



FROM THE FIRST TOOTH

HEALTHY SMILES FOR LIFE

Strategic Plan 2022



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"As of August 2022, 156 primary care practices participate in the program from all of Maine's 16 counties."

INTRODUCTION

From the First tooth Program Overview

From the First Tooth (FTFT) is a statewide children's oral health initiative working to integrate preventive oral health into primary care as a standard of care. Funded by the Sadie & Harry Davis Foundation, FTFT initiated in 2008 through a pilot program working with 6 organizations and 17 sites. The goal of the pilot was to address an unmet need for preventive oral health care for children ages 6-months through 4 years. The initiative focused on integrating evidence-based preventive oral health services including oral health evaluations, fluoride varnish application, parent/caregiver education, and referrals to a dental home into the well-child visit. Since the launch of FTFT the initiative has grown statewide. As of August 2022, 156 primary care practices participate in the program from all of Maine's 16 counties.

Strategic Planning Objective

The purpose of conducting the 2022 strategic planning process was to determine how the FTFT initiative and oral health landscape has changed over the last 14 years and to adjust the program accordingly to best serve children living in Maine. A series of three strategic planning meetings, led by Integrative Inquiry, occurred over a three-month period with 10 individuals participating in the process.

Going into the strategic planning process, there were two major programmatic shifts the group was asked to contemplate.

1. Should FTFT consider increasing the age range it supports from 6-months up to age 5-years to 6-months up to age 21-years?
2. What is FTFT's role in supporting the efforts of the Health Integration Action Team (HIAT) in aiding primary care practices to increase preventive oral health services?

After discussing these questions the group critically evaluated the FTFT vision, mission, strategic approach through a theory of change model, and stakeholders. Following this process, the group identified 2-year programmatic goals.



FOCUS AREAS FOR CHANGE

Expanding the Age Range to 21 Years

In discussing whether the FTFT age range should expand, the group was in general agreement that it made sense for the program to support children up to age 21. In July 2022, MaineCare launched the value-based payment program, Primary Care Plus (PCPlus). Two hundred and thirty one practices enrolled in PCPlus, and one of the requirements of participating in the value-based program is the practice must offer children ages 6-months to 21-years an oral health risk assessment and fluoride varnish. The group believed that FTFT should align with MaineCare and support practices to meet this requirement.

Additionally, discussion focused on the fact that when FTFT launched there was an underlining assumption that when a child reached 4-years of age they would find and become established in a traditional dental home. It has now become more evident that due to workforce shortages and insurance limitations, many Maine children will not be able to access a traditional dental home. Therefore, a multipronged approach to accessing preventive services is needed. This includes accessing preventive oral health care in primary care, schools, community-based organizations and dental offices.

Challenges to expanding the age range identified by the group included potentially spreading the program too thin, not providing enough robust educational content to providers and parents, and the resources needed to support a larger population of children.

The Health Integration Action Team and From the First Tooth

The HIAT, convened by the Children's Oral Health Network of Maine stakeholders, works to integrate a full spectrum of preventive oral health services into primary care (see Appendix 1 for the HIAT Integration Rainbow). Examples of current pilot projects include the virtual dental home and integrated dental hygienist. Within the HIAT integration rainbow, FTFT is a foundational program that for the last 10 years has built trusted relationships with primary care practices. As an established program, the group discussed the role of FTFT in supporting the HIAT in expanding preventive oral health services to primary care practices. The group agreed FTFT should serve as a supporting facilitator. Medical providers want more in terms of accessing oral health care for their pediatric patients. FTFT is a first step but the FTFT program needs to be flexible in meeting the needs of primary care practices. Meeting the needs of the practice could include connections and facilitation to enhanced services.

However, the group recognized that the work of the HIAT is mostly pilot projects. Currently, an infrastructure to support practices in pursuing expanded oral health services does not exist. A pathway for practices to access resources to expand services needs further development.

VISION & MISSION



Vision

All children in Maine have access to quality oral health care



Mission

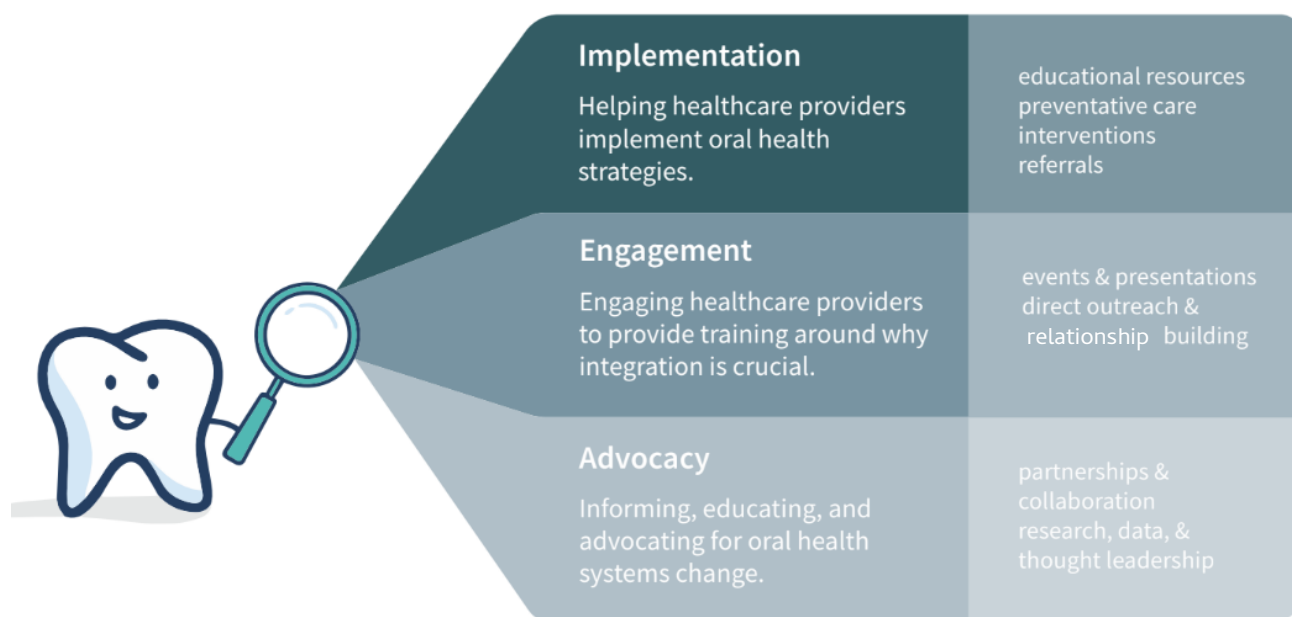
To promote and support the integration of oral health into primary care for all children in Maine

Vision and Mission Discussion

The new FTFT vision and mission more accurately captures the program's aspirations and core purpose. The previous vision of FTFT was to eliminate dental disease among children ages 6-months through five years. A specific age bracket did not resonate with the group after discussing increasing the age range supported by FTFT. Furthermore, the group discussed how the goal of the program is to expand access to oral health services and in doing so eliminate dental disease.

The previous FTFT mission stated the following: to significantly reduce the incidence of dental disease among Maine children by increasing the number of those six months through five years who receive preventive oral health care through a primary care medical home. Similar to the old vision statement, the new mission removes the mention of an age range. The new mission also allows room for integrating oral health innovation in primary care. For example, the group discussed how the scope of primary care is shifting to include virtual technology, an increased focus on the social determinants of health, and community-based interventions. FTFT needs to remain nimble to the changing landscape of primary care; the new mission captures this view.

STRATEGIC APPROACH



IMPLEMENTATION, ENGAGEMENT, ADVOCACY

Upon evaluation, the FTFT strategic approach remained fairly consistent. The group agreed that implementation followed by engagement and advocacy were the most important methods to achieving the FTFT mission and ultimate vision.

Implementation

Implementation refers to the core components of the program including recruiting and retaining primary care practice participation, providing implementation technical assistance, training practice staff, offering follow up support, and encouraging continuous data monitoring.

Engagement

Engagement includes providing education on the importance to oral health in primary care. Presentations focus around the oral health evaluations and fluoride varnish application as a standard of care, different oral health integration models that exist within the state and nationally, and why oral health is part of overall health. The audience for engagement include health providers, health leadership, community-based organizations, and parents/caregivers.

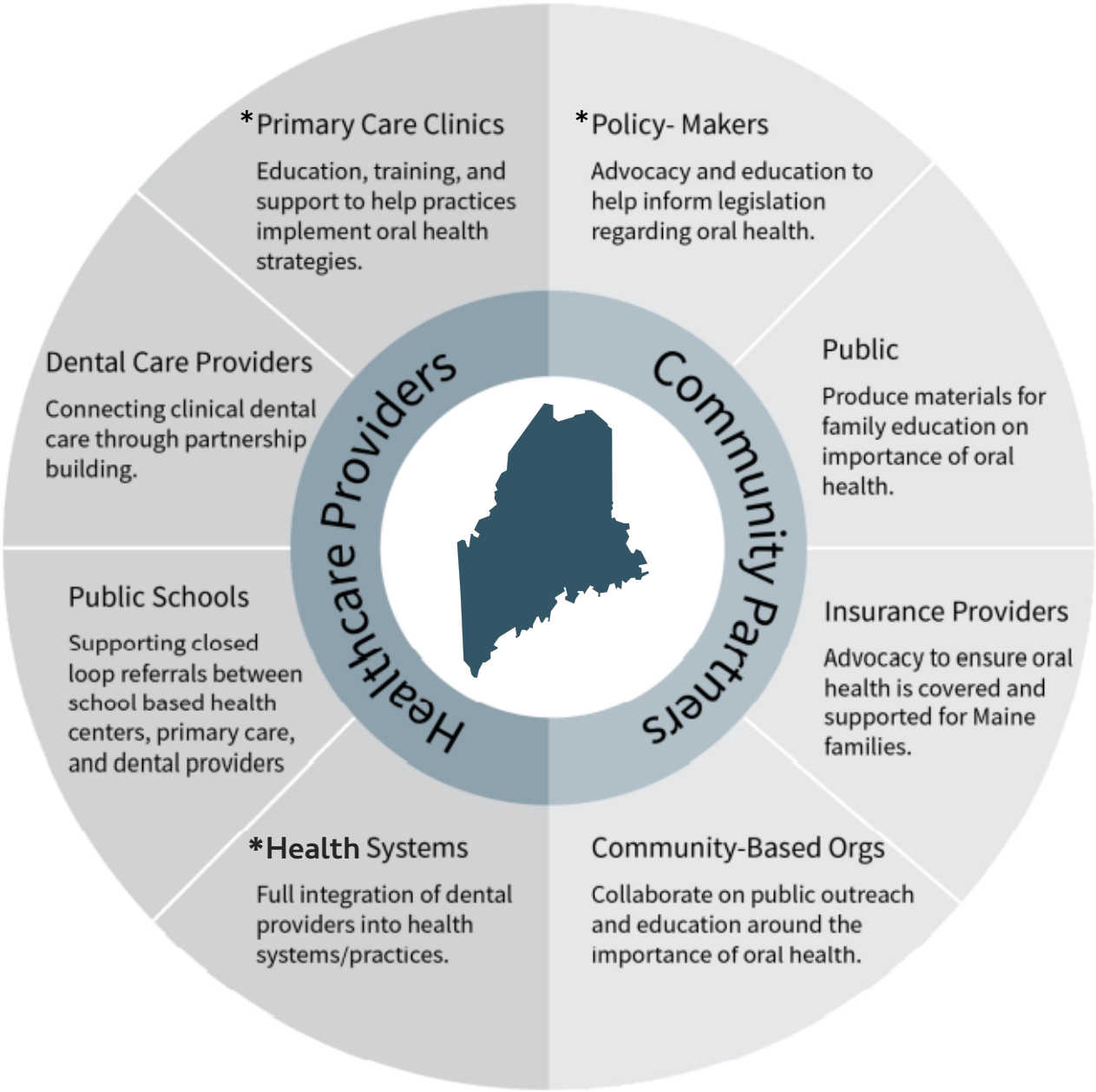
Advocacy

In exploring FTFT's approach to advocacy, the group identified the need to continue to advocate for local and national oral health policy changes that would aid in medical dental integration efforts. This includes building relationships with primary care health professionals, policy makers, and power brokers by providing data and evidence-based recommendations. Through this relationship building, a unified voice can be harnessed to drive policy change

FTFT STAKEHOLDERS

Lastly, the group identified FTFT stakeholders. Stakeholders fell into two categories healthcare providers and community partners. The group then identified how the FTFT program interacts with these stakeholders. See below for more details.

Additionally, to understand how programmatic resources should be allocated the group identified three priority stakeholders



* Indicates a priority stakeholder.

REFLECTIONS



The strategic planning process allowed the FTFT program to evaluate major changes to its programming. Changes include supporting an expanded age range and working more closely with the Health Integration Action Team to facilitate a greater level of oral health integration into primary care. Both of these changes will aid in increasing access to preventive oral health treatment for all Maine children.

The updated vision and mission is now more encompassing of the program and allows for innovation based on the changing oral health integration landscape. While the strategic approach remained fairly consistent, the updated vision and mission provides a new lens of focus.

The strategic planning process provided the necessary direction for the FTFT program to continue to address the oral health challenges in Maine.





2023-2024 FTFT GOALS

Over the next two years FTFT will.....

	Implementation	Engagement	Advocacy
Primary Care Clinics	<ul style="list-style-type: none"> • Increase statewide primary care participation in FTFT program • Enhance education to all participating practices on expanded age range • Facilitate connections to resources on expanding oral health services within primary care office 	<ul style="list-style-type: none"> • Provide education on the importance of medical dental integration and evidence based research on fluoride varnish application 	<ul style="list-style-type: none"> • Engage the most active primary care partners in specific advocacy opportunities (testifying, OP-Eds, ect)
Health Systems	<ul style="list-style-type: none"> • Promote consistency amongst primary care settings, working at a systems level to ensure all practices are participating • Work to hardwire FTFT into health system EHR as a standard of care 	<ul style="list-style-type: none"> • Facilitate conversations with healthcare leadership on the HIAT medical/dental integration rainbow including sustainable funding models • Gain leadership support in institutionalizing FTFT implementation 	<ul style="list-style-type: none"> • Work with healthcare leadership to make oral health integration a higher priority within their system
Policy Makers	<ul style="list-style-type: none"> • Present to lawmakers on success of the FTFT program to support advocacy 	<ul style="list-style-type: none"> • Continue to educate law makers in gaps in care, workforce shortages • Continue to promote oral health advocacy across the state 	<ul style="list-style-type: none"> • Partner with MaineCare/PCPlus to promote FTFT implementation • Work to support policy changes that favor medical/dental integration
Public Schools	<ul style="list-style-type: none"> • Implement FTFT in all school-based health centers 	<ul style="list-style-type: none"> • Engage with public schools on expanded age range to enhance screening efforts • Expand oral health offerings in a school-based health center 	<ul style="list-style-type: none"> • Advocate for school-based health centers to adopt a FTFT model
Community-Based Orgs.	<ul style="list-style-type: none"> • Work with Community Health Workers to educate parents on importance of fluoride and getting established with a dental provider 	<ul style="list-style-type: none"> • Collaborate on relevant public facing event to expand public's knowledge on important concepts around caring for teeth at a young age and consistently throughout life 	<hr/>
Dental Care Providers	<ul style="list-style-type: none"> • Engage with dental care providers to improve primary care referral systems 	<hr/>	<ul style="list-style-type: none"> • Advocate for enhanced medical/dental integration models such as the virtual dental home
Insurance Providers	<hr/>	<ul style="list-style-type: none"> • Work on promoting consistency of billable services between MaineCare and private insurers 	<ul style="list-style-type: none"> • Outreach to private health insurers to get clear picture of reimbursement options, opportunities, etc. - advocate to simplify and streamline reimbursement from private health/dental insurance for FTFT services
Public	<ul style="list-style-type: none"> • Provide parent/caregiver education around what to expect during a well child visit 	<ul style="list-style-type: none"> • Create educational materials that promote the importance of early oral health intervention in primary care 	<ul style="list-style-type: none"> • Partner with parents and caregivers to increase awareness of the importance of medical/dental integration

Oral Health Integration Models for Primary Care and Dental Practices



Children's
Oral Health
Network
of Maine

Blend Models to Meet the Needs of Your Community

1

From the First Tooth

The primary care practice provides oral health assessment, fluoride varnish, caregiver education, and referrals to a dentist as part of well-child visits for all children through age 5. When From the First Tooth is hard-wired, all providers within a practice are implementing the program as part of the standard of care for well-child visits, and the practice is using From the First Tooth data captured in the health record for continuous improvement.

2

Co-located Dental Hygienist

Example: An Independent Practice Dental Hygienist offers routine on-site preventive oral health care for children who do not have a dental home, as an independent provider. The dental hygienist may subcontract with the practice but mostly operates as a separate entity from the medical team.

3

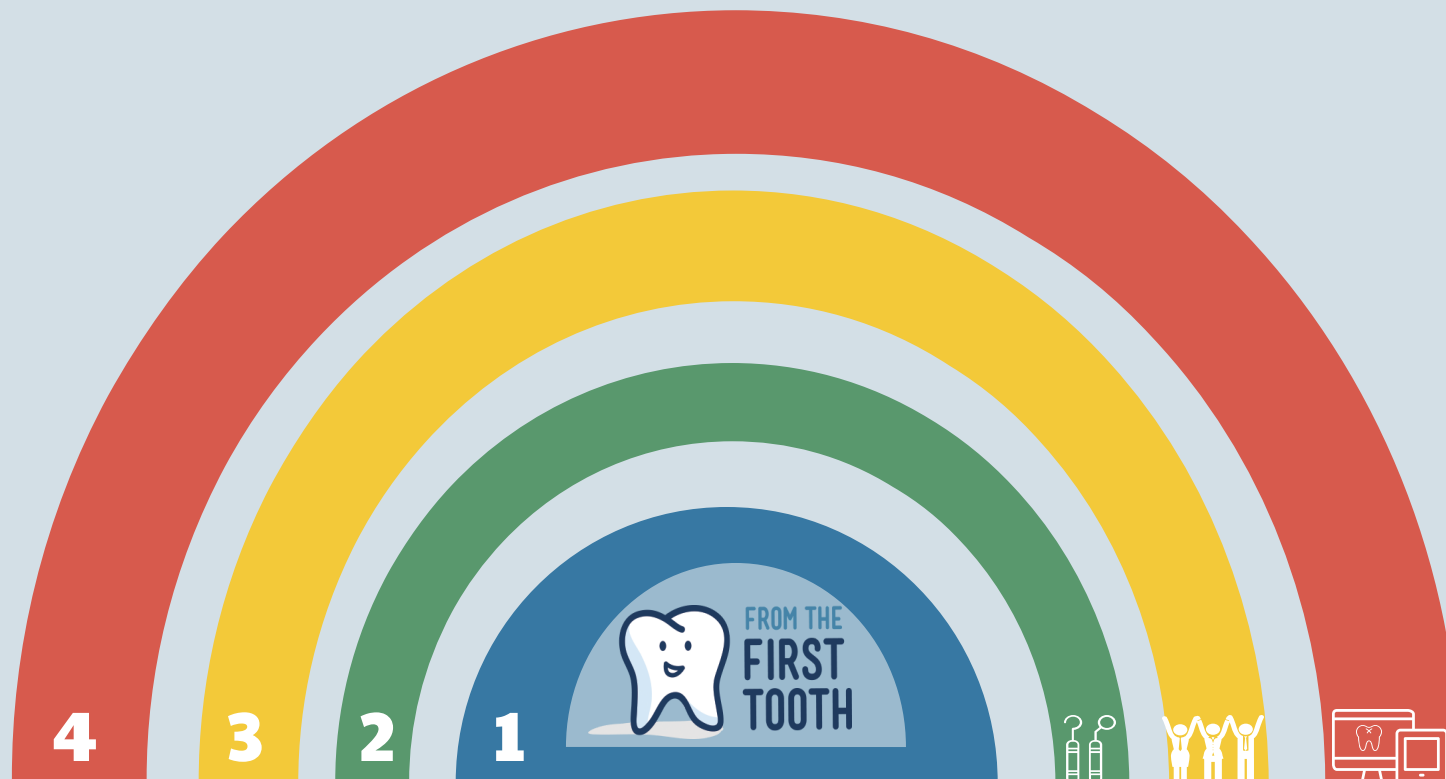
Integrated Dental Hygienist

Example: An Independent Practice Dental Hygienist is part of the primary care team, working collaboratively to address oral health as part of overall health during well-child visits and with follow-up as needed. In this fully integrated model, the hygienist is employed by the primary care practice. There is a close-knit working relationship and care coordination among the entire healthcare team.

4

Virtual Dental Home

Example: The on-site hygienists delivers all of the patient's preventative dental care in the medical home and then, utilizing telehealth, links to an off-site dentist. The dentist completes a dental examination remotely and works with the patient's care team to develop a plan for treatment that is beyond the scope of what can be managed on-site. The patient completes restorative treatment at the dental office, as needed.



Improved Health Outcomes

Increased:

- Access to Care
- Comprehensive Care
- Coordinated Care
- Early Prevention of Disease
- Patient Satisfaction