

Subject: Early Childhood Cavities Prevention Pg 1 of 4

Objective:

- I. To ensure implementation of a standardized Early Childhood Cavities Prevention program for all, Tuality Health Alliance (THA) Oregon Health Plan (OHP) children up to twenty-four (24) months of age and pregnant women.
- II. To ensure that the oral health status is assessed for pregnant women and children up to 24 months of age and that patients who need treatment receive adequate dental referrals.

Policy:

- I. The THA Quality Improvement (QI) Department will develop and maintain systems for documenting, tracking, and continuously improving oral health status assessments and the delivery of preventive information, education and referral for treatment, if needed.
- II. The THA Medical Management Coordinator will provide outcomes information to Primary Care Physicians (PCP).
- III. The Case Manager/Medical Management Coordinator, and/or a representative of the Oregon Health Plan will conduct medical record audits and data collection.
- IV. Assessments include the following for children up to 24 months of age:
 - A. Risk Assessment -Children up to 24 months of age-Lift the Lip
Low Risk Factors Include:
 1. No decayed teeth
 2. No white spot lesions
 3. No visible plaque or gingivitis
 4. Good oral hygiene
 5. No use of bottle after 14 months
 6. Carbohydrate consumption limited no more than 3-4 times daily
 - B. Provider Recommended Actions
 1. ECCP education-Anticipatory guidance
 2. Oral hygiene and nutrition instruction
 3. Encourage regular dental visits
 4. No immediate dental referral

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- C. Moderate Risk Factors Include:
 - 1. Decayed teeth in the past 24 months
 - 2. One area of enamel demineralization (white spot lesion)
 - 3. Poor oral hygiene including plaque and gingivitis
 - 4. Sleeps with a bottle
 - 5. Use of the bottle after 14 months
 - 6. Feeding patterns of frequent carbohydrate consumption especially between meals
 - 7. Siblings with several cavities before age 5
 - 8. No regular use of dental services

- D. Provider Recommended Actions
 - 1. ECCP education
 - 2. Oral hygiene & nutrition instruction
 - 3. Fluoride Assessment
 - 4. Consider age appropriate topical fluoride treatment
 - 5. Strongly encourage regular dental visits
 - 6. Dental referral needed but not emergent

- E. High Risk Factors Include:
 - 1. Decayed teeth within the last 12 months
 - 2. More than one area of white spot lesions
 - 3. Presence of cavities either visibly or on radiographic studies
 - 4. Visible plaque on front teeth
 - 5. No usual source of dental care
 - 6. Any moderate risk factors
 - 7. Active decay in mother of child
 - 8. Children with special health care needs
 - 9. Conditions impairing saliva composition or flow

- F. Provider Recommended Actions
 - 1. ECCP education
 - 2. Oral hygiene & nutrition instruction
 - 3. Fluoride supplement prescription
 - 4. Immediate dental referral; contact Dental Care Organization (DCO) for dental visit, assessment & treatment

- V. Assessments for Pregnant women include the following:
 - A. Low Risk Factors Include:
 - 1. Regular dental check-ups and cleanings
 - 2. Uses fluoride toothpaste

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3. No active dental decay or cavities filled within the last year
 4. No bleeding gums
- B. Provider Recommended Actions
1. Education: suggested question list
 2. Oral hygiene & Nutrition instruction
 3. Encourage regular dental visits
 4. No immediate dental referral
- C. High Risk Factors Include:
1. Active dental decay
 2. Dry mouth
 3. Malnourished mother
 4. No dental visit within last 2 years
 5. Cavities, fillings, bleeding gums or missing teeth within the last year
 6. Other children with several cavities before age 5
- D. Provider Recommended Actions
1. Education: suggested question list
 2. Oral hygiene & nutrition instruction
 3. Encourage regular dental visits
 4. Immediate dental referral-contact Dental Care Organization for dental visit, assessment & treatment
- VI. Data Collection Methods
- A. Encounter and Claims Data for Medical Providers
 1. 521.0 Dental Caries
 2. V72.2 Dental Examination
 - B. Surveys
 - C. Medical Chart Reviews
- VII. Helpful Web Sites
- A. Oregon Health Division
www.oshd.org/dental
 - B. National Oral Health Information Clearinghouse
www.aerie.com/nohicweb
 - C. National Institute of Dental and Craniofacial Research
www.nidcr.nih.gov
 - D. Centers for Disease Control & Prevention Oral Health Program
www.cdc.gov/nccdphp/oh

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- E. American Assoc. for Dental Research & International Assoc for Dental Research
www.iadr.com
- F. American Dental Association
www.ada.org
- G. American Dental Hygienists' Assoc
www.adha.org
- H.
- I. Proctor & Gamble
www.dentalcare.com
- J. The University of Washington Dental School, Seattle, Wa.
www.dental.washington.edu/pedo
- K. About Smiles by Dr. Fred Ferguson DDS
www.aboutsmiles.com
- L. WebMD.com www.webmd.com
- M. U.S. Dept of Health and Human Services (DHHS)
www.os.dhhs.gov
- N. American Academy of Pediatric Dentistry www.aapd.org
- O. American Society of Dentistry for Children www.asdckids.org
- P. National Maternal and Child Oral Health Resource Center
www.mchoralhealth.org

Attachments: Flow sheets

Formulated: August 29, 2003

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THA Plan Director

THA Medical Director