

## EQIPP: Oral Health in Primary Care

### Directions:

Review 20 or more charts of patients you have seen within the last 12 months. For an enriched measurement, pull charts of 10 patients who are 1 to < 6 years of age; and 10 who are ≥ 6 years of age and review all documentation related to oral health. This review is a retrospective look at the oral health care as documented by the primary care office. Answer the questions based on actual documentation, not on information recall.

|                                     |                     |  |  |  |
|-------------------------------------|---------------------|--|--|--|
| <b>1. What is the patients age?</b> |                     |  |  |  |
| a                                   | 1 year to < 6 years |  |  |  |
| b                                   | ≥ 6 years           |  |  |  |

  

| ALL AGE GROUPS<br>Please answer the following questions for <u>all children</u> seen in the last 12 months |  | Yes | No | NA, patient was not eligible (ie, no teeth or older than age 5) |
|--|--|-----|----|---|
| 2  | Is there documentation in the medical record that this patient has a <u>dental home</u> ?  |     |    |   |
| 3  | <b>If "YES" to question 3:</b><br>Is there documentation in the medical record that this patient had at least one dental visit in the last 12 months?        |     |    |   |
| 4  | <b>If "NO" to question 3:</b><br>Is there documentation in the medical record that this patient was referred to a <u>dental home</u> ?                       |     |    |   |
| 5  | <b>If "NO" to question 3:</b><br>Is there documentation in the medical record why no <u>dental home</u> was established (ie, no access, no insurance, etc.?) |     |    |   |
| 6  | Is there documentation in the medical record that an <u>oral health risk assessment</u> was performed within the last 12 months?                             |     |    |   |
| 7  | Is there documentation in the medical record that a clinical examination of the teeth and gums were performed within the last 12 months?                     |     |    |   |
| 8  | Is there documentation in the medical record of daily intake of fluoridated water or fluoride supplement use (ie , systemic fluoride)?                       |     |    |   |
| 9  | Is there documentation in the medical record that the sources of topical fluoride were discussed (ie, fluoride toothpaste, mouth rinses, varnish)?           |     |    |   |
| 10   | Is there documentation in the medical record that the patient received <u>age-appropriate oral health education</u> within the last 12 months?               |     |    |   |

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| <b>AGE: 1YEAR TO &lt;6 YEARS</b><br>Please answer the following questions for children between the ages of 1 year to less than 6 years of age seen in the last 12 months |  | <b>Yes</b> | <b>No</b> | <b>NA, patient was not eligible (ie, no teeth or older than age 5)</b> |
|--|--|------------|-----------|--|
| <b>11</b>  | Is there documentation in the medical record that the mother or primary caregiver was asked if she has had cavities in the past 1 – 2 years? |            |           |  |
| <b>12</b>  | Is there documentation in the medical record that <u>eating / drinking risks</u> for oral health were assessed?                              |            |           |  |
| <b>13</b>  | Is there documentation in the medical record that this patient has received fluoride varnish in the office?                                  |            |           |  |

| <b>AGE: ≥ 6 years and above</b><br>Please answer the following questions for children equal to or older than 6 years of age seen in the last 12 months |  | <b>Yes</b> | <b>No</b> | <b>NA, patient was not eligible (ie, no teeth or older than age 5)</b> |
|--|--|------------|-----------|--|
| <b>14</b>  | Is there documentation in the medical record that eating / drinking risks for oral health were assessed (ie, sugar sweetened foods and beverages, soda, juice, sports drinks, etc.)? |            |           |  |

\*See Appendix

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### Appendix

\*dental home –The dental home is the “ongoing relationship between the dentist and the patient, inclusive of all aspects of oral health delivered in a comprehensive, continuously accessible coordinated and family-centered way.”<sup>8</sup> The dental community (the American Dental Association, the Academy of General Dentistry, and the American Academy of Pediatric Dentistry [AAPD]) is united in encouraging families to establish a dental home by the time their child is 1 year old.<sup>9</sup> Having a dental home is the ideal deterrence to the development of caries, from infancy through adolescence. Early preventive dental visits have been shown to reduce dental disease and reduce costs

<sup>8</sup> American Academy of Pediatric Dentistry. Definition of Dental Home. Chicago, IL: American Academy of Pediatric Dentistry; 2006 Available at: [http://www.aapd.org/media/Policies\\_Guidelines/D\\_DentalHome.pdf](http://www.aapd.org/media/Policies_Guidelines/D_DentalHome.pdf). Accessed April 17, 2007 Hagan JF, Shaw JS, Duncan PM, eds. Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents. 3rd ed. Elk Grove Village, IL: American Academy of Pediatrics; 2008; pg 156-57.

\*oral health risk assessment -Bright Futures Guidelines recommends an oral health risk assessment be performed at the 6 and 9 month well child visits and until a dental home can be established for each child. This assessment consists of asking parents about their, and the child’s, oral hygiene and looking at the child’s mouth to assess the risk of caries. To help you to incorporate this recommendation into your practice, the American Academy of Pediatrics (AAP) has developed the Oral Health Risk Assessment Tool. This tool can help you begin oral health risk assessment, but does not necessarily mean you must use this or any other tool as long as all of the oral health risk assessment information is being documented in the medical record.

\*eating/drinking risks - limiting juice, discontinuing the bottle, not drinking after brushing, infrequent snacking, and less-cariogenic food choices.

\*fluoride varnish application – Bright Futures Guidelines recommend that fluoride varnish be applied every 3 – 6 months in the primary care or dental office from the ages of 6 months (once a tooth erupts) through 5 years (to the 6<sup>th</sup> birthday). Indications for fluoride use are noted in the 2014 AAP clinical report “Fluoride Use in Caries Prevention in the Primary Care Setting” (<http://pediatrics.aappublications.org/cgi/doi/10.1542/peds.2014-1699>). These recommendations are in line with the new United States Preventive Task Force Recommendations (<http://www.uspreventiveservicestaskforce.org/uspstf/uspdsnch.htm>).

\*age-appropriate oral health education -See below for Bright Futures recommended anticipatory guidance topics by health supervision visit age:

#### 4 Month Visit:

- Maternal oral health care, use of clean pacifier, teething/drooling, avoidance of bottle in bed.
- Don’t share spoon or clean pacifier in your mouth; maintain good dental hygiene.
- Avoid bottle in bed, propping, “grazing.”
- Brush teeth twice daily with fluoridated toothpaste beginning with eruption of first tooth.

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### 6 Month Visit:

- Fluoride, oral hygiene/soft toothbrush, avoidance of bottle in bed.
- Assess fluoride source.
- Brush with soft toothbrush/cloth and water.
- Avoid bottle in bed, propping, “grazing.”
- Brush teeth twice daily with smear of fluoridated toothpaste beginning with eruption of first tooth.
- Fluoride varnish applied at least 2 times per year (4 times per year for high risk children) in the medical or dental office.

### 12 Month Visit:

- Establishing a dental home. First dental checkup, dental hygiene.
- Visit the dentist by 12 months or after first tooth.
- Brush teeth twice a day with smear of fluoridated toothpaste, soft toothbrush.
- If still using bottle, offer only water.

Fluoride varnish applied at least 2 times per year (4 times per year for high risk children) in the medical or dental office.

### 15 Month Visit:

- Healthy teeth. Brushing teeth, bottle usage.
- Schedule first dental visit if hasn’t seen dentist yet.
- Prevent tooth decay by good family oral health habits (brushing, flossing), not sharing utensils or cup.
- If nighttime bottle, use water only.
- Brush teeth daily with fluoridated toothpaste.

Fluoride varnish applied at least 2 times per year (4 times per year for high risk children) in the medical or dental office.

### 4 Year Visit:

- Daily routines that promote health.
- Tooth brushing twice a day with pea-sized toothpaste.

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- Brush teeth daily with pea-sized amount of fluoridated toothpaste.

Flossing once daily between teeth that touch

Fluoride varnish applied at least 2 times per year (more for high risk) in medical or dental office.

### 5 Year Visit:

- Regular visits with dentist, daily brushing and flossing, adequate fluoride.
- Help child with brushing if needed.
- Visit dentist twice a year. • Brush teeth daily with pea-sized amount of fluoridated toothpaste.

Fluoride varnish applied at least 2 times per year (more for high risk) in medical or dental office.

### 7-8 Year Visit:

- Regular visits with dentist, daily brushing and flossing, adequate fluoride.
- Brush teeth daily with pea-sized amount of fluoridated toothpaste.

Fluoride varnish applied at least 2 times per year (more for high risk) in medical or dental office.

Discuss applying sealants to protect permanent teeth with dental provider.