



Improving Fluoride Varnishing with Patient Centered Medical Home Approaches

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Overview

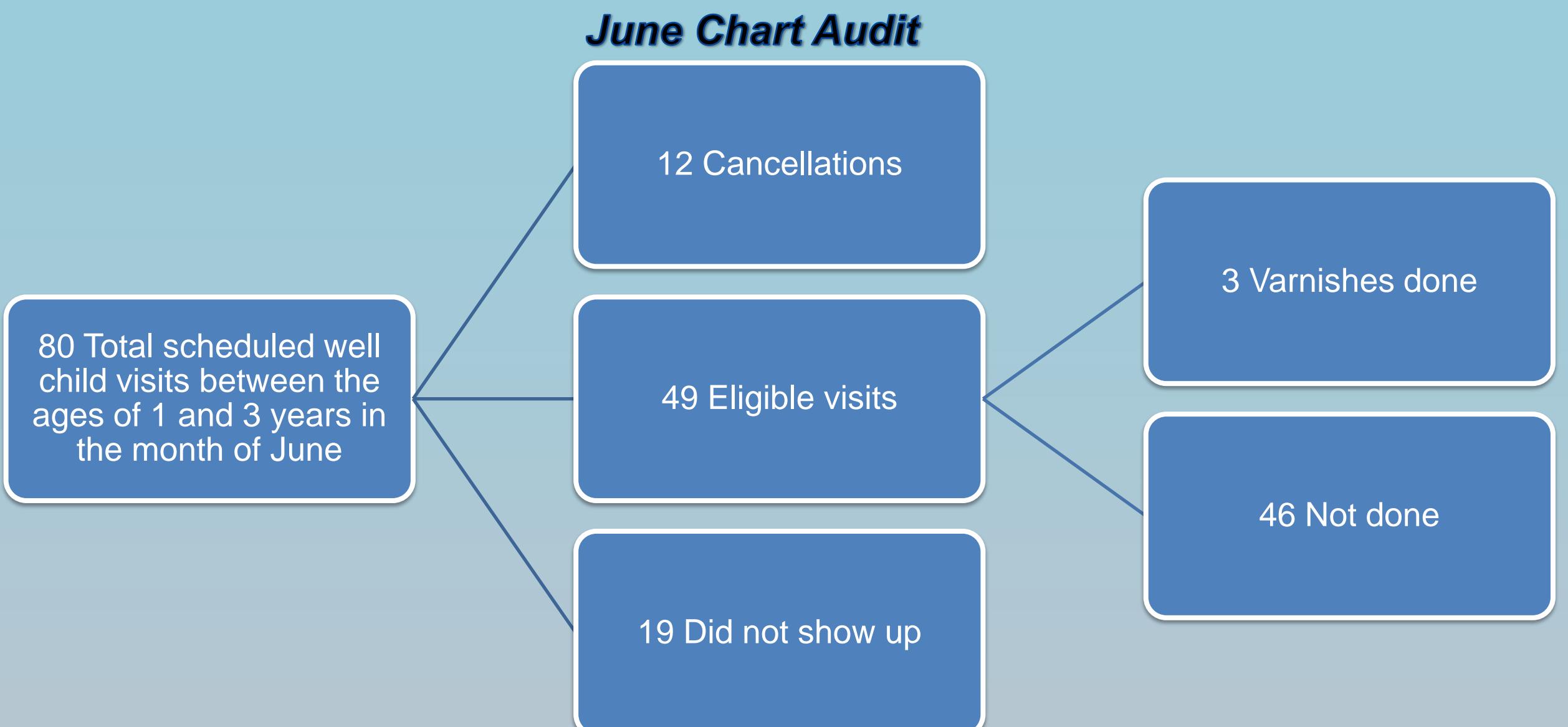
- FHCW offers primary medical care, dental care, social services and more, with on site pharmacy, lab, and radiology for easy patient access.
- Interpreter services are available for over thirty five languages spoken by FHCW's multicultural patient population.
- 95% of FHCW's patients are below the 200% poverty level
- FHCW as a community health center provides care in the patient centered medical home (PCMH) model for which the five components are:
 - Enhance access and continuity
 - Identify and manage patient populations
 - Plan and manage care
 - Provide self care and community resources
 - Track and Coordinate Care

What is fluoride varnishing and why is it done?

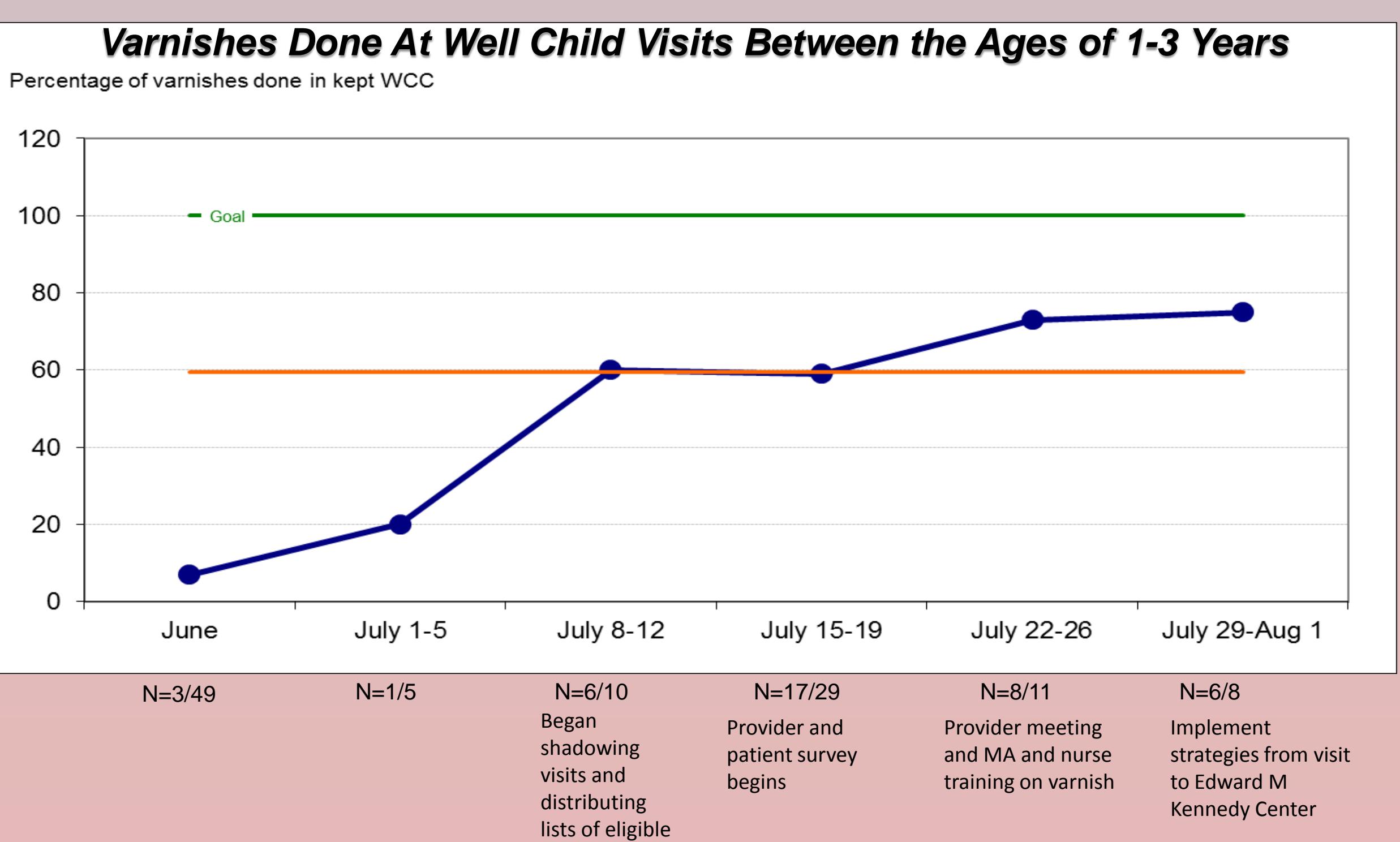
- Water in Worcester is not fluoridated so children at the FHCW are prescribed a fluoride supplement and should have fluoride varnishing done.
- Fluoride varnish is a topical application painted on teeth
- In high risk children it should be done every three months and in moderate risk children every six months
- Varnishing is done in the schools and dental and should be done in the primary care setting between the ages of six months and three years, until the child establishes a dental home.
- Easy office procedure that takes about two minutes
- Can be done by a medical assistant during triage or a nurse while giving vaccinations

Summer quality improvement project

- I spent five weeks at the FHCW working on improving oral health in those ages one to three years.
- Aim was to have 100% of 1 year olds receiving fluoride varnish as part of their well child visits by August 1, 2013
- Interventions:
 - chart audit on June well child visits ages one to three years
 - patient oral health survey to parents of children 1-3 years
 - provider oral health survey
 - Site visit to Edward M. Kennedy Health Center to learn about their process of implementing fluoride varnishing
 - Work to develop guidelines for better communication between dental and medical staff
 - Observation of workflow of Medical Assistants and Nurses in order to find out where varnishes best fit in with the triage of patients
 - Promotion of better way to track of fluoride varnishing (e.g. vaccination blue book).



June Chart Audit	Provider Survey	Patient Survey
68 Unique Patients	30/47 responses, 64%	11 responses
49/68 Kept Visits, 72%	13/30 trained to do fluoride varnish, 43%	7/11 do not bring their child to a dentist regularly, 64%
42/49 Oral Exams, 86%	21/30 do oral exam 76-100% of the time, 70%	Biggest reason reported for not seeing a dentist: "Not sure what age to start"
34/49 Oral Anticipatory Guidance, 69%	Biggest reason reported for not doing varnish was "too much else at WCC"	8/11 rarely or never give their children the fluoride prescription, 73%
	23/30, 77% said a reminder system will increase amount of varnishes done	



Conclusions and Future Projects

- Through the patient survey we found that parents are not very aware of what age to start finding a dentist and thus parents need to be better educated by the provider about their children's oral health.
- Through the survey it was also discovered that a high percentage of parents reported not knowing about fluoride. Although these surveys were not linked to specific patients so we could not see if fluoride was actually prescribed, through a previous study it was found that FHCW is reported to have over a 90% fluoride prescribing rate. Thus providers may need to better explain the fluoride supplement when prescribing it.
- Through the provider survey we found that most providers feel too busy during the well child visit to focus on oral health, and feel as though they are lacking in the proper education in oral health.
- A solution was to have MA and nurses do the fluoride varnish and also aid in oral exams so there is less for the provider to do.
- Through raising awareness of the importance of oral health and fluoride varnishing among the providers, medical assistants, and nurses, the number of varnishes in those ages one to three years, went up from 3 in the month of June to 38 in the month of July.
- During week one I began shadowing varnishes done and the number of varnishes done at WCC in those from 1-3 years went from 3% done in the month of June to 60%
- During week two oral health surveys were distrusted and the percentage of varnishes dropped to 58.6%
- During week three when the MA and nurses were trained to do varnishes and the providers had a meeting concerning oral health, the percentage of varnishes done rose to 73%
- During week four practices from the Edward M Kennedy Community Health Center began to be implemented raising the varnishes done from 73% to 75%
- Thus, simple interventions as the ones above can make large strides in patient care
- From July 29-August 1, 80% of those age 12-18 months had varnishing done. This did not meet our Aim of 100% but was closer than other weeks.
- Some next steps are finding a better way for children to be referred to dental, setting up EMR reminders for the medical assistants to do the varnishes, and better parent education materials on oral health.

Acknowledgements

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