

**NOTE:** This document is not a formal policy of the American Academy of Pediatric Dentistry (AAPD), but it does represent the AAPD's opinion on the role of non-dentists in delivering the preventive oral health care regimen of fluoride varnish application. It is based upon existing policies of the AAPD and the American Academy of Pediatrics.

**Talking Points**  
**AAPD Perspective on**  
**Physicians or Other Non-dental Providers**  
**Applying Fluoride Varnish**  
*June 2006 Edition*

- The American Academy of Pediatric Dentistry (AAPD) supports the concept of a “dental home” for all infants, children, adolescents, and persons with special health care needs. The AAPD encourages parents and other care providers to help every child establish a dental home by 12 months of age.
- The dental home was established as AAPD policy in 2003, and is based on the same concept as the American Academy of Pediatrics policy statement defining the medical home in 1992.
- The AAPD defines a dental home as “the ongoing relationship between the dentist and the patient, inclusive of all aspects of oral health care delivered in a comprehensive, continuously accessible, coordinated, and family centered-way. Establishment of a dental home begins no later than 12 months of age and includes referral to dental specialists when appropriate.”
- Under the dental home concept, the AAPD recommends referral by the primary care physician or health provider, based on risk assessment, as early as 6 months of age, 6 months after the first tooth erupts, and no later than 12 months of age. This means that every child should have a dental home by 12 months of age. Furthermore, subsequent periodicity of reappointment is based upon risk assessment. This provides time-critical opportunities to implement preventive health practices and reduce the child's risk of preventable dental/oral disease.

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- The American Dental Association (representing 125,000 active licensed dentists) adopted a dental home definition in 2005:
  - “Dental Home. The ongoing relationship between the dentist who is the Primary Dental Care Provider and the patient, which includes comprehensive oral health care, beginning no later than age one, pursuant to ADA policy.”*
- The AAPD is also working closely with the Academy of General Dentistry (representing 37,000 members) to ensure adequate availability of pediatric and general dentists to perform infant oral health exams.
- Current AAPD policy supports the delegation of fluoride application to auxiliary dental personnel, or other trained allied health professionals, by prescription or order of a qualified dentist, after a comprehensive oral examination has been performed. Fluoride varnish interventions are not a substitute for the establishment of a dental home.
- Fluoride modalities are just part of a comprehensive preventive intervention program for children with significant risk of dental caries. Current AAPD policy states that:
  - “In children with moderate to high caries risk, fluoride varnishes and fluoride-releasing restorative and bonding materials have been shown to be beneficial and are best utilized as part of a comprehensive preventive program in the ‘dental home’.”
- While AAPD policy does not support the application of fluoride varnish absent a comprehensive dental exam, if state Medicaid or other insurance programs decide to reimburse physicians for such treatment, the following guidelines should apply:

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- Adequate training should be provided to physicians, based on an evidence based oral health training module with live or video demonstration by a dentist.
- Physicians must have a thorough understanding of the scientific literature related to efficacy and limitations of fluoride varnish<sup>1</sup>, as they will be held to the same standard of care as dentists.
- Physician intervention should be consistent with the American Academy of Pediatrics' policy on *Oral Health Risk Assessment Timing and Establishment of the Dental Home*:  
<http://aappolicy.aappublications.org/cgi/content/full/pediatrics;111/5/1113>

This policy of the American Academy of Pediatrics for pediatricians specifically recommends that:

- ◇ Pediatricians, family practitioners, pediatric nurse practitioners, and physician assistants should be trained to perform an **oral health risk assessment**<sup>2</sup> on all children beginning by 6 months of age to identify known risk factors for early childhood dental caries. These providers can use the Caries Risk Assessment Tool of the American Academy of Pediatric Dentistry:

<http://www.aapd.org/media/policies.asp>

(Note that some revisions to the Caries Risk Assessment Tool were approved by the 2006 AAPD General Assembly. These will be posted on the AAPD web site in July, 2006.)

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<sup>1</sup> The U.S. Food and Drug Administration has cleared fluoride varnish products as medical devices to be used as cavity liners and for the treatment of hypersensitive teeth. These products have not yet been cleared for marketing in the United States as caries-preventive agents. Therefore, fluoride varnish application for caries prevention is an off-label use.

<sup>2</sup> It should be understood that more training is required to perform a caries "risk assessment" as opposed to a mere "screening."

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◇ **Infants identified as having significant risk of caries or assessed to be within one of the risk groups\* listed in this policy statement should be entered into an aggressive anticipatory guidance and intervention program to be provided by a dentist. This intervention should occur between 6 and 12 months of age.**

**\*High risk groups are defined as:**

- Children with special health care needs
- Children of mothers with a high caries rate
- Children with demonstrable caries, plaque, demineralization, and/or staining
- Children who sleep with a bottle or breastfeed throughout the night
- Later-order offspring
- Children in families of low socioeconomic status

◇ Pediatricians should support the concept of the identification of a dental home as an ideal for all children in the early toddler years.

Based on the policies of the American Academy of Pediatric Dentistry and the American Academy of Pediatrics, most if not all children enrolled in Medicaid would fall into a high risk group. **Therefore, in addition to the application of fluoride varnish, the recommended policy for these children is referral to a dentist.**

All preventive oral health interventions provided by physicians should always include diet counseling, oral hygiene instruction, judicious administration of systemic and topical fluoride modalities, and an attempt to refer the patient to a dentist. Consistent with these policies, the AAPD urges dentists and physicians to work collaboratively at the state and community levels to overcome barriers to access to comprehensive oral health care for all children.