

Oral Health Preventive Services in Pediatric Primary Care in NH



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Agenda

- Project Overview
- Key Findings
- Next Steps – getting your feedback



Project Overview



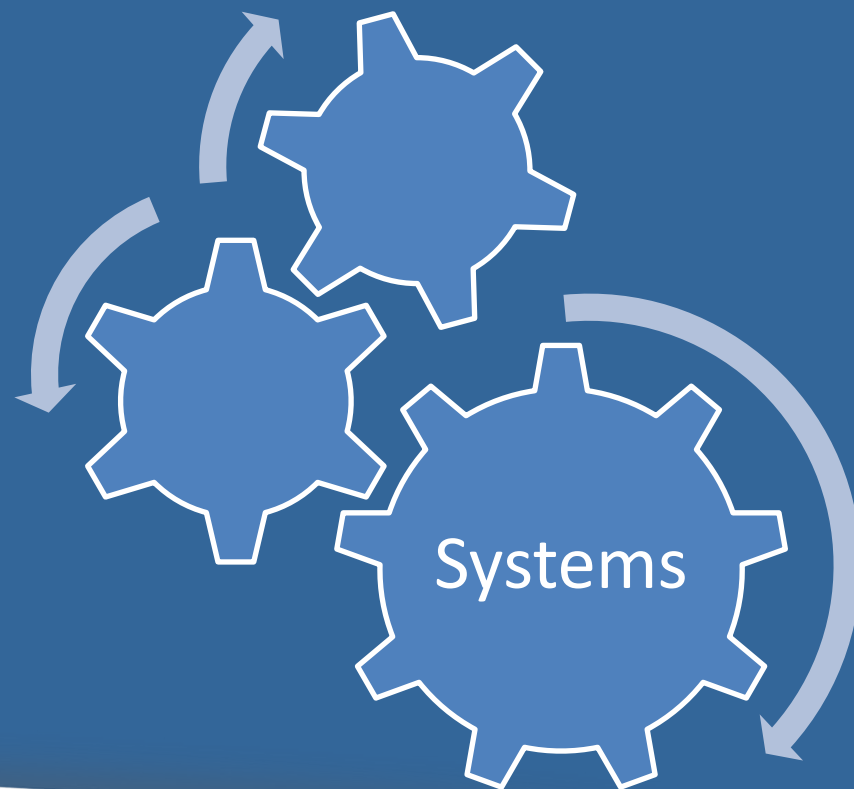
Timeframe and Purpose

- One year planning grant (June 2015-May 2016)
- Assess 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
- Identify strategies to optimize the delivery of oral preventive services in pediatric primary care settings

Looking at 2 Levels



In-Office





Methods

- Background research: data, literature, & conversation with state/national programs
- Conversations with other states
- Key stakeholder interviews (next slide)
- Survey of primary care providers
- Medical payer survey



Key Informant Interviews – Thank you!!!

- Primary care (Family Practice & Pediatrics)
- NH Oral Health Coalition
- NH Oral Health Program
- NH Dental Society
- NH Academy of Pediatric Dentistry
- HNH Foundation
- NH Medicaid
- Delta Dental
- NH Special Medical Services



Defining pediatric oral preventive services in primary care

	Anticipatory Guidance	Risk Assessment	Fluoride Varnish	Fluoride Supplementation	Dentist at 1
Am Acad Pediatrics	Y	Y	Y	Y	Y
Am Acad Family Practitioners	Y		Y	Y	Y

Key Results





Oral health status

Indicator (2011-2012)	NH
% children (1-17yrs) w/no dental visit in past year	15.1%
% children w/no dental visit in past year	38.7% (<6 yrs) 6.3% (6-11 yrs) 8.3% (12-17 yrs)
% children w/ oral health problem in past year	6.3% (< 6 yrs) 17.6% (6-11 yrs) 15 % (12-17 yrs)

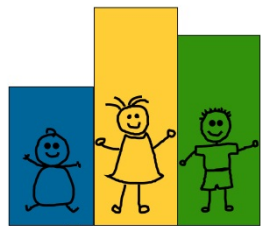
Source: National Survey of Children's Health. 2011/12.



Identifying children at-risk for poor oral health

- Low income (2013-2014)
 - 53% vs 23% decay present in 3rd graders (≥50% on Free/Reduced Lunch vs. <25%)
- No dental insurance (2012)
 - 32.4% (est.) children under age 5 in NH
- Children/Youth Special Health Care Needs (2009-2010)
 - 10.3% CYSHN in NH <18 yrs had no dental visit in past yr
- Minority - No reliable data
- Children < 3 yrs

Sources: 2013-14 NH Healthy Smiles, Healthy Weight Survey ,
2009-2010 National Survey of Children w/Special Health Care
Needs. Nat. Survey of Children's Health 2011-2012



nhpip
NH PEDIATRIC IMPROVEMENT PARTNERSHIP

Percent of Children with Tooth Decay Relative to Availability of Oral Preventive Services

County	Decay Experience*
Belknap	46.70%
Carroll	35.90%
Cheshire	42.40%
Coos	56.00%
Grafton	43.10%
Hillsborough	36.10%
Merrimack	39.40%
Rockingham	21.30%
Strafford	46.60%
Sullivan	45.50%
NH Total	35.40%

* Decay Experience Data from the NH 2013-2014 Third Grade Healthy Smiles-Healthy Growth Survey

Legend

Oral Health Data Points

- Community and School Based Dental Health Programs
- ⊕ Pediatric Dental Offices
- ▲ Pediatric Primary Care Offices Currently Applying Fluoride Varnish

Political Boundaries

- State
- County
- City/Town

Data Sources:

Data for the community and school based dental health programs and the pediatric primary care offices currently applying fluoride varnish were provided by the NH Oral Health Coalition.

Political boundaries were extracted from New Hampshire Political Boundaries at 1:24,000 Scale data set (NH GRANIT, 2013).



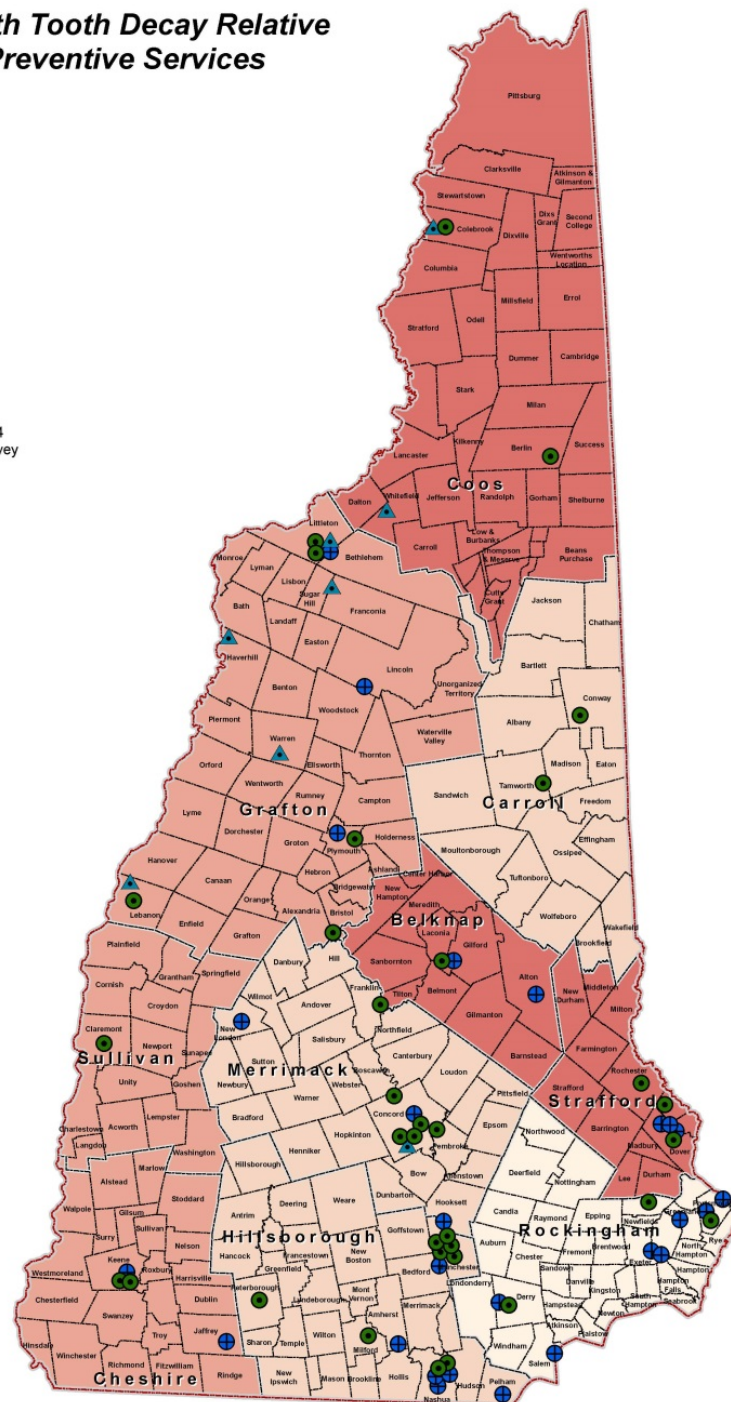
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0 3 6 12 18 24 Miles

University of
New Hampshire

NH GRANIT
NH GRANIT GIS Dashboard

February, 2016



3/28/2016



In Office - Barriers and Facilitators

Barriers

- Workflow
- Time
- Claims processing
- Limited provider training on oral cavity/fluoride varnish application

Facilitators

- Plethora of curriculums, training, tools, learning collaborative models



Systems Level - Barriers and Facilitator Strategies

Barriers

- Finding Dental Home
- Reimbursement
- Limited communication (Med-Dental)
- Family-level barriers

Facilitators

- Resource to link families/docs to dentists
- Reimbursement
- Resource of options (if no ins)
- Medical-Dental Integration Models
- Training/TA to dentists
- Family Awareness Campaign
- Additional analysis



Survey of NH Pediatric Primary Care Providers

- On-line survey fielded Nov-Dec 2015
- NHAFP, NHPS, and NHNPA listserves
- Emailed to pediatric primary care clinicians for whom emails were available



Survey Results: Demographics of Providers Completing Survey

Total respondents: 102 (99 MD/DO and 3 NP)

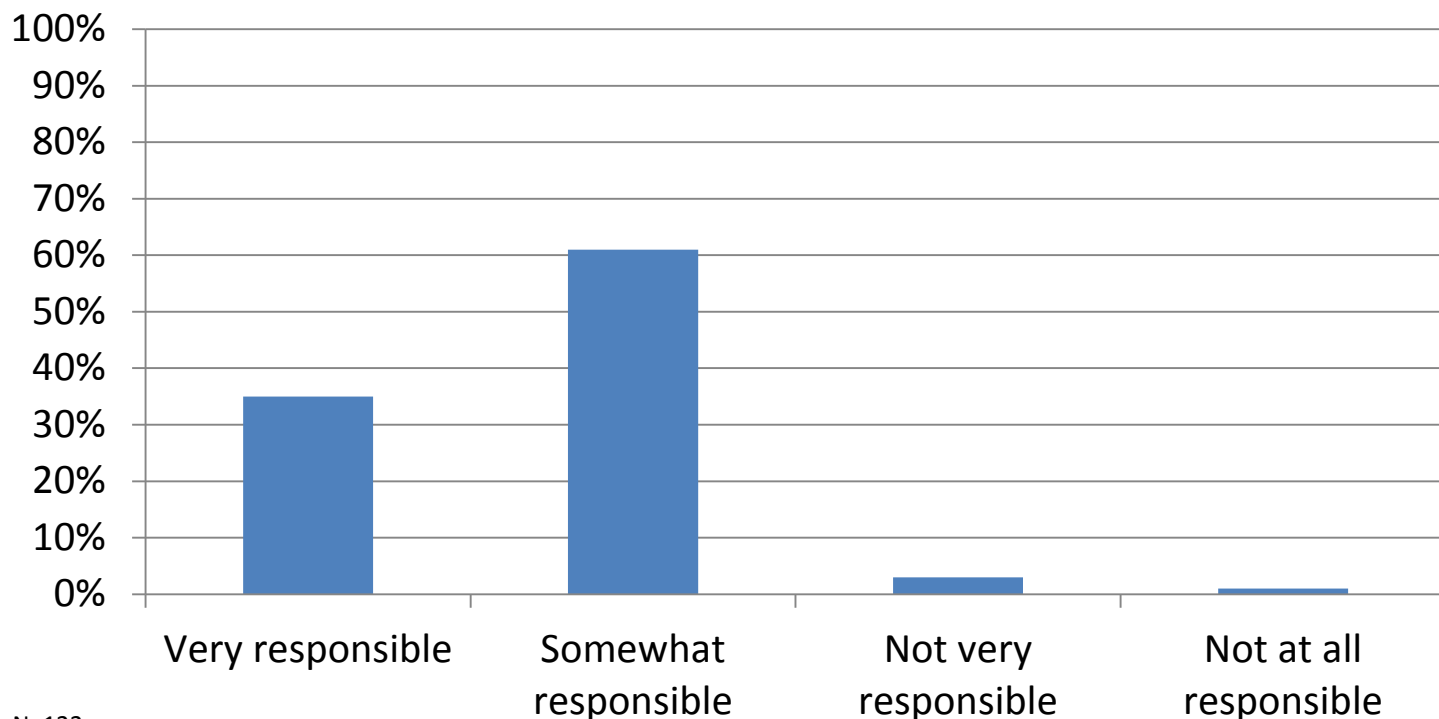
Number of Years Practicing	
0-5 years	8
6-15 years	45
16-30 years	40
> 30 years	8

Area of Practice	
Family practice	43
Pediatrics	54
Combined internal medicine & pediatrics	5



Survey Results

Degree clinicians see themselves as responsible for the oral health of patients under six years

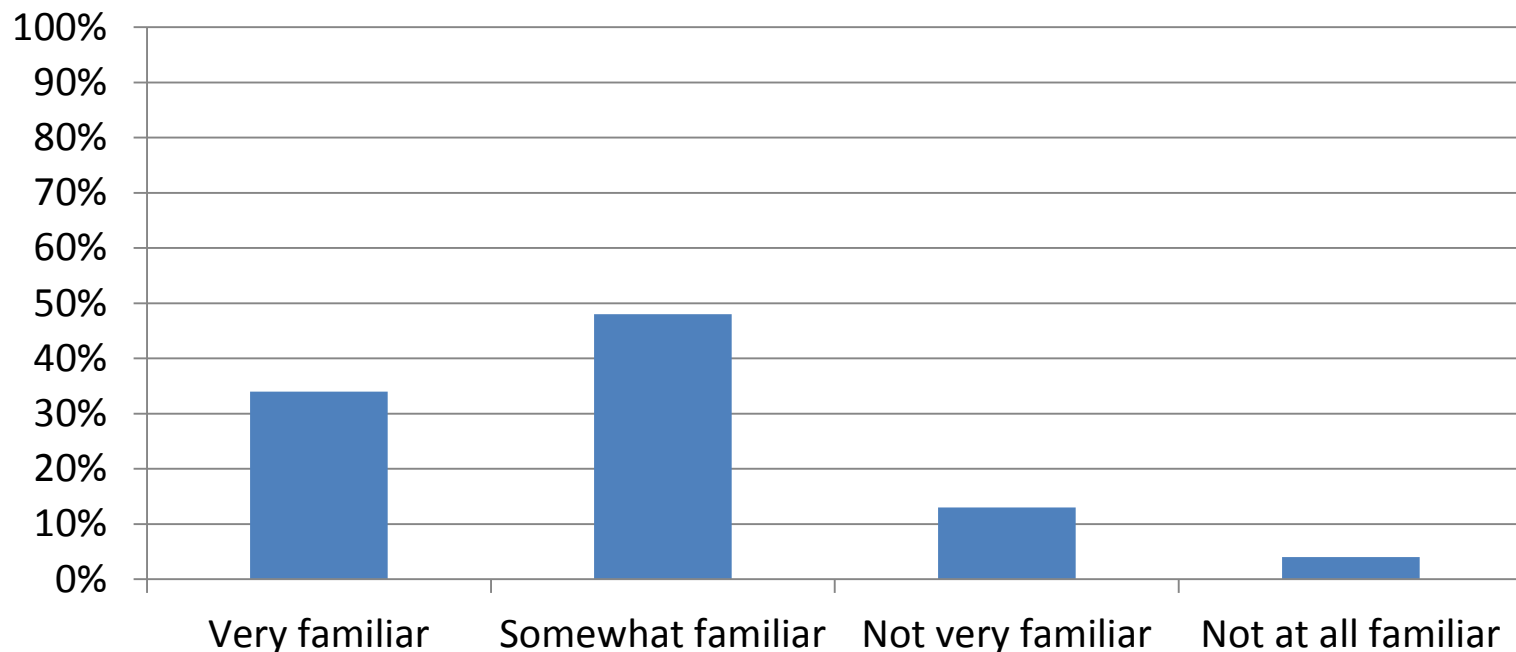


N=122



Survey Results

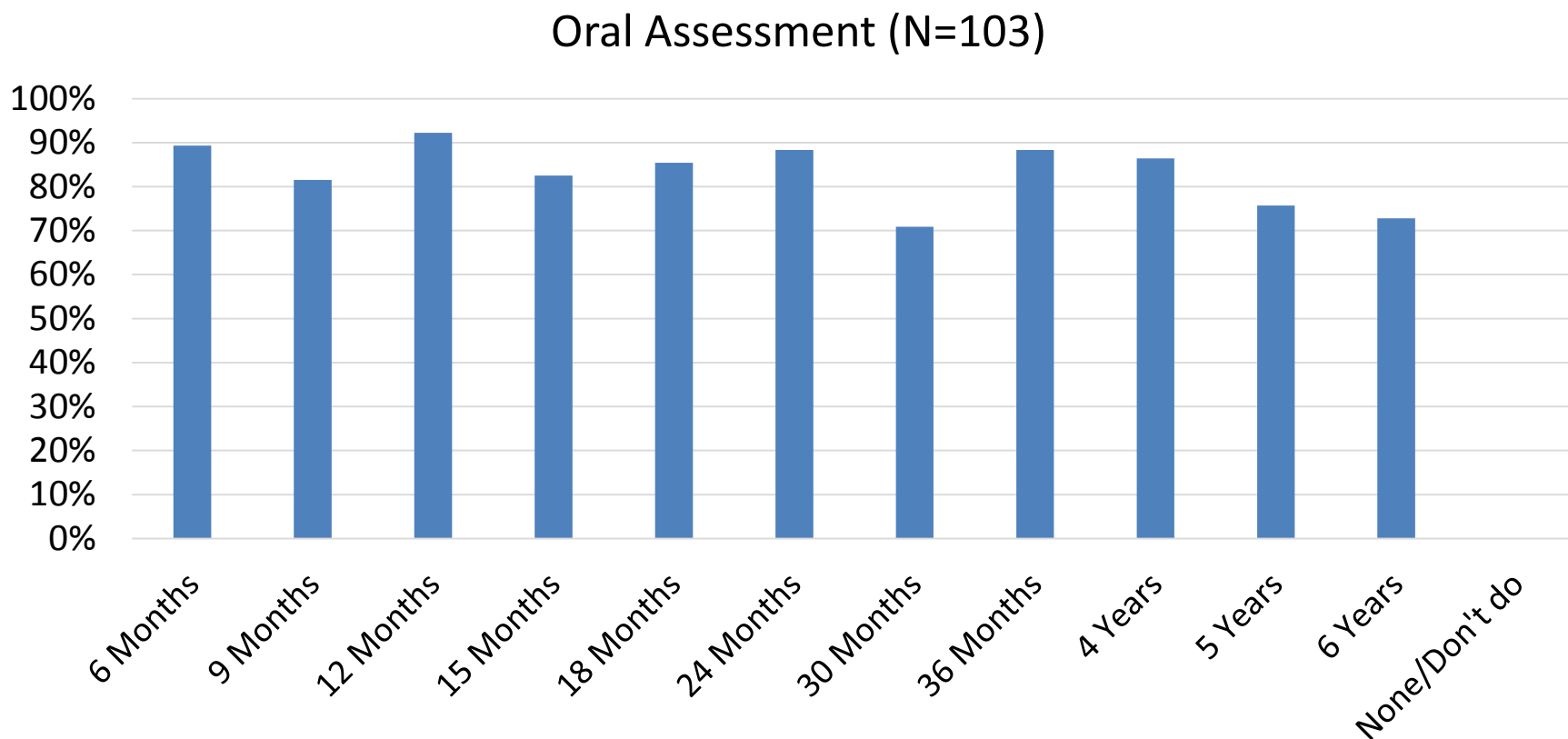
Level of Familiarity with the AAP recommendations for maintaining and improving the oral health of young children



N=122



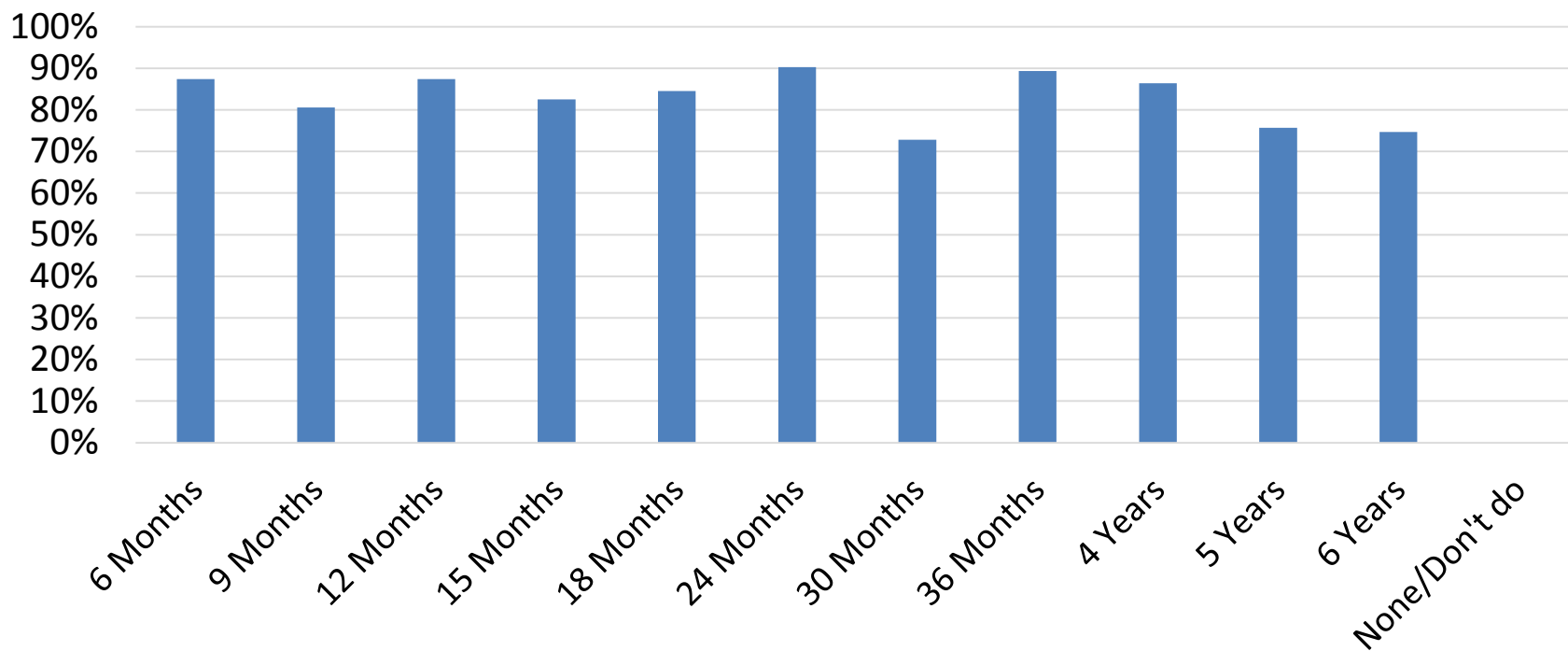
Well Child Visits at Which Oral Assessment is Completed





Well Child Visits that Anticipatory Guidance is Completed

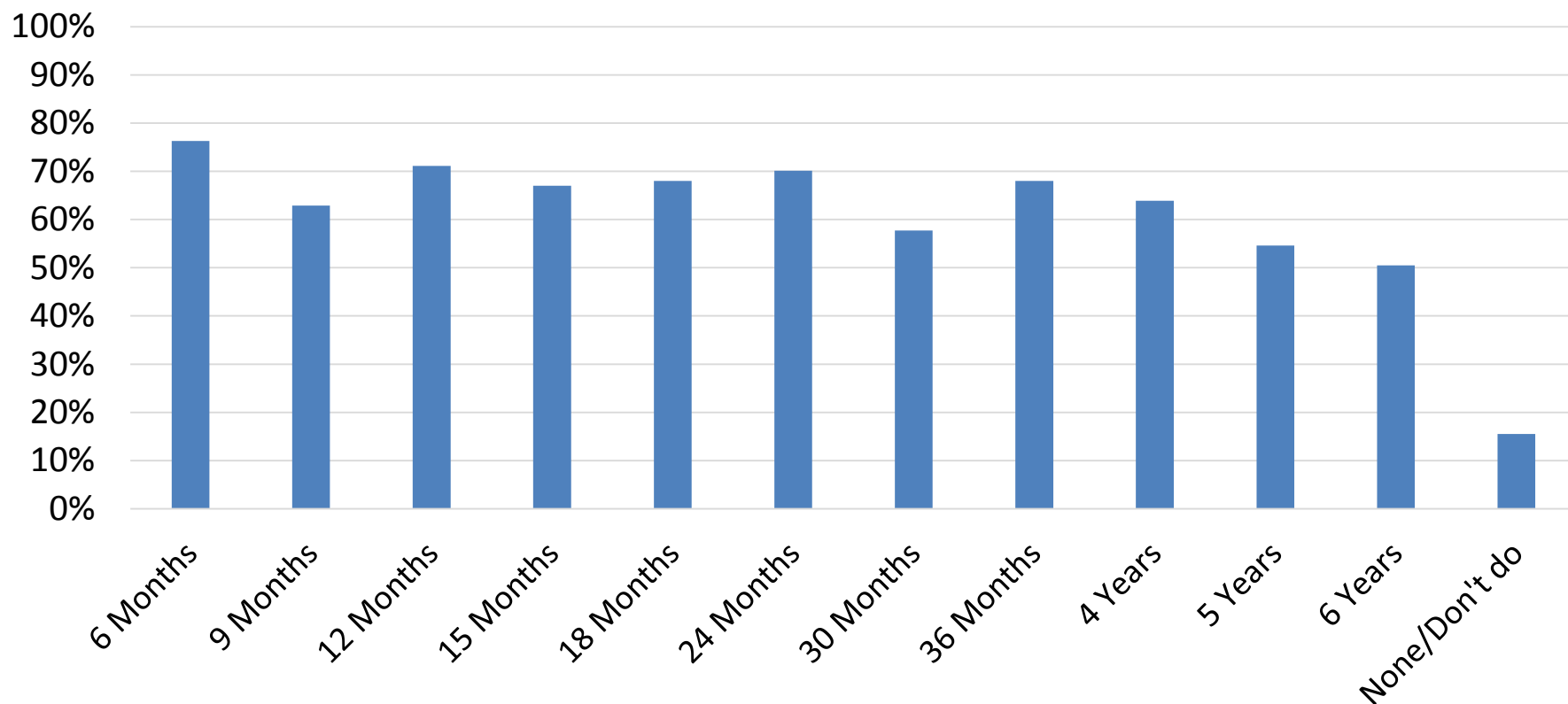
Anticipatory Guidance (N=103)





Well Child Visits at Which Fluoride Prescriptions are Addressed

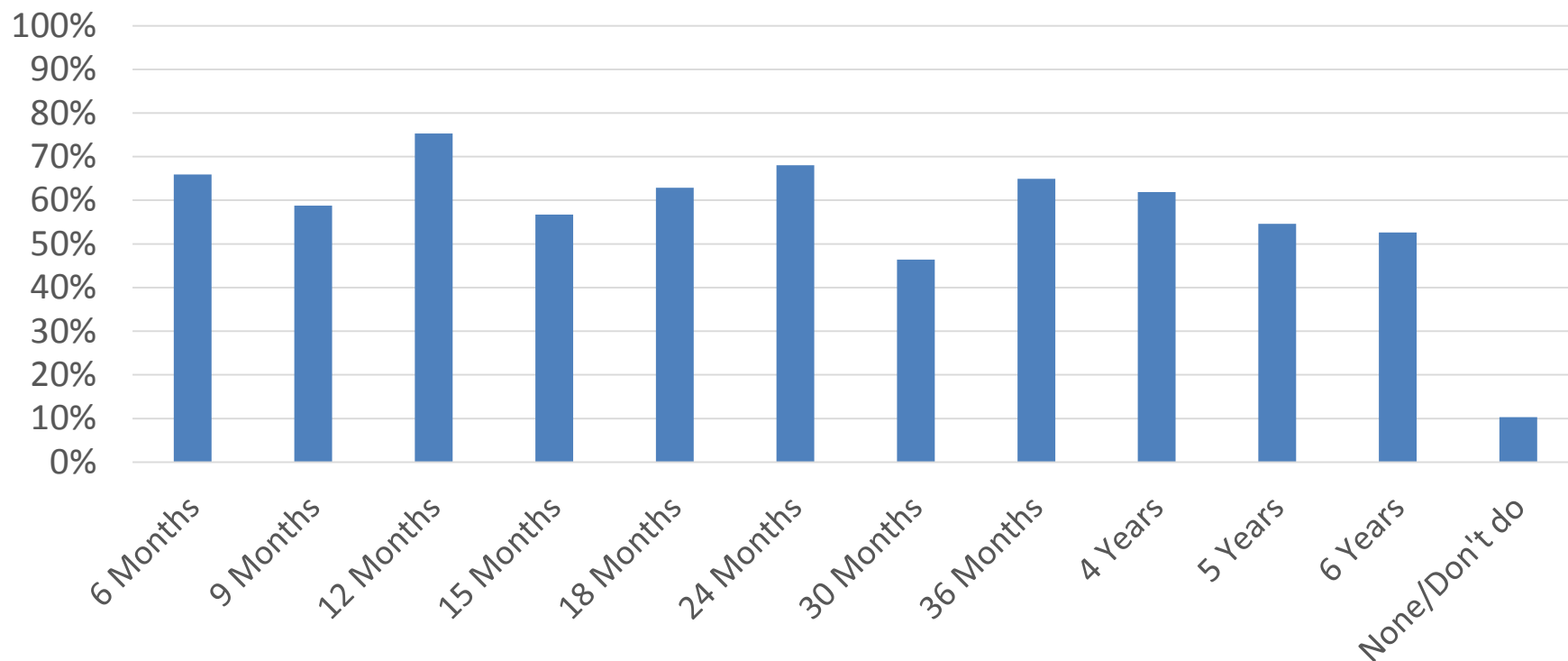
Fluoride Supplement Prescriptions (N=97)





Well Child Visits at Which Risk Assessment is Completed

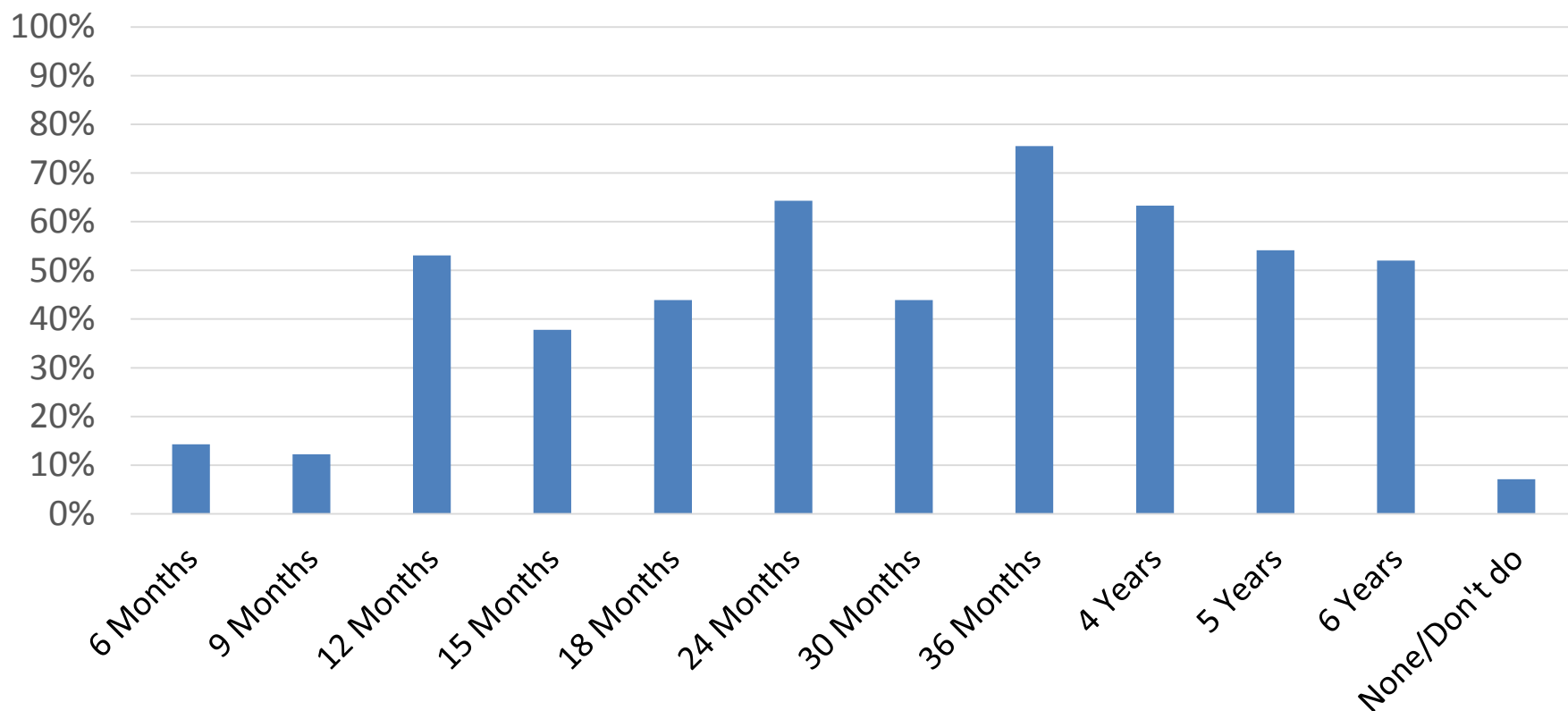
Early Childhood Caries Risk Assessment (N=97)





Well Child Visits at Which Referral to Dental Home is Completed

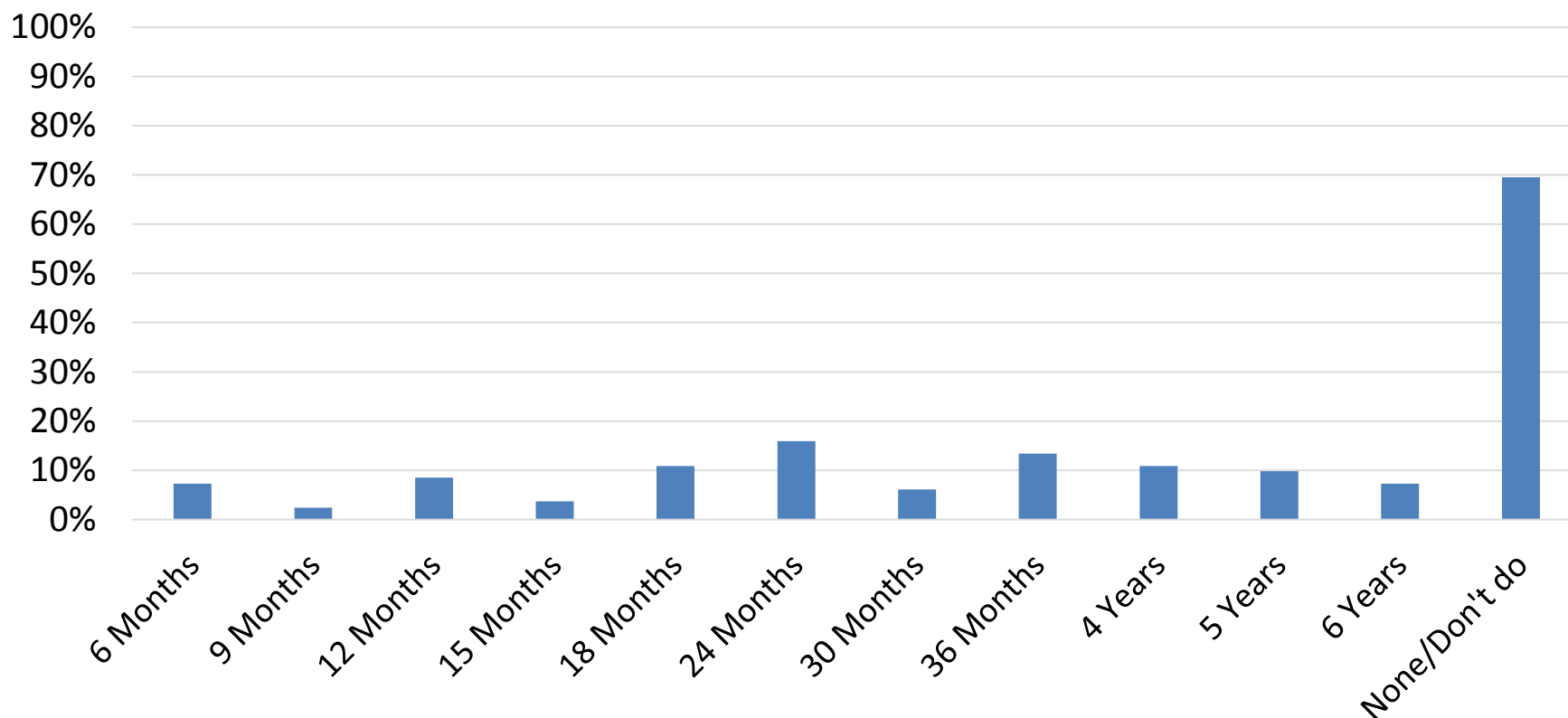
Referral to Dental Home (N=98)



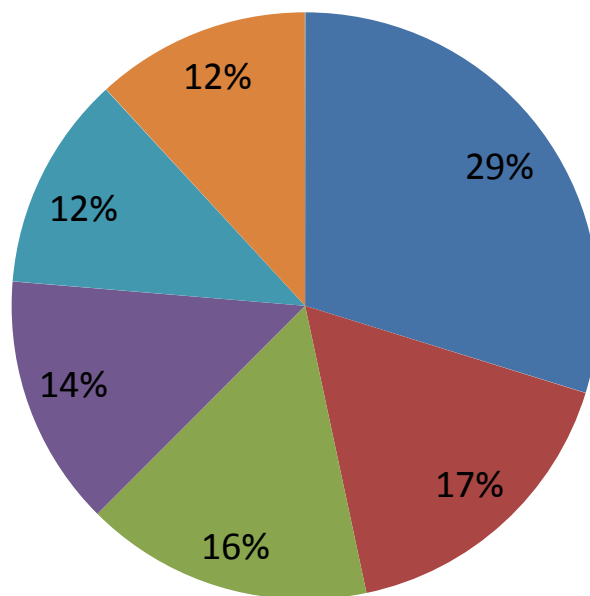


Well Child Visits at Which Fluoride Varnish is Completed

Fluoride Varnish Application (N=82)



Top Barrier Practices Face in Delivering Recommended Services

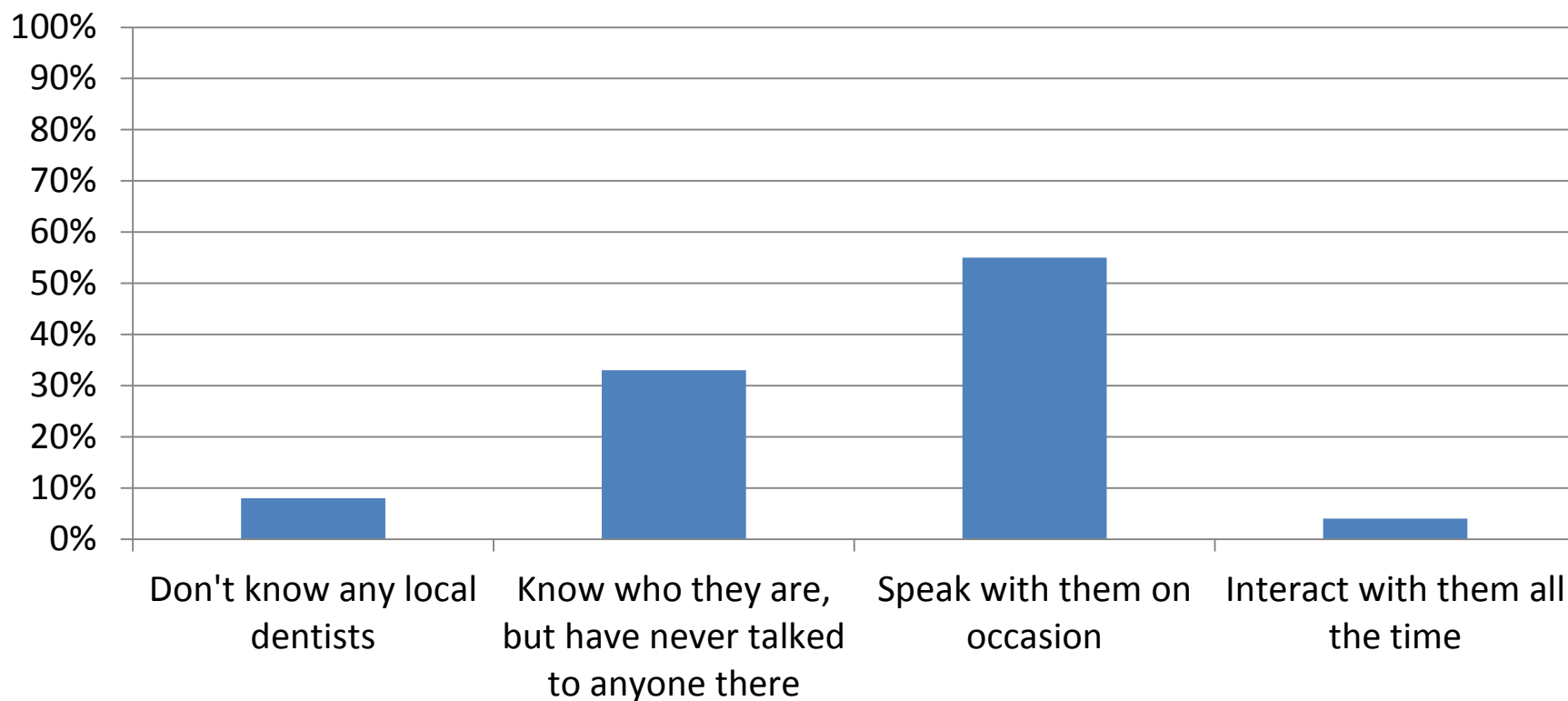


- Lack of time
- Lack of knowledge
- Unsure of where to refer child for dental home
- Reimbursement issues
- Adapting clinical process workflow
- Other

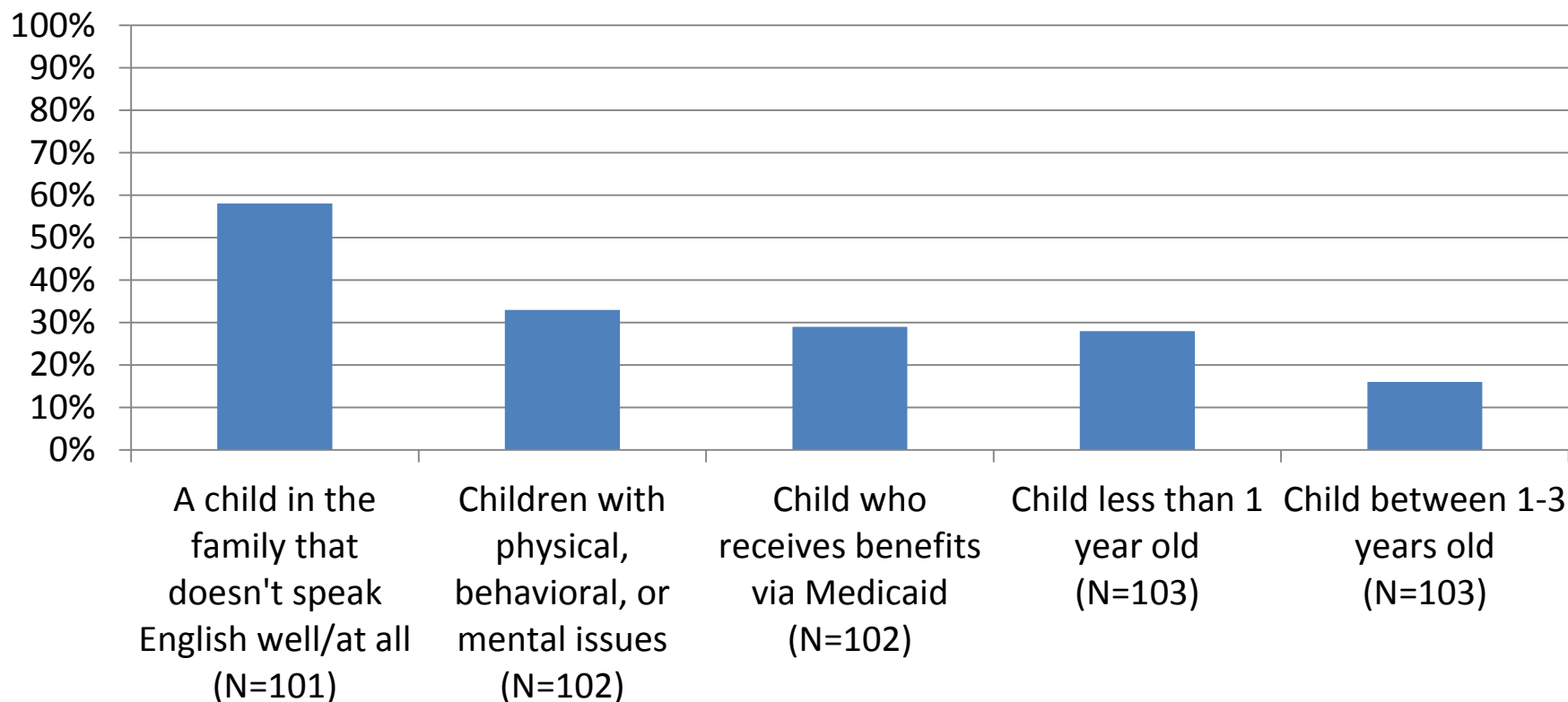
N=101



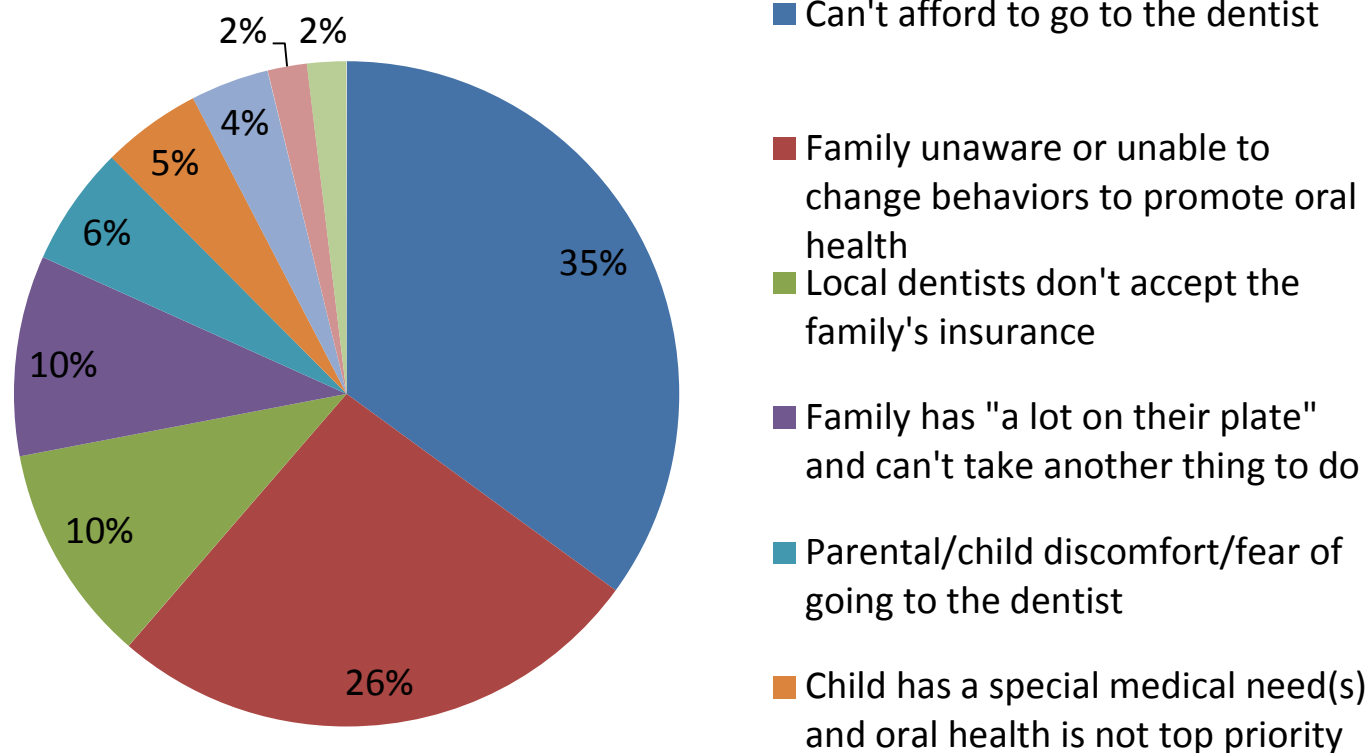
Level of Interaction with Dentists in the Local Area



Do NOT have a local dental provider to which they can refer...



Top Challenge Families Face in Caring for Child's Teeth



N=103



World Café Questions

- Who are the priority pediatric populations to target for future work to enhance oral preventive service delivery in primary care settings? Why and what strategies?
- What are the most important barriers to address & relatedly most promising solutions to pursue to optimize delivery of oral preventive services in primary care settings for children under 6 years?