Impact of AllCare Health’s First Tooth Training

Jannate Ahmed, MPH
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BACKGROUND

The Problem: Childhood tooth decay is the most common chronic disease of childhood.


AllCare’s Goal: To reduce childhood caries in Oregon by offering providers the First Tooth training to integrate preventive oral health services into other infant and child services.
FIRST TOOTH EVALUATION

Objective 1
To assess the impact of the First Tooth training on children’s receipt of oral health assessments and fluoride varnishes.

Objective 2
To assess the impact of the First Tooth training on specific dental utilization:
• Any dental service
• Preventive, diagnostic, and treatment dental services
STUDY DESIGN
Eligibility Criteria

• Between 0-19 years of age
• At least 6 months continuous AllCare Health coverage
• Attend at least one primary care visit in 2014-2016
• Not receiving care at a FQHC

Data Sources:
• AllCare Health Medicaid enrollment and claims data
• First Tooth program data
Cases vs. Controls

Trained Provider

Provider not billing for oral health services

Provider billing for oral health services

Excluded

Case Children
n=5324

Control Children
n=8706

Excluded

Untrained Provider
Analysis

• Demographic and health profiles for both case and control groups.
• Adjusted Relative Risk
• Looked at children 0-6 and 7-19 separately.
RESULTS
Demographics

- There were no differences by gender, race/ethnicity and language between case and control children.
Health Profiles

PMCA Risk Scores

- Non-Chronic Disease (Without CD): 72% Cases, 71% Controls
- Non-complex Chronic Disease (NC-CD): 19% Cases, 19% Controls
- Complex Chronic Disease (C-CD): 8% Cases, 10% Controls
Health Profiles

High Risk for Dental Caries

- Cases: 31%
- Controls: 34%
The percent of younger children receiving oral health assessments increased in 2015.
Younger children (ages 0-6) who saw a medical provider who had received First Tooth training were more likely to receive fluoride varnishes.

- Children who saw a trained provider:
  - 2014: 35%
  - 2015: 47%
  - 2016: 55%

- Children who saw other providers:
  - 2014: 27%
  - 2015: 30%
  - 2016: 32%
Older children (ages 7-19) who saw a medical provider who had received First Tooth training were more likely to receive any dental service.

<table>
<thead>
<tr>
<th>Year</th>
<th>Children who saw a trained provider</th>
<th>Children who saw other providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>47%</td>
<td>55%</td>
</tr>
<tr>
<td>2015</td>
<td>55%</td>
<td>57%</td>
</tr>
<tr>
<td>2016</td>
<td>62%</td>
<td>63%</td>
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</tbody>
</table>
CONCLUSIONS

Use of dental services are increasing in general.

AllCare Health children who saw First Tooth trained providers were
  ... more likely to receive oral health assessments (younger children)
  ... more likely to receive fluoride varnish (younger children)
  ... more likely to receive any dental service (older children)
LIMITATIONS

• Administrative claims data may underestimate health care utilizations.
• Lack of provider IDs in the First Tooth program data.
• Could not account for providers trained by ‘Smiles for Life’.
• Unable to include children at FQHCs