

# Protect Tiny Teeth Implementation Guide



*Lessons learned from quality improvement projects to integrate oral health into prenatal and pediatric settings.*

*“The biggest success of this project was capturing pregnant women who had serious dental issues that would not have brought them up if I had not asked. We got to start those conversations and get those patients into the dental care they so desperately needed.”*

*—Family medicine provider at an Indian Health Clinic*



*“The pandemic presented a really interesting opportunity. Since our dental office was closed, we switched our two dental hygienists to be in the medical setting. The medical team would call and we [dental hygienists] would come into the room and educate the families and examine their teeth.”*

*— Dental hygienist  
at a Federally Qualified Health Center*

## Intended Audience

The intended audience for this guide is prenatal and pediatric professionals and others who care for pregnant people and children of all ages.

## Why Medical-Dental Integration During Pregnancy and Infancy?

Healthy teeth and gums are especially important during pregnancy. According to the Centers for Disease Control and Prevention (CDC), pregnant women may be more prone to periodontal disease and cavities. When parents have poor oral health, they can pass cavity-causing bacteria to their children. Routine prenatal visits are a great opportunity to screen for untreated cavities and gum disease and assure families that it is safe to get dental care during pregnancy. Prenatal care providers can help screen pregnant patients for chronic and acute oral health conditions, educate them on the importance of oral health for their families, and refer pregnant patients to a dental professional.

Cavities (dental caries) are one of the most common chronic diseases of childhood — affecting half of all children and disproportionately impacting low-income children and children of color. Pediatricians see patients and caregivers with the greatest frequency during infancy and thus have regular opportunities to provide preventive oral health services. Preventing childhood caries not only reduces the number of children experiencing acute pain and infection but also reduces the risk of chronic, lifelong poor oral health.

## Why a Medical-Dental Integration Implementation Guide?

Medical-dental integration is worth the effort, but challenging. Medical and dental settings often work completely independently with their own electronic health or electronic dental records and patient scheduling systems. This guide was developed from two projects with 8 prenatal sites and 8 pediatric sites across the United States to pilot test the [Protect Tiny Teeth Toolkit](#). Best practices and lessons learned from the pilot projects have been compiled. This guide is intended to provide a roadmap for clinics interested in turning the goal of improving maternal and child oral health into a reality. Many themes from the 2022 pediatric project align with the 2020–2021 prenatal pilot project so this implementation guide includes recommendations for both prenatal and pediatric clinical settings.

# Implementation Steps

## 1) Plan

- a. Appoint a Project Champion:** Successful sites typically appoint a “project champion” who will oversee setting up meetings, educating staff on the topic, and tracking project progress.
- b. Create an Interdisciplinary Team:** Include representatives from all clinical teams such as prenatal, pediatric, and dental, as this will help to create sustainable medical-dental integration projects and better project outcomes. Do not forget to include front desk staff who can screen for oral health via phone and information technology staff who can add oral health questions to the electronic medical record.
- c. Build Interprofessional Collaboration:** Medical and dental teams should meet to discuss possible medical-dental integration projects. Focus on common goals, how best to work together, and overcome challenges to improve overall health. Map out both medical and dental workflows and identify where synergies could occur. As a team, consider exploring the questions below:
  - i. How does the dental team prefer to receive referrals?
  - ii. What is the current dental appointment wait time in the dental community?
  - iii. How are dental emergencies scheduled?
  - iv. How could pregnant patients be prioritized for visits during their pregnancy?
  - v. Which dental providers in the community treat infants and young children? What ages do they start offering care for young children? What types of insurance do they accept for children?
  - vi. What is the medical setting already doing to address oral health?
- d. Design a Workflow:** Within the medical setting, identify who will conduct the oral health screening, education, and referral. Decide who will apply fluoride varnish and when during the visit.
  - i. Assess the composition of your team and align responsibilities for the incorporation of preventive oral health care in practice. For example:
    1. front desk staff are responsible for ordering supplies and administering the prenatal oral health information form.
    2. the primary care provider is responsible for risk assessment, screening, education, and fluoride varnish application (in some cases this may be delegated to other staff).
    3. the nurse or other support staff are responsible for referrals and follow-up.



*“Many of our patient visits began happening virtually due to the COVID-19 pandemic. We adapted by emailing out the “Questions Moms are Asking About Oral Health” brochure to all pregnant patients. We received positive feedback that patients enjoyed having it on file to reference later.”*

*—Community health worker  
at a Federally Qualified Health Center*

*“As part of this project, providers from the co-located dental clinic joined our regular team meetings to discuss and streamline the referral process.”*

*—Pediatrician at a Federally  
Qualified Health Center*



*“We really enjoyed having our pregnant patients fill out the information form to “grade” their oral health. Most of our patients were Bs (moderate oral health risk) but if they were Cs (high risk of dental caries), we could use that evidence to help the dental office prioritize those patients in greater need during the pandemic.”*

*—Community health worker  
at a Federally Qualified Health Center*

- ii. Figure out where each step of the process fits into your workday and create a diagram to illustrate it for the team.
- iii. Share the workflow with everyone on the team and get commitment to accept these responsibilities. A sample prenatal practice workflow is available in English and Spanish at [www.aap.org/tinyteeth](http://www.aap.org/tinyteeth). Don't forget to celebrate successes and make tweaks to the workflow along the way!
- iv. (Optional) Consider if your current workforce is sufficient to carry out the needed oral health screening, education, and referral tasks. If not, explore other potential options such as an embedded dental hygienist, dental assistant, or community health worker with oral health knowledge. This step may take considerable time, require support from upper management, and extra funds.

**e. Select Resources:** Review the Protect Tiny Teeth Toolkit ([www.aap.org/tinyteeth](http://www.aap.org/tinyteeth)) to decide which resources would be best to integrate into the patient flow, electronic medical record, or patient care checklists.

- i. Pilot sites found the (1) **Prenatal Conversation Guide**, (2) **Infant Oral Health infographic**, (3) **Questions Moms Ask About Oral Health brochure**, (4) **Prenatal Oral Health Screening**, (5) **Oral Health Risk Assessment Tool** to be the most helpful tools. Some prenatal sites used the Conversation Guide to help them prioritize high risk patients who need a more urgent referral to dental services. Some pediatric sites printed and laminated the Oral Health Risk Assessment Tool to keep in each patient exam room. Providers showed the images of signs of decay while counseling caregivers on prevention techniques.
- ii. Go to [www.aap.org/tinyteeth](http://www.aap.org/tinyteeth) to download copies of these helpful resources. Many of the patient handouts and waiting room posters are available in English, Spanish, Arabic, Cambodian, Chinese, French, Korean, Russian, Taiwanese, and Vietnamese. Health centers can customize all tools by completing the **“Customize Materials with your Organization's Logo”** form.
- iii. The **AAP Oral Health Practice Tools page** contains resources on ordering, counseling, and reimbursement of fluoride varnish.



**f. Set Goals:** Select specific measurable goals to assess the site’s medical-dental integration project; 3 – 5 goals are a great starting point for a new project. See the “Sample Medical-Dental Integration Goals” used by the sites in the pilot projects below.

## Sample Medical-Dental Integration Goals

### Medical Staff Training

- 90% of all prenatal staff will have completed the free, online Smiles for Life Pregnancy and Women’s Oral Health module by [specific date].
- 90% of all pediatric staff will have completed the free, online Smiles for Life Caries Risk Assessment, Fluoride Varnish, and Counseling module by [specific date].
- 90% of all prenatal staff will attend a presentation by the oral health champion on how oral health should be integrated into visits by [specific date].
- 90% of medical staff will document oral health education, screening, and referral within the electronic health record (EHR) by [specific date].

### Education, Screening, and Referral

- 80% of all pregnant patients will be screened for oral health issues at least once during their pregnancy by [specific date]. (baseline measurement at this clinic is 15%).
- 80% of all pregnant patients will be referred to a dentist if they do not have one by [specific date]. (baseline is 0%).
- The number of pediatric patients reporting a dental home by 18 months of age will increase by 30% by [specific date].

## 2) Educate and Train

Have all participating staff complete the evidence- based **Smiles for Life** training to establish a baseline of knowledge. This free, virtual training provides continuing education credit. The **Pregnancy and Women’s Oral Health** and **Caries Risk Assessment, Fluoride Varnish, and Counseling** modules are particularly helpful for the target population.

Seek out other opportunities for live and online training in your state and community. “See one, do one, teach one” is often an effective training strategy to improve the skills of health professionals.

*Note: Most Medicaid programs do not currently pay for oral health education, risk assessment, and counseling but many do pay for fluoride varnish application. Contact your Medicaid office for more information and consider advocacy to improve payment.*



*“We have such a large patient population. The recommended dental to patient population is 1 to 1,200 and we are at 1 to 6,700. This project required a lot of collaboration, but my dental providers were able to make sure that our pregnant women were given urgent entry to deep cleaning or the extraction they needed.”*

*– Dental director at an Indian Health Clinic*

*“The Smiles for Life training modules provided a helpful introduction or refresher to pediatricians and medical staff in our clinic. We felt more confident incorporating the services into our workflow with that clinical background.”*

*– Pediatrician at a Federal Qualified Health Center*

### 3) Launch Project and Track Progress

After setting goals and training staff, launch the project and begin tracking progress.

**a. Start small:** It is often helpful to start small and expand projects over time. For example, ask one provider to utilize one oral health screening form for a day and ask for feedback on its use in the practice setting.

**b. Track all progress:** Whether your practice uses an EHR or not, you should track progress towards attaining your goals. Tracking can be done in many ways. One participating site did not use an EHR, so they added oral health education, screening, and referral into the printed patient checklists that are included in their paper charts. Several sites with an EHR added oral health questions (see box with sample EHR questions top right.) Post project results in a highly visible area so project participants and other personnel can see how the practice is doing.

### 4) Adapt

Adapt the Protect Tiny Teeth Toolkit resources to fit the practice setting. Some practices have found listing the oral health screening questions on a “Badge Buddy”, a small reference sheet under their name tag, helped providers remember to screen and provide a phone number for easy dental referrals.



### 5) Review, Celebrate, and Discuss

Set aside time weekly or monthly to review progress, celebrate successes, and discuss ways to maintain positive outcomes or reverse declining results. If your team is competitive, consider sharing data for each provider (with permission) or hosting a competition between different clinical sites within your health system.

### 6) Maintain and Sustain

Once oral health screening, education, and referral has been established in the medical setting, it is important to sustain this positive change. Train all new staff on oral health and continue to track progress. Some ways to continue to track progress and make sure changes are being sustained include:

#### Sample Electronic Health Record Questions

##### Oral Health Questions

- How often does the patient brush their teeth per day? (0,1,2,3)
- Has patient seen a dentist in the last year? (yes/no)
- Does the patient have tooth or gum pain? (yes/no)

##### Oral Health Exam Results

- Is there visible plaque on the teeth? (yes/no)
- Are there visible decay or white spots on the teeth? (yes/no)
- Are there serious oral health conditions (broken teeth, abscess, mouth pain)? (yes/no)
- Was fluoride varnish applied on patient's teeth? (yes/no)

##### Oral Health Education and Referral

- Was patient given an oral health handout? (yes/no)
- Was patient given a referral to a dentist? (yes/no)

#### Sample Oral Health Badge Buddy

##### Prenatal Oral Health Talking Points

- Mom's oral health impacts baby's oral health-taking care of your teeth takes care of baby
- Use baking soda and water after vomiting, do NOT brush after each vomiting episode
- Brush twice a day and floss
- X-rays and dental care are SAFE during pregnancy
- See a dentist twice per year

##### Common Pregnancy Oral Health Findings

- Gingivitis: inflamed gums that may bleed
- Granulomas: benign small gum tumors
- Tooth Decay: white, brown, or black spots
- Erosion: May be visible

**Dental Referral Number:** (555)555-5555

Insert any other helpful numbers.

- Having a front office staff member run a monthly report on the number of oral health screenings and prominently post the results for the staff team to view.
- Identify and support an oral health champion who not only will train new staff about oral health and how to track progress but will review reports and make changes as needed. For example, this champion may notice that fewer providers are entering oral health information in patient charts and survey the staff to see why this is happening. They can then plan a training to address staff concerns and barriers to care.

## Advice from Pilot Sites

### Establish supportive policies

“Make sure there are good policies for prenatal patients to see the dental providers. Prior to joining this clinic, every prenatal patient needed a letter from their primary provider for medical clearance which is silly because pregnancy should not be a barrier to dental care. I changed that to be a standing order that all pregnant patients have my blessing as their prenatal provider to see a dentist during their pregnancy.”

— Family medicine provider at an Indian Health Clinic

### Set up a system that makes integrating oral health easy

“I would say set up a great system. That way you don't have to think about remembering oral health at every visit, it just becomes a natural part of your process.”

— Nurse practitioner at an Indian Health Clinic

“I have always discussed oral health during visits, but the biggest change from this project was starting to apply fluoride varnish. I have less fear around it and have added it into the clinical workflow for all visits, not only well-child visits, and apply it when appropriate.”

Pediatrician in a health professional shortage area (HPSA)

### Collaborate and Develop Relationships

“Find the champions in each discipline that will excite others and motivate others to drive a project like this forward.”

— Office administrator at a Federally Qualified Health Center

“Our electronic medical records between medical and dental are linked so we loved having our prenatal team set up dental visits for the dental staff. The dental need is huge, but we don't have as many staff as the prenatal department, so we really appreciated the help.

— Dental director at a Federally Qualified Health Center

“My biggest piece of advice to medical providers wanting to integrate oral health into their practice is to focus on developing relationships. Meet and find out about dentists in your area and figure out how you can support one another and say the same messages.”

— Dental director at a Federally Qualified Health Center



## Go for it!

*“I would encourage all prenatal providers who are interested in focusing on oral health to go for it! Looking at the teeth is already on the ACOG checklist, so I have always looked at the teeth, but this project made me really focus on the educational piece so pregnant women understand the importance of taking care of their teeth and their children's teeth.”*

— Nurse practitioner at an Indian Health Center

## Resources and References

- American Academy of Pediatrics (AAP): [Protect Tiny Teeth Toolkit](#)
- AAP: [Brush, Book, Bed](#)
- American Dental Association (ADA): [Health Policy Institute](#)
- American Pediatrics: Incorporating Oral Health into Pediatric Practice: [National Trends 2008, 2012, 2018 \(2022\)](#)
- ADA: [MouthHealthy](#)
- American College of Obstetricians and Gynecologists (ACOG): [Oral Health Care During Pregnancy and Through the Lifespan \(2017\)](#)
- American Dental Hygienists' Association (ADHA): [Dental Hygienist Scope of Practice](#)
- Campaign for Dental Health: [Common questions about Fluoride](#)
- Centers for Disease Control and Prevention (CDC): [Children's Oral Health](#)
- Center for Integration of Primary Care and Oral Health: [Integrating Oral Health Curricula into Nurse Practitioner Graduate Programs: Results of a US Survey \(2018\)](#)
- National Academy for State Health Policy (NASHP): [State Medicaid Coverage of Dental Services for General Adult and Pregnant Populations](#)
- Healthychildren.org (AAP): Give Your Baby the Best Possible Start ([English](#) & [Spanish](#))
- National Maternal and Child Oral Health Resource Center: [Oral Health During Pregnancy Resources](#)
- Oral Health Nursing Education and Practice (OHNEP): [Nurse Midwifery Program: Interprofessional Oral Health Faculty Toolkit](#)

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