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:	**Apple Tree Dental: Teledentistry from 2002 to 2020**
State/Territory:	MN
Summary overview, which may include the following: • Objectives • Rationale • Personnel • Key partners • Costs & sustainability	

Apple Tree Dental was founded as a non-profit in 1986 to provide dental care to nursing home residents at long-term care facilities in the Twin Cities metropolitan area. Today, its eight Centers for Dental Health (clinics) provide care to people of all ages and abilities and also function as care coordination hubs for more than 140 community sites served by their mobile programs. Patient records are linked by a cloud-based electronic health record (EHR) which includes digital x-rays and images. From the early 2000's through today, teledentistry has helped: reduce patients' barriers to care; improve program and dental team efficiency; and respond to the Covid-19 pandemic.

In a traditional dental office visit, a dental hygienist, therapist or assistant typically collects and documents the patient's oral and overall health status for interpretation by a dentist or advanced dental therapist. This is very similar for teledentistry, however patient information captured by the on-site dental team is reviewed by the remote dentist in

either synchronous (real-time) or asynchronous (store and forward) modality. Minnesota statutes require that specific diagnostic, radiographic, and consultation dental services are reimbursed at the same rate whether provided at a traditional in-person visit or via teledentistry in the Medicaid program. Beyond the originally envisioned use in Apple Tree's mobile programs, teledentistry has helped launch a new program, overcome staffing shortages, and promote "top of license practice" by our dental teams. Apple Tree's teledentistry experience greatly enhanced our response to Covid-19 pandemic restrictions' urgent care and deferred patient needs. Lessons learned include the importance of common language and clear communication about teledentistry regulations and reimbursement, the value of piloting and the scaling innovations within the organization, and that careful planning along with training for staff and partners will support success. Once implemented, process improvements and new applications will be identified by mission-oriented dental team members.

Lessons learned (Successes and **Challenges**):

Advocacy on behalf of under-served patients and safety-net providers helped promote teledentistry in Minnesota. A lesson learned is that legislative authorization is necessary but not sufficient for teledentistry to be widely implemented within a state. In Minnesota, early momentum was lost due to conflicting guidance and coverage restrictions put in place by the State, which have been loosened subsequently. A recommendation would be that the multiple stakeholders involved reach consensus, use common definitions, and provide consistent communication to support teledentistry as a tool to improve access to care. For example:

- Scope of practice rules and regulations – State board of dentistry, health departments including agencies regulating radiation safety
- Billing and payment - Medicaid agency, insurance companies, health plans and third-party administrators
- Professional education – Dental professional education programs, and continuing dental education

Secondly, Apple Tree has learned the importance of first piloting and then replicating innovative approaches. Often, our earliest efforts are undertaken by staff "champions" who have an interest in the new approach. This allows systems and procedures to be tested and improved before full implementation. When ready to scale up, providing education and training for staff and partners based upon the lessons learned makes it easier for those with less experience or more hesitance to succeed.

Finally, Apple Tree's teledentistry experience included benefits beyond those originally anticipated. Many process improvements and new applications have been staff generated. Through their experience, we learned that teledentistry could be used to triage pandemic-deferred care, adapt to staffing shortages, contribute to providers' job satisfaction, and to increase patient engagement.

In the early days of teledentistry, limitations to available bandwidth and internet connectivity issues were addressed through the use of Store and Forward. Improved internet access in rural areas, advancements in available technology and an explosion of products have all occurred over the last 20 years