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:	**Oral Health Access for Underserved Perinatal Women through Teledentistry**
State/Territory:	CA

Summary overview, which may include the following:
- Objectives
- Rationale
- Personnel
- Key partners
- Costs & sustainability

Due to the COVID pandemic and the statewide shelter in place enforced in March 2020 in California (CA), all dental visits were suspended with the exception of emergency care. To provide access to care and to serve the underserved and vulnerable population in our community, we adopted teledentistry visits in April 2020. The initial goal was to triage and preserve ER capacity for true emergencies. As days rolled by, we expanded to include patients who were new to our practice and had questions about dental care. Amidst all this, one subset of patients was conspicuously missing from seeking care. They were the perinatal patients.

To overcome this barrier and to reduce oral health disparities, we collaborated with nurse practitioners (NPs) in the OBGYN department at our FQHC to spread the word and for patient referrals. As we were not seeing patients in person for routine care, we used the teledentistry visit to discuss medical and dental histories, do risk assessments, set

SMART goals, provide anticipatory guidance, prescribe medications and refer to specialists as needed.

Our focus was to promote oral health literacy and to bring awareness that dental care is safe during pregnancy. The team involved two registered dental assistants (RDAs) and one dentist. The dentist would conduct the teledentistry visit whereas the RDAs were in a support role doing outreach calls and scheduling appointments. Consent is obtained by the dentist at the start of the visit. We continued to use tele-visits to gather information even after our clinic started seeing patients in person, thus saving precious in-clinic time for treatments. The outcomes were positive as we were able to increase access to care to vulnerable patients who otherwise would not have sought care, by building trust and assurance in them. The lesson we learnt in this process was to schedule re-care appointments during the tele-visit appointment without which it was very time consuming to connect with patients for a follow up.

Lessons learned (Successes and Challenges):

Although the program ran smoothly, we did learn some important lessons. The most important outcome was the decreased no show rate for follow up visits for patients who had a teledentistry visit. When we started this project, recall appointments were scheduled at a later date. This resulted in some patients defaulting their appointments. In some cases, the patients had not set up their voicemail or their voicemail was full and not accepting messages. In some rare cases, the phone number on file was disconnected. All these issues made it difficult to connect with patients to schedule follow up visits. When we started making return appointments at the end of the teledentistry visit, the no show rate dropped dramatically. Patients tend to keep up with their appointments when they are made when the information is fresh in their minds. Also, when the appointments were made by the dentist, during the visit, the no show rate decreased. We have continued to use this system to date with much success. This resulted in more patients receiving care in the clinic, especially in the perinatal population. It also improved access as patients who could not physically come to the clinic were still able to seek care, virtually.

The challenges were encountered at various points of this project. When we started our project in April 2020, it took great effort to schedule patients for teledentistry visits as a majority of them have the notion that dentistry is limited to the chair. There had to be a shift in ideas and perceptions about care. Once we overcame this impediment, we had the issue of poor internet connection for patients. A handful of times, we had to reschedule appointments to different days and times due to conflict with doctor appointments especially for perinatal patients. Using technology, signing up for MyChart and downloading zoom was too difficult for some patients. We were able to mitigate this by education, awareness and reinforcement. A pattern we noticed in this project is that the younger perinatal patients, especially those in their 20s are the ones that default their tele-visits as opposed to patients with AMA. The older perinatal patients do keep up with their follow up visits and care as recommended. The younger patients are tech savvy whereas the ones with advanced ages struggle with technology, yet they are more amenable to learning and trying something new. Efforts are being made to change the mindset of younger perinatal patients by collaborating with NPs. This is an ongoing effort! We are still trying to figure out if the younger patients have school or work-related issues or if it is a matter of patient behavior. More research needs to be done in this area about patient behaviors.

TO BE COMPLETED BY ASTDD	
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