Telehealth Office Hour:
Follow-up Strategies for Implementing Teledentistry

March 10, 2022
America’s Voice for Community Health Care

The National Association of Community Health Centers (NACHC) was founded in 1971 to promote efficient, high quality, comprehensive health care that is accessible, culturally and linguistically competent, community directed, and patient centered for all.
Welcome! Housekeeping

• Today’s meeting is being recorded. The recording will be available within two weeks after the event.

• Looking for the slides? They will be emailed out after the presentation.

• Any tech issues during today’s event, please send us a note in the chat or email trainings@nachc.org

• You will be directed to a survey after the event. Thank you in advance for your feedback!
Share Your Comments!

Enter your comment in the chat box on the right-hand side of your screen.

OR

To ask a question/make a comment verbally, raise your hand so we can unmute you.

- Please make sure your audio is connected in order to participate.
Q&A Feature

- The Q&A feature is available to ask questions or make comments anytime throughout today’s Office Hour.

- We will answer as many questions as possible.
Telehealth Office Hour:
Follow-up Strategies for Implementing Teledentistry

March 10, 2022
NACHC supports several user groups for Health Centers that utilize various Electronic Health Record (EHR) platforms. These user groups provide a vehicle for health centers to meet and discuss common issues, share experiences and gain valuable insight on accomplishments and best practices.

**Supported Vendors:**
- athenaOne
- athenaFlow/athenaPractice (formerly Centricity)
- eClinicalWorks
- Greenway Intergy
- NextGen Healthcare
- (Coming Soon) EPIC

**Benefits of joining an EHR User Group:**
- Connect with other Health Centers who use the same EHR platform as you do.
- Discuss issues and enhancements that are most important to Health Centers.
- Groups are led by Health Centers, HCCN’s and PCA staff on a voluntary basis.
- Online forums to exchange ideas, lessons learned and best practices.
- Groups meet both virtually and in-person.
- NACHC provides support via WebEx, conference calls and meeting space at our major conferences.

Questions? E-mail: PStringfield@nachc.org
Today’s Session: Follow-up Strategies for Implementing Teledentistry

This office hour will address questions and scenarios raised by health centers as they continue on their paths to implement the many applications of teledentistry. This session will provide useful tips and examples for developing teledentistry workflows and highlight case use examples focusing on pediatric populations.

Presenters:
- Irene Hilton, DDS, MPH, National Network for Oral Health Access (NNOHA)
- Yogita Thakur, DDS, MS, Dental Director, Ravenswood Family Health Center
Follow-up Strategies for Implementing Teledentistry

March 10, 2022
NACHC Telehealth Office
Hours
Objectives

1. Learn sample teledentistry workflows
2. Understand how the elements of the infant oral care visit are provided with teledentistry
3. Describe examples of teledentistry’s role in collaboration between pediatrics and dental in a health center

Speakers:

1. Dr. Irene Hilton, NNOHA Dental Consultant
2. Dr. Yogita Thakur, Dental Director, Ravenswood Family Health Center, Palo Alto, CA
Agenda

• Teledentistry workflows, the infant oral health care visit - Dr. Hilton (15 min)

• Ravenswood synchronous and asynchronous Tele dentistry programs, pediatrics-dental collaboration - Dr. Thakur (15 min)

• Questions & Discussion
A comprehensive system where everyone gets the support they need to attain their full health potential.
Workflows for Teledentistry

Dr. Irene Hilton
How FQHCs are using Teledentistry

- ER Triage
- Pre-in person visits
- Preventive care
- Office visits
- Post-operative visits
- Visual exam for patients not needing x-rays
  - Children 0-5
Generic Teledentistry Workflow

Front Desk
- Patient schedules an appointment
- Verify technology & interpretation
- Confirm appointment
- Mail pre-visit patient packet including patient's visit
- Appointment reschedule
- Prepare visit

Dental Assistant
- Initiate connection
- Visit begins with introduction (Dentist, Assistant, Patient)
- Ensure video audio is working
- Identify patient and designer
- Obtain consent
- Consent screening questions; other follow-up care if needed
- Conduct X-Ray Assessment (using tools)
- Address fluoride status
- Proper positioning of the chair (chair to knee height)
- Age appropriate tooth brushing prophylaxis
- Fluoride varnish application

Dentist
- Explain why a visit was needed and services offered at this time
- Review medical/dental history via motivational interviewing
- Chief complaint
- Decide if care is clinically appropriate
- Schedule follow-up or alternative appointment

Dentist and Dental Assistant Together
- Dental exam via tele-radiology and mouth mirror
- Oral assessment/diagnosis
- Caries assessment - Nutritional counseling based on dental history
- Home care instructions based on both findings
- Treatment plan
- Behavior plan - develop self-management plan
- Plan for next visit and patient schedules next appointment (as needed)

Visit wrap-up
- Record patient visit, stimulants, visit instructions, follow-up in EHR
- Send patient education materials prescribed by the DDS during the call
- Record pharmacy visits in EHR and call in Rx as needed
- Send patient satisfaction survey
- Record visit time stamp in EHR
- Dentist companies and signs their DHIA form
- Posts visit code
- Dentist signs and closes the chart

https://drive.google.com/file/d/1txf1Zi7phYdmoSdnSuYREoaX9omzmol/view
Infant Oral Health Care Visits

Does this care need to be delivered in a dental operatory?

1. Risk assessment
2. Proper positioning
3. Exam using photos and video
4. Coaching toothbrushing and helping set up home care routines
5. Motivational interviewing and self-management goal setting
6. Supervising fluoride varnish applications

• Pre-visit package mailed to caregivers

• Risk assessment

• Self-management goal setting
“I would definitely recommend appointment through video call. My daughter got her teeth checked while being at home and I also learned new tips on how to brush and floss her teeth.”

Diagnose caries with caregiver generated images

Coach and demonstrate brushing & use of FL toothpaste

Caregiver-administered Fluoride Varnish
Cavity Free SF Videos

Welcome to your teledentistry visit

1 minute video that explains
• How do I get set-up?
• What can I expect during the teledentistry visit?
• How should I position myself and my child?

How do I take intraoral photos of my child’s teeth

90 second video detailing for the caregiver how to take the best pictures of the child’s teeth prior to the teledentistry visit.

How do I apply fluoride varnish at-home?

90 second video detailing what comes in a mail home fluoride varnish kit and how to properly apply to child’s teeth with dental team supervision.

Brushing my child’s teeth to prevent cavities

90 second video detailing proper technique for toothbrushing, the proper amount of fluoride toothpaste and how often children should brush their teeth!

Translations available: Spanish, Chinese (simplified)

http://www.cavityfreesf.org/
NNOHA Teledentistry Learning Collaborative

Learn and share strategies for using synchronous teledentistry beyond traditional emergency triage.

**When:** August 2022-February 2023 (virtually)

**Participation includes:**
- 4 60-minute Zoom calls
- 3 coaching calls with an expert
- Access to a community of innovators

**How to Apply:** Email Rachel Johnston at rachel@nnoha.org to request an application.

Applications open June 2022
Collaboration with Pediatrics

• Yogita Butani Thakur DDS, MS
Ravenswood Family Health Network, East Palo Alto, CA
ythakur@ravenswoodfhc.org
Ravenswood Family Health Network

- Federally Qualified Health Center located in East Palo Alto, CA (a majority-minority community)
- Primarily serving patients from South San Mateo County and North Santa Clara County
- Primary, dental, behavioral health, vision care with in-house pharmacy
- >90% of our patients have incomes under 200% FPL
- >75% of our patients speak a non-English first language (usually Spanish or Tongan)
- CA Bay Area – very high costs of living
- Started Asynchronous Tele-Dentistry in 2012 in collaboration with pre-schools and parent co-ops, adapted during the pandemic and added Synchronous tele-dentistry
Tele-dentistry

• Addresses barriers that prevent patients from seeking timely care (transportation, taking time off of work, lost wages, etc.) and encourage timely access

• Creates patient-centered care

• Provides the opportunity for the patient to be more involved and engaged

• Allows for integration of dental services

• Helps expand the capacity of the existing dental program

• Lower no show rate
Asynchronous Tele-dentistry (Virtual Dental Home)

• Asynchronous: Collection of patient data (x-rays, photos and/or video) that is transferred to the dentist for review and treatment planning.
Synchronous tele-dentistry

- Real time, face to face visit between the patient and the dental provider using an app (may be embedded in the EHR or be stand alone).
Medical Dental Integration

• Medical and dental co-visits
  • Assistant performs risk assessment, connects the family to the DDS using live TD platform.
  • Assistant takes pictures/x-rays of teeth as needed/directed and applies F varnish
  • DDS discusses goal setting, treatment plan and next steps
Integrated medical-dental visit workflow

1. Review patient schedule for WCC (focus on 12 mos, 18 mos, and 24 mos)
2. Check in both appointments
3. Complete CRA
   - Take ID pictures and connect with DDS using Doxy.me or Zoom
4. Call parents and offer a dental appointment at the same time as the medical appointment
5. Parent accepts
   - Yes: Make a note on medical appointment; Make a dental appointment after the medical appointment
   - No: Offer in-person dental appointment w/ DDS
6. 1. Review medical history, CRA and images
    2. Request additional pictures if needed
    3. Diet and OHI counseling; Goal setting
    4. Assistant applies F varnish
    5. Next steps and wrap-up

National Network for Oral Health Access
Other opportunities:

• Medical consult

• Managing oro-facial trauma
## Workforce

<table>
<thead>
<tr>
<th>Traditional dental visit</th>
<th>Front desk</th>
<th>DA (care coordinator)</th>
<th>DDS</th>
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<tbody>
<tr>
<td>Schedule appointment</td>
<td></td>
<td>Seat the patient</td>
<td></td>
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<tr>
<td>Check/Confirm insurance</td>
<td></td>
<td>Review Health History,</td>
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<tr>
<td>Send reminders</td>
<td></td>
<td>medications, chief</td>
<td></td>
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<tr>
<td>Send text confirmation</td>
<td></td>
<td>complaint</td>
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**Tele-dental Visit**

- AND Send patients information on preparing for the visit (Email/text)
- AND Send/receive information from the patient (photos)

- AND Ensure connectivity day of the visit
- AND Ensure connectivity day of the visit
- Transfer patient images in the patient’s chart

- Performs the exam, reviews next steps,
<table>
<thead>
<tr>
<th>STRENGTHS</th>
<th>WEAKNESSES</th>
</tr>
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<tbody>
<tr>
<td>High patient satisfaction</td>
<td>Technology</td>
</tr>
<tr>
<td>Ease of use if there is familiarity with technology</td>
<td>Are the DDS prepared for the change?</td>
</tr>
<tr>
<td>Clear patient-provider expectations</td>
<td>Are the dental insurances ready for the change?</td>
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<tr>
<td>Reduced no-shows for dental treatment appointments</td>
<td>Dental reimbursement is for surgical procedures.</td>
</tr>
<tr>
<td>Increased treatment plan completion rates</td>
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<tr>
<th>OPPORTUNITIES</th>
<th>THREATS</th>
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<tr>
<td>Increased demand for dental services</td>
<td>“Dentistry is a surgical specialty” mindset</td>
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<tr>
<td>Patients and providers have all been exposed to tele-medicine</td>
<td>Reimbursement of tele dentistry services after the National Emergency is unclear</td>
</tr>
<tr>
<td>May be a way to increase access to preventive services</td>
<td>Staffing</td>
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Questions & Discussion
Contact Us!

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