Policy Barriers and Solutions to Sustain the Virtual Dental Home

AB 1174

Maternal and Child Health Access

San Francisco, CA

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What is the Virtual Dental Home?

- Combines technological advances with innovations in workforce to reach underserved children and adults with the dental care they need
- Address the barriers that underserved populations face in accessing the traditional office-based dental care delivery system
- Demonstrated by the Pacific Center for Special Care at the University of the Pacific Arthur A. Dugoni School of Dentistry

How Does the Virtual Dental Home Work?

- A dental hygienist or dental assistant brings a portable dental chair, laptop computer, digital camera, and handheld X-ray machine—which, together, can all fit into the trunk of a car—to a site, such as a preschool, elementary school, or community center.
- The dental hygienist collects information about the child's oral health with the equipment as well as charting.
- He or she uploads the data—including photos and X-rays— to a secure server, creating a digital record.

How Does the Virtual Dental Home Work?

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- The supervising dentist, from his or her office, reviews the records and makes a diagnosis and develops a treatment plan.
- Much of the care can be provided at the community site. For more advanced treatment needs, an appointment or a referral to a dentist can be made on the spot.

Patient Satisfaction and Quality of Care

- Over 2,000 patients have been seen in more than 45 sites.
- A rigorous evaluation has demonstrated patient safety with no negative or adverse outcomes.
- Patients expressed a high degree of satisfaction with the program, in large part because this program is designed in a way that makes accessing dental care easy and convenient for patients and their families.
  - 86 percent of all patients indicated that they were “very satisfied.”
  - 95 percent of respondents would continue with the program if it was available.

Economic Benefits

- An economic analysis of models, such as the Virtual Dental Home, demonstrated that such models could actually produce savings.
  - Medi-Cal would have paid less per visit for the diagnostic, prevention, and early intervention procedures using the Virtual Dental Home model than Medi-Cal is currently paying per visit in the current traditional delivery model.
- There are obvious costs savings to families related to transportation, missed work, and other socioeconomic factors.

Policy Barriers

The VDH is currently being implemented on a pilot basis and is grant-funded.

- Two of the procedures that the dental hygienists and assistants are performing are currently authorized under a Health Workforce Pilot Projects (HWPP) program.
- California currently does not pay dentists for providing care via store-and-forward telehealth.

AB 1174

AB 1174 (Bocanegra) will make it possible to replicate and sustain the Virtual Dental Home so that it can reach large numbers of underserved children and adults.

AB 1174

- Allows Registered Dental Hygienists, RDHAPs, and RDAEFs to decide which X-rays to take when examining patients
- Allows Registered Dental Hygienists, RDHAPs, and RDAEFs to place interim therapeutic restorations
- Requires Medi-Cal to reimburse dentists who provide care using store-and-forward telehealth

AB 1174: Process

- Two-year bill
- Passed out of the Assembly in January 2014
- Must pass out of the Senate by June 27, 2014
- Governor must sign bill by September 30, 2014

Contact Information

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