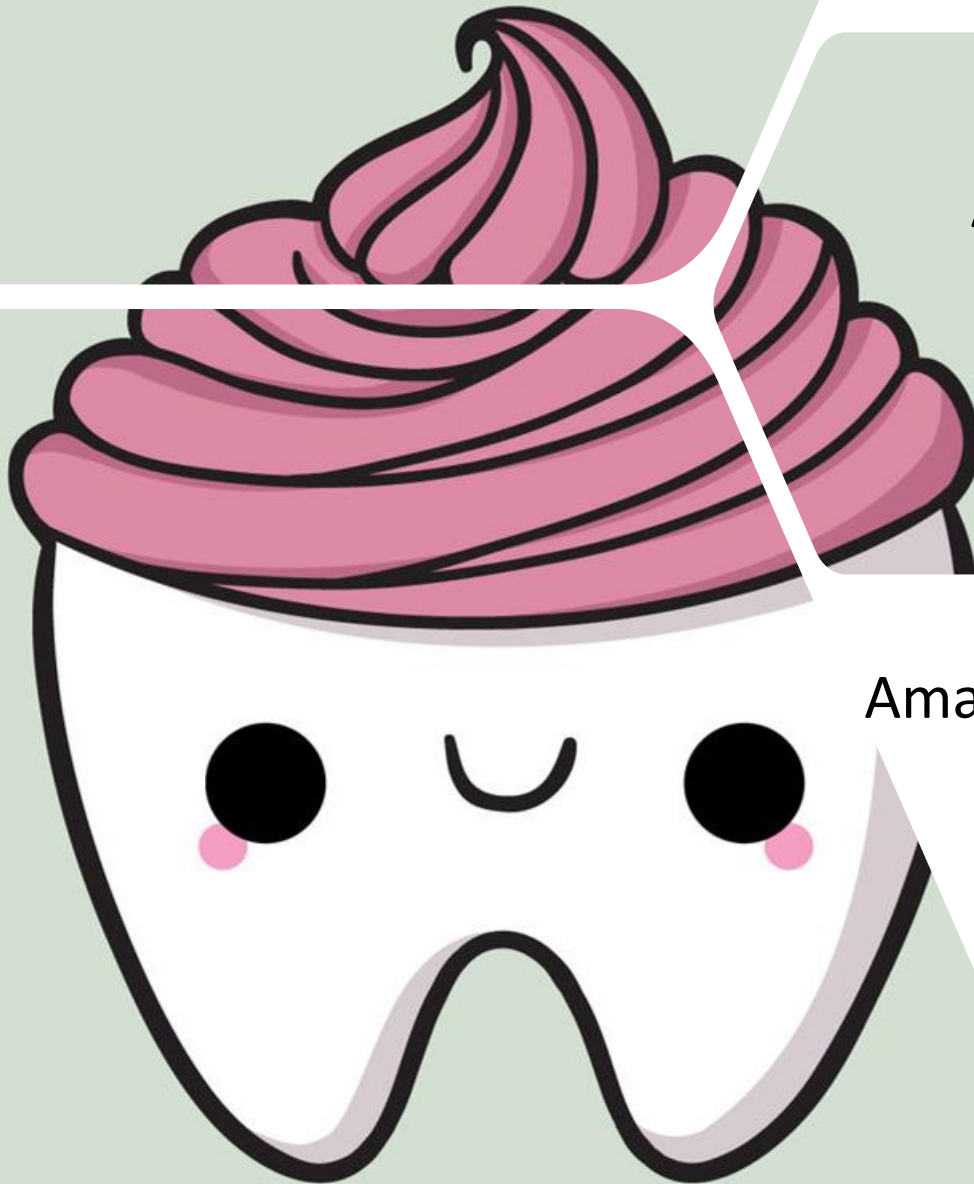


Implementation of the Caries Risk Assessment Tool in the General Pediatrics Clinic



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Project Mentor:

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Problem Statement



EPSDT and the AAP recommendation



No formalized assessment of oral health in children age six months to six years in the primary care pediatrics clinic







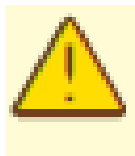
Assessment of oral health and caries risk is provider-dependent and is not standardized



The existing referral system for sending patients to dentists is outmoded and needs revamping

High-Risk Findings

RISK FACTORS	PROTECTIVE FACTORS	CLINICAL FINDINGS
<p> Mother or primary caregiver had active decay in the past 12 months <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<ul style="list-style-type: none"> ● Existing dental home <input type="checkbox"/> Yes <input type="checkbox"/> No ● Drinks fluoridated water or takes fluoride supplements <input type="checkbox"/> Yes <input type="checkbox"/> No ● Fluoride varnish in the last 6 months <input type="checkbox"/> Yes <input type="checkbox"/> No ● Has teeth brushed twice daily <input type="checkbox"/> Yes <input type="checkbox"/> No 	<p> White spots or visible decalcifications in the past 12 months <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p> Obvious decay <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p> Restorations (fillings) present <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>● Mother or primary caregiver does not have a dentist <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		
<ul style="list-style-type: none"> ● Continual bottle/sippy cup use with fluid other than water <input type="checkbox"/> Yes <input type="checkbox"/> No ● Frequent snacking <input type="checkbox"/> Yes <input type="checkbox"/> No ● Special health care needs <input type="checkbox"/> Yes <input type="checkbox"/> No ● Medicaid eligible <input type="checkbox"/> Yes <input type="checkbox"/> No 		<ul style="list-style-type: none"> ● Visible plaque accumulation <input type="checkbox"/> Yes <input type="checkbox"/> No ● Gingivitis (swollen/bleeding gums) <input type="checkbox"/> Yes <input type="checkbox"/> No ● Teeth present <input type="checkbox"/> Yes <input type="checkbox"/> No ● Healthy teeth <input type="checkbox"/> Yes <input type="checkbox"/> No



= automatic high-risk category

High-Risk Findings

Clinical Findings



⚠ White Spots/Decalcifications
This child is high risk.

White spot decalcifications present—immediately place the child in the high-risk category.



⚠ Obvious Decay
This child is high risk.

Obvious decay present—immediately place the child in the high-risk category.



⚠ Restorations (Fillings) Present
This child is high risk.

Restorations (Fillings) present—immediately place the child in the high-risk category.

Other Risk Factors



Visible Plaque Accumulation

Plaque is the soft and sticky substance that accumulates on the teeth from food debris and bacteria. Primary care clinicians can teach parents how to remove plaque from the child's teeth by brushing and flossing.



Gingivitis

Gingivitis is the inflammation of the gums. Primary care clinicians can teach parents good oral hygiene skills to reduce the inflammation.



Healthy Teeth

Children with healthy teeth have no signs of early childhood caries and no other clinical findings. They are also experiencing normal tooth and mouth development and spacing.

For more information about the AAP's oral health activities email oralhealth@aap.org or visit www.aap.org/oralhealth.

Specific Aims

- Introduce caries risk assessment screening and referral process to residents and clinical staff in the general pediatrics clinic
- Improve the utilization rate of the caries risk assessment screening tool to at least 80% of well visits for patients aged six months to six years
- Improve referral rate of patients with positive CRA scores to at least 80%
- Achieve the above goals by February 29, 2020



Vision

A streamlined
screening and
referral process

- Patients
 - Without a dental home
 - With high-risk CRA
 - With serious problems such as severe decay or abscess
- Receive referral to a local dentist, urgently if high-risk or serious problem
- Facilitates measuring of how many patients completed the visit with the dentist
- A mechanism for closed-loop communication whereby the dentist will communicate the results of their evaluation and treatment plan with the primary care clinician
- Easy process for parents, residents, and dentists to navigate



Metrics



- Process Measures

- What percentage of residents received education regarding screening and referral workflows?
- What percentage of patients age 6m-6y have the screening completed at time of well visit?
- What percentage of patients with NO dental home receive a screening?
- What percentage of patients with no dental home scored as NOT low-risk on the CRA?
- Of patients with NO dental home who were NOT low risk, what percentage received an Rx for oral health?

- Outcome Measure

- What percentage of patients without a dental home received a referral to a dentist after having received a high-risk score on the CRA?
- What percentage of patients with a positive CRA score labeled as high risk received an urgent referral to a dentist?

Balancing Measures

Did residents find the screening process to:

Be easy to use?

Pose an extra documentation burden?

Make visit time unnecessarily long?



PDSA Cycle #1



Goal:
Evaluate current practice



Rationale:

Screening for early childhood dental caries risk and referral to dentist is recommended by the AAP



Date:
Twenty randomly selected charts per month from patients aged 12m-6y were evaluated from early November through January 20.



Result:

No dental home: 67% of charts
Documentation of a caries risk assessment: 0% of charts
Documentation of dental list handout given: 4% of charts
Urgent referral to dentist: 0% of charts

ACT

Create the CRA screening tool in EPIC and a workflow for referral, and a smart phrase for documentation that screening was done and of referral outcome in visit note.

PDSA Cycle #2



Goal:

Educate the team about the screening and referral workflows and documentation method



Rationale:

Everyone needs to know how to navigate the screening and referral process



Date:

A presentation was delivered to residents on January 20, 2020 describing the screening, referral, and documentation workflows



Result:

About 70% of residents were present for the presentation, and the powerpoint was emailed to all residents to close the gap

Location of Peds Caries Risk Assessment in EPIC

& how to screen:

1. In clinic context, click on “Screenings”
2. Then, click on “Oral Health”
3. Scroll down to “Oral Health Screening- Peds Caries Risk Assessment”
4. Clicking “Yes” or “No” buttons will advance to the next question
5. The screening will give you a score at the end

The screenshot shows the EPIC EHR interface with the following elements:

- Navigation Bar:** Includes tabs for Exposure Screening, Travel Screening, Fall Risk, PHQ-9, Hearing/Vision, Developmental, Behavioral Screen, and HEAL. A yellow lightning bolt points to the "Screenings" tab.
- Sub-tabs:** Under "Screenings", there are sub-tabs for Risk Assess, Oral Health (selected), and PN Care Info.
- Assessment Sections:**
 - Healthy Eating and Living Assessment:** Shows "No data found."
 - Risk Assessments:** Shows "No data found."
 - Oral Health Screening - Peds Caries Risk Assessment:** This section is highlighted in yellow and contains:
 - CARIES RISK ASSESSMENT:** A dropdown menu.
 - Question:** "Does Patient have a Dental Home" with "Yes" and "No" buttons.
 - IF NO:** A list of instructions:
 - 1) LESS THAN 6 YRS OLD: CONSIDER FLUORIDE VARNISH.
 - 2) 6 MONTHS - 6 YRS OLD: COMPLETE THE CARIES VISUAL EXAM AND HISTORY ASSESSM
 - 3) 7 YRS AND OLDER: REFER TO DENTIST AND GIVE LIST OF LOCAL DENTISTS.
 - Buttons:** "Restore", "Close", "Cancel", and "Previous".
- Initial Prenatal Care Information:** Shows "No pregnancy episode available."

First Question

- Answer the first question: “Does Patient have a Dental Home”?
- Yes or No

The screenshot shows a software interface for a 'Caries Risk Assessment'. The title bar reads 'Oral Health Screening - Peds Caries Risk Assessment'. Below the title, there is a section titled 'CARIES RISK ASSESSMENT'. The first question is 'Does Patient have a Dental Home', with radio buttons for 'Yes' and 'No'. Below the question, there are instructions: 'IF NO: 1) LESS THAN 6 YRS OLD: CONSIDER FLUORIDE VARNISH. 2) 6 MONTHS - 6 YRS OLD: COMPLETE THE CARIES VISUAL EXAM AND HISTORY ASSESSMENT. 3) 7 YRS AND OLDER: REFER TO DENTIST AND GIVE LIST OF LOCAL DENTISTS.' At the bottom of the form, there are buttons for 'Restore', 'Close', 'Cancel', 'Previous', and 'Next'. The interface also includes a '+ ADD ORDER' button and a taskbar with icons for Chrome, Epic, Word, PowerPoint, and a folder.

Oral Health Screening - Peds Caries Risk Assessment

↑ ↓

✎

▼ CARIES RISK ASSESSMENT

☰ Does Patient have a Dental Home Yes No

IF NO: 1) LESS THAN 6 YRS OLD: CONSIDER FLUORIDE VARNISH.
2) 6 MONTHS - 6 YRS OLD: COMPLETE THE CARIES VISUAL EXAM AND HISTORY ASSESSMENT.
3) 7 YRS AND OLDER: REFER TO DENTIST AND GIVE LIST OF LOCAL DENTISTS.

⏪ Restore Close Cancel Previous Next

+ ADD ORDER ☰

Chrome Epic Word PowerPoint Folder

Answer some more questions...

Exposure Screening Travel Screening Fall Risk PHQ-9 Hearing/Vision Developmental Behavioral Screen

Risk Assess Oral Health

▼ CARIES RISK ASSESSMENT

Does Patient have a Dental Home Yes No

IF NO: 1) LESS THAN 6 YRS OLD: CONSIDER FLUORIDE VARNISH.
2) 6 MONTHS - 6 YRS OLD: COMPLETE THE CARIES VISUAL EXAM AND HISTORY ASSESSMENT.
3) 7 YRS AND OLDER: REFER TO DENTIST AND GIVE LIST OF LOCAL DENTISTS.

Fluoride Varnish applied and Post Varnish Handout given Yes No Not Applicable Declined

▼ CARIES RISK ASSESSMENT VISUAL EXAM

Child has un-restored cavity 1=Yes 0=No
If there are NO teeth present in the child's mouth answer no.

Number of un-restored cavities one un-restored cavity more than one un-restored cavity

Child has poor oral hygiene; visible plaque, gingivitis (redness or bleeding gums) 1=Yes 0=No
If there are NO teeth present in the child's mouth answer no.

Child has enamel hypoplasia (white, chalky spots on teeth) 1=Yes 0=No
If there are NO teeth present in the child's mouth answer no.

▼ CARIES RISK ASSESSMENT HISTORY

Mother or sibling has un-restored cavities 1=Yes 0=No

Lack of adequate fluoride exposure 1=Yes 0=No
Family's drinking water source is a private well or the family's drinking water source is a public water supply that is not fluoridated and/or child is not receiving fluoride supplements including fluoride contained toothpaste.

Frequent (3 or more) between-meal exposures to snacks or foods containing simple sugars 1=Yes 0=No
Exposure to snacks or foods containing simple sugars is strongly associated with tooth decay such as carbonated beverages, juices, cookies, cakes, candy, french fries, potato chips, pretzels. If infant or child is nursed with a bottle, does the caregiver allow the infant or child to sleep or nap with a bottle containing juice, milk, or carbonated beverages.

Low socioeconomic status of parents (<100% Federal Poverty Level) 1=Yes 0=No

Family does not have a dental home or seldom visits a dentist 1=Yes 0=No

Child has special health care needs because of a chronic physical, developmental, behavioral, or emotional condition 1=Yes 0=No

Child has condition (s) that impairs saliva flow (congenital or acquired) 1=Yes 0=No
Surgery, radiation, medication, or age-related changes in the salivary function

▼ OTHER

PEDS RISK ASSESSMENT SCORE (total number of yes answers)

If the total number of "Yes" answers is > 5, the child is at High Risk and should be referred to a dentist as soon as possible for an oral evaluation and the establishment of a Dental Home. A Dental Home is an ongoing relationship between a patient and a dentist where comprehensive dentistry is continuously accessible in a family-centered way.

Restore Close Cancel

ADD ORDER

Exposure Screening Travel Screening Fall Risk PHQ-9 Hearing/Vision Developmental Behavioral Screen

Risk Assess Oral Health

▼ CARIES RISK ASSESSMENT

Does Patient have a Dental Home Yes No

IF NO: 1) LESS THAN 6 YRS OLD: CONSIDER FLUORIDE VARNISH.
2) 6 MONTHS - 6 YRS OLD: COMPLETE THE CARIES VISUAL EXAM AND HISTORY ASSESSMENT.
3) 7 YRS AND OLDER: REFER TO DENTIST AND GIVE LIST OF LOCAL DENTISTS.

Fluoride Varnish applied and Post Varnish Handout given Yes No Not Applicable Declined

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If there are NO teeth present in the child's mouth answer no.

Child has enamel hypoplasia (white, chalky spots on teeth) 1=Yes 0=No
If there are NO teeth present in the child's mouth answer no.

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Lack of adequate fluoride exposure 1=Yes 0=No
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Frequent (3 or more) between-meal exposures to snacks or foods containing simple sugars 1=Yes 0=No
Exposure to snacks or foods containing simple sugars is strongly associated with tooth decay such as carbonated beverages, juices, cookies, cakes, candy, french fries, potato chips, pretzels. If infant or child is nursed with a bottle, does the caregiver allow the infant or child to sleep or nap with a bottle containing juice, milk, or carbonated beverages.

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Child has condition (s) that impairs saliva flow (congenital or acquired) 1=Yes 0=No
Surgery, radiation, medication, or age-related changes in the salivary function

▼ OTHER

PEDS RISK ASSESSMENT SCORE (total number of yes answers)

If the total number of "Yes" answers is > 5, the child is at High Risk and should be referred to a dentist as soon as possible for an oral evaluation and the establishment of a Dental Home. A Dental Home is an ongoing relationship between a patient and a dentist where comprehensive dentistry is continuously accessible in a family-centered way.

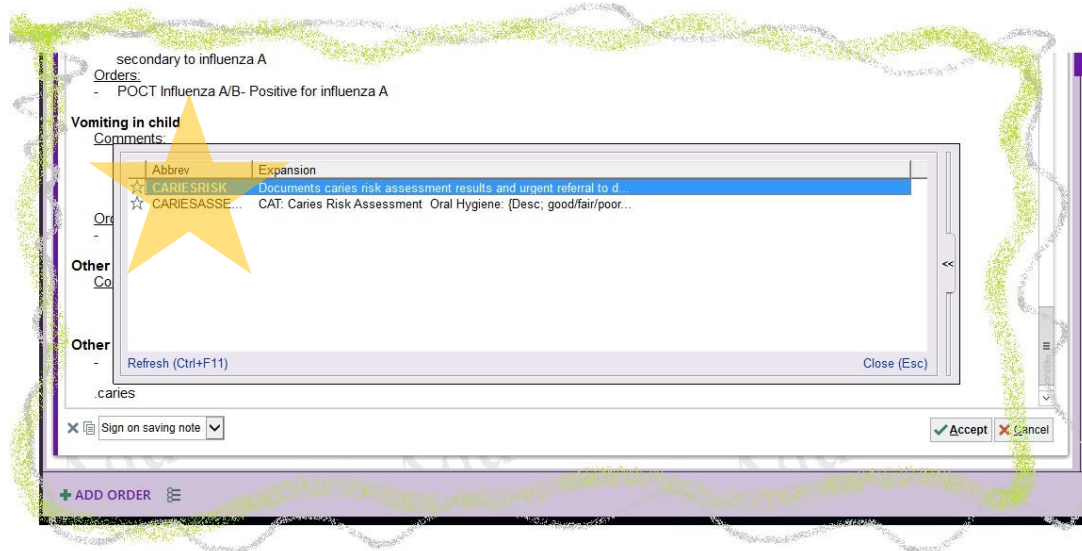
Restore Close Cancel

ADD ORDER

SCROLL DOWN

Most of the questions can be answered from regular history and physical items. Only three additional questions!


Documentation of Screening and Urgent Referral




- Use the smartphrase, **“.CARIERISK”**
- The phrase will let you make selections
- Text documenting screening and referral will pop up


How to use the Smartphrase

You can make selections by using the F2 button or right clicking



Patient scored {Caries Risk Assessment:36732::1} on the caries risk assessment.
{EARLY CHILDHOOD DENTAL HYGIENE:36734::"brushes twice per day ","flosses once per day"}
Caries {PRESENT/ABSENT:22780::"present","absent"}.
Dental abscess {PRESENT/ABSENT:22780::"present","absent"}.
Urgent referral to dentist {was/was not:26001::"was"} made.
Rx for Oral Health paper {was/was not:26001::"was"} given to parent. 

Sign on saving note 


Accept Cancel

ADD ORDER 

Patient scored {Caries Risk Assessment:36732::1} on the caries risk assessment.
{EARLY CHILDHOOD DENTAL HYGIENE:36734::"brushes twice per day ","flosses once per day"} {DNT CARIES RISK ASSESSMENT:210007::"high"}
Caries {PRESENT/ABSENT:22780::"present","absent"} {DNT CARIES RISK ASSESSMENT:210007::"low"}
Dental abscess {PRESENT/ABSENT:22780::"present","absent"}.
Urgent referral to dentist {was/was not:26001::"was"} made.
Rx for Oral Health paper {was/was not:26001::"was"} given to parent.

 Sign on saving note 

Accept Cancel

+ ADD ORDER 

PRESCRIPTION for Healthy Teeth



Child's
name

- Needs to establish a dental home
- High Risk Caries Risk Assessment- needs dental appointment within 3 months
- dental caries present needs appt ASAP
- dental abscess present ; Antibiotic Rx given _____
- other _____

Doctor's
signature



Plaque + Bacteria = Tooth Decay

Dentist List

Art of Dentistry (all ages)
Dr. Arturo López
5913 Main Street, Suite 101
Ooltewah, TN 37363
(423)362-7962

Aspire Family Dentistry
Ages 2 and up
1625 McCallie Ave
Chattanooga, TN 37411
(423) 622-4869

Chattanooga Dental Center
All ages
3475 Brainerd Rd.
Chattanooga, TN 37411
(423) 698-3828

Dental Partners- Red Bank
Infants and up
625 Morrison Springs Rd.
Chattanooga, TN 37415
(423) 305-6400

Dodson Avenue Community
Health Center Dental Clinic
Ages 6 and up
1200 Dodson Ave.
Chattanooga, TN 37406
(423) 778-2800

Hamilton County Health
Department Dental Clinic
ages 4-20
921 E. 3rd St.
Chattanooga, TN 37403
(423) 209-8100

Hixson Pediatric Dentistry
new patients 0-5 years old
5470 Hixson Pike
Hixson, TN 37343
(423) 842-0165

Dr. Popp
new patients 1 month-18 years old
4211 Hixson Pike
Chattanooga, TN 37415
AND
1616 Gunbarrel Road Suite 101
Chattanooga, TN 37421

Dr. Richard Prichard
new patients 0-6 years old
10480 Walden Street
Soddy Daisy, TN 37379
(423) 332-5544

Sidney T. Cox
Associates in Pediatric
and Adolescent Dentistry
6988 E. Brainerd Rd.
Chattanooga, TN 37421
(423) 894-6614

RECETA

para

Bienestar de los Dientes



Nombre del
hijo/hija

- Necesita establecer un hogar dental
- Evaluación de alto riesgo de caries- necesita una cita con un dentista antes de tres meses
- Tiene caries dentales necesita una cita lo mas pronto possible
- Tiene una infección dental; Se le dio una receta para antibióticos: _____
- otro _____

Firma de
médico



Algunos Dentistas

Art of Dentistry (todas las edades)
Dr. Artuo López (Se habla español)
5913 Main Street, Suite 101
Ooltewah, TN 37363
(423)362-7962

Aspire Family Dentistry
De 2 años en adelante
1625 McCallie Ave
Chattanooga, TN 37411
(423) 622-4869

Chattanooga Dental Center
Todas las edades
3475 Brainerd Rd.
Chattanooga, TN 37411
(423) 698-3828

Dental Partners- Red Bank
De bebés en adelante
625 Morrison Springs Rd.
Chattanooga, TN 37415
(423) 305-6400

Dodson Avenue Community
Health Center Dental Clinic
De 6 años en adelante
1200 Dodson Ave.
Chattanooga, TN 37406
(423) 778-2800

Centro de Salud del Condado de
Hamilton- Clínica Dental
Desde 4 años hasta 20 años
921 E. 3rd St.
Chattanooga, TN 37403
(423) 209-8100

Hixson Pediatric Dentistry
Acepta pacientes nuevos desde
0 años hasta 5 años
5470 Hixson Pike
Hixson, TN 37343
(423) 842-0165

Dr. Popp
Acepta pacientes nuevos
desde un mes hasta 18 años
4211 Hixson Pike
Chattanooga, TN 37415
AND
1616 Gunbarrel Road Suite 101
Chattanooga, TN 37421

Dr. Richard Prichard
Acepta pacientes nuevos desde
0 años hasta 6 años
10480 Walden Street
Soddy Daisy, TN 37379
(423) 332-5544

Sidney T. Cox
Associates in Pediatric
and Adolescent Dentistry
6988 E. Brainerd Rd.
Chattanooga, TN 37421
(423) 894-6614

PDSA Cycle #3

Goals:

Implement the use of the CRA for all well visits age 6m-6y

Make Rx for oral health available for all residents in clinic drawers to give to families when making referral

Use .cariesrisk to document screening & referral process in visit note

Date:

On January 20, 2020 and thereafter, CRA and Rx for oral health were considered to be standardized workflows in the clinic

Rationale:

The screening and referral process needs to have iterative steps that are user-friendly for both residents and parents

Results:

No dental home: 64% of charts

Of those with NO dental home, 25% had documentation of a CRA screening

Documentation of Rx for oral health given: 20%

Urgent referral to dentist: 4% of charts

Percentage of NO dental home marked as non-low risk: 81%

Percentage of NO dental home who had a CRA done marked as non-low Risk: 8%

Percentage of NO dental home marked as non-low risk who received an Rx for oral health: 15%

PDSA Cycle #4



Goal:

Improve documentation of the caries risk assessment into the assessment and plan section of the visit note so that it is a hard stop during documentation process for each well visit with patients age 6m-6y.



Date:

Late February, 2020 is when the new visit note format became available



Rationale:

A hard stop would make remembering to complete a CRA and document the score and referral outcome would make the workflow more standardized and less provider-dependent

Results:

No dental home: 52% of charts

Of those with NO dental home, 100% had documentation of a CRA screening

Documentation of Rx for oral health given: 70%

Urgent referral to dentist: 0% of charts

Percentage of NO dental home marked as non-low risk: 100%

Percentage of NO dental home who had had a CRA done marked as non-low risk: 100%

Percentage of NO dental home marked as non-low risk who received an Rx for oral health: 92%



Visit note with integrated CRA Documentation

Notes

+ Create Note | 1 Progress Note

My Note Tag Share w/ Patient

Well Child 12 Month | ROS | Physical Exam

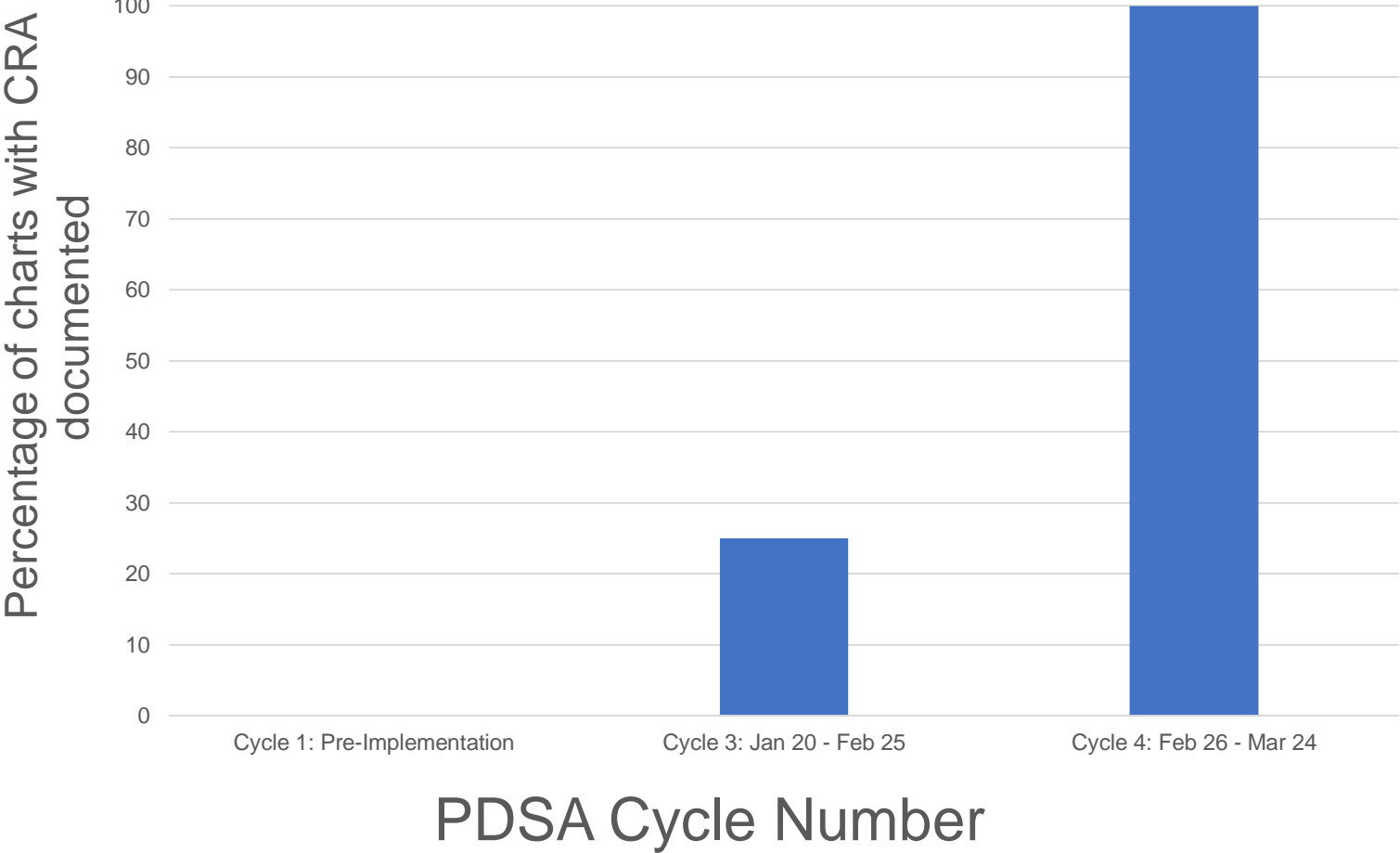
★ | B | abc | ↶ | ? | + Insert SmartText | ↵ | ↷ | ↻ | 🗣️ | 📎 | 🖨️

Healthy 13 m.o. female infant. Open selection entry

1. Anticipatory guidance discussed. {guidance:16646}
2. Development: {desc; development appropriate/delayed:19200}
3. Age appropriate book and literacy education handout given? {yes/no/na:19980}
4. Primary water source has adequate fluoride: {Responses; yes/no/unknown:74::"yes"}
5. Immunizations today: per orders.
History of previous adverse reactions to immunizations? {yes**/no:17258::"no"}
6. Caries Risk Assessment: {High Risk or Low Risk Dental Caries:2101113}

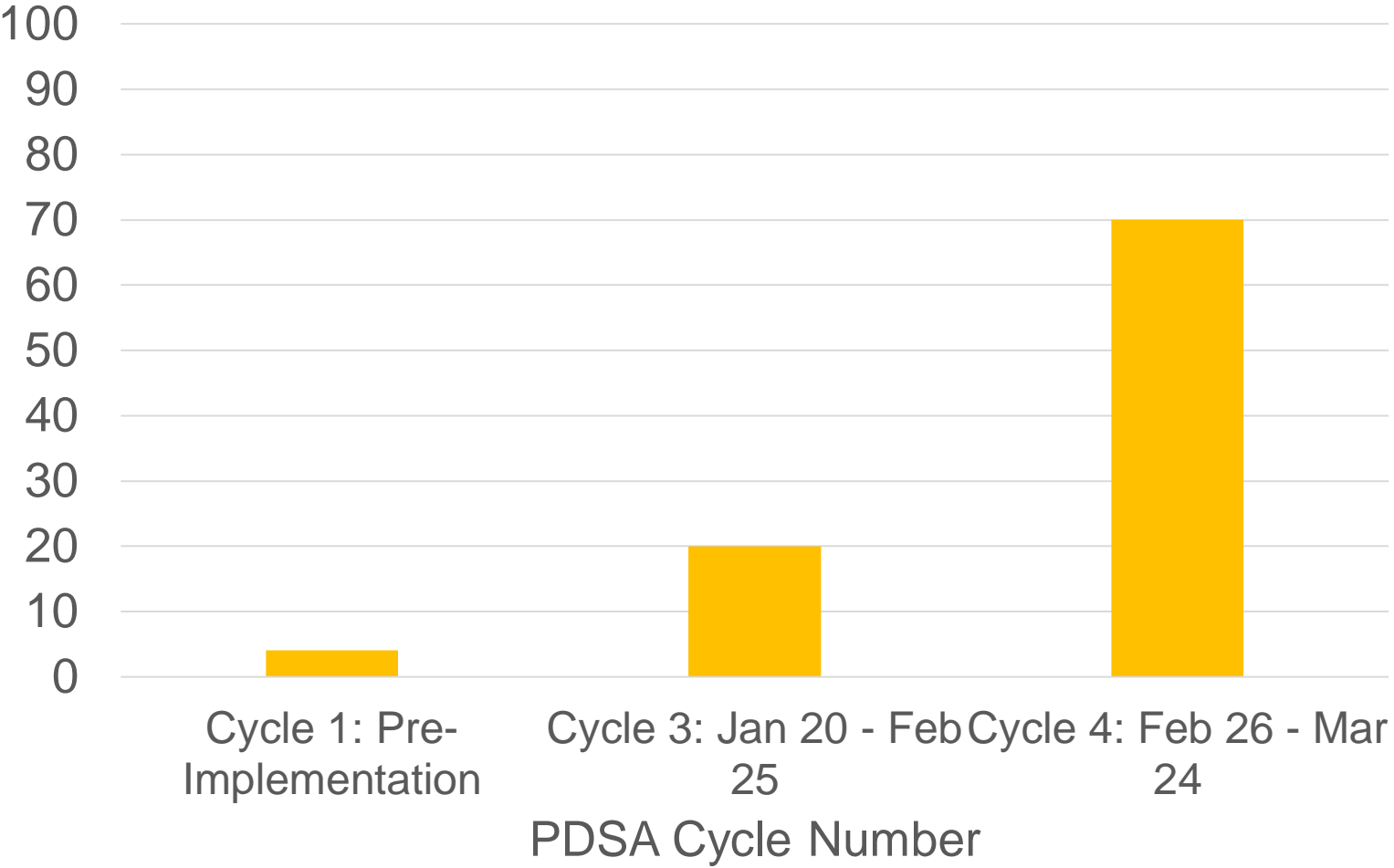
Sign on saving note ▼ Accept Cancel

Percentage of patients with documentation of caries risk assessment screening over time for patients with NO dental home

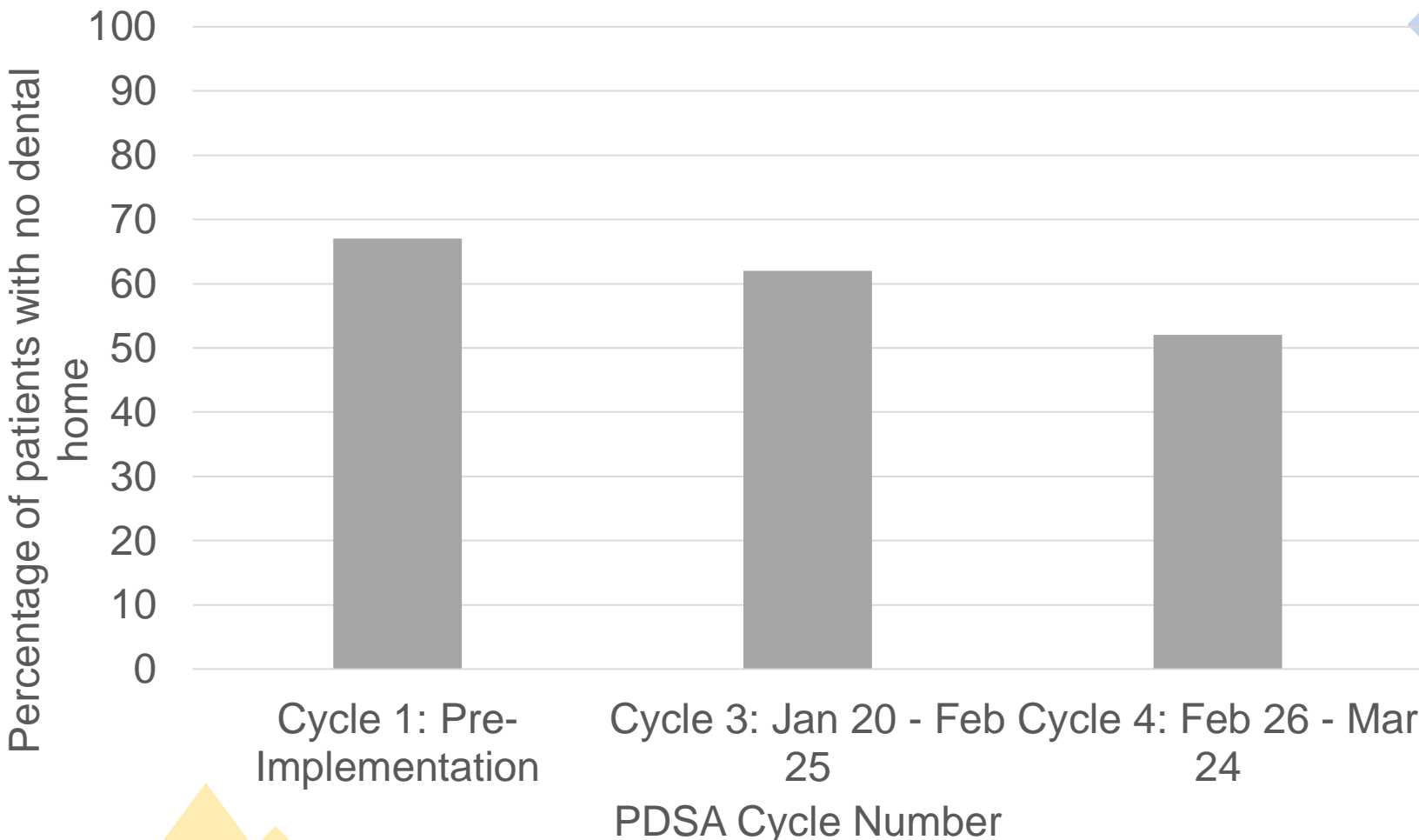


Percentage of patients who received Rx for Oral Health (dentist list in cycle 1) over time

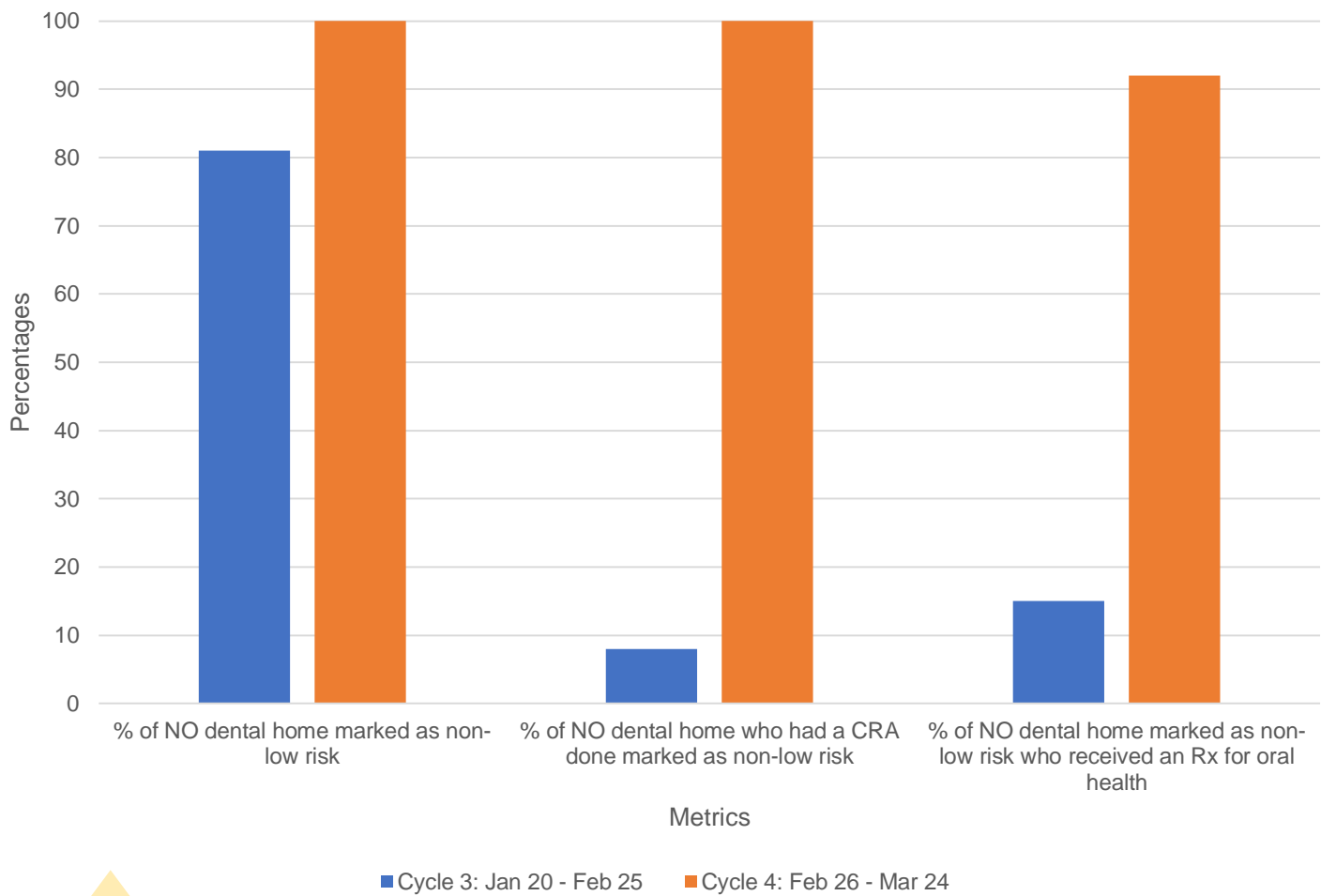
Percentage of charts with documented Rx for Oral Health (dentist list) given



Percentage of patients with no dental home over time



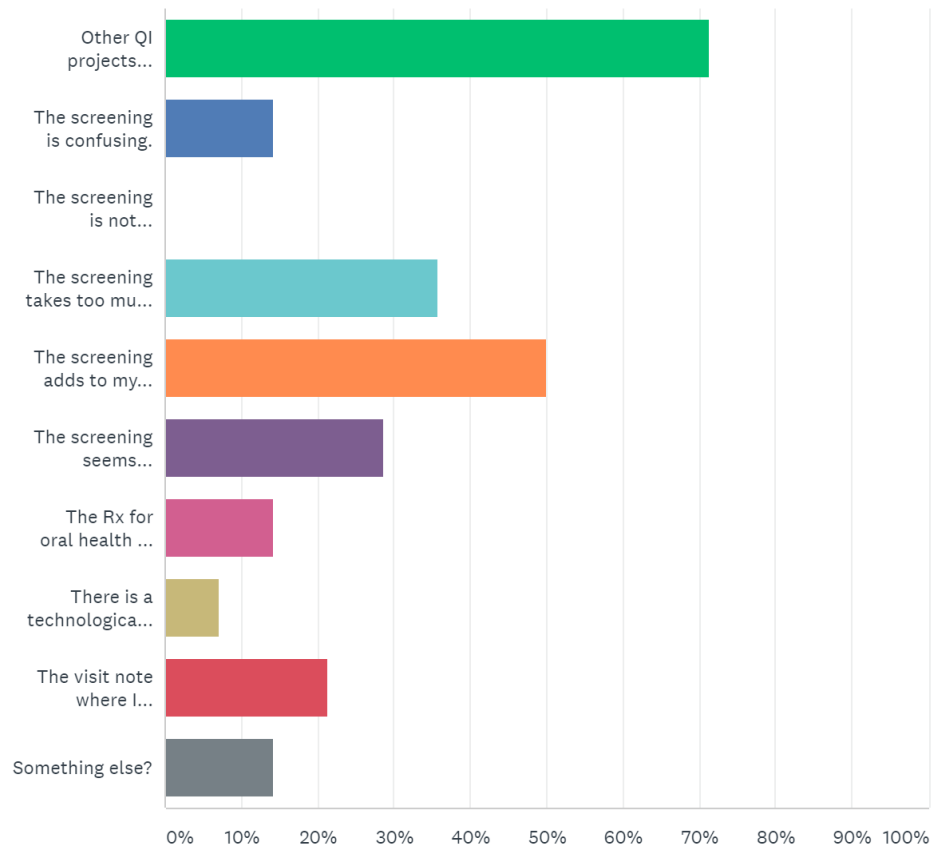
Comparing Metrics in Cycles 3 and 4



Feedback From 15 of 25 Pediatrics Residents

What are some barriers to completing the caries risk assessment and documenting its score in the visit note for your patients age 6 months through 6 years?

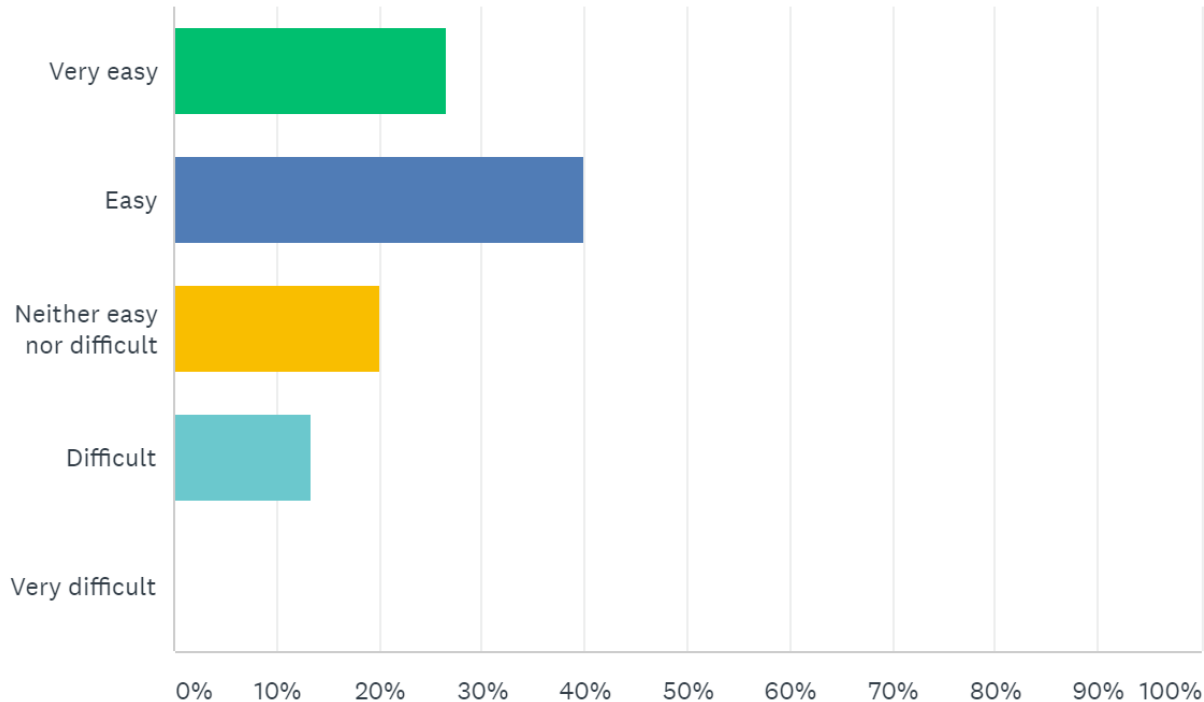
Answered: 14 Skipped: 1




Feedback From 15 of 25 Pediatrics Residents

How difficult has it been to complete the Caries Risk Assessment in clinic for your patients age 6 months through 6 years?

Answered: 15 Skipped: 0





Summary and Discussion

Cycle 1:

- Prior to implementation, a random sample of patients age 12 months-6 years demonstrates that:
- None of the charts reviewed had any documentation of a caries risk assessment done
- 67% of these patients having no established dental home.
- Only 4% had documentation of a dental list given to the family.

Cycle 2:

- The most successful aspect of cycle 2 was the implementation of discussion time made available for residents to discuss the screening at continuity clinic huddle time to review and allow for questions.

Cycle 3:

- Improvement in screening of those with no dental home to
- 25% as compared with 0% in the pre-implementation phase
- Process not being implemented optimally (Rx's given to those with dentists, for ex.)
- There was evidence that documentation was still lacking, so a hard stop was integrated into the visit note for CRA

Cycle 4:

- The results demonstrate further improvement compared to the previous cycle. Of all charts reviewed,
- 100% of patients with no dental home had documentation of a CRA screening.
- There was also further improvement in the Rx for oral health handouts given to 70%, which is an improvement compared to 20% in cycle #3.
- Percentage of NO dental home who had a CRA done marked as low-risk increased from 8% in cycle 3 to 100% in cycle 4, indicating that categorization was correct
- Percentage of NO dental home marked as non-low risk who received Rx increased from 15% to 92%- those who needed the referral most were mostly receiving it.

Limitations of Project

- In the medical field, it is often said that if it is not documented, it didn't happen.
- But, is the corollary true? If it is documented, does that mean that it did happen?
- CRA being completed for patients with dental homes
- Rx for oral health given to patients with dental homes- not harmful but not necessary either
- Urgent referral did not show improvement- a future direction!
- Statistical analyses were not robust- just simple math

Future Directions

Address an additional outcome measure:
percentage of patients who completed a visit with a
dentist after having received a referral within 1
month of referral

Process improvement ideas:

Add category in visit note for “has dental home, low
risk, no Rx for oral health given

Create workflow for closed-loop communication
between dentist and primary care clinician

Create an algorithm to help us decide which
patients should be referred urgently and educate
team regarding this new workflow