Practical Pediatric Dentistry for General Dentists

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General Disclaimers

o I am not a pediatric dentist.

- o This is not intended to be advanced training in pediatric dentistry.
- o This is not a dental materials course.
- o I have no financial interest in any material or product discussed.

Background

- Both the ADA and the AAPD have recommended a child's first visit to the dentist since 1995
- The American Academy of Pediatricians recommends (2004):
- "Patients who have been determined to be at risk of development of dental caries or who fall into recognized risk groups should be directed to establish a dental home 6 months after the first tooth erupts or by 1 year of age (whichever comes first)."

Who's Listening?

- Ohio dental care providers' treatment of young children, 2002; Seigal & Marx, JADA, Nov. 2005.
- Access to dental care for children in the United States: a survey of general practitioners. *Seale & Casamassimo*, JADA 2003

Practitioners' Concerns

- o Very young patients need a pediatric dentist.
- GP offices not equipped to see small children.
- It is too hard to for GPs to treat small children.
 - Not enough patience.
 - Not enough knowledge or expertise
 - Children are disruptive

Seigal & Marx

Factor	Pediatric	GPs	SN GPs
Office Not Well-equipped for O-through-2-Year-Olds	4%	85%	87%
Office Not Well-equipped for 3-through-5-Year-Olds	2%	34%	50%
Not Necessary to Treat Children Younger Than 3 Yrs	2%	11%	13%
Not Appropriate for General Practitioner to Treat O-through-2-Year-Olds	39%	32%	
Not Appropriate for General Practitioner to Treat 3-through-5-Year-Olds	20%	6%	
Behavioral Problems Are Disruptive	12%	66%	40%
Do Not Enjoy Treating Young Children	6%	34%	8%
Do Not Feel Adequately Trained	6%	22%	14%
Not Financially Rewarding to Treat Young Children	8%	26%	
Practice at Capacity for New Patients	27%	26%	36%
Practice at Capacity for New Medicaid Patients	58%	67%	30%

Very young patients need a pediatric dentist

Do the Math!

Over 20 MILLION Children under 5
Approximately 4500 pediatric dentists (~1500 board certified)
4400 per pediatric dentist
They can't do it alone!

How do you start?

- Enlist pediatricians and family practitioners
- o Commit to first visit by age one
 - Knee to knee exam (D0145 or D0120)
 - Toothbrush prophy (D1120)
 - Fluoride varnish (D1206 or D1203)
 - Parent education (part of D0145)

Who can do this?

Motivated General Practitioners
Registered Dental Hygienists
In some states:

- Expanded Function Dental Assistants
- Pediatricians and Family Practitioners
- Physicians Assistants
- Bottom line...you can!

and you can add to your bottom line as well

Armamentarium

o Mirror, explorers, spoon excavators o Toothbrushes and prophy angles o Tooth paste and prophy paste o High and low speed handpieces o Fluoride varnish o Modified glass ionomers o Etch, bond, self etching bonding agent o Flowable composite and sealants

Advanced Armamentarium

- Rubber Dam, punches, forceps and clamps
- o Papoose
- o Mouth props
- o Stainless steel crowns
- o Strip crowns
- o Pulpotomy supplies
- o Impression material and trays.
- o Extraction forceps and Gelfoam

GP offices not equipped to see small children









PATTERSON	Upper Left	1st Molar	
	_		
PATTERSON	Upper Right	1st Molar	
PATTERSON	Lower Left	1st Molar	
-			
PATTERSON	Lower Right	1st Molar	
PATTERSON	Lower Right	1st Molar	
PATTERSON	Lower Right	1st Molar	
am espe			
am espe	Lower Right	4	
am espe			
SM ESPE Crowns - Podiatric			SSC/PRIMARY MOLARS



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It is too hard to for GPs to treat small children.

Not Enough Patience



o Small kids

Small problems?



Big kids & adults
 BIGGER PROBLEMS!

It is too hard to for GPs to treat small children.

Not Enough Knowledge

Basic Knowledge & Expertise

o Vocabulary

- o Basic preventive dentistry
- o Sealant application
- o Atraumatic Restorative Treatment (ART)
- o Basic restorative dentistry
- o Behavior management Watch Super Nanny or Nanny 911

Vocabulary

- o Pain
- o Anesthetic
- o Injection or Shot
- o Saliva Ejector
- o Extract
- o Amalgam
- o Handpiece
- o Prophy paste
- o Sealants
- o Composite Filling
- o Composite Gun

- vs o Discomfort
 - o Sleepy Water
 - o Sleepy Water Dropper
 - o Mr. or Ms. Thirsty
 - o Wiggle
 - o Silver Star
 - o Tooth cleaner or tickler
 - o Special tooth paste
 - o Tooth Polish
 - o Tooth Cream
 - o Tooth Cream Dispenser

Knowledge: Preventive Dentistry 101



Knowledge: Sealants & PRRs!





Knowledge: Atraumatic Restorative Treatment (ART)

- o Identify decayed/cavitated teeth
- o No local anesthetic
- o Spoon or slow speed excavation
- o Clean and firm margins (if possible)
- o Gluma?
- o Fuji Triage (or other similar material)
- o Glass ionomer powder or finger
- o Glaze ~OR~ Fluoride varnish

Knowledge: **Behavior Management** o Inform parents o Be friendly o Be firm Use "Tell, Show, Do" o Use positive reinforcement Talk on child's level o Use parents for bargaining o Get consent when patient restraint is needed

Advanced Knowledge & Expertise

o Pulpotomy

- o Stainless Steel Crowns
- o Anterior Strip Crowns
- o Space Maintenance
- o Minor Tooth Movement














The Terrorist





Tell, Show, Do

























If they can train cats and dogs we can train kids!





Deliver the message



You don't have to brush all your teeth...just the ones you want to keep!

Points to remember

- o Recall frequency determined by need.
- Recall generally payable every six months.
- Modified glass ionomer sealants and/or restorations can be placed.
 - Baby sealants not generally payable.
 - Cavitated lesions ~can~ be billed as composite restos.

Summary

- o Treating children is easier than you think.
- Treating children is rewarding both financially and professionally.
- Preventing caries is easier than treating them!
- It's a good thing.



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