OH NO... IS THAT REALLY OUR MEASUREMENT?
HOW TO IMPROVE FV RATES IN 3-6 YEAR OLD PATIENTS
MICHELE STEFFEN, M.D.
GFP LEARNING COLLABORATIVE
JULY 26, 2018

What are we doing wrong?

How do we make this better?

IMPORTANT QUESTIONS WHEN IMPLEMENTING A CHANGE
Why is this change important?
Can we create a change that is amenable to our workflow?
Does the change affect the financial health of our office?
How best do we implement the change?
And the PDSA cycles begin

WHY IS FV APPLICATION IN A PEDIATRIC OFFICE IMPORTANT?

Fluoride varnish, a high concentration fluoride coating that is painted on teeth, can prevent about one-third (25%) of decay in the primary (baby) teeth and up to 40% in permanent teeth.
- Enhances the uptake of calcium and phosphorus during remineralization
- Increases resistance to acid attack
- Decreases cariogenic bacterial activity

Provides an opportunity to highlight dental health and prevention of cavities
Pediatric patients are already coming to us—captive audience!
CAN WE CREATE A CHANGE THAT IS ADDABLE TO OUR WORKFLOW?

YES

DOES THE CHANGE AFFECT THE FINANCIAL HEALTH OF THE OFFICE?

Yes...in a good way!

SC BMIS Records Varnish Guidelines (effective April 1, 2018):

- PT may be applied during jail or well visits in the presence of the last tooth through the mouth of the 2nd birthday.
- Children 0-6 months to the mouth of their 3rd (bilateral) may receive a maximum of 4 applications per year.
- Children ages 7-21 may receive one application per year.
- Remuneration for OPT code 99180: $14.20 per application.

HOW BEST DO WE IMPLEMENT THE CHANGE?

MEASURE YOUR SUCCESS (OR GO BACK TO THE DRAWING BOARD)

THANK YOU!