

# Teledentistry: Bridging Oral Health Access Gaps in the Safety-Net

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# Acknowledgements

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Wish to acknowledge the co-authors of studies described in this webinar: Simona Surdu, MD, PhD and Jean Moore, DrPH, FAAN

# Oral Health Workforce Research Center (OHWRC)

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- OHWRC is based at the Center for Health Workforce Studies (CHWS), School of Public Health, University at Albany, State University of New York (SUNY).
- OHWRC, established in 2014, is 1 of 9 health workforce research centers in the country funded by the Health Resources and Services Administration (HRSA) and the only one uniquely focused on the oral health workforce.
- This webinar is a collaboration between the OHWRC and the Health Workforce Technical Assistance Center (HWTAC).

# Learning Objectives

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1. Re-introduction to teledentistry
2. Describe the uptake of teledentistry services during the pandemic
3. Discuss findings from key-informant interviews on teledentistry
4. Outline the variation of teledentistry regulations by state
5. Q&A

# Re-Introduction to Teledentistry

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- Teledentistry is the use of information and communication technology to deliver virtual oral health services in real time (synchronous) or through store-and-forward (asynchronous) methods.
- Services offered by Teledentistry
  - Examinations
  - Evaluations
  - Diagnosis and treatment planning
  - Prescribing medications
  - Oral health education for patients
  - Education and training of dental students, residents, and clinicians
  - Remote patient monitoring
  - General and specialty dental consultations and referrals

# Teledentistry Prior to COVID-19

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- Teledentistry has been around for nearly 30 years.
- Prior to the COVID-19 pandemic, the use of teledentistry was limited mostly to providers and programs focused on specific populations.
- Adoption was hindered by many factors including:
  - 1) Reluctance to innovate
  - 2) Limited access to high-speed internet (OHWRC, 2022)
  - 3) Lack of devices capable of supporting telehealth apps (OHWRC, 2022)
  - 4) Concerns about costs related to infrastructure and software
  - 5) Security, privacy, and HIPPA compliance (OHWRC, 2022)
  - 6) Reservations about having the necessary technological skills to use teledentistry to the benefit of patients (Tiwari et al, 2022)
  - 7) Concerns about patients' acceptance of a virtual visit (Hung et al, 2022)
  - 8) Reimbursement policies (OHWRC, 2023)

# Teledentistry Adoption and Expansion

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- The full or partial closure of health care provider organizations, including dental practices, catalyzed innovative thinking about how best to connect patients with providers.
- Executive orders encouraged use of technology to care for patients.
- Federal directives expanded reimbursement for teledentistry.
- Teledentistry was also enabled by emergency directives that loosened stringent HIPPA requirements.
- All of which allowed for rapid adoption and expansion of teledentistry.

# Uptake of Teledentistry Services During the Pandemic

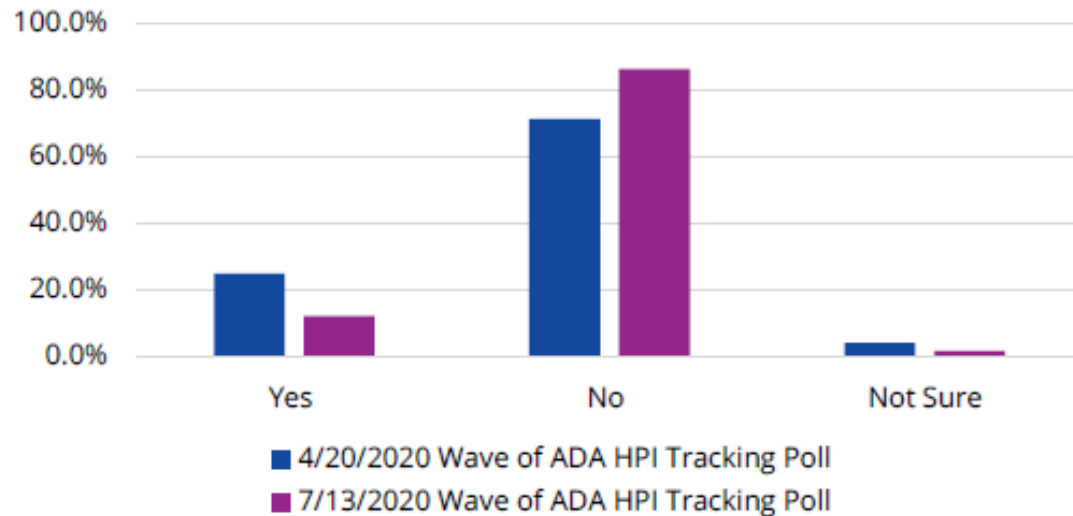
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- Literature shows that teledentistry use during early months of pandemic increased exponentially.
- In April 2020, use of teledentistry was about **60 times pre-pandemic levels** (Choi et al, 2021).
- Teledentistry use decreased once dental offices reopened, but as of August 2020, remained **12.7 times higher than pre-pandemic levels** (Choi et al, 2021).



# Teledentistry Uptake and Modalities

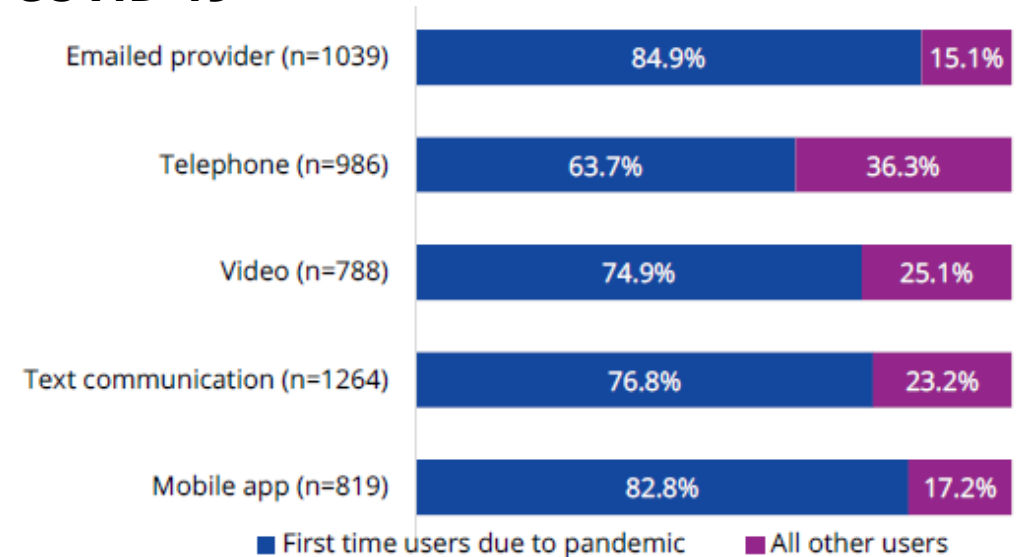
## Private Practices Using Virtual Technology/Telecommunications in 2020



Source: ADA, HPI Tracking Poll, 2020

American Dental Association. 2020. Economic Impact of COVID-19 on Dental Practices. Wave 3 and Wave 9. Retrieved from <https://www.ada.org/resources/research/health-policy-institute/impact-of-covid-19/private-practice-results>

## Teledentistry Modalities Use by Both First Time Users Due to COVID-19 and Others Who Had Already Used Teledentistry Prior to COVID-19



Source: OHWRC and AAMC, 2020-2021

OHWRC. N.d. Use of Teledentistry to Increase Access to Oral Health Services During the COVID-19 Pandemic. Retrieved from [https://www.chwsny.org/wp-content/uploads/2022/06/OHWRC\\_2022-Teledentistry-Poster\\_Theekshana.pdf](https://www.chwsny.org/wp-content/uploads/2022/06/OHWRC_2022-Teledentistry-Poster_Theekshana.pdf)



# Uptake of Teledentistry at FQHCs

**Number of Dental Visits Via Teledentistry at FQHCs With Dentist and/or Dental Hygienist FTEs by Region and Nationwide, 2019-2020**

Region	2019	2020
Midwest	9	20,325
Northeast	117	50,767
South	501	30,946
West	4,228	100,182
Nationwide	4,855	202,220

**Number and Proportion of FQHCs Offering Oral Health Services Via Teledentistry by Region and Nationwide, 2019-2020**

Region	2019		2020	
	n	%	n	%
Midwest	79	32.5	241	98.8
Northeast	49	23.3	202	97.1
South	148	39	360	93.3
West	142	40.5	333	97.6
Nationwide	418	35.3	1,136	96.4

Langelier M, Surdu S, Fernando T, Gundavarapu SS, Romero A. Implications of the COVID-19 on Safety-net Oral Health Services. Rensselaer, NY: Oral Health Workforce Research Center, Center for Health Workforce Studies, School of Public Health, SUNY Albany; April 2023.

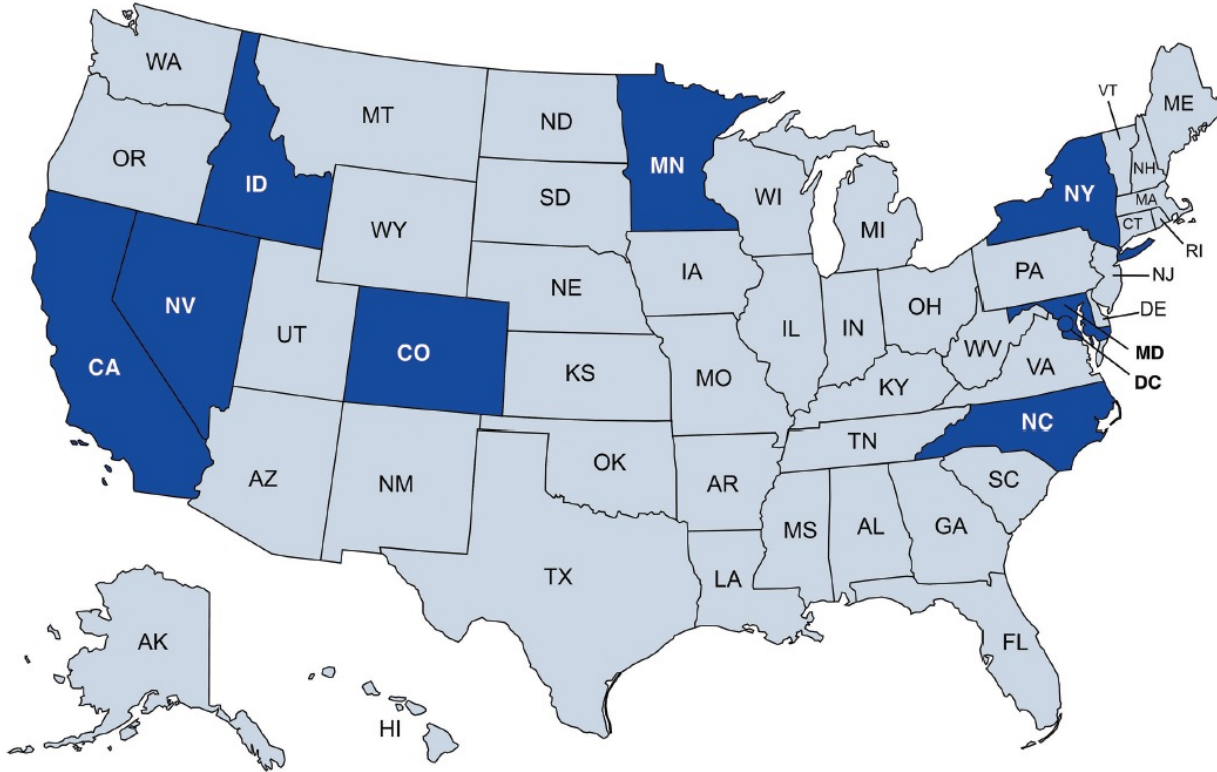
# Key-Informant Interviews on Teledentistry

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- Project Title: Teledentistry Adoption and Use During the COVID-19 Pandemic
- Objectives:
  - Objective 1: Conduct interviews with dental providers and staff in the safety-net in the US to understand the use of teledentistry prior to, during, and subsequent to the most intense months of the COVID-19 pandemic.
  - Objective 2: Conduct a review of enabling statutes and regulations for the provision of teledentistry services in each of the 51 regulatory jurisdictions in the US
- Data Source:
  - Objective 1: 26 key informant interviews at 11 safety-net dental organizations (nine of which were FQHCs)
  - Objective 2: Review of regulatory parameters for providing teledentistry services in each of the 50 states and the District of Columbia.

Langelier M, Fernando T, Surdu S, Romero A. Teledentistry Adoption and Use During the COVID-19 Pandemic. Rensselaer, NY: Oral Health Workforce Research Center, Center for Health Workforce Studies, School of Public Health, SUNY Albany; July 2023.

# Geographical Distribution of Safety-net Organizations



Created with mapchart.net

Langelier M, Fernando T, Surdu S, Romero A. Teledentistry Adoption and Use During the COVID-19 Pandemic. Rensselaer, NY: Oral Health Workforce Research Center, Center for Health Workforce Studies, School of Public Health, SUNY Albany; July 2023.  
[oralhealthworkforce.org](http://oralhealthworkforce.org)

## Northeast

- Community Health Center of the North Country, New York
- Whitney Young Health, New York

## West

- Petaluma Health Center, California
- Ravenswood Family Health, California
- Alameda Health System, California
- Salud Family Health, Colorado
- Terry Reilly, Idaho
- Future Smiles, Nevada

## Midwest

- Apple Tree Dental, Minnesota

## South

- Mary's Center, District of Columbia and Maryland
- Charlotte Community Health Center, North Carolina

Key informants included C-Suite Staff, clinical directors, non-clinical directors, dentists, dental hygienists, dental assistants and administrative staff.

# Thematic Findings

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1. Teledentistry was critical in bridging access to care gaps during the initial months of the COVID-19 pandemic.
2. Teledentistry had the potential to be a satisfactory treatment modality for patients.
3. Patients were somewhat reluctant but, once engaged, were comfortable using teledentistry.
4. The majority of providers were satisfied with offering services via teledentistry.
5. Instituting a teledentistry program required trial and error, but once established the benefits of virtual visits became apparent.
6. Several benefits of using teledentistry with patients emerged with the use of the technology.
7. Clear guidance on teledentistry regulation and reimbursement continued to be the primary environmental barrier for provision of teledentistry services by safety-net providers.

Langelier M, Fernando T, Surdu S, Romero A. Teledentistry Adoption and Use During the COVID-19 Pandemic. Rensselaer, NY: Oral Health Workforce Research Center, Center for Health Workforce Studies, School of Public Health, SUNY Albany; July 2023.

# Teledentistry Infographic Methodology

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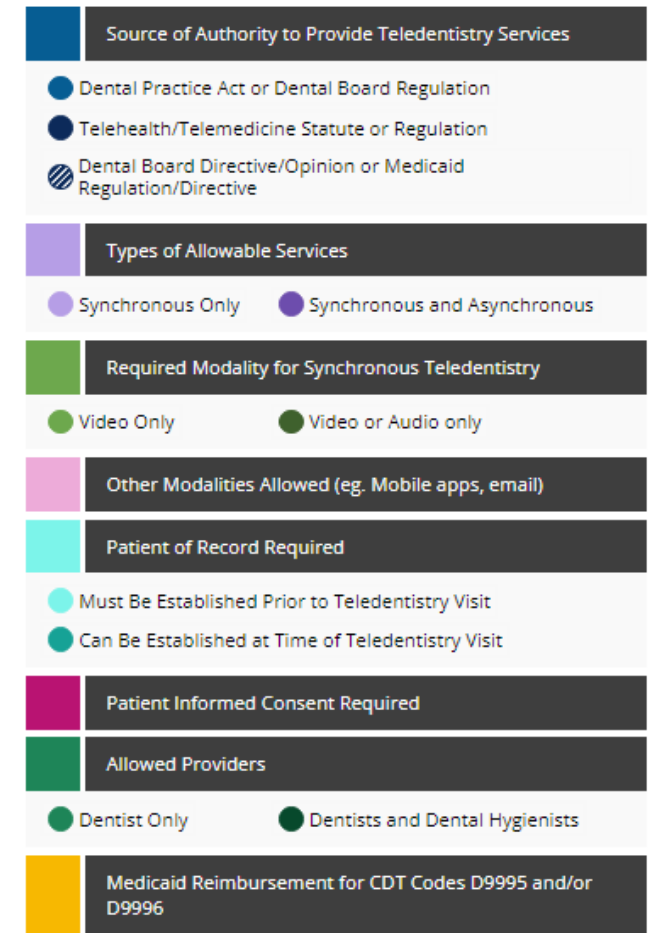
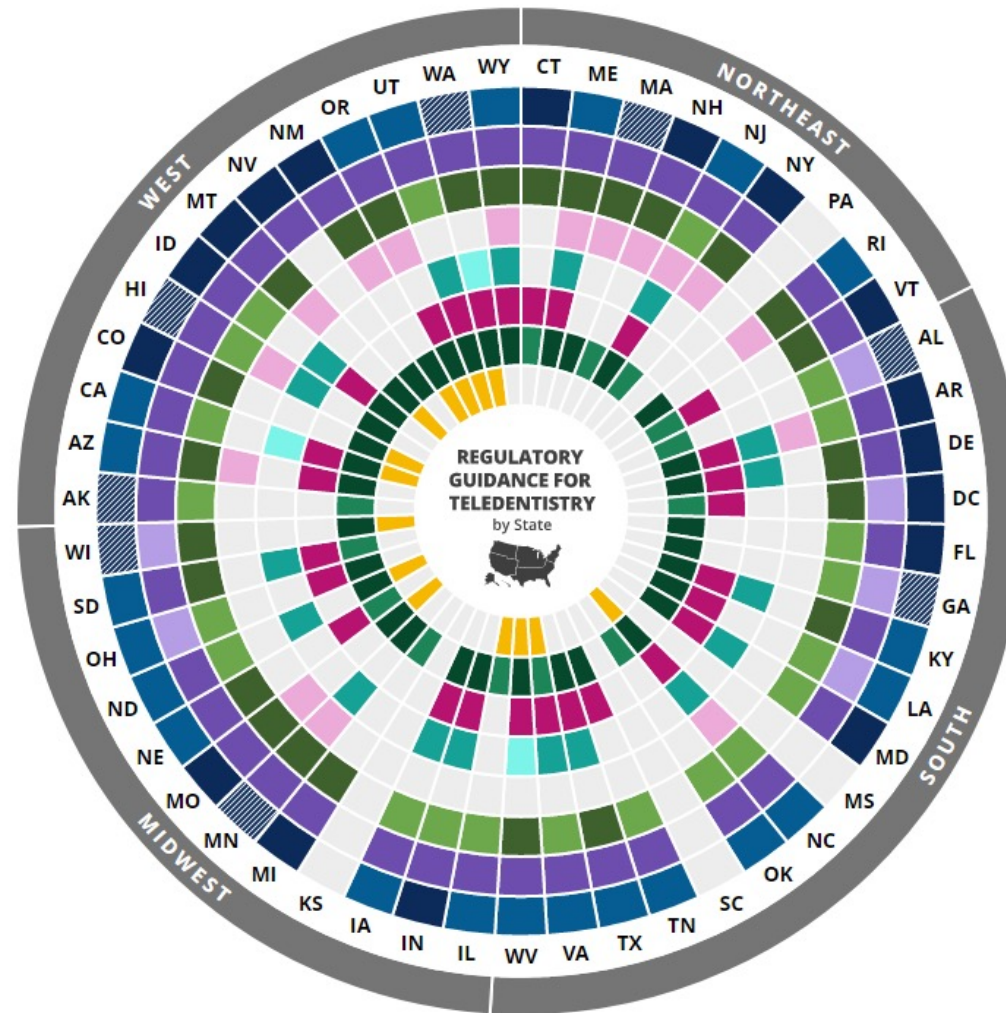
- Compiled a dictionary of regulatory parameters for providing teledentistry services in each of the 50 states and the District of Columbia (accurate as of November 2022).
- The review and subsequent compilation of data were conducted to:
  1. Understand the basic circumstances and permissions for the conduct of teledentistry services in each jurisdiction
  2. Determine common elements that could be compared across states
  3. Identify current standing law that guided the provision of teledentistry once executive orders expanding privilege had or would expire
- Collaborated with NNOHA to identify the most pertinent topics around teledentistry regulation.
- Researchers reviewed regulation and guidance documents in every state.
- Validated findings by comparing findings to findings at the Center for Connected Health Policy, the American Dental Education Association, and MouthWatch.

# Variation in Teledentistry Regulation by State

## Variation in Teledentistry Regulation by State

Teledentistry is the use of information and communication technology to deliver virtual oral health services in real time (synchronous) or through store-and-forward (asynchronous) methods. Regulatory guidance during the COVID-19 pandemic facilitated the swift adoption and expansion of teledentistry.

Considerable variability in regulation of teledentistry by states limits the ability of clinicians to provide virtual oral health care. This infographic is designed to help oral health stakeholders understand those differences.



Last Updated November 2022

# Source of Authority to Provide Teledentistry Services

## Dental Practice Act or Dental Board Regulation

Arizona, California, Illinois, Iowa, Kentucky, Louisiana, Maine, Nebraska, New Jersey, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Rhode Island, South Dakota, Tennessee, Texas, Utah, Virginia, West Virginia, Wyoming (22 states)



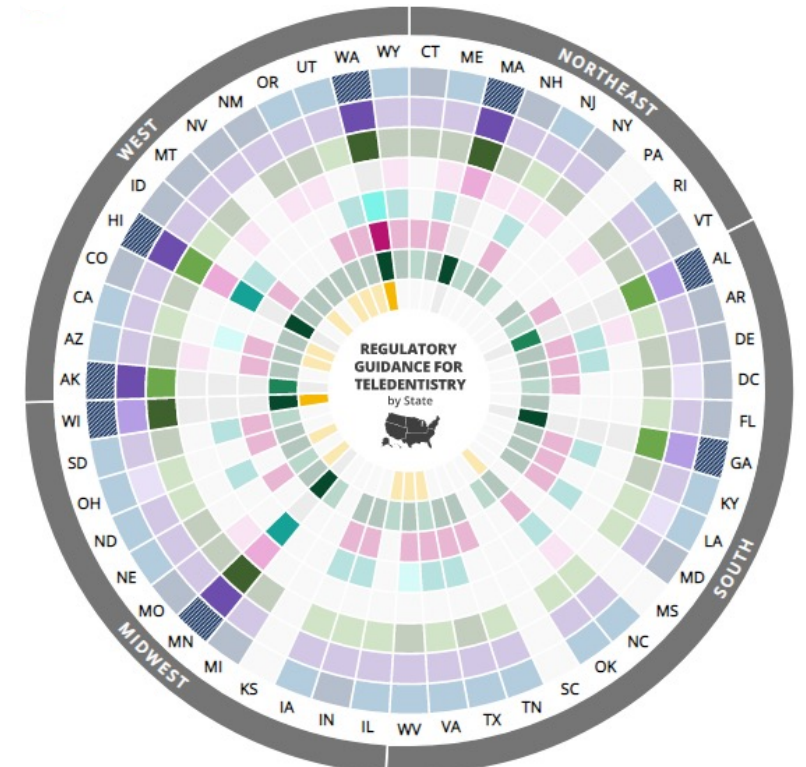
## Telehealth/Telemedicine Statute or Regulation

Arkansas, Colorado, Connecticut, Delaware, District of Columbia, Florida, Idaho, Indiana, Maryland, Michigan, Missouri, Montana, Nevada, New Hampshire, New Mexico, New York, Vermont (16 states and DC)



## Dental Board Directive/Opinion or Medicaid Regulation/Directive

Alabama, Alaska, Georgia, Hawaii, Massachusetts, Minnesota, Washington, Wisconsin (8 states)





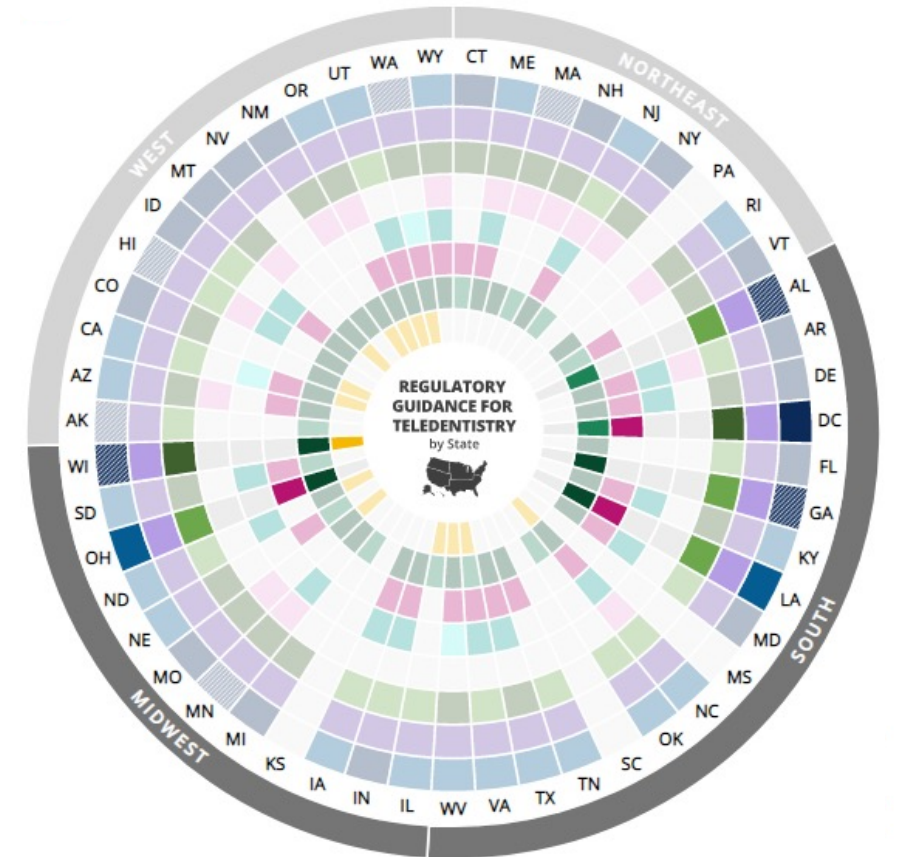
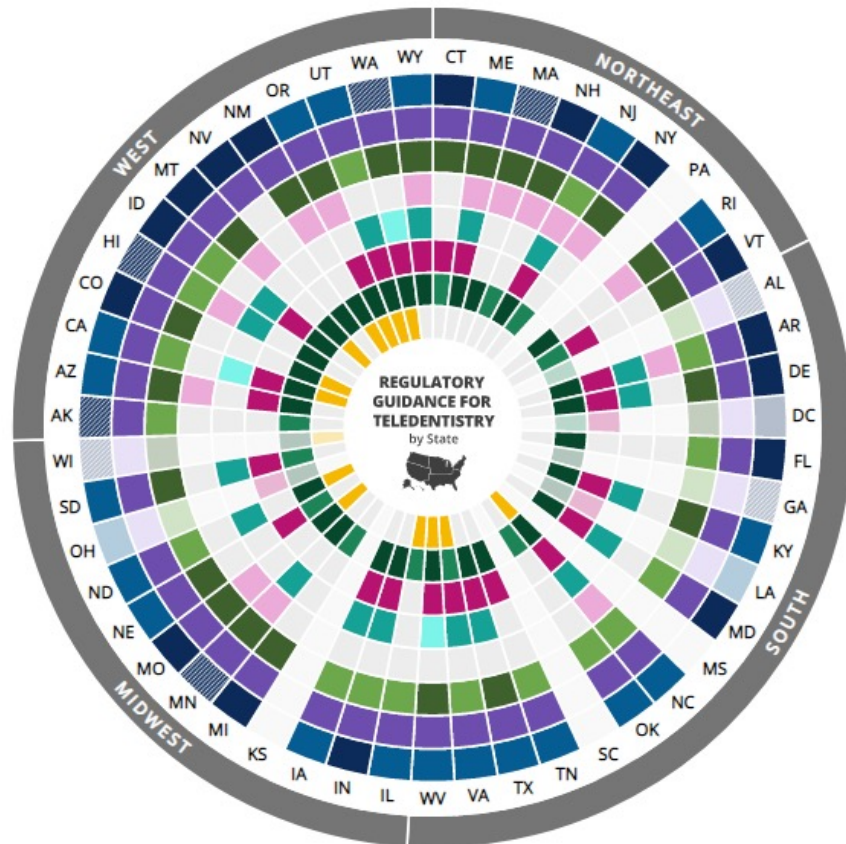
# Types of Allowable Services

## Synchronous and Asynchronous

Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, Florida, Hawaii, Idaho, Illinois, Indiana, Iowa, Kentucky, Maine, Maryland, Massachusetts, Michigan, Minnesota, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Oklahoma, Oregon, Rhode Island, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wyoming (41 states)

## Synchronous Only

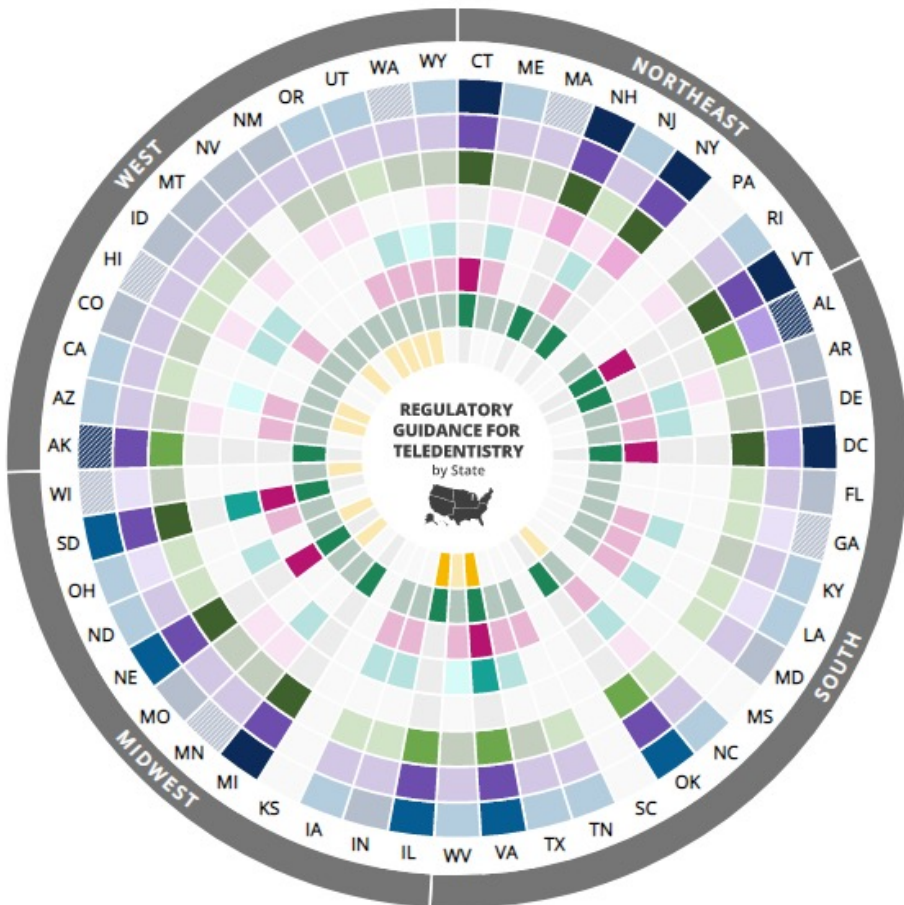
Alabama, District of Columbia, Georgia, Louisiana, Ohio, Wisconsin (5 states and DC)



# Allowed Providers

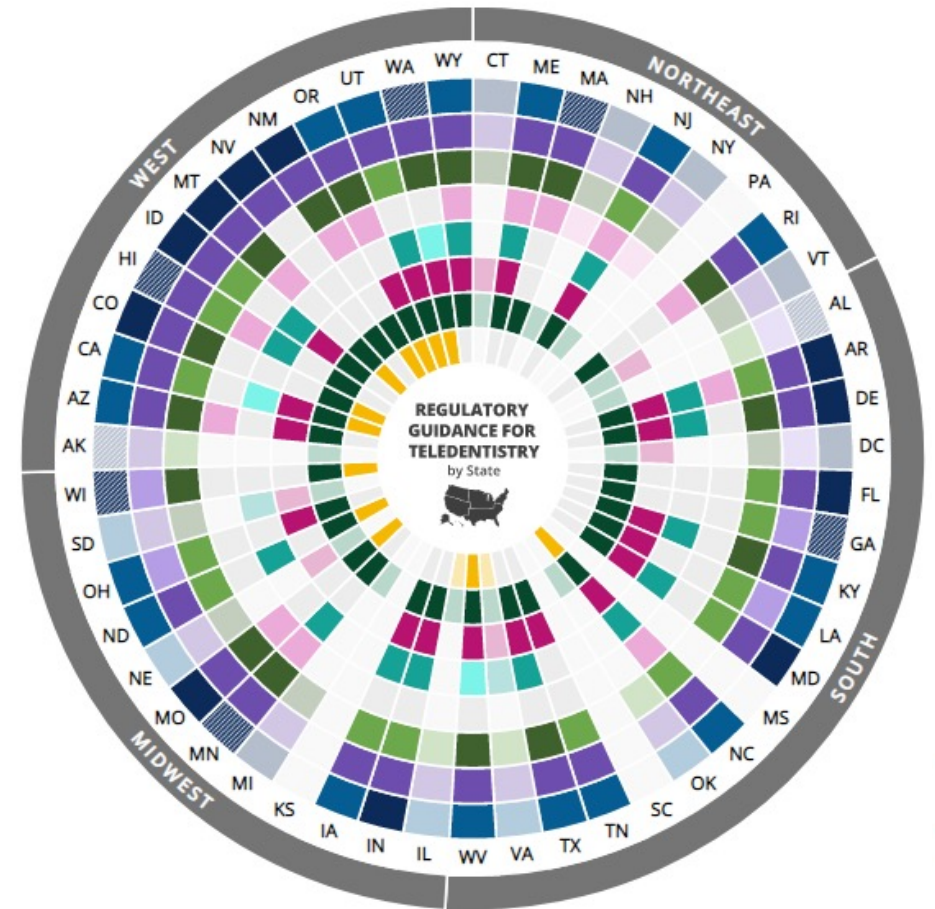
## Dentists Only

Alabama, Alaska, Connecticut, District of Columbia, Illinois, Michigan, Nebraska, New Hampshire, New York, Oklahoma, South Dakota, Vermont, Virginia (12 states and DC)

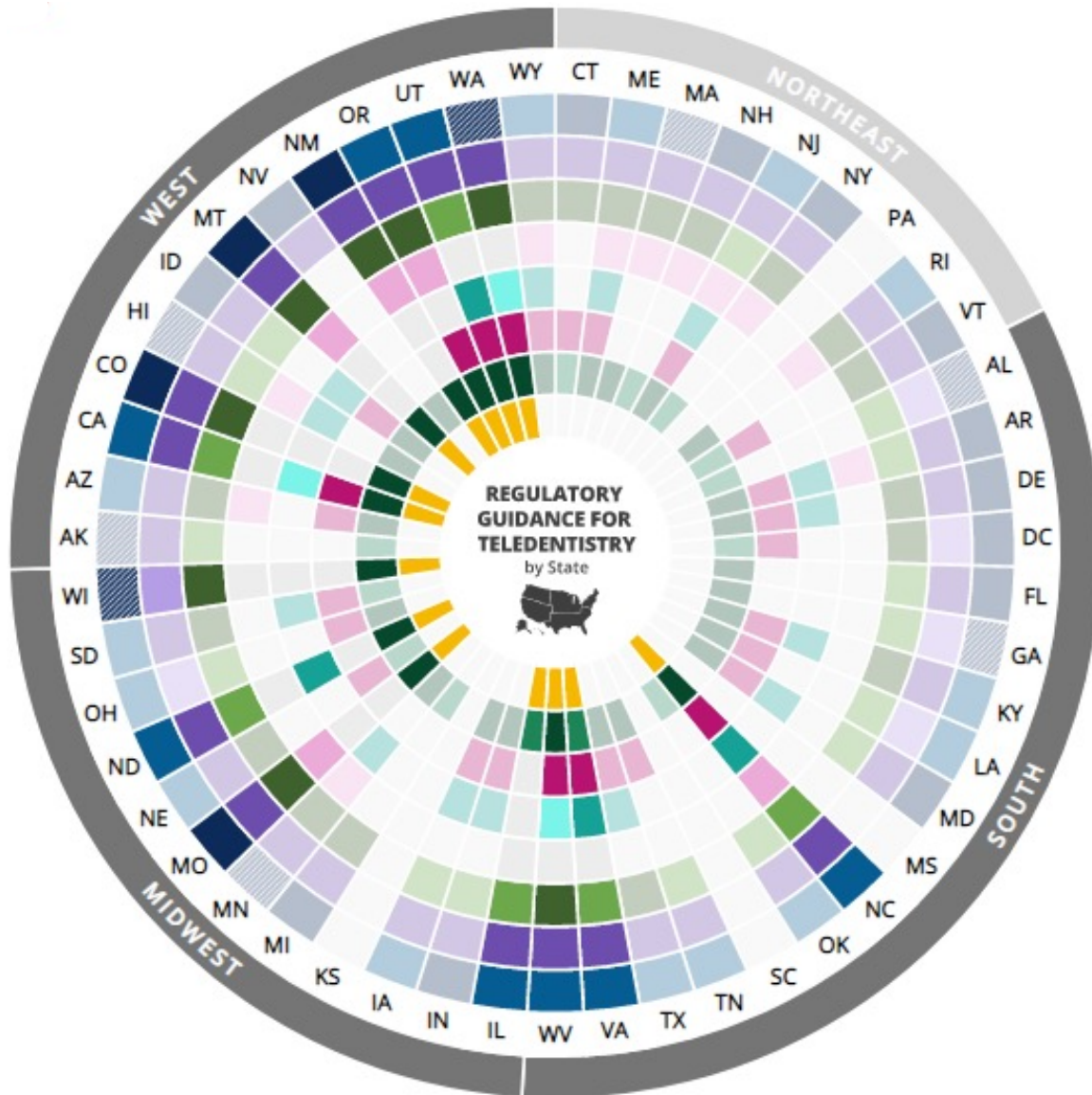


## Dentists and Dental Hygienists

Arizona, Arkansas, California, Colorado, Delaware, Florida, Georgia, Hawaii, Idaho, Indiana, Iowa, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Minnesota, Missouri, Montana, Nevada, New Jersey, New Mexico, North Carolina, North Dakota, Ohio, Oregon, Rhode Island, Tennessee, Texas, Utah, Washington, West Virginia, Wisconsin, Wyoming (34 states)



# Medicaid Reimbursement for CDT Codes D9995 and/or D9996



Medicaid Reimbursement for CDT Codes D9995 and D9996 offered in:

California, Colorado, Illinois, Missouri, Montana, New Mexico, North Carolina, North Dakota, Oregon, Utah, Virginia, Washington, West Virginia, Wisconsin (14 states)

# Conclusions

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- The sources of regulatory authority vary widely in states, as do the ways in which appropriate usage is addressed
- Telehealth legislation is highly nuanced; In some states, regulatory language is detailed and descriptive, while in other states they are vague and subject to broad interpretation
- Fundamental terminology and definitions related to virtual services vary considerably
- This suggests that teledentistry is still an emerging practice
- Infographic will inform providers, policymakers, and teledentistry advocates of the variation of teledentistry regulation across states
- Findings from our studies show that teledentistry bridge access to care in the safety-net and is here to stay.

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# Questions?

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