Recent Advances in the Fluoride Legacy: FLUORIDE VARNISHES

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What pleased me?
Researchers who ask useful questions

- What is physician’s role?
  - Does FV fit in scope of services?
  - Barriers to adoption?
  - Effectiveness of CME?
  - Quality of care?
  - Effectiveness of services?

- When applied by a dentist...
  - Does oral health anticipatory guidance work for caregivers of young children?
  - Does FV work?
  - Does the frequency of application matter?
Researchers who ask more useful questions

- Will PCCs provide services?
- Best way to encourage adoption?
- Quality of care?
- Pattern of visits?
- Increase access to services?
- Increase dental visits?
- Reduce treatment services?
- Reduce costs?
- Improve oral health?
- Improve OHRQoL?
Clearly articulated goals

- Increase access to preventive dental care for low-income children
- Reduce the prevalence of ECC in low-income children
- Reduce the burden of treatment needs on a dental care system already stretched beyond its capacity to serve young children

SUCCESSES

LEARNING EXPERIENCES

Not having my leg pulled
What else pleased me?: Effectiveness and Safety

- The odds of developing caries was higher for children who received only counseling than children who received FV (UCSF)
  - A dose-response effect was observed
- No adverse health or safety events reported were attributed to FV (UCSF)
What else pleased me?: IMB

- Number of IMB visits has steadily increased (UNC)
- Preliminary analyses... indicate that IMB visits are associated with a reduction in caries-related treatments
- Cost-effectiveness of program should improve with age (due to increasing caries rate and potential reduction from IMB)
What made me think?

- Evidence to support effectiveness (of the IMB approach) in long-term dental outcomes is limited (UNC)
- Innovations with non-dental PCCs need further outcome evaluations (UNC)
- Is the application of fluoride varnish by a health care provider a public health measure? (AH)
What concerned me?

- How a program like IMB would fare amid today’s government fiscal realities, where cost often trumps effectiveness when decisions are being made

- Increase in caries treatment from screening & referral ... may outweigh reductions from FV & preventive counseling during implementation phase of IMB

- Low caries rate among very young children may mean that program costs will not be fully offset (UNC)
What concerned me?

- A number of barriers to expansion of services exist in medical practices (UNC)
  - IMB Adoption requires:
    - Full documentation of problem
    - Effective CME methods
    - Adequate resources (e.g., coordinator)
    - Adequate reimbursement for time
      - NC reimbursement is relatively generous
What made me sad?