Dental Public Health Project Descriptive Report Form

Please provide a description of your organization's successful dental public health project by completing this form. Add extra lines to the form as needed but stay within **word limits**.

Please return the completed form to Lori Cofano: lcofano@astdd.org

Name of Project

Missouri's Pilot Project: Providing Care to Long-Term Care Facility Residents Using Telehealth Mediated Supervision

Executive Summary (250-word limit))

The Missouri Office of Dental Health (ODH) received a 2022 HRSA Workforce grant to test a new mode of supervision, *telehealth mediated supervision*, for Expanded Function Dental Health Care Workers (EFDHCWs – dental hygienists and Expanded Function Dental Assistants). Telehealth mediated supervision employs computers, internet, live-feed camera, intraoral scanner, and telephone to allow EFDHCW and a distant supervising dentist to communicate and collaborate. ODH will be using those funds to contract with dental clinics to provide data and answers to specific dental board questions to see if this new mode of supervision works. Most importantly, the dental clinics will be providing dental services to nursing home residents in the dental clinics' areas.

Name of Program or Organization Submitting Project

Missouri Office of Dental Health

Essential Public Health Services to Promote Health and Oral Health in the United States

Place an "X" in the box next to the Core Public Health Function(s) that apply to the project.

	Assessment
x	Policy development
	Assurance

http://www.astdd.org/state-guidelines/

Project submissions will be categorized by the Core Public Health Functions on the ASTDD website.

Healthy People 2030 Objectives

List Healthy People 2030 objectives related to the project.

- Reduce the proportion of adults with active or untreated tooth decay. (OH-03)
- Increase the proportion of oral and pharyngeal cancers detected at the earliest stage.(OH-07)
- Increase the use of the oral health care system. (OH-08)
- Reduce the proportion of people who can't get the dental care they need when they need it. (AHS-5)
- Reduce the proportion of older adults with untreated root surface decay. (OH-04)

This information will be used as a data resource for ASTDD purposes.

Keywords for sorting the project by topic.

Provide **three to five** keywords (e.g., access to care, children, coalitions, dental sealants, fluoride, policy, Medicaid, older adults, pregnant women, etc.) that describe the project. Keywords are used to categorize submissions.

Access to Care: Adults and Older Adults Services; Access to Care: Communities; Access to Care: Workforce; Prevention: Adults and Older Adults Oral Health; Nursing Homes, Expanded Function Dental Health Care Workers; Teledentistry

Detailed Project Description

Project Overview
(750-word limit)

1. What problem does the project address? How was the problem identified?

Missouri was looking for a way to bring care to individuals residing in Long-Term Care Facilities (LTCF) since they are a sorely underserved population. Office of Dental Health surveillance indicated only about 6% of these residents have their dental needs addressed.

2. Who is the target population?

Older adults in nursing homes.

3. Provide relevant background information.

Missouri wanted to allow remote supervision of Expanded Function Dental Health Care Workers (EFDHCWs), who are the Expanded Function Dental Assistants (EFDA) and Expanded Function Dental Hygienists, through teledentistry. This would allow these individuals to go to underserved populations, especially populations less likely to travel to existing brick and mortar facilities, namely the residents in LTCF. Missouri has a long history of successfully utilizing EFDAs, dating back to the mid-1990s. The statutes and rules regulating EFDAs predate telehealth technology, so Missouri EFDAs could only perform their functions under direct

supervision, requiring supervising dentists to be located in the same physical space. The direct supervision requirement severely limited EFDA impact on access and equity of care to underserved populations. The vision was to use telehealth technology as a new mode of supervision.

Building Collaborative Support Among Stakeholder: Pilot Program Statute as a Trial Balloon.

The first step was to create statutory authority to test new methods to deliver care to underserved populations, especially since the proposed pilot program contradicted specific rules and statutes governing the practice of dentistry in Missouri. Based upon experiences working with the Missouri Dental Association (MDA) and the Missouri Dental Hygienists'' Association (MDHA, it was hypothesized that both associations might be willing to support trial pilot projects rather than risking permanent changes to the dental practice act. ODH worked with the Missouri Dental Board (MDB), the Missouri Primary Care Association (MPCA), the MDA and the MDHA to draft a pilot program statute. This bill was introduced into the 2021 legislative session, received positive hearings, but still had some resistance from the MDA and MDHA. As state employees, ODH could not advocate for this rule change, so stakeholder buy-in was essential.

Between the 2021 and 2022 legislative sessions, ODH facilitated meetings with stakeholders. To lessen the perceived risk of the pilot program statute, they agreed to add a sunset provision to coincide with the termination of the HRSA grant. The "Pilot Project Statute" successfully passed in the 2022 Missouri Legislative Session with testimony in support from the MDA, MDHA, and MPCA. The bill was signed by Governor Parson and is now law. It will expire on August 28, 2026. The statute gives ODH and the Missouri Dental Board statutory authority to develop and implement pilot projects in that timeframe.

Dental Board Waivers Allow New Methods to be Tested in Controlled Studies

The pilot program statute allowed the dental board to pass waivers of existing rules and statutes to allow ODH to execute the pilot program delivering care to LTCF residents. Like the Pilot Program Statute, the parameters of the pilot program extending care into LTCFs was a collaboration among previously identified stakeholders. The following waivers were passed by the MDB to allow dentists to do the following in the proposed pilot project:

- A dentist may supervise a dental assistant, certified dental assistant, or expanded functions dental assistant using telehealth technology.
- A dental hygienist may administer local anesthetic under the supervision of a dentist using telehealth technology subsequent to an examination*, diagnosis, and delegation by a dentist.
- A dental hygienist may perform scaling and root planing, other non-surgical periodontal treatment, and application of fluoride subsequent to an examination*, diagnosis, and delegation by a dentist
- An expanded function dental assistant or a dental hygienist may place temporary restorations, caries arresting fluoride, subsequent to an examination*, diagnosis, and delegation by a dentist.

  * The examination data collection may be 'virtual'.

The pilot project enables ODH to test this new mode of supervision. Telehealth supervision will allow teams of EFDHCW to provide care to underserved populations under the supervision of an off-site dentist using telehealth modalities. EFDHCWs will gather diagnostic data, "beam" that data to supervising dentists for diagnosis and treatment planning, and then execute disease control treatment as prescribed by the supervising dentist. During this pilot (September 1, 2022 - August 2026) data will be gathered and reported to stakeholders and the MDB to determine if permanent changes to statutes and rules should be enacted to improve access to care.

4. Describe the project goals.

There are 4 broad goals for Missouri's pilot program extending EFDHCWs into LTCF to deliver oral healthcare using telehealth mediated supervision:

1. Test the efficacy and safety of telehealth mediated supervision.
2. Test the safety, efficacy, and sustainability of extending EFDHCWs into LTCFs to deliver disease control care in the physical absence of a dentist.
3. Test the hypothesis that interventional oral healthcare can be accomplished for the LTCF population, that its results are sustainable, and that there are positive collateral effects for patients, providers, and payors.
4. Test the hypothesis that the technology used is effective, improves results, and is cost effective.

Resources, Data, Impact, and Outcomes
(750-word limit)

1. What resources were/are necessary to support the project (e.g., staffing, volunteers, funding, partnerships, collaborations with other agencies or organizations)?

The Office of Dental Health needed to have dental clinics with EFDAs to perform the services and collaborate with the MDB, MDA, MDHA and MPCA. To incentivize the clinics to perform these services, funding was sought through a HRSA Workforce grant in 2022.

2. (a) What process measure data are being collected
   - **Informed Consent**
     - % residents with 3rd party healthcare proxies
     - # attempted contacts required for consent
   - **Demographic & Patient History Data Collection collected by EFDHCWs**: % deemed satisfactory by review of supervising dentist (submitted monthly).
   - **Clinical Data Collection collected by EFDHCWs** (submitted monthly):
     - Clinical Charting: % deemed satisfactory by review of supervising dentist
     - Periodontal Charting: % deemed satisfactory by review of supervising dentist
     - Radiography: % deemed diagnostically satisfactory by review of supervising dentist.
     - Clinical Imaging: % deemed diagnostically satisfactory by review of supervising dentist
   - **Patient Screening & Risk Assessment** using data collected by EFDHCWs (submitted monthly):
     - % of patient population requiring medical consults
     - % of patient population deemed eligible for treatment in the LTCF after screening
     - % of patient population deemed eligible for administration of local anesthetic under telehealth mediated supervision by review of supervising dentist.
     - Likert Scale assessment by supervising dentist of the ease, efficacy and success of using the selected physical status and frailty instruments to assist in risk evaluation in the LTCF population
     - Adverse Incident Reports will be recorded and tracked

   (b) What outcome measure data are being collected (e.g., improvement in health)?

   The Missouri Dental Board provided 11 questions it would like the pilot program to investigate. The ODH designed data collection to attempt to address these questions.

   1. Virtual exams: are they good enough?
   2. Virtual medical and dental history reviews: are they good enough?

3. Informed consent discussions for LTCF Residents: Are they practically feasible?
4. Interventional periodontal services using telehealth mediated supervision: Is it safe and effective?
5. Decay arresting treatment using telehealth mediated supervision: Is it safe and effective??
6. Does LTCF understaffing and poor history of supporting oral healthcare severely compromise oral health care results?
7. Is periodontal maintenance for LTCF residents practically feasible?
8. Positive collateral effects of interventional oral healthcare for LTC residents (diabetes control; rheumatoid arthritis control; decrease in pneumonia): Does it happen in the real world or only in well-funded studies?
9. What is the perceived benefit of the program by patients/families?
10. What is the perceived benefit of the program by LTCF staff?
11. Is the care model used in the pilot project practical and sustainable for contractors?

Specifically, the following is a summary of the data collected. Except where indicated, the data is submitted on a monthly basis to ODH:

- Frailty index
- ASA status
- Periodontal diagnosis
- Presence of comorbidity and complicating factors
- HbA1c
- Decay status & magnitude
- Interventional disease prevention dental procedure delivered (including non-surgical periodontal treatments) reported by procedure
- Treatment outcome analysis
    - Periodontal status
    - Decay status
    - Oral hygiene evaluation
    - HbA1c
    - Rheumatic inflammatory disease status

<u>Adequacy of Virtual Exam Data</u>

In addition, we will provide a measure of the effectiveness of quality of 'virtual examination data collection by randomly selecting 15 patients in the first group of screened patients to be physically examined by the supervising dentist after a treatment plan has been developed with the data from the 'virtual exam'. The supervising dentists will submit a report of treatment plan revisions for each of these patients. A summary report will be developed based on the outcomes of this exercise.

<u>Collateral Effects of Interventional Oral Healthcare in LTCF Population Data</u>

- Data on pre and post operative HbA1c will assess the impact of oral healthcare on the status of diabetic patients.
- Data on the status of patients with Rheumatic Inflammatory Disease will be assessed using the Rapid3 assessment instrument.
- Data on the impact of interventional oral healthcare on the prevalence of pneumonia will be assessed by reviewing the prevalence of pneumonia in the treated population starting 1 year after initial treatment compared with the prevalence of pneumonia the year previous to the start of the clinical trial.

<u>Program Evaluation and Sustainability</u>

- Patients, Guardians, and or family members will be surveyed 1/year on their assessment of the program using a Likert Scale instrument.
- Staff of LTCFs will be surveyed 1/year on their assessment of the program using a Likert Scale instrument.
- Contractors will be surveyed twice a year on their assessment of the program and sustainability using a Likert Scale instrument

3. How are the results shared?

   The results will be shared through reports to HRSA, MDB, DHSS and will be submitted for publication. A final report will be available on ODH's website and disseminated to interested parties.

Budget and Sustainability
(500-word limit))

It should be noted that this project is in part the culmination of a significant, successful effort to improve Medicaid remuneration for dental procedures. In no small part, the increase in Medicaid remuneration makes this project sustainable..

1. What is/was the budget for the project?

The budget for this project is about $45,000/contract, plus Personnel Services (salary and fringe) for data collection, analysis and general program oversight.

2. How is the project funded (e.g., federal, national, state, local, private funding)?

The project is funded through the HRSA grant with a small portion from a private foundation.

3. What is the sustainability plan for the project?

Since this is a pilot program that will end in 2026, if the findings are acceptable, the dental board will work on making changes to the licensing statute to make this permanent.

Lessons Learned
(750-word limit))

(a) What lessons were learned that would be useful for others seeking to implement a similar project?
(b) Any unanticipated outcomes?
(c) Is there anything you would have done differently?

a- Collaborate! Communicate with all parties affected openly and often.
b- So far, no unanticipated outcomes
c- Meet often with contractors, at least on a monthly basis and set finite, monthly incremental objectives.

List resources developed by this project that may be useful to others (e.g., guidelines, infographics, policies, educational materials). Include links if available.

To date, only contracts and training.

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