

Oral Health Best Practices

Measures

Chart criteria:

Based on **20** or more active charts* of patients over 6 months of age.

Ideally, for an enriched measurement, charts will be equally pulled from patients who are aged:

- **Six months to 6 years old**
- **Over 6 years old**

*Active charts indicate that the patient was seen at least once in the last 12 months.

Aim	Data Collection Question	Measure	Goal
The following questions apply to patients <12 months of age:			
100% of patients under 12 months of age will have had a discussion with the patient's family/guardian and physician regarding the importance of establishing a dental home.	1. Has the importance of establishing a dental home been discussed with the patient/family? <input type="radio"/> Yes <input type="radio"/> No	Name: Dental home importance discussed Definition: Percent of patients under 12 months of age will have had a discussion with the family/guardian and physician regarding the importance of establishing a dental home Source: Question 1 Numerator: Yes, selected in Question 1 Denominator: Total number of charts KCA: Establish the Dental Home	100%

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<p>100% of patients under 2 months of age will have oral health risks assessed using a formal assessment tool at the 6- and 9-month health supervision visit.</p>	<p>2. Was an oral health risk assessment completed using a formal assessment tool at the 6- and 9-month health supervision visits?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p><i>Skip to Question #5</i></p>	<p>Name: Oral health risk assessment at 6- and 9-month visit</p> <p>Definition: Percent of patients <12 months of age that had oral health risks assessed using a formal assessment tool at the 6- and 9-month health supervision visits</p> <p>Source: Question 2</p> <p>Numerator: Yes, selected in Question 2</p> <p>Denominator: Total number of charts</p> <p>KCA: Perform Oral Health Risk Assessment</p>	<p>100%</p>
<p>The following questions apply to patients ≥12 months of age:</p>			
<p>100% of patients 12 months of age or older will have a dental home established.</p>	<p>3. Has a dental home been established for this patient?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>	<p>Name: Dental home established for patients ≥12 months of age:</p> <p>Definition: Percent of patients 12 months of age or older will have a dental home established.</p> <p>Source: Question 3</p> <p>Numerator: Yes, selected in Question 3</p> <p>Denominator: Total number of charts</p> <p>KCA: Establish the Dental Home</p>	<p>100%</p>
<p>100% of patients without a dental home will be referred to a dental home.</p>	<p><i>If no to Question 3:</i></p> <p>3a. Was the patient referred to a dental home?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>	<p>Name: Patients referred to dental home</p> <p>Definition: Percent of patients without a dental home who were referred to one</p> <p>Source: Question 3 and 3a</p> <p>Numerator: Yes, selected in Question 3a</p> <p>Denominator: Total number of charts with No selected in Question 3</p> <p>KCA: Establish the Dental Home</p>	<p>100%</p>

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100% of patients without a dental home will have a documented reason why the dental home was not established.	<p><i>If no to Question 3:</i></p> <p>3b. Is there a documented reason why a dental home was not established (ie, no access, no insurance, etc)?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>	<p>Name: Documented reason why dental home was not established</p> <p>Definition: Percent of patients without a dental home, will have a documented reason why the dental home was not established</p> <p>Source: Question 3 and 3b</p> <p>Numerator: Yes selected in Question 3b</p> <p>Denominator: Total number of charts with No selected in Question 3</p> <p>KCA: Establish the Dental Home</p>	100%
100% of patients will have oral health risks assessed per AAP recommendations (ie, at health supervision visits for patients ≤6 years or within the last 12 months for patients over 6 years old).	<p>4. Was an oral health risk assessment completed per AAP recommendations (ie, at health supervision visits for patients ≤6 years or within the last 12 months for patients >6 years old)?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>	<p>Name: Oral health risks assessed per AAP recommendations</p> <p>Definition: Percent of patients that had oral health risks assessed per AAP recommendations</p> <p>Source: Question 4</p> <p>Numerator: Yes selected in Question 4</p> <p>Denominator: Total number of charts</p> <p>KCA: Perform Oral Health Risk Assessment</p>	100%
100% of patients will have had oral health risks assessed using a formal assessment tool for patients age 6 years of age and under.	<p><i>If yes to Question 4:</i></p> <p>4a. Was a formal assessment tool used to assess risks for patients ≤6 years of age?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> N/A, patient over 6 years of age</p>	<p>Name: Formal assessment tool used to assess risks</p> <p>Definition: Percent of patients ≤6 years of age with oral health risks assessed using a formal assessment tool</p> <p>Source: Question 4 and 4a</p> <p>Numerator: Yes selected in Question 4a</p> <p>Denominator: Total number of charts with Yes selected in Question 4 MINUS N/A selected in Question 4a</p> <p>KCA: Perform Oral Health Risk Assessment</p>	100%

The following questions apply to patients of all ages:

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<p>100% of patients will have fluoride varnish applied in the pediatric office, unless no teeth have erupted, the patient is over 6 years of age, or the service was declined by the family.</p>	<p>5. Was fluoride varnish applied in the pediatric office?</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A, no teeth have erupted, patient is over 6 years of age, or service declined by the family</p>	<p>Name: Fluoride varnish applied in the office for patients ≤6 years of age</p> <p>Definition: Percent of patients that received fluoride varnish in the pediatric office, unless no teeth have erupted, the patient is over 6 years of age, or service was declined by the family</p> <p>Source: Question 5</p> <p>Numerator: Yes selected in Question 5</p> <p>Denominator: Total number of charts MINUS N/A, selected in Question 5</p> <p>KCA: Apply Fluoride Varnish</p>	<p>100%</p>
<p>100% of patients will have a clinical examination of the teeth and gums performed at the last health supervision visit.</p>	<p>6. Was a clinical examination of the teeth and gums performed at the last health supervision visit?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>	<p>Name: Clinical exam of teeth and gums performed</p> <p>Definition: Percent of patients who had a clinical examination of the teeth and gums performed at the last health supervision visit</p> <p>Source: Question 6</p> <p>Numerator: Yes selected in Question 6</p> <p>Denominator: Total number of charts</p> <p>KCA: Perform Oral Health Risk Assessment</p>	<p>100%</p>
<p>100% of patients will have their eating/drinking habits that put them at risk (ie, sippy cups, bottle to bed, sugar-sweetened foods and beverages, soda, juice, sport drinks, etc) assessed at the last health supervision visit.</p>	<p>7. Were the patient's eating/drinking habits that put them at risk (ie, sippy cups, bottle to bed, sugar-sweetened foods and beverages, soda, juice, sport drinks, etc) assessed at the last health supervision visit?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>	<p>Name: Eating/drinking habits assessed</p> <p>Definition: Percent of patients assessed for eating/drinking habits that put them at risk assessed at the last health supervision visit</p> <p>Source: Question 7</p> <p>Numerator: Yes answer to Question 7</p> <p>Denominator: Total number of charts</p> <p>KCA: Perform Oral Health Risk Assessment</p>	<p>100%</p>

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<p>100% of patients will have an assessment of their daily oral health care routine (ie, clean infant gums after feeding, number of brushings, flossing when age appropriate, etc) assessed at the last health supervision visit.</p>	<p>8. Was the patient's daily oral health care routine (ie, clean infant gums after feeding, number of brushings, flossing when age appropriate, etc) assessed at the last health supervision visit?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>	<p>Name: Daily oral health care routine assessed</p> <p>Definition: Percent of patients with assessment of their daily oral health care routine assessed at the last health supervision visit</p> <p>Source: Question 8</p> <p>Numerator: Yes selected in Question 8</p> <p>Denominator: Total number of charts</p> <p>KCA: Perform Oral Health Risk Assessment</p>	<p>100%</p>
<p>100% of patients will an assessment of access to systemic fluoride (ie, fluoridated water or fluoride supplement if no access to fluoridated water).</p>	<p>9. Was the patient's access to systemic fluoride (ie, fluoridated water or fluoride supplement if no access to fluoridated water) assessed?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>	<p>Name: Access to systemic fluoride assessed</p> <p>Definition: Percent of patients with assessment of access to systemic fluoride</p> <p>Source: Question 9</p> <p>Numerator: Yes selected in Question 9</p> <p>Denominator: Total number of charts</p> <p>KCA: Perform Oral Health Risk Assessment</p>	<p>100%</p>
<p>100% of patients will have an assessment of sources of topical fluoride, unless no teeth have erupted.</p>	<p>10. Were the patient's sources of topical fluoride (ie, fluoride toothpaste, mouth rinses, varnish, etc) assessed?</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A, no teeth have erupted</p>	<p>Name: Topical fluoride sources assessed</p> <p>Definition: Percent of patients with assessment of sources of topical fluoride unless no teeth have erupted</p> <p>Source: Question 10</p> <p>Numerator: Yes selected in Question 10</p> <p>Denominator: Total number of charts</p> <p>KCA: Perform Oral Health Risk Assessment</p>	<p>100%</p>

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<p>100% of patients will have received age-appropriate oral health anticipatory guidance at health supervision visits.</p>	<p>11. Was age-appropriate oral health anticipatory guidance offered at the last health supervision visit? <input type="radio"/> Yes <input type="radio"/> No</p>	<p>Name: Oral health anticipatory guidance offered</p> <p>Definition: Percent of patients that were offered oral health anticipatory guidance at health supervision visits</p> <p>Source: Question 11</p> <p>Numerator: Yes selected in Question 11</p> <p>Denominator: Total number of charts</p> <p>KCA: Provide Oral Health Anticipatory Guidance</p>	<p>100%</p>
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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 care delivered in a comprehensive, continuously accessible, coordinated, and family-centered way. The dental home should be established no later than 12 months of age to help children and their families institute a lifetime of good oral health. A dental home addresses anticipatory guidance and preventive, acute, and comprehensive oral health care and includes referral to dental specialists when appropriate.

This definition was developed by the Council on Clinical Affairs and adopted in 2006. This document is an update of the previous version, revised in 2015. American Academy of Pediatric Dentistry. [Definition of Dental Home](#). Chicago, IL: American Academy of Pediatric Dentistry; 2019-2020;15. **Latest Revision** 2018. Accessed May 28, 2020.

Oral Health Risk Assessment

The Bright Futures/AAP “Recommendations for Preventive Pediatric Health Care, (ie, Periodicity Schedule) recommends all children receive a risk assessment at the 6- and 9-month visits. For the 12-, 18-, 24-, 30-month, and the 3- and 6-year visits, risk assessment should continue if a dental home has not been established. View the [Bright Futures/AAP Periodicity Schedule](#).

Note: Patients who comply with annual visits to the dental home may have the risk assessment completed by the dental professional. If such records have not been retrieved from the dental home, the PPHP should complete the risk assessment at the health supervision visit.

Formal Assessment Tool

It is recommended that a formal tool is used to conduct the oral health risk assessment for patients under age 6 years, such as the AAP Oral Risk Assessment Tools located on the [AAP Oral Health Practice Tools](#) Web page:

- [Oral Health Risk Assessment Tool Guidance – English](#)
- [Oral Health Risk Assessment Tool Guidance – Spanish](#)

Fluoride Varnish Applied

Children from Birth Through Age 5 Years:

- The USPSTF recommends that PPHPs apply fluoride varnish to the primary teeth of all infants and children starting at the age of primary tooth eruption.

For more information, see Prevention of [Dental Caries in Children Younger Than Age 5 Years: Screening and Interventions](#).

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Eating/Drinking Habits

Encourage positive eating/drinking habits, including limiting juice, discontinuing the bottle, not drinking after brushing, infrequent snacking, and less-cariogenic food choices.

Avoid these habits:

- **Continual Bottle/Sippy Cup Use:** Children who drink juice, soda, and other liquids that are not water, from a bottle or sippy cup continually throughout the day or at night are at an increased risk of caries.

The frequent intake of sugar does not allow for the acid it produces to be neutralized or washed away by saliva. Parents of children with this risk factor need to be counseled on how to reduce the frequency of sugar containing beverages in the child’s diet.

- **Frequent Snacking:** Children who snack frequently are at an increased risk of caries. The frequent intake of sugar/refined carbohydrates does not allow for the acid it produces to be neutralized or washed away by saliva. Parents of children with this risk factor need to be counseled on how to reduce frequent snacking and choose healthy snacks such as cheese, vegetables, and fruit.

Age-appropriate Oral Health Anticipatory Guidance

Stage	Summary of Anticipatory Guidance
Infancy (Prenatal to 11 months)	<ul style="list-style-type: none"> • Health care professionals ask questions about maternal diet, good oral health hygiene, and attendance at regular dental checkups to set the stage for optimal child oral health. • In the early months of infancy, guidance focuses on <ul style="list-style-type: none"> – Holding the infant while feeding – Never putting an infant to bed with a bottle – Using a cloth or soft toothbrush with tap water and a small smear of toothpaste to gently clean gums and new teeth • As an infant reaches 6 months, guidance expands to include <ul style="list-style-type: none"> – Introducing fluoride varnish and fluoridated water or fluoride supplements – Minimizing exposure to natural or refined sugars in the infant’s mouth – Weaning off bottles as the infant approaches 12 months – Discussing the recommendation of no juice until age 1 year – Finding a dental home

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<p>Early Childhood (1 to 4 years)</p>	<ul style="list-style-type: none"> ● Routines are a critical component of early childhood. Health care professionals support families by reinforcing tooth brushing as a routine conducted twice daily. ● At the 12-month health supervision visit, health care professionals focus on the importance of a dental home, providing information about what families can expect. ● Health care professionals continue to emphasize <ul style="list-style-type: none"> – Eating a healthy diet – Avoiding sweetened food and beverages – Keeping bottles out of cribs or beds – Avoiding sippy cups with juice – Using fluoride varnish and fluoridated water or fluoride supplements
<p>Middle Childhood (5 to 10 years)</p>	<ul style="list-style-type: none"> ● Oral health is integrated into larger discussions of children's physical growth and development, which are priority areas in health supervision visits. ● Health care professionals continue to focus on <ul style="list-style-type: none"> – Oral health hygiene (daily tooth brushing and flossing) – Connections to a dental home – The importance of caring for permanent teeth – Limiting sweetened beverages and snacks – The importance of dental sealants ● As children become engaged in contact sports, health care professionals emphasize the importance of using a mouth guard.
<p>Adolescence (11 to 21 years)</p>	<ul style="list-style-type: none"> ● Similar to the middle childhood years, oral health is integrated into the priority areas of physical health and development. ● Health care professionals shift conversations during adolescent years to help them understand the importance of <ul style="list-style-type: none"> – Routine oral health hygiene (daily tooth brushing and flossing) – Limiting soda and sweetened beverages – Reducing in-between meal snacks – Chewing sugarless gum – Using a mouth guard during contact sports ● In later adolescence health supervision visits, health care professionals begin conversations about smoking and drug use that can impact oral health.

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Hagan JF, Shaw JS, Duncan PM, eds. Bright Futures: [Guidelines for Health Supervision of Infants, Children, and Adolescents](#). 4th ed. Elk Grove Village, IL: American Academy of Pediatrics; 2017