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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Title: CEO

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

Name: Kirk J. Robertson, DMD

Title: Pediatric Dentist

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SECTION I: ACTIVITY OVERVIEW

Title of the dental public health activity:

Utilizing Tele-Health in Head Start Programs in Northern Arizona

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
X	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
X	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
X	8. Assure an adequate and competent public and private oral health workforce
X	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.

Reduce the proportion of children and adolescents with lifetime tooth decay — OH-01
Reduce the proportion of children and adolescents with active and untreated tooth decay — OH-02
Increase the proportion of low-income youth who have a preventive dental visit — OH-09

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: Children Services, Access to Care: Communities, Prevention: Children Oral Health, Prevention: Early Childhood Tooth Decay, Head Start, 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 lack of access to pediatric dental specialty in eastern Arizona, Around the Mountain Pediatric Dentistry (ATMPD) in conjunction with Northern Arizona Council of Governments Head Start Program (NACOG HS) established a teledentistry model to provide services via teledentistry in the eastern part of the state with the long-term plan to establish a permanent office location in the area. ATMPD was able to secure co-shared office space in the area to alleviate the need to incur office setup costs by sharing space with a general dentist office on a part-time basis providing services typically 4-5 days per month with the plan to expand presence in the area as business continued to increase. This was achieved by dentist and team traveling out to the local area during these days.

Revenue was generated through reimbursement for services was covered by ATMPD billing for services provided to the patient; however, provider incurred travel costs including hotel, meals, and mileage of approximately $2,000 per month that was in excess of the revenue generated. ATMPD recognized this as the startup costs for investing in expanding services to the area.

The utilization of teledentistry in the area was deemed a success by both ATMPD and NACOG HS by reducing the barrier to services, i.e., parent travel to Flagstaff for specialty services was reduced significantly by the implementation of the teledentistry program. At the time, reimbursement for teledentistry services was limited to established patients and therefore ATMPD was not able to bill for initial exams to establish new patients as patients of record to billing for succeeding services. ATMPD recognized this as the costs of doing business/investment in the future to expand services and part of their growth strategy.

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?

The eastern part of the Northern Arizona Council of Governments Head Start (NACOG HS) service (Navajo and Apache Counties) had some of the highest rates of untreated dental decay and was the most underserved regarding dental providers willing to treat the Head Start children through contractual arrangements. Further, many of the local providers were general dentists, who would not see children under the age of three. Most often, children who were seen by local providers were referred out to pediatric dental providers. Unfortunately, those pediatric dental providers are based in Flagstaff, Arizona a minimum of two and a half hours one way and for some, upwards of four hours one way. These children and parents would drive to Flagstaff for an initial examination by the provider where a treatment plan would be developed, then schedule another trip for the child to receive the needed treatment. Transportation and taking time off from work is an identified barrier to completion of treatment for the NACOG HS population being served.

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

See above.

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

- October 2008 – NACOG Head Start became one of five teledentistry pilot project grantees
- March 2009 – NACOG partnered with Dr. Kirk Robertson, Around the Mountain Pediatric Dentistry
- April 2009 – September 2011 – Around the Mountain utilizes teledentistry to triage patients through the use of affiliated hygienist in the eastern counties of Arizona
- September 2011 – Around the Mountain Pediatric Dentistry began limited office days in Show Low, AZ
- April 2014 – Around the Mountain moved out of temporary office and opened a new office in Lakeside, AZ and hired full-time pediatric dentist

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.)

- Partnership between the State of Arizona, Office of Oral Health and NACOG Head Start for teledentistry pilot program
  - Partnership with Navajo County Public Health Department – Dental Department
  - Communication and outreach to local dental providers regarding the implementation of the teledentistry program
- 1 part time dental hygienist from the local area, 2 dental assistants who traveled with the provider, 1 admin support staff who traveled with provider
- The pilot program provided equipment which included a laptop, portable NOMAD handheld x-ray, Scan-X radiograph developer, intra oral camera and software for synchronous/asynchronous transmittal of imaging.
- NACOG Head Start collaboration with Dr. Kirk Robertson, Around the Mountain Pediatric Dentistry
- Around the Mountain Pediatric Dentistry established an affiliated hygiene relationship with hygienist from the Navajo County Public Health Department
- Travel for training of local affiliated hygienist and for Flagstaff based staff - $30,000 covered by Around the Mountain Pediatric Dentistry as costs of doing business

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.
   - Onsite screening services provided by the ATMPD contracted affiliated hygienist at Head Start locations in Navajo and Apache Counties annually – Show Low Head Start, Pinetop Head Start, St. Johns Head Start, Springerville Head Start, Holbrook Head Start, Snowflake Head Start.
   - Screening data completed by affiliated hygienist included radiographs, intra oral photos, caries risk assessment and transmitted to Dr. Kirk Robertson. Eventually additional providers (Dr.

Jessica Robertson and Dr. David Ho) were trained by Dr. Kirk Robertson to participate in the teledentistry project

- After the screenings were completed, the doctor reviewed the information transmitted by the contracted affiliated hygienist and determined which children needed to be seen ASAP due to the extent of decay present. In office

- In office examinations were scheduled with ATMPD providers with same day treatment in order to prevent the parent from having to make multiple trips

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, and accomplishments.)?

    - 860 Screenings completed between 2009 and 2011:
        - Show Low Head Start – 200 children screen
        - Pinetop Head Start – 100 children screened
        - St Johns Head Start – 72 children screened
        - Springerville Head Start – 200 children screened
        - Holbrook Head Start – 180 children screened
        - Snowflake Head Start – 108 children screened
    - Establishment of local pediatric dental specialty office within 1 hour driving distance of service area (Navajo and Apache counties)

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)

    - 860 Screenings completed between 2009 and 2011:
        - Show Low Head Start – 200 children screen
        - Pinetop Head Start – 100 children screened
        - St Johns Head Start – 72 children screened
        - Springerville Head Start – 200 children screened
        - Holbrook Head Start – 180 children screened
        - Snowflake Head Start – 108 children screened
    - 2011 Establishment of part time pediatric dental specialty office
    - 2014 Establishment of full time pediatric dental specialty office and hiring of full-time local provider
    - 2014 discontinuation of teledentistry project due to establishment of full-time local office

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

1. What is the annual budget for this activity?

    - $24,000 annual travel cost for dental office staff (doctor, 2- dental assistants and 1 admin support staff) to travel with dental provider to remote office location
    - Direct staff costs including affiliated hygienist was covered via billing to insurances for services

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

   Initial equipment purchase - Portable x-ray - $10,000, Scan-X – 13,000

3. How is the activity funded?

   Equipment was provided to NACOG Head Start as part of the State of Arizona, Office of Oral Health teledentistry pilot project program.

   Around the Mountain Pediatric Dentistry was compensated for their eligible clinical services through available reimbursement. Due to the fact that dental providers cannot bill for examinations not performed in person, they absorbed the costs of the comprehensive exam as the cost of doing business in order to establish the patient as a patient of record.

4. What is the plan for sustainability?

   In 2014, I moved from NACOG Head Start to become the CEO of Around the Mountain Pediatric Dentistry. As part of this transition, we continued to seek ways to utilize teledentistry to expand access to care for the pediatric population of northern Arizona. Legislative rule changes did allow for teledentistry billing for services provided after the patient was established as a patient of record that were not previously reimbursed thus expanding the access to care from a clinical perspective. This allowed more functionality of dental hygienists to be the eyes and ears of the provider remotely. While this was progress, it still remained limited in scope in that to date comprehensive exams are still not allowed.

   The COVID-19 pandemic opened the opportunity to utilize teledentistry and reimburse providers for utilizing the model in the height of the pandemic. Unfortunately, as vaccinations became prevalent and the numbers began to decline and offices began to open back up, the payers closed that door on the reimbursement. It was an opportunity to demonstrate that teledentistry works, but so many providers did not utilize this opportunity and many insurers did not recognize the viability of this option by allowing for teledentistry codes to be utilized.

   As is the case with many providers, we have a huge back log of patients needing to be seen due to the pandemic. We currently utilize the model to conduct “hygiene only days.” In locations where a provider is not on site due to being away from the office for meetings, we schedule hygiene only days to provide prophy visits with the local hygienist, who takes all the imaging and intra-oral photos for the doctor to assess the status of the patient. While this is not a complete exam[1], we are able to triage the patient and identify significant issues and prioritize the patients for further examination and treatment. This allows for us to utilize tools available such as the application of Silver Diamine Fluoride to arrest decay until the child can be seen for more definitive treatment.

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?

   Reimbursement remains the biggest obstacle to higher adoption of teledentistry in the private sector. It continues to work well in public health settings, such as community-based clinics; but until private practice providers can recoup their time through appropriate reimbursement, it will continue to be a barrier to adoption of teledentistry models on a larger scale. Reimbursement for comprehensive exams via teledentistry should be equal to an in-office exam.

   For us to move forward, we must move away from the mentality that a dental home can only exist where there is brick and mortar – a physical office. A dental home should be viewed as the

[1] Arizona regulations and Medicaid do not allow reimbursement for a complete exam via teledentistry.

affiliation with a dental provider – meeting the minimum clinical guidelines of examination, prophylaxis, treatment and compensating the provider for achieving these results.

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

During this time, insurances including the State of Arizona Medicaid program (AHCCCS) was not ready for teledentistry. They did not have the coding and reimbursement infrastructure to support the billing of teledentistry, and this was a significant obstacle to utilizing the model for a private practice. Much education and lobbying over several years with many partners was able to move AHCCCS to begin opening the reimbursement structure to allow for the billing of teledentistry. While much headway was made, there remained significant barriers to billing for services in a teledentistry environment.

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.

TO BE COMPLETED BY ASTDD	
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