Ohio AAP Brush, Book, Bed: Program Implementation Guidance
CME Disclaimer

I have no personal financial relationships in any commercial interest related to this CME.

I do not plan to reference off label/unapproved uses of drugs or devices.

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Learning Objectives

• Promote positive oral health routines with patients beginning at 6 months of age
• Understand and implement fluoride varnish procedures
• Discuss early literacy with families during pediatric well visits and other encounters
• Improve knowledge of appropriate sleep habits and advise patients with sleep related concerns
PROGRAM IMPLEMENTATION
Brush, Book, Bed: How to Structure Your Child’s Nighttime Routine

Brush, Book, Bed, a program of the American Academy of Pediatrics (AAP), has a simple and clear message for parents:

1. Each night, help your children to brush their teeth.
2. Read a favorite book (or two)!
3. Get to bed at a regular time each night.

Having a predictable nighttime routine will help them understand and learn to expect what comes next. Additionally, routines may ease the stress that some families experience at nighttime.
Steps to Implementation I

• Get buy-in from your practice and co-workers.

• Identify a Brush, Book, Bed Champion who will coordinate the program, and inspire the staff.

• Get training for staff on oral health, early literacy, and sleep. This includes coding/billing information and where to order dental supplies.

• Obtain supplies and set up the practice for easy implementation. This may take a few PDSA cycles to find out what works best in your particular office.
Steps to Implementation II

• Reach out to dental referral sources and establish relationships/make them aware of your efforts around Brush, Book, Bed.

• Consider if you will need to receive donations of books, toothbrushes, etc. It may be possible to partner with a community organization, dentist, or to host a book drive to reach your goals.

• Develop a sustainability plan and/or evaluation plan using the survey tool included in the appendix or some other assessment.

• Make small goals (such as varnishing 25% of your patients under age 3) and celebrate when they are achieved.
Clinical Flow: Intake

• MA determines eligibility
  – 6 mos to 6 years
  – Health maintenance visit
• BBB supplies
  – Toothbrush, toothpaste
  – Book
  – Dental home brochure
  – Bedtime or other handout

• MA documents activities in the record
• Particularly important for ROR
• If tracking for evaluation, number the bag
Clinical Flow: Assessment and Guidance

• Discuss program, supplies
• Provide oral health counseling, risk assessment
• Use book for early literacy assessment, developmental screening and guidance
• Discuss bedtime routine
• Recommend fluoride varnish
Clinical Flow: Post visit documentation

• Clinician
  – Documents FV
  – Submits code for payment
    • D1208
    • CPT CODE 99188 Application of topical fluoride by physician or other qualified health care professional
  – Current reimbursement $15.00
    • https://medicaid.ohio.gov/Portals/0/Providers/FeeScheduleRates/Dental/CDT-DentalCodes.pdf
    • May repeat in 6 months

• Nurse
  – Documents BBB counseling
Fluoride Varnish Application

- 5160-4-33 Application of topical fluoride varnish by non-dentist providers.
  - (A) Payment may be made not more frequently than once per one hundred eighty days to a physician, physician assistant, or advanced practice registered nurse for the topical application of fluoride varnish to the teeth of a child younger than six years of age.
  - (B) As part of the application of fluoride varnish, a practitioner must provide three related services:
    - (1) An oral assessment for the identification of obvious oral health problems and risk factors, which may be omitted if an oral assessment is conducted or has been conducted during an early and periodic screening, diagnosis, and treatment (EPSDT) visit;
    - (2) Communication with the parent or guardian about the fluoride varnish procedure and proper oral health care for the child; and
    - (3) If the child has obvious oral health problems and does not have a dental provider, referral to a dentist or to the county department of job and family services.
  - (C) The application of fluoride varnish during a well child visit or a sick child visit should not be the sole reason for the visit.
Medical Assistant brings family and child to examining room and obtains vital signs and screening instruments

Eligible for BBB?

6 months to 6 years, health supervision visit

MA gives BBB bag containing developmentally appropriate book, toothbrush, toothpaste and dental home brochure

MA places encounter label on log to document number of bags given, also documents book taken from book supply to track books given and need for new order
Introduce program, begin discussion using open ended questions, engage with child using book, begin literacy evaluation, provide guidance

Discuss bedtime routine, emotional safety, discuss potential barriers

Oral Health Assessment

Oral health risk assessment, counselling, referral to dental home

Eligible for fluoride varnish?

Fluoride varnish application

Document in FV in EHR
Clinical Flow: Nurse

Make sure that supplies are available for FV application

Prints after-visit summary, reviews program and answers questions,

Documents counseling and referral Dental Home in EHR

Documents referral in log for follow-up

Documents referral in log for follow-up
Evaluation:
Examples

• Process
  – Percent (or total number) of children under 5 who received book
  – Percent (or total number) of children under 3 who received fluoride varnish
  – Did practice develop a resource list for dental home referrals?

• Parental Survey
  – Post-visit
  – Change over time

• Completed dental home referrals
Sample Post-visit Questions

• Did your doctor or a member of the team talk to you today about how to take care of your child’s teeth?
• Did your child receive a book? A toothbrush? Toothpaste?
• Did your child receive a fluoride varnish application (a sticky substance that was painted on his teeth), either today or at a previous visit?
• Did your doctor or a member of the team talk to you today about a regular bedtime routine for your child?
Questions that could change over time

• In a typical day does someone brush or wipe your child’s teeth or gums (if no teeth present)?
  – a. No
  – b. If yes, how often?
    • Once per day, Twice per day, More than twice per day
  – c. Unsure

• Does your child already have a typical bedtime routine?
  – a. No
  – b. If yes, does your child’s typical bedtime routine include brushing teeth? reading a story?
Motivational Interviewing

• OARS
  – Open ended questions
  – Affirmations
  – Reflections
  – Summaries

• Change Talk
  – Preparatory
    • Desire, Ability, Reason, Need
  – Implementing Change
    • Commitment
    • Activation
    • Takings Steps
Brush, Book, Bed: General Resources

http://ohioaap.org/brushbookbed