



# Effective And Systematic Oral Health Care for Young Children

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Dental Director

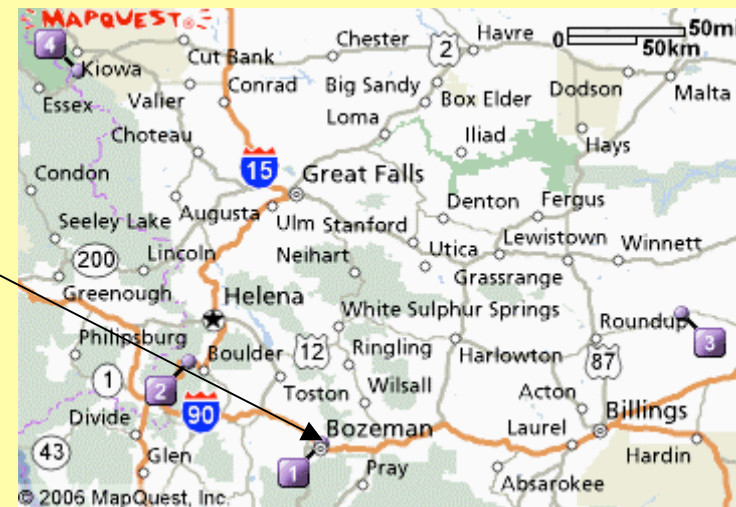
Community Health Partners Dental Practice

Bozeman, MT



# The Population We Serve

Near Yellowstone  
National Park





# The Population We Serve

- 2 mostly rural counties
  - Gallatin County
    - Population 72,000
    - Average wage in 2003 = \$26,173
  - Park County
    - Population 17,000
    - Average wage in 2003 = \$22,025



# Clinic Structure

- Stand alone site – not connected to medical sites
- 2 medical sites
  - Bozeman – 2 miles from clinic
  - Livingston – 35 miles form clinic, but separated by a snowy pass
- Organization offers additional services
  - Adult education services
  - Parenting education services
  - Pharmacy services
  - Mental health services
  - Case workers
- Private non-profit organization
  - Overseen by a Board of Directors





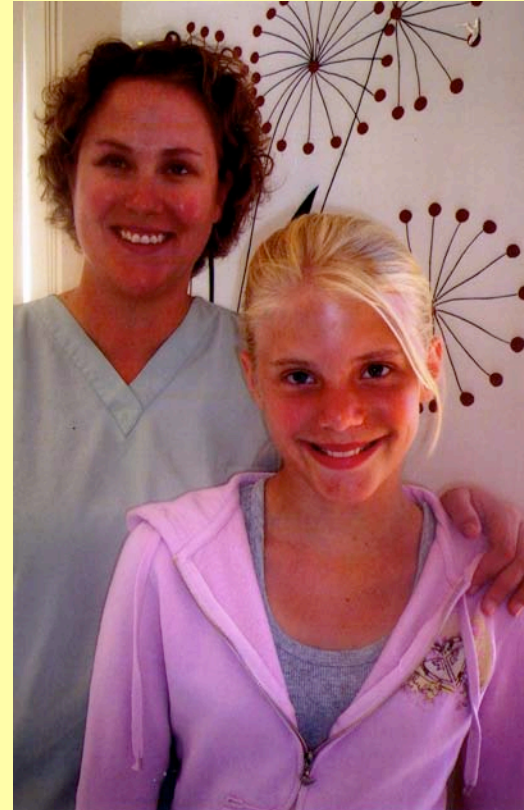
# Clinic Composition

- .8 FTE DDS
- .5 FTE Clinic coordinator
- .4 FTE Hygienist
- 3 FTE Dental assistants
- 1 FTE Front desk coordinator





# Volunteers





# Clinic Structure

- **3 DDS operatories**
- **1 hygiene operatory**
  - Hygienist treats adults
  - Dental assistant treats young children
- **Clinic hours:**
  - 8 to 4
  - Monday through Thursday
  - No lunch breaks
  - Daily morning “huddles”
  - Weekly one-hour all staff meetings



# Clinical Services

Services offered:

- All preventative services
- Basic restorative
- Basic root canal therapy (not sliding fee)
- Basic fixed pros (not sliding fee)
- All removable pros referred out to denturist
- Periodontal therapy
- Conscious oral & inhalation sedation



# Specialized Equipment

- Digital radiography
- Rotary endo
- Isolite





# Additional dental programs that make it FUN!

- PRECEDENT – dental research group
- Montana Dental Association
- Tucker gold study club
- Dental student rotations
- ***Oral Health Collaborative (OHC)***
  - ***Effective and systematic care of young children and pregnant women with the ultimate goal of reducing the burden of disease within our community***



# OHC core measures

- % babies 0 – 12 months that get a dental exam
- % babies 12 – 60 months that complete Phase 1 Treatment with in 12 months of exam
- % babies 0 – 60 months that have Self Management Goal Setting (SMGS) with in the past 12 months





# OHC optional measures

- PCP Dental Counseling
- Dental exam (24 – 60 months)
- Fluoride varnish application
- Dental home (recall measure)
- Fluoride needs assessment
- Fluoride prescribed
- Medical referral measure



# Life *before* the collaborative

- Scheduled nearly 4 months out
- Any type of patient could make as many appointments as they wanted
- No practice management data was being collected
- No policies or protocols
- No standardization of treatment rooms or clinical procedures
- High “no-show” rate
- Mostly urgent care for adults
  - Patients were often given pain medication and antibiotics as a substitute for treatment
- Average patient counts 1.5/hour (12/day)
- Low Medicaid rate
- Dental assistant to DDS ratio 1:1
- Low production – August 2005 dentist billed \$16,205



# New vision...

**Primary prevention is the only way to reduce the burden of disease!**

Changes we wanted to make:

- Limit ALL scheduled care to pregnant moms, children and parents of young children 0 – 60 months
- Refer all children 0 – 60 months seen during Well Child Checks (WCC) for a dental exam
- Introduce PCP dental counseling at each WCC
- All children 0 – 60 months get comprehensive care completed within one year
- All children 0 – 60 months seen for dental exams *any time* they present to clinic



# How did we produce change?

- Planned Care Model
  - Organization of Health Care
  - Community Resources & Policies
  - Self Management Support
  - Delivery System Design
  - Decision Support
  - Clinical Information Systems



# Organization of health care

- Senior leadership and Board of Directors educated as to the importance and impact of primary prevention
- Senior leadership granted funding, support and time to:
  - Infant oral health care training for entire organization
  - Hiring of additional dental staff to support OHC
  - Designation of dental liaison at each medical site
  - Development of specialized patient dental education material
  - Hiring of an expert in the area of self management and motivational interviewing techniques to train dental staff



# Decision support

- Medical and dental staff trained in:
  - Standards of care for young children
  - Principles of cariology & prevention
  - Anticipatory guidance
  - Infant/toddler dental exam
  - Fluoride varnish application
  - How to make a dental referral

Ouch!  
It doesn't need  
to be like  
this!



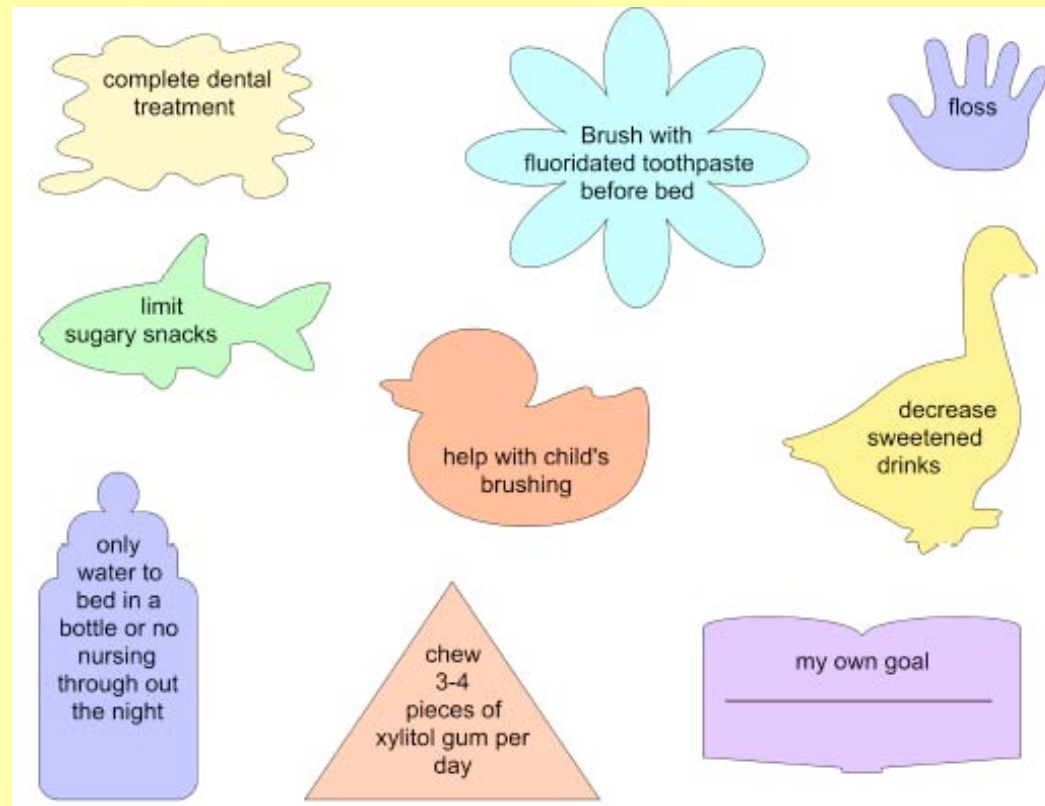


# Self-management support

- All dental staff
  - Completed advance training in self-management goal setting (SMGS)
  - Competent in motivational interviewing techniques
- Each baby/young child has SMGS completed yearly
- SMG is recorded in patient chart and followed up at each visit
- SMGS is sent back to the physician for reinforcement
- Development of SMGS tool for use in goal setting



# Self management tool



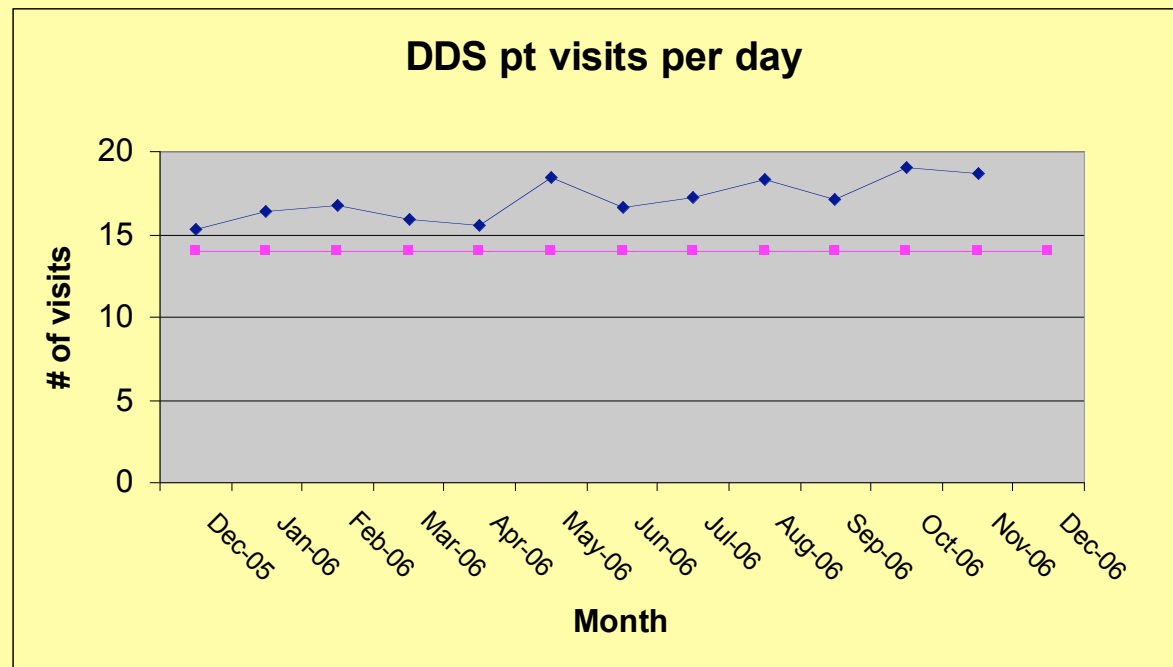


# Delivery system design

- PDSA (Plan, Do, Study, Act)
- Continuous measurement
  - Dental Balanced Score Card
    - Dentist patient visits per day
    - Dental treatment plan complete
    - Supply budget
    - Staff satisfaction
    - Patient satisfaction
    - RVU's per encounter
    - Payor mix
    - Pay code 13
    - % money collected per day
    - % "no-shows" for the month

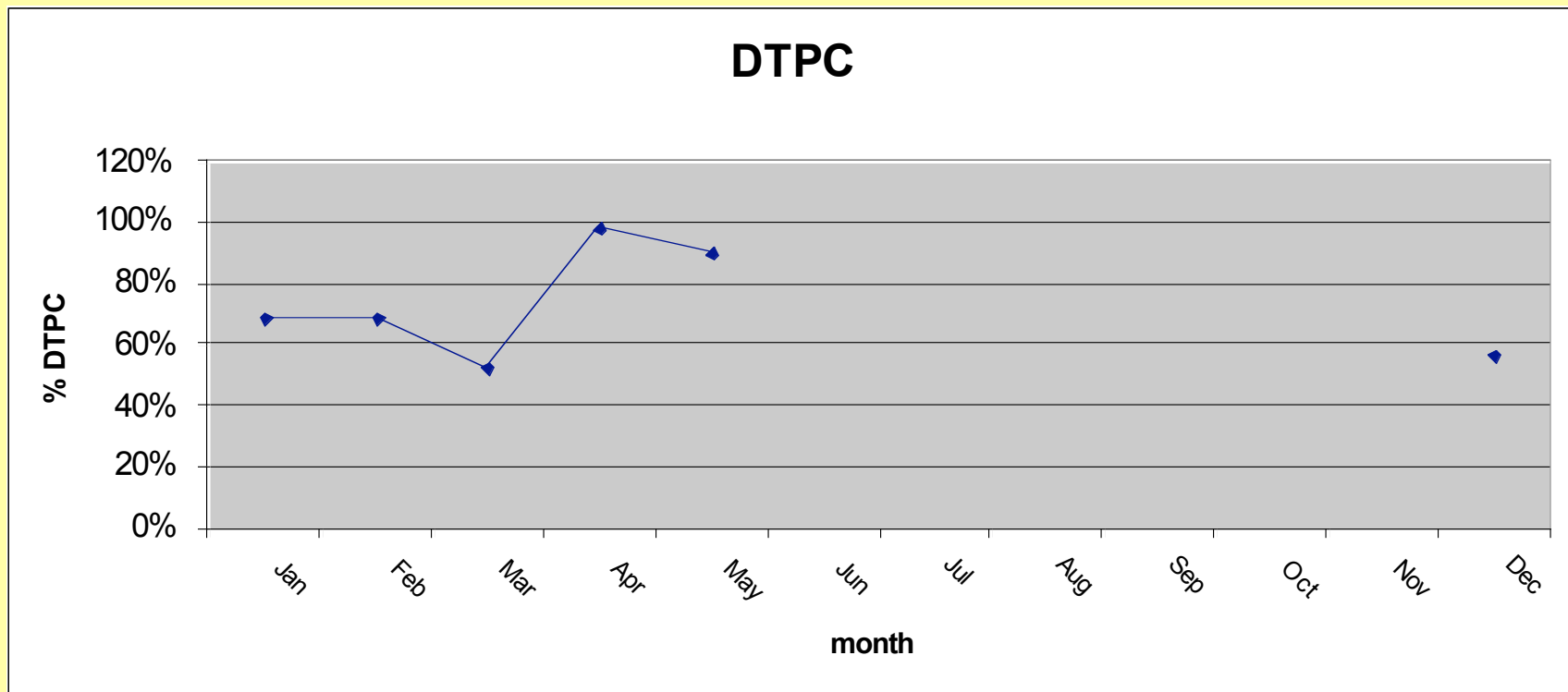


# Dentist visits per 8 hour day



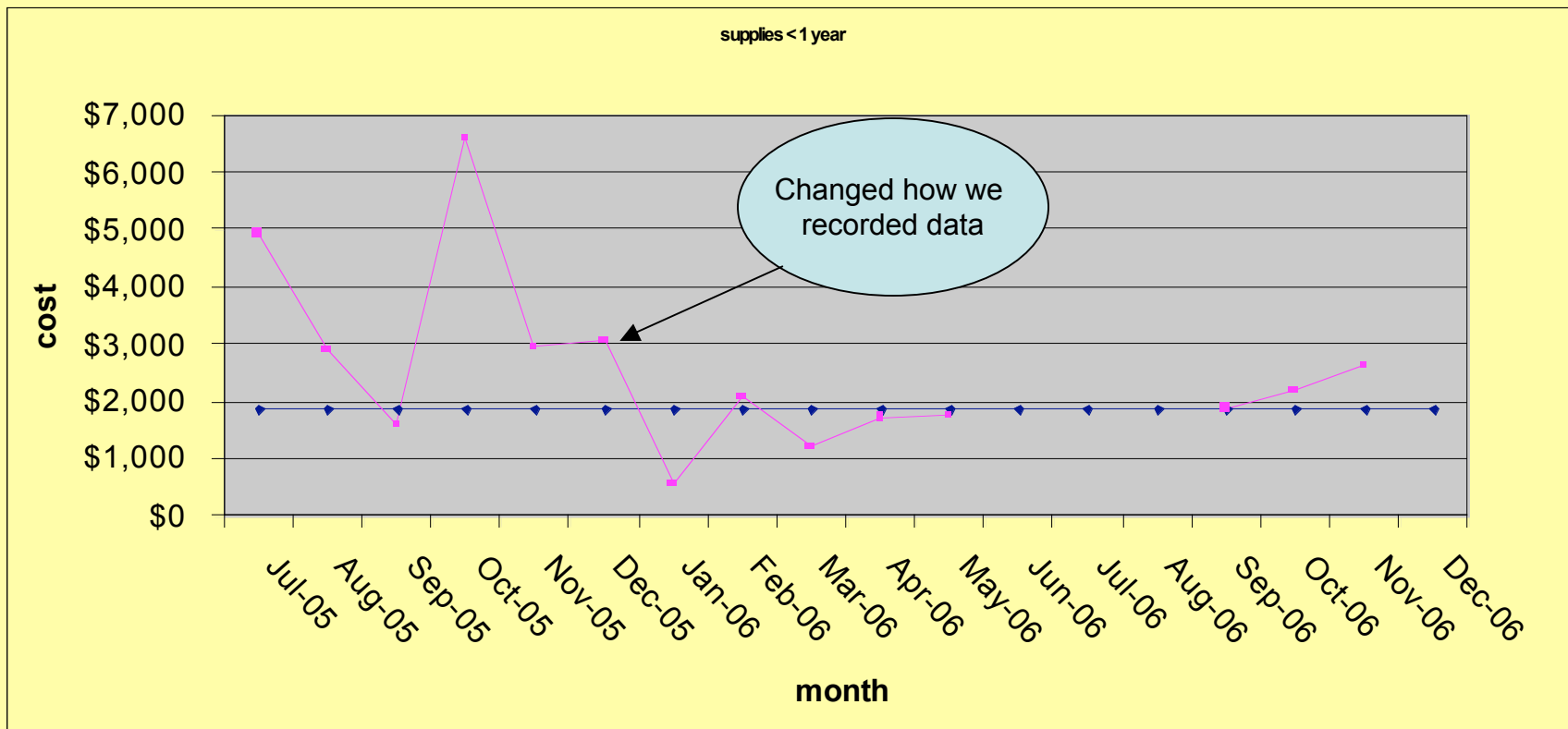


# Dental Treatment Plan Complete





# Supply budget



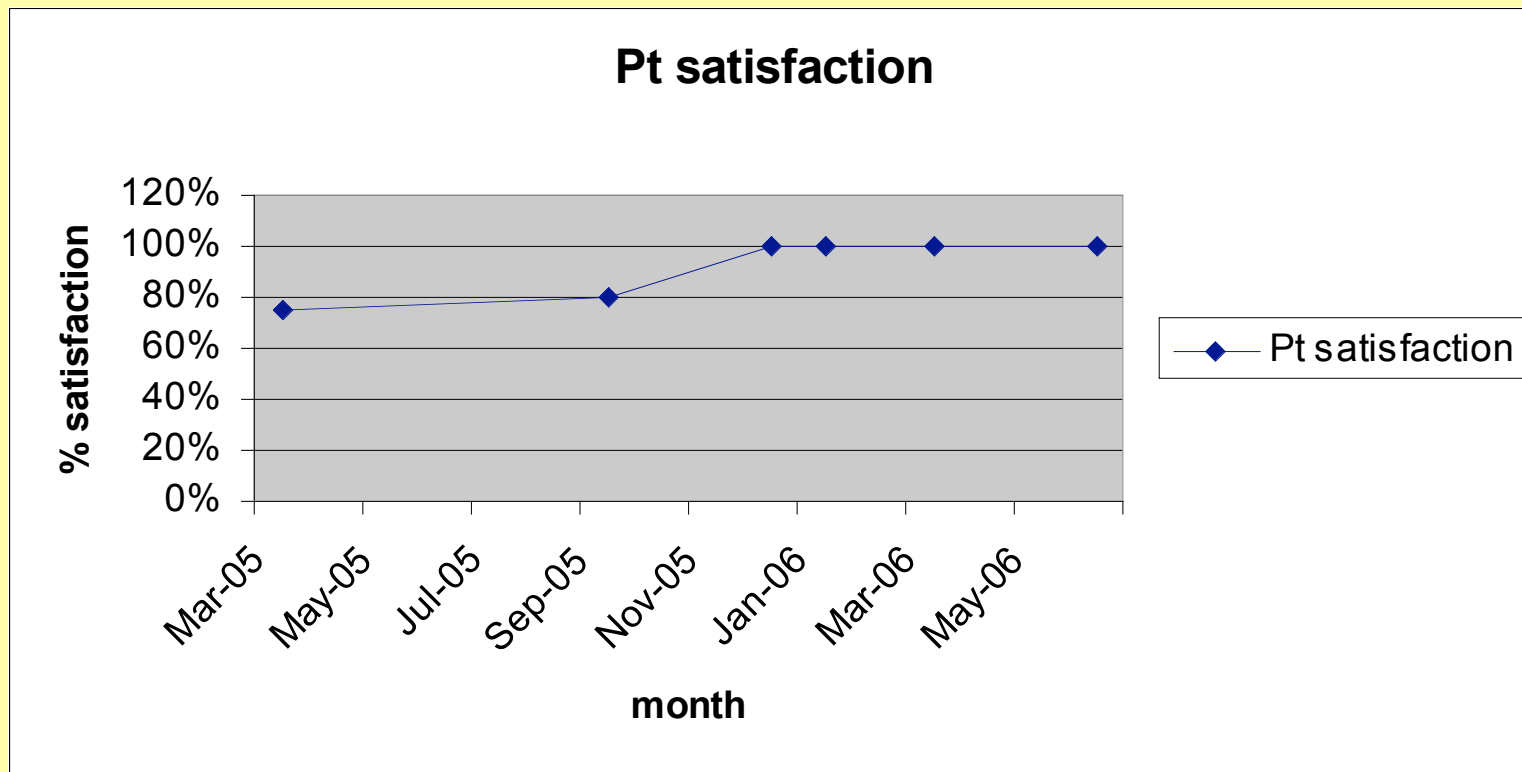


# Staff satisfaction



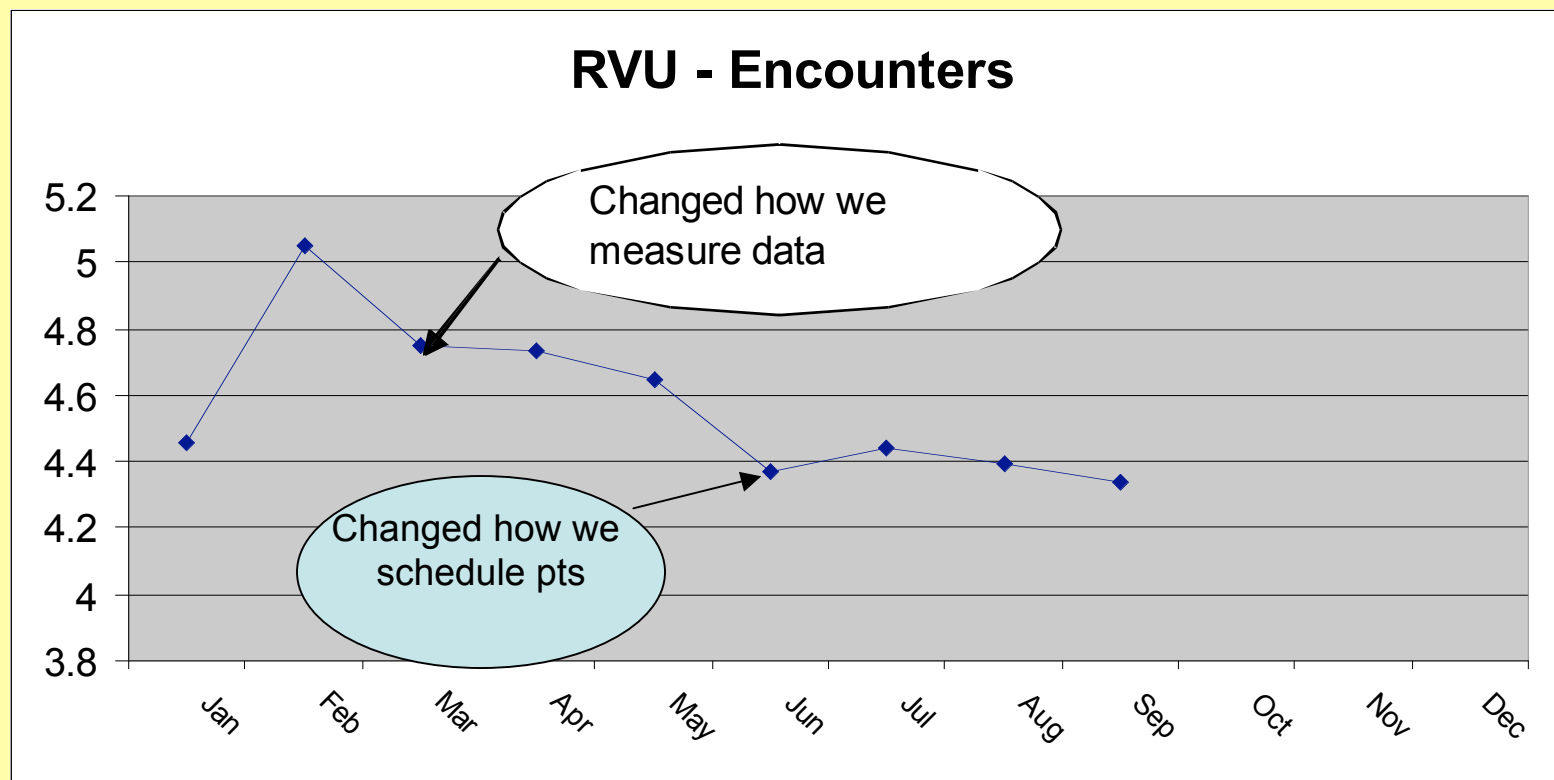


# Patient satisfaction



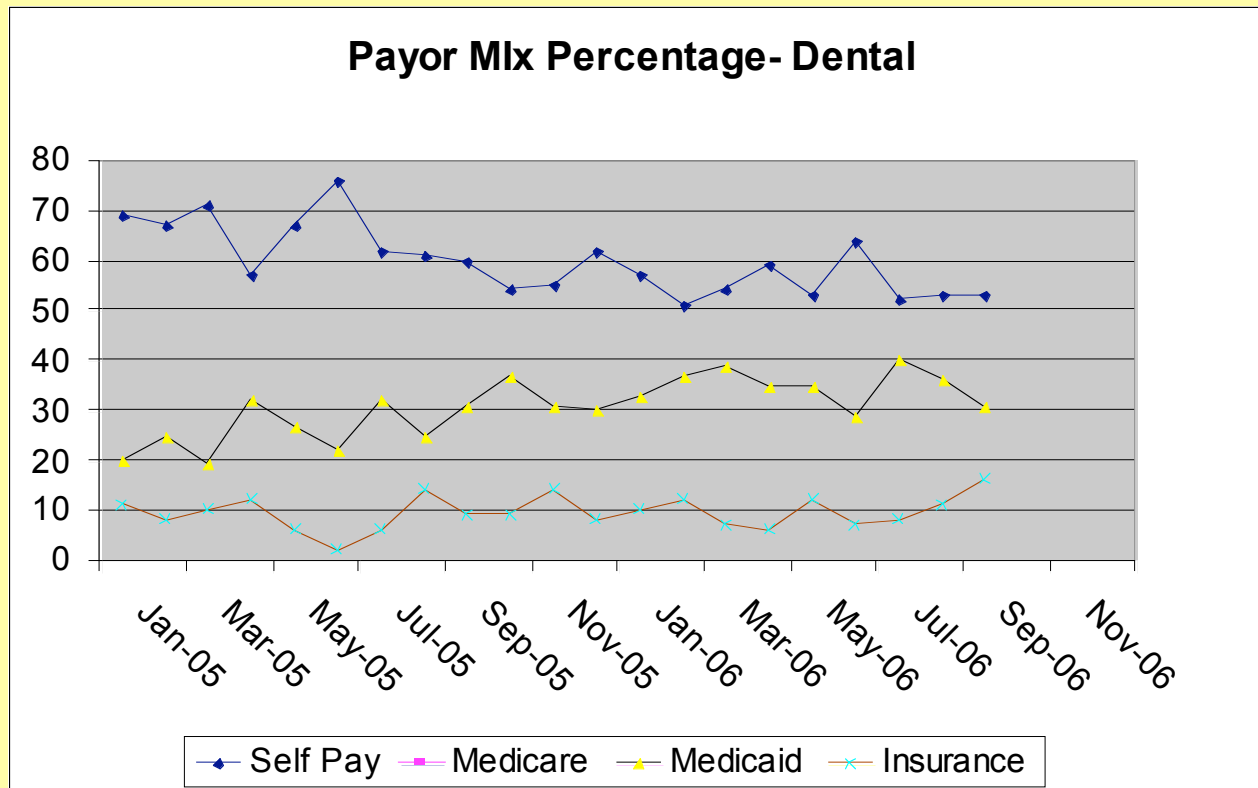


# RVU's per encounter



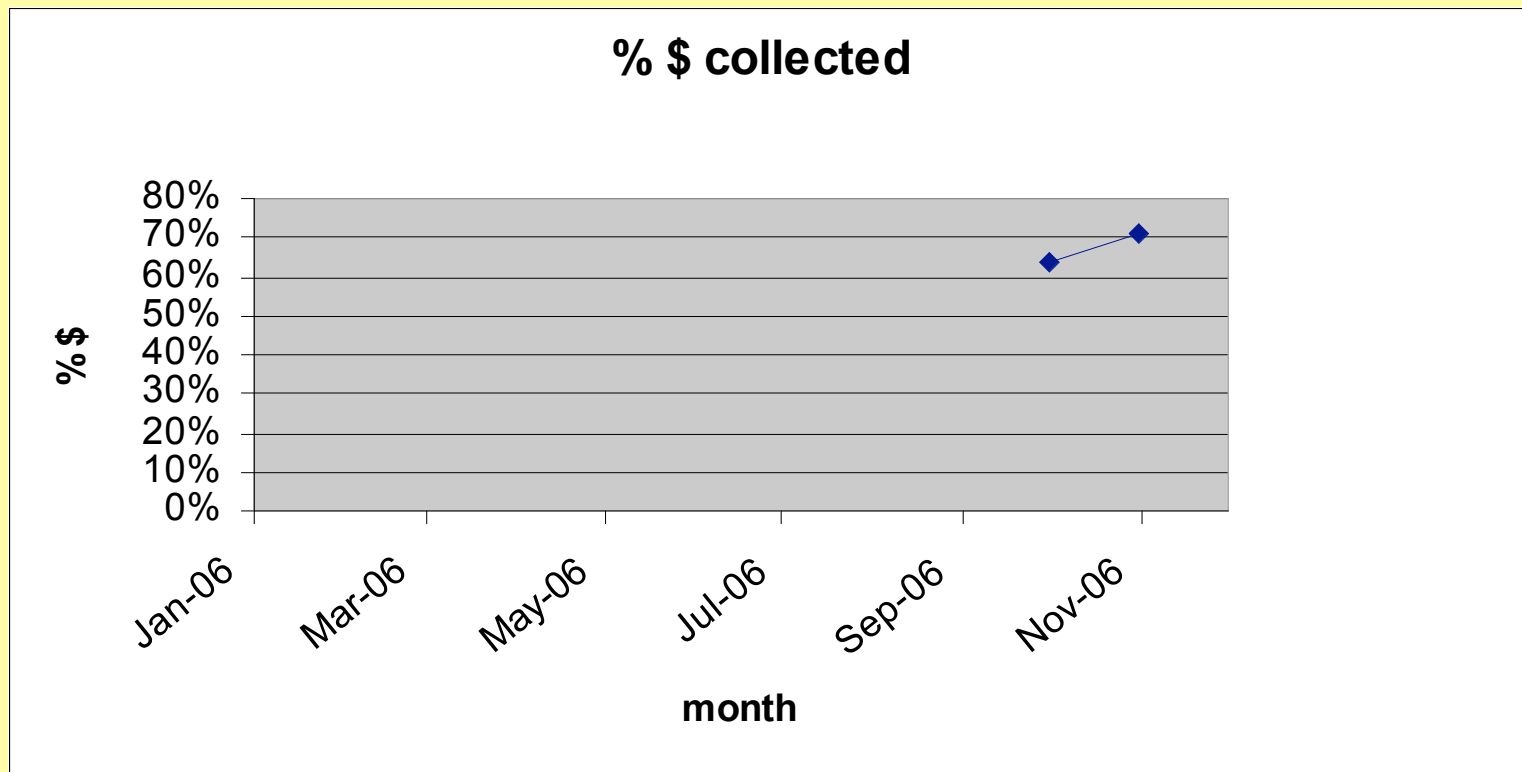


# Payor mix



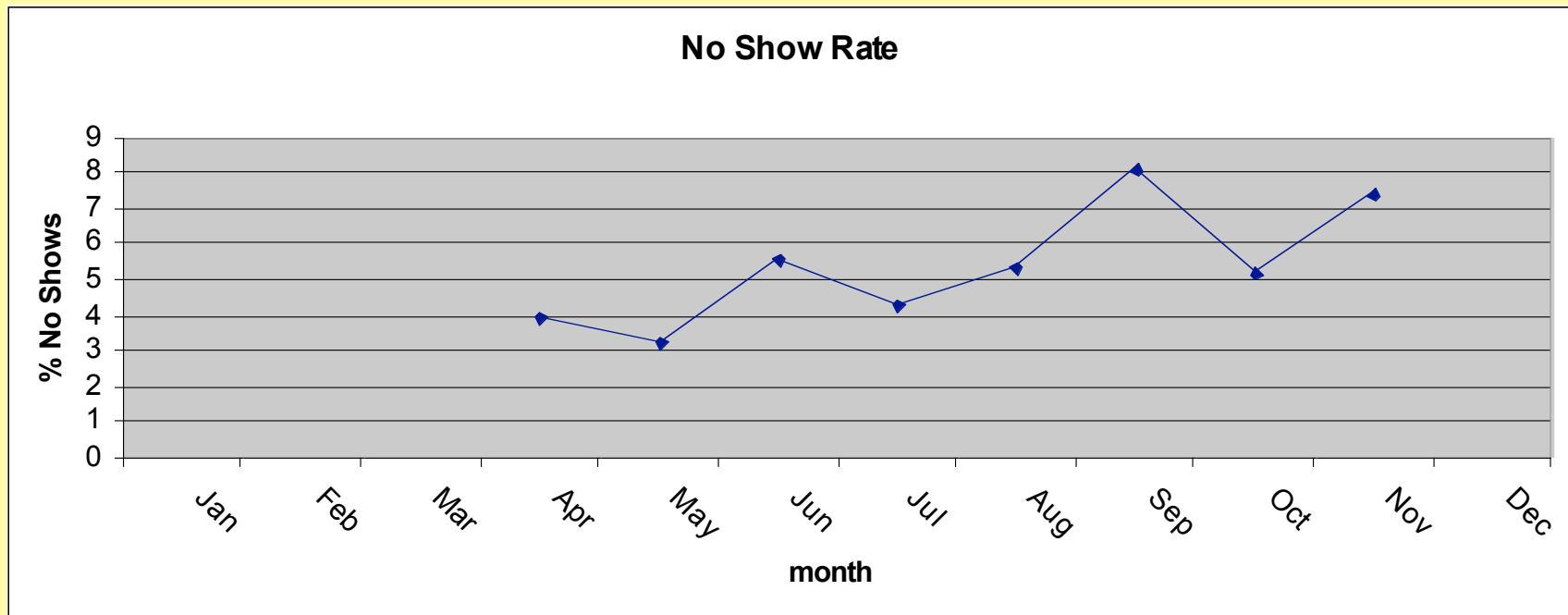


# % money collected per day





# % “no-shows” per month





# Delivery system design related to treating young children

- Comprehensive exam (all items except diagnosis completed by a dental assistant)
  - Motivational interviewing & SMGS
    - Open-ended questioning, asking permission to share, finding a “dental wish”, helping with goal setting
  - Caries counseling & OHI
  - Dental history and x-rays
  - Fluoride assessment & Rx writing
  - Diagnosis of caries
  - Fluoride varnish application
  - Samples of xylitol gum, toothbrush and toothpaste given during each exam
- All children get fluoride varnish application at each restorative visit
- Dental assistant runs her/his own chair for child prophies, collaborative exams & sealants



# Delivery system design related to treating young children

- 0 – 60 month children are seen for dental exams any time they present to the clinic
- Scheduled visits limited to children, pregnant mothers and parents of young children (0 – 60 months)
- Walk-in clinic: 8:00am – 10:00am every clinic day to accommodate non-collaborative patients



Highly trained and empowered support staff is one of the keys to efficiency!





# Clinical information system

- Developed computer-based recall system
- Real time & daily entering of data into easily managed reports for tracking collaborative and practice management data



# Community resources

- Montana Oral Health Foundation (MDA) donated monies to be spent on an oral health campaign for pregnant women and young children
- Partnering with WIC in development of oral health education materials



# WIC handout

**Sippy cups** are great for babies making the transition from a bottle to a cup and for avoiding messes. But frequently drinking sugary liquids like milk and juice from sippy cups can cause the same kinds of cavities bottles can. To protect your baby's teeth, the following is recommended:

- ▼ Always practice using a regular cup.
- ▼ Keep in mind that almost all liquids, including milk, formula, juices and other sweet drinks contain sugar.
- ▼ Serve milk and juice with meals or at snack times. In between meals, put only water in the sippy cup.
- ▼ A child 6 years or younger should drink no more than 3/4 cup of juice per day.
- ▼ Do not give your baby a sippy cup to drink from at naptime or bedtime.
- ▼ Offer a sippy cup only with meals or when your baby is truly thirsty.
- ▼ Once your child has learned to drink from a regular cup, stop using the sippy cup altogether.



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## Your Baby's Teeth



**Keeping Your Baby  
Cavity FREE!**



# WIC handout

## Your baby may be at high risk for getting cavities if:

- ✧ there is a family history of cavities
- ✧ there are early "white spot" cavities on their teeth near the gums
- ✧ there is plaque on their teeth or their gums bleed
- ✧ the baby sleeps with a bottle of milk/juice
- ✧ the baby walks around with a bottle or sippy cup of milk/juice
- ✧ the baby snacks too much on starchy/sweet food
- ✧ the baby takes medicine that is sweet or makes their mouth dry
- ✧ the baby has not seen the DENTIST by age ONE

Cavities are completely preventable!

With your help, there are many early things a dentist can do to make sure your baby grows up cavity free!

Please call to make your baby a dental appointment today!

Early "white spot" cavities near the gum line

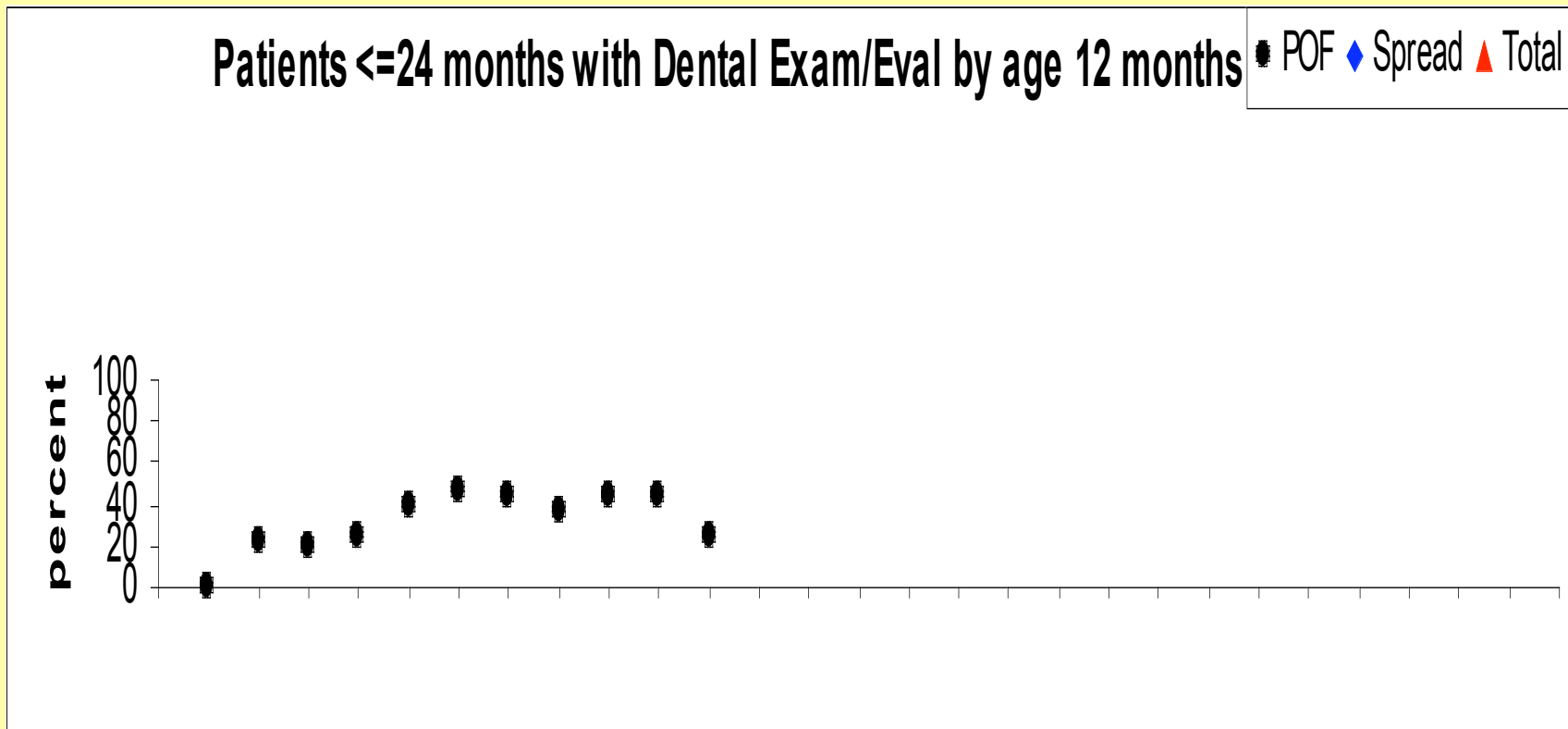


## Protect Your Baby's Smile!

- ★ **Lift the lip:** look for early "white spot" cavities near the gums
- ★ **Take baby to the dentist by age one**
- ★ **Brush or wipe baby's teeth daily:** before bed with fluoridated toothpaste - a "rice sized" smear for infants and "pea sized" amount for older children
- ★ **Help with brushing until age 8**
- ★ **Only water to bed while sleeping**
- ★ **Start practicing drinking from a regular cup by age one**
- ★ **Limit starchy and sugary snacks:** cavity germs like to eat sticky starchy foods and sugar even if it's "natural" like whole grain or 100% juice (for example, crackers, cereal, granola bars, fruit chews, juice)
- ★ **Don't share germs:** The germs that cause cavities are spread from person to person. They are often spread from mothers to their babies when they share food. That's why cavities tend to run in families.
- ★ **Take care of your teeth:** babies who have parents with healthy teeth are less likely to get cavities

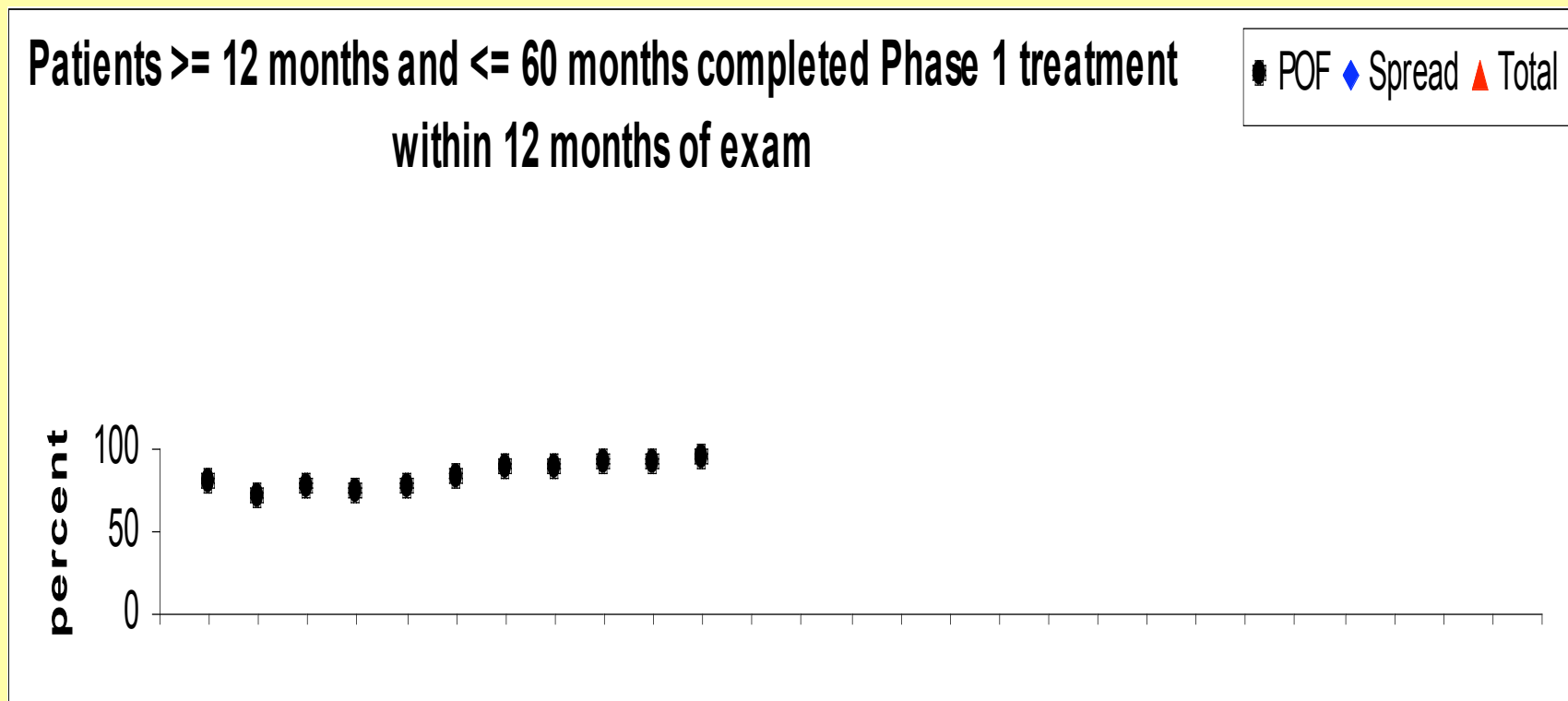


# How are we doing on our collaborative measures?



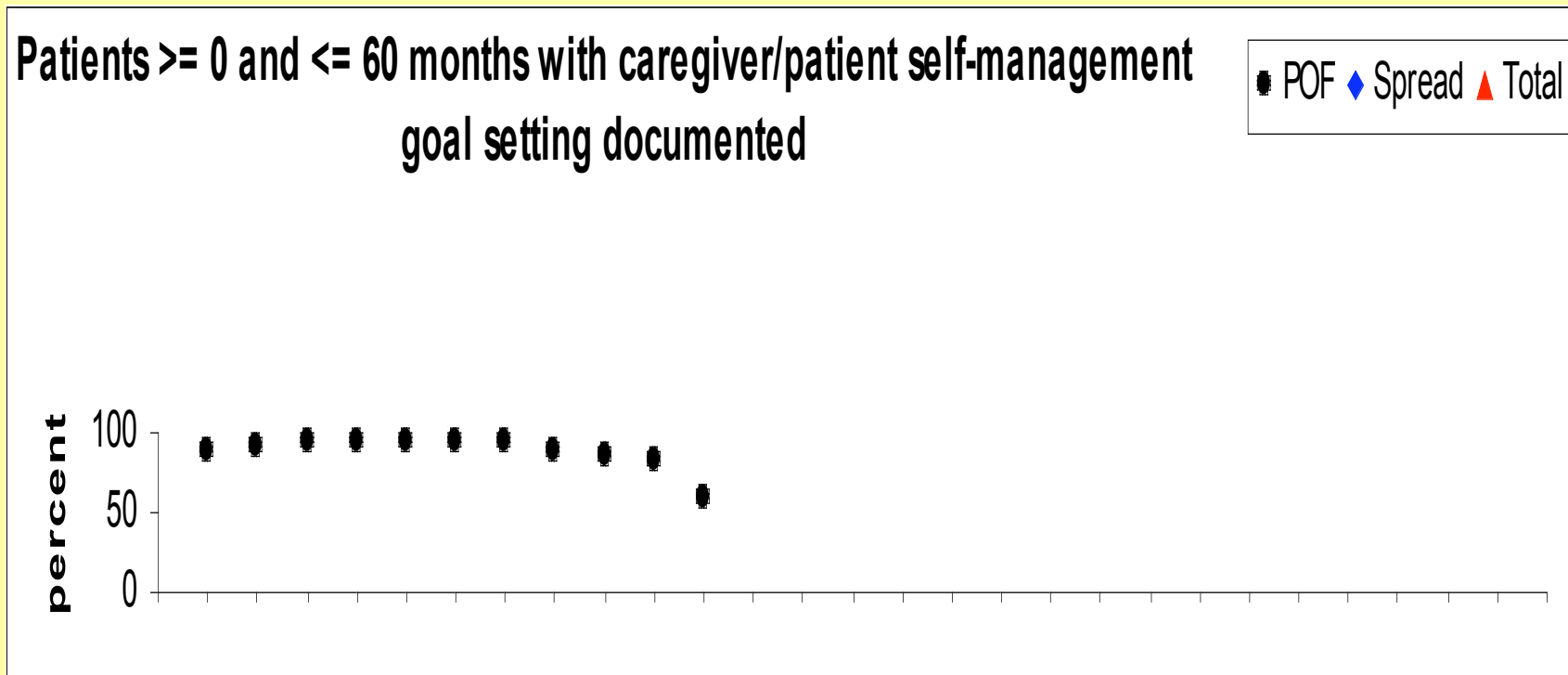


# How are we doing on our collaborative measures?





# How are we doing on our collaborative measures?





# Life *after* the collaborative

- Scheduling 8 days out vs. 4 months out
- 5% "no-show" vs. 12% "no-show"
- 40% Medicaid vs. 20% Medicaid
- 18.3pts/day vs. 12pts/day (based on 8 hour day)
- Dentist billed \$51,281 Aug 2006 vs. \$16,205 Aug 2005
- Dental treatment plan complete rate of 95%
- Standardization of clinic, procedures & processes
- 252 children 0 – 60 months seen over the past year with a total of 422 visits
- Clear policies and protocols understood by all staff and patients
- Practice management data collected and actively reviewed and "owed" by all staff
- All but 2 hours of the day dedicated to children, pregnant moms and parents of young kids
- **We are having a GREAT time!!!**

