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SOLUTIONS FOR HEALTH CARE PROFESSIONALS

OSAP.org
The Safest Dental Visit™

COVID-19 & DENTISTRY:
Practical Applications in Teledentistry

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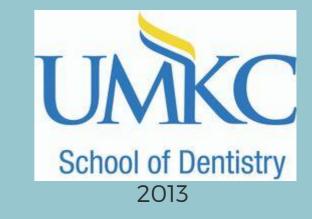
- The Missouri Department of Health and Senior Services
- Arcora Foundation (Foundation of Delta Dental Washington)
- Enable Dental Group
- Mouthwatch LLC
- Multiple FQHCs, Non-Profit Dental Clinics, & Local Health Depts.
- Multiple dental care providers

DR. SUTER BIO SKETCH

Webster UNIVERSITY
George Herbert Walker
School of Business & Technology
2009

UMKC School of Dentistry
2013

COMTREA HEALTH CENTER

Dental Director COMTREA CHC
2013-2018

Missouri Coalition for Oral Health

MO Coalition for Oral Health Board Chair
2014 - Present

NNOHA
National Network for Oral Health Access

NNOHA Outstanding Clinician Award
November 2016

ADA.®

ADA David Whiston Leadership Award
November 2016

MDA Missouri Dental ASSOCIATION

MDA Dentist of the Year
November 2019

ADA.®

ADA New Dentist Top 10 Under 10
March 2020

Green Leaf Dental Care

Private Practice Owner
July 2018- Present

ACCESS TELEDENTISTRY

Access Teledentistry Consultant
January 2018- Present

COMTREA
HEALTH CENTER

Community Mental Health Center since 1974

FQHC since 2012

Dental Clinic opened 2013

12 Dentists

6 Hygienists

25 Dental Assistants

16 Front office Associates

9,574
PATIENTS IN 2018

22,779
VISITS IN 2018

1 Mobile Clinic
53 foot tractor trailer

2 Fixed Clinics
Strip Mall Based

3 School Based
Built into school buildings

3 Portable Clinics
Teledentistry

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
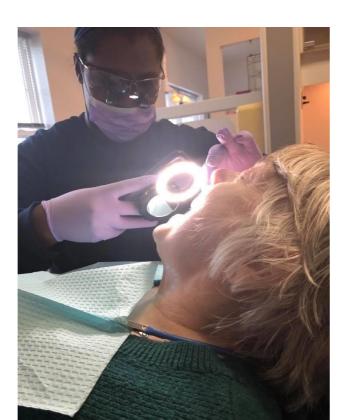
Private Practice Using Teledentistry

- 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

ACCESS **TELEDENTISTRY**

When will this end?
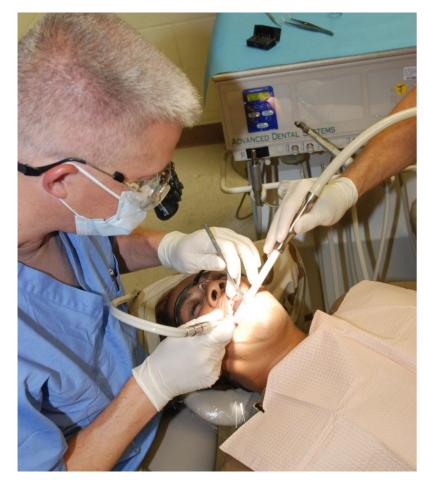
Our Pandemic Summer, The Atlantic -Apr. 15, 2020

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 <u>this isn't about the next couple of weeks</u>," 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. "<u>Everyone wants to know when this will end</u>," said Devi Sridhar, a public-health expert at the University of Edinburgh<u>. "That's not the right question. The right question is: How do we continue?</u>"

[https://www.theatlantic.com/health/archive/2020/04/pandemic-summer-coronavirus-reopening-back-normal/609940/]()

How do we continue?

**The good ole days
Business as usual**

https://en.wikipedia.org/wiki/Dentistry

The next 3-9 months?

https://rarehistoricalphotos.com/london-milkman-1940/

The new normal…

What is Teledentistry?

Literature: Diagnostic Accuracy

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

Queyroux A, Saricassapian B, Herzog D, Müller K, Herafa I, Ducoux D, Marin B, Dantoine T, Preux PM, Tchalla A. 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. J Am Med Dir Assoc. 2017 Jun 1;18(6):528-532. doi: 10.1016/j.jamda.2016.12.082. Epub 2017 Feb 22. PubMed PMID: 28236609.

Literature: Access to Care

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"

Table 1
Comparison between teledentistry visits and regular office visits

Distance Traveled and Time Spent by Patient	Teledentistry Clinic	University of Minnesota School of Dentistry Specialty Clinic
Travel distance to clinic (average, one-way, in miles)	12.6	230.3
Time missing from work/school (average, in hours)	1.6	18.3

Fricton J, Chen H. Using teledentistry to improve access to dental care for the underserved. Dent Clin North Am. 2009 Jul;53(3):537-48. doi: 10.1016/j.cden.2009.03.005. PubMed PMID: 19482128.
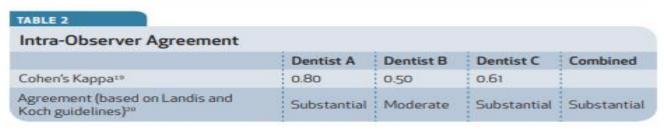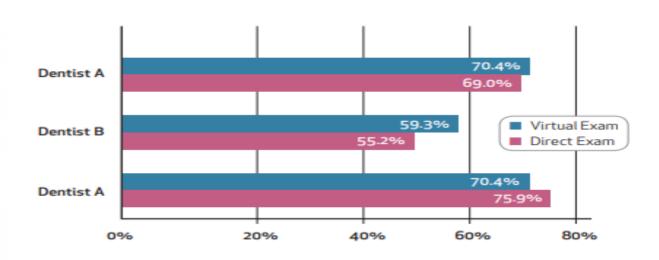
Literature: Comparing Outcomes

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

TABLE 1
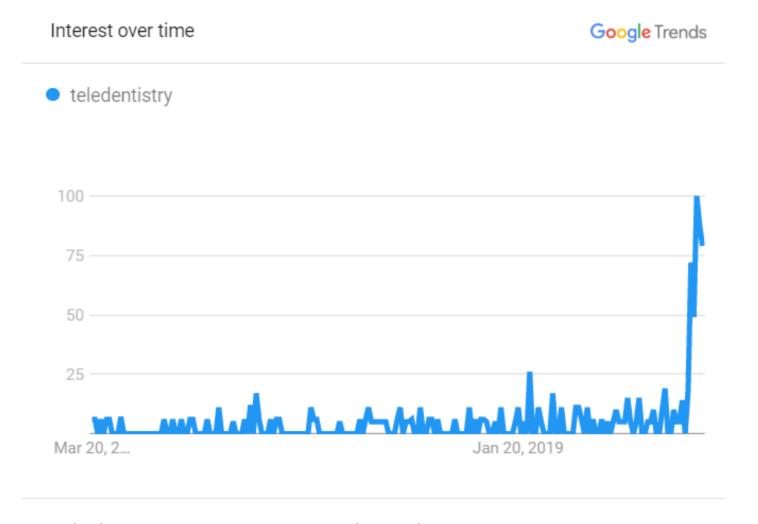
Virtual Examination Agreement With In-Person Examination (Virtual Case Count)

	Dentist A	Dentist B	Dentist C
Both virtual examinations agree with in-person examination	22	19	19
One virtual examination agrees with in-person examination	2	6	4
Neither virtual examination agrees with in-person examination	1	0	2

TABLE 2

Intra-Observer Agreement

	Dentist A	Dentist B	Dentist C	Combined
Cohen's Kappa[19]	0.80	0.50	0.61	
Agreement (based on Landis and Koch guidelines)[20]	Substantial	Moderate	Substantial	Substantial

Dentist A — Virtual Exam 70.4%, Direct Exam 69.0%
Dentist B — Virtual Exam 59.3%, Direct Exam 55.2%
Dentist A — Virtual Exam 70.4%, Direct Exam 75.9%

Legend: Virtual Exam, Direct Exam

Namakian M, Subar P, Glassman P, Quade R, Harrington M. In-person versus "virtual" dental examination: congruence between decision-making modalities. J Calif Dent Assoc. 2012 Jul;40(7):587-95. PubMed PMID: 22916380.

Teledentistry+COVID-19

Google Trends March 2016 – April 12, 2020

Interest over time — Google Trends

● teledentistry

100

75

50

25

Mar 20, 2...   Jan 20, 2019

United States. 3/16/16 - 4/12/20. Web Search.

#	State	Value	
1	Nevada	100	
2	Connecticut	96	
3	Missouri	76	
4	Utah	68	

Applications of Teledentistry

App 1	Limited Evaluations and Triage
App 2	COVID Urgent & Non-Urgent Exams
App 3	Hygiene Only Coverage
App 4	Satellite Office Coverage
App 5	Specialist Consultations
App 6	Outreach Application
App 7	Medical-Dental Integration
App 8	Patient Monitoring Devices

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

Helping Dental Providers Maintain Services and Contact with Patients
Using Optimized Systems
During the time of COVID-19 Physical Distancing
March 26, 2020

Virtual Visits / Teledentistry Documentation
Recommendations March 25, 2020

Prepared by:

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Background

Most states and many insurers require some form of consent. Written consent is always preferred. In some cases a verbal consent is the only method of consent possible. This

Teledentistry Resources
March 25, 2020

The following is a list of some teledentistry product or resources that providers could use to provide teledentistry consultations for their patients. Please note that this is not a complete list of companies and services. Inclusion of a product or service does not constitute an endorsement. This is only a sample listing of products and resources. Readers of this document are advised to investigate products they are interested in and make their own decisions about which products or services to use.

Teledentistry Platforms

This is a sample listing of teledentistry platforms. There are many companies that offer services where the company team will bring equipment to a business and do care at those locations, or provide call-center like services where the company dentist will review records and make a referral. These are not included here. As above, readers of this document are advised to investigate products they are interested in and make their own decisions about which products or services to use.

Company:	Virtual Dental Care – www.virtualdentalcare.com/
Product:	Teledentix – full featured teledentistry software
	Teledentix Communicator – Optimized for physical distancing environment

| Company: | Mouthwatch - www.mouthwatch.com/ |
| Product: | Teledent – full featured teledentistry software |

| Company: | Oral Eye - www.oraleye.com/ |
| Product: | Oral Eye – dental consultation system |

| Company: | Dentulu - www.dentulu.com/ |
| Product: | Dentulu – full feature teledentistry software |

Other Communication Platforms
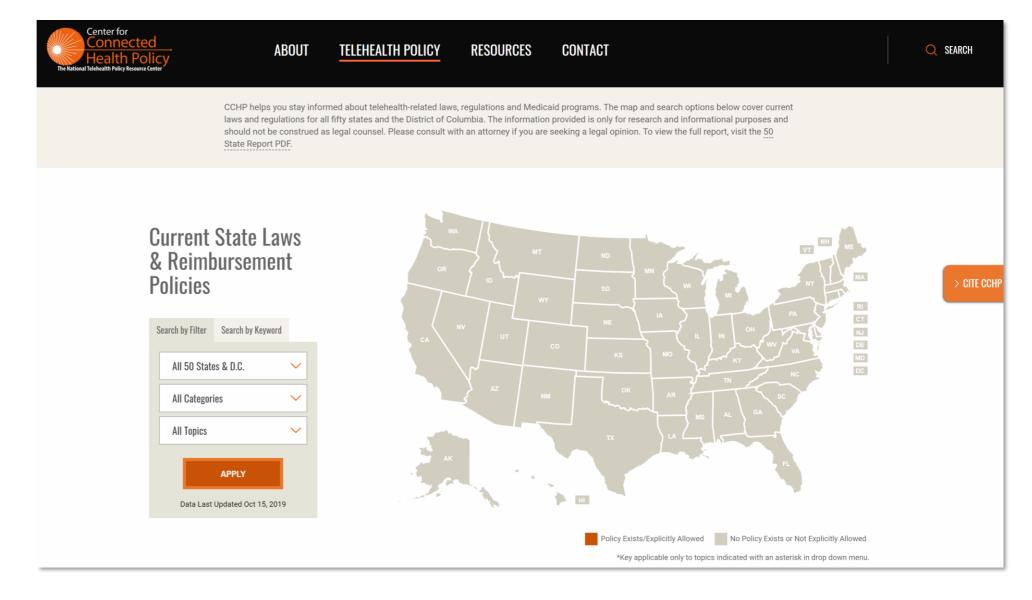
State Rules Vary

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

Center for Connected Health Policy. State Telehealth Laws. Fall 2019. https://www.cchpca.org/sites/default/files/2019-10/50%20State%20Telehalth%20Laws%20and%20Reibmursement%20Policies%20Report%20Fall%202019%20FINAL.pdf

HIPAA Compliance

Temporary ease in enforcement!

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

We are <u>empowering</u> medical providers to <u>serve patients wherever they are </u>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 <u>providers in connection with the good faith provision of telehealth </u>during the COVID-19 nationwide public health emergency.

https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html

ADA COVID-19 Coding and Billing Interim Guidance

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

COVID-19 Coding and Billing Interim Guidance | 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/re-evaluations virtually, 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 (privacy 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, Twitch, 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 requirement 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 you r 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

Applications of Teledentistry

App 1	Limited Evaluations and Triage
App 2	COVID Urgent & Non-Urgent Exams
App 3	Hygiene Only Coverage
App 4	Satellite Office Coverage
App 5	Specialist Consultations
App 6	Outreach Application
App 7	Medical-Dental Integration
App 8	Patient Monitoring Devices

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 pulpal inflammation
- Pericoronitis or third-molar pain
- Surgical post-operative osteitis, 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:
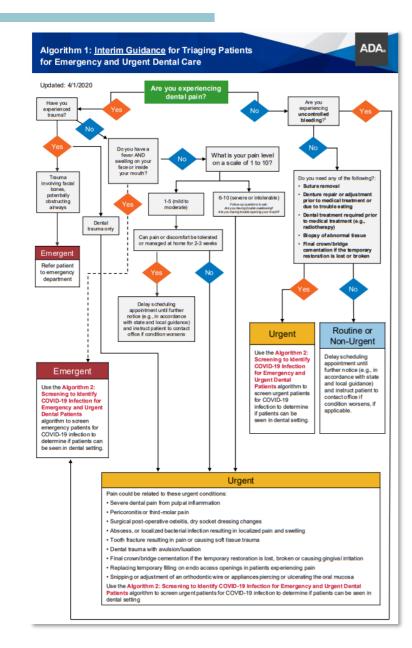
- Extensive dental caries or defective restorations causing pain
    - Manage with interim restorative techniques when possible (silver diamine fluoride, glass ionomers)
- Suture removal
- Denture adjustment on radiation/oncology patients
- Denture adjustments or repairs when function impeded
- Replacing 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
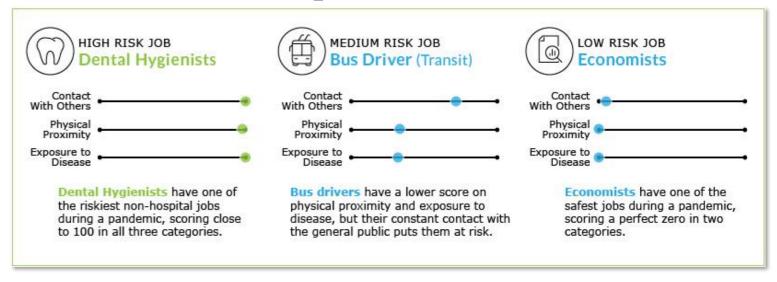
DENTAL NON EMERGENCY PROCEDURES

Routine or non-urgent dental procedures includes but are not limited to:
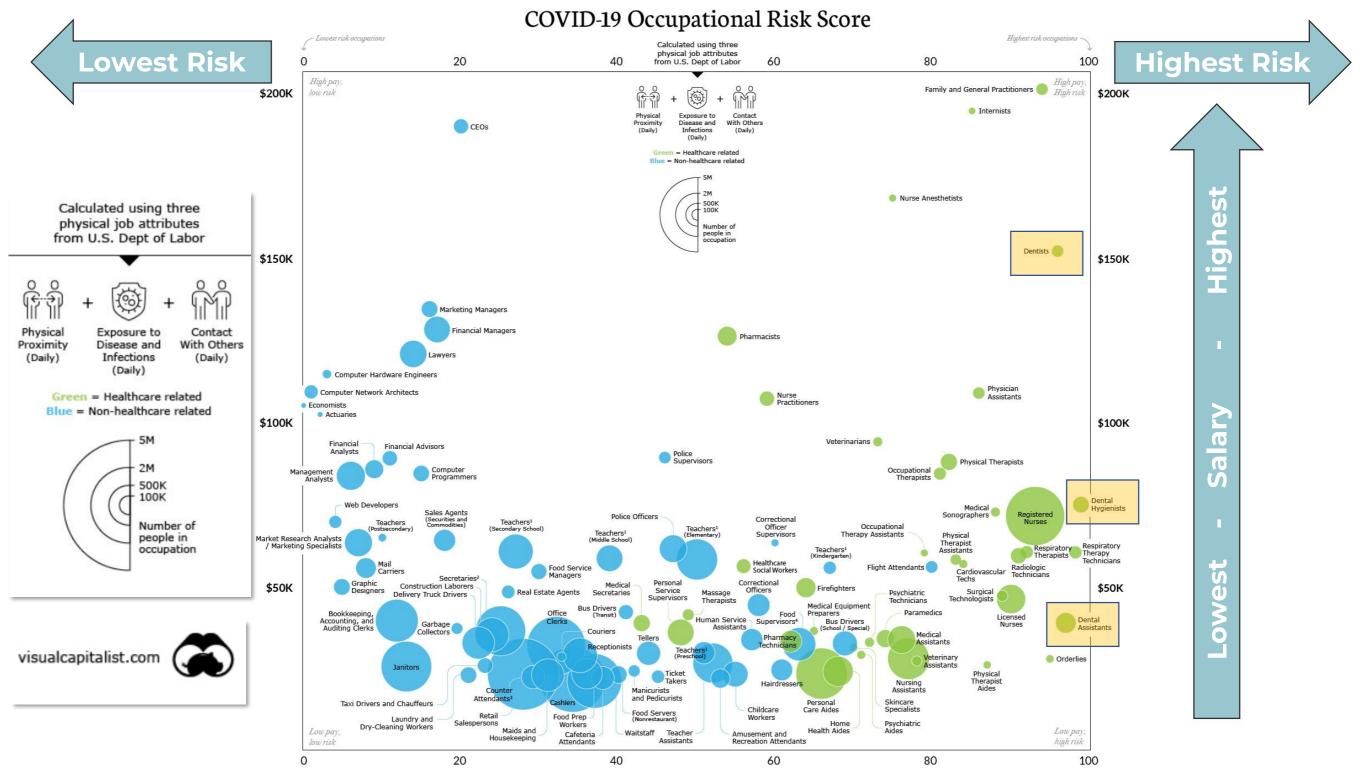
- Initial or periodic oral examinations and recall visits, including routine radiographs
- Routine dental cleaning and preventive therapies
- Orthodontic procedures other than those to address acute issues (e.g. pain, infection, trauma)
- Extraction of asymptomatic teeth
- Restorative dentistry including treatment of asymptomatic carious lesions
- Aesthetic dental procedures

Updated 3/19/20

Interim Guidance & Risk of Exposure
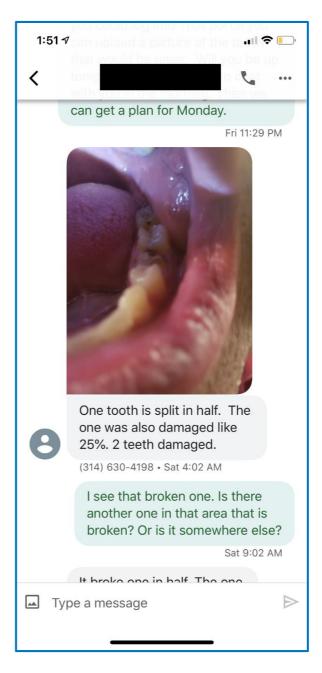
Occupation	COVID-19 Risk Score
Dental Hygienists	99.7
Respiratory Therapy Technicians	95
Sports Medicine Physicians	94.6
Dental Assistants	92.5
Radiation Therapists	92.4
Oral and Maxillofacial Surgeons	92.3
Dentists, General	92.1
Obstetricians and Gynecologists	91.8
Dermatologists	91.1
Orderlies (Patient Care Assistants)	90.2

visualcapitalist.com

COVID-19 Occupational Risk Score

Lowest Risk ← → Highest Risk

Highest — Salary — Lowest

Calculated using three physical job attributes from U.S. Dept of Labor

Physical Proximity (Daily) + Exposure to Disease and Infections (Daily) + Contact With Others (Daily)

Green = Healthcare related
Blue = Non-healthcare related

Number of people in occupation: 5M / 2M / 500K / 100K

visualcapitalist.com

How I handled my first week in quarantine:

Store and Forward

Google Voice
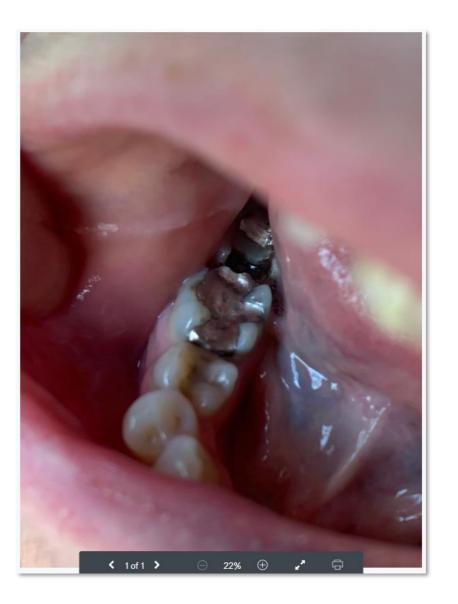
Facebook Messenger

Limited Evaluation Teledentistry
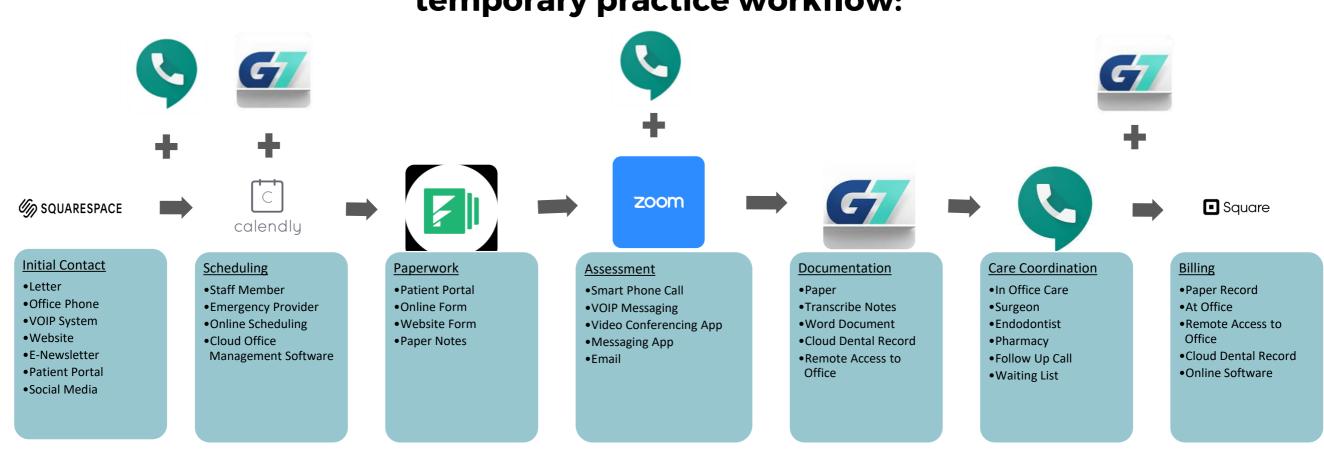
Do you have dental problems now?:	Yes
If yes, please describe.:	Lost filling. Pain. Food lodged in cavity
Upload an image of problem area:	View File
What best describes you pain?:	3
Are your teeth sensitive to: :	Hot or Cold? = No Sweets? = No Biting or chewing? = No Have you noticed mouth odors or bad 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
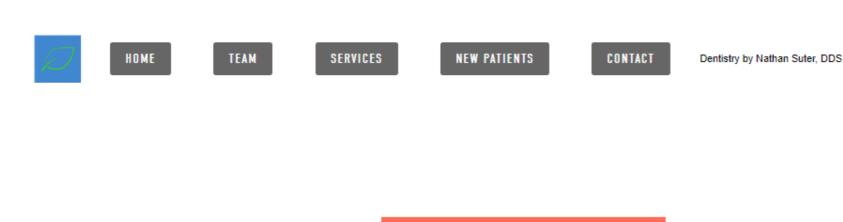
Workflows: Moderate Cost, High Tech

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

Initial Contact
- Letter
- Office Phone
- VOIP System
- Website
- E-Newsletter
- Patient Portal
- Social Media

Scheduling
- Staff Member
- Emergency Provider
- Online Scheduling
- Cloud Office Management Software

Paperwork
- Patient Portal
- Online Form
- Website Form
- Paper Notes

Assessment
- Smart Phone Call
- VOIP Messaging
- Video Conferencing App
- Messaging App
- Email

Documentation
- Paper
- Transcribe Notes
- Word Document
- Cloud Dental Record
- Remote Access to Office

Care Coordination
- In Office Care
- Surgeon
- Endodontist
- Pharmacy
- Follow Up Call
- Waiting List

Billing
- Paper Record
- At Office
- Remote Access to Office
- Cloud Dental Record
- Online Software

Website Integration

Online Scheduling

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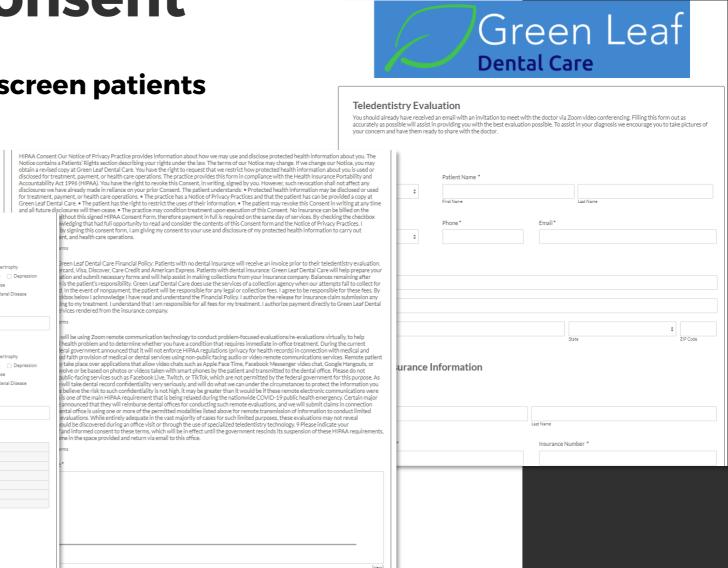
Health History & Consent

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

Green Leaf Dental Care

Instructions for use

Your health history and patient information form was recieved!

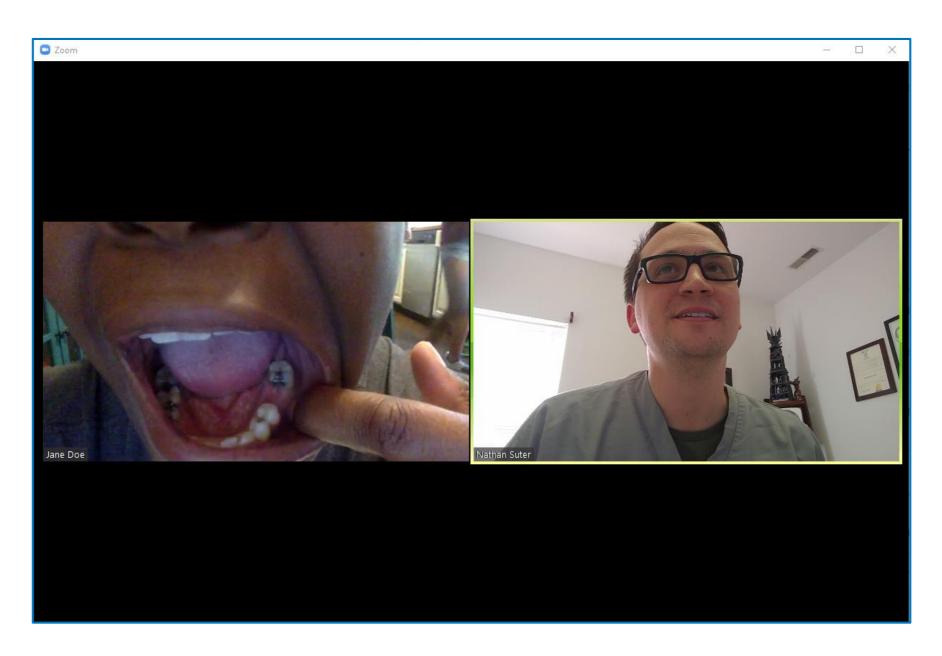Before your appointment please review these Zoom instructional videos.

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 636-671-0102.

Video instructions - How to join a Zoom teledentistry visit from your computer.

Zoom Consultation

Recap for todays 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
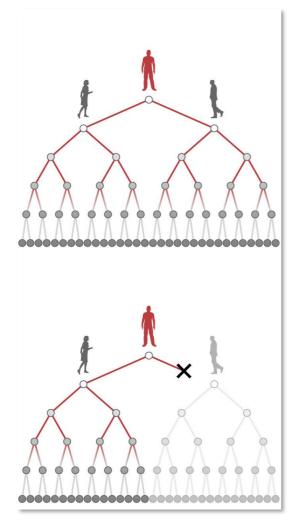
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Using Teledentistry to Mitigate Risk

- 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

Administrative Controls

Administrative controls require action by the worker or employer. Typically, administrative controls are changes in work policy or procedures to reduce or minimize exposure to a hazard. Examples of administrative controls for SARS-CoV-2 include:
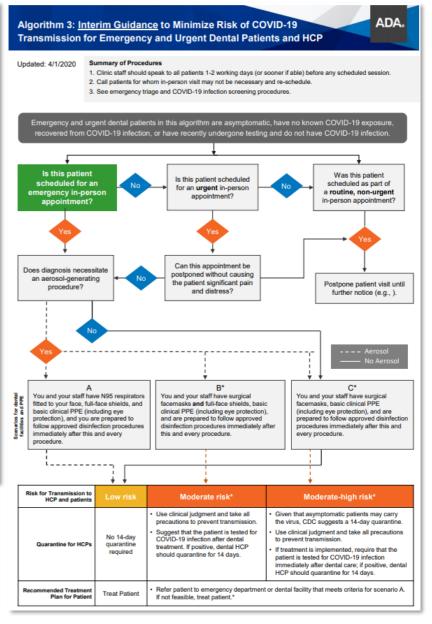
- Encouraging sick workers to stay at home.
- Minimizing contact among workers, clients, and customers by replacing face-to-face meetings with virtual communications and implementing telework if feasible.
- Establishing alternating days or extra shifts that reduce the total number of employees in a facility at a given time, allowing them to maintain distance from one another while maintaining a full onsite work week.
- Discontinuing nonessential travel to locations with ongoing COVID-19 outbreaks. Regularly check CDC travel warning levels at: www.cdc.gov/coronavirus/2019-ncov/travelers.
- Developing emergency communications plans, including a forum for answering workers' concerns and internet-based communications, if feasible.
- Providing workers with up-to-date education and training on COVID-19 risk factors and protective behaviors (e.g., cough etiquette and care of PPE).
- Training workers who need to use protecting clothing and equipment how to put it on, use/wear it, and take it off correctly, including in the context of their current and potential duties. Training material should be easy to understand and available in the appropriate language and literacy level for all workers.

https://www.nytimes.com/2020/03/19/health/coronavirus-distancing-transmission.html

https://www.osha.gov/Publications/OSHA3990.pdf
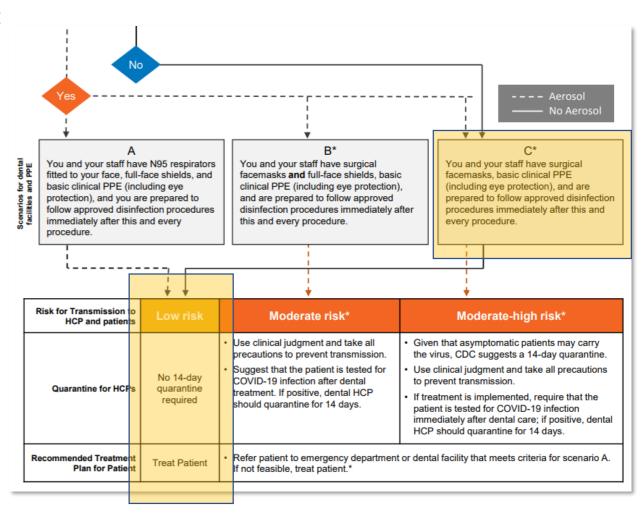
ADA Interim Guidance for Triage

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.

Traditional Teledentistry Tools

Extra-Oral Camera

Dine Digital

Intra-Oral Camera
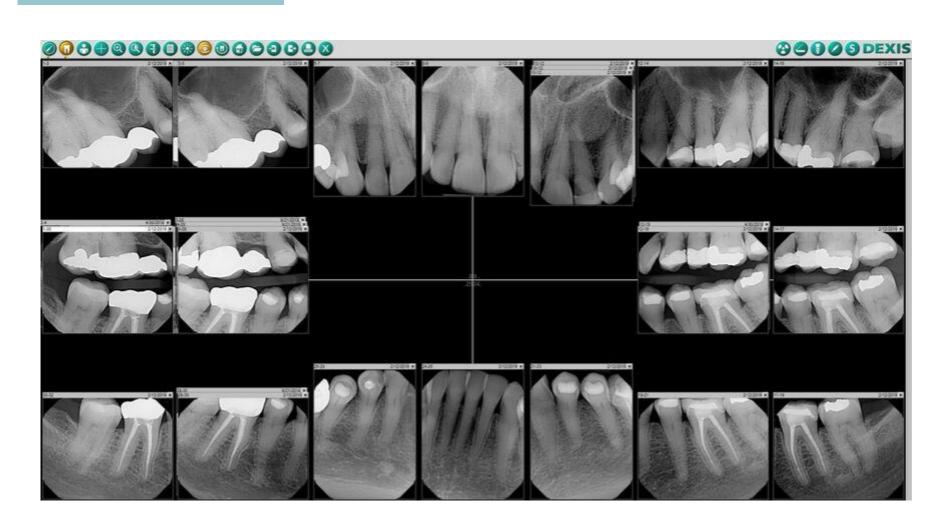
Mouth Watch

Cheek Retractors

Generic

Intra-oral Mirrors

Generic

Traditional Teledentistry: Radiographs

Traditional Teledentistry: Extra-Oral Photographs

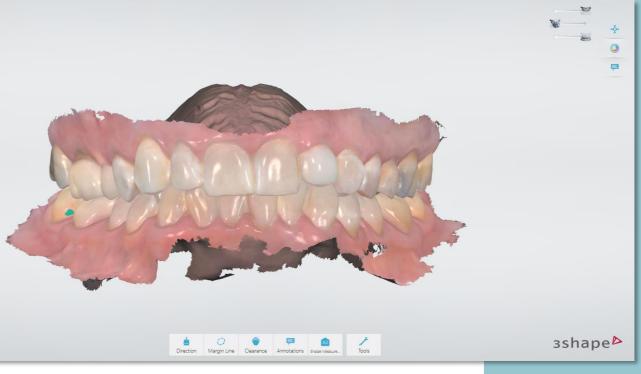# Traditional Teledentistry: Photographs (Intraoral)

Traditional Teledentistry: Intra-oral Videos

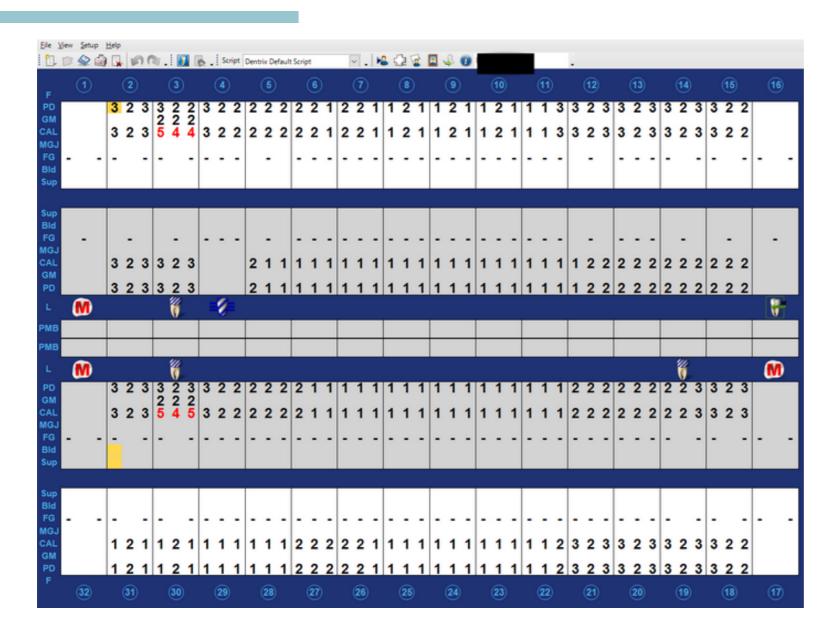- Quadrant Videos

- Curtesy of

  Dr. Scott Howell

  at ATSU ASDOH
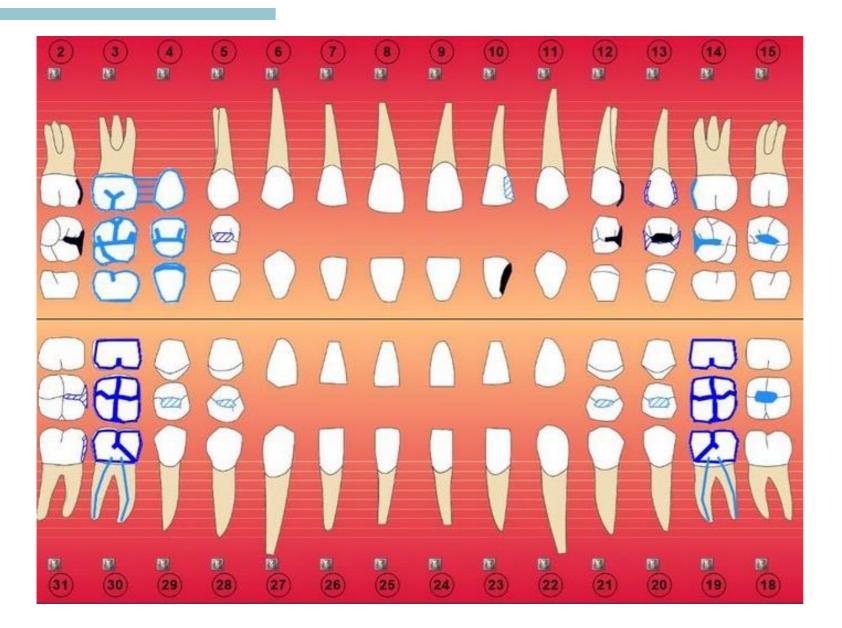
Traditional Teledentistry: Digital Scans

Traditional Teledentistry: Periodontal Chart

Traditional Teledentistry: Tooth Chart

The road ahead

ACCESS TELEDENTISTRY

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.

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

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

FCC COVID-19 Online Application

FCC 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

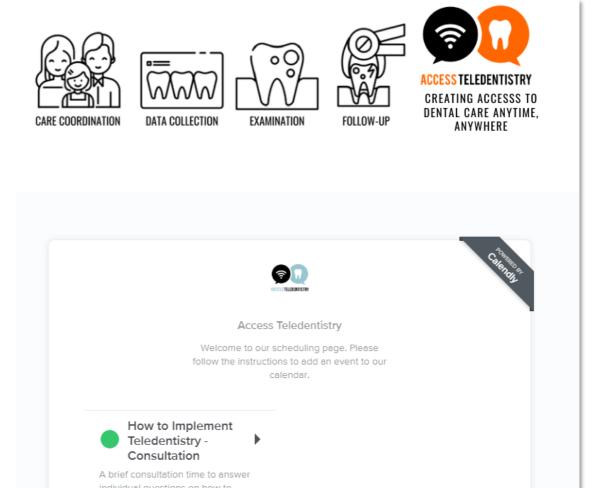"The difference between a problem and an opportunity is what you make of it." - *unknown*

Consultation and Webinar Service Available

Visit our website for more information accessteledentistry.com

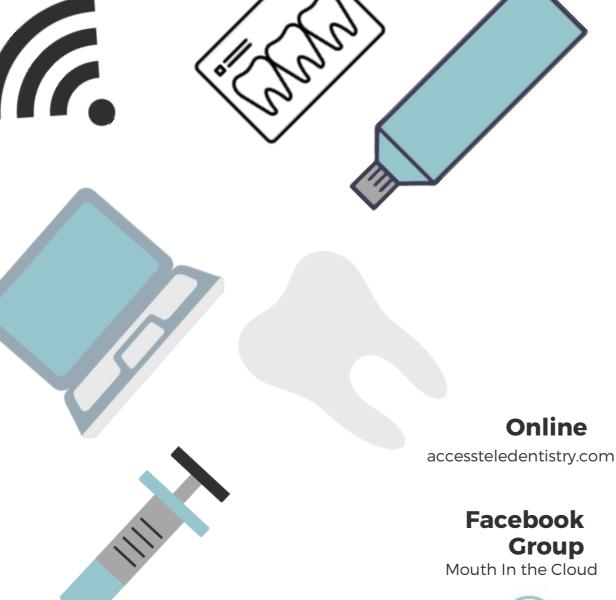I do have some availability but each day there seems to be more people seeking information on teledentistry.

We have three main services at the moment:
- Teledentistry Planning & FAQs
  - 30 minutes
- Teledentistry Implementation Assistance
  - Varies
- Teledentistry Training Webinars
  - 60 minutes

ACCESS TELEDENTISTRY

Reach Out to Us

Online

accessteledentistry.com

Facebook Group

Mouth In the Cloud

MOUTH IN THE CLOUD
HOSTED BY ACCESS TELEDENTISTRY

Mailing address

7214 Executive Parkway
House Springs, MO 63051

Email address

nsuter@accessteledent.com

Phone number

(314) 594 - 7170

Thank You!

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

- **Email: 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

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