Addressing Urgent Oral Health Care Needs of Refugee Patients: A Tailored COVID-19 Telehealth Approach

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Background

San Antonio Refugee Clinic: A Collaborative Between the Schools of Dentistry, Medicine and Nursing

Since April 2011, the San Antonio Refugee Health Clinic (SARHC), an interprofessional education (IPE) collaborative at the University of Texas Health at San Antonio, consisting of students and faculty from dentistry, medicine, and nursing has served the local refugee population. SARHC addresses a holistic approach to the healthcare needs of the uninsured local refugees including oral healthcare.

In March 2020, the COVID-19 pandemic interrupted SARHC's routine sessions as well as the bi-annual dental clinics.

Description of Innovation Practice

A COVID-19 Telehealth Interprofessional Approach

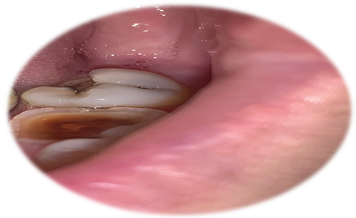
The clinic was closed from March to September 2020 due to the pandemic. In April 2020, we developed a multi-system telehealth approach to address the oral healthcare needs of our vulnerable patients. This protocol replaced our pre-COVID inpatient approach and included:

Google Voice Telephone Service
- Initial history
- Telehealth assessment
- Utilized by the medical & nursing teams

REDCap Metadata Software
- Medical history
- Verbal Consent documented
- Utilized by all IPE providers

Qualtrics Screening Tool Survey Software
- Oral health complaint History & duration of pain
- Patient's contact information
- Utilized by all IPE providers & community partners
- Created by the dental team

Smartphone Technology
- Uploading Un-identifiable images by patients



Patients provided images of their chief complaint.
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The Shift in Patient Care

The Multi-Provider Approach

Figure 1. The Virtual screenings and Urgent Dental Care Process of Care

Survey tool- Pre-screening
- *A screening tool created by the dental team
- **Link was utilized by interprofessional students, case workers, community members, and organizations assisting refugees to collect pertinent information
- ***Collected virtual information: Chief Complaint, history of and duration of pain

1st Review- Contact
- *The survey results were uploaded and viewed by dentist in- charge
- **Patients were contacted by phone with the assistance of interpreters
- ***Smartphone technology and secure email contact were utilized to transfer unidentifiable images of chief complaint to dentist in-charge
- ****Patients without smart phones are called back by IPE team and interpreters and asked further question to evaluate their status

2nd Review- Scheduling
- *The screening information were assessed and of patient status were finalized
- **Patients were contacted to explain the upcoming clinic protocol
- ***Based on the urgency of their chief complaint, they were either referred to local community dental clinics or scheduled for urgent dental clinics organized by the dental team and community volunteer dentists

Results

In September 2020, upon restricted reopening we continued a hybrid or both in person and virtual visits.

Upon the completion of virtual screenings, patients and interpreters attended a local dental clinic in person where 18 volunteer dentists addressed their needs during three urgent oral health care clinic sessions (August, November 2020 & March 2021).

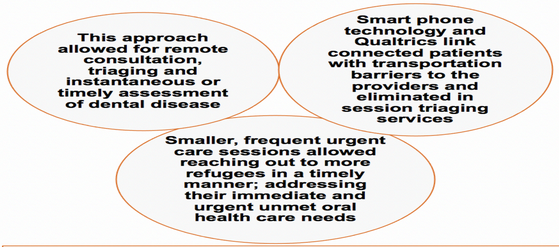
Results

- Of the 84 patients reporting pain, acute pain was reported by 8%, chronic pain was expressed for 13% for over a month and 36% for over a year.
- Of the 90 patients screened, 49 received urgent dental care services by this hybrid approach.
- All non-urgent patients were referred to appropriate dental clinics based upon their chief complaint.

Conclusion

This multi-system and multi-provider method of reaching a vulnerable population during the pandemic provides a gateway for further study into health disparities, while working towards health equity.

Figure 2. Advantages of virtual hybrid screenings for the quarterly urgent dental care clinic sessions



Futher integration of oral to the systemic health by way of IPE

Acknowledgement

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