



Oral Health Care Coordinator Training

Dental Transformation Initiative (DTI)

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Dental Transformation Initiative (DTI)



What is the Dental Transformation Initiative (DTI)?

- ▶ California's DTI aims to:
 - Increase the use of preventive dental services for children.
 - Prevent and treat more early childhood caries.
 - Increase continuity of care for children.
- ▶ California views improvements in dental care as critical to achieving overall better health outcomes for Medi-Cal beneficiaries, particularly children.
- ▶ <http://www.dhcs.ca.gov/provgovpart/Pages/DTI.aspx>

What is the Dental Transformation Initiative (DTI)?

- ▶ **Domain 1 goal:** 10% increase over 5 years in the proportion of children ages 1 through 20 enrolled in Medi-Cal who receive a preventive dental service
- ▶ **Domain 2 goal:** to diagnose early childhood caries by utilizing Caries Risk Assessments (CRA), to treat caries as a chronic disease, and to proactively prevents oral disease
- ▶ **Domain 3 goal:** to increase continuity of care for beneficiaries ages 1–20 for 2, 3, 4, 5, and 6 continuous periods

What is the Dental Transformation Initiative (DTI)?

- ▶ **Domain 4 goal:** to address one or more of the first three domains through alternative programs, potentially using strategies focused on rural areas, including local case management initiatives and partnerships

CRIHB's DTI Local Dental Pilot Program (LDPP)

- DTI Domain 4: Local Dental Pilot Project (LDPP)
- \$2.6 million over 4 years



CRIHB's DTI Local Dental Pilot Program (LDPP)

- ▶ **Goal:** To increase oral health prevention, address caries risk assessment and disease management, and continuity of care among children
- ▶ **Our Target:** Tribal/Urban Indian clinic patients ages 0–20 who are Medi-Cal beneficiaries



Participating Entities

1. Chapa De
2. Greenville Rancheria
3. Karuk Tribe
4. Lassen Indian Health
5. Pit River
6. Round Valley
7. San Diego American Indian Health Clinic
8. Shingle Springs Tribal Health
9. Toiyabe Indian Health Project
10. Tule River Indian Health Clinic
11. Tuolumne Me Wuk Indian Health
12. CRIHB Tribal Child Development
13. Elk Valley Head Start
14. Lytton Head Start
15. Manchester Point Arena
16. Tuolumne County WIC Program



CRIHB's DTI Local Dental Pilot Program (LDPP)

- ▶ Strong collaboration between the dental and medical staffs
- ▶ The Oral Health Care Coordinator (OHCC) will serve as the liaison between departments.
- ▶ Referrals, caries risk assessment, fluoride varnish, and tracking in EHR



Project Goals: Short-Term

- ▶ Decrease proportion of restorative treatment to preventive services
- ▶ Increase # of children who:
 - Receive primary care referrals for dental exams/treatment
 - Access dental services compared to previous year
 - Increase oral health education via tandem well-child oral health visits
 - Receive fluoride varnish applications
 - Have a Caries Risk Assessment (CRA) on file
- ▶ Increase knowledge and competency of motivational interviewing/case management skills



Project Goals: Long-Term

1. Increase in fluoride varnishes performed in the medical office of 2% per year over baseline year (2016)
2. Increase in number of children having dental visits over the baseline year (2016)
3. A change in the ratio of preventive dental procedures to restorative procedures

Why Primary Care Clinicians?

Primary care clinicians are well positioned to promote oral health:

- ▶ 96% of children have access to primary medical care.
- ▶ Primary care clinicians have regular, consistent contact through well-child visits.
- ▶ Clinicians see children for well and acute care at least 8 times by age 2, and frequently thereafter.
- ▶ Few preschool children from low-income families receive regular dental care.

Individual Care Plans

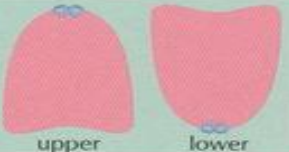
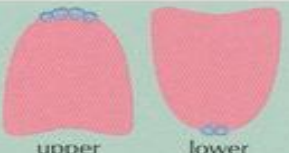





- ▶ Perform Caries Risk Assessment.
- ▶ Guide and support parents and patients in self-management goals for caries risk management.
- ▶ Deliver preventive interventions:
 - Dental referrals
 - Fluoride varnish application
 - Recare based on caries risk
 - Dietary counseling.

»» Introduction to Dental Disease

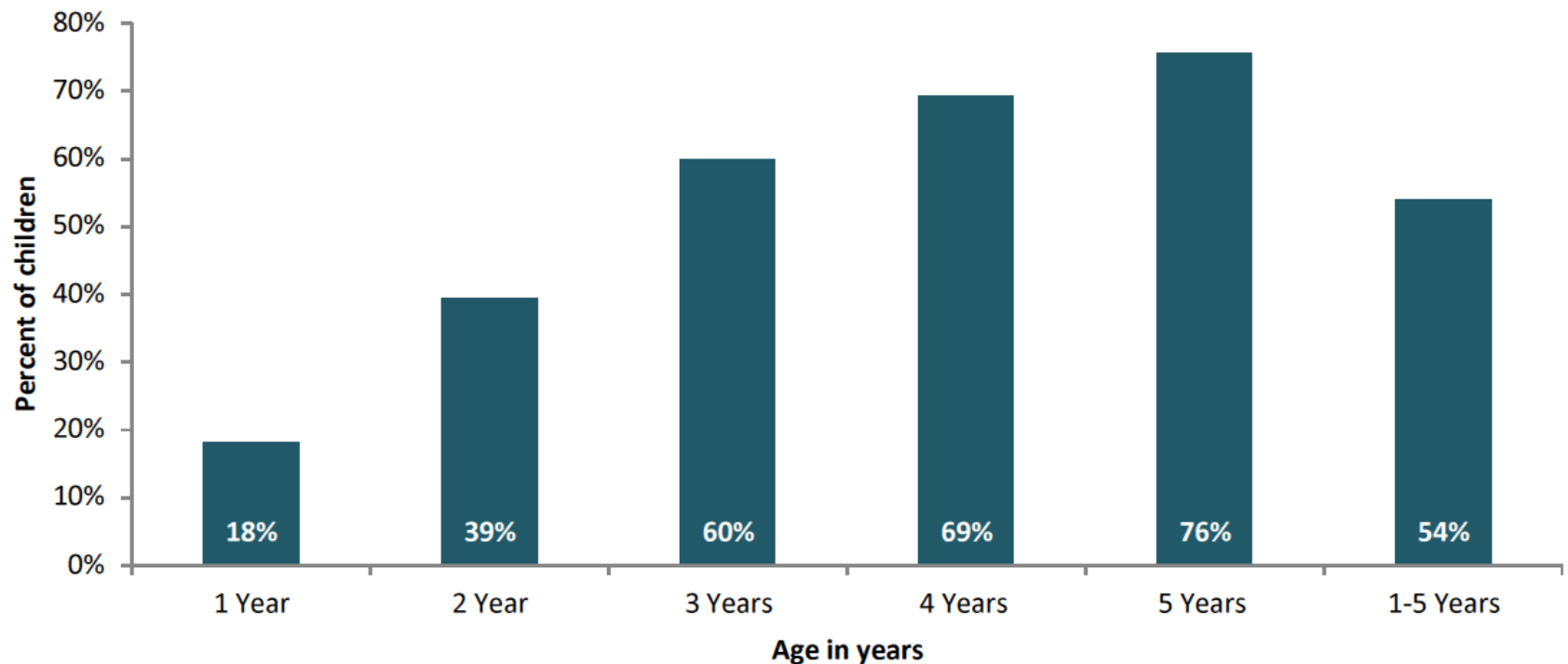


Primary Teeth

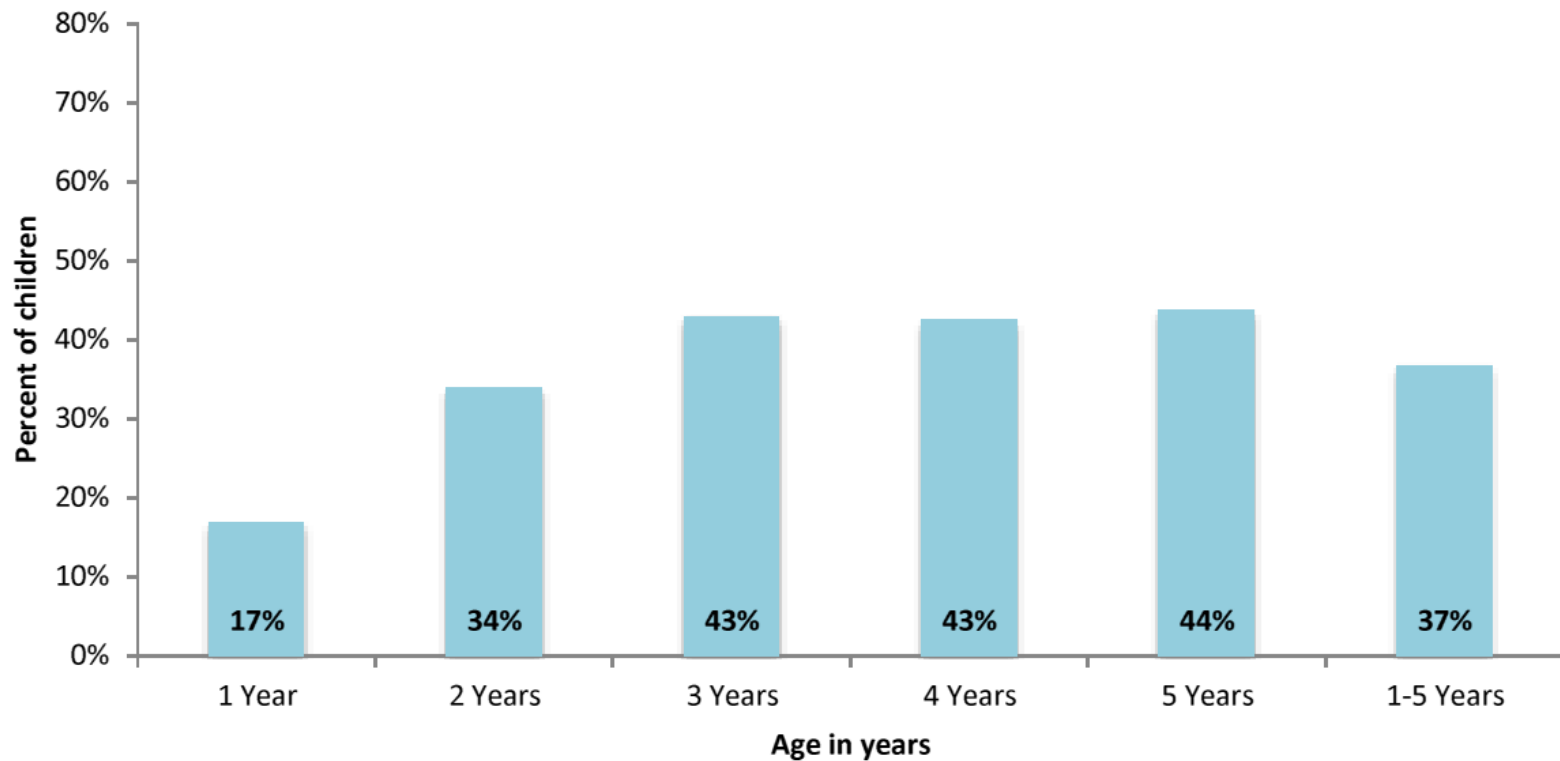
- ▶ Eruption patterns vary widely.
- ▶ Baby teeth begin falling out as soon as age 5, with the last of them falling out around age 12.

Tooth Arrival Chart Use this chart to identify the number and location of teeth at a given age. Baby teeth are shaded in blue and permanent teeth are shown in white.				
When?	How many?		Where?	
5-12 months	4 baby teeth	0 permanent teeth		upper lower
8-13 months	6 baby teeth	0 permanent teeth		upper lower
13-19 months	12 baby teeth	0 permanent teeth		upper lower
16-23 months	16 baby teeth	0 permanent teeth		upper lower
2-3½ years	20 baby teeth	0 permanent teeth		upper lower
6-7 years	20 baby teeth	4 permanent teeth		upper lower
6-8 years	16 baby teeth	8 permanent teeth		upper lower

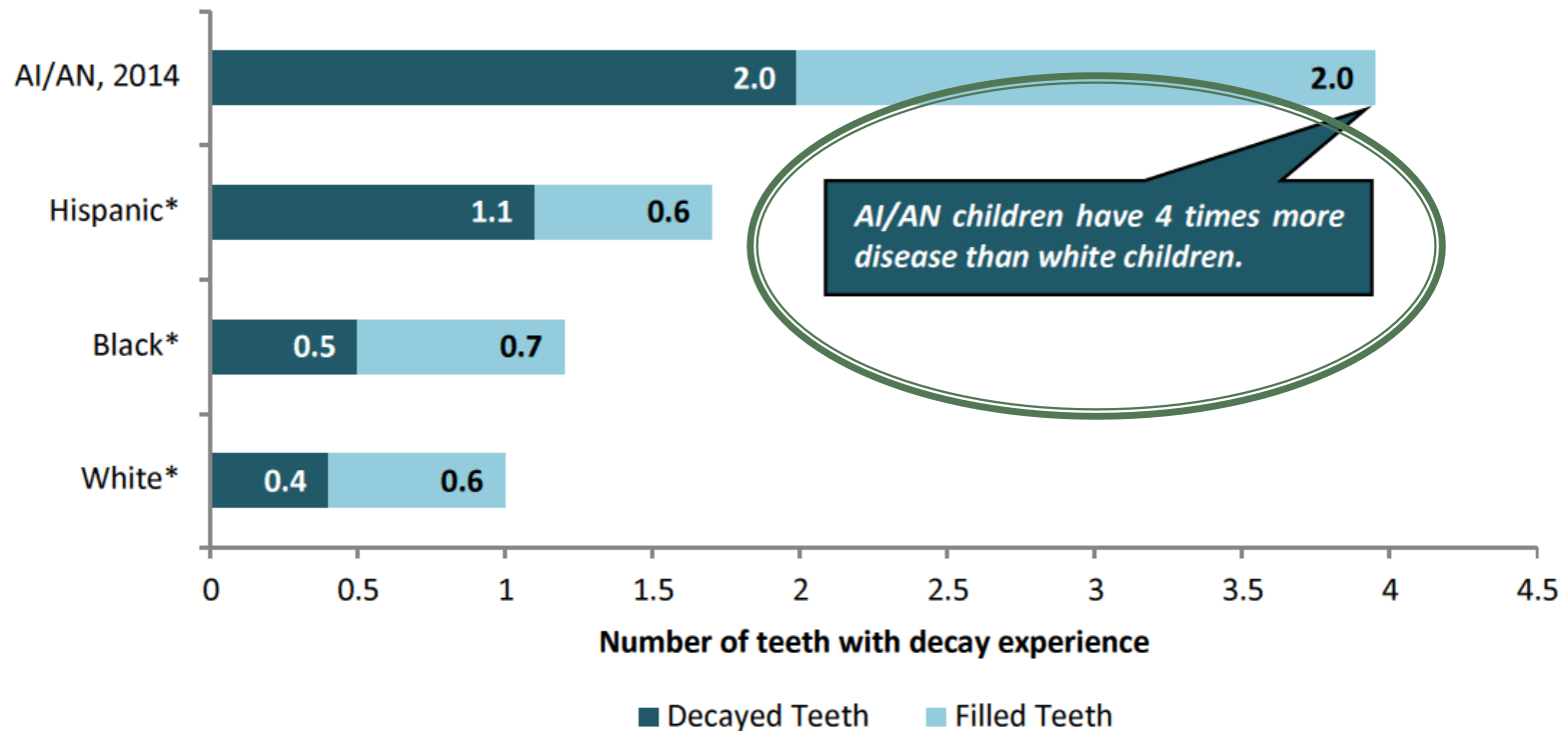
Prevalence of Decay in Primary Teeth of AI/AN Children by Age, 2014



Prevalence of **Untreated** Decay in Primary Teeth of AI/AN Children by Age, 2014

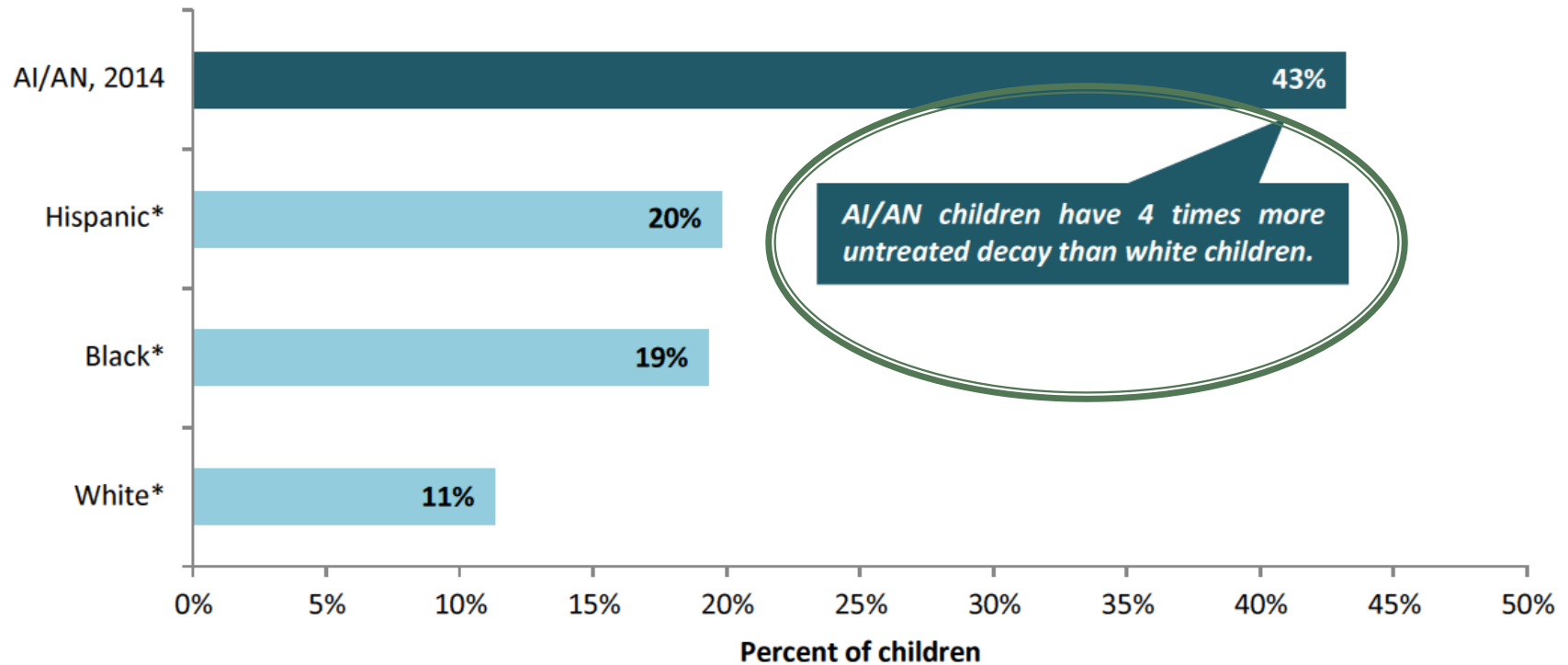


Mean Number of Decayed and Filled Primary Teeth—2 to 5 years of age



* Data Source: National Health and Nutrition Examination Survey (NHANES), 1999-2002

Percent with Untreated Decay— 3 to 5 years of age



* Data Source: National Health and Nutrition Examination Survey (NHANES), 2009-2010

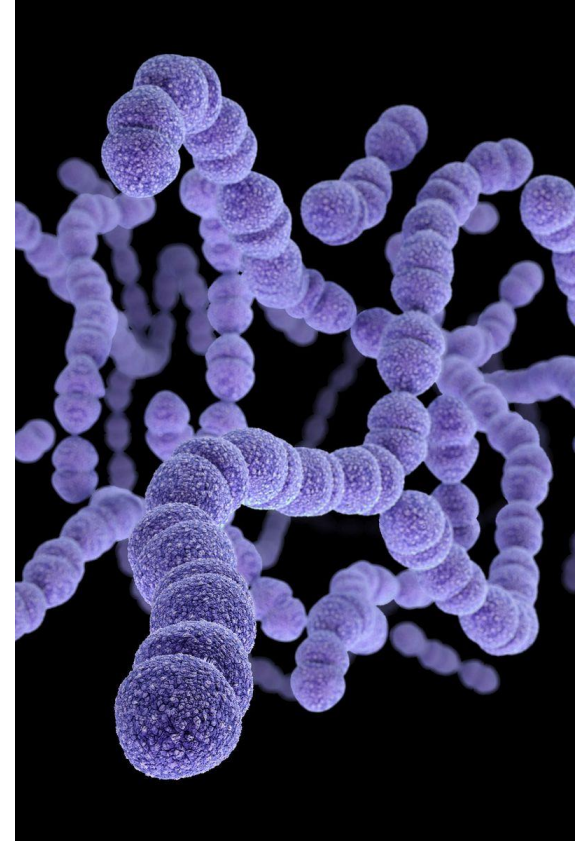
Why?

- ▶ Unknown
- ▶ May be:
 - Biological differences
 - Bacterial differences
 - Behavioral differences
 - Sociodemographic differences
 - Environmental differences
- ▶ Two main reasons for high rates of **untreated** decay:
 - Parents may not understand the benefits of early dental visits or the importance of treating decay in primary teeth.
 - Relative geographic isolation limits access to dental care.



The Caries Process

- ▶ Two major cariogenic bacteria
 - Streptococcus mutans (MS)
 - Streptococcus sobrinus (SS)
- ▶ Research suggests that AI/AN children...
 - Acquire MS at a very early age (as young as 1 month).
 - Have a higher total count of MS.
 - Have a higher percentage of their oral bacteria being MS.
 - May have more virulent strains of MS.
 - Are more likely to have SS.



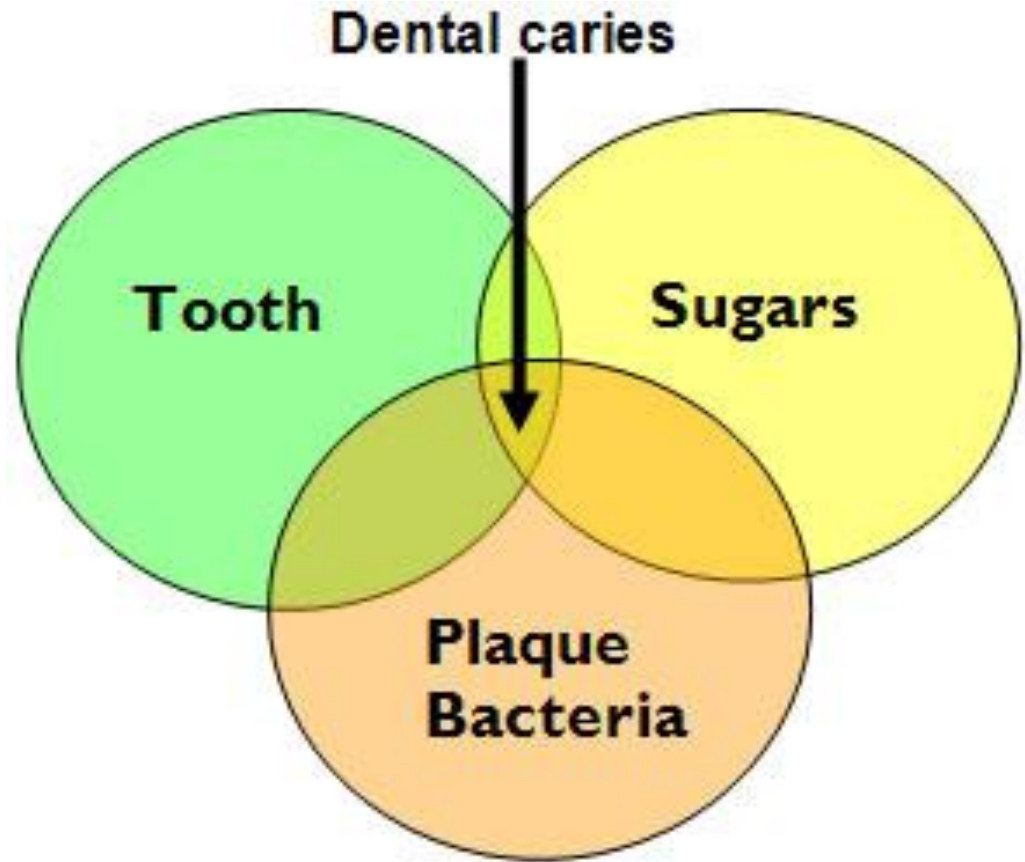
The Caries Process

- ▶ Caries-causing bacteria can be spread.
 - Caregiver should not share spoons, cups, toothbrushes (or anything else that has been in their own mouths) with their child.

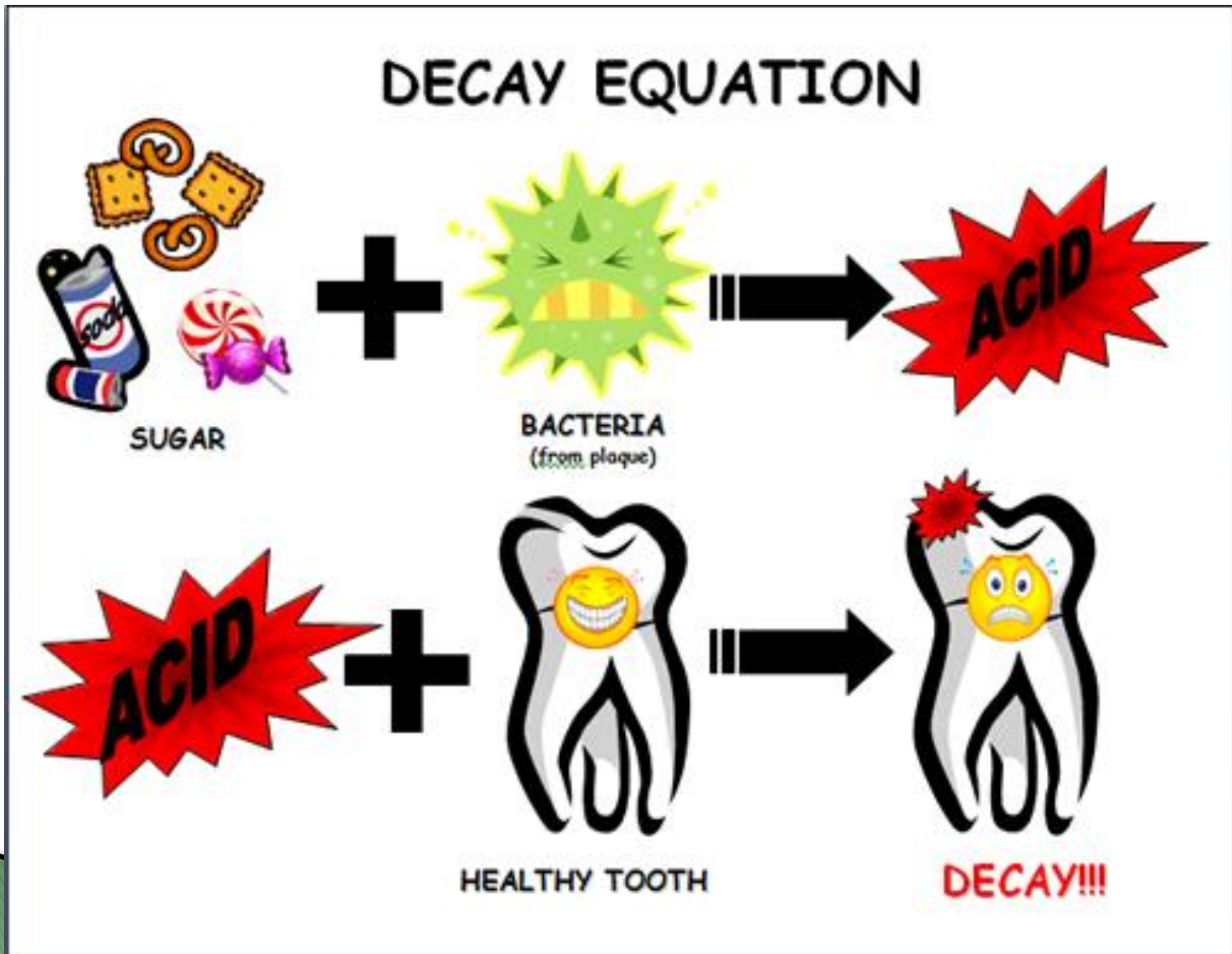


The Caries Process

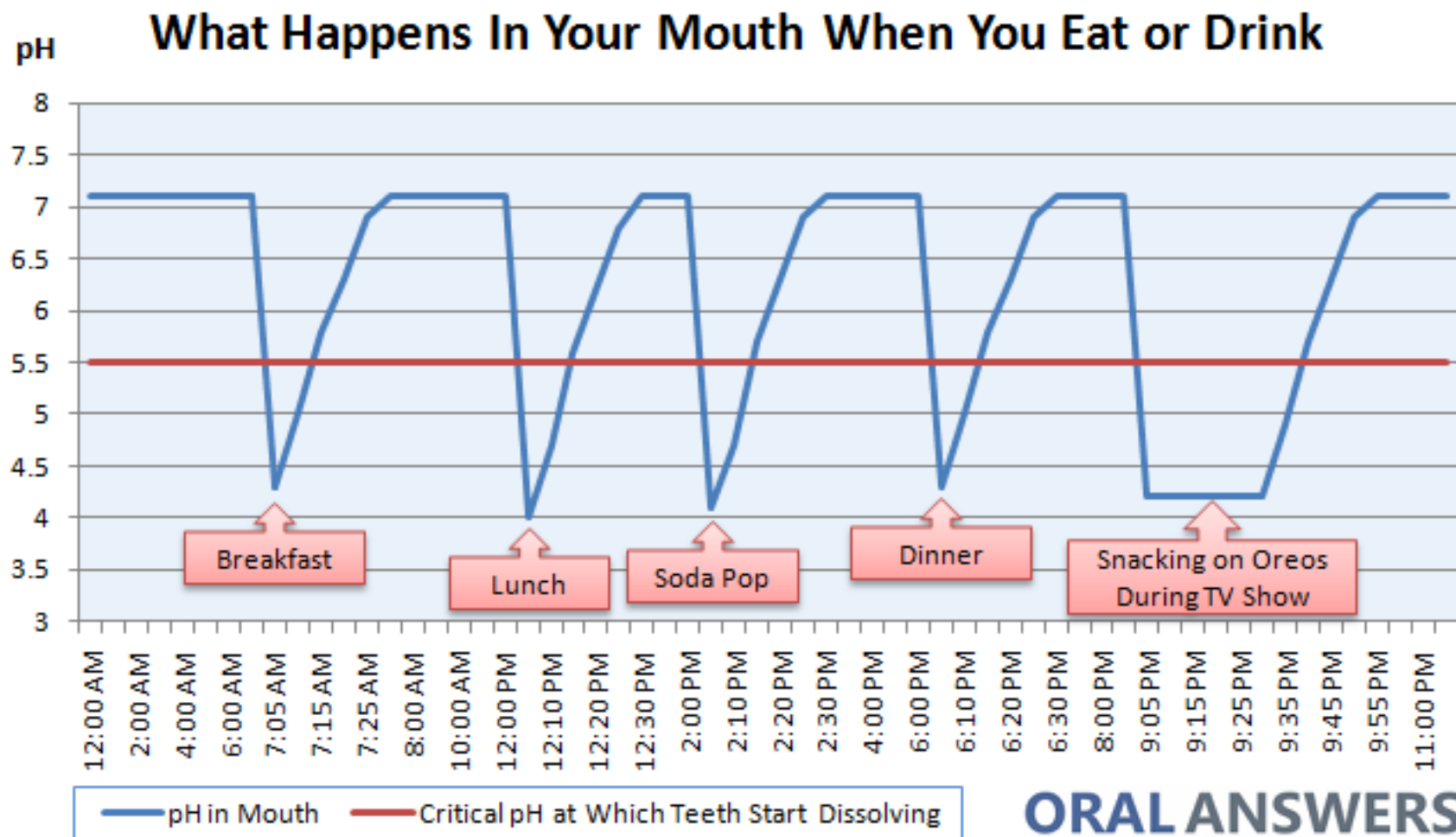
- ▶ Caries requires an interaction between three factors:
 - Susceptible tooth
 - Plaque bacteria
 - Sugar to feed the plaque



Plaque Attack!

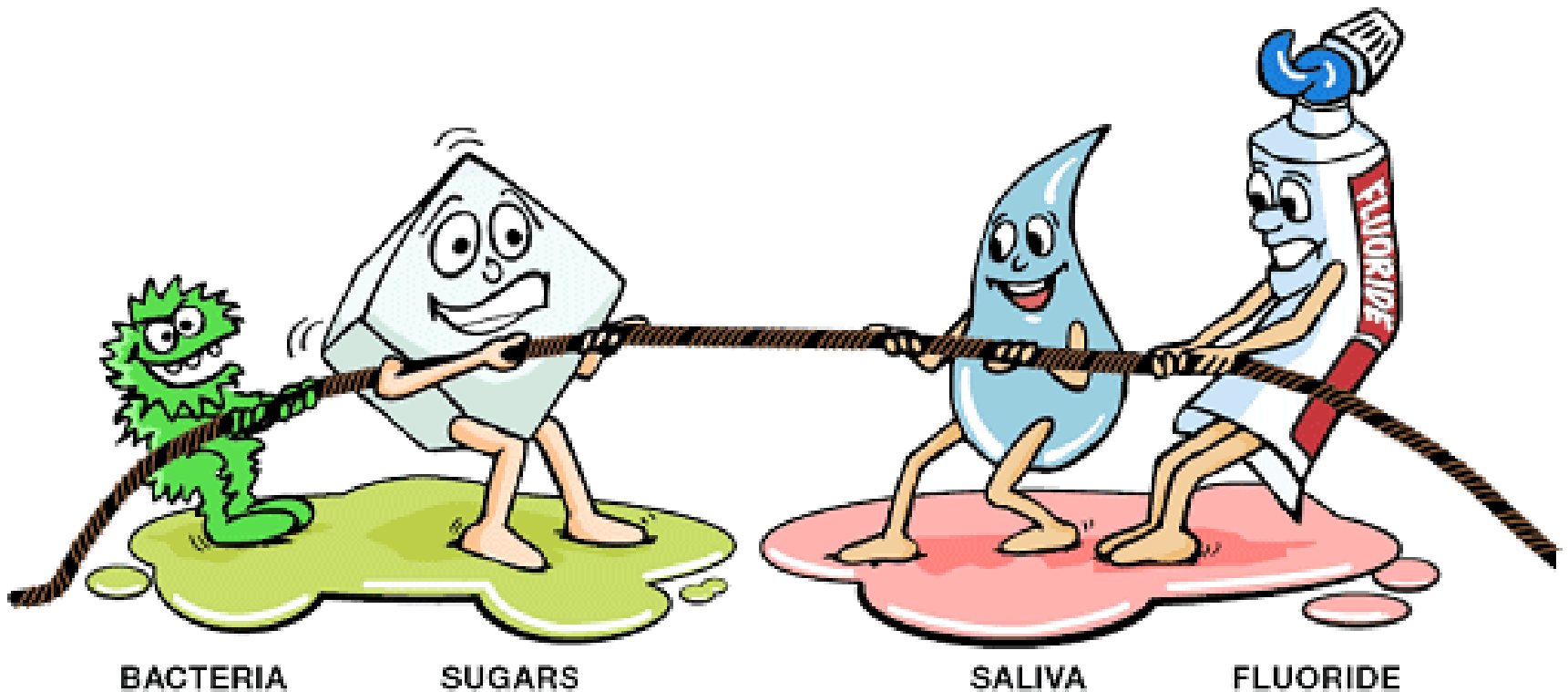


Plaque Attack!



ORAL ANSWERS

The caries process is a tug-of-war between cariogenic factors and protective factors.



Caries Risk Factors

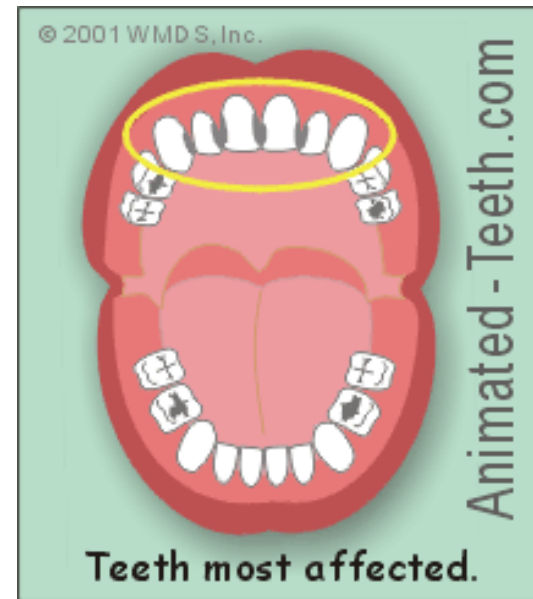
- ▶ Sleeping with a bottle that contains anything but water or nursing on demand
- ▶ Frequent beverages other than water, including sugary beverages, soda, or juice
- ▶ Snacking more than 3 times a day on packaged or processed sugary foods, including dried fruit
- ▶ Frequent or regular use of asthma inhalers or other medications that produce dry mouth
- ▶ Child with a developmental disability or other special health care need

Caries Risk Factors

- ▶ Child's teeth not brushed with fluoride toothpaste by an adult twice per day
- ▶ Inadequate exposure to fluoride
- ▶ Obvious white spots, decalcifications, or obvious tooth decay
- ▶ Dental restorations in the past 12 months
- ▶ Obvious plaque on the teeth and/or the gums bleed easily

Early Childhood Caries (ECC)

- ▶ Any tooth decay occurring in children 0–5 years of age
- ▶ Treatment often in a hospital-based operating room under general anesthesia—very expensive



ECC Causes

- ▶ There are many aspects of early childhood caries; **baby bottle tooth decay** is recognized as one of the more severe types of this disease.



ECC Causes

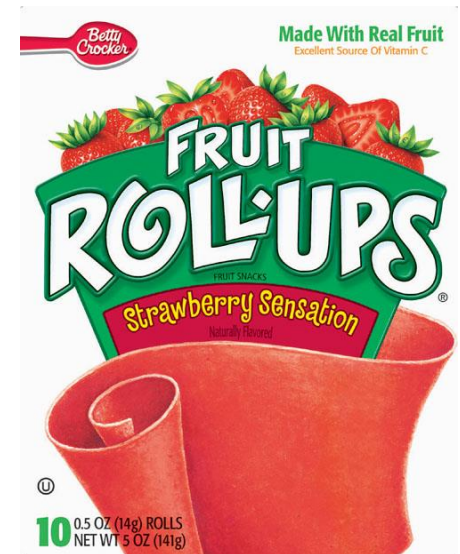
- ▶ Unrestricted and at-will intake of sugary liquids during the day or while in bed
- ▶ Unrestricted, at-will breastfeeding at night after eruption of the child's first tooth



ECC Causes

- ▶ Many parents do not realize that we need to look at:

- Frequency of intake of foods.
- Consistency of food—oral clearance.



ECC Signs and Symptoms

- ▶ **Early Signs:** Chalky white spots at the gum line



- ▶ **Advanced Signs:** severely decayed teeth at the gum line and extending between the teeth; possibly broken teeth



Cost of ECC

- ▶ Depending on the severity of ECC, it can cost as much as \$8,000 if the child needs general anesthesia.
- ▶ 40–50% of children with severe ECC have new decay within 4–12 months.



Social Effects of ECC

- ▶ Pain
- ▶ Infection
- ▶ Delayed speech development
- ▶ Low self-esteem
- ▶ Delayed social development
- ▶ Missed school days and difficulty concentrating on school



Baby Teeth Matter!

- ▶ Primary teeth matter for:
 - Eating.
 - Holding space for permanent teeth.
 - Speech.
 - Smiling.



Prevention of ECC



Water Fluoridation



Fluoride Toothpaste



Fluoride Varnish



Dental Sealants



Proper Infant Feeding Practices



Diet Low in Sugar and Refined Carbohydrates

Prevention of ECC

- ▶ Regular dental visits from 12 months of age



Oral Hygiene Instructions

- ▶ Discuss home care.
- ▶ Reinforce the use of a small smear of fluoride toothpaste for infants, and pea-size for older children.



Smear

Age less than 2 years



Pea-size

Age 2 to 5 years



Regular

Age more than 5 years

Oral Hygiene Instructions

► At-home care:

- Begins when first tooth erupts
- Cleaning method for small children can include:
 - The knee-to-knee position.
 - Child on lap with face up.
 - Cleaning front of teeth during bath time or while on the changing table.
- Include fluoride toothpaste in daily routine.



Nutrition Education

- ▶ Feed children at regular feeding times. Minimize snacking. No grazing!
- ▶ Never let the children walk around with a bottle or cup with anything other than water. Fruit juice or milk should only be offered in a cup with meals or at snack time.
- ▶ Limit sugar to no more than three times per day. Sugar causes plaque attack!



Advice for Parents

- ▶ Lift the lip and look for chalky white or brown spots. Take the child to the dentist if you see these signs of cavities.
- ▶ Brush child's teeth twice daily with a smear of fluoride toothpaste beginning when the first tooth comes in.
- ▶ Put baby to bed without a bottle, and wean from the bottle around 12 months of age.
- ▶ Feed your baby a healthy diet, and limit sweets and sodas.
- ▶ Ask about fluoride varnish treatments to protect your baby's teeth from cavities.

Oral Hygiene Instructions for Parents

- ▶ Begins when the first tooth erupts.
- ▶ Cleaning method for small children can include:
 - The knee-to-knee position.
 - Child on lap with face up.
 - Cleaning front of teeth during bath time or while on the changing table.
- ▶ Include fluoride toothpaste in daily routine.



Thumb sucking

- ▶ Normal for infants, many stop by age 2
- ▶ Should be discouraged around age 3
- ▶ Prolonged bite problems



Bye-Bye Binky

- ▶ Parents should try to wean at about 18–24 months
- ▶ WWW.bye-bye-binky.com
- ▶ “Binky Fairy” took the pacifier...





Caries Risk Assessment

Individual Caries Risk Assessment

- ▶ Fosters the treatment of the disease process instead of treatment of the disease outcome (caries).
- ▶ Gives an understanding of the disease factors for each specific child and aids in individualizing preventive discussions (motivational interviewing).
- ▶ Individualizes, selects, and determines frequency of preventive treatment for a patient.
 - Fluoride varnish frequency.
- ▶ Anticipates caries progression or stabilization.

Source: American Academy of Pediatric Dentistry.
Guideline on Caries-risk Assessment and
Management for Infants, Children, and
Adolescents. Clinical Practice Guidelines.



Caries Risk Assessment Tool

- ▶ Developed by the Department of Health Care Services CRA Workgroup for DTI.
- ▶ An adaptation of a nationally recognized caries risk assessment tool.
- ▶ Provides Oral Health Care Coordinators with a form to gather information for classifying children into high, moderate, or low caries risk categories.
- ▶ Identifies key clinical, risk, and protective factors for management of caries.
- ▶ Helps to set self-management goals and motivate patients.

California Department of Health Care Services
Domain #2 Caries Risk Assessment Form for Children <6 Years of Age

Patient Name: _____				
ID# _____	Age: _____		Date of Birth: _____	
Assessment Date: _____				
Please indicate whether this is a BASELINE assessment or a FOLLOW-UP VISIT _____				
Provide follow-up visit #) _____				

RISK ASSESSMENT				
Assessment through interview and clinical examination	High Risk	Moderate Risk	Low risk	Priority for Self-management goal
Check All That Apply				
1. Risk factors (Biological and Behavioral Predisposing factors)				
(a) Child sleeps with a bottle containing a liquid other than water, or nurses on demand		Yes <input type="checkbox"/>	No risk factors	
(b) Frequent use beverages other than water including sugary beverages, soda or juice		Yes <input type="checkbox"/>		
(c) Frequent (>3 times/day) between-meal snacks of packaged or processed sugary foods including dried fruit		Yes <input type="checkbox"/>		
(d) Frequent or regular use of asthma inhalers or other medications which reduce salivary flow		Yes <input type="checkbox"/>		
(e) Child has developmental disability/CSHCN (child with special health care needs)		Yes <input type="checkbox"/>		
(f) Child's teeth not brushed with fluoride toothpaste by an adult twice per day		Yes <input type="checkbox"/>		
(g) Child's exposure to other sources of fluoride (fluoridation or fluoride tablets) is inadequate		Yes <input type="checkbox"/>		
2. Disease indicators/risk factors—clinical examination of child				
(a) Obvious white spots, decalcifications, enamel defects or obvious decay present on the child's teeth	Yes <input type="checkbox"/>	No disease indicators	No disease indicators	
(b) Restorations in the past 12 months (past caries experience for the child)	Yes <input type="checkbox"/>			
(c) Plaque is obvious on the teeth and/or gums bleed easily		Yes <input type="checkbox"/>		
OVERALL ASSESSMENT OF RISK* (Check)	HIGH <input type="checkbox"/> Code 0603	MODERATE <input type="checkbox"/> Code 0602	LOW <input type="checkbox"/> Code 0601	

Caries Risk Assessment Tool

Patient Name: _____

ID# _____ Age: _____ Date of Birth: _____

Assessment Date: _____

Please indicate whether this is a BASELINE assessment or a FOLLOW-UP VISIT _____

Provide follow-up visit #) _____

- ▶ Ensure that the top portion is completed with all the information.

Biological & Behavioral Risk Factors

RISK ASSESSMENT				
Assessment through interview and clinical examination	CIRCLE High Risk if any "Yeses" are present	CIRCLE Moderate Risk if any "Yeses" are present and there are no high risk factors	No Risk Factors CIRCLE Low risk	Priority for Self-management goal
1. Risk factors (Biological and Behavioral Predisposing factors)				
(a) Child sleeps with a bottle containing a liquid other than water, or nurses on demand		Yes	No risk factors	
(b) Frequent use beverages other than water including sugary beverages, soda or WIC juice		Yes		
(c) Frequent (>3 times/day) between-meal snacks of packaged or processed foods including dried fruit		Yes		
(d) Frequent or regular use of asthma inhalers or other medications which reduce salivary flow		Yes		
(e) Child has developmental disability /CSHCN (child with special health care needs)		Yes		
f) Child not brushed teeth by adult for 2 x day		Yes		
g) Child's exposure to other sources of fluoride (fluoridation or fluoride tablets) is inadequate		Yes		

- ▶ Section 1 items (a)–(g) are completed via interview with caregiver.
- ▶ Factors that predispose a child to dental caries.
- ▶ Indicators for **moderate risk**.

Fluoride Exposure—Is Your Water Fluoridated?

- ▶ To determine if a water system is fluoridated, visit the California State Water Resources Control Board at

http://www.waterboards.ca.gov/drinking_water/certlic/drinkingwater/Fluoridation.shtml.



Clinical Indicators of Disease

2. Disease indicators/risk factors – clinical examination of child

(a) Obvious white spots, decalcifications, enamel defects or obvious decay present on the child's teeth	Yes		No disease indicators	
(b) Restorations in the past 12 months (past caries experience for the child)	Yes			
(c) Plaque is obvious on the teeth and/or gums bleed easily		Yes		
OVERALL ASSESSMENT OF RISK (Circle)	HIGH Code 0603	MODERATE Code 0602	LOW Code 0601	

- ▶ Section 2 items (a)–(c) are completed by visually inspecting the child's mouth for signs of disease.
- ▶ Signs that the disease process has affected tooth structure automatically place a child into a **high risk** category.

How to Spot Dental Disease



- ▶ Look for obvious white spots, decalcifications, enamel defects, or obvious decay.

How to Spot Dental Disease



- ▶ White spot lesions and decalcifications occur in areas where plaque builds up.

Dental Plaque and Inflamed Gums



CRA Results

- ▶ YES to any one indicator in the HIGH RISK COLUMN = **HIGH RISK** [Presence of disease or recent disease experience].
- ▶ YES to one or more factors/indicators in the MODERATE RISK COLUMN in the absence of any HIGH RISK indicators = **MODERATE RISK** [Presence of a risk indicator; no disease].
- ▶ Absence of factors in either high or moderate risk categories = **LOW RISK.**

CRA Summary

Moderate Risk	High Risk
Frequent carbohydrates	White spot lesions
Visible plaque	Active caries
Low fluoride exposure	Restorations previous 12 months
Low saliva flow	
Low risk indicated by absence of factors in either category	



Conducting Your Oral Healthcare Appointment



Overview of the 7 Steps

1. Interview
2. Position the child
3. Oral examination
4. Toothbrush prophylaxis
5. Fluoride varnish treatment
6. Summary and goal setting
7. Documentation

Preparation

- ▶ Caries Risk Assessment (CRA) form or electronic questionnaire
- ▶ Self-Management and Goal Setting Handout

Self-Management Goals for Parent/Caregiver

Patient Name: _____

Regular dental visits for child ☐

Fanny receives dental treatment ☐

Healthy snacks ☐

Brush with fluoride toothpaste at least 2 times daily ☐

Only water or milk in sippy cups ☐

Wear off bottle (no bottles for sleeping) ☐

Less or no juice ☐

Use Xylitol spray gel or dissolving tablets ☐

No soda ☐

Last or no junk food and candy ☐

Drink tap water ☐

Self-management goal: ☐

On a scale of 1-10, how confident are you that you can accomplish the goals? 1 2 3 4 5 6 7 8 9 10

Signature _____ Date _____

Practitioner signature _____

California Department of Health Care Services
Domain #2 Caries Risk Assessment Form for Children <6 Years of Age

Patient Name: _____
ID#: _____ Age: _____ Date of Birth: _____
Assessment Date: _____

Please indicate whether this is a BASELINE assessment or a FOLLOW-UP VISIT _____
Provide follow-up visit #: _____

RISK ASSESSMENT				Priority for Self-management goal
Assessment through interview and clinical examination	High Risk	Moderate Risk	Low risk	
Check All That Apply				
1. Risk factors (Biological and Behavioral Predisposing factors)				
(a) Child sleeps with a bottle containing a liquid other than water, or nurses on demand		Yes <input type="checkbox"/>	No risk factors	
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(c) Frequent (>3 times/day) between-meal snacks of packaged or processed sugary foods including dried fruit		Yes <input type="checkbox"/>		
(d) Frequent or regular use of asthma inhalers or other medications which reduce salivary flow		Yes <input type="checkbox"/>		
(e) Child has developmental disability/CHCN (child with special health care needs)		Yes <input type="checkbox"/>		
(f) Child's teeth not brushed with fluoride toothpaste by an adult twice per day		Yes <input type="checkbox"/>		
(g) Child's exposure to other sources of fluoride (fluoridation or fluoride tablets) is inadequate		Yes <input type="checkbox"/>		
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(a) Obvious white spots, decalcifications, enamel defects or obvious decay present on the child's teeth	Yes <input type="checkbox"/>	No disease indicators	No disease indicators	
(b) Restorations in the past 12 months (past caries experience for the child)	Yes <input type="checkbox"/>			
(c) Plaque is obvious on the teeth and/or gums bleed easily		Yes <input type="checkbox"/>		
OVERALL ASSESSMENT OF RISK* (Check)	HIGH <input type="checkbox"/> Code 0603	MODERATE <input type="checkbox"/> Code 0602	LOW <input type="checkbox"/> Code 0601	



Preparation

► Clinical Supplies

- Gauze
- Light source
- Toothbrush
- Fluoride varnish
- Gloves



Step 1: Interview

Build Rapport with the Child

- ▶ Play and talk with the child.
- ▶ Distract with toys or a baby toothbrush while you talk with the caregiver.
- ▶ Ask staff to occupy the child during the interview.



Step 1: Interview

Interview the Caregiver (Begin Anticipatory Guidance)

- ▶ Closed questions.
- ▶ Open-ended questions.
- ▶ Questions will follow the CRA form.
 - Bottle use and other dietary habits
 - Reduced salivary flow
 - Developmental disabilities or special needs
 - Daily hygiene habits
 - Fluoride exposure (keep local fluoridation chart handy)
 - Frequency of cavities in primary caregivers and siblings



Step 2: Position the Child

- ▶ Position knee-to-knee.
- ▶ Slowly lower the child onto your lap.
- ▶ Caregiver holds the child's hands and helps to keep the child stable.
- ▶ Expect crying.
 - Bad news: The child is crying.
 - Good news: You can see the teeth clearly.



Step 2: Position the Child

- ▶ Tips for Behavior Management
 - Focus on the nature of the cry.
 - Use distraction techniques.
 - Use the “tell, show, do” method with older children.
 - Use positive self-talk.
 - Above all, stay calm.



Step 3: Oral Examination

- ▶ Look for:
 - Presence of thick plaque
 - Chalky white spots, brown spots, or obvious dental caries
 - Recent restorations
 - Tooth defects
 - Abscesses
 - Visually inadequate saliva flow
- ▶ Show caregivers any signs of tooth decay.

Step 3: Oral Examination

- ▶ Teach the caregiver to “lift the lip” to check for chalky white spots or brown spots.



Step 4: Toothbrush Prophylaxis

- ▶ Remove plaque thoroughly (or help the child or parent do it) with a toothbrush.
- ▶ Discuss home care.
- ▶ Reinforce the use of a small smear of fluoride toothpaste for infants, and pea-size for older children.



Smear

Age less than 2 years



Pea-size

Age 2 to 5 years



Regular

Age more than 5 years

Step 4: Toothbrush Prophylaxis

► At-home care:

- Begins when first tooth erupts.
- Cleaning method for small children can include:
 - The knee-to-knee position
 - Baby on lap with face up
 - Cleaning front of teeth during bath time or while on the changing table
- Include fluoride toothpaste in daily routine.

Step 5: Fluoride Varnish Treatment

- ▶ Get started:
 - Dry teeth lightly with a gauze square.
 - Open the packet of varnish.
 - Stir with applicator.



Step 5: Fluoride Varnish Treatment

- ▶ Apply varnish:
 - Do the outsides of all teeth and then the insides.
 - Begin with lower teeth.
 - Repeat with upper arch.
 - Less is more!



Step 5: Fluoride Varnish Treatment

► Finish up:

- Raise the child back into the caregiver's arms for comforting.
- Provide child with a toy.
- Tell the parent: “don't brush until the next day.”

Step 6: Summary & Goal Setting

- ▶ Summarize your findings for the parent and the child.
- ▶ Recommend follow-up care.
- ▶ Discuss risk and determine appropriate recare interval.
- ▶ Set goals for home care using **motivational interviewing**.

Self-Management Goals for Parent/Caregiver

Patient Name _____

DOB _____



Regular dental visits
for child



Family receives
dental treatment



Healthy snacks



Brush with fluoride
toothpaste at least 2
times daily



No soda



Less or no juice



Wean off bottle
(no bottles for sleeping)



Only water or milk in
sippy cups



Drink tap water



Less or no junk food
and candy



Use xylitol spray, gel
or dissolving tablets

IMPORTANT: The last
thing that touches
your child's teeth
before bedtime is
the toothbrush with
fluoride toothpaste.

Self-management goals 1) _____

2) _____

On a scale of 1-10, how confident are you that you can accomplish the goals? 1 2 3 4 5 6 7 8 9 10

Signature _____ Date _____

Practitioner signature _____ Date _____

Self Management Goals & Plans

► https://www.cda.org/Portals/0/pdfs/tyke_self_mgmt_goals_for_parent.pdf.

Small Steps for Change

- ▶ Choose 1 or 2 key messages.
- ▶ Remain positive.
- ▶ Treat patients with respect and kindness.
- ▶ It takes multiple triggers over time to change behavior.



Step 7: Documentation

- ▶ D0601 – CRA, low risk
- ▶ D0602 – CRA, moderate risk
- ▶ D0603 – CRA, high risk
- ▶ D0140 – Limited oral evaluation, problem focused
- ▶ D0145 – Oral evaluation for patient under 3 years of age and counseling with primary caregiver
- ▶ D1310 – Nutritional counseling for the control of dental disease
- ▶ D1330 – Oral hygiene instruction
- ▶ D9993 – Motivational Interviewing
- ▶ D1206 – Topical application of fluoride varnish
- ▶ If bringing a child back for an additional fluoride varnish application, may also bill for an office visit (99211) as well as the fluoride varnish (D1206)

Resources

- ▶ TYKE: Treating Young Kids Everyday
 - A free online program for educating and training dental and primary care teams in using Caries Risk Assessment and early intervention to reduce Early Childhood Caries.
 - <https://www.cda.org/member-resources/education/tyke-training>

Resources

- ▶ Smiles for Life: A National Oral Health Curriculum
 - A free online series of courses designed to ensure the integration of oral health and primary care.
 - Course #2 Child Oral Health
 - Course #6 Caries Risk Assessment, Fluoride Varnish, and Counseling
 - Course #7 The Oral Exam
 - Smilesforlifeoralhealth.org

Questions?

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