

TELEDENTISTRY

IMPROVING ACCESS



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NOT TELEDENTISTRY



WHAT IS TELEDENTISTRY?

- American Dental Association definition
 - “Teledentistry provides the means for a patient to receive services when the patient is in one physical location and the dentist or other oral health or general health care practitioner overseeing the delivery of those services is in another location”
- Dental’s first teledentistry codes were added in 2018
- Can be synchronous or asynchronous

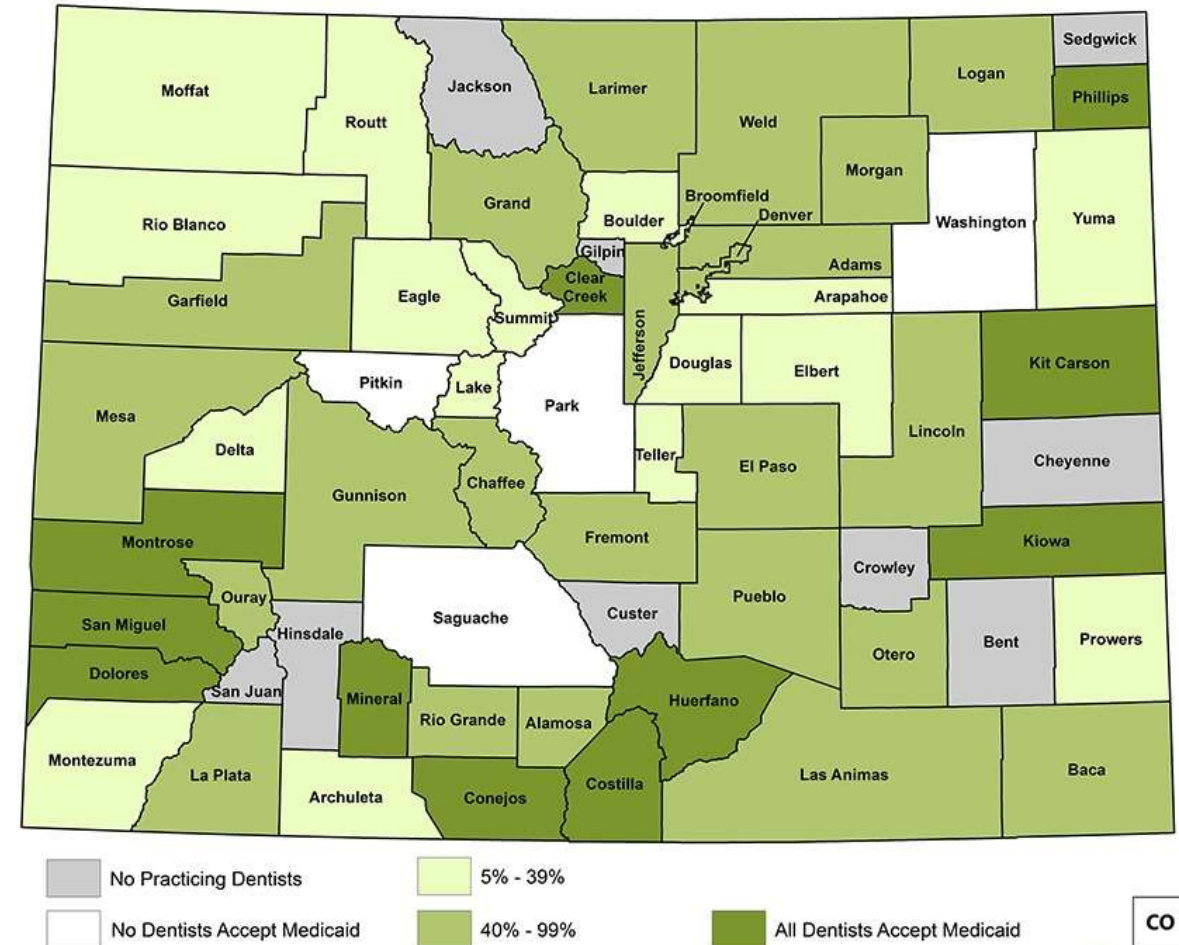
WHY DO WE NEED TELEDENTISTRY?

- There is an access to care problem in dentistry
- Approximately 20 percent of Americans live in rural areas where they do not have easy access to dentists
 - Teledentistry eliminates the need to travel long distances
- Teledentistry allows providers to expand their reach to patients beyond their own offices.

INADEQUATE ACCESS TO CARE

- 8 counties are “dental deserts” with no available providers
- 7 more counties have some dental care, but none who accept Medicaid
- Colorado is one of only 10 states without a dentist in over 10% of its counties.
- Colorado has more dentists per capita than the national average, but 43 counties have been designated as DHPSAs

Percentage of Dentists Accepting Medicaid, 2015-2016



CO Avg: 48%

HOW DO WE IMPROVE PATIENT ACCESS?

- Some of the leading trends in dentistry are:
 - Dental Therapists
 - Teledentistry
 - Community Dental Health Coordinators

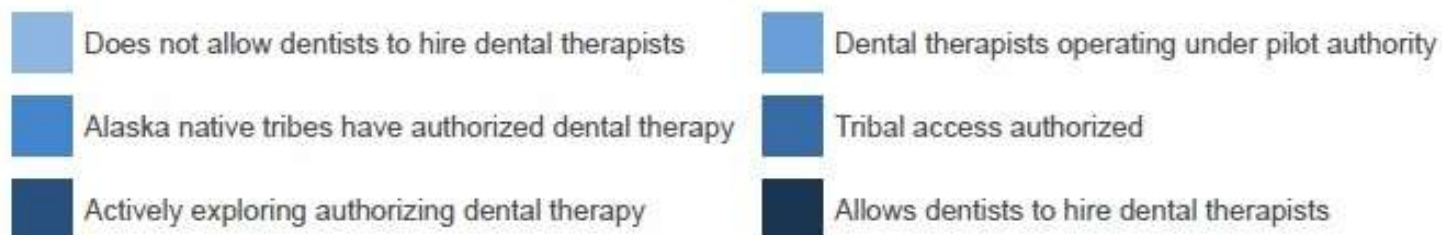
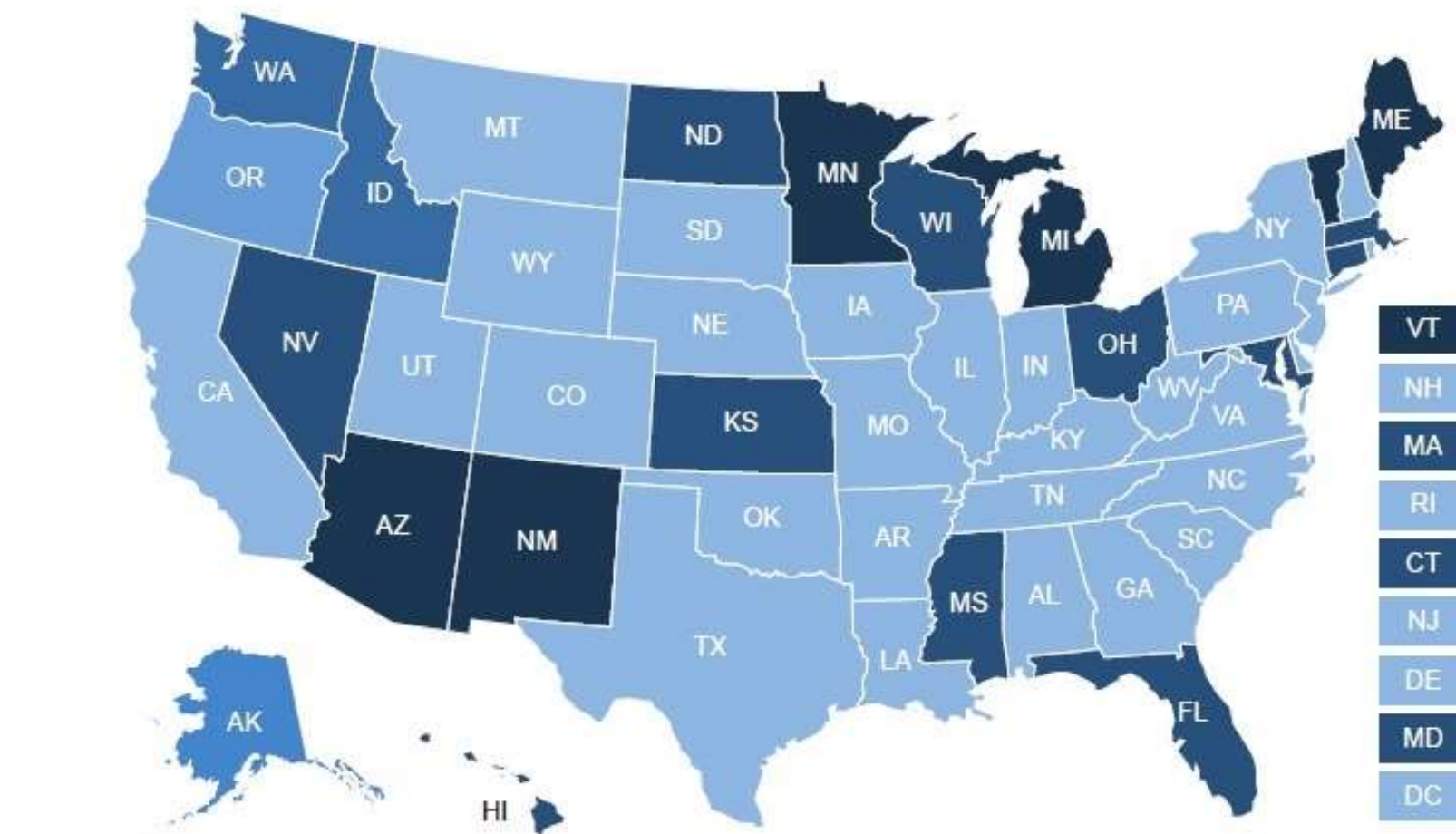
DENTAL THERAPISTS

- Midlevel providers similar to physician assistants in medicine
- They must receive at least three academic years of full-time instruction, including clinical experience
- Deliver preventive and routine restorative care, such as filling cavities, placing temporary crowns, and extracting badly diseased or loose teeth.
- As states and tribal communities grapple with provider shortages, especially in underserved areas, several have acted to allow dentists to hire these practitioners

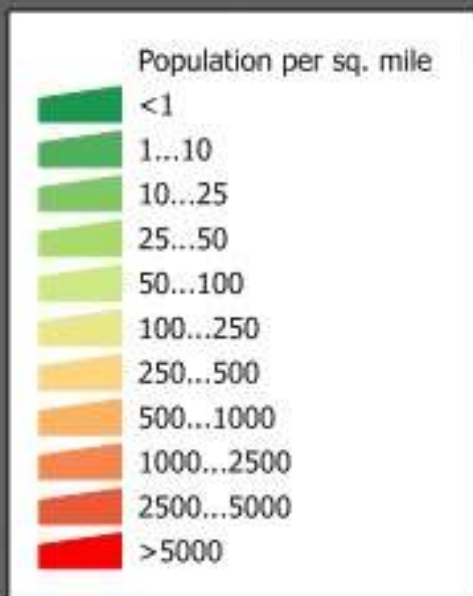
RESISTANCE TO DENTAL THERAPISTS

- There is opposition to Dental Therapy
- The American Dental Association does not support the role
- Many state dental associations don't support it because private dentists are opposed
 - However, some state legislatures are still passing the law to create Dental Therapists
 - Legislators feel that the dental community had their chance to improve patient access, and they didn't

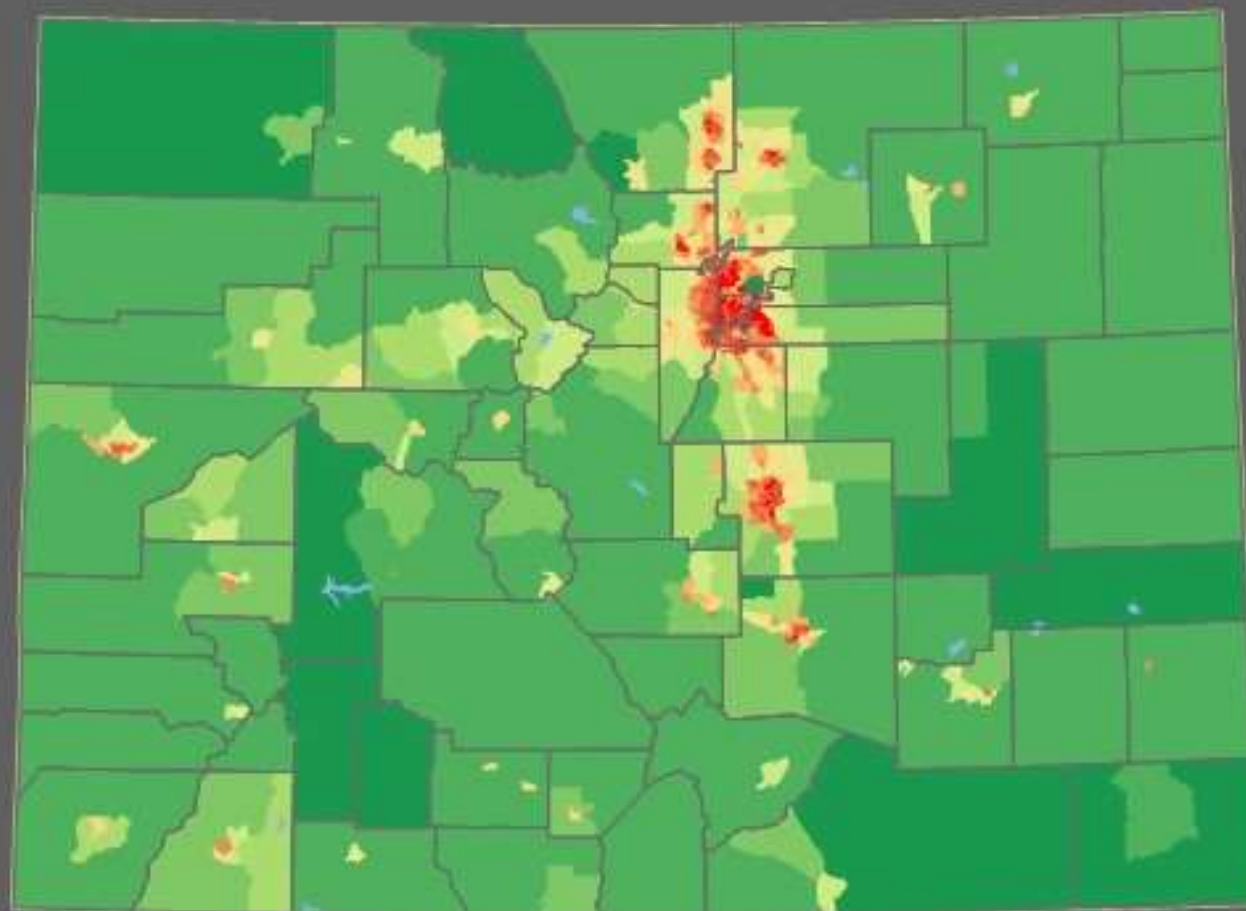
Dental therapy policies by state



DENTAL PROVIDER LOCATIONS



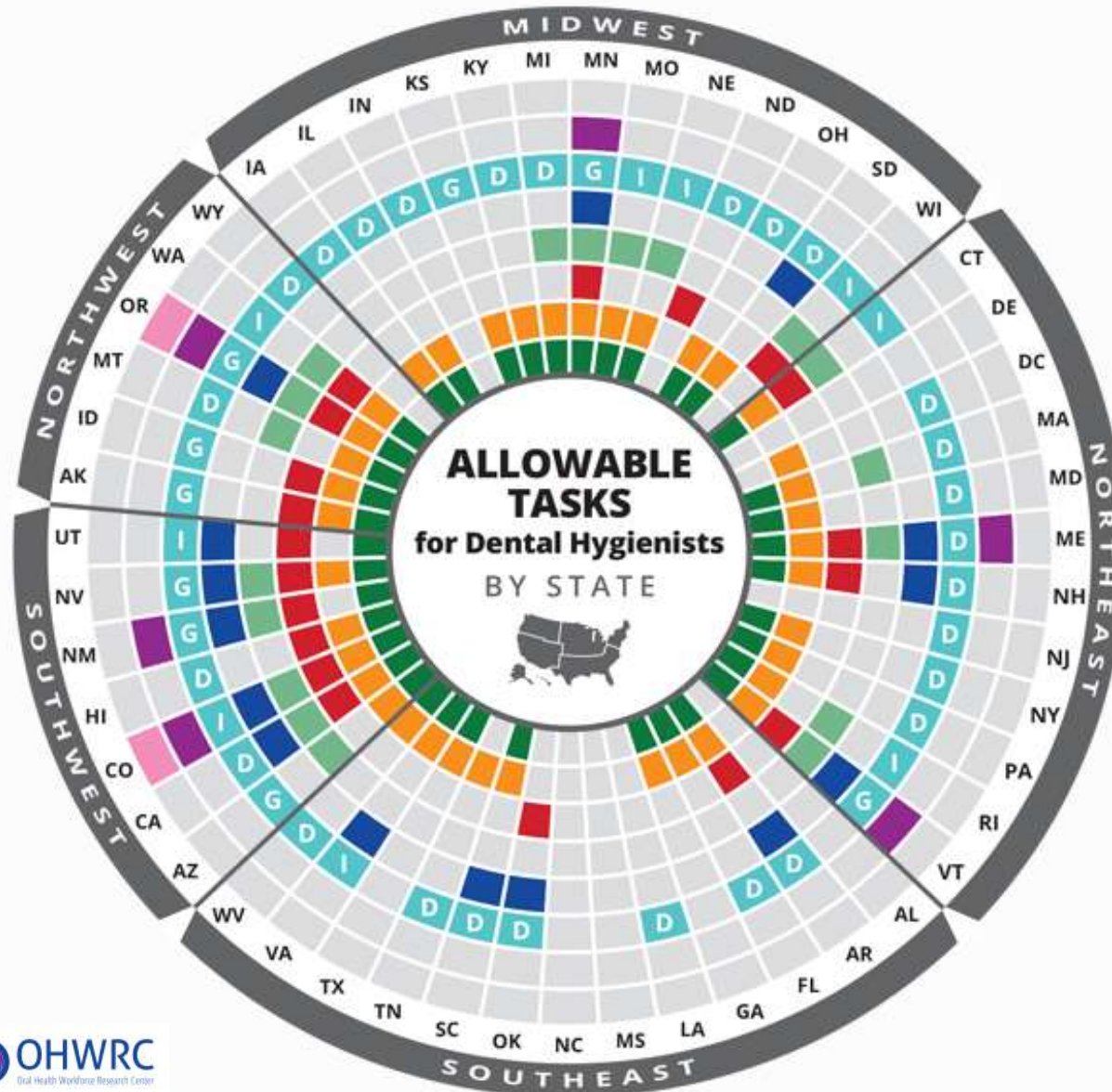
Source: U.S. Census Bureau
Census 2010 Summary File 1
population by census tract



COLORADO'S ACCESS PROBLEM

- Colorado technically has enough dentists to meet the needs of our state
 - However, the dentists aren't in the correct locations
 - This is why Colorado has an access to care problem
- Since our problem isn't a lack of workforce, Colorado pursued Teledentistry rather than Dental Therapists
 - Hub and spoke model with hygienists
 - Colorado already allows hygienists a wide scope of practice, so it wasn't a large leap to increase their scope enough to implement teledentistry

SCOPE OF HYGIENISTS



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}

- Dental Hygiene Diagnosis
- Prescriptive Authority
- Local Anesthesia
- D Direct I Indirect* G General
- Supervision of Dental Assistants
- Direct Medicaid Reimbursement
- Dental Hygiene Treatment Planning
- Provision of Sealants
- Direct Access to Prophylaxis
- Not Allowed / No Law

http://www.oralhealthworkforce.org/wp-content/uploads/2017/07/Single-Page-Layout-Final_July_2017.pdf
http://www.adha.org/resources-docs/7511_Permitted_Services_Supervision_Levels_by_State.pdf

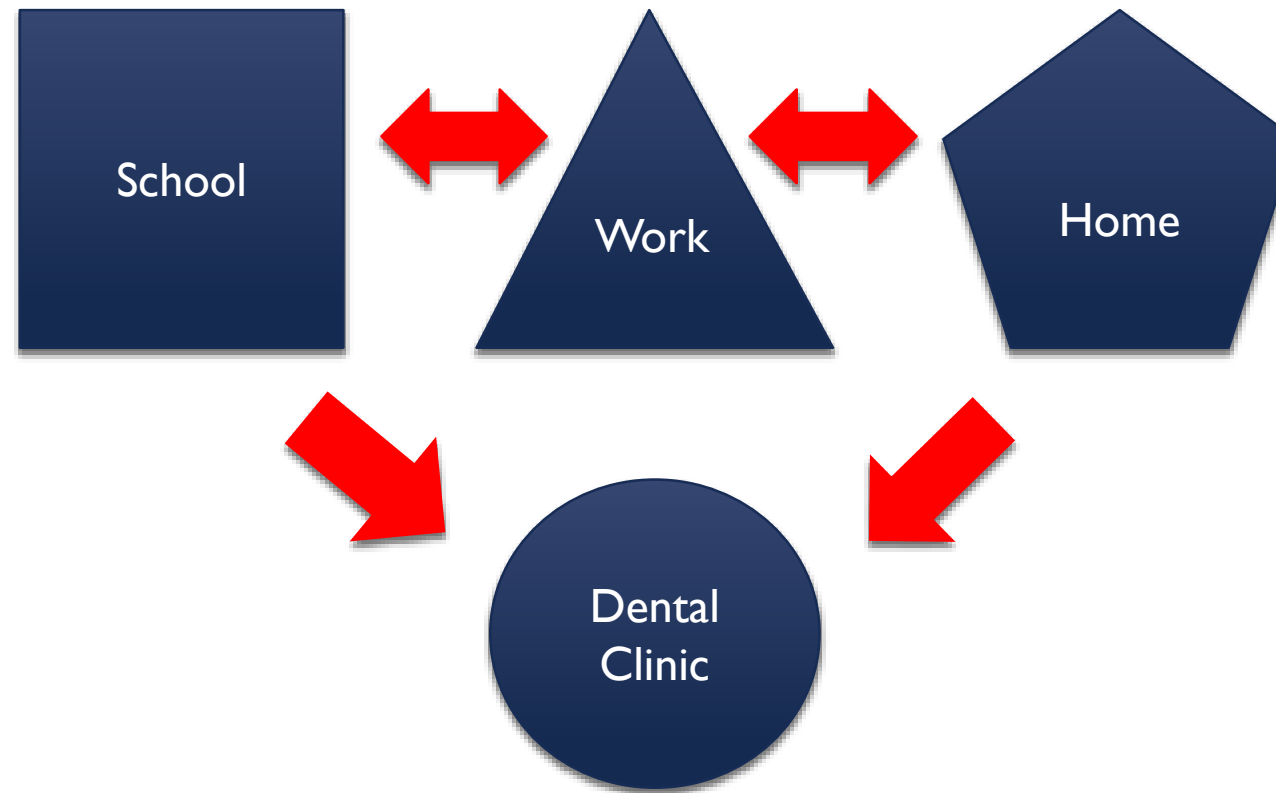
ORAL HEALTH IN COLORADO

- Half of all Coloradans don't receive routine, preventive oral health care
- Only 877 dentists (out of 2,654 currently practicing) in Colorado accept at least one Medicaid patient
- 1 in 3 children entering elementary school in Colorado has experienced dental decay
- Colorado kids miss an estimated **900,000 days of school** every year due to oral pain (Mostly low income and minority children)

DECIDED TO FOCUS ON PREVENTION

- Dental decay is the #1 chronic disease in children and it is caused by **preventable factors**
 - 5 times more common than asthma, 4 times more common than early-childhood obesity, and 20 times more common than diabetes
- We felt that teledentistry in schools was a way to reach children as early as possible and provide impactful preventive services

BARRIERS TO DENTAL CARE



OFFSITE SERVICES REDUCE BARRIERS

- Removes transportation barrier
- Removes financial barrier
- Removes parent time off barrier
- Reduces time a child is outside of class due to oral health
- Decreases “No Shows”

SALUD LEVELS OF CARE IN A SCHOOL SETTING

- Level One = Dental screening, fluoride application, and education
- Level Two = Dental screening, fluoride application, education, and sealants
- Level Three = Dental screening, fluoride application, education, sealants, and cleanings
- Level Four “The Virtual Dental Home Model” = Dental x-rays, extra-oral and intra-oral photos, fluoride application, education, sealants, cleanings, virtual exam and treatment plan with dentist, and placement of interim therapeutic restorations by hygienist (average 30 minutes out of class)

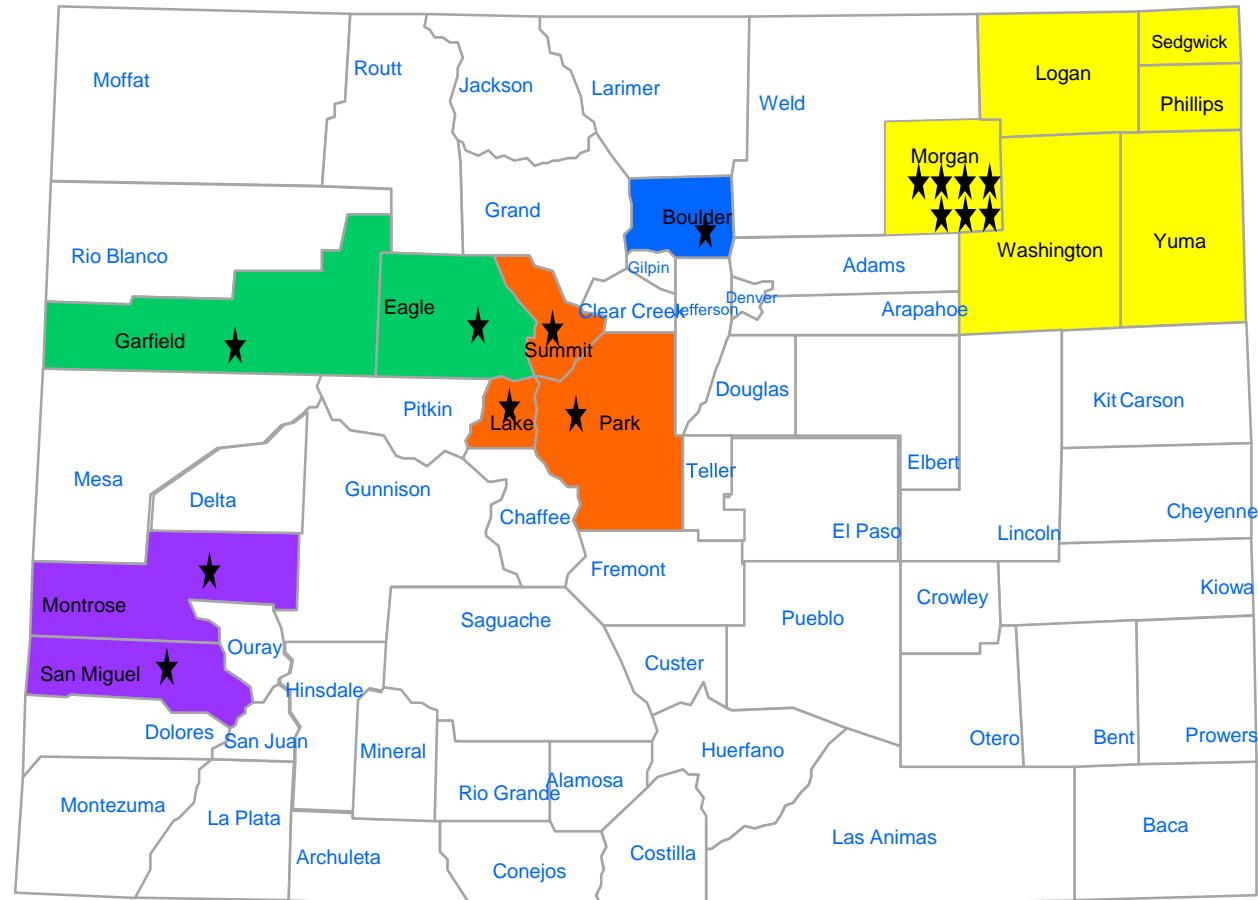
VIRTUAL DENTAL HOME

- SMILES Project
- Spanning Miles In Linking Everyone to Services
- An introduction to Colorado's new Virtual Dental Home project

CARING *for* COLORADO FOUNDATION
A Health Grantmaker



SMILES PILOT SITES



Key:
★
represents at
least 1
SMILES site



WHAT IS A VIRTUAL DENTAL HOME?

- A Virtual Dental Home (VDH) creates a community-based oral health delivery system in which people receive preventive and simple therapeutic services in community settings where they live
- It relies on the latest technology to link practitioners in the community with dentists at remote office sites.
- Asynchronous teledentistry is one component of the Virtual Dental Home
- Colorado is the 2nd state to adopt this model

GOALS AND APPROACH

- The main goals of the SMILES Dental Project are to:
 - Ensure that underserved populations have access to preventive services and a dental home
 - Reach Coloradans that are either unable to, or do not, access the current system of dental care within the traditional dental office
 - Expand the oral health infrastructure to provide services in the most appropriate community setting
 - Strengthen Colorado's oral health workforce by expanding the scope of care a dental hygienist is licensed to perform

VIRTUAL DENTAL HOME

1



- 1st encounter with patient
 - Radiographs
 - Clinical photos
- Hub Dentist reviews findings
 - Access to secure records
 - Diagnose needs

2



- 2nd encounter with patient
 - Cleaning
 - Sealants
 - Interim Therapeutic Restorations (ITR's)
 - Silver Diamine Fluoride

WHERE WE STARTED

- Salud implemented our SMILES Dental Project on November 7th, 2017
- We implemented in four elementary schools that were selected because:
 - They participated in the school based sealant program
 - They had students with unmet dental needs
- Our SMILES hygienist became Colorado's first Community Dental Health Coordinator before starting this project
- We have since expanded to the preschool and middle school
- We plan to expand to the high school starting in January 2020



MOBILE EQUIPMENT

- Use portable dental equipment in the school setting
- Each school allows us to leave and lock up our heavy equipment (chairs, compressors)
- Each day we carry in the computers, Nomad, disposables, etc.



DENTAL VANS

- If heavy equipment does need to be transported, then Dental has two vans with ramps



MINIMAL IMPACT ON CHILD'S LEARNING



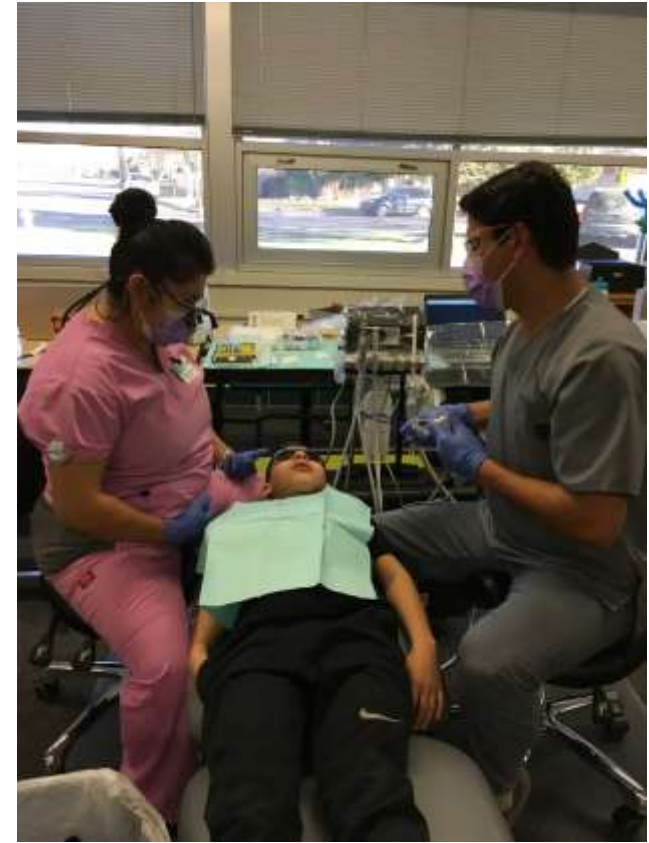
CLASS ROOM



Dental Treatment Area



CLASS ROOM



Dental Navigators work closely with teachers to minimize academic impact

SILVER DIAMINE FLUORIDE (SDF)

- Silver diamine fluoride (SDF) is a colorless liquid containing silver particles that is effective in arresting and preventing dental decay
- SDF can postpone the need for traditional dental treatment (fillings, crowns, nerve therapy) and delay/possibly eliminate the need for sedation/general anesthesia to complete dental treatment
- While the use of SDF has been FDA approved to treat tooth sensitivity, we are using it “off label” to help stop tooth decay.

INTERIM THERAPEUTIC RESTORATIONS

BEFORE



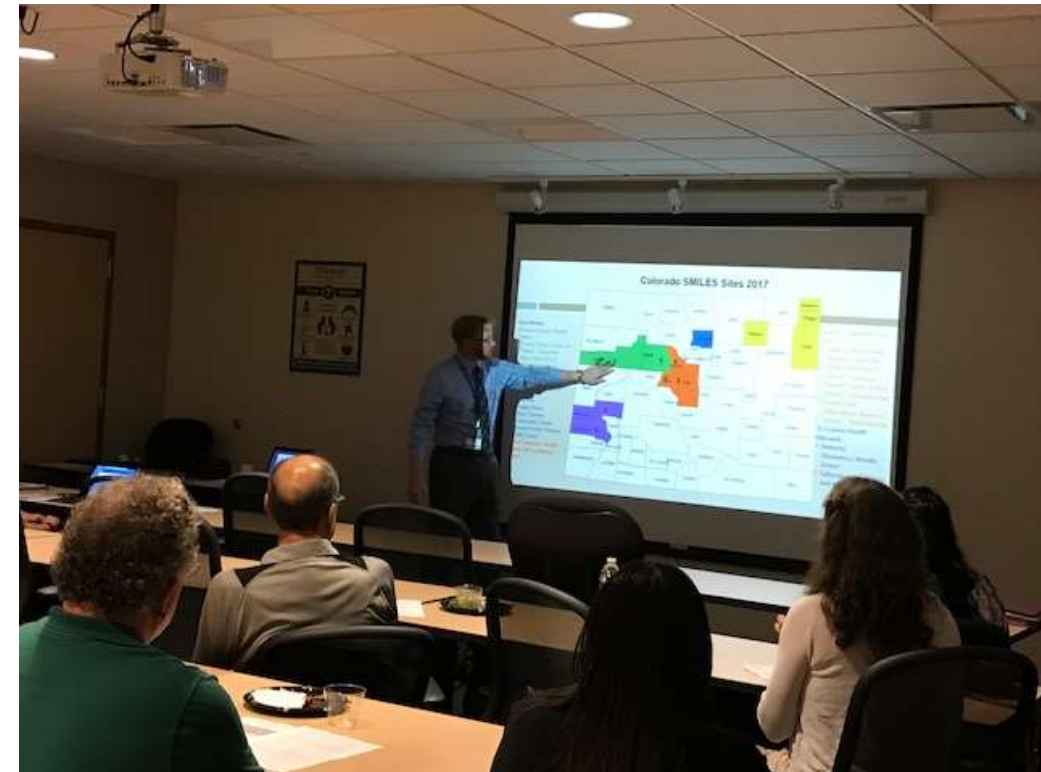
AFTER



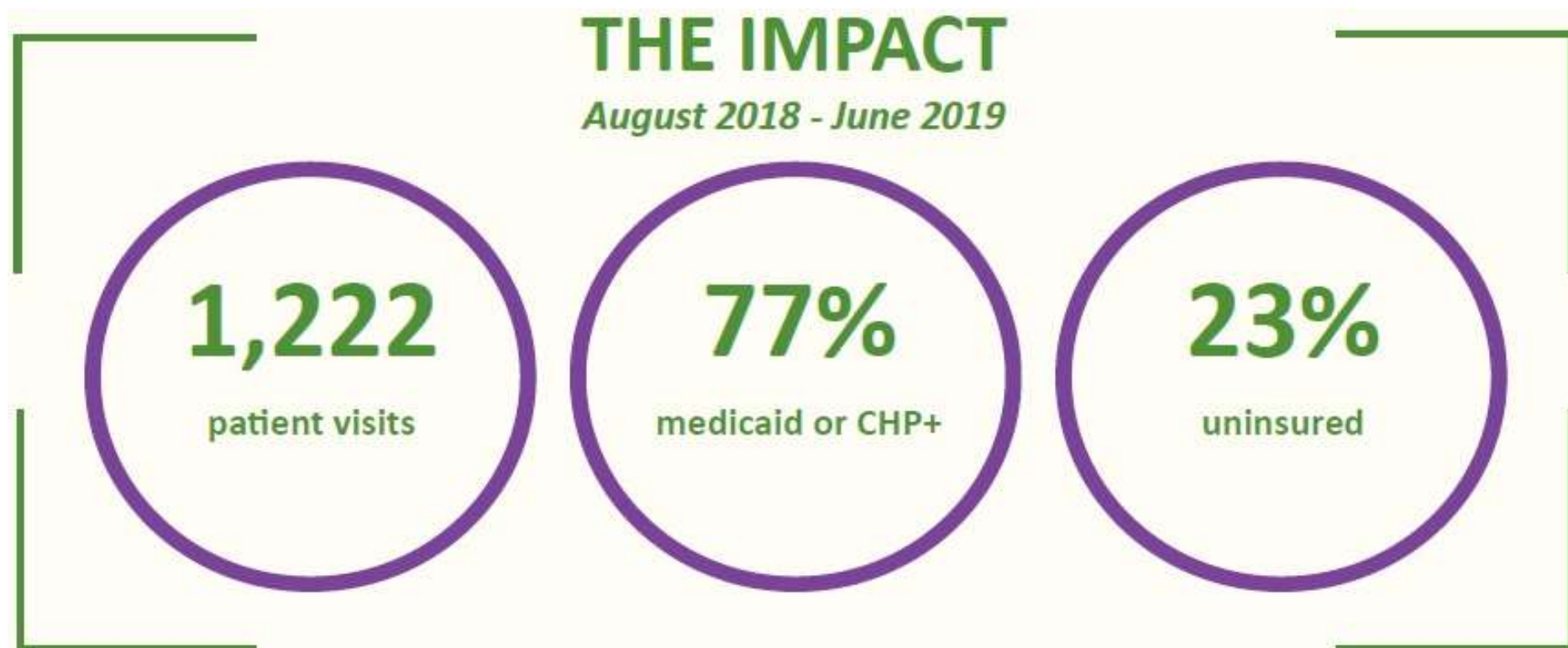
- ITR placements are fast
- Removal of decay with hand instruments = < 5min
- Filling placement and cure = 30sec

COMMUNITY SUPPORT

- Even though Colorado allows hygienists to perform these services, the local dentists did not support it
 - Many dentists fear the change that is coming
 - They threatened a lawsuit against the Health Department for having hygienists place sealants
- Decided to invite the entire local dental society for a presentation on what we were doing and why
 - Had others supporters present with me
 - The end result was understanding from the group and no roadblocks put in our way



THE IMPACT



- In our first 18 months, we have decreased the decay rate from 42% to 33%

SALUD'S VIRTUAL DENTAL HOME FUTURE

- We plan to continue the Virtual Dental Home model in our Fort Morgan community and incorporated all of the District's schools
- We are evaluating whether we expand the model to our new temporary clinic in Aurora
 - This clinic will have a hygienist, but no dentist
 - The University of Colorado has tried for years to get their teledentistry model off the ground and they haven't been successful
 - The University is our partner for the Aurora Project and they know the we have been doing this successfully for almost two years

THANK YOU

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