Philip Stringfield (00:00):

Awesome. Thank you so much, Olivia. And as she said, my name is Phillip Stringfield. I serve as NACHCs manager of Health Center Operations here within our training and technical assistance division. And I'm glad to see everyone here today. And I'm glad that we have a follow-up for you for Follow Strategies for Implementing Teledentistry. Go ahead onto the next slide. And as we get started, just wanted to start off of course with our regular promo of NACHCs EHR user group. And after you check the chat, you'll see, I just went ahead and sent you a link there, but just wanted to put a plug in for the five now, six EHR user groups that NACHC hosts. So, if you are supported by one of these vendors, you can utilize the link in the chat to sign up. And as you see, we do have a new epic user group starting as well. I'm looking to start that group in June.

Philip Stringfield (00:48):

So, if you would like you can go ahead and click that link and you will see the epic sign and you can click that and you should be able to sign up. But I do ask that you please only sign up to the vendors in which your organization is a supported by, or if you are a PCA or HCCN please only join the groups that you support as far as health center wise. So thanks again. And go ahead and move on to the next. And without further ado, just wanted to go ahead and introduce our presenters for today. We have Dr. Irene Hilton with the National Network for Oral Health Access. And Dr. Yogita Thakur with Ravenswood Family Health Center, who will be doing the follow-up from our session last year, and be talking about some useful tips and workflows that can help highlight use case examples for pediatric populations and really help you think about teledentistry at your health center. So, without further ado, I'll go ahead and hand it over to the team to get started today. Thank you so much.

Dr. Irene Hilton (01:48):

Thank you, Philip and Olivia, welcome everyone. Good morning or good afternoon. So, I'm Irene Hilton from NNOHA. And today I'm joined by Dr. Yogita Thakur, from Ravenswood Family Health Center. And we're both here in California. And this webinar is a follow-up, as Philip says, to the webinar that we did last June, that was well attended and generated a lot of follow-up questions, and so Philip contacted us again, and we're going to be specifically talking about, next slide. So these are the objectives for today. In the Q&A afterwards, if people have questions about other things, and if we don't, this isn't an overview of teledentistry, the reason it isn't is because again, it was scheduled as a follow-up. So we will be based on input from people that attended the first office hour and other questions and needs assessments that Philip did.

Dr. Irene Hilton (02:53):

We're going to be covering three main topics. One is, we're going to be show you some sample teledentistry workflows, which, and again, you'll be getting this presentation so you can copy and see which ones might work for your organization, just to help people frame how you want to think about doing a teledentistry visit. Understanding we had some questions specifically about one of the case uses that we covered last time, which was, conducting an infant oral care visit via teledentistry. And then Dr. Thakur is going to describe at her health center, how they have implemented both asynchronous and synchronous teledentistry with special attention to collaboration between pediatrics and dental. Dr. Thakur is a pediatric dentist herself. Next slide.

Dr. Irene Hilton (03:48):

So our agenda's going to work, I'm going to cover the first 15 minutes, the first two topics, and then Dr.Thakur is going to cover the third topic in the last 15 minutes, and then we'll be open for your questions or discussion. Next slide. So, we just wanted to, and I guess I should also mention, so I'm a member of NNOHA. I've worked for NNOHA. Number two, and Dr.Thakur is on the board, and we're the kind of sister organization of NACHC, that we are composed of all the oral health providers, dentists, dental hygienists, dental assistants, and supporters that work in federally funded, HRSA funded health centers. And we are the HRSA's training and technical assistance partner for all things oral health, which is why Philip asked us to come and talk about teledentistry. Teledentistry, this is one of the things that we have developed at NNOHA.

Dr. Irene Hilton (04:47):

We believe that teledentistry is a piece, a part, a tool, a strategy to increase access to healthcare for health center populations, to oral healthcare, to dental care and improve patient outcomes,, patient lives, the patients that we serve. And there's a whole system, equitable system that reaches people where they are in many places, whether it's the home, the medical office, the school, using a variety of workforce members, and there is a place for what we consider traditional surgical dentistry, your dental visit to get some surgical work done, in this system. And so, again, we're going to focus today on teledentistry, but it's really a piece of multiple strategies, like I said, to increase access to care and improve patient health. Next slide.

Dr. Irene Hilton (05:51):

So first, we're going to talk a little bit about workflows. Okay. Next slide. So just to, again, briefly review from last year, these workflows need to be developed because there's multiple, what we learned or what we saw prior to the pandemic, most teledentistry that was happening in health centers was asynchronous teledentistry. And that was in states where legislation had been passed expanding the scope of practice for dental hygienists, who would then go out into community settings and take pictures and x-rays and do preventive care. And then a dentist would evaluate the images after the visit. So, it was asynchronous storing forward. With the changes and relaxations and HIPAA that came with COVID. And we saw the emergence, again, with people unable in most states to go to the dentist in person, we saw the emergence of synchronous teledentistry. And rapidly within the first few months of COVID back in 2020, most state Medicaid agencies did start to fund some type of synchronous teledentistry services for their beneficiaries.

Dr. Irene Hilton (07:03):

And then we saw this rapid, and the uptake in innovation, in health center, dental programs, again, who had not been previously allowed to do this kind of practice modality. And what we saw in the early, in the first year was all kinds of, sort of innovation as people jumped in and again, got creative with what could be done using teledentistry and synchronous. And the way I have it listed here in these use cases is, I guess, what I would say goes from, and when I say simplest, I don't mean simplest to set up, because really the setup for all these things, the first time you're doing it is, complex as for any telehealth modality, whether it's behavioral, primary care or dental. But in terms of expanding the use, because it seemed the most logical or first use for synchronous teledentistry was to do emergency triage.

Dr. Irene Hilton (08:03):

Again, if you're thinking back to April or May of 2020 people had pain, we only wanted people to come in that really needed to come in. And so people were using teledentistry as a way to triage out patients

that really needed to come in for surgical interventions. But then as time went on, different relaxations in different states. We started to see some of these other kind of uses, which again was the use of teledentistry to do pre-in-person visits to take care of a lot of business and assessment and verbal kind of things, happened before a surgical visit. Preventive care, then start morphing into doing preventive care, self management.

Dr. Irene Hilton (08:47):

Again, other things that would be done in the visit. Office visits, again, if people were being assessed for referral to specialists, again, something where again, people used to come in, but again, if you weren't going to have a surgical procedure, something that could be done via teledentistry, post-operative visits for again, if you have difficult extraction or you needed, issues again, where people used to come in, now you can do it through teledentistry. And moving on to this kind of like more, the most, I want to say advanced case use of teledentistry, which is to be able to do a full dental exam, visual exam.

Dr. Irene Hilton (09:29):

And this is limited, let's say for patient zero to five, who don't need to have x-rays. But to be able to do every, all the elements of a traditional kind of in office exam on this patient population via teledentistry. Next slide.

Dr. Irene Hilton (09:47):

So, here we have, so I'm going to present three examples of workflows. So there's no need to freak out. This does look, it does seem like there's a lot of squares and diamonds in this. The first two were actually from a health center. So they developed this themselves and really, this particular health center really took the [inaudible 00:10:08]. Every little square in there. And so again, it may or may not be applicable because they have, they were using a certain application here. And if you can tell, this TytoCare app. And so, there's a lot of, workflow was about downloading the app. And I think the main thing to take from this is that it takes at least two people for the teledentistry workflow. Now it may be similar to, again, to primary care or behavioral, because teledentistry requires... Telehealth again, the patient has to get used to it. They probably have to download an app. We have to see you getting issues with internet, wifi.

Dr. Irene Hilton (10:49):

And so there's a staff person, in this case it was a dental coordinator and a telehealth manager that were responsible, involved for making sure that the patient, again, depending on what system software using, had all of that information and all of that was tested before they actually get down here in the third line. And also that the initiation of the visit was still being done by a non-provider, right? The CC and the, here where it talks about rooming in the second line, all done by other staff, people. Then you finally get to the provider, the hygienist, and then the hygienist, again, does some stuff that they do. And then it goes to the dentist. The dentist does what they do in terms of the exam, and then the patient checks out.

Dr. Irene Hilton (11:38):

So in general, this is what you'll see in most of the workflows. So next slide. And these were workflows, usually for child visits. And this is a simpler workflow, you can see it has two people in it, again, instead of four, like it did in the other one, but there's always a person, a coordinator that is the prep to the visit, and then eventually it gets to the provider. And again, you can see all of the steps in terms of

scheduling. There are again, you'll see the commonalities about setting up to make sure that the technology is working on the phone or the computer or the laptop or whatever it is that they're using. If there's been images that have been submitted by the parent or patient to the health center that the dentist is going to be looking at, and then this determination of, again, is this televisit going to be enough for the patient or do they need to actually come into the health center and be seen in person? Next slide.

Dr. Irene Hilton (12:46):

So this is a generic workflow that was developed for us by another early adopter, health center [inaudible 00:12:55], in here, again, there'll be a link to the Google drive on the, no website. And here again, you can see it's broken down into the front desk, tasks, dental assistant, the dentist themselves, the together. And this is for example, the scenario, you've got translation. Sometimes the dentist is not congruent language with the patient. So you have to have a dental assistant on the call at all times to do translation and then the wrap up. So again, this flow takes you from the patient calling the dental clinic and being offered teledentistry as an option, and then taking you all the way through to the end of the appointment and subsequent appointments. So again, you'll have these slides, so you can download these. And these examples, like I said, of teledentistry workflows. Next slide.

Dr. Irene Hilton (13:53):

Next, I'm just going to cover again, by popular demand, in detail, the infant oral care visit, and what does that encompass and how is it possible that we can do this all via teledentistry instead of having an infant in front of us in person in the clinic? And this sort of goes to, and this is like the paradigm change for dentistry, is going to have to go through in terms of switching from saying again, "Why are we doing this virtually? Why do we have to do this virtually?" Into like, "Well, why not do this virtually?" Because it probably, it may be better to do it virtually. Certainly better for patients, again, as you'll see from this visit. So, next slide. So the first thing I want to, and those of you in the audience or dentists may be familiar with this, here's the reference at the bottom.

Dr. Irene Hilton (14:56):

This is Francisco Ramos Gomez who at the time was actually at UCSF Dental School, and then moved to UCLA. He wrote many, many articles. This is actually one of the later articles. This been over a decade that he wrote down the seminal aspects of what an infant oral care visit should encompass. And there's six elements, risk assessment, and it's actually, the infant is really mostly for the caregiver. There's a risk assessment, there's proper positioning. And if we were in the in-person visit, that would mean to train the provider and parent to get into a knee and knee position so we could do the rest of the visit, which is an examination. And it's a visual examination because in an infant you don't take x-rays. Usually they don't start taking x-rays till three and a half, four years old. Kids become cooperative. A profi, a toothbrush, profi or cleaning, setting up risk, self-management goals based on factors for risk assessment of cavities and then fluoride varnish application.

Dr. Irene Hilton (16:02):

That's what would happen, the six steps in an infant oral care visit in person if, the kid came to the clinic, let's say in front of me with a parent or caregiver. All of these elements are doable via teledentistry. The risk assessment for cavities is a series of questions. It can be asked over video, the proper positioning in this case, instead of the knee to knee exam in person is, is all about positioning the child in front of the phone or the camera and making sure you're are not back lit, so there's no glare. You can perform, a

dentist can perform an exam using photos that were sent previous, taken by the parent on their cell phone and sent to the clinic securely. And or video, or you can see the video itself, if they're looking at a specific area in real time. You can coach toothbrushing and set up home care.

Dr. Irene Hilton (16:57):

Because again, you can observe the parent putting the right amount of fluoride toothpaste on their toothbrush and how they're brushing the child's teeth. And you can coach to that. Motivational interviewing a self management goal, setting again, another verbal conversation that you can have via teledentistry. And you can supervise and observe fluoride varnish application via video. The interesting piece for us, and we're in California, we are going to admit that in California, we have passed legislation where a dentist can supervise a parent or anybody placing varnish via video, and that's considered a billable visit. So, we do have that. But most states don't, but again, if you eliminate payment, which I know is very difficult to do, but if you just look at the actual clinical aspects and quality of care, these six elements are what define an infant oral care visit, a quality visit.

Dr. Irene Hilton (18:03):

You can do the same level of quality via teledentistry that you can in person, for this patient population. Next slide. And we have been doing in, so in here's the examples. So here is a phone, and okay, here's a cell phone, parent's cell phone, you can see that's the, a parent. The person on the right is the dental assistant, who's there to do translation. This has health center pre-mailed a package to the caregiver, which has a toothbrush, a mirror, and this is the blue thing is the brush to place fluoride varnish. And the dental assistant right now is going over this packet, is doing, asking the risk assessment questions. And later we'll be doing the self management and the motivation ingredient self-management goal setting. So again, those three elements of the visit are being done, are being complied with. Next slide. Here, you can see three other elements of the visit.

Dr. Irene Hilton (19:06):

On the left, you can see these are photos. These are pictures taken with cell phones, parent cell phones that were mailed, emailed to the health center, the dentist is not looking at them. On these kids who, for those of you that are dentists, you can tell these kids do not have first molars yet, so they are zero to five years old. Actually, this kid's probably about three years, three to five, ah, come back. Okay. So you can, and here you can see, again, those of you that are dentists that for example, here on the upper left hand corner, you can see cavities, you can diagnose cavities from these pictures or non cavities. In the middle, you can see, and again, the screenshot of a mom who is showing either the dentist or the hygienist or the dental assistant, how she's brushing her kid's teeth, which again, can be coached and then be coached on this.

Dr. Irene Hilton (20:01):

He doesn't look too happy about this, but it is happening. And on the right, you can see a parent placing, administering, applying fluoride varnish under directions of the dentist in the screenshot. So, we've complied with all six elements of the infant oral care visit in a quality manner using teledentistry. And here's a comment from a parent. "I would definitely recommend the appointment. My daughter got a teeth checked at home. I also learned new tips on how to brush and foster teeth." So the at home piece, that's the key, because again, if you think about geographic barriers to access to care, time off of work, missed school, missed headstart, things multi... Other siblings, maybe the things you have to do, the

possibility of getting dental care, comprehensive, complete dental care done at home seems very patient centered. Next slide.

Dr. Irene Hilton (21:08):

So this is a link down here. We won't try to go on the link because things always happen when you try to leave the webinar, go to another website. But if you were to click on that Cavity Free website and you go to the part with resources for parents, you'll find these four videos available in English, Spanish and Cantonese Chinese. And these are the videos that you can send home or link to parents to look at before the visit, especially this one here about how to take photos of your child's teeth, will walk parent through how to take photos, that they can then email to you. And you've seen the quality of the photos that you can get to make your diagnosis. And there has been other data, studies that have been done showing that you can diagnose via images. Synchronous, asynchronous. That is equivalent to again, patients in front of you. Next slide.

Dr. Irene Hilton (22:15):

So, I just want to put in a plug here for our NNOHA Teledentistry Learning Collaboratives. We have done two cohorts of health centers that have participated in these collaboratives, in four meetings over four months and one hour calls. And the coaching call with the expert, and Dr. Thakur has been one of the coaches, where people are learning together. Begin, based on the experience of subsequent cohorts or previous cohorts about how to use teledentistry and expanding the way Teledentix is being used, beyond again, just beyond the emergency triage.

Dr. Irene Hilton (22:58):

We just finished our second cohort last year, and we're going to be starting our final cohort for this cooperative agreement period. This August through February, 2023. So the applications are going to be open to apply in 2022. If your health center dental program is a not a member you'll be getting, or if you're on our emailing list, you'll be getting a notice when these applications go out. If not, you can email here at Rachel Johnson, and she will send you the link to the application. So that is, next slide. Pretty much all I have to say. And I'm going to turn this over to Dr.Thakur. Thank you.

Dr. Yogita Thakur (23:48):

Thank you, Irene. That was wonderful. So can you just advance the slides? Yeah. Thank you. So...

Philip Stringfield (24:01):

You just went on mute Dr. Thakur.

Dr. Yogita Thakur (24:05):

Perfect. Thank you. Can you hear me okay?

Philip Stringfield (24:09):

Yep.

Dr. Yogita Thakur (24:10):

Great. So, Ravenswood is a federally qualified health center in East Palo Alto, California. We are on the border of South San Mateo county and Northern Santa Clara county and serve both counties. We have

primary care, behavior health, dental, vision care, and an in-house pharmacy. We live in, we're like a little health, a little desert in the middle of the Silicon valley. So, and our patients are mostly from low income minority communities, either undocumented or underinsured or on the state Medicaid program. We started the telehealth, our Telehealth Dentistry Program in 2012 from a grant through First Five. And we focused on preschools and parent co-ops, and did so successfully for several years, and added synchronous telehealth during the pandemic, like most others, and kind of worked our way and evolved in the last two years on how we could use either or it's... And I've come to realize that teledentistry is a great way to serve our patients, and synchronous and a synchronous telehealth, both have a place in delivering the care. Next slide.

Dr. Yogita Thakur (25:46):

So just to kind of review the reasons why we got into doing asynchronous telehealth back 10 years ago was because we were looking to address barriers that prevented patients from seeking timely care, whether it was transportation or lost wages or missing school, and to encourage timely access. And of course, to reduce emergency visits. It all also is a great way to provide patient centered care and an opportunity for the patient to be more involved and engaged. You saw from the last example, from Dr. Hilton, the parent is engaged in the entire visit when it's done via teledentistry versus in the office, you sometimes will lose, they will lose their attention and they might be on their phone or you are not, and you're not getting all the answers or you're not, you don't always have an opportunity for communication.

Dr. Yogita Thakur (26:49):

It also provides an opportunity to really know what does go on. When I asked my parent, on a video visit when I asked them to show me the toothpaste they use, if they can't find the toothpaste at home, I know they don't have it. Or if they show me a toothpaste that is either a training toothpaste or a fluoride free toothpaste, we then have an opportunity to counsel versus in the office a lot of times you hear, "Yes, the toothpaste has fluoride." So it was really very thought provoking actually when I first saw that during our initial telehealth visits. It also allows for integration of dental services more seamlessly. We all struggled with space in the clinics, and still want to serve our patients. And it also helps us expand capacity in our existing dental program.

Dr. Yogita Thakur (27:48):

It lowers the no-show rate, for a few different reasons in my mind. I think one, the patient is no longer fearful of coming into the dentist's office. Second, they know kind of what to expect, even if it was for an emergency triage. They, what to expect when they get here. And three, they know kind of who they would be seeing. They've had a chance to interact with the front desk. They've had a chance to have the assistant involved. So, they're more comfortable. And they know that language will not probably be a barrier. Don't know who I would see. Well now they know who they would see. They would most likely me or one of my colleagues. Next slide.

Dr. Yogita Thakur (28:30):

So, this is our asynchronous teledentistry model. We worked with Dr. Paul Glassman, who was at Pacific and who started the pilot project with the virtual Dental Home, and in which our team of a hygienist and a dental navigator went out into the community and took x-rays and photographs of the child's teeth, did a cleaning and applied fluoride varnish at the site. And then I reviewed the x-rays and made the treatment plans for follow up. So, our navigator then was able to inform the families about what

happened at the visit and what the findings were and what the next steps were. The navigator could also then help them make an appointment in the clinic. Next slide.

Dr. Yogita Thakur (29:26):

Synchronous teledentistry like most of everyone else, we started with visits that were for emergency triage in the beginning, at the start of the pandemic. And slowly kind of looked at what was going on at other... What we were trying for was to meet our patients needs at the time.

Dr. Yogita Thakur (29:52):

So the patients who were scheduled for appointments asked to see if there was a way they couldn't be seen, even though it was not an emergency. And if they had a... So then there was the opportunity if they were coming in for a medical visit, could we see them for the, could we also do a dual visit and do the dental visit at the same time, even though it was preventive? And that was very well received. So then we said, "Well, we could see." The kid are coming in for their well child and immunization. We could offer them the dental appointment then, there.

Dr. Yogita Thakur (30:28):

Families who got their dental appointment then wanted, had a kid at home who was overdue for their recall and wanted to see if we could see them. And so that's where we adapted to doing the entire visit via teledentistry, because now we had a patient who was, the parent was in the operatory, so we could send home the packet. So we got to test a lot of things with this, and kind of look at what works, what doesn't work, refine our workflows, et cetera. We also used it for patient follow-up, consultations with our medical colleagues, next slide.

Dr. Yogita Thakur (31:10):

So, for medical and dental integration, the co-visits were where the assistant would perform the risk assessment and connect the family to the dentist via a live tele dentistry platform, from when they were still in the medical office. So on the computer, we had the Zoom applications. They would log into Zoom and the medical, the dentist had that on the schedule. So they got the parent after the medical visit was done, they got the parent on the telehealth platform. And we could, we did the risk assessment, reviewed the risk assessment, reviewed the pictures the assistant took in at the time. If there was an x-ray needed, for whatever reason, we asked, the assistant was right there and she had the ability to take the x-ray. And then she was directed to apply the fluoride varnish, the dentist discusses goal setting, treatment plan, next steps. The family leaves with a plan and comes back with, and their future follow-up appointment is made accordingly. Next slide.

Dr. Yogita Thakur (32:26):

So this was our very simplified workflow, and each color kind of depicts what happens prior to the visit, what happens at the day of, outside of the room and the green is what happens in the operatory when the patient of the family is in the room. So initially, we started looking at every kid who was coming in for their, is it for their well child was it, or immunization appointment that we could see? But then it seemed like it worked really well for our very young children. So the 12 month, 18 month and 24 month recall ages, well, child checks were our focus. We called ahead of time to offer this dental appointment. And this was real. This is really, really important because I feel like if a family is asked the day of to add another 10, 12, 15 minutes to the appointment, they are less likely to do it.

Dr. Yogita Thakur (33:32):

The kid's crying after the shots, they want to get out of it for whatever reason, if they have to wait too long because the medical provider was running behind. But if they're expecting a dental visit, it was a lot, they knew, they came in expecting to be seen both in medical and in dental, so it was not a big deal in terms of how long to wait. So that was really, really critical. If the patient accepted the appointment, then we put a note in their medical appointment so that when the medical assistant went into the room, they could also tell them, "After we're done, we will bring in the dental assistant to start the dental piece of the visit, or the providers running behind, but the dental assistant's available. So, we'll get you in now."

Dr. Yogita Thakur (34:22):

And so things like that. And then if they declined the visit, then we offered them an in-person appointment at a future date, which was not a co-visit with the dentist, either again in office or a virtual visit completely. At the time of the appointment when the data the patient came in, they were checked in for both their medical and dental appointments simultaneously, so that that alerted the dentist and the dental team that the patient is here, and we just had to coordinate with the medical visit. And what we did during the visit was completing a Carries Risk Assessment, taking intra oral pictures and connecting the dentist, using one of the teledentistry platforms that work, a telehealth platform that worked, and for the dentist and the assistant team together, we would review the medical history, Carries Risk Assessment images.

Dr. Yogita Thakur (35:29):

If I needed to see a particular area more closely, and it was hard for them to do it on the, on Zoom, the assistant had a camera that she could take a picture and upload it into the patient's chart right away. So, I had access to it right there. Also helps that we were on an integrated medical and dental record, and reviewing diet and oral hygiene and counseling, then the assistant applies fluoride varnish and next steps and wrap up. Next slide. These are some other opportunities I want to talk about. A medical consult and managing oro-facial trauma. So my first example is of a 10 year old autistic boy, very, very low functioning, where mom called and said, "I noticed something in his mouth. Can you see him?" And we actually, well, this is very recent.

Dr. Yogita Thakur (36:32):

So this is less than a month ago. We said, yes, we were happy to see him, but do you think and the conversation was, "Do you think he's going to let me look in his mouth because he is very limited vocabulary and really, really hard to work with?" And he has been a patient of our health center for several years. The last dental appointment needed a dental treatment under general anesthesia. So mom said she could try. So they did come in, it was a very unsuccessful visit. And at that point, I couldn't even get close to him. He's taller than me. He weighs more than I do. I couldn't get close to him because when I did, I got pushed to the wall. So I told the mom, I said, "Let's do this. You'd go home, take pictures when he's relaxed and you send them to me, and then we'll see what it looks like."

Dr. Yogita Thakur (37:28):

So from that time on, this patient was managed completely via telehealth, both on the medical and dental side. So the mom sent me the first set of pictures where I said, "Oh, I think it's gingivitis, but I'm not sure why it looks the way it looks. See if you can do warm salt rinses. I prescribed chlorhexidine mouthwash. And she called me two days later, said it looks good. And then another, a week after and

said, "Oh my God, it's just worse now." So these are the more recent pictures. This got me alarmed because I saw the blue hue and the real gingival and enlargement. And it was like, what is this? This was really hard. So I sent the pictures over to my medical colleague and I said, "I need this kid to be seen right away to do some blood work."

Dr. Yogita Thakur (38:32):

And he did a telehealth visit with the mom, discussed how the blood work would be done. They didn't think they could get, do it in without having to strap him down. So, they found a time got him in. At this point. You know, what I was thinking was this was probably some kind of a blood disorder. And luckily the blood blood came back negative for any, any blood disorders, but we still had a mystery to solve. So the next thing on my differential was scurvy vitamin C deficiency. So and we had discussed this with the physician before. So the physician then, and the tests came back with vitamin C deficiency. It was essentially, he had no levels of detectable ascorbic acid. And so he was then, we got care coordination involved to get this kid in. And it's unfortunately, fortunately it was only vitamin C deficiency.

Dr. Yogita Thakur (39:40):

Unfortunately, it's not a thing that you can just get him in, strapped in and give him a dose and then that'll be it. So, we're now working with the family. So the mom can... And he's got oral abrasion as well, so he wouldn't take the vitamin C tablets. So he's getting intramuscular vitamin C shots now. And home nursing and others are involved. And the conversation there is, could you teach the mom to do the shots so that then she could take care of him at home? Helps the system, helps everybody. So that is, been really, really valuable. I've had a few other consults that I have had to do. And they were, once we figured out that teledentistry works, whether synchronous or asynchronous, we were able to manage the condition that way. Managing oro-facial trauma. I think I should have a picture there too.

Dr. Yogita Thakur (40:39):

Oh, there, thank you. And this was also one of the children that fell off their bike and came into the medical clinic. And the dental clinic was closed for the day. This was in the evening. The medical provider called and asked if we could do a video visit and see what, whether this kid needed to go to the emergency room or could wait until we could see them the next day. So again, you see a little bit of relaxation and she said, I think safely, this was managed with the medical assistant on the other side, and the dentist on the telehealth platform. And essentially said, "Yeah, we can manage this in the office. As in, come back tomorrow. No need to go to the emergency room." Next slide.

Dr. Yogita Thakur (41:33):

So just very quickly, workforce, both a traditional dental visit and a telehealth visit have a lot of similarities. A dentist cannot do a telehealth visit all on their own. They do need the front desk and a dental assistant or a coordinator, and the dentist to all be part of the visit. The teledentistry visit just has a few more things that your front desk probably has to do because you want to get them information on how to prepare for the visit, get the information and get it into the chart, ensure connectivity, ensure that the patient is still available and not driving at the time of the visit.

Dr. Yogita Thakur (42:20):

And then do the visit at the determined time. Next slide. This is based on patient feedback, parent feedback, our dentist and staff feedback. We kind of looked at and what the Medicaid reimbursement scenario is. We know that teledentistry, whether synchronous or asynchronous has high patient

satisfaction and ease of use, a lot of our patients have cell phones. So there is an opportunity for us to make an impact and improve access to our patients. Next slide. I think that's all I have. Yes. Happy to take questions.

Philip Stringfield (43:13):

Awesome. Thanks again, Dr. Hilton and Dr. Thakur for sharing that great presentation, on sharing some real world practical tips as well. So, I'm going to go, we have about 10 questions and I see there is folks raising their hands. So folks, if you would like to ask a question verbally, go ahead and start raising your hand and we will start unmuting you. In just a moment, I'm going to ask a couple of questions. I have a couple of good questions I'm going to say towards but I want to make sure the folks that are raising their hand, get their questions asked as well. All right. So, first question can be for either, or we can open it up for discussion. It says, can teledentistry be applied for new patients or only established patients?

Dr. Yogita Thakur (43:58):

Go ahead. Irene.

Dr. Irene Hilton (43:59):

Yes. So, like with any new technology, it takes while for systems, especially payment systems to catch up. And so, what we're seeing in a lot of states is reactionary. You know how you just put the brakes on stuff by not paying for it. So one of, and by setting up legislation or laws, or scope of practice that are barriers. And so this is one example. So for example, in California, you cannot use teledentistry to establish a new patient, a new patient visit. So again, if you're doing the infant oral care by definition, you can't do it if it's a new patient. It would have to be the second visit on your new patient infant. So those are all artificial barriers. And the thing about the current administration is also an artificial barrier, because if you think about, and Yogita, you're the one that triggered me on that.

Dr. Irene Hilton (45:00):

When you're talking about they're about to train that mother to administer vitamin C shots. And how many parents do you know that are already administering insulin, doing feeding tubes tricks on their children, taking care of their children long term in the home, and you don't want them to put on a varnish because you're afraid of... So it's kind of like, again, there's a lot of work that needs to be done from a policy perspective, because really, usually people's knee jerk reaction from a system level. Payer, administrator, is like up, wait, that would be my answer to that.

Philip Stringfield (45:36):

Awesome.

Dr. Yogita Thakur (45:36):

So I'll just add that, so during the public health emergency, they did say that you could establish patients through telehealth, and now is a time to really lobby in your state to see that what you really want gets included once the public health emergency ends. So asynchronous teledentistry in California did allow us to establish patients in the past when we were in our pilot testing phase. We could establish patients then there was conversation about it not allowing it, and then the public health emergency happened, and now we're still waiting to see what comes up. But you're absolutely right. If a parent can do vitamin C shots or other care for their patients, why can they not apply flouride varnish?

Philip Stringfield (46:35):

Thank you so much. All right. So we're going to go ahead and move to our first person that has their hand raised. I'm going to allow Olivia to unmute the person so you can let us know who that is.

Olivia Peterson, NACHC (46:55):

All right. We've got Veronica Campos, I believe was the first one to have their hand raised. So Veronica, you should be able to unmute yourself.

Veronica Campos (47:08):

I work for the New Mexico Primary, I mean, New Mexico HCCN, and we've got a lot of our organizations that are trying to do teledentistry through clinical works. So, I'm also an eClinical works trainer. Have you seen any issues with [inaudible 00:47:29] teledentistry through certain EMRs?

Dr. Yogita Thakur (47:37):

So I do not have, I do not personally have experience with eClinical works, but I do have experience with Dentrix, and with Epic OCHIN now, and we transitioned during the pandemic. I will say some systems are integrated more than the others, but there is a workaround that works really well and follows, and is HIPAA compliant. So there are platforms teledentistry or telehealth platforms or video platforms that are PHI compliant and HIPAA compliant, that you could use in conjunction with your program.

Dr. Irene Hilton (48:21):

And that is one of the, when you're planning to move into teledentistry, that's one of the things that you have to sit down and think about and work with your IT people, because some EHRs do have telecapabilities. Then it's a question of having the dental providers be able to plug into that. For ones that don't, then the dental's going to be using a separate software. And I saw some people with Doximity, different. And then the question, I also saw another question about the images, because that also will depend on your dental software and its ability to upload emailed images.

Dr. Irene Hilton (49:03):

So again, that's another thing, because people, let's say you set up a secure email where your images are being received, putting those on the desktop, or however the strategy you're going to use to be able to upload those, like you would a scan paper form so that it's in the patient record. So, that's another thing that you need to think about is, figuring out those people. But we have had people in our teledentistry collaboratives that were on eClinical works, all the major systems. So it is doable, even though as Yogita says, is to work around so that you have to sit down and think about.

Philip Stringfield (49:39):

Yeah. And then, so I'll just go ahead and plug in for eClinical works user group as well. So Veronica, if you do have more specifics you like to add to that, we can either plan to do a teledentistry focus session for a future session, or I can always get you some direct support as well. Also can just throw out different types of questions to our field, and they can also come back to you with answers of what they've done within their health center or platform. All right. And so, Irene, Dr. Hilton, you touched on the questions. So we're going to go ahead and ask it, and how do you upload pictures to a patient's chart? And there was a follow-up question I added in was, do patients need to sign a consent form?

Dr. Irene Hilton (50:24):

Well, I'm going to defer to Yogita at least to talk about how you do it in your system and also the consent form piece.

Dr. Yogita Thakur (50:32):

Sure. So for the photographs, depending on who's taking the pictures. So if my staff is involved at the other end, whether it's an assistant or a navigator or a hygienist, then they take the photographs and they're directly loaded into our software, which is [Mypex 00:50:52]. And for that, we use an internal camera that is configured. So, Dexus has a camera that's configured and works to put the images directly in, Mouth Watch has a camera. There's another company that I recently saw that works with Teledentix, I can't remember their name, but yeah, so there's a few on the market. If the family's taking the pictures, we have them take their pictures and then they have two ways of sending it to us. One is via MyChart, through the patient portal. And the other is through, by email to our office. And once they email it to us, the staff who's check, who's assigned to that email address.

Dr. Yogita Thakur (51:41):

So, it's a generic email that we created, which five or six of us have access to and whoever gets it takes the pictures and puts them in, uploads them into Mypex as a JPEG file. I know you can do that with Dexus as well, because we did that with Dexus before we transitioned to, from Dentrix to Epic. And in terms of consents, so you can do a consent through the patient portal. You can do a verbal consent and document it. What we have also done is, and again, this was just almost serendipitous because we were going through, we were moving from Dentrix to OCHIN Epic during the pandemic. So we built into the, our general consent, a paragraph about doing virtual visits, now and in the future. And we kind of left that in there because it seemed like it was a perfect time to actually have that built into the chart system. And so that's another piece you could do. So, if you have patients that are established and coming back then there's, you have that on file.

Philip Stringfield (52:56):

Perfect. Thank you so much for sharing. I know we have one more hand. I realize I will not get through all the questions. So I do want to ask this one last good question. And then the person with your hand up, we're going straight to you. So the question is, what can be considered quality or not quantitative, so what can be considered quality outcomes for teledentistry?

Dr. Irene Hilton (53:21):

I know we've had some patient satisfaction. So we had one health center that did follow-up surveys, standardized surveys with patients about their satisfaction with the service. And it was really high. It was really, really high. So, that would be the first quality measures what the patients feel about it. And again, if you have, if you look at the, again, the infant oral care visit and you look at the standard, well, say the guidelines or what is the accepted norm about what should be included in the visit, and if you're able to provide all those elements, then again, you're doing quality.

Dr. Irene Hilton (54:02):

And we've had, there is research that was done as part of a synchronous teledentistry, looking at the ability of the dentists that were doing the, examining the images and the x-rays later, and the treatment plans they develop and what was developed, like if the patient was in front of you. And it's basically the

same. So, that research has also been done relating to asynchronous. So we have some quality metrics. And I think the most important one is, like I said, is the patient centeredness, and what did the patient feel about it?

Dr. Irene Hilton (54:45):

Because again, I guess it depends on your definition of quality, right? But aren't we all striving for patients to be happy and develop patient centered system.

Dr. Yogita Thakur (54:56):

Yeah, absolutely. I agree. I think, is the patient more likely to return because they had a satisfactory visit? I think we're not there yet, but maybe in the future, we could look at carries prevalence and incidents in kids who were initiated on synchronous or asynchronous telehealth, and those who've always had an in-person visit.

Dr. Irene Hilton (55:20):

Yeah. And that reminded me what you were saying, because what, and again, it's anecdotal, but some of the health centers that were in our previous teledentistry cohorts, again, that we're using these visits as pre-visits with specific populations, whether it was patients with diabetes, patients and perinatal patients, and found that the no-show rates for these procedural visits, scaling and replaning, things like that, went up. So again, another, actually not the no show rates, the attendance rates went up. Another measure of quality.

Dr. Yogita Thakur (55:55):

Yeah. The no show rate goes down pretty significantly, just it's amazing.

Philip Stringfield (56:02):

So I want to get, I did promise that person who had their hands up to ask their question and I know we're right at time, so Olivia I'm going to pass it over to you.

Olivia Peterson, NACHC (56:12):

Great. Thank you. Daniel Brody has their hand up. Daniel, you should be able to unmute yourself.

Daniel Brody (56:17):

Yes. I just did that. Thank you. I just want to start by saying thank you, Yogita and Irene for an excellent presentation. Trying to get things, teledentistry program established and certainly in talking to legislators and getting dental practice Act changed, patient satisfaction's great and all that type of thing, but they want to say, "Show me the outcomes." And Yogita, if I understood you correctly, you started back in 2012. Have you been able to track, or is there any, have you been tracking your patients and saying, "Okay, we started at 2012 with one, with an infant oral health program, and now we're at 2022. So, eight years later, we're showing that we have these children that are carries free." If we can capture that data. I mean, data talks, and everything else walks as you know. So is there any consideration on doing that or have you been doing any of that?

Dr. Yogita Thakur (57:26):

We look at it. It's just, there's not enough hours in the day to publish, write it and publish, but I will say, and this is not anecdotal, the kids that are, have been, so we've done asynchronous telehealth for almost 10 years now. We've had more patients come back and complete treatment plans. More children complete treatment plans if they've been part of our asynchronous telehealth program versus the ones who come in directly into the clinic. We've had very few children through that program that have needed to get dental treatment under general anesthesia, which you all know is expensive and also very limit... Is a limited resource. So the asynchronous telehealth program, and I think the synchronous too, acts as a desensitization program as well. So, there's less fear of the dentist.

Daniel Brody (58:29):

Thank you.

Philip Stringfield (58:33):

Awesome. Well, thank you all for submitting your questions and raising your hand. Really appreciate the conversation we're able to have today. I want to think again, my colleague, Olivia, Dr. Hilton and Dr. Yogita Thakur for sharing today, it was a great session. Look forward to sending out the recordings and the slides to you all. And if you all could just hang on for just a couple of seconds, as we end to complete our survey, just to let us know how we did and how we can serve you in the future, I would greatly appreciate it. So thanks again everyone, and enjoy the rest of your evening, and enjoy your weekend. Take care and stay safe.

Dr. Yogita Thakur (59:07):

Thank you. And Philip, can I ask, if there are questions we didn't get to? Could you send those to us? We'll, between Dr. Hilton and I, we will get those answered and get them back to the group.

Philip Stringfield (59:17):

Perfect. Will do. Thank you again.

Dr. Yogita Thakur (59:20):

Thank you.