

The FV Application Process



Child placed in knee-to-knee position on parent's lap.



A small amount of FV is placed on glove.



After teeth have been dried, FV is applied.

For more information, visit the First Tooth Website:
www.fromthefirsttooth.org

Video images from www.youtube.com/watch?v=9WL3_mlxhUo

What does a Pediatric or Family Practice Need to Apply Fluoride Varnish to Little Ones' Teeth?

A tiny bit of



a little



a little



and a little



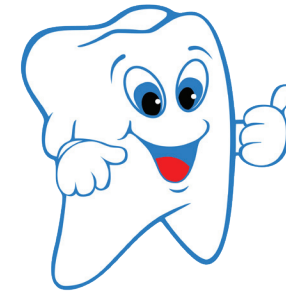
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Applying Fluoride Varnish in a Pediatric Practice Setting

based on a
Quality Improvement Project done by
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- ▶ The U.S. has a serious problem with dental caries in children's primary teeth.
- ▶ Caries are more prevalent in minority and poor children.
- ▶ The majority of children in the U.S. have dental caries by age eight.

The USPSTF and the Vermont Department of Health's *From The First Tooth* program recommends "4x4" – 4 applications of fluoride varnish by the age of 4. With this program caries are decreased by 18-59%.

How to implement a fluoride varnish program at your practice

Determine which FV to use. My project used VarnishAmerica FV (0.25ml), bubblegum flavor, which cost \$0.89 per package. The Vermont Department of Health provides a list of FVs.

Staff Training on FV application is conveniently done by a Vermont Department of Health registered dental hygienist.

For in-house training, contact:

Laurie McClean (AHEC) 802-656-2888

laurie.mclean@uvm.edu or

Robin Miller, MPH, RDH (802) 863-7272

robin.n.miller@vermont.gov

When starting, implement the FV application during the 9-, 18-, 24- and 30-month well-child checks (WCCs). Then expand as indicated.

Program your electronic health record to offer FV during WCCs. The billing code is 99188. This is *not* a dental billing code. The Affordable Care Act mandates private insurers cover FV applications through age 5.

During the Well-Child Check

Have parents complete a Caries Risk Assessment form.

Explain the new FV program to parents. RNs or MAs apply FV at the end of the visit causing little interference with patient flow.

Results

During my recently completed project, more than half of children in the targeted ages received FV: 27 out of 48, or 56%.

40 out of 84 or 48% of all patients seen for WCCs received FV. 47% of the three-year-olds received FV during their WCCs.

We extended the age range to 6 months through 6 years old after finding that only 39% of the kids coming for their WCCs had dental homes.

Reasons FV was not received

There are two reasons that children did not receive FV:

1. Parents did not believe in FV as a treatment.
2. Other factors interfered:
 - ▶ Providers or RNs too busy.
 - ▶ Too much going on at a visit.
 - ▶ A handicapping condition.
 - ▶ Child didn't have teeth.

Many of the children in this second group will receive FV at their next visit. For the children without teeth, parents received oral health teaching and were enthused about having their children receive FV in the future.



Positive Findings

- ▶ FV became a Meaningful Use Quality Measure.
- ▶ Collaboration began between pediatricians and area dentists.
- ▶ The FV procedure became a part of the practice's EHR.
- ▶ Reimbursement was received for 86% of patients by the end of the project. \$422.70 was received for 32 FV applications, with an out-of-pocket cost of \$28.48.

Staff Feedback

- ▶ Staff had a good understanding of dental caries risk in kids, frequency of FV applications needed, and insurance coverage.
- ▶ FV was valued as an intervention and staff understood the efficacy of FV documented in the literature.
- ▶ The staff valued the ease of application of the FV for the comfort of the patient.
- ▶ FV application did not interfere with patient flow and gave opportunity for oral health teaching, and finding a dental home.
- ▶ Billing was not problematic.
- ▶ The practice unanimously voted to continue the FV program.