



Team Tooth: Improving Oral Health in Primary Care

Elizabeth Alden McCants, M.D.

Jeffrey King, M.D.

Faculty Mentors: Dr. Mia Amaya, Dr. Christine San Giovanni & Dr.
Kristina Gustafson

Disclosures

- ▶ We have no disclosures



Goals and Objectives

1. Describe the prevalence of dental carries in the pediatric population in South Carolina
2. Provide the AAP recommendations and guidance on oral health in a primary care setting
3. Review MUSC Pediatric Primary Care's progress on oral health surveillance
4. Discuss clinic's interventions on oral health and next steps



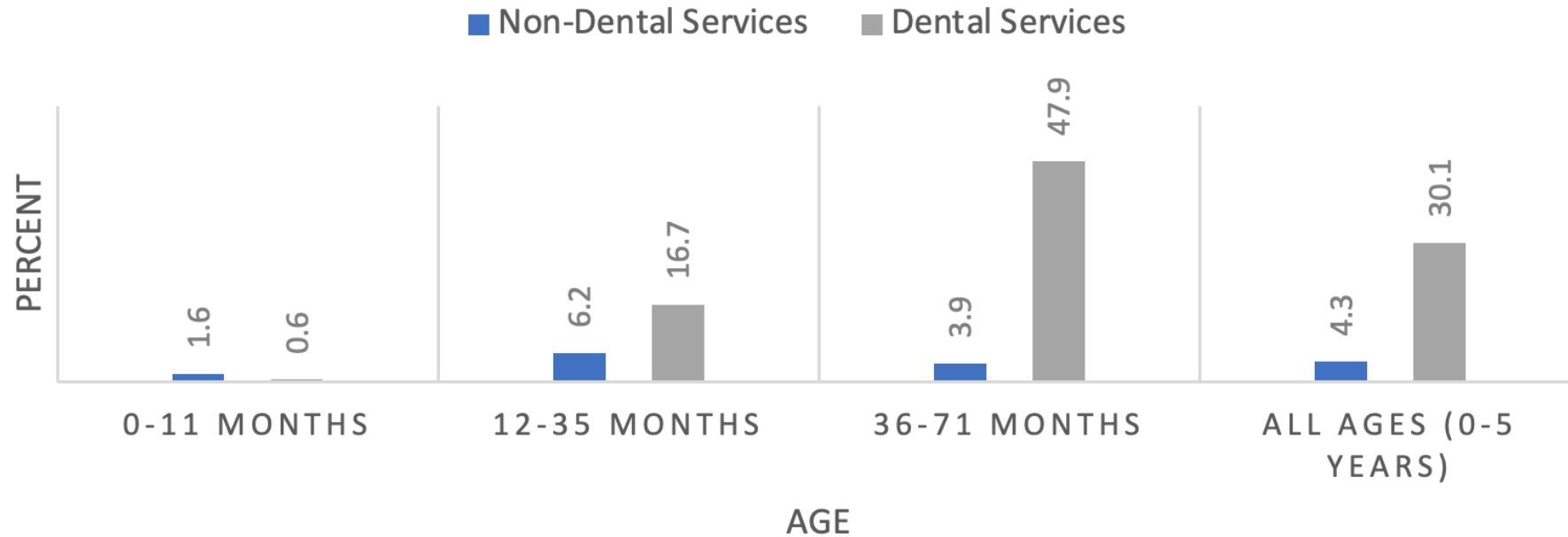
Introduction

- ▶ Dental caries is the most common chronic disease in the pediatric population.¹
- ▶ According to the American Academy of Pediatric Dentistry (AAPD), children should have an established dental home by 12 months of age.²
- ▶ It is recommended by the AAP that Pediatricians perform an oral health risk assessment at every patient's well child check, starting at 6 months of age.²
- ▶ According to the State Annual EPSDT Participation Report, aggregate data from 2010-2013 showed only a small percentage of Medicaid patients received preventative dental services from their Pediatrician.³



EPSDT Data

MEDICAID PATIENTS WITH PREVENTATIVE DENTAL SERVICES (2010-2013)³



MUSC Pediatric Primary Care

- ▶ Total number of patients in our practice: 6,934
- ▶ Total number of visits per year: 12,520
- ▶ Percent of patients with Medicaid: 89%
- ▶ Fluoride varnish provided at each WCC from 6 months to 18 years



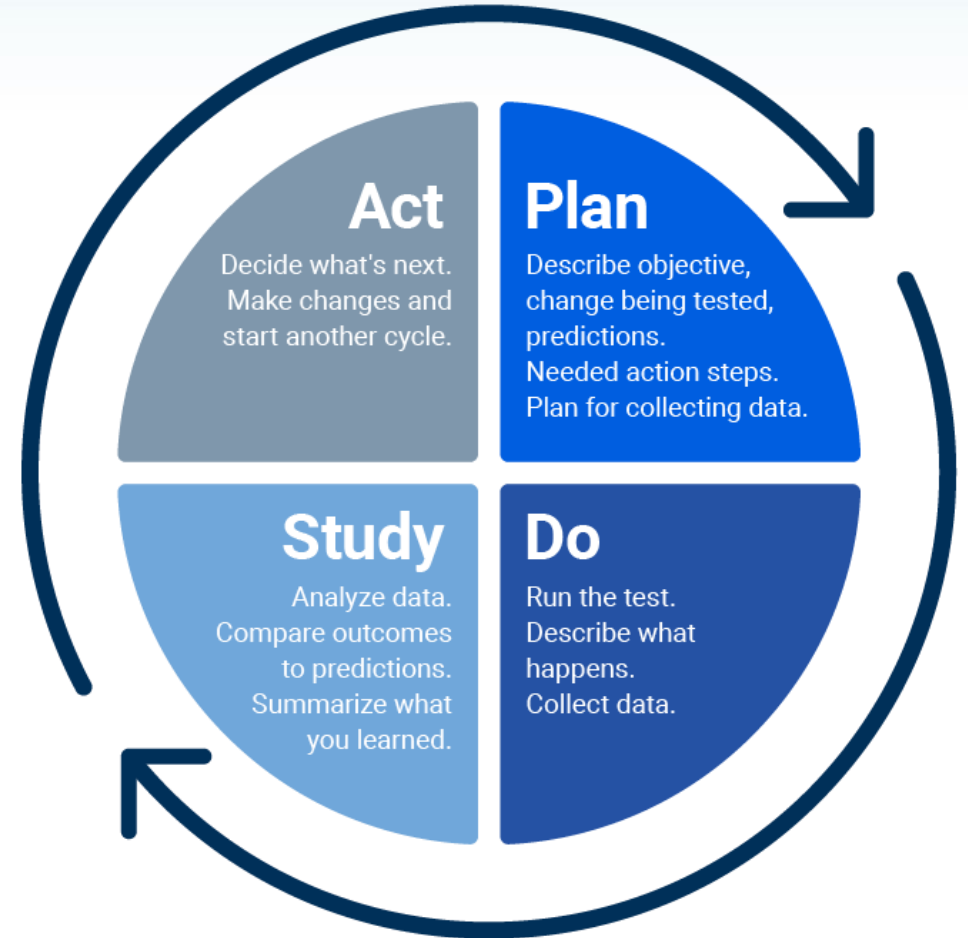
Methods

- ▶ In the MUSC Pediatric Primary Clinic, a team comprised of pediatric residents and faculty mentors reviewed 20 charts from patients ages 6 months to 18 years.
- ▶ Data was entered and analyzed using AAP's EQIPP Website.
- ▶ Baseline data showed:
 - ▶ 53% of our patients had an established dental home.
 - ▶ 0% of patients were screened on oral health risk factors.
 - ▶ Only 50% received anticipatory guidance and education.
- ▶ This quality improvement project involved creating PDSA cycles.
- ▶ Follow up data (N = 20) was obtained at 3-month intervals.



PDSA Cycle

- Cycle #1: Improving oral health anticipatory guidance provided to families at each well child visit.
- Cycle #2: Oral health risk factors assessed at each well child visit.



<https://www.smartsheet.com/content/plan-do-study-act-guide>



Intervention #1

- ▶ AIM Statement: By March 31, 2021, our goal is to increase the number of patients in PPC receiving oral health anticipatory guidance each visit from a baseline of **50% to 75%**.
- ▶ This will be accomplished by creating a dot phrase to include in patient instructions with age-appropriate oral health information as well as provide a hard copy in clinic that is easily accessible to providers.
- ▶ The well child templates will be edited to prompt documentation indicating whether a patient/family received the aforementioned information regarding oral health.



Intervention #1



How to care for your child's teeth

Birth to 12 months:

- **Good dental habits should begin before the first tooth appears.** After feedings, gently brush your baby's gums using water on a baby toothbrush that has soft bristles. Or wipe them with a clean washcloth.

12 to 24 months:

- **Brush!** Brush your child's teeth 2 times a day using water on a baby toothbrush that has soft bristles. The best times are after breakfast and before bed.
- **Limit juice.** Make sure your child doesn't drink more than 1 small cup of juice each day and only at mealtimes.
- **Schedule a dental checkup.** Take your child for a dental checkup if he has not had one.

24 months +:

- **Brush!** Help your child brush her teeth 2 times a day with a child-sized toothbrush that has soft bristles.
- **Use fluoride toothpaste.** You can start using fluoride toothpaste, which helps prevent cavities. Teach your child not to swallow it. Use a pea-sized amount or less and smear the paste into the bristles.
- **Floss.** You can begin flossing your child's teeth as soon as 2 teeth touch each other.
- **Schedule a dental checkup.** Take your child for a dental checkup at least once a year.



Pediatric Dentists (Berkley, Charleston, Dorchester Co)

	Accepts Medicaid?	Location	Contact information
MUSC Dentistry	Yes	Charleston	Under 5: (843) 876-8815 Over 5: (843) 792-3365
Charleston Pediatric Dentistry	Yes	North Charleston Mount Pleasant	(843) 797-5133 (843) 971-2066 www.kidssmilemaker.com
Children's Dentistry for Young People	Yes	West Ashley North Charleston Summerville	843-571-5644 843-797-5400 843-821-3162 childrensdentistrysc.com
Kids Teeth	Yes	Mount Pleasant – Ravenel Bridge Park West	(843) 884-7041 (843) 216-5879 www.kidsteethsc.com
Cornerstone Children's Dentistry	Yes	West Ashley	(843) 556-1655 www.ccd4kids.com
Howard Peskin	Yes	West Ashley	(843) 405-4463 www.charlestonsmilemakers.com
Brent Humphrey	Yes	Goose Creek	(843) 797-2000 www.drbrantkidsdentist.com
Summerville Pediatric Dentistry	Yes	Summerville	(843) 821-6433 summervillepediatricdentistry.com
Coastal Kids Dental and Braces	Yes	Hanahan Dorchester Road Moncks Corner	(843) 818-5437 www.coastalkidsdental.com
Robert T Brockhouse	Yes	Summerville	(843) 875-6522



Results

ORAL HEALTH ANTICIPATORY GUIDANCE AND EDUCATION

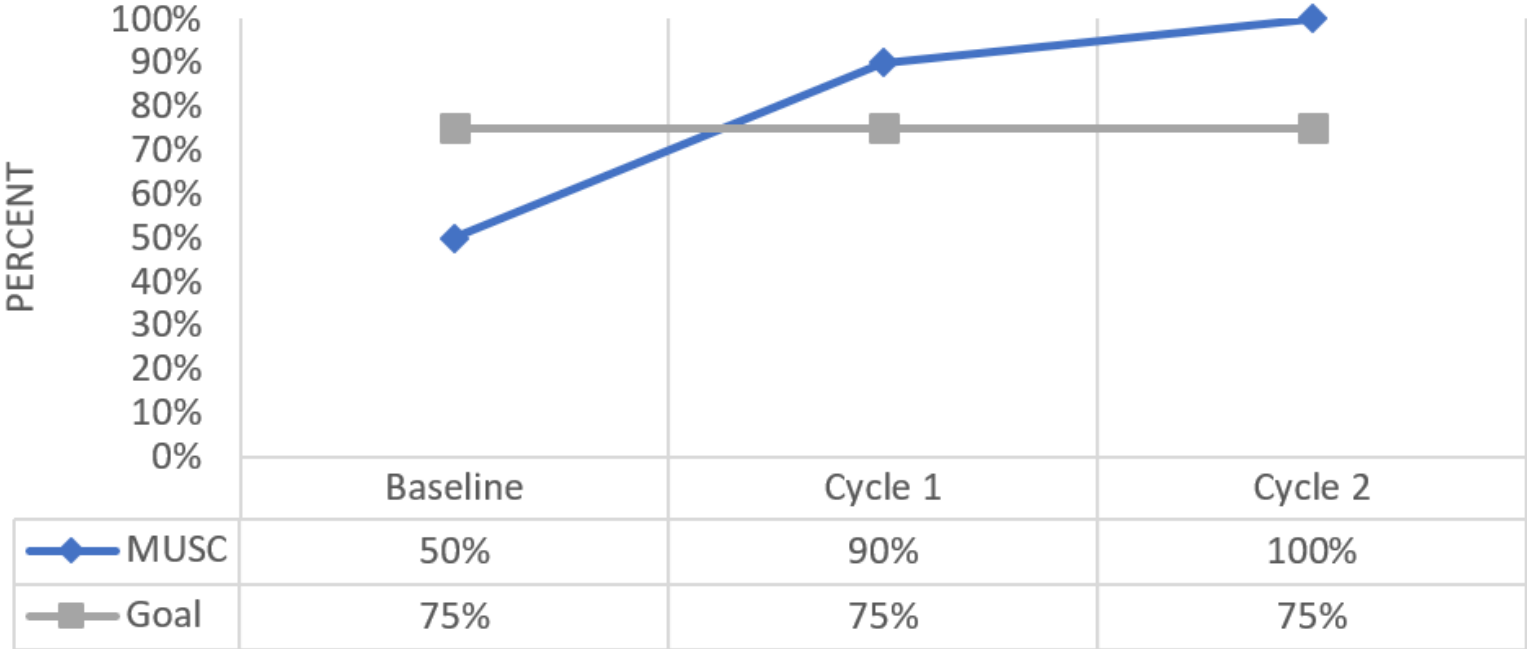


Table 1



Intervention #2


- ▶ AIM Statement: By June 30, 2021, our goal is to increase the documentation and assessment of oral health risk factors for patients ≥ 6 years of age from a baseline of **31% to 75%**.
- ▶ This goal will be accomplished by editing the well child template. Residents are already prompted to ask about a dental home.
- ▶ Following this, an additional line assessing risk factors for cavities will be added in the screening questions, serving as a reminder for residents to ask about topics like sugar intake and tooth brushing.



Intervention #2

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WELL CHILD CHECK- MUSC Pediatric Primary Care

Screening Questions:
Patient has a dental home: {yes/no***:64::"yes"}
Dentist is: ***
Visit to dentist within the past 6 months: ***
Risk Factors for cavities (sugar intake, tooth brushing, etc.): {yes/no:64::"yes"}
Primary water source has adequate fluoride: {Responses; yes/no/unknown:74::"yes"}

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Results

ORAL HEALTH RISK ASSESSMENT PERFORMED IN LAST 12 MONTHS

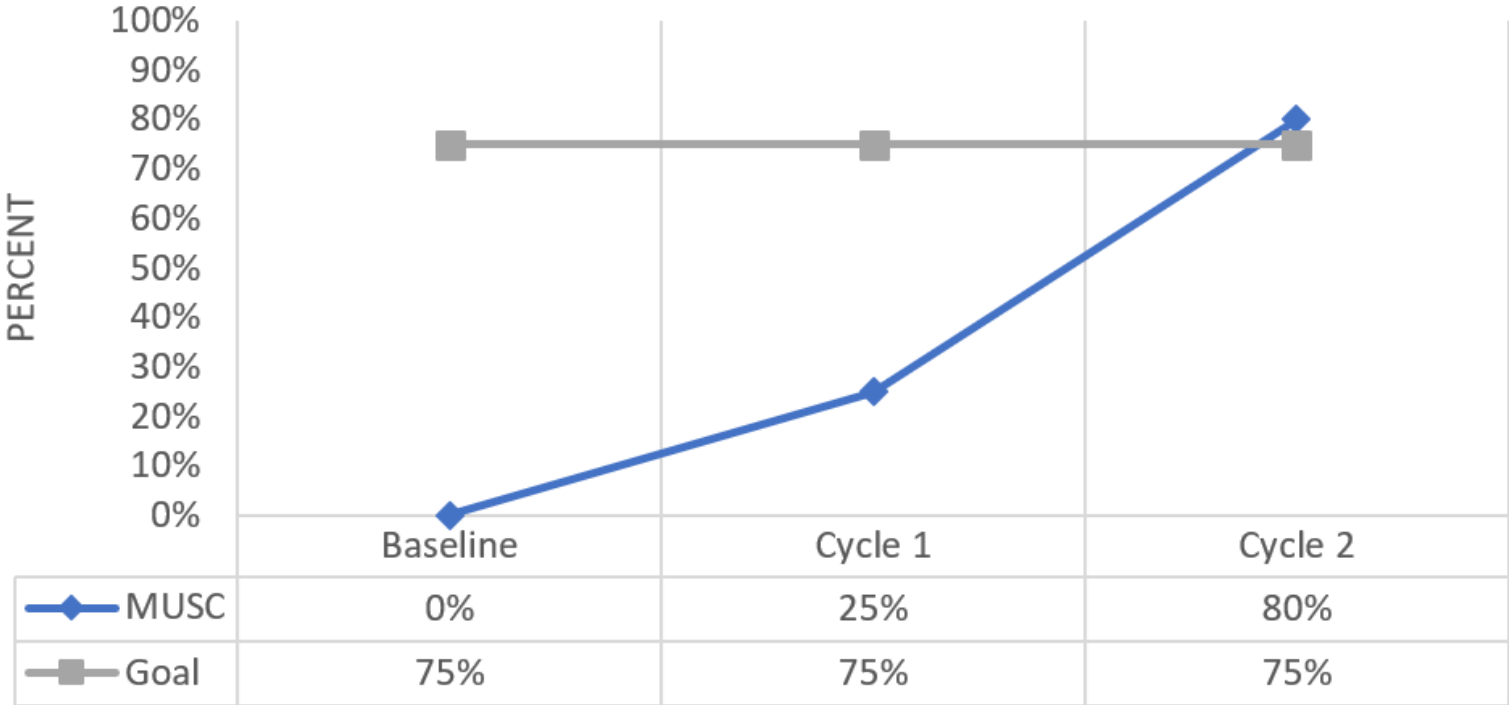
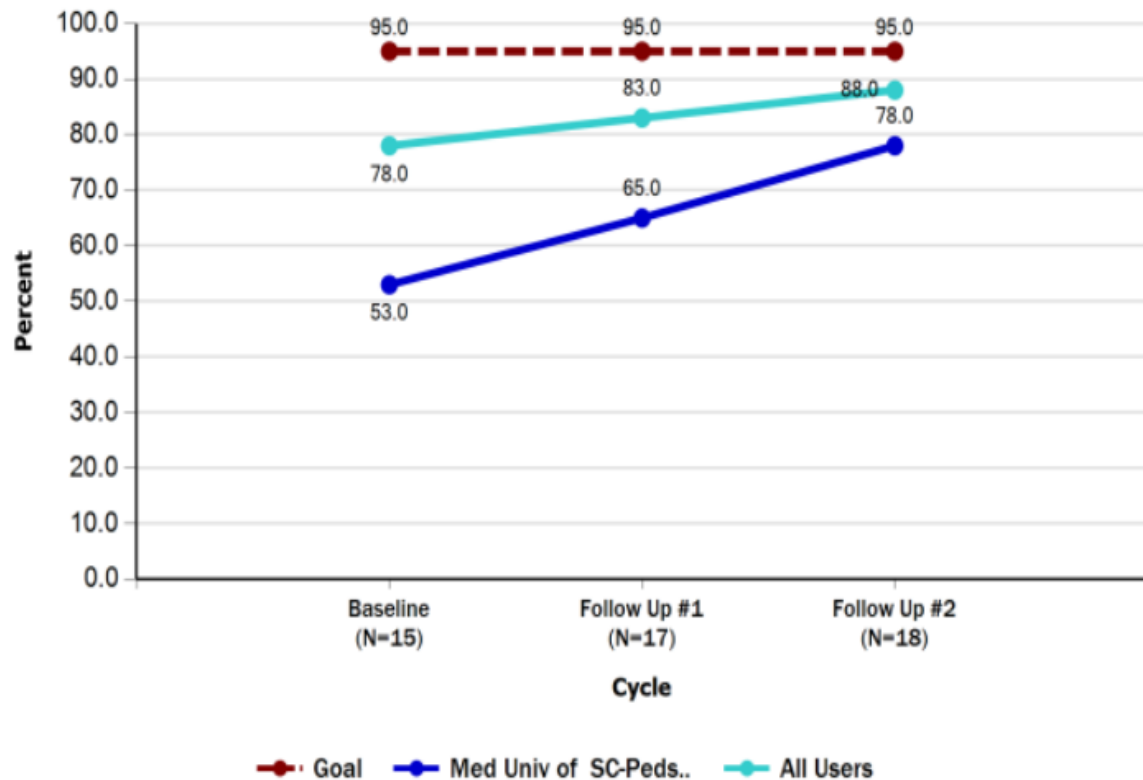


Table 2

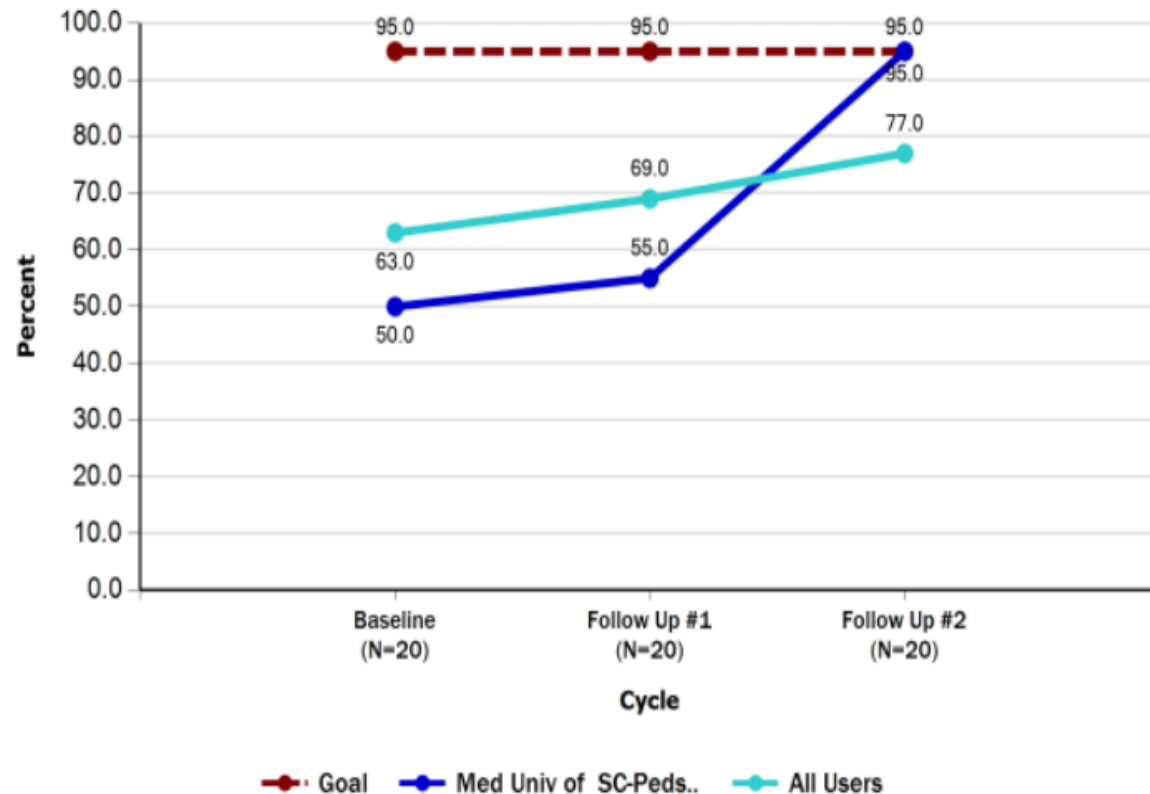


Further Positive Data

At minimum, one dental visit within the last 12 months

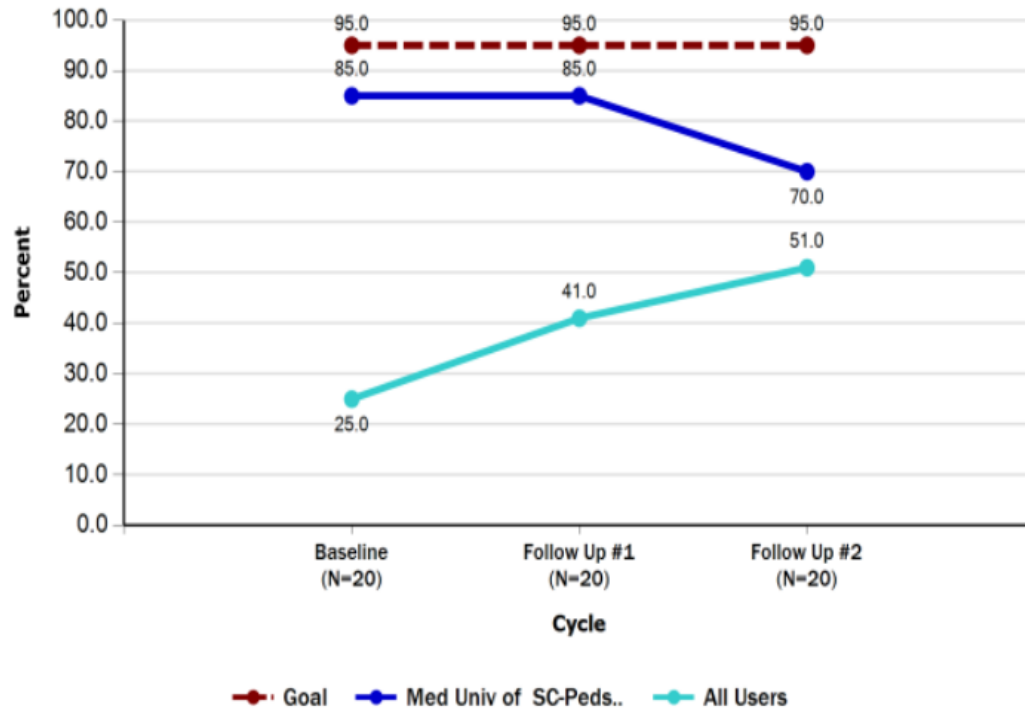


Clinical exam of teeth and gums performed in last 12 months

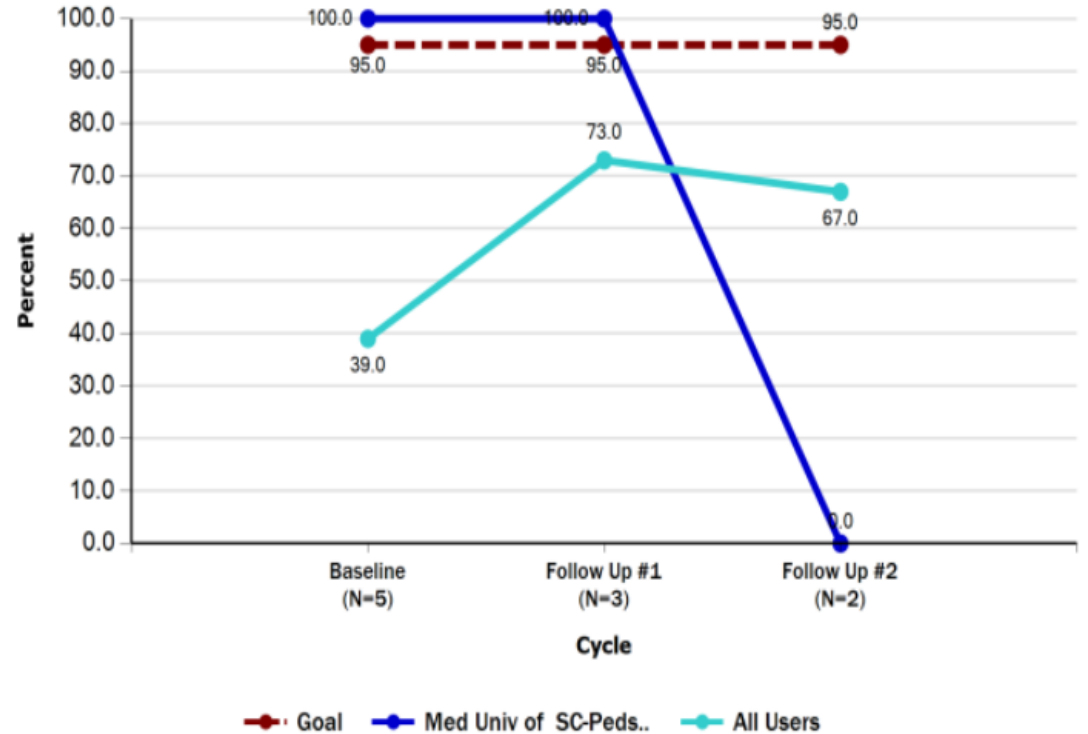


Outliers, Future Directions

Daily intake of systemic fluoride or fluoride supplement elicited



Establish a Dental Home



Discussion

- ▶ The overall goal was to improve the dental health of our clinic patients through education.
- ▶ Based on the data, our clinic showed continual improvement in oral health care with each PDSA cycle.
- ▶ Implementation of small, but actionable quality improvement projects in the primary care setting is an effective way to improve oral health outcomes in our most vulnerable populations.



Conclusions and Future Directions

- ▶ Oral health surveillance is an important part of every well child visit.
- ▶ The prevalence of dental caries in children has increased over the years, making continued anticipatory guidance and surveillance in the primary care setting imperative.⁴
- ▶ **Future Directions:**
 - ▶ Multidisciplinary care team between Pediatrics and Pediatric Dentistry.
 - ▶ Lectures on oral health to incoming PGY-1's.
 - ▶ Future quality improvement projects on oral health with incoming MUSC residents.



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- ▶ Faculty Mentors:
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- ▶ C. Vaughn



References

1. Centers for Disease Control and Prevention. *Oral Health Surveillance Report: Trends in Dental Caries and Sealants, Tooth Retention, and Edentulism, United States, 1999–2004 to 2011–2016*. Atlanta, GA: Centers for Disease Control and Prevention, US Dept of Health and Human Services; 2019.
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Questions?

