

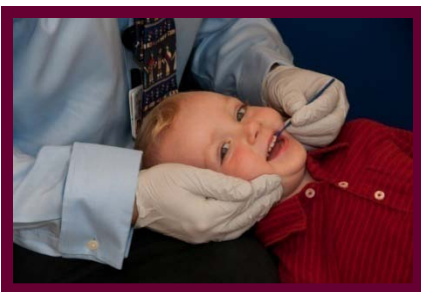


From the First Tooth

An Early Childhood Caries Prevention Initiative

Susan Cote, RDH, MS
National Oral Health Conference
Pittsburgh, PA
April 2011

Funded by the Sadie and Harry Davis Foundation
A partnership of MaineHealth, MaineGeneral and Eastern Maine Health Services
Northeast Center for Research to Evaluate and Eliminate Dental Disparities



From The First Tooth



The purpose is to improve the oral health of Maine's children by:

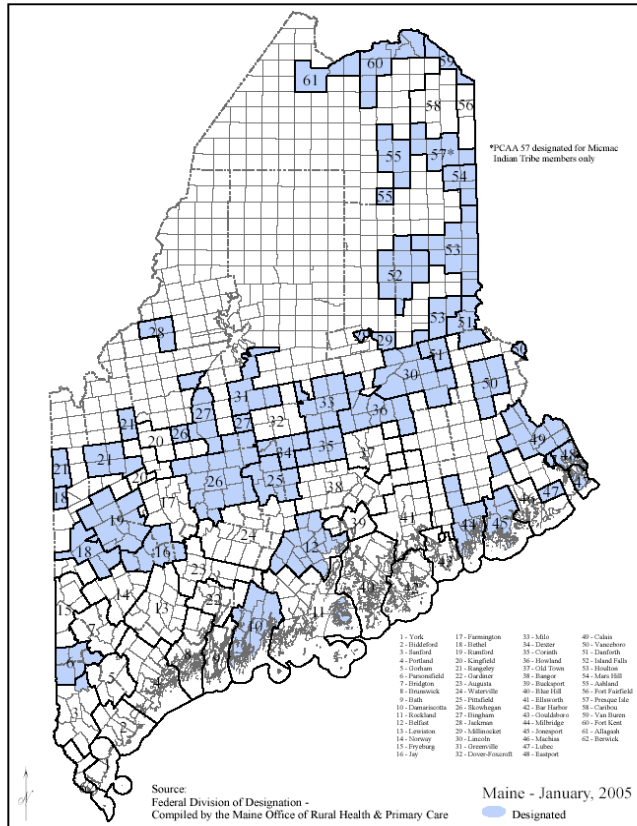
- Increasing children's access to preventive oral health services
- Providing a model to integrate early oral health as the *standard of care* for all children in medical practices through:
 - Oral health screening
 - Fluoride varnish
 - Parent/caregiver education and counseling
 - Referral to a dentist

Maine Demographics and MaineCare Data

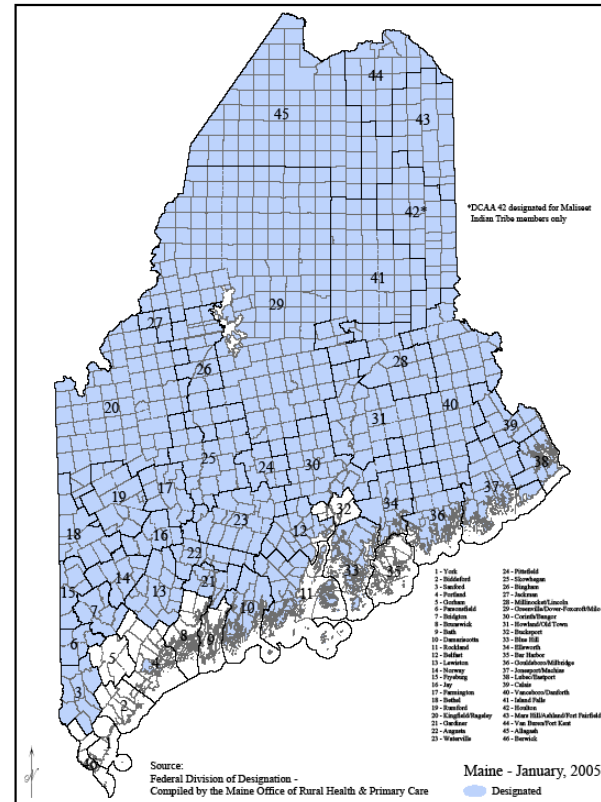
- From Kids Count Report ADD
- Children Served by MaineCare, 2009 ADD

Primary Care Health Professional vs. Dental Health Professional Shortage Areas in Maine

 Federally Designated Primary Care Health Professional Shortage Area 



 Federally Designated Dental Health Professional Shortage Areas 



Phase One – Two Year Pilot

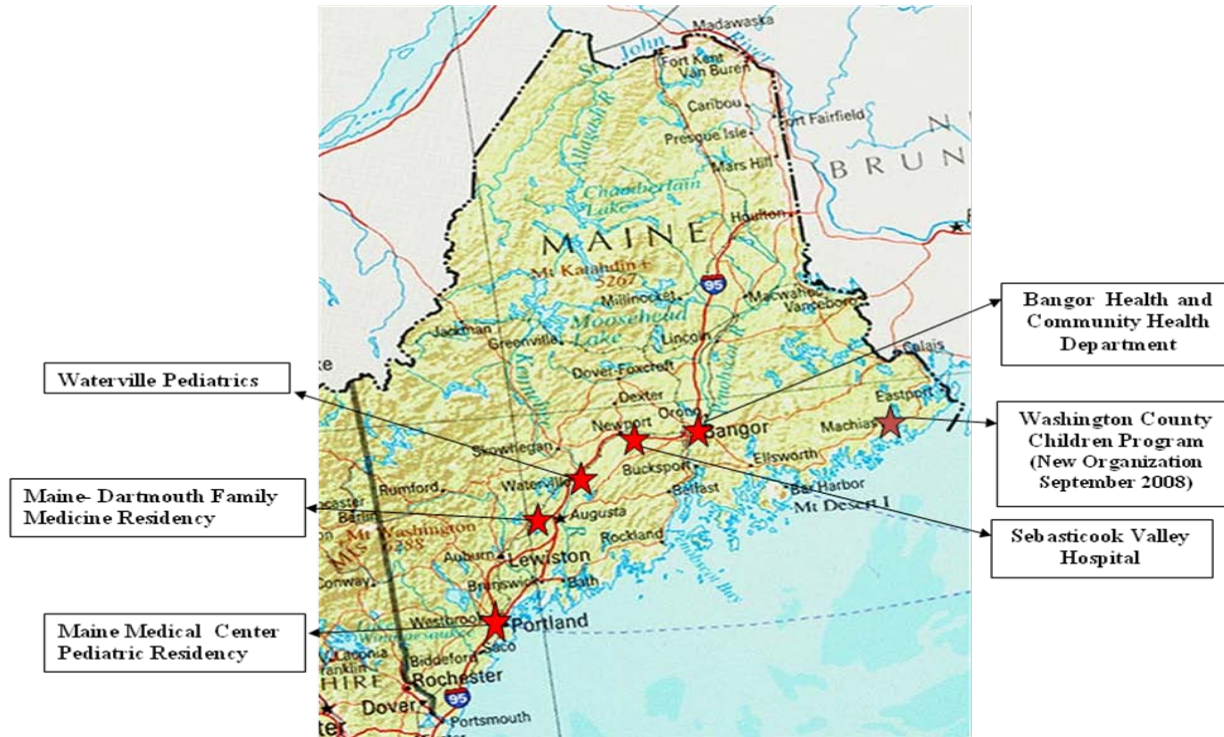
Phase One provided training and funding to diverse group of medical and social service organizations representing different kinds of populations and regions.

The Sadie and Harry Davis Foundation reimbursed participating practices \$10 per fluoride treatment - **for all children** regardless of the family SES or insurance status.

On the basis of outcomes and lessons learned, From The First Tooth will extend its reach throughout Maine, to include *all children ages birth through age 3 ½*.

From The First Tooth

Phase One Partnering Organizations



Lessons Learned

Lessons from Phase One are invaluable and provide a firm base for expansion, along with previous experience of the health systems and other partners.

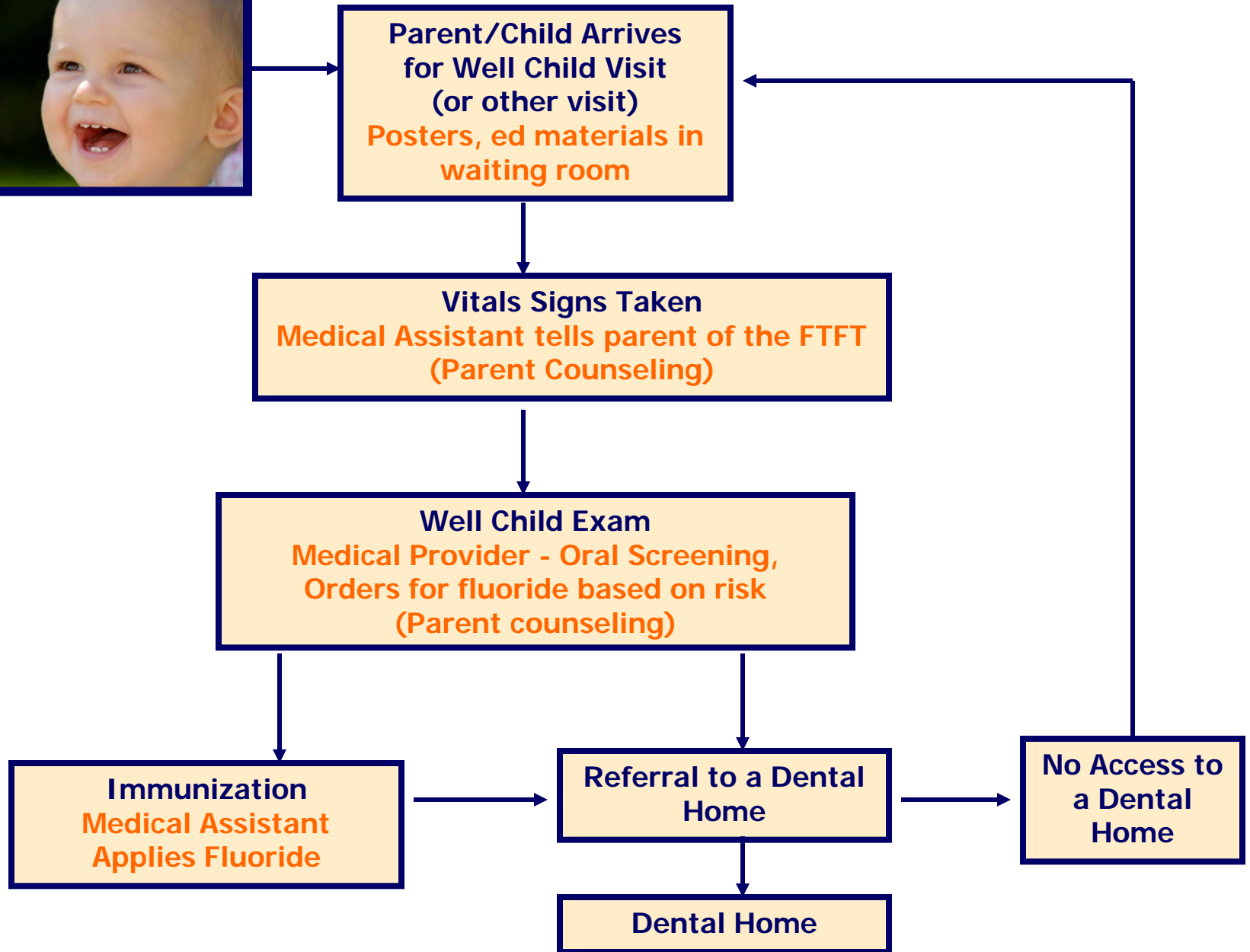
Aligning incentives is a must: standards of care, patients, health professionals, systems, payors; this takes time and leadership.

Focus is on keeping it simple and creating systems that reinforce behavior change for health professionals, patients and families.

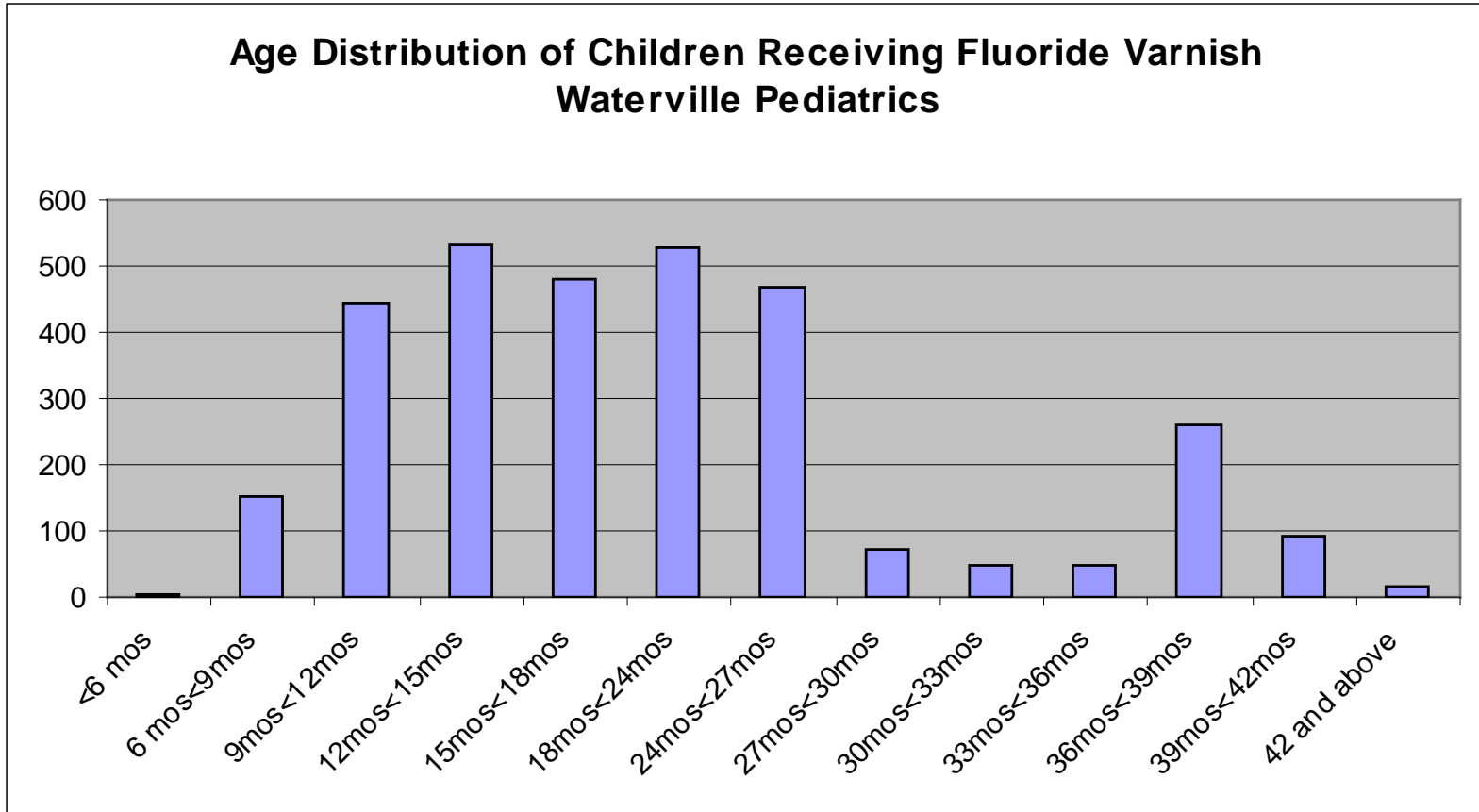
Educational and Marketing Materials

- Developed a Toolkit for each practice that included training materials, journal articles, documentation in medical records, instructions for MaineCare reimbursement, referral list of dentists and other materials.
- Developed a Recruitment Packet and promotional materials.
- Developed a clinical flow sheet for sites.
- Develop a website for information www.fromthefirsttooth.org





Age Distribution of Children Receiving Fluoride

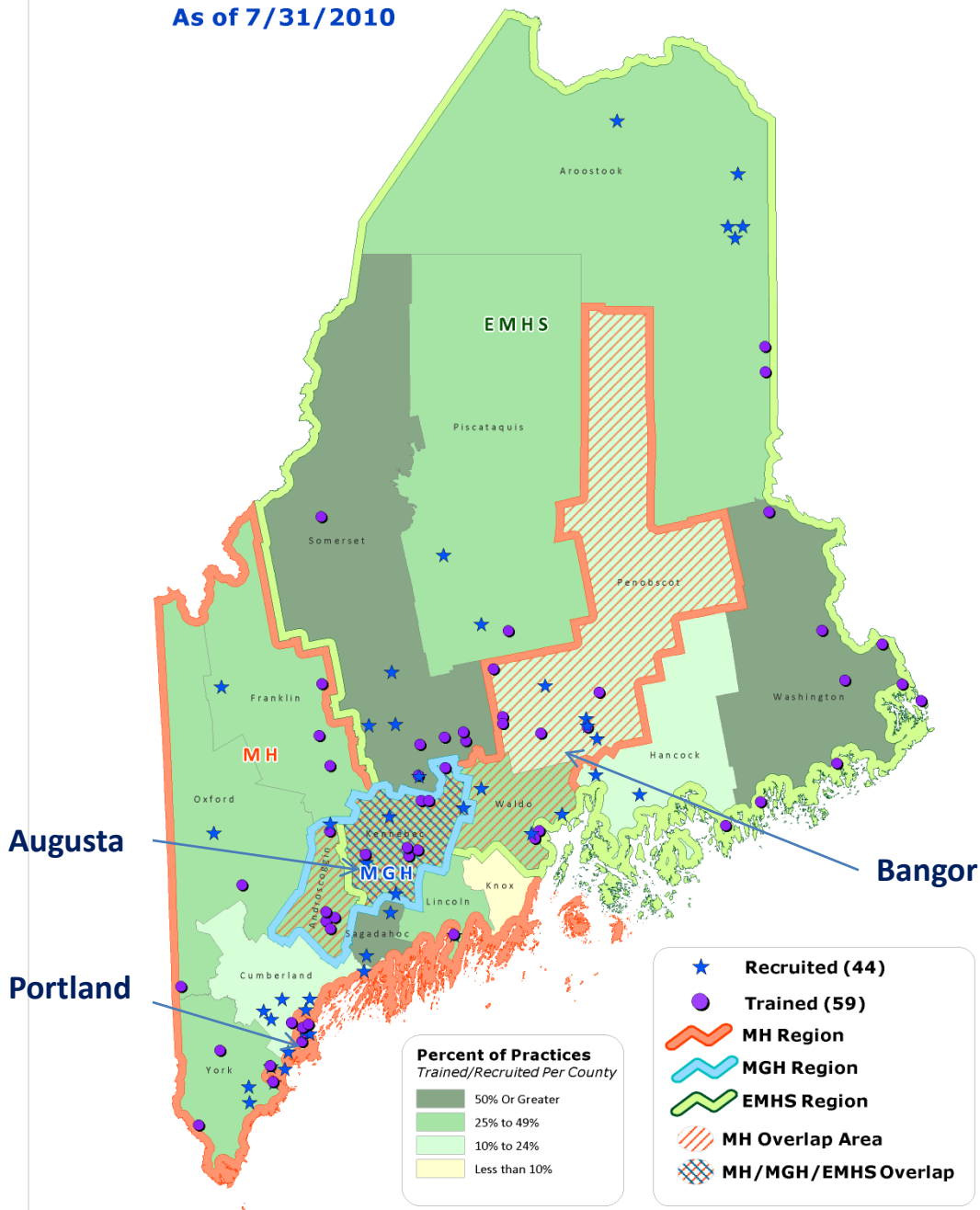


Expansion Strategies – Health System Partners

- Improve quality, efficiency, and access in health care through regional collaboration.
 - **MaineGeneral Health** (Augusta and Waterville)
 - **Eastern Maine Healthcare Systems** (Bangor)
 - **MaineHealth** (Portland)
- Focus on setting with high MaineCare patient populations.
- Utilize physician champions to recruit other physicians.
- Train practice teams and identify specific staff roles, work flow processes.
- Provide tools, resources and on-going support .
- Expand reimbursement by private payers.
- Keep the requirements simple.
- Establish relationships with community dental providers are essential.

**Distribution of Medical Practices
Trained in Fluoride Varnish in Maine
As of 7/31/2010**

update map



Results To Date

Estimated number of Maine medical settings serving children = 350

- Number of medical settings trained = 73 = 21% *
 - 18 Pediatrics, 34 Family Practice, 14 Federally Qualified Health Centers, 7 Rural Health Centers
 - Number of medical settings recruited = 47 = 13% *
- * Training provided by From The First Tooth and Kids Oral Health Partnership

2010 number of children in Maine (ages 6 mos to 42 mos) = 41,155

- Number of children that received at least one fluoride varnish
 - Phase One (2008 – 2009) = 3,029
 - Expansion - 2010 = 6,139

Distribution of all MaineCare children served by provider type – 2010

- 21% by non-dental provider (those who billed dental codes but were not identified as dental provider, i.e. pediatricians for fluoride varnish. **

**Annual Report to the Joint Standing Committee on Health and Human Services regarding Improving Access To Dental Care for Children with MaineCare Coverage, February 15, 2011

Evaluation

Center for Research to Evaluate and Eliminate Dental Disparities at Boston University Goldman School of Dental Medicine

- Conducting a comprehensive implementation assessment to identify key factors to impede or facilitate adoption.
- Final Evaluation Report – August , 2012

Policy Implementation

- **August 2008** – Endorsement from Maine Chapter of the American Academy of Pediatrics, Maine Dental Association, Maine Medical Association, Maine Academy of Family Physicians, Maine Osteopathic Association, and Maine Primary Care Association.
- **October 2008** – MaineCare started to reimburse medical providers for fluoride varnish.
- **September 2009** – Maine Medical Association Resolution for Oral Health Prevention into Medical Practices was approved.
- **January 1, 2010** – MaineHealth was the first employer in the state to include fluoride varnish in the system's health benefit plans.
- **July 2010** - From the First Tooth: Eliminating Early Childhood Caries in Maine, A White Paper Prepared By Center for Research to Evaluate and Eliminate Dental Disparities.
- **January 1, 2011** – EMHS and MaineGeneral added fluoride varnish to their system's health benefit plan.

Early Childhood Caries Prevention Implementation Guide

In the Spring, 2011, From The First Tooth will convene Task Forces in three regions of Maine consisting of medical and dental providers to develop succinct, coherent guidance that specifies:

- Definition of target populations
- Definition of procedures; equipment and supplies
- Description of office or practice systems
- Description of the training and educational requirements
- Description of documentation
- Recommendations on frequency of procedures
- Recommendations for referral to medical, dental or other providers
- Recommendations for the dissemination of the Guide

Sadie and Harry Davis Foundation Vision

- Reach 100% of Maine's pediatric medical homes (300 - 350) to approximately 33,000 children between the ages of birth and age 3 ½ over a period of 4 -5 years.
- Sustainable through public and private funding , with provisions for continued need for training, data feedback, patient and family resources.
- Integration into other initiatives such as Bright Futures, CHIPRA Quality Measures.

From The First Tooth

Advisory Committee

Barbara Crowley, MD, Chairperson
Executive Vice President, MaineGeneral Health

Andrew Klingenstein
Foundation President
Sadie and Harry Davis Foundation

Sharon L. Rosen, PhD
Executive Director
Sadie and Harry Davis Foundation

Judith Feinstein, MSPH
Director, Maine Oral Health Program

Demi Kouzounas, DMD
Dunstan Dental Center

Brenda McCormick
DHHS, MaineCare Services
Director

Stephen Mills, DDS
Just for Kids Pediatric Dentistry

Kneka Smith, RDH, MPH
Associate Dean for Planning
College of Dental Medicine
University of New England

National Advisors

Raul Garcia, DMD MMSc
Professor and Chair
BUGSDM

Dr. Burton Edelstein, DDS, MPH
Columbia University College of Dental Medicine

Clinical Advisors

Jeff Stone, DO
Waterville Pediatrics

Lisa Letourneau, MD, MPH
Executive Director, Quality Counts

Center for Research to Evaluate and Eliminate Dental Disparities

Boston University Goldman School of Dental Medicine

Raul Garcia, DMD, MMSc
Co-Director

Michelle Henshaw, DDS, MPH
Co-Director

Corinna Culler, RDH, PhD
Evaluation Director, From The First Tooth