

## Virtual Dental Home Preliminary Planning Workshop

1. Workshop Date: \_\_\_\_\_

2. Participants

_____	_____
Name	Title/Role
_____	_____
Name	Title/Role
_____	_____
Name	Title/Role

3. Overall goal for using teledentistry-connected teams

4. Population to be served

- a. Who is the population to be served (age, location, other)?
  
  
  
  
  
  
  
  
  
  
- b. What social or educational system(s) is the population connected with?
  
  
  
  
  
  
  
  
  
  
- c. Are there existing relationships in place with the systems, organizations or communities where you will reach the population to be served?

- d. What do you see as the advantage of working with the identified population?
  
- e. What do you see as the challenges in working with the identified population?
  
- f. Have you identified specific organizations with whom you might work to serve to serve the identified population? If so list names and populations (i.e. grade level, number of classes, etc.) Add rows as needed.

Name of Organization	Population	Estimated # of Individuals

5. Oral Health Providers

- a. What is the “hub” site(s) (where are the dentists in the system will be located)?

- b. Who are the dentists?

Name	Specialty

c. Who will be the community providers (Dental Hygienists, others)?

i. Provider team

Name	Title	Experience working in the intended community

ii. How much time will be devoted to the system (days per week, hours per day, etc.)

Note: 1 team (hygienist + assistant/navigator) 1 day/week = ~200 children

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6. Agreements/Memorandum of Understanding (MOU)/Contracts

a. Are there agreements or an MOU in place with the community sites? Describe?

b. Do existing agreements/MOUs need to be modified to reflect telehealth system?

7. Consent and enrollment forms

a. Are there consent and enrollment forms in place with the community sites? Describe?

b. Do existing consent and enrollment forms need to be modified to reflect telehealth system?

- c. Please fill out the following table with the name and purpose of existing enrollment and consent forms. Add rows as needed.

Name of Form	Purpose

8. Staffing

- a. Which staff will participate in the Virtual Dental Home system? Fill out the following table with the names and positions of participating staff members and what their anticipated roles will be. This may include individuals involved in planning the system and supporting it during implementation. Add rows as needed.

Name of Staff Member/Title	Proposed Role in VDH System

- b. Are job descriptions available for these positions? What is needed to create job descriptions?

## 9. Equipment

a. Is a set of portable equipment available for this system? Describe what is in place?

b. What additional equipment is needed?

i. Technology

Nomad portable x-ray

Digital sensors:  size 0,  size 1,  size 2

Laptop

Digital intra-oral camera

Digital extra-oral camera

ii. Portable Dental equipment

Portable dental unit

Portable chair(s) – patient, operator

Portable light – pole mounted? headlamp?

Ultrasonic scaler

Curing light

Triturator

Hand pieces – slow speed, high speed?

Radiation operator aprons

iii. Instruments and supplies

iv. What assistance is needed to purchase and assemble the needed equipment?

## 10. Electronic Dental Record System (EDR)

a. What EDR is currently in use?

b. Does the current EDR (clinical records and imaging system) meet these requirements?

i. Allow access from a community location?

- ii. Support capture of images (radiographic and photographic) from a community location and subsequent review and data entry by a dentist in the dental office or clinic?
  
- iii. If the current EDR does not meet these requirements, what will your organization need to have an EDR system that will support telehealth-connected teams?

## 11. Evaluation

- a. Has an evaluation plan been developed for the system you want to create? Describe
  
  
  
  
  
  
  
  
  
  
- b. What do you want to report as having been accomplished? Potential evaluation areas:
  - i. Inputs to the system: time and costs
  
  - ii. Patients served - previous dental history
  
  - iii. Patients served by demographic characteristics
  
  - iv. Procedures performed – categorized by procedure type
  
  - v. Referrals to dentist
  
  - vi. Integration activities (how dental care is woven into to the activities of the community site)
  
  - vii. Behavior support activities
  
  - viii. Satisfaction surveys
  
  - ix. Health outcomes
  
  - x. Lessons learned

## 12. Operational Protocol

Pacific suggests that you create a set of operational protocols and work with the organization to create a customized operational protocol for your work. These can include:

- a. Names and contract information of people involved
  
- b. Population to be served
  - i. Description of the population
  
  - ii. Inclusion criteria (completed consents, certain ages, etc.)
  
  - iii. Exclusion criteria (medical, behavior issues, program eligibility)
  
  - iv. Enrollment process – information needed, forms used, process for engaging population
  
  - v. Roles and responsibilities
    1. Dental care provider
  
    2. Community site
  
    3. Other parties
  
  - vi. Records – what records will be collected or shared? Using which forms or mechanisms?
    1. Assessment findings

2. Treatment

3. Referral

vii. System Flow Process

1. How, when, and where, will care be scheduled?

2. Who will be involved in determining or carrying out the flow processes?

3. What is expected of various participants/staff?

13. How can this system support adoption of health promoting lifestyle and habits?

14. Economic/ROI analysis

a. What do you need to prepare a projected economic/ROI analysis?

15. Training

a. What additional training/consultation is needed to support the system you want to create?

- b. Which of the following training topics would; be useful and who would need this training? (i.e. “everyone”, “IT staff”, “dentists”, “billing staff”, etc.)

Topic	Name of Staff Member/Position
1. The changing health care landscape, implications for the oral health system	
2. Target populations , partner organizations, <ul style="list-style-type: none"> <li>• culture, characteristics, and integrating oral health services</li> <li>• The use of telehealth in the delivery of oral health services in social, educational and general health systems</li> </ul>	
3. The use of telehealth in the delivery of oral health services including: <ul style="list-style-type: none"> <li>• Use of cloud-based record system in distributed team environment</li> <li>• Function and communication of telehealth-connected teams</li> </ul>	
4. Legal considerations including: <ul style="list-style-type: none"> <li>• HIPAA</li> <li>• Consent</li> <li>• Scope of practice laws and regulations</li> <li>• Telehealth billing regulations</li> <li>• Malpractice coverage</li> </ul>	
5. Operational protocols including: <ul style="list-style-type: none"> <li>• Arrangements with schools</li> <li>• Use and arrangement for space</li> <li>• Roles and responsibilities of provider staff and school staff</li> <li>• Scheduling</li> <li>• Communications with administrators, staff, parents and other stakeholders</li> <li>• Infection control in community locations</li> </ul>	

Topic	Name of Staff Member/Position
<p>6. EDR and Data management issues including:</p> <ul style="list-style-type: none"> <li>• Using customized components of the EDR system including risk assessment and basic measures</li> <li>• Tracking VDH outcomes using additional non-billing procedure codes</li> <li>• Using the EDR for communicating in telehealth connected team practice</li> </ul>	
<p>7. Scientific basis for VDH procedures including scientific basis for:</p> <ul style="list-style-type: none"> <li>• examination and treatment planning using telehealth technology</li> <li>• risk adjusted prevention protocols</li> <li>• partial caries removal</li> <li>• criteria and technique for placing Interim Therapeutic Restorations</li> </ul>	
<p>8. Facilitating behavior change including:</p> <ul style="list-style-type: none"> <li>• Factors that influence oral health</li> <li>• Principles influencing behavior change</li> <li>• Motivational interviewing</li> </ul>	
<p>9. Billing practice and strategies and other financial considerations</p>	

Topic	Name of Staff Member/Position
<p>10. Training dental hygienists or EFDAs to place Interim Therapeutic Restorations</p> <p>a. The training session will involve:</p> <ul style="list-style-type: none"> <li>i. Review of on-line modules prior to an in-person session</li> <li>ii. A 2 day in-person training session with: <ul style="list-style-type: none"> <li>1. A didactic review of modules, protocols, and legal considerations</li> <li>2. A laboratory session where dental hygienists place ITR on typodonts under supervision of dentists</li> <li>3. A clinical session where dental hygienists place ITR on patients under supervision of dentists</li> </ul> </li> </ul>	