



Dental Public Health State Activity Submission Form

ASTDD’s goal in collecting information about successful state Dental Public Health activities (e.g., practice, program, service, event, or policy) is to share this information with other states, territories, and stakeholders who may be interested in implementing similar activities. We thank you for your time and willingness to share your experiences.

Please complete the form below and return to Lori Cofano, ASTDD Best Practices Project Coordinator, at lcofano@astdd.org

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STATE DENTAL PUBLIC HEALTH ACTIVITY (e.g., practice, program, service, event, or policy) Minimum=300 Maximum=500	
Activity title:	Utilizing Tele-Health in Head Start Programs in Northern Arizona
State/Territory:	AZ
Summary overview, which may include the following: <ul style="list-style-type: none"> Objectives Rationale Personnel Key partners Costs & sustainability 	
<p>Due to the lack of access to pediatric dental specialty 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 via teledentistry in the eastern part of the state with the long-term plan to establish a permanent office location in the area. ATMPD was able to secure co-shared office space in the area to alleviate the need to incur office setup costs by sharing space with a general dentist office on a part-time basis providing services typically 4-5 days per month with the plan to expand presence in the area as business continued to increase. This was achieved by dentist and team traveling out to the local area during these days.</p> <p>Revenue was generated through reimbursement for services was covered by ATMPD billing for services provided to the patient; however, provider incurred travel costs including hotel, meals, and mileage of approximately \$2,000 per</p>	

month that was in excess of the revenue generated. ATMPD recognized this as the startup costs for investing in expanding services to the area.

The utilization of teledentistry in the area was deemed a success by both ATMPD and NACOG HS by reducing the barrier to services, i.e., parent travel to Flagstaff for specialty services was reduced significantly by the implementation of the teledentistry program. At the time, reimbursement for teledentistry services was limited to established patients and therefore ATMPD was not able to bill for initial exams to establish new patients as patients of record to billing for succeeding services. ATMPD recognized this as the costs of doing business/investment in the future to expand services and part of their growth strategy.

Lessons learned (Successes and Challenges):

Reimbursement remains the biggest obstacle to higher adoption of teledentistry in the private sector. It continues to work well in public health settings, such as community-based clinics; but until private practice providers can recoup their time through appropriate reimbursement, it will continue to be a barrier to adoption of teledentistry models on a larger scale. Reimbursement for comprehensive exams via teledentistry should be equal to an in-office exam.

For us to move forward, we must move away from the mentality that a dental home can only exist where there is brick and mortar – a physical office. A dental home should be viewed as the affiliation with a dental provider – meeting the minimum clinical guidelines of examination, prophylaxis, treatment and compensating the provider for achieving these results.

During this time, insurances including the State of Arizona Medicaid program (AHCCCS) was not ready for teledentistry. They did not have the coding and reimbursement infrastructure to support the billing of teledentistry, and this was a significant obstacle to utilizing the model for a private practice. Much education and lobbying over several years with many partners was able to move AHCCCS to begin opening the reimbursement structure to allow for the billing of teledentistry. While much headway was made, there remained significant barriers to billing for services in a teledentistry environment.

TO BE COMPLETED BY ASTDD	
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