5 minutes  Welcome
30 minutes  Storyboard Round Robin
45 minutes  Evaluation Results
5 minutes  Stretch Break!
20 minutes  SMILES Updates
15 minutes  Project Wrap-up
The SMILES Dental Project®
Storyboard
Round Robin
KEY LEARNINGS

SUCCESS DEPENDENT ON CLINICAL CHAMPIONS

ONSITE CLINICS AT SCHOOL ELIMINATE BARRIERS

ENSURE BUY-IN OF VDH PHILOSOPHY
FUTURE PLANS

- EXPAND SKIPPY INTO NEW COUNTY
- OFFER MORE ADULT MEDICAID CLINICS
- BE BACK IN ALL SCHOOLS BY SPRING
Presentation Overview

01 Photo Storytelling
02 Top 3 Key Learnings
03 Future Plans
Kerri Hudgins is our hygienist at Lake County High School. None of the hygienists have to transport any dental equipment or supplies between sites, everything stays at each site which makes setting up and tearing down more convenient.
Dr. David Pelster reviewing radiographs from a Summit High School SMILES visit. Dr. Pelster is the dentist that is in charge of reviewing SMILES for all four Summit County School Based Health Centers. Each of our dentists are in charge of a county.
Lake County High School is a huge advocate for School Based Health Centers, and one of our eight sites. They even made a sign where to check-in with the school and where to check-in with the SBHC staff.
One of our hygienists, Robyn Maestas, using the company van to go to a FIRC event.
Three Key Learnings

A: Reliable IT
B: Trusting relationships with community partners
C: Support staff
The Future

✓ Continue having hygienists at SBHC locations in all three counties

✓ Continue training hygienists on ITR and SDF
Fort Morgan SMILES Dental Project

• Began November 2017
  – Started with the four local elementary schools:
    • Pioneer, Columbine, Baker, and Green Acres
    • January 2019 we started services at Sherman Early Childhood Center (Pk-K) and the Middle School
    • In January 2020 we added the high school

• To date our SMILES Project provides services to the 7 local schools in Fort Morgan
Success stories

We have completed 166 ITRs since we started in November 2017

6 years old N.B-
* First dental visit in Sherman School as preschooler in 02/2019
* Received one ITR & sealants in the school and multiple applications of SDF
* She also received a few restorations at the Ft Morgan clinic
* At her next dental recall 09/2019; she only needed reapplications of SDF

Pre-op #S

Post-op #S-O ITR
Photo storytelling

Please share 3-5 photos that tell the story of your work on the SMILES Dental project. Reflect on what you are most proud of and want to tell your peers about. Please caption your photos.

Let's celebrate everything you have accomplished!
Three Key Learnings

01. A lot of collaboration and team work is required

02. Extensive “behind the scenes” work has to be done to keep project up and running

03. Even if we go to the patients to provide the dental services, there are still parents who do not comply or respond
Want other practices should know if they are considering a virtual dental home model:

01. The Importance of the dentist/hygienist collaboration

02. The importance of a strong relationship with the school district

03. The value of identifying a champion to help launch the model
Plan for the Future

• Rehire a SMILES dental assistant back
• Increase our patient enrollment back up to the 600
• Continue to work to the top of Colorado’s Hygiene licensure
• Increase ITRs and SDF applied
• Expand to surrounding school districts with another team
Evaluation Results
SMILES Dental Project™ Timeline

- June 2015: House Bill 15-1309
  - Dental hygienist can provide ITR when treatment planned by dentist

- October 2015: Project Launch
  - 4 sites October 2015
  - 1 site July 2016

- 2015-2019: 5 Learning Sessions
  - 2 Dental Leadership Meetings
  - 20 Action Period Calls
  - Site Visits

- March 2018: House Bill 18-1045
  - Dental hygienist can treat plan and provide SDF
Project Goals

- Reach Coloradans
- Expand workforce
- Expand access
- Strengthen workforce
34 months of metrics | Feb 2017 - Dec 2019
7 Learning Network observations | Nov 2015 - Dec 2019
3 structured SMILES site visits | October – December 2019
29 SMILES staff interviews | October – December 2019
17 ITR family interviews | March – July 2019
9 non-ITR family interviews | March—July 2019
2 SMILES implementation leader interviews | October 2019
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<td>Mountain Family Health Center</td>
<td>FQHC - Rural - 3 schools</td>
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<td>60% Medicaid, 13% CHP+, 8% Private, 19% None</td>
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<td>Tri-County Health Network</td>
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<td>Summit Community Care Clinic</td>
<td>FQHC - Rural - 5 schools</td>
<td>3,124</td>
<td>42% Medicaid, 11% CHP+, 5% Private, 42% None</td>
<td>Spanish: 2</td>
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<td>Dental Aid</td>
<td>Non-profit - Urban - Homeless, seniors, mental illness</td>
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<td>67% Medicaid, 0% CHP+, 13% Private, 20% None</td>
<td>n/a</td>
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</table>
11,141 SMILES visits in community settings
11,141 SMILES visits in community settings

Uninsured: 30%
Medicaid: 50%
Others: 20%

- 18% Medicaid
- 72% Uninsured
- 10% Others
- 6% Medicaid
- 10% Uninsured
- 84% Others

- 10% Medicaid
- 72% Uninsured
- 18% Others

- 10% Medicaid
- 72% Uninsured
- 18% Others

6-17 years: 72%
1-5 years: 18%
> 18 years: 10%

6-17 years: 72%
1-5 years: 18%
> 18 years: 10%
Expand Access

Last Dental Visit

- 37% > 6 months
- 29% 6-12 months
- 17% 6 months
- 11% 1-6 months
- 6% 0-1 months

63% established visits
...was really impactful for kids who might not normally be able to go to a dentist... [providing] just the general basic hygiene and...bringing that restorative care” (coordinator)

“...a lot of our parents are working during the day, and they don't necessarily have flexibility in their schedule to get the kids off of-- get time off of work, pick the kids up, get them here. “(RDH)

“For me, it's actually a very good thing that they clean their teeth at school, that they keep their dental care up-to-date. Sometimes you don't realize there's a problem and then you look at your child, and your child already has a cavity.” (parent)

“...It's a big deal when your child's going somewhere without you. I wasn't right there...I felt completely comfortable because of how well they're doing the job,” (parent)

“Because if my daughter has a cavity that has to be taken care of and she can have it done there, it’s fine as it saves me time. And the faster the cavity is found and treated, the faster future damage is prevented.” (parent)

“Sitting down and meeting with [dentist], you just really have to look at it as we are their eyes and ears. We are everything to [dentist]. If we don't take a picture, or we don't say anything about it, or we don't put it down on their chart, [the dentist] has no idea about it”(DH)
1. RDH collects clinical data at exam in SMILES community site and loads to cloud.

2. Data stored in cloud for store-forward asynchronous virtual review by remote dentist.

3. Remote dentist reviews data and develops treatment plan and communicates treatment plan to SMILES RDH.

4. SMILES RDH sends additional consent to family and calls patient back in for treatment or refers to dentist.

5. Patient returns to SMILES RDH or SMILES dentist for care.

Challenges:
- Low bandwidth and delays in dentists reviewing clinical data.
- Poor quality images, dentists needed more data to treatment plan and additional data.
- Disease not severe but RDH has to wait for dentist to treatment plan ITR, disease severe and patient needs to see dentist which delays care.
- 2nd consent for ITR/SDF not returned, delay in restorative care.
- Patient didn't return, patient couldn't get to dentist.

Solutions:
- Sites obtained own servers, improved communication workflows, scheduled time for dentist to review data.
- RDH gain experience at collecting better images and gain confidence, RDH and dentists spend time together and build trust.
- More use of ITR builds confidence in RDH and dentist, allow RDH to treatment plan ITR, include ITR on original consent.
- Include ITR/SDF in initial consent, electronic consent, allow RDH to provide same-day ITR.
- Include ITR on original consent.
- Patient navigators, transport SMILES patient to SMILES dentist.
- Include ITR/SDF in initial consent, electronic consent, allow RDH to provide same-day ITR.
- More use of ITR builds confidence in RDH and dentist, allow RDH to treatment plan ITR, include ITR on original consent.
- Patient navigators, transport SMILES patient to SMILES dentist.
SMILES visits in community | Lessons Learned

**Challenge: establishing community partners**
- Planning conversations with community members
- Build on existing community relationships
- Get to know community setting staff

**Challenge: lost time moving equipment**
- Maximize days in one setting
- Equipment for each setting

**Challenge: lost-to-follow up and no-shows**
- Dentist goes to community setting
- Transport patients to dentist
- Fewer consents
- RDH treatment plans ITR and SDF

**Challenge: lost time inadequate bandwidth or repeating images**
- Redundancy and backups
- RDH/Dentist experience with images and procedures
- Right x-ray equipment
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<tr>
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<td>Maximize days in one setting</td>
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<td>Redundancy and backups</td>
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<td>Build on existing community relationships</td>
<td>Equipment for each setting</td>
<td>Transport patients to dentist</td>
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<td>Fewer consents</td>
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<td>RDH treatment plans ITR and SDF</td>
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“Fluoride and ITRs has been a huge impact because unfortunately we have a lot of uninsured kids that may not be getting any treatment.” (coordinator)

“I think that applying [ITR] instead of cutting into the tooth is preferable. I think [RDHs] are very capable. They should be able to do it.” (dentist)

“I knew she [daughter] needed a filling, and they caught it there because they filled it. I didn't have to take her to the dental office.” (parent)

“I think that applying [ITR] instead of cutting into the tooth is preferable. I think [RDHs] are very capable. They should be able to do it.” (dentist)

“… [ITR] is not very traumatic for the patient. So they're not going to be scared because you're going to be giving them a shot. If I could get an ITR instead of a filling, then I would get an ITR.” (parent)

“As a mom, I really like the fillings they provide because they can solve that problem right there, they [RDH] don’t let that cavity grow, they quickly remove it.” (parent)

“I feel like it buys them time and slows down the caries rate. And it’s easy to do, and it doesn’t hurt.” (DH)

“We learned that it helped if the dental and RDH spend actual time together. The dentists have to trust the hygienists, and the hygienists need to communicate with the dentist.” (staff)

“I feel like it buys them time and slows down the caries rate. And it’s easy to do, and it doesn’t hurt.” (DH)
Monthly Visits with ITR | All Organizations N = 517

- a) Patient Visits Provided ITR by RDH Only
- b) Patient Visits Provided ITR by RDH + Referral to Dentist

TCHC training with dentist

MFHC spike

Salud spike

5% | 10%

Salud and DA spike

Strengthen workforce
ITR by Site

Tri County Health Network N = 92

- Patient Visits Provided ITR by RDH Only
- Patient Visits Provided ITR by RDH + Referral to Dentist

Salud Family Health Center N = 135

- Patient Visits Provided ITR by RDH Only
- Patient Visits Provided ITR by RDH + Referral to Dentist

Dental Aid N = 18

- Patient Visits Provided ITR by RDH Only
- Patient Visits Provided ITR by RDH + Referral to Dentist

Mountain Family Health Center N = 266

- Patient Visits Provided ITR by RDH Only
- Patient Visits Provided ITR by RDH + Referral to Dentist

Summit Community Care Clinic

- Patient Visits Provided ITR by RDH Only
- Patient Visits Provided ITR by RDH + Referral to Dentist
a) Patient Visits Provided ITR by RDH Only
b) Patient Visits Provided ITR by RDH + Referral to Dentist

ITR and NOMAD training
SMILES Conceptual Model
Consensus treatment plan ITR
SDF Policy
Leadership change at 2 sites
Dental Leadership Meeting
DH + Referral to Dentist

ITR

Monthly Visits with ITR | All Organizations N = 517

Dental Leadership Meeting

Strengthen workforce
Impact on Untreated Decay

53% no untreated decay and managed by RDH in community setting with preventive services

47% untreated dental decay

6% ITR by RDH

60% visits managed in community without needing to go to dentist

52% vs 45%

- 14% less untreated decay in established visits
Store-and-Forward tele-dentistry expanded services to populations with substantial unmet dental needs.

Oral health of SMILES patients improved.

Patients highly endorsed SMILES tele-dental care and ITR.

Parents and staff were very favorable of children receiving ITR and SDF from a RDH in schools.

Dentists exhibited hesitancy in treatment planning ITR; it was reduced with reassurance from dentist leaders.

Financial sustainability will require reducing inefficiencies and optimizing visits.
Proposed Change Package Drivers

- Community buy-in.
- Leadership buy-in.
- Dental provider buy-in.
- Dentist and dental hygienist skills and confidence in teledental operations.
- Dentist and dental hygienist skills and confidence in non-invasive restoration.
- Dentist and dental hygienist trust and collaboration.
- Reduce waste and inefficiencies.
- Policy to support services and reimbursement.
Thank you evaluation team!

The evaluation was conducted through the Adult and Child Consortium for Research and Delivery Science (ACCORDS) at the University of Colorado Anschutz Medical Campus and was led by Patricia A. Braun, MD, MPH with the support of Catia Chavez MPH, Juliana Barnard MPH, Nargis Kalis MPH, and Katina Widmer-Racich.
Stretch Break!
SMILES Updates
SMILES Goals

● Reach Coloradans that are either unable to 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 that a dental hygienist is licensed to perform.
SMILES Dental Project® Model

SMILES dental teams work to optimize oral health in children and adults who are not easily able to access a traditional dental clinic. Care is provided in a community setting using the full scope of practice of a registered dental hygienist (RDH), with "teledentistry" supervision by a dentist.

**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 telehealth 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

**Restorative/Surgical Treatment**
- Provide restorative treatment as appropriate

**Follow Dental Treatment Plan provided by Dentist**
1. Risk based recall visits for disease management
2. Provide Silver Diamine Fluoride (SDF) in accordance with guidelines
3. Provide Interim Therapeutic Restorations (ITR)
4. Referral back to Dental Hub when needed for services that can not be delivered in the community

**Risk Based Recall vs. Timed Recall**
- Low Risk 7-12 mos
- Moderate 4-7 mos
- High Risk 1-3 mos
Partner Organizations

Dental Aid

Mountain Family Health Center

Summit Community Care Clinic

Tri-County Health Network

Salud Family Health

Partner Organizations

SMILES Dental Project®
Barriers & Disparities Persist

There is still work to be done
Decrease in Caries Experience Among Colorado Kindergarten Students from 2003 to 2016, according to Socioeconomic Status

Percentage of Students Eligible for Free and Reduced-Price Lunch Programs

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Data source: Colorado Basic Screening Survey, Colorado Department of Public Health and Environment
Decrease in Caries Experience Among Colorado Kindergarten Students from 2003 to 2016, according to Race/Ethnicity

Data source: Colorado Basic Screening Survey, Colorado Department of Public Health and Environment
Medicaid Eligible Children Aged 0 to 5 Receiving Fluoride Varnish in Colorado

- Percent Eligibles Receiving Preventive Dental Services
- Percent Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider
Sunset Review:

House Bill 15-1309 (Protective Restorations by Dental Hygienists) and House Bill 18-1045 (Dental Hygienist Apply Silver Diamine Fluoride)

Sunset review is a process that will question the need for regulation to protect the public. If regulation is determined to be needed, the sunset review will look for the least restrictive level of regulation consistent with the public interest.

DORA report due in October 15, 2020
https://www.colorado.gov/pacific/dora-oprrr

Sunset hearing in the first 4-6 weeks of the legislative session.
Sunset Review: SDF & ITR bills

Recommendations from interviews with SMILES leaders:

#1: Remove the need for a dentist to diagnose and treatment plan ITR.
#2: Remove the hours of experience needed for a dental hygienist to be eligible to apply for an ITR permit.
#3: Remove the limit of the number of dental hygienists a dentist can “supervise” under telehealth.
#4: Change the name of ITR to ART to be consistent with literature and practices around the world.
#5: Remove the consent language in the legislation.
#6: In a telehealth setting, remove the link between an ITR permit and services dental hygienists can bill within their scope of work.
#7: Align systems to support legislation and access to care.

https://smilesdentalproject.org/colorado-laws-and-regulations/
YOU Set the Foundation for TeleOral Health
"I think the genie's out of the bottle on this one. I think it's fair to say that the advent of telehealth has been just completely accelerated, that it’s taken this crisis to push us to a new frontier, but there's absolutely no going back."

Seema Verma, CMS Administrator
April 2020

Source: The Genie Is Out of the Bottle on this One
Photo Source: https://www.cms.gov/about-cms/leadership/
Reflections

Vulnerabilities in the System
- Dental education focuses on surgical interventions
- Support from the profession didn’t reach the communities

Voice for Oral Health
- In Colorado there is no coordinated voice for dental access
- A lot of work goes into maintaining the status quo

Equity
- Policies support dentists
- Dental hygienists are not able to work to the highest level of their training
- All future work must focus on equity & outcomes
Project Wrap-up
Thank you for your innovative and pioneering work for the past 5 years!