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 risked 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.
- Chart audit on June well child visits between the ages of 1 and 3 years in the month of June.
- Provider oral health survey to parents of children 1-3 years
- Chart audit on June well child visits between the ages of 1 and 3 years in the month of June.

June Chart Audit

- 80 Total scheduled well child visits between the ages of 1 and 3 years in the month of June
- 12 Cancellations
- 3 Varnishes done
- 46 Not done
- 49 Eligible visits
- 19 Did not show up
- 30/47 responses, 64%
- 7/11 do not bring their child to a dentist regularly, 64%
- Biggest reason reported for not seeing a dentist: “Not sure what age to start”
- 7/11 do not bring their child to a dentist regularly, 64%
- 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

Varnishes Done At Well Child Visits Between the Ages of 1-3 Years

- Through the provider 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 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 then 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

I would like to thank Dr. Sara Shields, Dr. Lisa Carter, and Matthew Silva for all of their help this summer. Also thank you to Dr. Heather-Lyn Haley and Suzanne Cashman for all of their support.

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 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 then 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

I would like to thank Dr. Sara Shields, Dr. Lisa Carter, and Matthew Silva for all of their help this summer. Also thank you to Dr. Heather-Lyn Haley and Suzanne Cashman for all of their support.