



Policy Incubator: Virtual Dental Home

California recently passed legislation to fund teledentistry for the underserved through Medi-Cal. The Pacific Center for Special Care at University of the Pacific's Arthur A Dugoni School of Dentistry, through six years of research, has developed a model of community-based teledental teams to reach these populations at schools, community facilities and health centers.

Seeing the Problem

As much as 30% of California residents are unable to get sufficient oral health care through the traditional dental system, particularly low-income children, institutionalized elderly, and disabled adults. As a result oral health problems among these populations have become epidemic. The problem, however, isn't always cost: it's access. Many low-income Californians qualify for Medi-Cal, which covers many basic dental procedures and oral health prevention practices. But, in rural areas in particular, oral health facilities are rare and demand for their services can be overwhelming. A new model is needed to fully reach the underserved and build a culture of strong oral health prevention.

“This is about using technology to provide dental care outside of the normal scope of practice.”

New World for Dental Policy

AB1174, a California bill signed into law in September, created a funding mechanism—the ability to bill Medi-Cal—for a model of providing dental care through teams of hygienists and dentists connected online and working outside of a dental office. The bill also expanded the scope of practice for certain types of hygienists and assistants, particularly the registered dental hygienist in alternative practice (RDHAP). Now these providers do not need onsite supervision from a dentist to decide what x-rays to take or to apply temporary fillings (called interim therapeutic restorations). The law empowers a community-based team teledentistry model pioneered through the Virtual Dental Home pilot program, and paves the way for others to use this model to provide care for underserved patients.

**-Maureen Harrington,
Director of Grant
Operations and
Community Education,
Pacific Center for special
Care**

A Roaming Dental Home

The idea of the Virtual Dental Home model is to take basic dental care out of the dentist's office and integrate it into education and social services that touch otherwise hard-to-reach patients. This means sending a hygienist regularly to schools, Head Start preschools, long-term care facilities, group-homes for the disabled, community centers in low-income areas, health clinics, and potentially other locations that are central to areas where dentistry is difficult to access.

These hygienists, under a dentist's remote supervision, rotate from site to site with portable dental equipment that allows them to take x-rays and photos, as well as perform preventative treatments and interim restorations. They provide oral health education and refer patients to dentists and specialists for additional care. This additional care is then easier for patients to get because they go to the dentist with a care plan already developed.

How It Works

- Teledental teams consist of a dentist overseeing up to five remote hygienists—primarily a RDHAP, but potentially also a dental hygienist working in a public health program (RDH) or a registered dental assistant (RDA). Hygienists are often accompanied by a bilingual navigator or promotor.
- The hygienists, equipped with portable imaging equipment, travel to community-based locations to see patients that otherwise may have trouble accessing oral health services. The hygienist may visit several different locations each week, cycling between regular stops every week or month.
- Set up in a normal room without specialized dental apparatus, the hygienists can use their portable equipment to take detailed photos and x-rays of patients' teeth. The hygienist performs an assessment and takes medical and dental histories from patients.
- The photos, x-rays and other information are uploaded to internet-based dental records on a secure website. These are reviewed by a dentist working remotely, who creates a treatment plan. About half the time this plan will involve sending the patient to see a dentist or specialist for fillings, oral surgery or other services.
- The hygienist, either that same day or on another visit, will carry out aspects of the treatment plan that can be conducted on site. These include education, disease risk assessment, preventive procedures such as sealants or fluoride treatments, case management, and applying temporary fillings called interim therapeutic restorations.
- Patients who are referred to dental offices or specialists for additional care can then more easily make appointments, arriving with health records, x-rays and a diagnosis already prepared. This makes a successful and more efficient

visit more likely.

Opportunities for Clinics

Safety net clinics are often able to reach patients that fall through the cracks of the traditional healthcare establishments—including the dentist offices that serve most Americans. For federally qualified health centers, this policy change offers an opportunity to expand oral health services in ways that are more efficient, require less investment, and are better tuned to reach safety net patients.

Clinics without their own oral health facilities could partner with teledental teams to offer patients visits with teledental hygienists at the clinic, in any basic exam room. For clinics that do have dental chairs, becoming a home base for a dentist supervising teledental teams allows them to expand access to more patients and better prioritize time in the dental chair. This model means assessments, x-rays, and education can happen anywhere, while visits with a dentist in a dental chair can be reserved only for procedures that need that equipment—filling cavities, oral surgery, etc.

Lessons from Practice

Though the new policy limits teledental teams to five hygienists per dentist to prevent abuse, the Virtual Dental Home pilot also found that small team size was important for ensuring trust and camaraderie. Trust is particularly important when the dentist and the hygienist are connected remotely, and need to be confident in each other's skills and judgment.

What's Next?

The new teledentistry regulations go into effect January 1, 2015. The Pacific Center for Special Care hopes that it will allow this Virtual Dental Home model to expand beyond the pilot communities, to be taken up by other organizations and private practices.

Learn More

- The Pacific Center for Special Care is part of the the Arthur A. Dugoni School of Dentistry. They seek to advance better ways of improving oral health for the underserved. Learn more about the Virtual Dental Home pilot at www.virtualdentalhome.org.
- Find more Incubator briefs on our website: careinnovations.org.