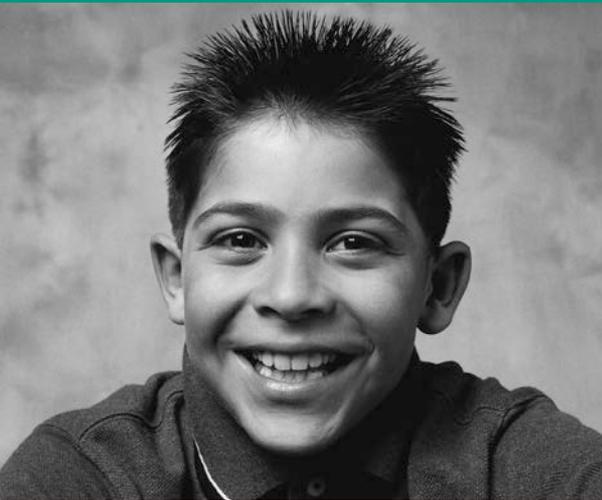


Oral Evaluation & Fluoride Varnish in the Medical Home



Training and Certification for Medicaid Providers

Learning Objectives

- What is the Oral Evaluation and Fluoride Varnish in the Medical Home initiative?
- Who is being trained and certified to offer this service?
- What is included in this visit?
- What is a certified First Dental Home dentist?
- What documentation is needed?
- How is this service billed to Texas Medicaid?
- Resources



Oral Evaluation and Fluoride Varnish in the Medical Home

- Legislatively supported initiative aimed at improving the oral health of children from 6-35 months of age
- Intermediate oral evaluation and application of fluoride varnish during a THSteps medical checkup
- Referral of children to a dental home beginning at 6 months of age

Purpose

- Oral Evaluation and Fluoride Varnish in the Medical Home has been established to support the dental home concept
- Medical and Dental providers work together to improve the oral health of children

Who is being trained and certified?

- Medicaid (THSteps) enrolled:
 - Physicians
 - Physician Assistants
 - Advanced Practice Nurses
- THSteps medical providers in the process of enrollment

What is included in this visit?

- During a THSteps medical checkup
 - Intermediate oral evaluation
 - Fluoride varnish application
 - This may be delegated to nurses or medical assistants
 - Referral to a dental home
 - First Dental Home dentist, as available

What is First Dental Home?

- A legislatively supported initiative aimed at improving the oral health of Medicaid (THSteps) children from 6-35 months of age
- Pediatric and General dentists are trained and certified to provide a Dental Home for this population

How to find a certified First Dental Home Dentist?

Online Provider lookup through Texas Medicaid and Healthcare Partnership (TMHP): www.tmhp.com

- Advanced search
- Enter zip code or county
- Search for “first dental home” providers in your area

How is this service billed to Texas Medicaid?

- In conjunction with a THSteps medical checkup, utilize CPT code 99429 with U5 modifier
- Must be billed with one of the following medical checkup codes:
 - 99381 – 99391
 - 99382 – 99392

Periodicity

- THSteps medical checkup
- Maximum of 6 visits from 6 months to 35 months of age
- No exception to periodicity

Reimbursement from Texas Medicaid

- Reimbursed at \$34.16 in addition to the THSteps checkup reimbursement
- Federally qualified health centers do not receive additional encounter reimbursement

Documentation

- Must document all components of the documentation form provided
- If fluoride varnish is not applied, document the reason
- Keep record of the referral to a dental home

Documentation



Oral Evaluation and Fluoride Varnish in the Medical Home Visit Documentation

Patient's Name:		
Age (in months):	Date of Visit:	
Parent/Guardian at Appointment:		
Visit Component	√	Comments/Observations
Review of Health History		
Oral Evaluation		
Anticipatory Guidance		
❖ Diet/Nutrition		
❖ Fluoride Needs		
❖ Injury Prevention		
❖ Medications and Oral Health		

Fluoride varnish applied

Referral made to: Dental Specialist _____
Name of Dental Specialist

Including this visit, how many times has the child had an Oral Evaluation and Fluoride Varnish in the Medical Home visit in your office? _____

PRIVACY NOTIFICATION: With few exceptions, you have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. See <http://www.dshs.state.tx.us> for more information on Privacy Notification. (Reference: Government Code, Section 552.021, 552.023, 559.003 and 559.004)



Dental Anticipatory Guidance



DENTAL ANTICIPATORY GUIDANCE

BIRTH – 1 YEAR OLD

Take Home Messages <ul style="list-style-type: none"> • Cavities are preventable • Infectious disease • Transmitted to the baby from parents/caregivers 	Parents/Caregivers can ensure good oral health for their baby by: <ul style="list-style-type: none"> ❖ Making healthy food, snack, and drink choices on a daily basis ❖ Cleaning your baby's mouth and the appropriate use of fluoride on a daily basis as directed by your dentist ❖ Regular visits at your dental home starting at 6 months of age
Oral Health and Home Care <ul style="list-style-type: none"> • Avoid sharing of bottles, cups, pacifiers, and toys to reduce bacteria transmission 	<ul style="list-style-type: none"> ❖ Begin wiping the mouth with a soft cloth or brushing with a soft toothbrush twice a day as soon as the first tooth comes into the mouth ❖ Use a very small amount (smear) of fluoride toothpaste ❖ Parents/caregivers need to maintain their own oral health through regular dental visits and treatment, if needed, to reduce the spread of bacteria to their baby that causes tooth decay ❖ Parents/caregivers need to avoid sharing utensils and cups with their baby to reduce the spread of bacteria that causes tooth decay ❖ Parents/caregivers need to check the baby's front and back teeth for white, brown or black spots (signs of tooth decay) ❖ Parents/caregivers need to become familiar with the appearance of the baby's mouth
Development of the Mouth and Teeth	<ul style="list-style-type: none"> ❖ Discuss primary (baby) tooth eruption patterns ❖ Emphasize the importance of baby teeth for chewing, speaking, jaw development and self-esteem ❖ Discuss teething and ways to soothe sore gums, such as chewing on teething rings and washcloths
Oral Habits	<ul style="list-style-type: none"> ❖ Encourage breastfeeding ❖ Advise parents/caregivers that removing the child from the breast or bottle after feeding and wiping baby's gums and teeth with a damp washcloth or brushing the teeth reduces the risk of Early Childhood Caries (ECC) ❖ Review pacifier use
Diet, Nutrition and Food Choices	<ul style="list-style-type: none"> ❖ Remind parents/caregivers never to put baby to bed with a bottle with anything other than water in it or allow feeding "at will" ❖ Emphasize that it is the frequency of exposures, not the amount of sugar and carbohydrates that affects the susceptibility to cavities ❖ Encourage using a cup by 1 year of age ❖ Encourage offering healthy snacks and drinks to their baby
Fluoride Needs	<ul style="list-style-type: none"> ❖ Discuss the family's source of drinking water (bottled versus tap water, filtered versus non-filtered, reverse osmosis, etc.) ❖ Review total fluoride exposure from all sources (water, foods, toothpaste, etc.) ❖ Encourage drinking fluoridated water (tap or bottled) ❖ Consider fluoride needs (e.g. fluoride toothpaste, fluoride varnish, fluoride supplements)
Injury Prevention	<ul style="list-style-type: none"> ❖ Review child-proofing of home including electrical cord safety and poison control ❖ Emphasize use of properly secured car seat ❖ Encourage caregivers to keep emergency numbers handy
Antimicrobials, Medications, and Oral Health	<ul style="list-style-type: none"> ❖ Consider use of antimicrobials as appropriate to prevent tooth decay ❖ Remind parents/caregivers that oral medicines contain sweeteners that can cause tooth decay and to wipe the baby's mouth with a soft, damp washcloth after giving medicines

Your Child's Teeth Are Important!



Your Child's Teeth Are Important!



Your Child's Teeth Are Important!

To protect your child's teeth from cavities, you need to:

- Offer healthy foods and drinks
- Clean your child's mouth after they eat
- Take your child to the dentist for regular visits in the dental home



Even medicines have sugar in them so...

- Be sure and clean your child's mouth after giving medicines



Be sure and use a very small amount of fluoride toothpaste when cleaning your child's teeth. This is about the right amount to use...



To help protect your child's teeth from cavities, do not share:

- Spoons or forks
- Cups
- Bottles
- Toothbrushes
- Pacifiers
- Sippy cups
- Toys

Only give your baby a bottle or sippy cup with water in it when you put the baby to bed at night or for naps.



Your care can help keep your child from having cavities like this child has.



Product Resources

5% Sodium Fluoride Varnish

- Henry Schein
 - 1-800-372-4246
 - www.henryscheindental.com
- Patterson Dental
 - 1-800-837-7683
 - www.pattersondental.com
- Massco Dental
 - 1-800-227-1296
 - www.masscodental.com
- Zenith Dental
 - 1-800-662-6383
 - www.zenithdental.com

Material Resources

- <http://www.dshs.state.tx.us/dental/default.shtm>
 - Oral evaluation and fluoride varnish in the medical home documentation form
- <https://secure.thstepsproducts.com/>
 - Laminated Anticipatory Guidance
 - “Your Child’s Teeth Are Important”
- <http://www.tmhp.com/OPL/providerManager/AdvSearch.aspx>
 - Online Provider Lookup
 - Look under Advanced Search

Additional Resources

- Texas Health Steps Hotline for clients to obtain assistance with finding a Medicaid dentist:

1-877-847-8377

Additional Resources

Oral Health Program website:

The screenshot shows the website for the Texas Oral Health Program. At the top left is the Texas Department of State Health Services logo. To the right is a search bar with a magnifying glass icon and the word "Advanced". Further right are links for "Inicio en español" and "Text Size" with plus and minus icons. Below the search bar is a navigation menu with links for Home, About Us, News, I am a..., I want to..., Resources, and Find Services. The main content area is titled "Oral Health Program" and includes a breadcrumb trail: Home > Oral Health Program > Oral Health Program. On the left is a vertical sidebar menu with various categories like "About Us", "Brochures", "Contact Information", "Education", "Oral Evaluation and Fluoride Varnish in the Medical Home (OEFV)", "First Dental Home", "Forms", "Healthy Mouths", "Links", "Low Cost Dental Services", "Partners", "Policies and Rules", "Regions", "Reports", "Resources", "Texas Oral Health Surveillance System", "THSteps Home", and "Quarterly Medicaid Dental Stakeholder Meetings". The main content area contains a "Vision Statement" and a "Mission Statement", both describing the program's goals and services. To the right of the text is a graphic of the state of Texas with a stylized tooth and dental tools. Below the text are several links, including "Guideline on Periodicity of Examination", "Texas Dental Association", "Texas Academy of Pediatric Dentistry", "Texas Academy of General Dentistry", and "Texas Dental Hygienists' Association".

<http://www.dshs.state.tx.us/dental/default.shtm>

Additional Resources

Online Provider Education – Free CE Hours:

The screenshot displays the Texas Health Steps website interface. At the top left is the logo with the text 'Texas Health Steps' and a graphic of two footprints. To the right are three buttons: 'Register', 'Already signed up?' with a dropdown arrow, and 'Help Desk'. A left sidebar contains a 'Course Catalog' section with a list of topics: 'Course Listing and Accreditation', 'By topic:', 'Ethics Accredited', 'Adolescent Health', 'Pediatric Referral Guidelines', 'Developmental and Mental Health Screening', 'Prevention and Wellness', 'Case Management', 'Overview of Best Practices and Children's Services', 'Oral Health', 'Sensory Screening', 'Acute and Chronic Medical Conditions', 'Genetic Screening', and 'Pharmacy'. The main content area is titled 'Free Online Provider Education' and features the State of Texas seal. Below the title is a paragraph: 'Texas Health Steps' award-winning online program offers FREE CE Courses to enhance your ability to provide preventive health, mental health, oral health, and case management services to children who are Medicaid eligible in Texas.' A large image shows a doctor in a white coat talking to a young girl. Below the image are three colored buttons: 'Adolescent Health' (green), 'Healthy Texas Babies' (purple), and 'Pharmacy' (teal). Under the 'Adolescent Health' button, there is a sub-section titled 'Adolescent Health' with the text: 'Education for providers on best practices for delivering health-care services to adolescents. View the course listing now. Access our free Adolescent Health Guide.'

<http://www.txhealthsteps.com/>

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Oral Evaluation and Fluoride Varnish in the Medical Home

training and certification for medical
providers

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Oral Evaluation and Fluoride Varnish in the Medical Home

Training and Certification for Medical Providers

Louise Friedman

Department of State Health Services

Oral Health Program

Austin, Texas

The American Academy of Pediatrics Oral Health Initiative

www.aap.org/oralhealth





**Developed by the American Academy of Pediatrics
Oral Health Initiative**

**Supported in part by the Maternal and Child Health Bureau,
Health Resources and Services Administration
Department of Health and Human Services
U93MC00184**

View the training online at www.aap.org/oralhealth/cme.

Outline

This training includes the following sections:

- Overview of Dental Caries and Early Childhood Caries
- Pathophysiology of Caries Process
- History: Determining Caries Risk
- Physical: Oral Health Assessment
- Anticipatory Guidance
- Treatment and Referral

Child Health Professionals' Role in Promoting Oral Health

- See children early and regularly.
- Become experts in oral health prevention strategies.
- Advocate for child health: Oral health is part of overall health!



AAP Recommendations for an Oral Health Risk Assessment

- Assess mothers'/caregiver's oral health.
- Assess oral health risk of infants and children.
- Recognize signs and symptoms of caries.
- Assess child's exposure to fluoride.
- Provide anticipatory guidance including oral hygiene instructions (brush/floss).
- Make timely referral to a dental home.



Prevalence of Dental Caries

- 5 times more common than asthma
- 7 times more common than hay fever

Caries Rate

- 18% aged 2 to 4 years
- 52% aged 6 to 8 years
- 67% aged 12 to 17 years



Early Childhood Caries



Initial lesions—white decalcification with beginning enamel breakdown

A severe, rapidly progressing form of tooth decay in infants and young children

Affects teeth that erupt first, and are least protected by saliva



Late stage lesions—moderate to severe enamel and dentin destruction

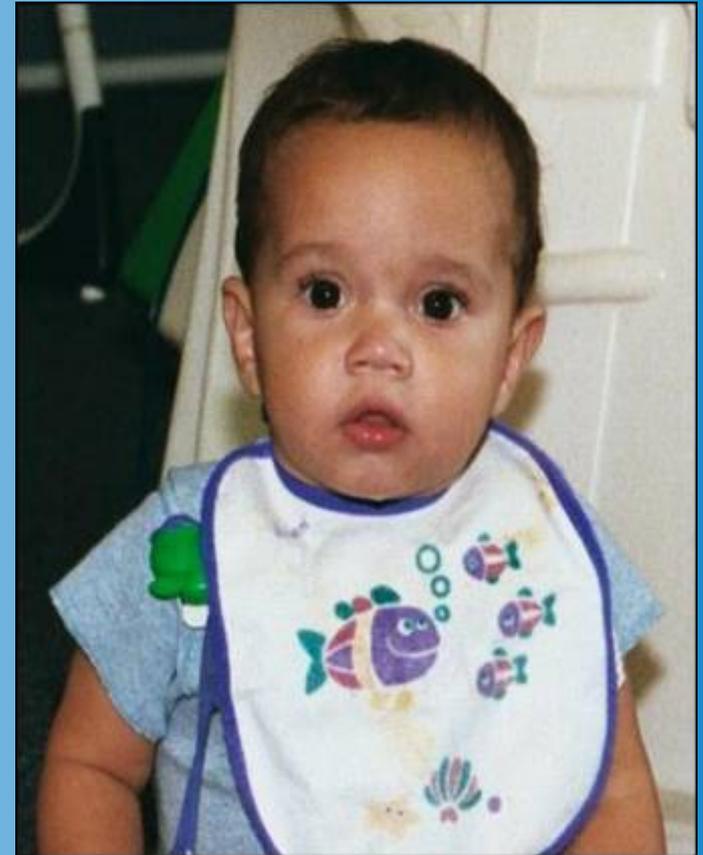
Early Childhood Caries Can Lead to...

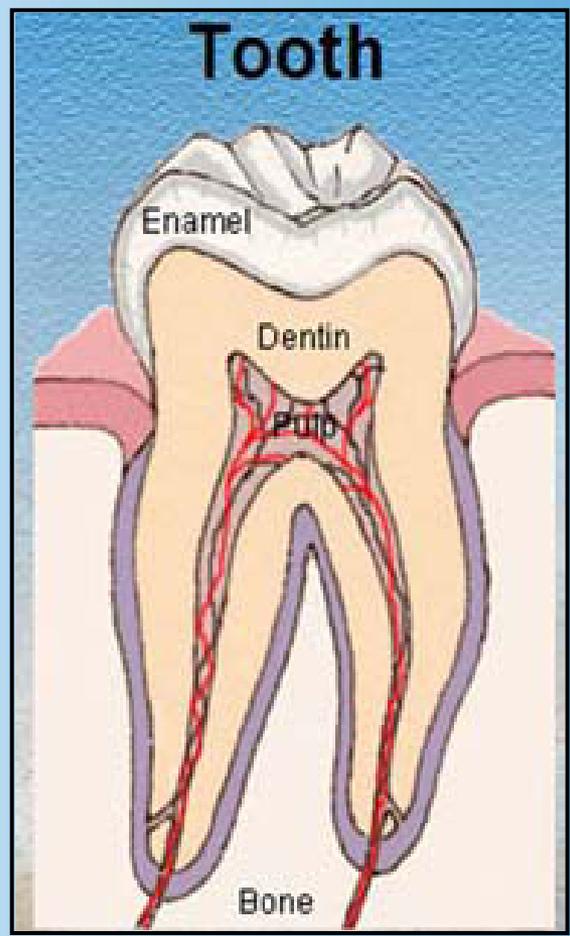
- Extreme pain
- Spread of infection
- Difficulty chewing, poor weight gain
- Falling off the growth curve
- Extensive and costly dental treatment
- Risk of dental decay in adult teeth
- Crooked bite (malocclusion)



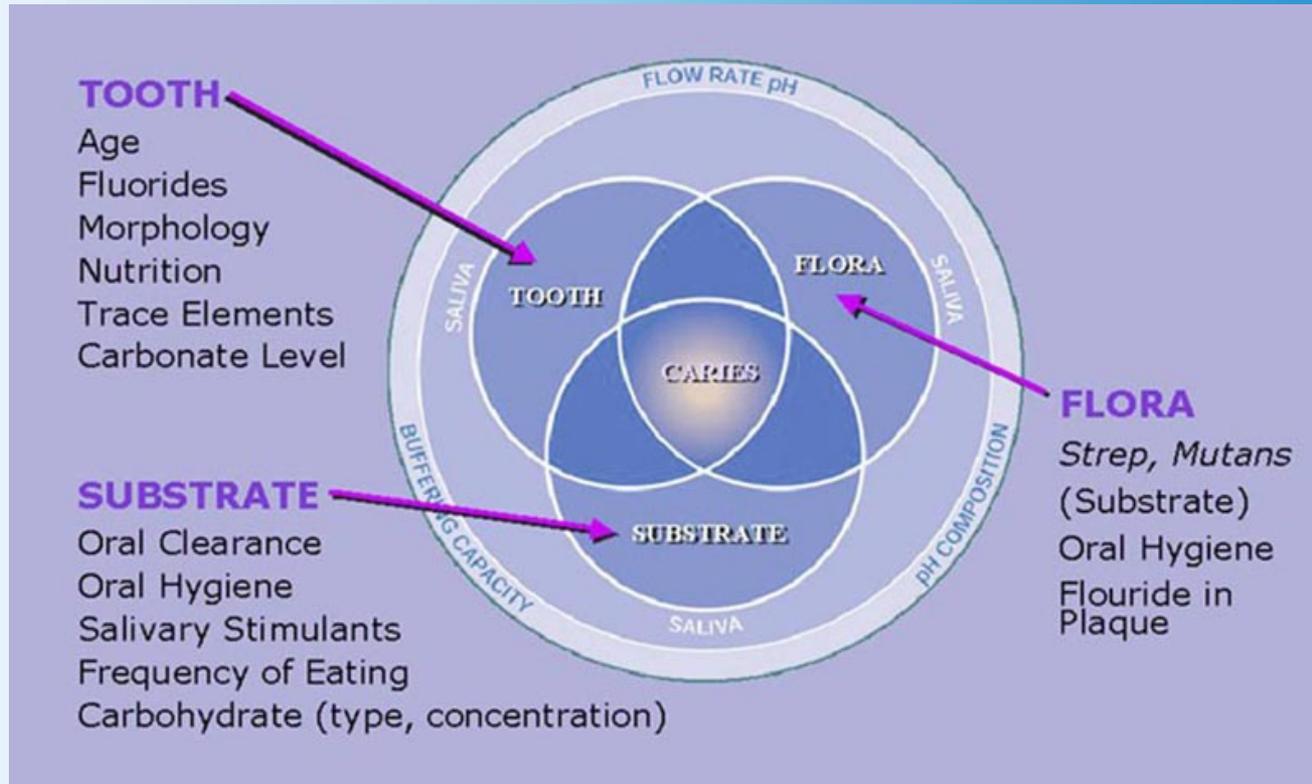
Consequences of Dental Caries

- Missed school days
- Impaired language development
- Inability to concentrate in school
- Reduced self-esteem
- Possible facial cellulitis requiring hospitalization
- Possible systemic illness for children with special health care needs





Factors Necessary for Caries



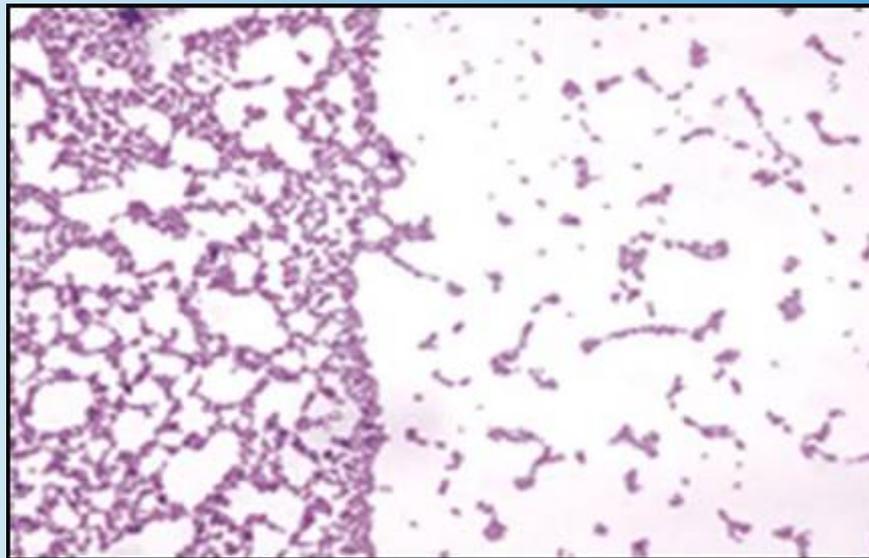
Oral Flora

- Normal oral flora = billions of bacteria.
- Intraoral bacterial colonization occurs before the eruption of the first tooth.



Oral Flora: Pathogenesis of Caries

- An infectious process
- Initiated by pathogenic bacteria—*Streptococcus mutans* and *Streptococcus sobrinus*



Oral Flora: How Does Infection Occur?

- Transmitted mainly from mother or primary caregiver to infant
- Window of infectivity is first 2 years of life
- Earlier child colonized, the higher the risk of caries



Fluoride's Influence on Oral Flora

- Promotes remineralization of enamel, and may arrest or reverse early caries
- Decreases enamel solubility
- Inhibits the growth of cariogenic organisms, thus decreasing acid production
- Concentrated in dental plaque
- Primarily topical even when given systemically



Substrate: You Are What You Eat

- Caries is promoted by carbohydrates, which break down to acid.
- Acid causes demineralization of enamel.
- Frequent snacking promotes acid attack.
- Foods with complex carbohydrates (breads, cereals, pastas) are major sources of “hidden” sugars.
- High sugar content in sodas is a source of these substrates.



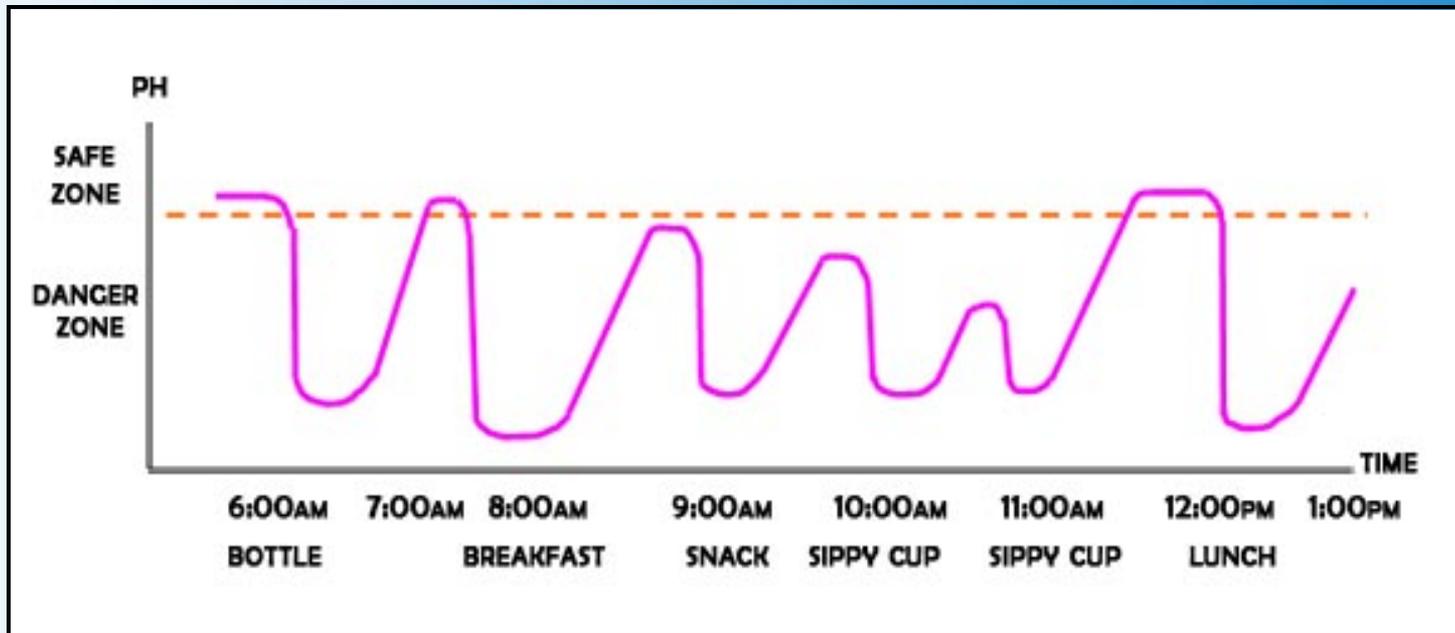
Substrate: Environmental Influences

- Saliva inhibits bacterial growth.
- Unremoved plaque promotes the caries process.



Red disclosing tablet reveals plaque

Not Just What You Eat, But How Often



- Acids produced by bacteria after sugar intake persist for 20 to 40 minutes.
- Frequency of sugar ingestion is more important than quantity.

Breastfeeding

- The AAP and AAPD strongly endorse breastfeeding.
- Although breastmilk alone is not cariogenic, it may be when combined with other carbohydrate sources.
- For frequent nighttime feedings with anything but water after tooth eruption, consider an early dental home referral.



High-Risk Groups for Caries

- Children with special health care needs
- Children from low socioeconomic and ethnocultural groups
- Children with suboptimal exposure to topical or systemic fluoride
- Children with poor dietary and feeding habits
- Children whose caregivers and/or siblings have caries
- Children with visible caries, white spots, plaque, or decay



Children With Special Health Care Needs (CSHCN)

Recommendations for Child Health Professionals:

- Be aware of oral health problems or complications associated with medical conditions.
- Monitor impact of oral medications and therapies.
- Choose non-sugar-containing medications if given repeatedly or for chronic conditions.
- Refer early for dental care (before or by age 1 year).
- Emphasize preventive measures.



Damage caused by holding medications in mouth

Common Issues Among Children With Special Health Care Needs

- Children with asthma and allergies are often on medications that dry salivary secretions, increasing risk of caries.
- Children who are preterm or low birth weight have a much higher rate of enamel defects and are at increased risk of caries.
- Children with congenital heart disease are at risk for systemic infection from untreated oral disease.

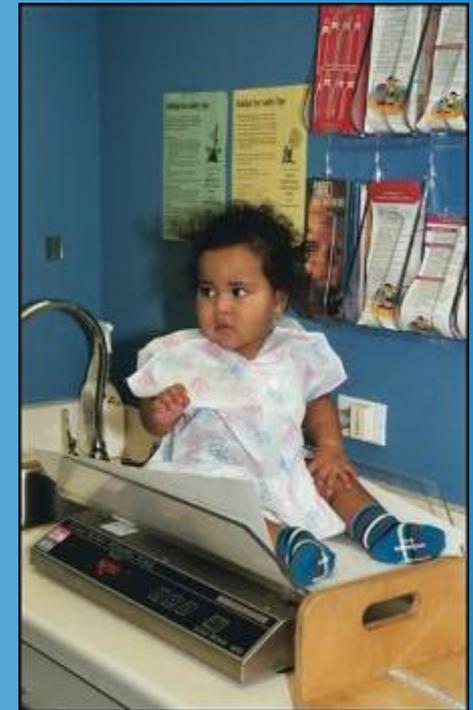




Socioeconomic Factors

The rate of early childhood dental caries is near epidemic proportions in populations with low socioeconomic status.

- No health insurance and/or dental insurance
- Parental education level less than high school or GED
- Families lacking usual source of dental care
- Families living in rural areas



Ethnocultural Factors

- Increased rate of dental caries in certain ethnic groups
- Diet/feeding practices and child-rearing techniques influenced by culture



Fluoride Exposure

- Determine fluoride exposure: systemic versus topical
- Fluoridated water
 - 58% of total population
 - Optimal level is 0.7 to 1.2 ppm
 - Significant state variability
 - CDC fluoridation map



Maternal/Primary Caregiver Screening

- Assess mother's/caregiver's oral history.
- Document involved quadrants.
- Refer to dental home if untreated oral health disease.



Child Oral Health Assessment

Prepare for the Examination

- Provide rationale.
- Describe caregiver role.
- Ensure adequate lighting.
- Assemble necessary equipment.

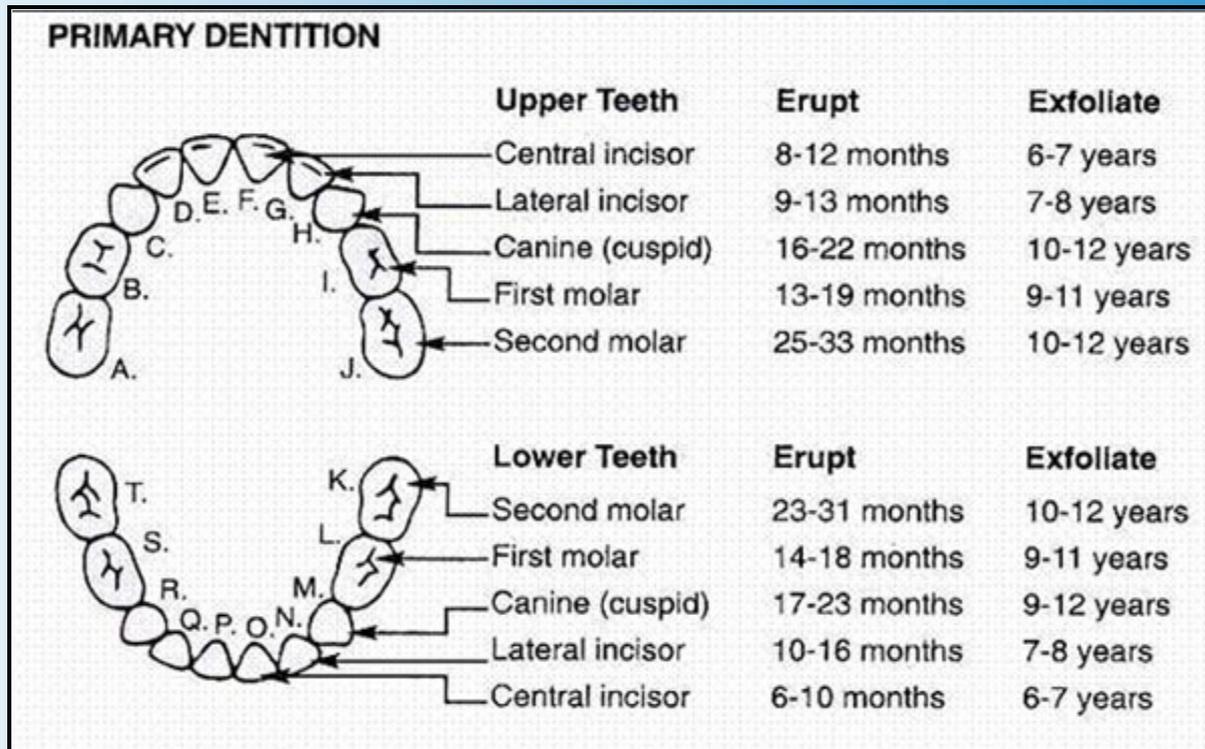


Positioning Child for Oral Examination

- Position the child in the caregiver's lap facing the caregiver.
- Sit with knees touching the knees of caregiver.
- Lower the child's head onto your lap.
- Lift the lip to inspect the teeth and soft tissue.

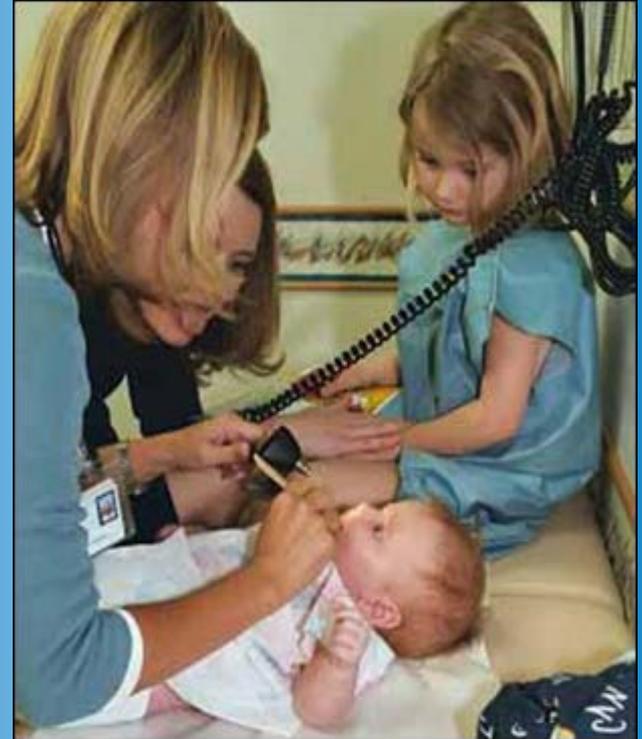


Primary Teeth Eruption

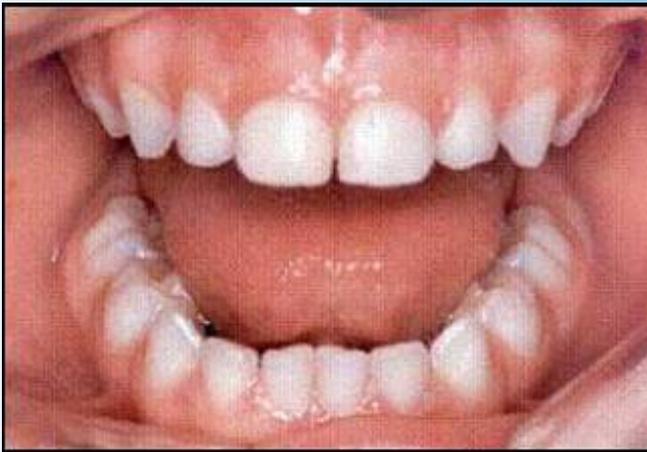


What to Look For

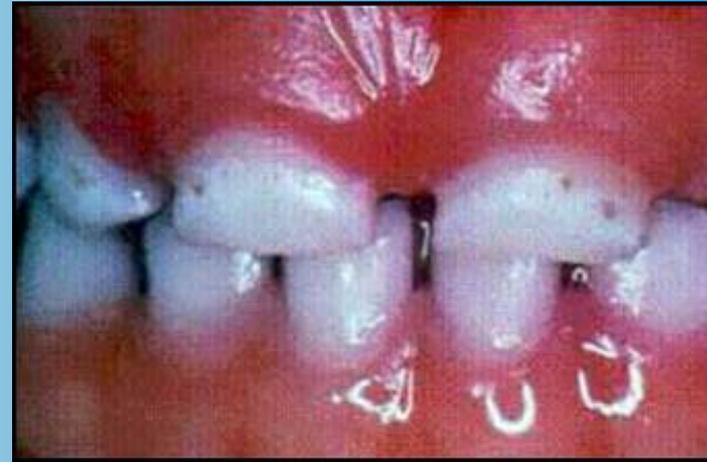
- Lift the lip to inspect soft tissue and teeth.
- Assess for
 - Presence of plaque
 - Presence of white spots or dental decay
 - Presence of tooth defects (enamel)
 - Presence of dental crowding
- Provide education on brushing and diet during examination.



Check for Normal Healthy Teeth



Check for Early Signs of Decay: White Spots



Check for Later Signs of Decay: Brown Spots



Check for Advanced/Severe Decay



Minimize Risk for Infection

- Address active oral health disease in mother/caregiver.
- Educate mother/caregiver about the mechanism of cariogenic bacteria transmission.
- Mother/caregiver should model positive oral hygiene behaviors for their children.
- Recommend xylitol gum to mothers/caregiver.



Anticipatory Guidance

- Minimize risk of infection.
- Optimize oral hygiene.
- Reduce dietary sugars.
- Remove existing dental decay.
- Administer fluorides judiciously.



Xylitol for Mothers

Xylitol gum or mints used 4 times a day may prevent transmission of cariogenic bacteria to infants.

- Helps reduce the development of dental caries
- A “sugar” that bacteria can’t use easily
- Resists fermentation by mouth bacteria
- Reduces plaque formation
- Increases salivary flow to aid in the repair of damaged tooth enamel



Substrate: Contributing Dietary and Feeding Habits

- Frequent consumption of carbohydrates, especially sippy cups/bottles with fruit juice, soft drinks, powdered sweetened drinks, formula, or milk
- Sticky foods like raisins/fruit leather (roll-ups), and hard candies
- Bottles at bedtime or nap time not containing water
- Dipping pacifier in sugary substances



Toothbrushing Recommendations

Age	Toothbrushing Recommendations (CDC, 2001)
< 1 year	~ Clean teeth with soft toothbrush
1–2 years	~ Parent performs brushing
2–6 years	~ Pea-sized amount of fluoride-containing toothpaste 2x/day ~ Parent performs or supervises
> 6 years	~ Brush with fluoridated toothpaste 2x/day



Toothpaste and Children

- Children ingest substantial amounts of toothpaste because of immature swallowing reflex.
- Early use of fluoride toothpaste may be associated with increased risk of fluorosis.
- Once permanent teeth have mineralized (around 6-8 years of age), dental fluorosis is no longer a concern.



Toothpaste

A small pea-sized amount of toothpaste weighs 0.4 mg to 0.6 mg fluoride, which is equal to the daily recommended intake for children younger than 2 years.



Treatment and Referral

This section addresses the following topics:

- Recommended Fluoride Supplement Schedule
- Example of Fluorosis
- Fluoride Varnish
- Applying Fluoride Varnish
- Remove Existing Dental Decay: Treating an Infection
- Referral: Establishment of Dental Home
- Community Systems of Care



Recommended Fluoride Supplement Schedule

Age	Fluoride Concentration in Community Drinking Water		
	<0.3 ppm	0.3–0.6 ppm	>0.6 ppm
0–6 months	None	None	None
6 mo–3 yrs	0.25 mg/day	None	None
3 yrs–6 yrs	0.50 mg/day	0.25 mg/day	None
6 yrs–16 yrs	1.0 mg/day	0.50 mg/day	None

MMWR: Recommendations for Using Fluoride to Prevent and Control Dental Caries in the US:
<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5014a1.htm>.



Example of Fluorosis



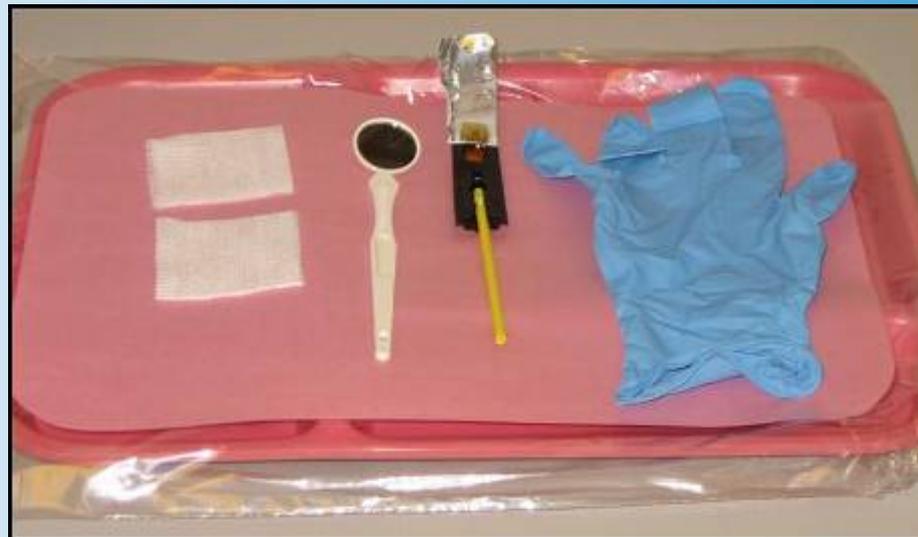
Mild Fluorosis



Severe Fluorosis

Fluoride Varnish

- 5% sodium fluoride or 2.26% fluoride in a viscous resinous base in an alcoholic suspension with flavoring agent (eg, bubble gum)
- Has not been associated with fluorosis
- Application does not replace the dental home nor is it equivalent to comprehensive dental care



Applying Fluoride Varnish



Remove Existing Dental Decay: Treating an Infection



Referral: Establishment of Dental Home

What is a dental home?

When to refer?

- Refer high-risk children by 6 months.
- Refer all children by 1 year.



Community Systems of Care

- Identify dental care professionals in your community.
- Develop partnerships.



Conclusion

This section addresses the following topics:

- You Can Make a Difference!
- CME Credit



You Can Make a Difference!

- Institute oral health risk assessments into well-child visits.
- Provide patient education regarding oral health.
- Provide appropriate prevention interventions (eg, feeding practices, hygiene).
- Document findings and follow-up.
- Train office staff in oral health assessment.
- Identify dentists (pediatric/general) in your area who accept new patients/Medicaid patients.
- Take a dentist to lunch to establish a referral relationship.
- Investigate fluoride content in area water supply.



CME Credit

Take this training online to earn
Continuing Medical Education credit!

<http://www.aap.org/oralhealth/cme>

Questions about this training?
E-mail oralhealthinfo@aap.org.

Photo Credits

Special thanks to the following individuals and organizations for contributing to this training:

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