices for Preventing Early Childhood Caries
- Understand Key Components of an Oral Health Risk Assessment and how the form was developed
- Highlight a Pediatric Dentist’s Perspective of an Ideal Partnership between Primary Care and Dentists
Dental caries is the single most common chronic disease of childhood

Approximately *one third or more* of Maine children has dental caries

Early childhood caries is the best predictor of lifelong dental caries

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**Percentage of children with dental caries**

<table>
<thead>
<tr>
<th>Age</th>
<th>0%</th>
<th>10%</th>
<th>20%</th>
<th>30%</th>
<th>40%</th>
<th>50%</th>
<th>60%</th>
</tr>
</thead>
<tbody>
<tr>
<td>One Yr</td>
<td>10%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Two Yr</td>
<td>20%</td>
<td>10%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Three Yr</td>
<td>30%</td>
<td>20%</td>
<td>10%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Four Yr</td>
<td>40%</td>
<td>30%</td>
<td>20%</td>
<td>10%</td>
<td>10%</td>
<td>0%</td>
<td>0%</td>
</tr>
</tbody>
</table>

National Center for Health Statistics, CDC
Where should children seek oral health care?

The Medical Home vs. The Dental Home
The medical care of infants, children, and adolescents ideally should be in a Patient Centered Medical Home (AAP, 1992 revised in 2002)

Every child should receive an oral health assessment (including caries risk assessment) by 6 months of age

Support the dental home initiative, which promotes children having their first dental visit by age one (AAPD Policy, AAP, ADA, Pediatrics 2008)
Dental Home:

- Adopted 2006, reaffirmed 2010
- Definition: “the ongoing relationship between the dentist and the patient, inclusive of all aspects of oral health care delivery in a comprehensive, continuously accessible, coordinated, family-centered way. Establishment of a dental home begins no later than 12 months of age and includes referral to dental specialists when appropriate.

Access Issue for Kids:

- In Maine, 39% of the population or 520,812 Maine people live in a federally designated Dental Health Professional Shortage Area &
- Not all dentists will see kids < 3 years of age
Primary Care Providers can REFER:

**Risk Assessment**

**Examination of the teeth**

**Fluoride varnish application**

**Education of parents and child**

**Referral to dental home**

Attempt to repeat all steps every 6 months!
How can this fit into our workflow?

Parent/Child Arrives to the PCP
Posters and educational materials in reception area

Parent Checks in with Receptionist
Parent receives information about fluoride and consent form for responsibility of payment if not covered by medical insurance

Vitals Signs Taken
Medical assistant initiates the caries risk screening with parent/caregiver and parent/caregiver education

Well Child Exam
Medical Provider - Oral evaluation and oral health plan completed, application of fluoride varnish and parent/caregiver education

Medical Assistant
Can apply fluoride varnish at the same time as immunizations if indicated

Referral to a Dental Home
Provide list of dentists if needed and fax referral to the dentist

If child has not been to a dental home

Dental Home
The Oral Health Risk Assessment:

- Why we need a standardized tool
- How was it developed in Maine
- MaineCare Guidelines and the OHRA Form
Why Develop an Oral Health Risk Assessment Form?

- Presents basic guidelines on oral health risk assessment for young children in the primary care setting
- Establishes a set of recommended, standardized oral health risk assessment questions for primary care
- Complements fluoride varnish application policy
  - Recommended for children at moderate/high risk for early childhood caries
  - Form identifies risk factors and delineates risk categories
- Provides method for documentation of oral health plan
- Designed as a tool that can be used as a paper document or as a template for EMR
Developing Maine’s Oral Health Risk Assessment (OHRA) Form

- Adapted from North Carolina, Washington State and Colorado oral health risk assessment tools
  - Developed according to national guidelines and state-specific requirements
  - Revised to align with Maine’s priorities and unique needs
  - Focused on oral health questions (other states had more questions that are likely included on 5–2–1–0 survey or other well visit questions)

- Collaborative effort of multi-stakeholder group, including
  - MaineCare
  - Maine CDC
  - Medical Care Development
  - From the First Tooth
  - Maine Quality Counts
  - Improving Health Outcomes for Children (IHOC) staff
  - Several dentists who work frequently with young children in Maine
  - Members of the Maine Child Health Improvement Partnership (ME CHIP)
Incorporates key features of model caries risk assessment tools from the American Academy of Pediatric Dentistry (AAPD) and the American Academy of Pediatrics’ (AAP) Bright Futures Oral Health Toolkit, including:

- Patient demographics and provider information
- Risk assessment questions
- Anticipatory guidance and counseling
- Documentation of oral health plan
- MaineCare billing codes for fluoride varnish
- Section to use for referral to dentist
MaineCare Guidelines and the OHRA Form

D0145: Oral evaluation for patients under 3 years of age and counseling with primary caregiver

- MaineCare is exploring adding D0145 code to physician contracts
  - Physicians, advanced practice RNs, physician assistants
  - Billing only for children under three years of age
  - Billing only for children without a dental home (OHRA Form Question 2)
  - Number of Services Allowed: Two per year
  - Payment Rate: Approximately $20.00

- IHOC investigated questions about scope of practice and age groups for the use of D0145 by a non-dental provider:
  - American Dental Association, American Association of Pediatric Dentistry, and AAP policy statements agree that an oral health evaluation is within scope of practice for trained non-dental providers
  - Confirmed with Maine Board of Dental Examiners and Maine Board of Licensure in Medicine that oral health evaluation is within scope of practice for trained physicians in Maine.
MaineCare Guidelines and the OHRA Form

D0145: Oral evaluation for patients under 3 years of age and counseling with primary caregiver

- **December 2012:** Draft OHRA Form (including role of D0145 code) and plans for Phase III learning initiative presented to MaineCare Dental Advisory Committee, with positive response

- **January 2013–present:** MaineCare continues process of exploring the addition of D0145 to physician contracts, including implications for policy and state oral health plan

- **April 2013–November 2013:** Pilot OHRA form with First STEPS Phase III practices and revise as needed, with goal of making final version available to all MaineCare providers via Children’s Services website
# Draft of Maine’s Oral Health Risk Assessment (OHRA) Form

### Section A: Oral Health Risk Assessment Questions

**DENTAL HOME ASSESSMENT & CARIES RISK SCREENING QUESTIONS**
May Be Administered by Clinical Support Staff

<table>
<thead>
<tr>
<th>Question</th>
<th>NO</th>
<th>YES</th>
<th>Continue to Q2 of Risk Questions (below)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q1. Does the child have teeth?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q2. Has the child seen a dentist in the past year?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q3. Does the child have his/her teeth brushed daily with toothpaste?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q4. Has the child ever had cavities or fillings?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q5. Has the child ever had cavities or fillings?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Oral Evaluation and Plan

**ORAL EVALUATION**
Must Be Performed by Primary Care Provider

<table>
<thead>
<tr>
<th>Question</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q6. Is there visible plaque on the teeth?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q7. Are there signs of visible decay or white spot lesions on the teeth?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q8. Does the child have other oral conditions of concern (abscess, broken tooth, pain, etc.)?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Caries Risk Assessment**
- Low (No Risk Factors)
- Moderate/High (1+ Risk Factors)

For all children:
- Prescribed Fluoride Supplement (circle dose): 0.25mg, 0.5mg, 1.0mg
- Fluoride Supplements not indicated
- Provided Oral Health Anticipatory Guidance
- Completed Caries Risk Assessment w/Oral Evaluation
- Other:

For children who have not seen a dentist in past year (Q2):
- Completed Caries Risk Assessment w/Oral Evaluation
- Applied Fluoride Varnish if moderate/high risk (D1206)
- Patient/Family declined Fluoride Varnish
- Referred Child to Dentist (see Section C)

### Section C: Referral Information

This section to be completed by referring physician and faxed to dentist

<table>
<thead>
<tr>
<th>Dentist Name</th>
<th>Phone</th>
<th>Fax</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

This child has special health care needs. N/A

- Routine Referral
- Immediate Referral
- Yes Explain:

- Oral sensivities
- Difficulty following directions
- Other/Comments
- Difficulty sitting still
- Does not tolerate knee-to-knee exam

**Physician Name**

**Physician Signature**

**Date**

### Section D: Summary of Dental Findings/Plan

This section to be completed by dentist and faxed back to referring physician

<table>
<thead>
<tr>
<th>Date of Dental Appt.</th>
<th>Summary of Dental Findings/Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Physician Signature**

**Date**
Resource for Offices for Training on Early Caries Prevention

From The First Tooth
An Early Childhood Caries Prevention Initiative

RESOURCE TOOLKIT FOR HEALTHCARE PROFESSIONALS

www.FromTheFirstTooth.org
Child’s First Oral Health Screening Occurs at the Primary Care Provider—What are Risk Factors?

- Ask about Birth History and Early Childhood Illnesses
- Does the child have teeth?
- Has the child seen a dentist in the past year?
- Does the child brush have his/her teeth brushed daily with toothpaste?
- Has the child ever had cavities or fillings?
- Has the mother/caregiver had active/untreated cavities in the past?
- What is their diet history (Bottle, Nursing, and Sippy Cups, Gorger versus Grazers)?
Is there visible plaque on teeth?
Are there signs of visible decay or white spot lesions on the teeth?
Does the child have other conditions of concern (abcess, broken tooth, pain, etc)?
What Can a Primary Care Provider Do?

- Score risk assessment
  - Low (No Risk Factors)
  - Moderate/High (1+ Risk Factors)
- Apply Fluoride Varnish if Moderate/High Risk
- Prescribe Fluoride Supplements
- Provide Education
- Refer Children to Dentist
- Identify factors that could hinder a dentist performing an oral exam or getting x-rays
Which Children Should See a Pediatric Dentist vs. a General Dentist

- 674 actively practicing dentists in Maine—15 were Pediatric Dentists

- Penobscot Valley Health Center, Bangor, Maine has six pediatric dental residents and is designed for eight residents each year (two year residency).
Who should definitely be referred to a Pediatric Dentist

- Kids younger than three with obvious decay
- Kids with congenital anomalies of oral anatomy and tooth number and structure (i.e. ectodermal dysplasia, cleft lip and palate, Down Syndrome, osteogenesis, amelogenesis, and dentinogenesis imperfecta, etc.)
- Kids where prevention is critical (i.e. hemophilia, cancer, diabetes, cleft lip and palate, heart complications, etc.)
The Child’s First Visit to the Dentist

What Happens?

But, It’s really... All About Dental Caries
Dental Caries is a Chronic, Infectious, Transmissible Disease

- Primarily by mutans streptococci but with others in plaque biofilm.
- Bacterial by-products (acids) dissolve the enamel of teeth
- Vertically Transmitted (mother to child)
- Dental decay in young children can have life-long repercussions resulting from pain, early tooth loss, delayed speech development, difficulty chewing, and growth retardation (Healthy People 2020, Sheiham 2006, Pew 2010).

Really Quick Mechanisms of Dental Caries
Basic Model of Dental Caries

- Fermentable carbohydrates in the diet
- Cariogenic mouth bacteria
- At risk for cavities
- Susceptible Teeth
Slightly More Realistic Model

Diagram showing factors influencing caries:
- **TOOTH**
  - Age
  - Fluorides
  - Morphology
  - Nutrition
  - Trace Elements
  - Carbonate Level
- **FLORA**
  - Strep. Mutans (Substrate)
  - Oral Hygiene
  - Fluoride in Plaque
- **SUBSTRATE**
  - Oral Clearance
  - Oral Hygiene
  - Salivary Stimulants
  - Frequency of Eating
  - Carbohydrate (type, concentration)
The Caries Balance

Pathological Factors
- Acid-producing bacteria
- Sub-normal saliva flow and function
- Frequent eating/drinking of fermentable carbohydrates

Protective Factors
- Saliva flow and components
- Fluoride - remineralization
- Antibacterials: chlorhexidine, Iodine?, xylitol, new?

Caries

No Caries
The Dietary Implications

What Happens In Your Mouth When You Eat or Drink

[pH graph with time periods and events]
Step One: The Dental Examination

We’ll do this later
Oral Hygiene and “Other” Discussions

- Early home care instruction yields results

Where Do Kids Get Fluoride?

- Toothpaste
- Water
- Supplements
- Varnish
Tooth Brushing Instruction

- Positioning
- Toothpaste Amount and Type
Toothpaste Amounts

Pea sized amount

Smear sized amount
Fluoride in Water in Maine: 132 Communities, List on CDC Website

http://www.maine.gov/dhhs/mecdcpopulation-health/odh/fluoride-qa.shtml#q15
Available through Maine’s Department of Health and Human Services’ Health and Environmental Testing Laboratory

Form can be found at http://www.maine.gov/dhhs/mecdc/population-health/odh/water-fluoridation.shtml

Includes a section for fee waiver if ALL of the following criteria are met and the form is signed by a health care provider:
- Proof of participation in Food Stamps, TANF, WIC, and/or MaineCare
- Statement that drinking water comes from a private well
- Presence of existing health condition or professional recommendation:

“A medical or dental health provider’s advice that your water be tested because of an existing illness or health-related need, such as existing dental disease (tooth decay), a high risk for dental disease, and/or the need to determine the correct level of fluoride supplements.”
How much Fluoride Do I Prescribe?

**TABLE 7.5**

Dietary fluoride supplement dosage schedule

<table>
<thead>
<tr>
<th>Age of Child</th>
<th>&lt;0.3 ppm</th>
<th>0.3 to 0.6 ppm</th>
<th>&gt;0.6 ppm</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth to 6 months</td>
<td>None</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>6 months to 3 years</td>
<td>0.25</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>3 years to 6 years</td>
<td>0.50</td>
<td>0.25</td>
<td>None</td>
</tr>
<tr>
<td>6 years to 16 years</td>
<td>1.00</td>
<td>0.50</td>
<td>None</td>
</tr>
</tbody>
</table>

Who writes the Script for Fluoride?

The PCP or Dentist?
MaineCare Guidelines
D1206—Fluoride Varnish Application

D1206: Fluoride Varnish for children and adolescents <19 years

- In Section 90 of MaineCare Physician Policy since 2008
- Payment Rate: $12.00 per service
- Two services per calendar year without prior authorization
  - Third service with prior authorization
- For children at moderate/high risk for early childhood caries
- Presence of one risk factor indicates moderate risk
  - Being a MaineCare member is not considered a risk factor in itself
  - Not having a dental home is a risk factor
- Claims are not to be submitted by primary care provider for children who have a dental home (Question 2 on OHRA Form)
“Other Topics”

- Dummy sucking (thumb and pacifier)
- Teeth Grinding
- Early Orthodontic Concerns
- Trauma Protection
Preventing Early Childhood Caries

- Understand risk factors for early childhood caries and how to recognize early dental disease
- Work on standardized documentation of oral health risk assessment
- Determine how to integrate into your office workflow
- Understand Continuum of Care between Primary Care Providers and Dentists
- Figure out who is in your medical neighborhood and how to improve communication with dentists and other dental resources