


---

---

---

---

---

---

---

---

**Total Eligibles Receiving Preventative Dental Services**

The total number of children age 1 – 20 years who are eligible for Medicaid and/or CHIP and enrolled who received preventative dental services.

**Category A Core Measures**  
Experiment with and evaluate the use of new core set of children's quality measures

Additional QTIP areas of focus for Preventative Dental:

- Performing and documenting an oral health risk assessment between 12 - 36 months
- Referral of the patient to a dental home
- Application of fluoride varnish to high risk patients between 12 and 36 months of age
- Discuss fluoride in the family's drinking water source.

---

---

---

---

---

---

---

---

**July 2011 Learning Collaborative**  
National and State Topic Experts

<p><b>Oral Health and Primary Care</b></p> <p><b>"Lessons from the Tooth Fairy"</b> Suzanne Boulier, MD</p> <ul style="list-style-type: none"> <li>• Overview of Early Childhood Caries: Prevalence and Significance</li> <li>• Pathophysiology of Caries</li> <li>• Demographics of Caries Risk</li> <li>• Oral Health Risk Assessment</li> <li>• Anticipatory Guidance</li> <li>• Recommendations and Referral</li> </ul>	<p><b>Quality Initiatives in Oral Health</b></p> <p><b>"A topic you can sink your teeth into!"</b> Suzanne Boulier, MD</p> <ul style="list-style-type: none"> <li>- Bright Futures Recommendations</li> <li>- QTIP recommendations/areas of focus</li> <li>- PDSA cycles, measurements</li> </ul> <p><b>Understanding Flouridation</b> Paul Hlecko, MD (Georgetown Pediatrics)</p> <ul style="list-style-type: none"> <li>- Understand the biologic mechanism of flouridation</li> <li>- Understand the benefits, possible adverse effects and fluoride dosing</li> <li>- Understand the community and well water fluoride content issues in SC</li> <li>- Examples of PDSA cycles</li> </ul>
---	---

---

---

---

---

---

---

---

---

### RESULTS

- 167 PDSA Cycles have been documented
  - a. Performing and documenting an oral health risk assessment (20%)
  - b. Referral of the patient to a dental home (20%)
  - c. Application of fluoride varnish (47%)
  - d. Fluoride in the family's drinking water (6%)
  - e. Other interventions/focus 18%



(some PDSAs had more than 1 focus)

- All QTIP practices have documented PDSA Preventive Oral Health
- QTIP trained 369 staff in fluoride varnishing (from 21 practices)

4

---

---

---

---

---

---

---

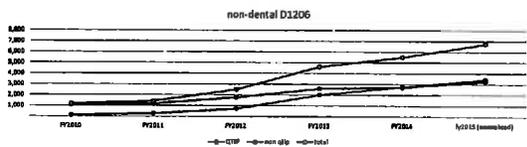
---

---

---

### RESULTS

- in CY2013, QTIP as a group improved on 16 of 21 core measures (Preventative Oral Health and Annual dental visits)
- QTIP practices have continued work on preventative oral health over the course of the grant.
- Billing for fluoride varnish has increased by 357% since 2010



11

---

---

---

---

---

---

---

---

---

---

#### Preliminary Results of Graduate School Project



- Purpose: to understand how preventive dental health can be integrated within pediatric primary care settings in SC.
- The key preliminary findings presented are on exploring pediatric provider perspectives on preventive dental health integration, specifically barriers to integration and recommendations.
- NOTE: Only qualitative interview preliminary findings are presented here; 20 interviews have been conducted.

**Key Preliminary Findings:**

*What are the challenges to preventive dental health integration in your practice?*

- **Physician buy-in:** resistance from pediatric providers integrating preventive dental health during their visits due to time constraints, scope of care and unwillingness.
- **Addressing multiple health topics during visit:** due to other health topics that need to be addressed during a child or adolescent visit limits the amount of attention focused on oral health.
- **Communication:** preventive dental health messages between patients and providers should be consistent; all staff or clinicians involved should be on one accord with preventive dental health implementation.

---

---

---

---

---

---

---

---

---

---

**Preliminary Results of Graduate School Project**



**Key Preliminary Findings:**

*Please describe what a primary care practice would need to integrate preventive dental health into their actual practice.*

- **Fluoride varnish training:** Participants described the importance of receiving fluoride varnish training for their young child population.
- **Reimbursement:** as a helpful option to offset costs of fluoride varnish supplies and actual service, but not a requirement due to their willingness to contribute to the overall health of their patients.
- **Practice Infrastructure:** Participants explained that role delineation and leadership for integrating preventive dental health is key for a primary practice.

Positive thematic agreement across QTIP participants interviewed were with strategies for implementing QTIP recommendations for preventive dental health using Plan, Do, Study, Act (PDSA) cycles. QTIP participants described PDSA cycles as a useful quality improvement tool that incorporates multiple planning steps and cyclical examinations performed for targeted goals in their practice.

---

---

---

---

---

---

---

---

**Collaboration**

- Coordinated with SC DHHS on the development of a fluoride varnishing certification training (needed for Medicaid Reimbursement)
- Coordinated with SC Department of Health and Environmental Control (both the Health and Environment Divisions)
  - DHEC participated in our Learning Collaborative and introduced their oral health tool kits.
  - QTIP is represented on the *Connecting Smiles* Care Coordination Team as part of a DentaQuest 2014 Grant and HRSA Workforce Grant
  - Preventive Oral Health Training for Medical Providers
  - Oral health integration in the medical setting was highlighted at the 13<sup>th</sup> Annual Oral Health Forum by Dr. Rushton

---

---

---

---

---

---

---

---

**Resources**



- Provided List of Dentist by county
- Practices received an electronic version/CD of the DHEC tool kit
- Information provided on DHEC fluoride water assessment
- QTIP educated and trained in fluoride varnishing

---

---

---

---

---

---

---

---

**Maintenance of Certification Part IV Credit for American Board of Pediatrics**

Physicians can earn MOC Part IV credits for their documented work on at least 2 of the 5 following criteria:

- Chart documentation of an oral health home or referral ... In well child visit (WCV) notes
- Documentation of an Oral Exam at each WCV
- Risk Assessment documented for each child at the time of the well child visit to include: Presence of Medicaid insurance, family oral health status, prematurity and special health care need
- Provision of fluoride varnish every 6 months between 6 months and age 3 in high risk children in the pediatrician's office
- Documentation of anticipatory guidance around oral health issues including exposure to fluoride in the diet

---

---

---

---

---

---

---

---

Oral health initiative



**The Goal:** to integrate oral health information and resources into existing care coordination models including medical and dental offices and to facilitate collaborative referral relationship between dentist and primary medical providers so children in SC will have access to a dental home.

**The Target:** individuals and programs that directly impact families including medical and dental providers and staff, home visitation programs, and community outreach programs such as Early Head Start.

**The Approach:** provide oral health information, training and resources including fluoride varnish application that can be utilized to support preventive oral health behaviors and strengthen the connection between dental and medical providers.



---

---

---

---

---

---

---

---

Oral health training and resources



- Onsite training for providers and staff
- Comprehensive resource kit to support preventive oral health for ages 0-3
- All educational materials are dual language
- Connects to home visitation program models including Healthy Steps
- Risk Assessment Tools
- Provides certification to do fluoride varnish



---

---

---

---

---

---

---

---

**Practice Interventions - new procedures implemented**

- Fluoride and Oral Health Risk Computer Templates (including notations with WCV)
- Expand patient education packets to include oral health material
- Provided infant toothbrushes
- Distributed a list of local dentists
- Posted DHEC oral health posters in every exam room
- Investigated fluoride status of local wells
- Changed from candy to stickers
- Compiled Oral Health Goody Bags containing toothbrushes, toothpaste and educational material

19

---

---

---

---

---

---

---

---

**Practice Interventions**

- Education of staff and families
- Bulletin boards



- Researched screening tools that can be used with EMRs
- Educated staff to help with anticipatory guidance
- To meet guidelines for PCMH ... the practice pulled data for patients who received dental varnish during a routine WCV as a preventative measure and charted the outcome over a period of time
- Held a "dental summit" with area dentists and hygienists to discuss oral health issues and increase efficacy in promoting oral health

24

---

---

---

---

---

---

---

---

**Practice Interventions**

- Developed procedures for testing well water that was easy for patients (providing a 8 oz. bottle) and would allow results to come to the clinic to be documented and addressed.
- Compiled an easy listing of the fluoride levels in the local water systems ... by zip code, water system, and county
- To expand oral health education outside the pediatric office by improving access for early detection and preventive interventions by expanding oral health risk assessments and parent education competencies of home visitation providers for families with children.

---

---

---

---

---

---

---

---

**Who, What, Where, When, How, ... Why?**

Many of these questions were asked and answered:

**Who:**

- patient
- staff to apply fluoride varnish
- reminds the Dr.
- will reimburse

**What:**

- products to use
- needs to be ordered

**Where:**

- within the visit
- to keep supplies

**When:**

- age of child
- WCVs

**How:**

- to keep kids from licking it
- to hold the child
- to "enforce" within the office
- to incorporate into EMR

**Why:**



---

---

---

---

---

---

---

---

**Challenges**

- Coverage and reimbursement for Dental Varnish: MCO, FQHC, private insurance... amount not sufficient for some
- Dental Homes – various dentist accept patients at various ages not in congruence with national recommendations
- Initial push back from many pediatricians and their office in not wanting to provide dental varnish... some sense this is not their area of expertise.
- Requirement by SC Medicaid that staff complete a DHHS approved oral health course before billing for fluoride varnish
- Getting/ordering fluoride varnish
- Very busy schedule of topics in WCV

17

---

---

---

---

---

---

---

---

Lynn Martin, LMSW 803-898-0093 [martinly@scdhhs.gov](mailto:martinly@scdhhs.gov)

Healthy Connections 



---

---

---

---

---

---

---

---