



# Medical Home Newsletter

## Start Seeing Teeth



Volume No. 8

<http://www.medhomeportal.org>

Date: July 2005

### Welcome

The purpose of this publication is to support health care providers in the establishment and maintenance of Medical Homes for their pediatric patients by providing tools and information for use in their practices.

**To offer comments, suggest ideas for future newsletters contact the Project Coordinator, Barbara Ward, RN BS [bward@utah.gov](mailto:bward@utah.gov).**

Copies of newsletters may be found on the Utah Medical Home web portal: <http://www.medhomeportal.org> (click on Newsletters/Conf. Calls)

### Oral Health for Children with Special Health Care Needs (CSHCN)

Pediatricians and other child health professionals can have a major impact on oral health outcomes for children by identifying opportunities for prevention and problems for early intervention. With expertise in risk assessment and anticipatory guidance, Medical Homes are the ideal place to screen children for dental problems.

Oral health care is the most prevalent unmet health care need among U.S. children and adolescents with special health care needs. According to the American Academy of Pediatrics (AAP), "Dental caries is the most common chronic disease affecting children in the United States. It is 5 times more common than asthma and 7 times more common than hay fever". Oral conditions can interfere with eating and adequate nutritional intake, speaking, self-esteem, learning, and daily activities. In the Salt Lake City district school nurses identified chronic oral pain as a barrier to learning.

Children with oral health problems, because of pain and disinclination to eat, may be underweight and have specific nutritional deficiencies that impact cognitive development. Severe dental infections can lead to cellulitis of the face and periorbital area and may progress to hospitalization and a compromised airway.

According to the Utah Department of Health in 2000, 61% of Utah third graders had had dental caries, 23% were untreated, and only 50% had one or more sealants on their permanent first molar teeth.

**Children with Special Health Care Needs** have special considerations. Oral diseases can have a direct impact on

the health of children and adolescents with certain systemic health problems or conditions.

- Those with compromised immunity or certain cardiac conditions may be especially vulnerable to the effects of oral diseases
- Also vulnerable are those with mental, developmental, or physical impairments resulting in limited ability to understand, assume responsibility for, or cooperate with preventive oral health practices
- Malocclusion, tumors, facial asymmetry, small jaws and crowding of teeth in children with atypical development may be responsible for obstructed airway, and obstructive sleep apnea
- Medications (high sugar content, gingival hyperplasia or altered oral flora), special diets, and oral motor habits such as excessive tooth grinding can cause oral health problems

### Barriers to Oral health

- Dental services for some CSHCN may require specialized knowledge and accommodations
- Some General Practice dentists are not trained or are unwilling to see children
- Shortage of pediatric dentists
- Shortage of dentists accepting Medicaid
- Previously institutionalized individuals are now seeking care in the community where oral health professionals lack the knowledge and skills needed to serve these children
- Family financial problems reduce access to care

"In response to this issue, the American Academy of Pediatrics in partnership with the federal [Maternal and Child Health Bureau](#) (MCHB), have implemented the Pediatrics Collaborative Care (PedsCare) Program, Oral Health Initiative. The purpose of the program is to promote improved child oral health by offering pediatricians the tools and support they need to provide community-based, collaborative care. The goal of the first stage of the initiative is to provide training in oral health care through a website <http://www.aap.org/commpeps/doch/oralhealth/> developed by the PedsCare program to provide pediatricians, child health professionals, and parents with information and resources related to oral health" (see resources)

## *Two Competing Sets of Guidelines*

### **The American Academy of Pediatrics (AAP)**

recommends that pediatricians receive training in caries risk assessment, screen toddlers and refer at-risk children to dentists by one year of age to establish a dental home.

### **The American Academy of Pediatric Dentists (AAPD)**

recommends that a child's first visit to the dentist take place within six months of eruption of the first tooth and no later than twelve months of age. Their rationale includes providing the opportunity to evaluate craniofacial and dental development, assess risk for common dental conditions and counsel parents on primary prevention.

A recent study in **Pediatrics** (Vol 115 No. 4 April 2005, pp. 906-914) concluded that implementing the AAP guidelines will "decrease decay under most plausible scenarios", whereas, due to a limited Medicaid dental capacity following the AAPD guidelines would increase decay. The study predicted that if all children were referred to a dentist by age one the dental utilization would increase from 27% to 65% with low risk private pay patients crowding out the at-risk Medicaid population further decreasing access to care.

Because toddlers from low-income families are at higher risk than higher income children and more likely to utilize primary care services than dental services, screening at the medical home would be more effective. Of those children 85% had visited a PCP within the last year versus 20% that visited a dental provider.

#### **Those at high risk include:**

- Children with special health care needs
- Children of mothers with numerous caries
- Children with demonstrable caries, plaque, demineralization, and/or staining
- Children who sleep with a bottle or breastfeed throughout the night
- Younger children in large families
- Children in families of low socioeconomic status

#### **Medical Home Role in oral health**

- Screen early and often and do a Risk Assessment by 6 months.
- Refer all at-risk patients to a pediatric by 12 months or when first tooth erupts to establish a dental home.
- Children with Special Needs may need to see a pediatric dentist.
- Refer to tertiary care center and pediatric dentist for patients with extensive oral needs or behavior issues requiring anesthesia.
- Counsel parents on bottle mouth, oral hygiene, diet and fluoride supplements.

- Fluoride varnish at the time of immunizations or other regular schedule. **Billing Code** for the initial oral screen (first varnish application) is **W8002** and subsequent oral screenings with varnish application is **W8003**
- Screen at every visit a child on medications known to affect oral health.

#### **Medications affecting oral health**

- Medications that reduce salivary flow causing dry mouth, sedatives, psychotropics, and antihistamines
- Medications with a high sugar content
- Seizure medications and cylosporin by causing enlarged gums
- Aspirin or pills that dissolve in the mouth resulting in an acidic environment

#### **Resources for the Medical Home**

##### **Policy Statement on oral health from the AAP**

PEDIATRICS Vol. 111 No. 5 May 2003, pp. 1113-1116  
<http://aappolicy.aappublications.org/cgi/content/full/pediatrics;111/5/1113>

##### **American Academy of Pediatrics' Collaborative Care Oral Health Initiative *Peds Care***

from the AAP offers a training kit in **Oral Health Risk Assessment** for pediatricians and other health care professionals. The kit includes a training CD and patient brochures and is available online or by calling 847-434-4000. The site also has other training modules and a monthly electronic publication that shares information, updates, and notices of events related to oral health.

<http://www.aap.org/commpeps/doch/oralhealth/>

##### **Open Wide: Oral Health Training for Health Professionals**

is a series of four self-contained online modules designed to help health and early childhood professionals working in community settings (for example, Head Start and WIC staff) promote oral health in the course of promoting general health for infants, children, and their families.

<http://www.mchoralhealth.org/OpenWide/>

##### **Bright Futures in Practice: Oral Health Pocket Guide**

Available from the AAP

<http://brightfutures.aap.org/web/>

**Risk Assessment Tools *Caries –Risk Assessment Tool (CAT)*** can be used to determine a patient's relative risk of caries of the patient. In the case of the very young patient, the assessment identifies parents (usually mothers) and infants with a high predisposition to caries by taking a simple dental history from a new mother. A copy can be found here or in the *Bright Futures Pocket Guide*.

<http://www.aapd.org/members/referencemanual/pdfs/02-03/Caries%20Risk%20Assess.pdf>

**The Caring Foundation of Blue Cross and Blue Shield** provides dental insurance to low-income children in Idaho and Utah at no cost to their families.  
801-972-KIDS (5437) Toll Free: 1-888-589-5437  
<http://www.caringfoundationforchildren.org/>

**Special Olympics/Special Smiles** The mission of Special Smiles is to increase access to dental care for Special Olympics athletes, as well as all people with intellectual disabilities. The program provides dental screenings, hygiene and nutrition education, mouth guards and referrals to local dentists for further care.  
[www.specialolympics.org](http://www.specialolympics.org) Utah [www.sout.org/](http://www.sout.org/)  
(801) 363-1111

**The Grottoes of North America Dental Care for Children with Special Needs** The Grottoes are Masonic Affiliated Fraternal Organization. Services are rendered free of charge to any child under the age of 18 without regard to faith, race, creed or color afflicted with CP, MD, MR and organ transplant. Each child is sponsored by a local Grotto. In Utah the parents select a dentist of their choice and the Grotto works with the office to process the claim. All treatment must be pre-authorized. For an application call 614-860-0717 or visit their website [www.scgrotto.com](http://www.scgrotto.com). Information and applications are also available at Special Olympic events. Medicaid patients are not eligible for this program.

**Head Start Programs** perform annual dental screenings and assure that needed dental treatment is identified and provided for enrolled children. In Utah there are 12 programs at 192 sites. Six programs provide services to pregnant women and children birth to three. There is one program that serves children of migrant workers (Centro de la Familia de Utah) and one Tribal Head Start, (Fort Duchesne Native American Head Start)  
**Contact** State director is Janna Forsgren 801-538-9312  
For a list of programs, directors, locations  
[http://justforyouth.utah.gov/pdf/head\\_start\\_program\\_directory.pdf](http://justforyouth.utah.gov/pdf/head_start_program_directory.pdf)

**Dental House Call Program (Statewide)** provides comprehensive dental treatment in the homes of those unable to leave their residence to visit a dental office. Program serves only homebound or institutionalized persons. Apply by phone.  
(801) 977-0309

**Michael Foundation Sealants for Smiles** is a school based preventative dental program, committed to improving the oral health status among the at-risk elementary school aged children in the Salt Lake City and Granite School District. Using portable units, dental professional volunteers provide screening, sealants, oral hygiene instructions, toothbrush, paste, and floss. Contact Kathy Baebler, Oral Health Coordinator for Salt Lake Valley Health Department (801) 468-2794.

**Dental Hygiene Schools** for low cost exams, x-rays, cleanings, periodontal treatment, fluorides, sealants and education.

**Dixie State College**  
office 435-652-7874  
clinic 435-652-7877

**Salt Lake Community College**  
office 801-957-2710  
clinic 801-957-2604

**Utah Valley State College**  
office 801-863-7536  
clinic 801-863-7608

**Weber State University**  
office 801-626-6130  
clinic 801-626-6131

#### **Brochures and Handouts**

**Caregivers Guide to Getting and Keeping a Healthy Smile.** This brochure is directed at caregivers of people with disabilities giving directions for oral health care and describing common dental problems. **For a free copy and to locate a dentist whose practice welcomes patients with special needs log on to:**  
[www.specialdentist.com](http://www.specialdentist.com) or call 1-800-524-1328.

**Oral Conditions in Children with Special Needs: A Guide for Health Care Providers** This fact sheet provides full color photographs of oral conditions, each accompanied by a paragraph of descriptive text and a recommendation for health care providers who encounter the condition. The guide is not copyrighted and can be reproduced.

Go to <http://www.nidcr.nih.gov/> and click on Health Information>>Diseases and Condition>>Children's Oral Health. At the same sight clicking on Developmental Disabilities and Oral Health will access:

**Pamphlets on Practical Oral Care** for specific disabilities such as MR, Down Syndrome, CP, Developmental Disabilities and Autism as well as a **Caregivers Guide to Dental Care Every Day**  
They are also available by calling 301-402-7364

**For More Information and local resources**  
**Utah's Oral Health Program** Dr. Steven Steed  
State Dental Director 801 538-9177  
<http://health.utah.gov/oralhealth/>  
**The Utah Dental Association** 801-261-5315  
<http://www.uda.org/>

**National Foundation of Dentistry for the Handicapped** an affiliate of the ADA works to improve the oral health of individuals with physical, medical and mental disabilities through three voluntary programs; - Donated Dental Services, Dental House Calls and Bridge ( Campaign of Concern). Call 303/534-5360 or log on  
<http://www.nfdh.org/>

See attached document for dental clinics in Utah