



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

Name: Sharity Ludwig

Title: Director, Alternative Care Models

Agency/Organization: Advantage Dental Oral Health Center and Affiliated Practices

Address: 442 SW Umatilla Ave. #200 Redmond, OR 97756

Phone: 541.604.1177

Email Address: Sharity.ludwig@greatdentalplans.com

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

Name: Randy Blue

Title: Vice President, Information Technology

Agency/Organization: Advantage Dental Oral Health Center and Affiliated Practices

Address: 3322 West End Ave #400 Nashville, TN 37203

Phone: 629.999.5017

Email Address: Randy.Blue@greatdentalplans.com

SECTION I: ACTIVITY OVERVIEW

Title of the dental public health activity:

[Teledentistry | Oral Health Focused Telehealth \(Virtual\) Services](#)

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
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.

- 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
- 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: Communities, Medicaid, 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.

Advantage Dental Oral Health Center (“Advantage Dental”) has a long history of leveraging teledentistry as part of its services in its ongoing mission to improve the oral health of all and create a healthier population through improved dental health. Advantage has run an emergency 24/7 on-call hotline for over 20 years that provided audio-only emergency-focused teledentistry services in Oregon. In 2019, Advantage provided audio-only teledentistry services to just over 1,100 individuals. These services were either emergency “hotline” calls or asynchronous encounters performed in remote locations in conjunction with hygienist services and x-rays.

In 2020, Advantage saw an acceleration in the use of teledentistry and the sophistication of implementation. With the advent of the COVID-19 pandemic in March 2020, Advantage Dental, together with DentaQuest, established hotline phone services throughout six states (AL, KY, MA, OR, TX and WA) providing oral health tele-consult services to anyone seeking emergency care.

Advantage Dental worked quickly with a cross-functional team to identify and select a teledentistry platform to further advance services. In partnership with MouthWatch, a series of pilots were planned and launched between March and Sept. 2020, focusing on improving the process and understanding of teledentistry. By Dec. 2020, Advantage completed the roll-out of a synchronous teledentistry platform to 59 OR and WA practices, while delivering over 7,400 teledentistry encounters by the end of 2020.

These expansion efforts continue with a focus on Oregon practices, due to the broad scope of services and telehealth state policies. The intent is to utilize teledentistry as a means to expand access to oral health education and care delivery to underserved populations, particularly in rural areas where access to essential care is limited. At the start of 2021, the virtual visit share was 2.2 percent and by August, increased to 4.5 percent of total patient encounters.

The Advantage Dental team is driven by its core mission: To improve the oral health of all and believes that teledentistry services will continue to transform the oral health care system and the way people think about oral health care for the better.

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 utilization of teledentistry was initiated for two purposes:

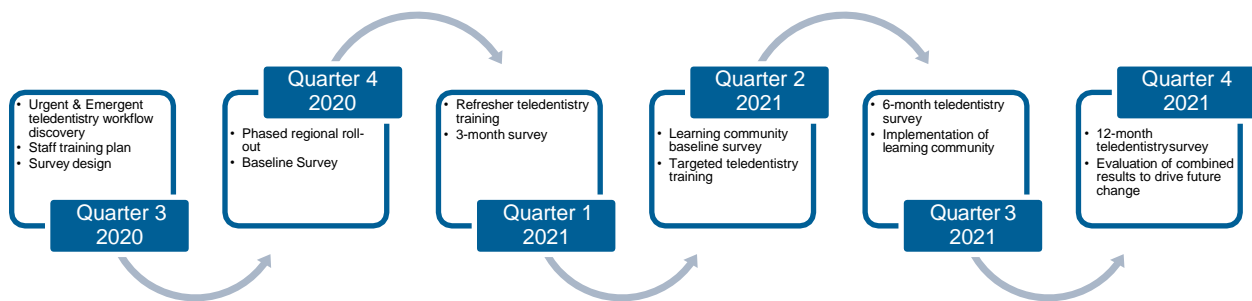
- To increase utilization of asynchronous teledentistry to allow for continuity of care in practices when there is a transition of providers and to allow opportunities for collaboration with educational, social services, and behavioral and physical health sites by dental hygienists.
- In 2020, as response the COVID-19 pandemic, the implementation of synchronous teledentistry was necessary as a business continuity plan to address the oral health needs of all patients during mandatory closures of dental facilities, and of high-risk individuals sequestering themselves from the general populous due to susceptibility to the COVID-19 virus.

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

The rationale for both asynchronous and synchronous teledentistry is based on increasing access to oral health education and care for patients, especially those in rural communities. Delivering oral health care in rural and frontier areas presents workforce and transportation challenges. The utilization of teledentistry in practice settings supports continuity of care.

3. What month and year did the activity begin and what milestones have occurred along the way? (May include a timeline.)
 - o Advantage Dental has run an emergency 24/7 on-call hotline for over 20 years that provided audio-only emergency-focused teledentistry services in Oregon.
 - o Asynchronous teledentistry began during quarter two of 2018.
 - o By March 2020, Advantage Dental, together with DentaQuest, established hotline phone services in six states (Ala., Ken., Mass., Ore., Tex., and Wash.) providing oral health tele-consult services to anyone who seeking out care.
 - o In partnership with a chosen platform vendor, a series of pilots were planned and launched between March and Sept. 2020, focusing on improving the process and understanding of teledentistry.
 - o By December 2020, a completion of the roll-out of a synchronous teledentistry platform to all 59 practices in Oregon occurred. By the end of 2020, Advantage Dental delivered over 7,400 teledentistry encounters.
 - o Over the course of implementation, Advantage Dental collaborated with CareQuest Institute for Oral Health to design surveys which helped to gauge provider perceptions of teledentistry time. In addition, consultation services were provided to create a learning community which empowered care delivery teams and office staff to leverage current achievements that help all be successful in their use of teledentistry within the oral health center practices.

A visual timeline of key events throughout 2020-21:



The sections below follow a logic model format. For more information on logic models go to: [W.K. Kellogg Foundation: Logic Model Development Guide](https://www.kellogg.org/sites/default/files/2019-05/Logic%20Model%20Development%20Guide.pdf)

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 design and implementation of teledentistry and the supporting platform, TeleDent, within Advantage Dental Oral Health Center and affiliated practices required the collaboration of various departments and subject matter experts (SME). Utilization of a change management framework

focused on Awareness, Education, Training and Sustainability was kept at the forefront of the development team.

- An internal communications strategy was created to raise awareness and adoption of the use of tele dentistry within the practices.
- Education and training materials regarding the use and impact of telehealth in addressing patient needs and training of the workflow specific to TeleDent were developed and provided to practice teams.
- Ongoing support was made available through both online learning modules and in-person support.
- Analysis of data highlighting tele dentistry services within each of the practices and regions is utilized to support identification of challenges and successes. This supports tele dentistry as standard of care and keeps practice teams engaged.

Teams focused on workflows supporting tele dentistry first, and technology second. Given our organization’s ability to work with the tele dentistry platform vendor to enhance their platform, teams were able to utilize the pilots to evaluate and improve workflow needs and requirements, and then test them in the field before broadening the deployment of the platform to nearly 60 additional practices. This approach ensured consistency in metrics and built an innovative foundation for expanding the model.

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.

	Synchronous (D9995)				Asynchronous (D9996)	
Staffing	Teledentist (T-Doc)	Practice Dentist	Practice RDH	Community Care	Practice	Community Care
Type	Direct to Patient ¹ (DTP)	Direct to Patient ¹ (DTP)	Direct to Patient ¹ (DTP)	Direct to Patient ¹ (DTP)	Dental Team Member (DTM) to Dental Team Member (DTM)	Dental Team Member (DTM) to Dental Team Member (DTM)
Plan, Practice, or Hybrid	Hybrid	Practice	Practice	Plan	Practice	Hybrid
Target Population	Advantage Dental Services, LLC Medicaid members	Practice patient base	Practice recare list	Plan members with no previous date of service	All practice patients	Advantage Dental Services, LLC Medicaid members
Use Case	Business hours triage, consults, etc.	Provide anticipatory guidance, business hours triage, consults, etc.	Preventive dental visit to re-engage and determine follow-up for in-person care	Preventive dental visit to engage non-utilizers and determine follow-up for in-person care focused on 1-14-year-old	Practice is "Dark," dentist time is limited, and/or extra hygiene availability exists	To create an access point in community care settings

The above table provides an overview of tele dentistry within the care delivery model. The model includes the brick-and-mortar practices along with a Community Care component utilizing dental auxiliaries. Community Care settings are highlighted, as where scope of practice allows, utilization of the care team occurs in social service, education, physical health, and behavioral health sites to create access points beyond the brick-and-mortar dental practice.

Connection for asynchronous tele dentistry to the community care sites, tele dentists, and brick and mortar practices are through a centralized electronic dental record (Dentrix Enterprise). This allows all data collection for the patient to occur and be accessible in one location. If synchronous connection with the tele dentist or practice is necessary, the technology exists through the TeleDent platform that would allow for this to occur.

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)?

Teledentistry visits, during the first quarter (Q1) of 2020, our practice teams provided an average 233 virtual visits per month. Between Q2 of 2020 and Q1 of 2021, we saw a 200+ percent growth in virtual visits. By the third quarter of 2021, we averaged 912 virtual visits per month with over a 400 percent growth since the Q1 2020.

Teledentistry services, during Q1 of 2020, our practice teams provided an average of 500 virtual services per month. By the third quarter of 2021, we averaged 6,300 virtual services per month exceeding a 1000percent growth since the Q1 2020.

Outside of utilization, written materials, guides, campaigns and videos were developed to support the different learning styles of patients and providers to support implementation of teledentistry as standard practice.

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)

In April of 2020, in collaboration with the CareQuest Institute, a patient satisfaction survey was conducted. Patients provided positive feedback about their experience with asynchronous teledentistry visits. Most patients (86%) indicated general satisfaction with their teledentistry visit and most pointed to convenience:

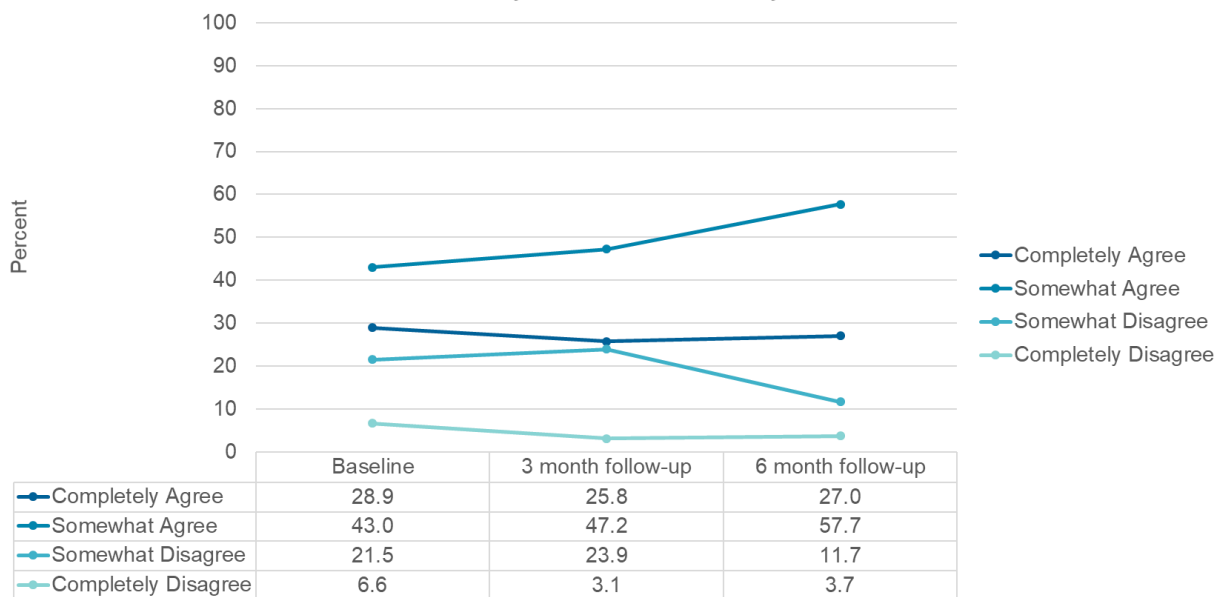
- 52% reported they would have had to travel to another city without teledentistry
- 42% said they would have had to take time off from work
- 28% said they would have needed to get in-person childcare.

The full report can be found at <https://www.carequest.org/system/files/CareQuest-Institute-Teledentistry-Experience-Patient-Survey-Report.pdf>

Data captured through Net Promoter Score for teledentistry utilization continues to be captured and evaluated to improve the patient experience.

To evaluate the provider's perspectives, understanding overtime, and staff's perceptions on the belief of teledentistry as a viable system of care was tracked; noting utilization as a proxy for behavior change that could influence acceptance rate.

Oral healthcare professionals are ready to accept teledentistry as a viable system of care delivery?



Budgetary Information:

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

The below questions have intentionally left blank as the organization does not track a budget that is dedicated to teledentistry. It is included in our overall operating costs just like rent or dental supplies. The resources to manage and staff the platform are funded by the services rendered using them. Our expectation is that teledentistry is a revenue driver creating easier access for oral health education and observation that does not require on-site visits. By improving our patient population’s oral health and reducing the need for more costly care and create more loyal patients who appreciate the convenience and ease of the teledentistry experience.

1. What is the annual budget for this activity?
2. What are the costs associated with the activity? (Including staffing, materials, equipment, etc.)
3. How is the activity funded?
4. What is the plan for sustainability?

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?

In implementation of teledentistry, it is necessary to consider the target population, staff buy-in and adoption, technological connectivity challenges for both provider and patients, and security infrastructure within an organization. These are all factors that could impact teledentistry workflows and overall success of the program.

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

One challenge encountered during the implementation of teledentistry across Advantage Dental Oral Health Center and affiliated practices was the mindset of staff on providing oral health care through virtual channels (teledentistry). Dentists are highly skilled surgeons that are trained to provide care by services that require placing hands on a patient’s oral cavity. With the addition of teledentistry services, it requires providers to provide care in an unconventional manner. To help with this

transition, practices were asked to brainstorm what challenges faced their practices. Together, they created solutions by identifying how teledentistry could be utilized as a tool to address these hardships. For example, a one-page overview “Quick Start Guide to TeleDent Implementation for Practice Managers” was created identifying three steps shared by staff that led to the success of implementation. The second step was identification of the ideal candidate for TeleDent. This section included a list of patient types that is utilized with the practice manager and dentist to select which patients would be used initially with TeleDent appointments.

The second challenge was the security infrastructure within the organization, which could impact teledentistry workflows. Depending on the size of an organization, security infrastructures may be in place that impact the functionality of a teledentistry platform. This requires allocation of resources upfront and ongoing with platform updates for due diligence to avoid impact to workflows.

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.

- **Patient Facing Webpage:**
<https://www.advantagedental.com/teledentistry>
- **Video: The Impact of Teledentistry**
<https://www.youtube.com/watch?v=ZwEAhzv4RHU>
- **Video: Teledentistry 1-2-3**
<https://www.youtube.com/watch?v=xTVyTMWWDZI&t=68s>

TO BE COMPLETED BY ASTDD	
Descriptive Report Number:	40008
Associated BPAR:	Teledentistry
Submitted by:	Advantage Dental Oral Health Center and Affiliated Practices
Submission filename:	DES40008OR-teledentistry-2021
Submission date:	October 2021
Last reviewed:	October 2021
Last updated:	October 2021