



A project of the Illinois Chapter of  
the American Academy of Pediatrics

# Bright Smiles from Birth II

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# CME Disclosure

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# Disclosure Information



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# Developed in Conjunction with:

Illinois Chapter of the American Academy of Pediatrics

Illinois Department of Public Health

Illinois Department of Healthcare & Family Services

Illinois Society of Pediatric Dentists

University of Illinois at Chicago Department  
of Pediatric Dentistry

# Learning Objectives

Upon completion of this webinar, participants will be able to:

- ▷ Describe the pathogenesis of early childhood caries (ECC)
- ▷ Identify risk factors associated with ECC
- ▷ Implement oral health screening and application of fluoride varnish into practice
- ▷ Provide anticipatory guidance to families including parents
- ▷ Provide referral to Dental Home when appropriate
- ▷ State the importance of **primary care providers** that care for infants and young children role in oral health
- ▷ Serve as an important safety net provider of oral health information and prevention during public health emergencies





Oral health means much more than healthy teeth and is integral to the general health and well-being of all Americans. Oral health must be included in the provision of health care and design of community programs.

# Prevalence of Caries

- ▶ Dental caries is the most common chronic disease of childhood from ages 6 to 19
  - 5 times more common than asthma
  - 7 times more common than allergic rhinitis
  - An estimated 51 million school hours per year are missed
- ▶ ~23% of children  $\leq 5$  years have had a cavity with an average of 4 teeth affected



# Prevalence of Total and Untreated Dental Caries in Youth 2015–2016

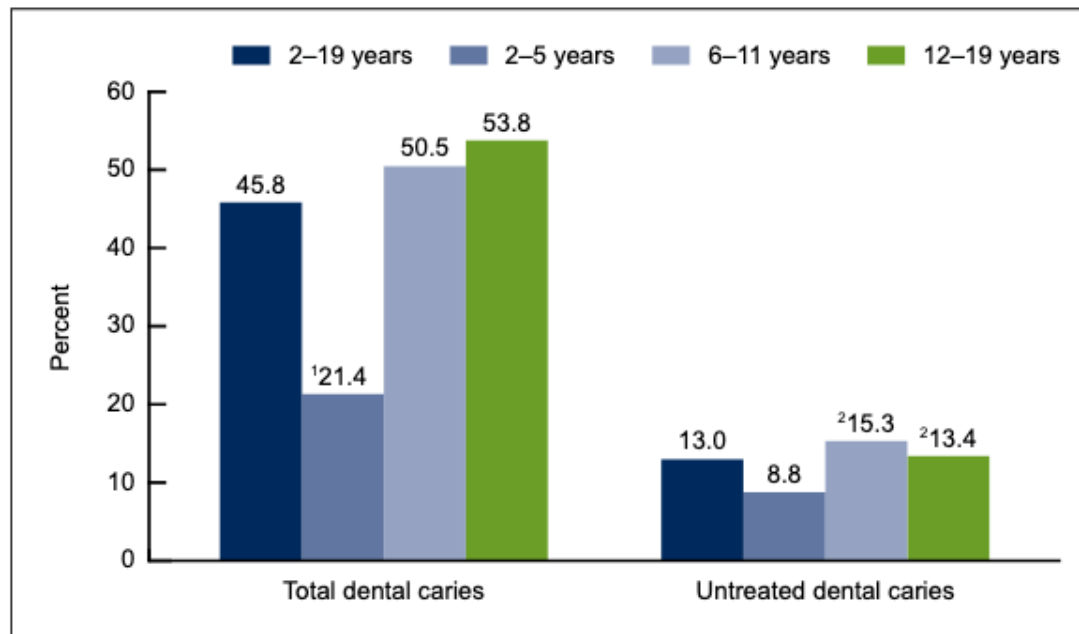
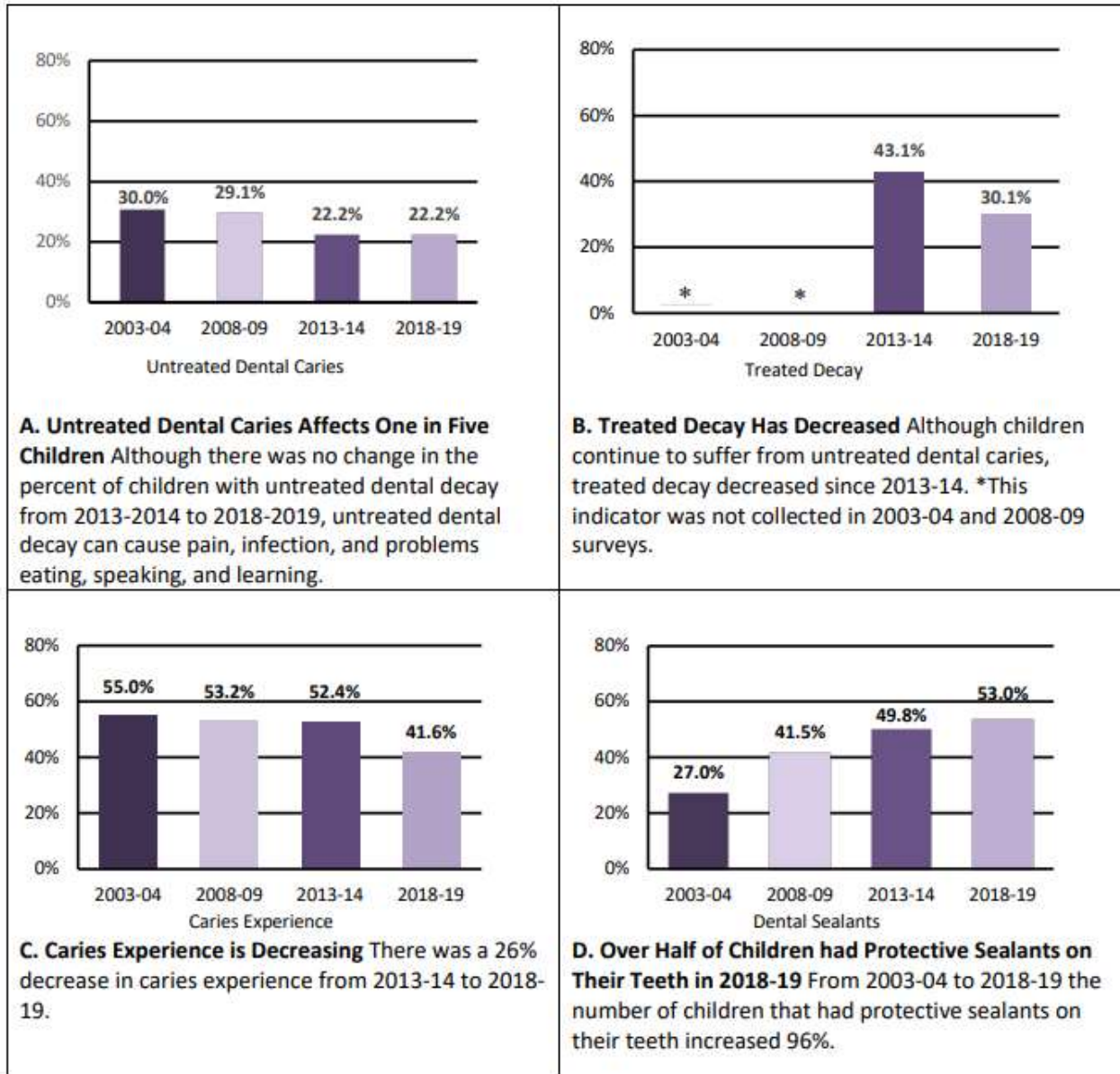




Figure 5. Trend Over Time in Percentage of Illinois' Third-grade Children with Dental Sealant, Treated Decay\*, Untreated Decay, and Caries Experience

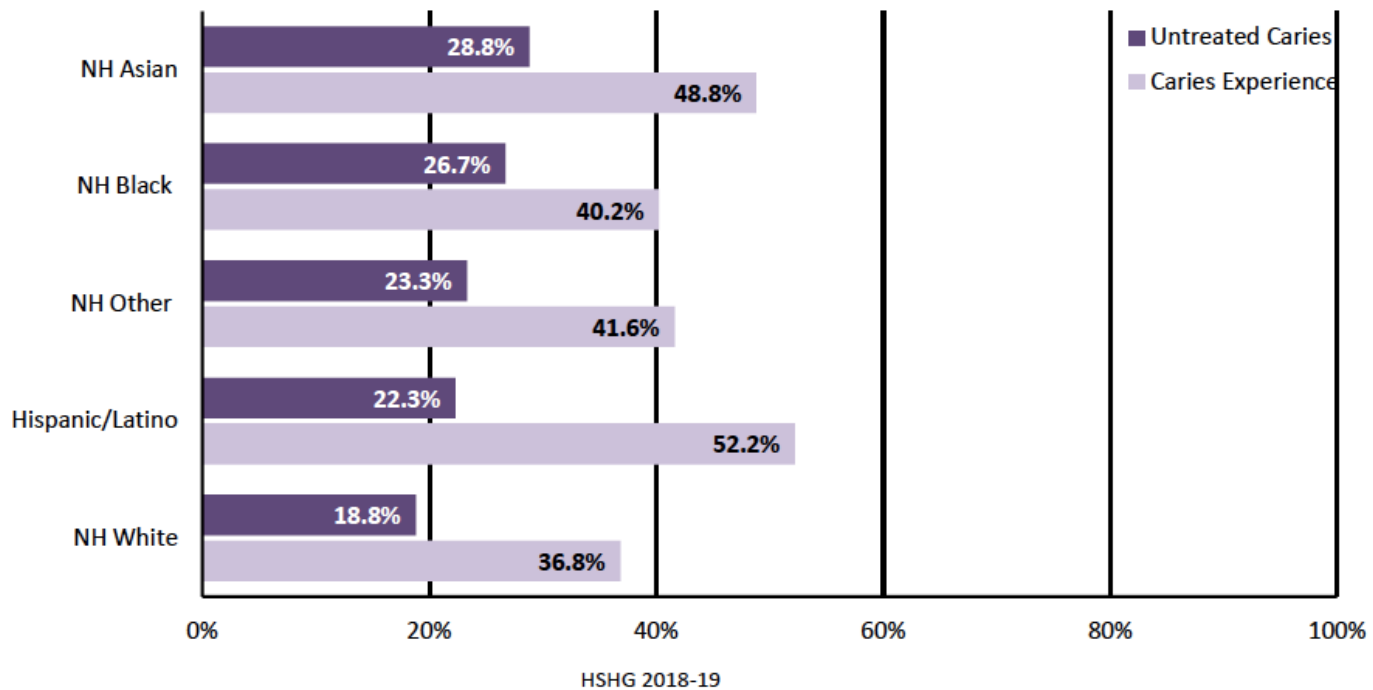


## Prevalence of ECC in Illinois 3rd Grade Children

- ▶ The Illinois untreated decay rate is 22.2%
- ▶ Caries experience (treated decay and untreated dental caries) in Illinois children was measured at 41.6%
- ▶ 5.6% of 3rd grade children have an immediate care need due to the presence of an abscess or report of tooth pain

# Illinois Data

## Race/Ethnicity

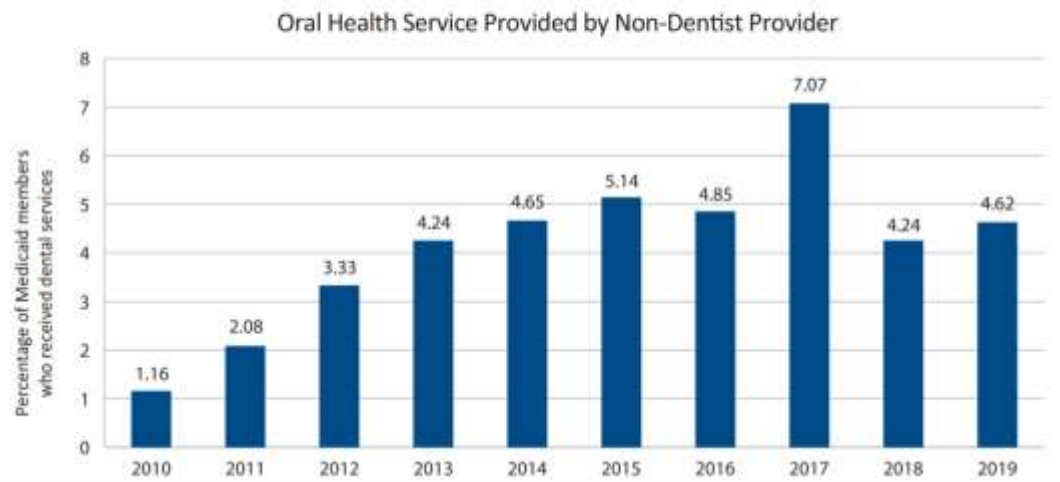


# Illinois Data

- ▶ Estimated 34% of active dentists are Medicaid providers
- ▶ One dental clinic for every 8,400 children in IL
- ▶ Only two-thirds (66%) of children with private benefits, and 55% of children with Medicaid coverage, had a dental visit in the previous year (\*2016 data)

## Illinois Oral Health Plan IV: Eliminating Inequities in Oral Health (2021-2025)

Figure 10. Percentage of Medicaid members less than 6 years of age who received oral health services provided by a non-dentist 2010-2019 (HFS).

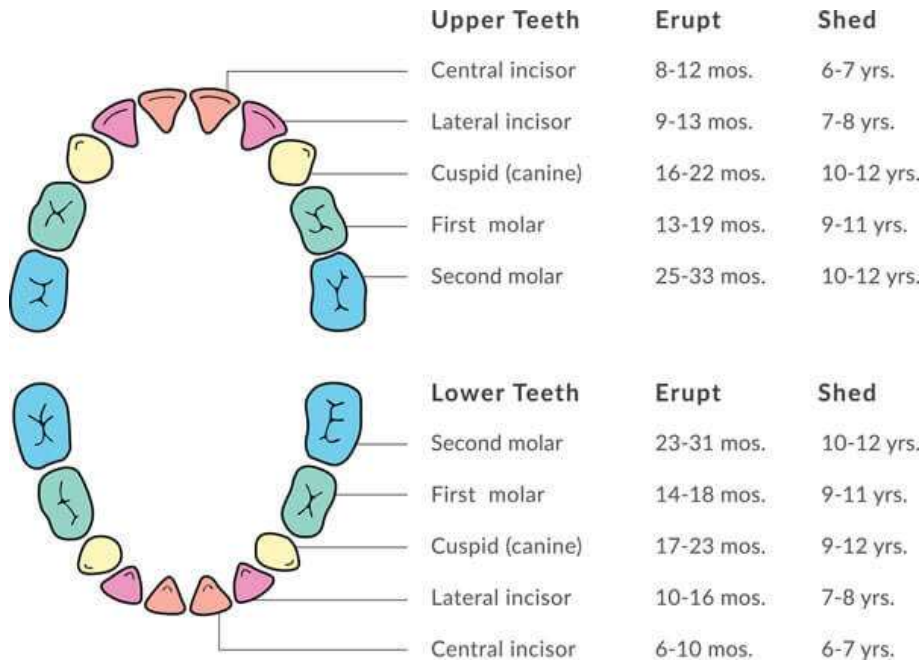


**Pathogenesis of Early Childhood Caries**  
**Oral Health Screenings**  
**Fluoride Varnish and SDF**  
**Referrals to a Dental Home**  
**Anticipatory Guidance**

# Pathogenesis of Early Childhood Caries

Oral Health Screenings  
Fluoride Varnish and SDF  
Referrals to a Dental Home  
Anticipatory Guidance

# Why are Baby Teeth Important?



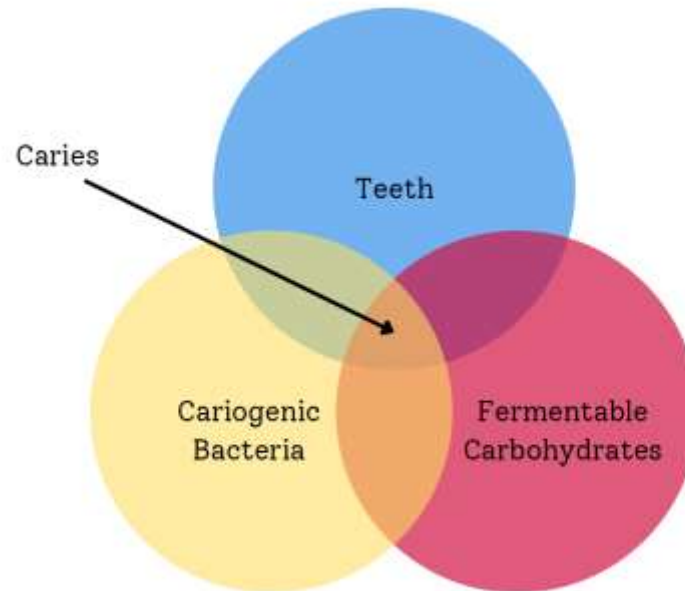
Upper Teeth		Erupt	Shed
Central incisor	8-12 mos.	6-7 yrs.	
Lateral incisor	9-13 mos.	7-8 yrs.	
Cuspid (canine)	16-22 mos.	10-12 yrs.	
First molar	13-19 mos.	9-11 yrs.	
Second molar	25-33 mos.	10-12 yrs.	
Lower Teeth		Erupt	Shed
Second molar	23-31 mos.	10-12 yrs.	
First molar	14-18 mos.	9-11 yrs.	
Cuspid (canine)	17-23 mos.	9-12 yrs.	
Lateral incisor	10-16 mos.	7-8 yrs.	
Central incisor	6-10 mos.	6-7 yrs.	

- ▶ Help children chew healthy foods
- ▶ Assist with speech development
- ▶ Maintain space for permanent teeth
- ▶ Help a child's social development
- ▶ A previous caries experience is the strongest indicator of future cavities
- ▶ Infections can spread easily to vital structures of the head and neck



# What Causes Caries?

ECC is defined as the presence of one or more decayed (noncavitated or cavitated lesions), missing (due to caries), or filled tooth surfaces in any primary tooth in a child under the age of 6.



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[AAP News: Road map for oral health: AAP report outlines pediatricians' role in prevention](#)  
Outlining pediatricians' role in process and prevention of dental caries

American Academy of Pediatric Dentistry Policy on Early Childhood Caries (ECC):  
Classifications, Consequences, and Preventive Strategies 2016

© Protecting All Children's Teeth: AAP Oral Health Initiative

# Demineralization

- ▶ Presence of acids produced by bacteria and complex carbohydrates cause the tooth to demineralize creating white spot lesions

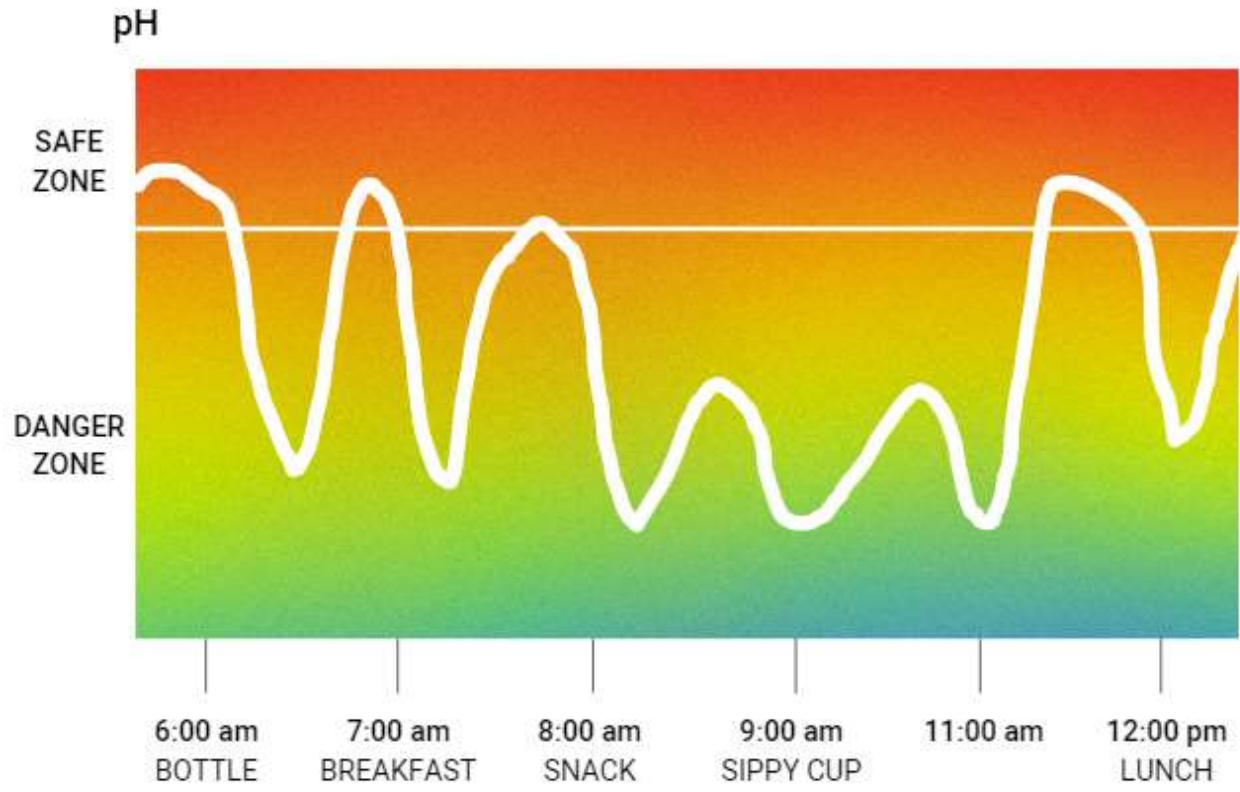
# Remineralization

- ▶ Fluoride ions and saliva help repair the crystals and remineralize the tooth structure





# Plaque Acid Levels



# Additional Risk Factors:

- ▷ Poor oral hygiene
- ▷ Oral health of primary caregiver
- ▷ Family history of caries
- ▷ Cultural practices
- ▷ Low income
- ▷ Insurance status
- ▷ Rural areas



# Additional Risk Factors: Children with Special Healthcare Needs

- ▷ TWICE as likely to have unmet dental needs
- ▷ Developmental and cognitive limitations
- ▷ Poor motor skills limit selfcare
- ▷ Overwhelmed caregivers
- ▷ Medication interactions – xerostomia (dry mouth)
- ▷ Special dietary regimes increase carbohydrate exposure



Pathogenesis of Early Childhood Caries

# Oral Health Screenings

Fluoride Varnish and SDF

Referrals to a Dental Home

Anticipatory Guidance

# Best Practices

- ▷ Oral Health was one of 3 ‘Pillars’ for AAP’s 2020 Vision
- ▷ Pediatricians should
  1. Screen/Assess Risks
  2. Examine
  3. Provide preventive care, including:
    - Anticipatory counseling
    - Fluoride application prn
    - Dental home referrals’

Statements:

[Oral Health Risk Assessment Timing and Establishment of the Dental Home \(2003, ret 2015\)](#)

[Preventive Oral Health Intervention for Pediatricians \(2008\)](#)

[Early Childhood Caries in Indigenous Communities \(2010/2021\)](#)

[Oral Health Care for Children with Developmental Disabilities \(2013/2018\)](#)

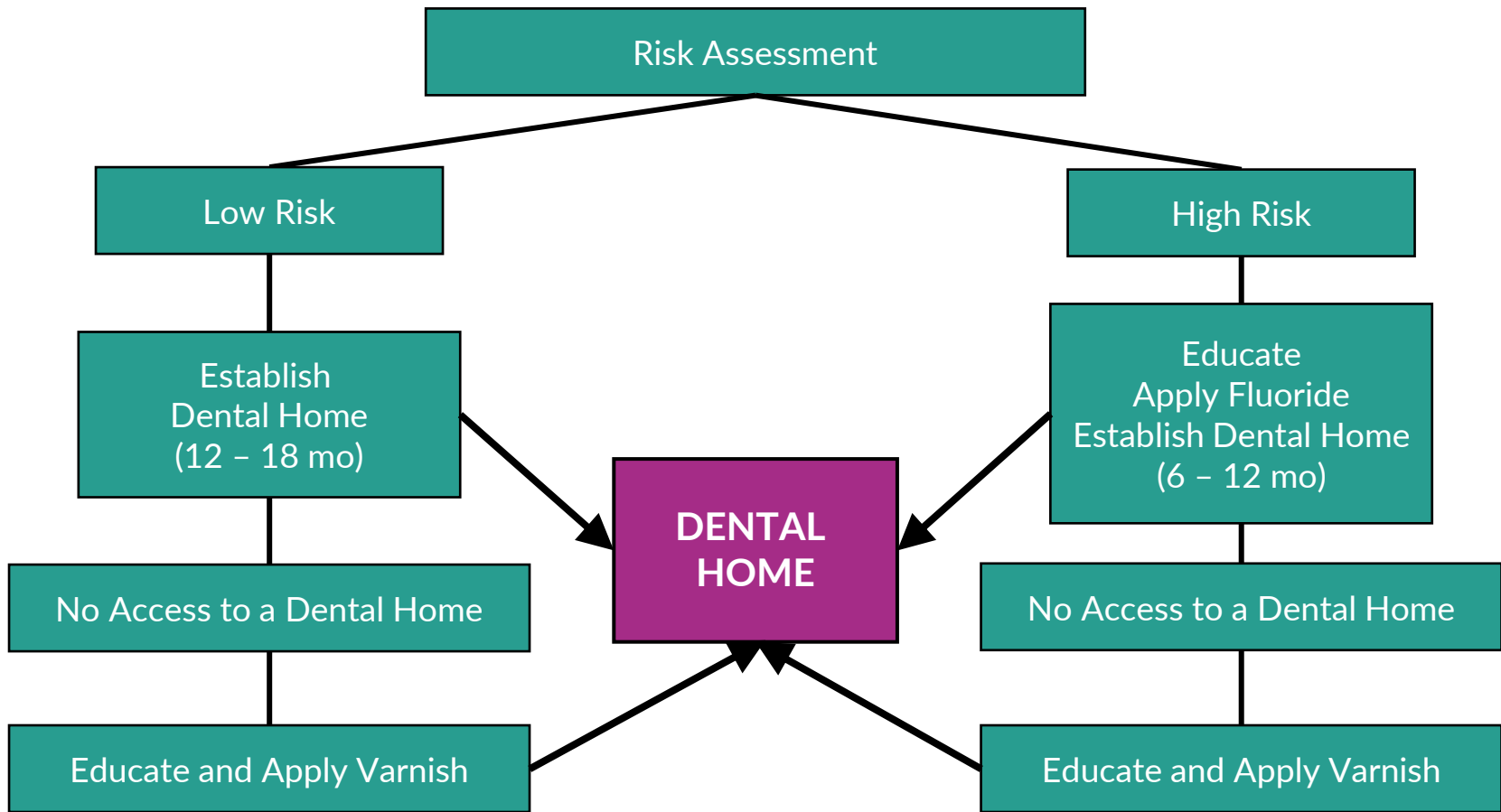
[Maintaining and Improving the Oral Health of Young Children \(2014/2019\)](#)

[Fluoride Use in Caries Prevention in the Primary Care Setting \(2014/2020\)](#)



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# Role of Primary Care Providers



[Academy of Pediatrics Updates Recommendations on Maintaining, Improving Children's Oral Health](#)

[Preventive Oral Health Interventions for Pediatricians – AAP](#)

# Oral Health Screening

- ▶ The visual identification of clinical caries, with a special focus on ECC in children 1 to 3 years old
- ▶ Bright Future and AAP Guidelines:
  - Begin at 6 months well child visit and continue until dental home is established






















## Oral Health Risk Assessment Tool

The American Academy of Pediatrics (AAP) has developed this tool to aid in the implementation of oral health risk assessment during health supervision visits. This tool has been subsequently reviewed and endorsed by the National Interprofessional Initiative on Oral Health.

### Instructions for Use

This tool is intended for documenting caries risk of the child, however, two risk factors are based on the mother or primary caregiver's oral health. All other factors and findings should be documented based on the child.

The child is at an absolute high risk for caries if any risk factors or clinical findings, marked with a  sign, are documented yes. In the absence of  risk factors or clinical findings, the clinician may determine the child is at high risk of caries based on one or more positive responses to other risk factors or clinical findings. Answering yes to protective factors should be taken into account with risk factors/clinical findings in determining low versus high risk.

Patient Name: _____ Date of Birth: _____ Date: _____		
Visit: <input type="checkbox"/> 6 month <input type="checkbox"/> 9 month <input type="checkbox"/> 12 month <input type="checkbox"/> 15 month <input type="checkbox"/> 18 month <input type="checkbox"/> 24 month <input type="checkbox"/> 30 month <input type="checkbox"/> 3 year <input type="checkbox"/> 4 year <input type="checkbox"/> 5 year <input type="checkbox"/> 6 year <input type="checkbox"/> Other _____		
RISK FACTORS	PROTECTIVE FACTORS	CLINICAL FINDINGS
<p> Mother or primary caregiver had active decay in the past 12 months <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p> Mother or primary caregiver does not have a dentist <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p> Continual bottle/sippy cup use with fluid other than water <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p> Frequent snacking <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p> Special health care needs <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p> Medicaid eligible <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p> Existing dental home <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p> Drinks fluoridated water or takes fluoride supplements <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p> Fluoride varnish in the last 6 months <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p> Has teeth brushed twice daily <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p> White spots or visible decalcifications in the past 12 months <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p> Obvious decay <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p> Restorations (fillings) present <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p> Visible plaque accumulation <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p> Gingivitis (swollen/bleeding gums) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p> Teeth present <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p> Healthy teeth <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
ASSESSMENT/PLAN		
<p><b>Caries Risk:</b> <input type="checkbox"/> Low <input type="checkbox"/> High</p> <p><b>Completed:</b> <input type="checkbox"/> Anticipatory Guidance <input type="checkbox"/> Fluoride Varnish <input type="checkbox"/> Dental Referral</p>	<p><b>Self Management Goals:</b> <input type="checkbox"/> Regular dental visits <input type="checkbox"/> Dental treatment for parents <input type="checkbox"/> Brush twice daily <input type="checkbox"/> Use fluoride toothpaste</p> <p><input type="checkbox"/> Wean off bottle <input type="checkbox"/> Less/No juice <input type="checkbox"/> Only water in sippy cup <input type="checkbox"/> Drink tap water</p> <p><input type="checkbox"/> Healthy snacks <input type="checkbox"/> Less/No junk food or candy <input type="checkbox"/> No soda <input type="checkbox"/> Xylitol</p>	

Bright Futures





# Oral Health Screening

## Perform one!

## Tell the caregiver what you are doing:

- ▶ Lift lips
- ▶ Inspect all tooth surfaces
- ▶ Look from behind

## Consider:

- ▶ Lighting
- ▶ Supplies
- ▶ Positioning

## Look for:

- ▶ Presence of plaque
- ▶ Presence of white spots or dental decay
- ▶ Presence of tooth defects (enamel)



## Normal Teeth



## Early Decay



## Late Decay



## Severe Decay



Pathogenesis of Early Childhood Caries  
Oral Health Screenings

# Fluoride Varnish and SDF

Referrals to a Dental Home  
Anticipatory Guidance

# Fluoride Varnish

- ▶ The US Preventive Services Task Force published a recommendation that primary care clinicians apply fluoride varnish to the primary teeth of all infants and children starting at the age of primary tooth eruption
- ▶ 5% NaF or 2.26% fluoride
- ▶ Viscous resinous base in an alcoholic suspension with flavoring agent



# Types of Fluoride Varnish

- ▶ Over a dozen different brands
- ▶ Comes in yellow, white or tooth colored and multiple different flavors

“All in one” with brush attached or brush separate from unit dose



# When to Apply

- ▶ **Every 3-6 months at tooth emergence**
  - In conjunction with oral health screenings and well child visits until dental home established
  - AAP recommends 2-4 times a year to be most effective



# Proper Application

- ▶ Use gloves
  - ▶ Mix varnish
  - ▶ Dry the teeth
  - ▶ Apply a thin coat over all surfaces
- 
- ▶ [Video](#)



# Post-Application Instructions

- ▶ Child can drink or eat soft foods right away
- ▶ No hard food (such as chips) or hot food/drinks for four hours
- ▶ Child should not brush or floss teeth until the next day





# Varnish Economic Data

## Provider Perspective:

- ▶ Cost: ~Less than \$2.00 for varnish

## Payer Perspective:

- ▶ CDC-conducted cost comparison study comparing varnish application to restorative care costs
  - 10-year cost savings: \$65 million



# Fluoride Varnish Reimbursement

- ▶ All Medicaid patients are considered high-risk for ECC
- ▶ Children ages 0 - 36 months
  - Use D1206 for traditional Medicaid and select Medicaid MCOs
    - Reimbursement \$26/application
  - Use 99188 for commercial insurance and select Medicaid MCOs
    - Refer to your individual plan's contract / provider agreement for information about reimbursement
- ▶ It is suggested to append a Z modifier for preventive services (e.g. Prophylactic fluoride administration Z41.8)
- ▶ Bureau of Comprehensive Health Services: 1-877-782-5565
- ▶ [BCBS Preventative Services information](#)
- ▶ [AAP resource on payment for oral health services](#)
- ▶ [HFS provider notices](#)



# Illinois Population on Fluoride

- ▶ Community water fluoridation
- ▶ Recs: 0.7ppm “optimally fluoridated”
- ▶ [CDC My Water’s Fluoride](#)



# Common Water Sources and their Fluoridation Levels

Source	Fluoridation level
Commercially bottled waters	No or suboptimal levels (<0.3ppm)
Packed sterile & distilled water	No or suboptimal levels (<0.3ppm)
“Nursery” water or others marked as fluorinated	Supplemented at 0.7ppm
Activated Charcoal & cellulose filters (Brita (R), Pure (R) )	Insignificant effect to fluoride content
Reverse osmosis & distillation	Remove fluoride ions



# A New Tool: Silver Diamine Fluoride

- Effective and economical at arresting caries
- Requires minimal equipment and training to apply

Downside: Causes staining tooth discoloration



Before

After

Pathogenesis of Early Childhood Caries

Oral Health Screenings

Fluoride Varnish and SDF

# Referral to a Dental Home

Anticipatory Guidance

# Referral to a Dental Home

- ▶ Establishment of “dental home”
  - 6 months after 1<sup>st</sup> tooth, or 1 year of age
- ▶ Care should be:
  - Accessible, continuous, comprehensive, family centered, coordinated, compassionate, and culturally effective
  - Should meet child’s unique needs

## **If a patient cannot find a dental home:**

- Perform oral health assessment
- Counsel on diet and nutrition
- Apply fluoride varnish
- Continue until dental home can be established



# Dental Home/Referrals

- ▶ DentaQuest is Medicaid Administrator of the Dental Program
  - Have Parent/Guardian call DentaQuest at 888-286-2447 for dentists accepting patients
  - If need additional assistance, parent/guardian can request a “placement specialist”
- ▶ Contact dentists in your area to create a referral list for your office
  - Lists of dentists available at AAPD or Illinois State Dentist Society (ISDS)
  - List of dentists that treat children with special healthcare needs can be found on the HFS website
  - <http://www.insurekidsnow.com.gov/> also has a "search for dentist" feature





Pathogenesis of Early Childhood Caries

Oral Health Screenings

Application of Fluoride Varnish

Referral to a Dental Home

**Anticipatory Guidance**

# Prevention Strategies

## Parent/Caregiver Oral Health

- ▶ Be compassionate and speak in simple terms
- ▶ Explain bacteria transmission
- ▶ Teach to model positive oral hygiene behaviors – brush 2x per day
- ▶ Avoid sharing utensils or cleaning pacifiers with mouth

## Improve Dietary Habits

- ▶ Reduce dietary sugars and frequency of snacks
- ▶ Delay introduction of fruit juices
- ▶ No soda
- ▶ Water in bottles at night and naptime
- ▶ Wean from bottles at age 1: training cups should only be used transitionally



# Prevention Strategies

## Tooth Brushing with Fluoride Toothpaste

<b>0 - 1 year</b>	Clean teeth with soft cloth or toothbrush after each feeding
<b>1-3 Years</b>	Parent performs brushing, Grain of rice-sized of <b>fluoride</b> toothpaste; 2x/day
<b>3-6 years</b>	<b>Parent performs brushing,</b> pea-sized amount of <b>fluoride</b> toothpaste, 2x/day for 2 minutes
<b>6 years</b>	Brush with a strip of <b>fluoride</b> toothpaste, 2x/day for 2 minutes

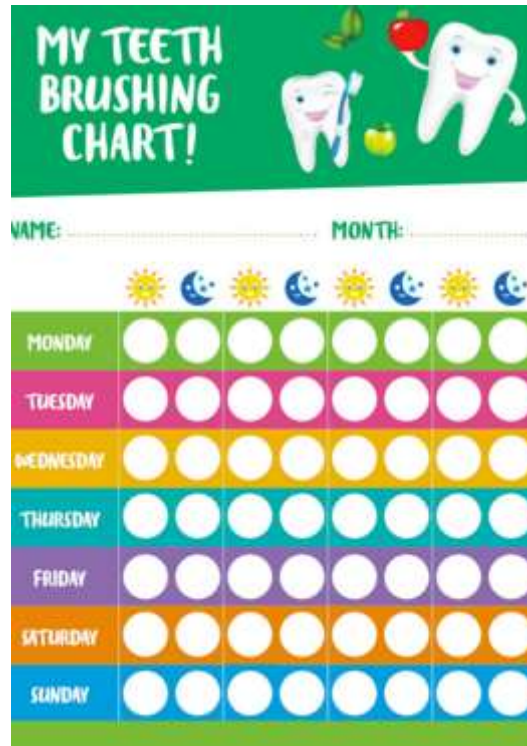


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### Tools for Families:

- Timers (via dental supply vendors for nominal costs)
- Brush Charts (online for free)

# Other Tooth-brushing Materials



# How to Brush a Child's Teeth

1. Place correct amount (based on age) fluoride toothpaste onto a soft children's toothbrush
2. Sit the child in your lap, facing away from you, or stand behind taller children. Tilt the child's head back against your body so you can see all the surfaces of the teeth
3. Angle, at 45 degrees, the bristles of the toothbrush towards the gum. Move the brush in gentle circles to clean the outer sides of the teeth and gums
4. Brush in gentle circles on the inside of the teeth and gums
5. Brush back and forward on the chewing surface of the teeth
6. After brushing all the surfaces, encourage the child to spit out the toothpaste



# Fluoride

- ▶ Fluoride test kits from IDPH (217-785-4899) or email at [DPH.OralHealth@illinois.gov](mailto:DPH.OralHealth@illinois.gov)
- ▶ Urge use of tap water for drinking
- ▶ **Formula should be made with fluoridated water**

Fluoride Supplementation Dosage Schedule			
Age	Fluoride Ion Level in Drinking Water <sup>a</sup>		
	< 0.3 ppm	0.3 – 0.6 ppm	> 0.6 ppm
Birth to 6 mo.	None	None	None
6 mo – 3 yrs	0.25 mg/day <sup>b</sup>	None	None
3-6 yrs	.50 mg/day	0.25 mg/day	None
6 – 16 yrs	1.0 mg/day	0.50 mg/day	None

<sup>a</sup>1.0 ppm = 1 mg/L.

<sup>b</sup>2.2 mg of sodium fluoride contains 1 mg of fluoride ion.



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**In under-resourced communities: community water fluoridation may have been the only dental service many individuals received during the pandemic!**

*[AAP Fluoride Use in Caries Prevention in the Primary Care Settings](#)*

# Fluorosis

- ▶ Excess Fluoride at <8 yrs can lead to fluorosis (i.e. “Snowcapping”) of Permanent Dentition

## Very Mild-Mild:

- Less Resistant to Caries
- Cosmetic concern only
- Most common, yet still relatively rare (15% US population)

## Moderate-Severe:

- Weaken Tooth Structure
- Tooth Mottling
- Not observed in US



**There is no research-proven link to bone cancers, etc. at optimal fluoride doses**

# Prevention Strategies: Flossing

- ▶ When more than 2 teeth touch
- ▶ With assistance from caregiver until the age of 8





# Children with Special Healthcare Needs

- ▶ Be aware of oral health complications associated with medical conditions
- ▶ Monitor impact of oral medications and other therapies
- ▶ Choose non-sugar containing medications
- ▶ Emphasize preventive measures
- ▶ Find a dental home as soon as possible



# Emergency Preparedness

## Impact of COVID-19 on dental care:

- ▷ Dental clinics & school-based dental programs closed
- ▷ Many children could not access dental care or were slow to return to routine dental care

Target Population	Indicator		Indicator Definition	Data Source (Reporting Date Range)	2018	2019	2020	2021
Medicaid/Children's Health Insurance Program (CHIP)*	Dental visit	Non-dentist provider	Proportion of Medicaid-enrolled children under 6 years of age who received oral health services provided by a non-dentist.	Medicare and Medicaid Services (CMS 16) (Annual)	4.2%	4.6%	2.3%	2.3%
		Dental provider	Proportion of Medicaid enrolled children under 6 years of age who received any dental services.	HFS CMS 416 (2018; 2019; 2020)	29.5%	28.8%	20.7%	24.4%
	Dental visit (1-20 years of age)		Proportion of Medicaid enrolled children 1-20 years of age who saw a dentist or other oral health care provider for any kind of dental or oral health care during the past 12 months.	HFS CMS 416 (Annual)	47.1%	45.5%	36.6%	35.6%
	Preventive dental visit (1-20 years of age)		Proportion of Medicaid enrolled children 1-20 years of age who received at least one prevention or periodontal service.	HFS CMS 416 (Annual)	44.0%	42.6%	33.4%	32.9%



# Emergency Preparedness

- ▶ Relationship building with dentists in your community
  - ▶ Collaborate for preparedness response in the event of a public health crisis
  - ▶ Help establish dental homes and prepare for future emergencies
- ▶ Resources to prepare for future emergencies:
  - ▶ Register for [State of Illinois Rapid Electronic Notification System \(SIREN\)](#)
  - ▶ Consider [joining the medical reserve corp](#)



# Practice Implementation Tips

- ▶ Add/embed fluoride varnish notification to all well-child visits
- ▶ Include in order sets (fluoride varnish code, diagnosis, and billing chart)
- ▶ Find an internal champion for the program
- ▶ Add oral health screening questions to intake forms
- ▶ Document any oral health findings in patient's chart
- ▶ Work with front desk staff to flag charts of eligible children and to check eligibility at every encounter
- ▶ Keep a few fluoride varnish packets in each exam room, and ensure they are accessible and replenish as needed (choose a coordinator to monitor supplies)
- ▶ Encourage to do fluoride at the time of oral mouth examination, so not needing to have toddler/child cooperate with opening mouth twice



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## You Can Make a Difference!

# Key Takeaways

- ▶ Oral health is an integral part of general health
- ▶ Primary care providers can do oral health assessment and fluoride varnish starting at first tooth eruption
- ▶ Applying fluoride varnish is cost-effective
- ▶ Fluoride varnish should be applied every 3-6 months until 5 years of age
- ▶ Patient should establish with a dentist within 6 months of tooth eruption or by 1 year of age



# Additional Resources & More Information

Illinois Chapter, American Academy of Pediatrics  
[www.illinoisAAP.org](http://www.illinoisAAP.org)

Illinois Department of Public Health  
217/782-4977

Illinois Department of Health and Family Services  
[www.hfs.illinois.gov/medical](http://www.hfs.illinois.gov/medical)  
217/524-7478

American Academy of Pediatric Dentistry  
[www.aapd.org](http://www.aapd.org)

Bright Futures Oral Health

Pocket Guide