

COMMUNICATION BRIEF

# Teledentistry:

**Providing access to care during the COVID-19 crisis**

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As coronavirus (COVID-19) keeps millions of adults and children at home, federal health officials have urgently promoted telehealth as a way to connect Medicare and Medicaid patients with the care they need. Officials recognized that services provided through telehealth would help to free up medical clinics and hospital emergency department (EDs) for patients with COVID-19 or other truly urgent conditions while at the same time enabling seniors, the medically-compromised and other vulnerable populations to remain safely at home. In a crisis, dental providers can use telehealth to consult with patients, triage their needs, and offer limited urgent services, deterring those with serious dental conditions from seeking care in EDs.

This pandemic gives states a unique opportunity to build a more accessible and connected system that is sustainable even after the immediate crisis subsides. Teledentistry can connect patients and providers in different physical locations, as well as enable different providers who treat the same patients to share information. Teledentistry is the provision of patient care or education using one of [four forms of technology](#): synchronous, asynchronous, remote patient monitoring, and mHealth. (For more details, read the [new white paper](#) by the DentaQuest Partnership for Oral Health Advancement in March 2020.)

## Teledentistry Modalities



**Live video (synchronous):** This is two-way, “real-time” interaction between a health provider and a patient, their caregiver or another provider.



**Store-and-forward (asynchronous):** Patient care can be facilitated by transmitting photos, video, X-rays, or other recorded information via a secure electronic system to a health provider who reviews the information and/or updates a patient’s treatment plan.



**Remote patient monitoring (RPM):** This telehealth mode allows personal health or medical data to be collected from an individual in a different location, allowing a health provider to monitor blood pressure or another vital sign or condition.



**Mobile health (mHealth):** Smartphones or other mobile devices can be used for many purposes. One example is an app allowing people to [test the pH of their saliva](#), which affects their risk of tooth decay.

# Persistent Barriers to Care

Even outside of crises, many Americans aren't getting the dental care they need. [More than 56 million Americans](#) live in areas with a shortage of dental professionals. Dental access is a concern in [rural communities](#), but people living in urban or suburban areas, including seniors with limited mobility and others with complex medical issues also encounter barriers to care in traditional settings. When people don't receive dental care, both oral health and overall health can easily deteriorate. Despite research showing the ability of telehealth to [manage chronic diseases](#) and [reduce mortality rates](#), a variety of barriers remain, especially for teledentistry. A lack of access to care [can lead to untreated tooth decay or other infections](#), leaving people with no viable options other than visiting hospital EDs, where treatment is costly and can disrupt more urgent needs in a time of crisis.

Each year in the United States, there are approximately [2 million hospital ED visits](#) for nontraumatic dental problems, and most of these visits were for oral health needs that [could have been addressed](#) at a dental office, including care delivered through teledentistry. In Florida, there were [more than 489,000 visits](#) to hospital EDs for dental conditions over a three-year period, and roughly four in 10 visits were reimbursed by its Medicaid program. Given the strong oral health-diabetes connection, it's worth noting that diabetes-related complications were the [12th most expensive condition](#) billed to Medicaid programs during 2013. Reducing unnecessary ED visits is critical, especially in states with older populations at greater risk of mortality from COVID-19.

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More than  
**56 million** Americans  
live in shortage areas.



**Only 6** states  
have most of the dentists  
needed to eliminate shortages

## Oral Health = Overall Health

**Growing research connects oral health with other chronic health conditions.**

**Here are some examples:**



### **Diabetes:**

Treating periodontal (gum) disease [helps people with diabetes](#) manage their blood sugar levels.



### **Stroke:**

Studies reveal the [risk of stroke](#) is linked to both tooth loss and periodontal disease.



### **Osteoporosis:**

Research shows that osteoporosis and periodontal disease are associated and could be [risk factors for each other](#).



### **Aspiration Pneumonia:**

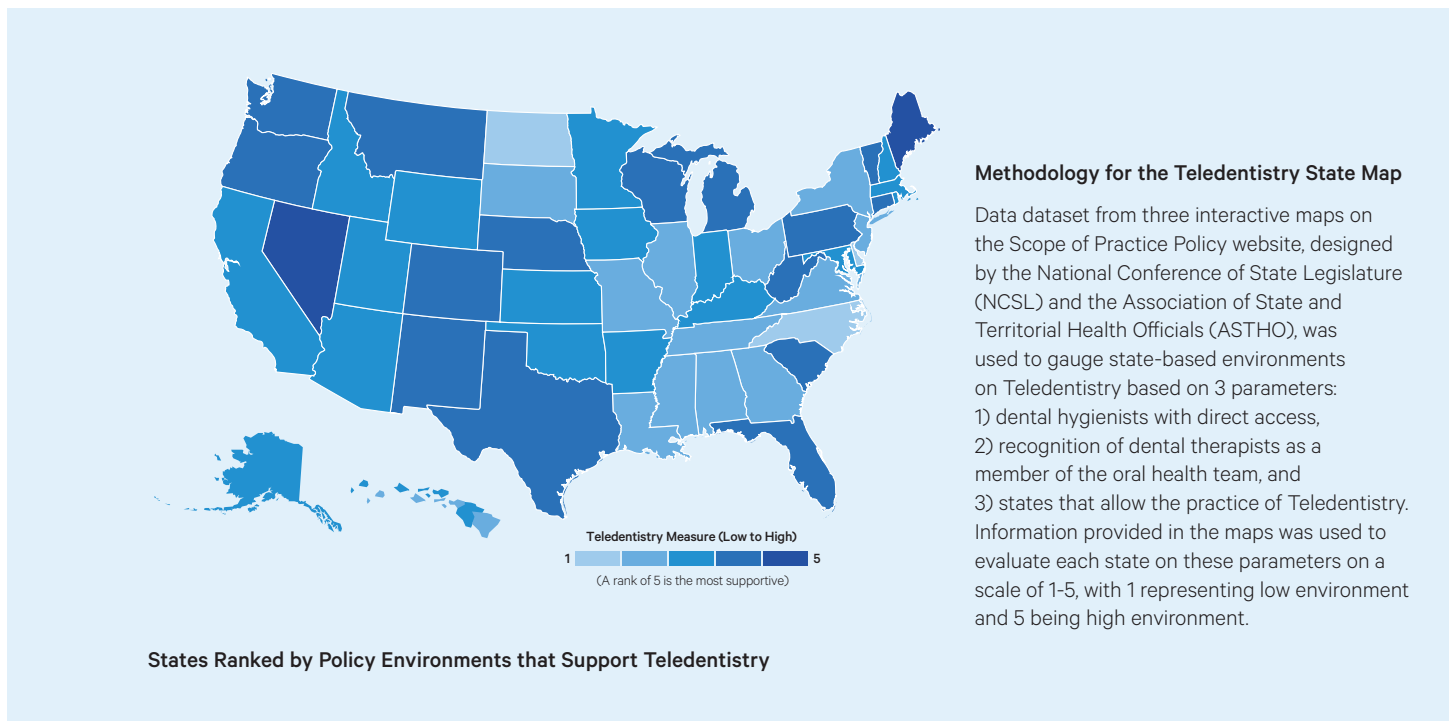
Improving oral hygiene among medically-fragile seniors was linked to raising [their survival rate](#) from aspiration pneumonia.

# What States Can Do

Governors in [Illinois](#), [New Jersey](#), [Texas](#) and other states have issued orders in recent weeks to expand telehealth. However, even before COVID-19 reached our nation, there were excellent reasons for all states to encourage telehealth. These technology tools can help prevent disease and, equally important, assist Americans in managing chronic conditions given the connection of many chronic diseases to oral health. By making permanent changes to laws and policies that shape teledentistry, states would be more nimble and better prepared for similar crises in the future, as well as being able to address needs that may be prolonged with the current COVID-19 situation. States can leverage the [Coronavirus Aid, Relief and Economic Security \(CARES\) Act](#) that Congress recently approved and which includes multiple provisions explicitly aimed at promoting telehealth.

Besides improving health and holding down costs, teledentistry and other telehealth initiatives offer the potential for creating and preserving jobs. In recent years, [many rural hospitals have closed](#). Hospitals are [major employers](#) in rural areas, and their financial stability might be enhanced by serving as a hub for teledentistry programs.

As of 2019, nearly all states have a definition for telehealth or telemedicine, and live video services are [reimbursed by Medicaid in all states](#). Although most states are supporting some form of telehealth, progress in the area of teledentistry [is lagging behind other health disciplines](#). State policymakers may not be aware of the ways in which their laws or regulations unintentionally make it tougher for teledentistry to improve access.



There are four key areas that state policymakers should address:

**Dental workforce:** In addition to dentists, dental hygienists and other staff have important roles to play for teledentistry to reach its full potential. Unfortunately, most State Practice Acts do not permit all members of the dental workforce to practice at the highest level of their skills and training. Accordingly, State Practice Acts should enable care to be provided in community settings by non-dentists while having appropriate regulations to ensure oversight, instead of imposing direct supervision rules.

**Reimbursement policies:** Both public and private insurers should provide reimbursement for teledentistry delivered through live video or a store-and-forward mechanism, and states should update their Medicaid reimbursement rules accordingly. Moreover, policymakers, benefits companies and professional organizations should seek reimbursement that gives teledentistry parity with traditional dental care and does not discriminate based on the type of dental provider that rendered the service.

**Legal clarity:** States can expand teledentistry by bringing clarity to legal issues such as liability coverage for dental providers, getting “credentialed,” data security and rules of compliance with the Health Insurance Portability and Accountability Act (HIPAA). States also should recognize that teledentistry programs may struggle to meet requirements for making patient records available on request, and rules like this should not be permitted to obstruct basic types of information-sharing that can limit teledentistry to only preventive services.

**Sharing patient information:** [Experts](#) and [leading stakeholders](#) are working together to make electronic health records (EHRs) interoperable—meaning they are shareable. State health commissioners and Medicaid directors should support efforts to achieve interoperability and mandate that certified health IT products adopt the dental exchange standard. Policymakers and other stakeholders should be vigilant in ensuring that dental information and teledentistry are recognized as essential elements as health information systems and vendors adapt to this federal rule. Finally, states should explore financial incentives or subsidies to enable dental care organizations and care teams to improve or upgrade technology and provide needed training as infrastructure evolves.

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## Now Is the Time for Action

Creating a supportive climate for teledentistry would help states ensure that a pandemic or another crisis does not cut off people's access to care for many days or weeks. Telehealth can enable many people to receive services or education in compliance with social-distancing guidelines and averting visits to hospital EDs that are already overwhelmed. Bringing care to where people are can reach millions of children and adults who are not receiving services currently in the oral health system, rather than leaving people with no alternative but visiting EDs, where care is costly and where hospitals need to free space for treating urgently ill patients. Dental benefit companies are moving quickly to [ensure coverage and awareness](#) of telehealth options among their members.

**For a deeper examination of teledentistry's promise and what states can do to address the barriers it faces,**



Read CareQuest Institute's **Fast-Track to Teledentistry** White Paper.

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## CareQuest Institute for Oral Health

CareQuest Institute for Oral Health is a national nonprofit championing a more equitable future where every person can reach their full potential through excellent health. We do this through our work in grantmaking, research, health improvement programs, policy and advocacy and education as well as our leadership in dental benefits, care delivery and innovation advancements. We collaborate with thought leaders, health care providers, patients and local, state and federal stakeholders, to accelerate oral health care transformation and create a system designed for everyone. To learn more, visit [carequest.org](https://carequest.org).

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