

# How Primary Care Providers Can Improve Oral Health



## What is Dental Caries?

Dental caries is an infectious disease associated with *streptococcus mutans*, an organism that produces acids which can erode tooth enamel and cause cavitations. In infants, toddlers and pre-school age children, it is termed early childhood caries (ECC) or baby bottle caries. Dental caries is transmitted primarily from mother to child through contact with saliva.

## A National and Statewide Epidemic

- Dental caries is the most common chronic disease in children.
- According to the Surgeon General's 2000 Report on oral health, dental caries occurs in 50% of children ages 5 to 9 nationally. Poor children suffer twice as much dental caries as their more affluent peers, and their disease is more likely to be untreated.<sup>1</sup>
- The majority of children in NJ FamilyCare/Medicaid are in one or more of categories which put them at a higher risk of ECC and poor oral health.
- In NJ Medicaid HEDIS data (2008) show that more than half of children enrolled in managed care, aged 0-5 did not have an annual dental visit.<sup>2</sup>

The above resulted in a call to action to promote access to oral health care for all, reduce morbidity of oral disease and eliminate oral health disparities.

## What should a primary care provider do?

Dental caries is preventable and treatable. However, only 15% of all eligible children aged 0 to 6 years received any dental service in FY 2006 and only 13% in that age group received preventive dental care. As a healthcare professional, you can help guide these children to better oral health by encouraging the following prevention in parents and caregivers:

- Avoid sharing with their child things that have been in their mouth, to prevent transmission of disease;
- Evaluate fluoride status of residential water supply and whether bottled water is used;
- Schedule the child's first dental visit by age one, or soon thereafter;
- Choose toothpaste and vitamin supplements with fluoride, as effective ways to prevent tooth decay;
- Wipe/brush teeth with fluoride toothpaste after every feeding; and
- Limit bottles and sip cups to feeding times.

You can also encourage preventive care through an evaluation that includes:

- Tooth eruption and the condition of the teeth and gingiva (gums);
- Discussion of oral development and oral habits (i.e., pacifier use, finger-sucking);
- Discussion of prevention and nutrition;
- Review of injury and trauma occurrences and considerations; and
- Referral to a dentist for a comprehensive oral exam and preventive services.

To learn more visit [www.chcs.org/njsmiles](http://www.chcs.org/njsmiles)

<sup>1</sup>US Department of Health and Human Services, Oral Health in America: a report of the Surgeon General. Rockville (MD) U.S. Department of Health and Human Services, National Institute of Dental Craniofacial Research, National Institute of Health, 2000.

<sup>2</sup>Audited data made available by the NJ Medicaid Health Plans.

## Recommendations for Pediatric Oral Health Care<sup>3</sup>

Primary Care Provider Action	Dental Service
<b>Birth – 11 months/First tooth eruption</b>	
<ul style="list-style-type: none"> <li>■ Oral screening</li> <li>■ Dental referral</li> <li>■ Fluoride supplements</li> <li>■ Demonstrate tooth cleaning</li> <li>■ Anticipatory guidance</li> </ul>	<ul style="list-style-type: none"> <li>■ Dental scenario</li> <li>■ First dental visit</li> <li>■ Oral exam</li> <li>■ Preventive fluoride treatment</li> <li>■ Oral hygiene instruction</li> <li>■ Treatment as needed</li> <li>■ Parental education</li> <li>■ Six month recall visit</li> </ul>
<b>12 – 36 months</b>	
<ul style="list-style-type: none"> <li>■ Oral screening</li> <li>■ Dental referral</li> <li>■ Fluoride supplements</li> <li>■ Tooth cleaning</li> <li>■ Age appropriate anticipatory guidance</li> </ul>	<ul style="list-style-type: none"> <li>■ Oral exam</li> <li>■ Preventive fluoride treatment</li> <li>■ Dental sealant applied at eruption of first primary molar</li> <li>■ Dental prophylaxis</li> <li>■ Treatment as needed</li> <li>■ Parental education</li> <li>■ Six month recall visit</li> </ul>
<b>3 – 5 years</b>	
<ul style="list-style-type: none"> <li>■ Oral screening</li> <li>■ Dental referral</li> <li>■ Fluoride supplements</li> <li>■ Tooth cleaning</li> <li>■ Age appropriate anticipatory guidance</li> </ul>	<ul style="list-style-type: none"> <li>■ Oral exam</li> <li>■ Preventive fluoride treatment</li> <li>■ Dental prophylaxis</li> <li>■ Oral hygiene instruction</li> <li>■ Parental education</li> <li>■ Dental sealant applied to primary molars</li> <li>■ Treatment as needed</li> <li>■ Six month recall visit</li> </ul>

<sup>3</sup>Information for this guide is from Bright Futures in Practice: Oral Health

*New Jersey Smiles is an 18-month initiative engaging New Jersey's five Medicaid managed care health plans -- AmeriChoice of NJ, AMERIGROUP NJ, Health Net, Horizon NJ Health and University Health Plans – in an effort to tie overall health to oral health. It is an initiative of the Center for Health Care Strategies, and is made possible through funding from the Robert Wood Johnson Foundation.*

The Center for Health Care Strategies (CHCS) is a nonprofit policy resource center dedicated to improving health care quality and cost effectiveness for low-income populations and people with chronic illnesses and disabilities. We work directly with states and federal agencies, health plans, and providers to develop innovative programs that better serve Medicaid beneficiaries.