

Little Hoover Commission Testimony

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When There is No Denti-Cal: Amador County's Oral Health Prevention-Systems Change

Problem: Lack of Denti-Cal dental professionals providing services to young children.

Resolution: Provide oral health prevention services (fluoride varnish and visual oral screenings) to children in a medical setting, leading to an anticipated reduction in childhood incidences of decayed teeth, also known as dental caries.

Achievement: Sutter Amador Pediatrics has completed more than 1,000 fluoride varnish treatments in the first eight months – more than triple the accomplishments of prior systems.

History

The Amador County Oral Health Task Force (OHTF), which launched this project, was established 12 years ago. Members have included the public health nursing director, a local dental office coordinator, school nurses, volunteer dental hygienist, senior services representative, Head Start health coordinator, Amador Community Foundation Executive Director and Amador First 5's Executive Director. Over the past year, a dentist and services coordinator from Delta Dental have become regular attendees to the Coalition meetings.

Amador County has always been considered an underserved area for dental care. Multiple public, private and nonprofit agencies struggled in isolation to assist low-income families with dental issues. The OHTF is the consolidation of these entities into a cohesive collaborative that has become the advocate for local Denti-Cal services. Currently, the Mariposa, Amador, Calaveras, Tuolumne Indian Health Board (MACT) is the only provider in Amador County that accepts Denti-Cal. However, the MACT Board Dental Clinic's primary focus is to provide services for Native American families. Other residents are able to access services at the MACT Dental Clinic. But these services are usually episodic or on an emergency basis and cannot be considered a reliable option.

Families with Denti-Cal must travel approximately 60 miles to dental services with a longer distance – (i.e. Stockton, Salida, Atwater) required for extensive services requiring anesthesia.

Strategies for Addressing Needs

For more than 10 years, First 5 Amador and Amador County Public Health's Maternal Child Adolescent Health Program have provided funding for oral health screenings and fluoride varnish treatments for children 0 to 6 in pre-schools, playgroups and childcare centers. Approximately 300 to 350 children received these services twice per year. The OHTF also coordinates a booth at an annual local children's fair, where children receive fluoride varnish and oral health screenings from volunteer dental hygienists. Each year, approximately 100 children benefit from this service – with age not being a criterion.

In the last decade, Amador County Public Health and the Oral Health Task Force have coordinated four dental van visits. Some were funded through grants, with the most recent hosted and coordinated by Delta Dental. Each of these visits provided services to 50 to 60 individuals with the majority being children. While these visits have been helpful, many individuals require follow-up treatment. This is challenging, as many are transportation disadvantaged and have limited resources to travel outside the county. Amador's OHTF has also coordinated volunteer dentists to assist during kindergarten registrations at elementary schools. The dentists perform a brief examination of the children's teeth, which not only identifies dental caries, but also satisfies the AB1433 school entrance requirement and provides an opportunity to refer families to a dental office.

Systems Change Opportunity

For several years, there have been discussions regarding fluoride varnish treatments in a medical setting due to the lack of fluoride in Amador's water, as well as the lack of dental services for young children and Denti-Cal recipients. The Academy of Pediatrics has found that this would serve more children and solidify the procedure as part of a well-child examination. It would be cost effective and would serve a high percentage of the county's young children. OHTF members also recognize that parents usually hold the physician's recommendations in high regard. With this in mind, and given an opportunity to create a sustainable system, the public health nursing director researched Medi-Cal billing codes for pediatricians to use for the screening and fluoride varnish procedures, as well as estimated Medi-Cal reimbursement rate of \$18 to \$30. The idea was presented to the Sutter Amador Pediatric Center's supervising nurse (Mindy Epperson) in December 2013.

The OHTF, in partnership with two UC Davis nursing students, presented the concept at a local dental society meeting in March 2014. The OHTF knew it was important to have the dentists onboard and supportive of the new system. We informed them that the pediatricians would reinforce the need for families to establish a dental home and that the fluoride varnish treatment did not take the place of a visit with a dentist.

The pediatrician was extremely supportive of this idea and agreed to have Ms. Epperson pursue the necessary steps to establish a protocol, as this had not yet been implemented at any other Sutter facility. Once the guidelines were written and approved, Dr. David J. Stone and First 5's Executive Director Nina Machado wrote a grant application to the Sutter Medical Group – Philanthropy for \$3,000 to acquire the fluoride and dental kits containing toothbrushes and floss to distribute to families during the launch of this new practice. The local dental office's hygienists (Jackson Creek Dental) provided a free training to the medical staff at the pediatric office in July 2014.

In July 2015, Dr. Stone and Ms. Machado presented this practice at a Sutter Pediatrics regional meeting in Sacramento. At this meeting, Dr. Stone shared the research, benefits and appropriate Medi-Cal billing codes with more than a dozen pediatricians. He informed the pediatricians that the billing code had recently changed from a dental to a medical code (CPT), meaning doctors can bill the oral exams and fluoride varnish treatment as a medical procedure. A short video was presented, which demonstrated the technique and showed the physicians the straightforwardness in which the fluoride application is administered.

We have found this fluoride application procedure to be more prevalent on the East coast than in the West. In some states, dental students provide training on this procedure at medical schools.

The Sutter medical staff knows that offering this service during well-child visits not only provides an important prevention measure for children's oral health, but helps with desensitization, as well. Many children and adults have a fear of a dental visit. Establishing a routine of applying fluoride varnish at well-child checkups immediately after the eruption of the child's first tooth will assist in decreasing fear for both the child and the parent(s).

More than 1,000 fluoride varnish treatments have been completed by Sutter Amador Pediatrics over an eight-month period; this more than triples what previously was accomplished through prior systems.

Opportunities for improving Denti-Cal:

OHTF members discussed challenges with Denti-Cal that have been observed throughout the years and offer these recommendations:

- Support American Academy of Pediatrics recommendation by encouraging this practice at all well-child checkups.
- Increase reimbursement rates
- Address cumbersome billing for services and frequent denials
- Establish case management strategies to address the high no-show rate by Denti-Cal patients
- Address barriers such as transportation and distance for services.
- Provide public education regarding the importance of good oral health and how it relates to overall health.
- Provide public education regarding new dental techniques which may reduce the fear of dental visits.

References: American Academy of Pediatrics

PEDIATRICS volume 134, Number 3, September 2014:

"Early childhood caries is the single greatest risk factor for caries in the permanent dentition. The failure to prevent caries has health, educational and financial consequences at both the individual and societal level. The prevalence of dental caries in very young children increased during the period between the last two national surveys, despite improvements in older children.

Because many children do not receive dental care at young ages, and risk factors for dental caries are influenced by parenting practices, pediatricians have a unique opportunity to participate in the primary prevention of dental caries.

The Medical Expenditure Panel Survey demonstrated that 89% of infants and 1-year-olds have office-based physician visits annually, compared with only 1.5% who have dental visits."

PEDIATRICS, volume 133, Number 5, May 2014, is the article: Prevention of Dental Caries in Children from Birth Through Age 5 Years: US Preventative Services Task Force Recommendation Statement

(Author - Virginia A. Moyer, MD, MPH)

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“Dental caries is the most common chronic disease in children in the United States. It is 4 times more common than childhood asthma and 7 times more common than hay fever. According to the NHANES, the prevalence of dental caries has risen from 24% to 28% between 1988-1994 and 1999-2004. Approximately 20% of surveyed children with caries had not received treatment. Symptomatic dental caries in children are associated with pain, loss of teeth, impaired growth, and decreased weight gain, and can affect appearance, self-esteem, speech, and school performance. Dental-related concerns lead to the loss of more than 54 million school hours each year.”

NHANES=National Health and Nutrition Examination Survey

DENTAL CARE IN A PEDIATRIC OFFICE

Presented by Nina Machado Executive Director, First 5
and David Stone MD FAAP

Amador Pediatric Center, Jackson CA



AMADOR COUNTY

- ◉ Lots of wine
- ◉ Lots of heavy metals including lead, arsenic and gold
- ◉ Lots of poor people

- ◉ No fluoride in the water
- ◉ No pediatric dentists
- ◉ No Denti-Cal providers
- ◉ Almost no one sees a dentist before age 2

MAINTAINING AND IMPROVING THE ORAL HEALTH OF YOUNG CHILDREN

- ◉ Dental caries: commonest CHRONIC childhood disease
- ◉ 24% of 2-4 year olds
- ◉ 53% of 6-8 year olds
- ◉ 56% of 15 year olds
- ◉ Comparing 1988-1994 and 1999-2004 in toddlers, caries increased from 19 to 24%



RISK OF CARIES

- ◉ Water supply deficient in fluoride
- ◉ Low socioeconomic status
- ◉ Minority status
- ◉ Frequent sugar exposure
- ◉ Inappropriate bottle feeding
- ◉ Developmental defects in enamel
- ◉ Dry mouth
- ◉ Family history of dental caries
- ◉ Lack of access to dental care
- ◉ Failure to use fluoridated toothpaste

U.S. PUBLIC HEALTH SERVICE NEW RECOMMENDATIONS

As of July 2015

- US Public Health Service now recommends an optimal fluoride concentration of 0.7 milligrams/liter

CALIFORNIA DEPARTMENT OF PUBLIC HEALTH DRINKING WATER PROGRAM 2013 ANNUAL FLUORIDATION PROGRAM

Sacramento County range 0.56 to 0.90 including Arden
Park Vista

Placer County range 0.73-0.75

Solano County range 0.83- 0.97

Yolo County 0.85

Amador, Calaveras, San Joaquin and El Dorado
counties have no fluoride



U. S. PREVENTIVE SERVICES TASK FORCE RECOMMENDATIONS

- Prescribe oral fluoride supplementation at age 6 months for children whose water supply is deficient in fluoride
- Apply fluoride varnish to the primary teeth of all infants and children starting at the age of primary tooth eruption

Grade B

Grade B

Go to <http://www.uspreventiveservicetaskforce.org/>

ANTICIPATORY GUIDANCE WITH WELL EXAMS: DIETARY COUNSELING

- ◉ Exclusively breastfeed for first 6 months
- ◉ Discourage bottle in bed
- ◉ Wean from bottle by 1 year
- ◉ Limit sugary foods and drinks to mealtimes
- ◉ Avoid sweetened beverages
- ◉ Limit fruit juice
- ◉ Encourage water only between meals
- ◉ Foster healthy diets

ANTICIPATORY GUIDANCE

ORAL HYGIENE

- ◉ Model good oral hygiene
- ◉ Avoid sharing items from others' mouths
- ◉ Brush teeth b.i.d. with fluoridated toothpaste
 - ◉ <3: smear or grain of rice
 - ◉ 3 and over: pea-sized amount
- ◉ Supervise child brushing until mastery is obtained (approx 8 years)
- ◉ Dental home by one year of age

FLUORIDE VARNISH

- ◉ Concentrated topical fluoride (5%NaFI)
- ◉ Apply to the teeth at 6 months and up
- ◉ Use small brush
- ◉ Dry teeth first with 2-inch gauze square
- ◉ Paint all surfaces of erupted teeth
- ◉ Sets on contact with saliva
- ◉ Well tolerated
- ◉ Has prolonged therapeutic effect
- ◉ Applied every 3 to 6 months until establishment of a dental home



OUR OFFICE PRACTICE

- ◉ Anticipatory guidance and assessment with each well exam
- ◉ Fluoride varnish begins with first tooth on or after 6 month visit
- ◉ Varnish with well exams every 3 months until establishment of dental home
- ◉ CDT code for Medi-Cal D1206
- ◉ Cross-over in EPIC to CPT 99188 for all private insurance
- ◉ Charge is \$30 (pays \$20-27)
- ◉ Done with capillary lead and hemoglobin by CAs
- ◉ DOES NOT SLOW US DOWN!

INSTRUCTIONS FOR CARE AFTER FLUORIDE APPLICATION

- The child may drink water immediately
- Eat a soft, non-abrasive diet for the rest of the day
- Do not brush or floss until the next morning
- Avoid hot foods for 4-6 hours
- Do not give additional fluoride for two days
- Teeth may appear discolored. This will disappear with brushing

FLUORIDE VARNISH DOCUMENTATION

Smartphrase “.varnish”

Caries or defects	Y/N
High caries risk	Y/N
Dental visit in the last 6 months	Y/N
Fluoride varnish applied	Y/N
Systemic Fluoride assessed	Y/N
Oral health instruction	Y/N
Dental provider	

EFFECTS OF PHYSICIAN-BASED PREVENTIVE ORAL HEALTH SERVICES ON DENTAL CARIES

- "Pediatrics" July 2015
- Retrospective study of 29,173 kindergarten students
- Looked for Decayed, Missing, and Filled primary Teeth as well as untreated decay
- Average adjusted DMFT score per child was reduced by 17.7%
- Efforts to promote oral health in medical settings should continue
- NC Medicaid recommends varnish with each well exam at 6, 9, 12, 15, 18, 24, and 36 months

OVER THE COUNTER RINSES

- 1 tsp contains 1 mg of fluoride
- Not recommended under age 6
- Limited ability to rinse and spit
- Risk of swallowing higher than recommended levels of fluoride
- No additional benefit beyond daily use of fluoridated toothpaste for children at low risk of caries

STFM SMILES FOR LIFE FLUORIDE VARNISH VIDEO

- ◉ <https://www.youtube.com/watch?v=cV50mL7C8K4&sns=em>