


The Virtual Dental Home in Sacramento County: Building Best Practices into the Oral Health Care Delivery System for Children

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Acknowledgments

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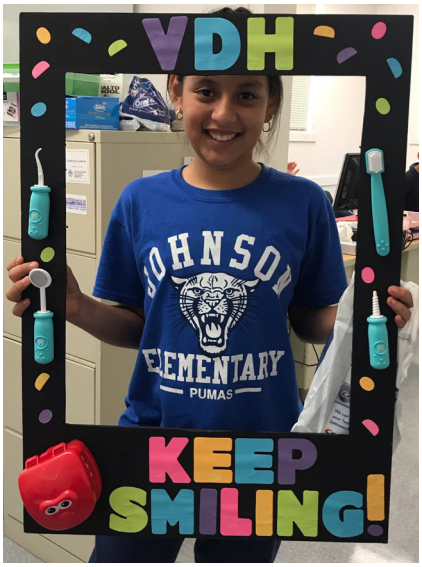
Introduction



While largely preventable, dental caries (tooth decay) is the number one chronic disease among children.[1] It is especially prevalent among low-income children, such as those enrolled in Medi-Cal, California's Medicaid program. One of the main reasons low-income children do not get needed dental care is that the traditional office-based dental care delivery system does not reach a large segment of the population, including children. Many families face significant systemic obstacles to accessing dental care because of financial, transportation, language, and cultural barriers. This is in addition to the difficulty of finding dental offices that accept Medi-Cal.

These barriers hold true for children in Sacramento County. While having a dental visit is not a definitive indicator of complete or regular care, available data show that only 39.6 percent of children in Sacramento County enrolled in Medi-Cal had a dental visit in 2018, significantly lower than the already dismal state rate of 47.6 percent.[2] These data mean that more than 60 percent of Medi-Cal-enrolled children in Sacramento County did not have a dental visit that year.

This is why Sacramento County Public Health (County) chose to implement the Virtual Dental Home (VDH) as part of its Local Dental Pilot Project (LDPP). The aim of the LDPPs—which were part of the Dental Transformation Initiative (DTI) of California's Medi-Cal 2020 waiver—was to increase Medi-Cal-enrolled children's use of preventive, risk-based, and continuous dental care through innovative pilot projects, such as the VDH.

The VDH uses technology and innovations in workforce to bring safe, high-quality dental care to children where they already spend time, such as at schools.[3] Through this pilot, three dental providers implemented the VDH in 14 schools across Sacramento County.

Notably, during the last year of the pilot, the dental providers were operating within the COVID-19 Public Health Emergency (PHE). Yet, many of the providers continued to serve as children's dental homes by using phone and videoconferencing to provide oral health education and support. Further, schools are eager to welcome the VDH teams back when providers are staffed up and ready to resume on-site services in ways that are safe for provider staff, school staff, and children and families.

It is also important to point out that the VDH in Sacramento County operates within a unique delivery system. In Sacramento County, Medi-Cal-enrolled children—with a few exceptions—must enroll in one of three Geographic Managed Care (GMC) plans. Once they select a plan, they must choose or are assigned to a primary dental care provider who has a contract with the patient's managed care plan.

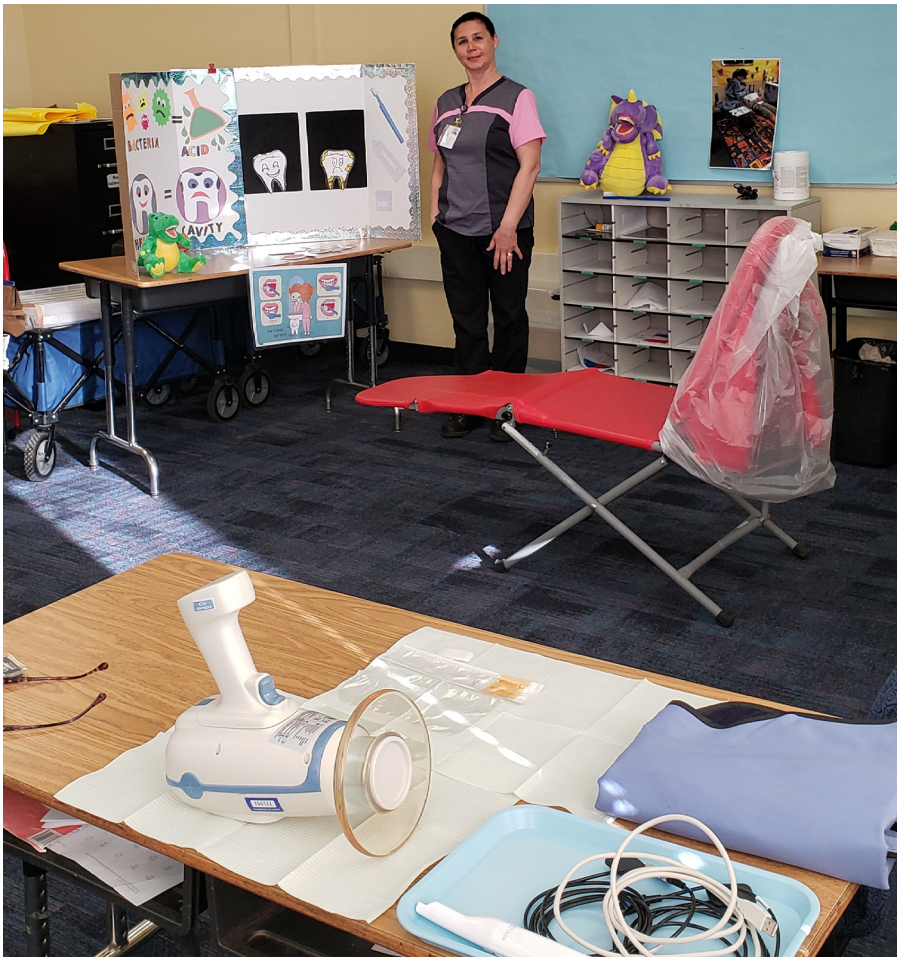
This issue brief provides background on the VDH; outlines how the VDH had been implemented in Sacramento County; identifies lessons learned and best practices related to the deployment of the VDH; and provides recommendations at the provider, regional, and state levels for sustaining and integrating best practices into the oral health care delivery system throughout Sacramento County and the state. Importantly, this brief considers the impact of the COVID-19 pandemic on the implementation of the VDH.

[1] US Department of Health and Human Services, National Institute of Dental and Craniofacial Research, National Institutes of Health, Oral Health in America: A Report of the Surgeon General (Rockville, MD: US Department of Health and Human Services, 2000): 63; Dental Health Foundation, Mommy, It Hurts to Chew: The California Smile Survey: An Oral Health Assessment of California's Kindergarten and 3rd Grade Children (Oakland, CA: Dental Health Foundation, 2006).

[2] California Health and Human Services Open Data Portal https://data.chhs.ca.gov/dataset/242e5248-686f-4fdb-8c85-dc970de43d8f/resource/cbcdc262-5877-422e-8d2a-bd1459a90950/download/mdsd-utilization-and-sealants-by-county-cy-2013-to-2018.csv; https://data.chhs.ca.gov/dataset/f256b423-68ed-4958-ae79-9b2505e0578b/resource/ced1302b-0f32-426f-83d7-fb4c9e283444/download/mdsd-utilization-and-sealants-by-age-cy-2013-to-2018.csv

[3] While the project described in this document is geared toward children, the VDH serves all ages.

Overview of the Virtual Dental Home



Created by the Pacific Center for Special Care at the University of the Pacific School of Dentistry (UOP) and currently supported by Dr. Paul Glassman and his team at California Northstate University (CNU), the VDH is an evidence-based strategy for addressing barriers to accessing dental care by bringing that care to patients where they are—such as at schools and other sites in the community. Through the VDH, specially trained dental hygienists and assistants go to community sites to provide preventive and therapeutic dental care to patients. They start by collecting dental diagnostic information from patients, using portable x-ray machines, intra-oral cameras, cameras, and charting. They send that information electronically via a secure web-based system (called store-and-forward telehealth) to the collaborating dentist at a provider office. The dentist uses that information to establish a diagnosis and create a dental treatment plan for the hygienist or assistant to carry out. That plan can include activities such as providing preventive and therapeutic procedures—including sealants, cleanings, and interim therapeutic restorations (ITRs)[4] —education, and care coordination. The hygienists and assistants refer patients to dental offices in the community—more often than not, the collaborating dentist's office—for procedures that require the skills of a dentist.

The VDH teams often provide additional services to support the oral health of children and families at the community site. For example, they provide group oral health education to children and youth in classrooms and educate and engage parents and community site staff during meetings and school events.

The VDH started in 2008 as a pilot, and Harmon Johnson School in Twin Rivers Unified School District (TRUSD) in Sacramento County was one of the first pilot sites. In 2014, legislation was enacted to allow dental hygienists and certain dental assistants to perform two procedures that were currently not allowed under their licensure, ensuring these providers could provide comprehensive, preventive dental services in the community. The legislation also required Medi-Cal to pay for store-and-forward teledentistry, thus, allowing dental providers to be paid for using the VDH to provide care to patients in community settings. The VDH has been implemented in dozens of communities, including by 17 community health centers and private dental providers throughout five counties as part of four separate LDPPs in California.

[4] An Interim Therapeutic Restoration uses a fluoride-releasing glass ionomer – a dental restorative material – and without using local anesthetic or drilling to prevent the progression of dental decay.

The Virtual Dental Home in Sacramento County

Through the LDPP, the VDH initially was implemented by four dental providers—Sacramento Native American Health Center, a Federally Qualified Health Center (FQHC); WellSpace Health, an FQHC; Western Dental, a private dental provider; and Access Dental Center, a private dental provider—at 14 schools across TRUSD. When Sacramento City Unified School District (SCUSD) heard about the success of the VDH at TRUSD, they asked to join the effort and have four additional schools ready to be VDH sites when the providers are ready (most of the providers lost staff due to the COVID-19 PHE). In addition, midway through the project, Western Dental acquired Access Dental Center. This slowed down implementation in some schools as contracts had to be re-negotiated.

Sites began implementation at different times, starting in 2017. All providers were up and running by Fall 2018.

Support Structure

Sacramento County Public Health provided administrative oversight, data support, and materials—such as equipment purchasing, oral hygiene kits, incentives, and marketing materials—to the provider teams. They convened the teams on a monthly basis, providing them with opportunities to receive updates, share best practices, participate in continuous quality improvement, and identify ways to collaborate. Lead health staff at TRUSD and SCUSD played a pivotal role in working with the County and CNU to plan, identify and assign schools to VDH providers, engage and support school nurses, and serve as liaisons to the districts.

California Northstate University provided comprehensive training and technical assistance to the provider teams. They created an online toolkit, conducted in-person and online trainings, and held regular phone calls with each of the teams. The feedback on CNU's support and assistance was overwhelmingly positive. Providers found the online tools to be very helpful, appreciating the planning guides and "off-the-shelf" templates. California Northstate University was responsive to ongoing needs, creating materials and tools that supported the provider teams' efforts. Finally, CNU included the school district staff in trainings, which helped ensure everyone understood the system.

Numbers

Despite the challenges outlined below, such as slow start-up, over the course of 2 years, 931 children received diagnostic, preventive, and early intervention dental services in community settings through the VDH. These data reflect the period of time before the COVID-19 PHE.

Methods to Assess Implementation of the Virtual Dental Home in Sacramento County

California Northstate University contracted with an independent consultant to interview provider teams and representatives of the two school districts, participate in meetings among provider teams, and participate in site visits at both provider sites and school settings to understand how the VDH operated in Sacramento County. The consultant also interviewed CNU about their experience in supporting Sacramento County's implementation of the VDH. The consultant used the information collected to develop this brief.

The Value of the Virtual Dental Home in Sacramento County

While it took time for some of the VDH teams to get off the ground due to slow contracting processes and other start-up challenges, the program ultimately reaped many benefits for children and families, the clinics, and communities. Even more important is the potential for the VDH to be integrated into the county's and California's oral health delivery systems to ensure every child has a dental home and good oral health.

Addressing Barriers to Dental Care for Children

The number one benefit of the VDH is that children get dental care that they most likely would not have received without the VDH. The VDH addresses families' barriers to bringing children to a dental office. Barriers include a lack of transportation, an inability to take time off of work, an inability to find a dentist that is open at times when parents can take their children, and an inability to find a dentist who will treat children enrolled in Medi-Cal.

Providing Oral Health Education

Just as important, the VDH addresses gaps in knowledge about oral health. The VDH teams can spend much more time educating students, parents, and school staff than is possible in a dental office environment. Critically, they are able to provide incremental suggestions for behavior change over multiple encounters to better support the adoption of positive oral health behaviors.

> *"The VDH is a way to provide primary dental care services to a population that has difficulty accessing care."*
>
> – Paula Ruud Kuhlman, Lead School Nurse, Sacramento City Unified School District

Further, families with children not directly enrolled in the VDH benefit from the VDH oral health education. The VDH teams in Sacramento County provided education to children in the classroom, tailoring the education to children's ages, such as integrating oral health into science classes for older children and providing more basic education to younger children. The teams also provided education to parents and school staff at meetings and on-site events, like back-to-school nights.

Acclimating Children to Dental Care

Another critical benefit of the VDH is helping children become comfortable with dental care in a setting that is familiar and safe to them—their school—addressing fears children and families may have about seeking dental care. For example, many parents themselves may have had bad experiences with dental care, and they do not want to inflict that experience on their children. And many children have had traumatic experiences with dental care in the past. Finally, a significant number of children had never had dental care at all and, thus, can be apprehensive.

The VDH structure allows the on-site dental team to take more time with children, easing them into care. And if a child is not comfortable with having

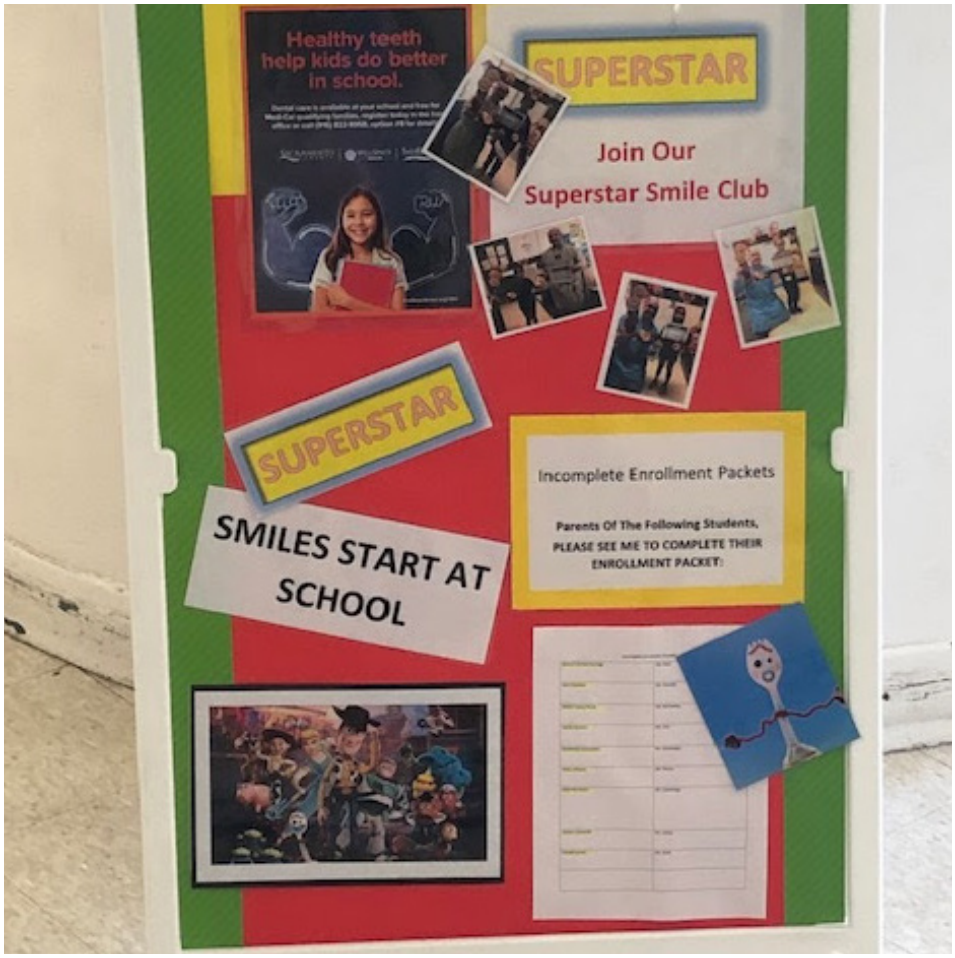
> *"Having it at school makes it convenient for the parents, but it also really helps the kids in an environment that they are comfortable in. And a lot of times, they don't have to go anywhere else."*
>
> – Gizelle Jacobs, Care Coordinator, WellSpace Health

all needed care done at once, the on-site dental team can complete the care during a subsequent visit so that the child can get used to dental care over time. Many traditional dental offices simply do not have the time or capacity to work with children to address their fears and concerns nor are they in an environment in which children feel comfortable.

Finally, in Sacramento County, a key reason children and parents were comfortable with the VDH is that the dental services never involve needles for injections or drills. By removing needles and drills from the equation, children frequently felt much more comfortable receiving dental services through the VDH. Parents also liked this element of the VDH.

Coordinating Care

Care coordination is a vital activity of the VDH. Having VDH team members support families' understanding of oral health and help them navigate the oral health care system makes all the difference in ensuring that children actually get care and that families begin to adopt positive oral health behaviors. Through this pilot, the VDH care coordinators educated families about oral health and scheduled children for VDH visits



at the school as well as for in-clinic appointments for patients who needed follow-up care. Care coordinators also verified patients' insurance status, helped families sign up for health coverage, and tracked patients' needs for recall visits.

Facilitating Continuity of Care

Another benefit of the VDH is that children receive ongoing care. Because their dental home is at the schools, children receive their six-month check-ups and other follow-up care prescribed by the dentist.

Improving Academic Outcomes

The VDH plays a role in addressing barriers to academic achievement, particularly around reducing school absences and decreasing pain and associated health problems that impact children's ability to learn. Teachers in Sacramento County appreciated that children were being taken out of class for only 30 minutes through the VDH, instead of an entire day, for a dental appointment. The VDH also can keep children from missing days of school due to dental pain and infection. In addition, the oral health education

> *"Kids would walk around and say, "there's my doctor, there's my doctor," pointing to the dental hygienist."*
>
> – Michael Failla, Director, Operations Performance Improvement, Western Dental

> *"Having the program physically there is a reminder to school personnel and families that dental care is important."*
>
> – Christi Kagstrom, School Nurse and Coordinator, Student Health, Wellness & Prevention, Twin Rivers Unified School District

the VDH teams provided to students enhanced their learning. Finally, the school districts benefited by receiving the Average Daily Attendance (ADA) funding because students did not miss school for a dental appointment.

Creating a Culture of Oral Health

By being a presence in the community, the VDH helps to create awareness around oral health needs. In many instances in Sacramento County, the on-site VDH teams were seen as a vital component of the resources and services schools provided to support children's education and development. The presence of the VDH also made teachers and other school staff more aware of students' oral health issues and that dental pain may be why some students are not focused, acting up, or not doing well academically. As school staff began to adopt this culture, they invested their own time and resources into the program, such as promoting the program to teachers, staff, and families; inviting VDH teams to school events; and helping to schedule and coordinate other aspects of the program.

> *"Our team was excited about the fun, different things they were able to do."*
>
> – Michael Failla, Director, Operations Performance Improvement, Western Dental

Promoting Workforce Development

The VDH is building a workforce of health providers who are gaining skills to both meet the oral health needs of communities and advance their careers. The on-site VDH teams were passionate about children getting the dental care they needed and recognized the significant benefit to bringing that care to them in community settings. Moreover, through the VDH, they built a unique set of skills in community-based care, care coordination, oral health education, and project management.

Increasing Provider Volume

The VDH demonstrated the potential to increase the total number of patients a dental provider can see by keeping VDH patients healthy in the community. This can create appointment space for additional patients and those who need more extensive treatment as well as reduce wait times for all patients.

Supporting Oral Health in Crises

Building on the trusting relationships the VDH teams developed with families and schools, the teams were able to quickly transition to support families' oral health in alternative ways during the COVID-19 PHE. One VDH team reached out to families by phone and videoconference to provide preventive oral health education; check to see if they had urgent or emergency dental care needs; and connect them to needed dental care, including care provided via telehealth.

In the fall of 2020, both TRUSD and SCUSD declared dental services offered through the VDH an essential health service to be put back into place as quickly as possible. Unfortunately, because of the barrier described in more detail below in which the State did not request funding to extend the LDPPs through 2021, many of the providers lost key staff and were unable to resume VDH services.

Regional Leadership and Creating a Coordinated System of Care

Unique to Sacramento County LDPP's implementation of the VDH was the leadership the County brought and its prioritization on countywide coordination.

Streamlined Processes

By centralizing and streamlining processes, the implementation of the VDH was more efficient for all stakeholders and eliminated competition among providers. For example, the County developed relationships with TRUSD and SCUSD, instead of relying on the providers to initiate those relationships; streamlined legal agreements between the dental providers and the districts; and worked with the school districts to assign providers to various schools. The County also coordinated outreach, creating marketing materials and purchasing collateral materials for providers to give to families. This outreach strategy gave the program a uniform look, and the use of the names and logos of the County and other known organizations leant credibility to the program.

> *"The collaboration piece was the number one thing that helped us get through. Without that collaboration, we would have never gotten off the ground."*
>
> – Michael Failla, Director,
>
> Operations Performance Improvement, Western Dental

Facilitated Collaboration

The County facilitated regular meetings among the providers, school district staff, and CNU. Not only did stakeholders learn from each other and share each other's tools and ideas, but they also brainstormed barriers and created solutions together, such as outreach materials and strategies for gaining teachers' collaboration.

Coordinated Care Delivery

Finally, this collaborative leadership helped address a barrier unique to Sacramento County. As mentioned, children enrolled in Medi-Cal in Sacramento County must get their dental care through one of three dental managed care plans and be assigned to a primary dental provider. However, the provider who provides the VDH services at the child's school may not be the child's assigned provider. This means that that child cannot get VDH services at their school unless they are re-assigned to the VDH provider as their primary dental provider. To remedy this—after months of discussion and strategic planning, led by the County—the dental managed care plans set up a system for re-assigning a child's dental provider to the VDH provider so that the child could receive VDH services at their school. This was a significant feat, requiring collaboration and negotiation among all the dental plan partners.

Challenges in Implementing the Virtual Dental Home

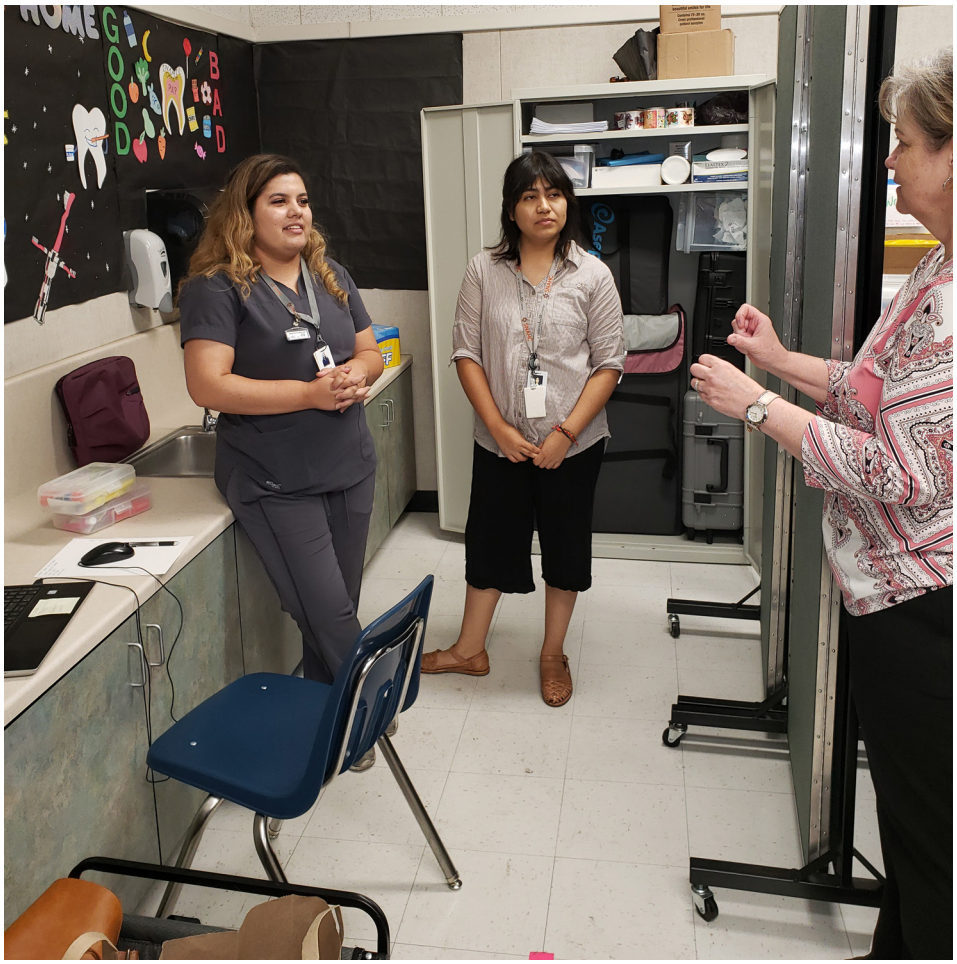
Through this pilot, the providers tested various strategies to achieve the goals of the VDH. This section outlines the challenges providers faced at the organization and state levels.

Provider Level Challenges

Throughout the LDPP, the VDH teams experienced challenges that over time they translated into lessons learned.

Provider Leadership

Provider leadership was involved at varying levels during VDH implementation; and when there was little engagement, the program suffered. For example, some VDH team members did not receive explicit direction and thus did not understand their roles, how their roles related to others' roles, or how to get support. In some instances, it was not clear where the VDH was situated in the overall provider organization structure. This could have been the result of competing priorities among provider leadership, leading to a lack of guidance, project management, and coordination. Unfortunately, this led to obstacles throughout VDH implementation—from building trust with community sites to ensuring staff got the training and support they needed to execute VDH activities to maximize billable services.



Implementing the VDH as Intended

Another barrier was that some providers were not comfortable with the VDH model of centering the dental home in the community—a system in which patients receive as many services as possible in community settings to reduce their need to go to traditional dental offices for care. Further, some dentists were hesitant to perform virtual examinations or allow trained dental hygienists to place ITRs or order sealants due to being resistant to practice newer evidence-based strategies. This resulted in more families being told that their children needed to go to a dental office than was necessary, leaving them at risk of not getting that care at all, defeating the purpose of the VDH.

This also holds true for the on-site teams; they must be comfortable with providing care in community settings. For example, they cannot wait for patients to come to them; they must be assertive and outgoing and understand what it takes to develop relationships and operate a program in a school or other community setting.

Fostering Relationships at School Sites

Providers learned that it took time to identify the right school staff, such as the school nurse and front office staff, and build a working rapport with them. Without this trust and working protocols, the VDH teams could not move forward in identifying space, setting up the schedule, identifying teachers' needs, conducting outreach and education, and implementing other elements of the VDH program.

Engaging Families

While the premise of the VDH is to bring care to where children are, relieving parents of the burden of unnecessarily bringing their children to the dental office, it is still imperative that parents and caregivers are involved in their children's oral health, especially since a primary aim of the VDH is to promote the adoption of positive oral health behaviors. While the VDH teams overwhelmingly cite that the benefits of the VDH far outweigh the barriers, they struggled to help families sign up for the program, educate them about oral health, and help connect them to follow-up services when they needed care beyond what could be provided at the school site. In response, as described in the recommendations below, the VDH teams tested various methods for engaging families and ultimately identified strategies that worked well for families, the schools, and VDH staff.

Assuring Patient Volume

While many providers understood that they did not have to provide as many billable visits as they would have to in the clinic, given that overhead costs of the VDH are lower and because of how efficiently the dentist can evaluate dental records and develop a treatment plan, they initially struggled to make the program cost effective due to limited patient visits. For example, because the programs got off to a slower start than expected, the providers went for months without being able to bill for services. Also, some providers initially did not understand school calendars and other scheduling issues. These challenges led to providers not seeing as many children as they anticipated before the program started.

Technology Challenges

While technology is one of the keys to facilitating safe and high-quality dental care in schools, many of the providers initially experienced a few glitches with the technology. For example, some providers had issues with connectivity, not realizing that they did not have access to the Internet at the school sites.

State Level Programmatic and Policy Challenges

Though this was a State-sponsored pilot program, providers faced barriers that, in hindsight, could have been addressed by State leadership and support.

Slow Start Up and Lack of Ongoing Support

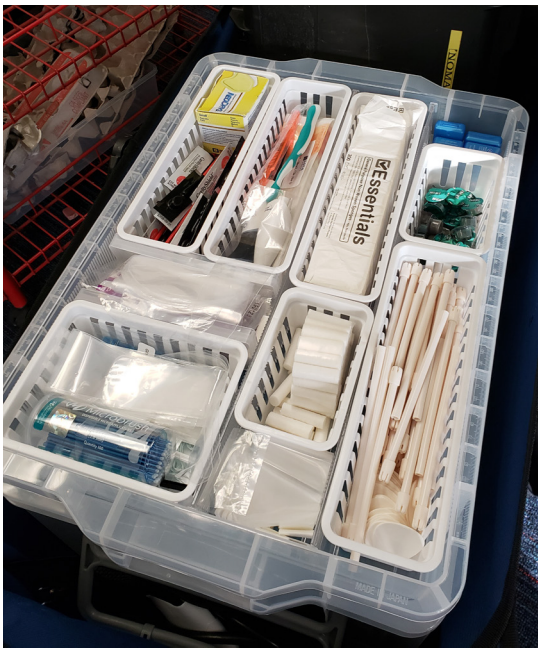
While this was supposed to be a four-year pilot, due to slow contracting processes on behalf of the California Department of Health Care Services (DHCS), the Sacramento LDPP started quite late. While the proposed start date was January 2017, the contract between the State and County was not signed until July 12, 2017. After the County established a Memorandum of Understanding (MOU) with TRUSD, purchased the equipment, and signed individual contracts with the providers, the providers had only 21 months to roll out and implement their VDH projects.

Moreover, because of the COVID-19 pandemic, the LDPPs lost nearly a full year of implementation during the pilot's final year—time the LDPPs could have used to hone best practices and develop sustainability plans. In response to the lost time experienced by other activities included in the Medi-Cal 2020 waiver, the State submitted a request to the federal government for an extension of the waiver through December 2021. Unfortunately, they excluded the LDPPs from this request, leaving the providers unable to fully demonstrate the potential impact of the VDH.

Inconsistent Requirements Around Equipment Acquisition

In Sacramento County, the State required the State's grantee—the County—to purchase the VDH equipment on behalf of the providers. This resulted in a much lengthier and costlier process than if the providers could have used their established relationships with dental equipment suppliers and buying power to purchase the equipment themselves. In fact, it took nine months to secure the equipment—time that could have been spent serving children. In another county, the providers were able to purchase the equipment themselves. And later, when the providers expanded their VDH teams, they were allowed to purchase their own equipment.

Recommendations



This pilot has had the advantage of funding and support associated with starting up the program, training, care coordination, administration, equipment, and supplies. Importantly, these investments allowed Sacramento County stakeholders to test and identify the best strategies for implementing the VDH in the most efficient way, while ensuring children receive the highest quality dental services. Moreover, while it is disappointing that the State did not include the LDPPs in its request to extend the Medi-Cal 2020 waiver for another year, with the right commitment and by building on the lessons learned and best practices of the pilot, there is an opportunity to continue to integrate the VDH into community systems of care through the following recommendations.

Recommendations for Providers

The following recommendations are guidance based on the lessons learned and best practices from implementation of the VDH in Sacramento County. As providers look to implement the VDH in their communities, there is a growing group of experienced practitioners who can supplement formal training with strategies for how they customized the following guidance.

Demonstrate Leadership and Institutionalize the VDH Within Provider Organizations.

Once a provider has decided to adopt the VDH model, it is important that all staff members—from senior staff to the on-site team to administrative and information technology (IT) staff—have bought in to, commit to, and champion the model so the VDH can get the attention it needs. This leadership should be demonstrated in several ways.

- ***Implement the VDH as intended.*** In order for the VDH to truly serve as a comprehensive system of care that benefits families, providers, and communities alike, provider leadership needs to support the goal of keeping as many children as possible healthy in the community as opposed to the traditional goal of using community activities to screen and refer patients to dental offices. In addition, provider leadership should be comfortable with evidence-based dental procedures, such as virtual examinations, ITRs, and allowing dental hygienists to order sealants.

- ***Invest in effective project management.*** The VDH impacts multiple sectors of provider operations, including clinical services, community engagement and outreach, IT, billing, and other administration. Strong project management is essential to ensure the right people at the provider organization understand their roles, have autonomy to make decisions within those roles, collaborate as the VDH team, and get the training and support they need.

- ***Identify staffing structure needs.*** Another area that requires strong leadership is around staffing needs—both in terms of function and where staff are located. Providers should do a thorough assessment of needed activities—including, but not limited to, start-up activities, project management, training, clinical care, care coordination, relationship building with communities and families, billing and other administrative tasks, and IT support—to identify how to provide the highest quality care, while providing as many billable visits as possible.

- ***Invest in training.*** Provider leadership should ensure all staff participate in available VDH training, such as the training provided by CNU. Dentists and dental hygienists need training in the latest evidence-based, minimally invasive dental procedures. Dental hygienists and assistants need training in providing dental care in community settings. Information technology staff need training in the technology aspects of the VDH and how to support the clinical staff. And nondental team members, such as the care coordinators and administrative staff, need training in the basics of oral health. Investing in training and releasing staff from their day-to-day activities for training will help ensure that the VDH runs smoothly, saving the provider time and resources in the long run.

Foster Relationships with Schools.

The VDH is a partnership between the community site and dental provider to pursue the collective goal of improving the oral health of children. The design of the program should reflect this partnership, with mutually agreed upon decisions, clear expectations on behalf of all partners, and clear and ongoing communication among the partners.

- ***Engage all levels of school personnel.*** While the County set up the administrative relationship with the school districts, providers were charged with developing relationships with their assigned schools. It is critical to develop relationships with school nurses, front office staff, janitorial staff, teachers, and other school personnel who can support the VDH program. These on-the-ground school staff can help promote the VDH and help VDH teams ensure the VDH runs smoothly.
- ***Develop and communicate clear expectations for both provider teams and community site staff.*** It is important to remember that implementing the VDH requires work on behalf of the school or community site. While many sites are willing to put in the extra effort to support the program—such as communicate with teachers, help the VDH team to schedule, promote the program, and help coordinate other VDH activities—they will be much more engaged if expectations are clear.

  Utilizing the guidance and checklists provided by CNU and creating protocols that work for both the provider and community site will help ensure the program is efficient and effective and minimize disruption to the daily activities of the community site. Examples include identifying appropriate space at the community site that works for the VDH team but also does not disrupt the day-to-day operations of the site; understanding and planning for school schedules, such as summer breaks, mid-year breaks, and shortened school days; identifying the best times to take students out of class; and protocols for working with teachers and other school staff.
- ***Engage in more and better marketing upfront.*** The providers felt that if they had done more marketing upfront, more families would have signed up for the program sooner. Once they had marketing—such as presentations to school staff and families, banners and signage, and incentives for students—in place, they had quicker and greater enrollment.
- ***Provide consistency.*** Providers found that it was easier to build trust with both community site staff and families when the staff who conducted upfront outreach and built relationships with the community site were the same staff

(i.e., dental hygienist, assistant/ coordinator) who provided services.

- ***Pay special attention to teachers' needs.*** Teachers tend to be concerned with taking students out of class, especially when they do not understand why they are being taken out. The Sacramento County VDH providers addressed teachers' concerns by surveying them, asking when it was best to take students out of class, how they would like students notified of their VDH appointments, and if they wanted oral health education in the classroom.

- ***Pay special attention to students' needs.*** Some students may have needs that are not obvious up front. For example, one provider scheduled children with asthma and allergies in the afternoon because their post-nasal symptoms are worse in the morning, making dental visits uncomfortable.

- ***Engage families in decisions about program design.*** While each family has unique needs as discussed below, they collectively know what works for them as a community. It is critical to give them a voice in how the VDH is implemented.

- ***Identify ideal school sites.*** It is crucial to identify a good provider-school match. For example, one provider was assigned schools that were not close to their clinic, making it difficult for families to complete recommended follow-up care. In addition, at one of these schools, most of the students were bussed in from other neighborhoods, which meant that the VDH team had little to no contact with parents/guardians; these families did not drop their children off at school nor did they participate in on-campus activities. As of this writing, the County is re-evaluating some school assignments now that the program will have the addition of SCUSD sites.

  Finally, sometimes there is a change in school leadership or other personnel and the school may no longer be equipped to support the program. Therefore, it may be better to identify alternative sites rather than struggle with sites that do not have the capacity to partner at the time.

> *"The teachers really appreciated being surveyed. They feel valued, and now they are more engaged in the program."*
>
> – Debra Payne, Oral Health Program Planner, Sacramento County Public Health

Engage Families.

Partnering with families and understanding their unique needs are critical elements of a successful VDH program. Importantly, each VDH team needs to devise tailored strategies that work best for the families they serve.

- ***Invest the time and resources needed to educate and engage families and enroll them in the program.*** It is critical to spend ample time with families to develop trusting relationships with them, identify strategies to best educate and engage families, and ease program enrollment. For example, the VDH teams learned to show up when they knew they would see parents, such as when parents drop off and pick up their children from school and at school events, including health fairs, back-to-school events, teacher-parent meetings, and other school gatherings.

  To support program enrollment, the VDH teams developed innovative strategies, such as creating one-page interest forms to spark families' interest in the VDH, helping them fill out the complete application at a later time. They also pre-filled out enrollment forms as much as possible. Importantly, it is critical that families know what they are consenting to. All of the providers walked families through the consent forms as well as the entire VDH process.

  To engage families enrolled in the program, the VDH teams provided parents with reports of their children's dental visits. In addition, the providers called parents/ guardians the day or night before the children's appointments to remind them of the appointment and to answer any questions. One provider sent pictures of children home

with them to give parents a sense of what the dental visit looked like. Providers also found success in using incentives to engage children and families. They gave children rubber bracelets, notebooks, and other incentives for participating, which not only made the dental experience rewarding for patients but also motivated other children to ask their parents if they could participate.

- ***Engage in creative care coordination strategies.*** To support families in helping their children get recommended care beyond what could be provided at the community site, the VDH teams identified various methods. For example, the teams found that families often responded better to texting over phone calls. And when the VDH teams did call families, they made phone calls from the school sites as parents are more likely to answer a call from their child's school. In addition, they recruited school staff to help follow up and/or echo the VDH teams' messages. Finally, one clinic found success when the care coordinator would go to the visit and meet the parents there, especially when the visits were on Saturdays. Care coordinators understood that this work requires multiple communications with families, persistence, and empathy.

Address Technology Challenges.

Providers should test both the equipment and internet connection at the school before seeing patients. Providers also should ensure IT staff understand the VDH technology needs, work with the provider teams to test equipment, and create protocols for IT and VDH teams to work together.

Coordinate Regional VDH Efforts

The Sacramento County LDPP did an excellent job in developing a regional approach to community-based dental services, as discussed above. One area to strengthen is to better coordinate providers when children begin moving into feeder schools, like junior high and high schools, and when schools combine their student bodies for summer school so that children can receive continuity of care. In these cases, a child may end up with a provider that was not their original VDH provider. In addition, because school nurses serve more than one school in a district, they had to develop relationships with more than one VDH provider, which was complicated for some of them. A regional strategy should identify ways to streamline this process for school nurses.

Overall, however, regional coordination should continue and be led by a centralized organization, such as the County or another system. Such a system should identify oral health needs among communities, identify gaps in care, and coordinate VDH and other oral health services within Sacramento County to address the oral health needs of the community in a systematic way.

Create a Statewide Program to Support Ongoing Needs and Start-up Costs of the VDH

Because the VDH is such a different system of care than the traditional office-based delivery system, establishing the VDH takes time and resources. However, this pilot proved that the costs are worth the investment, given that children get the preventive care they need. By creating a supportive policy and payment environment, a statewide program—housed at either the California Department of Public Health (DPH) or DHCS—would ensure that the VDH could be integrated into California's oral health care system and be sustained over time. Moreover, supporting the VDH would help the State meet its obligation to provide care to children enrolled in Medi-Cal.

Support the Purchase of VDH Equipment.

The State generously allowed the LDPP providers to keep the equipment purchased as part of the pilot. This made the difference for dental providers in terms of whether they would be able to continue implementing the VDH past the pilot. The State should create a pool of funds to support providers' purchase of equipment for the VDH.

Support Care Coordination.

Care coordination is such a critical component of the VDH, truly ensuring children get the services they need to improve their oral health. Providers need upfront and ongoing support for this activity. Such support could come from multiple mechanisms, such as a grant program, systems to draw down Medi-Cal dollars, or other creative strategies.

Support Training and Technical Assistance.

Once a supportive policy environment is in place, the State should play a role in developing and supporting systems of training, technical assistance, and materials development—such as template forms, checklists, and other documents—along the lines of the support provided by CNU. In addition, such programs should support experienced VDH providers in advising the development and implementation of new VDH programs. Finally, the State should identify ways to support VDH communities in coming together to learn from each other to further streamline best practices.

The Next Era of the Virtual Dental Home

While there were challenges—such as slow start up and the COVID-19 pandemic—in implementing the VDH, this pilot demonstrated that there is a clear path for the VDH to successfully bring dental care to children who most likely would not get that care otherwise. The VDH's community-based approach not only addresses families' socioeconomic barriers to care, but it also facilitates dental team members to work at the top of their credentials, supports more efficient provider operations, and supports schools and other community sites in fulfilling their objectives around advancing the wellbeing of children and families. Therefore, it behooves our decision makers, health leaders, communities, and other stakeholders to ensure that we reap the benefits of the VDH and find ways to sustain and expand it throughout Sacramento County and the state.

Sources

- California Northstate University
- Sacramento City Unified School District
- Sacramento County Public Health
- Sacramento Native American Health Center
- Twin Rivers Unified School District
- WellSpace Health
- Western Dental

http://dentalmedicine.cnsu.edu/