



Body System: Special Sensory			
Session Topic: Pediatric Oral Health			
Educational Format		Faculty Expertise Required	
REQUIRED	Interactive Lecture	Expertise in the field of study. Experience teaching in the field of study is desired. Preferred experience with audience response systems (ARS). Utilizing polling questions and engaging the learners in Q&A during the final 15 minutes of the session are required.	
OPTIONAL	Problem-Based Learning (PBL)	Expertise teaching highly interactive, small group learning environments. Case-based, with experience developing and teaching case scenarios for simulation labs preferred. Other workshop-oriented designs may be accommodated. A typical PBL room is set for 50-100 participants, with 7-8 each per round table. <u>Please describe your interest and plan for teaching a PBL on your proposal form.</u>	
Professional Practice Gap		Learning Objective(s) that will close the gap and meet the need	Outcome Being Measured
<ul style="list-style-type: none"> Dental caries are the most common chronic infectious disease of early childhood. Physicians are often inadequately trained in residency to provide optimal oral health care for pediatric patients. Family physicians have a knowledge and competence gap related to the application of evidence-based recommendations and guidelines for providing oral health care of pediatric patients with chronic health conditions. Family physicians have a knowledge gap related to the identification of oral manifestations of immunologic diseases, endocrinopathies, hematologic conditions, systemic infections, and nutritional disorders. 		<ol style="list-style-type: none"> Recognize the various stages of Early Childhood Caries (ECC) on oral examination. Assess a child's risk of developing ECC. Implement prevention of ECC through use of fluoride, proper hygiene, diet, and appropriate dental referral. Diagnose pediatric patients for oral manifestations (e.g. oral mucosal lesion) that may be manifestations of immunologic diseases, endocrinopathies, hematologic conditions, systemic infections, and nutritional disorders. 	Learners will submit written commitment to change statements on the session evaluation, indicating how they plan to implement presented practice recommendations.
Faculty Instructional Goals			
Faculty play a vital role in assisting the AAFP to achieve its mission by providing high-quality, innovative education for physicians, residents and medical students that will encompass the art,			



science, evidence and socio-economics of family medicine and to support the pursuit of lifelong learning. By achieving the instructional goals provided, faculty will facilitate the application of new knowledge and skills gained by learners to practice, so that they may optimize care provided to their patients.

- Provide up to 3 evidence-based recommended practice changes that can be immediately implemented, at the conclusion of the session; including SORT taxonomy & reference citations
- Facilitate learner engagement during the session
- Address related practice barriers to foster optimal patient management
- Provide recommended journal resources and tools, during the session, from the American Family Physician (AFP), Family Practice Management (FPM), and Familydoctor.org patient resources; those listed in the References section below are a good place to start
 - Visit <http://www.aafp.org/journals> for additional resources
 - Visit <http://familydoctor.org> for patient education and resources
- Provide recommendations for recognizing the various stages of Early Childhood Caries (ECC) on oral examination.
- Provide recommendations for assessing a child's risk of developing ECC.
- Provide strategies and resources for implementing prevention of ECC through use of fluoride, proper hygiene, diet, and appropriate dental referral.
- Provide recommendations for diagnosing pediatric patients for oral manifestations (e.g. oral mucosal lesion) that may be manifestations of immunologic diseases, endocrinopathies, hematologic conditions, systemic infections, and nutritional disorders.

Needs Assessment

Despite major improvements in oral health for the population as a whole during the 20th century, gaping disparities still exist among many Americans, including racial and ethnic minorities, people with disabilities, the economically disadvantaged, and people living in rural and medically underserved areas. Oral health problems are preventable, common, and painful. Tooth decay affects one-fourth of U.S. children aged 2-5 years, half of those aged 12-15 years, and two-thirds of adolescents aged 12 to 19 years; more than 7,800 people die from oral and pharyngeal cancers each year, with nearly 36,000 new cases diagnosed annually.¹

The CDC and the American Dental Association (ADA) both report that many social factors, including tobacco use, frequency of alcohol use, and poor dietary choices, as well as economic factors, such as the lack of access to dental care (including lack of insurance), affect people's oral health in much the same way as they affect their overall health.^{2,3}

In 2010 there were over 44 million office visits for routine infant or child wellness exams.⁴ Family physicians are in a position to provide oral health screening and management for pediatric patients during wellness visits; and especially to patients at higher risk for developing common dental problems, such as children generally, and particularly those with chronic health conditions such as diabetes. However, only 43 percent of people age 2 years and older had a dental visit in the past 12 months; and based on immunization schedules and standard well-child visit intervals, family doctors see children an average of 11 times by the age of three, and many adults see their physician every one or two years for periodic checkups.⁵ The challenge is that



physician residents are not consistently receiving adequate education and training, and may lack competency in providing oral health management to patients.⁶

Data from a recent American Academy of Family Physicians (AAFP) CME Needs Assessment survey indicate that family physicians have knowledge gaps with regard to screening, diagnosing, and managing oral health issues.⁷ More specifically, CME outcomes data from 2012-2013 AAFP Assembly: *Oral Health* sessions suggest that physicians need continuing medical education with regard to advocating for dental care for pediatric patients, screening for oral lesions and other acute oral issues (e.g. gingivitis, aphthous ulcers, etc.), using pediatric fluoride seals, knowledge of the Healthy Smiles program, and counseling parents about oral care and prevention.^{8,9} Primary care physicians have a knowledge gap with regard to making timely diagnoses in the outpatient setting; and therefore, require education and training to help them consistently apply evidence-based clinical recommendations and guidelines to practice.¹⁰

It is particularly important for family physicians to be able to identify red flags, such as oral manifestations (e.g. oral mucosal lesion) that may be manifestations of immunologic diseases, endocrinopathies, hematologic conditions, systemic infections, and nutritional disorders.¹¹⁻¹⁴ Family physicians can improve the care they provide by being aware of resources available in their state that will assist them with Medicaid reimbursement for fluoride varnish treatments to pediatric patients for caries prevention, such as the American Academy of Pediatrics (AAP) *Children's Oral Health* website.¹⁵ The AAFP and US Preventive Services Task Force (USPSTF) have recently issued their respective and congruent recommendations on the prevention of dental caries in children from birth through age 5, summarized as:^{16,17}

- The AAFP *recommends* that primary care clinicians prescribe oral fluoride supplementation starting at age 6 months for children whose water supply is deficient in fluoride. (2014) (Grade: B recommendation)
- The AAFP *recommends* that primary care clinicians apply fluoride varnish to the primary teeth of all infants and children starting at the age of primary tooth eruption. (2014) (Grade: B recommendation)
- The AAFP *concludes that the current evidence is insufficient* to assess the balance of benefits and harms of routine screening examinations for dental caries performed by primary care clinicians in children from birth to age 5 years. (2014) (Grade: I recommendation)

Physicians should become familiar with easy to use risk assessment tools, exam techniques, and techniques for counseling parents on oral health through continuing medical education and AAFP-endorsed programs such as the *Smiles for Life* curriculum.⁵

Dental emergencies are also common, and family physicians should be prepared to evaluate patients for treatment or referral to a dentist.¹⁸ In the event that a referral is necessary, physicians can improve patient satisfaction with the referral process by using readily available strategies and tools such as, improving internal office communication, engaging patients in scheduling, facilitating the appointment, tracking referral results, analyzing data for improvement opportunities, and gathering patient feedback.^{19,20}



Several evidence-based guidelines have been developed in recent years for oral health from medical speciality societies and associations specializing in dental care and oral health. Family physicians need education and guidance on transferring evidence-based best practices from these guidelines to their family medicine practices. In particular, physicians should be familiar with American Academy of Pediatric Dentistry (AAPD) clinical guidelines and the American Academy of Pediatrics (AAP) Children's Oral Health Policy Statements.^{21,22}

Resources: Evidence-Based Practice Recommendations/Guidelines/Performance Measures

- Society of Teachers of Family Medicine. Smiles For Life²³
- AAPD Oral Health Clinical Guidelines²¹
- (AAP) Children's Oral Health. Policy Statements²²
- Oral manifestations of systemic disease¹²
- Children's Oral Health. 2013; State Information and Resource Map: Find information about Medicaid reimbursement for fluoride varnish¹⁵
- Common dental emergencies¹⁸
- Guideline on periodicity of examination, preventive dental services, anticipatory guidance/counseling, and oral treatment for infants, children, and adolescents²⁴
- Guideline on caries-risk assessment and management for infants, children and adolescents²⁵
- Guideline on management of dental patients with special health care needs²⁶
- Common tongue conditions in primary care²⁷
- Engaging Patients in Collaborative Care Plans²⁸
- Health Coaching: Teaching Patients to Fish²⁹
- Offering oral health services in your office⁵
- Simple tools to increase patient satisfaction with the referral process¹⁹
- FPM Toolbox: Referral Management²⁰
- Encouraging patients to change unhealthy behaviors with motivational interviewing³⁰
- Documenting and coding preventive visits: a physicians's perspective³¹
- FamilyDoctor.org. Mouth and Teeth: How to Keep Them Healthy (patient resource)³²
- FamilyDoctor.org. Dental Hygiene: How to Care for Your Child's Teeth (patient resource)³³

References

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