

Oral Health Risk Assessments

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History

- 2 of our 6 providers have been resistant to fluoride varnish
- In order to increase buy-in, I reviewed the guidelines on dental health to help convince 2 providers to start providing service

History

- Reviewed recommendations on dental health, including Oral Risk Health Assessment from Bright Futures, at our provider meeting and in provider email
- We adopted the Oral Health Risk Assessment tool at all 9 month WCCs in November 2015

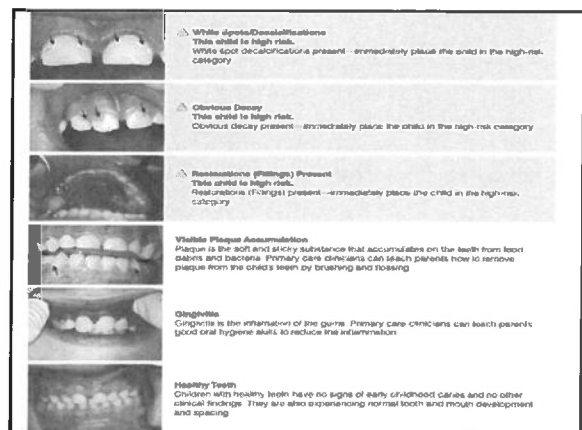
Bright Futures Recommendations

Patient Name _____ Date of Birth _____ Date _____

Visit: 0 month 9 month 12 month 15 month 18 month 24 month 30 month 36 month

4 year 5 year 6 year Other _____

RISK FACTORS	PROTECTIVE FACTORS	CLINICAL FINDINGS
<ul style="list-style-type: none"> Mother or primary caregiver had active decay in the past 12 months: Yes <input type="checkbox"/> No <input type="checkbox"/> Mother or primary caregiver does not have a dentist: Yes <input type="checkbox"/> No <input type="checkbox"/> Continual bottle/sippy cup use with fluid other than water: Yes <input type="checkbox"/> No <input type="checkbox"/> Frequent snacking: Yes <input type="checkbox"/> No <input type="checkbox"/> Special health care needs: Yes <input type="checkbox"/> No <input type="checkbox"/> Medicaid eligible: Yes <input type="checkbox"/> No <input type="checkbox"/> 	<ul style="list-style-type: none"> Existing dental home: Yes <input type="checkbox"/> No <input type="checkbox"/> Drinks fluoridated water or takes fluoride supplements: Yes <input type="checkbox"/> No <input type="checkbox"/> Fluoride varnish in the last 6 months: Yes <input type="checkbox"/> No <input type="checkbox"/> Has teeth brushed twice daily: Yes <input type="checkbox"/> No <input type="checkbox"/> 	<ul style="list-style-type: none"> White spots or visible decalcifications in the past 12 months: Yes <input type="checkbox"/> No <input type="checkbox"/> Obvious decay: Yes <input type="checkbox"/> No <input type="checkbox"/> Restorations (fillings) present: Yes <input type="checkbox"/> No <input type="checkbox"/> Visible plaque accumulation: Yes <input type="checkbox"/> No <input type="checkbox"/> Gingivitis (swollen/bleeding gums): Yes <input type="checkbox"/> No <input type="checkbox"/> Teeth present: Yes <input type="checkbox"/> No <input type="checkbox"/> Healthy teeth: Yes <input type="checkbox"/> No <input type="checkbox"/>
ASSESSMENT/PLAN		
<ul style="list-style-type: none"> Caries Risk: <input type="checkbox"/> Low <input type="checkbox"/> High Completed: <input type="checkbox"/> Anticipatory Guidance <input type="checkbox"/> Fluoride Varnish <input type="checkbox"/> Dental Referral 	<ul style="list-style-type: none"> Self Management Goals: <input type="checkbox"/> Regular dental visits <input type="checkbox"/> Dental treatment for parents <input type="checkbox"/> Brush twice daily <input type="checkbox"/> Use fluoride toothpaste <input type="checkbox"/> Wipe off bottle <input type="checkbox"/> Less/no juice <input type="checkbox"/> Only water in sippy cup <input type="checkbox"/> Drink tap water <input type="checkbox"/> Healthy snacks <input type="checkbox"/> Less/no junk food or candy <input type="checkbox"/> No soda <input type="checkbox"/> Xylitol 	

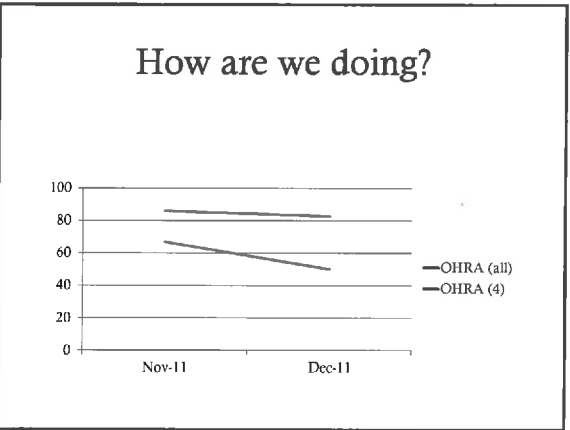


Implementation: Lessons Learned

- ◆ The OHRA has self management tools at the bottom. We have been giving a copy to the family so they can review at their leisure.
- ◆ It's hard not to offer the fluoride varnish when doing the OHRA.
- ◆ The OHRA opens conversations about fluoride use, teeth brushing, and referrals to dentists

Personal: Lessons Learned

- ◆ You can give some providers all the information (including recommendations and why it's good for the patients) and you still won't change behaviors.



Next Steps and Questions

- ◆ Once we feel that we have implementation at 9 mo going well, we will address if we want to do OHRA at other ages as well.
- ◆ This is a risk assessment. Therefore, does it qualify for the 99420 code?