



Expanding Dental Practices into Long-term Care

Dentistry in Long-term Care is a Team Sport

Long-term care (LTC) organizations are complex institutions and the people who reside there have complex medical, physical and psychological conditions. These factors make delivering dental care in these settings easier to do if it is thought of as a “team sport.”

The team includes residents and their families, clerical and professional health-care staff including nurses, and administrators that work in these institutions. Engaging your dental team to interact and work with other members in LTC teams is essential for success. Using this team concept can lower the cost for improving oral health of residents in these facilities. It also creates a more comprehensive system of care compared to a dentist or dental hygienist “going it alone” in these facilities.

Bringing Oral Health Care into Long-term Care Facilities

The American Dental Association’s online continuing education program, **Dentistry in Long-term Care: Creating Pathways to Success**, describes levels of engagement for dentists who want to work with LTC organizations. The course describes various methods for bringing dental care to the LTC facility rather than expecting people to come to dental offices and clinics. One of those methods is the telehealth-connected team, a relatively low cost and efficient systems for bringing oral health care to LTC facilities. It also allows dentists to expand the reach of their offices by having their own dental team members working in the LTC facility while remaining connected to the dentist and the dental office.



Virtual Dental Homes and Telehealth-Connected Teams in LTC

Telehealth technologies connect providers at geographically distributed sites. The model described here was developed by the Pacific Center for Special Care at the University of the Pacific Arthur A. Dugoni School of Dentistry. Called the Virtual Dental Home, reflecting that all services of a “dental home” can be provided through geographically distributed telehealth connected teams.

1. Dental hygienists in the LTC facility collect the full set of electronic dental records including radiographs, photographs, charting, progress notes and other information.
2. These are posted to a cloud-based record system accessed by the dentist for review at a later time in a different location.
3. The dentist makes the diagnosis and treatment plan.
4. The dental hygienist provides on-site preventive and early intervention services. Two thirds of residents’ mouths in LTC facilities can be kept healthy with the dental hygienist being the only one to be with them physically.
5. Those patients with more advanced disease requiring a dentist’s care, can be treated on-site with portable equipment or transported to the dental office. The efficiency of these office visits is greatly enhanced because the dentist has already reviewed the patient’s records and is prepared for what needs to be done upon arrival.

Dental offices and clinics that use telehealth-connected teams to improve the oral health of LTC residents can do so at lower costs than they would if they tried to have the dentist provide all the services on-site or if they tried to refer most patients to the dental office for things that could be accomplished by a dental hygienist in the facility.

Dental offices and clinics that use telehealth-connected teams to improve the oral health of Long-Term Care residents can do so at lower costs ...



The other major advantage of using telehealth-connected teams in LTC is the ability of the dental hygienist to interact with direct care staff in the facility, improve their knowledge about the causes and prevention of dental disease, and provide coaching and mentoring to help them perform “daily mouth care” procedures for residents of the facility. Having a dental professional on site on a regular basis goes a long way to increasing and maintaining awareness about oral health and the importance of taking steps to create and maintain it.

The ability to deploy a telehealth-connected team approach in LTC will vary from state to state depending on the legal environment in the areas of telehealth practice and billing and scope of practice laws.

More Information

Virtual Dental Home system and telehealth connected teams:

www.virtualdentalhome.org

Online continuing education program:

[Dentistry in Long-term Care: Creating Pathways to Success](#)

Use of General Supervision of Dental Hygienists in LTC

Laws governing general supervision of hygienists allow dental hygienists to provide varying degrees of preventive services to patients without the need for a dentist to be onsite. Across the country, hygienists can treat patients under general supervision in 48 states in public settings and 43 states in private settings. This ability greatly increases access to care for needy residents and has been proven safe over vast areas of the country for many years. The evidence shows that, outside of fully manned mobile dental units which are rare and expensive to own and operate, great advantages are found within this model of care. Among the advantages are the ability of dentists to extend their practices into LTC facilities, engage with patients they would have otherwise not been involved with, and use their team to improve the oral health of our most vulnerable and underserved groups. Additionally, the use of general

Having a dental professional on site on a regular basis goes a long way to increasing and maintaining awareness about oral health ...



supervision reduces the need to transport LTC residents from facilities to dental offices of record while maintaining the preventive protocols recommended by the patient's dentist.

More Information

Dental Hygiene Practice Act Overview: Permitted Functions and Supervision Levels by State

https://www.adha.org/resources-docs/7511_Permitted_Services_Supervision_Levels_by_State.pdf

Conclusions

Dental care is often unavailable in LTC facilities. Using team-based care, with dentists working in telehealth-connected teams or with dental hygienists working under general supervision, allows dental practices to be extended into these facilities improving the lives of many vulnerable and underserved people and enhancing the reach of dental practices.