

American Academy
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN®

Pediatric Oral Health Practices Survey Summary

August 2023



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About the Pediatric Oral Health Practices Survey

Pediatric dental disease is largely preventable but continues to impact too many children and families, particularly in underrepresented, marginalized communities. **Pediatricians are essential partners in keeping patients' teeth healthy** but may lack the knowledge, training, and incentive to incorporate oral health promotion and disease prevention services into care for young children.

The **Pediatric Oral Health Practices Survey**, conducted by the American Academy of Pediatrics (AAP) Section on Oral Health (SOOH) in Summer 2023, sought to 1) better understand pediatricians' provision of preventive oral health services for **children ≤ 5 years of age** and, 2) assess physician familiarity with a newer tool for treating early dental caries – silver diamine fluoride.

Through promotion to relevant AAP sections, councils, and committees, **337 pediatricians completed the survey**. Eligibility required that participants be general or subspecialty pediatricians who provide direct patient care.

A review copy of the survey is available [here](#).



What is Silver Diamine Fluoride?



Silver diamine fluoride (SDF) is a clear liquid that combines the antibacterial effects of silver with the remineralizing power of fluoride.

According to the 2017 clinical practice guidelines of the American Academy of Pediatric Dentistry, SDF may be used in certain circumstances as a non-restorative management technique to arrest the progression of small carious lesions and caries-susceptible areas on primary and permanent teeth.

SDF is painted on the caries-affected areas of teeth in a quick, painless procedure. Application of SDF does not restore form or function of caries-affected teeth, and the treated carious lesions are permanently stained black. Its effective use requires training in diagnosis of dental caries, assessment of pulpal status, application technique, and collaboration with and referral to a dentist.

In late 2022, a CPT category III code for the use of SDF in the medical setting was approved, moving its use in the pediatric medical setting one step closer to implementation.

Survey Result Highlights *



Pediatric Preventive
Oral Health Services
Provided by Practices



Likelihood of
Continuing or
Implementing Pediatric
Preventive Oral
Health Services

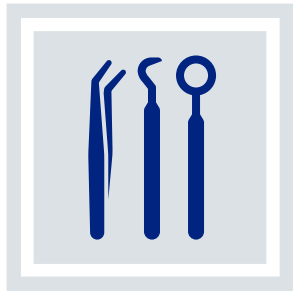


Pediatrician
Familiarity with SDF

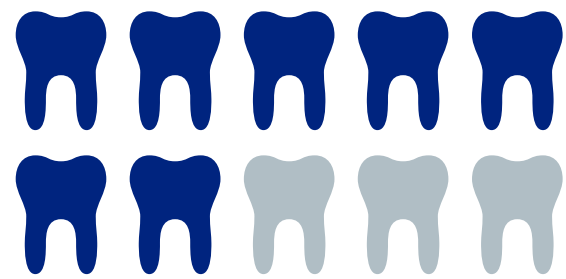


Likelihood of SDF
Implementation
with CPT Code

* Sample size for oral health services questions = 337 unless noted

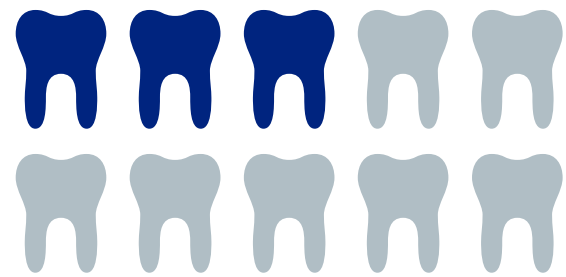


Pediatric Preventive Oral Health Services Provided by Practices*



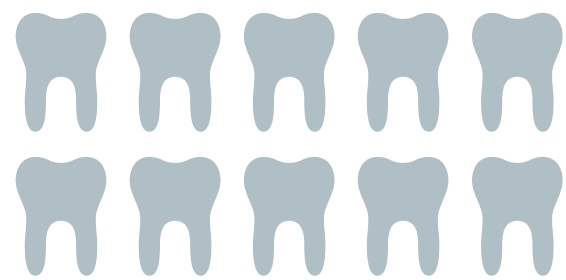
≥75%

Perform a visual exam of the mouth (96%, n=322)
Perform oral health risk assessments (81%, n=272)
Review oral health self-management goals w/family (75%, n=252)
Refer to a dental home (75%, n=254)



>30%

Apply fluoride varnish (34%, n=116)



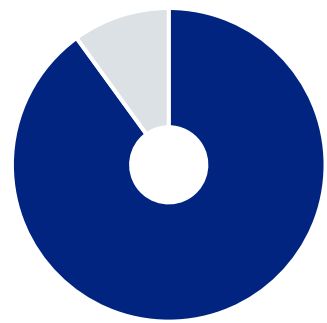
<5%

Apply silver diamine fluoride (4%, n=13)

* Service provided to >50% of patients ages birth-5 years

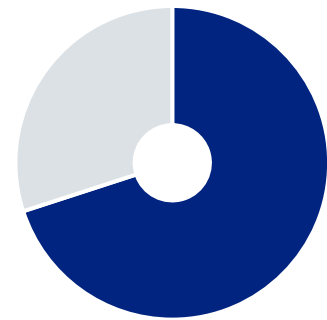


Likelihood* of Continuing/Implementing Pediatric Oral Health Services



$\geq 90\%$

Perform a visual exam of the mouth (98%, n=331)
Review oral health self-management goals w/family (95%, n=321)
Perform oral health risk assessments (94%, n=318)
Refer to a dental home (94%, n=318)



$> 70\%$

Apply fluoride varnish (72%, n=244)



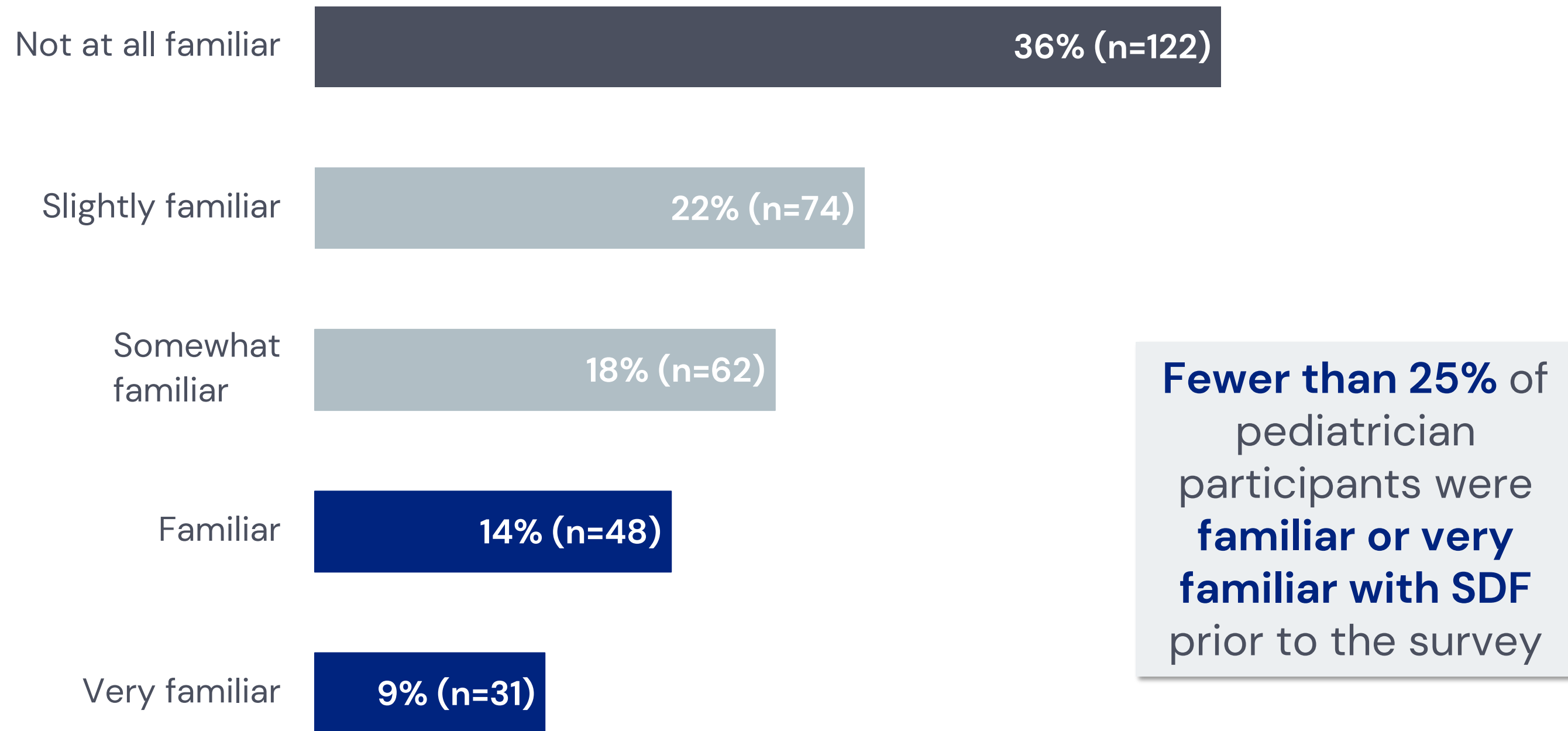
$< 20\%$

Apply silver diamine fluoride (19%, n=64)

* % reporting *Very likely* or *Likely* to continue offering or to implement service in the future

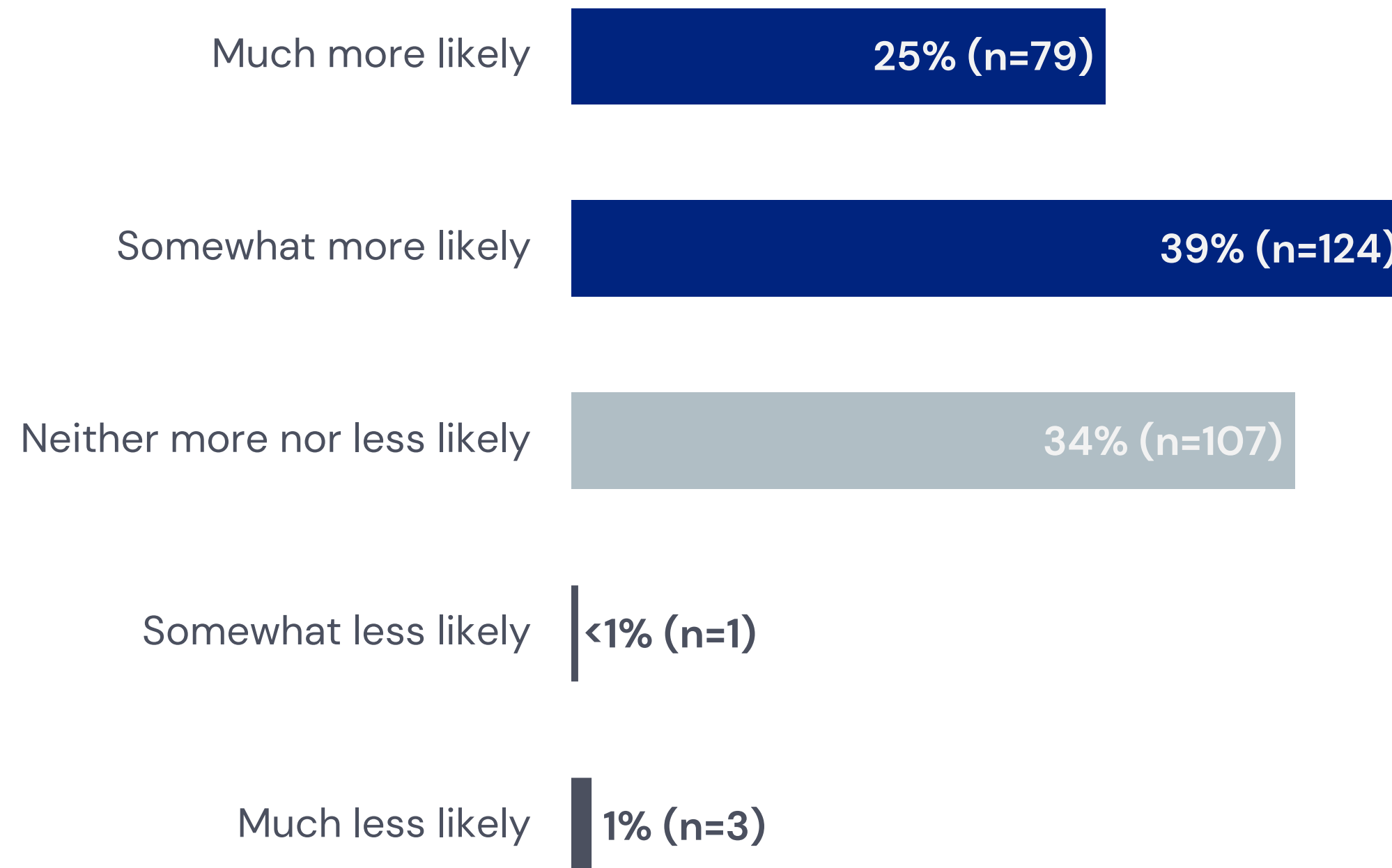


Pediatrician Familiarity with SDF





Likelihood of Practice SDF Implementation with CPT Code*



~ 2/3 of pediatrician participants would be **much** or **somewhat more likely** to implement use of SDF in practice if there was a **CPT code** for **SDF application**

* Includes the subset of pediatricians (n=314) who reported *No* or *Unsure* to previous question regarding current SDF use in practice

About the Survey Participants *



Practice Type

Pediatric group practice (29%)
Medical school or university-affiliated hospital or clinic (25%)
Community or non-university hospital or clinic (14%)
Federal, state, local government hospital or clinic (12%)
Multispecialty practice (9%)
Solo or 2 physician practice (7%)
Other (4%)



Practice Location

Urban (42%)
Suburban (40%)
Rural (18%)
Tribal area (<1%)



Patients ≤ 5 Years

Participant percentage estimates of practice population ≤ 5 years of age: mean [M]=42.7, standard deviation [SD]=18.8; range 0-100



Patient Insurance

Participant percentage estimates of patient insurance status:
Public: $M=56.0$, $SD=29.5$; range 0-100
Private: $M=37.2$, $SD=29.2$; range 0-100
TRICARE: $M=10.6$, $SD=24.4$; range 0-100
Uninsured: $M=4.8$, $SD=11.0$; range 0-95

*Sample size for practice and participant demographic questions = 313

About the Survey Participants *



Patient Race/Ethnicity

Participant percentage estimates of patient race/ethnicity:

White/Caucasian: $M=38.9\%$, $SD=25.9$; range 0-100

Hispanic/Latinx: $M=24.4\%$, $SD=22.9$; range 0-100

Black or African American: $M=22.6\%$, $SD=20.4$; range 0-95

Asian or Asian American: $M=8.0\%$, $SD=8.4$; range 0-70

Middle Eastern or North African: $M=4.1\%$, $SD=5.3$; range 0-50

American Indian or Alaska Native: $M=4.0\%$, $SD=14.8$; range 0-100

Native Hawaiian or Other Pacific Islander: $M=2.4\%$, $SD=8.6$; range 0-75

*Sample size for practice and participant demographic questions = 313

About the Survey Participants *



AAP Engagement

Participant-reported AAP committee, council, and section membership(s):

Section on Early Career Physicians [SOECP] n=145
Council on Community Pediatrics [COCP] n=45
Section on Administration and Practice Management [SOAPM] n=41
Council on Immigrant Child and Family Health [COICFH] n=35
Section on Minority Health, Equity, and Inclusion [SOMHEI] n=34
Section on Oral Health [SOOH] n=27

Section on Uniformed Services [SOUS] n=25
Committee on Native American Child Health [CONACH] n=5
Other n=21 (eg, Committee on Practice and Ambulatory
Medicine [COPAM], Section on Breastfeeding [SOBr], Council
on Children and Disasters [COCD], Council on Children with
Disabilities [COCWD], Council on Clinical Information
Technology [COCIT], Committee on School Health [COSH])

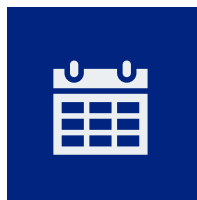
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Technical Information the Pediatric Oral Health Practices Survey



Survey Promotion and Recruitment

AAP program managers and staff promoted the survey through emails and e-newsletters to members of relevant AAP committees, councils, and sections



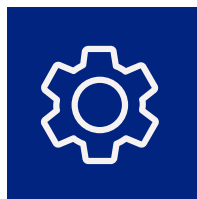
Survey Administration and Field Dates

Administered electronically via SurveyMonkey, the survey was fielded from May 31–June 23, 2023



Participant Incentives

Participants could enter a drawing for a \$50 e-gift card upon survey completion; two Amazon e-gift cards were distributed



Institutional Review Board Approval

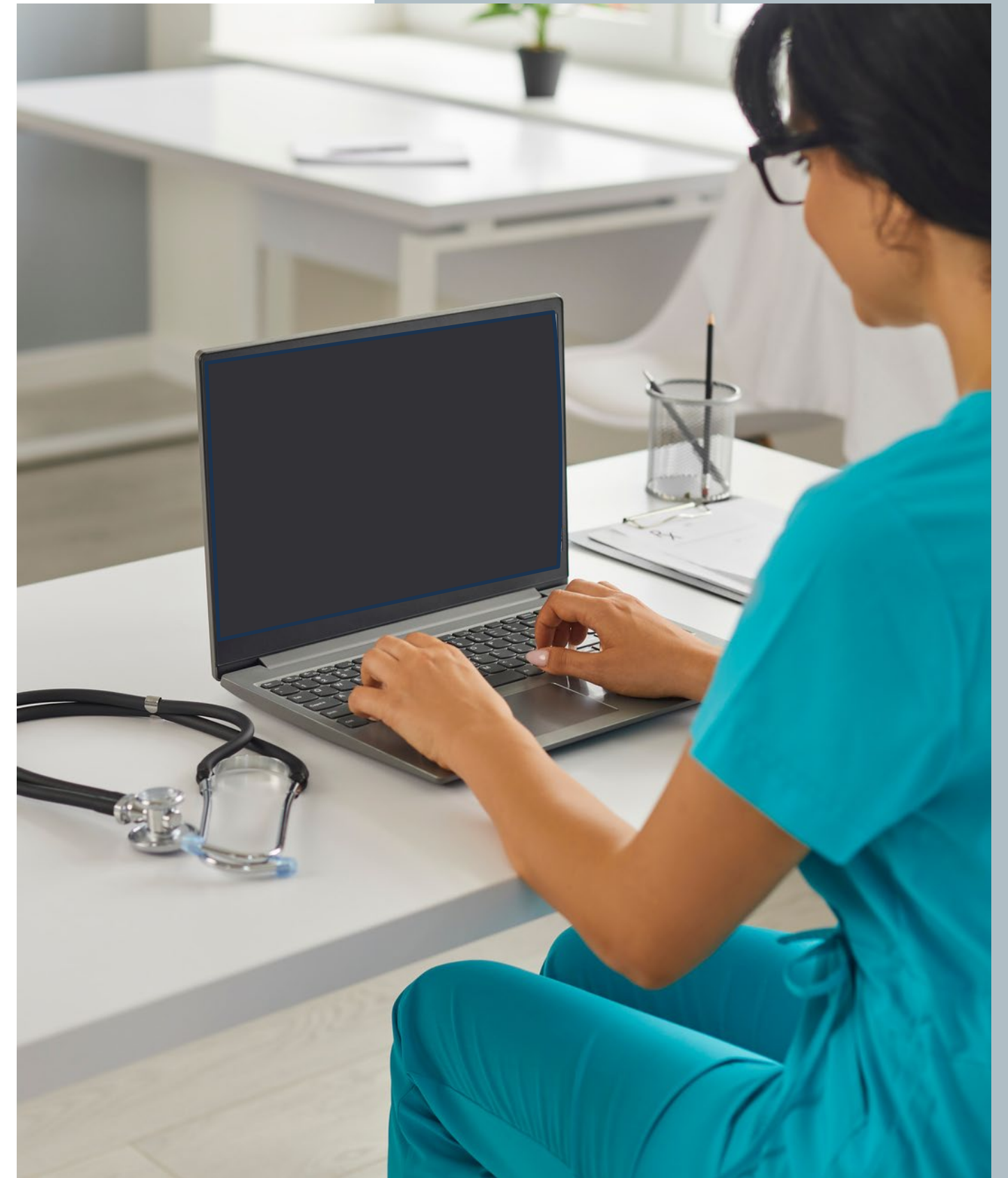
The survey was reviewed and approved as Exempt by the AAP Institutional Review Board

What's Next?

Key Informant Interviews

As a follow-up to the Pediatric Oral Health Practices Survey, the AAP is conducting a set of 12 in-depth interviews with pediatricians across the country to learn more about the opportunities, challenges, and anticipated needs associated with SDF implementation in clinical settings.

Summary results will be available Fall 2023.





Thank you to the pediatricians who completed the
Pediatric Oral Health Practices Survey!

For more information about the survey, contact AAP
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