

Background: Reading/ Berks County and Lehigh County are communities where >75% of children are receiving free school lunches. In Berks, only 3 dentists serve ~20,000 children under 5 years old. Extraction of carious teeth is common in young Berks County children. The migrant program made inroads using the Seal America program.

(maximum 50 words)

Project Objectives: To demonstrate the components that enabled a private pediatrician to develop a fluoride varnish program for our 10,500 patients of whom 8600 are on medical assistance and almost 2000 are Children With Special Healthcare Needs. To contrast them with requirements of an institutional program serving a similar population.

(maximum 50 words)

Target population(s): Pediatricians and Nurse Practitioners

Project Description: An AAP grant for a joint project - AACPP and Sacred Heart Hospital in Lehigh Valley - to help both practices implement fluoride varnish programs. No previous experience with fluoride varnish application, minimal time required from the practices, and sharing thoughts and resources were important features. Dr. Tinanoff's powerpoint presentation was viewed by 100+ healthcare providers and he met with 30 local dentists and shared thoughts assuring them that we were not competing with them. He also met with our individual staffs for 3 hours each and spent 2+ hours with state dental consultants discussing state fluoride programs with pediatric input. (maximum 100 words)

Methods/Strategies: AAP facilitated a consultant visit by Dr. Norman Tinanoff from the University of Maryland School of Dentistry to spend three days with our two programs. He spoke to office staff, hospital staff, and local dentists in both areas and had lunch with the state dental consultants for Pennsylvania with Dr. Kimball attending that luncheon. At the luncheon state programs from Maryland and Pennsylvania were shared. Dr. Tinanoff shared pointers with the practices on how to apply fluoride, approaches to take when implementing a program, and suggestions for obtaining payment for services rendered and supplies used when doing the treatments.

(maximum 100 words)

Results/Impact: Fluoride varnish is being applied at well child visits (12,15,18,24,30, and 36 months) to children age 1-3 years old. Both sites have developed programs unique to the needs of their patients while sharing ideas for their implementation. Experiences from a private practice are compared to a hospital based clinic with regards to policies and procedures, teaching residents and students, and hospital wide regulations. Although the patient population is similar the healthcare delivery systems have different challenges. We also looked for grant funding to enhance our patient education and toothbrush packets to give out at the varnish/oral health visit.

(maximum 100 words)

Conclusion/Key Lesson(s) Learned: Critical components for program success were:

- Community need;
- Receptive dentists;
- AAP grant;
- "University expert teacher";
- Connection with state dental consultants;
- Hands on teaching for practice staff;
- Input from clinicians in the practice to shape the program to practice needs and resources;
- SOP development;
- Patient literature;
- List of local dentists for patient use;

- **Grand rounds at hospital;**
- **Reduced cost fluoride varnish;**
- **State/insurance reimbursement for administration of the varnish.**

The biggest hurdle has been convincing insurance companies that reimbursement of \$20-25 for the procedure is cost efficient. The state is struggling with how best to provide reimbursement and what parameters to set. Interstate sharing of ideas among dental program staff would be most helpful in this regard. The opportunity to practice administration with the supervision of a pediatric dentist who imparted some “tricks of his trade” was extraordinary!

(maximum 150 words)

TABLES/FIGURES/PHOTOS (limit 4 total, 2 MB total) (optional): Please add any tables, figures, and/or photographs to the space below that will further help explain your abstract. If using photos, please ensure that the subjects cannot be identified through identifying marks or features.

Excerpts from Dr. Tinanoff’s presentation will be incorporated in the poster with his permission.

Disclosure Form: Submissions will not be considered without disclosing any conflicts of interest. The submitting *author and all co-authors* are responsible for reviewing the AAP Conflict of Interest/Disclosure Policy and completing, signing, and submitting the form along with your abstract by August 9, 2008. All conflict of interest information is included with this call for abstracts.

ACCEPTANCE AGREEMENT: By checking this box, I understand that if my abstract submission is accepted, I am responsible for all of my expenses, including meeting registration, travel, hotel, meals and transportation.

Poster session abstracts must be **received** by *June 13, 2008* via email at astolic@aap.org.