COVID-19 & DENTISTRY:
Practical Applications in Teledentistry

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Disclaimer

The presenter has consulting arrangements with the following entities:

- The Missouri Department of Health and Senior Services
- Arcora Foundation (Foundation of Delta Dental Washington)
- Enable Dental Group
- Mouthwatch LLC
- Multiple FQHCs, Non-Profit Dental Clinics, & Local Health Depts.
- Multiple dental care providers
<table>
<thead>
<tr>
<th><strong>Position</strong></th>
<th><strong>Organization</strong></th>
<th><strong>Date</strong></th>
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</thead>
<tbody>
<tr>
<td>Dental Director</td>
<td>COMTREA CHC</td>
<td>2013-2018</td>
</tr>
<tr>
<td>NNOHA Outstanding Clinician Award</td>
<td>NNOHA</td>
<td>November 2016</td>
</tr>
<tr>
<td>MO Coalition for Oral Health Board Chair</td>
<td>MO Coalition for Oral Health</td>
<td>2014 - Present</td>
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<tr>
<td>MDA Dentist of the Year</td>
<td>MDA</td>
<td>November 2019</td>
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<tr>
<td>ADA David Whiston Leadership Award</td>
<td>ADA</td>
<td>November 2016</td>
</tr>
<tr>
<td>Private Practice Owner</td>
<td>Green Leaf Dental Care</td>
<td>July 2018- Present</td>
</tr>
<tr>
<td>ADA New Dentist Top 10 Under 10</td>
<td>ADA</td>
<td>March 2020</td>
</tr>
<tr>
<td>Access Teledentistry Consultant</td>
<td>Access Teledentistry</td>
<td>January 2018- Present</td>
</tr>
</tbody>
</table>
Community Mental Health Center since 1974
FQHC since 2012
Dental Clinic opened 2013

1. Mobile Clinic
   53 foot tractor trailer
2. Fixed Clinics
   Strip Mall Based
3. School Based
   Built into school buildings
3. Portable Clinics
   Teledentistry

12 Dentists
6 Hygienists
25 Dental Assistants
16 Front office Associates

9,574 Patients in 2018
22,779 Visits in 2018
Pilot Program Details

Initial Teledentistry Pilot Demonstration 2017

12 dentists trained

6 hygienists trained

33 Schools +
1 nursing home +
2 primary care

Over 1,200 patients served
Green Leaf Dental Care

Private Practice Using Teledentistry

- Started in December 2018
- Increasing Hours of Operation
- Increase Hygiene Availability
- For exams on hygiene only days

Increasing Access and Availability

- Hygiene only days
  - Conferences
  - Vacation
  - Sick Days
- 20 extra hours per month
- 22% increase in office hours
- Patients want convenient hours
Teledentistry Workshop Overview

Day 1

• Introduction to Teledentistry
• Examples of Teledentistry Projects around the US
• Access Teledentistry's Four Phase Overview
• Care Coordination
• Data Collection
• Examination
• Follow Up
• Legal/ Regulatory

Day 2

• Technology / Operations
• Financial / Sustainability
• Training / Evaluation
• Photography Hands On Training
• Teledentistry Exam Hands On
• Q&A - Closing
Much about that period is unclear, but the dozens of experts whom I have interviewed agree that life as most people knew it cannot fully return. “I think people haven’t understood that this isn’t about the next couple of weeks,” said Michael Osterholm, an infectious-disease epidemiologist at the University of Minnesota. “This is about the next two years.”

The pandemic is not a hurricane or a wildfire. It is not comparable to Pearl Harbor or 9/11. Such disasters are confined in time and space. The SARS-CoV-2 virus will linger through the year and across the world. “Everyone wants to know when this will end,” said Devi Sridhar, a public-health expert at the University of Edinburgh. “That’s not the right question. The right question is: How do we continue?”

How do we continue?

The good ole days
Business as usual


The next 3-9 months?

https://rarehistoricalphotos.com/london-milkman-1940/
The new normal...

What is Teledentistry?
Accuracy of Teledentistry for Diagnosing Dental Pathology Using Direct Examination as a Gold Standard: Results of the Tel-e-dent Study of Older Adults Living in Nursing Homes.

- Study of 235 patients in eight nursing homes in France and Germany
- Patients received a teledentistry exam and the same surgeon performed a clinical exam within 7 days
- 55.4% of patients had dental pathology
- 93.8% sensitivity with only 6 (4.8%) false positives
- Teledentistry was also faster at 12 minutes compared to 20 minutes for a face-to-face exam

Using Teledentistry to Improve access to Dental Care for the Underserved

- A teledentistry network was set up to link the University of Minnesota to dentists and patients in rural areas
- Specialty consultations for oral diagnosis/pathology
- 94% of visits, the providers were confident about providing adequate diagnosis
- High patient satisfaction that teledentistry is a “wonderful service to provide patients of rural areas”

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<thead>
<tr>
<th>Table 1</th>
<th>Comparison between teledentistry visits and regular office visits</th>
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<tr>
<td>Distance Traveled and Time</td>
<td>Teledentistry Clinic</td>
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<td>Spent by Patient</td>
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<tr>
<td>Travel distance to clinic</td>
<td>12.6</td>
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<td>(average, one-way, in miles)</td>
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<tr>
<td>Time missing from work/school</td>
<td>1.6</td>
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<tr>
<td>(average, in hours)</td>
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In-person versus "virtual" dental examination: congruence between decision-making modalities.

- Study of 29 patients had both an in person and virtual exams performed by three dentists
- A total of 162 virtual exams were performed
- Dentists determined which patients could receive follow up care on site versus referral to a dentist in clinic

Teledentistry + COVID-19

Google Trends March 2016 – April 12, 2020

Interest over time

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<tr>
<th>State</th>
<th>Score</th>
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<tr>
<td>Nevada</td>
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<td>Connecticut</td>
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<td>Missouri</td>
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<tr>
<td>Utah</td>
<td>68</td>
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United States. 3/16/16 - 4/12/20. Web Search.
# Applications of Teledentistry

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**Important Terms**

**Legal Definitions - may vary by state**

- **Originating site** (location of patient) - The physical location of the patient. This is where diagnostic data is collected in order to communicate to the dentist for diagnosis.

- **Distant site** (location of dentist) - The physical location of the dentist or authorized dental provider providing the dental service to an eligible Medicaid client through Teledentistry.

- **Presenter (Patient Presenter):** An individual with a clinical background (e.g., LPN, RN, etc) trained in the use of telehealth equipment who must be available at the originating site to “present” the patient, manage the cameras and perform any “hands-on” activities to complete the tele-exam successfully. In certain cases, a licensed practitioner such as an RN or LPN might not be necessary, and a non-licensed provider such as support staff, could provide tele-presenting functions. Requirements (legal) for presenter qualifications differ by location and should be followed.

https://thesource.americantelemed.org/resources/telemedicine-glossary
**Synchronous**

- Live and simultaneous
- Uses video conferencing
- ADA CDT: Adjunctive D9995

**Asynchronous**

- Store and Forward
- Completed at a separate place or time.
- ADA CDT: Adjunctive D9996
Policy and Regulatory
ADA Resources

- Provider Guide
- Technology Resources
- Clinical Note Documentation
- Recorded CE Webinar
State Rules Vary

Statement issued by the American Dental Association

- Several states have laws or regulations that specifically define, establish and authorize the practice of “teledentistry”
- The ADA supports teledentistry laws, rules, and guidelines that provide patient protections by requiring high levels of care through the use of specialized teledentistry technology
- COVID-19 has created an unprecedented national health care crisis that has prompted many states to encourage or broaden the use of telecommunications modalities (e.g., smartphones, FaceTime, Skype, Zoom, etc.) to prevent transmission of the virus and ease the burden on hospitals and emergency rooms
- Due to these evolving needs, information on virtual consultations and evaluations mandates, recommendations and guidelines that have been issued by the states are constantly changing
- We encourage all dentists looking for information on providing dental consultations or evaluations using telehealth during this time to check with their state dental boards, dental societies, governors’ offices and departments of health for guidance
Telehealth Resources

HIPAA Compliance

Temporary ease in enforcement!

Notification of Enforcement Discretion for Telehealth Remote Communications During the COVID-19 Nationwide Public Health Emergency

We are empowering medical providers to serve patients wherever they are during this national public health emergency. We are especially concerned about reaching those most at risk, including older persons and persons with disabilities.
– Roger Severino, OCR Director

OCR will exercise its enforcement discretion and will not impose penalties for noncompliance with the regulatory requirements under the HIPAA Rules against covered health care providers in connection with the good faith provision of telehealth during the COVID-19 nationwide public health emergency.

The ADA has compiled a document that goes into great detail on how to bill for teledentistry during the COVID-19 pandemic.

Updated frequently @ ADA.org/virus
Informed Consent

Sample language from ADA

Informed Consent Forms: Sample Language For Virtual Services (NEW)

Our dental office [OR: NAME OF DENTAL PRACTICE] will be using [NAME OF REMOTE COMMUNICATION APPLICATION(S)] remote communication technology to conduct problem-focused evaluations remotely, to help manage your oral health problem and to determine whether you have a condition that requires immediate in-office treatment.

During the current pandemic, the federal government announced that it will not enforce HIPAA regulations governing for health records in connection with medical and dental offices' good faith provision of medical or dental services using non-public facing audio or video remote communications services. Remote patient consultations may take place over applications that allow video chats such as Apple Face Time, Facebook Messenger video chat, Google Hangouts, or Skype and may involve or be based on photos or videos taken with smart phones by the patient and transmitted to the dental office. Please do not contact us using public-facing services such as Facebook Live, Tintin, or TikTok, which are not permitted by the federal government for this purpose.

As always, our office will take dental record confidentiality very seriously, and will do what we can under the circumstances to protect the information you send us. While we believe the risk to such confidentiality is not high, it may be greater than it would be if these remote electronic communications were encrypted, which is one of the main HIPAA requirements that is being relaxed during the nationwide COVID-19 public health emergency.

Certain major dental plans have announced that they will reimburse dental offices for conducting such remote evaluations, and we will submit claims in connection with them.

Our dental office is using one or more of the permitted modalities listed above for remote transmission of information to conduct limited problem-focused evaluations. While entirely adequate in the vast majority of cases for such limited purposes, these evaluations may not reveal conditions that would be discovered during an office visit or through the use of specialized teledentistry technology.

Please indicate your understanding of and Informed consent to these terms, which will be in effect until the government rescinds its suspension of these HIPAA requirements, by typing your name in the space provided and return via email to this office.
Case Notes

Originating Site: Where the patient is located (you can indicate that “Patient Home Address”)

- In traditional teledentistry this is the office, a school, nursing home, etc.
- Patient Presenter: Patient (Traditional teledentistry this is usually a hygienist or EFDA)

Distant Site: Where the provider is located

- “Provider’s Home” if working from home so your home address is not listed in the patient’s chart
- List office address if working from the office
- Provider: Your note signature should suffice for this
Case Notes Continued

Methodology: This describes for the record the way you are communicating with the patient.

• Synchronous (Live Interactive) if using a video conferencing system
• Asynchronous (Store and Forward) if using a messaging system
• Describe the technology that was used
  • Zoom, Google Hangout, FaceTime, Teledent, etc.
  • Google Voice, Facebook Messenger, e-mail, etc.

➢ COVID-19 Screening questions should be also incorporated into the note
➢ Chief Complaint, Signs, Symptoms, and plan as usual
➢ Care Coordination – Be sure to detail what the next steps are for the patient.
  • Immediate in-office urgent care
  • Referrals to specialist
  • Pharmacy
  • Wait list
Limited Evaluations and Triage
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What Constitutes a Dental Emergency?

The ADA recognizes that state governments and state dental associations may be best positioned to recommend to the dentists in their regions the amount of time to keep their offices closed to all but emergency care. This is fluid situation and those closest to the issue may best understand the local challenges being faced.

**DENTAL EMERGENCY**

This guidance may change as the COVID-19 pandemic progresses. Dentists should use their professional judgment in determining a patient’s need for urgent or emergency care.

**Dental emergencies** are potentially life threatening and require immediate treatment to stop ongoing tissue bleeding, alleviate severe pain or infection, and include:

- Uncontrolled bleeding
- Cellulitis or a diffuse soft tissue bacterial infection with intra-oral or extra-oral swelling that potentially compromise the patient’s airway
- Trauma involving facial bones, potentially compromising the patient’s airway

**Urgent dental care** focuses on the management of conditions that require immediate attention to relieve severe pain and/or risk of infection and to alleviate the burden on hospital emergency departments. These should be treated as minimally invasively as possible.

- Severe dental pain from pulpitis inflammation
- Pericoronitis or third-molar pain
- Surgical post-operative oozes, dry socket dressing changes
- Abscess or localized bacterial infection resulting in localized pain and swelling
- Tooth fracture resulting in pain or causing soft tissue trauma
- Dental trauma with avulsion/luxation
- Dental treatment required prior to critical medical procedures
- Final crown/bridge cementation if the temporary restoration is lost, broken or causing gingival irritation
- Biopsy of abnormal tissue

**Other urgent dental care:**

- Extensive dental caries or defective restorations causing pain
- Manage with interim restorative techniques when possible (silver chloride, flowable composites)
- Suture removal
- Denture adjustment or radiology patients
- Denture adjustments or repairs when function impeded
- Replacing temporary filling on endo access openings in patients experiencing pain
- Snipping or adjustment of an orthodontic wire or appliances piercing or ulcerating the oral mucosa

**DENTAL NON EMERGENCY PROCEDURES**

Routine or non-urgent dental procedures includes but are not limited to:

- Initial or periodic oral examinations and recall visits, including routine radiographs
- Routine dental cleaning and preventive therapies
- Orthodontic procedures other than those to address acute issues (e.g., pain, infection, trauma)
- Extraction of asymptomatic teeth
- Restorative dentistry including treatment of asymptomatic carious lesions
- Aesthetic dental procedures

Updated 3/19/20

FOR THE LATEST UPDATES, VISIT ADA.ORG/VIRUS
Interim Guidance & Risk of Exposure

**Algorithm 1: Interim Guidance for Triaging Patients for Emergency and Urgent Dental Care**

**High Risk Job**
- **Dental Hygienists** have one of the riskiest non-hospital jobs during a pandemic, scoring close to 100 in all three categories.

**Medium Risk Job**
- **Bus Drivers** have a lower score on physical proximity and exposure to disease, but their constant contact with the general public puts them at risk.

**Low Risk Job**
- **Economists** have one of the safest jobs during a pandemic, scoring a perfect zero in two categories.

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**Occupation**

<table>
<thead>
<tr>
<th>Occupation</th>
<th>COVID-19 Risk Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dental Hygienists</td>
<td>99.7</td>
</tr>
<tr>
<td>Respiratory Therapy Technicians</td>
<td>95</td>
</tr>
<tr>
<td>Sports Medicine Physicians</td>
<td>94.6</td>
</tr>
<tr>
<td>Dental Assistants</td>
<td>92.5</td>
</tr>
<tr>
<td>Radiation Therapists</td>
<td>92.4</td>
</tr>
<tr>
<td>Oral and Maxillofacial Surgeons</td>
<td>92.3</td>
</tr>
<tr>
<td>Dentists, General</td>
<td>92.1</td>
</tr>
<tr>
<td>Obstetricians and Gynecologists</td>
<td>91.8</td>
</tr>
<tr>
<td>Dermatologists</td>
<td>91.1</td>
</tr>
<tr>
<td>Orderlies (Patient Care Assistants)</td>
<td>90.2</td>
</tr>
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</table>
How I handled my first week in quarantine:

Store and Forward

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Google Voice

Facebook Messenger
## Limited Evaluation

### Teledentistry

<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you have dental problems now?</td>
<td>Yes</td>
</tr>
<tr>
<td>If yes, please describe:</td>
<td>Lost filling, Pain. Food lodged in cavity</td>
</tr>
<tr>
<td>Upload an image of problem area</td>
<td>View File</td>
</tr>
<tr>
<td>What best describes you pain?</td>
<td>3</td>
</tr>
<tr>
<td>Are your teeth sensitive to:</td>
<td></td>
</tr>
</tbody>
</table>

- Hot or Cold? = No
- Sweets? = No
- Biting or chewing? = No
- Have you noticed mouth odors or bad taste? = No
- Have you noticed any swelling, blisters, or any other oral lesions? = No
- Do your gums bleed or hurt? = No
- Does your tooth pain keep you up at night? = No
- Have you noticed any loose teeth or change in your bite? = No
Workflows: Moderate Cost, High Tech

This workflow has evolved quickly. This illustrates my temporary practice workflow:
Website Integration

Online Teledentistry Available

We offer online dental visits to help assess your dental emergencies during the coronavirus outbreak. People are urged to stay at home in order to not spread the disease. If you have a dental emergency it is advised that you remain at home until a dentist can assess if it treatment needed now or if it can wait. We can provide triage for any person regardless of your location. Our staff will assist in referring you to the nearest dental office if you do need to be seen during quarantine restrictions.
Online Scheduling

If you don’t have online scheduling, you need one.
Health History & Consent

Consider an electronic form system to screen patients and gain updated information.
Instructions for use

Your health history and patient information form was received!

Before your appointment please review these Zoom instructional videos.

If you are having a medical emergency that cannot wait call 911 immediately.

If you are experiencing any issues connecting or would like to reach us sooner please call the office line and leave a message at 636-671-0100.

Video Instructions - How to join a Zoom telemedicine visit from your computer:
Zoom Consultation
Recap for today's technology environment

1. **Traditional EDR** that have teledentistry features
   - This is not an option at the moment
   - Some EDRs have add-ons that can fill some gaps

2. **“Optimized” Teledentistry Platforms**:  
   - Teledentistry software platforms that can address multiple steps of a teledentistry evaluation

3. **Alternatives**: Re-purposing available tools
   - Email and text + patient generated photographs
   - Off-the shelf/low-cost/free separate tools:  
     - scheduling/video/forms/payment
   - Copy and paste all activity into one record or into EDR
COVID Urgent & Non Urgent Exams
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Using Teledentistry to Mitigate Risk

• Reduce human-human contact
• Have patients stay outside the office
• You may not be able to don/doff your PPE for hygiene checks
• The dentist may be exposed or infected after re-opening
  • This would mean quarantine for an additional 14 days
• Consider separating into teams
  • Diagnostic Team
    • Hygienist and support team
    • Assessments and Radiographs
    • One day COVID on demand testing
  • Treatment Team
    • Dentist and dental assistant
    • Urgent care only initially
    • Prioritize and screen who you treat
OSHA Guidance on Preparing Workplaces


ADA Interim Guidance for Triage

Algorithm 1: Interim Guidance for Triage of Emergency and Urgent Dental Care

1. Are you experiencing dental pain?
   - Yes
      - Emergency
      - Urgent
   - No
      - Routine or Non-Urgent

Algorithm 2: Interim Guidance for Screening to Identify COVID-19 Infection for Emergency and Urgent Dental Patients

1. Does the patient have a fever?
   - Yes
      - Emergency
   - No
      - Proceed to the next question

2. Does the patient have symptoms of an acute respiratory infection?
   - Yes
      - Emergency
   - No
      - Routine or Non-Urgent

Algorithm 3: Interim Guidance to Minimize Risk of COVID-19 Transmission for Emergency and Urgent Dental Patients and HCP

1. Is this patient scheduled for an urgent or an emergency appointment?
   - Yes
      - Emergency or urgent dental patient can be seen in dental setting (see Algorithm 3: Risk of COVID-19 Transmission for Emergency and Urgent Dental Patients and Their HCP)
   - No
      - Routine or Non-Urgent

2. Does the patient have symptoms of an acute respiratory infection?
   - Yes
      - Emergency
   - No
      - Routine or Non-Urgent
ADA Interim Guidance + Teledentistry

- Safely engage with potential new patients that are not sure that it is safe to come to the dentist
- Emergencies only and delayed treatment.
- Hygiene only days separate from treatment
  - Use teledentistry
  - No ultra-sonic scalers (temporarily)
  - Limits potential risk of exposure
  - Separate staff members
  - Separates treatment patients from hygiene
- Hygiene only days for satellite offices
  - Use teledentistry
  - Opens access when the dentists time will be in short supply
PPE Guidance - “Donning/Doffing”

- CDC has issued PPE guidance
- Aerosols pose the biggest risk
- Putting on and taking off PPE
- Removing PPE for Hygiene may not be feasible
- Teledentistry evaluations by hygienist
- Exams could be done at the end of the day.
ACCESS TELEDENTISTRY'S FOUR PHASES APPROACH

1: Care Coordination
2: Data Collection
3: Examination
4: Follow Up
Traditional Teledentistry Tools

- **Extra-Oral Camera**
  - Dine Digital

- **Intra-Oral Camera**
  - Mouth Watch

- **Cheek Retractors**
  - Generic

- **Intra-oral Mirrors**
  - Generic
Traditional Teledentistry: Radiographs
Traditional Teledentistry: Extra-Oral Photographs
Traditional Teledentistry: Photographs (Intraoral)
Traditional Teledentistry: Intra-oral Videos

• Quadrant Videos
• Curtesy of Dr. Scott Howell at ATSU ASDOH
Traditional Teledentistry: Digital Scans
Traditional Teledentistry: Periodontal Chart

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Traditional Teledentistry: Tooth Chart
The road ahead
Tangible Financial Impact

- Bill for Limited Evaluations during Stay-at-Home Orders
  - D0140
- Run a hygiene team separate from treatment team
  - Minimizes exposure and risk of infection
  - Periodic ** + Preventive + Radiographs
- Ramp up with extended hygiene hours
  - 2-4 months of recall that is backlogged
  - Keeping the dentist on treatment
  - Minimizes exposure and risk of infection
  - Periodic ** + Preventive + Radiographs

**Some states or payors may not allow/pay for more than limited evaluations
Intangible Financial Impact

• Engage existing patients during Stay-at-Home
• Patients may be scared
• Find new patients
  • I have had more new than existing at my practice
• Limit Exposure and Risk
  • Messaging patients before and after appointments
  • Triage the treatment you choose
  • Fill consent forms before appointments
  • Accept payment before appointments
  • Keep the waiting room empty
• Increased Productivity
  • You can offer convenient hygiene hours
• Technology makes you “cutting edge”
Financial Assistance

• EIDL Small Business Loan Program
• USDA Telehealth Grants
• MTN Free Zoom Licenses
• (NEW) FCC COVID-19 Telehealth Program
FCC COVID-19 Telehealth Program

• Telecommunications Services and Broadband Connectivity Services: Voice services, and Internet connectivity services for health care provider or their patients.

• Information Services: Remote patient monitoring platforms and services; patient reported outcome platforms; store and forward services, such as asynchronous transfer of patient images and data for interpretation by a physician; platforms and services to provide synchronous video consultation.

• Internet Connected Devices/Equipment: tablets, smart phones, or connected devices to receive connected care services at home (e.g, broadband enabled blood pressure Federal Communications Commission DA 20-394 4 monitors; pulse-ox) for patient or health care provider use; telemedicine kiosks/carts for health care provider site.

• Purchases of items above by providers after March 13, 2020 in response to COVID-19 are eligible for this program

https://www.fcc.gov/covid-19-telehealth-program
COVID-19 Telehealth Program

COVID-19 Telehealth Program

Purpose

The COVID-19 Telehealth Program will provide $280 million in funding, appropriated by Congress as part of the Coronavirus Aid, Relief, and Economic Security (CARES) Act, to help health-care providers provide connected-care services to patients at their homes or mobile locations in response to the novel Coronavirus in 2019 (also COVID-19 pandemic). The program will provide reimbursement support for eligible health-care providers responding to the COVID-19 pandemic to help fund the expansion of telehealth services, information services, and devices necessary to provide connected-care services until the programs funds has been expended or the COVID-19 pandemic has ended.

Noted the COVID-19 telehealth program is limited to non-profit and public eligible health-care providers that fall within the categories of health-care providers to Victor characteristics of this act. For more information, see guidance in the link.

Submit an Application

To improve the experience for applicants, an online application portal will make it easier to collect and submit the information necessary to evaluate your request. The Commission will review your request, may ask for additional information, and will issue a funding decision.

- Submit an Application Online -

IF YOU HAVE ALREADY SUBMITTED A PDF APPLICATION, YOU DO NOT need to apply again. Your application is already under consideration and we will contact you if we need any additional information.

IF YOU HAVE ALREADY DOWNLOADED AND STARTED A PDF APPLICATION, you can still complete it and email it to the mail at COVID19TelehealthProgram@fcc.gov. We will consider your application and contact you if we need any additional information.

Tips for Navigating the Online Application:

1. Fully and accurately complete all fields on the form marked with an asterisk (*). These fields are required and you must answer them for your application to be complete. Required fields are also noted in the link section.

2. Answer questions that require a more detailed response, consider drafting your responses in a separate document and then copying and pasting that response into your application.

3. Save the form often to preserve your work. We recommend that you fully complete each section and then save that section by clicking “Save Draft” at

https://www.fcc.gov/covid-19-telehealth-program
Are personnel, IT, administrative, and training costs eligible for support? No. The COVID-19 Telehealth Program provides funding for eligible telecommunications services, information services, and connected devices that eligible health care providers need in order to provide connected care services to their patients to address the COVID-19 pandemic.

Funding will not be provided for personnel costs (including but not limited to costs for IT staff, project managers, or medical professionals), marketing costs, administrative expenses, or training costs. Vendors and service providers can elect to provide training and other IT support at no cost to health care providers participating in the program. Eligible health care providers should not include the cost of ineligible items in their funding application.

https://www.fcc.gov/covid-19-telehealth-program
Prepare for a “new normal”

We will not be returning to business as usual

- We don’t know what dentistry will look like as we recover
- Two things are for certain:
  1. Infection control will change
  2. Telehealth will be more prevalent

“The difference between a problem and an opportunity is what you make of it.” - unknown
I do have some availability but each day there seems to be more people seeking information on teledentistry.

We have three main services at the moment:
• Teledentistry Planning & FAQs  
  • 30 minutes
• Teledentistry Implementation Assistance  
  • Varies
• Teledentistry Training Webinars  
  • 60 minutes
Reach Out to Us

Mailing address
7214 Executive Parkway
House Springs, MO 63051

Email address
nsuter@accessteledent.com

Phone number
(314) 594-7170

Online
accessteledentistry.com

Facebook Group
Mouth In the Cloud
Thank You!

Have topics you’d like us to cover in next week’s webinar on COVID-19 & Dentistry?

- **Email:** [webinars@henryschein.com](mailto:webinars@henryschein.com)
- **Comment on YouTube Recording – and Subscribe!**

For more information and a full list of references, please visit the Henry Schein COVID-19 resource center: [www.henryschein.com/COVID19update](http://www.henryschein.com/COVID19update)