



# 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)

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<b>STATE DENTAL PUBLIC HEALTH ACTIVITY (e.g., practice, program, service, event, or policy)</b> Minimum=300 Maximum=500	
Activity title:	<b>Teledentistry at Schools &amp; Nursing Homes</b>
State/Territory:	MO
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>In conjunction with our HRSA Workforce and CDC grants, the Office of Dental Health (ODH) have contracted with dental providers to either provide teledentistry services at schools, including providing sealants, or nursing homes or both. Contracts are being funded through private Missouri foundations and/or CDC. The contracts funded through private Missouri foundations are the match part of the requirement of the HRSA Workforce Grant. The contracts funded by CDC are for sealant programs and are from the CDC Improving Oral Health Outcomes Grant. (Sealant contracts are funded through CDC and do not provide for personnel services but provide for education pertaining to dental sealants.) We contracted with Local Public Health Agencies who have dental programs, Federally Qualified Health Centers (FQHCs), Health Clinics and Dental/Dental Hygiene Schools to provide care to schools targeting those in their area with the highest percentage of Free &amp; Reduced Lunches. In order to qualify for the Free &amp; Reduced Lunch Program, a family needs to meet the requirement of being at or below 185% of the poverty level<sup>1</sup>. Since these children are at or below the poverty level, they are considered high risk because they have a harder time accessing and receiving dental</p>	

care. Nursing Home targets were based on counties with one or fewer dentists. The contractors are required to bill Medicaid to show sustainability of teledentistry services after the contract is complete.

Associated costs are mainly for equipment, travel and personnel services, with the largest proportion being equipment. Equipment costs are reimbursed mainly through the first year of the contract and vary from \$24,000-\$48,000 depending on if they go to schools, nursing homes or both. Lessons learned were to not try to get into schools or nursing homes during a pandemic; if you try, the contractor must build a relationship with the facility they are trying to access to provide care. Another lesson was that many potential contractors are not enticed to respond to a Request for Bid due to the daunting aspect of filling out the forms and contracting with the state. Success was seen by contracting with agencies through a direct contract, which is allowed under state rules. After this success, other providers heard of the program and were more willing to fill out the Request for Bid and become a contractor. We got our Coalition for Oral Health involved to help answer the Request for Bid questions as the Office of Dental Health could not do so under state law.

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

Biggest lesson is not to plan on getting into schools and nursing homes during a pandemic! Another lesson would be to promote the program and contracts more. We assumed everyone would be interested or knew about teledentistry, but we were incorrect. Starting something new is always scary. We would work with the Coalition sooner in asking them to help potential bidders because of the complicated bidding process.

Challenges were getting into the facilities during a pandemic. Contractors just built and maintained their relationships with those facilities in hopes that when they were open, they would allow them inside. Also had a letter from our dental director and department director that said this program was safe for schools. Challenges were getting bidders to bid on the contracts. Worked with the Coalition to help potential bidders through the process. Challenges were that teledentistry is a fairly new concept, so education had to be done, which we knew, but it probably needed to happen sooner.

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