## Potential Barriers and Suggested Ideas for Change

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| **Key Activity:** Perform Oral Health Risk Assessment |
| **Rationale**: Early childhood primary tooth caries is a leading risk factor for caries in permanent teeth. Oral health risk assessment, a responsibility of the pediatric primary healthcare provider, can identify contributing factors that lead to dental caries. Education for providers, patients, and families is a key factor in controlling dental caries and should continue throughout a child's life. |

| ***Gap: Pediatric primary healthcare provider did not perform oral health risk assessment.*** | |
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| **Potential Barriers** | **Suggested Ideas for Change** |
| Practice is unaware of what an oral health risk assessment is | • Learn about oral health risk assessment by reading the AAP policy statements:<br>  o Oral Health Risk Assessment Timing and Establishment of the Dental Home<br>  o Preventive Oral Health Intervention for Pediatrics<br>• Review the AAP Bright Futures Oral Health Risk Assessment Tool and Guidance.<br>• Review the American Academy of Pediatric Dentistry Caries-Risk Assessment Tool (CAT).<br>• Review the Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents, 3rd Edition regarding oral health risk assessment.<br>• Review American Academy of Pediatric Dentistry (AAPD) and American Dental Association (ADA) policy statements regarding the Age One Dental visit.<br>• Review the Academic Pediatrics Special Issue on Children's Oral Health that explains importance of and strategies for improving children's oral health. |
| Practice is uncertain of which risk assessment tool to use | • Identify list of tools to use such as the AAP Bright Futures Oral Health Risk Assessment Tool and Guidance.<br>• Ensure that an oral health protocol is created and implemented and is done at all ages (routine visits). Here is an example of what a protocol might look like.<br>• Contact your AAP Chapter Oral Health Advocate (COHA) to determine if there are state specific tools. |
| Provider's perception of not enough visit time and competing family/provider priorities | • Create encounter form documentation to flag providers that the assessment needs to be completed and prompt appropriate questions with a place to document results.<br>• Have the office support staff initiate the oral health screening process with an oral health previsit questionnaire (parent and adolescent).<br>• Educate staff on the importance of oral health and create an oral health team:<br>  o Recruit an office dental champion.<br>  o Establish an oral health team to discuss strategies for implementation of oral health assessments and education so everyone feels empowered.<br>  o Encourage continuing education among all health staff in your practice to promote standardized care. |

| ***Gap: Pediatric primary healthcare provider did not document oral health risk assessment.*** | |
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| **Potential Barriers** | **Suggested Ideas for Change** |
| Practice does not have protocol in place for proper documentation | • Use the age-appropriate Bright Futures Visit Forms to remind providers to record oral health information.<br>• Create encounter form documentation to flag providers that the assessment needs to be completed and prompt appropriate questions with a place to document results.<br>• Have the office support staff initiate the oral health screening process with an oral health previsit questionnaire (parent and adolescent).<br>• Establish oral health as a part of all health supervision visits by adding dental visit prompts or risk assessment tool into the EMR for all routine visits after 6 months of age. |

| ***Gap: Pediatric primary healthcare provider did not document assessment of the teeth and gums.*** | |
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| **Potential Barriers** | **Suggested Ideas for Change** |
| Provider lacks the training and/or ability to interpret exam findings and triage | • Utilize oral health training programs:<br>  o PACT<br>  o Smiles for Life<br>• Utilize your COHA for additional training at your institution, practice, or the AAP chapter meeting.<br>• Begin regularly examining and documenting in a select subset of patients such as infants, and then include the older kids as your comfort level with oral assessments increase. |
| Perceived barrier of poor child compliance and insufficient visit time | • While examining the throat, also look at the teeth and gums.<br>  o The exam becomes easier with practice, |

| ***Gap: Pediatric primary healthcare provider did not ask if the child has a dental home and makes annual dental visit.*** | |
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| **Potential Barriers** | **Suggested Ideas for Change** |
| Time constraints; practice not deeming this an important focus of the medical visit; practice's perception that the family will not want to discuss this or simply overlooking the matter. | • Have the office support staff initiate the oral health screening process with an oral health previsit questionnaire (parent and adolescent).<br>• Establish oral health as a part of all health supervision visits by adding dental visit prompts in the EMR for all routine visits after 6 month of age.<br>• Educate staff on the importance of oral health to create a learned environment:<br>  o Recruit an office dental champion.<br>  o Encourage continuing education among nurses and allied health staff in your practice to promote standardized care.<br>• Use strength-based approach/motivational interviewing to address oral health issues. |

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| | o Discuss the impact of oral health on general health (can't be healthy without a healthy mouth). |
| Lack of knowledge about the AAP and Bright Futures guidelines regarding the importance of dental home establishment | Suggest the pediatric primary healthcare provider review the following clinical guidelines and policy:<br>o Oral Health Risk Assessment Timing and Establishment of the Dental Home<br>o Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents 3rd Edition — Promoting Oral Health |
| No dental home available to send the child to (ie, low number of available providers and/or lack of formal resource guide) | • Find or create a resource guide listing pediatric dental providers in your area. These resources may be available from the following sources:<br>o State Medicaid<br>o State Department of Health — may have a list of providers who accept Medicaid<br>o AAPD Web site<br>o Insure Kids Now<br>o Dental schools<br>o State or county dental societies<br>o Oral health coalitions — many states have oral health coalitions that may either have a formal dental provider list or be willing to assist in creating one<br>o Community health clinics<br>• Develop a relationship with dental providers or university dental schools within your region.<br>o Talk directly to the dentist, not the front desk staff.<br>• Find the dental providers in your community who will give you confidence in referring your patients to them by asking your own dentist if he or she treats young children and if not, ask why not.<br>• Tap into the AAP COHA network and explore these sources:<br>o Federally qualified health centers (community clinics) as referral resource<br>o Early Head Start programs for a list of pediatric dental services providers<br>• Co-locate dental hygienists in your office to provide preventive dental services. In many states, dental hygienists can practice independently and in others, they can practice outside of a dental practice setting. Pediatric primary healthcare providers should ensure they learn their state's rules for independent dental hygiene practice. |
| Child does not have dental coverage | • Help patients/families obtain dental coverage:<br>o Ask your benefits coordinator/enrollment officer to provide dental coverage information.<br>o Inform families that dental insurance may be incorporated in government plans (example: Medicaid/CHIP).<br>o Get involved with local advocacy and pediatric councils:<br>▪ Employers — get involved in advocacy group to support complete dental benefit coverage<br>▪ Educate families on the importance of dental insurance and oral health. Parents' dental insurance in certain states cover child dental health as well.<br>• Undocumented patients:<br>o Identify local sources of funding for uninsured/undocumented children:<br>▪ United Way |

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| | ▪ Head Start (certain communities set aside money to care for uninsured children)<br>▪ National Children's Oral Health Foundation |
| Families could not recall the last visit to a dentist | • Create/use a dental referral form (here is a Dental Referral Resource template):<br>o Ask dentist or family to fill out and fax or send back form (in a self-stamped envelope).<br>o Automate the referral in EMR and include list of pediatric dental providers.<br>• Have the office care coordinator or referral coordinator follow up to see if patient attended the dental visit. |
| No set place in the medical record to record dental home | • Have the office support staff initiate the oral health screening process with an oral health previsit questionnaire (parent and adolescent).<br>• Add prompts to EMR for all health supervision visits after 6 months of age to record the dental home information.<br>o Brainstorm with your oral health team what dental home information should be documented in the medical record.<br>• Utilize Pediatric Care Plan form to coordinate care. |

| ***Gap: Pediatric primary healthcare provider did not ask about or document the families' oral health status.*** | |
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| **Potential Barriers** | **Suggested Ideas for Change** |
| Provider overlooked this matter | • Regularly perform oral health risk assessments using a standardized form that contained maternal oral health questions.<br>• Conduct front-desk screening using a previsit questionnaire (in case the mother is not present for the visit):<br>o Use family history documentation form that includes family dental health history.<br>o Implement use of a prompting sheet, which allows quick review of the oral health risk assessment results. |
| Provider felt they did not have enough time and had competing priorities | • Establish priorities for health supervision visits (oral health becomes part of all health supervision visits).<br>• Delegate some of the education (hygiene, varnish, etc) and varnish application to address time issue:<br>o Implement a previsit questionnaire that asks about the families' oral health.<br>o Don't give up — persistence will increase efficiency in practice. |
| Lack of knowledge that such questions are important | • Educate physicians, staff members, and patients as to why oral health for families and child is important:<br>o Explain why you are asking about oral health.<br>o Perform regular quality improvement audits and remind staff to ask the mother's/primary caregiver's oral health status.<br>o Encourage continuing education among all health staff in your practice to promote standardized care. |
| • Provider feels uncomfortable asking | • Patient education — use strength-based approach/motivational interviewing technique to address oral health |

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| about mother's health and not focusing on the child/patient<br>• Family not present to ask | issues.<br>o Discuss the impact of oral health on general health (can't be healthy without a healthy mouth).<br>• Conduct front-desk screening using a previsit questionnaire (in case the mother is not present for the visit).<br>o Use family history documentation form that includes family dental health history. |
| There is no system in place to document the responses | Include families' oral health history as a part of all health supervision visits for all routine visits after 6 months of age with paper documentation forms or EMR prompts. |

| ***Gap: Pediatric primary healthcare provider failed to document patient systemic and topical fluoride exposure.*** | |
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| **Potential Barriers** | **Suggested Ideas for Change** |
| • Provider unaware that these questions are important to improve oral health<br>• Provider unsure what guidance to provide due to:<br>o Confusion about fluoride guidelines/policies<br>o Unsure of differences between systemic/topical<br>o Unsure of what anticipatory guidance to provide regarding brushing, toothpaste, and supervision | ▪ Learn the fluoride levels of local water supplies for your patient population on My Water's Fluoride, the CDC Web site for fluoridated cities.<br>o What is the fluoride status of the drinking water?<br>o Learn where to get information about water fluoridation if not posted on CDC Web site.<br>• Educate yourself about:<br>o The benefits of fluoride in topical and systemic form<br>o The fluoride policies on the ADA, AAPD, AAP, and Pew Web sites<br>o The fluoride debate and review reliable resources about fluoride to aid in the discussion<br>o Anticipatory guidance regarding topical fluoride sources and use by age |
| Families hesitancy regarding fluoride debate or refusal | Determine specific issues regarding families concern:<br>o Excessive fluoride exposure (distinguish systemic vs topical)<br>o Adverse health effects<br>o Skeletal fluorosis<br>o Enamel fluorosis — tooth discoloration<br>Provide reassurance that concerns are not surprising in light of the amount of misinformation on the media:<br>o Focus education on specific issues identified by the patient and families.<br>o Provide patients and families with a written list of reliable resources.<br>Emphasize the importance of and proven benefits of fluoride.<br>o Keep the discussion open during future visits if families continue to be hesitant. |
| No system in place to document the response | • Establish fluoride questions as a part of all health supervision visits with paper or EMR prompts.<br>• Utilize the EMR more effectively by adding fluoride prompts for all routine visits and use template to document, such as a formal oral health risk assessment tool that contains questions regarding fluoride. |

| ***Gap: Pediatric primary healthcare provider did not document the assessment of feeding/drinking risks for oral health.*** | |
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| **Potential Barriers** | **Suggested Ideas for Change** |
| Provider felt they did not have enough time and had competing priorities | • Establish priorities for health supervision visits (oral health becomes part of all health supervision visits).<br>• Delegate some of the responsibilities to staff, such as educating families about healthy feeding/drinking practice, to address time issue. |
| Lack of knowledge that such questions are important | • Educate physicians, staff members, and patients about the importance of good oral hygiene through simple practices such as cleaning infant's mouth with damp cloth after feeding.<br>• Encourage continuing education among all health staff in your practice to promote standardized care. |
| Practice has no protocol to ask pertinent behavioral oral health questions for feeding, eating, and drinking | • Use age-appropriate oral health anticipatory guidance. For example:<br>o For infants: Ask if the families prop the bottle or put the baby to sleep with a bottle of formula, milk, or juice. Offer information on foods to avoid (ie, foods that stick to the teeth) or if given, wash the teeth after feeding.<br>o 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).<br>• Review AAP Policy Statement: Preventive Oral Health Intervention for Pediatricians<br>• Utilize existing educational materials found in:<br>o AAPD patient education brochures and parent resource center<br>o National Institute of Dental and Craniofacial Research (NIDCR)<br>o Health Resources and Services Administration (HRSA) Oral Health Web site<br>o National Maternal and Child Oral Health Resource Center consumer brochures (English and Spanish)<br>• Provide education and anticipatory guidance to families regarding the importance and longevity of primary teeth and how poor nutrition, bottles, and sippy cups can contribute to dental caries. Helpful materials include:<br>o How to Prevent Tooth Decay in Your Baby<br>o First Steps to a Healthy Smile<br>o Thumbs, Fingers, and Pacifiers<br>o A Guide to Children's Dental Health |
| No system in place to document the response | • Have the office support staff initiate the oral health screening process with an oral health previsit questionnaire (parent and adolescent).<br>• Establish questions about feeding/drinking habit (ie, sippy cups, bottle to bed, etc) as a part of all health supervision visits with paper or EMR prompts. |

*All Web links were last accessed on May 29, 2012.*