

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

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- 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)
- Researched circumstances and permissions for teledentistry services in each jurisdiction
- 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 each from Colorado, Idaho, Nevada, Minnesota, North Carolina, and Maryland/DC)
- Researchers interviewed 26 key informants (2 CEO/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

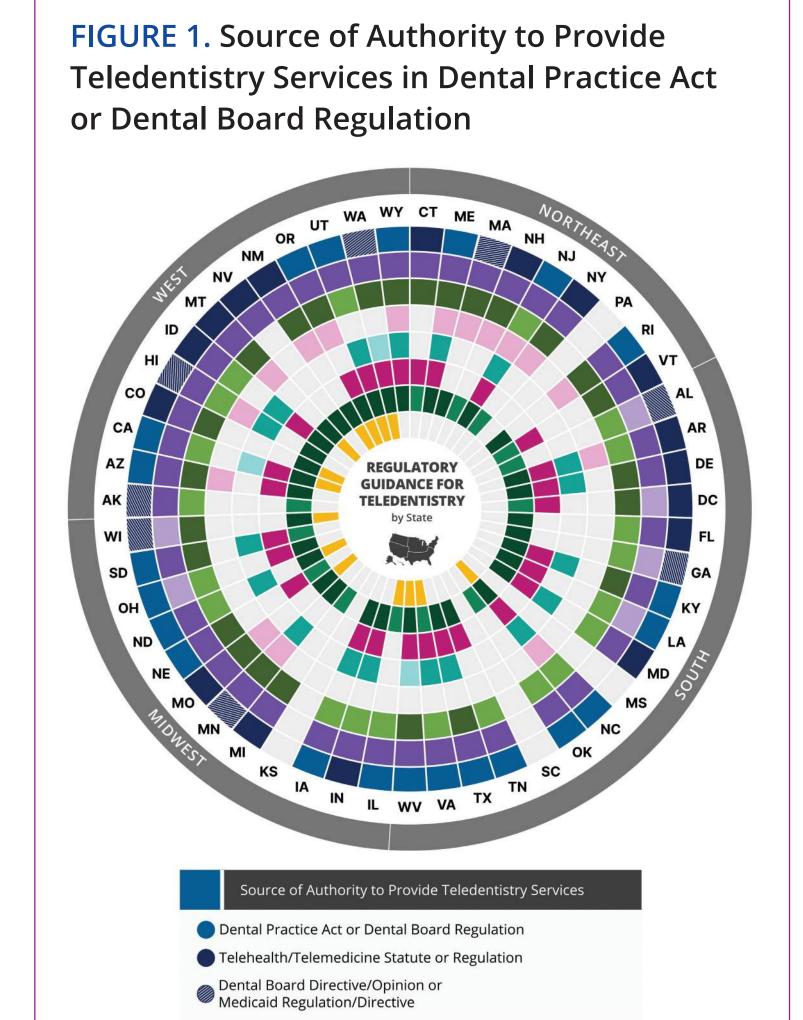
### Regulatory clarity and increased reimbursement are crucial to expanding teledentistry.



#### THEME 1.

Teledentistry was critical in bridging access to care gaps during the initial months of the COVID-19 pandemic.

- Organizations with prior teledentistry experience transitioned more easily to virtual care
- Flexibility of teledentistry allowed for testing efficiency and effectiveness of different workflow
- Regulatory authority was critical in expanding access to services
- Teledentistry was in Dental Practice Act or Dental Board Regulation in 22 states, in telehealth/ telemedicine statute or regulation in 16 states and DC, and in dental board directive/opinion or Medicaid regulation/ directive in 8 states



#### 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 critical to helping patients embrace teledentistry

# FINDINGS

#### THEME 3.

Patients were somewhat reluctant but once engaged were comfortable using teledentistry.

 Hesitation to use teledentistry included technology-related barriers and digital literacy related issues

#### THEME 4.

The majority of providers were satisfied with offering services via teledentistry.

Initiating a teledentistry program required trial and error, but

once established the benefits of virtual visits became apparent.

Most respondents intended to continue using teledentistry beyond

- Buy-in from dental directors and executive leadership was important
- Synchronous and asynchronous teledentistry were allowed in 41 states, while synchronousonly teledentistry was allowed in 5 states and
- Dentists and dental hygienists were allowed to provide care via teledentistry in 34 states, while only dentists were allowed to provide teledentistry in 12 states and DC

the COVID-19 pandemic

THEME 5.

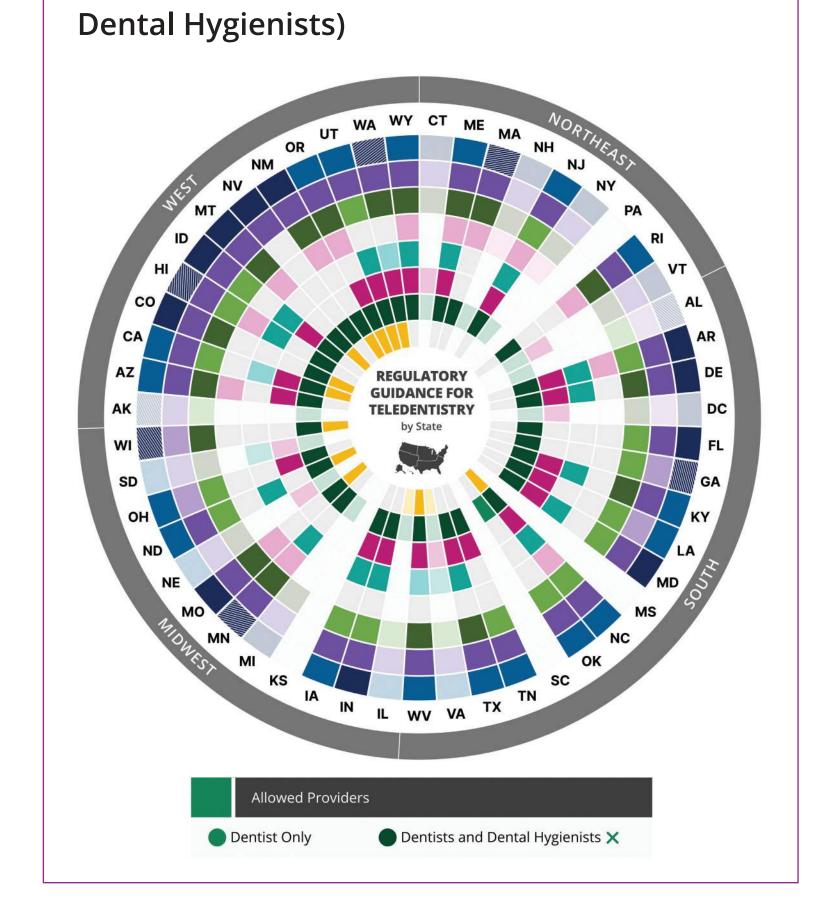


FIGURE 2. Allowed Providers (Dentists and

#### (III) FINDINGS

#### THEME 6.

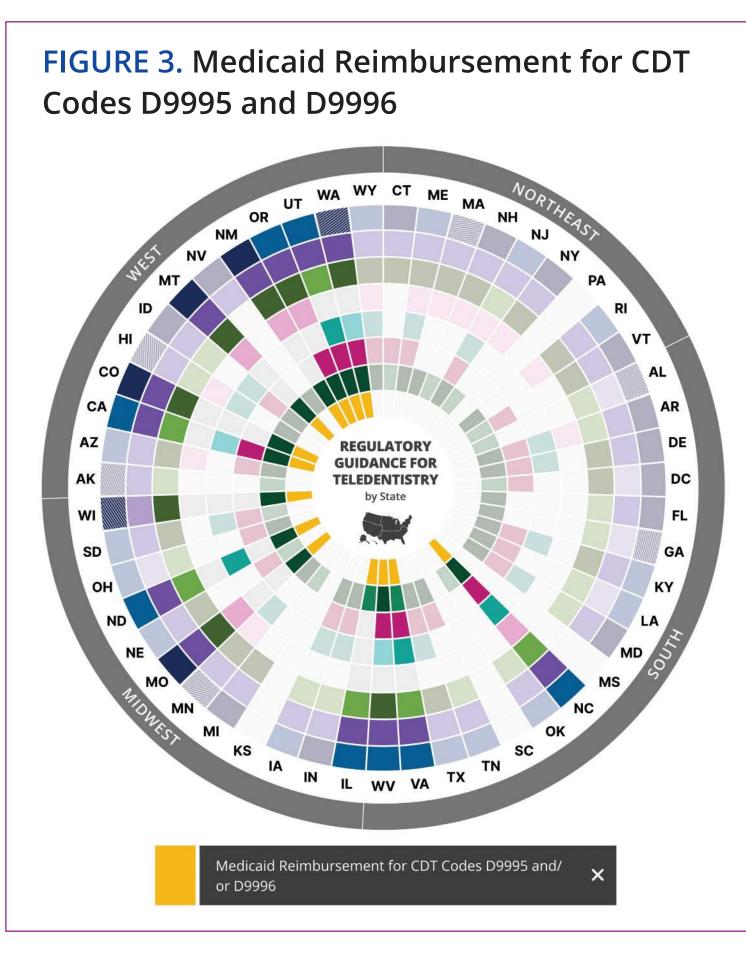
Several benefits of using teledentistry with patients emerged.

- Providers were able to triage patients, expedite diagnosis, and effect treatment exclusively via teledentistry
- Teledentistry was helpful for patients with complex medical histories

#### THEME 7.

Clear guidance on teledentistry regulation and reimbursement continues to be the 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 provided Medicaid reimbursement for CDT codes D9995 (synchronous teledentistry) and D9996 (asynchronous teledentistry)



## CONCLUSIONS

- Teledentistry proved to be an effective intervention allowing for triage, risk assessment, diagnosis, treatment and palliation, education, and referral for emergency in-person services
- Telehealth legislation is highly nuanced; in some states, regulatory language is detailed and descriptive, while in other states they are vague and subject to broad interpretation

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**INFOGRAPHIC** 

Variation in Teledentistry

Regulation by State



Teledentistry Adoption and Use During the COVID-19 Pandemic



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