



Best Practice Approaches for State, Community and Territorial Oral Health Programs



A Best Practice Approach Report describes a public health strategy, assesses the strength of evidence on the effectiveness of the strategy, and uses practice examples to illustrate successful/innovative implementation.

Date of Report: December 2021

Best Practice Approach
Teledentistry: Opportunities for Expanding the Capacity and Reach of the Oral Healthcare System

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Executive Summary

Teledentistry is a tool that has been used for several decades with the potential to transform oral healthcare delivery. It can improve oral health by helping to reduce known barriers that have kept people from accessing oral health care, such as cost, time, distance, and availability of providers. The Association of State and Territorial Dental Directors (ASTDD) encourages state/territorial oral health programs and stakeholders to identify community barriers to care and consider teledentistry as part of the solution. Oral health stakeholders should work with local and state agencies to develop policies and reimbursement mechanisms that will support the long term and sustained use of teledentistry. Stakeholders should also ensure that teledentistry training for patients and providers is available so that oral healthcare systems can effectively utilize it.

Background and Rationale

Introduction

As a component of the broader telehealth system, teledentistry serves an important role in reducing barriers that communities and populations face when seeking oral healthcare. Increasing interest in using teledentistry as a tool to connect patients to their oral health provider when they are not in the same location has growing support from a variety of organizations, including organized dentistry and payors.* This Best Practices Approach Report (BPAR) will serve as a framework for states and territories to identify opportunities and strategies for how to incorporate teledentistry into their overall oral health delivery systems. ¹⁻⁵

Why Teledentistry?

Historically, the dental office has been the center of oral healthcare. However, over the years, numerous oral health initiatives have expanded the reach of the dental office in ways that have improved the oral health of communities and populations across the United States (US). Community water fluoridation, school-based sealant programs, integrated medical-dental programs, portable dental programs, and expansion of the oral health workforce have positively impacted oral health and will continue to do so into the future. ⁶⁻¹⁰

Over the last few decades, the percentage of people receiving care in dental offices has increased across age and ethnic groups. ¹¹ Even with these improvements, the majority of the US population still does not receive regular dental care. Many populations continue to face significant barriers to receiving care in the dental office, particularly those from medically underserved urban or rural areas often populated by people of color and ethnic minorities, as well as seniors and individuals with disabilities who are not able to travel to a dental office. Among the barriers to accessing dental care in office settings, many working-age adults and non-working seniors avoid dental care because of its high cost, the dentist is too far away, they do not have time to go to a dentist, or they cannot find a dentist that accepts their insurance. ^{12,13}

To address the health inequities that have resulted from irregular or no care, many people can use teledentistry-enabled oral health systems. Teledentistry is a crucial modification that brings oral health services to those facing significant barriers to receiving care in dental offices. Due in part to advances in technology (including the internet, electronic health records, and digital imaging), teledentistry increases access, allowing oral health professionals to reach patients in their local communities.

“Teledentistry has the potential to be part of a paradigm shift in healthcare delivery that can play a key role in mitigating barriers and improving health for populations with traditionally poor access to dental care and oral health services.”
[ASTDD White Paper, Teledentistry: How Technology Can Facilitate Access to Care](#)

What is Teledentistry?

Teledentistry can be categorized in primarily two ways. One way is based on the use of technology. The American Dental Association (ADA) has adopted health industry standard

*[American Dental Association](#), [American Student Dental Association](#), [American Dental Education Association](#), [National Network for Oral Health Access](#), [American Academy of Pediatric Dentistry](#), [CareQuest Institute of Oral Health](#), [Delta Dental](#) and [DentaQuest](#)

definitions based on the technology (asynchronous, synchronous, remote patient monitoring, and mobile health), so it is not necessary to repeat those definitions here.¹ The second way to categorize teledentistry is by the situation in which it is used. This can include patient-to-provider transfer of images, provider-to-provider consultation, pre- and post-visit interactions, limited community interventions, and full-service community systems where the objective is to keep people healthy in the community site and use a dental office only for procedures that cannot be completed in the community.

Employing technology to connect patients to an oral health provider is the foundation of teledentistry, whether the patient faces barriers to accessing care in a dental office or when it is not necessary for a patient to be physically present.^{12,13} While the use of teledentistry lags behind that of telemedicine, there have been several demonstrations of its power as a tool to connect patients with providers at a distance. It allows providers to work more efficiently. Here are a few examples from a broad range of uses:

- In the mid-1990s, the first demonstration of teledentistry within the Department of Defense indicated that increasing access to specialists resulted in improved decision making and better communication between providers and patients.¹⁴
- The Virtual Dental Home model developed by Dr. Paul Glassman demonstrated how two-thirds of school aged children could be managed successfully by a dental hygienist in a community location collaborating with a remote dentist in a dental office.¹⁵
- In Brazil, the need for general dentists to send patients for specialist evaluation dropped by 36% after a teledentistry consultation with oral medicine specialists.¹⁶
- Video consultations, for the purposes of postoperative evaluations, oral hygiene instruction, tobacco or nutritional counseling, or emergency triaging, eliminate the need to use personal protective equipment and are appreciated by patients, who sometimes prefer this method as compared to traditional, in-person visits, particularly during the COVID-19 pandemic.¹⁷⁻¹⁹

These examples illustrate how teledentistry can be used and provide insight into the tremendous diversity it offers, as well as demonstrate how it supports the goals of the Triple Aim.²⁰ Improved patient care coordination, getting patients into the oral healthcare system, greater access to dental specialists, decreased costs for the dental clinic, and increased patient satisfaction are just a few benefits that teledentistry provides to the oral healthcare system, and more importantly to the patient.²¹

A Pathway to Widespread Teledentistry

As more states and territories develop policies and regulations around teledentistry, it is important to keep key issues in mind. To foster improvements in oral health, consider adopting policies that support the full range of technologies that can facilitate remote communications. For example, states such as California allow for both synchronous and asynchronous[†] forms of teledentistry; but other states, such as Ohio, define it as synchronous only, prohibiting the use of asynchronous teledentistry.^{22,23} These limiting policies impede individuals developing teledentistry models to address disparities in health care. Given that almost 15 million people do not have access to broadband internet and more than 120 million do not use internet at broadband speeds (meaning they have access to it, but are not using it) this creates a serious concern when these types of blanket policies are developed.²⁴ Along with developing widely encompassing state policies, federal policies, such as the Federal Communications

[†] Synchronous teledentistry is a real-time interaction between a dental provider and a patient an asynchronous teledentistry is when patient data is submitted to the dental provider who will review that data later.

Commission's emergency broadband benefit program and the Infrastructure Investment and Jobs Act of 2021, are essential in helping communities continue to overcome barriers to broadband access.^{25,26}

Reimbursement is an important policy consideration as teledentistry policies and regulations are developed. Currently Medicaid reimbursement for services provided through teledentistry and frequency of services varies. For example, in California, providers can be reimbursed for a myriad of services; whereas in Arizona, providers are reimbursed for only a limited number of services.^{23,27} The ideal policy environment considers teledentistry as a tool that can be used at the discretion of the provider and pays for any procedure that is paid for in-person, regardless of the tools used to complete the procedure. Considering teledentistry as a communication tool often allows us to accomplish the same goals as through traditional in-person healthcare delivery. When states limit reimbursement for services provided with teledentistry, it is the patients who will be negatively affected.^{27,28}

Finally, provider, patient, and community readiness are critical to a successful widespread pathway to teledentistry. All stakeholders will need some level of preparation so that visits conducted with teledentistry will be successful. Given how recently teledentistry has been available, significant training and technical assistance are essential for widespread adoption. Reaching an appropriate level of knowledge will require a clear and supportive policy environment, buy-in from dental and allied dental education

Key issues for a pathway to widespread teledentistry:

- Increase awareness
- Support policies that allow teledentistry to be used to its fullest potential
- Develop reimbursement policies for services provided with teledentistry that are on par with in-person payment policies
- Ensure that training and technical support is available to those who want to use teledentistry

programs, changes to accreditation standards, and patient-friendly educational materials that empower patients to use teledentistry and understand its limitations. Community stakeholders should be engaged to identify where teledentistry can be effectively used and ensure that communities are prepared to engage with their providers using teledentistry.

Guidelines and Recommendations

With an increasing focus on teledentistry over the past decade, and especially during the COVID-19 pandemic, several organizations have developed resources that will help guide clinicians, clinic directors, state/territorial agencies, and others who are looking to implement teledentistry in healthcare delivery systems. This BPAR identifies key areas, guidelines, and recommendations that should be considered when utilizing teledentistry at the state/territorial or local practice level.

Policy

As the teledentistry landscape continues to evolve, the policy environment will be a critical factor in determining whether it will be successful in addressing barriers to care. A first step is to view teledentistry as a mechanism for reframing how care can be delivered. Organizations, such as the [CareQuest Institute for Oral Health](#) (CareQuest Institute), have provided [numerous resources](#) that describe how to reframe the care delivery system using teledentistry. For

example, in one of their first policy documents related to teledentistry, the CareQuest Institute presents the need to shift from dentistry as a field that is primarily surgical, to one that focuses on prevention and chronic disease management.²⁹ Teledentistry can support new models of care but will require a supportive policy environment to do so.

State, territorial, and national policies should allow practices and programs to use teledentistry to establish an initial relationship with a provider (i.e., not requiring the first visit to be in-person). Policies should allow the entire dental team to work at the top of their scope-of-practice.[‡] This means that policies regarding supervision for dental hygienists, dental therapists, and other non-dentist healthcare professionals, such as primary care providers, social workers, and community health workers, should allow them to work at the top of their scope of practice in community settings where dentists may not be physically present. These policy considerations should allow non-dentists to collect clinical records without requiring a dentist to be physically present to first assess the patient. Records include digital images and clinical findings that are used by the dentist to fully evaluate the patient, diagnose the condition, and develop a treatment plan.

In medically underserved rural and urban communities, lack of dental specialists can have a major impact on those requiring specialty care. General dentists can use teledentistry to consult with specialists. When policies are developed, these disparities need to be considered so limitations, such as requiring the dentist to physically meet with the patient before conducting a teledentistry visit, do not hinder efforts to increase access to care.

As policies are developed, they need to focus on allowing dental teams to have greater access to communities, and vice versa. Telemedicine has been in use for some time and has developed protocols and guidance that teledentistry may be able to replicate as it moves forward. Where these policies may exist, the [Centers for Medicare & Medicaid Services](#) (CMS) has developed a checklist that can be used to identify potential gaps in existing policy. These policies should include considerations for malpractice carriers that ensure standard policies cover services provided by teledentistry; otherwise, additional waivers may be needed and providers may not realize these actions need to occur, leaving them exposed to lawsuits.

For those looking to develop new or improve existing teledentistry policy, CMS has created a [toolkit](#) to help facilitate adoption of telehealth policies that could be used for broader use of teledentistry. [Regional Telehealth Resource Centers](#), through the [Center for Connected Health Policy](#), have documents that can guide new policies or amend existing ones. The [Southwest Telehealth Resource Center](#) has several documents related to best practices for policy. While these organizations are often not focused on teledentistry, they can serve as guides to help ensure teledentistry has widespread availability. Those interested in teledentistry are encouraged to reach out to their local telehealth resource center to meet with the professionals that have paved the way for telemedicine.

Reimbursement

Reimbursement for teledentistry-enabled oral health services continues to be a challenge for oral health professionals who want to incorporate it into their practice. While the ADA created two new [CDT codes for teledentistry](#) prior to the pandemic, these codes are primarily used to identify when a service was provided with teledentistry, but have been used by some states as billable codes with a fee attached. To date, teledentistry reimbursement policies are comprised

[‡] To work at the top of one's scope-of-practice means to be able to perform all the skills or duties that is expected of a provider and allowed within their professional license.

of a broad patchwork that in some instances hinder its use; whereas other policies allow providers to use teledentistry to its full capacity.

Again, it may be necessary to review telemedicine policies (using the previously discussed resources) to identify gaps and decide what can be done to improve the reimbursement frameworks used in teledentistry policy. Key issues that should be included in any reimbursement policy are:

- 1) Payment parity – Care provided via teledentistry should be reimbursed at the same rate as an in-person visit.
- 2) Considerations for new models – As digital data can be collected in one location by a non-dentist and reviewed in a different location by a dentist, it may be useful to adopt a medical approach for these types of interactions. For example, a dental hygienist taking radiographs could bill for that procedure and a dentist reading them could bill for the interpretation. The ADA has laid some foundation for this with the introduction of [image capture codes](#).
- 3) Cohesive regulations – In some states, state law and state Medicaid policy may not align. For example, Arizona law allows teledentistry for the purposes of diagnosing and conducting any type of examination, but state Medicaid policy only reimburses for emergency exams and not periodic or comprehensive ones.^{27,30} Such policies should not contradict each other. State Medicaid directors are encouraged to work with stakeholders to identify opportunities where reimbursement can be improved for services provided through teledentistry.
- 4) Aligning state policies – States should work together to align their teledentistry policies to avoid having different regulations and scope of benefits from one state to the next. National compacts could allow states to agree on common language and policies.
- 5) Reassurance and guidance for providers and patients – Providers may be hesitant to use teledentistry if they assume they will not get reimbursed or be perceived as billing inappropriately. Patients may be hesitant to participate if the costs are not covered by their insurance. Case-based scenarios will be helpful for providers in determining if an insurance plan will pay for a procedure conducted with teledentistry, but these scenarios should not be so prescriptive as to limit, or eliminate, provider autonomy.
- 6) Coverage for a range of services - As reimbursement policies for teledentistry continue to be developed, insurance companies and state policy makers should work with stakeholders to align policies with its comprehensive uses.

Provider, Patient and Community Readiness

Only recently has teledentistry been introduced into the US oral health professional vocabulary. While oral health professional education programs, such as University of the Pacific, New York University, Western University, University of North Carolina, Northern Arizona University Dental Hygiene program, and A.T. Still University have begun teaching the concepts and clinical applications, thousands of practicing oral health professionals have never been exposed to the rationale and concept of teledentistry or how it works. To move forward, providers across the country must become familiar with the concept and its use.

Some resources have already been developed to address the challenge of implementing a teledentistry curriculum within dental schools and educating the practicing oral health workforce on its use. As compared to a new procedure or technique for operative dentistry or surgery, teledentistry is designed to reframe how oral health professionals engage with their patients. It offers a unique way to approach the healthcare delivery system. Topics to consider include (but

not limited to) regulations, community agreements/contracts, dental photography, video conference technology etiquette, pathology identification for dental hygienists and dental assistants, diagnostic screening and assessments, social determinants of health, and communication skills.

Both the CareQuest Institute and the National Network for Oral Health Access (NNOHA) have developed resources that can help providers navigate pathways to using teledentistry within their practices. The CareQuest Institute offers a [series of online educational programs](#) and NNOHA has released a [teledentistry user guide](#) that was developed by and for health center dental programs. The Arizona Department of Health Services has published a [curriculum](#) developed by the Northern Arizona University Dental Hygiene Program that provides different manuals for training future and current oral health providers on how to use teledentistry. The Institute for Healthcare Improvement (IHI) has published a [white paper](#) that emphasizes equitable and person-centered care. It provides numerous practical, clinical suggestions related to access, privacy, diagnostic accuracy, communication, psychological and emotional safety, human factors and system design. While directed towards telemedicine, the suggestions offered in this white paper also apply to teledentistry.

For a truly in-depth approach, the American Medical Association (AMA) has developed a [telehealth implementation playbook](#) that explores key steps for clinics to consider before using telehealth and key steps providers should follow for successful telehealth visits. While the focus is on medical clinics, the concepts are transferable to dentistry. Teledentistry should be considered as a tool for integrating healthcare and interprofessional collaboration. Medical and dental providers can identify and appropriately document health needs, such as with digital images, and then collaborate with others to receive necessary guidance or assist in care coordination/referrals to the appropriate provider.

As new as teledentistry is to oral health professionals, it is just as new to their patients. Individuals who are familiar with the in-person evaluation of their oral health needs may not be ready to meet with a dental provider over video conference. Or they may be expecting to meet with a dentist on the day they are scheduled to see a dental hygienist, who will forward the necessary clinical documentation to a dentist for review. As we prepare our providers to manage patient care using teledentistry, we too need to prepare our patients.

“There is a cost to families and the health care system every time a patient enters a dental operator. ... teledentistry is a much more patient-centered delivery method because patients can receive quality care with less stress, and less cost.” – [National Network for Oral Health Access Teledentistry User Guide](#)

The previously mentioned AMA telehealth implementation playbook has a section on partnering with the patient so they can be as ready as their providers for the transition. The San Francisco Department of Public Health, in partnership with the California Department of Health Services, has created [educational videos](#) on how parents/guardians can be prepared to meet with their child’s dental provider over video conference and how to take photos of their child’s teeth that can be forwarded to the dental provider.

Faculty at A.T. Still University, Arizona School of Dentistry & Oral Health have developed a [teledentistry website](#) that offers patients (along with providers and dental staff) opportunities to learn how to use video conferencing technology for the purposes of dental visits. The university also developed educational booklets for patients to take home after an in-person visit to help them prepare for a teledentistry follow-up visit. Patient education should include physical

demonstrations (either through videos or photos) that show how best to position themselves on camera so providers can accurately assess their needs.

A supportive policy environment, including reimbursement policies that are on par with in-person services in conjunction with teledentistry training for patients and providers, is crucial for oral healthcare systems to effectively use teledentistry. While the COVID-19 pandemic increased general awareness for teledentistry, it did not limit teledentistry as a tool only to be used during a pandemic. Decades worth of teledentistry case studies have indicated that communities need greater access to the oral healthcare system. Teledentistry provides that connection between the healthcare system and those who previously did not have access or encountered barriers to access.

Best Practice Criteria

The ASTDD Best Practices Committee considers criteria to guide state and community oral health programs in developing their best practices. For these criteria, initial review standards are provided to help evaluate the outcomes of an oral health program that utilizes or is proposing to use teledentistry to improve oral health and prevent oral disease.

1. Impact/Effectiveness
 - a. Have more people received oral health services and has oral health improved (i.e., improving access to care and reducing health disparities)?
 - b. Are the direct (e.g., cost of care) and indirect costs (e.g., lost wages or travel time) to patients to physically see a provider reduced?
2. Efficiency:
 - a. Are the number of visits to a traditional dental office per person reduced? It should be noted that teledentistry can result in more people entering the healthcare system so overall number of visits for the patient population may increase but in-office visits should decrease per person.
 - b. Are waiting times for appointments reduced?
 - c. Are the number of missed appointments decreasing?
 - d. Is in-office dental chair time being used for more complex procedures?
3. Demonstrated Sustainability
 - a. Are long-term (as compared to emergency authorization) reimbursement policies in place that provide parity to traditional in-person visits?
 - b. Are reimbursement policies reviewed regularly and adjusted given ongoing technological improvements?
 - c. Are reimbursement guidelines clear on how to code/submit claims services provided with teledentistry?
 - d. Are policy environments clear so that oral health providers know what they are allowed to do (or not do) when using teledentistry?
 - e. Do providers who utilize teledentistry perceive value when engaging patients with technology and have they been trained how to use it?
 - f. Do patients accept the use of teledentistry, find it valuable, and are they offered resources for how to use it?
 - g. Do payment and incentive systems align with improving community oral health (e.g., [value-based care](#))?
4. Collaboration/Integration
 - a. Is oral health integrated into non-oral health systems of care using teledentistry?

- b. Do providers collaborate on cases using teledentistry and make referrals as needed? Examples include (but are not limited to) collaboration between a general dentist and a dental specialist or between an oral health professional and a medical professional.
 - c. Is educational programming provided using teledentistry, such as [Project ECHO](#)?
 - d. Do state policies allow various non-dentist providers (e.g., dental hygienists or nurses) to work in remote locations, at the top of their scope, and forward clinical data to a dentist for review?
 - e. Do electronic health record systems allow for shared patient management between clinics or professions?
5. Objectives/Rationale
- a. Is there an identified need within the community that can be addressed with teledentistry?
 - b. Are there clearly defined goals and objectives that are used to measure the outcomes from using teledentistry?

Evidence Supporting Best Practice Approaches

The ASTDD Best Practices Committee reviews a wide array of evidence to support best practice approaches for building effective state and community oral health programs. Practices linked by strong causal reasoning to the desired outcome of improving oral health and total well-being of priority populations will be reported on by the Best Practices Committee. Strength of evidence from research, expert opinion and field lessons fall within a spectrum: on one end of the spectrum are promising best practice approaches, which may be supported by little research, a beginning of agreement in expert opinion, and very few field lessons evaluating effectiveness; on the other end of the spectrum are proven best practice approaches, ones that are supported by strong research, extensive expert opinion from multiple authoritative sources, and solid field lessons evaluating effectiveness.

Research provided in this BPAR may range from studies in dental public health or other disciplines reporting effectiveness. Expert opinion may range from one expert group or general professional opinion supporting the practice to multiple authoritative sources (including national organizations, agencies, or initiatives) supporting the practice. Field lessons may range from success in state practices reported without evaluation documenting effectiveness to cluster evaluation of several states (group evaluation) documenting effectiveness. To access information related to a systematic review vs. a narrative review please review the following: [Systematic vs. Narrative Reviews](#). (Accessed: 11/16/2021)

Research Evidence

Given the relatively new appearance of teledentistry within the healthcare system, the literature is somewhat limited, and examples may be found in non-U.S. countries, but the initial studies (and subsequent systematic reviews, if available) demonstrate several benefits related to it.

There are cost benefits for both patients and providers:

- Teledentistry saves costs both directly and indirectly for both patients and providers.³¹
- Store-and-forward teleconsultations are less expensive as compared to in-person visits.³¹
- Costs related to seeing a specialist, who may be located elsewhere, decrease.³²

There is an increased availability of knowledge and education for communities:

- The public has greater access to health information.³¹
- There can be decreased disruption to residents living in long-term care facilities, while the oral health and education of both staff and patients in these facilities can improve and increase.³³

Care provided with teledentistry can improve treatment efficiency:

- Virtual examinations can occur faster than traditional in-person examinations.³³
- Store-and-forward systems can increase efficiency when providing treatment to patients and decrease time lost from work by decreasing time for treatment.³¹

Collaboration between providers can improve using teledentistry and patients have greater access to specialty care when their dentist uses teledentistry:

- Less prevalent oral health concerns, such as temporomandibular joint disorder, can be diagnosed remotely and then managed in primary care sites.³¹
- Interceptive orthodontics can be managed and supervised by an off-site orthodontist when care is being provided by an on-site dentist.³¹
- Teledentistry can increase access to specialists for patients, particularly for those in remote areas and for those who are vulnerable. This can lead to enhanced continuity of care, increased preventive behaviors, and elimination of unnecessary referrals to specialists.^{31,34}
- New graduates or those practicing in remote areas can receive support from specialists or senior clinicians when utilizing technology to connect with individuals who were in a different location.³⁴

“By thinking beyond the traditional visit to the dentist’s office, and taking advantage of new technologies, we can remove barriers to dental care — and come closer to ensuring access for all Americans.” – CareQuest Institute for Oral Health

Findings from a teledentistry visit are equivalent to that of an in-person visit:

- Services provided with teledentistry are comparable to and have advantages over traditional in-person care.³¹
- Diagnosis of early childhood caries using teledentistry demonstrated comparable decisions to a clinical examination.³¹
- There is a strong agreement between in-person and teledentistry-based examinations in developing treatment plans.³³
- Oral lesions can be accurately identified using teledentistry.³²

Teledentistry is becoming more widely accepted among stakeholders:

- Teledentistry is highly accepted by patients, including children and parents, and providers.^{34,35}
- A majority of dentists who used teledentistry are satisfied with the technology.³⁶

Oral health can improve when teledentistry is utilized:

- Teledentistry improves disease prevention when apps, text messaging, and computer-aided learning are used for oral health prevention and promotion.³⁷
- The amount of plaque, gingival disease rates, and white spot lesions decreased when teledentistry was used, and the effects increased when teledentistry was used over longer periods of time.³⁷

State Practice Examples

The following practice examples illustrate various elements or dimensions of the best practice approaches for teledentistry. These examples should be viewed in the context of the states and program's environment, infrastructure, and resources. End-users are encouraged to review the practice descriptions (click on a practice name to view the description) and adapt ideas to fit their state and program. Table 2 provides a list of programs and activities submitted. Each practice name is linked to a detailed description.

Table 2. State Practice Examples Illustrating Strategies and Interventions for Teledentistry

Practice Name	State	Practice #
Utilizing Telehealth in Head Start Programs in Northern Arizona	AZ	04010
Implementation of Teledentistry in Health Centers	CA	06011
Oral Health Access for Underserved Perinatal Women through Teledentistry	CA	06012
Patient Centered Care through Teledentistry	CA	06013
Apple Tree Dental: Teledentistry from 2002 to 2020	MN	26013
Teledentistry at Schools & Nursing Homes	MO	28010
Legislative Adoption of Teledentistry in North Carolina: Lessons Learned and Opportunities Ahead	NC	36014
Teledentistry Oral Health Focused Telehealth (Virtual) Services	OR	40008
The Use of Synchronous and Asynchronous Teledentistry to Provide Access to Care in Remote/Rural Areas	SD	47003
Organizational Use of Teledentistry to Enable Health Equity and Prevention	MA (CareQuest Institute)	99006

Highlights of Practice Examples

AZ [Utilizing Telehealth in Head Start Programs in Northern Arizona](#) (Practice #04010)

Due to a lack of access to pediatric dental care in eastern Arizona, Around the Mountain Pediatric Dentistry (ATMPD) in conjunction with Northern Arizona Council of Governments Head Start Program (NACOG HS), established a teledentistry model to provide services with a long-term plan to establish a permanent office location in the area. ATMPD was able to secure part-time co-shared office space in the area to alleviate office setup costs. Services are typically available four to five days per month, with a plan to expand as appointments increase. The utilization of teledentistry has been deemed a success by both ATMPD and NACOG HS due to reducing barriers to care such as travel time and lack of transportation for families.

CA [Implementation of Teledentistry in Health Centers](#) (Practice #06011)

Ravenswood Family Health Network (RFHN) has led the Early Childhood Oral Health Initiative (ECOHI) in San Mateo County since 2012. RFHN was the lead agency to apply for grant funding for the Virtual Dental Home (VDH) model and partnered with Head Start for implementation. A subcontract was created with the University of the Pacific School of Dentistry to implement the model. In 2019, RFHN partnered with eleven pre-school and community programs throughout San Mateo County to provide asynchronous telehealth visits to increase access to preventive services for children. A change was made in 2019 that allowed telehealth access only for existing patients. The COVID-19 pandemic led to changes that currently allow for establishing patients via telehealth.

- CA [Oral Health Access for Underserved Perinatal Women through Teledentistry](#) (Practice #06012)
The University of California at Irvine, Federally Qualified Health Center (FQHC) began using teledentistry in April 2020 during the COVID-19 pandemic to provide access to the underserved and vulnerable population in the community. The initial goal was to triage and preserve emergency room capacity. New patients were accepted to the practice and one subset of patients stood out as not seeking care, perinatal patients. To meet the needs of these patients a collaboration was developed with nurse practitioners in the OBGYN department at the FQHC. Teledentistry visits included discussions about medical and dental histories, risk assessments, SMART goals, anticipatory guidance, prescriptions and referral to specialists as needed.
- CA [Patient Centered Care through Teledentistry](#) (Practice #06013)
Petaluma Health Center has been providing synchronous dental visits since early in the COVID-19 pandemic. Over time this mode of care delivery evolved to provide preventive care for patients six months to five years of age. Most patient visits take place via a smartphone and photos of the teeth are submitted in advance to assist the dentist with the exam. (Eighty-six percent of Medicaid beneficiaries own a smartphone.) For certain types of visits, such as preventive visits for patients six months to five years, a self-management kit is mailed to the caregiver for use during the visit. The kit contains: fluoridated toothpaste, fluoride varnish, toothbrush, floss, gloves, bib, gauze, disposable mouth mirror and patient education materials.
- MN [Apple Tree Dental: Teledentistry from 2002 to 2020](#) (Practice #26013)
Apple Tree Dental has been using teledentistry since the early 2000's to help reduce patient barriers to care, improve program and dental team efficiency, and more recently to respond to the COVID-19 pandemic. Patient information is captured on-site by the dental team, dental hygienist, dental therapist or assistant, and reviewed by the remote dentist in either synchronous (real-time) or asynchronous (store and forward) modality. Minnesota statutes require specific diagnostic, radiographic and consultation services be reimbursed at the same rate whether provided at a traditional in-person visit or via teledentistry in the Medicaid program. Teledentistry has helped Apple Tree to launch a new program, overcome staffing shortages, and promote "top of license practice" by dental teams.
- MO [Teledentistry at Schools & Nursing Homes](#) (Practice #28010)
Missouri used their HRSA Workforce Grant and their CDC Grant to contract with dental providers to either provide teledentistry services at schools, including providing sealants, or in nursing homes or both. Contracts are funded through private Missouri foundations and/or CDC. The contracts funded through a private Missouri foundation meet the match requirement for the HRSA Workforce Grant. The contracts funded by CDC are for sealant programs and do not provide for personnel services but provide for education pertaining to dental sealants. The Missouri Office of Dental Health contracted with local public health agencies that have dental programs, Federally Qualified Health Centers (FQHCs), health clinics and dental/dental hygiene schools to provide care in schools with the highest percentage of Free & Reduced Lunch Program rates. The contractors are required to bill Medicaid to show the sustainability of teledentistry services after the contract is complete.
- NC [Legislative Adoption of Teledentistry in North Carolina: Lessons Learned and Opportunities Ahead](#) (Practice #36014)
In cooperation with the North Carolina Dental Society and other key stakeholders, the North Carolina Oral Health Collaborative (NCOHC) successfully influenced the passage of legislation codifying teledentistry in the North Carolina Dental Practice Act in 2021. Central

to the effort to pass Session Law 2021-95 was collaboration among a diverse network of traditional and non-traditional stakeholders. NCOHC cultivated relationships with community leaders, legislators, policymakers, and other decision-makers to influence the legislation while simultaneously generating momentum for change through grassroots advocacy. Private payers and North Carolina's Medicaid division also were engaged and educated. These efforts were supported by a comprehensive communications strategy, public advocacy events, and a "mini-grant" program.

OR [Teledentistry | Oral Health Focused Telehealth \(Virtual\) Services](#) (Practice #40008)

Advantage Dental Oral Health Center ("Advantage Dental") has a long history of leveraging teledentistry as part of its services in its ongoing mission to improve the oral health of all and create a healthier population through improved dental health. In 2019, Advantage provided audio-only teledentistry services to more than 1,100 individuals. These services were either emergency "hotline" calls or asynchronous encounters performed in remote locations in conjunction with dental hygienist services and x-rays. In 2020, Advantage saw an acceleration in the use of teledentistry and the sophistication of implementation. With the advent of the COVID-19 pandemic in March 2020, Advantage Dental, together with DentaQuest, established hotline phone services throughout six states (AL, KY, MA, OR, TX and WA) providing oral health teleconsult services to anyone seeking emergency care. Advantage Dental worked quickly with a cross-functional team to identify and select a teledentistry platform to further advance services. In partnership with MouthWatch, a series of pilots were planned and launched between March and Sept. 2020, focusing on improving the process and understanding of teledentistry. By Dec. 2020, Advantage completed the roll-out of a synchronous teledentistry platform to 59 OR and WA practices, while delivering more than 7,400 teledentistry encounters by the end of 2020. These expansion efforts continue with a focus on Oregon practices, due to the broad scope of services and telehealth state policies.

SD [The Use of Synchronous and Asynchronous Teledentistry to Provide Access to Care in Remote/Rural Areas](#) (Practice #47003)

Horizon Health Care is a Federally Qualified Health Center with locations throughout the state of South Dakota. Teledentistry efforts have been used in most locations due to dentist turnover or vacation time. Synchronous teledentistry visits are conducted via Webex using intraoral cameras and laptops to provide limited comprehensive and periodic exams. In-office staff including dental hygienists and/or dental assistants gather the information, and exams are completed by a dentist located off site. The first synchronous exam was completed in November 2020.

MA (CareQuest Institute) [Organizational Use of Teledentistry to Enable Health Equity and Prevention](#) (Practice #99006)

The oral healthcare system is largely inaccessible, fragmented, and inequitable, especially for historically underserved populations. Expanding the use of technology, particularly teledentistry, has shown [evidence](#) of improving access to dental care and patient satisfaction, as well as lowering the cost of care. Widespread adoption of teledentistry has struggled due to barriers such as state regulations, lack of reimbursement, and inadequate technology and connectivity. With the vision of building on existing evidence for teledentistry, overcoming common barriers, and establishing best practices, CareQuest Institute and CareQuest Innovation Partners both established teledentistry as strategic priorities for their organizations to ultimately improve access to and quality of prevention-focused, person-centered oral healthcare. To do this, the CareQuest Institute operationalizes health improvement programs and grant making, while CareQuest

Innovation Partners works on innovation advancements.

Acknowledgements

This report is the result of efforts by the ASTDD Best Practices Committee to identify and provide information on developing successful practices that address teledentistry as an opportunity for expanding the capacity and reach of the oral healthcare system. The ASTDD Best Practices Committee extends a special thank you to Scott Howell, DMD, MPH, for his partnership in the preparation of this report. This publication was supported by the CareQuest Institute for Oral Health in partnership with ASTDD.

Suggested citation: Association of State and Territorial Dental Directors (ASTDD) Best Practices Committee. Best practice approach: Teledentistry: Opportunities for Expanding the Capacity and Reach of the Oral Healthcare System [monograph on the Internet]. Reno, NV: Association of State and Territorial Dental Directors; 2021. p.16 Available from: <http://www.astdd.org>.

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