

Oral Health Education and Fluoride Varnish Application Training

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Microsoft Teams

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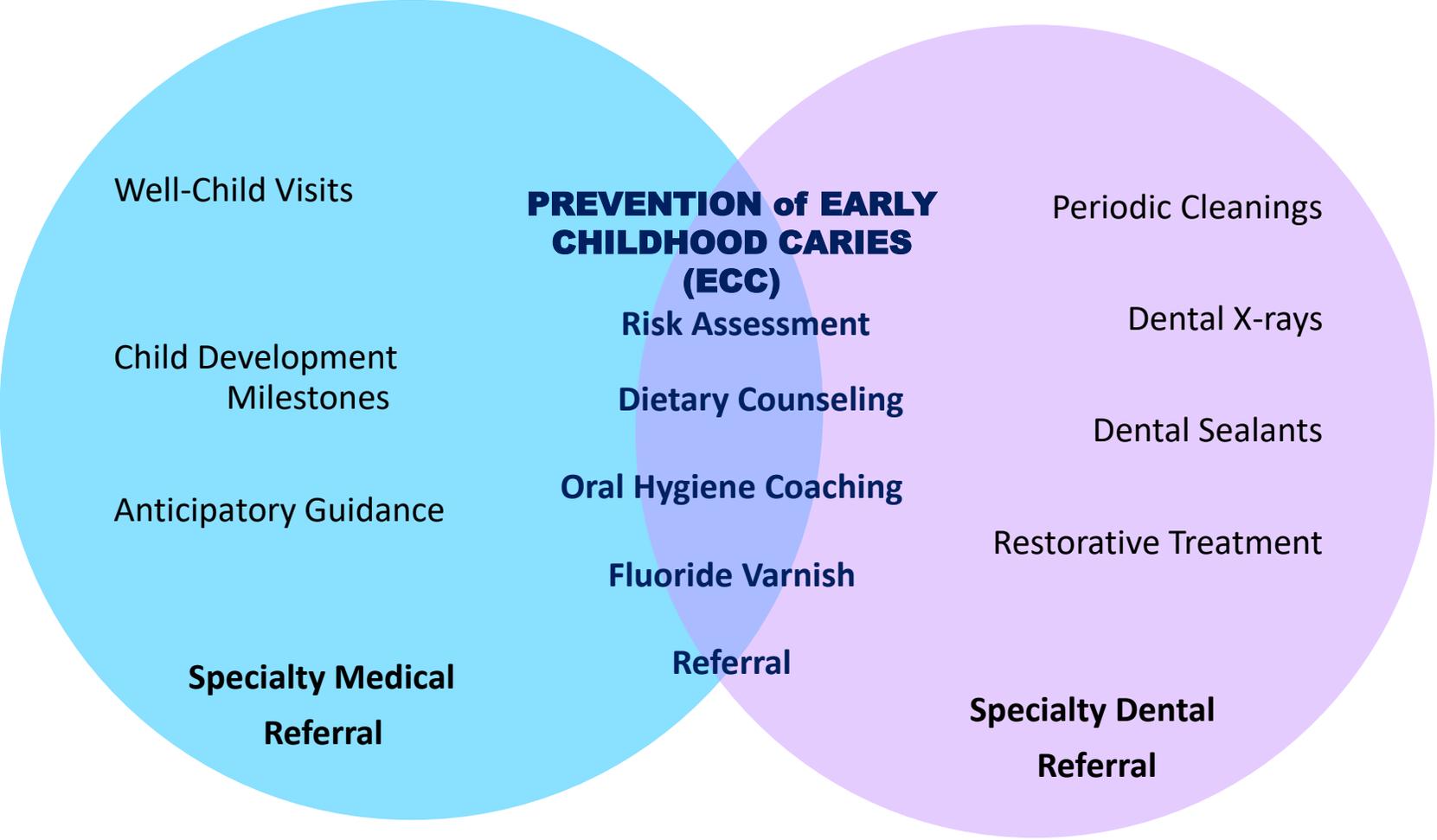
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Celebrating Healthy People in Healthy Communities
Office of Dental Health

Learning Objectives

- Gain knowledge on caries risk factors and benefits of fluoride varnish
- Understand the components of a dental assessment
- Demonstrate competency in providing fluoride varnish application
- Learn the correct billing code for fluoride varnish reimbursement
- Identify efficient workflow considerations



Primary Care + Dental Care





What is the most common chronic & infectious yet easily **preventable** childhood disease?



Office of Dental Health

Tooth Decay



Tooth decay:

- An infection
- Damaged tooth structure
- Other terms: cavities, dental caries, Early Childhood Caries (ECC)



Early Childhood Caries (ECC)

The presence of one or more decayed, missing, or filled tooth surfaces in any primary tooth in a child under the age of six years.



Tooth decay is an infectious & transmissible disease

- Caused by acid-producing bacteria that is passed from mother or caregiver to infant
- Transmission is both vertical and horizontal
 - Vertical: parent to infant
 - Horizontal: siblings/other children to infant



How is cavity causing bacteria shared?



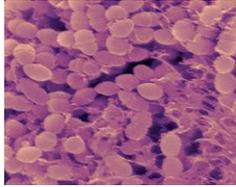
Babies are not born with cavity causing bacteria.

Bacteria are passed from Mom, Dad, or sibling to baby's mouth by:

- Sharing food or eating utensils
- Sharing straws or cups
- Cleaning off the pacifier in their mouth and giving it to the baby



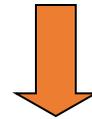
Chain of tooth decay



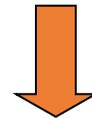
Acid-producing bacteria



Carbohydrates & sugars (e.g. lactose)



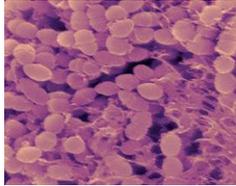
Acids dissolve tooth minerals



Cavity



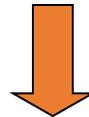
Chain of tooth decay



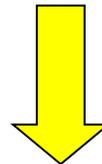
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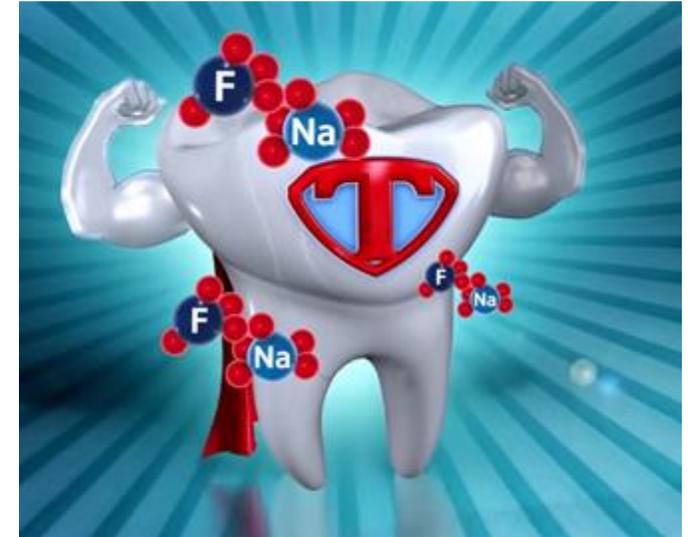
Fluoride

Lowers risk of decay



Fluoride rebuilds tooth surfaces...

- Combines with calcium and phosphate from saliva to create a stronger tooth surface which is less susceptible to acid attacks
- Blocks acid attacks which occur each time a person consumes sugar from drinks or foods



Fluoride Sources

- **Topical** applications are typically applied on the teeth and excess expectorated.
- **Systemic** sources are ingested.

Systemic Sources	Topical Sources
Fluoridated Water	Fluoridated Water
Supplements	Professional Treatment (Fluoride Varnish, gel)
Baby Formula	Toothpaste
Food packaged in facility on a fluoridated water system	Mouthwash



Who Can Benefit from Fluoride Varnish?



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Fluoride Varnish - who needs it?

Caries Risk Factors:

Child Health and Disability Prevention (CHDP)

- Low socioeconomic status

Active or Past Tooth Decay

- In parents, siblings, caregivers or child
- White spots/lines on teeth

Poor Feeding Habits

- Frequent snacking on carbohydrates
- Sticky sugary foods
- Sweet/acidic drinks
- Bottle while sleeping or napping
- Bottle after age 1



Fluoride Varnish - who needs it?

Caries Risk Factors:

Lack of Fluoride in

- Drinking water
- Vitamins/Supplements
- Toothpaste

Poor Homecare

- Lack of daily brushing and flossing

No Recent Dental Visit

- Within the last year

Children with Special Health Care Needs

- Lack of strong facial muscles and tongue to help with self -cleansing of food debris from mouth
- Overactive gag reflex which makes brushing difficult for caretakers



What's Your Role as a Pediatric Primary Care Provider in Preventing Early Childhood Caries?



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Dental Assessment Components

- Visual exam
- Anticipatory guidance
- Fluoride Varnish application
- Dental referral to establish a dental home



Visual exam: lift-the-lip technique

White spots/lines:

Early & **reversible** signs of tooth decay

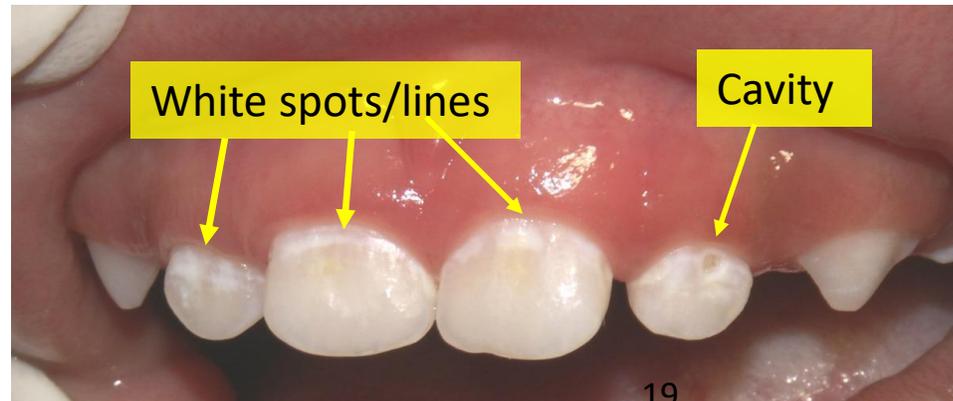


Dental Assessment

- No obvious dental problem



- Dental care recommended



Dental Assessment

- Urgent dental care needed



Anticipatory Guidance



**Take child to the dentist
by the first birthday.
Visit every 6 months.**



**Brush teeth 2 times a day.
Use **fluoride** toothpaste,
the **size of a grain of rice.****



**Do not share spoons
or cups with babies.
The germs that cause
cavities can be
passed on to babies.**

Kids Toothpaste Tips

0-3 years:
grain of rice



3+ years:
pea size



Fluoride Varnish (FV) Application

Which teeth can benefit?



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Teeth with no visible decay

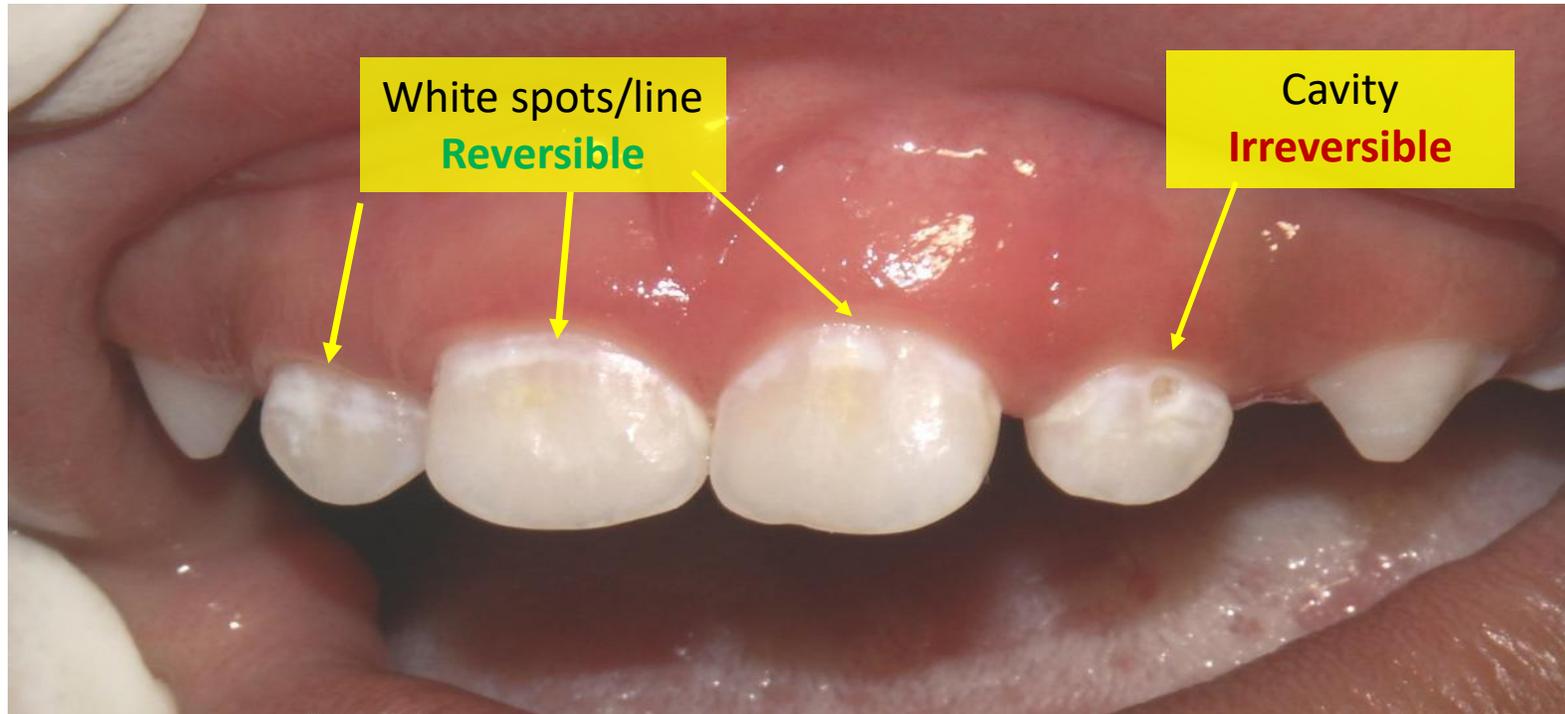


Fluoride Varnish strengthens teeth and helps prevent tooth decay



Teeth with beginning decay

White chalky decalcification near gum line



Teeth with advanced decay:

- Destroyed enamel
- Irreversible
- Dental treatment needed, refer ASAP



Contraindications to FV

1. Large cavities



2. Ulcerated tissue



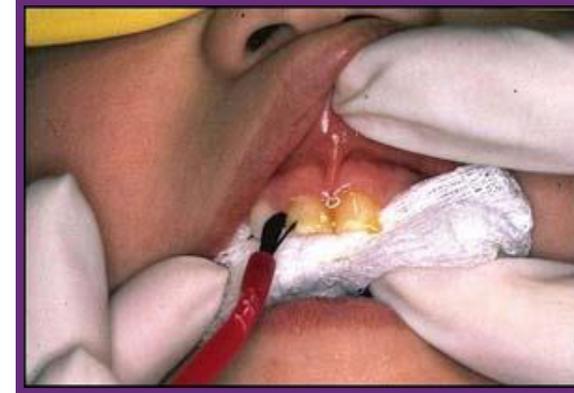
3. Allergy

Pine Resin
Allergy
(Colophony)
rare

Apply fluoride varnish to all other teeth in the mouth

Fluoride Varnish Facts

- A topical protective resin coating of sodium fluoride
- Painted on teeth in \approx 1 minute
- Fluoride Varnish application is considered the Standard of Care*
- Can be applied up to 5x per year
 - 3x in medical office
 - 2x in dental office



*United States Preventive Services Task Force (USPSTF) & Bright Futures-American Academy of Pediatrics (AAP)



Supplies needed for FV application

Supplies:

- Fluoride Varnish
- 2x2 Gauze
- Tray or napkins
- Mouth mirror-optional
- FV brochure

Recommended PPE

- Lab coat
- Safety goggles
- Surgical mask
- Face shield
- Gloves

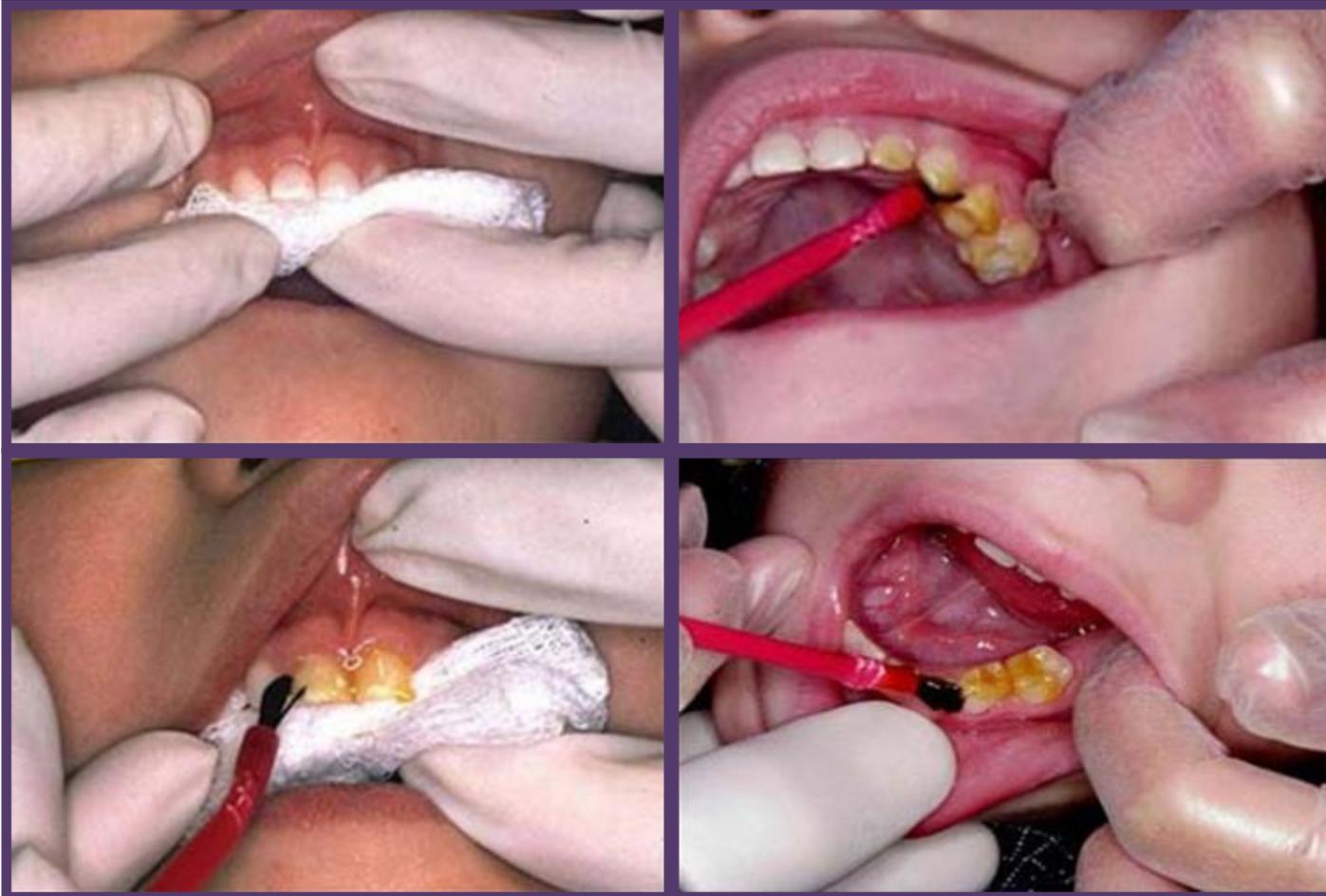


Knee-to-knee position



Fluoride Varnish - Application

Apply in a thin coating



Post FV Application Instructions to Parent

- Child can drink water after application
- Avoid crunchy, chewy, and hot foods/ drinks for the rest of the day
- Do not brush/floss until the next day
- Fluoride Varnish may leave a yellowish coating that can be brushed off the next day



Fluoride Varnish



Helping Smiles Stay Strong



Workflow Considerations

- Who prescribes treatment? MD or NP
 - Who is responsible for applying (e.g., LVN, MA)
- Which children will get FV?
- How frequent will clinic provide FV application?
- Which visits to apply FV?



Workflow Considerations

- Who provides post FV instructions?
- Who provides any additional oral health education?
- Where to store FV and supplies?
- Who maintains stock?



How to order FV?

- CHME Inc. 1-800-906-0626
- Young Specialties 800-558-6684
<https://www.youngspecialties.com/>
- McKesson 855-571-2100
<https://mms.mckesson.com/catalog?query=fluoride+varnish>
- Henry Schein 800-772-4346
<https://www.henryschein.com/us-en/medical/default.aspx?did=medical&stay=1>



Billing Code and Reimbursement

Fluoride Varnish is a Medi-Cal benefit

CPT-4 code 99188

- Reimbursable by a qualified health care professional for children through 5 years of age, up to 3x a year.
- Using this CPT-4 code will capture the completed FV treatment and counts towards the TFL-CH measure.

Managed Care Medi-Cal

- Reimbursement varies, depending on contract:
 - AHS: 125% of Medi-Cal rate.
 - CFMG: Capitated to contract.
 - CHCN: Capitated to contract.
 - Directly Contracted: 125% of Medi-Cal rate.

FQHC

- Not billable as a separate procedure
- Mandated part of well-child visit



Dental Referral



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First tooth, first birthday, first dental visit



Dental referral if you see...

- White, brown, black spots on teeth



- Unhealthy gums (bleeding, swollen)



Office of Dental Health (ODH) Services

Website: <https://dental.acphd.org/>

Email: DentalHealth@acgov.org

(510)-208-5910

ODH Website:

- List of dentists accepting Medi-Cal
- Resources for people of all ages
- Resources for professionals

ODH Services

- Referrals to dentists and community resources
- Help with scheduling dental appointments
- Oral health education
- Medi-Cal health benefits enrollment assistance

Healthy Smiles Program

- Uninsured/Underinsured
- 0-19 years
- Meet income requirement
- An Alameda County resident



Office of Dental Health

Participant packets



Fluoride Varnish Application Instructions

1. Explain the procedure to parents
 - a. Tell the parent that the child's teeth may become discolored temporarily; varnish can be brushed off the following day.
 - b. Have the parent review the parent information sheet/brochure.
2. Explain proper position of the child
 - a. For an infant:
 - o Providers should position themselves "knee-to-knee" with the parent.
 - b. For a young child:
 - o Place the child in a sitting position and work from above the head.
 - o Or adapt a method that works best for you and the child.
3. Apply fluoride varnish according to manufacturer's instructions
 - a. Dry the teeth and apply FV- a few teeth at a time
 - b. Apply thin layer of FV
4. Provide aftercare instructions and oral hygiene tips
 - a. Fluoride varnish aftercare instructions:
 - o Child can drink water after application
 - o Avoid crunchy, chewy, and hot foods/ drinks for the rest of the day
 - o Do not brush/floss until the next day
 - o Fluoride Varnish may leave a yellowish coating that can be brushed off the next day



Fluoride Varnish Consent Form (Clinic Name)

I give my permission for fluoride varnish application.

Child's Name (print): _____ Age: _____ Date: _____

Signature: X _____

Parent or Guardian Signature for children under 18 x _____

Provider _____



Participant packets

Fluoride Varnish Application in Medical Office

Facility/Clinic Name: _____
Effective Date: _____ Approval Signature: _____

Introduction

Fluoride Varnish (FV) is a thin coating of resin that is applied to the tooth surface to protect it from decay. The Child Health and Disability Prevention (CHDP) Program provides training to providers and staff on oral health education, dental referrals, and the application of FV to children at risk for oral disease.

Purpose/Rationale

The purpose of applying FV is to arrest and reverse the process of cavity formation. Tooth decay is the most common disease of childhood (5 times more common than asthma, 7 times more common than hay fever, and 4 times more common than early childhood obesity*). Not only does tooth decay cause pain and infection, but it can also interfere with learning by distracting a child's focus or causing frequent absences from school. CHDP providers are in the unique position of having a positive impact on a child's oral health because they see children earlier and more frequently than dentists. This is particularly true for low-income populations due to a shortage of referral sources for dental care for these children. The purpose of this protocol is to provide the procedure for FV application for trained medical staff.

Table I Summary of Fluoride Modalities for Low and High-Risk Patients

Fluoride Modality	Low Caries Risk	High Caries Risk
Toothpaste	Starting at tooth eruption (smear of paste until age 3 y. then pea-sized)	Starting at tooth eruption (smear of paste until age 3 y. then pea-sized)
Fluoride Varnish	Every 3-6 months starting at tooth eruption	Every 3-6 months starting at tooth eruption
Over-the-counter mouth rinse	Not applicable	Starting at age 6 y if the child can reliably swish and spit
Community water fluoridation	Yes	Yes
Dietary fluoride supplements	Yes, if drinking water supply is not fluoridated	Yes, if drinking water supply is not fluoridated

Reference: Clark, M. B., & Slayton, R. L. (2014, August 25). Fluoride Use in Caries Prevention in the Primary Care Setting. *Pediatrics*, 134-626. DOI: 10.1542/peds.2014-1699

*Oral Health: The Silent Epidemic (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2821841/>)

*AAPD Childhood Caries (<http://www.mychildrenteeth.org/assets/2/7/ECCstats.pdf>)



Integration of Oral Health into Pediatric Primary Care Resources

There is a wealth of resources and patient materials available to support you and your team's efforts to integrate oral health risk assessment, oral health education, dental referral, and application of fluoride varnish into your practice routines. Below are lists of selected websites, background documents, curriculum, practice tools, and patient education materials that you may choose to access.

Alameda County Dental Provider List

[Dentists Accepting New Patients in Alameda County, By City - Updated 2022 \(acphd.org\)](#)

Websites

- National Maternal and Child Oral Health Resource Center**
<http://mchoralhealth.org/>
 Describes and provides links to resources on fluoride varnish for professionals and families such as brochures, fact sheets, policies, reports, guidelines, teaching guides, and manuals.
- American Academy of Pediatrics- Children's Oral Health**
<https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Oral-Health/Pages/Oral-Health.aspx?>
 Contains a wealth of information including news and highlights, oral health practice tools, information on billing for fluoride varnish, and resources for families.
- Alameda County Public Health Department, Office of Dental Health**
<https://dental.acphd.org/>

Educational Resources for Use with Families/Caregivers

- Child Health and Disability Prevention Program Oral Health Educational Resources, For Babies and Young Children (Birth – 5 years)**
 This guide is intended for use by CHDP providers to help access various oral health educational materials for patients within birth – 5 years. These materials can be used as a supplement for anticipatory guidance discussions. Contains **ordering information** with a description of materials.
<https://www.sfdph.org/dph/files/dentalSvcdocs/OralHlthResourceBir5Yrs.pdf>



Hands-on Fluoride Varnish application demonstration and practice!



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Fluoride Varnish Practicum

- 1) Explain the procedure to parent and provide oral hygiene tips
- 2) Ensure proper positioning of the child
- 3) Dry the teeth with gauze – one area at a time
- 4) Apply thin layer of fluoride varnish according to manufacturer's instructions:
 - Some varnishes are only applied to front surface of the tooth, whereas others are applied to all surfaces of the tooth
- 5) Provide aftercare instructions



References/Resources

- Print copies of *Fluoride Varnish -Helping Smiles Stay Strong* brochure in English:
<https://www.dhcs.ca.gov/formsandpubs/publications/Documents/Fluoride-Varnish-Helping-Smiles-Stay-Strong.pdf>
- <https://www.dhcs.ca.gov/services/chdp/Pages/FluorideVarnish.aspx#powerpoint>
- <http://www.dhcs.ca.gov/services/chdp/Documents/CHDPDental/FVFindings0508.pdf>
- <http://www.astdd.org/docs/Sept2007FINALFvarnishpaper.pdf>
- <http://www.dhcs.ca.gov/services/chdp/Documents/CHDPDental/FVFindings0508.pdf>
- <http://www.astdd.org/docs/Sept2007FINALFvarnishpaper.pdf>
- <https://www.smilesforlifeoralhealth.org/lessons/ecc-risk-carries-assessment/>
- <http://www.cdph.ca.gov/certlic/drinkingwater/Documents/Fluoridation/Tables/Table%201.pdf>
- <https://www.aapd.org/globalassets/media/publications/archives/berkowitz-28-2.pdf>
- <https://smilecalifornia.org/>
- <https://www.mouthhealthy.org/en/fluoride-superhero>



Need Additional Support?

Office of Dental Health

Website: <https://dental.acphd.org/>

Email: dentalhealth@acgov.org

(510) 208-5910

Please complete your surveys!



Please fill out training evaluation:

<https://bit.ly/3MDwoqY>



Thank you!

