Oral Health Infrastructure Series: Teledentistry

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Objectives

1. Learn about the background of teledentistry and the current state of teledentistry legislation.

2. Describe strategies to start a teledentistry program.

3. Learn from health centers about their lessons learned in teledentistry to increase access to oral health care.
Definitions

**Telehealth**: the use of electronic information and telecommunications technologies to support long distance clinical healthcare, patient and professional health-related education, public health and health administration. (*HRSA definition*).

https://www.healthit.gov/topic/health-it-initiatives/telemedicine-and-telehealth

**Teledentistry**: the use of telehealth systems and methodologies in dentistry. (*ADA’s Comprehensive Policy Statement on Teledentistry*)

*First teledentistry codes added to CDT 2018*
Virtual Dental Home System

• Expands the scope of care for dental hygienists
• Places them in community settings
• Allows dental hygienists to provide preventive and therapeutic care via telehealth
• Connects/coordinates access to dental clinic when needed
Benefits

• Improved access to care

• Improved patient outcomes
  • Decrease in anxiety/problem behavior

• Cost-effective
  • Ability to provide multiple procedures during one visit

• Builds capacity among providers
Challenges

- Reimbursement
- Acceptance from other providers
- Consent
- Difference in State Laws
Variation in Dental Hygiene Scope of Practice by State

The purpose of this graphic is to help planners, policymakers, and others see differences in legal scope of practice across states, particularly in public health settings.

Research has shown that a broader scope of practice for dental hygienists is positively and significantly associated with improved oral health outcomes in a state’s population.1,2

ALLOWABLE TASKS for Dental Hygienists BY STATE

1. Dental Hygiene Diagnosis
2. Prescriptive Authority
3. Local Anesthesia
4. Direct
5. Indirect
6. General
7. Supervision of Dental Assistants
8. Direct Medicaid Reimbursement
9. Dental Hygiene Treatment Planning
10. Provision of Sealants
11. Direct Access to Prophylaxis
12. Not Allowed / No Law

OHWRC
Oral Health Workforce Research Center

AFL Enterprises
Reimbursement

• Uses telehealth technology in a community setting
  • risk assessment
  • x-rays
  • oral exam/health history

• Reviewed remotely by a dentist

• Dentist provides a treatment plan to the dental hygienist for ITR

• RDH delivers both preventive care and some treatment services (ITR and SDF)
SMILES Dental Project® System

COMMUNITY RDH INITIAL SMILES VISIT
1. Collect dental records (including radiographs & intraoral photos)
2. Perform Caries Risk Assessment (CRA) – risk/protective/clinical findings
3. Services within RDH scope
4. Patient engagement and education

EFFECTIVE ENGAGEMENT AND COMMUNICATION
1. Use motivational interviewing techniques
2. Define & agree on self-management goals (SMG)
3. Provide support for risk reduction

VIRTUAL DENTAL VISIT
1. Review and evaluate dental records (x-rays, intraoral photos, documentation, etc.) within 72 hours
2. Perform tele-health dental examination
3. Make a diagnosis and develop treatment plan
4. Document treatment plan in patient record
5. Assess need for referral to dental clinic

WORKING PARTNERSHIP

FOLLOW DENTAL TREATMENT PLAN PROVIDED BY DDS
1. Risk based recall visits (disease management)
2. Perform ITR when directed by DDS
3. Referral back to Dental Hub when needed for services that can not be delivered in the community.

Restorative/Surgical Treatment
Provide restorative treatment as appropriate
House Bill 15-1029 (Telehealth)

• Expands telehealth services statewide and requires insurance carriers to reimburse providers for the delivery of health care services via telehealth
Cont. House Bill 15-1029 (Telehealth)

• Includes **dental** in the definition of ‘healthcare services’

• **Precludes** a health benefit plan from **requiring in-person care delivery when telemedicine is appropriate**, regardless of the geographic location of the health care provider and the recipient of care

• A provider **need not demonstrate that a barrier to in-person care exists** for coverage of telemedicine under a health benefit plan to apply
House Bill 18-1045 (SDF)

- **Silver Diamine Fluoride** bill signed into law on March 22, 2018
- Allows any RDH to apply SDF that meets the following criteria:
  - Holds a **license** in good standing
  - Completed an **SDF course** from an accredited program
  - Carries professional **liability insurance**
House Bill 18-1045 (SDF)

- If used in collaboration with a dentist utilizing telehealth, store and forward, the dental hygienist must:
  - Notify patient/parent that SDF is being provided in collaboration with supervising dentist
  - Notify of the right to receive interactive care from the supervising dentist
House Bill 15-1309 (ITR)

- Protective Restorations by Dental hygienists bill signed into law on May 6, 2015

- Expands dental hygienists' scope of practice to place interim therapeutic restorations (ITRs) and authorizes Medicaid and CHP+ to reimburse for this service delivered via telehealth supervision
Cont. House Bill 15-1309 (ITR)

• **Dental hygienists** who meet the following criteria can apply for a permit to place ITRs via telehealth supervision by a dentist:
  
  • Holds a **license** in good standing
  • Completed an **ITR course** from an accredited program
  • Carries professional **liability insurance**
  • Completed **2000 hours supervised** or **4000 hours unsupervised** dental hygiene experience
SMILES Dental Project-Sites

- **Yellow**: Salud Family Health Centers
- **Blue**: Dental Aid
- **Orange**: Summit Community Care Clinic
- **Green**: Mountain Family Health Center
- **Purple**: Tri-County Health Network
SMILES Dental Project® Results

Through August 2019

Total Visits – 9,255

52%
Medicaid

55%
New patient visits with untreated decay

395
ITR and dental referral
To learn more, visit smilesdentalproject.org
VDH in other states

As of October 2017, **19 states had adopted policies** related to teledentistry(1)

- **Montana** – 2017 teledentistry legislation (SB129) **requires insurers to cover teledentistry services** if that same service would be covered during an in-person visit

- **New Hampshire** – Certified Public Health Dental Hygienists can place ITRs **without a treatment plan from dentist**

- **Maine** – Public Health Supervision **hygienists are permitted to place temporary fillings**
VDH in other states

• South Carolina – had approved **RDHs to place ITRs without DDS approval**. Now, state dental director says they are not primary prevention and **plan is on hold**

• California – **first state in the nation to adopt model**. DDS has to approve treatment plan for ITR
Contact Information

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The SCCC Smiles Teledentistry Programs serves children ages 6-21 in 8 rural mountain schools.

4 schools in Summit School District, Summit County Colorado
3 schools in Lake County School District, Lake County Colorado
1 Campus, Park County School District, Park County Colorado

Any student enrolled in the School District is eligible to enroll in the Smiles Program.
Teledentistry Work Flow

Appointment Prep

• Students enroll via school Registration in the Smiles Program. Enrollment information includes permissions, demographics and insurance as required to see an SCCC patient.

• Each school has a Smiles team that includes a Patient Navigator, Hygienist and DDS.

• The Patient Navigator makes appointments for patients from the enrollment lists sent from the school district registration. Two columns of patients are scheduled for each day in the hopes that at least one column of 8 patients will be available that day. The 8 unseen patients are then moved to the next week. This work includes insurance verification.
At the Smiles appointment, Hygienists provide complete preventive and diagnostic care including cleanings, fluoride, sealants, screenings, X-rays and Intraoral camera photos in school settings.

X-Rays and Intraoral photos with explicit notes from the hygienist are completed and an appointment is made for Smiles Review in the affiliated DDS’s Dentrix Schedule.
The affiliated DDS reviews the patient's appointment note, x rays and intraoral photos and establishes a treatment plan. The review appointment is post set complete. This is not a billable encounter for an FQHC.
Post Smiles Review

• The Patient Navigator for that school calls the parent to relay the results of the Smiles Exam and makes appointments as needed.

• Patients not requiring additional treatment are put on 6 month recall.

• Patients that can be accommodated with an Interim Therapeutic Restoration or Silver Diamide Fluoride are scheduled with a hygienist at the school.

• More complicated care is navigated to a restorative appointment at the SCCC dental office.
The SCCC Teledentistry Program uses “Portable” Equipment
Staffing and Scheduling

• 6 of our schools have a hygienist on site one day a week.
• Summit Middle School and Summit High School see patients 2 days a week.
• Schedules begin dependent on school hours and staff travel time.
• SCCC began restorative care one day a month at Lake and Park County High Schools.
Hygienist collects Nomad case, instruments, laptop etc for the day

Put items in personal vehicle and travels to the school

Start up computer, Log into remote server, test equipment

Patient navigator and Hygienist huddle about schedule

Hygienist discusses any potential patient or schedule concerns with school staff

Hygienist sees an average of 6-8 patients per day

Referrals, case management

Drives back to the clinic with supplies

Sterilization
Notes,
Next appointments referrals
Case management
Review next 2 weeks

Hygienist brings in supplies from vehicle and sets up for the day

Breaks down equipment, moves back to storage position, packs up any shared supplies
Why

SCCC has had a school screening and sealant program in Summit County Schools since 2009. It was a natural progression to add dental cleanings to the School Based Health Center sites.

When we heard about the Smiles Program we knew this was the ultimate end game for the Virtual Dental Home we were attempting to create for Summit, Lake and Park County students.

Our partners are: Summit, Lake and Park County School Districts

Vail Epic Promise
Caring for Colorado

District partnerships are managed with Memorandums of Understanding.
Infrastructure Funding

• Capital Equipment funding was imperative to begin this work. Once the equipment is in place, the programs can become sustainable fairly quickly.

• 50,000 Set Up: Nomad, Sensor, Intra Oral Camera, Laptop, Procart Unit, Provider Chair, Patient Chair, Light, Autoclave, Instruments, Handpieces, Disposables

• We initially moved the equipment but determined early on that “portable” was a bit of a misnomer.

• The Van!
Information Technology

- Remote Access
- Laptops
- Xray Set Up - Individual user for sensor, laptop and nomad
- Independent Internet Service - monthly fee
- Dexus
- Dentrix
Clinical Protocols

• Any student is eligible for a Smiles Visit in the 3 Districts
• The Consent Process is done via School Registration Screening Sealant Fluoride Prophy X Rays must be checked
• ITR, SDF and Restorations require additional consent
• Referrals are handled post Smiles Review by the Patient Navigator
• After hours emergency protocol is handled vis the main clinic answering machine instructing patients to call the ER if needed.
Finances

• We bill Medicaid, CHP+, Private Insurance and we have a sliding fee scale.
• Uninsured students receive a Smiles Visit for $20.00. This has been the Pilot fee and will probably change.
• We do receive an Encounter Rate for the Smiles Visit by the hygienist.
• The Smiles Review by the DDS is not covered for FQHC’s but should be with Fee For Service
• SCCC payor mix is 30% Medicaid, 12 % Private Insurance, 58% Uninsured
• The SCCC Teledentistry program is currently revenue neutral but we anticipate moving into the black with improved efficiencies. (Such as transport time for providers and dental assistants)
Environment

• The Teledentistry program has strong SCCC administrative, District and County Support.

• Sadly, have a local pediatric practice that is vocally opposed to our work in the schools.

• Most of the other 18 local dentists are appreciative of pediatric referrals and are not at least vocal in any disapprovals
Outcomes

Visit Counts

2018  782
2019 thru Sept 1104
Challenges

- IT
- DDS Comfort
- Hygienist Comfort
- DDS and RDH Calibration
- Minor local DDS disapproval
TELE-DENTISTRY
REACHING OUT WITH TECHNOLOGY

ANTHONY MENDICINO DDS, CHIEF DENTAL OFFICER
A Little Bit About Finger Lakes Community Health

- Community & Migrant Health Center (FQHC)
  - Serving mostly rural communities
  - Providing comprehensive medical, dental, mental health, SUD, Nutrition, Care Management, Advocacy services to the communities we serve.

- Agricultural Worker Voucher Program in 42 Counties of NYS

- 8 Full Time Health Center Sites
  - Community Portable Dental (schools, Head Starts, Jails)
  - Mobile Medical Program (22 Counties)
  - Extensive Care Management Services

- 2018 Stats (UDS):
  - 28,123 Total Users
  - 9,013 Ag Workers
  - 63% of patients want to be seen in a language other than English
FLCH TelePeds Dental – The Problem

- **Identify the problem:** FLCH patients from 3-10 yrs old were referred, but not able to access Pediatric dental services in Rochester (Eastman Dental). Several barriers to care.

- **Baseline data:**
  - Our data showed that about 38% of children in Head Start & school based dental programs that we served had caries, many with severe decay.
  - Initially, we found that there was a **15% completion rate** of treatment on children referred to pediatric dentistry program in Rochester.
  - Wait time from consult with Eastman to treatment day was 7-8 months
  - Transportation was a major barrier to accessing care at Eastman Dental.

What strategies would address this problem and help get these children treatment?
Integrating telehealth technologies into our model of care allows us to:

• Eliminate geographical barriers by bringing many specialty care providers into our health centers virtually
• Addresses workforce shortages
• Allows for more collaborative care between dental team and specialists. New relationships between providers/specialists
• Extensive educational opportunities for our providers
• An important tool in Value Based Care
• **Will be a key player in sustainability of FQHC’s!**
Purpose of TelePeds Dental Consult

• Compile medical history
• Assess child behavior and temperament
• Observe child’s response to surroundings and non-invasive oral procedures
• Assess parental style
• Discuss findings with family
• Plan future treatment with behavior guidance.
Our Approach...

- Dental consults done through telemedicine
- A Community Health Worker (CHW) is assigned to each patient:
  - Assist with scheduling of appointments
  - Follow up with parents when children missed appointments
  - Assist with navigating between different health systems
  - Provide interpretation services if needed
  - Provide insurance enrollment and assistance
  - Provide referral to, or actual transportation to Rochester for care
- Monthly case conferences with Eastman Dental, our Dentist and CHW’s.
- Use of a dental registry to track data and outcomes.
Teledentistry at Finger Lakes
Teledentistry at Finger Lakes

https://drive.google.com/file/d/10ZJcCeo9y-eSujEQfFuBXWDcYrBaD2Xx/view
4 Buckets to Consider...

- **Broadband (Internet):** Do you have enough? What other processes are utilizing your broadband?

- **Equipment:** What platforms are available to connect, what peripherals will you want/need?

- **Program Development:** This is where you’ll spend the most time and effort as it is the most critical piece to a successful telehealth program. Are you prepared to make the appropriate commitments of staff and investment of time?

- **Legal/Regulatory:** What does your state licensure allow? What are the rules of the road in terms of reimbursement? Are there federal implications?
Components For A Successful Program

Care Coordination:
- Scheduling
- Pre-Visit Requirements
- Concurrent Chart Review
- Quality Assurance Reports

Case Conferencing:
- Providers
- Care Managers

Quality Improvement Activities:
- Data Collection
- Monitor and Report Outcomes
- Continuous Quality Improvement
- Regularly Evaluate Program
Benefits of Care Management on Team

- Assess and address barriers to care
- Outreach
- Assist with navigating health care system
- Arrange/provide transportation
- Language/cultural interpretation
- Education
- Case management

*Relationships = Trust*
FLCH Outcomes for TelePeds Dental Program

- Reduced the number of visits to Pediatric Dental Center from 4 or 5 visits down to 1 or 2 visits.
- Current wait time for treatment – about 2-3 Months.
- Our dental team has increased its ability to treat children in house due to coaching and peer to peer learning through this program.

**Most importantly - Children with completed treatment, utilizing General Anesthetic, are at 93%.**

- Utilizing Nitrous/Sedation are at 82%
Cost Benefit Analysis for Telehealth

For Patients/Community:

**Decreased:**
- *transportation issues/costs
- *lost work/unpaid time
- *Emergency Dept. visits
- *time to treatment

**Increased:**
- *Continuity of care
- *Simultaneous communicate with Dentist and Specialist
- *Access to Language Services via video
- *High patient satisfaction!
Patients Seen for TelePeds Dental

2010: 10 children total
2011: 61 children total
2012: 65 children total
2013: 110 children total
2014: 122 children total
2015: 118 children total
2016: 151 children total
2017: 205 children total
2018: 135 children total

Total Number of Kids who have COMPLETED Treatment: 801

150 children seen- YTD 2019
Best Practice: Plan, Plan, Plan

Set measurable goals for your telehealth program that include program design, equipment needs, staffing requirements, financial costs, and program outcomes.

- Start small! Build a program that allows you to “pilot” it at one site, work out the issues, and then when that site is successful, roll it out. Every clinical site operates a bit differently, even within one organization.
- Technology can be challenging to staff. Plan to have staff continually practice their skills with the equipment to keep them up to speed.
- Build a strong training program that is continual. A “one and done” approach just doesn’t work.
- Plan to make your electronic health record system an integral part of your program so that data can be tracked effectively.
- Understand HIPPA privacy and security rules!!!
Challenges Continue in Telehealth Adoption

• **Reimbursement**, both government and private, continues to create the most significant obstacles to success, accounting for the top four unaddressed challenges to telemedicine.

• Challenges related to EMR systems also create significant obstacles to success.

• In spite of the ongoing challenges related to reimbursement and EMR systems, healthcare providers continue to actively plan, implement and expand telemedicine programs.

2017 U.S. Telemedicine Benchmark Survey - REACH
Challenges to Telehealth Sustainability

- Lack of consistent telehealth reimbursement policies between Federal, State and private payers

- Difficulty in developing clinical and staff champions within the program, must see the benefits of the program for patients.

- Lack of State-supported Telemedicine Infrastructure

- Seamless integration of Layer 1 – Broadband, Layer 2 – Systems & Equipment and Layer 3 – Applications and Program Development into a cohesive and sustainable model

- Legal Considerations
• The largest expense with telehealth technology is the initial investment in the equipment needed – beware of consultants, as they are very eager to spend your money on things you may not need!

• **Patients give high satisfaction scores for services via telehealth.** They like to convenience and reduction of time spent in a waiting room.

• **Our patients are becoming more empowered consumers.** With higher out of pocket costs, patients will demand better quality, high value, convenient care and a good patient experience.

• **Don’t wait for reimbursement for telehealth to be in place...in a value based world, it won’t matter.**

• **TELEHEALTH WILL HELP FQHC’s REMAIN COMPETITIVE!**
Thank You!

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