Teledentistry was an emerging modality in oral health care delivery before the COVID-19 pandemic. Teledentistry modalities used include telephonic consultation, video conferencing, and text-based communications. The literature was consolidated and analyzed using a web-based software program. Results were reviewed to identify health center practices and state regulations (including those affecting provision of telehealth) to describe the immediate and long-term impacts of the COVID-19 pandemic on teledentistry. Researchers also conducted a literature review to identify peer reviewed studies and other literature discussing the impact of COVID-19 on oral health services.

METHODS

Environmental Scan Perspective

Teledentistry was an emerging modality in dentistry, but prior to COVID-19, uptake had been confined to public health settings, mobile services in collaboration with the American Association of Medical Colleges (AAMC), and dental centers providing care to underserved populations. Teledentistry was identified as an effective technology to bridge gaps in access to care for emergent needs during the COVID-19 pandemic. In April 2020, use of teledentistry was about 60 times greater than pre-pandemic levels. Use of teledentistry also increased over time, with the number of visits via teledentistry increased by 55 times greater than pre-pandemic levels. The April 20, 2020 wave of the ADA HPI showed that 25% of respondents reported using some form of virtual technology to reach a provider. The ADA HPI was fielded in June 2020, December 2020, June 2021, and December 2021, and included a module of questions describing personal use of any telehealth/telemedicine service for the first time during the pandemic. Researchers assessed 2019 and 2020 Uniform Data System data and data from the American Dental Association’s Health Policy Institute (EDI) and the Center for Health Workforce Studies at the University at Albany.

Provider Perspective

Virtual technology/telecommunication use was higher in practices with DSO affiliation than within those that were not affiliated with a DSO.

CONCLUSIONS

While teledentistry is unlikely to replace in-person visits to an oral health provider for routine dental care, it has demonstrated promising impacts on access to care, particularly for consultation, monitoring, screening, triaging and pre- and post-operative care.

Experience with teledentistry during the pandemic allowed for providers and patients to understand the utility of these teledentistry modalities for improving capacity to address the needs of patients.

Expanded and continued use of teledentistry beyond the pandemic requires overcoming barriers such as how state dental practices act class telehealth services, especially for low-income patients. Key factors that may shape the future of teledentistry include access to technology, especially for vulnerable populations and unique health system circumstances.

REFERENCES/ACKNOWLEDGMENTS