



Medical Dental Integration Cavity Free Iowa

A Tale of How Interdisciplinary Teams Can Make a Difference

A Pediatricians Adventure Through the World of Oral Health

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American Academy of Pediatrics/Bright Futures Periodicity Schedule

AGE ¹	INFANCY								EARLY CHILDHOOD							MIDDLE CHILDHOOD					
	Prenatal ¹	Newborn ¹	3-5 d ¹	By 1 mo	2 mo	4 mo	6 mo	9 mo	12 mo	15 mo	18 mo	24 mo	30 mo	3 y	4 y	5 y	6 y	7 y	8 y	9 y	10 y
HISTORY																					
Initial/Interval	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
MEASUREMENTS																					
Length/Height and Weight		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Head Circumference		●	●	●	●	●	●	●	●	●	●	●									
Weight for Length		●	●	●	●	●	●	●	●	●	●										
Body Mass Index ⁴												●	●	●	●	●	●	●	●	●	●
Blood Pressure ⁴		★	★	★	★	★	★	★	★	★	★	★	★	●	●	●	●	●	●	●	●
SENSORY SCREENING																					
Vision ⁷		★	★	★	★	★	★	★	★	★	★	★	★	●	●	●	●	★	●	★	●
Hearing		● ⁸	● ⁸	→	★	★	★	★	★	★	★	★	★	★	●	●	●	★	●	★	●
DEVELOPMENTAL/BEHAVIORAL HEALTH																					
Developmental Screening ¹⁰								●			●		●								
Autism Spectrum Disorder Screening ¹⁰											●	●									
Developmental Surveillance		●	●	●	●	●	●		●	●		●		●	●	●	●	●	●	●	●
Psychosocial/Behavioral Assessment ¹⁰		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Tobacco, Alcohol, or Drug Use Assessment ¹²																					
Depression Screening ¹³																					
Maternal Depression Screening ¹⁴				●	●	●	●														
PHYSICAL EXAMINATION¹⁷		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
PROCEDURES¹⁴																					
Newborn Blood		● ¹⁹	● ²⁰	→																	
Newborn Bilirubin ²¹		●																			
Critical Congenital Heart Defect ²²		●																			
Immunization ²³		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Anemia ²⁴						★			●	★	★	★	★	★	★	★	★	★	★	★	★
Lead ²⁵							★	★	● or ★ ²⁶		★	● or ★ ²⁶		★	★	★	★				
Tuberculosis ²⁷				★			★		★			★		★	★	★	★	★	★	★	★
Dyslipidemia ²⁸												★			★		★		★	←	●
Sexually Transmitted Infections ²⁹																					
HPV ³⁰																					
Cervical Dysplasia ³¹																					
ORAL HEALTH³²							● ³³	● ³³	★		★	★	★	★	★	★	★				
Fluoride Varnish ³⁴							←				●					→					
Fluoride Supplementation ³⁵							★	★	★		★	★	★	★	★	★	★	★	★	★	★
ANTICIPATORY GUIDANCE		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●



Most common chronic disease of childhood?

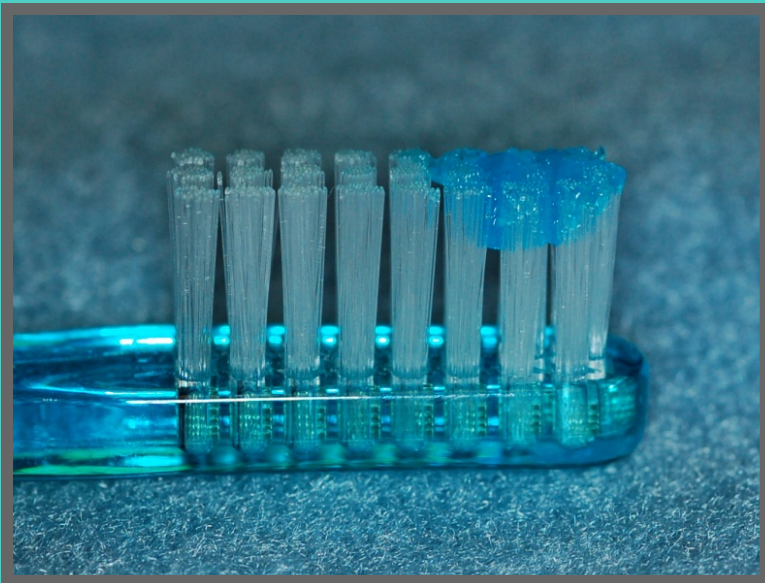
- 4 times more common than early childhood obesity
- 5 times more common than asthma
- 20 times more common than diabetes
- A billion times more common than measles (in the US)
- Early Childhood Caries

AAP policy statement on Fluoride

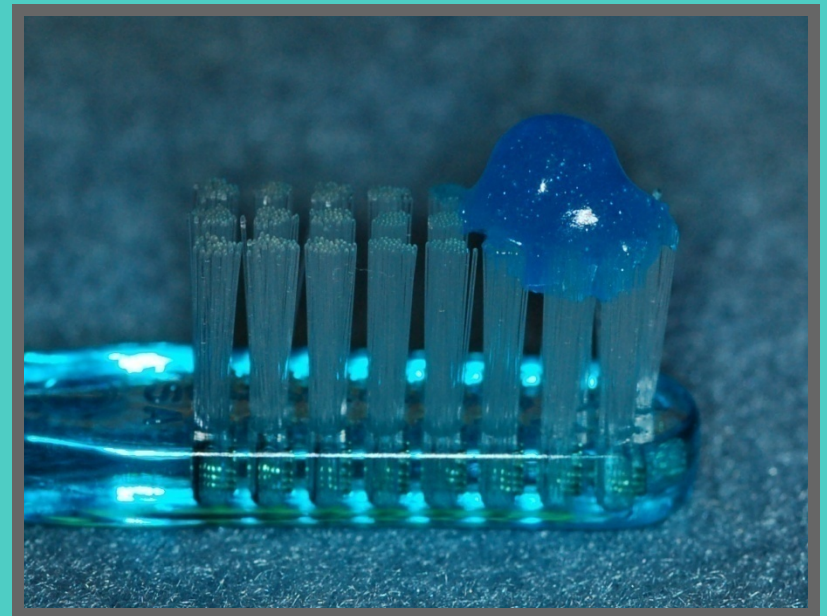
- Fluoridated toothpaste is recommended for all children starting at tooth eruption, regardless of caries risk
- A smear of toothpaste should be used up until age 3 years then a pea sized amount
- Refer to a dentist and your work is done.

Toothpaste Amounts

“Smear”



“Pea-sized”

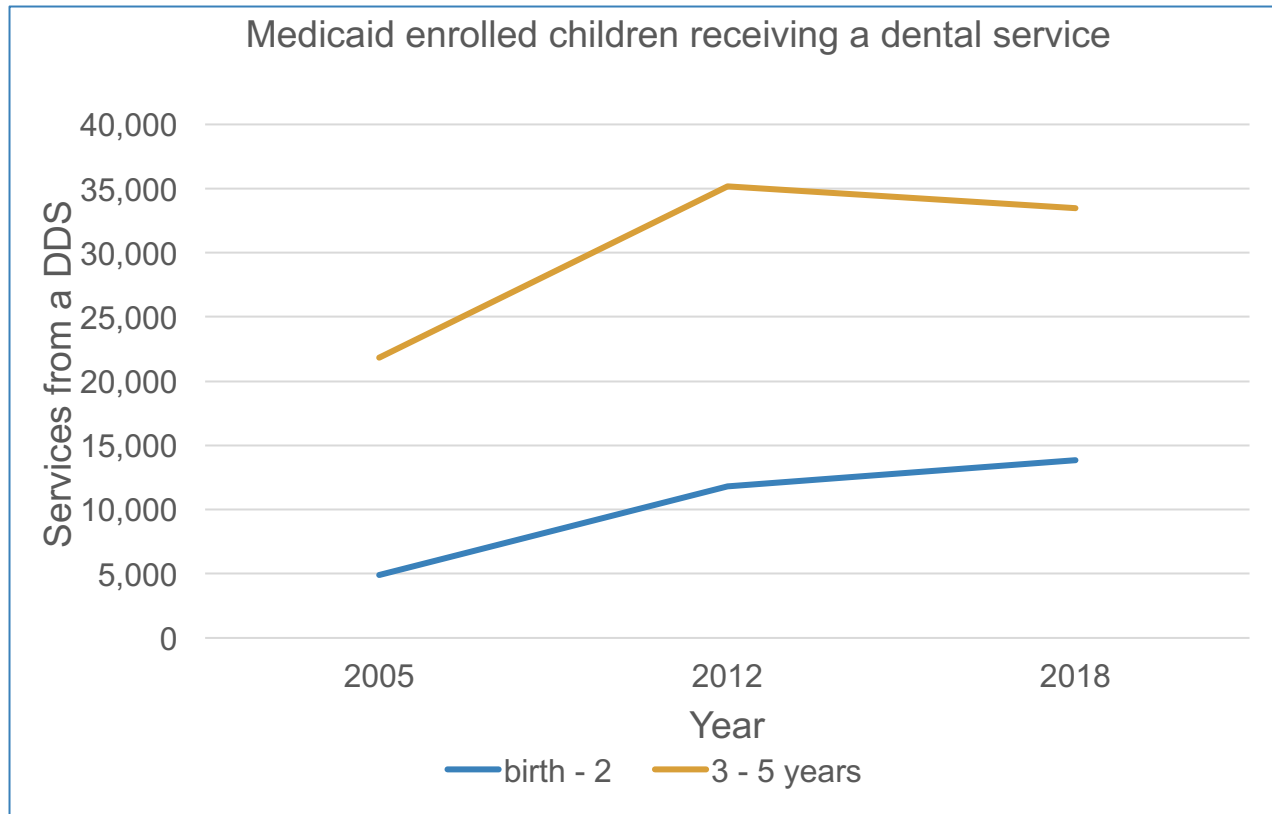


AAP policy Statement on Fluoride

- Fluoridated toothpaste is recommended for all children starting at tooth eruption, regardless of caries risk
- A smear of toothpaste should be used up until age 3 years then a pea sized amount
- Fluoride varnish is recommended in the Primary care setting every 3-6 months starting at tooth emergence



Children Receiving a Dental Service



Fluoride Varnish Prevents Decay

- Arrests and reverses the process of cavity formation
- The use of fluoride varnish leads to a 33% reduction in decayed, missing, and filled tooth surfaces in the primary teeth and a 46% reduction in the permanent teeth.
- Easy to apply
- Minimal Cost to the provider
- Reimbursed by Medicaid

Finding like minded people with different skill sets-

- 2017

- Iowa Department of Public Health
- I smile coordinators
- Delta Dental of Iowa
- Iowa Medicaid Enterprises
- Broadlawns Dentistry and Family Medicine Residency
- MercyOne Pediatric Clinics
- Iowa Dental Board
- Dental Connections

Cavity Free Iowa Logo



CAVITY
FREE
IOWA

 **DELTA DENTAL®**

I-Smile™
Iowa Department of Public Health

Goal

- Cavity Free Iowa was initiated in 2017 to increase the number of children ages 0-35 months who receive oral screening, anticipatory guidance, and fluoride varnish in medical practices. Because young children often see their primary care provider on a more routine basis and at a younger age than they see a dentist, the goal of Cavity Free Iowa is to increase oral health awareness and improve the oral health and overall health of patients. Through this program, local I-Smile™ coordinators (dental hygienists) can provide onsite training for pediatric and family practice clinic staff and also assist with referrals for children needing dental care.

Initial Objectives

- Building relationships and trust
 - Whose job is it anyway?
- Creating a desire to change workflow
 - How long will this take me?
- Getting a system that reimburses
 - D1207 and 99188
- Training providers
 - I Smile Coordinators

Cavity Free Iowa Toolkit

- I-Smile™ Screening Guide for Healthcare Professionals
- Periodicity schedule
- Fluoride varnish supply information
- Fluoride varnish protocol
- Training attendee list
- Be the Difference fact sheet
- Q & A for Medical Providers
- I-Smile™ referral form
- Parent follow up letter
- I-Smile™ risk assessment tool
- Dental referral list



Be the Difference in a Child's Smile!

As a child's primary care provider, you are an important partner in improving oral health, especially for children birth to 3-years-old. The American Academy of Pediatrics recommends a child's first dental exam before the first birthday; yet, in 2017, four out of five children ages 0-2 years did not see a dentist.

Dental screenings and fluoride varnish applications as part of well-child medical visits are important preventive strategies. Screening for early tooth decay and referring young children for dental care can decrease their risk of decay. Fluoride varnish can prevent decay from starting and also stop early decay from progressing.

Through the I-Smile™ program, a regional coordinator can provide training for you and your clinic staff on how to perform a dental screening and apply fluoride varnish. The I-Smile™ Coordinator can also help find dental care for children and assist families with identifying payment sources for care.

Iowa Medicaid and some private medical insurance companies reimburse medical providers for application of fluoride varnish in conjunction with a well-child visit/EPST screening.

Medicaid - reimbursement guidelines for Iowa Managed Care Organizations (MCOs) include:
Patient Ages: 0-35 months
Frequency: 4 times a year (90 days apart)

	Private Practice	FQHC or RHC*
Diagnosis Code	ICD 10 code from EPST well child screening	
Procedure Code	99188 (application of fluoride varnish)	Line 1 - encounter code Line 2 - 99188
Reimbursement (Medicaid rates may vary by MCO)	\$13.95 (Physicians) \$11.86 (Nurse Practitioners)	Clinic encounter rate

*Federally Qualified Health Center or Rural Health Clinic

Private insurance - reimbursement varies by company



Tooth decay affects a child's ability to eat, sleep, speak, learn, and thrive. Tooth decay is preventable. However, children who are most at-risk for dental disease—low-income, minority, and younger than 3-years-old—are least likely to have dental care.

I-Smile™
Iowa Department of Public Health

November 2018

For more information about I-Smile™ and how you can help with oral health services and referrals, please call 1-866-528-4020 or visit <http://idph.iowa.gov/ohds/oral-health-center>.

Training Attendee List



+ Clinic Name: _____
 Clinic Address: _____
 Hospital Affiliation, if applicable: _____
 County: _____
 Trainer Name: _____
 Training Date: _____

	Staff Name (PRINT - First and Last)	Discipline / Job title
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		



Q & A for Medical Providers



What is Cavity Free Iowa?

Cavity Free Iowa was initiated in 2017 to increase the number of children ages 0-35 months who receive oral screening, anticipatory guidance, and fluoride varnish in medical practices. Because young children often see their primary care provider on a more routine basis and at a younger age than they see a dentist, the goal of Cavity Free Iowa is to increase oral health awareness and improve the oral health and overall health of patients. Through this program, local I-Smile™ coordinators (dental hygienists) can provide onsite training for pediatric and family practice clinic staff and also assist with referrals for children needing dental care.

Why is fluoride varnish beneficial to my patients? And is it safe?

Research indicates that when fluoride varnish is used early, it can reduce decay by 18-25% in children. Fluoride varnish is easy to apply and does not require a professional dental cleaning prior to application. Because only a minimal amount is used and it dries immediately upon contact with saliva, fluoride varnish is safe and well-tolerated by infants, young children, and individuals with special needs. Fluoride varnish is endorsed by the American Dental Association and recommended by the American Academy of Pediatrics.

What patients should receive fluoride varnish?

The focus of Cavity Free Iowa is children ages 0-35 months; however fluoride varnish should be applied to all children at moderate to high risk for tooth decay as soon as the first tooth erupts. Examples of children at moderate to high-risk includes those with existing decay or fillings, having parents or siblings with a history of decay, being of low socio-economic status, and those with a high-sugar/high-carbohydrate diet or lack of access to community water fluoridation.

Who can apply the fluoride varnish?

A physician or nurse practitioner can apply the varnish or delegate its application to any appropriate clinic staff (if application is within their scope of practice). In many cases, the varnish may be applied by a nurse or medical assistant at the same time immunizations are provided.

How often should the fluoride varnish be applied?

Fluoride varnish is most effective when applied every 90 days. In addition to varnish applications at dental visits every 6 months, a fluoride application at every well-child visit is recommended for children at moderate to high risk for tooth decay.

How are medical clinics reimbursed for this service?

Fluoride varnish application is reimbursed by Medicaid Managed Care Organizations (MCOs) and by some private insurers. For Medicaid-eligible children 0-35 months, a fluoride varnish is paid at \$13.95 for physicians and \$11.86 for nurse practitioners using CPT code 99188 (at least 90 days apart); the oral screening is part of the well-child exam reimbursement. Private insurance coverage varies, and providers should contact the carriers directly for payment guidelines.

What is the cost of fluoride varnish?

A single application of fluoride varnish costs approximately \$1.00/child. Fluoride varnish can be ordered through dental supply companies (a list of companies is available through your local I-Smile Coordinator).

Cavity Free Iowa is a partnership between the Iowa Department of Public Health and Delta Dental of Iowa Foundation. For more information, contact your I-Smile Coordinator: <http://ismile.idph.iowa.gov/>



Child's Name: _____ ID: _____ DOB: _____

I-Smile™ Decay Risk Assessment

If a risk factor is present, check the appropriate box(es). Responses should be based on information gathered from an oral screening, parental consent form, and/or parent interview.

High Risk – If box is checked, client is considered high risk for decay.

Oral screening

☐ Suspected or obvious decay

Moderate Risk – If the client is not high risk and any box below is checked, client is considered moderate risk for decay.

Oral screening

☐ Demineralization (white spot lesions)
☐ Visible plaque
☐ Enamel defects (e.g. deep pits/fissures)
☐ Stained fissures
☐ Decay history (e.g. presence of fillings or crowns)
☐ Other (e.g. presence of orthodontia, dry mouth, gingivitis)

Client Information

☐ Parent's socio-economic status < 200% FPL (from consent form)
☐ Dental visits - less than annually
☐ Parent or sibling have untreated decay
☐ Parent or sibling have history of decay (e.g. presence of fillings or crowns)
☐ Child has special health care needs
☐ Exposure to sugars/carbohydrates 1-2x/day, other than mealtime
☐ No fluoride in toothpaste or no fluoride in water
☐ Brushes 1 or fewer times per day

Low Risk – If none of the high or moderate risk factors above are present, client is considered low risk for decay.

Provider name and credentials: _____ Date: _____



I-Smile Referral Form

Insert Agency Information/Logo
Care Coordinator Name
Care Coordinator Phone
Agency Fax

Patient Information

Patient's Name: _____ Date of Birth: _____
Parent/Guardian Name: _____ Phone Number: _____
Dental Insurance: _____ Medicaid ID #: _____
Medical Provider Name: _____ Referral Date: _____

Dental Referral Information

The medical provider will check the appropriate boxes below:

Dental Screening	
<input type="checkbox"/>	Requires Urgent Dental Care: Obvious tooth decay is present in one or more teeth, there is evidence of injury or severe infection, or the patient is experiencing pain.
<input type="checkbox"/>	Requires Dental Care: Tooth decay or a white spot lesion is suspected in one or more teeth, or gum infection is present.
Dental Home	
<input type="checkbox"/>	Patient does not have a dental home and needs a referral for preventive dental care.
Insurance	
<input type="checkbox"/>	Patient does NOT have dental insurance
<input type="checkbox"/>	Patient is underinsured and interested in other dental payment sources
Additional referral comments:	

Release of Information:

I voluntarily authorize _____ Referring clinic name _____ to release, obtain, and exchange information with _____ MCALH agency name _____. The release does not authorize disclosure of material protected by federal and/or state law applicable to substance abuse, mental health, and/or AIDS-related information.

Patient or Parent/Guardian Signature

Date

For I-Smile™ Program Use Only

Date Referral Received: _____ Contact Name: _____

Date of Follow-Up: _____ Coordination Notes: _____

2/17



AGENCY NAME or LETTERHEAD

Date: _____

Child's Name: _____

Services Provided:

☐ Dental screening
☐ Fluoride varnish (see instructions below*)
☐ Oral health education

* To obtain the maximum benefit, please have your child follow these instructions after a fluoride varnish treatment:

- Eat only soft foods for at least 2 hours after treatment. Avoid eating hard, crunchy foods.
- Do not drink hot liquids or use alcohol (mouth rinses) for at least 6 hours.
- Do not brush or floss for at least 4-6 hours after application.
- Wait until the following day for normal brushing and flossing. Your child may be able to see or feel the varnish until it is brushed off.

The results of the dental screening show that:

_____ No obvious concerns today. Your child should continue see your dentist for regular checkups.

_____ Your child should have their first dental check-up by age 1.

_____ Your child is overdue for a dental check-up.

_____ There is an area of concern in your child's mouth. Your child should be checked by a dentist in the next 2-3 months.

_____ Your child appears to have an urgent need for dental care. Contact your family dentist as soon as possible for a complete check-up.

For help finding a dentist for your child, contact:

Name, I-Smile Coordinator
Agency
I-Smile Coordinator phone
I-Smile Coordinator email

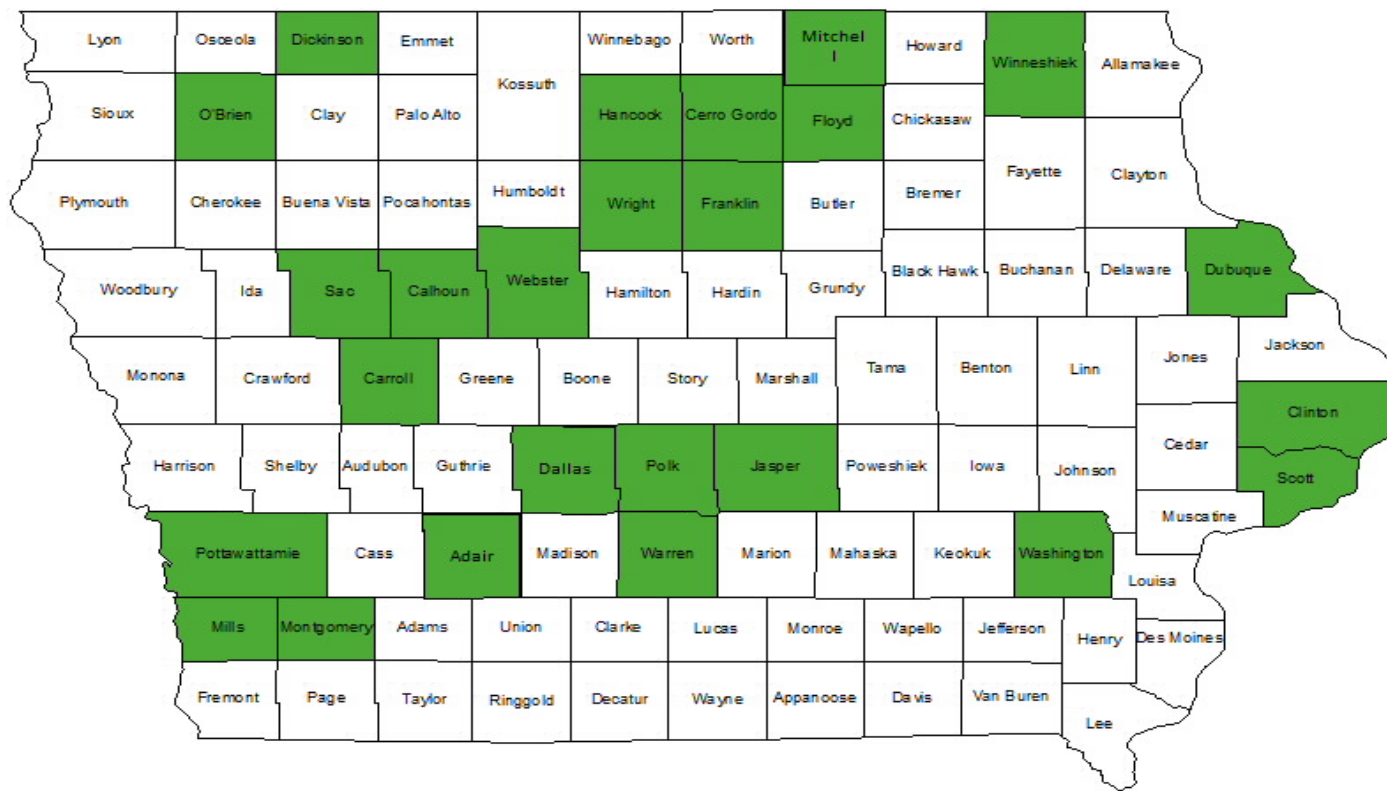


Cavity Free Desk Plaque



Cavity Free Iowa

283 Medical Providers Trained in 25 Counties to
Provide Fluoride Varnish on Kids 0-35 Months

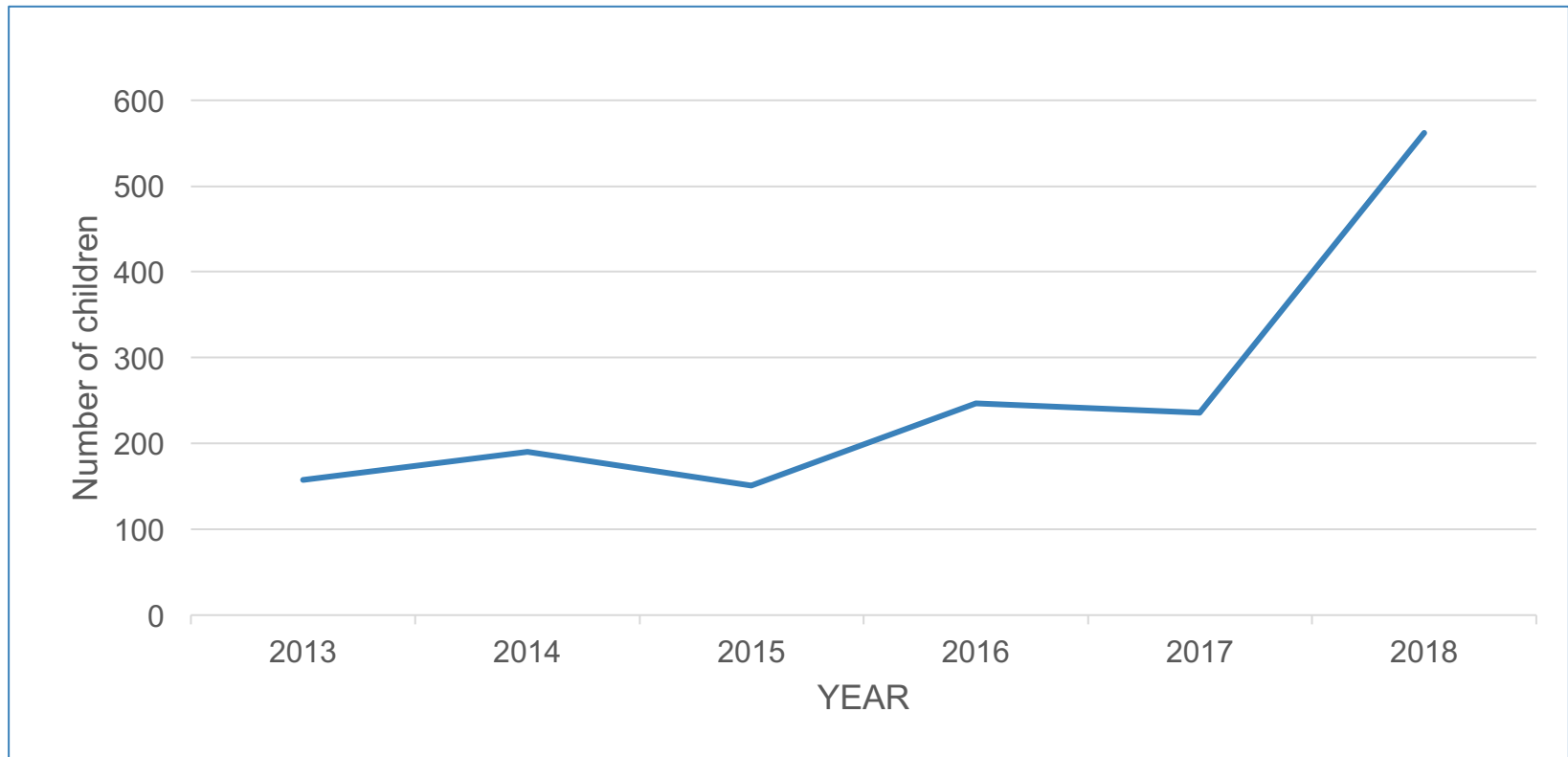


 Areas Served

10/2019

IMPACT!

Number of children <3 who received fluoride varnish from a medical provider



Data source: Iowa Medicaid paid claims

MercyOne Fluoride Varnish Applications

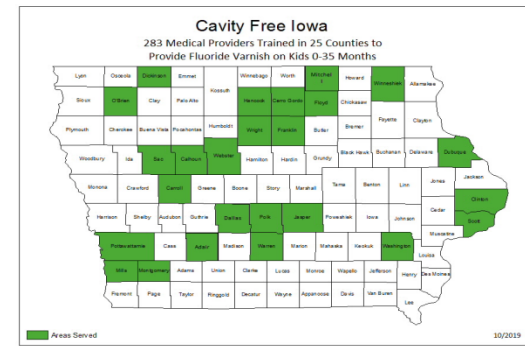


■ January 2018	14
■ February 2018	20
■ March 2018	33
■ Jun 2019	86
■ July 2019	66
■ August 2019	51
■ September 2019	94
■ TOTAL	1014



“Oral health care is not an extra concern of the pediatrician or family medicine provider; it is a primary component of our focus on preventive health care. It is every bit as important as counselling on SIDS, sun safety, car seat safety and even immunizations”





- Turn the Map Green in all 99 Iowa counties
- Increase access to dental care in the under 3 year old population
- Train the students
- Develop interdisciplinary relationships that improve oral healthcare throughout Iowa

Thanks to

- Cavity Free Iowa
- Mary Kay Brinkman
- Iowa Department of Public Health
- I Smile Coordinators
- Delta Dental
- American Academy of Pediatrics Section on Oral Health

■ Resources:

- <https://ilikemyteeth.org/ohpp/>
- <https://ismile.idph.iowa.gov/education/medical-providers>