



# 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](mailto:lcofano@astdd.org)

<b>FIRST CONTACT PERSON FOR INQUIRIES</b>	
Name:	Ramona English, DMD
Title:	Chief Dental Officer
Agency/Organization:	Petaluma Health Center
Street:	1179 North McDowell Blvd., Suite F
City, State, Zip Code:	Petaluma, CA 94954
Phone:	707-559-7555
Email:	<a href="mailto:ramonae@phealthcenter.org">ramonae@phealthcenter.org</a>
<b>SECOND CONTACT PERSON FOR INQUIRIES</b>	
Name:	Irene Hilton, DDS, MPH
Title:	NNOHA Dental Consultant
Agency/Organization:	NNOHA
Street:	181 E. 56 <sup>th</sup> Avenue, Suite 401
City, State, Zip Code:	Denver, CO 80216
Phone:	303-957-0635 Ext. 4
Email:	<a href="mailto:irene@nnoha.org">irene@nnoha.org</a>

<b>STATE DENTAL PUBLIC HEALTH ACTIVITY (e.g., practice, program, service, event, or policy)</b> <small>Minimum=300 Maximum=500</small>	
Activity title:	<b>Patient Centered Care through Teledentistry</b>
State/Territory:	CA
Summary overview, which may include the following: <ul style="list-style-type: none"> <li>Objectives</li> <li>Rationale</li> <li>Personnel</li> <li>Key partners</li> <li>Costs &amp; sustainability</li> </ul>	
<p>Petaluma Health Center has been providing synchronous, live video visits for dental patients with their dentist and dental assistant. These visits started at the beginning of the COVID19 pandemic, during shelter in place, as an alternative way of providing dental care while in office visits were limited to urgent and emergent care. Over time, this mode of care delivery evolved into a new service line for the provision of preventive care for patients six months to five years old, to increase access to care when in office capacity is limited, to increase access to care for patients that have transportation barriers, for emergencies triage, preoperative and postoperative care, case management and chronic disease management. Most patients attend these visits from their smartphone and submit photos of their teeth and mouth in advance to assist the dentist with the examination during the live video visit. 86% of Medicaid beneficiaries own a smartphone. For certain types of visits, such as the preventive visits for patients 6 months- 5 years old, the clinic mails the patient a self-management kit that is used by the patient or caregiver to self-administer care during the video</p>	

visit. The self-management kit contains fluoridated toothpaste, fluoride varnish, toothbrush, floss, gloves, bib, gauze, disposable mirror, patient education materials. These teledental visits cost less to provide because they do not involve the use of the “equipment heavy” surgical dental operatory setting. Teledental visits take more support staff time and about the same amount of provider time as in person visits. The cost of care can be reduced by utilizing entry-level dental assistants or community dental health workers to provide visit support. Some of the outcomes we experienced were increased access to timely care, increased care coordination with specialty care, elimination of transportation barriers, increased patient engagement and self-management, increased oral health literacy, reduction in caries rates, reduction in caries risk level, increased utilization of fluoride, and increased patient satisfaction.

Patient satisfaction was measured via a text survey sent out after each tele-dental visit. The survey asks one net promoter question, “On a scale of 1-10, 10 being most likely, how likely are you to recommend this type of visit to family and friends?” We also included a Comments section from which we gleaned a lot of extra information that we used to continually improve our program. Our patient satisfaction has been consistently at 96% based on 500 surveys. Increased patient engagement we surmised from the very low no show rate for tele-dental visits when compared with in office visits and from patients achieving their self-management goals.

The increased oral health literacy was based on the patient education program with photos on how to position the child for brushing, the snack guide and the Smiles for life curriculum used by dental staff. The reduction in caries, and risk level and increase in topical fluoride applications are reflected on our quality improvement dashboard.

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

- Learned that we needed to communicate with patients about these new types of visits, so we included information in the patient newsletter and on our website.
- Created a patient visit preparation list to let patients know how the visit will go, what to have ready, and what to submit in advance.
- Learned that we needed good intraoral photos taken by parents on their phones. Therefore, we created videos with examples and instructions for parents on how to do this. If parents need help with taking photos, the assistant reaches out to help them.
- Started sending patients’ self-care packages. We had to figure out how far in advance they would have to be mailed and what to contain. We had to create a process map for this as well.
- Started sending a video with instructions on how fluoride varnish is applied, to desensitize parents to the process happening later during the visit, with the dentist’s guidance.
- Developed new patient education materials with lots of photos that could easily be texted to the parents. During the visit is very convenient for the dentist to share their screen and review patient records and educational materials together with the parent.
- Designed new ways to communicate the visit status between the team members. We added statuses in the electronic dental record to show when photos were already imported into the patient record or if the patient received the visit preparation materials.
- Created a Teledentistry flyer to be handed out to patients when coming through the immunization clinic drive through.
- Started tracking self-care packages.
- Created a Teledentistry visit tracker to make sure we closed the loop regarding follow-up appointments, prescriptions, referrals, forms, etc.

Some things that we tested we abandoned, such as utilizing the front office staff for scheduling and visit preparation and having a hybrid schedule consisting of in clinic and video visits.

We also abandoned these types of visits for patients 6 and older, because once we reopened for routine care it made more sense to have these visits in clinic and apply sealants same day if needed.

We had several challenges:

- Initial challenges were related to learning and operationalizing a new software platform. We addressed these through staff training, patient education and practice.
- Other challenges were related to the stability of the internet connection on the virtual platform. To address

this problem we switched from using Doxi.me to Cisco WebEx. Videos were created for patients on how to connect, how to position for the visit, about sitting in one part of the house with the strongest internet connection, having a flashlight ready, not walking around during the video visits, not sitting in front of a window, etc.

- Another challenge was obtaining diagnostic information through live video. That is why we created a video for patients with instructions on how to take intraoral photos with their phone. Having these photos in addition to the live video exam gave our providers more confidence in using Teledentistry.
- Frontline staff needed to attend a demo video visit to be able to understand it and offer it to patients.

<b>TO BE COMPLETED BY ASTDD</b>	
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