

Background and Significance



Early Childhood Caries

- Dental caries is an **INFECTIOUS DISEASE**
- Tooth caries are **PAINFUL**
- If left untreated, it may lead to gingivitis, tooth loss, facial or jaw cellulitis, or abscesses
- May affect a child's ability to chew, eat well, have good sleep, and school performance
- Fluoride helps prevent and treat dental caries by inhibiting bacterial metabolism and acid production



Methods

Setting

- Pediatric primary care office in Rutherford, New Jersey

Educational Intervention Included

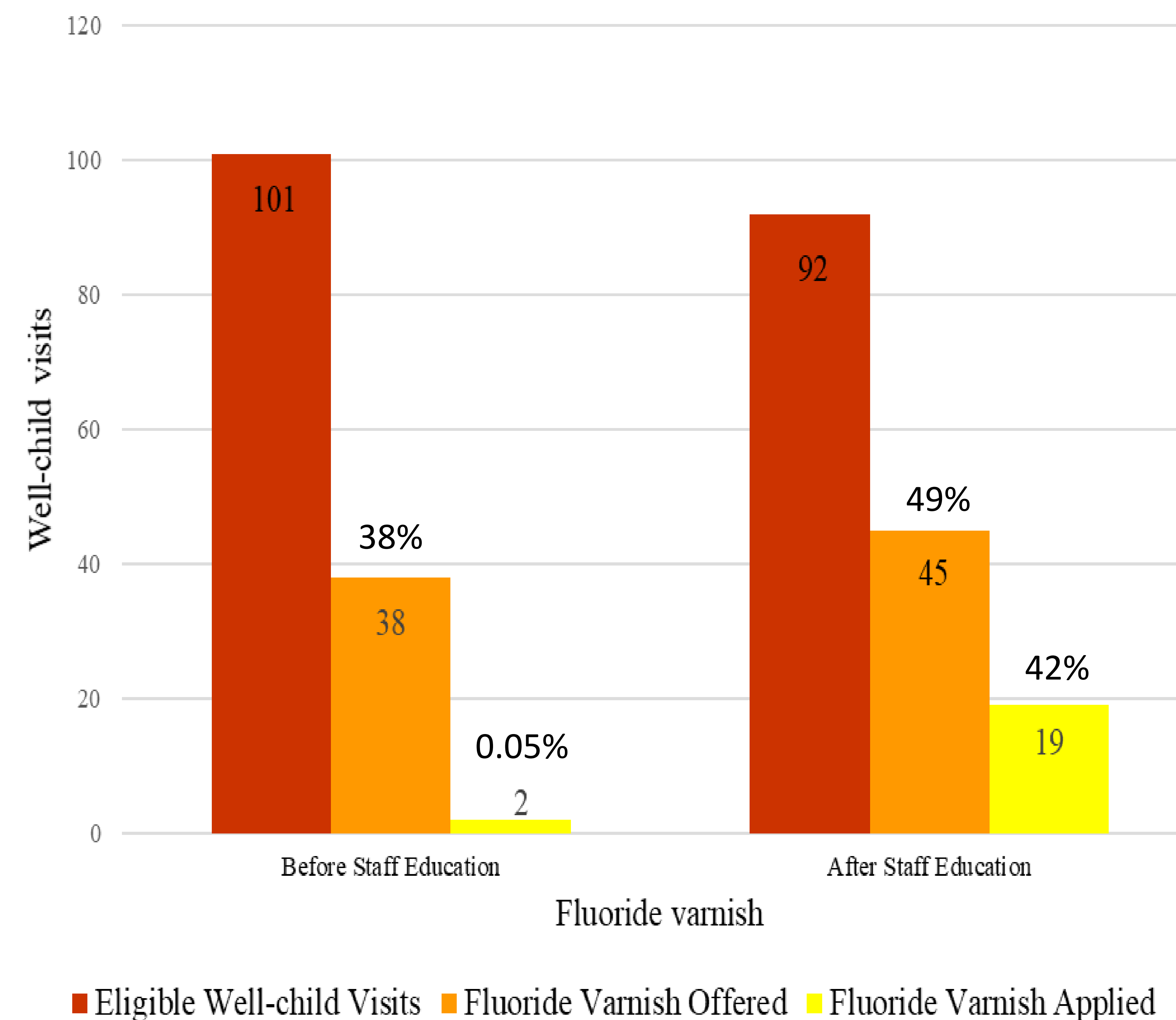
- Primary care providers' role on reducing dental caries
- Causes and implications of pediatric dental caries and its epidemic significance
- Proper technique of applying fluoride varnishes via AAP video
- Correct coding of the fluoride varnish treatment

Implementation

- Eligibility: well-child visits, ages 6 months and above with primary or permanent teeth, up to and including 5-year-old children
- 1st retrospective chart review of 4 weeks before the educational intervention
- 2nd retrospective chart review of 4 weeks after the educational intervention

Results: Qualitative Data

Fluoride Varnish Rates Before and After Staff Educational



Recommendations

- Improve education for parents to understand the benefits of fluoride varnish treatments by using informational handouts or pamphlets
- Encourage dental hygiene education during well-child visits and assist families to find a dental home by 1 year old
- Improve EMR documentation to automatically identify eligible patients and to include more detailed information, such as parental refusal reasons or if a child has no teeth eruption

Clinical Implications

- Increase the amount of primary care offices that provide fluoride varnish treatments during routine well-child visits
- Expand to other pediatric primary care offices
- Emphasize dental hygiene and fluoride varnish education to primary care providers
- Encourage advocacy for mandated coverage from health insurance providers

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Limitations

Facilitators

- Practitioner and staff enthusiasm
- The ease of applying the fluoride varnish
- No disruption to the flow of the day or office visits (Treatments were applied at the end of the visit)
- The ease of coding and billing (Fluoride Varnish application CPT code was added to the billing sheet)

Barriers

- Parents not believing in the efficacy of the fluoride varnish
- Patients already seeing a dentist
- The EMR did not have a dedicated location to document eligibility or the outcome if the fluoride varnish was applied or refused
- A lack of documentation when an infant met the age criteria but did not have any teeth
- Providers stated they "forgot" or had a busy day

References

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