Oral Health in the Medical Home

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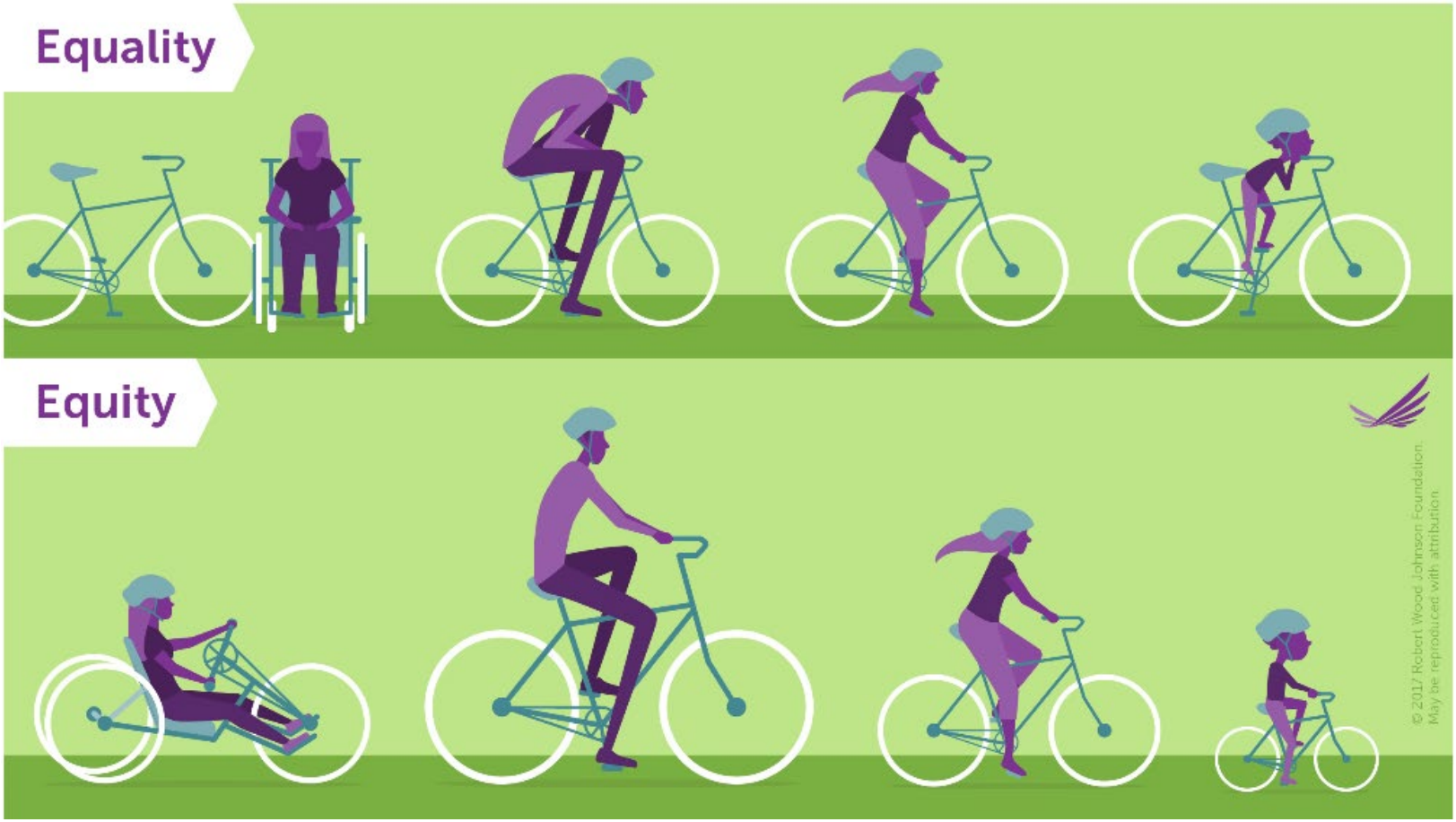
10/13/2020

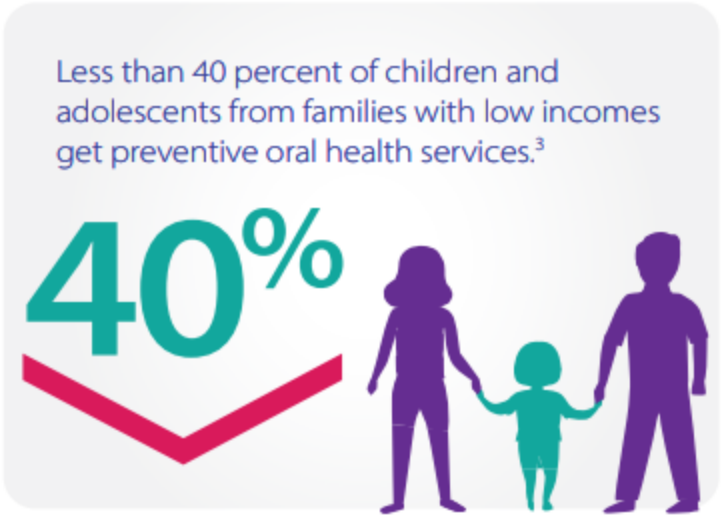
Learning Objectives:

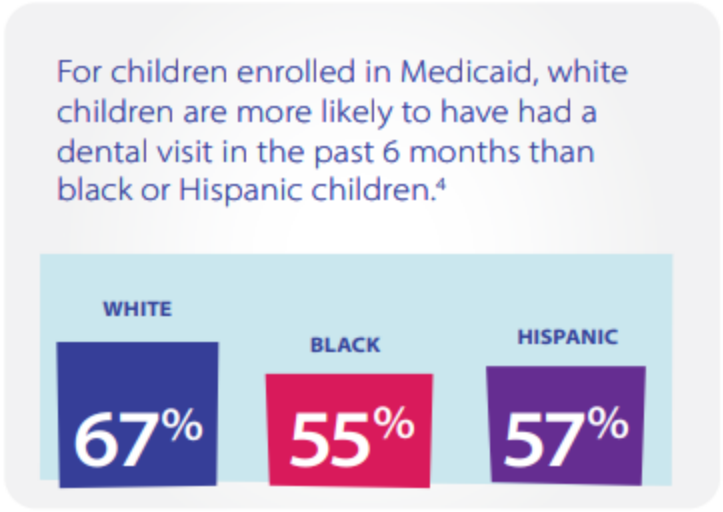
1. Describe why this work is important, share stories about integration
2. Explore the separation of medicine and dentistry
3. Provide data to help tell the story
4. Define the roles of the medical and dental health care providers and how they can reinforce each other's messages
5. Provide resources to support this work

Focus on Health Equity



Focus on Health Equity





https://www.mchoralhealth.org/PDFs/npm13-dental-visits-children-infographic.pdf

VT Dental Data

- 53% of Vermont Medicaid-enrolled children aged 2-5 received preventive dental services in 2017.
- 30% of Vermont Medicaid-enrolled children born in 2015 received an Oral Evaluation and Counseling by their second birthday.
- In 2017, 1485 (8%) Medicaid-enrolled children aged 1-5 years were treated for extractions, endodontics or restorations. Of those children, 26% (386) were treated in a hospital setting.

Data Source: Medicaid Claims Data

https://www.healthvermont.gov/sites/default/files/documents/pdf/HS-Stats-Oral-Health-Data-Vermont-20190723.pdf

Why this work is important

Most children have access to primary medical care. Primary care clinicians have regular, consistent contact through well-child visits. Consider the following:

- 63.4 % of low-income children 19-35 months of age have completed all the primary vaccine series.
- 96% of children in the United States have a usual place of health care.
- Clinicians see children for wellness care a minimum of 10 times by age two.

In contrast, few preschool children from low-income families regularly receive dental care.

Smiles for Life
A national oral health curriculum

References
Document

“Two is Too Late!”

The New York Times

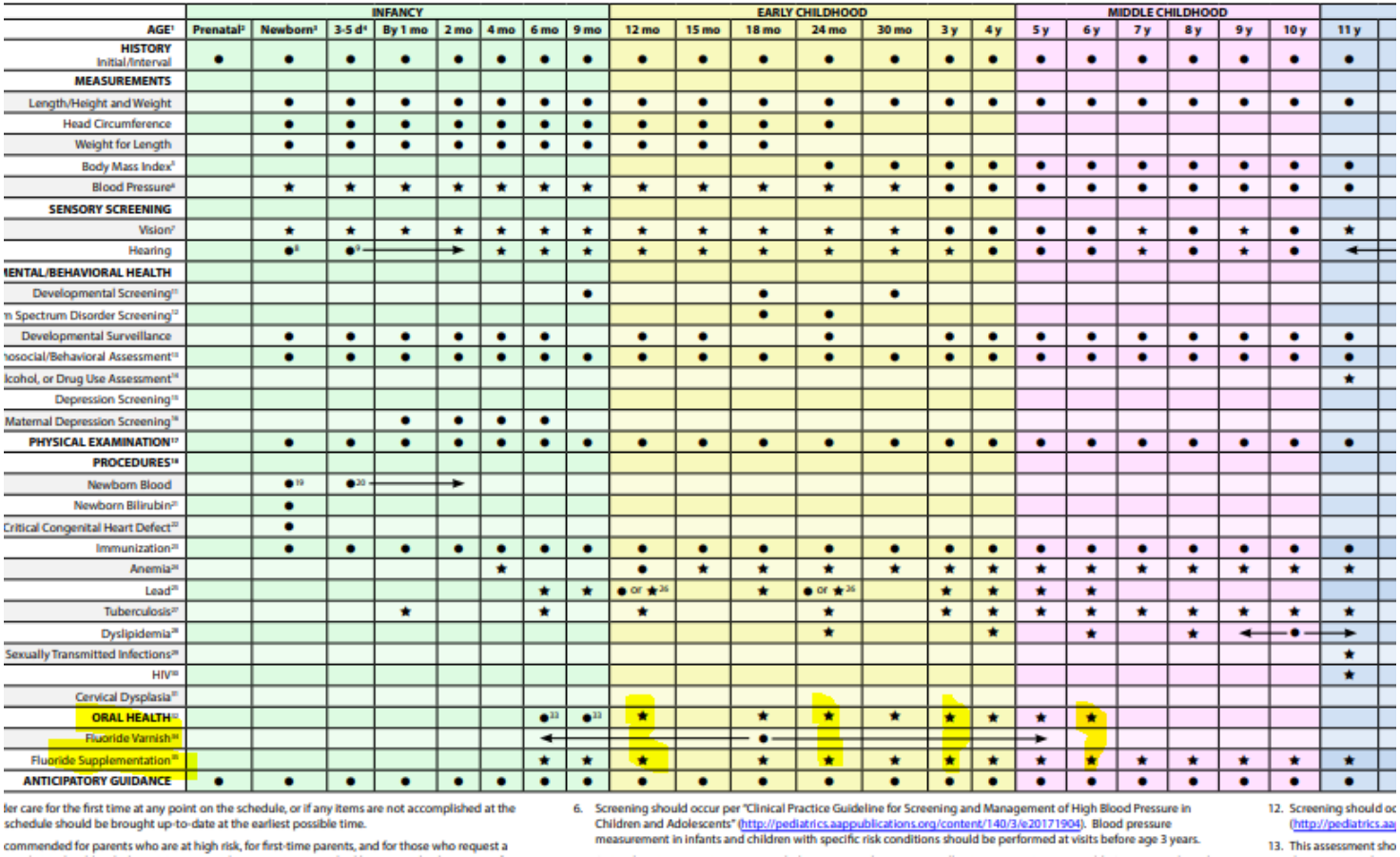
March 6, 2012

Vermont Department of Health

Early Intervention leads to better health outcomes

Bright Futures Guidelines

Bright Futures Guidelines



AGE[1]	Prenatal[2]	Newborn[3]	3-5 d[4]	By 1 mo	2 mo	4 mo	6 mo	9 mo	12 mo	15 mo	18 mo	24 mo	30 mo	3 y	4 y	5 y	6 y	7 y	8 y	9 y	10 y	11 y
	INFANCY								EARLY CHILDHOOD							MIDDLE CHILDHOOD						
HISTORY Initial/Interval	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
MEASUREMENTS																						
Length/Height and Weight		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Head Circumference		●	●	●	●	●	●	●	●	●	●	●										
Weight for Length		●	●	●	●	●	●	●	●	●	●											
Body Mass Index[5]												●	●	●	●	●	●	●	●	●	●	●
Blood Pressure[6]		★	★	★	★	★	★	★	★	★	★	★	★	●	●	●	●	●	●	●	●	●
SENSORY SCREENING																						
Vision[7]		★	★	★	★	★	★	★	★	★	★	★	★	●	●	●	●	★	●	★	●	★
Hearing		●[8]	●[9] →		★	★	★		★	★	★	★	★	★	●	●	●	★	●	★	●	←
MENTAL/BEHAVIORAL HEALTH																						
Developmental Screening[11]								●			●		●									
Autism Spectrum Disorder Screening[12]											●	●										
Developmental Surveillance		●	●	●	●	●	●		●	●		●		●	●	●	●	●	●	●	●	●
Psychosocial/Behavioral Assessment[13]		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Alcohol, or Drug Use Assessment[14]																						★
Depression Screening[15]																						
Maternal Depression Screening[16]				●	●	●	●															
PHYSICAL EXAMINATION[17]		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
PROCEDURES[18]																						
Newborn Blood		●[19]	●[20] →																			
Newborn Bilirubin[21]		●																				
Critical Congenital Heart Defect[22]		●																				
Immunization[23]		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Anemia[24]						★			●	★	★	★	★	★	★	★	★	★	★	★	★	★
Lead[25]							★	★	● or ★[26]		★	● or ★[26]		★	★	★	★					
Tuberculosis[27]				★			★		★			★		★	★	★	★	★	★	★	★	★
Dyslipidemia[28]												★			★		★		★	← ● →		
Sexually Transmitted Infections[29]																						★
HIV[30]																						★
Cervical Dysplasia[31]																						
ORAL HEALTH[32]							●[33]	●[33]	★		★	★	★	★	★	★	★					
Fluoride Varnish[34]							←				●				→							
Fluoride Supplementation[35]							★	★	★		★	★	★	★	★	★	★	★	★	★	★	★
ANTICIPATORY GUIDANCE	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●

ler care for the first time at any point on the schedule, or if any items are not accomplished at the schedule should be brought up-to-date at the earliest possible time.

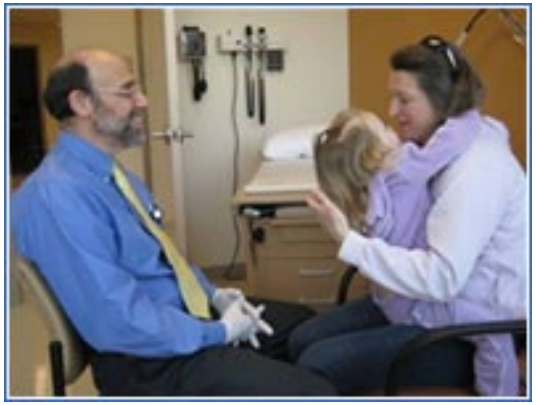
commended for parents who are at high risk, for first-time parents, and for those who request a

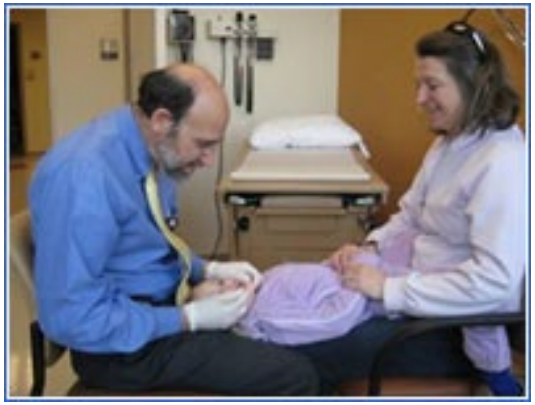
6. Screening should occur per "Clinical Practice Guideline for Screening and Management of High Blood Pressure in Children and Adolescents" (http://pediatrics.aappublications.org/content/140/3/e20171904). Blood pressure measurement in infants and children with specific risk conditions should be performed at visits before age 3 years.

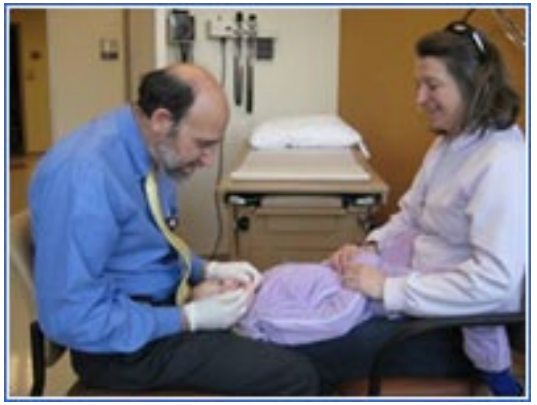
12. Screening should oc (http://pediatrics.aa

13. This assessment sho

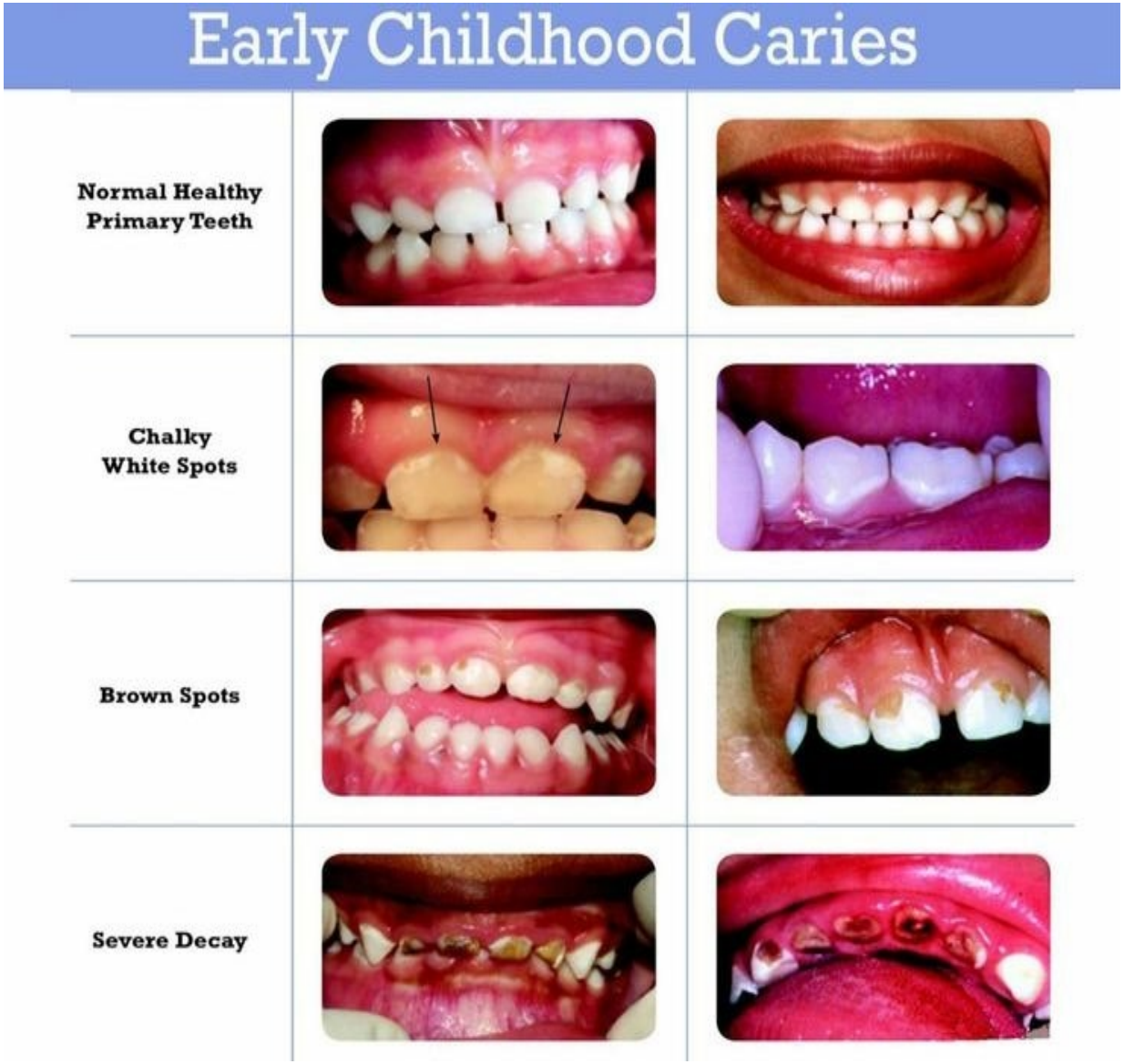
Oral Health Risk Assessment 1,2,3





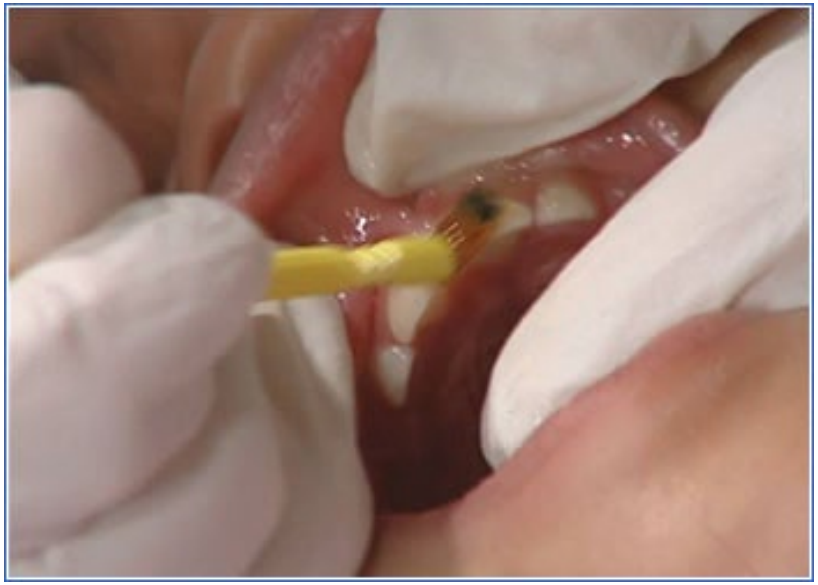


Early Childhood Caries



Vermont Department of Health

Fluoride application



https://www.youtube.com/watch?v=ARkehLHmb44

Fluoride Supplementation Schedule

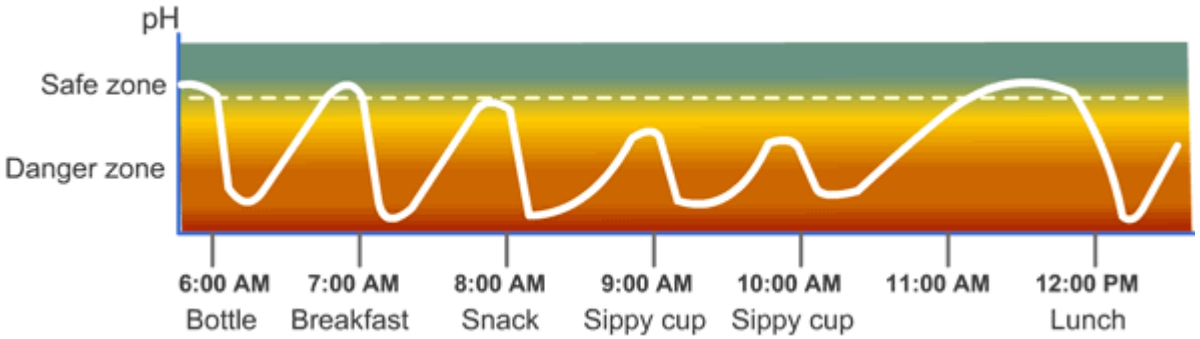
[VT Guide to Fluoride Levels in Public Water Systems]

DIETARY FLUORIDE SUPPLEMENTATION SCHEDULE FOR CHILDREN AND ADOLESCENTS AT HIGH RISK FOR DEVELOPING CARIES

	Fluoride Ion Level in Drinking Water[a]		
Age	**< 0.3 ppm**	**0.3–0.6 ppm**	**> 0.6 ppm**
Newborn–6 months	None	None	None
6 months–3 years	0.25 mg/day[b]	None	None
3–6 years	0.50 mg/day	0.25 mg/day	None
6–16 years	1.0 mg/day	0.50 mg/day	None

[a]1.0 ppm = 1 mg/L.
[b]2.2 mg sodium fluoride contains 1 mg fluoride ion.
Reproduced with permission from the American Dental Association from *ADA Guide to Dental Therapeutics* (2nd ed.).

Dietary Counseling: It's not just what we eat, it's also how often.



Bright Futures: Oral Health Implementation Tip Sheet (link)

Bright Futures | IMPLEMENTATION TIP SHEET

Bright Futures.

Promoting Oral Health

Oral health is a critical component of child and adolescent development. It includes a range of health promotion and disease prevention concerns including extremes from dental caries to proper development and alignment of facial bones, jaw, and teeth. In particular, dental caries is a preventable and transmissible infectious disease that health care professionals focus on to prevent negative impacts on eating, speaking, and learning.[1] Prolonged exposure to human or cow's milk or fruit juice (even 100%) causes harm to teeth as bacteria in the mouth convert the sugars in milk or juice to acids. The acids attack the enamel and lead to dental caries. The same is true for the dietary intake of foods and beverages containing high amounts of added sugars. Twenty-one percent of children ages 2 to 5 years, 51% of children ages 6 to 11, and 54% adolescents ages 12 to 19 have caries, a disease that can be prevented with routine care and minimized with early detection.[2] Children at higher risk include children and youth with special health care needs, children in low- and moderate-income households, and children of color (though sociodemographic status should be viewed as the initial indicator of risk).

Early prevention and promotion activities begin by ensuring each child or adolescent has a dental home—a place where the dentist and patient have an ongoing relationship that supports comprehensive, continuously accessible, coordinated, and family-centered care. Establishing and maintaining a connection between medical and dental homes, as well as public health, early care and education, and school settings, set the stage for optimal oral health care for all children and adolescents and their families.

ORAL HEALTH SERVICES

Children may be referred for oral health assessment as early as 6 months, after the first tooth erupts, and no later than 12 months of age. Oral health assessments look at risk factors, protective factors, and clinical findings to make an assessment and develop a treatment plan (see Oral Health Risk Assessment Tool or Guía de evaluación de riesgos para la salud bucal). Specific activities conducted during the oral health risk assessment vary by age, with intentional efforts to understand the risk of oral health concerns at each stage in a child's or adolescent's development.

The child should have an established dental home by age 12 months and should be seen by a dentist every 6 months or more frequently, as needed. In addition to oral health risk assessments, other activities that occur within the dental home include conversations about oral hygiene, fluoride, and feeding/nutrition practices. These conversations vary by developmental stage and reinforce brushing with a fluoridated toothpaste twice daily, flossing daily, and eating healthy foods including vegetables, fruits, whole grains, lean meats, and dairy products. Conversations with families of young children may also focus on pacifiers and thumb

ABOUT BRIGHT FUTURES

Bright Futures is a national health promotion and prevention initiative, led by the American Academy of Pediatrics (AAP) and supported by the Maternal and Child Health Bureau, Health Resources and Services Administration. The *Bright Futures Guidelines* provide theory-based and evidence-driven guidance for all preventive care screenings and well-child visits. Bright Futures content can be incorporated into many public health programs such as home visiting, child care, school-based health clinics, and many others. Materials developed especially for families are also available. Learn more about Bright Futures and get Bright Futures materials by visiting brightfutures.aap.org.

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®

PAGE 1 of 4

National Resources:

- BF Oral Health Pocket Guide
- Brush, Book, Bed Campaign
- Campaign for Dental Health
- Oral Health Prevention Primer
- Smiles for LIfe Oral Health Curriculum

Bright Futures Guidelines: Early Childhood (1-4)

- Routines /Toothbrushing and flossing
- Age one dental home message
- Healthy diet

EARLY CHILDHOOD • 1–4 YEARS

EARLY CHILDHOOD

Health professionals should select the information in this section that is most appropriate, using clinical judgment to decide what is timely and relevant for each individual child and family.

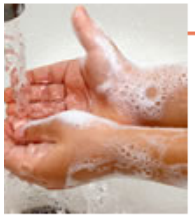
Family Preparation

To help prepare families for oral health supervision visits, health professionals can provide parents with a list of topics to discuss at the next visit. Topics may include the following:

- Changes in the teeth and the mouth
- Oral hygiene practices (frequency, problems)
- Use of fluoridated water for drinking, cooking, or formula preparation

- Fluoride use (fluoridated toothpaste, fluoridated mouthrinse, fluoride supplements)
- Use of bottle or cup by child
- Feeding and eating practices
- Nonnutritive sucking (pacifier, thumb, finger)

National Maternal and Child Oral Health Resource Center: https://www.mchoralhealth.org/

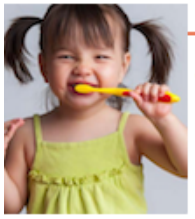


Oral Health Resources in Response to COVID-19

Find links to recommendations and guidance from federal agencies and national organizations and resources for families.

Title V NPM 13

Two infographics and a report with sample strategies focus on the Title V national performance measure on oral health (NPM 13).



Networks for Oral Health Integration

This report provides an overview of three projects funded by MCHB to improve access to and utilization of comprehensive oral health care.

Oral Health Quality Indicators for the MCH Population

Featured Resources

Consumer Materials

Healthy Habits for Happy Smiles

Consensus Statement

Oral Health Care During Pregnancy

Curricula

School-Based Dental Sealant Programs

Special Care

Guides / Manuals

Support for this work in VT

Oral Health Services that can be provided in the medical home

Key: O Assess Risk with appropriate action to follow ● To Be Performed ☐ May be addressed in both medical and dental homes*

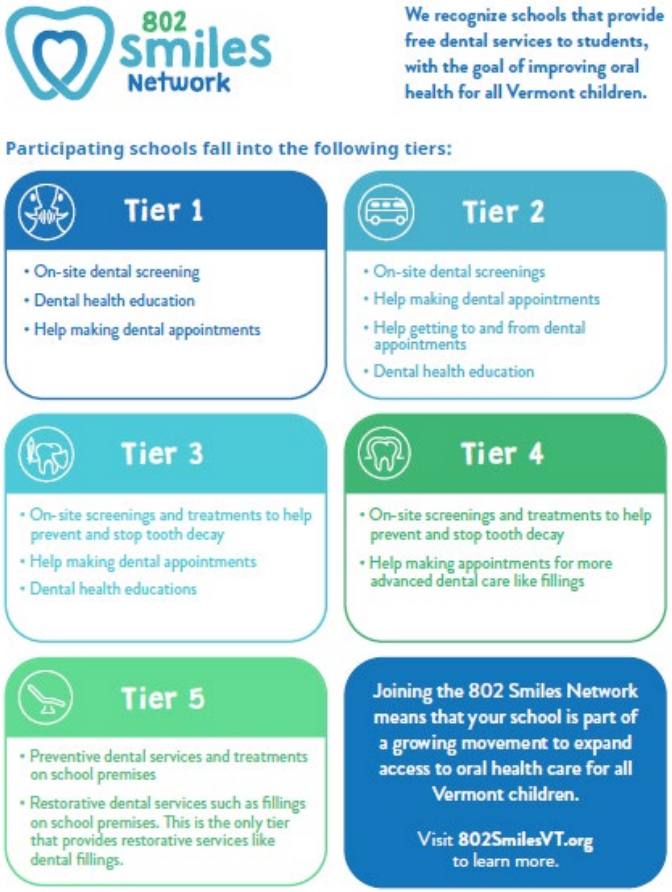
	Recommendation	Prenatal	0-6 months	6-12 months	12-24 months	2 to 6 years	6 to 12 years	12 years +
Assessment	Caries/oral health risk assessment[1]	●	●	●	●	●	●	●
	Systemic fluoride exposure[2]	●	●	●	●	●	●	●
	Growth and development[3]			●	●	●	●	●
	Radiography	O		O	O	O	O	O
	Malocclusion development					●	●	●
	Pit and fissure sealants[4]					●	●	●
	Third molars (extraction)							●
Prevention	Establish a dental home by age one[5]			●	●	●	●	●
	Fluoride varnish/topical fluoride, if indicated[6]	O		O	O	O	O	O
	Fluoride supplements[2]			O	O	O	O	O
	Comprehensive dental care throughout pregnancy[7]	●						
	Clinical oral examination (including oral cancer screening)[8]	●		●	●	●	●	●
	Professional dental cleaning	●		●	●	●	●	●
Counseling and Anticipatory Guidance	Oral hygiene[9]	Parent ●	Parent ●	Parent ●	Parent ●	Patient/Parent ●	Patient/Parent ●	●
	Dietary[10]	Parent ●	Parent ●	Parent ●	Parent ●	Patient/Parent ●	Patient/Parent ●	●
	Injury Prevention[11]		Parent ●	Parent ●	Parent ●	Patient/Parent ●	Patient/Parent ●	●
	Non-nutritive habits [12]		Parent ●	Parent ●	Parent ●	Patient/Parent ●	Patient/Parent ●	●
	Speech/language development			O	O	O		
	HPV vaccine [13]						Parent O	Patient/Parent O
	Substance abuse/ tobacco use [14]	●					●	●
	Counseling for intraoral/perioral piercing	●					●	●
	Recommend continuity of dental health care into early adulthood/assist with transition to general practice if you are a pediatric practice	O						●

*Some restrictions apply to services provided by medical care providers, see Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents, 4th edition for details.

Vermont Preventive Pediatric Oral Health Care: Recommendations for Pediatric and General Dental Health Care Providers 2

Vermont Resources

- Fluoride in Well Water Testing Program
- District Office Public Health Dental Hygienist Program
- Vermont From the First Tooth Program
- 802Smiles Network of School Dental Health Programs



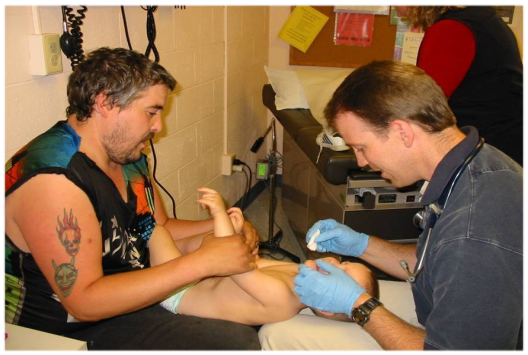
Local Health Offices: Information about dental practices accepting children at age on with Medicaid insurance*

District Office	MCH Coordinator	Public Health Dental Hygienist	Phone number
Barre	Yes	No	802-479-4200
Bennington	Yes	TBD	802-447-3531
Battleboro	Yes	TBD	802-257-2880
Burlington	Yes	Yes	802-863-7323
Middlebury	Yes	No	802-388-4644
Morrisville	Yes	No	802-888-7447
Newport	Yes	Yea	802-334-6707
Rutland	Yes	No	802-786-5811
St. Albans	Yes	Yes	802-524-7970
St. Johnsbury	Yes	No	802-748-5151
Springfield	Yes	TBD	802-289-0600
White River Junction	Yes	TBD	802-295-8820

Putting the Pieces Together

Medical Practice Teams

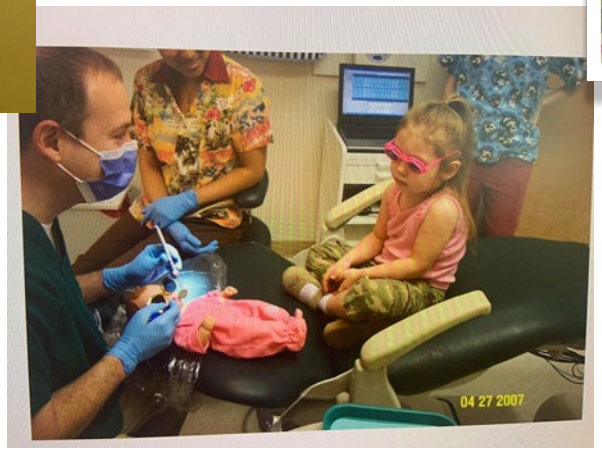
- Reinforce the importance of preventive dental care and the age one dental visit
- Provide Oral Health Risk Assessments and Fluoride Varnish Applications as part of well child visits
- Prescribe fluoride supplements if appropriate
- Assist families in establishing dental homes



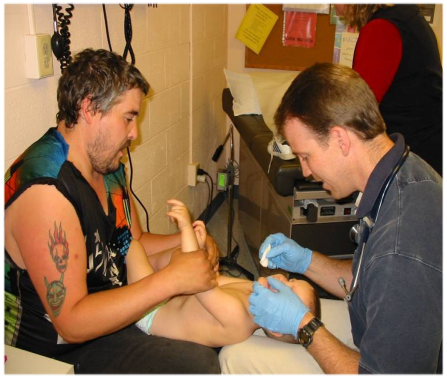
We Are All Part of the Solution!

Perinatal care Providers

Dental Hygienists in WIC and Head Start



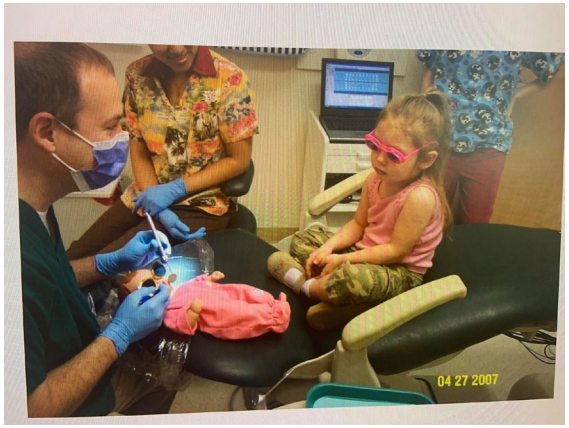
Dental care providers



Medical care providers

Key points for Kids!

- Age 3…Cavity free (opportunity to avoid transmission)
- Dental Caries remains as the #1 chronic childhood illness in the US.
- Strep Mutans and it's role in caries production
- Diet, Diet, Diet



“ You cannot be healthy without good oral health”
Surgeon General David Satcher

Contact Information

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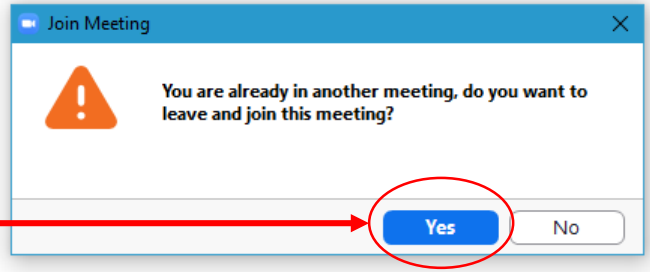

Up Next	
	Wrap-Up (for General Learning Session) ***Presenters:*** Wendy Davis, MD, FAAP and Breena Holmes, MD, FAAP **MOC QI Project Orientation and Overview** ***Presenters:*** Stan Weinberger, MD, FAAP and Chris Pellegrino, MS, ASQ CMQO/E