



HEALTHY TOMORROWS PARTNERSHIP FOR CHILDREN PROGRAM (HTPCP)

Project Title: *VIRTUAL DENTAL HOME: Community Based Tele-Dental Services*
Project Number: H17MC30727 CFDA No. 93.110
Organization Name: AltaMed Health Services
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Project Period: 03/01/2017 – 02/28/2022
Total Amount of Grant Awarded: \$250,000

FINAL REPORT AND ABSTRACT

PURPOSE OF PROJECT AND RELATIONSHIP TO SSA TITLE V MATERNAL AND CHILD HEALTH (MCH) PROGRAMS: Oral health disparities present an array of medical problems recognized in AltaMed’s primary health clinics, since oral health and overall health are inextricably linked. Poor oral health in children can lead to pain, infections, poor nutrition and development, impaired speech, time away from school, and low self-esteem. Despite the availability of dental services for children covered by Medi-Cal, a recent report showed that statewide, about 29% of California’s Medi-Cal children received no dental care at all in the past year, and a total of 78% of kids did not receive all required dental services¹. Further national data shows that 20% of children aged 5-11 years old have at least one untreated decayed tooth. Between the ages of 5 to 19 years old, children from lower income families are twice as likely to have untreated tooth decay that children from higher income families². When assessed for oral health access and timely preventive dental services, California received a D+ from ChildrenNow.Org, with only 35% of children between ages 0-6 years old receiving a preventive dental visit in 2016³. AltaMed proposed to address some of these challenges by expanding the services offered by its Oral Health Units. AltaMed currently has six OHUs that serve Los Angeles and Orange Counties. Through a partnership with the Arthur A. Dugoni School of Dentistry at the University of the Pacific, AltaMed proposed to launch a Virtual Dental Home (VDH) that would leverage its OHUs to provide tele-dental services at community locations frequented by patients and their families (such as Women Infant and Children and Head Start) without them having to travel to an AltaMed Dental location. The targeted patients were children between 0-21 years old, however, the majority of participants in the program will be aged 0-14 years old based on the location of services (WIC offices, Head Start locations, and elementary/middle schools). The OHU expanded services by acquiring additional equipment and staff, including a dental hygienist and dental coordinator.

1. Most Children With Medicaid in Four States Are Not Receiving Required Dental Services (OEI-02-14-00490), DHHS Office of the Inspector General, January 2016. Accessed on 1/25/2016 at <http://oig.hhs.gov/oei/reports/oei-02-14-00490.pdf>

2. Dye BA, et al. *Selected Oral Health Indicators in the United States 2005-2008*. NCHS Data Brief, no.96. Hyattsville, MD: National Center for Health Statistics, Centers for Disease Control & Prevention. 2012.

3. 2016 California Children’s Report Card: Health: Oral Health. ChildrenNow.Org.



This allowed the OHU to continue providing oral health education and screenings. In addition, the OHU was able to provide preventive services and minor therapeutic services, including dental prophylaxis, application of dental sealants, and interim therapeutic restorations. This project is aligned with AltaMed

Dental's strategic focus on prevention and early education to increase access to routine care, reducing the need for emergency and complex treatments which are a significant driver to healthcare costs and inefficiencies. The VDH provides patient centered access to care in an environment where

oral health care professionals are empowered to render services at the top of their licenses and provide treatment at locations convenient to the patient. This program aligns with the Bright Futures for Infants, Children, and Adolescents Oral Health guidelines that encourages establishment of a dental home for both parents and their child, through which the child can receive comprehensive dental exams, preventive oral health care, and health education and dietary counseling.

GOALS AND OBJECTIVES: The AltaMed goals for this project were as follows by year.

In Year 1, complete 300 visits at community locations, providing oral health education and preventive screenings. In Year 1, complete baseline assessment of community need for minor fillings, interim therapeutic restoration, and sealants. Up to 40% of children served may require minor fillings or sealants. Set annual Dental Health Measure targets for Years 2-5.

In Year 2, complete 400 visits at community locations, providing oral health education, preventive screenings, and minor interventions/sealants, if required.

In Years 3-5, complete 500 visits per year (total 1500) at community locations, providing oral health education, preventive screenings, and minor interventions/sealants, if required.

Adding this Teledentistry component of providing diagnostic, preventative and minimally invasive restorative treatment in the community resulting in more access available at the dental clinic for additional exams and complex treatment.

METHODOLOGY: In the first year AltaMed utilized reporting to identify which areas we would target first based on need. Recall report was one measure used to validate our success- if patients who are seen in the community are existing AltaMed patients, it will result in an improvement on recall percentage. Patients who are seen in the community and have not been to AltaMed before will be linked to a brick-and-mortar site. AltaMed's Delay report was used to validate the increased access for child exams and treatment appointments as tracked by 3rd Next Available. Lastly, the patient satisfaction was tracked by our Third Party Vendor Press Ganey to ensure we were also meeting our patient's expectations and hearing their needs. COVID forced us to pivot in the delivery of our services from on-campus to virtual. AltaMed placed an emphasis in the education of the parents and allowing



them to set goals as families, understanding each families adversities and capabilities. This continued to address the same goal we continue to have surrounding reducing risk of caries in children starting at age 0. The allowed us to keep a pulse on the communities we serve and reside in. In the last year, we resumed services on-site having had to increase our infection prevention. AltaMed sought out our partners that we had kept close contact with and partnered with them to present information surrounding COVID-19, vaccinations, safety, and the sudden spike in patients we were seeing as emergency visits due to the prolonged time taken to finish diagnosed treatment.

EVALUATION: AltaMed’s evaluation method was unfortunately rendered null as COVID distorted our baseline. However, based on numbers alone, we saw an improvement in our reach to our communities both children and perinatal patients.

RESULTS/OUTCOMES: During the course of this program, the AltaMed team learned to overcome many obstacles such as managing technology out in the field. Internet connectivity is key so a PlumCase was absolutely needed to ensure documentation and connection to remote servers. AltaMed increased infection prevention standards and streamlined our sterilization process. The AltaMed team also learned the value of trust in the communities and how to leverage existing partnerships to help our communities in things other than what we set out to do (such as conversations with our physicians or helping with food distribution). This helped AltaMed keep connected with our partners and made their referral to our program more consistent. In total from 3/1/18-2/28/22 we helped 10,723 patients with their oral care, education, and nutritional counseling (broken down by race and ethnicity in the graphs below). This surpassed the planned 2,200 community patients and demonstrated the need in the community.

Population by Race:

AGE GROUP BY RACE	American Indian or Alaska Native	Asian	Black or African American	Native Hawaiian or Other Pacific Islander	White	More than One Race	Unrecorded	TOTAL	
Pregnant (All Ages)	2	2	2		1	150	0	11	168
Children 0-25	19	201	245		15	8556	3	1516	10555
Total	21	203	247		16	8706	3	1527	10723

Population by Ethnicity:

AGE GROUP BY ETHNICITY	Hispanic or Latino	Not Hispanic or Latino	Unrecorded	TOTAL
Pregnant (All Ages)	152	19	3	174
Children 0-25	8874	1042	618	10534
Total	9026	1061	621	10708

COVID-19 Pandemic- In efforts to contain COVID-19, California’s Governor Newsom issued a stay-at-home order which led AltaMed to close our face-to-face operations and place majority of community partnerships on hold. In order to help with the nation-wide shortage of PPE, the American Dental Association suggested dental operation continue to seize all unnecessary/non-emergent services. This caused a 3-month hiatus of dental services and a continued hiatus on outreach services in the community. Based on the recommendations of the CDC and CDPH, AltaMed obtained extra-oral suction units as well as portable HEPA filters in addition to added PPE to account for the aerosolized debris produced during routine cleanings. This posed an additional unprecedented barrier for



transportation of equipment which was already a topic of discussion with our team. Vehicle size and storage both internal and at partner sites had to be leveraged. Along with the added equipment, some of our community partners had adopted a no-visitor rule—meaning no outside organization or personnel other than staff and families are able to come to the site. This has limited our face-to-face services with those organizations. AltaMed used this time to search for additional partners and solidify school agreements for the return to face to face interactions. Dental and health education and technology helped AltaMed stay connected to the partners and community. AltaMed maintained partnerships with

Plaza de La Raza, Options, and the Orange County Head Start, Los Angeles Unified School District (South Gate and Theodore Roosevelt High Schools), St. Anne’s Maternity, and Children’s Institute, and Foothill Family. Since the last reporting period, there has been one additional partnership in the early development stages: South East Middle School.

PUBLICATIONS/PRODUCTS: Not applicable to this project.

DISSEMINATION/UTILIZATION OF RESULTS: The AltaMed Dental team advocated to our internal branding department to create an impact report (which will be available some time end of 2022) surrounding our results. COVID did not allow for our evaluation to be consistent, but we still want to share what we were able to accomplish despite our setbacks. AltaMed was also asked to share our best practice surrounding seeking new partner relationships and securing current ones by our TA partners.

FUTURE PLANS/SUSTAINABILITY: In the upcoming year, AltaMed plans to continue to offer services in the communities via hygienists. We plan to hire additional staff members and providers to meet the demands through internal funds. We plan to increase the number of schools we currently service thereby increasing our impact in the community. Since we transitioned our face-to-face educational visits to tele-health, as a response to recommendations from CDC and CDPH, we have actually formed a hybrid program where we utilize telehealth as additional touchpoints of education to accompany a clinical visit 1-2 times per year. Depending on the clinical assessment, we spend equal times on educating parent and child as well as face to face interaction that allows for polish and sealants where indicated.



ANNOTATION: Building off of AltaMed’s Oral Health Unit (OHU), the goal of the Virtual Dental Home (VDH) Project is to provide on-site preventive and simple therapeutic services to underserved patients in community settings to reduce and/or eliminate gaps in dental care.

KEY WORDS: Children, Dental, Oral Health, Virtual Dental Home, Teledental, Access, Health Equity, Tele-dentistry, Prevention, Caries, Sealants, ITR, RDHAP



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ABSTRACT OF FINAL REPORT

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PROJECT OVERVIEW: Oral health disparities present an array of medical problems recognized in AltaMed's primary health clinics, since oral health and overall health are inextricably linked. Poor oral health in children can lead to pain, infections, poor nutrition and development, impaired speech, time away from school, and low self-esteem. Despite the availability of dental services for children covered by Medi-Cal, a recent report showed only 35% of children between ages 0-6 years old receiving a preventive dental visit in 2016¹. To address the low utilization of dental services, AltaMed launched a Virtual Dental Home that leveraged its Oral Health Unit (OHU) to provide tele-dental services at community locations frequented by patients and their families, such as local schools and community based organizations. This program leveraged community partnerships to bring the OHU directly into contact with children and families without them having to travel to an AltaMed Dental location. The targeted patients were children between 0-21 years old; however, the majority of participants in the program were aged 0-14 years old based on the location of services (WIC offices, Head Start locations, and elementary/middle schools). **PROJECT GOALS:** Increase access to dental care to patients/members of the community within the locations they frequent/reside. **Year 1-** complete 300 visits at community locations, providing oral health education and preventive screenings. Complete baseline assessment of community need for minor fillings, interim therapeutic restoration, and sealants. Up to 40% of children served may require minor fillings or sealants. Set annual Dental Health Measure targets for Years 2-5. **Year 2-** complete 400 visits at community locations, providing oral health education, preventive screenings, and minor interventions/sealants, if required. **Years 3-5-** complete 500 visits per year (total 1500) at community locations, providing oral health education, preventive screenings, and minor interventions/sealants, if required. Adding this Teledentistry component of providing diagnostic, preventative and minimally invasive restorative treatment in the community resulting in more access available at the dental clinic for additional exams and complex treatment.

METHODOLOGY: Utilizing portable equipment and mobile van to go into communities and schools, a dental hygienist with a care coordinator and dental assistant are to complete comprehensive exams (including x-rays) in the communities and complete cleaning and sealants/minor filings if/when needed. Since the COVID-19 pandemic, AltaMed also included virtual dental consultations that include a virtual assessment, oral hygiene instructions, self-management goals and nutritional counseling with a provider. Progress at each stage/year was assessed using current dental metrics and internal reporting. **EVALUATION:** Evaluation has not been consistent due to COVID-19 however, our numbers indicate an increase in access as well as growth in partnerships.

RESULTS/OUTCOMES: Overcame obstacles such as managing technology out in the field. Increased infection prevention standards and streamlined our sterilization process to ensure quality and safety. AltaMed learned the value of trust in the communities and leveraging existing partnerships to help our communities. From 3/1/18-2/28/22 AltaMed helped 10,723 patients with their oral care, education, and nutritional counseling utilizing telehealth as the main avenue. **PUBLICATIONS:** No publications thus far. **UTILIZATION OF RESULTS:** Shared best practices with fellow grantees. AltaMed's branded impact report will be carried out by December 2022, however in the interim, we use completion and referral rates to gain more visibility among the schools and establish more partnerships. **SUSTAINABILITY:** In the upcoming year, AltaMed plans to continue to offer services in the communities via hygienists. AltaMed plans to hire additional staff members and providers to meet the demands through internal funds. AltaMed plans to increase the number of schools we currently service thereby increasing our impact in the community.

1. 2016 California Children's Report Card: Health: Oral Health. ChildrenNow.Org.