Lessons learned …

and other thoughts on oral health and pediatric practice

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CHANGE

We share a common overarching belief:

"Oral health is an integral part of overall health, and therefore, oral health care is an essential component of comprehensive health care."

Recent IOM Report

"Any change, even a change for the better, is always accompanied by drawbacks and discomforts."

- 264 years after discovery that eating citrus fruit on long ocean voyages could prevent scurvy
- The British Navy finally made it "policy" that citrus fruits had to be taken on long ocean voyages…

Change takes time: Preventing scurvy

What exactly are we incorporating/including in the Medical Home?

What is the "Medical Home" anyways?

Medical Home

- An approach to providing health care services in a high-quality, comprehensive, and cost-effective manner
- Provision of care through a primary care physician in partnership with other SUBSPECIALISTS, allied health care professionals and the family
- Acts in THE CHILD'S best interest

Who Is Part of a Medical Home?

- Primary care physician
- Family
- Child/youth
- Allied health care professionals
- Family's community
- Pediatric office staff
- Pediatric subspecialists AND THIS SHOULD INCLUDE DENTISTS!

Medical Home Common Elements

Care that is:

- Accessible
- Family-centered
- Continuous
- Comprehensive
- Coordinated
- Compassionate
- Culturally effective

and for which the Primary Care Physician shares responsibility

What do primary care physicians who care for children do?

- Well-child care
  - Immunizations
  - Early identification of problems for treatment and/or referral
  - Anticipatory guidance
- Acute care for illness
- Chronic care for ongoing medical problems
- Referral and follow-up
- Advocacy

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What about *dental care* in the Medical Home?

POPE'S KIDS PLACE

- Medical Care
  - General pediatric care for children under age 21.
  - In addition, neurodevelopmental clinics and casting clinics for musculoskeletal disorders
  - Behavior management clinics and mental health clinics
- Respite care
- Day care for medically fragile children
- Dental Care
  - Dental care for Medicaid eligible children from eruption of first tooth through age 10 and up to age 18 for CSHCN

So how far have we come in integrating oral health into the Medical Home?

Where were we 12 years ago?
1999 National Survey of Pediatricians

- Pediatricians believed oral health within their purview
- Little education or training in oral health
- Regularly saw oral health problems in practice
- Encountered difficulty finding dental care for some children
- Knowledge deficits
- Few believed in year 1 dental visit for everyone
  - 15% agreed with this idea
- Few had heard of fluoride varnish
  - 21% thought that application should be part of pediatric practice

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In 1999, WA was the only state that trained PCPs and offered Medicaid reimbursement to PCPs to apply fluoride varnish…

Lessons learned….

Communication with Families

- MD best to introduce, explain, recommend oral health issues (i.e. fluoride varnish, importance of brushing, diet)
- Credibility
- Opportunity to discuss oral health
- Parents' questions: safety and aftercare

Limited Access to Dental Care as Motivating Factor

"We have 2 dentists locally, and neither one of them takes Medicaid. . . . There is the Z clinic in O City (50 mile drive), but they have a waiting list for 6 months. . . . Considering that they can't get dental care, we really want to be sure that they get as much protection as possible."

"I think one of the hard parts in general about being a primary care doctor is that each group wants us to do some screening or preventive treatment for their kids. The latest statistic was that we each spent 9.4 minutes with each patient. And, yes, oral health is important, so is smoking, so are seat belts, so is assessing for maternal depression. . . . It's just hard to fit it all in."

Barriers

"I don't think it really adds much more time to the nurses, generally we're doing shots all the time anyway, so it's in the room doing some type of procedure. A fluoride varnish I would say doesn't even add—maybe adds 2 minutes to explain it to the parents and to put it on the child's teeth—so it's not really too time-consuming for us."

Concerns Allayed

Without dental partnerships, involving pediatricians in oral health had limited effectiveness and success

Medical and Dental Collaboration is Key!

Emphasis mostly on fluoride varnish

- Most MDs felt they did not have time to apply the fluoride varnish personally
  - Goal was to have MD talk about fluoride varnish, do oral examination, assess the child's teeth and oral hygiene.
  - Use discussion about fluoride varnish as an opportunity to address the importance of preventive oral health and professional dental care
- Largely delegated to medical assistants
- Usually in conjunction with vaccines

9 years later--2008 National Survey of AAP members

- Still limited exposure to oral health in training. Only 36% had any previous training.
- More than 97% believe that they should provide nutritional counseling on prevention of cavities and most are confident in their abilities to do this.
- 91 % believe that they should examine children for cavities but only 54% do this on more than half of their patients and 41% feel confident in their ability to do so.

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Cited barriers to oral health integration for pediatricians

- Lack of oral health training (41%)
- Inadequate time during health supervision visits (35%)
- Inability to bill separately for oral health assessment or counseling (34%)

Pediatrician-perceived barriers to professional dental care for kids

- Dentists not accepting Medicaid/SCHIP patients- 73.9%
- Patients' lack of dental insurance/inability to pay- 71.9%
- Dentists' nonparticipation in patients' dental insurance plan - 60.6%
- Parents not perceiving dental visits as necessary- 51.7%

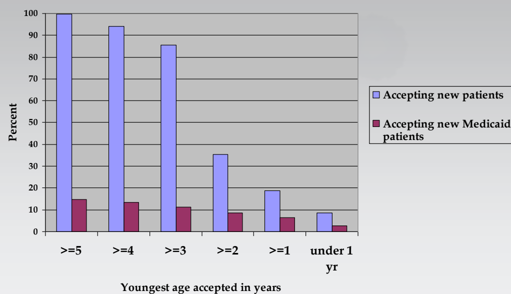
In 2008 National Survey of AAP members

- 17% believe that all children should see a dentist by 1 year of age; 29% believe by 2 years and 50% believe by 3 years of age.
  - 15% in 1999
- 19% believe that fluoride varnish application should be part of part of pediatric practice but only 4% actually apply it to more than half of their patients.
  - 21% in 1999

Why so little change??

Because what we are asking pediatricians to do is inconsistent with their…

Training
Routine
Beliefs
Experience



Meanwhile….

Toothache in US children in 2008

- 10.7% of children 1-17 years old have/had toothache in last 6 months
- Most prevalent in 6-12 year olds-14.1%
- Blacks-15.8%
- CSHCN with functional limitations-18.7%
- Medicaid insured-14.7%

And…children with toothache are going to their PCP

- Children who had experienced a recent toothache had a significantly higher mean number of preventive medical visits in the previous year
  - Relative to children without toothache: 1.8 vs. 2.2 visits last year ($p<0.0001$)
- 85% of children with a recent toothache had their own doctor or nurse

Something is wrong with this picture…

Oral Health Integration version 2.0

COHA: Chapter Oral Health Advocates

COHAs-background

- In response to the continued rise of early childhood caries, the AAP added oral health to its strategic plan as a child health priority.
- Funding from the Health Resources and Services Administration's Maternal and Child Health Bureau, ADEA

COHAs-background

- The Chapter Oral Health Advocate (COHA) program was initiated to educate pediatricians about oral health and train them to go back to their states and train others.
- This model had been implemented by other AAP Sections, most notably the AAP Chapter Breastfeeding Coordinators
  - effective in spreading information about a child health topic.

COHAs-background

- National AAP sets policies, create educational tools and programs, and advocate for child health.
- Chapters are the vehicle for making sure that these policies are spread throughout a state and its communities.
- In total, 73 COHAs were recruited for training from 56 AAP Chapters

COHA training

- A steering committee made up of pediatricians, pediatric dentists, general dentists, AAP and American Dental Association representatives. Training included:
  - education on the importance of oral health in primary care,
  - basic oral health science and cariology,
  - oral health risk assessment, prevention and anticipatory guidance,
  - reimbursement for oral health services in primary care,
  - quality improvement,
  - fluoride modalities,
  - oral health messaging
  - hands-on training of how to do an oral health risk assessment and fluoride varnish application.

Rather than focusing on fluoride varnish, COHA emphasis is also on:

- screening oral examination
- caries risk assessment
- family education
- referral to and communication with dental professional

COHA activities

- Academic detailing
- Grand Rounds and other presentations
- Pediatric Residency training
- Incorporating oral health into their own private practice, continuity clinic
- Advocacy—water fluoridation, improving professional dental care access, reimbursement
- Developing EMR that includes oral health
- Developing collaborative relationships with dentists and tools for communication

COHAs-Lessons learned

- What you thought you would do when you were at the training was often very different once you got back to your state
- Ever state/region faces different challenges
- Hand-on practice was the best part of training
- Make sure that COHAs can hit the ground running
- Finding adequate time and resources/help is hard
- Colleagues hesitant to participate-worried about time, effect on patient flow, hard to change, do new things
- Dentists are approachable people whom I could see myself collaborating with

We need a paradigm shift…

- In how we value preventive oral health, equity, collaboration
- And how we impart these values to trainees
- And how we advocate for change

What really matters?

How do we redesign systems?

WHAT RESOURCES DO WE NEED?

How can we use these resources most efficiently?

A vision for a shared mission

- Everyone has insurance that covers medical AND dental care
- Basic package of preventive and restorative dental care is affordable for everyone
- Every individual/family has a dental home
  - Family-centered and culturally appropriate dental care
  - Timely access to preventive and restorative care
  - 24-7 emergency dental care

A vision for a shared mission

MDs and dentists each have established, explicit and collaborative role in promoting oral health in children (and adults!)

- MDs provide oral health care for most kids during the first 2-3 years old with emphasis on primary and secondary prevention
- Identify high-risk children who need earlier dental care and identify early signs of disease
- Specialized dental care is accessible for any child who needs it
- Evidence-based and consistent recommendations and anticipatory guidance

A vision for a shared mission

- Changes to medical and dental education/training
- Loan repayment options
- Standards for training and competency
- Appropriate and adequate reimbursement/salary for all providers and educators

IOM Report

To be successful, an evidence-based oral health system will:

- Eliminate barriers that contribute to oral health disparities;
- Prioritize disease prevention and health promotion;
- Provide oral health services in a variety of settings;
- Rely on a diverse and expanded array of providers who are competent, compensated, and authorized to provide evidence-based care;
- Include collaborative and multidisciplinary teams working across the health care system; and
- Foster continuous improvement and innovation.

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Thank you