Dental Public Health Project/Activity Descriptive Report Form

Please provide a detailed description of your **successful dental public health project/activity** by fully completing this form. Expand the submission form as needed but within any limitations noted. Please return completed form to: lcofano@astdd.org

NOTE: Please use Arial 10 pt. font.

CONTACT PERSON PREPARING THE SUBMISSION AND TO ANSWER QUESTIONS

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PROVIDE CONTACT INFORMATION FOR ONE ADDITIONAL PERSON WHO COULD ANSWER QUESTIONS REGARDING THIS PROGRAM

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SECTION I: ACTIVITY OVERVIEW

Title of the dental public health activity:

Oral Health Access for Underserved Perinatal Women through Teledentistry

Public Health Functions* and the 10 Essential Public Health Services to Promote Oral Health:
Check one or more categories related to the activity.

"X"	Assessment
	1. Assess oral health status and implement an oral health surveillance system.
	2. Analyze determinants of oral health and respond to health hazards in the community
	3. Assess public perceptions about oral health issues and educate/empower them to achieve and maintain optimal oral health
	Policy Development
	4. Mobilize community partners to leverage resources and advocate for/act on oral health issues
	5. Develop and implement policies and systematic plans that support state and community oral health efforts
	Assurance
	6. Review, educate about and enforce laws and regulations that promote oral health and ensure safe oral health practices
x	7. Reduce barriers to care and assure utilization of personal and population-based oral health services
	8. Assure an adequate and competent public and private oral health workforce
	9. Evaluate effectiveness, accessibility and quality of personal and population-based oral health promotion activities and oral health services
	10. Conduct and review research for new insights and innovative solutions to oral health problems

***ASTDD Guidelines for State and Territorial Oral Health Programs that includes 10 Essential Public Health Services to Promote Oral Health**

Healthy People 2030 Objectives: Please list HP 2030 objectives related to the activity described in this submission. If there are any state-level objectives the activity addresses please include those as well.

HP 2030 OBJECTIVES:
Increase use of the oral health care system- OH-08
Reduce the proportion of people who cannot get the dental care they need when they need it- AHS-05

Provide 3-5 Key Words (e.g. fluoride, sealants, access to care, coalitions, policy, Medicaid, etc.) These will assist those looking for information on this topic:
Access to Care: Pregnant Women (Prenatal/Perinatal) Services; Prevention: Pregnant Women (Prenatal/Perinatal) Oral Health, Teledentistry

Executive Summary: Complete after Section II: Detailed Activity Description. Please limit to 300 words in one or two paragraphs.
Provide a brief description of the dental public health activity. Include information on: (1) what is being done; (2) who is doing it and why; (3) associated costs; (4) outcomes achieved (5) lessons learned, both positive and negative

Due to the COVID pandemic and the statewide shelter in place enforced in March 2020 in California (CA), all dental visits were suspended with the exception of emergency care. To provide access to care and to serve the underserved and vulnerable population in our community, we adopted teledentistry visits in April 2020. The initial goal was to triage and preserve ER capacity for true emergencies. As days rolled by, we expanded to include patients who were new to our practice and had questions about dental care. Amidst all this, one subset of patients was conspicuously missing from seeking care. They were the perinatal patients.

To overcome this barrier and to reduce oral health disparities, we collaborated with nurse practitioners (NPs) in the OBGYN department at our FQHC to spread the word and for patient referrals. As we were not seeing patients in person for routine care, we used the teledentistry visit to discuss medical and dental histories, do risk assessments, set SMART goals, provide anticipatory guidance, prescribe medications and refer to specialists as needed.

Our focus was to promote oral health literacy and to bring awareness that dental care is safe during pregnancy. The team involved two registered dental assistants (RDAs) and one dentist. The dentist would conduct the teledentistry visit whereas the RDAs were in a support role doing outreach calls and scheduling appointments. Consent is obtained by the dentist at the start of the visit. We continued to use tele-visits to gather information even after our clinic started seeing patients in person, thus saving precious in-clinic time for treatments. The outcomes were positive as we were able to increase access to care to vulnerable patients who otherwise would not have sought care, by building trust and assurance in them. The lesson we learnt in this process was to schedule re-care appointments during the tele-visit appointment without which it was very time consuming to connect with patients for a follow up.

SECTION II: DETAILED ACTIVITY DESCRIPTION

Provide detailed narrative about the dental public health activity using the headings provided and answering the questions. Include specifics to help readers understand what you are doing and how it's being done. References and links to information may be included.

Complete using **Arial 10 pt.

Rationale and History of the Activity:

1. What were the key issues that led to the initiation of this activity?

   On March 19, 2020, California (CA) government issued a statewide shelter in place order. All regular dental treatments had to cease, except for emergency care. Due to the increase in positivity rates in the community and the uncertainty surrounding dental care itself, there was a general fear in receiving such care. Due to increased stress levels, patients were calling in for toothaches and fractures because of teeth grinding. Telephonic visits were not sufficient in diagnosing and treatment planning, so we had to adopt a more robust system to continue care. After careful considerations of all teledentistry options available at that time, we decided to use the existing technology to our advantage. We were using Epic for documentation and billing. When our medical counterparts implemented zoom with Epic to conduct tele-visits, we followed suit.

   Aside the need that arose during the pandemic, there were other reasons that prompted initiation of this activity. It is well documented historically that oral health has a bearing on systemic health. There is a correlation between cardiovascular disease and oral health. These conditions may aggravate oral health. There may be other limiting factors, which may deter individuals from seeking care. By using the tele-visits to create awareness about the importance of oral hygiene, we were able to add value to our patient visits by providing specific treatments during their in-person appointments. We had better outcomes for our patients resulting in an increase in patient retention and compliance at our FQHC.

The pregnant women at our FQHC had dental issues that could have an adverse effect on their pregnancy outcomes. There was a higher incidence of periodontal disease in our patients. Due to lack of awareness about the safety of seeking dental care, perinatal patients were not coming in for dental visits regularly. A sizeable proportion of these patients at our health center have MediCal, which limits dental care to pregnancy and two months postpartum. Some of them have never been to a dentist and pregnancy is their only window of opportunity to see a dentist! To not let these patients fall through the cracks, we implemented teledentistry visits to promote oral health and to subsequently reappoint them for treatments, such as prophylaxis, restorative care etc.

References

https://www.aafp.org/afp/2008/0415/p1139.html (Silk et al 2008)

https://pubmed.ncbi.nlm.nih.gov/8910829/ (Offenbacher et al., 1996)

https://pubmed.ncbi.nlm.nih.gov/19701034/ (Offenbacher et al., 2009)

2. What rationale/evidence (may be anecdotal) did you use to support the implementation of this activity?

   Our Perinatal Telehealth Project was based on three Telehealth project models:

   1. The US Army's Total Access Project (1994).
   2. The University of Rochester's Eastman Institute of Oral Health's Pediatric Dentistry- FQHC Teledentistry project for children.
   3. The Virtual Dental Home (VDH) project in California. This model utilizes RDHs and Dental Assistants as part of a system increasing access to children, schools and nursing homes.

   The projects discussed above use store and forward method for virtual care. They have demonstrated how care can be delivered beyond four walls. They helped decrease the gap by reducing barriers to care. Based on the success of projects like these and the fact that those virtual were reimbursable in our state, we proceeded to implement tele-visits. The laws surrounding teledentistry have become clearer with more information available about the codes that are to be used to get reimbursed and the expectations for providers. The policy released by ADA in 2020 provides information about the visit types that are covered and bolsters the importance of care provided via telehealth.

   AB 1174 which came into effect on January 1st, 2010, in California, provides comprehensive definitions like "distant site," "synchronous interaction" "asynchronous store and forward," etc. This provided clarity about various terminologies and defined the roles of auxiliary staff with regards to teledentistry. This bill also provided payment parity as in person interactions for MediCal and private insurances alike. Both asynchronous and synchronous visits are reimbursable in CA.

   Concrete evidence from research from organizations listed above, coupled with the need that the pandemic brought, made us feel confident to implement teledentistry in our organization. Due to the limitations at our FQHC, such as not having an RDH on our team, the dentist being the sole provider to do the tele-visits, we decided to do synchronous visits only. This implementation has been beneficial to both patients and staff during the pandemic by eliminating in-person contact and travel time for patients. Reimbursement is on par with in-person visits and has been a bonus.

3. What month and year did the activity begin and what milestones have occurred along the way? (May include a timeline.)

   - Started doing teledentistry visits in April 2020
   - First perinatal visit teledentistry visit -April 2020
   - 50th perinatal teledentistry visit – May 2020

- 100th perinatal teledentistry visit- November 2020
- Current perinatal visit data (09/2021)- 14
- Teledentistry visit for general population including pediatric population- 27

Although our efforts were concentrated around perinatal patients, we did serve other patient populations as well. We were able to identify six true emergency cases and were able to triage and refer to specialists thus averting them ending up in the ED.

The sections below follow a logic model format. For more information on logic models go to: W.K. Kellogg Foundation: Logic Model Development Guide

INPUTS	PROGRAM ACTIVITIES	OUTPUTS	OUTCOMES

1. What resources were needed to carry out the activity? (e.g., staffing, volunteers, funding, partnerships, collaborations with various organizations, etc.)

   The resources we needed for this project were minimal. The dental staff was utilized to carry out the operation and the overheads were minimal for this project. The one dentist conducted these teledentistry visits solely with two RDAs, who oversaw outreach efforts and scheduling patients for the teledentistry visits.

   An interdisciplinary approach was adopted for this activity. Collaborations were established with NPs in the OBGYN department in our FQHC. As all operations were carried out during normal business hours, no additional staffing was needed. As existing technology, Epic EHR along with Zoom was utilized for this activity and no additional funding was required for technology. No volunteers were used for this project. A webcam was used that was provided through our operational budget. This project was implemented with very minimal costs.

INPUTS	**PROGRAM ACTIVITIES**	OUTPUTS	OUTCOMES

2. Please provide a detailed description the key aspects of the activity, including the following aspects: administration, operations, and services.

   Our program involved 1 DDS and 2 RDAs. The dentist did the visits in a synchronous mode with the RDAs in a support role. The services provided were access to care, oral health education, risk assessments and interventions based on those risk assessments, prescriptions and referrals as needed. Epic Hyperspace, which was Epic, and the stand-alone program zoom, was used along with Epic MyChart. We encouraged patients to sign up for the patient portal, MyChart, as they could use it beyond the tele visits to send messages to their doctors about questions or medication refill requests etc. We have since then alternated between Epic Hyperspace and MyChart visits to provide virtual care.

   Depending on the patients' comfort level with technology, we employed either modality for tele-visits. We educated patients to take pictures of their teeth and to upload them into MyChart. This was not well received by our patients due to barriers like low health literacy levels, slow internet speeds and the ability to navigate the patient portal which tends to be complicated. Instead photos were taken during the visit, by the dentist, as needed.

   Initially our program was used as a tele-triage vehicle. We included perinatal patients in our efforts. Many of them were high risk patients who had conditions like gestational diabetes, hypertension, etc., affecting their oral health. A vast majority of the patients we serve are 200% below the poverty line which is a determinant of health. Factored with Medi Cal limited to perinatal care, limited the time available for us to provide care. Without access to regular care during the pandemic, these patients were falling behind on routine dental care. These issues prompted us to connect with patients at their homes where they were safe, provide assurance, discuss the importance of at home oral hygiene now more than ever. By doing the initial screening through teledentistry visits, we were able to obtain medical clearances as needed prior to their in-person visits.

We collaborated with the NPs in the OBGN department at our locations. The NPs played a pivotal role in creating awareness and in referring pregnant patients to our clinic. The NPs would send information of interested patients to the dental message pool. The RDAs would reach out to those interested patients and schedule teledentistry appointments and help patients with any technical issues. The front office/ RDA would call a day prior to the visit to remind. The DDS would call on the day of the teledentistry visit to let the patient know that they could begin the visit. During the visit, the dentist would discuss medical and dental histories, do risk assessments, set SMART goals, provide anticipatory guidance, prescribe medications and refer to specialists as needed. By gathering this information, it helped prioritize follow up visits. By shifting the talking to the teledentistry visit, it saved precious in-clinic time to do treatments. This also helped mitigate the risk of Covid exposure to the patient and staff, to preserve PPE and to limit the in person wait time during appointments.

The outcomes of this program were mostly positive. The main goal was to provide access to care and to decrease the oral disease burden in the vulnerable population we serve. It aided in promoting awareness, education and importance of oral health in the perinatal population. We were able to connect to patients at their homes thus reducing barriers such as transportation. The impediment we faced in the initial days of implementation was the no show rate which we overcame by changing our scheduling strategy. Overall, the outcomes were mostly favorable!

INPUTS	PROGRAM ACTIVITIES	**OUTPUTS**	OUTCOMES

3. What outputs or direct products resulted from program activities (e.g., number of clients served, number of services units delivered, products developed, accomplishments.)?

- Number of patients served- 171 (April 2020 to August 2021)
- Number of general patients served- 27 (April 2020 to August 2021)
- Number of perinatal patients served- 144 (April 2020 to August 2021)
- Number of UOS – 125 for follow up visits for perinatal women (April 2020 to August 2021)
- Total number of UOS (including TD visits) – 296 (April 2020 to August 2021)

Accomplishments- Six true emergencies were identified during the tele visits. Referrals to specialists and emergent in clinic appointments were made to provide timely care thus preventing these patients ending up in the ED during the height of Covid pandemic.

This project got recognized as a Promising Practice by the National Association of Community Health Centers 2021.

INPUTS	PROGRAM ACTIVITIES	OUTPUTS	**OUTCOMES**

4. What outcomes did the program achieve? (e.g., health statuses, knowledge, behavior, care delivery system, impact on target population, etc.) Please include the following aspects:
    a. How outcomes are measured
    b. How often they are/were measured
    c. Data sources used
    d. Whether intended to be short-term (attainable within 1-3 years), intermediate (achievable within 4-6 years), or long-term (impact achieved in 7-10 years)

Although the program was started for tele-triage and teleconsultation, it evolved into a system to provide diagnosis, goal setting and trust building tool. The program was designed to provide access to care to the underserved and vulnerable population during the pandemic. Our target population was patients at our FQHC. A vast majority of our patients are Latinos, followed by American Whites, Asian Americans, African Americans, Middle Easterners and a small proportion of Pacific Islanders. Our target population included patients from all the above groups. Most pregnant women were in the 20s-40s. By including diverse age groups with equally diverse health issues, we had a significant impact on the target population. We were able to assess patients via telehealth and prioritize appointments for treatments.

The outcomes were measured by measuring the no show rates. The overall no show rate (including non-tele visits), reduced from 24% to 20% as a result of patients' compliance after tele visits. They were measured at 6 month and 1-year intervals. They were measured by running reports in Epic. The intent of this measure was short term (1 year), checking the feasibility and sustainability.

Budgetary Information:
NOTE: Charts and tables may be used to provide clarity.

1. What is the annual budget for this activity?

There is no specific budget allocated for this activity.

2. What are the costs associated with the activity? (Including staffing, materials, equipment, etc.)

No additional costs incurred from this activity. Existing equipment and staff were utilized.

3. How is the activity funded?

No special funding used for this activity.

4. What is the plan for sustainability?

Since implementation in April 2020, we have made some minor changes like making follow up appointments after the tele visits. With the changes and the increased awareness created in staff in other departments, we have been able to continue offering tele visits to our patients. Our plan for sustainability is to increase outreach efforts in both OBGYN and other departments as well. Comprehensive Perinatal Services Program(CPSP) staff have also been included recently to spread the word. Plan to expand it to other patient populations in addition to perinatal patients.

Lessons Learned and/or Plans for Addressing Challenges:

1. What important lessons were learned that would be useful for others looking to implement a similar activity? Was there anything you would do differently?

   Although the program ran smoothly, we did learn some important lessons. The most important outcome was the decreased no show rate for follow up visits for patients who had a teledentistry visit. When we started this project, recall appointments were scheduled at a later date. This resulted in some patients defaulting their appointments. In some cases, the patients had not set up their voicemail or their voicemail was full and not accepting messages. In some rare cases, the phone number on file was disconnected. All these issues made it difficult to connect with patients to schedule follow up visits. When we started making return appointments at the end of the teledentistry visit, the no show rate dropped dramatically. Patients tend to keep up with their appointments when they are made when the information is fresh in their minds. Also, when the appointments were made by the dentist, during the visit, the no show rate decreased. We have continued to use this system to date with much success. This resulted in more patients receiving care in the clinic, especially in the perinatal population. It also improved access as patients who could not physically come to the clinic were still able to seek care, virtually.

2. What challenges did the activity encounter and how were those addressed?

   The challenges were encountered at various points of this project. When we started our project in April 2020, it took great effort to schedule patients for teledentistry visits as a majority of them have the notion that dentistry is limited to the chair. There had to be a shift in ideas and perceptions about care. Once we overcame this impediment, we had the issue of poor internet connection for patients. A handful of times, we had to reschedule appointments to different days and times due to conflict with doctor appointments especially for perinatal patients. Using technology, signing up for MyChart and downloading zoom was too difficult for some patients. We were able to mitigate this by education, awareness and reinforcement. A pattern we noticed in

this project is that the younger perinatal patients, especially those in their 20s are the ones that default their tele-visits as opposed to patients with AMA. The older perinatal patients do keep up with their follow up visits and care as recommended. The younger patients are tech savvy whereas the ones with advanced ages struggle with technology, yet they are more amenable to learning and trying something new. Efforts are being made to change the mindset of younger perinatal patients by collaborating with NPs. This is an ongoing effort! We are still trying to figure out if the younger patients have school or work-related issues or if it is a matter of patient behavior. More research needs to be done in this area about patient behaviors.

Available Information Resources:

Share any models, tools, and/or guidelines developed by the program specifically for this activity that may be useful to others seeking additional information. Hyperlink resources if possible.

Guidelines:

Increase the number of perinatal women receiving dental care at our organization.
Increase access to care by using Teledentistry

References:

1.Oral health during pregnancy and early childhood: evidence-based guidelines for health professionals: February 2010 (CA Perinatal oral health guidelines)
2. Oral healthcare during pregnancy: A national consensus statement mchoralhealth.org
Promoting oral health for pregnant women: Comprehensive perinatal services program statewide PSC meeting November 3, 2011
3. Who does not receive oral healthcare during pregnancy and why: Findings from a population-based study in CA 2010, Marchi K et al.,
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5. Virtual dental homes prove safe, effective, shows six-year California study August 2, 2016, UOP Dental School
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8. Using Teledentistry in clinical practice as an enabler to improve access to clinical care: A qualitative systemic review *Michelle Irving, Rosemary Stewart, Haiko Spallek, Anthony Blinkhorn*
9. Teledentistry: A key component in access to care *Susan J Daniel, Sajeesh Kumar*19. Using
10.Teledentistry to improve access to dental care for the underserved *James Fricton, Hong Chen*
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12. Teledentistry during Covid 19 Pandemic *Suhani Ghai*
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7297180/
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18. https://www.aafp.org/afp/2008/0415/p1139.html

19. https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2013/08/oral-health-care-during-pregnancy-and-through-the-lifespan
20. The Oral Conditions and Pregnancy Study: Periodontal Status of a Cohort of Pregnant Women *Dr. Susan Lieff, Kim A. Boggess, Amy P. Murtha Heather, Jared Phoebus N., Madianos Kevin Moss, James Beck, Steven Offenbacher*
21. Clinical risk factors associated with incidence and progression of periodontal conditions in pregnant women , *James D Beck, Steven Offenbacher*
22. Oral health knowledge among a cohort of pregnant women in south India: A questionnaire survey *S Venkata Lakshmi, A Srilatha, D Satyanarayana, L Swetha Reddy, Suma B Chalapathi, S Meenakshi*
23. Periodontal disease awareness among pregnant women and its relationship with socio-demographic variables *H A Alwaeli, S H Al- Jundi*
24. Knowledge and beliefs regarding oral health among pregnant women *Kim A Boggess, Diana M Urlaub, Merry- K Moos, Margaret Polinkovsky, Jill L Khorazaty, Carol Lorenz*
25. Oral hygiene practices and dental service utilization among pregnant women *Kim A Boggess, Diana M Urlaub, Katie E Massey, Merry-K Moos, Mathew B Matheson, Carol Lorenz*
26. Perinatal Oral Health Among Underserved Women: A Call to Action for North Carolina Patients, Providers and Policymakers *Rhonda Stephens, Rocio Quinonez, Kim Boggess, Jane A Weintraub*
27. County-level correlates of dental service utilization for low-income pregnant women. Ecologic study of the North Carolina Medicaid for Pregnant Women (MPW) program *Mark E Moss, Andrew Grodner, Ananda P Dasanayake, Cherry M* Beasley
28. Periodontal infection and preterm birth: results of a prospective study *M K Jeffcoat, N C Geurs, M S Reddy, S P Cilver, R L Goldenberg, J C Hauth*
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30. Progressive periodontal disease and risk of very preterm delivery *S Offenbacher, K A Boggess, A P Murtha, Heather L Jared, S Lieff, R G McKaig, S M Mauriello, K L Moss, J D Beck*
31. Periodontal infection and preterm birth: results of a prospective study *M K Jeffcoat, N C Geurs, S P Cilver, R L Goldenberg, J C Hauth*
32. Effects of periodontal therapy on rate of preterm delivery: a randomized controlled trial *S Offenbacher, J D Beck, H L Jared, S M Mauriello, Luisto C Mendoza, D J Cauper, Dawn D Stewart, A P Murtha, D L Cochran, D J Dudley, M S Reddy, N C Geurs, J C Hauth*
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34. Dental care during pregnancy based on the pregnancy risk assessment monitoring system in Utah *Chandni Muralidharan, Ray M Merrill*
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36. Dental cleaning before and during pregnancy among Maryland mothers *Terri-Ann Thompson, Diana Cheng, Donna Strobino*
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38. Management of pregnant patient in dentistry *Sophia Kurien, Vivekanand S Kattimani, Roopa Rani Sriram, Sanjay Krishna Sriram, Prabhakara Rao V K, Anitha Bhupathi, Roopa Rani Bodduru, Namrata N Patil*
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