Training Guide ‘Into the Mouths of Babes’

https://publichealth.nc.gov/oralhealth/partners/IMB-toolkit.htm

Step 1: Your preparation as a trainer:

- Become familiar with the IMB website and online toolkit contents, FAQs from medical providers during training, and this Training Guide.
- Remember that you are an expert! If you do not know the answer to a question you can get back to the practice with the answer. IMB is a partnership and the knowledge comes from many sources. We will figure it out together.
- The 2014 US Preventive Services Task Force recommendation is for all children to receive fluoride varnish treatments from their primary care medical provider from tooth eruption through five years of age.
- For information about billing private insurance companies for oral preventive care, please direct medical offices to the individual company’s representative or provider portal on the company website. Private medical insurance companies’ billing codes, time intervals, and reimbursement may differ from those of NC Medicaid.

Possible Questions/Concerns from the Medical Practice/Health Department:

- ‘Buy in’ from the medical providers is essential for success. Refer practice to the IMB website for more information: https://publichealth.nc.gov/oralhealth/partners/IMB.htm
- A medical provider (physician, physician assistant, or nurse practitioner) must do the oral evaluation. They may delegate fluoride varnish application and parent counseling to trained medical staff.
- A registered nurse (RN) or licensed practical nurse (LPN) may do the entire procedure, including the oral evaluation, with physician standing orders in a Public Health Department.
- Responses to potential practice concerns:
  - To address concerns about the IMB procedure adding time to an already busy schedule, remind them that Medicaid is reimbursing for cost of supplies as well as time to complete the procedure (approximately $50) and the procedure is effective in increasing access to care and preventing tooth decay.
    http://pediatrics.aappublications.org/content/136/1/107.full
  - To address concerns about oral health risk assessment adding time to an already busy schedule, mention that the American Academy of Pediatrics recommends all children have an oral health risk assessment, using an accepted tool, beginning at the 6-month well child visit.
Use of the PORRT or other tool is not required, and practices may adapt all or parts of it into their own electronic health record (EHR). Encourage oral health risk assessment and referral to a dental home before signs of dental disease develop.

IMB data show that children in the program (years 1999-2006) have a reduction in caries but not an improvement in subsequent use of treatment services in a dental setting. [http://pediatrics.aappublications.org/content/136/1/107.full](http://pediatrics.aappublications.org/content/136/1/107.full)

There is an urgent need to connect physicians and dentists for young children’s oral health!

**Step 2: Scheduling the training:**
- Request a full hour for training (CME is 1 hour).
- Typically lunch time works well but be flexible.
- Oral Health Section cannot provide food however the practice may provide, or participants may bring their own.
- Request that medical providers and staff attend.
- May need to explain that a medical provider must do the oral evaluation part of the procedure (unless it is a health department). The procedure may not be a ‘nurse visit’ in a private medical practice.
- Ask for the location and number of participants.
- Ask if you may access the Internet to conduct the training using the IMB online toolkit. Participants will then be familiar with accessing and using available resources after the training session.
- Ask for a training space with a blank wall where you may project the training videos and resources.

**Step 3: Preparation**
- If the practice is new to IMB, order a supply starter kit from Ty to take to the training. Order 2 weeks before training.
- Print participant sign in sheet and CME certificates, agendas are optional.
- Take to training: your demonstration kit, this training guide, laptop and projector.
  - Supply starter kit for practices new to the procedure.

**Step 4: Courtesy reminder**
- Email or phone practice contact 3 to 5 days before the scheduled training.
- Confirm date, time, and location.
- Ask for estimated number of participants for printing CME certificates.

**Step 5: The training**
- Optional script: USE THE IMB TOOLKIT TO GUIDE YOU:
  - [https://publichealth.nc.gov/oralhealth/partners/IMB-toolkit.htm](https://publichealth.nc.gov/oralhealth/partners/IMB-toolkit.htm)
A. Introductions (optional background: Into the Mouths of Babes statewide program began as the collaborative effort of six partners: The N.C. Academy of Family Physicians, the N.C. Pediatric Society, the N.C. Division of Medical Assistance, the N.C. Oral Health Section, the UNC-CH School of Dentistry, and the UNC-CH Gillings School of Global Public Health.)
“Now in its 19th year, Into the Mouths of Babes remains a national model. NC is one of the top states providing oral preventive care to its youngest Medicaid-insured children, thanks to offices such as yours. Oral preventive care reduces tooth decay, and children have the best results with 4 visits before their 3rd birthday”.

“As you will see in the video, the oral preventive procedure is not difficult; you are dealing with the child’s behavior just as you handle behavior every day during office visits. This first video will show you ‘real life’ examples and then I will demonstrate on a mouth model.”

B. ‘Into the Mouths of Babes’ oral preventive procedure

- View 11-minute video link from toolkit webpage: https://publichealth.nc.gov/oralhealth/partners/IMB-toolkit.htm
- Demonstrate positioning and fluoride varnish application techniques using early childhood caries mouth model (position model in lap as in ‘knee-to-knee’).

C. Practices will be interested in these toolkit headings (same web page as videos):

- NC Medicaid Billing and CDT codes
- Supply Information
- Plastic finger splints come in sizes and are available through medical supply companies. They may be washed with soap and water and disinfected with a counter surface spray.
- Fluoride Varnish Information
- Parent Education: links to parent brochures about the fluoride varnish procedure as well as other early childhood oral health topics. Brochures must be printed from the website.
  - Most important message for parents: begin brushing at tooth eruption with a smear of fluoride toothpaste twice a day. Use a pea size drop for children beginning at age 3.
  - Refer doubtful providers/staff to AAP policy in online toolkit under Additional Resources.
- Discuss implementation for practices new to the procedure. During the exam of the pharynx and tonsils, as well as just before immunizations, are great places to integrate oral preventive care (suggested by practices implementing the procedure successfully).
- Address questions and concerns. If you do not have the information needed, assure them you will find out and get back to them. Email/call the Early Childhood Coordinator after the training for assistance.

D. Priority Oral Health Risk Assessment and Referral Tool (PORRT)

- The PORRT is not a required form, however caries risk assessment is recommended by the American Academy of Pediatrics by age 1. A risk assessment is helpful in geographic areas with an inadequate dental workforce and triage may be necessary. If the workforce is adequate, refer all children to a dental home by age one. The video contains helpful photos and information about risk factors contributing to early childhood caries.
- The PORRT was developed by NC pediatricians and dentists, with risk factors determined by UNC Gillings School of Global Public Health systematic literature review.
- View 11-minute video from toolkit webpage: https://publichealth.nc.gov/oralhealth/partners/IMB-toolkit.htm
- Referral Guidelines toolkit tab (items may be printed):
  - PORRT
• Review ‘Guidelines for Priority Dental Referral of Pediatric Patients 6 to 42 Months of Age’.
• One IMB analysis shows that children in the IMB program (years 1999-2006) have a reduction in caries but not an improvement in subsequent use of treatment services in a dental setting.” [http://pediatrics.aappublications.org/content/136/1/107.full](http://pediatrics.aappublications.org/content/136/1/107.full)

  o Encourage practices to do a caries risk assessment, using the PORRT or the American Academy of Pediatrics tool:
  o They may adapt these tools in any way it best suits their needs. The goal is to refer children to a dental home before they develop early childhood caries.

E. Helpful hints for medical practices to facilitate dental referrals:
  o Share your regional dental referral list with the medical practice. Discuss dental access for young children.
  o Ask the medical practice to:
    o Make phone contact with the dentists they wish to refer to and ask for their help. Arrange to use the PORRT (can fax it) with dentists to ‘close the loop’ on referral communication.
    o For those children who need to be seen immediately (infection/severe decay), having someone from the medical office assist the family in making the dental appointment may be helpful. Follow up with the family.

Step 6: Follow-up
  o Phone or email thank you to your contact.
  o Offer additional assistance.
  o Send the participant sign in sheet to the early childhood coordinator:
    • Fax, email, mail
    • Must be returned for participants to receive credit.

THANK YOU!