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
Name: Kim Ball   **Title: Dental Manager**   **Agency/Organization: Horizon Health Care, Inc.**   **Address: 109 N Main St. Howard, SD 57349**   **Phone: 605-933-1796**   **Email Address: kball@horizonhealthcare.org**

Title of the dental public health activity:

The Use of Synchronous and Asynchronous Teledentistry to Provide Access to Care in Remote/Rural Areas

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
x	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 oral health care system
Reduce the proportion of people who cannot get the dental care they need when they need it
Increase the portion of children and adolescents who have a preventative dental visit

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, Access to Care: Workforce, 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.

Revised January 2021

Horizon Health Care, inc. is a Federally Qualified Health Center with locations throughout the state of South Dakota. There are eight dental clinics located in Yankton, Alcester, Howard, Wessington Springs, De Smet, Plankinton, Martin and Faith communities. Teledentistry efforts have been utilized in most locations because of dentist turn-over or vacation time.

Synchronous teledentistry visits are conducted via Webex utilizing intraoral cameras and laptops to provide limited, comprehensive and periodic exams. Exams are completed by a dentist located off site at another clinic location and the in-office staff, hygienists and/or dental assistants, gather the intraoral data utilizing the intraoral camera. No additional associated costs were incurred implementing this process. The biggest outcome that was achieved was access to care and continuation of care because there was dentist turnover. Lessons learned were that the staff needed additional education and practice to buy into this new concept utilizing the intraoral camera for synchronous exams. Patients seemed to be receptive and were appreciative to speak with a dentist regarding their oral health concerns.

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 is 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?

    At Horizon Health Care, Inc. there was dentist turnover due to contributing factors with the COVID-19 pandemic and contracts expiring. Due to this turnover some of our dental clinics, Martin and Faith, were without full-time dentist coverage for a period of time that was greater than six months. We were able to utilize teledentistry during the period there was not a dentist onsite to do exams and this enabled us to be most efficient when we were able to get onsite dentist coverage.

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

    Due to the COVID-19 pandemic, oral health access would have been greatly limited due to provider turnover. Without a dentist onsite regularly we had a decrease in patients and patients were rescheduling until they were able to have a dental exam at the same time. Implementation of teledentistry was imperative for continuity of care.

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

    We had been evaluating Teledentistry use for a few years within our organization. Our medical clinics utilize Tytocare for their telemedicine visits and we trialed that device for dental exam. It was found that the information from the camera was not as diagnostic as desired. When COVID-19 first occurred our organization had to shift our meeting structure to allow for social distancing and our IT department researched and implemented Webex. After provider turnover we were experimenting and researching

options for teledentistry. We trialed utilizing our Webex software and intraoral camera and determined that we were able to provide diagnostic exams. Our first synchronous teledentistry exam was completed in November 2020.

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.)

- Video system (Webex)
- Intraoral camera
- Webcam speakers
- Dentist, hygienist and assistant (when available)

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.

Administration: Billing details had to be evaluated since most insurance companies did not provide coverage for periodic and comprehensive exams during this time.

Operations: Workflows and training had to be provided to the staff. A script was provided to the front desk so they could explain the type of exam that would be performed when the patient arrived. Staff had to be trained to determine which appointments based on the patient's billing type were able to have teledentistry visits. If their payor did not provide coverage for teledentistry then they were able to utilize the collaborative agreements that we have in place for our hygienists. The hygiene appointments were done in our clinics in Martin and Faith primarily and the exams were done by a dentist in either Howard, De Smet or Wessington Springs. The exams consisted of radiographs, a Webex conversation with the patient, and an intraoral exam done utilizing our intraoral cameras in video mode through Webex.

Services provided are limited, periodic and comprehensive exams. After the exams were completed, the patients were scheduled for treatment on days that our stand-in dentist was onsite.

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)?

We have provided 105 synchronous teledentistry exams. We provided services that otherwise would have had to be rescheduled at another time. We were able to complete exams so the provider time would be used more efficient when onsite. Most of the exams were comprehensive and periodic exams with a few limited evaluations. We had a stand-in dentist that traveled between our sites and would provide the care when onsite. Exams completed in advance allowed the dentist to start treatment immediately and reduced the number of appointments the patient would have otherwise needed.

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:

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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)

*Since our teledentistry program came from an immediate need we have not developed any outcomes that we are measuring at this time. In the future we will evaluate how we can leverage our teledentistry experiences to increase access to care in different settings and then create what outcomes we want to measure. We are currently exploring utilizing teledentistry with our medical providers for consults for oral conditions.

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

1. What is the annual budget for this activity?

   There is no current budget because no additional resources were needed. All of our clinics have intraoral cameras and Webex costs are already factored into our budget due to our large footprint and need for our meeting structures. Each provider is given a laptop at the start of employment that includes a webcam, so no additional costs were incurred. Most exams were completed by the Chief Dental Officer and were done with no additional time blocked in the schedule because they were scheduled like exams done in the office.

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

   Minimal cost involved other than staff compensation which is already factored into the budget.

3. How is the activity funded?

   Activity is funded through normal operations. In July 2021, South Dakota Medicaid expanded their teledentistry coverage. We are now able to bill more diagnostic procedures such as exams and radiographs.

4. What is the plan for sustainability?

   Teledentistry efforts will be utilized when a dentist is unable to be in the office and an exam is needed so the use of teledentistry will be self-sustained. Teledentistry was allowed in South Dakota prior to the COVID-19 pandemic and is in the state statutes. There was a work group created a few years ago to discuss utilization of teledentistry but at that time it was not being utilized. Medicaid is creating a new work group that will discuss teledentistry in the next few months.

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?

   Teledentistry needs to be customized to the clinic needs. Our clinics benefit from synchronous teledentistry so we can utilize the provider's time more efficiently when they are onsite. In the future, we will consider asynchronous teledentistry for our school-based clinic where we only have one dental chair and the hygienist and dentist rotate their time at the clinic.

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

   Staff buy-in and the extra time needed for teledentistry exams was the biggest challenge. Any change in workflow can be challenging especially if technology is involved. We walked through the appointment workflows with our hygienists and trialed teledentistry with them. The primary challenges come from technology. There are times when we struggle connecting to the meeting

in a timely fashion. We have a HIT department that is amazing and can step in and guide our providers during these times.

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.

Horizon Health Care- Patient script for teledentistry appointment

Horizon Health Care -Teledentistry Workflow

TO BE COMPLETED BY ASTDD	
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