Pediatric Case Study 1

A 1-year-old female is brought in by her mother for a well-child exam. The little girl has a 3 1/2 year-old brother, who has had multiple cavities treated by the family dentist, and her mother had a root canal for a dental abscess last month. The girl has not seen a dentist. She has a juice-filled sippy cup in her stroller with her, and her mother is carrying a super-sized soft drink. Her mouth appears normal.

Pediatric Case Study 2

A 14-year-old male comes in for a wellness exam in advance of a summer sports camp. This young man drinks Red Bull one to two times a week and says he occasionally drinks beer and wine with his friends. He has several friends who smoke, although he says he has not tried cigarettes. He has not seen a dentist in the past year. He says his parents get on his case about brushing his teeth. He has extensive plaque and several teeth showing signs suggestive of decay.

Answer the following questions from a workflow perspective for each patient:

1. Whose job will it be to gather the information on oral health risk factors?
2. What additional information would you like to have on this patient?
3. Whose job will it be to document the oral screening exam?
4. Based on the risk assessment and screening exam, how would you assess the patient's oral health status and risk?
5. What actions do you want to take?
6. How will you make those actions happen?

Source: Developed by Qualis Health for the Massachusetts League of Community Health Centers "Clinical Connections: Quality Improvement Leading to Clinical Integration Project". Supported by the DentaQuest Foundation. 1st ed. Seattle, WA. November 2014.

About the Oral Health Integration in Primary Care Project

Organized, Evidence-Based Care Supplement: Oral Health Integration joins the Safety Net Medical Home Initiative Implementation Guide Series.

The goal of the Oral Health Integration in Primary Care Project was to prepare primary care teams to address oral health and to improve referrals to dentistry through the development and testing of a framework and toolset. The project was administered by Qualis Health and built upon the learnings from 19 field-testing sites in Washington, Oregon, Kansas, Missouri, and Massachusetts, who received implementation support from their primary care association. Organized, Evidence-Based Care Supplement: Oral Health Integration built upon the Oral Health Delivery Framework published in Oral Health: An Essential Component of Primary Care, and was informed by the field-testing sites' work, experiences, and feedback. Field-testing sites in Kansas, Massachusetts, and Oregon also received technical assistance from their state's primary care association.

The Oral Health Integration in Primary Care Project was sponsored by the National Interprofessional Initiative on Oral Health, a consortium of funders and health professionals who share a vision that dental disease can be eradicated, and funded by the DentaQuest Foundation, the REACH Healthcare Foundation, and the Washington Dental Service Foundation.

For more information about the project sponsors and funders, refer to:

- National Interprofessional Initiative on Oral Health: niioh.org.
- DentaQuest Foundation (now CareQuest Institute for Oral Health): carequest.org.
- REACH Healthcare Foundation: reachhealth.org.
- Washington Dental Service Foundation (now Arcora Foundation): arcorafoundation.org.

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