Dental Public Health
State Activity Submission Form

ASTDD's goal in collecting information about successful state Dental Public Health activities (e.g., practice, program, service, event, or policy) is to share this information with other states, territories, and stakeholders who may be interested in implementing similar activities. We thank you for your time and willingness to share your experiences.

Please complete the form below and return to Lori Cofano, ASTDD Best Practices Project Coordinator, at lcofano@astdd.org

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STATE DENTAL PUBLIC HEALTH ACTIVITY (e.g., practice, program, service, event, or policy) Minimum=300 Maximum=500	
Activity title:	**Implementation of Teledentistry in Health Centers**
State/Territory:	CA

Summary overview, which may include the following:

- Objectives
- Rationale
- Personnel
- Key partners
- Costs & sustainability

Ravenswood Family Health Network (RFHN) has led the Early Childhood Oral Health Initiative (ECOHI) since 2012 in San Mateo County. We were the lead agency to apply for the grant funding and subcontracted with University of Pacific School of Dentistry for the implementation of the Virtual Dental Home (VDH) model and partnered with Head Start for implementation. Building on our staff and partners' experience to date, we have expanded the key components of ECOHI to create a community-based oral health delivery system for low-income children ages 0-5. Overall, the program provides preventive dental services, referrals and case management and staff and parent education and dental home services at community sites serving children 0-5. In addition to providing culturally and linguistically appropriate oral health education and services, we provide dental home navigation assistance for families by phone and/or via email, connecting families to dental clinics and practice. We inform families of the child's dental needs, help them make appointments for dental care, follow up to provide needed support to keep appointments, and track completion of dental treatment.

As of 2019, we partnered with eleven pre-school and community programs throughout San Mateo County to provide asynchronous tele-health visits to increase access to preventive services for children. These community programs are preschools, Head Start and Early Head Start, medical therapy unit, resource centers for children with special needs and community centers. Funds leveraged from Medi-Cal billing along with grant funding have allowed us to increase the number of children who receive services. At the start of the pandemic there was a need to adapt quickly to continue serving our patients. This need was met utilizing asynchronous and synchronous telehealth. California has had a payment mechanism in place since 2016 to bill and get reimbursed for asynchronous tele-health. There were changes in 2019 to only limiting telehealth services to existing patients. With the pandemic, limitations have been relaxed and now allows for establishing patients via telehealth. The synchronous telehealth visit type is currently intended to address patient concerns and thus limited toe patient initiated dental visits (that are problem focused). Utilizing both asynchronous and synchronous telehealth models, we have addressed urgent needs, provided medical-dental integration, and provided preventive services to children in pre-schools.

Lessons learned (Successes and **Challenges**):

Telehealth (both synchronous and asynchronous) offer a unique opportunity for patient engagement. It requires a different skill set than the usual surgical skills of a dentist. There is a need to constantly work on buy-in and staff training, as well as looking for redundancies along the way to make the program more efficient. Utilizing PDSA's to test and track until you get the desired results is critical. A very important thing we learned is that the programs are as successful as your partnerships. The more buy-in from partner programs, the more successful the program is.

Family acceptance: Asynchronous: Some of the challenges we faced early on were in recruitment of families into the program. We tried many different ways to reach the families and each program partner chose to do things that worked for them and that was very successful. As in any new program buy-in from preschool staff was critical. Our initial plan was to have Ravenswood staff enroll children in the program so as to not burden the staff at the preschool with additional responsibility. However, we learned early on that the parents trust the staff they entrust their child with. When the program recommendations were made by the staff the parents seemed more likely to enroll. So we let the teachers and other staff take the lead on enrollment.

Synchronous: Provider buy-in is a challenge and tele-dentistry has a steep learning curve for dentists who have no prior experience with tele-health. Dentistry is a surgical specialty and dentists feel comfortable by comparing diagnosis and treatment plans for patients seen via tele-dentistry and when the same patient is seen in-person. We compared diagnoses weekly, monthly and then quarterly by provider and then as a group to review intra and inter-provider reliability.

TO BE COMPLETED BY ASTDD	
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