



Metric	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8
1. Provide at least one dental service annually	20%	30%	40%	50%	60%	70%	75%	80%
2. Provide topical fluoride treatment twice yearly to all continuously enrolled and screened moderate risk children (ASTDD code 0, CDT D0602).	0%	0%	0%	0%	50%	60%	70%	80%
3. Provide dentist care to continuously enrolled screened high risk children with early (ASTDD 1B) or urgent dental care needs (ASTDD 2) within 60 days.	20%	30%	40%	50%	60%	70%	75%	80%

Key References for Clinical Approach (available on request, contact Sharity Ludwig):

- Substitution of silver diamine fluoride topical treatment of permanent molars instead of routine use of fissure sealants: Llodra JC et al. Efficacy of silver diamine fluoride for caries reduction in primary teeth and first permanent molars. J Dent Res 2005; 84:721-724.
- Efficacy of twice yearly silver diamine fluoride to stabilize (arrest) decay and prevent new lesions: Horst JA et al. UCSF protocol for caries arrest using silver diamine fluoride: Rationale, indications, and consent. J Calif Dent Assoc. (in press to appear in Fall, 2015).
- Efficacy of povidone iodine with sodium fluoride varnish: Milgrom PM et al. Topical iodine and fluoride varnish effectiveness in the primary dentition: A quasi-experimental study. J Dent Child 2011;78(3): 143-7.

Who is in Charge?

ADS Administration has overall responsibility for this quality improvement project. Sharity Ludwig, Director of Community Dental Programs, has responsibility for delivery system changes. Jeanne Dysert, Chief Operating Officer, has responsibility for incentives.

Who is Evaluating the Project? The University of Washington is evaluating the project. The results of the project will be made available to all members of the Advantage Community. The results will be published regardless of the outcome.

How can I get More Information? Contact Sharity Ludwig, SharityL@advantagedental.com or your Regional Manager Community Liaison, Nikole Zogg, NikoleZ@advantagedental.com.

*Sealants will be placed, regardless of risk in intervention counties, on 1st and 2nd graders consistent with the Oregon Health Authority’s Sealant program.

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