

# Use of a Risk Assessment Tool in Primary Care

Can old dogs learn new tricks?

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American Academy of Pediatrics  
DEDICATED TO THE HEALTH OF ALL CHILDREN™



# Learning Points

- Opportunities and challenges around oral health screening in primary care
- Discussion about AAP assessment tool
- Use of quality improvement (QI) concepts to promote pediatrician screening
- Presentation of QI data from AAP studies



# The Problem – Too Many Recommendations

- 344 official policy statements from the American Academy of Pediatrics
- 57 policies contain 162 different verbal health advice directives that pediatricians should counsel their patients about
- Well child visits last from 15-30 minutes allowing 5-10 *seconds* per topic!

– Belamarich PF, Gandica R, Stein RE, Racine AD. Drowning in a Sea of Advice: Pediatricians and American Academy of Pediatrics Policy Statements. *Pediatrics* 2006;118:e964-978.

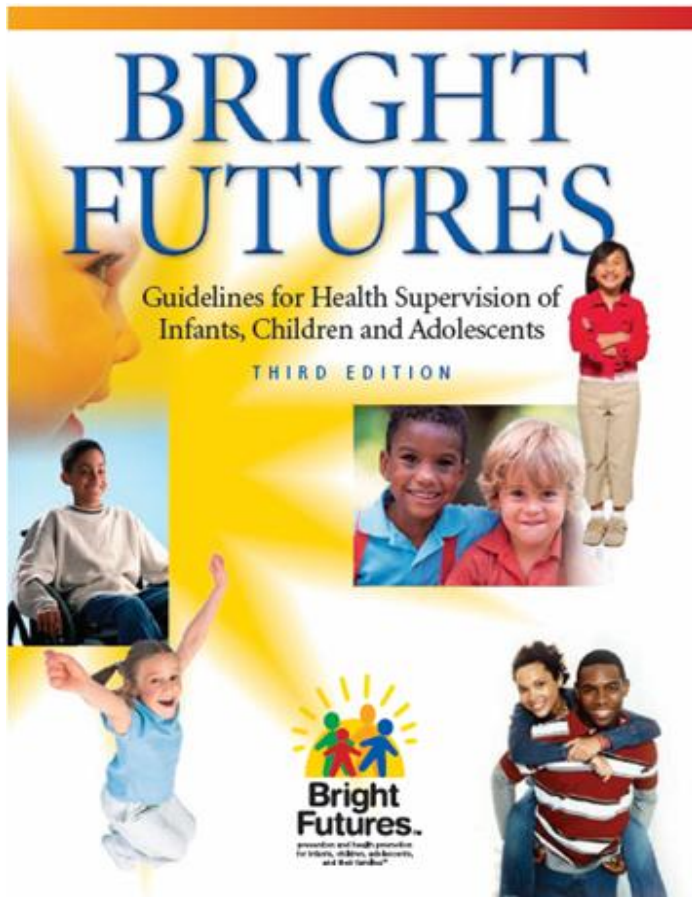
# AAP Oral Health Policy Statement - 6 Recommendations for Pediatricians

- Assess mother/caregivers oral health
- Assess oral health risk of infants and children
- Recognize signs and symptoms of caries
- Assess child's exposure to fluoride
- Provide anticipatory guidance and oral hygiene instructions (brush/ floss)
- **Make timely referral to a dental home**

- Hale KJ, American Academy of Pediatrics Section on Pediatric Dentistry. Oral health risk assessment timing and establishment of the dental home. *Pediatrics*.2003;111:1113-1116.



# Bright Futures 3<sup>rd</sup> Edition – 2008



- 13 well child visits recommended in first 3 years of life
- **Oral Health** chosen as one of 10 key issues for pediatricians to assess as part of well child care



# Bright Futures/AAP Risk Assessment Tool and Tutorial

## Oral Health Risk Assessment Tool





The American Academy of Pediatrics (AAP) has developed this tool to aid in the implementation of oral health risk assessment during health supervision visits.

### Instructions for Use

This tool is intended for documenting caries risk of the child; however, two risk factors are based on the mother or primary caregiver's oral health. All other factors and findings should be documented based on the child.

The child is at an absolute high risk for caries if any risk factors or clinical findings, marked with a  sign, are documented yes. In the absence of  risk factors or clinical findings, the clinician may determine the child is at high risk of caries based on one or more positive responses to other risk factors or clinical findings. Answering yes to protective factors should be taken into account with risk factors/clinical findings in determining low versus high risk.

Visit:  6 month,  9 month,  12 month,  15 month,  18 month,  24 month,  30 month,  3 years,  4 years,  5 years,  6 years,  other \_\_\_\_\_

RISK FACTORS	PROTECTIVE FACTORS	CLINICAL FINDINGS
 Mother or primary caregiver had active decay in the past 12 months Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Existing dental home Yes <input type="checkbox"/> No <input type="checkbox"/>	 White spots or visible decalcifications in the past 12 months Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/> Mother or primary caregiver does not have a dentist Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Drinks fluoridated water or takes fluoride supplements Yes <input type="checkbox"/> No <input type="checkbox"/>	 Obvious decay Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/> Continual bottle/sippy cup use with fluid other than water Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Fluoride varnish in the last 6 months Yes <input type="checkbox"/> No <input type="checkbox"/>	 Restorations (fillings) present Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/> Frequent snacking Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Has teeth brushed daily Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Visible plaque accumulation Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/> Special health care needs Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/> Gingivitis (swollen/bleeding gums) Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/> Medicaid eligible Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/> Teeth present Yes <input type="checkbox"/> No <input type="checkbox"/>
		<input type="checkbox"/> Healthy teeth Yes <input type="checkbox"/> No <input type="checkbox"/>

Caries Risk:  Low  High  
Completed:  Anticipatory Guidance  Fluoride Varnish  Dental Referral

### Treatment of High Risk Children

If appropriate, high-risk children should receive professionally applied fluoride varnish and have their teeth brushed daily with an age-appropriate amount of fluoridated toothpaste. Referral to a pediatric dentist or a dentist comfortable caring for children should be made with follow-up to ensure that the child is being cared for in the dental home.



Adapted from Renee Garcia, F.D., D.M.S., M.P.H., D.D.S.; Featherstone, J.D. Pediatric dental care, prevention and management protocols based on caries risk assessment. *J. Clin. Dent. Assoc.*, 2010; 85(10): 146-161. American Academy of Pediatrics Section on Pediatric Dentistry and Oral Health, Preventive Oral Health Intervention for pediatricians. *Pediatrics*, 2003; 110(9): 1387-1394, and American Academy of Pediatrics, Section of Pediatric Dentistry Oral Health Risk Assessment (Oral) and Individualized Oral Health Care. *Pediatrics*, 2003; 111(5): 1133-1136. The reproduction in this publication for educational or otherwise (not for sale) or other non-commercial use, including any translation, adaptation, or modification, may be appropriate. Copyright © 2011 American Academy of Pediatrics. All Rights Reserved. The American Academy of Pediatrics does not warrant or endorse any health care provider or health care product in this document and it is used only as a guide for oral health.

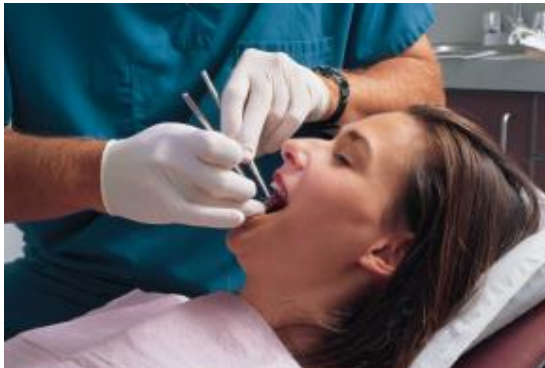
- Result of 2 QI projects
- Developed to assist pediatricians and others to implement oral health services in practice
- Available online at <http://www2.aap.org/oralhealth/RiskAssessmentTool.html>
- Web site includes downloadable tool, interactive tutorial, guidance, and results of QI projects
- Sent to 20,000 Pediatricians in August 2011

# 1) Assess Caretakers

## Risk Factors

- History of parental decay in prior year

- Screen for dental home of parent/caretaker



### RISK FACTORS

⚠ Mother or primary caregiver had active decay in the past 12 months  
Yes  No

● Mother or primary caregiver does not have a dentist  
Yes  No

● Continual bottle/sippy cup use with fluid other than water  
Yes  No

● Frequent snacking  
Yes  No

● Special health care needs  
Yes  No

● Medicaid eligible  
Yes  No



## 2) Assess **Child's** Risk Factors

- Continual bottle/sippy cup use with any liquid other than water
- Frequent snacking (more than 4 times per day)
- Special health care needs
- Medicaid eligible/low health literacy level



### RISK FACTORS

⚠ Mother or primary caregiver had active decay in the past 12 months  
Yes  No

• Mother or primary caregiver does not have a dentist  
Yes  No

• Continual bottle/sippy cup use with fluid other than water  
Yes  No

• Frequent snacking  
Yes  No

• Special health care needs  
Yes  No

• Medicaid eligible  
Yes  No



# 3) Assess **Child's Protective Factors** – Fluoride and Access to Dental Home

- Systemic –
  - Water fluoridation
  - Prescription supplements



- Topical
  - Toothpaste
  - Varnish
  - Rinse



## PROTECTIVE FACTORS

- Existing dental home  
Yes  No
- Drinks fluoridated water or takes fluoride supplements  
Yes  No
- Fluoride varnish in the last 6 months  
Yes  No
- Has teeth brushed daily  
Yes  No

# 4) Document **Clinical Findings**

- Assess for:
  - White spots
  - Decay
  - Restorations
  - Plaque
  - Gingivitis



CLINICAL FINDINGS	
⚠ White spots or visible decalcifications in the past 12 months	Yes <input type="checkbox"/> No <input type="checkbox"/>
⚠ Obvious decay	Yes <input type="checkbox"/> No <input type="checkbox"/>
⚠ Restorations (fillings) present	Yes <input type="checkbox"/> No <input type="checkbox"/>
• Visible plaque accumulation	Yes <input type="checkbox"/> No <input type="checkbox"/>
• Gingivitis (swollen/bleeding gums)	Yes <input type="checkbox"/> No <input type="checkbox"/>
• Teeth present	Yes <input type="checkbox"/> No <input type="checkbox"/>
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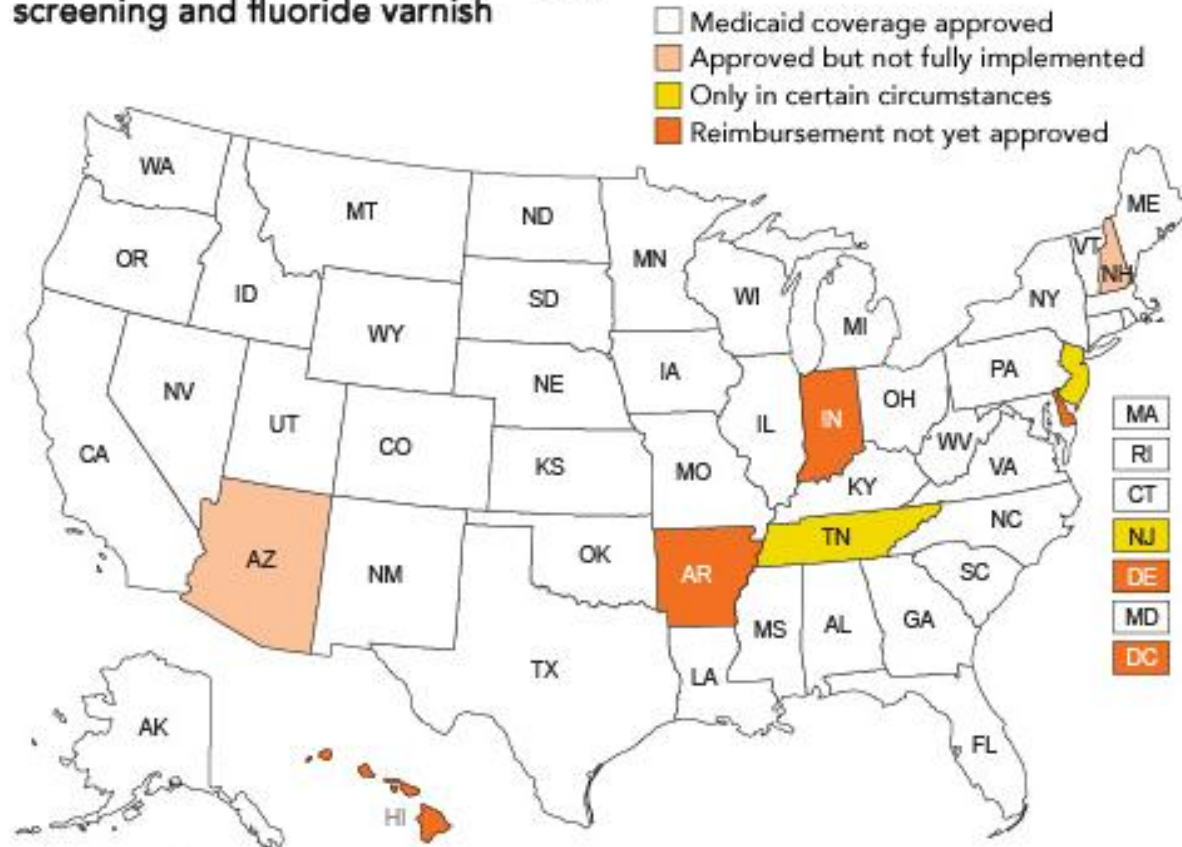
## 5) Refer to **Dental Home**



- First dental visit at 1 year; earlier if high risk
- Develop list of dentists who will accept patients this age
- Include office phone numbers and addresses
- Refer Medicaid patients to state web site or phone line if no access

# Medicaid Reimbursement for Primary Care Caries Prevention Services

States with Medicaid funding for physician oral health screening and fluoride varnish



SOURCE: [http://www.mchoralhealth.org/feedback/reimbursementchart6\\_08.pdf](http://www.mchoralhealth.org/feedback/reimbursementchart6_08.pdf)

# Medicaid Billing Codes and Reimbursement

- Fluoride varnish                      D 1206    \$12 - \$53
- Oral evaluation new pt    D 0145    \$29 - \$56
- Oral evaluation est pt    D 0120    \$20 - \$27
- Age limit – varies; ages 6 months to 5 years
- Number of varnish applications reimbursed annually  
– 2- 4
- Training required – varies; state specific
- Delegation of procedure (NP, RN, LPN, CMA) about  
2/3 of states allow

# Continued Challenges for PCP Oral Health Screening

- Medicaid cuts may affect some states current payment to PCPs
- Private medical and dental insurance payments to PCPs to provide caries prevention services is lacking
- Pediatricians and other primary care providers lack the time and training to provide OH services in the medical home but national and state wide initiatives are showing improvement over time



# New Opportunities



- Health care reform will drive more involvement of PCPs in oral health
- AAP is partnering with other primary care organizations and with



to help standardize training and education efforts for all

- Increased collaboration between dentists and PCPs can improve patient oral health screening, anticipatory guidance, and referral to establish a dental home
- General dentists (not trained in pediatric dentistry) are becoming more willing to service infants and toddlers



# Quality Improvement and Oral Health

Using QI as the “carrot” to increase the uptake of oral health services in primary care

# Why Is Quality Important?



# Physician Competencies

- Patient care
- Medical knowledge
- Professionalism
- **Systems-based practice**
- **Practice-based learning and improvement**
- Interpersonal and communication skills

# American Board of Pediatrics Maintenance of Certification

Maintenance of Certification (MOC) standards now mandate:

- 1) Documentation of unrestricted license to practice q 5 years
- 2) Self learning and assessment activities q 5 years
- 3) Pass secure proctored exam q 10 years
- 4) ***Active involvement in measuring/ improving quality care for patients q 5 years***

# Pediatric Board Maintenance of Certification

Details of #4 quality improvement:

- Implementation and demonstration of a quality improvement project in practice
  - Knowledge of quality improvement methods
  - Efforts to identify system errors and implement solutions
  - Team work to enhance patient safety and improve quality care

# AAP Pediatric Quality Recommendations for MOC

- Important issues for children be addressed
- Issues are appropriate for children's health
- Topic has scientific validity
- Area is feasible
- Initiative addresses what can be improved
  - Principles for the Development and Use of Quality Measures.  
*Pediatrics* 2008;121:411-418.

# Opportunities for Microsystems Improvement

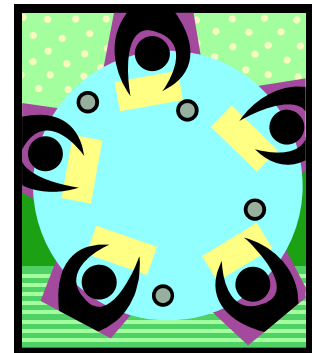
## THE PDSA CYCLE





# TEN STEPS TO QUALITY IMPROVEMENT

1. Pick a Topic
2. Define an Aim
3. Pick a Measurement
4. Map the Process
5. Brainstorm
6. Identify Process Measures
7. Plan the Process Change
8. Do the New Process
9. Study the Data
10. Act on the Data



# 1) Pick a Topic

- **Caries reduction**
  - Data support **worsening** of the incidence of caries over the past decade – 28% of 2-4 year old children have dental caries

\*“Trends in Oral Health Status: United States, 1994-1998 and 1999-2004”





## 2) Define an Aim: Examples

### Oral Health Risk Assessment Tool





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Supported in part by 

Working Well, Improving the 

Adapted from Ramirez-Garcia EJ, Crystal RO, Ng M, et al. Pediatric dental care, prevention and management protocols based on caries risk assessment. *J Clin Dent Assoc.* 2010;81(10):741-747. American Academy of Pediatrics Section on Pediatric Dentistry and Oral Health. Preventive child health intervention for pediatricians. *Pediatrics.* 2003; 110(9):1387-1394. and American Academy of Pediatrics. Institute of Medicine. *Healthy Oral Health: risk assessment, diagnosis and management of the dental home.* *Pediatrics.* 2003; 111(5):1113-1116.

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Children's Oral Health  
An initiative of the American Academy of Pediatrics

- By Dec 1<sup>st</sup> 2012, using an oral health risk assessment tool, screen 100% of 9 & 12 month old patients at health supervision visits to identify those at high risk.
- By Dec 1<sup>st</sup> 2012, refer 75% of all patients to a dental home by 12 months
- By Dec 1<sup>st</sup> 2012, refer 100% of **high risk** patients to a dental home with tracking of compliance

# More Examples

- By Dec 1<sup>st</sup> 2012, provide anticipatory guidance on continual bottle/sippy cup use and frequent snacking to 100% of 9 & 12 month old patients at health supervision visits
- By Dec 1<sup>st</sup> 2012, perform fluoride varnish application on 75% of high risk children as identified by the oral health risk assessment.
- By Dec 1<sup>st</sup> 2012, test and document all well water fluoride levels in households without public water supply



### 3) Pick a Measurement



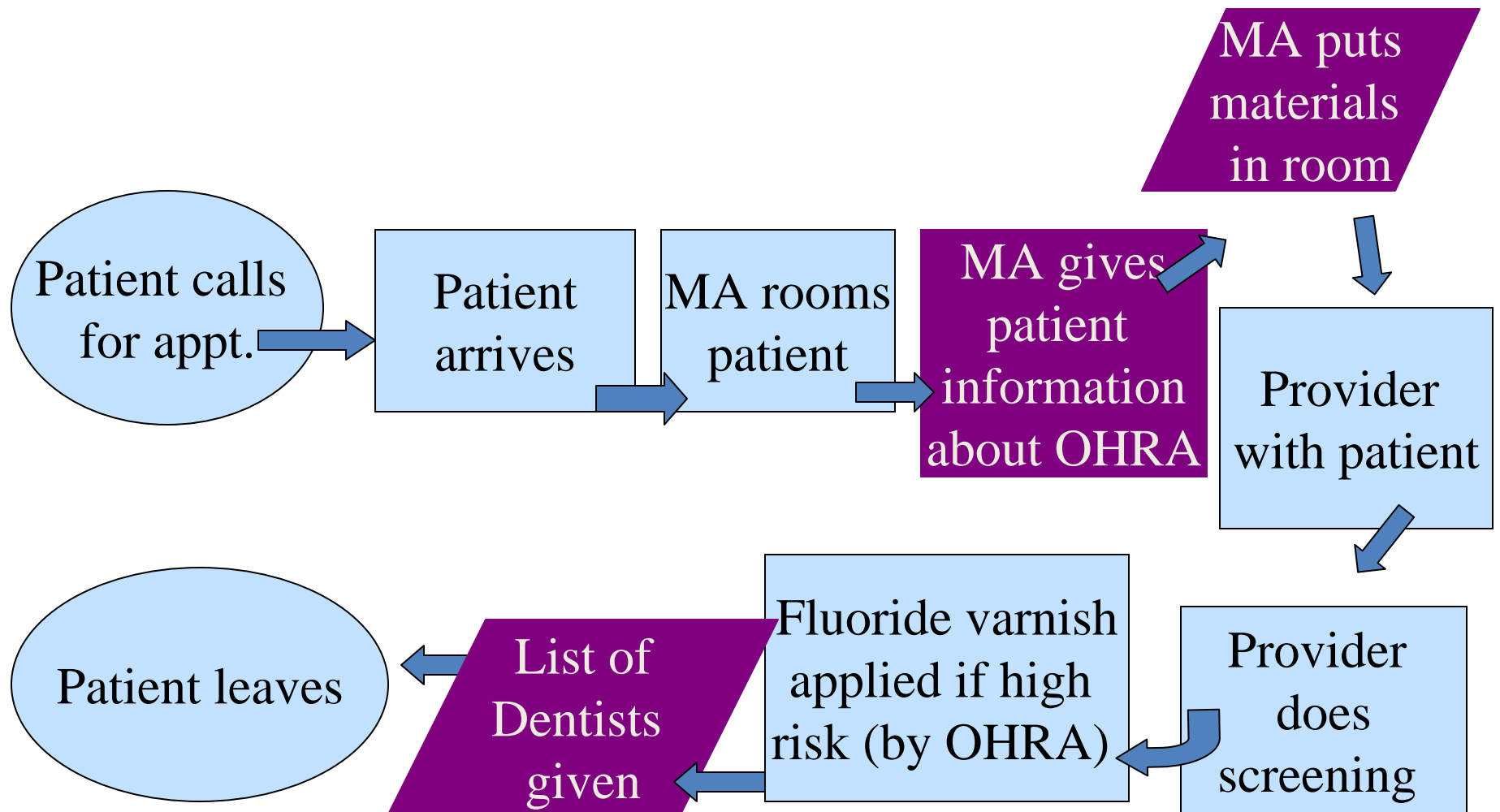
- Oral Health Risk Assessment screening done
- Anticipatory guidance given on oral hygiene and diet
- Fluoride varnish applied
- Referral to dental home
- Order and track well water fluoride test results

## 4 & 5) Brainstorm and Map the New Process

- How will your office
  - Use an Oral Health Risk Assessment
  - Discuss fluoride modalities
  - Refer to dental home



# Example of Mapping Process





## 6) Identify Process Measures - Examples



- Collect data on % of OHRA done
- Track completed referrals to a dental home
- Track % of diet and oral hygiene anticipatory guidance done
- Collate data on % of patients receiving fluoride varnish

# 7) Plan Process Change - Select Tools to Achieve Aim

- AAP Pediatric Oral Health Flipchart and Reference Guide
- AAP Protecting All Children's Teeth Online Curriculum and Teaching Materials (PACT) – [www.aap.org/oralhealth/PACT.html](http://www.aap.org/oralhealth/PACT.html)
- Smiles for Life National Oral Health Curriculum – [www.smilesforlifeoralhealth.org](http://www.smilesforlifeoralhealth.org)
- AAP Policy Statements on Oral Health/Dental Home
  - *Pediatrics* May 2003
  - *Pediatrics* December, 2008



# More Tools

- AAP Children's Oral Health Web Site Practice Tools Page – <http://www2.aap.org/oralhealth/PracticeTools.html>
- AAP/Bright Futures Oral Health Risk Assessment Tool and Tutorial - <http://www2.aap.org/oralhealth/RiskAssessmentTool.html>
- Smiles for Life National Oral Health Curriculum – [www.smilesforlifeoralhealth.org](http://www.smilesforlifeoralhealth.org)
- Links to successful programs
  - Into the Mouths of Babes (North Carolina) - <http://www.ncdhhs.gov/dph/oralhealth/partners/IMB.htm>
  - Cavity Free by Three (Colorado) - <http://www.cavityfreeatthree.org/>
  - Washington State ABCD Program - <http://abcd-dental.org/>
  - And more!
- Data collection
  - Paper
  - Electronic Health Record (EHR)

# Example of EHR Tool

WCC Interval Hx-RDS 0-10 yrs: BABY TEST

General/Diet/Dental | Sleep/Elim/Behav/Adj | Devel/Safety/Medical | Milestones not met

**General Concerns:**

Illness since last visit:

No Known Allergies [Add Allergy](#)

**Feeding**

Breast Feeding

Bottle Feeding-Formula

Solids:  No  Yes [Orders](#)

Type:  Frequency:

Problems / Concerns:

**Dental**  Moved / new water source

Last documented water source: Town - Unfluorinated - 01/31/2008

Last documented Fluoride result:

**Patient should be on a fluoride supplement, .25mg/day.**

Additional Comments:

Prev Form (Ctrl+PgUp) | Next Form (Ctrl+PgDn) | Close

# eQIPP Program

- Education and Quality Improvement in Pediatric Practice  
[www.eqipp.org](http://www.eqipp.org)
- Launched by AAP in 2002; 7 topics available
- Bright Futures module with 10 topics including oral health released in 2010



# Completion Requirements

- Knowledge of QI basics
- Data collection using chart review
  - Baseline data
  - Follow up data
- Creation and tracking of improvement plan using aim statement



# eQIPP Oral Health in Primary Care Module – Coming Soon!



- Funded by Health Resources and Services Administration (HRSA)
- Multidisciplinary expert group including pediatricians, pediatric dentist, family physician, nurse practitioner and physician assistant
- Focuses on the implementation of oral health services in the medical home
- **Available online fall of 2012!**

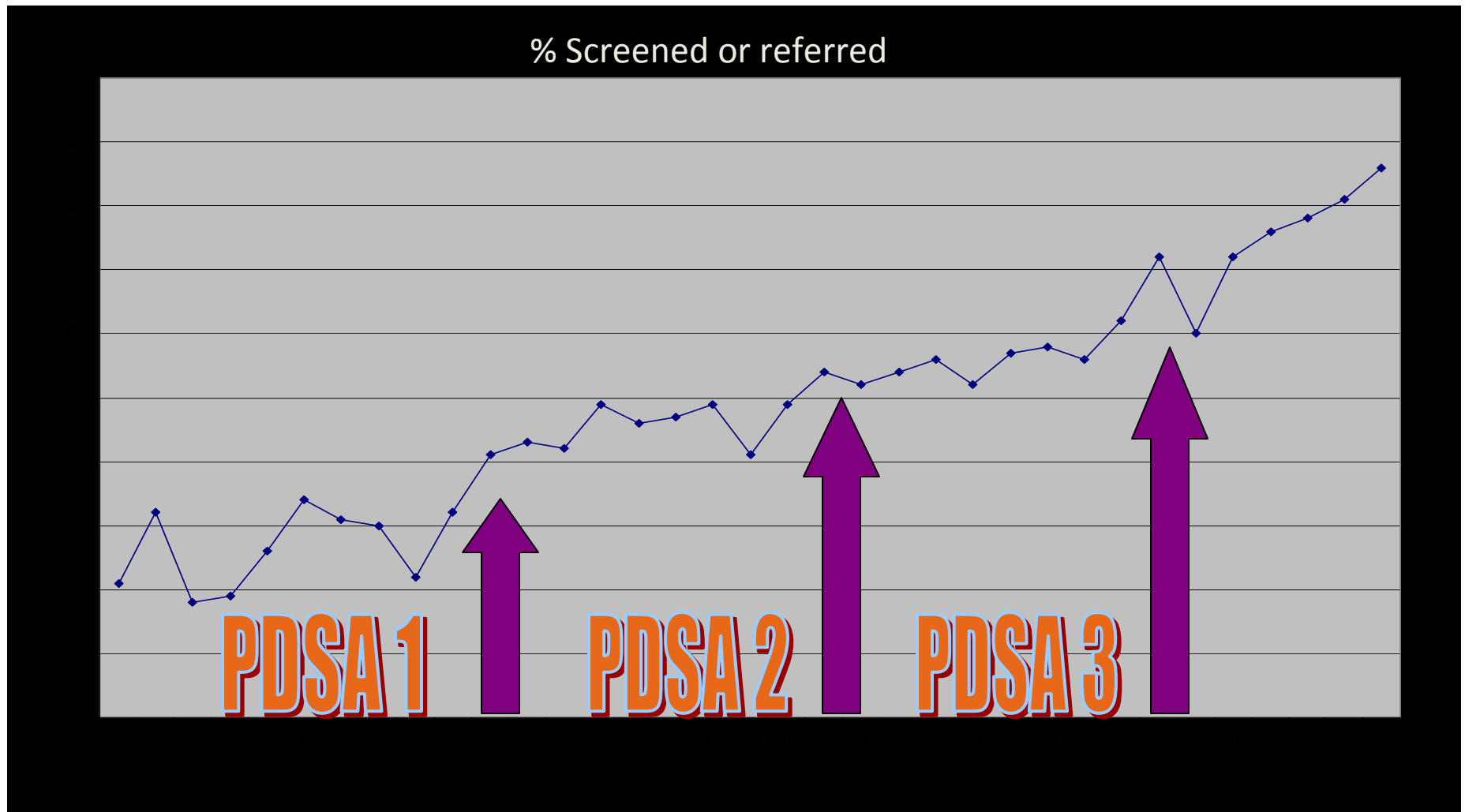
## 8) Do the new process

Gather data using EHR or paper chart – number of well child visits that include:

- OHRA screening
- assessing patients for caries
- applying varnish
- discussing fluoride and determining tap water fluoride content
- recommending establishment of dental home and giving written local referral recommendations



# 9) Study the Data

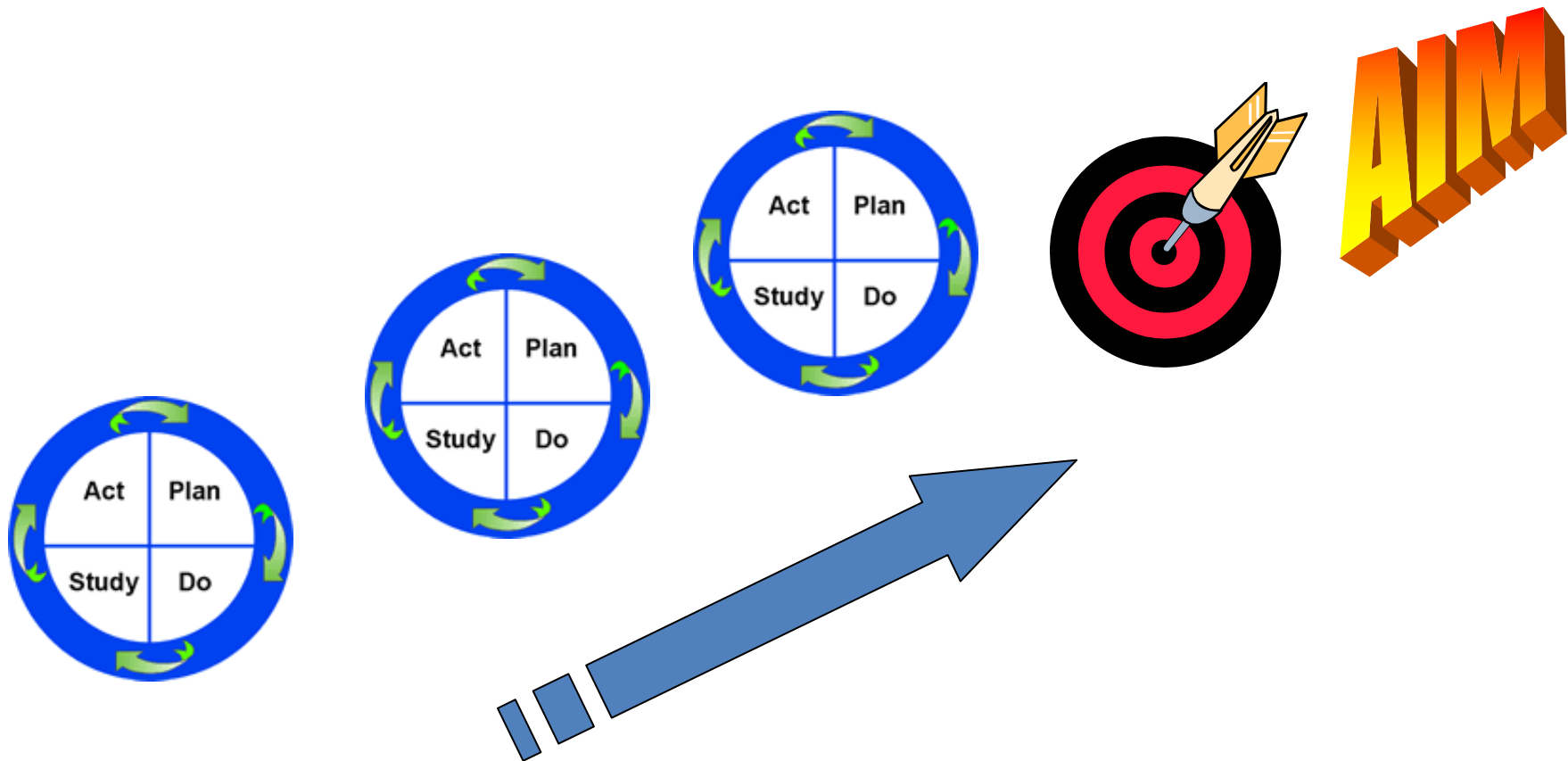


# Identify Potential Systems Solutions

- Train everyone in practice on OHRA
- Choose coordinator (oral health champion)
- Determine staff roles for screening, counseling, referral and varnish
- Have supplies in kit
- Store kit in central location
- Screen for needed services at every visit
  - Close K, Rozier G, Zeldin L, Gilbert A. Barriers to the adoption and implementation of preventive dental services in primary medical care. *Pediatrics* 2010;125:509-517

# 10) Act on the Data

- Quality improvement becomes continuous when PDSA cycles are repeated.



# How to Promote Change:

- Change becomes improvement through measurement.
- Improvement is done as a team.
- Improvement is the result of repeated PDSA cycles leading towards an aim.



# Quality Improvement Oral Health Project Examples

- Quality Improvement Innovation Network (QuIIN) Pilot Project



- Bright Futures Brightening Oral Health Implementation Project
- Bright Futures Preventive Services Improvement Project (PreSIP)



# QuIIN Network

- A network of practicing pediatricians and their teams who use QI methods to test tools, interventions, and strategies to improve healthcare outcomes for children and their families
- QuIIN pilot-tested the first version of the OHRA Tool
- 388 members in 46 states plus PR, MX, Pakistan



# Brightening Oral Health Tool Piloted

Brightening Oral Health Project  
Oral Health Risk Assessment Tool

This is a: 9 month visit   
12 month visit

RISK FACTORS	PROTECTIVE FACTORS	DISEASE INDICATORS (CLINICAL EXAMINATION)
<p>Has mother or primary caregiver had active decay in the past 12 months? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Does mother have a dentist? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Other Risk Factors: Yes No</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <input type="checkbox"/> Continual bottle/sippy cup use with fluid other than water</li> <li><input type="checkbox"/> <input type="checkbox"/> Frequent snacking</li> <li><input type="checkbox"/> <input type="checkbox"/> Special health care needs</li> <li><input type="checkbox"/> <input type="checkbox"/> Low SES/health literacy/Medicaid eligible</li> </ul>	<p>Yes No</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <input type="checkbox"/> Existing dental home</li> <li><input type="checkbox"/> <input type="checkbox"/> Drinks fluoridated water or takes F supplements</li> <li><input type="checkbox"/> <input type="checkbox"/> F varnish in the last 6 months</li> <li><input type="checkbox"/> <input type="checkbox"/> Child has teeth brushed daily with fluoridated toothpaste*</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> White spots or visible decalcifications</li> <li><input type="checkbox"/> Obvious decay</li> <li><input type="checkbox"/> Restorations present</li> <li><input type="checkbox"/> Visible plaque accumulation</li> <li><input type="checkbox"/> Gingivitis (swollen/bleeding gums)</li> <li><input type="checkbox"/> None</li> </ul> <hr/> <ul style="list-style-type: none"> <li><input type="checkbox"/> No Teeth Present</li> </ul>
<p>Caries Risk: <input type="checkbox"/> Low <input type="checkbox"/> High</p>		
<p>Completed: <input type="checkbox"/> Anticipatory Guidance <input type="checkbox"/> Fluoride Varnish Referral to _____</p>		
<p>Goals:</p>		

\*New recommendation.

# Results of QuINN Caries Risk Assessment Tool Pilot Project

## Testing Results

Did You Find the Oral Health Risk Assessment Tool Helpful?

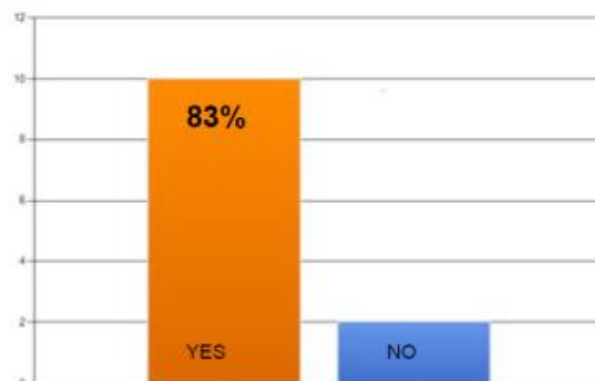


Over 80% of the practices found the tool to be helpful.

*"It makes health care practitioners think about risk factors for caries"*

*--Testing QuINN Pediatrician*

Was the Tool Helpful to Identify High Risk Patients for Dental Caries?



*"Prompted discussion about dental care/caries risk with patients and families"*

*--Testing QuINN Pediatrician*

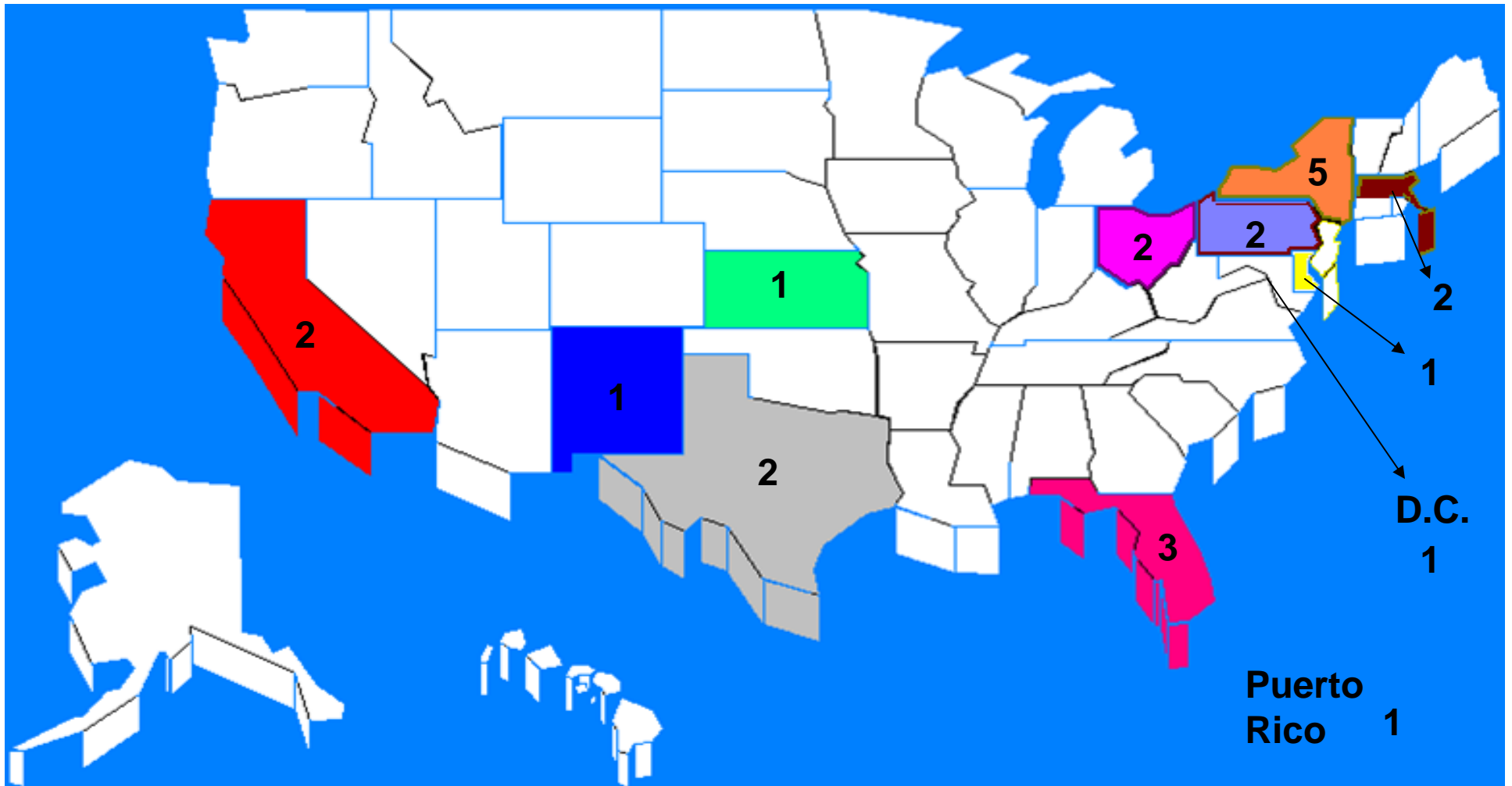


# Bright Futures Brightening Oral Health Implementation Project

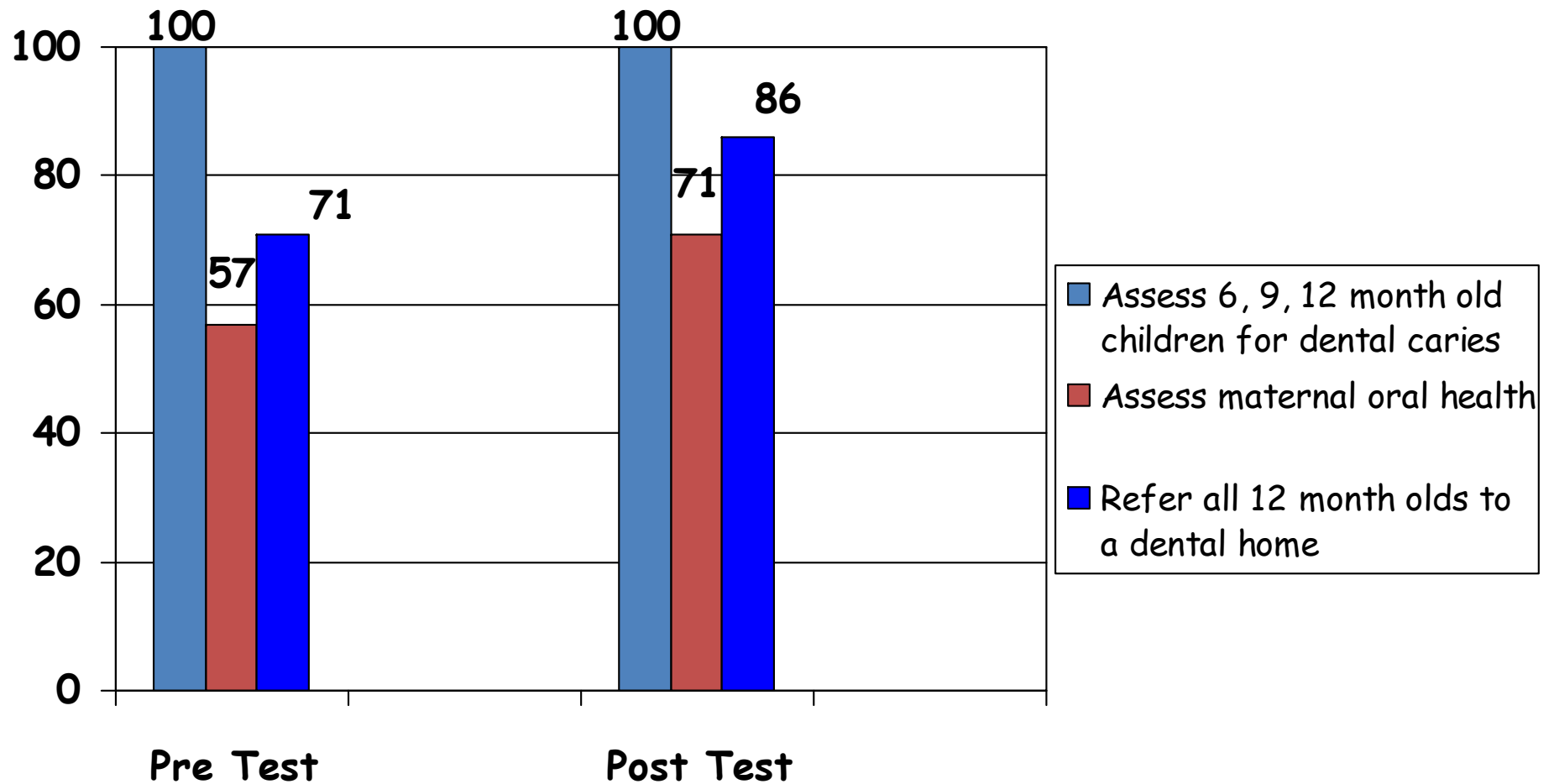
- 10 sites chosen to test OHRA tool as part of Brightening Oral Health project
- Pre test survey and data collection from practices
- Post project data collection completed



# Brightening Oral Health Practice Teams by State

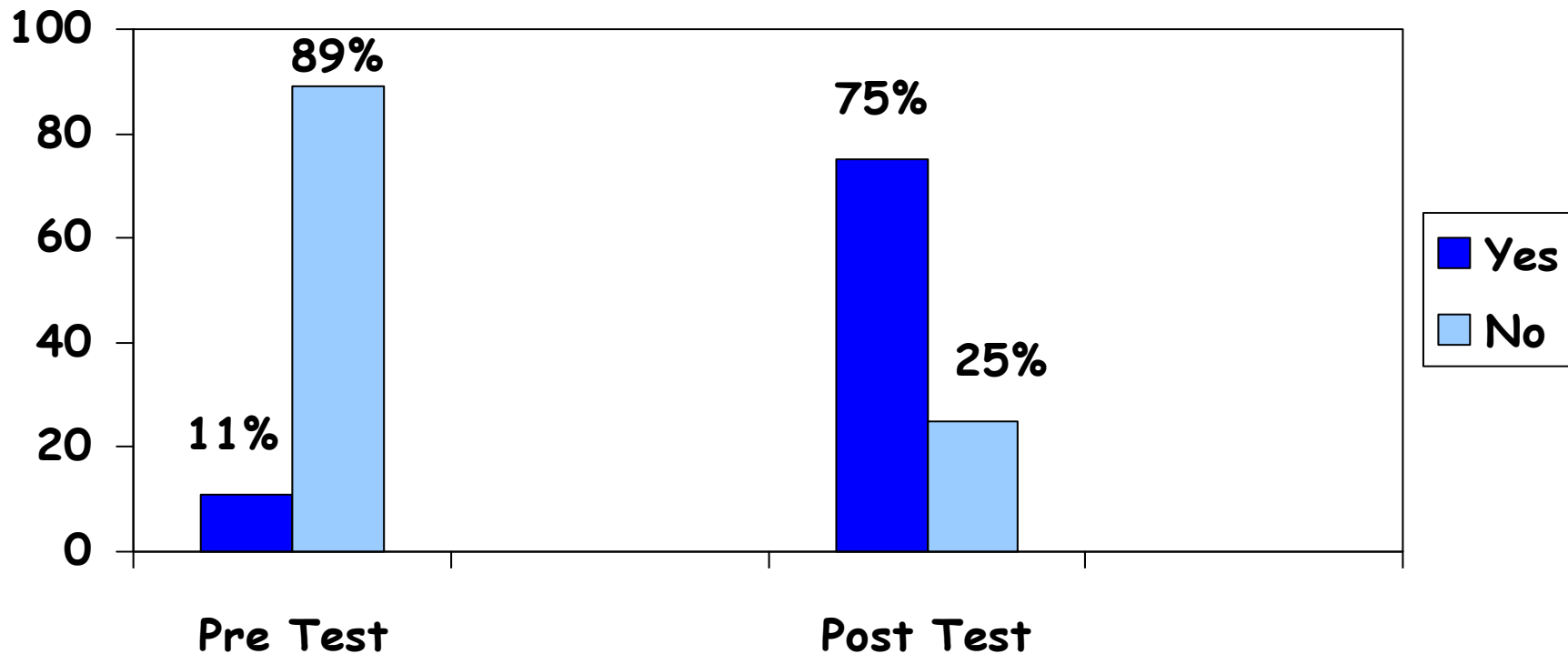


# Clinician Agreement on Oral Health



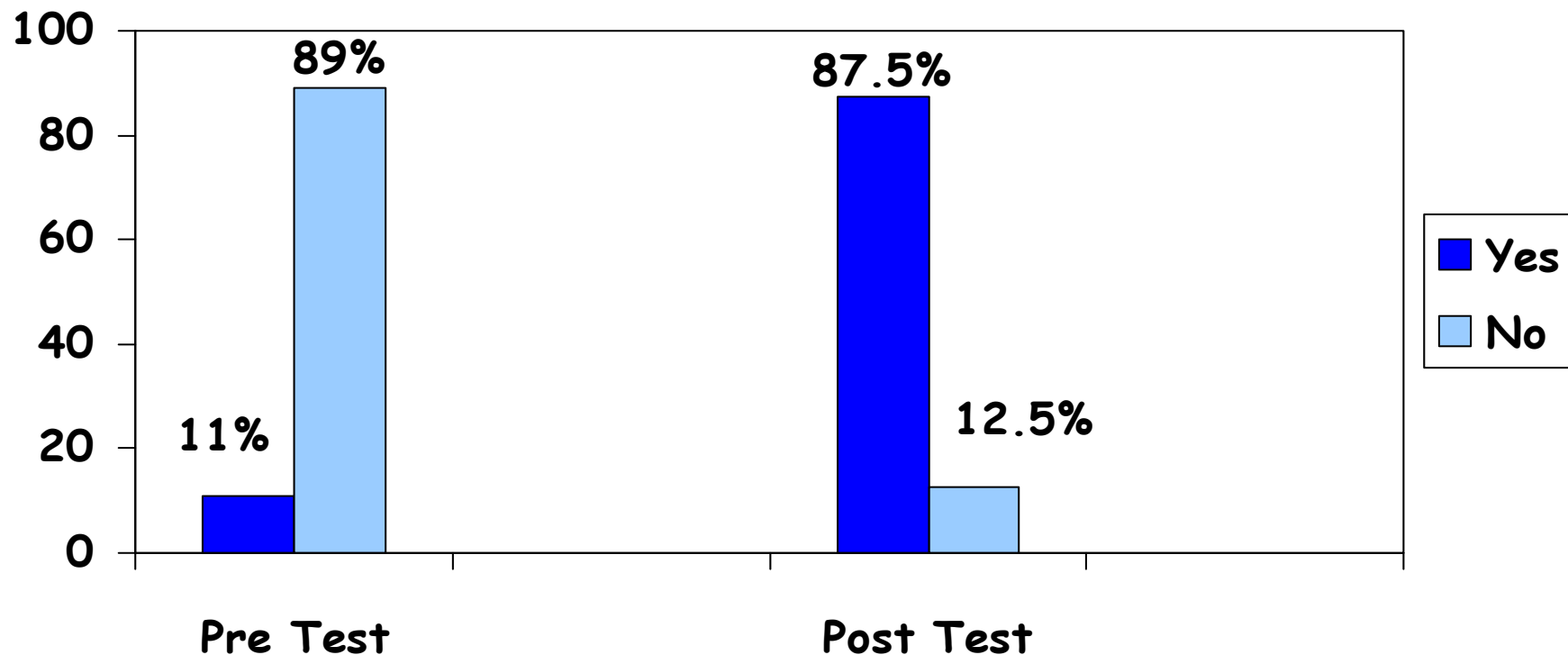
# Practice Has a System to Document OHRA

- Our practice has a system in place to document oral health risk assessment.



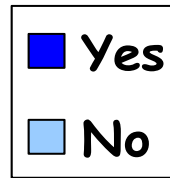
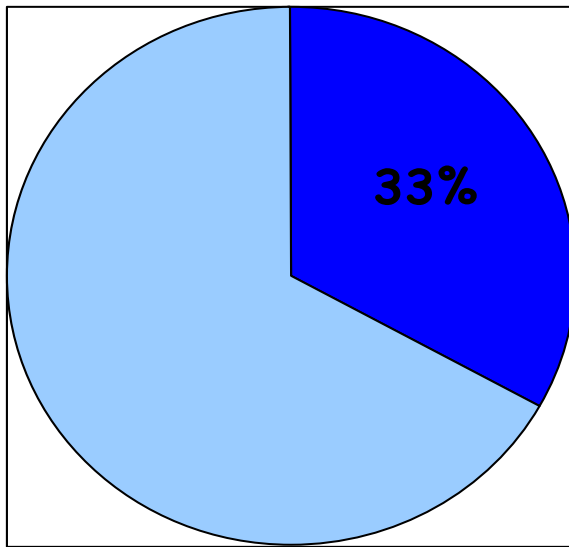
# Practice Has a System and Can Identify High Risk Patients

- My practice has a system to identify high risk patients for an oral health referral

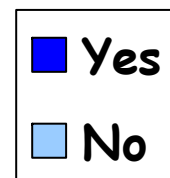
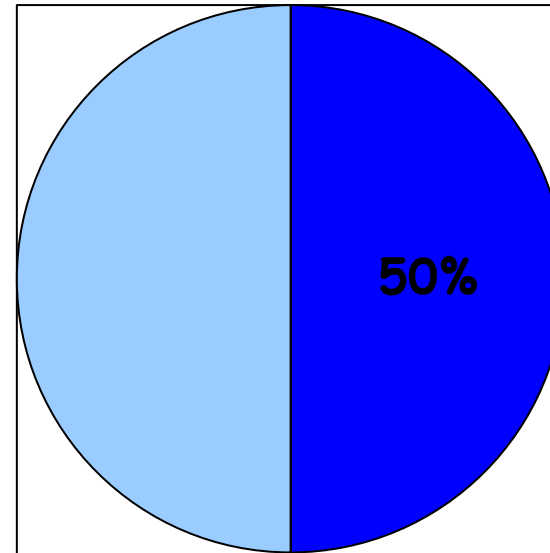


# System to Apply Fluoride Varnish

Pre Test Data

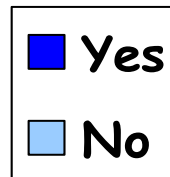
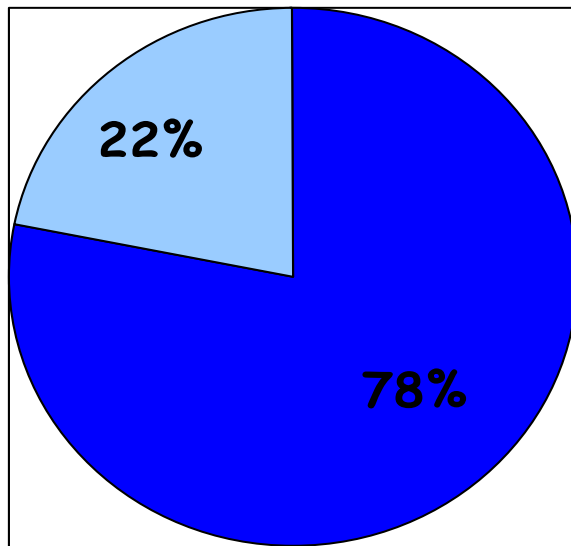


Post Test Data

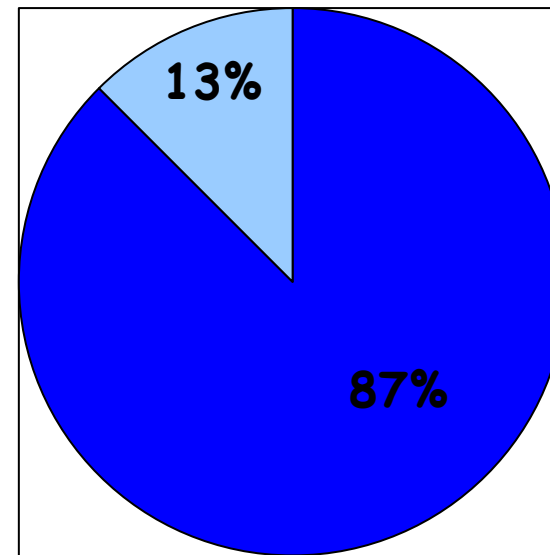


# Easily Accessible Dental Referral List in my Office

## Pre Test Data



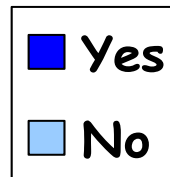
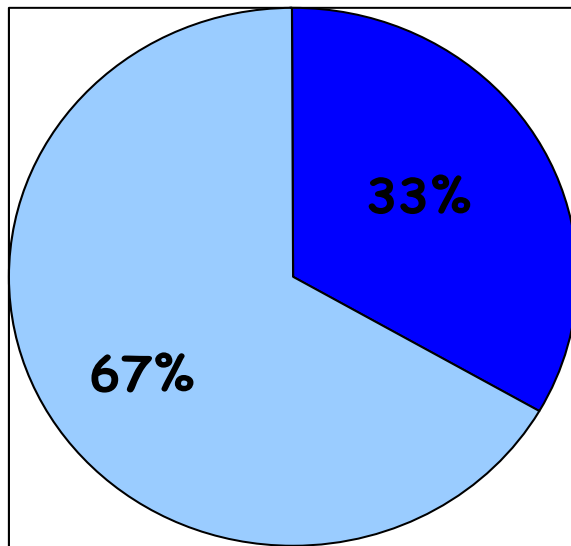
## Post Test Data



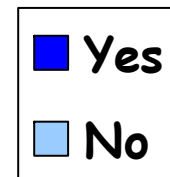
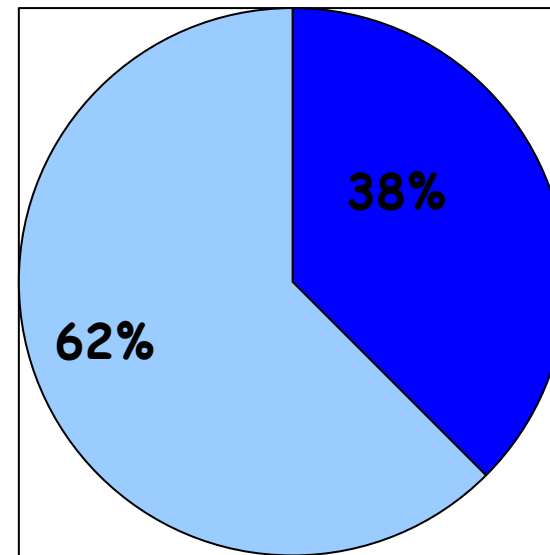
# Responsible for Regularly Updating

Someone responsible for regularly updating practice's oral health list

## Pre Test Data



## Post Test Data





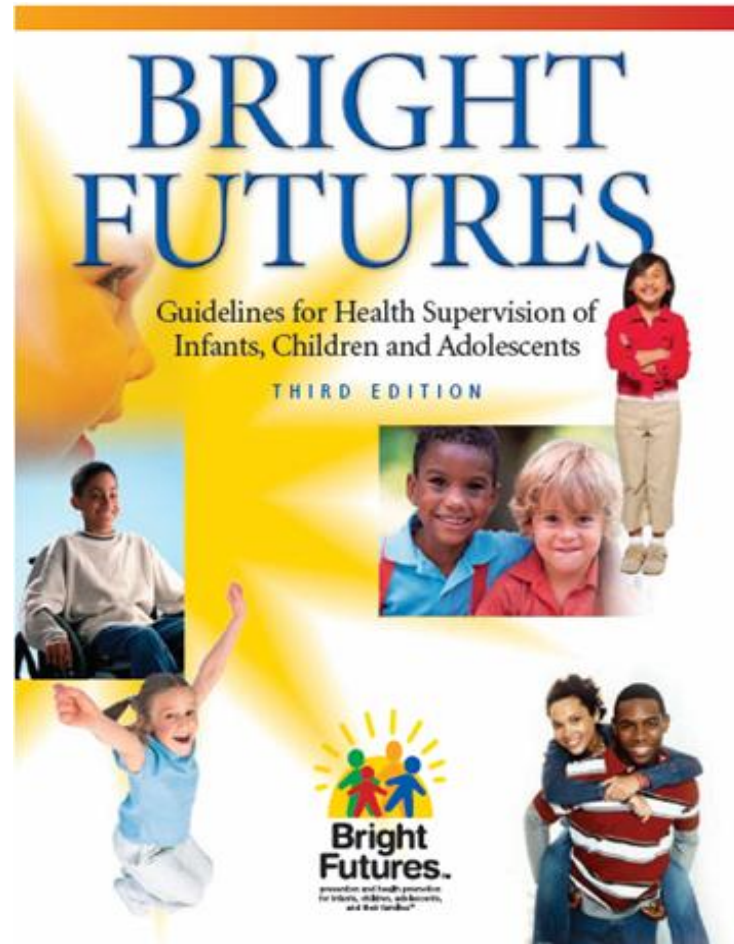
# Brightening Oral Health Study Conclusions

- Practice teams employing a system to document oral health risk **assessments** **increased** significantly
- Practice teams utilizing a system to identify high risk patients for an oral health **referral** **increased** significantly

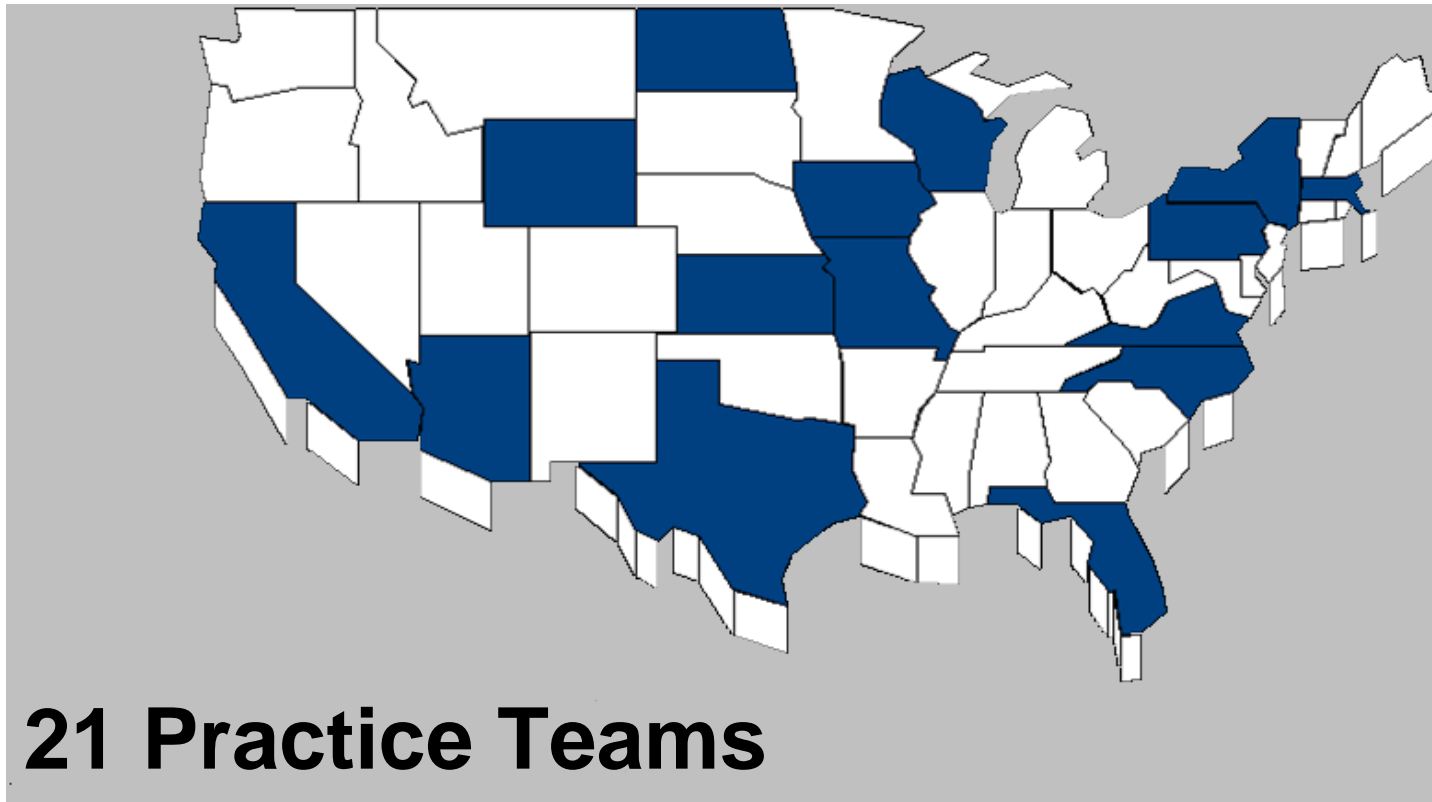


# Preventive Services Improvement Project (PreSIP)

- Designed to answer the question:  
**Can Bright Futures be easily implemented, birth to 3, in a busy clinical setting?**
- 12 preventive screening areas assessed based on the recommendations of the *Bright Futures Guidelines, 3rd Edition*
  - Funded by HRSA/MCHB



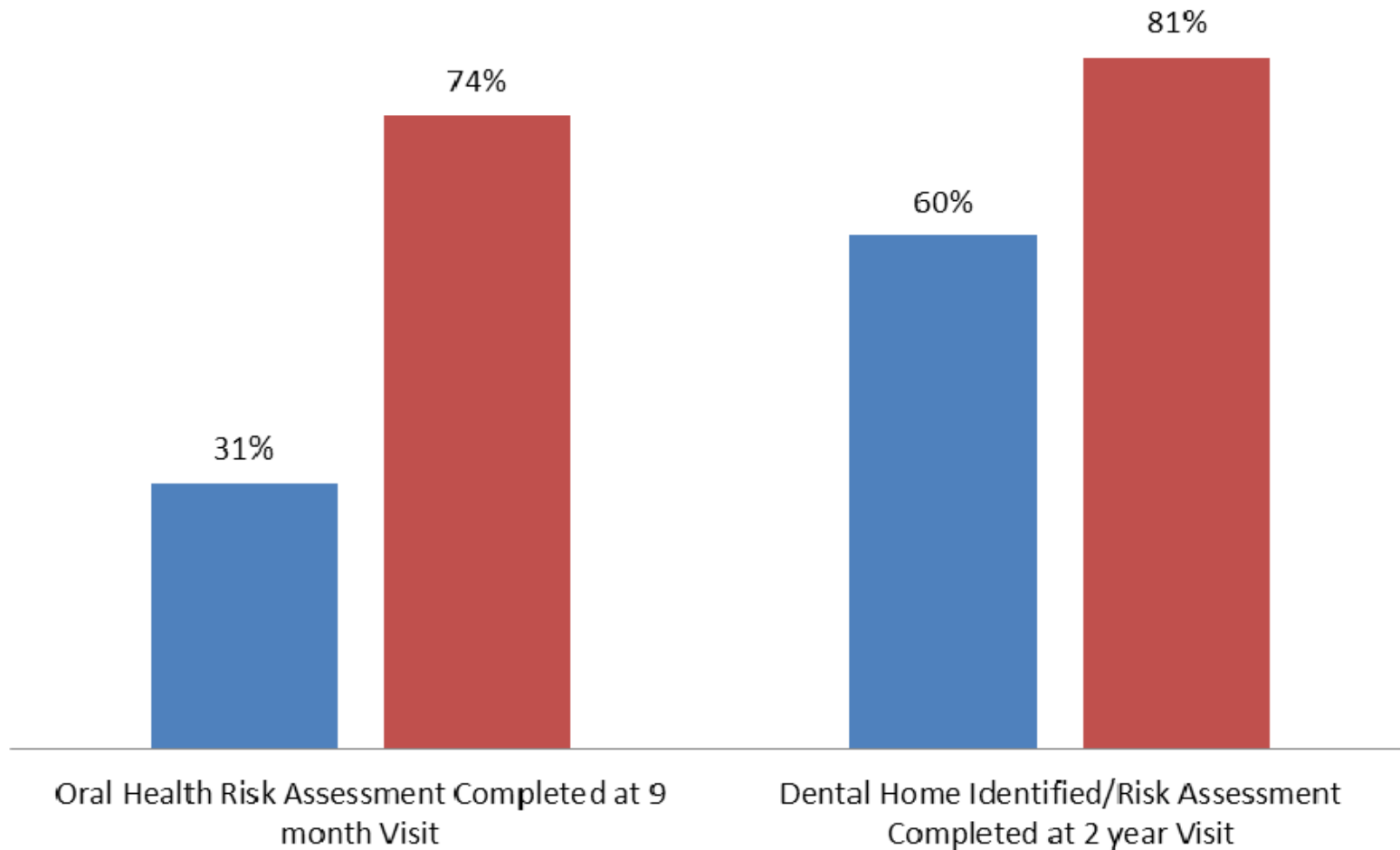
# Bright Futures: Preventive Services Improvement Project (PreSIP)



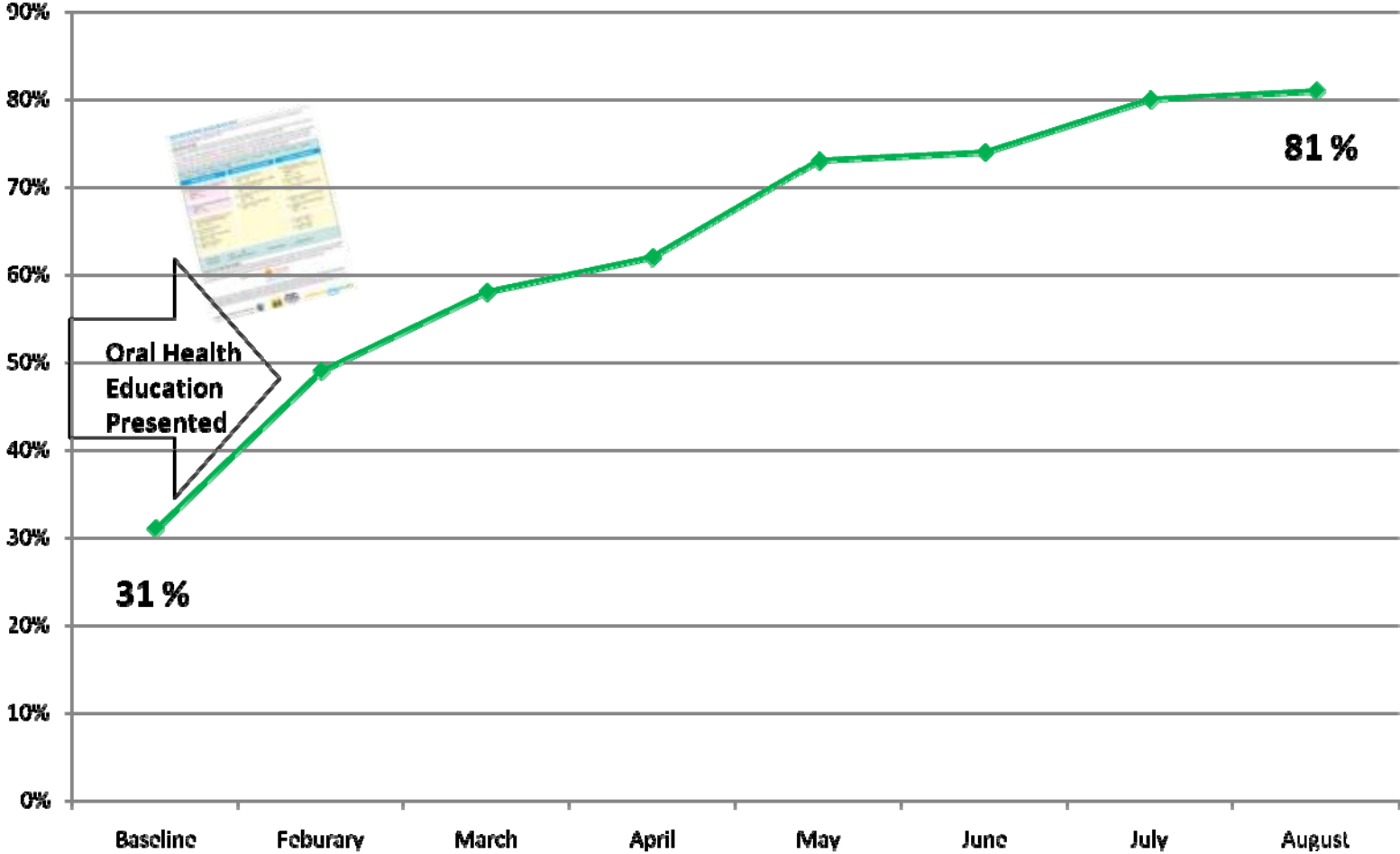
**Diversity in Practice Size and Patient  
Population**

# Bright Futures Preventive Services Project: Preliminary Oral Health Findings

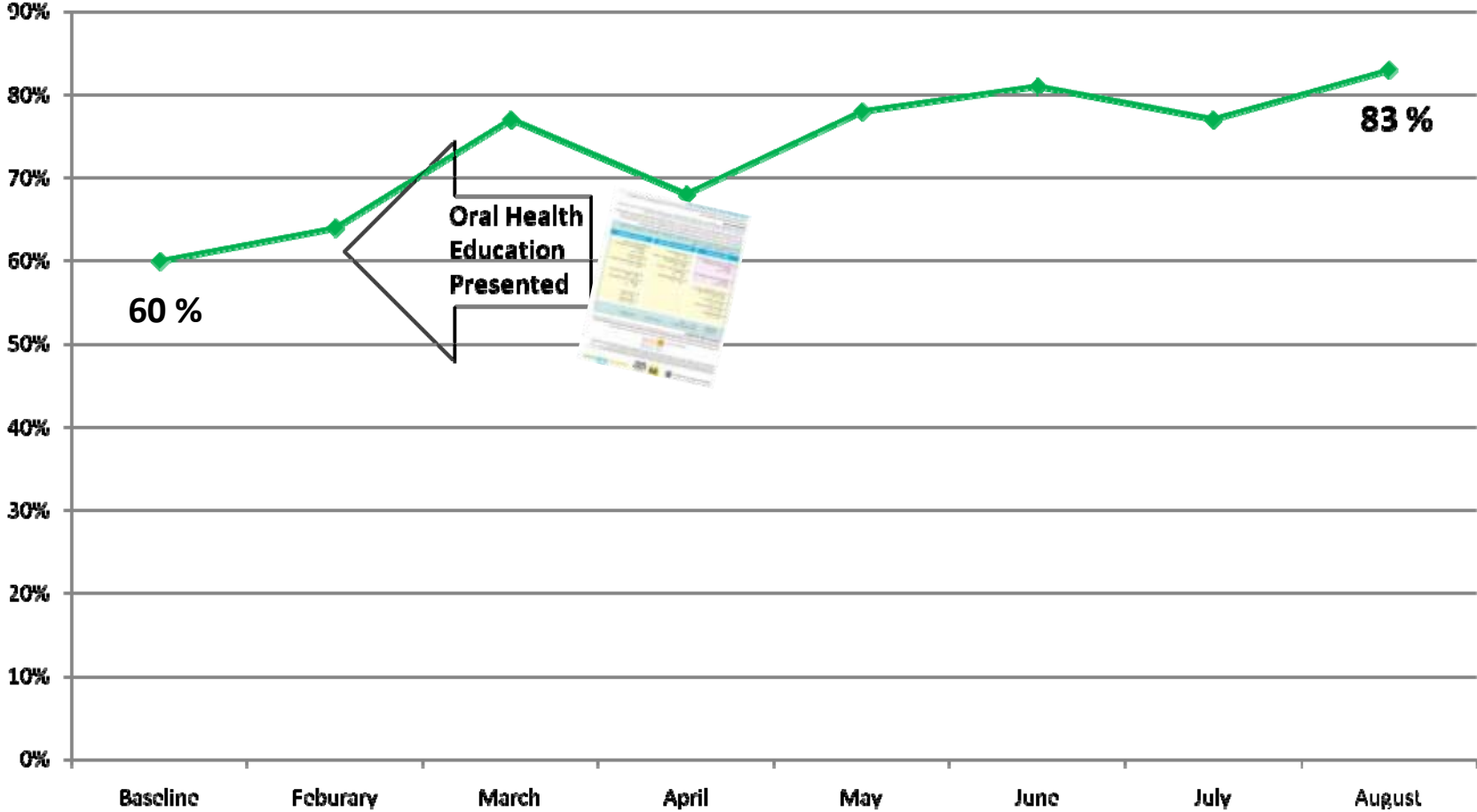
■ Baseline ■ 6 Months Later



# Bright Futures Preventive Services Improvement Project (PreSIP): Oral Health Risk Assessment 9: Month Chart Review for Collaborative



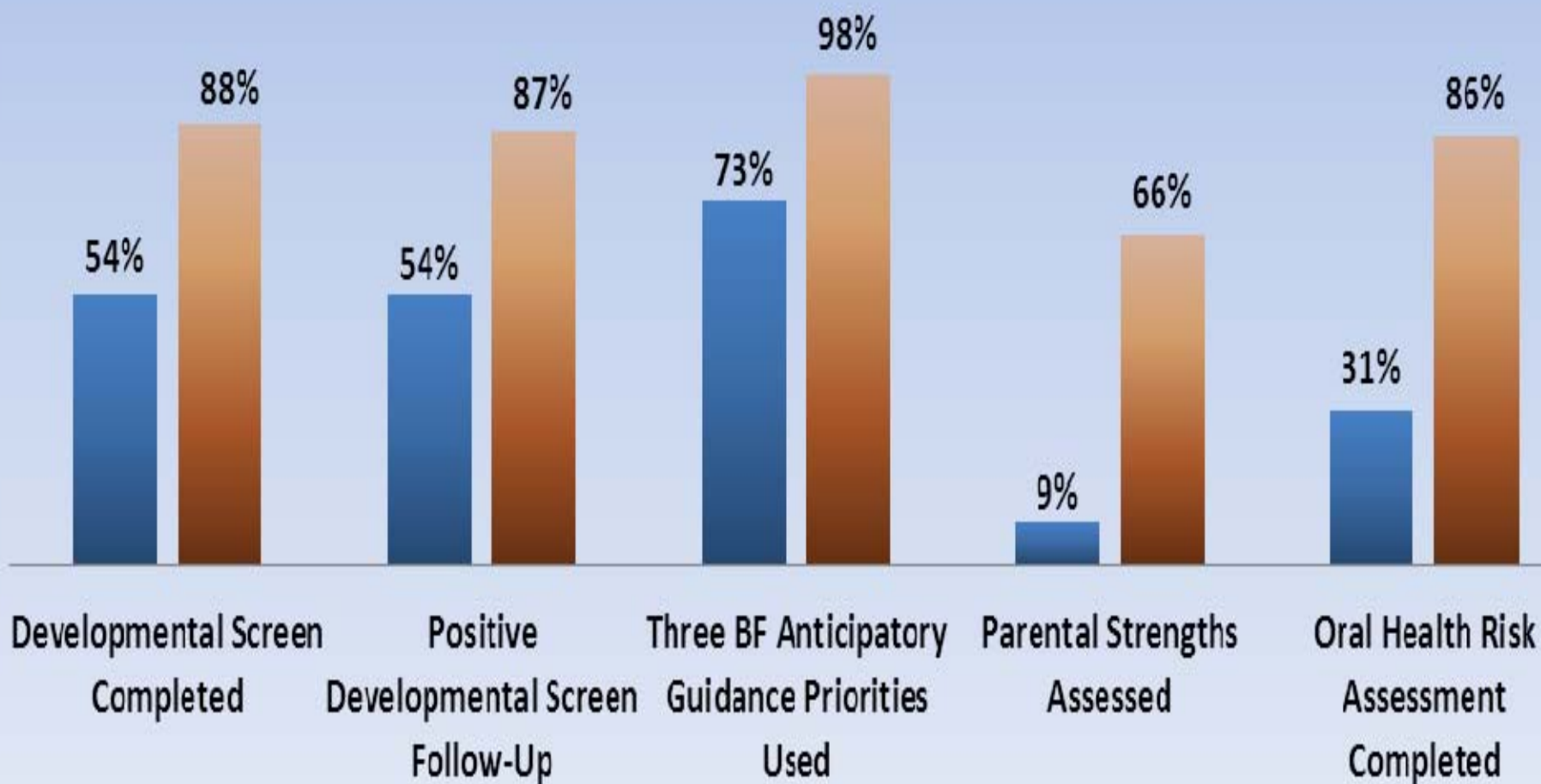
# Bright Futures Preventive Services Improvement Project (PreSIP): Oral Health Risk Assessment 24: Month Chart Review for Collaborative



# Bright Futures Preventive Services Improvement Project

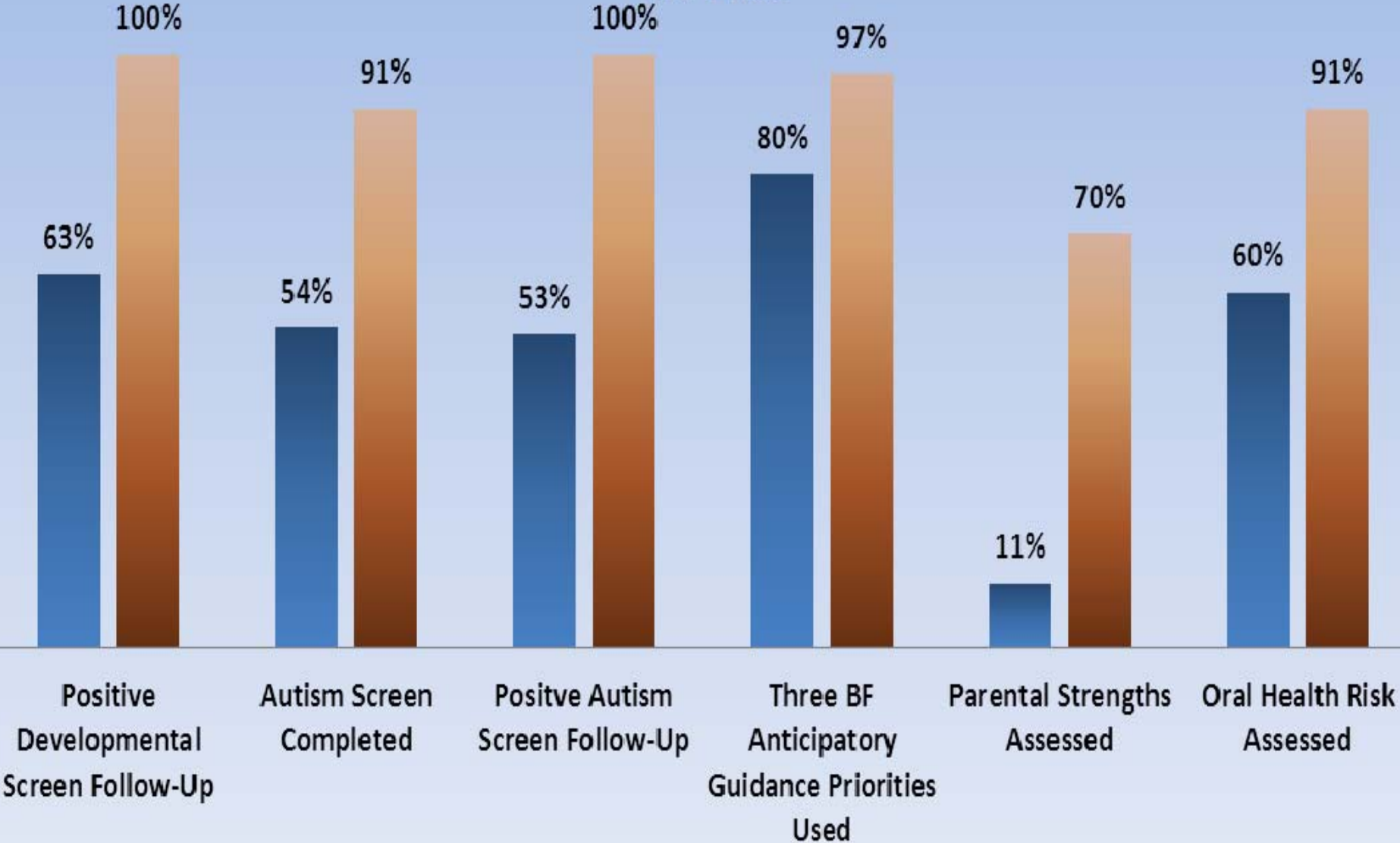
## Aggregated Pre and Post Data--9 Month Visit

■ Pre ■ Post



# Bright Futures Preventive Services Improvement Project Aggregated Pre and Post Data--24 Month Visit

■ Pre ■ Post





# Learning Points

- Opportunities and challenges around oral health screening in primary care
- Discussion about AAP assessment tool
- Use of quality improvement (QI) concepts to promote pediatrician screening
- Presentation of QI data from AAP studies



# Contact Information

- For more information about AAP and its Oral Health Initiatives please contact:
  - Lauren Barone, MPH, Manager, Oral Health at [oralhealth@aap.org](mailto:oralhealth@aap.org) or 847-434-4779
  - Suzanne Boulter, MD, FAAP at [drsboulter@yahoo.com](mailto:drsboulter@yahoo.com)

**Children's Oral Health**

American Academy of Pediatrics  
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