

Children who had dental services performed during a well-child visit **ARE MORE LIKELY TO HAVE A PREVENTIVE DENTAL VISIT.**¹

DURING WELL-CHILD VISITS IN 2017:

6 of Medicaid enrolled children ages 5 and younger had an oral health assessment

OF THOSE,

had fluoride varnish applied





CHALLENGES TO INTERPROFESSIONAL PRACTICE



RISK ASSESSMENTS

are rarely reported by medical and dental care teams and self-management goals are not commonly given to patients.



A lack of interoperable health information technology and inadequate dental referral networks **IMPAIR EFFECTIVE CARE COORDINATION** between primary care and dental providers.

INTEGRATING ORAL HEALTH INTO PRIMARY CARE

Through its Medical Oral Expanded Care (MORE Care) platform, the DentaQuest Partnership for Oral Health Advancement has been working with primary care practices across the country to address health disparities through the integration of oral health into primary care practice and the development of dependable and comprehensive oral health care pathways.



- Assess and manage risk
- Support behavior change
- Activate a dental referral system

THE GAP

- Little focus on self-management
- Leave out the mouth
 - Surgical intervention model predominates
- Outcome based care is a rarely seen model

- Applying evidence
- Changing processes
- Training workforce
- Educating parents
- Using information <u>te</u>chnology
- Aligning payment

WE BELIEVE INTERPROFESSIONAL PRACTICE CAN CREATE HEALTHIER COMMUNITIES.

Visit dentaquestpartnership.org to learn more.

¹ Tiwari, T., Rai, N., Brow, A., Tranby, E. P., & Boynes, S. G. (2019). Association between Medical Well-Child Visits and Dental Preventive Visits: A Big Data Report. JDR Clinical & Translational Research, 4(3), 239–245. https://doi.org/10.1177/2380084419841850

² Source: Analysis of the IBM Watson Medicaid Marketscan Databases, 2013-2017

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Partnership for Oral Health Advancement