1 in 3 OC Children Suffer From Tooth Decay

Tooth Decay is an Epidemic. You Can Help Stop It.
Our mission is to improve the oral health of children in Orange County through collaborative programs directed at prevention, outreach and education, access to treatment, and advocacy.

100,000 children and parents reached each year

Who We Are & What We Do

- Smile Center in Garden Grove
- Smile Clinic at CHOC Children's Hospital
- Sedation Treatment
- Smile Mobiles
- Community Outreach
- Teledentistry
- Oral Health Education
Healthy Smiles for Kids of Orange County

Growth & Expansion
High Areas Of Need For Oral Health
Healthy Smiles Clinics
Garden Grove & CHOC

HSK Clinic Locations
2018 & Beyond

147 Potential School and CHOC Clinic Sites = 188% Growth!

- HSK Clinic Locations
- 51 Established Sites
- 91 Sites in 2017
- 133 Potential Schools
- 147 Potential Schools and CHOC Clinic Sites
Meet George

Healthy Smiles
For Kids of Orange County
FY 05/06 - FY 19/20
(through 8/31/19)

Milestones

Education
572,400 kids & parents

Fluoride, Screenings, Sealants
214,000 encounters

Clinic Visits
106,500 visits

Teledentistry Visits
9,600 visits

TOTAL
902,500 encounters
Healthy Smiles Impact

Clinic:
Healthy Smiles reduces the cavity rate for recall patients from 60% to 30%

Restorative Mobile/Teledentistry:
50% of children obtaining restorative services on the mobile are cavity free

Prevention/Outreach:
60% of children that were identified to have severe decay through an initial exam or screening in the community have started treatment within 3 months
Mobile Restorative

Healthy Smiles
For Kids of Orange County
Sedation Services

Past 3 Years

- 1,811 G.A treatments
- Wait time at the CHOC OR is 18 months for 300 kids

General Anesthesia costs

$2,500 per child
Meet Nathaniel
What is Teledentistry?

- A **groundbreaking service** eliminating traditional barriers to dental care
- A child is treated by a **dental hygienist in the classroom**, receiving a professional cleaning, x-rays, fluoride, sealants, and temporary fillings
- Off site, a **dentist** reviews the child’s chart and creates a treatment plan
- The child misses **less than thirty minutes of class** and parents do not have to miss work
- If necessary, care coordinators work with families to ensure treatment is completed, **linking them to affordable clinics**
Teledentistry Goals

1. Quality Care
   No needles, sedation, or anesthesia – it’s painless
   No child is ever strapped or held down

2. Access to Care
   Eliminates transportation barriers that keep kids from getting the care they need

3. Solution to Absenteeism Rate
CHOC Health Alliance

Clinica para Niños
Centralia Elementary
95% Satisfaction

Danbrook Elementary
91% Satisfaction

Wilson Elementary
95% Satisfaction
Quality Metrics

**Prevention**
- School-based preventative services
  - Cavity Rate
  - Participation rate (% of school population)
  - % of children with severe decay who receive treatment

**Teledentistry**
- Classroom dentistry
  - Cavity rate - new patients
  - Cavity rate - recall patients
  - Treatment completed within 6 months
  - Percentage of patients served in a community setting

**Outreach**
- Community-based preventative services
  - Cavity rate
  - % of children with severe decay who are linked to a dental home
  - No show rate for dental appointments
State of Oral Health

- Students with toothaches are about 4x more likely to have low GPA. They are 3 times more likely to miss school.

- California children miss 874,000 days of school each year due to dental problems.

- Parents miss 2.5 days from work each year because of their children's dental problems.

- Children who have dental disease are more likely to have cardiovascular disease as adults.

- Within 8 years, there were more than 61,000 hospitalizations nationally.

- Each year the U.S. spends a staggering $2.1 billion on dental-related emergency room visits. In Texas alone, 196 people lost their lives within the span of 10 years.

- Anyone can die of a toothache.
1) ADVOCACY POLICY

2) EDUCATION & OUTREACH

3) PREVENTION

4) CALL CENTER

5) TELEDENTISTRY

6) A. RESTORATIVE MOBILES

6) B. Medicaid PROVIDERS (TELED.)

6) C. Medicaid CLINICS OR CHOC

6) D. FQHCS OR CHOC

7) HSK Clinic OR CHOC
Organization Highlights

- 340% Increased revenue
- Reduced turnover rate by 50%
- Tripled employee headcount
- Admin costs are at 15% industry standard is 25%
- 61 out of 140 employees have been promoted internally for a total of 43.6%!

One of the OC Register’s Best Places to Work!
IT'S ALL ABOUT THE KIDS!
MISSION

VIRTUAL DENTAL CARE

Our Mission … provide the software technology solutions to facilitate the rapid adoption of teledentistry. Our relationship with Healthy Smiles for Kids, Orange County has helped propel us to our mission.
The goal of the last portion of this presentation

• Describe the broader world of teledentistry
• Discuss the unique software requirements of teledentistry
USING TELEDENTISTRY

For better communication and collaboration

Whether it’s responding to a patient question, case presentation, or peer-to-peer discussion, secure synchronous communication will become the norm.

To expand and enhance mobile dentistry

Teledentistry technology leverages the ability of auxiliary personnel to work outside the walls of a dental office while communicating remotely with a dentist.
EXPANDING THE DENTAL OFFICE

- Rural
- Institutions
- Medical facilities
- Senior centers
- Schools & after-school
- In-home
- Large & medium business
- Small business
USING TELEDENTISTRY

Various combinations of van, common patient record and teledentistry technology, and pop-ups
MEDICAL DENTAL INTEGRATION

• Hygienist imbedded as medical facility staff member
• Initiates preventive services and education
• Coordinates remote collaboration with local bricks-and-mortar dentist, patient, medical personnel, etc.
• Patient record available to all treatment personnel

• Approximately 7M ER visits annually are dental related
• Approximately $3B is spent and no treatment is rendered
• Collaboration with a remote dentist will offer best solution for palliative treatment
Aetna analysis of the Dental Medical Integration (DMI) program. Program outcomes show that good dental health may reduce medical costs and improve overall health. To date, DMI program members who visited the dentist have:

- Lowered their medical claim costs by an average of 17 percent
- Improved diabetes control by 45 percent
- Used 42 percent less major and basic dental services
- Required 3.5 percent fewer hospital admissions year-over-year compared to a 5.4 percent increase for non-members.
Overall, net medical costs for members who received dental care (i.e., periodontal treatment or cleanings) was on average $1,037 lower than medical costs (or $701 when including drugs) for members who received other or no dental care after adjusting for the extra expense of the dental care.
Kaiser Permanente

Diabetic population receiving dental care have lower costs per member per month (PMPM) than those NOT receiving dental care:

- Overall cost savings: $129 PMPM
- Inpatient cost savings: $101 PMPM
- ED-Urgent Care cost savings: $13 PMPM
Ask-a-Dentist

• Value-added member benefit
• Emergency cases - enables the dental carrier to white label this capability and partner with hospitals
• Patients with access issues
• Patients with fear/anxiety
• Pre-appoint needs assessments
• For patients with certain disease states
• Pro-active recalling by teleconference
Internal Dental Carrier Consultant Review

- Scheduled videoconferences between consultants and dentists to review and discuss submissions while viewing records
- Internal collaboration and calibration among consultants
- Grievance and appeal resolution
Second Opinions

• Value-added benefit to members
• Network of 2nd opinion providers
  • Certified consultants
  • Dental schools
  • Randomized, but trained
Attempts to use traditional dental practice management software alone for teledentistry is at best a major hindrance, and more likely, a recipe for failure.
TELEDENTISTRY SOFTWARE BASICS

Traditional bricks-and-mortar software

- Cloud-based is unimportant
- Secure viewing of patient records in multiple locations is typically unnecessary
- Multi-location functionality is typically unimportant
- New location set-up is very structured and slow
- Multi-providers working at multiple locations is typically unimportant
- Patients seen at multiple locations is unimportant
- Ability to interface with other software platforms is unimportant

Mobile, teledentistry software

- Cloud-based is a prerequisite
- Secure viewing of patient records in multiple locations is required
- Multi-location functionality is required
- New location set-up must be easy.
- Multi-providers working at multiple locations is a requirement
- Patients seen at multiple locations may be important
- Ability to interface with other software platforms may be a requirement
TELEDENTISTRY SOFTWARE BASICS

Patient engagement

Field-force workflow

Records workflow and patient communication
Different treatment locations will likely require different workflows.
RECORDS WORKFLOW & PATIENT COMMUNICATION

- Records queue
- Dentist communication and access
- Dentist audit
- Patient communication and access
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