

# PHYSICIAN ASSISTANT STUDENTS SUPPORTING INTEGRATION OF ORAL HEALTH NOW (PASSION)

Brett Gliem and Elyse Bigler

*Department of Physician Assistant, Wichita State University*

## Introduction

Oral health is a vital component of preventive medicine. Less than half of children receiving Medicaid benefits receive a preventive dental visit each year. In Kansas, 91 of 105 counties have dental professional shortages making routine oral health screenings and prevention inaccessible. These "dental deserts" are most prevalent in western Kansas.

The purpose of this study was to establish precedence for routine preventive oral health care in rural primary care settings.

An increase in the overall oral health preventive services in a KS rural health clinic was expected after providing primary care providers (PCPs) education on the importance of oral health screenings and training in the application of fluoride varnishes for pediatric patients.

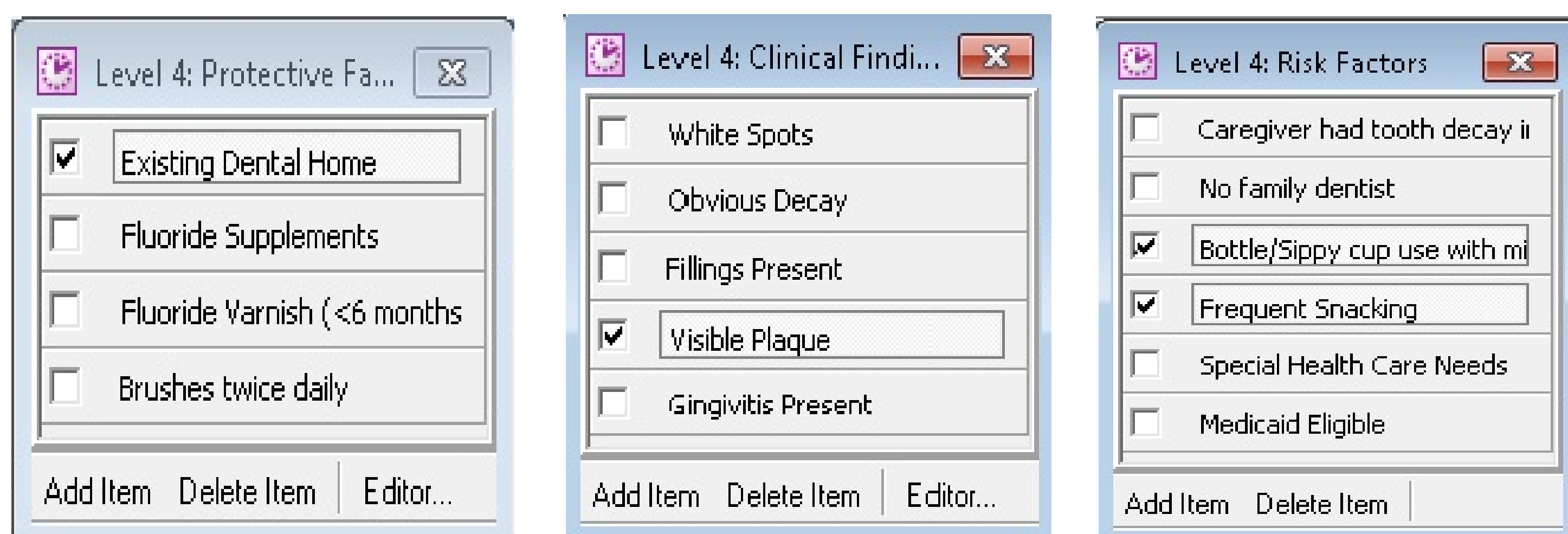
## Methods

### STUDY DESIGN

- Quality Improvement with the intent to implement a solution to a need and then evaluate the solution.

### PROCESS

- A pilot site was selected based on estimated distance to dental services, need, and existing affiliation with the WSU Physician Assistant (PA) program.
- PA students provided educational training to PCPs at pilot site.
- Oral health fact sheets were developed for distribution by the PCPs.
- PA students, while on 6 week rotations at the site, provided onsite contact with PCPs to encourage integration of preventive oral health care.
- Data was collected through electronic medical records as PCPs documented oral health screenings, fluoride applications, and dental referrals using a uniform template. Data collection was over an 18 week period and divided by clinical rotation dates into 6 week blocks.



The screenshots show a clinical form interface with three main sections:

- Level 4: Protective Factors:** Includes checkboxes for Existing Dental Home, Fluoride Supplements, Fluoride Varnish (<6 months), and Brushes twice daily.
- Level 4: Clinical Findings:** Includes checkboxes for White Spots, Obvious Decay, Fillings Present, Visible Plaque, and Gingivitis Present.
- Level 4: Risk Factors:** Includes checkboxes for Caregiver had tooth decay, No Family dentist, Bottle/Sippy cup use with milk, Frequent Snacking, Special Health Care Needs, and Medicaid Eligible.

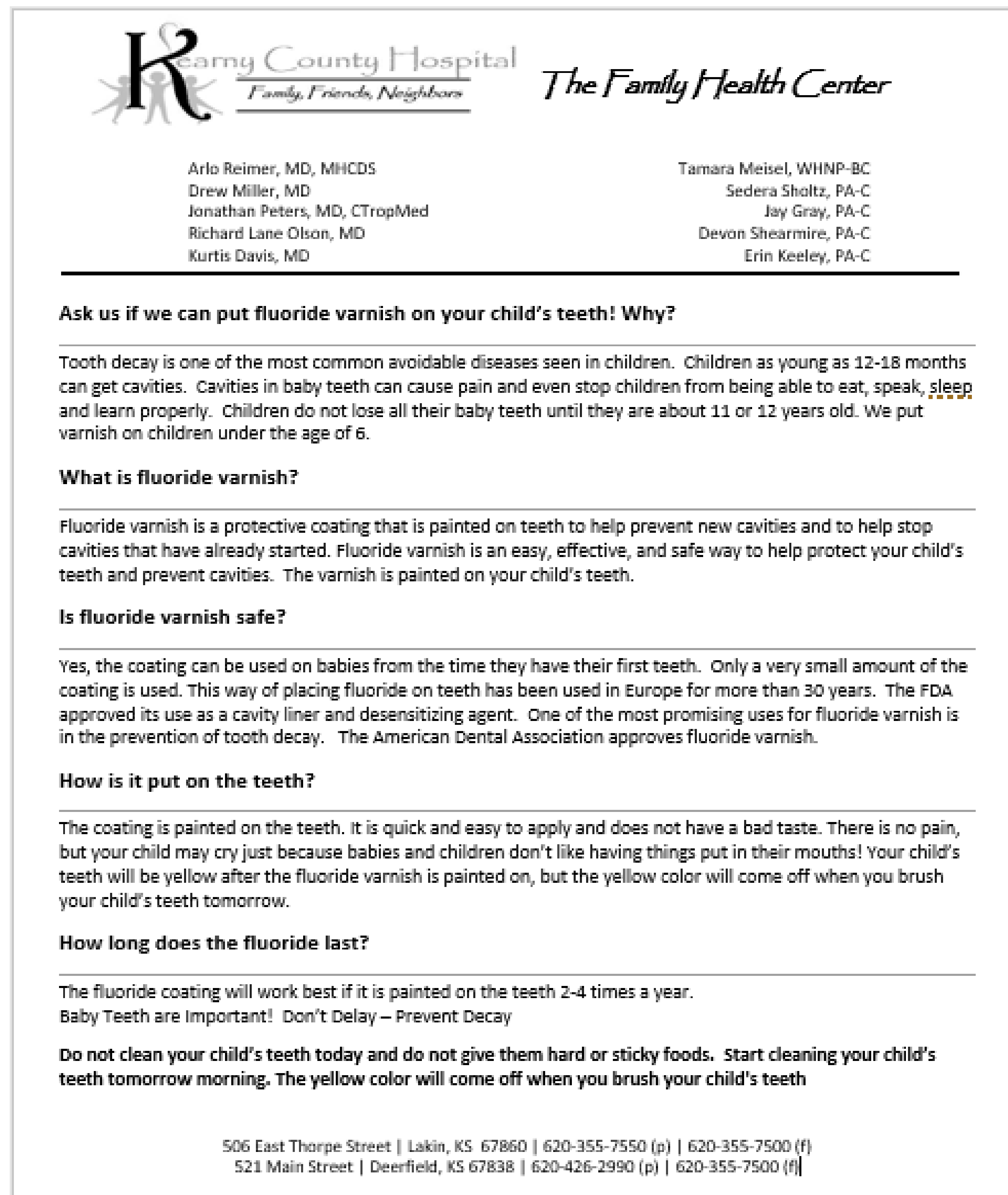
### IRB APPROVAL

- WSU IRB reviewed the project as category Quality Improvement

## Results

- Prior to the educational training and project implementation, the providers at Kearny County Hospital were not conducting oral health screenings nor applying fluoride varnish during well child checks.
- In total, 42 oral health screenings and fluoride varnish applications were completed as part of well child checks.

Dates of Services Provided	Fluoride Varnish Applications	Well Child Checks Completed	Fluoride Varnish Utilization
8/7/2017 – 9/14/2017	7	146	4.79%
9/18/2017 – 10/26/2017	20	120	16.6%
11/6/2017 – 12/14/2017	15	239	6.27%



The flyer is titled "Ask us if we can put fluoride varnish on your child's teeth! Why?" and provides information about the benefits and application of fluoride varnish. It includes the following text:

**Ask us if we can put fluoride varnish on your child's teeth! Why?**

Tooth decay is one of the most common avoidable diseases seen in children. Children as young as 12-18 months can get cavities. Cavities in baby teeth can cause pain and even stop children from being able to eat, speak, sleep and learn properly. Children do not lose all their baby teeth until they are about 11 or 12 years old. We put varnish on children under the age of 6.

**What is fluoride varnish?**

Fluoride varnish is a protective coating that is painted on teeth to help prevent new cavities and to help stop cavities that have already started. Fluoride varnish is an easy, effective, and safe way to help protect your child's teeth and prevent cavities. The varnish is painted on your child's teeth.

**Is fluoride varnish safe?**

Yes, the coating can be used on babies from the time they have their first teeth. Only a very small amount of the coating is used. This way of placing fluoride on teeth has been used in Europe for more than 30 years. The FDA approved its use as a cavity liner and desensitizing agent. One of the most promising uses for fluoride varnish is in the prevention of tooth decay. The American Dental Association approves fluoride varnish.

**How is it put on the teeth?**

The coating is painted on the teeth. It is quick and easy to apply and does not have a bad taste. There is no pain, but your child may cry just because babies and children don't like having things put in their mouths! Your child's teeth will be yellow after the fluoride varnish is painted on, but the yellow color will come off when you brush your child's teeth tomorrow.

**How long does the fluoride last?**

The fluoride coating will work best if it is painted on the teeth 2-4 times a year. Baby Teeth are Important! Don't Delay – Prevent Decay

**Do not clean your child's teeth today and do not give them hard or sticky foods. Start cleaning your child's teeth tomorrow morning. The yellow color will come off when you brush your child's teeth**

Kearny County Hospital | Lakin, KS 67860 | 620-355-7550 (p) | 620-355-7500 (f)  
521 Main Street | Deerfield, KS 67838 | 620-426-2990 (p) | 620-355-7500 (f)

## Conclusion

- Routine preventive oral health care, including oral screening exams and fluoride varnish applications, can be effectively incorporated into well child checks in the primary care setting.
- This project warrants being reproduced and expanded across Kansas to additional rural primary care clinics.

### LIMITATIONS

- Not all health insurance companies reimbursed for fluoride varnish application if referrals to dentists were not made or if the patient was not within a certain age group.



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