

# Implementation Worksheet

## Getting Started with Oral Health Prevention Services

The following worksheet is used during the implementation and process mapping meeting as part of the FTFT onboarding process. This document identifies key oral health integration tasks for primary care practices. Please fill out/review sections 1-6.

### SECTION 1

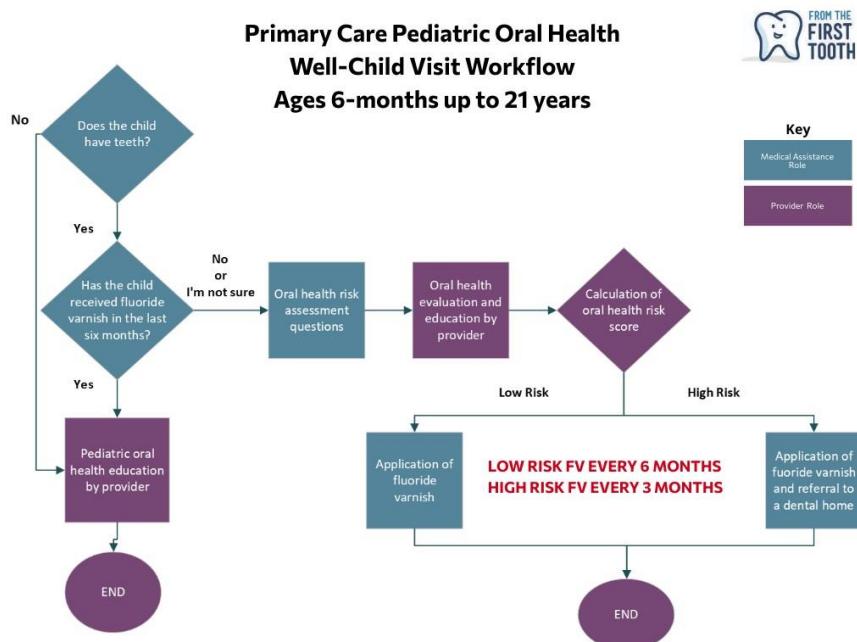
- Determine who will deliver the oral health services:

Service	Clinical Staff
Oral health evaluation	Provider
Risk assessment	MA
Anticipatory guidance/patient education	Provider
Fluoride Varnish	MA
Referral to a dental professional	Admin Team

[Click Here](#) to view the FTFT dental referral list

### SECTION 2

- Determine when the services will be delivered



Suggested Periodicity Schedule								
	6 Months	9 Months	12 Months	15 Months	18 Months	24 Months	30 Months	Repeat years 3-21
Parent/Caregiver Education	●	●	●	●	●	●	●	●
Oral Health Assessment	●*	●*	●*	●*	●	●	●	●
Fluoride Varnish	●							

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## SECTION 3

- Determine whether to implement a consent form for parents regarding payment (*See below for sample consent form*)

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## SECTION 4

- Create a plan for fluoride varnish materials and oral health information

Task	Clinical Staff
Who will order supplies and where will they be stored? <ul style="list-style-type: none"><li>• 2" x 2" gauze square</li><li>• Gloves</li><li>• 0.25 ml dose of 5% sodium fluoride varnish</li></ul>	
Where will the patient information be displayed? <ul style="list-style-type: none"><li>• Note: From The First Tooth will provide the practice with posters, reminders and patient education materials. All materials are available on the website: <a href="http://www.fromthefirsttooth.org">www.fromthefirsttooth.org</a></li></ul>	
For the patient visit, who will get the supplies ready	

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## SECTION 5

- Establish documentation

Task	IT Staff
EMR: Who will add dental fields Questions include: <b>Risk Assessment:</b> <ul style="list-style-type: none"><li>• Has the child seen a dentist in the past year?</li><li>• Does the child have his/her teeth brushed daily with fluoridated toothpaste?</li><li>• Has the child ever had cavities or fillings?</li><li>• Has the mother/primary caregiver had active or untreated cavities in the past year?</li></ul> <b>Provider Evaluation:</b> <ul style="list-style-type: none"><li>• Is there visible plaque on the teeth?</li><li>• Are there signs of visible decay or white lesions on the teeth?</li><li>• Does the child have any other oral conditions of concern (abscess, broken tooth, pain)?</li></ul>	
Who will add the dental codes to the billing sheets and the billing system (see billing reference sheet for codes)	

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## SECTION 6

- Training

Schedule a date for training your practice: \_\_\_\_\_

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