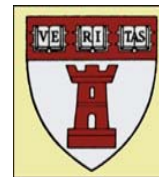




Changes in Referrals and Oral Findings after Implementation of an Oral Health Program at the Children's Hospital Primary Care Clinic



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Background

•Pediatricians may see children at least 11 times for preventive visits by the age of 3 years. They are ideally suited to screen young children for risk of early childhood caries, affecting almost 1 in 3 preschoolers.

•A lack of oral health education and training during medical school and residency has limited pediatricians' role in preventing ECC and promoting oral health.

•An oral health program, including a curriculum was developed and implemented for pediatricians at the Primary Care Clinic (PCC) at Children's Hospital Boston (CHB).

Objectives

To evaluate the effectiveness of an Oral Health Program at the PCC comparing pre-intervention and post-intervention:

•The number of children between 0-3 years seen for a new patient visit (D0150) at the Dental Clinic at CHB who are also patients at the PCC.

•The mean age and dental findings of the children.

Methods

•Retrospective review of dental billing data, dental charts and medical records.

Inclusion criteria

•Children who had a new comprehensive oral evaluation (D0150) at the Dental Clinic at CHB

•Age 0-3 years

•Patients at the PCC

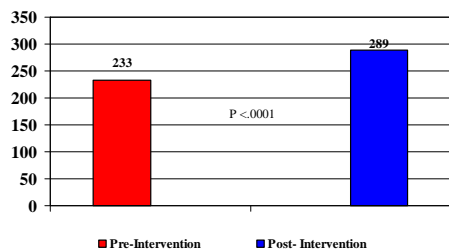
Two Groups:

•Pre-intervention refers to the period between 10/1/03 and 9/30/05 (24 month period)

•Post-intervention refers to the period between 10/1/05 and 9/30/07 (24 month period)

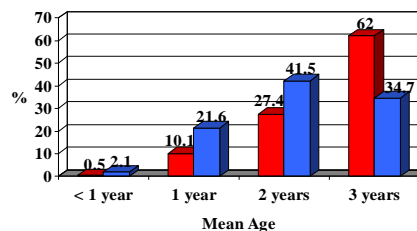
Results

New Patient Dental Visits of PCC Children Age 0-3 Years

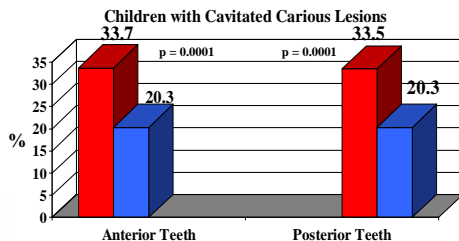


Intervention refers to the implementation of the oral health program at the PCC

Distribution of Children by Age



■ Pre-Intervention ■ Post-Intervention



■ Anterior/Pre-intervention ■ Anterior/Post-intervention
■ Posterior/Pre-intervention ■ Posterior/Post-intervention

Age adjusted odds ratio showed:

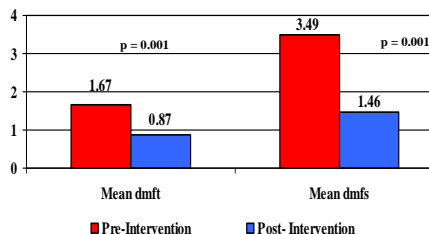
•52% decrease in cavitated lesions in the post intervention phase compare to the pre intervention phase (p=.061)

•68% decrease in the probability of anterior decayed teeth (p=.034)

•7.1 times less likely to be treated in the OR (p<.0001)

•Age adjusted regression coefficients suggest a significant decline of dmft (beta = -0.516; p-value =.033), and dmfs (beta = -1.478, p-value =.011) in post intervention children.

Changes in dmft and dmfs



■ Pre-Intervention ■ Post-Intervention

Discussion

Following implementation of the Oral Health Program at the PCC, there was:

•An increase in first preventive dental visits of PCC children at the Dental Clinic

•A decrease of mean age at first dental visits

•A lower mean dmft and dmfs

•A decrease in prevalence of cavitated lesions

Age was a significant predictor of caries

• Older children more likely to present with caries or restorations.

Conclusion

•As a result of the Oral Health Program at PCC, children at high risk for caries are receiving preventive dental care at an earlier age.

•Partnerships between pediatricians and pediatric dentists are essential to ensure early referrals of children for preventive dental visits.

•Early dental visits in young children, especially those at high risk for ECC, are important to preventing oral disease and to promoting good oral health practices.

Limitations

•Assumption made that PCC patients are referred to the Dental Clinic

•Dental chart review found incomplete data and non-uniform charting