



NH Pediatric Improvement Partnership

Improving health care quality for all NH children through the use of systems and measurement-based quality improvement processes.

Executive Summary

Identifying Priorities for and Strategies to Optimize Oral Preventive Service Delivery in Pediatric Primary Care Settings in NH

Tooth decay is the most common chronic childhood disease. The American Academy of Pediatrics (AAP) recommends the following oral preventive services be provided as part of routine pediatric primary care practice: periodic oral health risk assessments; fluoride supplementation for children meeting certain criteria; fluoride varnish application; anticipatory guidance to promote regular tooth brushing, reduced sugar consumption, monitoring of child brushing until age eight; and identification of a dental health home by age oneⁱ. National data suggests that though pediatricians affirm the importance of delivering oral preventive services, their actual delivery of these services is sub-optimalⁱⁱ. This report summarizes findings of a project conducted by New Hampshire Pediatric Improvement Partnership (NHPiP) to 1) assess the current status of and barriers and facilitators to the delivery of oral preventive services in pediatric primary care practices in NH, with a particular focus on children under six years, and 2) identify strategies to optimize the delivery of oral preventive services in pediatric primary care settings. Information was collected through review of existing research, key stakeholder interviews, a survey of pediatric/family physician clinicians, and a survey of the major medical payers in NH.

NH children under six years are much less likely than their older counterparts to have seen a dentist in the past yearⁱⁱⁱ, making delivery of oral preventive services in primary care services even more critical. NSCH 2012 data reveals that roughly 60% of NH children less than six years had visited the dentist in the past year compared to 94% and 92% respectively of children 6-11 years and 12-17 years^{iv}. The literature, available data, and stakeholders identified young children from low income families as the prioritized target population for enhanced oral preventive service delivery in primary care. This population frequently experience multiple factors, such as no dental insurance, special health care needs, cultural and linguistic barriers, setting them at high risk for poor oral health.

Although most NH pediatric/family physician clinicians report being somewhat or very familiar with the AAP recommendations for oral preventive service delivery, actual implementation varies by service. Results indicate a fairly high and consistent delivery of anticipatory guidance, oral assessments, and provision of fluoride prescriptions between birth and six years. Implementation of risk assessments, referral to a dental home, and application of fluoride varnish represent areas of opportunity.

Barriers to oral preventive service delivery in primary care include: limited time, limited provider clinical knowledge/training, reimbursement issues, limited communication between the medical and dental community (particularly at the local level), and family-related challenges. Facilitators to address these barriers include synergizing efforts with existing state oral health plans, existing efforts in NH to expand access to oral health care, a plethora of tools to build clinical skills and assist in adapting office workflows to incorporate oral preventive service delivery, and the future availability of dental claims data to better assess oral service utilization.



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Based on assessment findings, recommendations to optimize delivery of oral preventive services in primary care settings include:

1. At the local/regional level, promote the development and dissemination of resources and pilot projects to build and sustain relationships between pediatric/family physicians and dentists caring for young children.
2. At the state level, bring together medical and dental professional societies to assure consistent oral health messaging to families of young children, and facilitate joint policy development to address systems-level barriers to pediatric oral preventive services delivery.
3. Promote awareness about, and conduct pilot projects to, explore new models to support primary care practices in delivering recommended pediatric oral preventive services.
4. Develop and implement an educational campaign targeting families, particularly those at high-risk, as well as medical and dental care providers that “Baby Teeth Matter.”
5. Develop a one-stop shopping mechanism that makes it easier for busy primary care clinicians to find tools to integrate oral preventive services delivery that match their own learning needs and clinic capacity.
6. Continue to track and respond to challenges associated with reimbursement for oral preventive services.
7. Conduct additional research to better understand the extent to which NH children are receiving recommended oral preventive services as well as the oral health needs of children/youth with special health care needs or from families of different cultures and/or where English is the second language.

ⁱ American Academy of Pediatrics. (2014). Maintaining and Improving the Oral Health of Young Children. *Pediatrics*, 134(6), 1224–1229. <http://doi.org/10.1542/peds.2014-2984>

ⁱⁱ Quiñonez, R., Kranz, A., Lewis, C., Barone, L., Boulter, S., O’Connor, K., & Keels, M. (2014). Oral health opinions and practices of pediatricians: updated results from a national survey. - PubMed - NCBI. Retrieved May 25, 2016, from <http://www.ncbi.nlm.nih.gov/pubmed/25439160>

^{iii,iv} National Survey of Children’s Health. (2011-2012). *Data query from the Child and Adolescent Health Measurement Initiative, Data Resource Center for Child and Adolescent Health website*. Retrieved from www.childhealthdata.org