



# CHIPRA & COMMUNITY CARE OF NORTH CAROLINA

*CHIPRA – A Quality Demonstration Grant*

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# Prevention

*“It is easier to build strong children than repair broken men and women”*

*— Fredrick Douglas*



# 3 MAIN ORAL HEALTH OBJECTIVES



- Increase the awareness of families for the need of all children to be linked to a dental home and engage primary care providers to reinforce this message.
- Expand the efforts of the *Into the Mouths of Babes (IMB)* project - dental varnish
- Routine use of an Oral Health Screening tool by primary care providers



# EPSDT PRACTICE PROFILE

## CCNC TOTAL RATES FOR DENTAL VISIT AND VARNISHING

| Annual Dental Visit      | Year Ending | Ages 2 to 3  |     | Ages 4 to 6  |     | Ages 7 to 14 |     | Ages 15 to 21 |     | Ages 2 to 21 |     |
|--------------------------|-------------|--------------|-----|--------------|-----|--------------|-----|---------------|-----|--------------|-----|
|                          |             | Eligible Pts | %   | Eligible Pts | %   | Eligible Pts | %   | Eligible Pts  | %   | Eligible Pts | %   |
| CCNC TOTAL               | Sep 2012    | 101,285      | 44% | 144,388      | 67% | 233,083      | 69% | 97,935        | 56% | 576,649      | 62% |
| CCNC TOTAL               | Sep 2011    | 95,770       | 43% | 127,538      | 67% | 205,744      | 69% | 90,089        | 55% | 519,141      | 61% |
| Best Network Performance | Sep 2012    |              | 53% |              | 72% |              | 73% |               | 61% |              | 67% |

| Dental Topical Fluoride Varnishing | Year Ending | Eligible Patients | 3 or More Varnishings | 3 or More Varnishings Percent | 4 or More Varnishings | 4 or More Varnishings Percent |
|------------------------------------|-------------|-------------------|-----------------------|-------------------------------|-----------------------|-------------------------------|
| CCNC TOTAL                         | Sep 2012    | 34,661            | 19,695                | 57%                           | 14,516                | 42%                           |
| CCNC TOTAL                         | Sep 2011    | 29,609            | 16,212                | 55%                           | 11,844                | 40%                           |
| Best Network Performance           | Sep 2012    |                   |                       | 67%                           |                       | 54%                           |



# EPSDT PRACTICE PROFILE

## NETWORK RATES FOR DENTAL VISITS AND VARNISHING

| Network  | Year Ending | <u>ANNUAL DENTAL VISIT</u> | <u>DENTAL TOPICAL FLUORIDE VARNISHING</u> |                               |
|--|-------------|----------------------------|---|-------------------------------|
|  |             | Ages 2 TO 21               | 3 or More Varnishings Percent             | 4 or More Varnishings Percent |
| AccessCare                                     | Sep 2012    | 61%                        | 64%                                       | 48%                           |
| Carolina Collaborative Community Care          | Sep 2012    | 63%                        | 40%                                       | 27%                           |
| Carolina Community Health Partnership          | Sep 2012    | 64%                        | 38%                                       | 21%                           |
| Community Care of Southern Piedmont            | Sep 2012    | 62%                        | 59%                                       | 41%                           |
| Community Care of the Lower Cape Fear          | Sep 2012    | 57%                        | 56%                                       | 43%                           |
| Community Care of the Sandhills                | Sep 2012    | 59%                        | 49%                                       | 34%                           |
| Community Care of Wake and Johnston Counties   | Sep 2012    | 65%                        | 67%                                       | 53%                           |
| Community Care of Western North Carolina       | Sep 2012    | 65%                        | 57%                                       | 41%                           |
| Community Care Partners of Greater Mecklenburg | Sep 2012    | 62%                        | 50%                                       | 34%                           |
| Community Care Plan of Eastern Carolina        | Sep 2012    | 55%                        | 47%                                       | 33%                           |
| Community Health Partners                      | Sep 2012    | 64%                        | 55%                                       | 41%                           |
| Northern Piedmont Community Care               | Sep 2012    | 60%                        | 59%                                       | 44%                           |
| Northwest Community Care                       | Sep 2012    | 65%                        | 61%                                       | 47%                           |
| Partnership for Community Care                 | Sep 2012    | 67%                        | 65%                                       | 54%                           |
| <b>CCNC Total</b>                              | Sep 2012    | <b>62%</b>                 | <b>57%</b>                                | <b>42%</b>                    |

# EPSDT PRACTICE PROFILE

## DENTAL VISITS BY AGES 2-10

| Network  | Year Ending     | Ages 2 TO 3    |               |            | Ages 4 TO 6    |               |            | Ages 7 TO 10   |               |            |
|--|-----------------|----------------|---------------|------------|----------------|---------------|------------|----------------|---------------|------------|
|  |                 | Eligible Pts   | Visits        | %          | Eligible Pts   | Visits        | %          | Eligible Pts   | Visits        | %          |
| AccessCare                                     | Sep 2012        | 19,803         | 8,184         | 41%        | 28,175         | 18,476        | 66%        | 24,162         | 16,769        | 69%        |
| Carolina Collaborative Community Care          | Sep 2012        | 3,990          | 1,811         | 45%        | 5,450          | 3,766         | 69%        | 5,013          | 3,646         | 73%        |
| Carolina Community Health Partnership          | Sep 2012        | 2,048          | 826           | 40%        | 2,828          | 1,956         | 69%        | 2,806          | 2,041         | 73%        |
| Community Care of Southern Piedmont            | Sep 2012        | 4,537          | 2,087         | 46%        | 6,618          | 4,367         | 66%        | 5,827          | 4,034         | 69%        |
| Community Care of the Lower Cape Fear          | Sep 2012        | 5,565          | 1,948         | 35%        | 8,090          | 5,020         | 62%        | 6,883          | 4,548         | 66%        |
| Community Care of the Sandhills                | Sep 2012        | 5,131          | 2,073         | 40%        | 7,561          | 4,713         | 62%        | 6,605          | 4,408         | 67%        |
| Community Care of Wake and Johnston Counties   | Sep 2012        | 9,065          | 4,554         | 50%        | 12,685         | 8,802         | 69%        | 9,822          | 7,232         | 74%        |
| Community Care of Western North Carolina       | Sep 2012        | 4,840          | 2,493         | 52%        | 6,891          | 4,775         | 69%        | 5,867          | 4,356         | 74%        |
| Community Care Partners of Greater Mecklenburg | Sep 2012        | 11,980         | 5,762         | 48%        | 16,938         | 11,257        | 67%        | 14,193         | 10,060        | 71%        |
| Community Care Plan of Eastern Carolina        | Sep 2012        | 11,240         | 3,719         | 33%        | 16,427         | 10,347        | 63%        | 14,731         | 9,744         | 66%        |
| Community Health Partners                      | Sep 2012        | 3,023          | 1,409         | 47%        | 4,239          | 2,877         | 68%        | 3,743          | 2,705         | 72%        |
| Northern Piedmont Community Care               | Sep 2012        | 4,999          | 2,449         | 49%        | 6,992          | 4,633         | 66%        | 5,878          | 3,921         | 67%        |
| Northwest Community Care                       | Sep 2012        | 8,027          | 3,701         | 46%        | 11,561         | 8,063         | 70%        | 10,102         | 7,574         | 75%        |
| Partnership for Community Care                 | Sep 2012        | 7,017          | 3,710         | 53%        | 9,931          | 7,102         | 72%        | 8,857          | 6,524         | 74%        |
| <b>CCNC Total</b>                              | <b>Sep 2012</b> | <b>101,265</b> | <b>44,726</b> | <b>44%</b> | <b>144,386</b> | <b>96,154</b> | <b>67%</b> | <b>124,489</b> | <b>87,562</b> | <b>70%</b> |

# EPSDT PRACTICE PROFILE

## DENTAL VISITS BY AGES 7-21

| Network  | Year Ending     | Ages 7 TO 10   |               |            | Ages 11 TO 14  |               |            | Ages 15 TO 18 |               |            | Ages 19 TO 21 |              |            |
|--|-----------------|----------------|---------------|------------|----------------|---------------|------------|---------------|---------------|------------|---------------|--------------|------------|
|  |                 | Eligible Pts   | Visits        | %          | Eligible Pts   | Visits        | %          | Eligible Pts  | Visits        | %          | Eligible Pts  | Visits       | %          |
| AccessCare                                     | Sep 2012        | 24,162         | 16,769        | 69%        | 21,080         | 14,125        | 67%        | 16,093        | 9,436         | 59%        | 2,094         | 1,002        | 48%        |
| Carolina Collaborative Community Care          | Sep 2012        | 5,013          | 3,646         | 73%        | 4,440          | 2,961         | 67%        | 3,699         | 2,181         | 59%        | 838           | 355          | 42%        |
| Carolina Community Health Partnership          | Sep 2012        | 2,806          | 2,041         | 73%        | 2,607          | 1,817         | 70%        | 2,088         | 1,312         | 63%        | 320           | 162          | 51%        |
| Community Care of Southern Piedmont            | Sep 2012        | 5,827          | 4,034         | 69%        | 5,130          | 3,394         | 66%        | 3,765         | 2,136         | 57%        | 626           | 288          | 46%        |
| Community Care of the Lower Cape Fear          | Sep 2012        | 6,883          | 4,548         | 66%        | 6,103          | 3,794         | 62%        | 5,097         | 2,894         | 57%        | 927           | 427          | 46%        |
| Community Care of the Sandhills                | Sep 2012        | 6,605          | 4,408         | 67%        | 5,924          | 3,820         | 65%        | 4,630         | 2,587         | 56%        | 746           | 356          | 48%        |
| Community Care of Wake and Johnston Counties   | Sep 2012        | 9,822          | 7,232         | 74%        | 8,192          | 5,805         | 71%        | 6,143         | 3,700         | 60%        | 782           | 384          | 49%        |
| Community Care of Western North Carolina       | Sep 2012        | 5,867          | 4,356         | 74%        | 5,283          | 3,659         | 69%        | 4,059         | 2,410         | 59%        | 591           | 299          | 51%        |
| Community Care Partners of Greater Mecklenburg | Sep 2012        | 14,193         | 10,060        | 71%        | 11,876         | 8,013         | 68%        | 8,946         | 5,087         | 57%        | 1,427         | 564          | 40%        |
| Community Care Plan of Eastern Carolina        | Sep 2012        | 14,731         | 9,744         | 66%        | 13,048         | 7,623         | 58%        | 10,753        | 5,396         | 50%        | 2,040         | 861          | 42%        |
| Community Health Partners                      | Sep 2012        | 3,743          | 2,705         | 72%        | 3,459          | 2,404         | 70%        | 2,772         | 1,692         | 61%        | 525           | 298          | 57%        |
| Northern Piedmont Community Care               | Sep 2012        | 5,878          | 3,921         | 67%        | 5,108          | 3,146         | 62%        | 4,031         | 2,141         | 53%        | 826           | 389          | 47%        |
| Northwest Community Care                       | Sep 2012        | 10,102         | 7,574         | 75%        | 8,781          | 6,238         | 71%        | 6,771         | 4,106         | 61%        | 1,115         | 544          | 49%        |
| Partnership for Community Care                 | Sep 2012        | 8,857          | 6,524         | 74%        | 7,543          | 5,324         | 71%        | 5,521         | 3,380         | 61%        | 710           | 326          | 46%        |
| <b>CCNC Total</b>                              | <b>Sep 2012</b> | <b>124,489</b> | <b>87,562</b> | <b>70%</b> | <b>108,574</b> | <b>72,123</b> | <b>66%</b> | <b>84,368</b> | <b>48,458</b> | <b>57%</b> | <b>13,567</b> | <b>6,255</b> | <b>46%</b> |

# DENTAL VARNISHING CONTINUED

Evidence is that children who receive 4 or more varnishing treatments do best.



## Resources:

- NC Health Check Billing Guide
- [www.ncdhhs.gov/dph/oralhealth/partners/IMB.htm](http://www.ncdhhs.gov/dph/oralhealth/partners/IMB.htm)





# DENTAL VARNISHING RATES

Table 2. Dental Topical Fluoride Varnishing

| Report Period          | Dental Varnishing (3+)          |  |              | Dental Varnishing (4+)          |  |              | Total Varnishings |
|------------------------|---------------------------------|--|--------------|---------------------------------|--|--------------|-------------------|
|                        | Eligible Patients (Denominator) | Patients with 3+ Claims for Varnishing (Numerator) | CCNC Results | Eligible Patients (Denominator) | Patients with 4+ Claims for Varnishing (Numerator) | CCNC Results |                   |
| Year-Ending Sept. 2010 | 26,568                          | 13,638   | 51%          | 26,568                          | 9,496  | 36%          | 75,570            |
| Year-Ending Dec. 2010  | 27,732                          | 14,493   | 52%          | 27,732                          | 10,236   | 37%          | 80,036            |
| Year-Ending Sept. 2011 | 29,609                          | 16,212   | 55%          | 29,609                          | 11,844   | 40%          | 90,055            |
| Year-Ending June 2012  | 34,220                          | 19,115   | 56%          | 34,220                          | 13,991   | 41%          | 105,862           |
| Year-Ending Sept. 2012 | 34,661                          | 19,695   | 57%          | 34,661                          | 14,516   | 42%          | 109,572           |



## CATEGORY A

- 14 Pediatric QI Specialists, one in each of the CCNC Networks
- QIS are responsible for provider outreach
  - Review quality indicators
  - Assist practices in quality improvement
- QIS identified varnishing as a top priority for improvement and expansion
- All have been trained on IMB and use of the PORRT
- QIS assist with practice trainings, using the IMB/PORRT Toolkit





## CCNC Pediatrics: Oral Health

### Main Objectives:

- Increase rates of dental varnishing.
- Primary Care Providers routinely look into the mouth using a risk assessment tool.
- Link children to a dental home.

### Key Points

**What is Dental Varnishing?** Dental varnishing is a topical fluoride application that is applied to erupted teeth in the primary care setting. The visit also includes oral evaluation and parent/caregiver education. Physicians and nurses may apply the varnish.

**Why should Providers Varnish?** **Access-** The AAP recommends "every child should have a dental home established by 1 year of age." The reality is that 89% of children in this age group see a physician at least once yearly while only 1.5% sees a dentist. This points to the importance of a **risk assessment screen** in primary care.

**Frequency?** Fluoride varnish can be applied to infants and toddlers teeth up to **6 times by age 3 ½ or through age 41 months**. Application can take place during well or sick visits and at an optimal frequency of every 3-4 months (minimum of 60 day interval between procedures).

**Evidence?** Research shows that children having 4 or more varnishings before their 3<sup>rd</sup> birthday have the most benefit by reducing cavities and the need for dental fillings.

### Screening and Referrals

Evidence of screening and appropriate dental referral are components of the Into the Mouths of Babes program. The following are approved screening tools:

- NC Priority Oral Risk Assessment and Referral Tool (PORRT)
- Bright Futures Oral Health Risk Assessment Tool

### Billing, Coding, and Reimbursement

#### Dental Varnish Visit:

D0145: Oral Evaluation & Counseling to Caregiver  
D1206: Application of Dental Varnish

#### Reimbursement

\$35.62  
\$15.72

**The goal is to reduce the incidence of early childhood tooth decay in North Carolina by assessing for oral risk in primary care, applying varnish, and linking children to a dental home.**

# CHIPRA One-Pager



## CATEGORY C

### THE NC MEDICAL HOME PROJECT - *CHIPRA CONNECT*

- Learning Collaborative Model
- Main areas of focus:
  - Social/emotional/developmental/behavioral/mental health screening, referral and co-management
  - Use of validated screens for ages 0-20 including maternal depression screening
  - **Oral Health**
  - Obesity Prevention
- Strong focus on building community resources & *relationships* in order to provided *comprehensive & coordinated* care



# CHIPRA CONNECT TEAM PROVIDES...



- Weekly TA to Quality Improvement Coaches
- Monthly Clinical Content Training and Review of Practice Run Chart Data
- Learning Sessions:
  - AAP Mental Health Toolkit
  - ADHD
  - Foster Care
  - Obesity Prevention
  - **Oral Health (Risk Screen, Dental Home and Varnishing)**
  - Risk Stratification
- Maintenance of Certification –Part IV
  - Comprehensive Adolescent Preventive Care
  - Maternal Depression
  - **Oral Health**



## NC Priority Oral Risk Assessment and Referral Tool - PORRT

|  |  |  |                                 |
|--|--|--|---------------------------------|
| Today's date: ____ / ____ / ____   |  |  | Child's MID# ____ - ____ - ____ |
| Child's last name: <input style="width: 100%;" type="text"/>   |  | Birth date: ____ month / ____ day / ____ year            |                                 |
| Child's first name: <input style="width: 100%;" type="text"/>  | Child's middle name: <input style="width: 100%;" type="text"/> |  |                                 |
| Parent/Guardian's relationship to child: <input type="checkbox"/> Mom <input type="checkbox"/> Dad <input type="checkbox"/> Grandparent <input type="checkbox"/> Other (specify) _____ |  |  |                                 |
| PRACTICE NAME: <input style="width: 100%;" type="text"/>   |  | PROVIDER NAME: <input style="width: 100%;" type="text"/> |                                 |

| A. Questions for Parent/Guardian  |                          |   |  |
|---|--------------------------|---|--|
|   | Yes <sub>1</sub>         | No <sub>2</sub>   |  |
| 1. Do you brush your child's teeth at least once a day using toothpaste with fluoride?                      | <input type="checkbox"/> | <input type="checkbox"/>                                    | If 3 or more risk factors (shaded boxes) are marked, refer to a <b>Dentist</b> . |
| 2. Does your child drink fluoridated water?   | <input type="checkbox"/> | <input type="checkbox"/>                                    |  |
| 3. Does your child drink juice or sweetened drinks between meals or eat sugary snacks?                      | <input type="checkbox"/> | <input type="checkbox"/>                                    |  |
| 4. Have you or anyone in your immediate family had dental problems?   | <input type="checkbox"/> | <input type="checkbox"/>                                    |  |
| 5. Does your child sleep with a bottle filled with drinks other than water?                                 | <input type="checkbox"/> | <input type="checkbox"/>                                    |  |
| 6. Is the child currently being seen by a dentist? <input type="checkbox"/> Yes <input type="checkbox"/> No |                          |   |  |
| If yes, name of dentist: <input style="width: 100%;" type="text"/>  |                          | Date of last appointment: ____ month / ____ day / ____ year |  |

| B. Questions for Provider Based on Clinical Assessment  |                          |   |                      |
|---|--------------------------|---|----------------------|
|   | Yes <sub>1</sub>         | No <sub>2</sub>                           |                      |
| 7. Does the child have any special health care needs?   | <input type="checkbox"/> | <input type="checkbox"/>                  | Dentist              |
| 8. Does the child have cavities? (cavitated lesions)  | <input type="checkbox"/> | <input type="checkbox"/>                  | Dentist              |
| 9. Does the child have visible plaque on the teeth?   | <input type="checkbox"/> | <input type="checkbox"/>                  | Consider other risks |
| 10. Does the child have enamel defects?   | <input type="checkbox"/> | <input type="checkbox"/>                  | Dentist              |
| 11. Does the child have white spot lesions? (non-cavitated lesions)   | <input type="checkbox"/> | <input type="checkbox"/>                  | Dentist              |
| 12. Does the child have any other oral conditions of concern?   | <input type="checkbox"/> | <input type="checkbox"/>                  | Dentist              |
| 13. Please check procedures performed today: <input type="checkbox"/> Oral evaluation <input type="checkbox"/> Fluoride Varnish <input type="checkbox"/> Parent Education |                          |   |                      |
| 14. Was the child referred to a dentist? <input type="checkbox"/> Yes <input type="checkbox"/> No   |                          |   |                      |
| a. If YES, name of dentist:   |                          | <input style="width: 100%;" type="text"/> |                      |

**Provider Signature:** \_\_\_\_\_

| C. This section is to be completed by the <u>Dental Office</u> and faxed back to the referring physician    |
|---|
| 1. Date of dental appointment: ____ month / ____ day / ____ year  |
| 2. Did the patient show up for dental appointment? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Did patient call to cancel the appointment? <input type="checkbox"/> Yes <input type="checkbox"/> No     |
| a. If yes, what reason was given?   |
| 4. Brief summary of dental findings:  |
| 5. Next dental appointment: Date: ____ / ____ / ____   Time: _____  |

Documentation:  
PORRT



# PORRT SECTION A

## QUESTIONS FOR PARENT/GUARDIAN

| A. Questions for Parent/Guardian  |                  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|---|------------------|-----------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|   | Yes <sub>1</sub> | No <sub>2</sub> | Referral Recommendation  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1. Do you brush your child's teeth at least once a day using toothpaste with fluoride?  |                  |                 | If 3 or more risk factors (shaded boxes) are marked, refer to a <u>Dentist</u> . |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2. Does your child drink fluoridated water?   |                  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3. Does your child drink juice or sweetened drinks between meals or eat sugary snacks?  |                  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4. Have you or anyone in your immediate family had dental problems?   |                  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5. Does your child sleep with a bottle filled with drinks other than water?   |                  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 6. Is the child currently being seen by a dentist? <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No   |                  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| If yes, name of dentist:<br><table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> |                  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Date of last appointment:<br>___ ___ / ___ ___ / ___ ___<br>month      day      year |  |
|   |                  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |



# PORRT SECTION B

## QUESTIONS FOR PROVIDER BASED ON CLINICAL ASSESSMENT

| <b>B. Questions for Provider Based on Clinical Assessment</b>   |                        |                       |                           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|---|------------------------|-----------------------|---------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|   | <b>Yes<sub>1</sub></b> | <b>No<sub>2</sub></b> | <b>If Yes, Refer to a</b> |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1. Does the child have any special health care needs?   |                        |                       | Dentist                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2. Does the child have cavities? (cavitated lesions)  |                        |                       | Dentist                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3. Does the child have visible plaque on the teeth?   |                        |                       | Consider other risks      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4. Does the child have enamel defects?  |                        |                       | Dentist                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5. Does the child have white spot lesions? (non-cavitated lesions)  |                        |                       | Dentist                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 6. Does the child have any other oral conditions of concern?  |                        |                       | Dentist                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 7. Please check procedures performed today: <input type="checkbox"/> <sub>1</sub> Oral evaluation <input type="checkbox"/> <sub>1</sub> Fluoride Varnish <input type="checkbox"/> <sub>1</sub> Parent Education   |                        |                       |                           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 8. Was the child referred to a dentist? <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No  |                        |                       |                           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| a. If YES, name of dentist:   |                        |                       |                           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> |                        |                       |                           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |                        |                       |                           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Provider Signature:</b>  |                        |                       |                           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |





# PORRT SECTION C REFERRAL

**C. This section is to be completed by the Dental Office and faxed back to the referring physician**

1. Date of dental appointment

\_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_  
month      day      year

2. Did the patient show up for dental appointment? <sub>1</sub> Yes <sub>2</sub> No

3. Did patient call to cancel the appointment? <sub>1</sub> Yes <sub>2</sub> No

i) If yes, what reason was given?

4. Brief summary of dental findings:

Next dental appointment: Date:

\_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_  
month      day      year

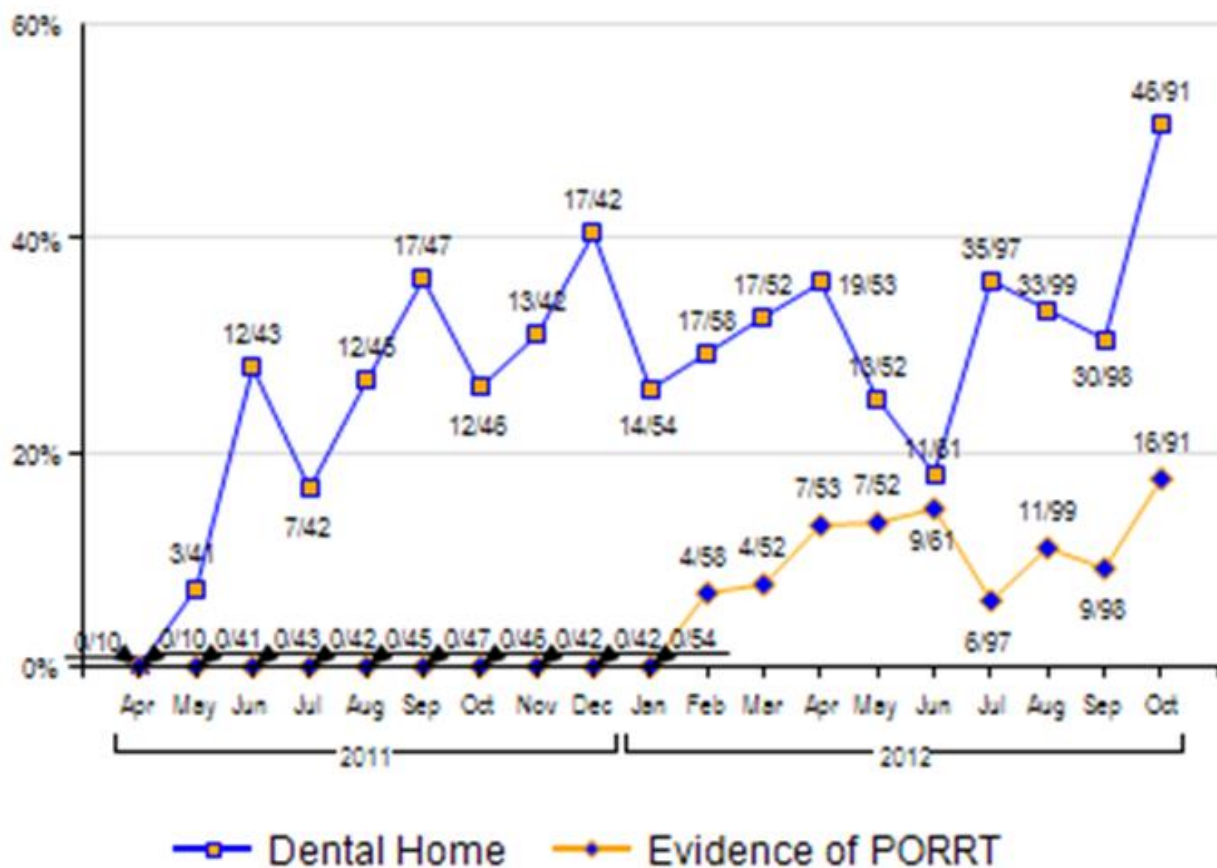
Time:

Carolina Dental Home March 2010



# Two Year Olds

Evidence of Dental Home and PORRT



OUR GOAL IS TO PUT THE MOUTH BACK IN THE HEAD AND PUT THE HEAD BACK ON THE BODY



# NC CATEGORY D – MODEL PEDIATRIC ELECTRONIC HEALTH RECORD GOALS:

- Industry-wide increase in understanding and knowledge of information technology's role in child health care.
- Improvement in the pediatric content and functionality of current and future EHR products.
- Child health care quality improvement.
- Evaluation of the effectiveness of the Model Children's EHR Format in accomplishing goals 1, 2 and 3.



# PEDIATRIC ELECTRONIC HEALTH RECORD EVALUATION

| Quality Improvement Indicator Grid                          |  |   |  |  |
|---|--|---|--|--|
| Quality Improvement Measure Category                        | CCNC's QMAF Claims Data                            | CCNC's QMAF Chart Audit Data              | CHIPRA C - Chart Extraction Data   | CHIPRA D - CEHR Reporting                  |
| Obesity Prevention  | BMI V codes  |   | BMI Percentile   | BMI Percentile                             |
|   |  |   | Evidence of Counseling   | Evidence of Counseling                     |
|   |  |   |  | Blood Pressure Percentiles                 |
| Oral Health   | Annual Dental Visit                                |   | Evidence of a Dental Home  | Evidence of a Dental Home                  |
|   | Varnishing rates                                   |   |  | Varnishing rates                           |
|   |  |   | Oral Health Risk Screen & Counseling   | Oral Health Risk Screen & Counseling       |
| Developmental and Behavioral Health                         |  |   | Maternal Depression Screen   | Maternal Depression Screen                 |
|   | 0-5 year old screen (ABCD & Autism)                |   | 2 year old (ABCD and Autism screens)   | 0-5 year old screen (ABCD & Autism)        |
|   | 6-11 year old screen                               |   | 6-11 year old screen   | 6-11 year old screen                       |
|   | 11-20 year old screens                             |   | 11-20 year old screens   | 11-20 year old screens                     |
|   |  |   | <i>Screening score, results discussed, referral made &amp; feedback documented</i> |  |
| Early, Periodic, Screening, Diagnosis and Treatment (EPSDT) | Well Child Visit - 15 months                       |   |  | Well Child Visit - 15 months               |
|   | Well Child Visit - 3 to 6 year olds                |   |  | Well Child Visit - 3 to 6 year olds        |
|   | Well Child Visit - 7 to 11 year olds               |   |  | Well Child Visit - 7 to 11 year olds       |
|   | Well Child Visit - Adolescent Annual Visit         |   |  | Well Child Visit - Adolescent Annual Visit |
|   | Vision - 3 to 10                                   |   |  | Vision - 3 to 10                           |
|   | Hearing - 4 to 10                                  |   |  | Hearing - 4 to 10                          |
|   |  |   |  | 2 year old Immunizations                   |
|   |  |   | Adolescent Immunizations   | Adolescent Immunizations                   |
| Asthma  |  | Cont. Care Visit with Assess. of Symptoms |  | Cont. Care Visit with Assess. of Symptoms  |
|   |  | Action Plan                               |  | Action Plan                                |
|   |  | Assessment of Environmental Triggers      |  | Assessment of Environmental Triggers       |
|   |  | Appropriate Pharmacological Therapy       |  | Appropriate Pharmacological Therapy        |
|   | Beta Agonist Overuse                               |   |  |  |
|   | Suboptimal Control & Absence of Controller Therapy |   |  |  |
|   | Asthma ED Visits                                   |   |  |  |
|   | Asthma Hospitalizations                            |   |  |  |

FOR THESE ARE ALL OUR CHILDREN. WE WILL ALL  
PROFIT BY OR PAY FOR WHATEVER THEY BECOME

