

Comparative effectiveness of the mode of delivery for preventing dental caries in young children

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Abstract: Background. Most state Medicaid programs reimburse primary care providers for providing preventive oral health services to young children in medical offices. Since 2000, North Carolina (NC) Medicaid has reimbursed these services through the Into the Mouths of Babies (IMB) program. To understand how the provider of oral health services may affect children's subsequent oral health-related outcomes, we compared children enrolled in NC Medicaid who received only IMB visits, only dentist visits, both IMB and dentist visits, and neither before 3 years of age.

Methods. Using a combination of NC administrative and public health surveillance data from 2000 to 2006, this study used regression methods to examine the following outcomes occurring after a child's third birthday: (1) time to a dentist visit; (2) receipt of caries-related treatment (CRT) and associated payments; (3) and the number of decayed, missing, and filled teeth (dmft) and proportion of untreated decayed teeth.

Results. Most children did not receive any preventive oral health services before age three; those who did were more likely to have IMB visits than dentist visits. Children who had only IMB visits had a longer time to a dentist visit following their third birthday, fewer CRT, and lower CRT payments than children who visited only dentists before age 3. Children who had multiple IMB or dentist visits had a similar number of dmft in kindergarten, but children with only IMB visits had a higher proportion of untreated decayed teeth.

Conclusions. Although few children received preventive oral health services before age 3, those who did were more likely to have IMB visits than dentist visits. The similar dmft count of children with repeat IMB or dentist visits suggests that provider type does not influence the effectiveness of these services. However, children with only IMB visits may encounter challenges to obtaining follow-up treatment for tooth decay as these children experienced a longer time to a dentist visit following their third birthday and had more untreated decayed teeth. Results support the dissemination of this innovative model developed in NC, but also suggest enhancements are needed in linking medical and dental providers.

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