Teledentistry: Bridging Access Gaps in the Safety Net and Regulatory Variation Guiding Adoption and Expansion

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BACKGROUND
- Prior to the COVID-19 pandemic, the use of teledentistry was limited to providers and programs focused on specific populations and settings.
- Full or partial closure of dental practices and clinics during the pandemic catalyzed innovative thinking about how to connect patients to providers.
- Teledentistry quickly became a useful tool to connect with patients for providers at private practices and those in the safety net.

STUDY OBJECTIVES
- Conduct interviews with dental providers and staff in the dental safety-net to understand the use of teledentistry prior to, during, and subsequent to the most intense months of the COVID-19 pandemic.
- Review enabling statutes and regulations for the provision of teledentistry services in each of the 51 regulatory jurisdictions in the US.
- Compiled a dictionary of regulatory parameters for providing teledentistry services in each of the 50 states and the District of Columbia (DC) (as of November 2022).
- Conduct interviews with key informants in various positions at 11 safety-net dental organizations, 9 of which were FQHCs (2 from New York; 3 from California; 1 from Colorado, Idaho, Nevada, Minnesota, North Carolina, and Maryland/DC).
- Interviewed 26 key informants (26 CEOs/Executive Directors, 6 non-clinical directors, 9 clinical directors, 2 dentists, 4 dental hygienists, 1 dental assistant, 2 administrative staff) about impacts of the pandemic on oral health service delivery and patients’ access to dental services.
- All interview transcripts were uploaded to Dedoose v.9.0 for coding and analysis.

METHODS
- Determined elements that could be compared across states.
- Identified laws guiding the provision of teledentistry (that would not expire at the end of the public health emergency).
- Between May and September 2022, interviews were conducted with key informants in various positions at 11 safety-net dental organizations, 9 of which were FQHCs (2 from New York; 3 from California; 1 from Colorado, Idaho, Nevada, Minnesota, North Carolina, and Maryland/DC).
- Respondents expressed concerns about reimbursement-related issues, including whether Medicaid programs would continue to pay for those services.
- Only 14 states allowed teledentistry for Medicaid patients.

FINDINGS

THEME 1
Teledentistry was critical in bridging access to care gaps during the initial months of the COVID-19 pandemic.
- Providers were able to triage patients, expedite diagnosis, and effect treatment expeditiously via teledentistry.
- Teledentistry was helpful for patients with complex medical histories.

THEME 2
Teledentistry had the potential to be a satisfactory treatment modality for patients.
- The experience of introducing teledentistry services to a broader audience during COVID-19 varied.
- Staff who were familiar with the benefits of virtual visits were crucial to helping patients embrace teledentistry.

THEME 3
Patients were somewhat reluctant but once engaged were comfortable using teledentistry.
- Teledentistry was helpful for patients with complex medical histories.

THEME 4
The majority of patients were satisfied with offering services via teledentistry.
- Only 14 states allowed teledentistry for Medicaid patients.

THEME 5
Several benefits of using teledentistry with patients emerged.
- Providers were able to triage patients, expedite diagnosis, and effect treatment expeditiously via teledentistry.

THEME 6
Clear guidance on teledentistry regulation and reimbursement continues to be a primary environmental barrier for provision of teledentistry services by safety-net providers.
- Respondents expressed concerns about reimbursement-related issues, including whether Medicaid programs would continue to pay for those services.
- Only 14 states allowed teledentistry for Medicaid patients.

THEME 7
Regulatory clarity and increased reimbursement are crucial to expanding teledentistry.
- Regulatory variation guiding adoption and expansion.