

**Teledentistry:
A New Era for Oral Health**

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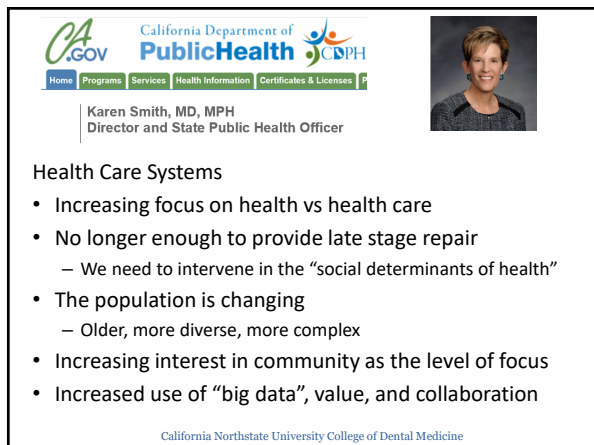
Disclosures

The presenter has consulting arrangements with the following entities:

- DentaQuest Partnership, Inc.
- Virtual Dental Care
- Idaho Department of Health
- Rhode Island Department of Health
- University of Iowa
- Multiple dental care providers

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CA.GOV California Department of Public Health CDPH

Home Programs Services Health Information Certificates & Licenses F

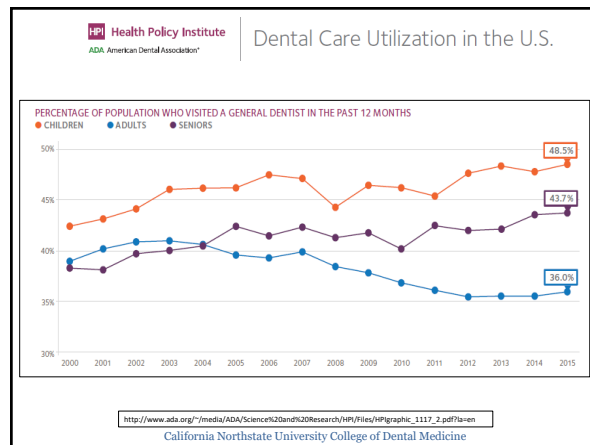
Karen Smith, MD, MPH
Director and State Public Health Officer

Health Care Systems

- Increasing focus on health vs health care
- No longer enough to provide late stage repair
 - We need to intervene in the “social determinants of health”
- The population is changing
 - Older, more diverse, more complex
- Increasing interest in community as the level of focus
- Increased use of “big data”, value, and collaboration

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Dental Care Utilization in US

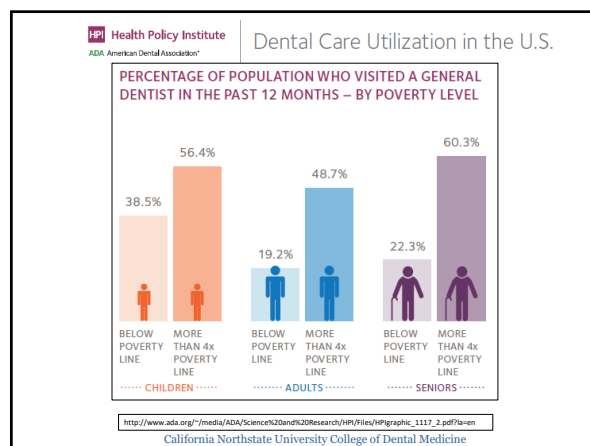
Age Group	Total Population	% Utilization	Utilizers
2-18	69,916,504	48.5%	33,909,504
20-64	195,794,862	36.0%	70,486,150
65+	47,760,852	43.7%	20,871,492
Total Utilizers	313,472,218	40.0%	125,267,147
Total Non-Utilizers		60.0%	188,205,071

Most non-utilizers are low income and have significantly more disease than utilizers!

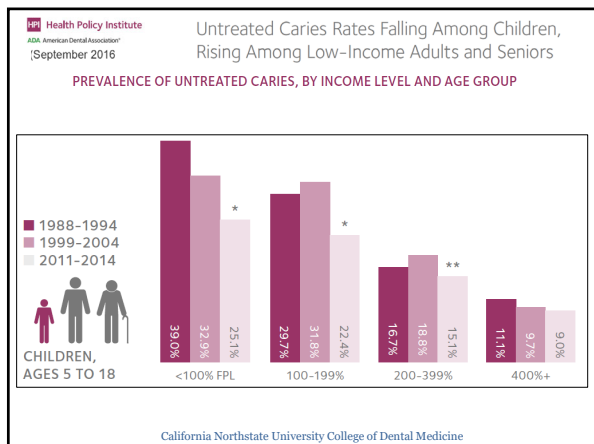
Population Data: US Fact Finder: <https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=bkmk>

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CDC Centers for Disease Control and Prevention
CDC 24/7: Saving Lives. Protecting People™

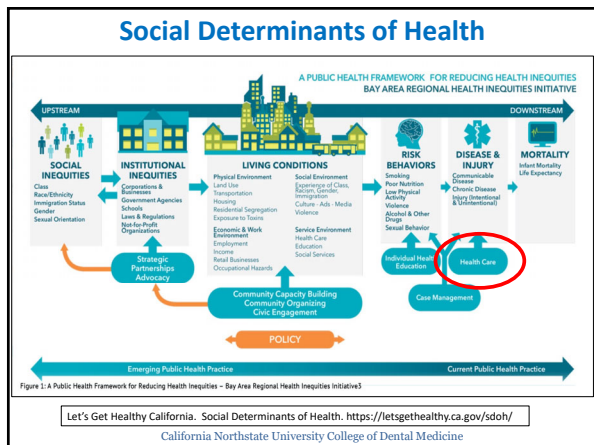
Disparities in Oral Health

Oral health disparities are profound in the United States. Despite major improvements in oral health for the population as a whole, oral health disparities exist for many racial and ethnic groups, by socioeconomic status, gender, age and geographic location.

Some social factors that can contribute to these differences are lifestyle behaviors such as tobacco use, frequency of alcohol use, and poor dietary choices. Just like they affect general health, these behaviors can affect oral health. The economic factors that often relate to poor oral health include access to health services and an individual's ability to get and keep dental insurance.

https://www.cdc.gov/oralhealth/oral_health_disparities/index.html
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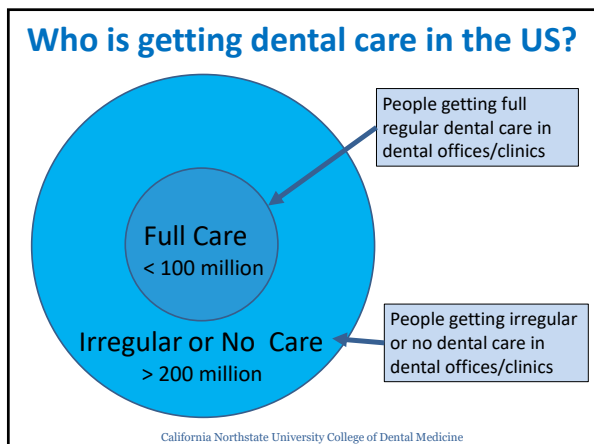


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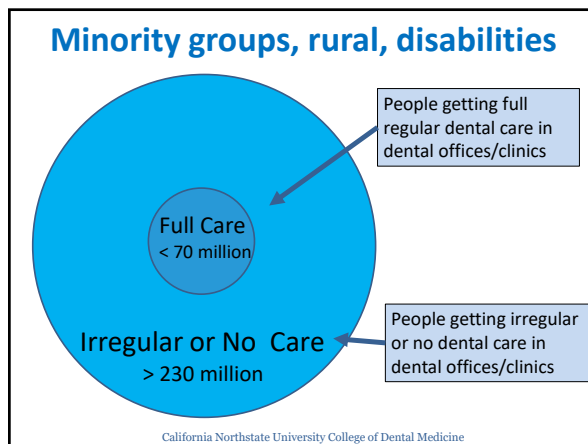
The current dental care system primarily serves the wealthiest and healthiest segments of the population

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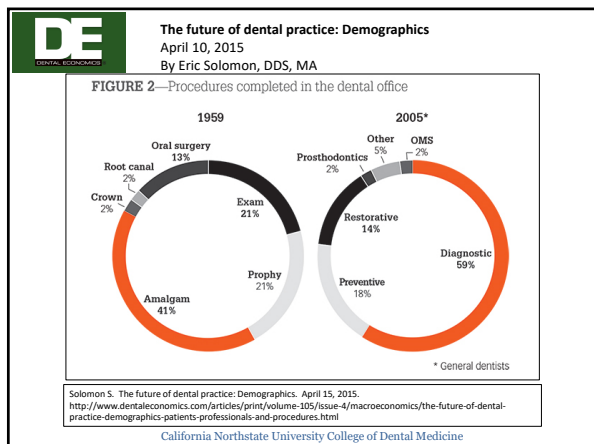
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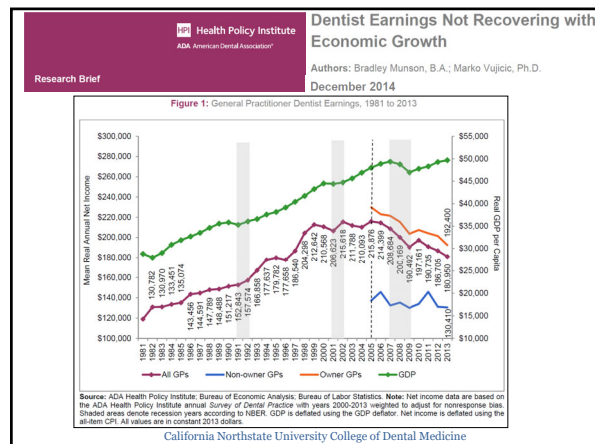
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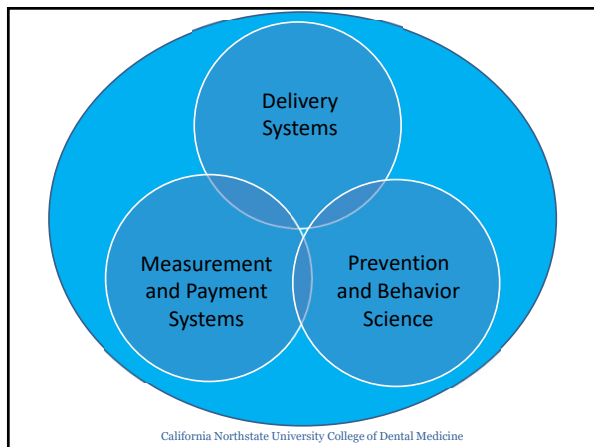
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- DQA
- Payers
 - Dental Benefit Companies
 - Public Payers
- HRSA: Health Center system
- Group Practices

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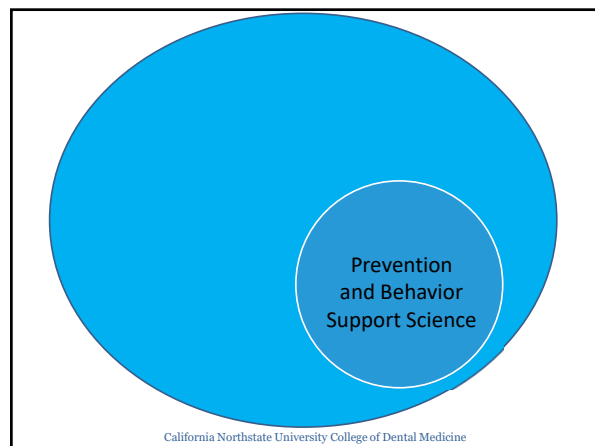
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Oral Health Outcomes

Clinic vs Community

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The Declining Role for the Dental Drill

Remineralization
Buffering Agents
Caries Arresting Medications
Sealing Caries



Toothpaste, School brushing, Iodine, Arginine,
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Fluoride Varnish



Silver Diamine Fluoride



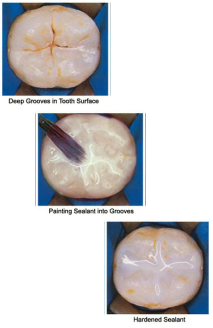


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Sealing Caries

Dental Sealants



Deep Grooves in Tooth Surface
 Painting Sealant into Grooves
 Hardened Sealant

Interim Therapeutic Restorations

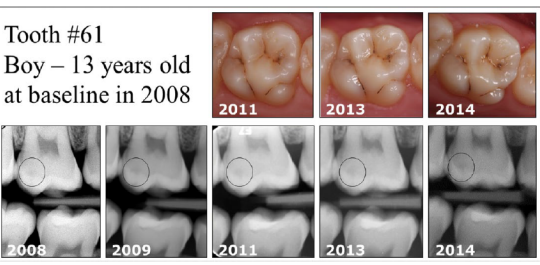


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Figure 1. Patient case. Registrations at baseline in 2008. Clinical assessment: dentin lesion without cavity formation in distal fossa of tooth #61. No clinical photo available. Radiographical assessment: less than one-third in dentin. Treatment after randomization: resin sealing. Registrations during 6 y follow-ups. Clinical assessments: intact sealing. Radiographical assessments: no caries progression. Treatment: none.

Tooth #61
 Boy – 13 years old
 at baseline in 2008



2008 2009 2011 2013 2014

Quitt V, Borum MK, Moller KD, et. al. Sealing Occlusal Dentin Caries in Permanent Molars: 7-Year Results of a Randomized Controlled Trial. JDR Clinical & Translational Research. January 2017;2(1):73-86

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Incomplete Caries Removal

ULTRA CONSERVATIVE AND CARIOSTATIC SEALED RESTORATIONS: RESULTS AT YEAR 10

EVA J. METZ-Z. FAHRHUEST, D.D.S.; JAMES W. CURTIS JR., D.M.D.; JANET W. ERGLE, C.D.A.; FRED A. RUEGGEBERG, D.D.S., M.S.; STEVEN M. ADAIR, D.D.S., M.S.

JADA, Vol. 129, January 1998 55

- This 10-year study evaluated bonded and sealed composite restorations placed directly over frank cavitated lesions extending into dentin vs. sealed conservative amalgam restorations and conventional unsealed amalgam restorations.
- The results indicate that both types of sealed restorations exhibited superior clinical performance and longevity compared with unsealed amalgam restorations.
- Also, the bonded and sealed composite restorations placed over the frank cavitated lesions arrested the clinical progress of these lesions for 10 years.

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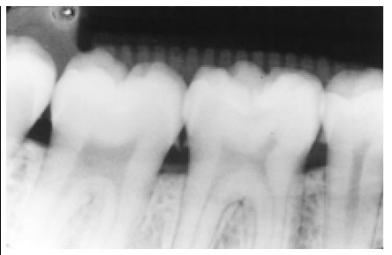
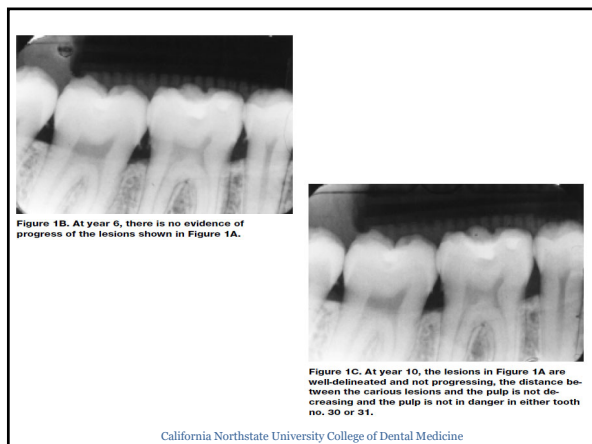


Figure 1A. Preoperative radiograph of the mandibular right first and second molars (teeth no. 30 and 31) of a 26-year-old woman showing a rather large lesion in the central pit area of tooth no. 30 and a separate, barely visible lesion in the mesial pit of this tooth. There is also a barely visible lesion in the central pit of tooth no. 31. These teeth were randomly assigned to receive bonded and sealed composite restorations over caries (amalgam restorations were placed in other teeth).

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Incomplete Caries Removal

CLINICAL REVIEW

F. Schwendicke*, C.E. Dörfer, and S. Paris

Department for Conservative Dentistry and Periodontology, Christian-Albrechts-University, Arnold-Heller-Str. 3, 24105 Kiel, Germany; *corresponding author, schwendicke@korp.uni-kiel.de

J Dent Res 92(4):306-314, 2013

Incomplete Caries Removal: A Systematic Review and Meta-analysis

- Increasing numbers of clinical trials have demonstrated the benefits of incomplete caries removal, in particular in the treatment of deep caries.
- Teeth treated with incomplete caries removal showed risk reduction for both pulpal exposure and pulpal symptoms.

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Interim Therapeutic Restoration (ITR)

REFERENCE MANUAL V 30 / NO 7 06 / 09

Policy on Interim Therapeutic Restorations (ITR)

Originating Council
Council on Clinical Affairs

Review Council
Council on Clinical Affairs

Adopted
2001

Revised
2004, 2008

AAPD Policy on Interim Therapeutic Restorations (ITR)

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The Changing Standard of Care¹

- 1923 Frye vs United States (community standard)
 - Supreme Court ruling - "Locality rule" - originated in the late 1800s, accommodated clinicians living in rural and urban areas who had differing education, training and access to information.
- 1993 - Daubert v Merrell Dow Pharmaceuticals Inc
 - Required judges to act as gatekeepers to ensure that only sound scientific knowledge is admitted in court
 - Scientific knowledge, in this context, derives from human clinical trials that involve implementation of the Baconian scientific method to identify valid and reliable outcomes. Furthermore, sound scientific knowledge is not excluded simply because it may not be accepted by the local community.
- Conclusion: Clinicians who do not know, or do not follow, practices based on the best evidence-based guidelines may be placing themselves at risk.

1. Niederman R, Richards D, Brands W. Guest Editorial: The Changing Standard of Care. *JADA* 2012;143(5):434-437.

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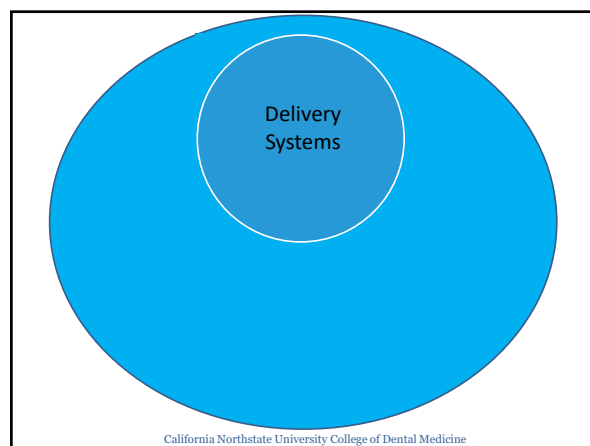
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Behavior Change Principles: Supporting Adoption of "Mouth Health Habits"

- Messages delivered by trusted members of the community
- Multiple people delivering the same message
- Small incremental behavior changes
- Ongoing reinforcement, coaching
- Peer support
- > Integration with community organizations

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Community Engaged Oral Health Systems

SCHOOL-BASED HEALTH ALLIANCE
Redefining Health for Kids and Teens

Dental sealants can prevent cavities when applied to molar teeth.

School based programs are one way to reach millions of children with sealants to prevent cavities.

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Community Engaged Oral Health Systems

FIRST 5 RIVERSIDE
Prevent. Promote. Partner. Partner.

HOME ABOUT US PARTNERS RESOURCES NEWS/ALERTS COMMISSION AGENDA ESPAÑOL FAMILY RESOURCE CENTERS

Oral Health Assessment for Home Visitors

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Teledentistry Use Cases:

- Advice and referral
- The Teledentistry call center
- Record sharing/consultation
- Increased office efficiency
- Limited community care
- Full-service community care

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Teledentistry: Advice and Referral

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Teledentistry: The Call Center

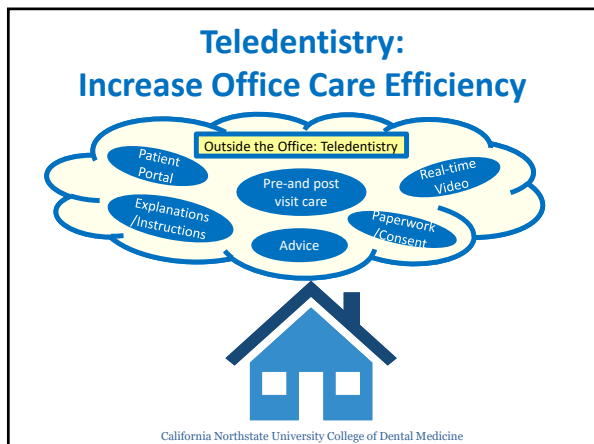
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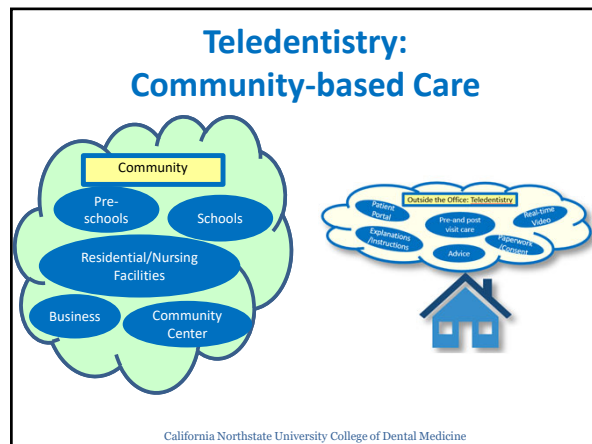
Teledentistry: Record Sharing/Consultation

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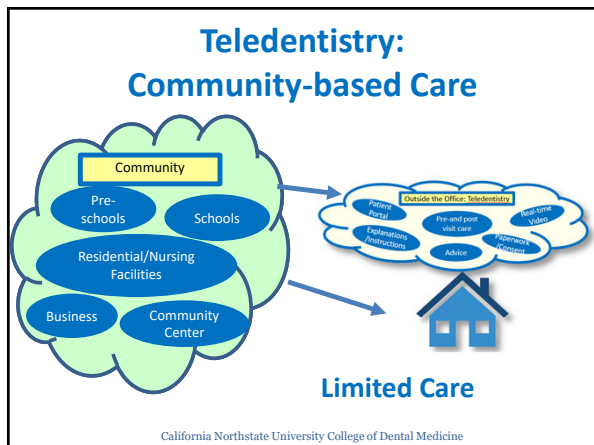
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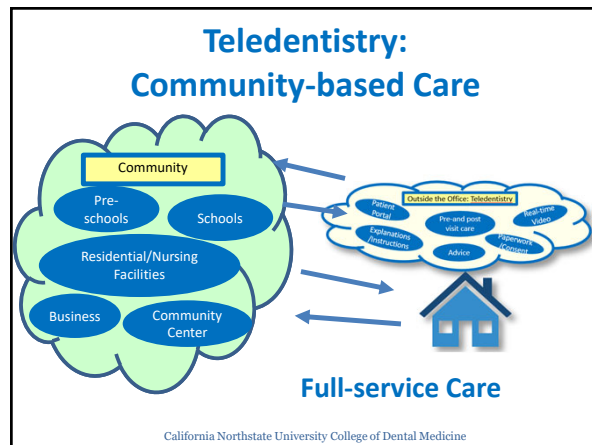
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Community Engaged Oral Health Systems

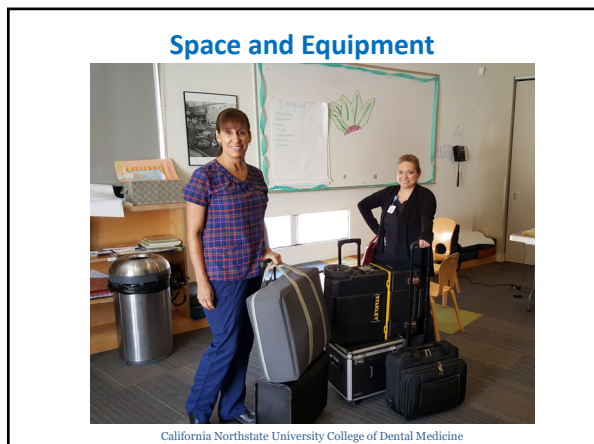
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The Virtual Dental Home

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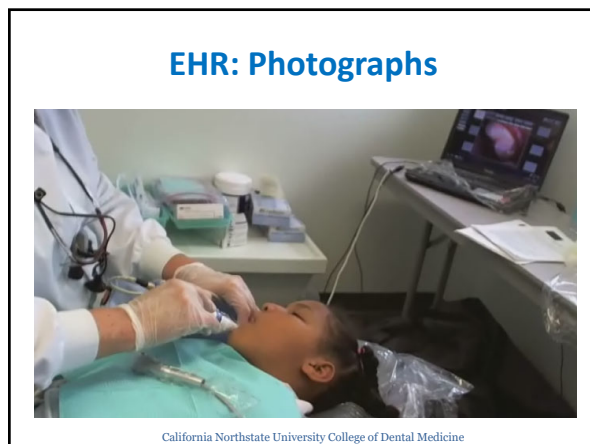
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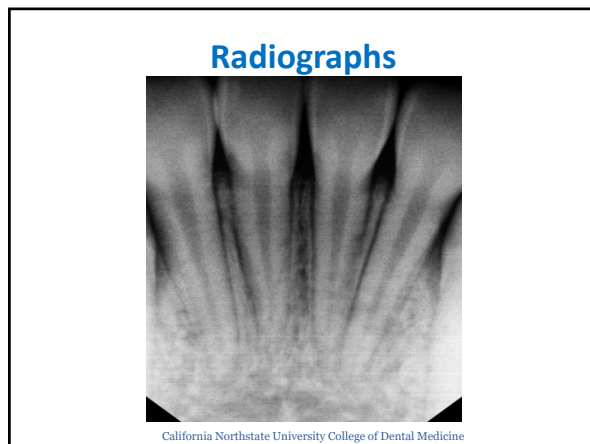
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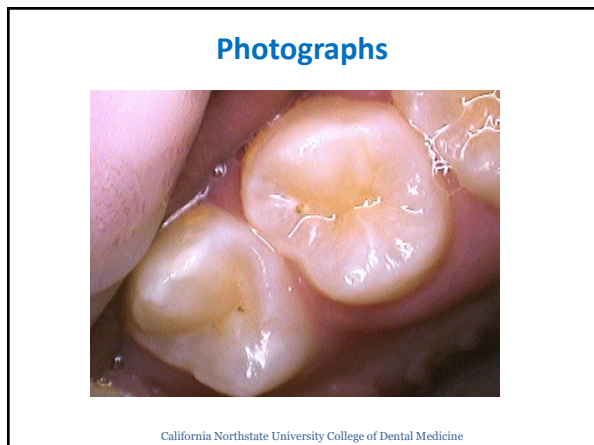
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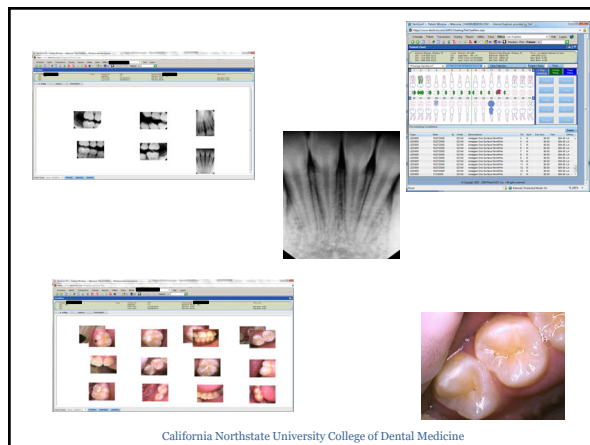
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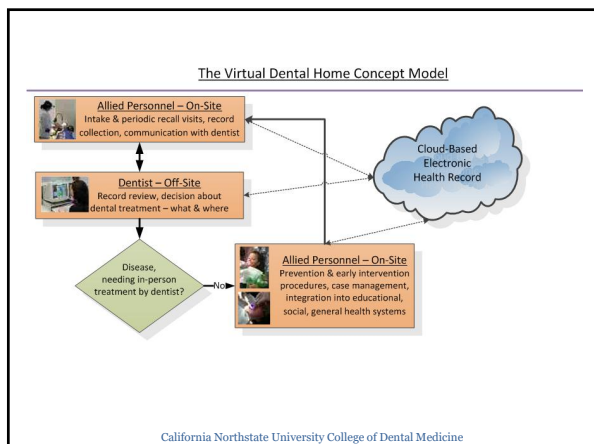
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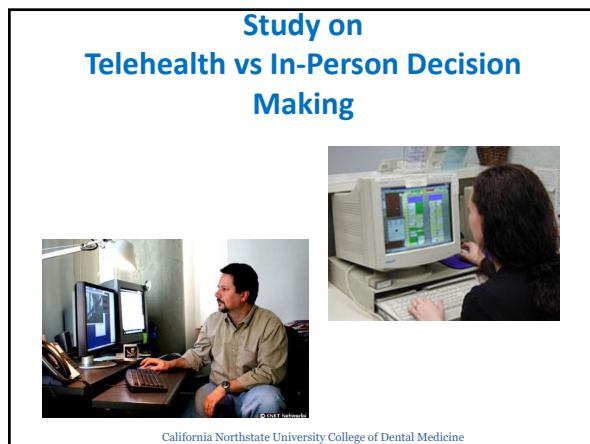
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VIRTUAL VS. IN-PERSON EXAMS

CDJ JOURNAL, VOL 40, 407



In-Person Versus “Virtual” Dental Examination: Congruence Between Decision-Making Modalities

MAYFA NAMAKIAN, MPH; PAUL SUGAR, DDS, CDD; PAUL GLASSMAN, DDS, MA, MBA; ROBERT QUADE, PHD, MBA; AND MAUREEN HARRINGTON, MPH

ABSTRACT This study evaluated the agreement of a dentist’s conclusions reached through an in-person versus a virtual examination. The dentist determined whether a patient was healthy enough to be treated only by allied dental personnel in a community setting or whether the patient needed to be seen by a dentist. The study concludes that a virtual examination is a strong substitute for an in-person examination and validates the application of telehealth-enabled examinations.

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FEATURE ARTICLE

J Evid Base Dent Pract 2016; [161-172]

DIAGNOSTIC ACCURACY OF TELEDENTISTRY IN THE DETECTION OF DENTAL CARIES: A SYSTEMATIC REVIEW

Conclusions

Teledentistry has an acceptable diagnostic performance in the detection of dental caries.

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Dentist Examination

- ADA Definition
 - (CDT) defines a dental examination. It is a “thorough evaluation and recording of the extra oral and intraoral hard and soft tissues. It may require interpretation of information acquired through additional diagnostic procedures.”
 - There is additional definition of “Clinical Oral Evaluations” which is “the codes in this section recognize the cognitive skills necessary for patient evaluation. The collection and recording of some data and components of the dental examination may be delegated; however, the evaluation, which includes diagnosis and treatment planning, is the responsibility of the dentist.”

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Dentist Examination

- Study
- Experience
- Range of possibilities
- Calibration and communications

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ADA American Dental Association®
America's leading advocate for oral health

ADANews

House passes guidelines on teledentistry

December 07, 2015

Washington — It's similar to visiting a bricks and mortar dental office, only the dentist may be on a computer screen instead of in person.

Or the treating dentist could have securely emailed their patient care instructions to a specialist or dental hygienist at a community dental care event. Dentists could also virtually supervise the oral health care of nursing home patients, residents in rural areas or others who don't have access to a dentist in their area.

Teledentistry can take many forms and the ADA now has specific guidelines and expectations for dentists interested in delivering their services virtually.

The ADA House of Delegates passed Resolution 45H-2015, Comprehensive ADA Policy Statement on Teledentistry, in November at ADA 2015 — America's Dental Meeting.

Having ADA policy is certainly critical for the profession to accept and implement teledentistry because the Association can now support dentists to do it, said Dr. Paul Glassman, a consultant to the ADA Council on Access, Prevention and Interprofessional Relations.

Dr. Glassman looks at teledentistry as an expansion of the traditional dental practice, where patients can have a virtual dental home instead of a physical one. It provides easier access to dental care to patients in nursing homes or those who live in rural areas without a dentist.

Dentists can also develop a plan for patients to receive cleanings, fluoride varnishes, sealants and other treatment at a community site from allied dental personnel, under the dentist's virtual supervision.



Testimony Based on Experience: Dr. Paul Glassman discusses how teledentistry has been implemented in his home state of California. Photos by EZ Event Photography

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ADA HOD Resolution 2020: Teledentistry

While in-person (face to face) direct examination has been historically the most direct way to provide care, advances in technology have expanded the options for dentists to communicate with patients and with remotely located licensed dental team members. The ADA believes that examinations performed using teledentistry can be an effective way to extend the reach of dental professionals, increasing access to care by reducing the effect of distance barriers to care.

Teledentistry has the capability to expand the reach of a dental home to provide needed dental care to a population within reasonable geographic distances and varied locations where the services are rendered.

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ADA HOD Resolution 2020: Teledentistry

In order to achieve this goal, services delivered via teledentistry must be consistent with how they would be delivered in-person. Examinations and subsequent interventions performed using teledentistry must be based on the same level of information that would be available in an in-person environment, and it is the legal responsibility of the dentist to ensure that all records collected are sufficient for the dentist to make a diagnosis and treatment plan.

As the care provided is equivalent to in person care, insurer reimbursement of services provided must be made at the same rate that it would be made for the services when provided in person, including reimbursement for the teledentistry codes as appropriate.

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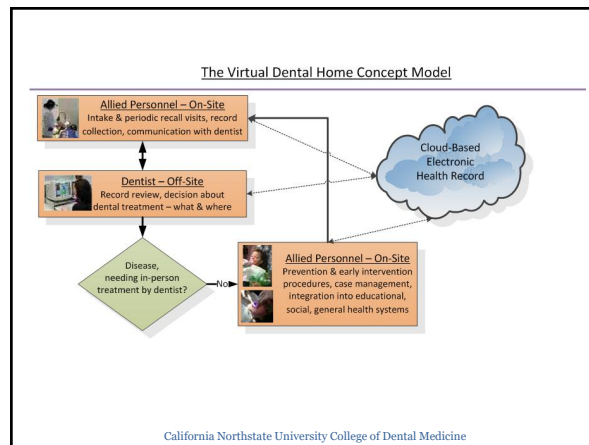
ADA HOD Resolution 2020: Teledentistry

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Community-based Prevention and Early Intervention Procedures



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Silver Diamine Fluoride (SDF)



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**Oral Health Systems
for Underserved Populations**

Telehealth-Connected Teams

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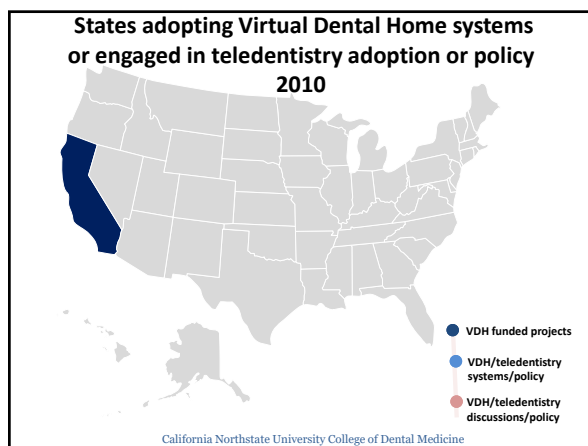
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**Telehealth-Connected Teams
and Virtual Dental Homes
Key Outcomes**

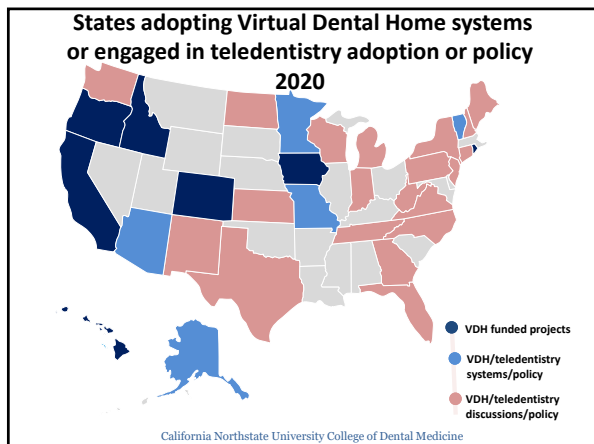
- Reach people, emphasize prevention, and lower costs
- Majority of people kept and verified healthy on-site
 - About 2/3 of children had all needed services completed by dental hygienist
 - Now estimate 80-85%
- Continuous presence
- Community organization integration
- Dentist integration

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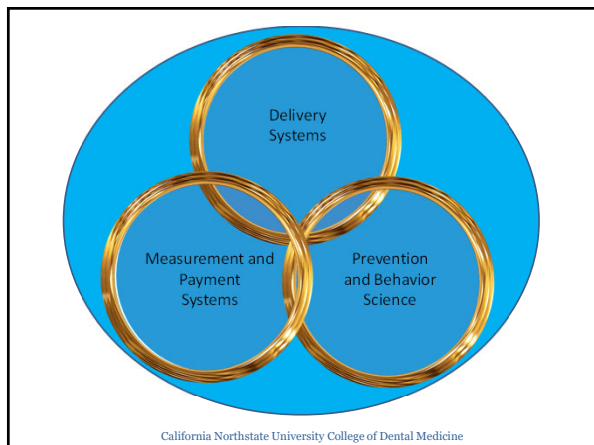


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Community Engaged Oral Health Systems

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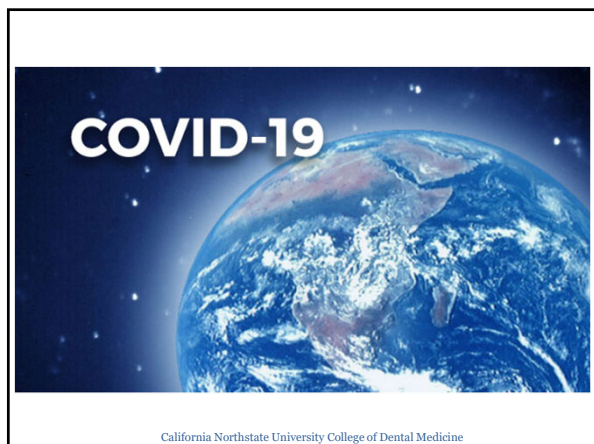
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Teledentistry Rules September 1, 2020

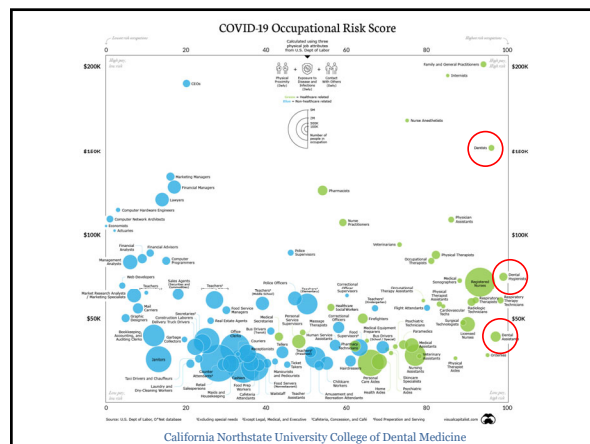
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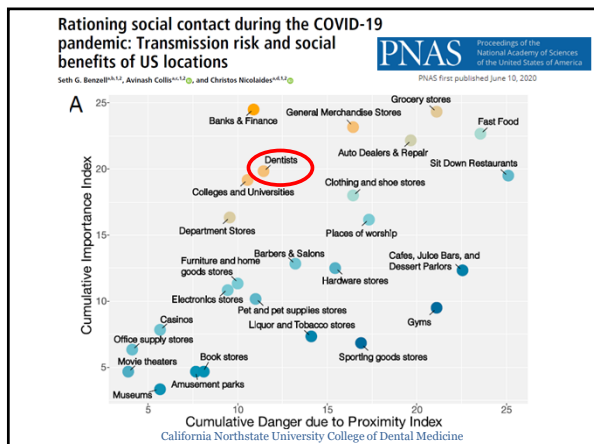
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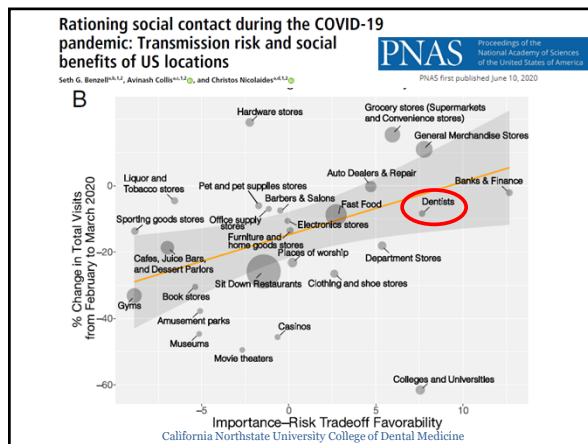
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Return to Work Interim Guidance Toolkit

ADA

Overview

This toolkit contains interim recommendations from the American Dental Association's (ADA's) Advisory Task Force on Dental Practice Recovery. Since this is interim guidance, it is focused on the short-term management of dental practice during the COVID-19 pandemic as some offices return to providing non-emergent care. Details not specifically addressed in this interim guidance will be left up to the professional judgment of each dentist. The possible integration of additional infection control measures, air purification systems, and any other safety recommendations will be addressed by the appropriate ADA agency as the COVID-19 knowledge base grows.

The ADA Task Force was convened to advise in the development of tools to support dentists who are returning to work after the COVID-19 closures and practice restrictions. It is recognized that different areas will return to a more familiar style of practice at different times, and under different circumstances. Each dentist will need to incorporate their clinical judgment with their knowledge of the incidences of COVID-19 cases in their area, the needs of their patients, and the availability of any necessary supplies to re-engage in the provision of elective dental care.

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Return to Work Interim Guidance Toolkit

ADA

- Page 3 [Welcome Back Reassurance Sample Letter](#) reassures patients of your office's commitment to maintaining up-to-date infection control procedures.
- Page 4 [Pre-Appointment Screening Process](#) explains how to screen patients for symptoms of COVID-19 before the appointment and upon arrival. It also includes a patient screening form.
- Page 5 [In-Office Patient Registration Procedures](#) are for dental teams to implement at the front-desk before reopening the practice.
- Page 6 [Reception Area Preparation Strategies](#) explain how to reduce the risk of COVID-19 transmission during patient visits.
- Page 7 [Chairside Checklist](#) includes procedures for dentists and staff while in the operatory rooms and until the patient's room is cleaned and disinfected.
- Page 9 [Staff Protection Strategies](#) includes recommendations for in-office clothing, pregnant staff, and a daily COVID-19 screening log for office staff and associates to use before entering the practice.
- Page 12 [Shopping List](#)
- Page 13 [Appendix](#)

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Patient Screening Form

ADA

Patient Name: _____

	PRE-APPOINTMENT	IN OFFICE
Date:	Date: _____	Date: _____
Do you/they have fever or have you/they felt hot or feverish recently (14-21 days)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you/they having shortness of breath or other difficulties breathing?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you/they have a cough?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any other flu-like symptoms, such as gastrointestinal upset, headache or fatigue?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you/they experienced recent loss of taste or smell?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you/they in contact with any confirmed COVID-19 positive patients? Patients who are well but who have a sick family member at home with COVID-19 should consider postponing elective treatment.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your/their age over 60?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you/they have heart disease, lung disease, kidney disease, diabetes or any autoimmune disorder?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you/they travelled in the past 14 days to any regions affected by COVID-19? (as relevant to your location)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

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COVID-19 Coding and Billing Interim Guidance: Virtual Visits

ADA

VERSION: May 11, 2020

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COVID-19 Coding and Billing Interim Guidance: Virtual Visits

ADA
VERSION: May 11, 2020

Out Evaluations

D0148 Initial oral evaluation - problem focused
An evaluation limited to a specific oral health problem or complaint. This may require interpretation of information acquired through additional diagnostic procedures. Report additional diagnostic procedures separately. Definitive procedures may be required on the same date as the evaluation.
Typically, patients receiving this type of evaluation present with a specific problem and/or dental emergencies, trauma, acute infections, etc.

D0170 re-evaluation - limited, problem focused (established patient; not post-operative visit)
Assessing the status of a previously existing condition. For example:
- a traumatic injury where no treatment was rendered but patient needs follow-up monitoring;
- evaluation for undiagnosed continuing pain;
- soft tissue lesion requiring follow-up evaluation.

D0171 re-evaluation - post-operative office visit

Care Management

D9992 dental case management - care coordination
Assisting in a patient's decisions regarding the coordination of oral health care services across multiple providers, provider types, specialty areas of treatment, health care settings, health care organizations and payment systems. This is in the additional time and resources expended to provide experience or expertise beyond that possessed by the patient.

Teledentistry
When you are providing services in a teledentistry environment one or the other of the following codes would be reported in addition to those cited above:
D9995 teledentistry - synchronous; real time encounter
Reported in addition to other procedures (e.g., diagnostic) delivered to the patient on the date of service.
D9996 teledentistry - asynchronous; information stored and forwarded to dentist for subsequent review
Reported in addition to other procedures (e.g., diagnostic) delivered to the patient on the date of service.

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Video-teleconferencing and Cybersecurity during COVID-19

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The Office for Civil Rights (OCR) may waive penalties for dentists who fail to fully comply with HIPAA requirements when communicating with patients via video-teleconferencing during the pandemic providing they act in good faith and do not use public-facing video communication applications.

Dentists using video-teleconferencing to communicate with patients during the COVID-19 public health emergency will not be subject to penalties for HIPAA violations by the Office for Civil Rights (OCR) even if the communications do not fully comply with HIPAA requirements, provided the dentists act in good faith and do not use public-facing video communication applications. See [COVID-19 Interim Coding and Billing Interim Guidance](#). State law restrictions may continue to apply.

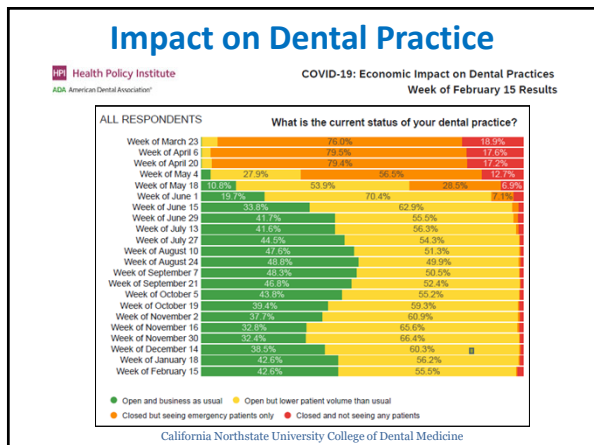
The Substance Abuse and Mental Health Services Administration (SAMHSA) has also released guidance on the confidentiality of certain information related to substance use disorder treatment when using video-teleconferencing during the COVID-19 pandemic. See [COVID-19 Public Health Emergency Response and 42 CFR Part 2 Guidance](#).

To help address potential risks associated with video-teleconferencing applications, on April 4 OCR shared an update from the Cybersecurity and Infrastructure Security Agency (CISA) encouraging users to take these steps to help improve video-teleconferencing cybersecurity.

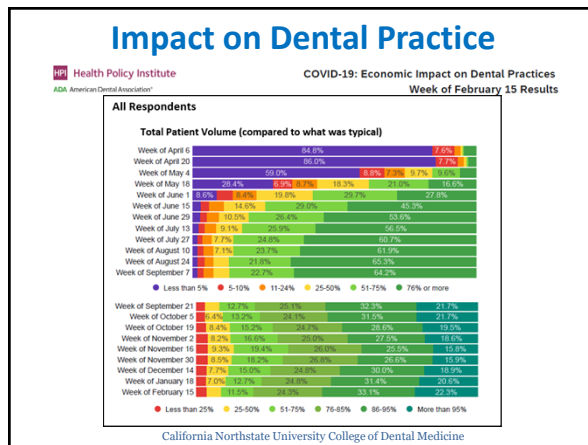
- Ensure meetings are private, either by requiring a password for entry or controlling guest access from a waiting room.
- Consider security requirements when selecting vendors. For example, if end-to-end encryption is necessary, does the vendor offer it?
- Ensure VTC software is up to date. See [Understanding Patches and Software Updates](#).

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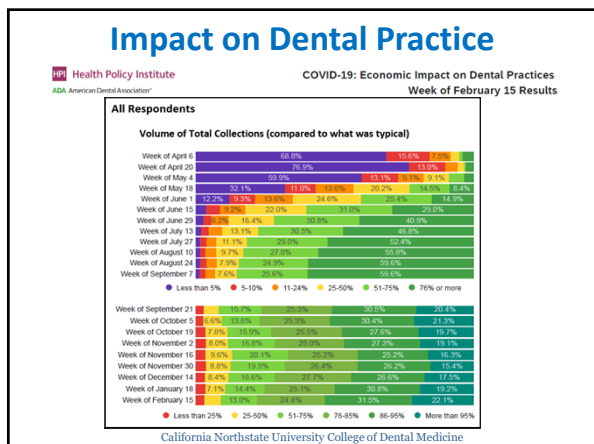
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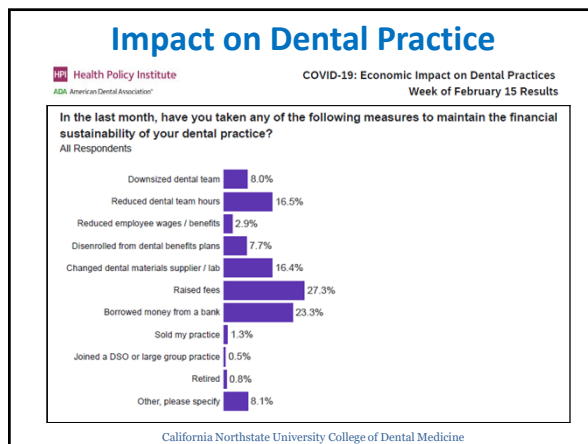
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DENTAL CARE'S NEW NORMAL:
Provider Survey Reveals the Need to Adapt and Redesign

DentaQuest
Partnership
for Oral Health Advancement

94% of dental providers anticipate long-term changes in dentistry due to COVID-19

DentaQuest Partnership for Oral Health Advancement. June 2020. Dental Care's New Normal: Provider Survey Reveals the Need to Adapt and Redesign. Boston, MA.

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DENTAL CARE'S NEW NORMAL:
Provider Survey Reveals the Need to Adapt and Redesign

DentaQuest
Partnership
for Oral Health Advancement

- 76% Pre-appointment COVID-19 screening
- 81% Ask about recent travel or social distancing
- 78% Take patients' temperatures
- 83% Wear additional PPE
- 82% Enhanced disinfection procedures

Percentage of dental providers implementing new protocols to lessen the risk of COVID-19 transmission in their offices

DentaQuest Partnership for Oral Health Advancement. June 2020. Dental Care's New Normal: Provider Survey Reveals the Need to Adapt and Redesign. Boston, MA.

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CDC Centers for Disease Control and Prevention

Coronavirus Disease 2019 (COVID-19)

Guidance for Dental Settings
Interim Infection Prevention and Control Guidance for Dental Settings During the COVID-19 Response
Updated June 17, 2020

Key Points

- Dental settings have unique characteristics that warrant specific infection control considerations.
- Prioritize the most critical dental services and provide care in a way that minimizes harm to patients from delaying care and harm to personnel from potential exposure to COVID-19.
- Proactively communicate to both personnel and patients the need for them to stay at home if sick.
- Know the steps to take if a patient with COVID-19 symptoms enters your facility.

Summary of Recent Changes

- The recommendation to wait 15 minutes after completion of clinical care and exit of each patient without suspected or confirmed COVID-19 to clean and disinfect room surfaces has been removed to align with CDC Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings.
- The time period recommended for patients to inform the dental clinic if they develop symptoms or are diagnosed with COVID-19 following a dental appointment has been changed to 2 days to align with CDC's Healthcare Personnel with Potential Exposure Guidance.
- Clarifying language has been added to Engineering Controls.

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CDC Centers for Disease Control and Prevention

The National Institute for Occupational Safety and Health (NIOSH)

Promoting productive workplaces through safety and health research

Controlling exposures to occupational hazards is the fundamental method of protecting workers. Traditionally, a hierarchy of controls has been used as a means of determining how to implement feasible and effective control solutions.

One representation of this hierarchy is as follows:

Hierarchy of Controls

- Elimination: Physically remove the hazard
- Substitution: Replace the hazard
- Engineering Controls: Isolate people from the hazard
- Administrative Controls: Change the way people work
- PPE: Protect the worker with Personal Protective Equipment

The idea behind this hierarchy is that the control methods at the top of graphic are potentially more effective and protective than those at the bottom. Following this hierarchy normally leads to the implementation of inherently safer systems, where the risk of illness or injury has been substantially reduced.

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Practice Systems for COVID-19 ERA and Beyond

Outside the Office: Teledentistry

- Patient Portal
- Explanations/Instructions
- Advice
- Paperwork/Consent
- Pre-and post visit care
- Real-time Video

Minimally Modified Operator
Non-Aerosol Producing/ Minimally Invasive Procedures

Highly Modified Operator
Aerosol Producing/ Complex procedures

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Teledentistry Activities

Hierarchy of Controls

- Elimination
- Substitution
- Engineering Controls
- Administrative Controls
- PPE

- Eliminate Visits
 - Post-operative evaluation
 - Problem focused evaluation
 - Treatment plan presentation
 - Evaluation of a problem that does not need a visit
 - Guided oral care instructions
 - Daily Mouth Care
 - Minimally invasive procedures (FI – Varnish, toothpaste)
 - Recall visits on healthy patients
- Estimate ~20-30% fewer in-office visits

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Teledentistry Activities

- Shorten Visits
 - Understand patient concerns
 - Set expectations for visit
 - Update demographics/insurance information
 - Update health history
 - Explain procedures
 - Consent for in-person procedures
 - Minimally Invasive Dentistry procedures
- Estimate ~20-30% shorter visits

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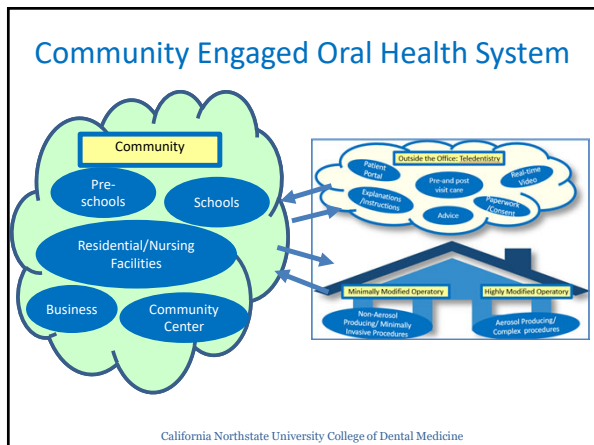
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Teledentistry Activities

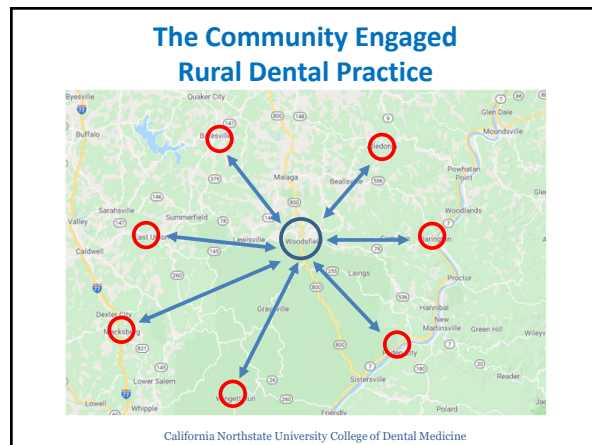
- 20-30% fewer in-office visits
- 20-30% shorter visits
- Results
 - Less invasive procedures
 - Less PPE
 - Less crowded appointment book
 - Lower in-office costs
 - Less infection risk
 - Patient appreciation

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Levels of Participation

- Occasional pre and post visit interactions
- Full office-based Teledentistry interactions
- Occasional community-based interactions
- Full Community-Engaged Oral Health Systems

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Optimized Systems for Teledentistry: All-in-One

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Five Must-Have Features For Mobile & Teledentistry Software

01 CLINICAL TOOLS

YOU DON'T NEED A CLINIC

- Integrated imaging
- Video-aided procedure
- Treatment planning
- Diagnosis
- Prescription

02 DIGITAL FORMS AND eSIGN

Customize digital forms with a quick drag-and-drop editor to create digital forms for your patients. No more costly, cumbersome paper forms or faxes. Plus, you can configure your forms to require the patient to complete them prior to booking their appointment or after they're ready to go online.

03 APPOINTMENT BOOKING

All your medical and dental patients, together with your appointment booking engine, your availability, appointment types, and associated fees for each location are shared.

Only offering virtual consultation? Easily create booking buttons for your website or email campaigns.

04 UNLIMITED REFERRALS

No additional licenses, no additional accounts, fees, and no additional patients. Delivery, storage, receipt, management, administration, and more is all provided via the cloud. Click the link with secure messaging to allow setting and discussion threads to you can collaborate and ensure the best treatment outcomes for your patients.

05 PAYMENT PROCESSING

Integrated payments let you charge the patient prior to booking their appointment or after. Collect billing information and give patients the ability to pay outstanding balances through the secure patient portal. They can also update their billing information anytime and keep it on file.

teledentix

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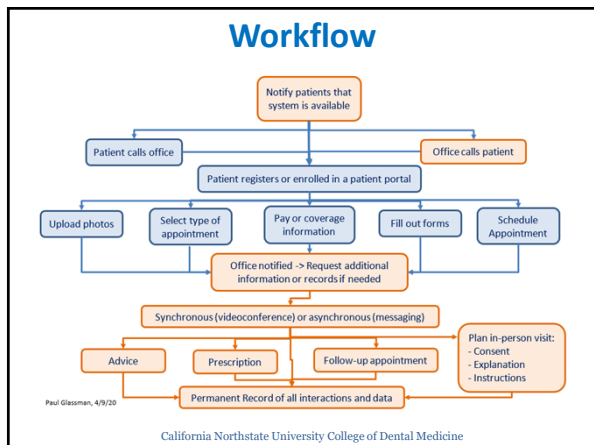
Optimized Systems for Teledentistry: All-in-One

- Integrated imaging
- Local storage
- Networking
- Scheduling
- On-line forms
 - Form writer – general and linked to procedures
- Video - waiting room
- Single full record of all data and interactions

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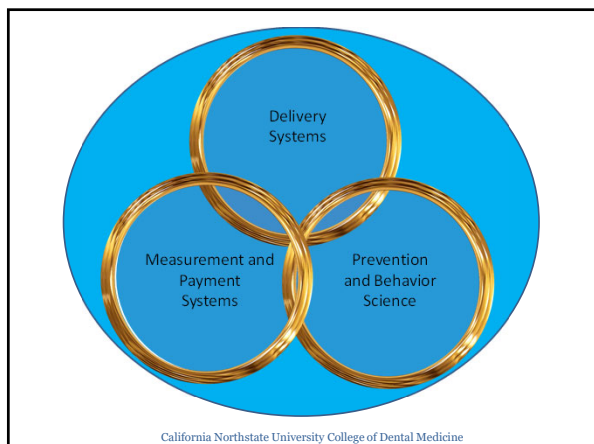


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Community Engaged Oral Health Systems

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Adoption

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Addressing Barriers to Adoption


- Awareness
- Policy
 - Can it be done
 - Licensure/scope of practice?
 - Is it paid for?
- Implementation challenges
 - even if people are aware, and it is allowed, and it is paid for, there are still numerous implementation challenges in doing something different than what is now the mainstream approach to oral health.



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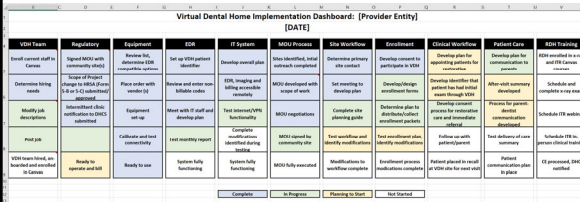
Training on Using Telehealth-Connected Teams



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Telehealth-Connected Teams: Training



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Telehealth-Connected Teams: Training

Regulatory	Equipment	EDR
Signed MOU with community site(s)	Review list, determine EDR compatible options	Set up VDH patient identifier
Scope of Project change to HRSA (Form 5-B or 5-C) submitted/ approved	Place order with vendor (s)	Review and enter non-billable codes
Intermittent clinic notification to DHCS submitted	Equipment set-up	Meet with IT staff and develop plan
Ready to operate and bill	Calibrate and test connectivity	Test monthly report
Ready to operate and bill	Ready to use	System fully functioning

Complete
In Progress
Planning to Start
Not Started

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Telehealth-Connected Teams: Training

IT System	MOU Process	Site Workflow
Develop overall plan	Sites identified, initial outreach completed	Determine primary site contact
EDR, imaging and billing accessible remotely	MOU developed with scope of work	Set meeting to develop plan
Test internet/VPN functionality	MOU negotiations	Complete site planning guide
Complete modifications identified during testing	MOU signed by community site	Test workflow and identify modifications
System fully functioning	MOU fully executed	Modifications to workflow complete

Complete
In Progress
Planning to Start
Not Started

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Telehealth-Connected Teams: Training

Enrollment	Clinical Workflow	Patient Care
Develop consent to participate in VDH	Develop plan for appointing patients for restorative	Develop plan for communication to parents
Develop/design enrollment forms	Develop identifier that patient has had initial exam through VDH	After-visit summary developed
Determine plan to distribute/collect enrollment packets	Develop consent process for restorative care and immediate referral	Process for parent-dentist communication developed
Test enrollment plan, identify modifications	Follow up with patient/parent	Test delivery of care summary
Enrollment process modifications complete	Patient placed in recall at VDH site for next visit	Patient communication plan in place

Complete
In Progress
Planning to Start
Not Started

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Teledentistry Training

- Webinars
- On-demand, on-line education
- Individual consultation
- Group consultation

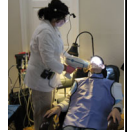
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Teledentistry: A New Era for Oral Health

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