

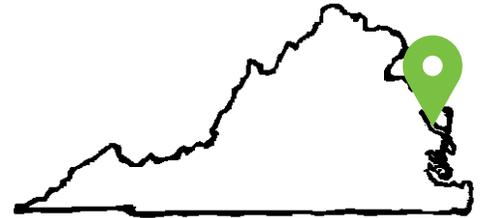


Integration Care Model: Early Childhood Health

Tooth decay is the most common chronic disease in children[7], even though it is entirely preventable. Starting good oral health habits when the first tooth appears establishes a lifetime of positive health outcomes. Everyone across the health care spectrum, from advocates to physicians and home visitors, can make a lasting impact on a child's oral health.

Factors to Consider

- **Community Support:** Home visitors and community health workers help create a healthy environment for families and vulnerable populations. Leverage these professionals to share information with parents about the age one dental visit, hygiene habits, the importance of drinking fluoridated tap water, and the impact of oral health on school readiness and nutrition.
- **Model Behavior:** Toddlers are more likely to see a dentist if their parents have access to oral health services as well. Emphasize to parents that it's important to take the child to a dentist by their first birthday, and consider ways to expand the parents' access to affordable dental care and coverage.
- **Measuring Improvement:** Consider both qualitative and quantitative measurements to assess your integration plan's success, like dental visits among children, rates of tooth decay, untreated dental disease, patient satisfaction, rates of dental sealants, oral health risk assessments, and fluoride varnish application.



Case Study: Patient Education

A rural health system on Virginia's Eastern Shore sought to increase the number of dental visits among children. The leadership team decided to reach out to parents to help them understand the important role oral health plays in a child's well-being. Staff developed a parent outreach plan that included a dental welcome bag for new parents at the hospital and a "Happy First Birthday" card with a reminder to see a dentist by age one. Additionally, dental staff delivered an oral health risk assessment and fluoride varnish at the age one well-visit, and medical staff delivered fluoride varnish at 16- and 20-month checkups. Through parent outreach and education, the health system was able to increase dental visits for their youngest patients.

47%

Of Virginia's third graders have experienced tooth decay



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Practical Examples: Paying for Oral Health Services

A pediatric office begins applying fluoride varnish, which is reimbursed by Virginia Medicaid.

- 1** Dr. Jones, a pediatrician, learns that Virginia Medicaid will reimburse medical providers for applying fluoride varnish. He reaches out to Virginia Health Catalyst to arrange a training for clinical and administrative staff on early dental care anticipatory guidance, oral health risk assessments, fluoride varnish application and billing instructions, and the benefits of fluoridated tap water. The staff can ask questions and address concerns, and they identify who on the team will do the varnish application.
- 2** Clinic leadership creates a sustainability plan that embeds training on oral health assessments, fluoride varnish application, billing, and varnish procurement into the onboarding process for new staff, and into all care practice manuals. They also outline ongoing continuing education goals and opportunities for existing staff through the Smiles for Life online curriculum.
- 3** To expand his impact on his patients' health, Dr. Jones establishes a relationship with a local dentist and begins referring his patients without a dental home to her.
- 4** Oral health-related questions, including contact information for the patient's dentist, date of last appointment, and access to fluoridated tap water are included in a pre-appointment questionnaire.
- 5** Now, Dr. Jones and his team provide more comprehensive care by asking patients about their oral health, applying fluoride varnish, and referring children to a dental home.

