



Friday, July 13, 2018

[Pediatrician name  
Address]

Dear [pediatrician name],

We write as members of the Northern Virginia Oral Health Alliance and the Virginia Oral Health Coalition to request the opportunity to briefly interview you about how you integrate oral health education, services (such as fluoride varnish application), or dental referrals into your pediatric visits. This information will aid us in our efforts to ensure all children have a dental home. If you do not currently incorporate oral health education, services and referral into your practice, we would like to share information and resources to assist you in doing so.

As you may be aware, dental disease is the most common chronic condition in childhood – five times more prevalent than asthma. Untreated tooth decay leads to higher health care costs for families and millions of missed school and work hours each year. Fortunately, dental disease is preventable. One of the strategies to ensure children have optimal oral health and overall health is for pediatricians to reinforce the importance of early, preventive care from a Dentist.

A member of the Northern Virginia Oral Health Alliance will soon be contacting your office directly to set up a time to arrange a brief interview to discuss practices for dental care referral and integration with oral health care. Discussion may cover topics such as:

- Oral health screening and risk assessments;
- Application of fluoride varnish;
- Oral health education for parents or caregivers; and
- Dental referrals.

In return for your time, we will offer you a resource packet of tools for oral health risk assessment and anticipatory guidance, information on how to bill for fluoride varnish and opportunities for further training and education.

We hope to use the information you provide so that other medical providers across the Commonwealth might improve their ability to promote preventive oral health services. Please contact Lauren Gray, the Coalition’s Program and Engagement Manager, if you have further questions regarding this opportunity at [lgray@vaoralhealth.org](mailto:lgray@vaoralhealth.org) or 804-299-5506. If you would like additional oral health integration resources and referral support, please contact Jacqueline Wake, Member Outreach Coordinator at DentaQuest, at [1-866-853-0657](tel:1-866-853-0657) or [jacqueline.wake@dentaquest.com](mailto:jacqueline.wake@dentaquest.com).

Sincerely,

Sarah Bedard Holland  
Executive Director  
Virginia Oral Health Coalition

Jacqueline Wake  
Community Outreach Coordinator  
DentaQuest, LLC

List of Northern Virginia Oral Health Alliance Signatories on Reverse Side

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## **Members of the Northern Virginia Oral Health Alliance Workgroup on Children's Oral Health**

Lydia Allen	Northern Virginia Family Services
	Medical Care for Children Partnership (MCCP)
Melissa DeAngelo, MPH,RDN	Fairfax County Public Schools
Bryana Head	Higher Horizons Head Start and Early Head Start
Amy Joyner	Fairfax County Office for Children Head Start
Christine Least	Fairfax County Health Department - WIC Program
Andrea Lomrantz	Fairfax County Department of Family Services
Ondrea McIntyre-Hall	Northern Virginia Family Service
Patricia Moreno	Anthem HealthKeeper's Plus
Barbara Nowak, RN, DNP, FNP-C	Alexandria City Public Schools
Gretchen O'Donnell	Fairfax County Public Schools/Head Start Program
Leah Park	Fairfax County Public Schools/Head Start Program
Eva Starrak	Medical Care for Children Partnership Foundation
Natalie Thornock	Greater Mount Vernon Community Head Start
Marcia Twomey	MCCP Foundation
Lora Vece	Prosperity Primary Care
Jeanne Yang, DDS	Fairfax County Health Department

## Pediatrician Interview Guide

### General Information

1. Did you receive a letter of introduction in the mail from us (Virginia Oral Health Coalition, Northern Virginia Health Alliance, and DentaQuest)? (Y/N) \_\_\_\_\_
2. Any previous oral health training? (Y/N, if yes then what?)  
\_\_\_\_\_
3. Do you consciously try to promote early dental care to your patients and, if so, what led to that decision?  
\_\_\_\_\_  
\_\_\_\_\_

### Dental Referrals

4. Do you refer patients to a dental provider? (Y/N) \_\_\_\_\_

**If "yes," please answer the following:**

At what age do you typically refer patients to a dental provider? \_\_\_\_\_  
When referring a patient to a dental provider, what method(s) do you use to refer the patient (e.g., verbal discussion with caregiver; list of providers who accept patients' insurance)?  
\_\_\_\_\_  
\_\_\_\_\_

Do you typically refer patients to a specific practice? (Y/N) \_\_\_\_\_

Do you use tear-off appointment reminder pads to help parents/caregivers remember to set up dental appointments for their children? (Y/N) \_\_\_\_\_

Do you have brochures available in your office for patients on the Medicaid dental program **Smiles for Children**? (Y/N) \_\_\_\_\_

Do you have a template or prompt for dental reminders in your electronic records system? (Y/N)  
\_\_\_\_\_  
\_\_\_\_\_

**If "no," indicate the reason(s) why not:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Oral Health Screening & Risk Assessment

5. Do you conduct any of the following during a physical exam/well-child visit (children ages 0-3)? (Y/N)

\_\_\_\_\_ *Oral health screening* (defined as an inspection of the lips, tongue, teeth, gums, insides of the cheeks and roof of the mouth to identify oral disease, especially tooth decay or other oral conditions [e.g., premature tooth loss, abscesses, and trauma])

\_\_\_\_\_ *Oral health risk assessment* (defined as identifying a child's risk or protective factors that may impact oral health [e.g., does the parent or caregiver have dental decay, does the child snack frequently, does the child have special health care needs])

\_\_\_\_\_ *Anticipatory guidance* (refers to key information provided to the family/caregiver about the child's current oral health and what to expect during next developmental stages)

## Pediatrician Interview Guide

If "yes" for oral health risk assessment, indicate which tool(s) provider uses for conducting the assessment (e.g., AAP Bright Futures Oral Health Risk Assessment Tool or AAPD Caries-Risk Assessment Tool):

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If "no" for any of the above, indicate the reason(s) why not:

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### Fluoride Varnish Use

6. Do you or a staff member apply fluoride varnish to patients during well-child visits (children 0-3)? (Fluoride varnish is lacquer containing sodium fluoride that is painted on teeth to reduce tooth decay). (Y/N)

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**If "yes," please answer the following:**

Please identify the provider that typically administers this service:

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How long have you been providing this service?

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**If "no," indicate the reason(s) why not:**

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### Additional Information

7. If you are not currently incorporating oral health education, screening/assessment, and/or fluoride varnish application into your practice, please indicate what resources might be helpful to make it easier for you to do so:

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8. Are you interested in additional resources or information from the Member Outreach Coordinator at DentaQuest, the dental benefits administrator for Virginia's Medicaid/FAMIS *Smiles for Children* program?

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Telephone: \_\_\_\_\_

9. Would you like to receive the Virginia Oral Health Coalition monthly newsletter? (Y/N) If yes, please write your email address.

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