

Teledentistry: Bridging Access Gaps in the Safety Net and Regulatory Variation Guiding Adoption and Expansion

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- Prior to the COVID-19 pandemic, the use of teledentistry was limited to providers and programs focused on specific populations and settings
- Full or partial closure of dental practices and clinics during the pandemic catalyzed innovative thinking about how to connect patients to providers
- Teledentistry quickly became a useful tool to connect with patients for providers at private practices and those in the safety net



STUDY OBJECTIVES

- Conduct interviews with dental providers and staff in the dental safety-net to understand the use of teledentistry prior to, during, and subsequent to the most intense months of the COVID-19 pandemic
- Review enabling statutes and regulations for the provision of teledentistry services in each of the 51 regulatory jurisdictions in the US



- Compiled a dictionary of regulatory parameters for providing teledentistry services in each of the 50 states and the District of Columbia (DC) (as of November 2022)
- Researched circumstances and permissions for teledentistry services in each jurisdiction
- Determined elements that could be compared across states
- Identified laws guiding the provision of teledentistry (that would not expire at the end of the public health emergency)
- Between May and September 2022, interviews were conducted with key informants in various positions at 11 safety-net dental organizations, 9 of which were FQHCs (2 from New York; 3 from California; 1 each from Colorado, Idaho, Nevada, Minnesota, North Carolina, and Maryland/DC)
- Researchers interviewed 26 key informants (2 CEO/Executive Directors, 6 non-clinical directors, 9 clinical directors, 2 dentists, 4 dental hygienists, 1 dental assistant, 2 administrative staff) about impacts of the pandemic on oral health service delivery and patients' access to dental services
- All interview transcripts were uploaded to Dedoose V.9.0 for coding and analysis

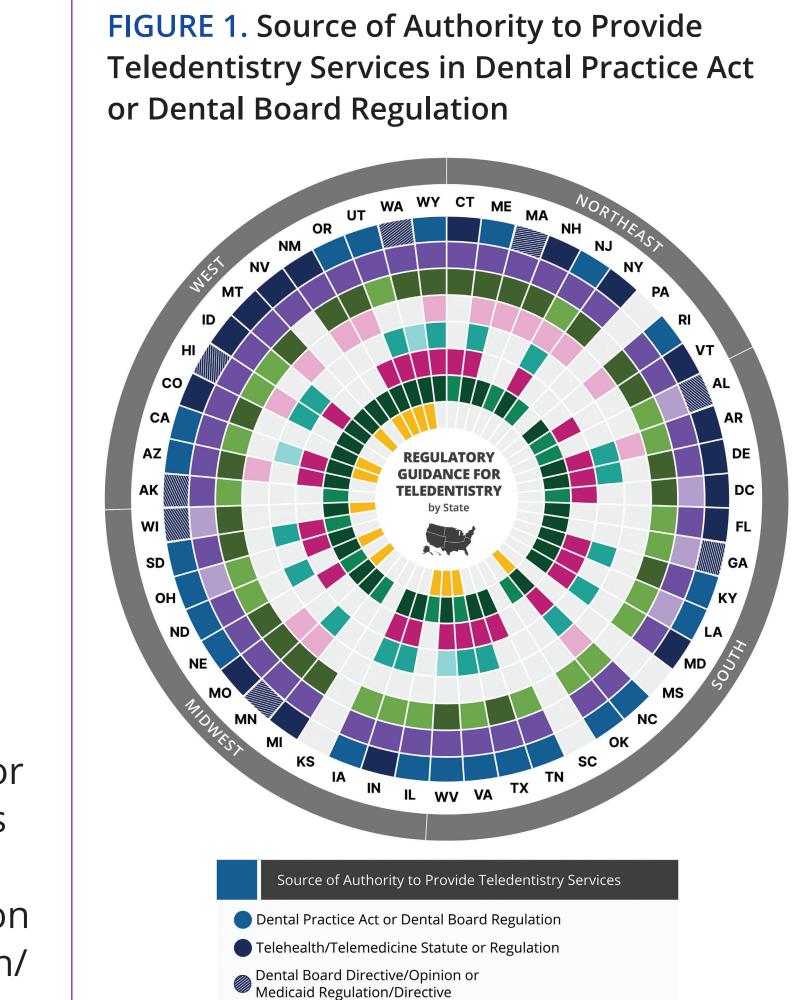
Regulatory clarity and increased reimbursement are crucial to expanding teledentistry.



THEME 1.

Teledentistry was critical in bridging access to care gaps during the initial months of the COVID-19 pandemic.

- Organizations with prior teledentistry experience transitioned more easily to virtual care
- Flexibility of teledentistry allowed for testing efficiency and effectiveness of different workflow
- Regulatory authority was critical in expanding access to services
- Teledentistry was in Dental Practice Act or Dental Board Regulation in 22 states, in telehealth/ telemedicine statute or regulation in 16 states and DC, and in dental board directive/opinion or Medicaid regulation/ directive in 8 states



THEME 2.

Teledentistry had the potential to be a satisfactory treatment modality for patients.

- The experience of introducing teledentistry services to a broader audience during COVID-19 varied
- Staff who were familiar with the benefits of virtual visits were critical to helping patients embrace teledentistry

FINDINGS

THEME 3.

Patients were somewhat reluctant but once engaged were comfortable using teledentistry.

 Hesitation to use teledentistry included technology-related barriers and digital literacy related issues

THEME 4.

The majority of providers were satisfied with offering services via teledentistry.

Initiating a teledentistry program required trial and error, but

once established the benefits of virtual visits became apparent.

Most respondents intended to continue using teledentistry beyond

- Buy-in from dental directors and executive leadership was important
- Synchronous and asynchronous teledentistry were allowed in 41 states, while synchronousonly teledentistry was allowed in 5 states and
- Dentists and dental hygienists were allowed to provide care via teledentistry in 34 states, while only dentists were allowed to provide teledentistry in 12 states and DC

the COVID-19 pandemic

THEME 5.

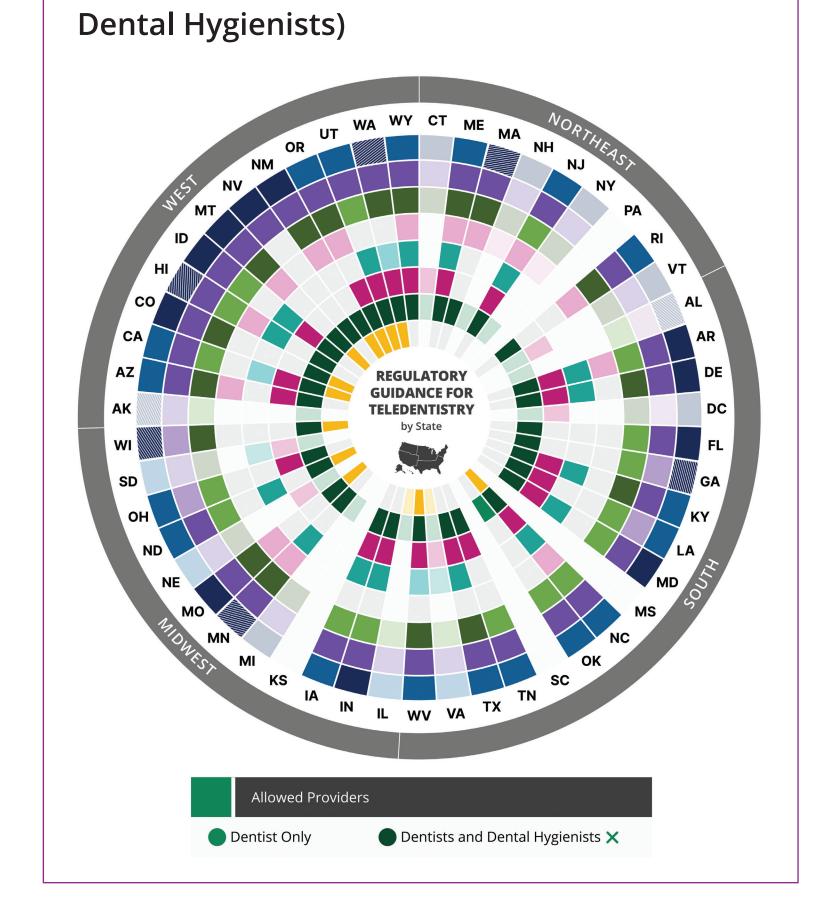


FIGURE 2. Allowed Providers (Dentists and

(III) FINDINGS

THEME 6.

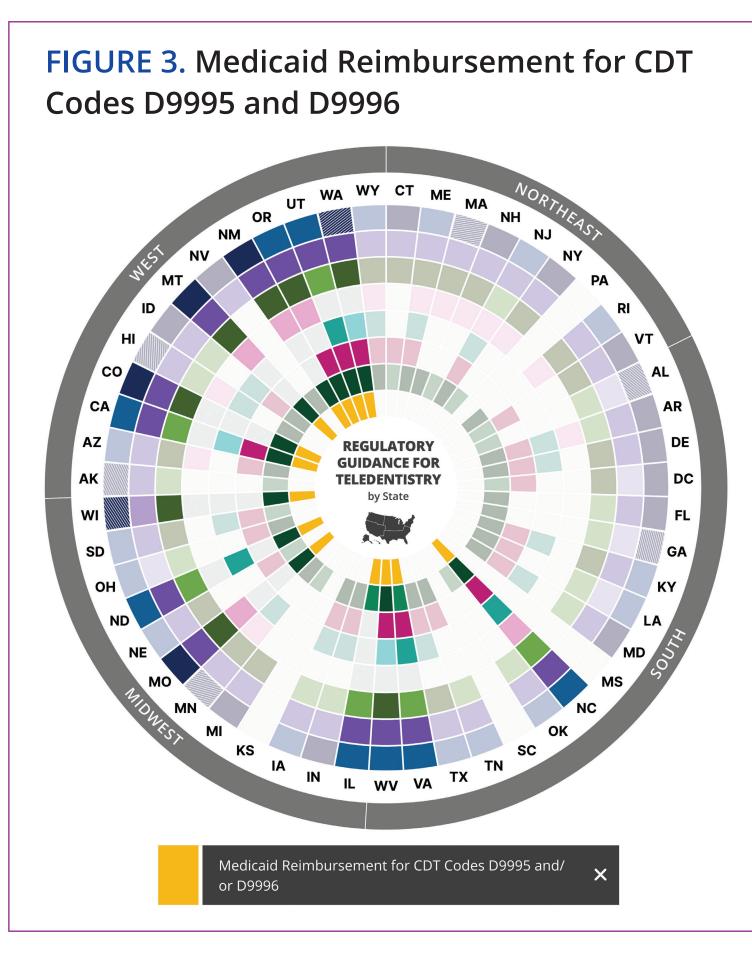
Several benefits of using teledentistry with patients emerged.

- Providers were able to triage patients, expedite diagnosis, and effect treatment exclusively via teledentistry
- Teledentistry was helpful for patients with complex medical histories

THEME 7.

Clear guidance on teledentistry regulation and reimbursement continues to be the primary environmental barrier for provision of teledentistry services by safety-net providers.

- Respondents expressed concerns about reimbursement-related issues, including whether Medicaid programs would continue to pay for those services
- Only 14 states provided Medicaid reimbursement for CDT codes D9995 (synchronous teledentistry) and D9996 (asynchronous teledentistry)



CONCLUSIONS

- Teledentistry proved to be an effective intervention allowing for triage, risk assessment, diagnosis, treatment and palliation, education, and referral for emergency in-person services
- 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

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Variation in Teledentistry

Regulation by State





Teledentistry Adoption and Use During the COVID-19 Pandemic



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