The Rainbow, the Moose and SDF:
What’s New in Oral Health Integration

Network Initiatives
Collaborative work by many partners
• Action teams
• Innovation Projects
• Advocacy for Systems Changes

COHN Backbone Support
• 501c3 organization (2 Staff and Board)
• Network Steering Committee
• Consultants and contractors add capacity for data, policy, project management communications, fundraising etc.
• Core operational funding from the Sadie and Harry Davis Foundation

Children’s Oral Health Network of Maine

Focus on Equity
1. Integrate oral health into primary care
   Legacy initiative: From the First Tooth

2. Expand preventive care in school and community settings

3. Transform Maine’s Oral Health System to Serve All People

Shared Vision
All children in Maine can grow up free from preventable dental disease

Collective Action
Transform Maine into a state where we
1. meet the oral health needs of all children and families,
2. prioritize prevention, and
3. address oral health as a key element of overall health and economic well-being.

For more info:
www.mainecohn.org
Becca Matusovich, Executive Director becca@mainecohn.org
Kalie Hess, Associate Director kale@mainecohn.org

April 2022
The current reality of children’s oral health in Maine

Challenges:
- About half of kids in Maine are not getting regular preventive dental care
- Workforce shortages are impacting access
- COVID has exacerbated pre-existing access challenges by decreasing provider capacity, increasing provider costs, changing home-care routines, and delaying preventive care

2021 data demonstrates ongoing access challenges and disparities
In addition to the consistently insured children in this graph, in each year there were also another ~120,000 kids each year who were either intermittently insured (had MaineCare or commercial dental coverage for less than 11 months in the year) or who had no dental benefits. We do not have data on what services these kids are receiving but it is a reasonable to assume that their rates of care are even lower than the group that had consistent dental coverage.

Data source: Maine Health Data Organization’s All-Payer Claims Database (APCD) per the data release requirements defined in 90-590-C.M.R. ch 120, Release of Data to the Public. See MHDO website for more details regarding data restrictions and participating insurers.
Some very positive policy changes!

• Big changes for MaineCare (July 2022)
  • Comprehensive adult benefit
  • New dental rates
• Maine CDC rebuilding and expanding oral health programs
  • Restored State Oral Health Coordinator position
  • Expanding School Oral Health Program to all public schools over next few years
• Teledentistry
  • Authorized by Board of Dental Practice and reimbursable by MaineCare and others

Still room for improvement...

• Biennial budget for FY 23-24 and 24-25 needs to include funding to complete the School OH Program expansion
• LR 1201 (not printed yet)
  • Fact sheets at our table
• In progress: State plan for growing the public oral health workforce
MeAAP-MDA partnership

The Health Integration Rainbow

Oral Health Integration Models for Primary Care and Dental Practices
Blend models to meet the needs of your community
Health Integration Action Team
Project Updates

• **FTFT – Bruce the Moose pilot**
  • Dental Steps for ME
  • E-Consults, SDF, & warm handoffs

Bruce the Dental Health Moose

2023 Pilot:
  • 9 primary care offices across Maine serving pediatric patients
  • Family oral health kits include a toothbrush for each family members, toothpaste, floss, educational material, and a mirror cling that links to fun tooth brushing videos.
  • If you’re interested in future participation stop by our table!
Health Integration Action Team
Project Updates

• FTFT – Bruce the Moose pilot

**Dental Steps for ME**
• E-Consults, SDF, & warm handoffs

Dental Steps for ME
Background

• Many children do not get to a dentist until too late—decay process already underway
• Many early barriers to care
• Meeting children where they are is the most effective, lowest barrier approach for prevention
• Early and often **PREVENTION** and intervention
  = a childhood free of active tooth decay
Dental Steps for ME

Target age 0-5
Full medical dental integration model
Encompasses the entire HIAT “rainbow”

Multi-pronged approach to full medical dental integration

1) Oral health integration into every well-child visit
2) Closing the oral health literacy gap
3) Integration of a dental hygienist into the primary care team
4) Virtual connection to a dentist
Status update

- Year long planning process nearly complete
- Development of “Implementation Guide”
  - Ex: Guide contents:
    - Readiness assessment
    - Schedule of activities following well-child schedule
    - Clinical workflows
    - Records integration guidance
    - Fiscal projections
    - Supply needs
    - Sample documents

*For more information, visit our table!

Closing the oral health literacy gap

Oral health education in every well-child visit 2 months to 5 years

New resource for primary care providers to make education integration EASY!
Oral Health Video Library

Video Library Contents

<table>
<thead>
<tr>
<th>Topic</th>
<th>Video Length (Minutes)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction</td>
<td>4:46</td>
</tr>
<tr>
<td>2 months</td>
<td>1:47</td>
</tr>
<tr>
<td>4 months</td>
<td>2:09</td>
</tr>
<tr>
<td>6 months</td>
<td>2:06</td>
</tr>
<tr>
<td>9 months</td>
<td>2:21</td>
</tr>
<tr>
<td>12 months</td>
<td>2:15</td>
</tr>
<tr>
<td>15 months</td>
<td>2:44</td>
</tr>
<tr>
<td>18 months</td>
<td>3:01</td>
</tr>
<tr>
<td>2 years</td>
<td>2:36</td>
</tr>
<tr>
<td>2 ½ years</td>
<td>2:41</td>
</tr>
<tr>
<td>3 years</td>
<td>2:09</td>
</tr>
<tr>
<td>4 years</td>
<td>2:44</td>
</tr>
<tr>
<td>5 years</td>
<td>1:59</td>
</tr>
</tbody>
</table>
Dental Steps for ME

This oral health video library contains one video correlating with each well-child visit from 2 months to age 5 as well as a prenatal/introduction to the library. Each video contains one small, digestible nugget of oral health information aimed at closing the oral health literacy gap for families of young children. All of the information is delivered by an oral health champion from the Children’s Oral Health Network of Maine, and purposefully chosen to provide families with the key pieces of information they need to prevent dental disease in their children.

Library key points (pdf)

Need these videos in a different language?
COME TO OUR TABLE!!

WELL-CHILD VISITS: Follow the QR code to the ENGLISH Dental Steps for ME oral health video.
Health Integration Action Team
Project Updates

• FTFT – Bruce the Moose pilot
• Dental Steps for ME

• E-Consults, SDF, & Warm Handoffs

E-Consults, SDF & Warm Handoffs

• Planning group underway
  • Field test using existing telehealth platform
  • Share intraoral imaging
  • Dentist guidance on appropriate course of action
  • SDF application by pediatrician
• Other planning items:
  • Referral process for identified needs
  • Fiscal feasibility
  • Preparation for a larger scale pilot

• Visit our table to learn more!
Silver Diamine Fluoride (SDF)

- Announcement of New SDF CPT CODE: 0792T
- Effective July 2023
- Multi-organization support including ADA & ADHA

- Link to Carequest press release: https://www.carequest.org/about/blog-post/cpt-code-application-silver-diamine-fluoride-explained

- Link to one of the first SDF webinars/trainings aimed at a primary care audience following this news: https://youtu.be/QMvx5glwg_i

Photo credit: Nalu Dental

Silver Diamine Fluoride (SDF)

What is it and how is it used?
What is Silver Diamine Fluoride?

• Clear or sometimes dyed blue in hue, liquid that can be directly applied to carious teeth
• Silver acts as an antibacterial agent, previously silver nitrate has long history of use in medical and dental settings
  • Howe’s Solution (silver nitrate) was used frequently and phased out starting in the 1950’s forward with the advent of regular fluoride application, water fluoridation, and better equipment/materials in the dental field
• Silver containing treatments have been commonly used for almost a century in wound disinfection, to protect from bacterial invasion and cauterization
• It is the bactericidal action of the silver that stains the lesion black

What is Silver Diamine Fluoride?

• Combination with fluoride to improve tooth strength and remineralization began in the 1970’s in Japan, improvement on success continued for years and regular use spread to Australia, Argentina and Brazil
• Also contains ammonia as the primary solvent and contributes most to bad taste
• Clinical trials began in the U.S. in 2002 and FDA approval for dentin desensitization was given in 2014
Current Use

- Manufacturers instructions are reflective of use as a dentin desensitizer
- In 2017 (updated 2018) the American Academy of Pediatric Dentistry published a guideline for practitioners to use SDF for dental caries management
- Encouraged off label use for caries arrest
- Clinical trials are currently underway, and it has been granted “breakthrough” status to allow for this off-label use
- Most widespread use, especially in primary dentition, is caries arrest

Who uses it?

- Virtually all pediatric dentists are using SDF in some capacity in their practices
- 50-60% of general dentists are utilizing SDF
- It has been critical in stabilizing children who require sedation for definitive care
  - Wait times in Maine can be anywhere from 6 months to 2 years for definitive treatment
  - Maine has had a provider shortage that was well known even prior to COVID and this has been especially apparent in specialty settings
**Does it Work?**

- The recently published JAMA article by Ruff et al. showed that SDF is actually more effective in *arresting* and *preventing* caries than traditional glass ionomer protective restoration, sealants, and fluoride varnish interventions currently used in many school based oral health programs.

- Gao 2016 meta-analysis showed “the proportion of caries *arrest* on primary teeth treated with different application protocols (1 application, annual, and biannual), and followed from 6 to 30 months, was 81%”

- Chibinski and colleagues (2017) reported that the “caries *arrest* at 12 months promoted by SDF was 66% higher (41%-91%) than by other active material, but it was 154% higher (67%-85%) than by no treatment.”

- Oliveira and colleagues evaluated caries *prevention* for primary teeth and concluded that, “when compared with placebo at 24 months or more, SDF decreased the development of dentin caries lesions in treated and untreated primary teeth with a preventive fraction of 77.5%”

**Indications for Use**

- High to extreme caries risk
- Multiple untreated caries lesions
- Lack of dental home
- Xerostomia from medications, disordered breathing, inhaler use, etc.
- Young age where cooperation is not guaranteed for definitive treatment
- Anxiety, intellectual and development delays that make traditional treatments more challenging
Caveats

• Dark black staining of the lesion is expected, may slightly fade over time but will always be dark unless restored

• Larger teeth (permanent vs. primary teeth), larger lesions, and poor oral hygiene all play a role in success and multiple applications in a year may be necessary

• Generally, not recommended on teeth that are symptomatic such as:
  • Any notable swelling around the tooth
  • Tooth is painful to pressure
  • Wakes the patient up at night
  • Refuses to brush or eat on that side
How do you assess if a tooth is suitable?

- Pulpitis: inflammation of the pulpal tissue inside a tooth
  - Reversible, heightened response to stimuli that returns to normal within a few seconds
  - Irreversible, heightened and lingering response, often results in a dull ache or throbbing pain following the stimulus
- Kids are generally not great at describing their pain, questions you can ask:
  - “Has this tooth ever woken you up when you are sleeping?”
  - “Have you not wanted to play because this tooth was hurting you?”
  - “Have you been able to eat your food normally?”
  - “Does this tooth ever feel like it has a heartbeat?”
- Questions to ask parents/guardians
  - “Have you noticed them avoiding eating, brushing or using that side of their mouth?”
  - “Have you noticed them holding their face or cheek?”
  - “How frequently are they complaining about the tooth?”

Evaluating Pulpitis

**Reversible**
- The pain is only present when there is a stimulus like food lodged in the cavity, brushing helps
- You cannot illicit a painful response
- Patient generally non-avoidant to normal activities involving the mouth like eating and brushing
- The tooth can be tapped on with some force without pain

**Irreversible**
- Clinical signs of abscess or polyp
- Little to no tooth structure remaining
- Pain is spontaneous as well as from stimuli
- Palpation of the gingiva causes pain
- Tapping on or placing firm pressure on the tooth causes pain
Findings that Contraindicate SDF Application

- Draining abscess/fistula
- Polyp or exposed pulpal tissue
- Little to no remaining tooth structure

How do you use it?

- No removal of decay is required
- Any obvious food or debris should be removed, if possible, prior to placement
- PROVIDE INFORMED CONSENT THAT MAKES COLOR CHANGE CLEAR!
What do you need

- SDF
- Dappen Dish
- Microbrush/brush
- Cotton rolls or gauze
- Topical Fluoride Varnish
- Eye protection
- Bib/barrier for clothing

- Teeth should be generally dry, use gauze to dry off teeth well
- Cotton rolls or extra gauze can be helpful to retract the tongue for lower teeth
- It should sit for 1 minute after being placed then covered with a fluoride varnish, be sure you are applying BEFORE you apply varnish as the varnish creates a barrier the SDF won’t be able to penetrate
- Fluoride varnish is helpful to mask the taste and can be applied earlier than one minute if the patient is wiggly or uncooperative

Elevate Oral Care
Application Technique