

Integrating Oral Health Care into Primary Care

Five Successful, Long-Standing, Statewide Programs
Providing Care for the Maternal and Child Health Population



Program Spotlight

From the First Tooth

Overview

From the First Tooth (FTFT) is a statewide initiative, led and administered by MaineHealth in partnership with the Children's Oral Health Network (COHN) of Maine. FTFT aims to improve the oral health of children and adolescents from the time of tooth eruption to age 21 by implementing an evidence-based preventive oral health approach in the medical home. The program encourages pediatricians and family physicians to incorporate oral health risk assessment, fluoride varnish application, education for parents or other caregivers, and referrals for oral health care into well-child visits. MaineHealth collaborates with COHN, the Maine chapter of the American Academy of Pediatrics, the Maine Primary Care Association, and Northern Light Health to implement FTFT and extend its reach throughout the state.

The program provides technical assistance (TA) to primary care practices interested in participating in the initiative. TA includes implementation assistance, medical

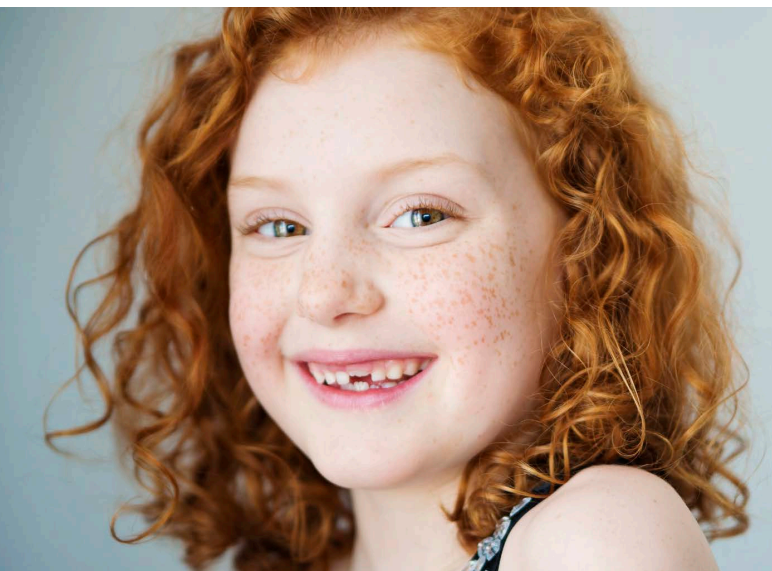
staff training using [Smiles for Life: A National Oral Health Curriculum](#), integration of oral health risk assessment and evaluation into electronic medical records, and materials for parents and other caregivers.

Inception and Early Years

In 2005, the Sadie and Harry Davis Foundation, a family foundation, wanted to honor the memory of Harry Davis, one of the first pediatricians in Maine, by addressing a pediatric or family medicine need. The foundation convened a group of thought leaders and chose a proposal put forth by a pediatric dentist, Jonathan Shenkin, to address the widespread issue of tooth decay among the children of Maine. The decision to choose oral health was based on a compelling story about disparities in oral health care for children in Maine and on the profound impact that oral diseases can have during childhood and throughout the lifespan. The foundation and an advisory group initiated a pilot of FTFT with a small number of practices, modeled in part on North Carolina's [Into the Mouths of Babes](#) program.

The pilot was staffed by a facilitator who oversaw the project and a dental hygienist who provided trainings to the pilot practices. As the model was developed and the time came to spread the work statewide, a more robust administrative home was needed. MaineHealth, a not-for-profit integrated health system, was chosen as the administrative home for FTFT because of MaineHealth's wide reach in Maine. MaineHealth's experience with another statewide program, [Raising Readers](#), provided a framework for FTFT to reach all primary care practices in the state.

In 2008, MaineCare (Maine's Medicaid program) began providing reimbursement for fluoride varnish application in physicians' offices.



Funding

FTFT has been continuously funded by the Sadie and Harry Davis Foundation, now through COHN. The program previously received funding from Northeast Delta Dental and the Health Resources and Services Administration.

Notable Program Strengths

- FTFT is implemented collaboratively with several partners in the state. The partners have agreed-upon roles and responsibilities, targets, tasks and work plans, and a joint data dashboard that all partners use.
- FTFT built relationships between physicians and dentists using the “[Dining with the Dentists: Building Bridges in the Medical Neighborhood](#)” model. The main objective was to bring together oral health professionals and medical professionals within a community or a region to better coordinate overall health care and oral health care of children ages 6 months to 5 years.
- FTFT has had steady, long-term infrastructure funding from the Sadie and Harry Davis Foundation.
- FTFT staff also co-lead COHN’s Health Integration Action Team, whose members collaborate on state-wide policy efforts and pilot-test innovative strategies to deepen and extend oral-health-integration efforts beyond the traditional FTFT services.
- Maine is a largely rural state with a relatively small population, and most of the state is classified as a dental professional shortage area, which helps the program engage and enroll medical professionals.
- Diversity, equity, and inclusion is an important focus area for COHN. COHN is broadening its steering committee representation and has crafted an equity statement that is informing action planning.
- In 2022, MaineCare engaged many pediatric medical practices in PCPlus, a payment model that focuses on high-quality, value-based care. As part of PCPlus, all participating primary care practices are required to offer oral health risk assessment, evaluation, and fluoride varnish application to children and adolescents ages 6 months to 21 years who do not have a dental home or have not seen a dentist in the past

year. Practices can contact FTFT for training if they are not providing the required oral health services. FTFT and COHN have a symbiotic partnership that is sustaining FTFT as it expands to provide TA to help practices meet the new PCPlus oral-health-services requirement.

Notable Program Evaluation Activities

- Tracking four consistent MaineCare indicators enables FTFT to assess progress over time, including factors that may have impacted progress, and to determine whether changes are needed. For example, a review of program data led to the recognition that the program needed a broader approach to policy and systems change and that FTFT was only part of the solution. This led to the formation of COHN.
- Program data help inform strategic planning and advocacy efforts. For example, data helped make the case for MaineCare to include oral health risk assessment, evaluation, and fluoride varnish application as oral health requirements of the PCPlus payment model.
- COHN has incorporated an annual analysis of the Maine Health Data Organization’s (MHDO’s) All Payer Claims Dataset by the University of Southern Maine’s Cutler Institute into its annual data contract, which ensures that data analysis is coordinated with broader oral-health-data efforts.

“The Sadie and Harry Davis Foundation has enormous patience. They were giving us 5-year and 10-year timeframes in the beginning and continue to do so now. They understand how long it takes to make these changes—they understand the long arc. The foundation is a remarkable part of our story.”

—FTFT

Evaluation Methodology

FTFT uses several data dashboards for tracking process and program outputs. It uses the following data sources and performance measures to evaluate its program:

Source: MaineCare claims data from the MHDO's All Payer Claims Dataset

- Percentage of children reached by FTFT with at least one well-child visit in the measurement year, by year, ages 12 through 23 months.
- Percentage of well-child visits with an oral health evaluation and/or fluoride varnish application for children ages 12 through 47 months.
- Percentage of children who received at least four fluoride varnish applications by age 4, by year.
- Percentage of 4-year-old MaineCare members who have received at least four fluoride varnish applications by age 4, by year, by provider type.

Source: Internal program data

- Number of primary care practices contacted in-person or virtually, by month.
- Number of health professionals trained in-person or virtually, by month.
- Number of primary care practices that have requested educational materials for parents and other caregivers, by month.
- Participation status of each practice, updated as contacts identify status change.

Select Evaluation Findings

- Percentage of well-child visits with an oral evaluation and/or fluoride varnish application for children ages 12 through 47 months rose from 14 percent in 2011 to 36 percent in 2014. (Source: *From the First Tooth: Healthy Smiles for Life—Annual Update 2022* [No date])
- Since PCPlus began in 2022 with the new oral health requirement, FTFT has provided trainings to 43 PCPlus practices across the state. (Source: *From the First Tooth: Healthy Smiles for Life—Annual Update 2022* [No date])
- Percentage of children who received at least four fluoride applications by age 4 rose from 8 percent in 2011 to 30 percent in 2018. (Source: *From the First Tooth: Healthy Smiles for Life—Annual Update 2022* [No date])

Resources for More Information About Evaluation

- *From the First Tooth Healthy Smiles for Life Strategic Plan 2022* (No date)



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