



# **School-Based Teledentistry**

## Learning Collaborative Lessons Learned

September 4<sup>th</sup>, 2025

---

# Speaker



Sophie Webb

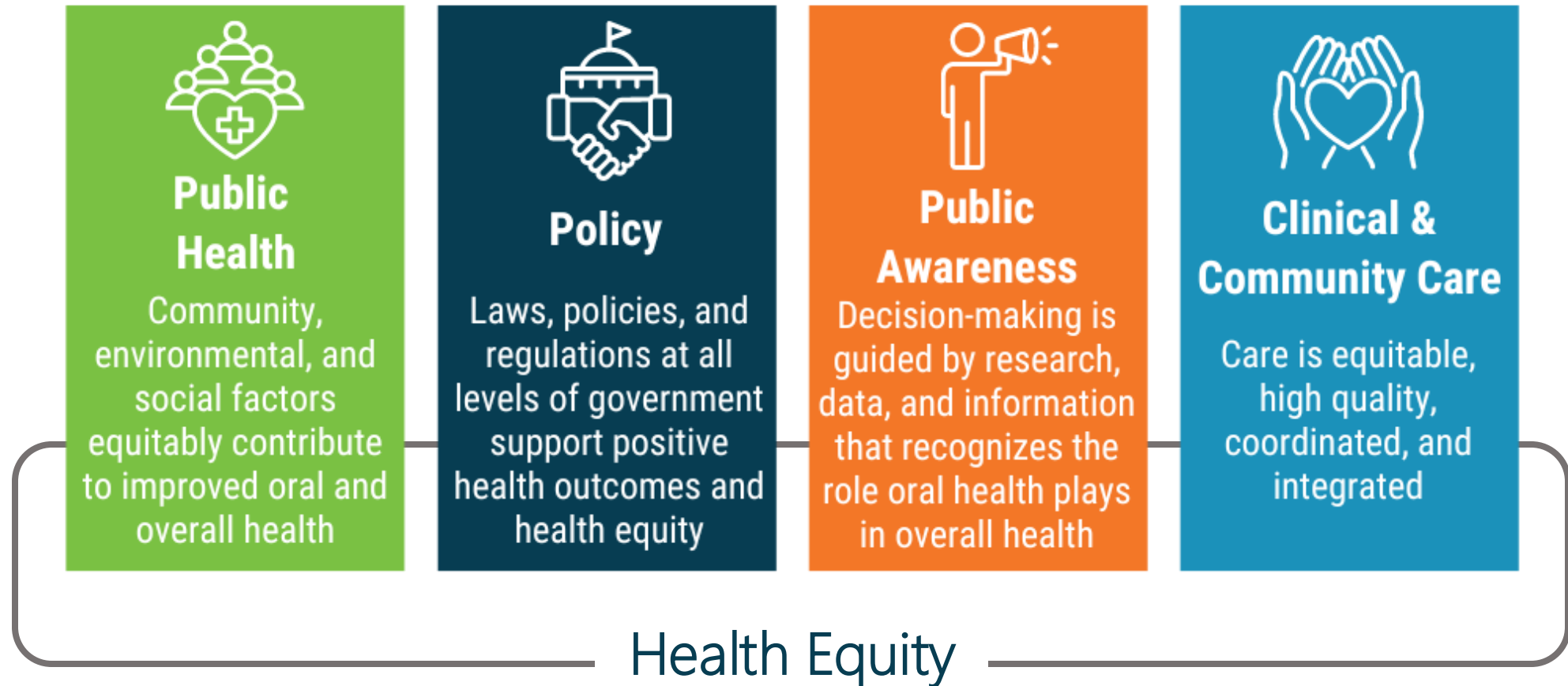
Program Director, Virginia Health Catalyst

[swebb@vahealthcatalyst.org](mailto:swebb@vahealthcatalyst.org)



# Virginia Health Catalyst

Ensuring everyone in Virginia has equitable access to comprehensive health care that includes oral health.



# Catalyst's Programs



## School-based oral health program

Working with safety net clinics to bring dental services to Title I schools



## School-based teledentistry program



## Playbook with the School-Based Health Alliance



## Medical-dental integration work

In areas like maternal health, chronic disease, and provider and public health worker training

*Learning collaborative programs*





Virginia  
Health Catalyst

# Learning Collaboratives

---

# The Learning Collaborative Model

- A team-based way to learn about and improve a specific area, for example:
  - Stroke prevention
  - Person-centered care
  - School-based mental health care
- Many oral health care organizations use this model to help clinics build strong programs



# Features of Learning Collaboratives



## Clinic Teams

- Different clinics
- Clinical staff
- Administrative staff
- Leadership
- 6 to 36 months



## Learning and Coaching

- Didactic teaching
- Group learning and problem solving
- Peer-to-peer sharing
- Individual TA



## Expert Facilitation

- Convene teams
- Facilitate meetings
- Provide technical assistance (TA)
- Administer program



## Quality Improvement

- SMARTIE aim statements
- Process mapping
- Plan-Do-Study-Act
- Data collection



# Benefits of Learning Collaboratives

- This model allows teams to...
  - Exchange **best practices**
  - Learn and **problem solve** cooperatively
  - Build **communities of practice**
  - Connect with **peers** developing **similar programs**
  - Building lasting **clinic capacity** for quality improvement work



# Challenges of Learning Collaboratives

- But it also faces barriers, such as...
  - Staff **retention**, particularly at safety net clinics
  - Participant **bandwidth**
  - Team **continuity**
  - **Engagement** in the virtual environment
  - **Data collection**
    - Funder requirements



# School-based Teledentistry

---

# What is Teledentistry?

- Teledentistry is the use of **telehealth systems and methodologies** in dentistry

**Telehealth** is a broad variety of technologies and tactics used to deliver virtual medical, health, and educational services.

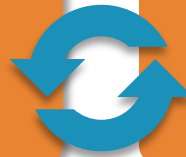
- Teledentistry is not a specific service—it's a way of providing different oral health care services by utilizing modern **communication technology**



# What Makes it **School**-Based?

Where the **patient** is located during the telehealth visit.

**Originating Site**



Where the **provider** is located during the telehealth visit.

**Distant Site**

- School-based teledentistry is just **teledentistry where one of the sites of the visit is a school**
  - Typically, the originating site, but not always
- The visit is often facilitated by school-based health staff:
  - Dental hygienists at school-based health centers
  - School nurses



# School-based Teledentistry Services



## PREVENTIVE CHECK-UP

### Definition

Using live or stored videos or photos to look at a student's mouth and check for signs of cavities or other routine dental needs.

### Example

A school nurse takes photos of a student's teeth and uploads them so a dentist can review for signs of decay.



## EMERGENCY CHECK-UP

### Definition

Using live or stored videos or photos to look at a student's mouth and quickly assess pain, swelling or injury, to decide if in-person care is needed right away.

### Example

A student comes to the nurse with severe tooth pain; the nurse connects with a dentist via video to see if the child must go to the clinic that day.



# School-based Teledentistry Services



## ORAL HEALTH EDUCATION

### Definition

Providing simple lessons or instructions to students and families on how to keep teeth and gums healthy through a video call, recorded videos, or virtually shared handouts.

### Example

A dental hygienist joins a video chat with a parent to show the correct way to brush and floss a child's teeth.



## FOLLOW-UP CARE

### Definition

Checking in virtually with a student after dental work to make sure healing is going well and answer any questions.

### Example

After a filling, a dentist does a five-minute video check-in with the student at the school nurse's office to make sure the tooth feels better.



# School-based Teledentistry Services



## PAIN RELIEF SUPPORT

### Definition

A provider authorizes or provides medicine, like antibiotics or pain relievers, to help manage dental pain.

### Example

A dentist calls in a prescription for antibiotics after reviewing a student's swollen gum through photos sent by the school nurse.



## CARE COORDINATION

### Definition

Providers working, by phone, video, or secure message, to connect the patient with an outside clinic or specialist.

### Example

A dentist reviews a student's mouth sores during a video consult and recommends that the school nurse help connect the family with a pediatrician for further care.



# Benefits of School-based Teledentistry



## Expanding Access

- To traditionally underserved children
- In rural areas, low income communities, or dental HPSAs



## Reducing Barriers

*Barriers include:*

- Work schedules
- Caretaking demands
- Lack of access to transportation



## Care Integration

- Integrates school health and oral health
- Allows school nurse to provide preventive and emergent care



## Triage Tool

- Can be used to triage cases efficiently
- Reserve chair time for emergent or comprehensive needs

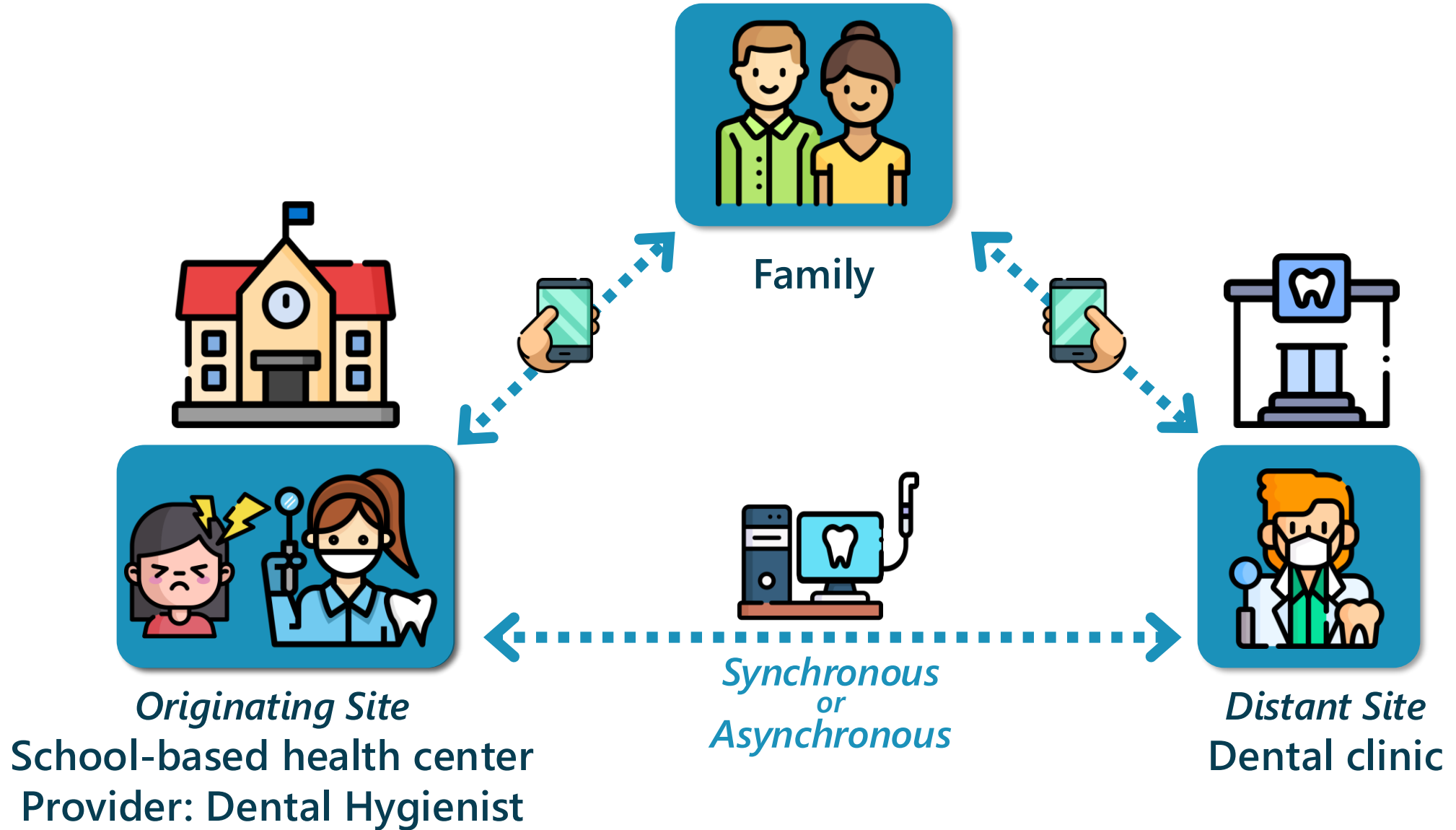


# Teledentistry in Schools program

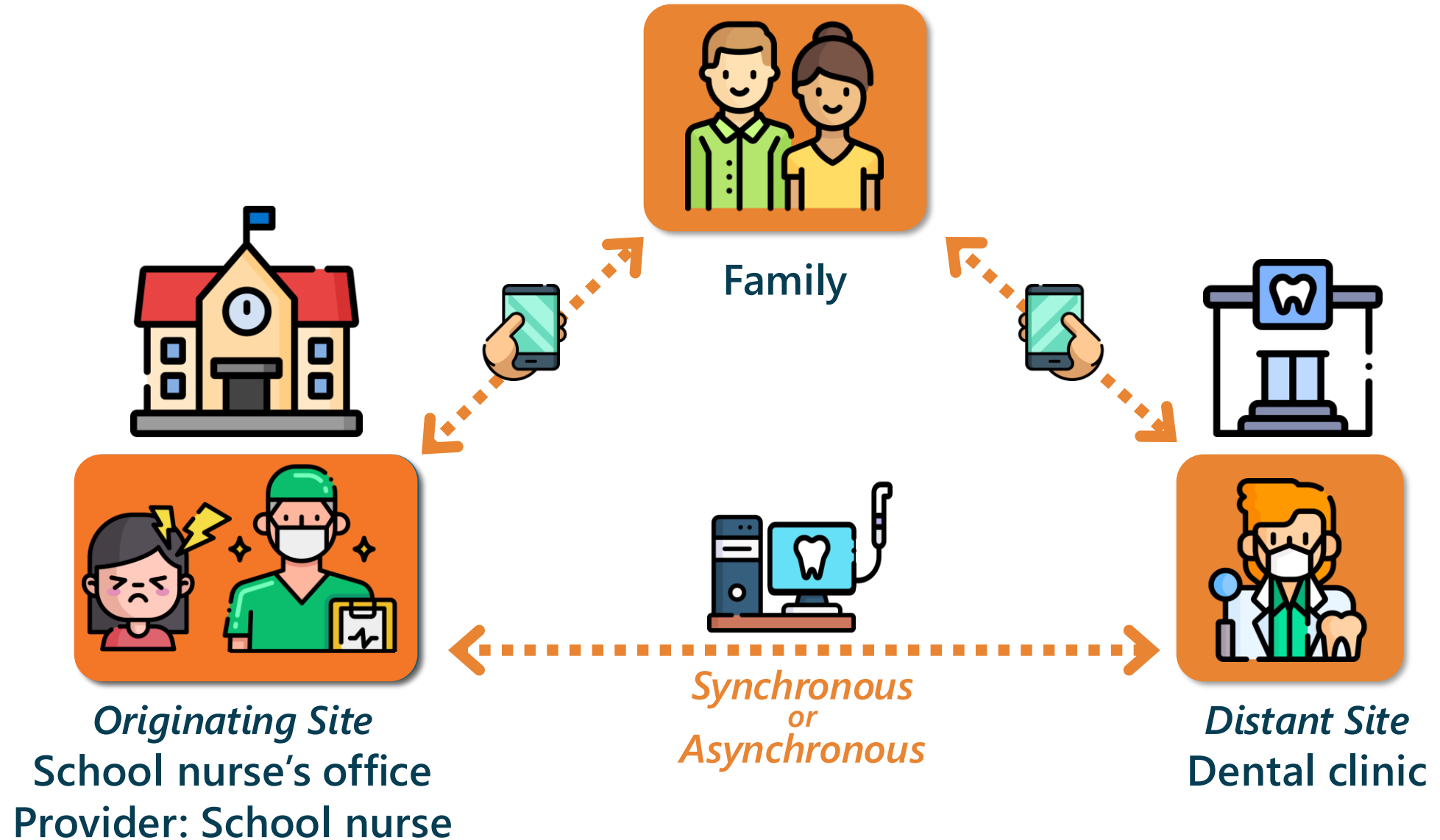
- Four year program, 2022-2026
- Group learning sessions and 1:1 technical assistance
- Three safety-net clinics
- \$20,000 in funding a year
  - Equipment, supplies, staff time



# Model #1: Remote Supervision DH



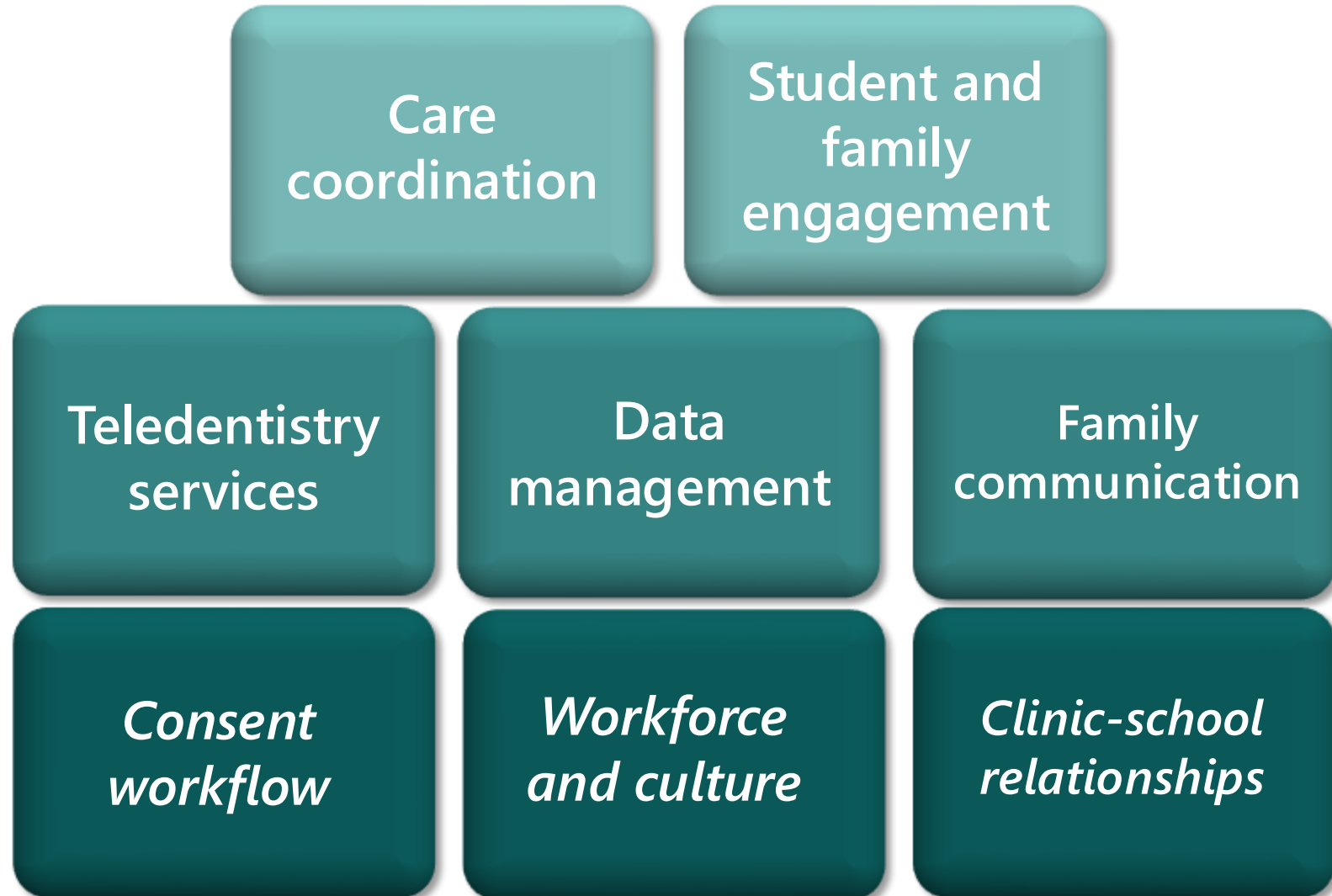
# Model #2: School Nurse



# The Building Blocks

---

# SBT Program Building Blocks



# SBT Program Building Blocks

Most important

Care coordination  
Student and family engagement

Teledentistry services  
Data management  
Family communication

Consent workflow  
Workforce and culture  
Clinic-school relationships

“Success depends on working across multiple areas at once, keeping the big picture in mind, and making sure every part of the system supports the others.”



# Clinic-School Relationships

- Trust, **collaboration**, communication
- **School nurses** are absolutely key
  - Trained and confident in using equipment
  - Connected to and **supported** by clinic
- **School leadership** buy-in matters for...
  - Supporting the program to stakeholders
  - Coordinating logistics
  - Promoting program activities



# Workforce and Culture

- Clinic staff should be...
  - Given the **resources**, including time and training, that they need to succeed
  - Committed to the program and to providing **integrated, person-centered care**
- This includes **direct providers, administrative staff, and clinic leadership**
- The program should **align** with the clinic's mission and strategic plan



# Consent Workflow

- Consent is the keystone of care delivery
  - **No consent? No services**
- Programs need **reliable, streamlined** systems that can...
  - Obtain consent
  - Collect and securely store patient data
  - Share information and communicate updates
- **Digital systems** are best
  - Beware the “backpack black hole”



# Family Communication

- Families need to understand **what it is, how it works, and why it matters**
- Make sure communication is frequent, effective, and impactful
  - Beware of communication saturation
- **Meet people where they are**
  - Consider pre-existing knowledge, accessibility, and language
- Give school **staff members the tools they need** to help spread the message



# Data Management

- Good data management is key for program evaluation
  - “What gets measured gets improved”
- Integrated systems allow for smooth workflows and care coordination
- Teledentistry can be highly technical
  - Don't expect care providers to become tech or data experts
  - Invest in the health IT staff you will need for the program



# Teledentistry Services

- Supplies, **equipment**, and systems
- Technical **competencies**
- Internet access and connectivity
- Billing, coding, and **financial sustainability**
- Formal, **consistently implemented workflows** for different scenarios



Services



Education



Referrals



# Student and Family Engagement

- Program **visibility, community understanding, and trust** are key to success
- Engagement strategies should...
  - Be **culturally responsive**
  - Focus on health **empowerment**
  - Promote **oral health literacy**
- SBT should be integrated into a menu of wellness options within the school and community



# Care Coordination

- Teledentistry is most effective when it connects students to **integrated, comprehensive care**
  - Dental care, medical care, mental health care, and **health-related social needs**
- Care coordination should include consistent protocols, warm hand-offs, follow-ups, and **systems to ensure care is secured**
- Creating a **virtual dental home or linking students to a dental home**



# Lessons Learned

---

# Barriers to Strong SBT Programs

## **Barrier #1** Provider reluctance to use teledentistry

- Dentists or dental hygienists
- School nurses

## **Barrier #2** Parental reluctance to consent to teledentistry

## **Barrier #3** High cost to purchase the necessary equipment

## **Barrier #4** Insufficient platforms for consent and communication

## **Barrier #5** Strong school-based oral health programs

- *Lesson learned: In a lot of cases, the teledentistry modality can be a great add on to a strong school-based program, but sometimes the two programs may compete with each other for demand.*



# Recommendations for SBT LCs

## Need & Interest



- A baseline level of need
- Interest in using SBT to meet that need
  - Providers and nurses

## Secure Funding



- Enough funding to meet clinic needs
- Without complex data collection requirements

## Strong Teams



- Sufficient number of team members
  - Certain specific roles including HIT, data manager, leadership team member
- Leadership buy-in
- School buy-in
  - MOA litmus test
  - School incentives
- EHR, software platform requirements



## Program Plan

- Structured framework
- Meeting schedule
- Expectations
- Commitment from teams



## Sufficient Time

- Enough time to grow the program, but not too much time
- For SBT, **18-36 months**



# My Ask: School-Based Teledentistry Playbook

- A step-by-step, **how-to implementation guide**
  - Preparation → Implementation → Evaluation
  - Based on the **eight program building blocks**
- Other important topics
  - How to understand and comply with **teledentistry policy** and regulations
  - How to create a **financially sustainable** program
  - How to **advocate** for your school-based teledentistry program
- **Case studies of real programs** and a **toolkit with practical, editable tools**

**Anticipated launch in July 2026**



# My Ask: School-Based Teledentistry Playbook

If you have experience in any of these topics, **please reach out to me** at [swebb@vahealthcatalyst.org](mailto:swebb@vahealthcatalyst.org) to share your knowledge for this project.

School-based health programs

School-based telehealth

Consent workflows in schools

Teledentistry competencies

Teledentistry policy

Teledentistry equipment

Teledentistry set-ups

Teledentistry billing and coding

Teledentistry care coordination

School-based teledentistry

Teledentistry with:

- Patients with I/DD
- Patients with physical disabilities
- Pediatric patients

Please also reach out if you represent a **state oral health program or coalition** interested in partnering on **state-level dissemination** of the playbook.





Virginia  
Health Catalyst

# Thank you!

## Please feel free to ask any questions you may have.

Additional questions about this presentation or the information contained within can be directed to Sophie Webb, at [swebb@vahealthcatalyst.org](mailto:swebb@vahealthcatalyst.org).

---

Virginia Health Catalyst: [vahealthcatalyst.org](https://vahealthcatalyst.org)

**LinkedIn**  [linkedin.com/company/vahealthcatalyst/](https://www.linkedin.com/company/vahealthcatalyst/)





# Bonus: SBT Program Building Blocks

---



# Clinic-School Relationships

Strong SBT programs are grounded in **trust and collaborative relationships** between clinic staff and school personnel. **Communication is key.** Clinics and schools need effective, consistent channels to coordinate logistics, share information, solve problems, and adapt the program to local needs.

The **most vital relationship is with the school nurse**, who often plays a central role in program logistics and implementation. School nurses must be trained and confident using teledentistry equipment, and they should feel connected to and supported by the clinic.

However, **broader school engagement**—including buy-in from principals, teachers, and other staff—also significantly strengthens the program. Schools must understand the value of oral health and see the program as supporting student wellness and academic success, even if it occasionally interrupts class time.

## 10 *Component is strong*

The clinic has excellent relationships with school nurses at all participating schools. There is a standard orientation process for nurses on using the equipment. School leadership is engaged and enthusiastic.

## 5 *Component is sufficient*

The clinic has good relationships with some nurses but inconsistent engagement across schools. Some school staff are informed, while others aren't.

## 1 *Component is weak*

The clinic has limited or no relationships with school nurses or staff. There is little understanding or support for the program within the schools. Communication is minimal or strained.





# Workforce and Culture

A successful SBT program needs **committed, trained, and adequately resourced clinic staff**. This includes both front-line providers, administrative staff, and leadership. Clinics must dedicate enough staff time to the program and offer professional development opportunities focused on both technical skills (e.g., using teledentistry equipment) and broader competencies (e.g., community engagement, school coordination).

Just as important as logistics is culture: a clinic must value preventive, school-based, person-centered care. Clinic leadership and board members should **see the program as integral to the clinic's mission and support its growth and sustainability**. The clinic's overall strategic plan should be designed to support school-based programming.

**High staff turnover, lack of training, or limited buy-in can significantly hinder program implementation.**

## 10 *Component is strong*

The clinic has dedicated, trained staff with strong institutional support. Leadership champions the SBT program and aligns it with the clinic's mission. Staff are well-versed in all aspects of the program.

## 5 *Component is sufficient*

The clinic supports the program in theory but struggles with staffing and training. A few team members understand the program well, but others are overburdened or unaware of key aspects.

## 1 *Component is weak*

The clinic has no dedicated staff for the program. Training is minimal. Leadership is uninvolved, and staff are stretched too thin to prioritize the program.





# Consent Workflow

Consent is the **cornerstone of delivering care** through school-based teledentistry. Without a signed consent form, school-based oral health services are limited to visual oral health assessments.

Clinics must have a **reliable, streamlined system** for identifying students who need care, securing parental or guardian consent, and communicating that consent clearly with all relevant staff. This includes formal protocols, efficient technology, and engaged school partners.

Given the urgency of some dental needs and the asynchronous nature of teledentistry, **consent must often be gathered proactively and with minimal delay.**

A successful consent workflow minimizes administrative burdens while ensuring compliance, clarity, and accuracy.

## 10 *Component is strong*

The clinic has a well-established and efficient consent process with digital tools and school-based follow-up. Nurses and clinic staff collaborate smoothly to secure and track consent.

## 5 *Component is sufficient*

The clinic has a process in place but relies on paper forms and has inconsistent success. Some students fall through the cracks, and communication can be delayed.

## 1 *Component is weak*

The clinic lacks a formal consent workflow. Consent is rarely collected successfully, preventing most students from receiving care.





# Family Communication

**For families to support and engage with SBT, they must understand what it is, how it works, and why it matters.** Communication with parents should be timely, clear, culturally sensitive, and accessible.

This includes outreach before consent is requested, updates when children are seen, and follow-up about treatment needs.

Effective communication also means adapting materials and methods to **meet families where they are**—using visuals, translated materials, multiple formats (paper, email, text), and ensuring school staff members have the tools they need to help reinforce the messages.

Ultimately, good communication **strengthens trust, engagement, and continuity of care.**

## 10 *Component is strong*

The clinic has a clear, multilingual communication system that informs parents at every step. Information is accessible, regular, and easy to understand. Follow-up is routine and effective.

## 5 *Component is sufficient*

The clinic has a clear, multilingual communication system that informs parents at every step. Information is accessible, regular, and easy to understand. Follow-up is routine and effective.

## 1 *Component is weak*

The clinic rarely communicates with families. Parents are often unaware that their children were seen or what follow-up is needed.





# Data Management

Efficient data systems allow clinics to track care, identify follow-up needs, and improve program performance.

A strong data system **integrates teledentistry information into the clinic's electronic health record** (EHR), avoids duplicate data entry, and is accessible to staff who need it. It enables easy tracking of metrics and ensures data security.

Beyond documentation, good data systems support continuous quality improvement. Clinics can monitor trends, evaluate program impact, and ensure that no child needing additional care is overlooked.

**Ensuring staffing decisions account for data management and other technology needs is essential** for clinics with school-based teledentistry programs. Staff members must have experience working with EHRs and proficiency with health information technology.

## 10 *Component is strong*

The clinic uses a streamlined, integrated data system. All patient info flows smoothly between platforms. Staff are trained in data management, track performance, and maintain the system regularly.

## 5 *Component is sufficient*

The clinic uses multiple systems that require duplicate entry. Some data are missing or hard to retrieve. Tracking is possible but inefficient and staff capacity is limited.

## 1 *Component is weak*

The clinic does not maintain usable records for SBT visits. Data is stored inconsistently, and there is little or no data or health technology expertise in the clinic.





# Teledentistry Services

SBT programs rely on the **right tools, workflows, and infrastructure** to deliver care effectively.

Clinics need access to the correct hardware and software, a reliable inventory of supplies, and access to IT support for equipment repair, maintenance, and upgrade. High-speed internet at schools and an inventory management system are also essential.

Workflows for each available service should be well documented and standardized, **so all team members know what to do and when.**

**Services should consistently be paired with the appropriate referrals and education** to ensure care continuity and promote oral health literacy.

## 10 *Component is strong*

The clinic has fully functional equipment, reliable internet, trained staff, formal service workflows, and a plan for equipment maintenance and upgrades.

## 5 *Component is sufficient*

The clinic has most equipment and supplies, but some gaps exist. Workflows are informal or inconsistently followed.

## 1 *Component is weak*

The clinic lacks essential technology, materials, tools, or supplies. Services are limited or sporadic, and there are no standardized workflows.





# Student and Family Engagement

Beyond basic communication, effective SBT programs build strong relationships with students and families. Clinics work to earn trust, explain the value of oral health, and **make the clinic's role in the community visible and understandable.**

Engagement should include culturally responsive education and oral health literacy strategies. Staff should be trained to **communicate across cultures, recognize barriers to care, and empower families** with the tools, knowledge, and motivation to take action.

The SBT program should be integrated into a larger menu of health care services and wellness initiatives designed to meet students needs. **The goal is not just service delivery, but long-term improvements in oral and overall health knowledge and habits.**

10

*Component is strong*

The clinic is active in the community, well-known at schools, and offers multilingual, multimedia educational and engagement materials. Staff use health literacy and motivational techniques.

5

*Component is sufficient*

The clinic shares educational materials and attends some school events but lacks a broader engagement strategy and recognition is low.

1

*Component is weak*

The clinic is unknown to families. There are no visible education or outreach efforts, and trust is low.





# Care Coordination

Teledentistry services are most effective when they **connect students to long-term, comprehensive care**. Clinics need systems to refer students for additional treatment, confirm that follow-up happens, and support access to a dental home.

Effective care coordination means knowing who else is caring for a student, making appropriate referrals, and tracking outcomes. Clinics should have consistent referral processes in place, and protocols for following up with patients and ensuring care is secured.

Embracing the whole person model of care also means **considering broader social needs and being able to link students to other medical, dental, or social services** when needed.

## 10 *Component is strong*

The clinic uses a closed-loop referral system, tracks follow-up care, and connects students to dental homes and social supports.

## 5 *Component is sufficient*

The clinic refers students for follow-up care but does not track outcomes. Staff are unsure whether students complete treatment.

## 1 *Component is weak*

The clinic does not refer students or maintain partnerships with other providers. There is no care coordination process.











# Program Rating

Now you are familiar with the eight components of an SBT program, as well as what those components look like when they are strong and weak.

**Now, sit down with your team and rate your program.** Refer back to the previous pages if necessary. Subtract the numbers indicated in the middle column and **calculate a final score for each component.** Record three of the lowest scoring components below. If there is a tie, select the component you think is the most important.

- 1.
- 2.
- 3.

Program Component	Rating (1-10)		Final Score
 <b>Clinic-School Relationship</b>		-2	
 <b>Workforce and Culture</b>		-2	
 <b>Consent Workflow</b>		-2	
 <b>Family Communication</b>		-1	
 <b>Data Management</b>		-1	
 <b>Teledentistry Services</b>		-1	
 <b>Student and Family Engagement</b>			
 <b>Care Coordination</b>			