



DENTAL STEPS FOR ME

Pathway to a healthy future

Implementation Guide

For more information:

Courtney E. Vannah, IPDH, MS, MPH

cvannah@mcd.org

Acknowledgements:

Many thanks to the members of the Children’s Oral Health Network of Maine, MaineHealth, and LincolnHealth for their contributions to the planning of Dental Steps for ME. This guide was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of a subaward totaling \$94,000 with 50% financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit HRSA.gov. <https://www.hrsa.gov/grants/manage-your-grant/acknowledge-hrsa-funding>
Additional funding for this guide has been generously provided by:



Children's
Oral Health
Network
of Maine

MEHAF
MAINE HEALTH ACCESS FOUNDATION



Table of Contents

- Table of Contents 2
- Background 4
- Readiness Assessment 6
- Key Components of Dental Steps..... 7
- Dental Steps Schedule..... 9
- Workforce 19
- Training 20
- Fiscal sustainability / financial projections 21
- Infrastructure / Supply Needs..... 25
- Glossary of Terms..... 27
- Additional resources 28
- Appendix A: FTFT Workflow..... 29
- Appendix B: FTFT Risk Assessment 30
- Appendix C: Oral health video library QR codes 31
- Appendix D: Sample SDF Consent..... 37
- Appendix E: Video library marketing tool 38
- Appendix F: Dental hygienist job description sample..... 39
- Appendix G: Memorandum of Understanding sample..... 41
- Appendix H: Teledentistry Examination Request Form 43
- Appendix I: Consent form sample..... 46

Background

Limited access to oral health care is an ongoing challenge with many areas disproportionately underserved. Far too many children suffer from dental disease in areas where there are too few pediatric dental providers and many barriers to care, especially for children with Medicaid dental coverage. This leaves many children vulnerable to the start of the most common chronic childhood disease, dental caries, at a time when they need preventive oral health care the most. With nowhere else to turn, many families look to their pediatric medical providers for help.

One major design flaw in the traditional model of dental care delivery is that, despite the recommendation to have a dental visit by age 1, many practices still do not accept children until age 3 or older. This leaves children in their most vulnerable age of dental development without access to care; however, a larger issue is that many children are not able to access a traditional dental home at all due to the insufficient scale of the traditional dental system, which does not have the capacity to serve the number of children and adults in Maine who need dental homes. Additionally, the traditional dental home model of care works best for people who have insurance, reliable transportation, childcare, paid time off for preventive care appointments, and control over their work schedule.

As a result of these barriers, many children have their first opportunity to access care through school-based programs, which, for many, happens after the decay process has already begun. Waiting for school to access preventive care is too late, as demonstrated by the roughly one-third of children entering kindergarten with tooth decay already well underway. This equates to a significant number of children with an active health condition that would have been 100% preventable with earlier intervention.

The Health Integration Action Team (HIAT) of the [Children's Oral Health Network of Maine](#) (COHN) is composed of stakeholders with a shared interest in solving this access issue through medical dental integration. The HIAT designed Dental Steps for ME to tap into the power of medical-dental integration to prevent dental disease before it begins.

Dental Steps provides a gradient of opportunities for medical-dental integration where medical and dental professionals work together to offer education, prevention, and early intervention services on site in the medical home following the well-child schedule. The power of technology is harnessed to provide teledentistry connection between a primary care team and a dentist, or a full implementation of a virtual dental home (VDH) model that connects a hygienist to a dentist via an asynchronous remote exam and treatment planning process. Furthermore by integrating advancements, such as silver diamine fluoride (SDF), and new knowledge about the caries disease process, it is conceivable that with early-and-often intervention, children can (and should) experience a childhood free of active decay as well as costly, unnecessary restorative dental treatment.

As a complementary resource to the state's virtual dental home initiative (known as [The Maine Dental Connection](#))*, the Dental Steps effort flips the paradigm from dental care only being accessible within the four walls of a private practice dental office to now being offered where the children already are (e.g., well-child visits). Additionally, and arguably most importantly, Dental Steps shifts from a traditionally restorative-based, reactive approach to a prevention-based, proactive model. This is a game-changing strategy to make care more accessible to underserved families and to flatten the curve on dental disease through prevention and evidence-based caries arrest methods. Especially in rural areas, like Maine, where the traditional system can't serve the whole population, improving oral health access requires delivery systems innovation. Dental Steps is less of a program and more of a mindset and toolbox that changes how we think about what children need and deserve to protect their oral health.

**The Maine Dental Connection is Maine's VDH program brand, mobilizing and connecting the state's existing network of oral health clinicians to increase access for Maine people through community-based care. Maine partners have adapted the VDH model to fit long-standing collaborations, regional workforce capacity and community needs, working to connect people with the care they need, when they need it, where it works best for them. This Dental Steps implementation guide refers primarily to the VDH model, and as medical-dental integration efforts continue to evolve towards a full VDH implementation, The Maine Dental Connection materials and resources will expand to reflect these settings and partners.*

Dental Steps For ME

*Pathway to a healthy
future*

VISION:

Children will arrive in kindergarten free of active dental disease.

MISSION:

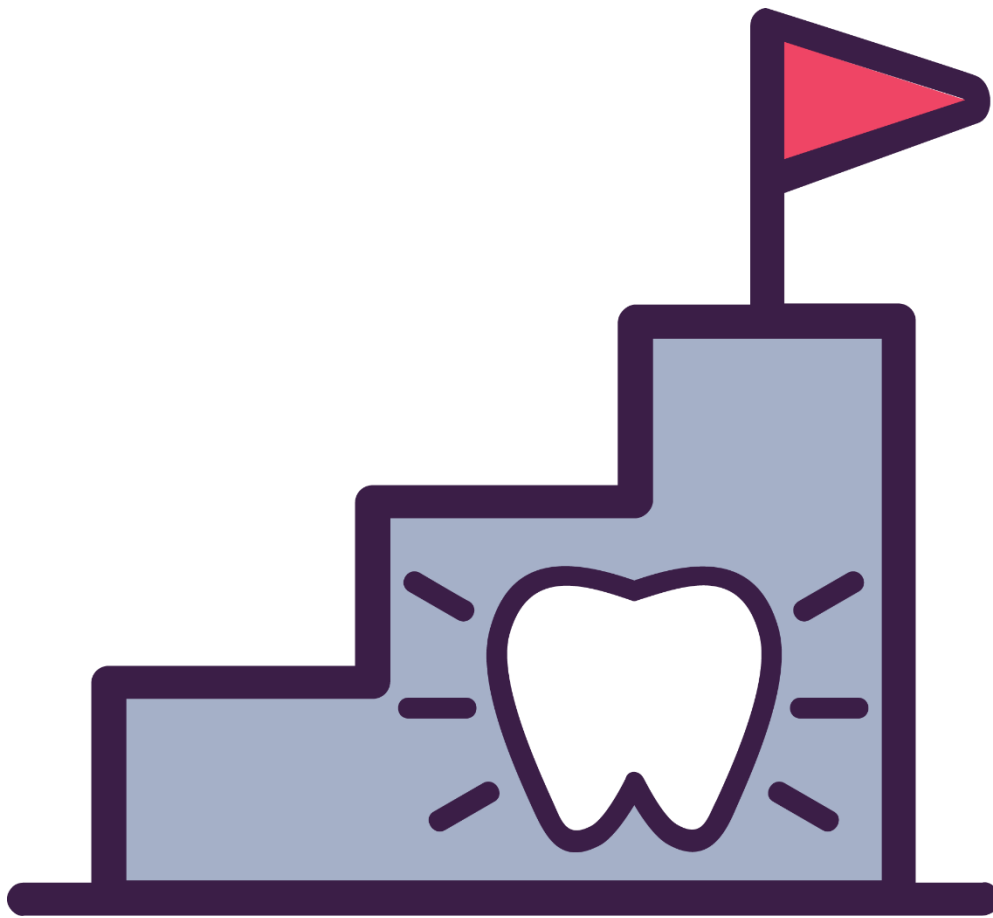
Provide early and often oral health prevention and intervention services to children from birth to age 5.

TARGET POPULATION:

All children from birth to age 5 who do not have a dental home.

LOCATION:

Pediatric primary care practices.



Readiness Assessment

To successfully begin implementation of Dental Steps, primary care practices should do the following:

Population/Location

- Provide primary care services to children ages 0-5.
- Be in Maine, or another state that allows dental hygienists to practice independently without supervision of a dentist.

Commitment to oral health integration

- Be already actively providing foundational oral health services, such as application of fluoride varnish and oral health screenings.
- Have an established track record of commitment to whole-body care, including oral health.

Leadership/staff capacity

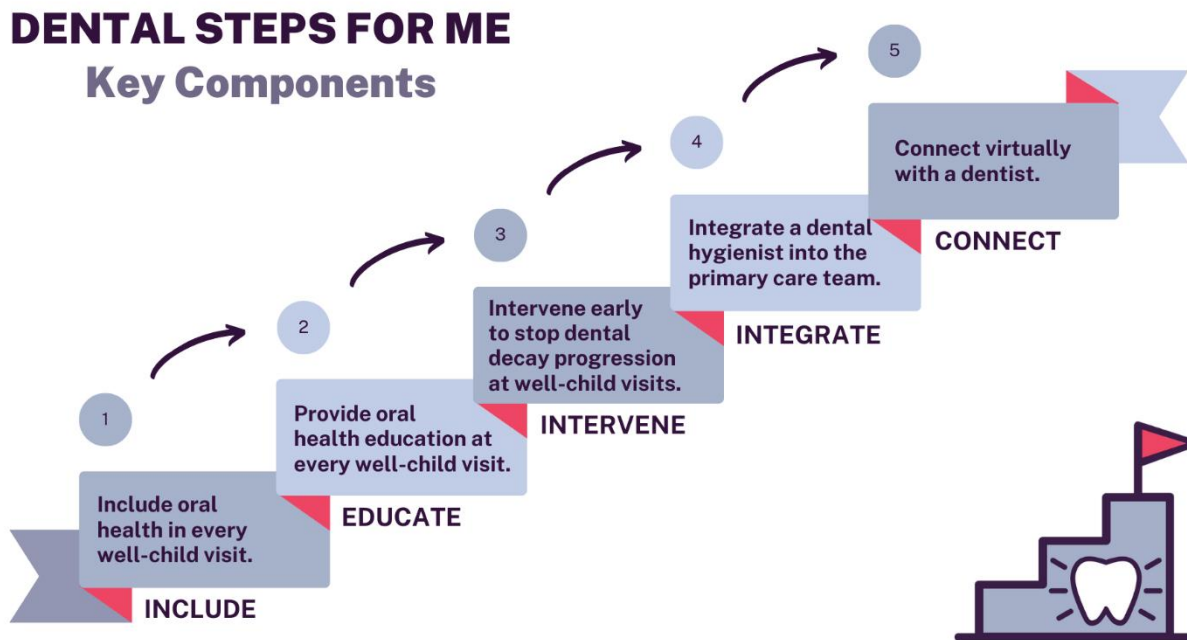
- Have sufficient leadership support at the local and system levels, if part of a larger system.
- Have a staff person with capacity devoted to leading the implementation of Dental Steps.
- Have capacity to commit staff time to training and quality assurance.
- Have billing support staff available to integrate dental billing systems and process ongoing claims.
- Have health information support staff readily available to manage health records integration set-up, including digital dental radiography and ongoing maintenance.
- Have the ability to hire a dental hygienist as a member of the primary care team.

Virtual connection to a dentist

- Be in Maine, or another state that allows dentists to practice teledentistry.
- Have a relationship with a dentist willing to provide teledentistry examination of patients and help coordinate referrals for follow-up care, as needed.
- Have technology support staff available to support telehealth communication between the primary care site and a dental office.

***Note:** Practices should use this list to not only assess their readiness for a full Dental Steps implementation, but also to identify those areas in which attention is needed to prepare for full implementation. Some practices may be able to implement some aspects of Dental Steps immediately while working on building the readiness needed for other aspects.

Key Components of Dental Steps



Dental Steps provides comprehensive oral health care to children ages 0-5 who do not have a dental home with all preventive and early intervention services occurring in the primary care setting. This is accomplished through a multi-pronged approach:

- 1) **Include oral health in every well-child visit** through oral health screening and basic preventive services. This adds more touch points for young children to receive oral health guidance than the traditional model of dental care delivery. This early-and-often approach supports families to give them the best chance at preventing dental disease before it begins. This can be accomplished by implementing the [From the First Tooth \(FTFT\) Program](#).
- 2) **Provide oral health education at every well-child visit** by integrating the corresponding oral health education videos from the Dental Steps for ME video library into each well-child visit from 2 months to age 5. This helps fill the oral health literacy gap in families of young children and assists providers in sharing the most important pieces of oral health information with their patients. Each short video contains small, digestible nuggets of age-appropriate preventive oral health information. The high-impact, easily implementable action steps will offer a great return on investment for the oral health of families who adopt them.
- 3) **Intervene early via well-child visits** by utilizing SDF to arrest active decay. SDF can be applied by either the primary care provider or the dental hygienist and stops and prevents active dental decay when applied early in the disease process. With frequent oral health screenings during well-child visits, the primary care team is likely to be the first to identify a potential cavity. Applying SDF in that visit can halt the progression of the cavity while waiting for a visit with a dental provider.

-
- 4) **Integrate a dental hygienist into the primary care team** to provide a full range of prevention and early intervention dental services. Dental Steps provides families access to the knowledge and tools necessary for their children to experience childhoods free of active tooth decay by ensuring access to non-invasive care advancements such as glass ionomer therapeutic restorations and newer enamel regenerative materials, which research shows can arrest tooth decay and rebuild tooth structure, and coaching caregivers to interrupt the dental disease process.

 - 5) **Connect virtually with a dentist** to increase access to comprehensive oral health care through a holistic, interprofessional approach. Utilization of teledentistry technology expands access to dental care beyond the walls of the traditional dental office by utilizing telehealth capabilities to connect the primary care team, including the hygienist, with a dentist. Dentists complete teledentistry exams remotely and work with the on-site hygienist or medical provider to develop care plans. All routine prevention is provided in the primary care setting with families only needing to travel to the dental practice for restorative care or additional in-person needs.

Dental Steps Schedule

Below is the suggested Dental Steps schedule, including which provider(s) (PC=primary care/DH=dental hygienist) the child will see at each visit. Note: additional visits may be scheduled with the dental hygienist if additional needs are identified.

Age	Provider		Services
	PC	DH	
2 months	✓		Well-child visit, oral health education video
4 months	✓		Well-child visit, oral health education video, oral health screening, fluoride varnish application (if first tooth is erupted), oral health risk assessment
6 months	✓		Well-child visit, oral health education video, oral health screening, fluoride varnish application (if first tooth is erupted), oral health risk assessment
9 months	✓	✓	Well-child visit, oral health education video, coordinated routine visit with dental hygienist that will include assessment and any preventive and early intervention services appropriate for the individual patient's needs
12 months	✓		Well-child visit, oral health education video, oral health screening, fluoride varnish application, oral health risk assessment, and SDF, if applicable
15 months	✓		Well-child visit, oral health education video, oral health screening, fluoride varnish application, oral health risk assessment, and SDF, if applicable
18 months	✓	✓	Well-child visit, oral health education video, coordinated routine visit with dental hygienist that will include assessment and any preventive and early intervention services appropriate for the individual patient's needs
2 years	✓		Well-child visit, oral health education video, oral health screening, fluoride varnish application, oral health risk assessment, and SDF, if applicable
2 1/2 years	✓	✓	Well-child visit, oral health education video, coordinated routine visit with dental hygienist that will include assessment and any preventive and early intervention services appropriate for the individual patient's needs
3 years	✓	✓	Well-child visit, oral health education video, coordinated routine visit with dental hygienist that will include assessment and any preventive and early intervention services appropriate for the individual patient's needs
3 ½ years		✓	Routine visit with dental hygienist that will include assessment and any preventive and early intervention services appropriate for the individual patient's needs
4 years	✓	✓	Well-child visit, oral health education video, coordinated routine visit with dental hygienist that will include assessment and any preventive and early intervention services appropriate for the individual patient's needs
4 ½ years		✓	Routine visit with dental hygienist that will include assessment and any preventive and early intervention services appropriate for the individual patient's needs
5 years	✓	✓	Well-child visit, oral health education video, coordinated routine visit with dental hygienist that will include assessment and any preventive and early intervention services appropriate for the individual patient's needs, make plan for future visits based on child's access to a traditional dental home and/or school-based oral health services

1. Include oral health in every well-child visit

Dental Steps builds upon the essential foundation of the FTFT Program. The FTFT Program in Maine trains medical providers to perform oral health risk assessments and oral health screenings as well as apply fluoride varnish. This early-and-often approach to oral health oversight has been shown to reduce caries incidence and improve oral health outcomes in children. With FTFT as a core component of Dental Steps, primary care providers will assess children's oral health as part of their well-child visit. Additionally, when the child is not scheduled for a coordinated routine dental hygiene visit, the primary care provider will also apply fluoride varnish. The oral health assessment by the primary care provider will guide the Dental Steps workflow during the patient's well-child visit.

Resources for medical providers are available on the FTFT [website](#), including a [virtual training](#).

The following FTFT materials can be found in the Appendix of this guide:

[Appendix A:](#) FTFT Workflow*

[Appendix B:](#) FTFT Risk assessment*

*Note: these forms are subject to updates; please visit FTFT [website](#) for the most up-to-date resources.

Implementation guidance

Basic integration of oral health screening, risk assessment, and fluoride varnish application protocols should be followed by primary care providers during well-child visits, according to the [Dental Steps schedule](#) on the previous page. Refer to the [well-child visit workflow](#) on page 13 for details.



2. Provide oral health education at each well-child visit

There are many key pieces of oral health knowledge that can set a young child up for oral health success. Traditionally, our system has depended on oral health providers to deliver this educational content, but with so many families of young children lacking access to oral health providers, there is a significant oral health literacy gap for many families of young children. Families often rely on their primary care provider as their only source of health information.

To fill this oral health literacy gap, Dental Steps integrates oral health education into each well-child visit from 2 months to 5 years through an oral health video library. Each short video contains small, digestible pieces of oral health information delivered by a member of COHN. The content has been carefully selected by oral health and medical professionals along with the key messages to be shown at each well-child benchmark.

Implementation guidance

The oral health video library is designed to assist primary care providers in delivering these key messages to families. The video library contains one video around two to three minutes for each well-child visit from 2 months to 5 years as well as an introduction video. Suggestions for integration of the introduction video include birthing class, prenatal obstetrician visits, or provided to parents upon enrolling their child in a primary care practice.

These videos are designed to be viewed in the lag time between patient rooming by the medical assistant and entry into the exam room by the primary care provider. This allows the families to view the video, digest the content, and ask any follow-up questions once the provider enters the room. By integrating the video right into the well-child visit in this manner, families are primed to discuss oral health with their primary care provider.

There are multiple ways in which videos can be integrated into well-child visits:

- 1) If the family has their own device present (smartphone, tablet, etc.), a QR code ([Appendix C](#)) for the appropriate video is provided by the medical assistant, and the family watches the video on their own device while waiting for the primary care provider to enter.
- 2) If there is an in-room computer monitor, the medical assistant selects the appropriate video and starts it before exiting the room after rooming procedures, and the family watches the video while waiting for the primary care provider to enter.

The English-language oral health video library is available with translated subtitles in five other languages (Arabic, French, Portuguese, Somali, and Spanish), and the full oral health video library is hosted on the web at www.DentalStepsforME.org. Additionally, a marketing page with a QR code has been provided in [Appendix E](#) that will link directly to the DentalStepsforME.org home page.

ORAL HEALTH VIDEO LIBRARY CONTENTS

Video/ well-child visit	Video length (minutes)	Topic
Introduction	4:46	Introduction to the video library; connections of parent/caregiver oral health to child oral health
2 months	1:47	Importance of caring for baby teeth
4 months	2:09	Caries development/early feeding connections
6 months	2:06	Early oral health homecare practices
9 months	2:21	Caries development/dietary influences
12 months	2:15	Preparing for early dental visits
15 months	2:44	Fluoride
18 months	3:01	Pacifier use
2 years	2:36	Oral hygiene tips for active toddlers
2 ½ years	2:41	Airway issues and effects on oral health
3 years	2:09	Caring for the supporting structures of the teeth, the gingiva
4 years	2:44	Early caries detection, parent/caregiver role
5 years	1:59	What to expect looking forward/permanent dentition

3. Intervene early via well-child visits

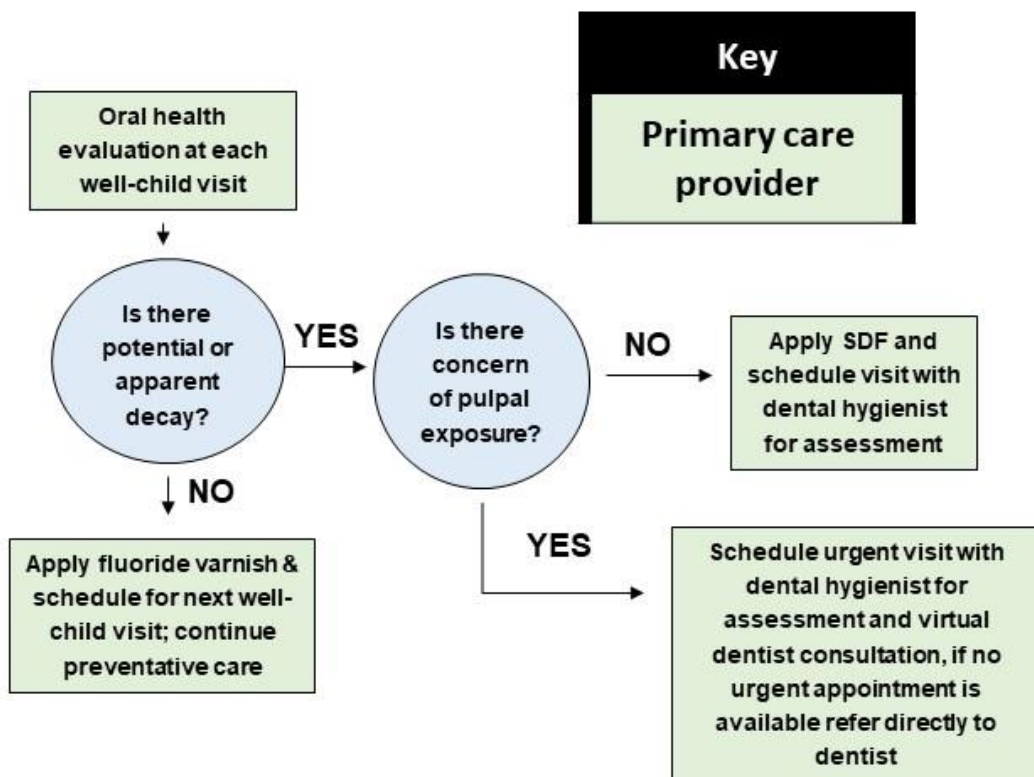
In October 2022, the American Medical Association supported the use of SDF by primary care providers by adding a CPT code for SDF application reimbursement (CPT 0792T). Note, in Maine, MaineCare requests primary care providers use the CDT code D1354, reimbursable at \$27.82 per tooth as of July 1, 2023. SDF is an easy-to-apply medicament that can prevent development or progression of a cavity and has been used in other countries for many years and is now gaining popularity in the United States.

The movement toward non-invasive caries therapy approaches to dental disease management led to the addition of the CPT code for SDF. This addition was supported by many organizations, including the American Dental Association and the American Dental Hygienists Association. While SDF has significant value in lowering the dental disease burden in children and was classified as an essential medicine by the World Health Organization, access to this material has proven to be a barrier with many children lacking access to traditional dental homes. Putting this material in the hands of the primary care team significantly increases access to this beneficial medicament.

At the time of print, multiple efforts are underway to develop materials aimed at supporting the primary care audience in adopting SDF. Resources coming soon include guidance from the American Academy of Pediatrics and a module, developed by [Smiles for Life](#), specific for primary care providers. An informative online [webinar](#) from the Harvard School of Dental Medicine is also available to provide information to interested primary care providers.

Implementation guidance

Figure 1. Workflow for integrating SDF into well-child visits.



4. Integrate a dental hygienist into the primary care team

In this component of Dental Steps, the dental hygienist becomes a key member of the health care team with the entire team working together to treat oral health as part of overall health (see [Appendix F](#): Dental hygienist job description for sample job description). This holistic approach to care provides the primary care team the ability to manage dental needs that fall outside the scope of the existing medical providers, as well as convenience for families to access necessary preventive services right in their medical home. Adding a dental professional to the health care team allows for a full range of primary preventative oral health services to be performed as part of the patient’s primary care. Moreover, the dental professional can connect virtually to a dentist for additional support.

The way in which patients move through the well-child visits in Dental Steps will depend on the appointment type. Following the Dental Steps [schedule](#), sometimes patients will be alone for a well-child or dental hygiene visit while other times they will have a coordinated dental hygiene and well-child visit. Included in this section are sample workflows that a primary care site might utilize to effectively move patients through their appointments. Each implementation team should review these sample workflows and customize them to meet the specific practice needs.

Implementation guidance:

Figure 2. Workflow for well-child visit without planned dental visit.

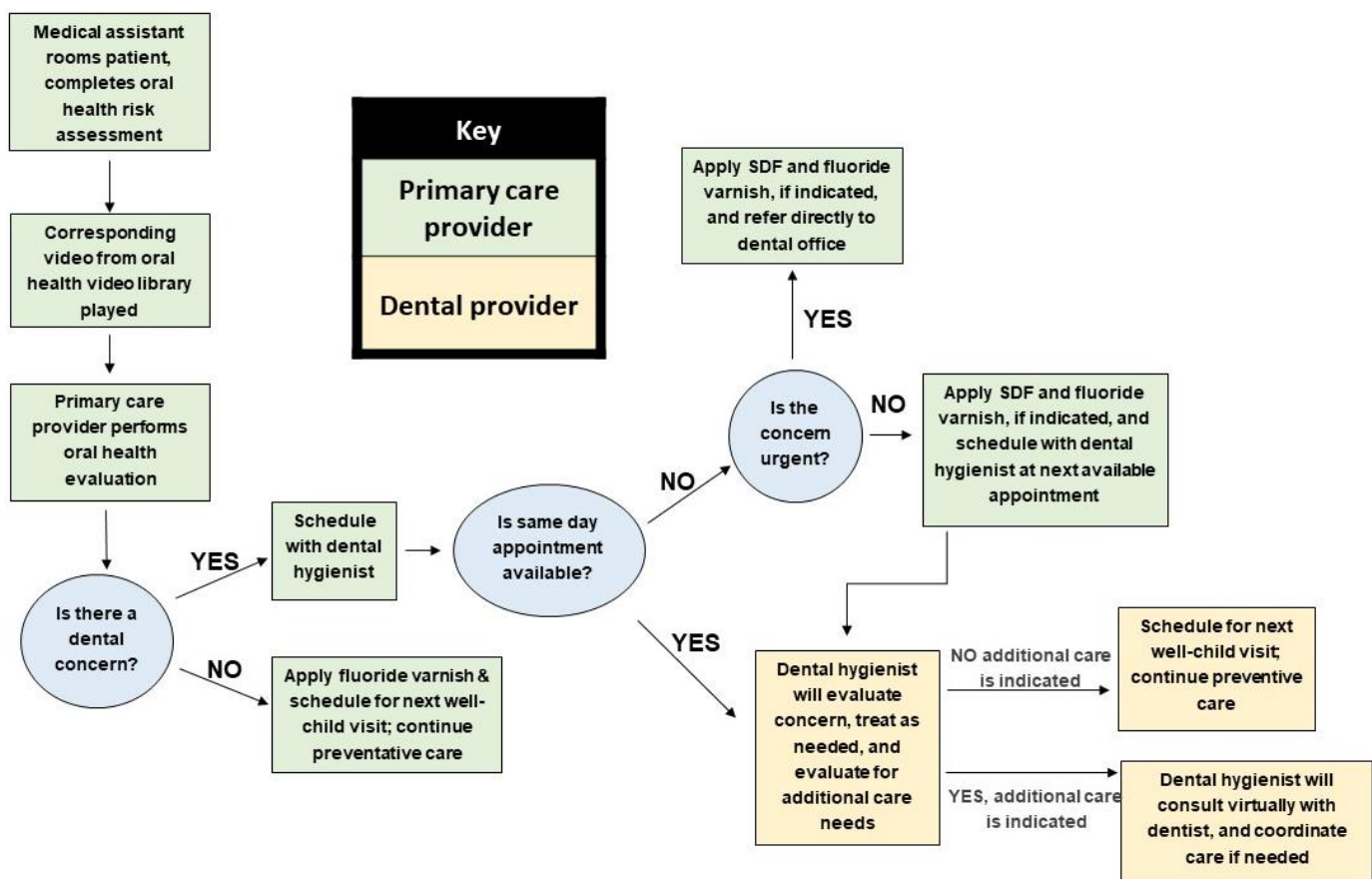


Figure 3. Workflow for well-child visit with planned dental visit.

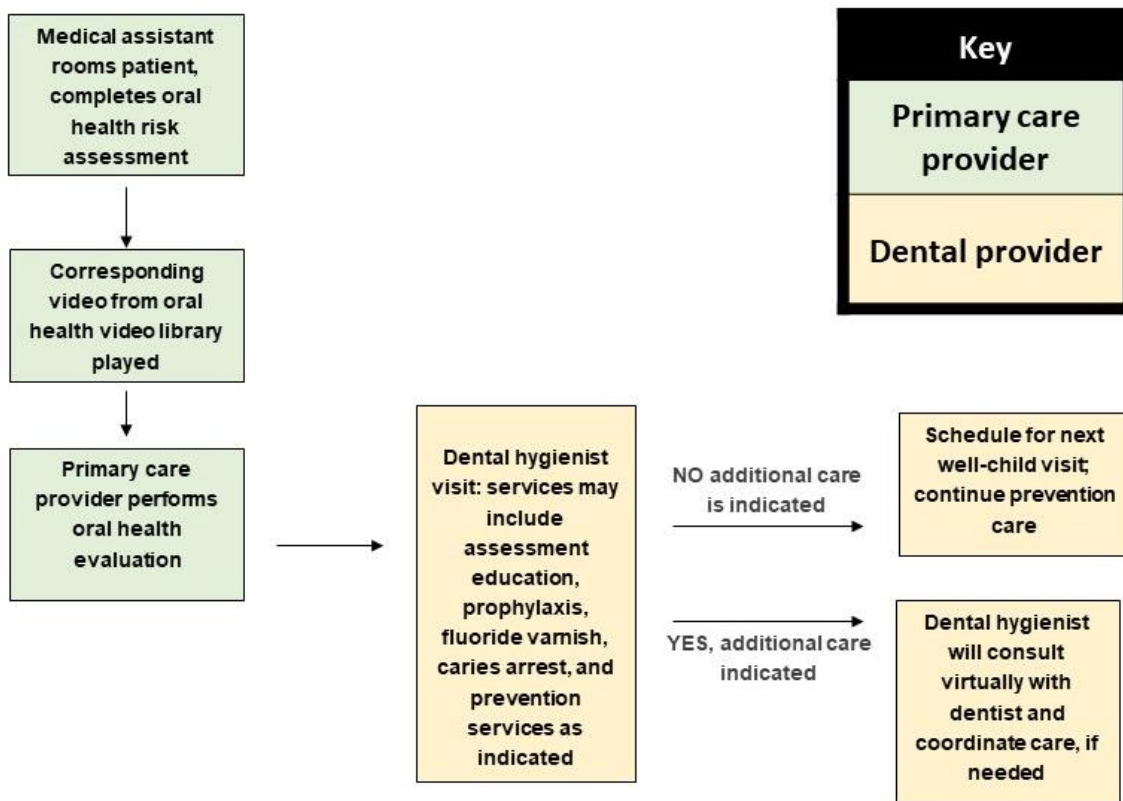
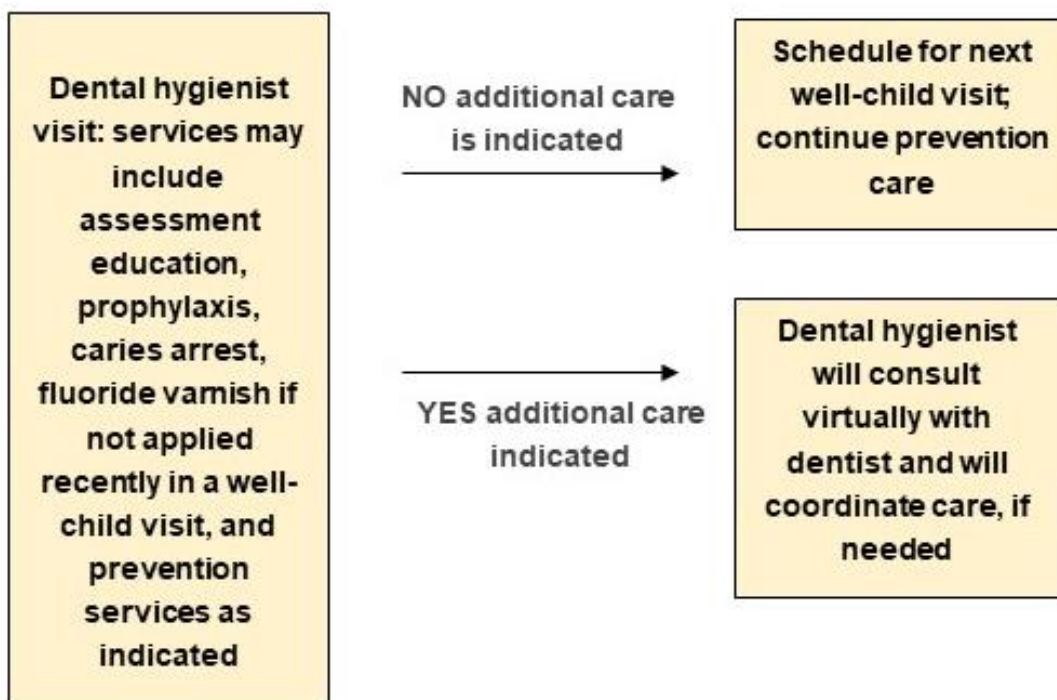


Figure 4. Workflow for dental visit without well-child appointment.



Health/dental record integration

Integration of health and dental records is vital to medical-dental integration. The ability for the entire health team to view both health and dental aspects of the patient record is integral to the collaborative, patient-centered approach of Dental Steps. Depending on the existing electronic health records system in the primary care office, records integration can be accomplished in different ways:

- 1) **Electronic health records management system offers a dental module:** If the primary care office's electronic health records management system offers a dental module, this module embedded within the health records system is used to record dental-specific health record items. If a dental module is available, this option is ideal as it allows a one-location repository for all health/dental record items that are visible by all members of the care team leading to the greatest capacity for care integration.
- 2) **Electronic health records management system does NOT offer a dental module:** When the primary care office's electronic health records management system does not offer a dental module, a separate dental health records management system is necessary with the additional step of entering necessary dental health information into the health record system to ensure that it is visible by the entire health team. This may include approaches, such as:
 - a. Adding a template to the electronic health record management system to record pertinent aspects from the dental health record, including services rendered, clinical findings, and recommended next steps.
 - i. This option may better lend to integration of the after-care summary that is ideal for integrated messaging and follow-up care.
 - b. Downloading a clinical summary form from the patient's electronic dental record and uploading it to their electronic health record.

Note: When separate medical and dental records are used, in addition to integration of the record items, consideration needs to be given to the process for integrating scheduling and billing. It is recommended, if possible, that the scheduling occur in the primary health record management system for ease of schedule integration even if a separate dental record system is used to manage the entirety of the dental record.

5. Connect virtually to a dentist

Dental Steps maximizes the use of telehealth technology to increase access to care by a dentist. While the on-site dental hygienist provides support for patients who are identified with treatment needs that extend beyond the medical scope, some patient needs will also extend beyond the dental hygiene scope of practice. When this occurs, the dental hygienist will activate the virtual connection to a dentist for consultation, guidance, treatment planning, and care coordination. Utilization of telehealth technology greatly expands access to dentist evaluation while all ongoing prevention and early intervention services occur within the primary care setting. See [Appendix G](#) for sample agreement between a dentist and primary care office.

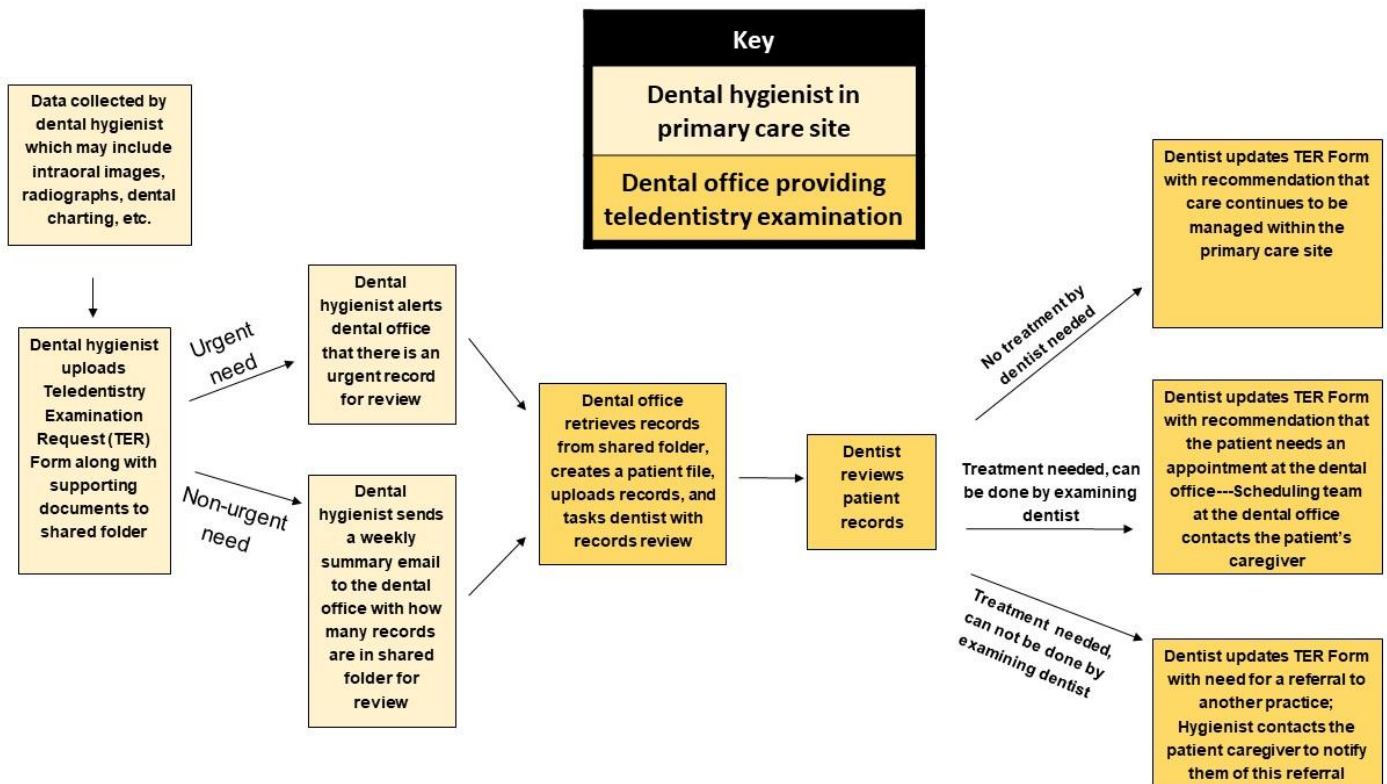
Note: In practices that are not yet ready to integrate a hygienist into the primary care team, this component can also be used to establish an eConsult mechanism between the primary care provider and a dentist.

Implementation guidance: (Note: This will vary if the primary care provider is the one activating the eConsult)

When a need for teledentistry consultation is identified:

- 1) The dental hygienist will transmit digital dental records that may include intraoral imaging, radiographic imaging, and dental charting via telehealth technology for review by a dentist.
- 2) Upon review of the record, the dentist will provide guidance and treatment recommendations.
- 3) The dental hygienist will complete any additional services within the dental hygiene scope of practice as instructed by the dentist and/or work with the patient to coordinate care with the dental office if treatment or further evaluation by the dentist is necessary.

Figure 5. Workflow for communication between dental hygienist and remote dentist for assessment of patient needs that are beyond the dental hygiene scope of practice.



Teledentistry Examination Request Form: An example of a Teledentistry Examination Request Form is included in [Appendix H](#). It is recommended that an online, shared form be used that allows for two-way communication between the dental hygienist and the dentist. In this sample form, the first portion of the form is completed by the dental hygienist and sent with other dental record items, and the second portion of the form is completed by the dentist upon review of the patient’s case. Once the dentist has completed the form, the dental hygienist will record the results of the teledentistry examination in the patient’s electronic health/dental record.

File Sharing: Depending on the record management software system used, files necessary for teledentistry consultation may be able to be shared using built-in telecommunication aspects of the record system. If built-in file sharing capacity is not present, external file share service providers may be employed. Shared items include the [Teledentistry Examination Request Form](#), intraoral imaging, radiographic imaging, dental charting, and any supplemental items necessary for teledentistry examination by a dentist.

HIPAA compliance: Whichever means of record sharing that is utilized, care must be taken to ensure that all HIPAA compliance standards are followed when sharing Protected Health Information (PHI). While there are many file sharing and shared forms systems available online, not all are considered HIPAA compliant in their standard form. Some can achieve HIPAA compliance by obtaining a Business Associate Agreement (BAA) with the service provider. Note: Not all service providers will enter into a BAA with a HIPAA compliant agency, and even with a BAA in place, all HIPAA compliance safeguards must be implemented to ensure reasonable safety in transmission of PHI.

Teledentistry rules: Any dentist practicing teledentistry must do so in compliance with any rules and regulations set forth by their licensing body and state legislation. Dental Steps involves ‘asynchronous encounters’ and ‘store and forward transfer,’ as defined by the State of Maine Board of Dental Practice’s [Practice Requirements for Teledentistry Services](#).

Billing for teledentistry examination: In accordance with the rules and regulations around teledentistry, the examining dentist will determine and bill for the appropriate billing code for the teledentistry service provided. Below are examples of common codes selected by dentists offering teledentistry services. Note: D9996 does not have a fee attached but is necessary to identify that the service was delivered by teledentistry.

CDT code	Service	MaineCare reimbursement rate as of July 1, 2023*
D1390	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	\$60.38
D0120	Limited oral evaluation-problem focused	\$58.34
D0150	Comprehensive oral evaluation - new or established patient	\$66.47
D9996	Teledentistry - asynchronous; information stored and forwarded to dentist for subsequent review	\$0

*[MaineCare reimbursement rates](#) are subject to change and should be checked periodically.

Workforce

The following team members are necessary for successful implementation of Dental Steps:

Team Member	Site	Role
Medical assistant	Primary Care	Room the patient, oral health risk assessment, selection of age/language appropriate oral health video, start educational video or provide QR code, apply fluoride varnish (after provider performs oral screening)
Primary care provider	Primary Care	Oral screening, assign varnish (if indicated) to medical assistant, apply SDF (if indicated), alert hygienist (if indicated) of the need for further assessment; record findings in health record
Practice manager	Primary Care	Responsible for general oversight of Dental Steps implementation as it relates to the practice operations
Dental Steps implementation coordinator role	Primary Care	Responsible for Dental Steps implementation preparation, training scheduling, development of office specific protocols, and ongoing program implementation and evaluation oversight. This may be integrated into any existing role of other team members
Dental hygienist	Primary Care	Perform as indicated: Medical history review, vitals, oral health assessment, preventive services, early intervention services, virtual data transmission to dentist, care coordination with dental office, education, oral health support for medical team, electronic health and dental record entry, provide weekly summary to dental office of records needing review and alert them immediately of urgent needs, and enter services rendered coding
Billing personnel	Primary Care	Initial set up of billing system to manage dental claims, ongoing submission of dental claims for reimbursement
Patient service representatives	Primary Care	Schedule appointments, including coordinated well-child/dental hygiene visits, check-in/check-out patient appointments, appointment confirmation
Care managers	Primary Care	Provide information to families about Dental Steps and assist, as needed, in care management with the dental clinic
Health information management	Primary Care	Set up dental record integration accommodations and provide ongoing technical assistance, as needed; assist with data reporting for ongoing evaluation and quality assurance
Dentist	Dental Office	Examine electronic dental records and provide treatment recommendations, update inter-site communication form
Practice manager	Dental Office	General oversight of communication to and from primary care site, retrieval of dental records from file sharing mechanism, creation of new patient record in dental office electronic dental record system, upload shared documents into patients' records, review weekly summary email from dental hygienist and intercept emails alerting the presence of urgent records review needs, task dentist with record review, submit claim for dentist's teledentistry procedures; contact patients' caregivers to schedule patients at dental office when indicated

Training

In preparation for implementation of Dental Steps, the following training is recommended:

Team Member	Site	Training
Medical assistant	Primary Care	FTFT Program implementation training, Dental Steps orientation, site-specific protocols
Primary care provider	Primary Care	FTFT Program implementation training, SDF application, Dental Steps orientation, site-specific protocols
Dental hygienist	Primary Care	Working in non-traditional practice sites, health system/primary care site orientation/standard employee trainings, teledentistry communication, Dental Steps orientation, calibration exercises between dentist and hygienist, site-specific protocols, including electronic health/dental record integration
Admin/support staff	Primary Care	Dental Steps orientation, site-specific protocols, including workflows, scheduling procedures, and billing
Dental team	Dental office	Teledentistry communication, Dental Steps orientation, calibration exercises between dentist and hygienist

Training	Training Description
FTFT Program	FTFT is a Maine-based program that trains primary care providers to perform oral health evaluations and risk assessments and apply fluoride varnish. Training information can be found here: FTFT Training
Dental Steps Orientation	The Dental Step orientation provides an overview of Dental Steps for ME and should include review of this implementation guide
Site-specific protocols	Dental Steps will need to be adapted to fit each site, and site-specific protocols must be created for many areas, such as billing protocols, clinical workflow protocols, and records integration and sharing protocols. All staff need to be trained on any protocols relevant to their role
SDF application	SDF application training provides the medical team the skills to safely and effectively apply SDF
Working in non-traditional practice sites training	Traditional dental hygiene education is geared toward provision of dental hygiene services in traditional dental offices. Many dental hygienists will need additional training to bridge the gap between their traditional dental office experience and working in a new location. This training provides dental hygienists with the foundational knowledge to be successful in a non-traditional clinical setting, including managing infection control, records keeping, and patient care, such as potential medical emergencies in settings outside the dental office
Health system/primary care site orientation	As a new employee of the primary care site, dental hygienists will need to complete all existing training and orientations required by the primary care site or health system of all employees. This should include training on the existing medical emergency protocols within the primary care site, records software, HIPAA compliance, etc.
Teledentistry communication	This training will provide all team members who are engaged in patient data collection, transfer, or examination review via teledentistry with the appropriate skills to uphold standards of care and patient privacy
Calibration exercises	Calibration exercises between the remote dentist and on-site dental hygienist are key to thorough, complete, and accurate patient assessment via teledentistry. Calibration exercises are designed to ensure consistency and reproducibility of virtual examination results and collaboratively developed treatment plans

Fiscal sustainability/financial projections

The fiscal sustainability of Dental Steps is tied to a successful revenue model. Dental Steps should be self-supported with revenue from dental claims billed for services provided. Below are fiscal projections based on [MaineCare reimbursement rates](#) in a fee-for service model. Note: If a practice is participating in MaineCare’s PC Plus program, Dental Steps meets the requirements for offering oral health screening and fluoride varnish in well-child visits.

CDT and CPT codes for Dental Steps services:

CDT code	Service	MaineCare reimbursement rate as of July 1, 2023*	Service provider	
			PC	DH
D0145	Oral evaluation for a patient under 3 years of age and counseling with primary caregiver	\$50.21	✓	
D0190	Screening of a patient	\$22.16		✓
D0191	Assessment of a patient	\$14.55	✓	
D0220	Intraoral-periapical, first radiographic image	\$22.16		✓
D0230	Intraoral-periapical, each additional radiographic image	\$16.25		✓
D0240	Intraoral-occlusal radiographic image	\$24.38		✓
D0270	Bitewing-single radiographic image	\$22.16		✓
D0272	Bitewings-2 radiographic images	\$35.35		✓
D1120	Prophylaxis-child	\$54.65		✓
D1206	Topical application of fluoride varnish	\$26.58		✓
D1330	Oral hygiene instructions	\$26.58		✓
D1351	Sealant-per tooth	\$33.23		✓
D1354	Application of caries arresting medicament-per tooth	\$27.82	✓	✓
D1355	Caries preventive medicament application-per tooth	\$20.54	✓	✓
D2940	Protective restoration	\$62.70		✓
D9992	Dental case management- care coordination	\$24.59		✓
CPT code	Service	2023 MaineCare reimbursement rate		
CPT99188	Topical fluoride varnish	\$26.58	✓	

*[MaineCare reimbursement rates](#) are subject to change and should be checked periodically.

Sample coding for Dental Steps schedule:

Age	Provider		Services	Codes	MaineCare rate as of July 1, 2023*
	PC	DH			
2 months	✓		Well-child visit, oral health education video	----	----
4 months	✓		Well-child visit, oral health education video, oral health screening, fluoride varnish application (if first tooth is erupted), oral health risk assessment	D0191 CPT99188	\$14.55 \$26.58
6 months	✓		Well-child visit, oral health education video, oral health screening, fluoride varnish application (if first tooth is erupted), oral health risk assessment	D0145 CPT99188	\$50.21 \$26.58
9 months	✓	✓	Well-child visit, oral health education video, coordinated routine visit with dental hygienist that will include assessment and any preventive and early intervention services appropriate for the individual patient's needs	D0190 D1120 D1206	\$22.16 \$54.65 \$26.58
12 months	✓		Well-child visit, oral health education video, oral health screening, fluoride varnish application, oral health risk assessment	D0145 CPT99188	\$50.21 \$26.58
15 months	✓		Well-child visit, oral health education video, oral health screening, fluoride varnish application, oral health risk assessment	D0191 CPT99188	\$14.55 \$26.58
18 months	✓	✓	Well-child visit, oral health education video, coordinated routine visit with dental hygienist that will include assessment and any preventive and early intervention services appropriate for the individual patient's needs	D0190 D1120 D1206	\$22.16 \$54.65 \$26.58
2 years	✓		Well-child visit, oral health education video, oral health screening, fluoride varnish application, oral health risk assessment	D0145 CPT99188	\$50.21 \$26.58
2 1/2 years	✓	✓	Well-child visit, oral health education video, coordinated routine visit with dental hygienist that will include assessment and any preventive and early intervention services appropriate for the individual patient's needs	D0190 D1120 D1206	\$22.16 \$54.65 \$26.58
3 years	✓	✓	Well-child visit, oral health education video, coordinated routine visit with dental hygienist that will include assessment and any preventive and early intervention services appropriate for the individual patient's needs	D0190 D1120 D1206	\$22.16 \$54.65 \$26.58
3 ½ years		✓	Routine visit with dental hygienist that will include assessment and any preventive and early intervention services appropriate for the individual patient's needs	D0190 D1120 D1206	\$22.16 \$54.65 \$26.58
4 years	✓	✓	Well-child visit, oral health education video, coordinated routine visit with dental hygienist that will include assessment and any preventive and early intervention services appropriate for the individual patient's needs	D0190 D1120 D1206	\$22.16 \$54.65 \$26.58
4 ½ years		✓	Routine visit with dental hygienist that will include assessment and any preventive and early intervention services appropriate for the individual patient's needs	D0190 D1120 D1206	\$22.16 \$54.65 \$26.58
5 years**	✓	✓	Well-child visit, oral health education video, coordinated routine visit with dental hygienist that will include assessment and any preventive and early intervention services appropriate for the individual patient's needs	D0190 D1120 D1206 D0272	\$22.16 \$54.65 \$26.58 \$35.35

*[MaineCare reimbursement rates](#) are subject to change and should be checked periodically.

**After age 5, practices can continue with preventive care, screening, and radiographs as indicated.

Suggested additional preventive/assessment services:

Service/rationale	Code	Timeframe	MaineCare reimbursement rate as of July 1, 2023*
Application of SDF for caries prevention on primary molars	D1355	At any juncture indicated by risk assessment once primary molars erupt and SDF can be safely applied	\$20.54 per tooth
Bitewings-2 radiographic images for assessment of interproximal decay	D0272	As soon as primary molars are in contact rendering interproximal spaces no longer visible, and child can safely tolerate the procedure	\$35.35

Examples of additional treatment/diagnostic services that may be indicated:

Service/rationale	Code	Timeframe	MaineCare reimbursement rate as of July 1, 2023*
Application of SDF as an early intervention service to arrest a forming cavity	D1354	Whenever a developing carious lesion is identified that is an appropriate candidate for SDF application, and repeat application per guidelines	\$27.82 per tooth
Temporary/therapeutic filling using glass ionomer material to arrest caries progression on a tooth identified with a cavity	D2940	Whenever a developing carious lesion is identified that is deemed appropriate for a temporary/therapeutic filling	\$62.70 per tooth
Radiograph to transmit digitally to dentist for diagnosis	D0220	Anytime a dental problem is identified that would indicate a radiograph, and the child can safely tolerate the procedure	\$22.16

*[MaineCare reimbursement rates](#) are subject to change and should be checked periodically.

Case examples of revenue projections:

Case	Codes	MaineCare rates	Total revenue
4-month old patient presents for well-child visit, and began erupting teeth quite early. Primary care provider performs an oral health assessment and during the assessment notes that the first erupted tooth is already exhibiting signs of incipient decay. After discussing the pros and cons with the family, and obtaining written informed consent, the primary care provider applies SDF on that spot, fluoride varnish to all teeth, and completes a risk assessment with the family to identify contributing factors to this incipient decay.	D0145 CPT99188 D1354	\$50.21 \$26.58 \$27.82	\$104.61
6-month-old child presents for well-child visit and has just begun erupting teeth. Primary care provider performs an oral assessment and promotes healthy mouth habits with the family. The teeth look healthy and fluoride varnish is applied. However, there is an area of redness on the gingiva that appears concerning to the primary care provider, so an intraoral image is collected and transferred to the dentist for consultation.	D0191 CPT99188 D9310	\$50.21 \$26.58 \$60.38	Primary care: \$76.79 Dental office: \$60.38
1-year-old child presents for well-child visit with coordinated dental hygiene appointment; child has eight erupted teeth that are visibly covered with plaque and beginning tartar formation; hygienist removes plaque and tartar and, during assessment, notices the beginning of a cavity forming on two teeth. After discussing the pros and cons with the parent, consent is provided, and SDF is placed on both lesions. Finally, fluoride varnish is applied.	D0190 D1120 D1206 D1354	\$22.16 \$54.65 \$26.58 \$27.82 X 2	\$159.03
3-year-old patient presents for well-child visit with coordinated dental hygiene appointment. During the assessment, the dental hygienist notices that a significant cavity has formed. A radiograph is exposed and sent to the dentist for teledentistry examination along with other dental record items, including multiple intraoral images of all teeth and soft tissues. It is determined the tooth is a good candidate for a temporary filling, and the dentist suggests continuing with regular preventive care in the primary care office. Fluoride varnish is applied at the end of the appointment.	D0190 D1120 D1206 D2490 D0150	\$22.16 \$54.65 \$26.58 \$62.70 \$66.47	Primary care: \$166.09 Dental office: \$66.47
4-year-old patient presents for a well-child visit with a coordinated dental hygiene appointment. The patient has been part of the Dental Steps program since birth and has very healthy teeth. The dental hygienist finds no areas of concern during the assessment, but notices that the posterior teeth are quite close together now and the interproximal spaces between the teeth are no longer visible. In addition to the cleaning and fluoride varnish, the dental hygienist also exposes two bitewing radiographs to assess the interproximal spaces. Radiographs are sent to the dentist for teledentistry examination along with other dental record items, including multiple intraoral images of all teeth and soft tissues.	D0190 D1120 D1206 D0272 D0150	\$22.16 \$54.65 \$26.58 \$35.35 \$66.47	Primary care: \$138.74 Dental office: \$66.47

Note:

The above revenue projections are based on a fee-for-service model. In a different payment setting, such as a Federally Qualified Health Center, revenue projections would need to be modified for encounter-based reimbursement.

Infrastructure/Supply Needs

Selection of spaces:

A designated 'dental operator' is not required for implementing Dental Steps. Since many primary care sites are operating on limited available free space, it is recommended that mobile equipment be used for preventive and early intervention dental service delivery. Access to a sink and adequate space to ensure proper clinician ergonomics are necessary for dental treatment spaces. Of consideration when selecting treatment spaces should be that the portable dental equipment that houses a self-contained compressor can be noisy in varying degrees depending on brand/model. Note: A designated supply storage space is recommended that is also large enough to store the mobile equipment when not in use.

Equipment/supplies:

Dental Steps implementation will require a limited set of fully mobile dental service equipment sufficient to provide on-site preventive and early intervention services to the age 0-5 population, including collection and transmission of electronic dental record data. The suggested equipment/supply list on the following pages covers estimates for up to 20 children treated a day, with adequate supplies for the first 400 patients, assuming there is access to midday sterilization. Actual quantities may vary based on treatment needs. Supplies that require ongoing purchase are designated with an "*".

Note: A dental chair is not included in the equipment list because younger patients in this target population are likely to receive their care in the knee-to-knee position with a caregiver, and there is an examination table in most primary care exam rooms for the older children in the 0-5 year old range, which is the primary target population for Dental Steps. The suggested supplies list also assumes that primary care sites also already have the following supplies:

- *Personal protective equipment (gloves, n95 masks, disposable gowns, face shields).
- Autoclave/*Autoclave supplies, i.e., instrument bags/*spore testing and *sterilization monitoring supplies.
- Records entry device (e.g., laptop).
- *First aid/medical emergencies kit.
- *Paper towels.
- *Surface disinfectants (specific brands may be required for some equipment purchased).
- *Hand-washing soap.
- *Hand sanitizer.
- Provider stool.
- Examination table in exam room.

The supply list below is based on estimates from research in 2022. Supply costs are expected to increase with inflation.

Supplies that require ongoing purchase are designated with an “*.”

Suggested equipment/supplies:		
Item description	Recommended starting quantity	Estimated cost per unit
Portable dental delivery unit with suction/compressor and prophylaxis handpiece	1	\$5,525
Headlight	1	\$125
Dirty instrument transport container	1	\$2
Rolling supply storage unit	1	\$90
Instruments-mirrors, 12 pack	1	\$80
Instrument kit with cassette, explorer/probe, sickles (posterior and anterior)	10	\$184
Air/water syringe tips, five pack	2	\$24
Ultrasonic instrument cleaner	1	\$698
Curing light	1	\$485
Temporary restoration material, glass ionomer starter kit	1	\$412
Intraoral camera	1	\$299
Utility gloves	1	\$9
Patient safety glasses	1	\$45
Clinician safety glasses	1	\$45
*Cleaning supplies for delivery unit, suction lines	1	\$155
*Water line disinfection tablets, box of 50	1	\$42
*Ultrasonic instrument cleaner enzyme tablets, box of 144	1	\$105
*Curing light infection control barriers, box of 500	1	\$24
*Infection control barriers for equipment, box of 500	1	\$2
*Fluoride varnish, box of 100	4	\$230
*Disposable patient napkins, box of 500	1	\$33
*Disposable patient napkin holder, box of 250	2	\$10
*Saliva ejectors, box of 100	2	\$8
*Cotton rolls, box of 2000	1	\$22
*Prophylaxis paste, box of 200	1	\$69
*Prophylaxis angles, box of 125	2	\$144
*Brushes, box of 144	4	\$104
*Flossers, box of 48	9	\$21
*Super floss, 50 strands, six pack	1	\$50
*Temporary restoration material, glass ionomer refills	1	\$280
*Silver diamine fluoride, one bottle	1	\$255
*Intraoral camera infection control barriers, box of 500	1	\$139
Portable x-ray unit with software	1	\$10,600
X-ray aprons for operator and child	1	\$1245
Digital x-ray sensor	1	\$7,000
*Digital sensor infection control barrier, box of 500	1	\$51
*Bite tabs, box of 500	1	\$10

Glossary of Terms

Term	Explanation
Medical-dental integration	Integration of primary care and oral health to address total body health as one
Teledentistry	The use of electronic information, imaging, and communication technologies, including interactive audio, video, data communications, as well as store-and-forward technologies, to provide and support dental care delivery, diagnosis, consultation, treatment, transfer of dental information, and education (American Teledentistry Association, 2022 https://www.americanteledentistry.org/facts-about-teledentistry/)
Prophy	Shortened version of 'prophylaxis,' the dental term used for what many consider a 'dental cleaning,' or a process of removing plaque, debris, stain, and small amounts of tartar from periodontally healthy teeth
Sealant	A preventive coating applied over the pits and fissures of teeth that are prone to tooth decay
Silver diamine fluoride	An easily applied substance containing silver and fluoride that can prevent, delay the progression of, and/or arrest tooth cavities
Temporary filling	A non-invasive, atraumatic (no drilling) type of dental restoration that is applied over existing tooth decay and can delay the progression of or arrest tooth decay; sometimes referred to as a 'therapeutic restoration'
Dental caries	The chronic disease that results in tooth decay
From the First Tooth	An existing medical/dental prevention program that focuses on prevention of dental disease as soon as the first tooth erupts. It involves oral screening, risk assessment, and fluoride application by medical providers (https://www.fromthefirsttooth.org/).
Independent practice dental hygienist	A practice authority available to registered dental hygienists in Maine who meet a set of criteria designated by the Board of Dental Practice. Dental hygienists who possess this authority can practice without dentist supervision and own their own practice
Non-invasive care	A scientifically-backed, evidenced-based approach to managing dental disease that supports retention of tooth structure while managing the decay in a non-invasive way
Restoration	A traditional approach to management of dental disease. A filling is an example of a dental restoration that recent research suggests is unnecessary in some cases and rather non-invasive care approaches should be prioritized

Additional resources

- American Association of State and Territorial Dental Directors. Updated October 2023. Silver Diamine Fluoride Fact Sheet. Available at: https://www.astdd.org/docs/SDF-fact-sheet-upd-oct_23.pdf
- American Dental Association. (2018, October). Options for dealing with tooth decay. *The Journal of the American Dental Association*. 149(10). 927-928. <https://jada.ada.org/action/showPdf?pii=S0002-8177%2818%2930541-5>
- Burger, D. (2021, October 15). WHO includes three dental preparations in list of essential medicines for first time. *ADA News*. <https://adanews.ada.org/ada-news/2021/october/who-includes-three-dental-preparations-in-list-of-essential-medicines-for-first-time/>
- CareQuest. Medical-Dental Integration. <https://www.carequest.org/topics/medical-dental-integration>
- Center for Evidence-based Policy. Silver Diamine Fluoride Patient Fact Sheet. <http://centerforevidencebasedpolicy.org/wp-content/uploads/2018/06/SDF-Patient-Fact-Sheet-FINAL.pdf>
- Children’s Oral Health Network of Maine. Virtual Dental Home. <https://www.maineconh.org/what-we-do/vdh>
- Children’s Oral Health Network of Maine. Oral health data. <https://www.maineconh.org/what-we-do/data>
- MaineCare Benefits Manual, Chapter 25: Dental Care Reimbursement and Methodology: <https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.maine.gov%2Fsos%2Fcec%2Frules%2F10%2F144%2Fch101%2Fc2s025.docx&wdOrigin=BROWSELINK>
- Maine Board of Dental Practice, Statutes and Rules: <https://www.maine.gov/dental/statutes-rules/statutes-rules.html>
- Maine Dental Connection: <https://www.themainedentalconnection.org/>
- Slayton, R. L., Urquhart, O., Araujo, M. W., Fontana, M., Guzmán-Armstrong, S., Nascimento, M. M., ... & Carrasco-Labra, A. (2018). Evidence-based clinical practice guideline on nonrestorative treatments for carious lesions: a report from the American Dental Association. *The Journal of the American Dental Association*, 149(10), 837-849. <https://doi.org/10.1016/j.adaj.2018.07.002>
- Coming Soon! Smiles for Life SDF module!

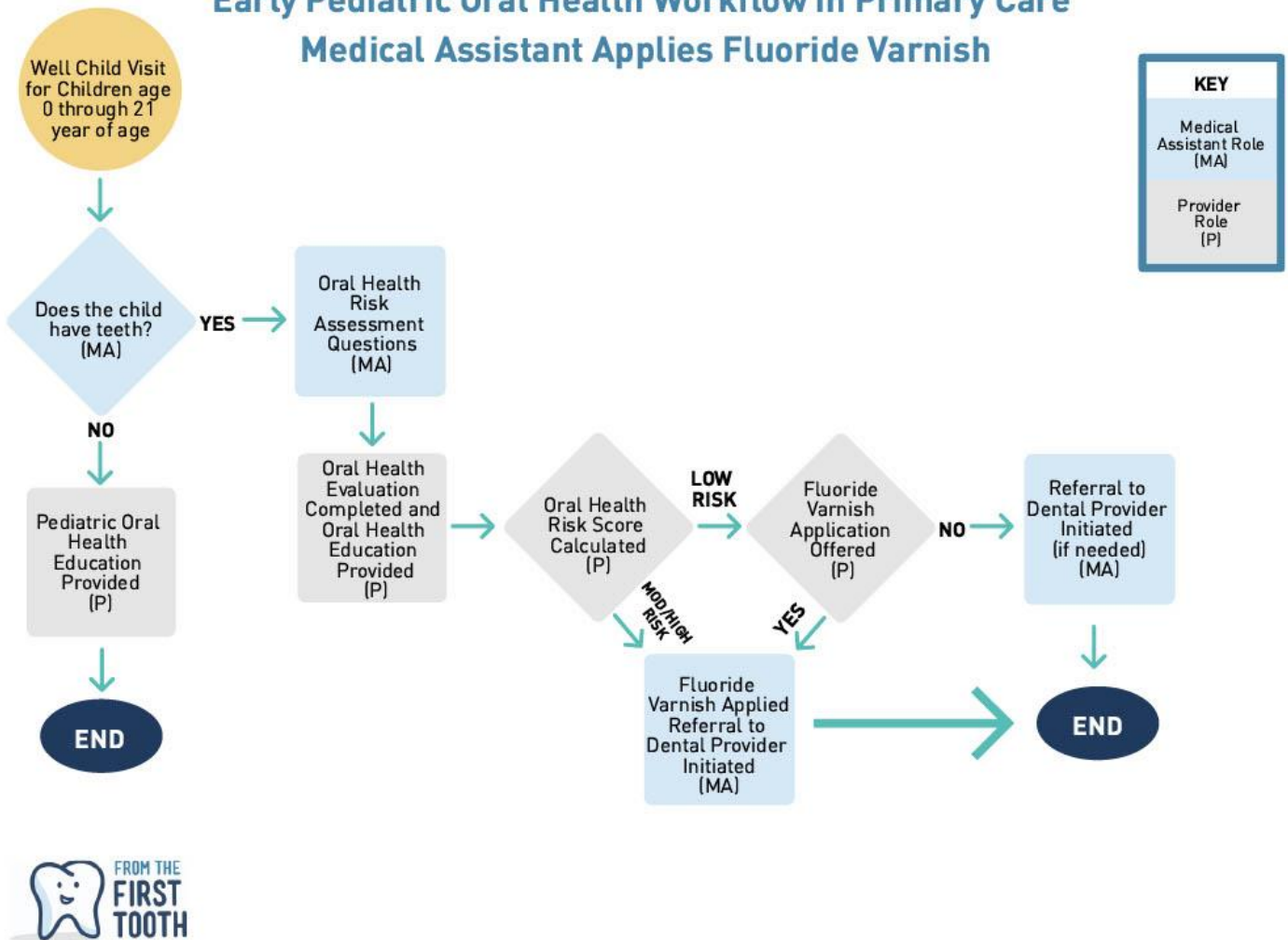
CareQuest Webinars on non-invasive therapies (will likely need to create a free CareQuest account to view these)

- Self-paced learning modules on minimally invasive care: [Minimally Invasive Care in Dentistry: Healing Tooth Decay with Brush-On Therapies | CareQuest Institute for Oral Health](#)
- SDF webinar: [SDF and Beyond: Patient-Centered Brush-On Therapies for Caries Management | CareQuest Institute for Oral Health](#)
- Non-invasive therapy “how-to” guide: [Non-Invasive Caries Therapy Guide | CareQuest Institute](#)

***To follow progress on medical-dental integration in Maine, sign-up for the Children’s Oral Health Network’s E-Newsletter by entering your email in the “subscribe” box at the bottom of the Children’s Oral Health Network of Maine’s website: www.maineconh.org

Appendix A: FTFT Workflow

Early Pediatric Oral Health Workflow in Primary Care Medical Assistant Applies Fluoride Varnish



Appendix B: FTFT Risk Assessment

SECTION A: ORAL HEALTH RISK ASSESSMENT QUESTIONS

May be administered by clinical support staff

ANSWERS WITH INDICATE RISK FACTORS

- Q1. Does the child have teeth? YES NO*
- Q2. Has the child seen a dentist in the past year? YES NO
- Q3. Does the child have his/her teeth brushed daily with toothpaste? YES NO
- Q4. Has the child ever had cavities or fillings? YES NO
- Q5. Has the mother/primary caregiver had active/untreated cavities in the past year? YES NO

*If 'no' stop and reassess at next well child visit

SECTION B: ORAL EVALUATION AND PLAN

Must be performed by Primary Care Provider

ORAL EVALUATION

- Q6. Is there visible plaque on the teeth? YES NO
- Q7. Are there signs of visible decay or white spot lesions on the teeth? YES NO
- Q8. Does the child have other oral conditions of concern? (abscess, broken tooth, pain, etc?) YES NO

CARIES RISK ASSESSMENT

LOW
NO RISK FACTOR

MODERATE/HIGH
1+ RISK FACTOR

VISUAL GUIDE

HEALTHY TEETH*



PLAQUE ON TEETH



WHITE SPOT LESION AND EARLY TOOTH DECAY*



TEETH WITH DECAY



SEVERE TOOTH DECAY WITH DENTAL ABSCESS*



TEETH WITH RESTORATIONS



*Photos courtesy of Joanna Dougless, BDS, DDS

ORAL HEALTH PLAN

Consider fluoride varnish for all children up to age 6

FOR ALL CHILDREN

- Prescribed Fluoride Supplement (circle dosage)
0.25mg 0.5mg 1.0mg
- Fluoride Supplements not indicated
- Provided Oral Health Anticipatory Guidance
- Completed Risk Assessment w/ Oral Evaluation

FOR CHILDREN WHO HAVE NOT SEEN A DENTIST IN PAST YEAR (Q2)

- Completed Caries Risk Assessment w/ Oral Evaluation
- Applied Fluoride Varnish
- Patient/Family declined Fluoride Varnish
- Referred Child to Dentist



For more information visit
WWW.FROMTHEFIRSTTOOTH.ORG

Appendix C: Oral health video library QR codes

QR Codes: Dental Steps for ME Videos

Use your device to scan a QR code below to view a video in English related to each well-child visit from 2 months to age 5, plus an intro video to the library!



DentalStepsforME.org

2 months



4 months



6 months



9 months



12 months



15 months



18 months



2 years



2.5 years



3 years



4 years



5 years



ENGLISH



Children's
Oral Health
Network
of Maine



QR Codes: Dental Steps for ME Videos

Use your device to scan a QR code below to view a video in Arabic related to each well-child visit from 2 months to age 5, plus an intro video to the library!



DentalStepsforME.org

2 months



4 months



6 months



9 months



12 months



15 months



18 months



2 years



2.5 years



3 years



4 years



5 years



ARABIC



Children's
Oral Health
Network
of Maine



QR Codes: Dental Steps for ME Videos

Use your device to scan a QR code below to view a video in French related to each well-child visit from 2 months to age 5, plus an intro video to the library!



DentalStepsforME.org

2 months



4 months



6 months



9 months



12 months



15 months



18 months



2 years



2.5 years



3 years



4 years



5 years



FRENCH



Children's
Oral Health
Network
of Maine



QR Codes: Dental Steps for ME Videos

Use your device to scan a QR code below to view a video in Portuguese related to each well-child visit from 2 months to age 5, plus an intro video to the library!



DentalStepsforME.org

2 months



4 months



6 months



9 months



12 months



15 months



18 months



2 years



2.5 years



3 years



4 years



5 years



PORTUGUESE



Children's
Oral Health
Network
of Maine



QR Codes: Dental Steps for ME Videos

Use your device to scan a QR code below to view a video in Somali related to each well-child visit from 2 months to age 5, plus an intro video to the library!



DentalStepsforME.org

2 months



4 months



6 months



9 months



12 months



15 months



18 months



2 years



2.5 years



3 years



4 years



5 years



SOMALI



Children's
Oral Health
Network
of Maine



QR Codes: Dental Steps for ME Videos

Use your device to scan a QR code below to view a video in Spanish related to each well-child visit from 2 months to age 5, plus an intro video to the library!



DentalStepsforME.org

2 months



4 months



6 months



9 months



12 months



15 months



18 months



2 years



2.5 years



3 years



4 years



5 years



SPANISH



Children's
Oral Health
Network
of Maine



Appendix D: Sample SDF Consent

Patient Name: _____ Patient Date of Birth: _____

Silver Diamine Fluoride (SDF) INFORMED CONSENT

Silver Diamine Fluoride (SDF) is an antibiotic liquid used to stop tooth decay and treat sensitivity. Periodic reapplication may be necessary for best results.

Procedure: Dry tooth, apply a small amount of SDF, allow SDF to absorb, blot off remaining SDF

***SDF application does not replace treatment by a dentist. Your child should still have a dental evaluation.

Who should not receive SDF: People allergic to silver, or people with sores in their mouth.

Benefits of receiving SDF: SDF can prevent and stop tooth decay and relieve sensitivity.

Risks related to SDF include, but are not limited to:

SDF will permanently **stain the cavity black.**

Healthy tooth structure will not stain.

If accidentally applied to the skin or gums, a brown or white stain may appear that causes no harm, cannot be washed off, and will disappear in 1-3 weeks.

SDF may also stain other materials such as clothing.

Your child may notice an unpleasant taste.

These side effects may not include all of the possible situations reported by the manufacturer. If you notice other effects, please contact our office.

There is no guarantee SDF application will stop the decay. Further treatment may be necessary even after application of SDF.

Alternatives to SDF include but are not limited to the following:

No treatment, which may lead to continued deterioration of the tooth and symptoms may increase in severity.

Depending on the location and extent of the tooth decay, other treatment may include a filling or crown, extraction, or other treatment by a dentist.

I CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THIS DOCUMENT, AND ALL MY QUESTIONS WERE ANSWERED:

Signature of parent/guardian _____ Date _____

Signature of witness _____ Date _____

Note: Sample form adapted from example provided in the following [webinar](#).



Appendix E: Video library marketing tool

SCAN TO CONNECT

ORAL HEALTH VIDEO LIBRARY



Children's
Oral Health
Network
of Maine



www.DentalStepsforME.org

Appendix F: Dental hygienist job description sample



Dental Steps for ME: Independent Practice Dental Hygienist Job Description

Job Summary:

Work in primary care setting where the dental hygienist is a member of the health team treating oral health as part of overall health. Connected virtually to a dental clinic, the Independent Practice Dental Hygienist (IPDH) maintains all preventive and early intervention services for patients of the primary care site, ages 0-5, who do not have a dental home. The IPDH provides on-site patient and medical team support and collaborates virtually with a participating dentist to provide diagnostic, preventive, and early intervention treatment in the medical home and support referral and follow-up activities as needed.

Key responsibilities:

- Develop relationships with medical providers.
- Collaborate with medical and dental staff to provide access to comprehensive oral healthcare for the age 0-5 patient population.
- Participate in initial and on-going training to provide high level care and interdisciplinary collaboration in the medical setting.
- Collect electronic dental records including digital radiographs, photographs and charting of dental findings.
- Record patient record using both electronic health and dental records.
- Communicate with dentist via technology to support dentist's teledentistry examination of the patient case, record findings in the patient's electronic health/dental records, and follow-up with care coordination as needed.
- Carry out all aspects of the patient care plan that can be performed by an IPDH in the medical setting including:
 - Health promotion and prevention education for patients, parents, and caregivers
 - Oral health risk assessments
 - Preventive procedures such as application of fluoride varnish, dental prophylaxis, and silver diamine fluoride (SDF)
 - Provide early intervention caries arrest services including placement of SDF and temporary fillings using glass ionomer.
- Coordinate with medical site and dental office staff to ensure complete care management and continuity of care.
- Maintain portable equipment and perform necessary maintenance.
- Comply with all pertinent regulation that governs the practice of dental hygiene including but not limited to state statutes, rules, and regulations, and those set forth by OSHA and HIPAA.
- Uphold infection control standards at all times complying with current CDC recommendations.
- Work with site staff and patients to coordinate schedule.
- Support medical team integration of oral health care into well-child visits.
- Attend and participate in staff meetings and other staff events.
- Participate in quality improvement activities.
- Provide leadership as a dental professional in a community setting

Requirements:

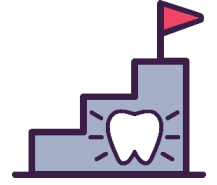
- Must hold a current Registered Dental Hygienist (RDH) license with Independent Practice (IPDH) authority.
- Must have experience using electronic health records.
- Must be proficient in the use of technology.
- Must demonstrate effective communication and problem-solving skills
- Prefer 5+ years of experience in community settings with priority given to those with pediatric and medical dental integration experience.
- Ability to work in a fast-paced environment and maintain professional composure and demeanor
- Ability to manage multiple priorities and projects simultaneously
- Knowledge about Medicaid dental reimbursement preferred
- Ability to work independently and self-directed

Physical Requirements:

- Position requires standing during the majority of working hours, bending and occasionally lifting and/or moving up to 50 pounds.
- Occupational exposure to blood borne pathogens is anticipated. Personal protective equipment will be provided to reduce or eliminate exposure to routine or limited infectious agents.
- Frequent use of hands and fingers to perform dental hygiene skills and operate a keyboard, mouse and telephone.
- Specific vision abilities required by this job include, vision to walk, close vision, peripheral vision and ability to adjust focus.

Note: Sample job description adapted from "Virtual Dental Home Registered Dental Hygienist Job Description" by Virtual Dental Home Consulting – www.OralHealthInnovation.com

Appendix G: Memorandum of Understanding sample



Dental Steps for ME: MEMORANDUM OF UNDERSTANDING Dental office/Medical office

Note: This template, adapted from the Virtual Dental Home Memorandum of Understanding by Virtual Dental Home Consulting – www.OralHealthInnovation.com, is provided only as an example of the types of provisions and language that may be included in an agreement between a medical and dental office in Dental Steps for ME. Entities involved in actual agreements should review those agreements carefully and ensure that the agreement meets the individual needs and circumstances of the parties.

This Memorandum of Understanding (MOU) is entered into effective [DATE] by and between [NAME OF MEDICAL OFFICE] “the **SITE**”, and [NAME OF DENTIST] “**DENTIST**” (“jointly, the “Parties”).

I. PURPOSE OF MOU

The purpose of this MOU is to define the roles and responsibilities of the **DENTIST** who will provide teledentistry services for the patients of the **SITE**.

II. DESCRIPTION OF PROJECT

Dental Steps for ME is a system of care designed to provide onsite care in medical homes to patients, ages 0-5 who do not have a dental home, through integration of a dental hygienist into the medical team who will provide care at the **SITE** in collaboration with a **DENTIST** using tele-dentistry technology. Dental Steps for ME is further described in Appendix I of this form.

III. RESPONSIBILITIES OF THE PARTIES

The Parties (Parties) understand that each should be able to fulfill its responsibilities under this Memorandum of Understanding (MOU) in accordance with the provisions of law and regulation that govern their individual activities. Nothing in this MOU is intended to negate or otherwise render ineffective any such provisions or the operating procedures of either Party. If at any time either Party is unable to perform its functions under this MOU consistent with such Party's statutory and regulatory mandates, the affected Party shall immediately provide written notice to the other seeking a mutually agreed upon resolution.

IV. INDEPENDENT STATUS

This MOU is by and between two independent entities, and is not intended to and shall not be construed to create the relationship of agent, servant, employee, partnership, joint venture or association involving the **SITE** and the **DENTIST**.

V. PATIENT CARE RESPONSIBILITY

It is agreed that the **DENTIST** shall exclusively be responsible for care they provide to the patients. Likewise, the **SITE** will be exclusively responsible for the care their employees provide to patients. Both Parties agree to acquire and maintain liability insurance covering the specific dental services authorized under this Agreement. All Parties will maintain current licensure.

VI. GENERAL TERMS

Collaboration: All parties agree to make every effort to work collaboratively towards the goal of the project. Should a dispute arise, parties will agree to meet and confer in an attempt to resolve such dispute. This memorandum may be modified by mutual consent of both parties. Either Party may give 30 days prior written notice of its intention to terminate this agreement for any reason or cause whatsoever and at any time. Either Party may immediately terminate this agreement with cause and without notice in the event of the other Party's default of performance of any term or covenant required as specified herein.

Any dispute arising from the performance of functions described in this MOU or otherwise related to its terms shall be resolved by binding arbitration, with each side to bear its own costs and attorney's fees. This Agreement and its exhibits are the complete and exclusive agreement between the Parties. This Agreement may only be modified, or any rights under it waived, by a written document executed by both Parties.

Notifications: **SITE** will notify **DENTIST** if there is a change in operations or structure that would affect Dental Steps for ME.

Annual Agreement Review: At least once a year, or upon a change in operation of the Dental Steps for ME or circumstances of either Party, this Agreement must be reviewed and signed by the **SITE** and **DENTIST** named in this Agreement. Copies of the original and updated agreements must be maintained by both parties named in this Agreement. Correspondence regarding this agreement should be sent to:

DENTIST

SITE

Name
Title
Address:
Phone #
Email

Name
Title
Address:
Phone #
Email

VII. SERVICES TO BE PERFORMED BY SITE

SITE employs dental hygienist(s) to provide health education, assessment, preventive dental hygiene services, records collection, and early intervention services to patients supported by tele-dentistry communication with the **DENTIST** allowed under this Agreement; implement treatment plans developed in collaboration with **DENTIST**; track and manage patient’s needs for additional and follow-up care; support the collection of and reporting to **DENTIST**.

VIII. SERVICES TO BE PERFORMED BY DENTIST

The **DENTIST** agrees to support the **SITE**’s efforts to provide access to comprehensive oral health care by offering virtual teledentistry examination and patient evaluation, treatment planning, and care coordination for patient needs.

DENTIST agrees to bill for their teledentistry services separately from **SITE** billing procedures, in accordance with state teledentistry rules and regulations.

IX. INDEMNITY OBLIGATION

SITE shall hold harmless and indemnify **DENTIST** from every claim or demand by any person, for any loss or injury to persons or property sustained by the **SITE**, or sustained by any person, firm, corporation or other entity rendering any services under this Agreement on behalf of **SITE** either directly or indirectly.

If personnel of **DENTIST** render care to patients, **DENTIST** shall hold harmless and indemnify **SITE** from every claim or demand by any person, for any loss or injury to persons or property sustained by any such patient.

READ AND AGREED:

DENTIST

SITE

Organization Name

Organization Name

Authorized Signatory Name

Authorized Signatory Name

Authorized Signatory Title

Authorized Signatory Title

Authorized Signatory Signature

Authorized Signatory Signature

Date

Date

Appendix H: Teledentistry Examination Request Form

Teledentistry Examination Request Form

This form is used to relay treatment communication between the dental hygienist and dentist.

1. Date of service:

Example: January 7, 2019

2. Patient name :

3. Name of dental hygienist:

4. Patient MaineCare ID#

5. Patient date of birth:

Example: January 7, 2019

6. Patient contact information:

7. Services provided by dental hygienist:

Check all that apply.

- Prophy
- Radiographs
- Oral hygiene instructions
- Screening of a patient
- Temporary filling
- Sealants
- Silver Diamine Fluoride (SDF)
- Fluoride varnish
- Intraoral images
- Other: _____

8. If radiographs were exposed, please indicate which type and how many:

9. If sealants, temporary fillings, or SDF were applied, please indicate which teeth:

10. If intraoral images were taken, please indicate which areas:

11. Items included with request for dentist examination:

Check all that apply.

- Radiographs
- Intraoral images
- Dental charting
- Other: _____

12. What specific concerns were observed?

13. Behavioral notes:

14. Orthodontic history:

Check all that apply.

- Has history of orthodontic treatment
- Is currently undergoing orthodontic treatment
- Needs orthodontic consultation

15. Additional comments:

DENTIST EXAMINATION

To be completed by examining dentist

16. Name of examining dentist:

17. Date of examination by dentist:

Example: January 7, 2019

18. Dentist recommendations:

Appendix I: Consent form sample



Dental Steps for ME: CONSENT TO PARTICIPATE

PATIENT NAME: _____ PATIENT D.O.B. _____

PURPOSE: The purpose of this form is to obtain your permission for the patient to participate in a system of dental care called “Dental Steps for ME” which includes a model called “tele-dentistry.” The patient will be offered preventive and limited dental treatment provided by a dental hygienist and the primary care team in the primary care site, in collaboration with tele-dentistry consultation provided by a remote dentist.

The dental care providers involved in your care will include:

Name of Registered Dental Hygienist: _____

Name of Dentist: _____

The purpose of this care delivery system is to provide the patient with access to comprehensive dental health services including review of the patient records by a dentist through the Internet, as needed. If the dentist reviews the patient’s records, they may make recommendations about treatment; however, the dentist may or may need not see the patient in-person.

- 1. WHAT SERVICES WILL BE PROVIDED AT THE DOCTOR’S OFFICE?** A team in the primary care office consisting of the patient’s primary care doctor and a dental hygienist will provide a wide array of preventive dental services including education, oral health evaluation, risk assessment (may include x-rays and pictures of the teeth), cleanings, and fluoride application, as well as application of materials proven to stop the advancement of tooth decay, as needed. The dental hygienist will consult, via technology, as needed, with the remote dentist.
- 2. WHAT IS A TELE-DENTISTRY CONSULTATION?** Tele-dentistry is a tool used to help people who do not or cannot go to a dental office to receive a dental examination or consultation. Tele-dentistry uses electronic dental records like electronic versions of x-rays, photographs, recordings of the condition of the teeth, health and other history information. These records are reviewed by a dentist at a later time. The goal of the tele-dentistry system is to have the dentist create a treatment plan and recommendations for the patient’s dental care.
- 3. WHAT ARE THE RISKS, BENEFITS AND ALTERNATIVES?** The benefits of Dental Steps for ME include having access to dental care without travelling to a dental office or clinic. Risks involved with Dental Steps for ME are similar to that of care received in a dental office setting. A potential risk of tele-dentistry is that a face-to-face consultation with a dentist may still be necessary after the tele-dentistry consultation.
- 4. CONFIDENTIALITY.** Current federal and Maine laws about confidentiality apply to the information used or disclosed during your Dental Steps for ME. In rare cases, some records may unintentionally become available to people not

connected with the consultation during tele-dentistry. You will be provided with a separate document, which describes how your private information will be handled. This is known as the “Notice of Privacy Practices.”

5. **RIGHTS.** You may choose for the patient not to participate in Dental Steps for ME at any time. If you decide not to participate it will not affect the patient’s right to future care or treatment. You have the option to seek dental consultation or treatment in a dental office at any time. If an injury occurs as a result of procedures provided during Dental Steps for ME, notify that person.

My provider has discussed with me the information provided above. I have had an opportunity to ask questions about this information and all of my questions have been answered. I have read and agreed to participate in this model of oral health care involving tele-dentistry consultations. I agree to have records, including, electronic versions of x-rays, photographs, charting of conditions, and health and other history information, collected from me and shared and used in this system as described in this consent form and in the “Notice of Privacy Practices” which I have received. I acknowledge that no guarantee or assurance has been made by anyone regarding the treatment I have requested and authorized.

Name of Patient (PRINT)

Name of Patient’s Parent/Legal Guardian (PRINT)

Signature of Patient’s Parent/Legal Guardian

Date of Signing

REFUSAL: I refuse to participate in Dental Steps for ME as described above.

Signature: _____

Note: Sample consent form adapted from “VIRTUAL DENTAL HOME CONSENT TO PARTICIPATE IN A TELE-DENTISTRY CONSULTATION SYSTEM” by Virtual Dental Home Consulting – www.OralHealthInnovation.com

