

Potential Barriers and Suggested Ideas for Change

<p>Key Activity: Provide Oral Health Anticipatory Guidance and Education</p>
<p>Rationale: Provide specific, preventative information to patients and families to promote the well-being of patients by preventing tooth decay and reduce mouth injuries. Anticipatory guidance includes, but not limited to, nutritional counseling, behavioral issues, fluoride exposure, culturally sensitive oral health care habits, injury prevention, and promotion of a dental home.</p>

Gap: Pediatric primary healthcare provider did not provide oral health education/anticipatory guidance.

Potential Barriers	Suggested Ideas for Change
<p>Provider lacks the knowledge on basic principles for providing oral health anticipatory guidance</p>	<ul style="list-style-type: none"> • Review the American Academy of Pediatric Dentistry (AAPD) Guideline on Periodicity of Examination, Preventive Dental Services, Anticipatory Guidance/Counseling, and Oral Treatment for Infants, Children, and Adolescents • Review Bright Futures Guidelines for Health Supervision, 3rd Edition on promoting oral health • Post the Bright Futures Handout to educate staff about the importance of promoting oral health • Educate clinical staff in practices by encouraging continuing education • Review the AAP Bright Futures Oral Health Risk Assessment Tool and Guidance
<p>Practice does not have a system for providing anticipatory guidance during a health supervision visit</p>	<ul style="list-style-type: none"> • Develop a systematic, practice-wide approach to provide anticipatory guidance at every health supervision visit <ul style="list-style-type: none"> ○ Establish an oral health team ○ Appoint an office dental champion (can be a nurse, medical assistants, or other staff member) ○ See if there is a Chapter Oral Health Advocate (COHA) in your state who can facilitate a Lunch and Learn Session for all employees in which strategies for implementation of oral health assessments and education are discussed so that everyone is empowered as part of the oral health office based team ○ Implement use of Bright Futures Visit Forms as a prompt for anticipatory guidance discussion topics ○ Ensure that Age-Appropriate Anticipatory Guidance Recommendations that should be covered at the visit are easily accessible to providers <ul style="list-style-type: none"> ▪ Keep a Bright Futures Oral Health Pocket Guide in all exam rooms ▪ Keep a Child Oral Health Pocket Card in all exam rooms • Ensure the system includes anticipatory guidance and education to families regarding eating/feeding/drinking oral health risks, including injuries. For example: <ul style="list-style-type: none"> ○ For infants: Ask if the family props the bottle or put the baby to sleep with a bottle of formula, milk, or juice. Offer information on foods to avoid (ie, mashed bananas which stick to the teeth for infants) or if given, wash the teeth after feeding ○ For toddlers and older children: Create awareness about foods that stick to the teeth (ie, candies such as gummy bears, fruit roll-ups, or raisins) • Review AAP Policy Statement on Preventive Oral Health Intervention for Pediatricians • Utilize existing educational materials found in: <ul style="list-style-type: none"> ○ AAPD patient education brochures and parent resource center ○ National Institute of Dental and Craniofacial Research (NIDCR)

	<ul style="list-style-type: none"> ○ National Maternal and Child Oral Health Resource Center consumer brochures funded by HRSA (English and Spanish) ● Provide education and anticipatory guidance to families regarding the importance and longevity of primary teeth and how inadequate nutrition, bottles, and sippy cups contribute to dental caries. Materials that are helpful include: <ul style="list-style-type: none"> ○ How to Prevent Tooth Decay in Your Baby ○ First Steps to a Healthy Smile ○ Thumbs, Fingers, and Pacifiers ○ A Guide to Children's Dental Health ● Be sure to include age-appropriate injury prevention counseling <ul style="list-style-type: none"> ○ Review the ADA dental emergency procedures ○ Review the HealthyChildren.org tooth injury information
<p>Practice lacks resources for providing anticipatory guidance</p>	<ul style="list-style-type: none"> ● Have staff and office dental champion create a centralized information area in the waiting area and in each exam room that is devoted to oral health education for families, including discussion prompts like: <i>Don't forget to ask about oral health care; When did your child last see the dentist?</i>, etc. ● Utilize existing oral health handouts (Cavity Free at Three, National Institute of Dental Craniofacial Research [NIDCR]) ● Provide information from HealthyChildren.org Web site, such as: <ul style="list-style-type: none"> ○ First Steps to a Healthy Smile ○ Preventing Tooth Decay in Children ○ Preventing Tooth Decay ○ Brushing Up on Oral Health: Never Too Early to Start ○ A Guide To Children's Dental Health ○ Pacifiers and Thumb Sucking ● Review AAPD Emergency Care brochure
<p>Provider does not feel comfortable in discussing oral health topics with families</p>	<ul style="list-style-type: none"> ● Develop open dialogue using motivational interviewing/strength-based approach when discussing oral health concerns with patient and families <ul style="list-style-type: none"> ○ Educate regarding the relationship between oral health and systemic health ○ Advise family against pre-tasting, pre-chewing, and sharing of utensils with their children to avoid the vertical transmission of harmful bacteria through saliva. ○ Discuss with pregnant woman or new mother about changes in the teeth or the gums, oral hygiene practices, fluoride use, infections and medications. ○ Use oral health risk assessment tool to direct education and anticipatory guidance ● Reach out to the patients through various methods of education and resources <ul style="list-style-type: none"> ○ Utilize office staff, handouts, waiting room media, practice Web site, etc. to get the word out ○ Deliver messages over various visits: structure the education so that at each of the following health care visits oral health is assessed and age appropriate oral health education is provided. ● Address brushing and flossing for any child who has at least 2 teeth touching. Children ages 2 through 6 years can brush and floss. <ul style="list-style-type: none"> ○ Families should perform and supervise brushing teeth by first brushing the child's teeth, then allowing the

	<p>child to practice by himself/herself. Typically, children younger than 6-8 years of age do not have the manual dexterity to brush alone. When children can tie their shoes, they have the manual dexterity to brush their own teeth.</p> <ul style="list-style-type: none"> o Electric toothbrushes can be used adequately before 4 years of age if children are taught how to do it correctly. The optimal brushing time is 2 minutes. An electric toothbrush is preferred over manual brushing and/or not brushing. o Discuss various strategies to motivate child to want to brush <ul style="list-style-type: none"> ▪ Sing a song through brushing ▪ Brush in various parts of house that are convenient ▪ Model brushing by brushing as a family • Consider cultural sensitivity for families from different cultural backgrounds such as language, household decision maker, and the practice of food sharing.
<p>Competing priorities with so many facets of anticipatory guidance and so little time</p>	<ul style="list-style-type: none"> • Use a oral health previsit questionnaire (parent or adolescent) to identify concerns and help prioritize discussion topics • Establish oral health as part of all health supervision visits • Establish 'critical times' visit to implement primary prevention strategies for oral health anticipatory guidance. For example: <ul style="list-style-type: none"> o Newborn — advise against putting pacifier in the child's mouth o 4 to 6 months — advise against tasting the food and then feeding it to the baby o 12 month — offer first fluoride varnish application in the primary care office and offer guidance to oral health education • Delegate some of the education (hygiene, varnish, education) and varnish application to address time issue <ul style="list-style-type: none"> o Don't give up — persistence will increase efficiency in practice.

Gap: Pediatric primary healthcare provider did not document oral health education/anticipatory guidance.

Potential Barriers	Suggested Ideas for Change
<p>Practice does not have a system in place to document oral health discussions and materials provided</p>	<ul style="list-style-type: none"> • Have families complete oral health previsit questionnaire (parent or adolescent) either at home or in the waiting room <ul style="list-style-type: none"> o Include in the questionnaire places to document the education and materials provided • Create a list with contact information for other providers (dentists, sub-specialists, etc.) to coordinate care <ul style="list-style-type: none"> o Have a place for patients to update the information either on a paper form or via a kiosk/tablet device/patient portal o Build EMR prompts and places to document regarding oral health risk assessment, delivery of anticipatory guidance and educational materials (handouts, videos, etc) and delivery of care (include preventive oral health in pre-visit planning)