

Pediatric Dentistry-focused ECHO Sessions: Data Report And Lessons From One Year Of Implementation

Sara Jane McCrary¹, Elizabeth Carr¹, Saurabh Chandra², Sreenivas Koka¹, and LaKitha Hughes²

University of Mississippi Medical Center School of Dentistry¹
University of Mississippi Medical Center Telehealth Center for Excellence²

INTRODUCTION

Problem:

- 34- 51 million school hours lost by US children each year from dental issues
- Children from underserved and/or rural communities are at much higher risk of caries
- Link between caries and socioeconomic status is strong and validated.
- Needs assessment survey of rural Mississippi dentists revealed education in pediatric dentistry was high priority area of need
- Live virtual presentations were acceptable to rural dentists

Solution:

- Development of Pediatric Dentistry focused ECHO Tele-mentoring model

PROGRAM DESCRIPTION

- One hour ECHO sessions were held via Zoom©
- Marketing for sessions was via email blasts to several lists of potential and previous participants.
- ECHO session topics:
 - Caries risk assessment
 - Fluorides
 - Tethered tissues
 - Special needs patients
 - Hypomineralization and aesthetic concerns
 - Vital pulp therapy
 - Fixed prosthodontics in adolescents with special needs
 - Vaping
 - Human papilloma virus (HPV).
- Sessions were evaluated with a 16 to 19-question RedCap survey
- 4-6 questions were specifically related to the topic presented
- 382 attendees across 9 months
- 27 out of 82 counties in Mississippi (32.9% of the state) represented
- Out of state attendees were from Texas, Louisiana, California, Florida, Michigan, Minnesota, Maryland, New Jersey, Maine, and New York, along with Indonesia and from Pusdatin, India.
- 74% (n=20) of counties represented were designated as “rural” by the U.S. Department of Health and Human Services.

RESULTS

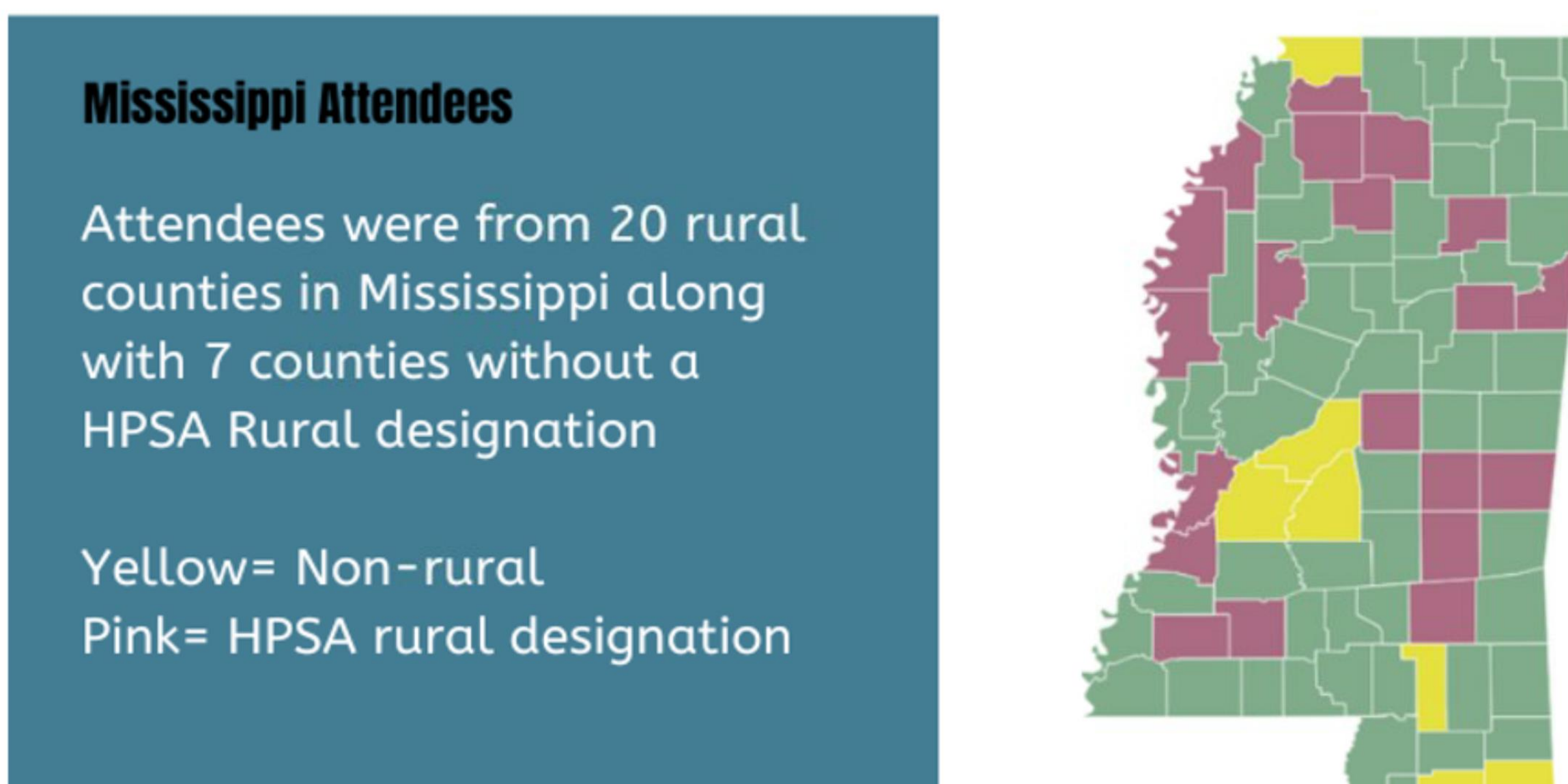


Figure 1. Mississippi attendees. Red counties are HPSA-rural designation. Yellow counties are attendees from non-rural counties.



Figure 2. Attendance from nine sessions completed from April Of 2022- January of 2023.

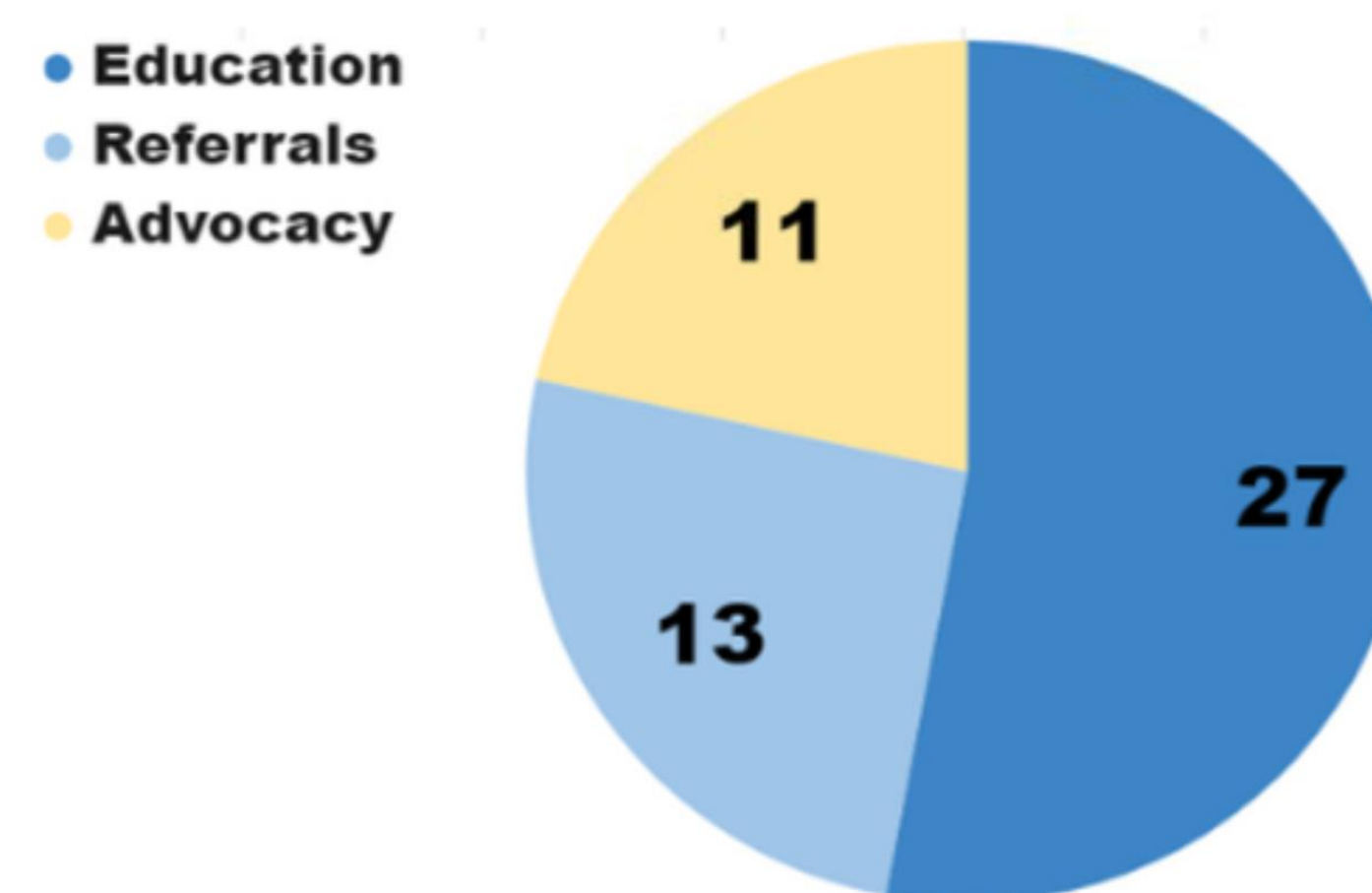


Figure 3. Three themes emerged in qualitative results from open-ended question “How can we help you in provision of pediatric oral services?”

Table 1. Select results from survey questions

Do you provide oral cancer screenings?	91% (yes)	n=31/34
What information do you record about oral cancer screenings?	75.4% (They were completed)	n=26/34
What information do you record about oral cancer screenings?	41% (Referrals were sent)	n=14/34
Have you noticed the effects of vaping in your patients?	60% (no)	n=17/28
Do you currently treat patients with endodontic needs?	75.8% (yes)	n=22/29
Do you treat patients with apexogenesis (vital pulp therapy)?	31% (yes)	n=9/29

Survey Question: “If you knew that providing an HPV vaccine would affect the oral cancer rates positively and if the practice act were to be allowed, would you offer the vaccines in your office as a preventive agent?”

Results: 56.53% (n=23) respondents would offer the HPV vaccines in their dental offices as a preventive agent, and 43.47% (n=10) would not be interested in offering the HPV vaccine in-office.

Survey Question: “Which providers in your dental office perform oral cancer screenings?”

Results: 35 responses. “dentist” and “all providers perform oral cancer screenings” both with 14 answers, “dental hygienist” with 2 answers, and “I do not provide oral cancer screenings” with 2 answers.

Survey Question: “What are the reasons that contribute to poor oral health of pediatric population in your area?”

Results:

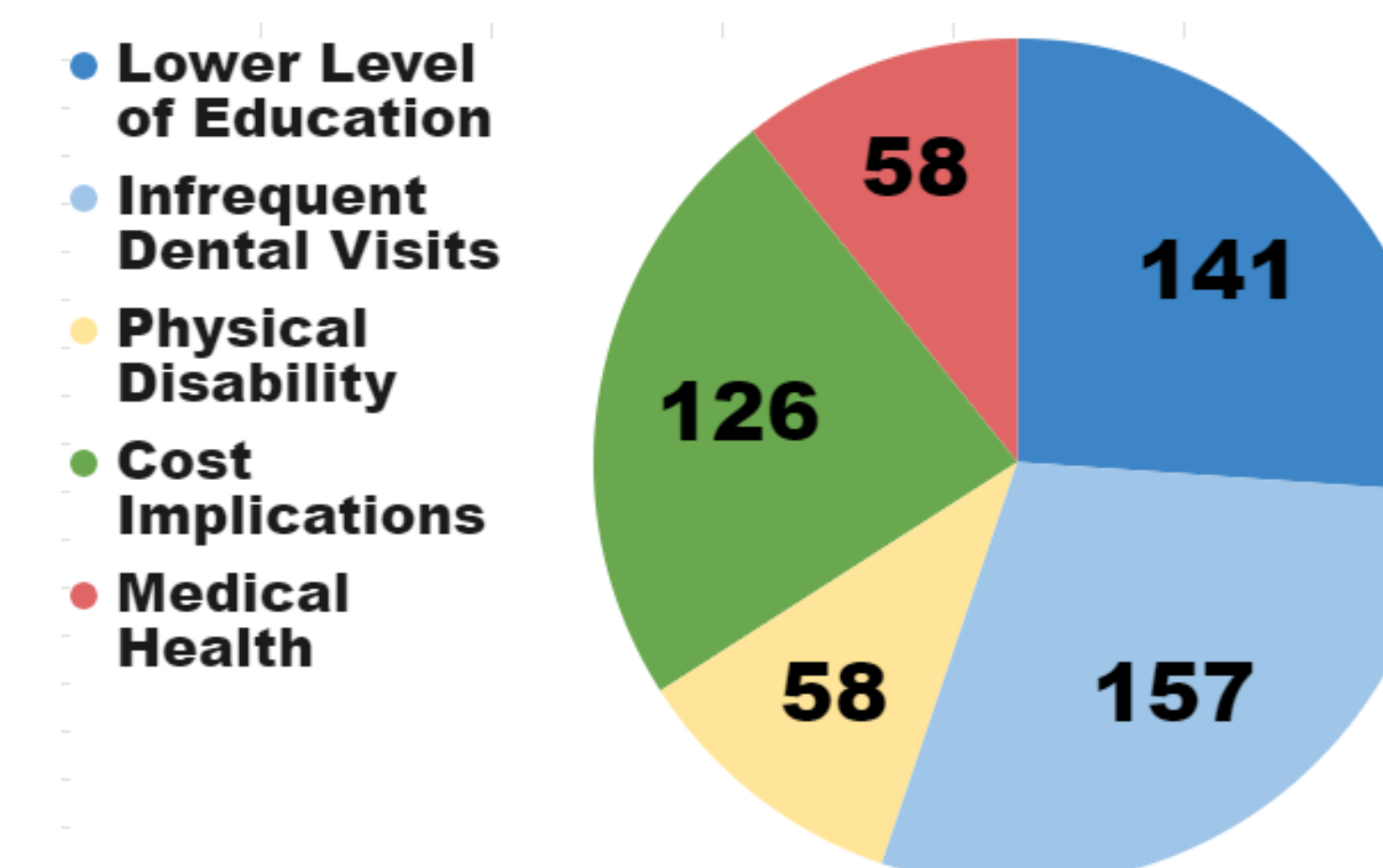


Figure 4. The multiple choice style question allowed for “select all that apply” answers. Of the 382 participants, most believe that infrequent dental visits and lower education levels are the main contributing factors to poor oral health in pediatric populations in Mississippi.

Future Focus:

- Continue ECHO sessions each month
- Expand to non-pediatric dentistry
- Sessions are booked for all of 2023 and first quarter of 2024
- Continue gathering data

HRSA ACKNOWLEDGEMENT

This poster was made possible by grant number U6631459 from the Office for the Advancement of Telehealth, Health Resources and Services Administration, DHHS