What are immediate steps that you can take at your clinic?

Here are 5 simple things that you may want to consider to increase your clinic’s dental sealant production:

1. Assess all patients for caries risk, and place sealants on those at moderate to high risk.
2. When in doubt (incipient lesions isolated in enamel), consider sealing the tooth.
3. Seal teeth in both adults and children, as they both may benefit.
4. Seal teeth at every opportunity -- don’t schedule a patient just for sealants. For emergency patients, while you are waiting for radiographs, seal other teeth on the patient. For routine patients, while you are waiting for the anesthesia, seal other teeth on the patient. At the examination appointment, make time to seal teeth that are obviously non-carious while you are waiting on radiographs.
5. Use all possible staff to do sealants -- dentists, dental hygienists, and dental assistants. Don’t assign one person to be responsible for all sealants.

Available Fact Sheets

Dental Sealant Guide:
http://www.mchoralhealth.org/PDFs/DentalSealantGuide.pdf
Dental Sealant Fact Sheet:
http://www.mchoralhealth.org/pdfs/ohdentsealantfactsheet.pdf
ADA Patient Fact Sheet:

Area Sealant Trends

For the current GPRA Year, which runs from July 1st to June 30th, the Nashville Area has continued to make gains in the total number of sealants placed. As of the end of the third quarter this year, Area dental programs had placed 6,551 dental sealants this year. If this same pace is kept, then the Nashville Area will have placed 8,735 dental sealants this year.

Although this represents an 8% increase over last year almost a 30% increase from sealant productivity just three years ago, it still falls about 6.5% short below of the Nashville Area’s assigned GPRA goal of 9,346 sealants this year.

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Focus on Dental Sealants

Why Oral Health Matters

In 2000, the Surgeon General of the U.S. published the first-ever “Report on Oral Health.” In this report, the Surgeon General acknowledged a profound fact that “oral health is integral to overall health.” In addition, the report states that members of certain racial or ethnic groups, including Native Americans, “experience a disproportionate level of oral health problems.”

The 1999 Indian Health Service Oral Health Survey pointed out some of the disparities in oral health status of American Indian/Alaska Native people compared to the general U.S. population. For example, in children between the ages of 2-5 years, Native American children have more than 5 times the number of decayed teeth as the general U.S. population, and in adults between the ages of 35-44 years, 16.2% of Native Americans examined in the IHS survey had periodontal disease compared to less than 3% in the general U.S. population.

Sealants and GPRA

The Government Performance and Results Act (GPRA) requires Federal agencies to demonstrate that they are using their funds effectively toward meeting their missions. More importantly, however, GPRA helps provide a snapshot of the quality of care provided to patients. Currently, there are three GPRA indicators related to oral health:

♦ Dental sealants. Dental sealants are a proven method of reducing the incidence of tooth decay, and can be applied by dentists as well as dental auxiliaries (assistants).

♦ Access to care.

♦ Patients receiving topical fluorides.

Myths on Sealants

**MYTH #1:** If there is an incipient lesion, it is best to restore the tooth rather than place sealants.

**FACTS:** In a study published in the Journal of the American Dental Association in March 2008 (Oong EM et al, *J Am Dent Assoc.* 2008 Mar;139(3):271-8.), researchers examined six studies that looked at the effect of dental sealants on bacterial levels in caries lesions. They found that “there were no findings of significant increases in bacteria under sealants… Sealing caries was associated with a 100-fold reduction in mean total VBC (viable bacteria counts).” The authors concluded “that sealants reduced bacteria in carious lesions, but that in some studies, low levels of bacteria persisted. These findings do not support reported concerns about poorer outcomes associated with inadvertently sealing caries. CLINICAL IMPLICATIONS: Practitioners should not be reluctant to provide sealants—an intervention proven to be highly effective in preventing caries—because of concerns about inadvertently sealing over caries.”

**MYTH #2:** You don’t really save money with sealants; eventually you have to restore the teeth anyway.

**FACTS:** Every $1 spent on prevention activities saves $38 down the road, so say public health experts. One study done on Alabama Medicaid children showed a $16 cost savings on patients receiving sealants (Restorative cost savings related to dental sealants in Alabama Medicaid children, Dasanyake AP et al, *Pediatr Dent.* 2003 Nov-Dec;25(6):572-6). Another study in Quebec in the late ‘90s showed that dental sealants reduce costs by up to 31% (Treatment cost savings with universal dental pit and fissure sealants in Quebec, Brodeur JM et al, *J Can Dent Assoc.* 1997 Sep;63(8):625-32.).

**MYTH #3:** Only children and adolescents should receive sealants.

**FACTS:** While interproximal and root caries may be more prevalent in adults, adults too can benefit from sealants. That is the recommendation of the American Dental Association, which says that “adults can benefit from sealants too, because one never outgrows cavities” (From the ADA Dental Sealant Fact Sheet at [http://www.ada.org/prof/resources/pubs/jada/patient/patient_28.pdf](http://www.ada.org/prof/resources/pubs/jada/patient/patient_28.pdf)).

**MYTH #4:** Sealants should be placed only in certain teeth and only at certain ages.

**FACTS:** Sealants are best applied to all non-cavitated teeth in children and adolescents. In an article published in the Journal of the Canadian Dental Association in March 2008 (Azarpazhooh A et al, *J Can Dent Assoc.* 2008 Mar;74(2):171-7), the authors made the following recommendations:

1. Sealants should be placed on all permanent teeth without cavitation as soon after eruption as isolation can be achieved.
2. Sealants should not be placed on partially erupted teeth or teeth with cavitation or caries of the dentin.
3. Sealants should be placed on the primary molars of children who are susceptible to caries (i.e., those with a history of caries).
4. Sealants should be placed on first and second molars within 4 years after eruption.
5. Resin-based sealants should be preferred, until such time as glass ionomer cements with better retention capacity are developed.
6. Sealants should be placed as part of an overall prevention strategy based on assessment of caries risk.

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