



FROM THE FIRST TOOTH
HEALTHY SMILES FOR LIFE

2025

Annual Update

Mission: To promote and support the integration of oral health into primary care for all children in Maine.

Visit: www.fromthefirsttooth.org

Report updated: January 2026

THANK YOU TO OUR PARTNERS



Children's
Oral Health
Network
of Maine



**Sadie & Harry
Davis Foundation**

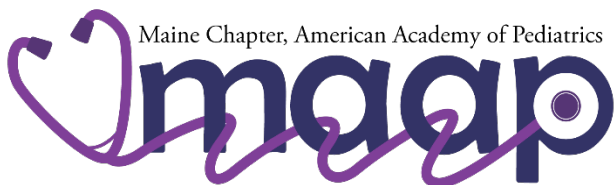
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MaineHealth



**Northern Light
Health**SM







From the First Tooth 2025

REFLECTIONS

In 2025, From the First Tooth (FTFT) made significant strides in advancing oral health integration into primary care across Maine. Core to the program, FTFT provided technical assistance, quarterly oral health evaluation and fluoride varnish application trainings, and educational resources to the medical home. Major accomplishments included the evaluation and onboarding of practices implementing silver diamine fluoride (SDF), the launch of a streamlined and user-friendly FTFT website, continued distribution of Spruce the Dental Health Moose kits to thousands of families, and work to strengthen billing resources. Collectively, these achievements reflect FTFT's commitment to ensuring that all children in Maine benefit from equitable, high-quality oral health care.



HIGHLIGHTS

Provider Guidance	In response to provider requests for additional support in discussing fluoride with patients and families, FTFT, in partnership with a group of oral health stakeholders, developed a fluoride guidance document that includes frequently asked questions and evidence-based resources.	
National Oral Health Conference	The FTFT team attended the National Oral Health Conference and presented a poster highlighting Maine's work on integrating silver diamine fluoride into care delivery.	
Virtual Toolkits	FTFT redesigned its website to streamline access to resources, including updated virtual toolkits for primary care, silver diamine fluoride, and family oral health.	
Coding & Billing Resource	In collaboration with the Health Integration Action Team (HIAT), FTFT updated a MaineCare billing and coding resource for oral health services in primary care to support accurate and comprehensive billing practices.	

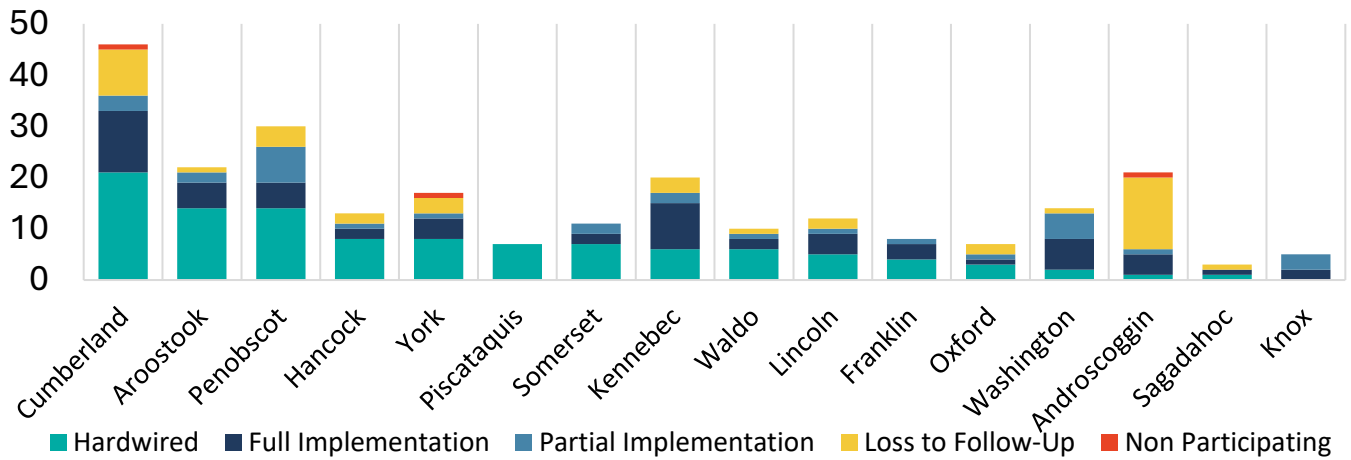
2025 Implementation

KEY OUTCOMES

In 2025, FTFT tracked **255** primary care practices, categorizing each into one of five groups to assess progress toward full oral health integration.

Status	Definition
Hardwired	Practices consistently implement all four components of the FTFT program—oral health evaluations, fluoride varnish application, parent and caregiver education, and dental referrals when possible—while also tracking fluoride varnish data.
Full implementation	Practices carry out all four components but may not yet have fully integrated data tracking.
Partial implementation	Practices deliver only some program elements, such as oral health evaluations or fluoride varnish application.
Loss to follow-up	Indicates that FTFT no longer has active contact with the practice.
Non-participating	Signifies that the practice has chosen not to engage in the program.

Primary care practice implementation status by county



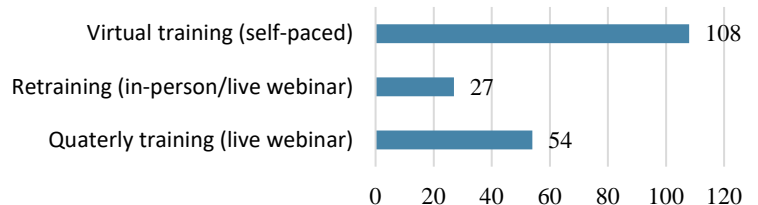
44

Providers trained on SDF application across 3 locations



189

Health care staff trained in 2025



Number of primary care staff trained by training type

Spruce the Dental Health Moose

ORAL HEALTH EDUCATION

A New Pathway for Practices Through ZDental

In 2025, Spruce the Dental Health Moose continued to grow in ways that help healthcare teams bring oral health into everyday care. As more practices expressed interest, FTFT focused on strengthening systems and creating new options so more sites can participate, even when grant funding is limited. A key step was launching a website through ZDental that allows any healthcare practice, dental office, or community organization to order Spruce-branded kits and dental health supplies, making these resources more available and accessible across settings.



Aligning the Spruce Campaign Across Programs

As the program's visibility has grown, FTFT along with the School Oral Health Program and the Children's Oral Health Network of Maine engaged a consultant to help align Spruce branding across all programs. These efforts are setting the stage for future development of streamlined educational materials that will support children, families, and providers consistently across settings.

Better Tracking With Salesforce

This year, FTFT moved Spruce distribution into Salesforce, giving the program a clearer, real-time view of where kits and supplies are going. This update helps plan ahead, support practices more efficiently, and understand Spruce's reach across the state.

2025 DISTRIBUTION ACROSS 20 HEALTHCARE PRACTICES

Spruce Dental Health Kits	3,904
<i>Additional Toothbrush Distribution</i>	
• Adult Toothbrushes	2,587
• Child/Youth Toothbrushes	2,201
• Infant Toothbrushes	2,488
Total Items Distributed	11,180

Silver Diamine Fluoride

SDF INTEGRATION

Over the last two years FTFT has made enormous strides in integrating silver diamine fluoride (SDF) into primary care. Major accomplishments include launching the utilization of SDF within the MaineHealth system and using lessons learned to create an SDF toolkit which outlines the necessary components for successful integration. Additionally, the launch of the nationally recognized Smiles for Life SDF learning module allowed FTFT to standardize training efforts. The combination of the new toolkit and SDF training has helped additional primary care organizations to initiate SDF integration, including Northern Light Health and Downeast Community Hospital.

SDF INTEGRATION FRAMEWORK- 7 KEY COMPONENTS

1	Physician & Leadership Support Secure clinical champions and executive buy-in to drive systemwide adoption.
2	Service Approval Navigate regulatory and administrative approval processes for SDF as an off-label treatment.
3	EMR Integration Build SDF order sets, documentation templates, and tracking into the electronic medical record.
4	Billing Integration Confirm CPT/CDT codes, payer coverage, fee structures, and billing processes for reimbursement.
5	Consent & Patient Education Develop informed consent forms and family-facing materials about SDF benefits, fees, and potential side effects.
6	Workflow Optimization Embed SDF application into workflows.
7	Provider Training Deliver hands-on training and competency assessment for all clinical staff applying SDF.

Case Study: A case study conducted in the summer of 2025 highlights two primary care practices that have successfully implemented silver diamine fluoride (SDF) application within their clinical workflows



Silver Diamine Fluoride

HIGHLIGHTS FROM NORTHERN LIGHT HEALTH

In 2025, Northern Light Health made significant strides toward systemwide integration of silver diamine fluoride (SDF), thanks to the coordinated efforts of Kellie Stanhope, FTFT Program Coordinator and Jessica Shaffer, NLH Director, Community Health & Health Equity. Kellie and Jessica worked closely with procurement, compliance, clinical operations, and revenue integrity to ensure key integration elements were met.

Procurement:

Working closely with Supply Chain, they established a direct purchasing pathway with the SDF product vendor, and streamlined product ordering—including transforming fluoride varnish from a special-order item into a standard, easily accessible supply. They also developed a comprehensive SDF procurement template to simplify ordering for practices once trainings are complete.



Compliance:

On the compliance front, they collaborated with system leaders to address the off-label use of SDF and—through the Dental Steps Pilot—partnered with the University of Maine at Augusta and the Children’s Oral Health Network to secure approval of an SDF consent form that will inform a future systemwide standard.

Clinical Operations:

Within the Primary Care Service Line, Kellie and Jessica secured strong clinical partnership by presenting to the Pediatric Quality Review Sub-Group and gaining Physician Champion support. They also prepared a full business case for SDF implementation and identified two pilot sites: NLH Ellsworth Pediatrics and Northern Light Mercy Dr. Harry E. Davis Pediatrics.

Revenue Integrity

Revenue Integrity discussions revealed several key billing gaps that are now being addressed. These include standardizing the use of CPT code 99188 for fluoride varnish, adjusting charges, and evaluating oral health exam code utilization. Work is also underway to confirm the availability of SDF billing codes for both MaineCare and private insurers, along with related documentation updates in Cerner, Northern Light Health’s electronic medical record.

Collectively, these efforts have laid a **strong foundation** for launching SDF services across Northern Light Health while improving alignment, access, and reimbursement for oral health care throughout the system.

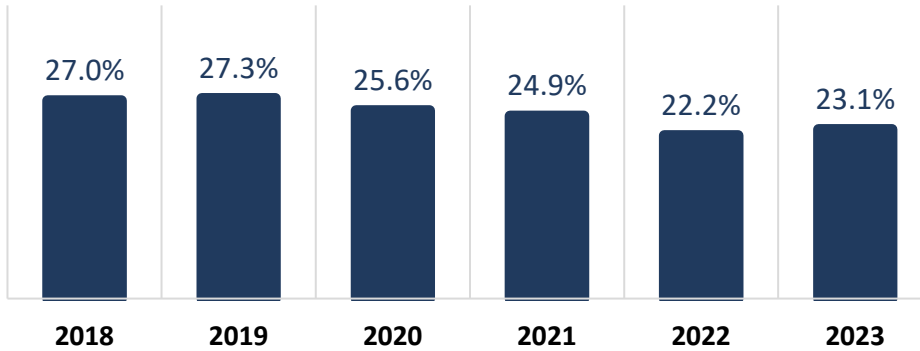
Statewide Impact: Claims Data

MAINECARE ORAL HEALTH UTILIZATION

The data below indicates the percentage of children with MaineCare insurance who had either an oral health evaluation and/or fluoride varnish applied during a well child visit. The data is analyzed by the Muskie School of Public Service using claims data from the Maine Health Data Organization All Payers Claims Database.

Tracking this measure is essential because it reflects whether preventive oral health services are reaching Maine's most vulnerable children — those insured through MaineCare, who face disproportionately high rates of early childhood caries and low rates of access to a dental home. An increase in this percentage indicates greater integration of oral health into routine primary care visits

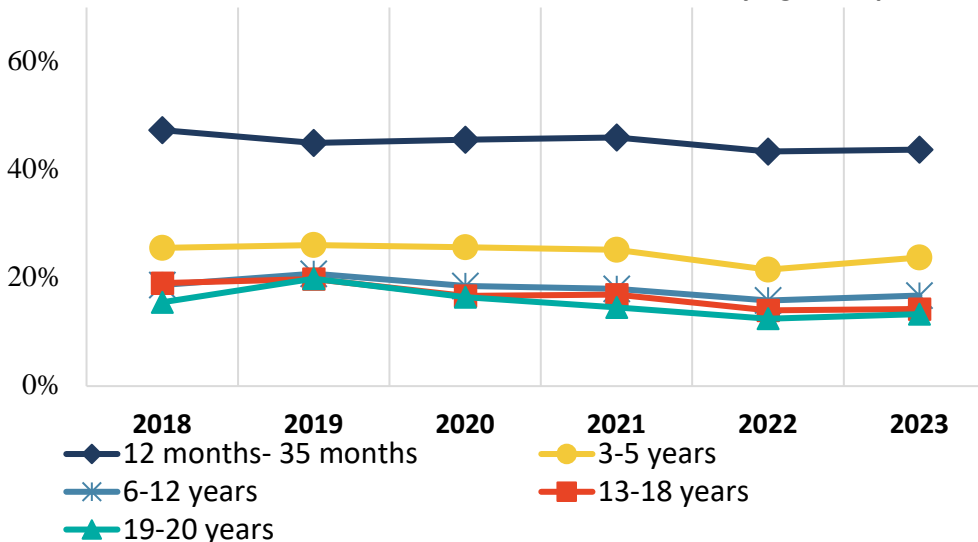
Figure 1. Percentage of Well-Child Visits with Oral Health Evaluation and/or Fluoride Varnish – All Ages (6-months up to 21 years)



Key takeaway: The statewide rate peaked at 27.3% in 2019, then declined during 2020–2022 — a period significantly impacted by COVID-19, which disrupted routine well-child visit schedules and reduced in-person care across the state. The modest recovery to 23.1% in 2023 is encouraging, suggesting that practices are rebuilding preventive care capacity. However, the rate remains below pre-pandemic levels, underscoring the continued need for FTFT's training, technical assistance, and practice engagement efforts.

Billing codes tracked: Oral health evaluation (D0145, D0191) and fluoride varnish (CPT 99188, D1206). Note: As of July 2022, MaineCare only recognized CPT 99188 on the physician fee schedule, which affects direct year-over-year comparisons around that period because some practices may have continued submitting D1206 until they adjusted to the new guidance.

Figure 2. Percentage of Well-Child Visits with Oral Health Evaluation and/or Fluoride Varnish – Breakdown by Age Group



Key takeaway: The youngest children (12–35 months) consistently show the highest rates of oral health service receipt — exceeding 50% in most years — reflecting the success of FTFT's focus on early preventive care starting at the first tooth. Rates drop substantially for older age groups, particularly 6–12 years and teenagers, where oral health services are less routinely embedded into primary care visits. This age gradient highlights a key opportunity: expanding integration efforts to reach more older children and adolescents, who currently have much lower preventive oral health service uptake.