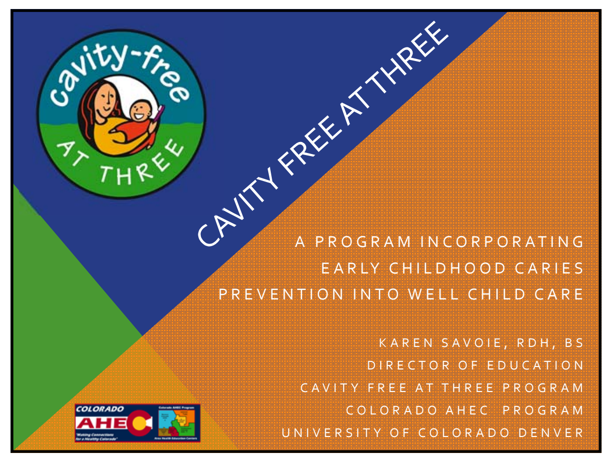
cavity-free
AT THREE
CAVITY FREE AT THREE
A PROGRAM INCORPORATING
EARLY CHILDHOOD CARIES
PREVENTION INTO WELL CHILD CARE
KAREN SAVOIE, RDH, BS
DIRECTOR OF EDUCATION
CAVITY FREE AT THREE PROGRAM
COLORADO AHEC PROGRAM
UNIVERSITY OF COLORADO DENVER
COLORADO
AHEC

CAVITY FREE AT THREE
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CAVITY FREE AT THREE
Cavity Free at Three is presented by:
Caring for Colorado Foundation
The Colorado Health Foundation
The Colorado Trust
Delta Dental Foundation of Colorado
Kaiser Permanente
Rose Community Foundation
We work in partnership with
The CU School of Medicine
Department
The CU School of Dental Medicine
Colorado Area Health Education Center
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LEARNING OBJECTIVES

1. Strategies for training medical providers to incorporate caries risk assessment, education of primary caregivers, self management goal setting and fluoride varnish into well child care
2. How to work with medical practices to incorporate oral health education into already full well child schedules
3. Advise practices on billing guidelines for reimbursement
4. Discuss how to build stronger linkages between physicians and dentists to share the responsibility of early childhood caries

CONSEQUENCES OF ECC

Pain

Impaired chewing and nutrition

Infection

Increased caries in permanent dentition

School /work absences

Extensive dental work

Financial burden of dental work

CONSEQUENCES OF ECC

In Colorado, an estimated 540,000 elementary school hours were lost due to dental visits or oral health problems in 2007. This averages to 1.2 hours lost per child.

28% of children 2-5 years old have already experienced tooth decay

By age 11, 49% of children have experienced tooth decay

Colorado Department of Public Health and Environment, Oral Health Program. *The Impact of Oral Disease on the Health of Coloradans*, Denver, CO, 2005. Http://www.cdphe.state.co.us/pp/oralhealth/impact.pdf.

COST OF DENTAL CARE

The lack of access to preventive dental measures can result in high costs for complex restorative procedures, especially if the child requires hospital-based care. Such care can cost as much as $15,000 per admission, carries a slight but real risk of anesthetic death, and places big burdens on public resources and state Medicaid budgets.

6 Cantrell, C. "Engaging Primary Care Medical Providers in Children's Oral Health." National Academy for State Health Policy: Portland, ME, September 2009.

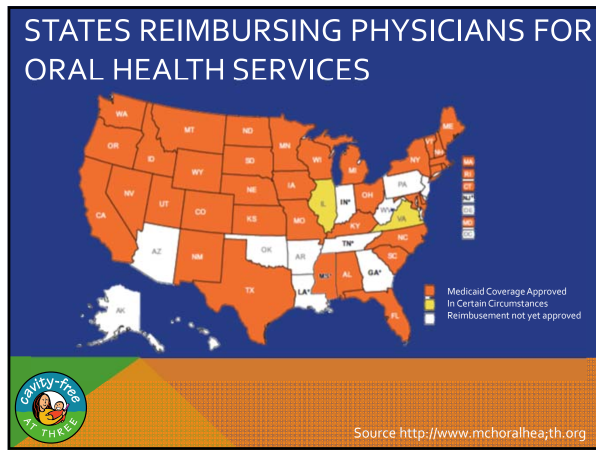
ACCESSING CARE

Because many children will see doctors and nurses earlier and more often than dentists, states have turned to medical providers to help prevent tooth decay.

Source: www.pewcenteronthestates.org

ROLE OF PRIMARY CARE PROVIDERS

- Primary care providers are essential in establishing the importance of the prevalence and prevention of early childhood caries in their patients
- Referral to dental providers establishes the all important in conjunction with the medical home concept
- Collaborative relationships are built between multiple providers offering the best possible care for patients and families.



ROLE OF PRIMARY CARE PROVIDERS

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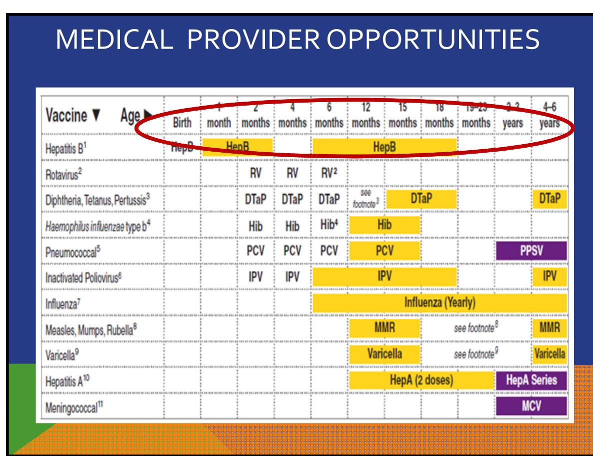
MEDICAL PROVIDER OPPORTUNITIES



Vaccine ▼ Age ▶	Birth	1 month	2 months	4 months	6 months	12 months	15 months	18 months	19–23 months	2–3 years	4–6 years
Hepatitis B[1]	HepB	HepB			HepB						
Rotavirus[2]			RV	RV	RV[2]						
Diphtheria, Tetanus, Pertussis[3]			DTaP	DTaP	DTaP	see footnote[3]	DTaP				DTaP
Haemophilus influenzae type b[4]			Hib	Hib	Hib[4]	Hib					
Pneumococcal[5]			PCV	PCV	PCV	PCV				PPSV	
Inactivated Poliovirus[6]			IPV	IPV	IPV						IPV
Influenza[7]					Influenza (Yearly)						
Measles, Mumps, Rubella[8]						MMR		see footnote[8]			MMR
Varicella[9]						Varicella		see footnote[9]			Varicella
Hepatitis A[10]						HepA (2 doses)				HepA Series	
Meningococcal[11]										MCV	

ORAL HEALTH IN THE MEDICAL OFFICE

Must include
- Oral examination
- Risk assessment
- Education of primary caregiver
- Fluoride varnish application for high risk
- Must be provided with well child exam

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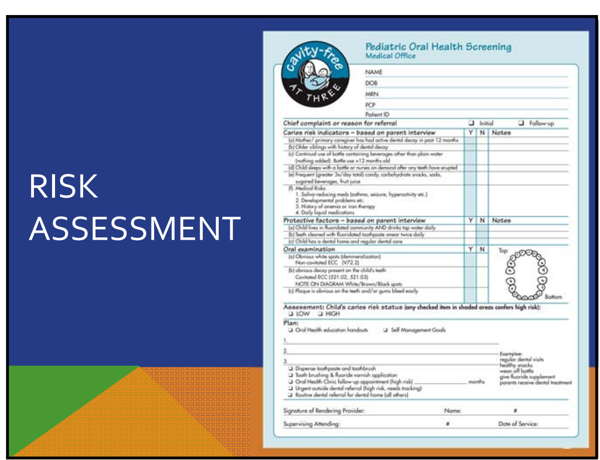

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Pediatric Oral Health Screening
Medical Office

NAME
DOB
MRN
PCP
Patient ID

Chief complaint or reason for referral	❑ Initial	❑ Follow-up

Caries risk indicators – based on parent interview	Y	N	Notes
(a) Mother/ primary caregiver has had active dental decay in past 12 months			
(b) Older siblings with history of dental decay			
(c) Continual use of bottle containing beverages other than plain water (nothing added). Bottle use >12 months old			
(d) Child sleeps with a bottle or nurses on demand after any teeth have erupted			
(e) Frequent (greater 3x/day total) candy, carbohydrate snacks, soda, sugared beverages, fruit juice			
(f) Medical Risks: 1. Saliva-reducing meds (asthma, seizure, hyperactivity etc.) 2. Developmental problems etc. 3. History of anemia or iron therapy 4. Daily liquid medications			

Protective factors – based on parent interview	Y	N	Notes
(a) Child lives in fluoridated community AND drinks tap water daily			
(b) Teeth cleaned with fluoridated toothpaste smear twice daily			
(c) Child has a dental home and regular dental care			

Oral examination	Y	N	Top / Bottom
(a) Obvious white spots (demineralization) Non-cavitated ECC (V72.2)			
(b) obvious decay present on the child's teeth Cavitated ECC (521.02, 521.03) NOTE ON DIAGRAM White/Brown/Black spots			
(c) Plaque is obvious on the teeth and/or gums bleed easily			

Assessment: Child's caries risk status (any checked item in shaded areas confers high risk):
❑ LOW ❑ HIGH

Plan:
❑ Oral Health education handouts ❑ Self Management Goals

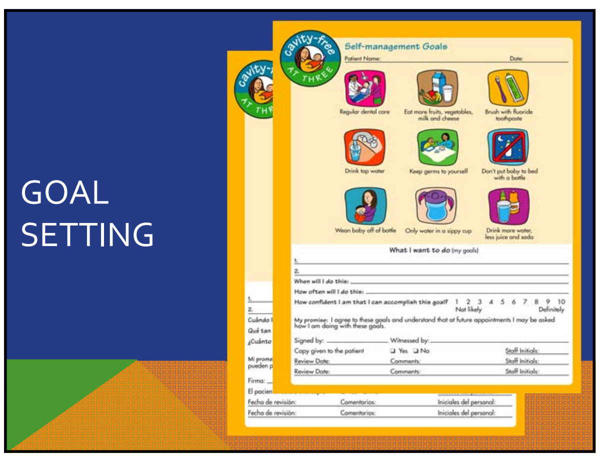
1.
2.
3.

Examples:
regular dental visits
healthy snacks
wean off bottle
give fluoride supplement
parents receive dental treatment

❑ Dispense toothpaste and toothbrush
❑ Tooth brushing & fluoride varnish application
❑ Oral Health Clinic follow-up appointment (high risk) ________ months
❑ Urgent outside dental referral (high risk, needs tracking)
❑ Routine dental referral for dental home (all others)

Signature of Rendering Provider: Name: #
Supervising Attending: # Date of Service:

GOAL SETTING



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Self-management Goals

Patient Name: Date:

Regular dental care | Eat more fruits, vegetables, milk and cheese | Brush with fluoride toothpaste

Drink tap water | Keep germs to yourself | Don't put baby to bed with a bottle

Wean baby off of bottle | Only water in a sippy cup | Drink more water, less juice and soda

What I want to do (my goals)

1.

2.

When will I do this:

How often will I do this:

How confident I am that I can accomplish this goal? 1 2 3 4 5 6 7 8 9 10 Not likely Definitely

My promise: I agree to these goals and understand that at future appointments I may be asked how I am doing with these goals.

Signed by: Witnessed by:

Copy given to the patient ❑ Yes ❑ No Staff Initials:

Review Date: Comments: Staff Initials:

Review Date: Comments: Staff Initials:

Fecha de revisión: Comentarios: Iniciales del personal:

Fecha de revisión: Comentarios: Iniciales del personal:

FLUORIDE VARNISH IN THE PRIMARY CARE SETTING

Fluoride varnish applied at primary medical care visits reduce decay rates by one-third, and lead to significant cost savings in restorative dental care and associated hospital costs.

Coupled with parent and caregiver education, fluoride varnish is an important tool to improve children's health.

4 Marinho, V.C. et al. Fluoride varnishes for preventing dental caries in children and adolescents. *Cochrane Database*

FUNDING DENTAL CARE FOR CHILDREN

Approximately 37 million kids, more than a quarter of the children in the United States, are enrolled in Medicaid and the Children's Health Insurance Program (CHIP).

Although dental health is covered state data shows that only about one-third of Medicaid-enrolled children receive any dental care in the course of a year.

Source: www.newcenteronthestates.org

COLORADO STATISTICS

- 400,841 children eligible for public insurance in our state.
- 1/3 of children in Colorado are eligible for public insurance
- Statewide, in 2009, 47% of children insured by Medicaid received a dental visit; 65% of commercially insured children have an annual dental visit.

UTILIZATION RATES OF ORAL HEALTH SERVICES BY CHILDREN ENROLLED IN MEDICAID: FY 2008-2009

Map prepared by the Colorado Health Institute, www.coloradohealthinstitute.org

BARRIERS TO PROGRAM IMPLEMENTATION

Dental providers must be willing to see children per the recommended guidelines at age 1.

Public health education initiatives must include oral health and the importance of prevention of early childhood caries.

Medical and dental providers, along with educators and primary care givers must join forces to share the responsibility of preventing dental disease in Colorado children.

EDUCATION is the key to prevention.

COLORADO WORKFORCE NEEDS

43 counties or partial counties have been designated Dental Health Professional Shortage areas.

15 counties are without a dental Medicaid provider

21% of dentists in Colorado accept Medicaid patients, and of these providers, only 16% accepting new patients.

Only 330 dentists see a significant number of Medicaid children annually (at least 100 visits).

INCREASING ACCESS FOR CHILDREN

Public awareness of the importance of dental health to overall health

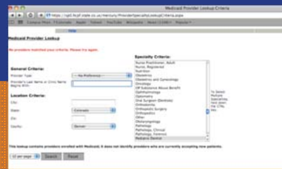
Public understanding of the consequences of early childhood caries in terms of pain, nutrition, lost school hours, self esteem, etc.

The goal of Cavity Free at Three is simple:

Every child in Colorado should have access to oral health services to prevent dental disease early in life.

MEDICAL PROVIDERS AND DENTAL PROVIDERS: A JOINT EFFORT

- Medical providers must have clearly established relationships with dental providers to accept referrals when dental decay is identified
- Community relationships between medical and dental providers improves access to care for the most vulnerable children
- Information must be current and easily navigated when searching for dental providers willing to treat children most at risk
- Sharing of responsibility



COLORADO PARTNERSHIP FOR CHILDREN'S ORAL HEALTH

COLORADO PARTNERSHIP FOR CHILDREN'S ORAL HEALTH

CoPCOH is a consortium of dentists, physicians, public health professionals, foundations and child health advocates working to improve oral health outcomes for children in Colorado

Our vision is that all children in Colorado, regardless of where they live or their insurance status, have access to preventive oral care and a dental home starting at age one.

CoPCOH GOALS

Increase the number of dentists who will provide care to young children and pregnant women

Increase the number of dentists who provide care to children insured by Medicaid

COLORADO'S WINNABLE BATTLES ORAL HEALTH

Increase the proportion of children who have an age 1 dental visit by 3%.

Children on Medicaid will have an annual dental visit at the same rate as commercially insured children.

WE'VE COME A LONG WAY

There have been over 1,057 individuals trained in the Cavity Free at Three model

There are 43 active members of the Cavity Free at Three Technical Assistance Team

We have had 23 training presentations in 2011, with a goal of 30 sites by year end

We have distributed 8,500 fluoride varnish kits through our trainings

There have been an additional 5,422 kits ordered for direct patient care

Over 10,000 infants and families have been est

to have received Cavity Free at Three services

LANGUAGE TRANSLATIONS

- Cavity Free at Three outreach efforts provide educational materials in a variety of languages
- Culturally appropriate translated materials provide a vital link to family education
- Translated materials are available through the website:

  www.cavityfreeatthree.org

LANGUAGES AVAILABLE

Language	Phrase
English	Brush your teeth
Spanish	Cepille sus dientes
German	Putzen Sie Ihre Zähne
French	Brossez vos dents
Vietnamese	Đánh răng của bạn và
Korean	불소가 함유된 치약으로
Russian	Чистите свои зубы
Somali	Caday ilkahaada iyo
Arabic	अपनेदाँत दो· बारफ्लोराइड

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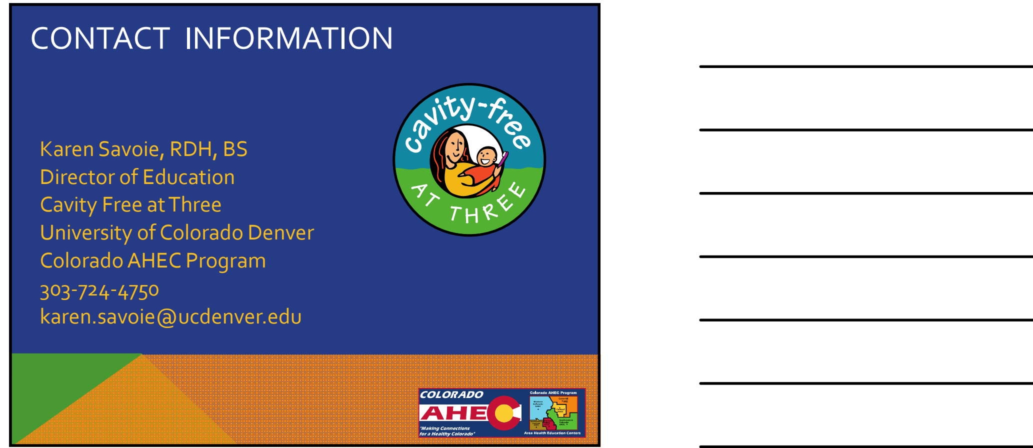
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