

TELEDENTISTRY: PROVIDING ALTERNATIVE CARE DURING A PUBLIC HEALTH CRISIS

DentaQuest Partnership Continuing Education Webinar

April 23, 2020

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DentaQuest[®]
Partnership
for Oral Health Advancement

Learning Objectives

By the end of this webinar, participants will be able to:

1. Understand Teledentistry as a tool to increase access to dental care in urgent situations.
2. Describe examples of how teledentistry has been used to improve access to care and mitigate risk during COVID-19
3. Discuss challenges and opportunities for dental practices implementing teledentistry strategies in a rapidly changing care environment.

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Housekeeping

- All lines will remain muted to avoid background noise.
- A copy of the slides and a link to the recording will be shared after the webinar concludes.
- In order to receive CE credit you must fill out the webinar evaluation, which will be shared at the end of the presentation. The evaluation must be completed by **EOD Friday, May 1** to receive CE credit. CE certificates will be distributed a few days after the webinar takes place.



The DentaQuest Partnership is an ADA CERP Recognized Provider. This presentation has been planned and implemented in accordance with the standards of the ADA CERP.

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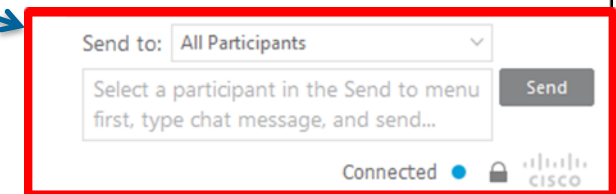
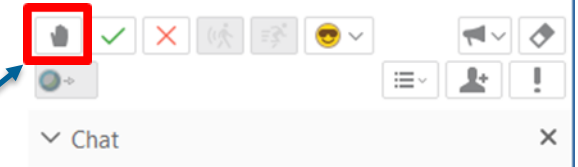
*Full disclosures available upon request

Q&A Logistics

After the presentations we hope to have some time for Q&A

Two ways to engage:

- Use the raise hand feature and we will unmute you and you can ask your question over the phone.
- Type your question in the chat box and make sure you send it to all participants.



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Polling Questions

1. What are your biggest concerns about returning back to providing dental care?
 - Infection control
 - Staffing
 - Managing workflow changes
 - Being financially sustainable
 - Other
2. Do you think that dentistry will go back to the way it was before?
 - Yes
 - No
3. How long do you think it will take for dentistry to settle to a new normal?
 - Under 4 months
 - 4 – 8 months
 - 8 – 12 months
 - 1 – 2 years
 - Other



Respond here

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Presenters:



Sean Boynes, DMD, MS

Vice President of Health Improvements
DentaQuest Partnership for Oral Health Advancement



Nathan Suter, DDS

Chief Executive Officer
Access Teledentistry

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FINDING THE NEW NORMAL

A COLLABORATIVE NETWORK APPROACH FOR ORAL HEALTH

Sean G. Boynes, DMD, MS
Vice President, Health Improvement
DentaQuest Partnership for Oral Health Advancement

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for Oral Health Advancement

A Collaborative Learning Network



COVID-19 Oral Health Learning Community: A Layered Approach

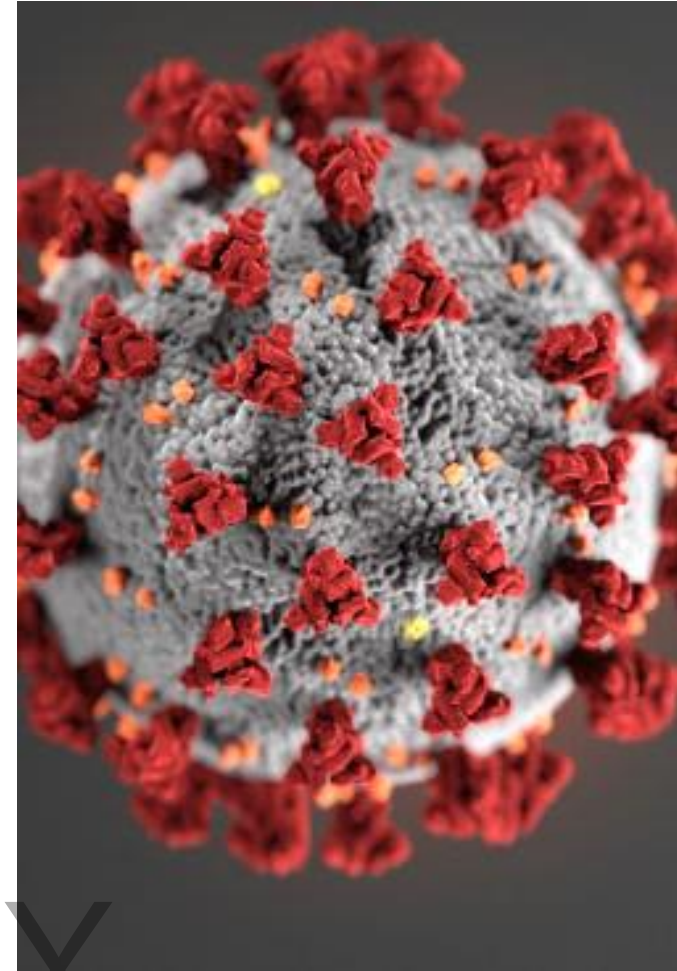
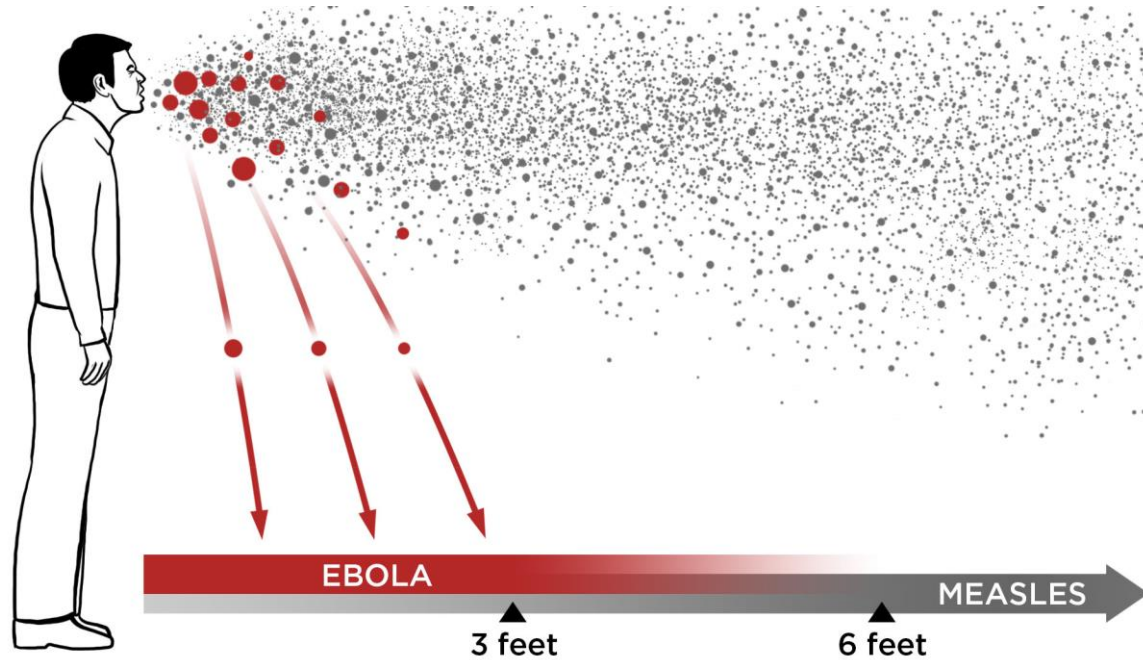
Layers	Focus	Activities
Layer 1: No-Contact (w/ Emergency)	Developing/expanding telehealth strategies for providing oral health services, given current infection control and regulatory restrictions	<ul style="list-style-type: none"> - Implement/expand telehealth technology for synchronous oral health visits - Operationalize care flow and coding opportunities for multiple telehealth visit types
Layer 2: Limited Contact	Safely providing oral health care with non-aerosol procedures	<ul style="list-style-type: none"> - Implement a non-aerosol approach to caries and periodontal management, care maintenance - Care coordination and development of new business models for specialty referrals
Layer 3: “New” Contact	Operate dental practices under emerging infection control standards	<ul style="list-style-type: none"> - Implement and evaluate innovation that facilitates new infection control standards, provider and public safety



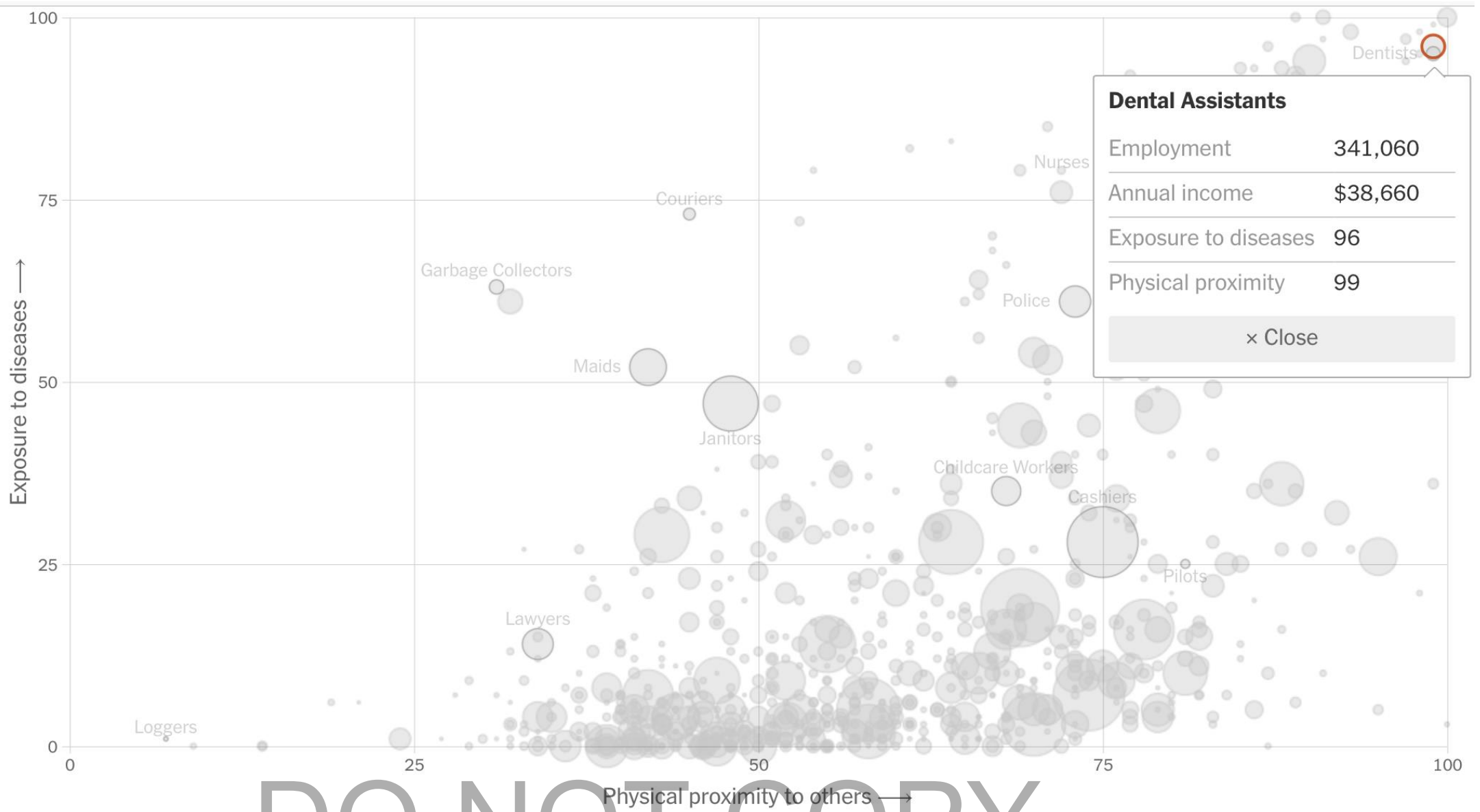
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COVID 19 Pathogenesis

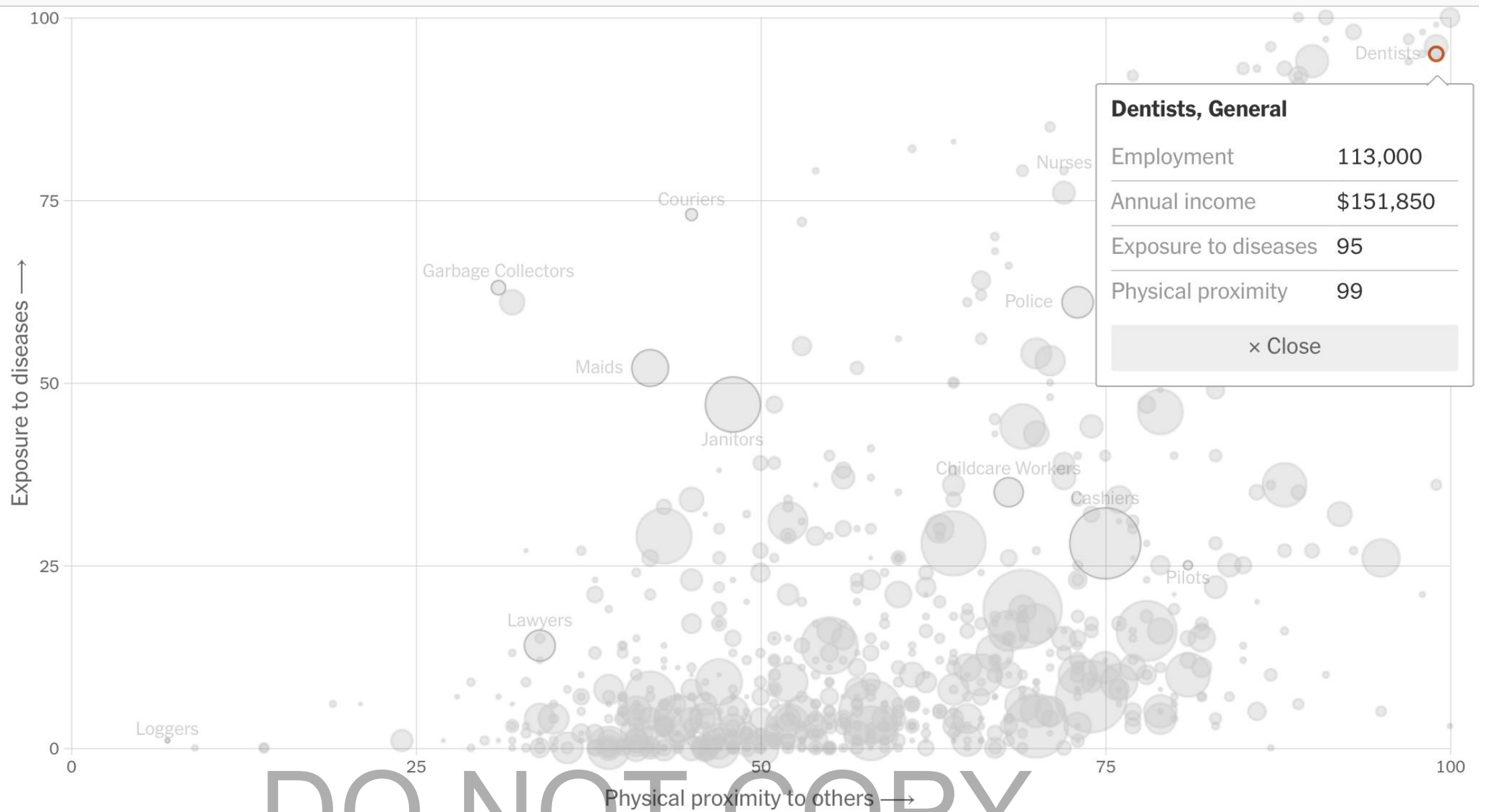
Can you elaborate on the risk of dental healthcare workers for exposure to COVID 19?



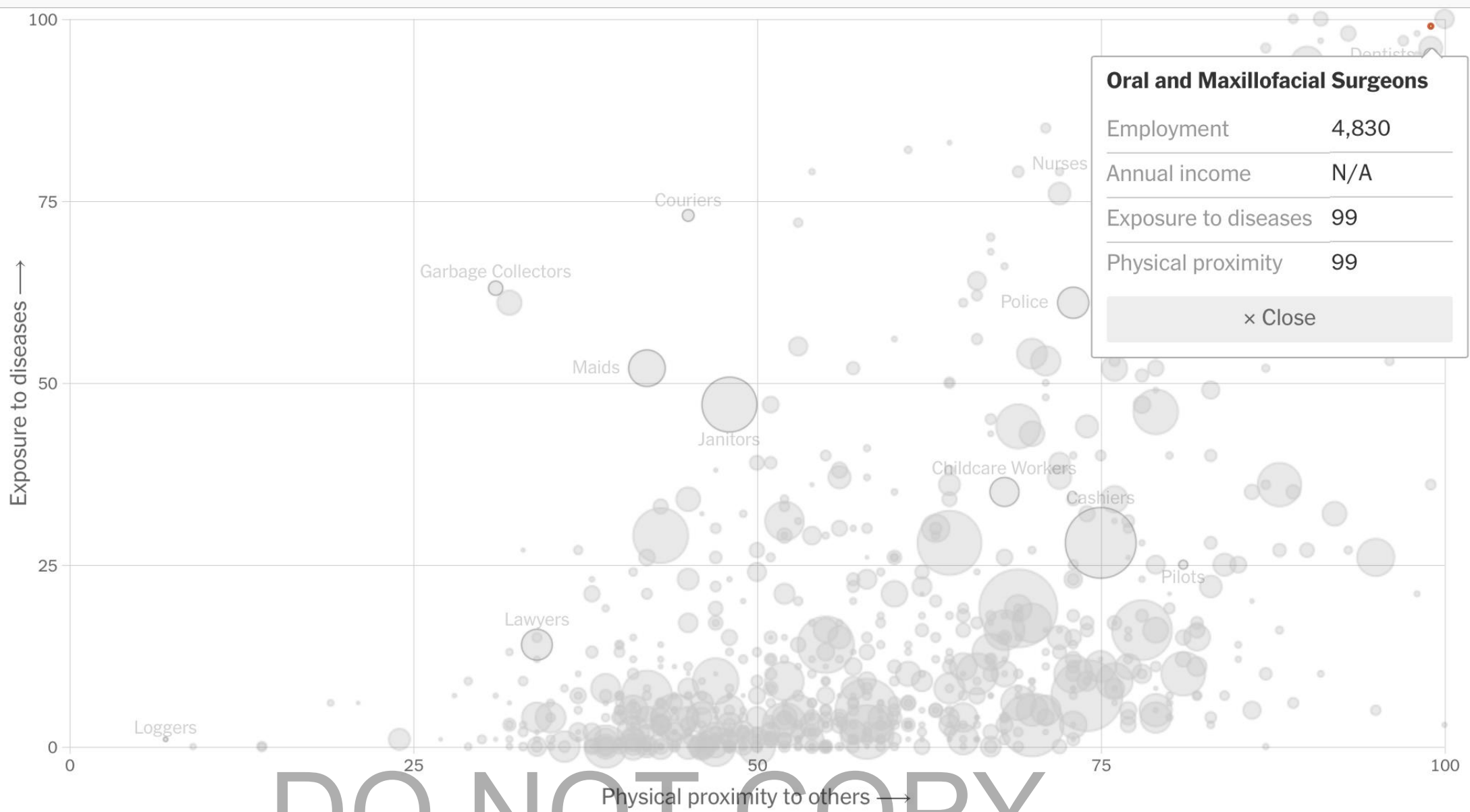
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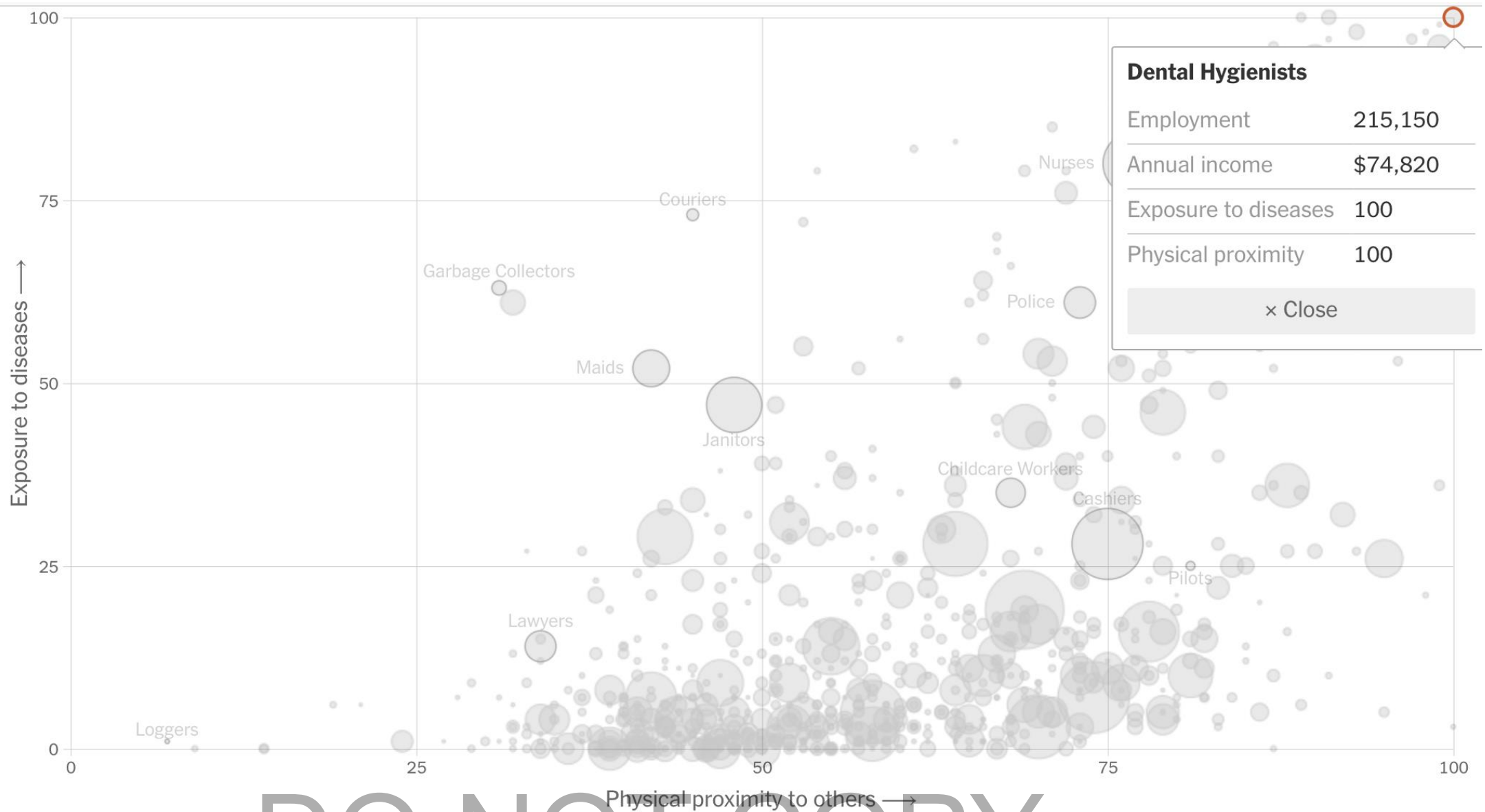


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<https://www.nytimes.com/interactive/2020/03/15/business/economy/coronavirus-worker-risk.html>

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LAYER ONE

No Contact and Emergencies

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A rapidly changing care and finance landscape

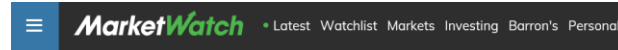


Home » [Harvard Health Blog](#) » Can telehealth help flatten the curve of COVID-19? - Harvard Health Blog

Can telehealth help flatten the curve of COVID-19?



The covid-19 pandemic is accelerating the transition to a new model of remotely delivered health care that embraces the benefits of digital and data technologies, ...and it's here to stay.



Will COVID-19 be a tipping point for telehealth in the U.S.?

Shares of Teladoc Health Inc. have soared 47% over the past three months

Industry Leans on Telehealth to Tackle COVID-19 Outbreak

As the COVID-19 outbreak encroaches into communities across the US, payers, providers, and vendors are using telehealth to expand access to care.



Home News Fe

Building Payer-Provider Partnerships for Bundled Payment Models

Advocacy

ADA Asks Third-Party Payers To Adapt Coding, Billing Procedures

The [ADA News](#) (4/9, Burger) reported the ADA "sent a letter to third-party payers urging that administrators of dental benefit plans adjust and adapt reimbursement procedures" given the "unprecedented and extraordinary circumstances dentists and their patients face" during the coronavirus pandemic. The article reported that "the letter identifies six areas that the ADA believes are particularly important in terms of coding and billing in the coming weeks and potentially months," including "coverage for temporary procedures and adjusting fee schedules to account for cost of increasing infection control procedures."



Embedding dental benefits in medical plans is on the way

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Emergency Billing Structures

Teledentistry CDT Codes

D9995 teledentistry – synchronous; real-time encounter
Reported in addition to other procedures (e.g., diagnostic) delivered to the patient on the date of service.

-or-

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.

Variations of the following CDT Codes:

D0140 - Limited oral evaluation, problem focused

D0160 - Detailed and extensive oral evaluation

D0170 - Re-evaluation - limited, problem focused (established patient; not post-operative visit)

D0171 - Re-evaluation – post-operative office visit

D0190 - screening of a patient

D0191 - assessment of a patient

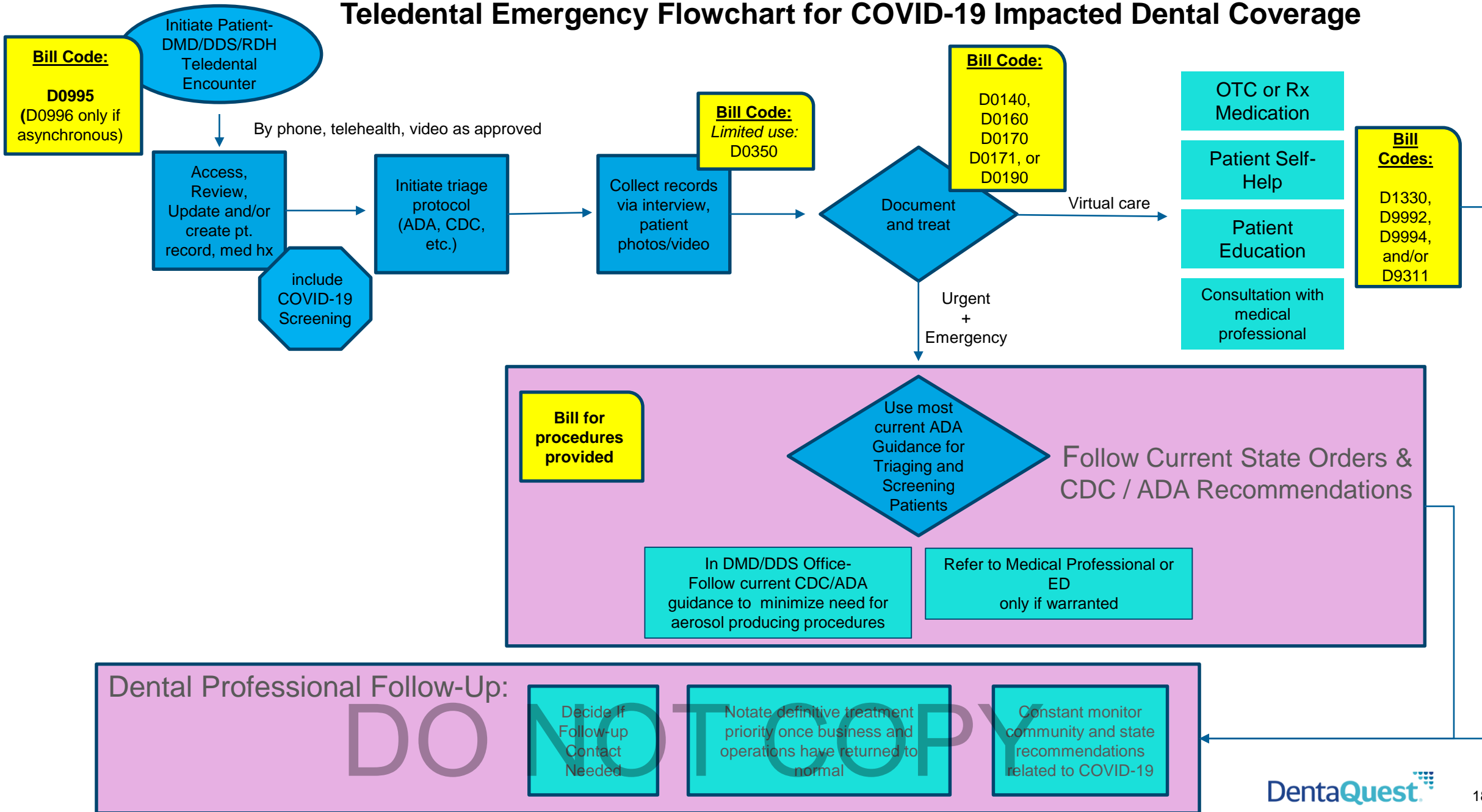
D9992 - Dental case management – care coordination.

D9994 - Dental Case Management – patient education to improve oral health literacy.

D9311 - Consultation with a medical health care professional.

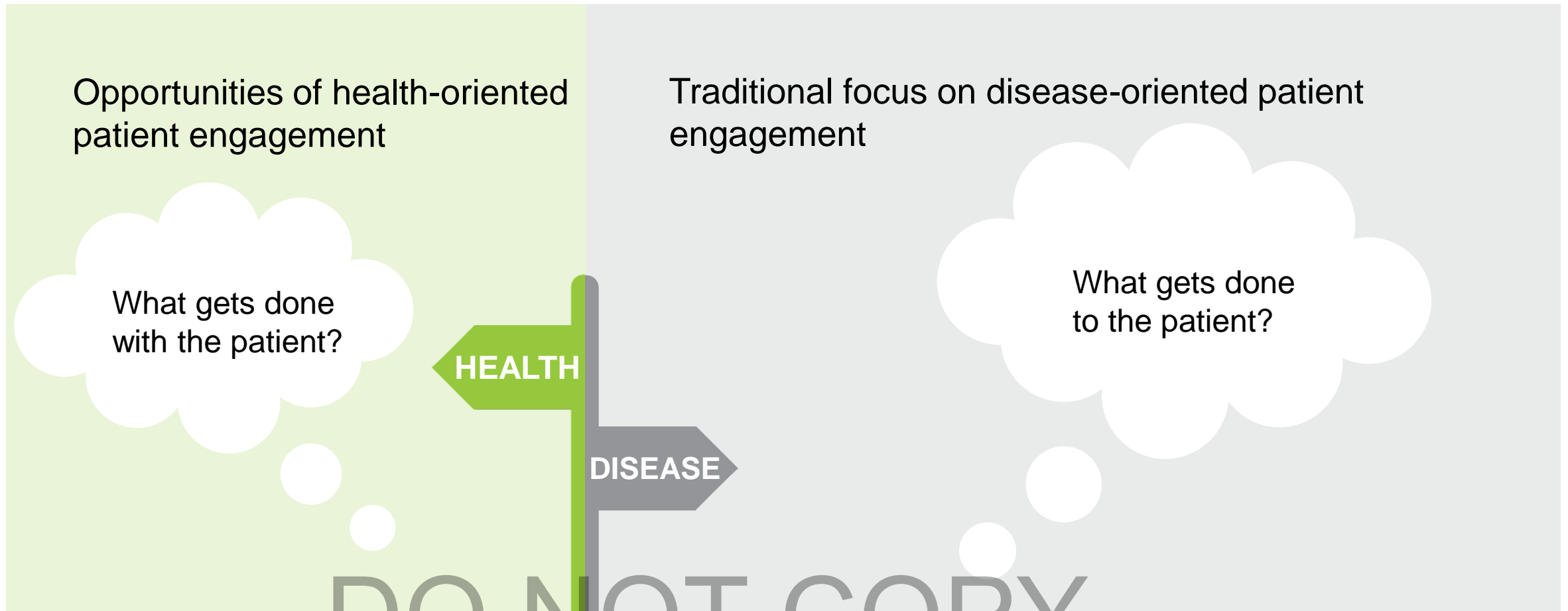
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Teledental Emergency Flowchart for COVID-19 Impacted Dental Coverage

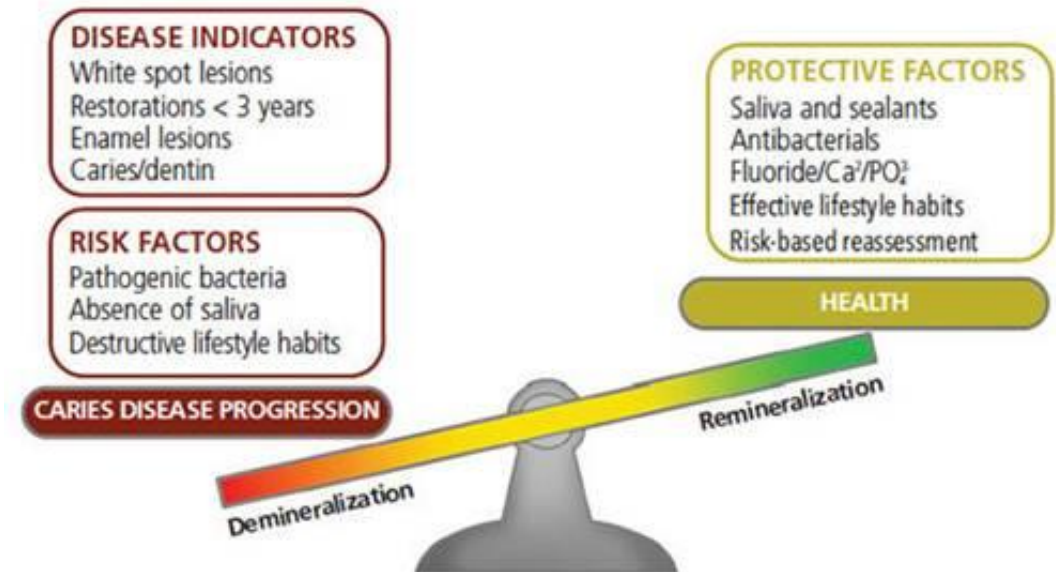
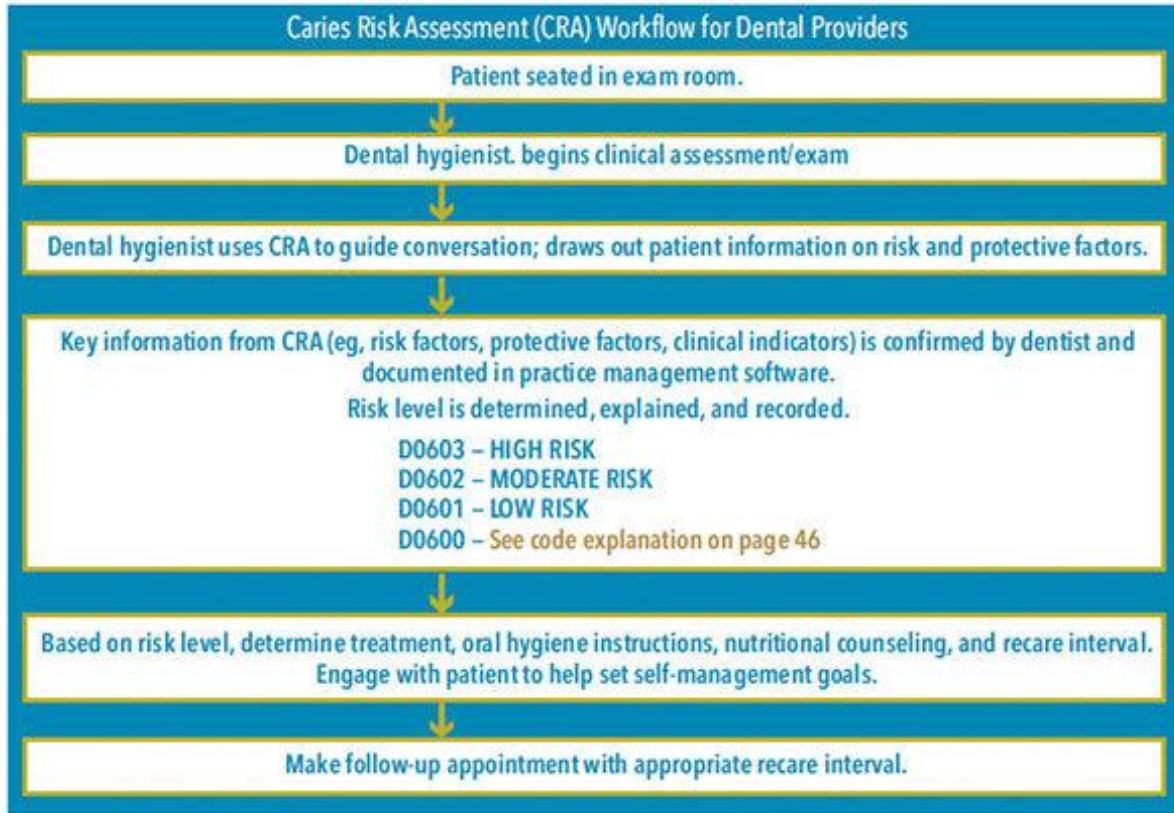


Re-designing the pathway to oral surgical intervention

Encounter. An interaction between a patient and a healthcare provider(s) for the purpose of providing healthcare service(s) or assessing the health status of a patient.



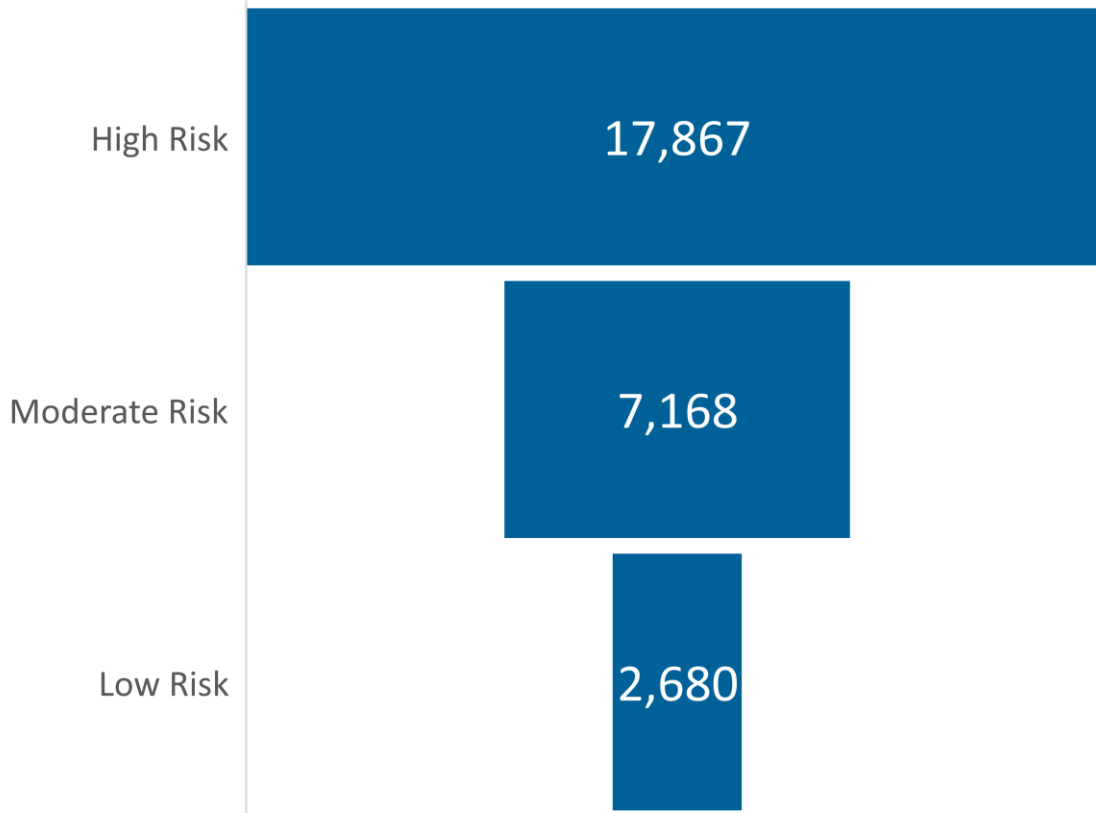
Re-designing to Assess Health and Risk of Disease



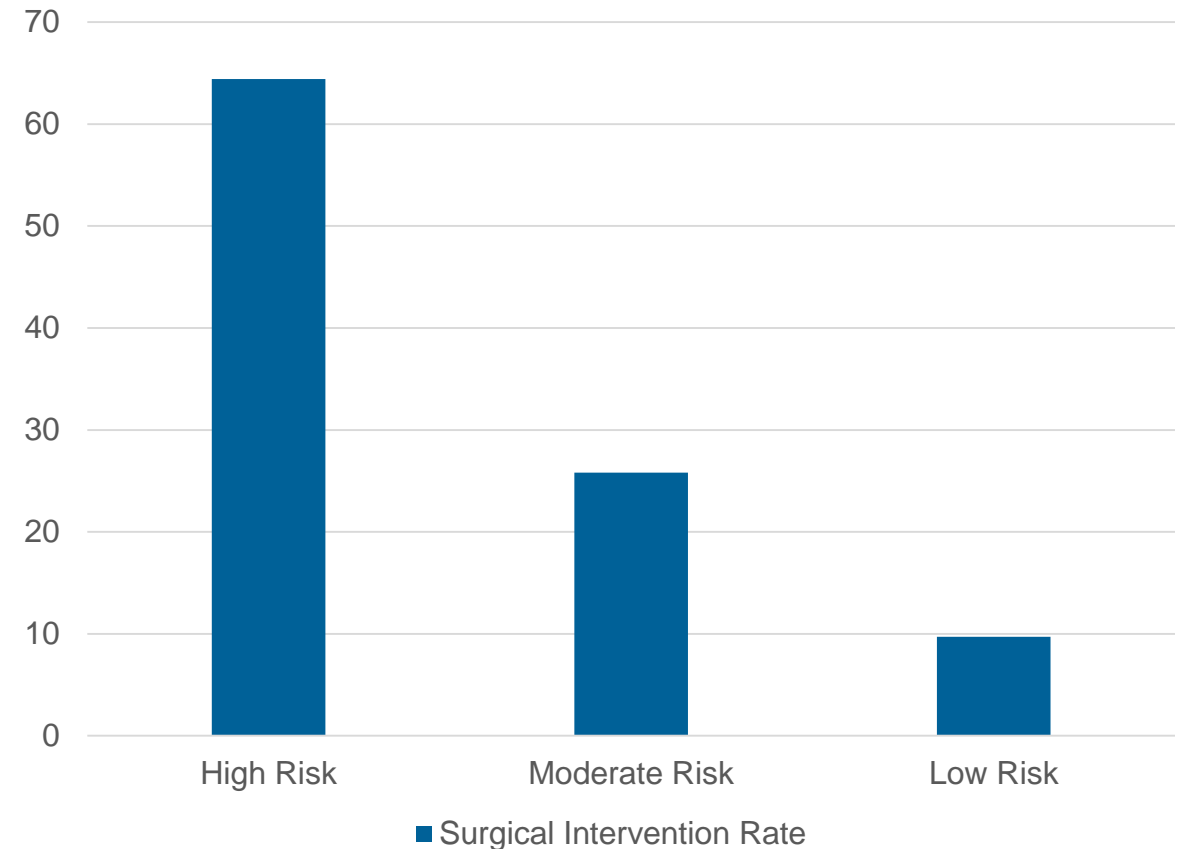
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Risk Stratified Annual Surgical Dental Intervention Costs

Number of Patients with Surgical Dental Interventions, by Risk

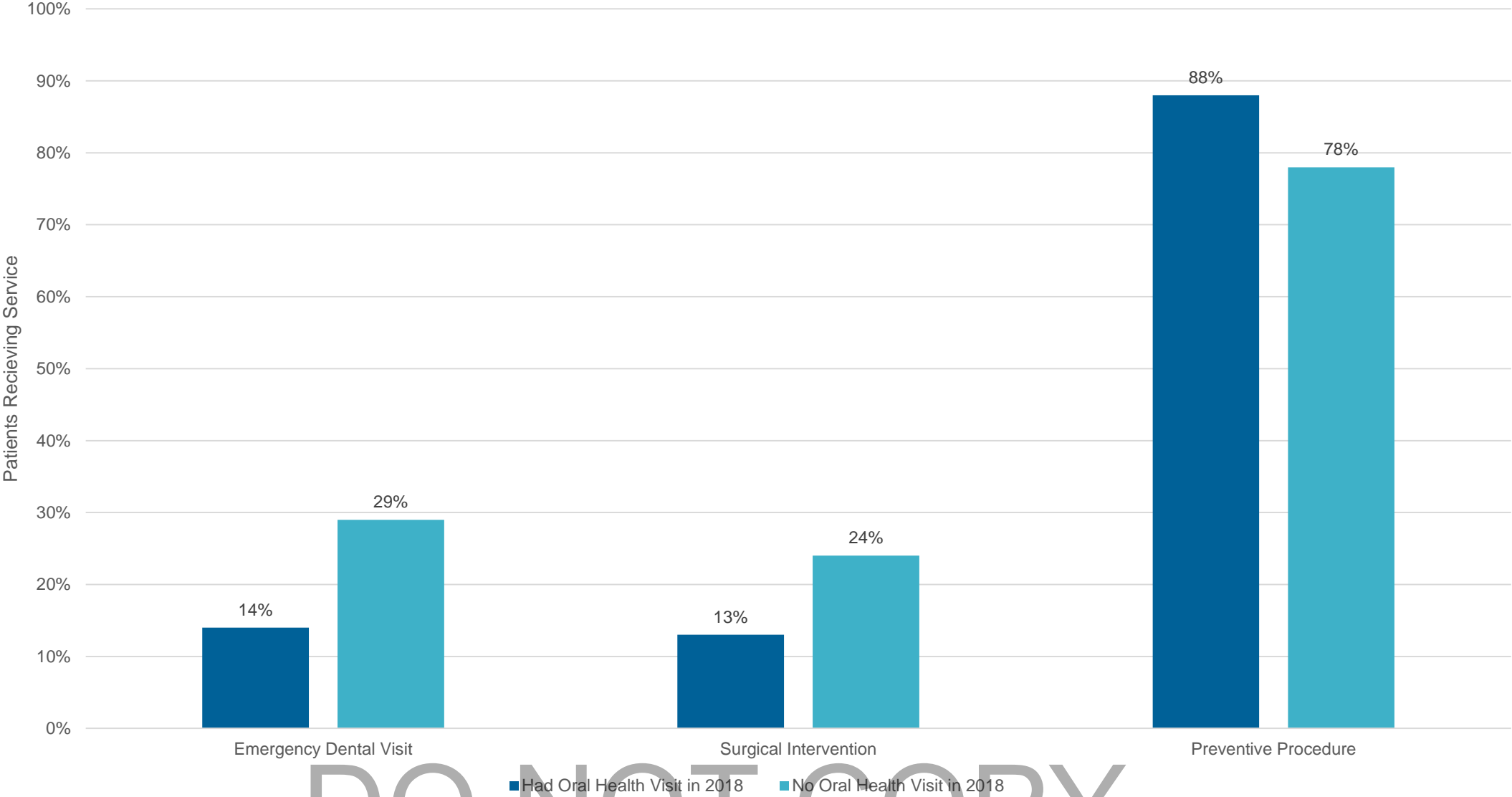


Surgical Intervention Rate by Risk



Medicaid, 2017 – 0.33% CRA reports
Commercial, 2017 – 0.28% CRA reports

Relationship between "Oral Health Visit" in 2018 on Oral Health in 2019

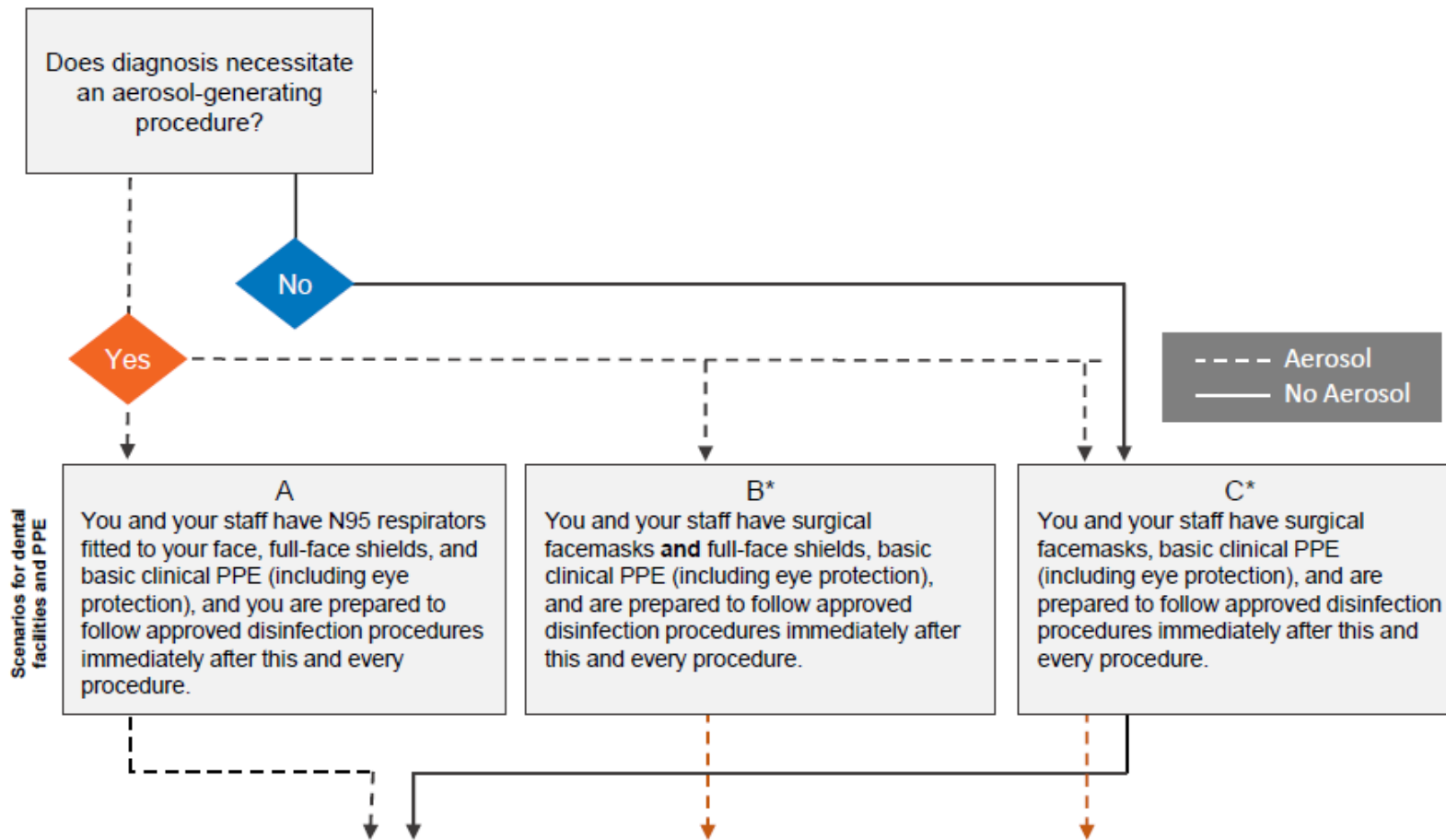


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LAYER TWO

Limited Contact

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Risk for Transmission to HCP and patients	Low risk	Moderate risk*	Moderate-high risk*
Quarantine for HCPs	No 14-day quarantine required	<ul style="list-style-type: none"> Use clinical judgment and take all precautions to prevent transmission. Suggest that the patient is tested for COVID-19 infection after dental treatment. If positive, dental HCP should quarantine for 14 days. 	<ul style="list-style-type: none"> Given that asymptomatic patients may carry the virus, CDC suggests a 14-day quarantine. Use clinical judgment and take all precautions to prevent transmission. If treatment is implemented, require that the patient is tested for COVID-19 infection immediately after dental care; if positive, dental HCP should quarantine for 14 days.
Recommended Treatment Plan for Patient	Treat Patient	Refer patient to emergency department or dental facility that meets criteria for scenario A. If not feasible, treat patient.*	

Working through non-aerosol treatments

Silver Diamine Fluoride

Silver and Fluoride ions possess antimicrobial properties and are used in the remineralization for preventing and arresting dental caries.

Glass Ionomer (GI)

This technique is a modification of the Atraumatic Restorative Technique (ART), or SDF and a GI restoration as SMART, or SDF Modified ART.

Prevention and Gingival/Periodontal Health

Hall Crown Technique

A stainless steel crown is placed over asymptomatic, carious teeth without caries removal.

Extraction

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LAYER THREE

“New” Contact

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Engineering and Environmental Controls



Environmental Topics

Laws & Regulations

About EPA

CONTACT US



Pesticide Registration

List N: Disinfectants for Use Against SARS-CoV-2

All products on this list meet EPA's criteria for use against SARS-CoV-2, the virus that causes COVID-19.

Other COVID



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Polling Question

1. Are you conducting COVID-19 diagnostic tests before providing care to dental patients?

- **Yes**
- **No**



Respond here

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ACCESS TELEDENTISTRY

Teledentistry: Practical Uses for COVID-19

Presented by Dr. Nathan Suter

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Dr. Nathan Suter

Green Leaf Dental Care, House Springs, MO

Access Teledentistry Consulting Company



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DR. SUTER BIO SKETCH



2009



2013



**Dental Director
COMTREA CHC**

2013-2018



**NNOHA Outstanding
Clinician Award**

November 2016



**MO Coalition for Oral
Health Board Chair**

2014 - Present



**ADA David Whiston
Leadership Award**

November 2016



**MDA Dentist
of the Year**

November 2019



**ADA New Dentist
Top 10 Under 10**

March 2020



**Access Teledentistry
Consultant**

January 2018- Present



**Private Practice
Owner**

July 2018- Present

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When will this end?

Our Pandemic Summer, The Atlantic -Apr. 15, 2020

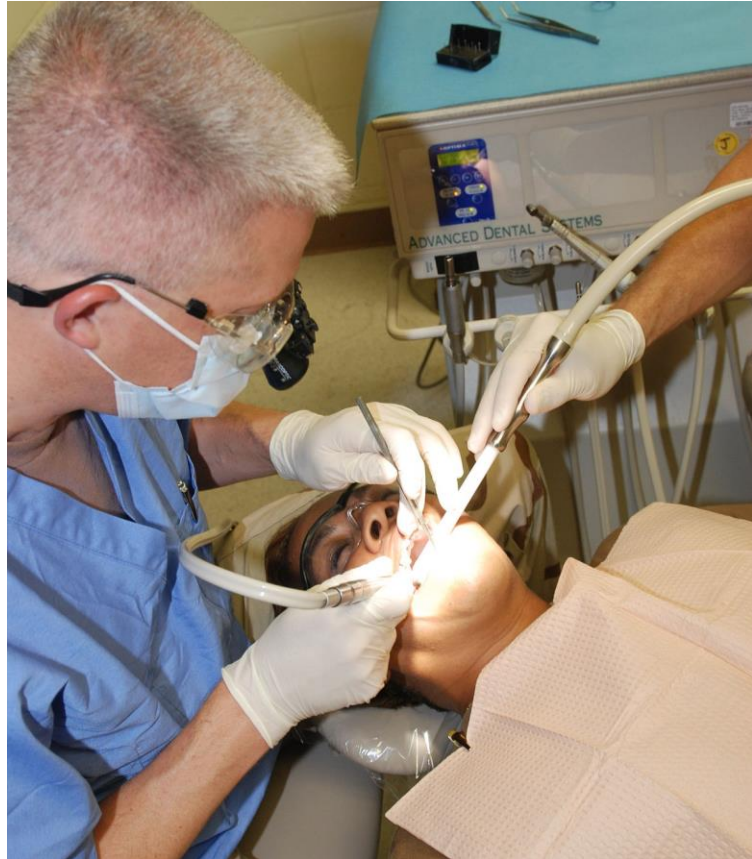
Much about that period is unclear, but the dozens of experts whom I have interviewed agree that life as most people knew it cannot fully return. “I think people haven’t understood that this isn’t about the next couple of weeks,” said Michael Osterholm, an infectious-disease epidemiologist at the University of Minnesota. “This is about the next two years.”

The pandemic is not a hurricane or a wildfire. It is not [comparable to Pearl Harbor or 9/11](#). Such disasters are confined in time and space. The SARS-CoV-2 virus will linger through the year and across the world. “Everyone wants to know when this will end,” said Devi Sridhar, a public-health expert at the University of Edinburgh. “That’s not the right question. The right question is: How do we continue?”

<https://www.theatlantic.com/health/archive/2020/04/pandemic-summer-coronavirus-reopening-back-normal/609940/>

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How do we continue?



**The good ole days
Business as usual**

<https://en.wikipedia.org/wiki/Dentistry>



The next 3-9 months?

<https://rarehistoricalphotos.com/london-milkman-1940/>

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The new normal...

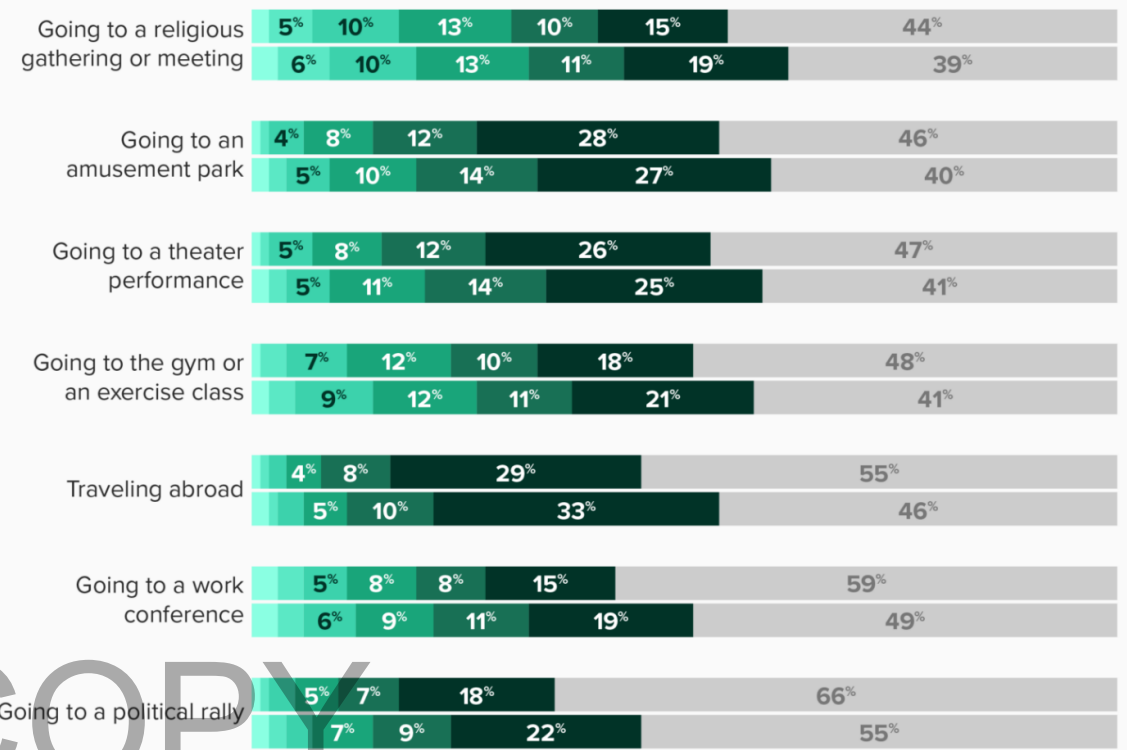
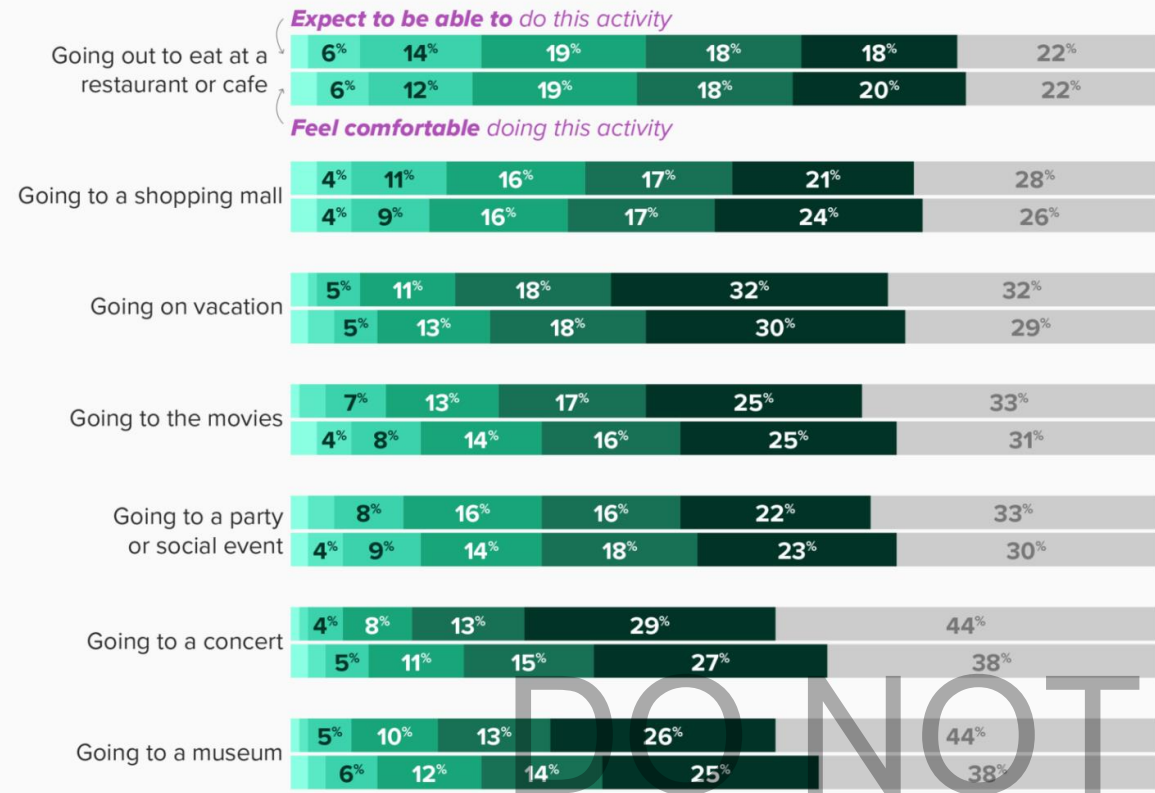


https://www.washingtonpost.com/lifestyle/wellness/dentists-coronavirus-emergency-care/2020/04/12/2db75730-7a91-11ea-b6ff-597f170df8f8_story.html

Patient Expectations

Resuming Normal Activities: Consumers' Timeline Expectations vs. Their Comfort Level

● In the next two weeks
 ● In the next month
 ● In the next two months
 ● In the next three months
 ● In the next six months
 ● More than six months from now
 ● Don't know/No opinion



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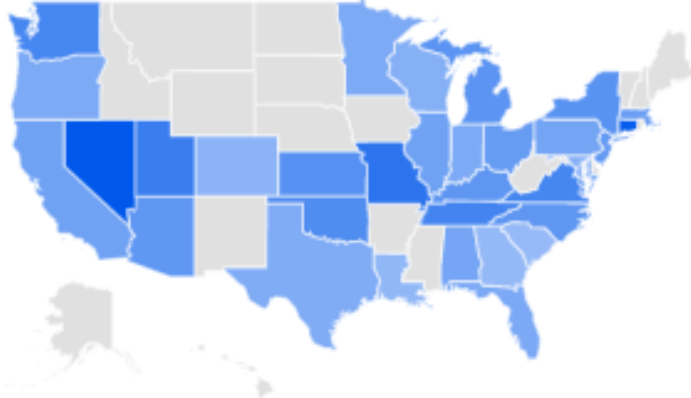
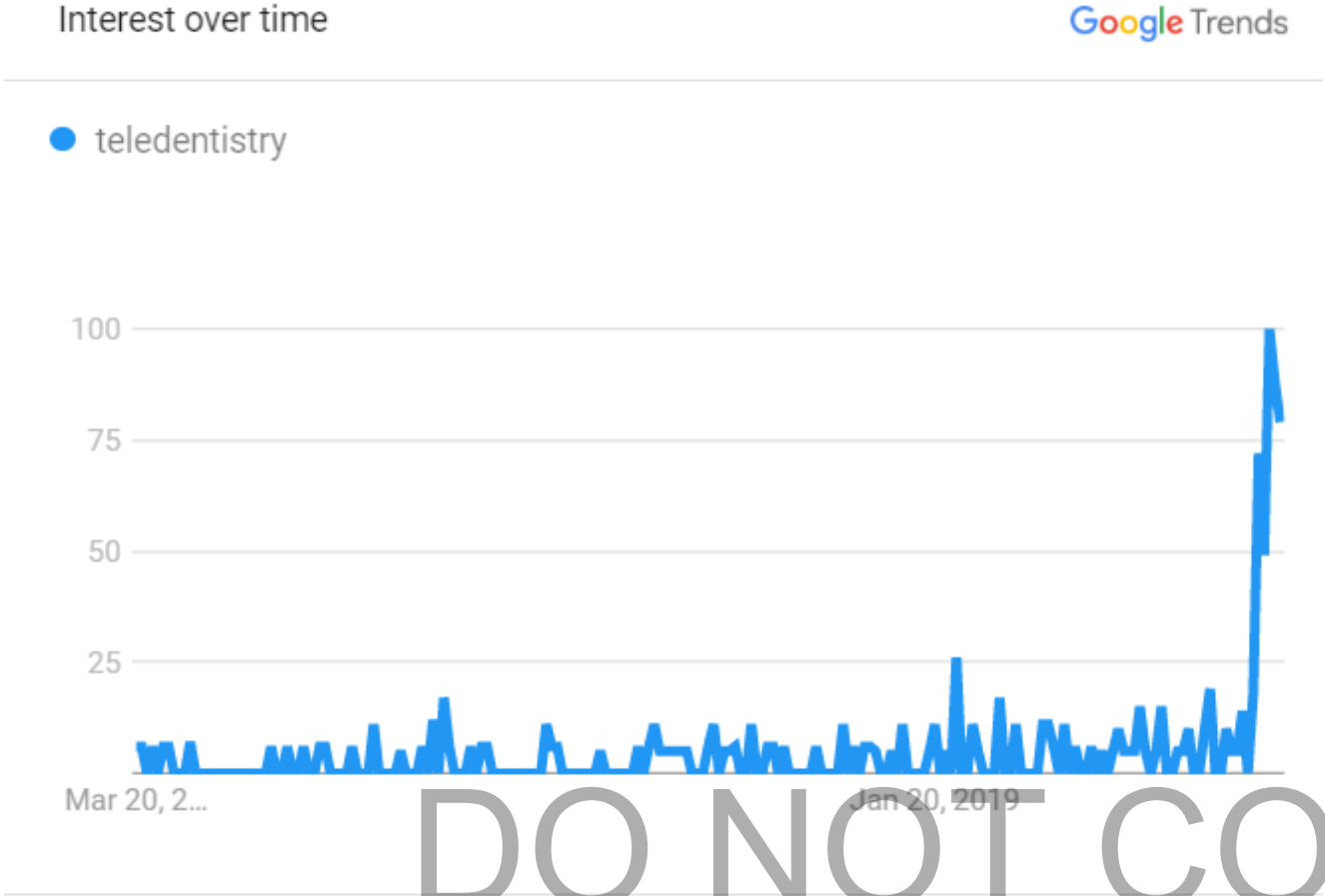
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What is teledentistry?

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Teledentistry+COVID-19

Google Trends March 2016 – April 12, 2020



1	Nevada	100	<div style="width: 100%;"></div>
2	Connecticut	96	<div style="width: 96%;"></div>
3	Missouri	76	<div style="width: 76%;"></div>
4	Utah	68	<div style="width: 68%;"></div>

Applications of Teledentistry

App 1

Limited Evaluations and Triage

App 2

COVID Urgent & Non-Urgent Exams

App 3

Hygiene Only Coverage

App 4

Satellite Office Coverage

App 5

Specialist Consultations

App 6

Outreach Application

App 7

Medical-Dental Integration

App 8

Patient Monitoring Devices

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Synchronous

- Live and simultaneous
- Uses video conferencing
- ADA CDT: Adjunctive D9995



Asynchronous

- Store and Forward
- Completed at a separate place or time.
- ADA CDT: Adjunctive D9996

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mHealth

- Practice of medicine and public health supported by mobile communication devices, such as mobile phones, tablet computers and PDAs for health services and information.

Live Patient Monitoring

Type of ambulatory healthcare where patients use mobile medical devices to perform a routine test and send the test data to a healthcare professional in real-time.

- Management of Chronic Disease
- Wellness Plans
- Smart Toothbrushes
- Tooth Brushing Apps
- No ADA CDT Code

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Important Terms

Legal Definitions - may vary by state

- **Originating site** (location of patient) - The physical location of the patient. This is where diagnostic data is collected in order to communicate to the dentist for diagnosis.
- **Distant site** (location of dentist) – The physical location of the dentist or authorized dental provider providing the dental service to an eligible Medicaid client through teledentistry.
- **Presenter (Patient Presenter):** An individual with a clinical background (e.g., LPN, RN, etc) trained in the use of telehealth equipment who must be available at the originating site to “present” the patient, manage the cameras and perform any “hands-on” activities to complete the tele-exam successfully. In certain cases, a licensed practitioner such as an RN or LPN might not be necessary, and a non-licensed provider such as support staff, could provide tele-presenting functions. Requirements (legal) for presenter qualifications differ by location and should be followed.

<https://thesource.americantelemed.org/resources/telemedicine-glossary>

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Policy and Regulatory

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ADA Resources

- Provider Guide
- Technology Resources
- Clinical Note Documentation
- Recorded CE Webinar

Helping Dental Providers Maintain Services and Contact with Patients
Using Optimized Systems
During the time of COVID-19 Physical Distancing
March 26, 2020

Virtual Visits / Teledentistry Documentation Recommendations March 25, 2020

Prepared by:

Nathan Sutor DDS
7214 Executive Parkway
House Springs, MO 6305
nsutor@acossteledent.com

Background

Most states and many insurers require some form of consent. Written consent is always preferred. In some cases a verbal consent is the only method of consent possible. This

Teledentistry Resources March 25, 2020

The following is a list of some teledentistry product or resources that providers could use to provide teledentistry consultations for their patients. Please note that this is not a complete list of companies and services. Inclusion of a product or service does not constitute an endorsement. This is only a sample listing of products and resources. Readers of this document are advised to investigate products they are interested in and make their own decisions about which products or services to use.

Teledentistry Platforms

This is a sample listing of teledentistry platforms. There are many companies that offer services where the company team will bring equipment to a business and do care at those locations, or provide call-center like services where the company dentist will review records and make a referral. These are not included here. As above, readers of this document are advised to investigate products they are interested in and make their own decisions about which products or services to use.

Company: Virtual Dental Care – www.virtualdentalcare.com/
Product: Teledentix – full featured teledentistry software
Teledentix Communicator – Optimized for physical distancing environment

Company: Mouthwatch - www.mouthwatch.com/
Product: Teledent – full featured teledentistry software

Company: Oral Eye - www.oraley.com/
Product: Oral Eye – dental consultation system

Company: Dentulu - www.dentulu.com/
Product: Dentulu – full feature teledentistry software

Other Communication Platforms

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Telehealth Resources



ABOUT

TELEHEALTH POLICY

RESOURCES

CONTACT

SEARCH

CCHP helps you stay informed about telehealth-related laws, regulations and Medicaid programs. The map and search options below cover current laws and regulations for all fifty states and the District of Columbia. The information provided is only for research and informational purposes and should not be construed as legal counsel. Please consult with an attorney if you are seeking a legal opinion. To view the full report, visit the [50 State Report PDF](#).

Current State Laws & Reimbursement Policies

Search by Filter Search by Keyword

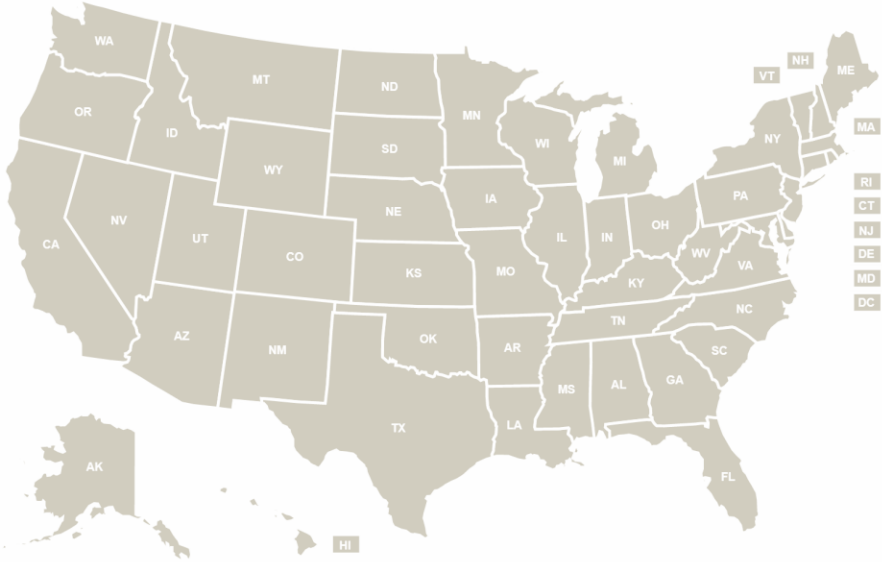
All 50 States & D.C.

All Categories

All Topics

APPLY

Data Last Updated Oct 15, 2019



DO NOT COPY Center for Connected Health Policy. State Telehealth Laws. Fall 2019. <https://www.cchpca.org/sites/default/files/2019-10/50%20State%20Telehealth%20Laws%20and%20Reimbursement%20Policies%20Report%20Fall%202019%20FINAL.pdf>

Telehealth Resources

MassHealth

Provider Bulletin 281

January 2019

No Clear indication of dentistry and its role in telehealth



Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
www.mass.gov/masshealth

MassHealth
All Provider Bulletin 281
January 2019

TO: All Providers Participating in MassHealth
FROM: Daniel Tsai, Assistant Secretary for MassHealth *DT*
RE: **Access to Behavioral Health Services Through Use of Telehealth Options**

Overview

MassHealth is taking steps to improve access to behavioral health (mental health and substance use disorder) treatment throughout the Commonwealth through the use of telehealth, including teletherapy and telepsychiatry. This bulletin addresses the use of the telehealth modality for the delivery of MassHealth-covered behavioral health services.

Telehealth is the use of electronic communication and information technologies to provide or support clinical care at a distance. The delivery of services through telehealth involves the use of secure interactive audio and video telecommunications systems that permit two-way, real-time communication between a patient and a provider.

Telehealth is a modality of treatment, not a separate covered service. Providers are not required to deliver services via telehealth.

This bulletin does not apply to services under the Children's Behavioral Health Initiative (CBHI) program, which may continue to be delivered via all modalities currently authorized in applicable program specifications.

Terminology

For the purposes of this bulletin, the following terms are used as defined below.

Distant site is the site where the practitioner providing the service is located at the time the service is provided via a telehealth system. While all applicable licensure and programmatic requirements apply to the delivery of the service, there are no additional geographic or facility restrictions on distant sites for services delivered via telehealth.

Originating site is the location of the member at the time the service is being provided. There are no geographic or facility restrictions on originating sites.

<https://www.mass.gov/files/documents/2019/01/23/all-provider-bulletin-281.pdf>

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HIPAA Compliance

Temporary ease in enforcement!

Notification of Enforcement Discretion for Telehealth Remote Communications During the COVID-19 Nationwide Public Health Emergency

We are empowering medical providers to serve patients wherever they are during this national public health emergency. We are especially concerned about reaching those most at risk, including older persons and persons with disabilities.

– Roger Severino, OCR Director.

OCR will exercise its enforcement discretion and will not impose penalties for noncompliance with the regulatory requirements under the HIPAA Rules against covered health care providers in connection with the good faith provision of telehealth during the COVID-19 nationwide public health emergency.

<https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html>

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ADA COVID-19 Coding and Billing Interim Guidance

The ADA has compiled a document that goes into great detail on how to bill for teledentistry during the COVID-19 pandemic.

Updated frequently @ ADA.org/virus

DO NOT COPY

COVID-19 Coding and Billing Interim Guidance

ADA

This is evolving guidance and will be modified as more information becomes available. Please check back frequently.

VERSION: March 25, 2020

Contents

Coding	1
Frequently Asked Questions.....	2
HIPAA & Telecommunication Technology.....	5
Virtual Services During the COVID-19 Pandemic: Practice Considerations Checklist (<i>NEW</i>).....	5
Informed Consent Forms: Sample Language For Virtual Services (<i>NEW</i>).....	7
Billing (<i>New Payers Added</i>).....	7

The American Dental Association (ADA) recognizes the unprecedented and extraordinary circumstances dentists and their patients face. Our guiding principles are to mitigate transmission while also supporting emergency care for patients so as to help prevent overwhelming hospital emergency departments over the next three weeks. Under these circumstances, while some services will continue to be performed in dental offices, the ADA recognizes that patients would be best served when telecommunication technology can be leveraged to support dental care.

The ADA had previously disseminated guidance on use of the teledentistry codes. ([D9995 and D9996 – ADA Guide to Understanding and Documenting Teledentistry Events](#)). The following guide is intended to help dental offices navigate issues related to coding and billing for virtual appointments during the current COVID-19 pandemic.

Coding

For services rendered in a dental office:

If you see a patient during the current COVID-19 quarantine environment the services you render in the office should be coded and billed per your current office routines.

For services rendered using telecommunication technology:

If you are providing care using telecommunication technology to triage patients or offer an evaluation to determine if the situation is urgent or emergent, then the following CDT codes can be used to document and report the services in the patient's record and to a third party payer.

Oral Evaluations:

D0140 limited 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

Informed Consent

Sample language from ADA

COVID-19 Coding and Billing Interim Guidance

ADA

Informed Consent Forms: Sample Language For Virtual Services **(NEW)**

Our dental office [OR: NAME OF DENTAL PRACTICE] will be using [NAME OF REMOTE COMMUNICATION APPLICATION(S)] remote communication technology to conduct problem-focused evaluations/re-evaluations virtually, to help manage your oral health problem and to determine whether you have a condition that requires immediate in-office treatment.

During the current pandemic the federal government announced that it will not enforce HIPAA regulations (privacy for health records) in connection with medical and dental offices' good faith provision of medical or dental services using non-public facing audio or video remote communications services. Remote patient consultations may take place over applications that allow video chats such as Apple Face Time, Facebook Messenger video chat, Google Hangouts, or Skype and may involve or be based on photos or videos taken with smart phones by the patient and transmitted to the dental office. Please do not contact us using public-facing services such as Facebook Live, Twitch, or TikTok, which are not permitted by the federal government for this purpose.

As always, our office will take dental record confidentiality very seriously, and will do what we can under the circumstances to protect the information you send us. While we believe the risk to such confidentiality is not high, it may be greater than it would be if these remote electronic communications were encrypted, which is one of the main HIPAA requirement that is being relaxed during the nationwide COVID-19 public health emergency.

Certain major dental plans have announced that they will reimburse dental offices for conducting such remote evaluations, and we will submit claims in connection with them.

Our dental office is using one or more of the permitted modalities listed above for remote transmission of information to conduct limited problem focused evaluations. While entirely adequate in the vast majority of cases for such limited purposes, these evaluations may not reveal conditions that would be discovered during an office visit or through the use of specialized teledentistry technology.

Please indicate your understanding of and informed consent to these terms, which will be in effect until the government rescinds its suspension of these HIPAA requirements, by typing your name in the space provided and return via email to this office.

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Limited Evaluations and Triage

DO NOT COPY



Applications of Teledentistry

App 1

Limited Evaluations and Triage

App 2

COVID Urgent & Non-Urgent Exams

App 3

Hygiene Only Coverage

App 4

Satellite Office Coverage

App 5

Specialist Consultations

App 6

Outreach Application

App 7

Medical-Dental Integration

App 8

Patient Monitoring Devices

DO NOT COPY

What Constitutes a Dental Emergency?

The ADA recognizes that state governments and state dental associations may be best positioned to recommend to the dentists in their regions the amount of time to keep their offices closed to all but emergency care. This is fluid situation and those closest to the issue may best understand the local challenges being faced.

DENTAL EMERGENCY

This guidance may change as the COVID-19 pandemic progresses. Dentists should use their professional judgment in determining a patient's need for urgent or emergency care.

Dental emergencies are potentially life threatening and require immediate treatment to stop ongoing tissue bleeding, alleviate severe pain or infection, and include:

- Uncontrolled bleeding
- Cellulitis or a diffuse soft tissue bacterial infection with intra-oral or extra-oral swelling that potentially compromise the patient's airway
- Trauma involving facial bones, potentially compromising the patient's airway

Urgent dental care focuses on the management of conditions that require immediate attention **to relieve severe pain and/or risk of infection and to alleviate the burden on hospital emergency departments. These should be treated as minimally invasively as possible.**

- Severe dental pain from pulpal inflammation
- Pericoronitis or third-molar pain
- Surgical post-operative osteitis, dry socket dressing changes
- Abscess, or localized bacterial infection resulting in localized pain and swelling
- Tooth fracture resulting in pain or causing soft tissue trauma
- Dental trauma with avulsion/luxation
- Dental treatment required prior to critical medical procedures
- Final crown/bridge cementation if the temporary restoration is lost, broken or causing gingival irritation
- Biopsy of abnormal tissue

Other urgent dental care:

- Extensive dental caries or defective restorations causing pain
 - Manage with interim restorative techniques when possible (silver diamine fluoride, glass ionomers)
- Suture removal
- Denture adjustment on radiation/ oncology patients
- Denture adjustments or repairs when function impeded
- Replacing temporary filling on endo access openings in patients experiencing pain
- Snipping or adjustment of an orthodontic wire or appliances piercing or ulcerating the oral mucosa

DENTAL NON EMERGENCY PROCEDURES

Routine or non-urgent dental procedures includes but are not limited to:

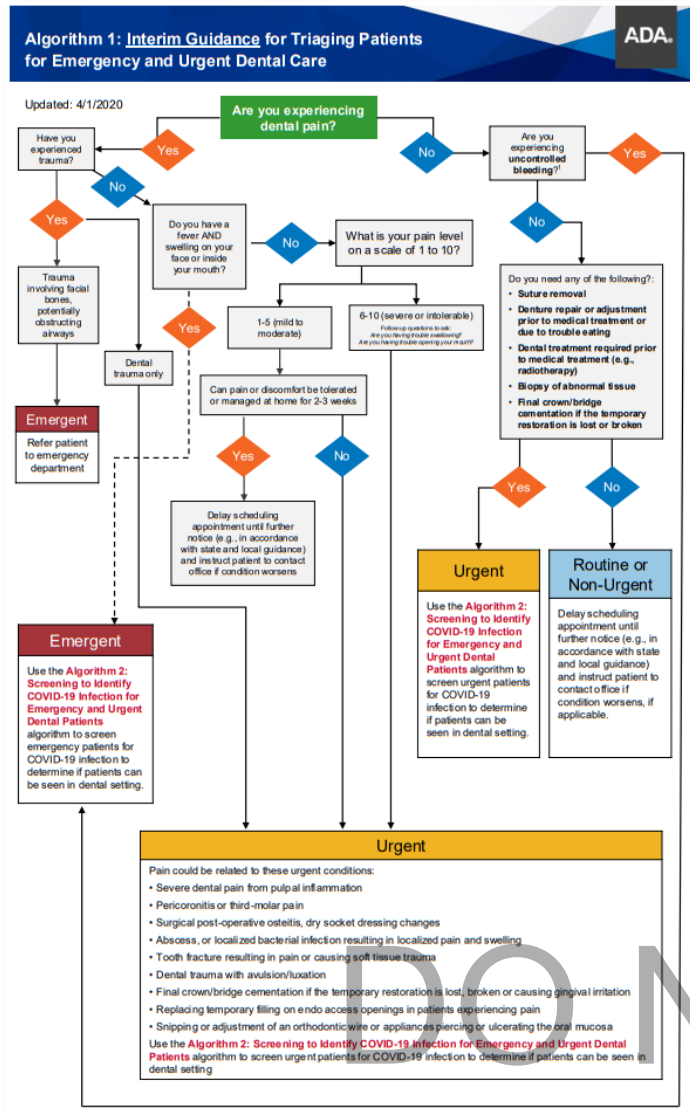
- Initial or periodic oral examinations and recall visits, including routine radiographs
- Routine dental cleaning and preventive therapies
- Orthodontic procedures other than those to address acute issues (e.g. pain, infection, trauma)
- Extraction of asymptomatic teeth
- Restorative dentistry including treatment of asymptomatic carious lesions
- Aesthetic dental procedures

Updated 3/19/20

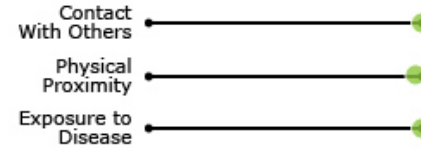
FOR THE LATEST UPDATES, VISIT [ADA.ORG/VIRUS](https://www.ada.org/virus)

DO NOT COPY

Interim Guidance & Risk of Exposure

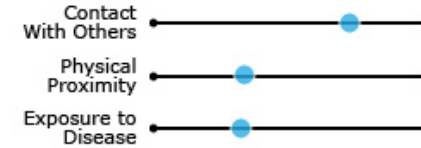


HIGH RISK JOB
Dental Hygienists



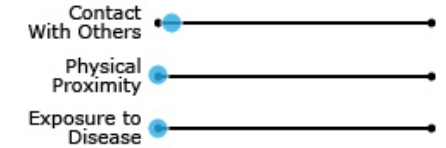
Dental Hygienists have one of the riskiest non-hospital jobs during a pandemic, scoring close to 100 in all three categories.

MEDIUM RISK JOB
Bus Driver (Transit)



Bus drivers have a lower score on physical proximity and exposure to disease, but their constant contact with the general public puts them at risk.

LOW RISK JOB
Economists



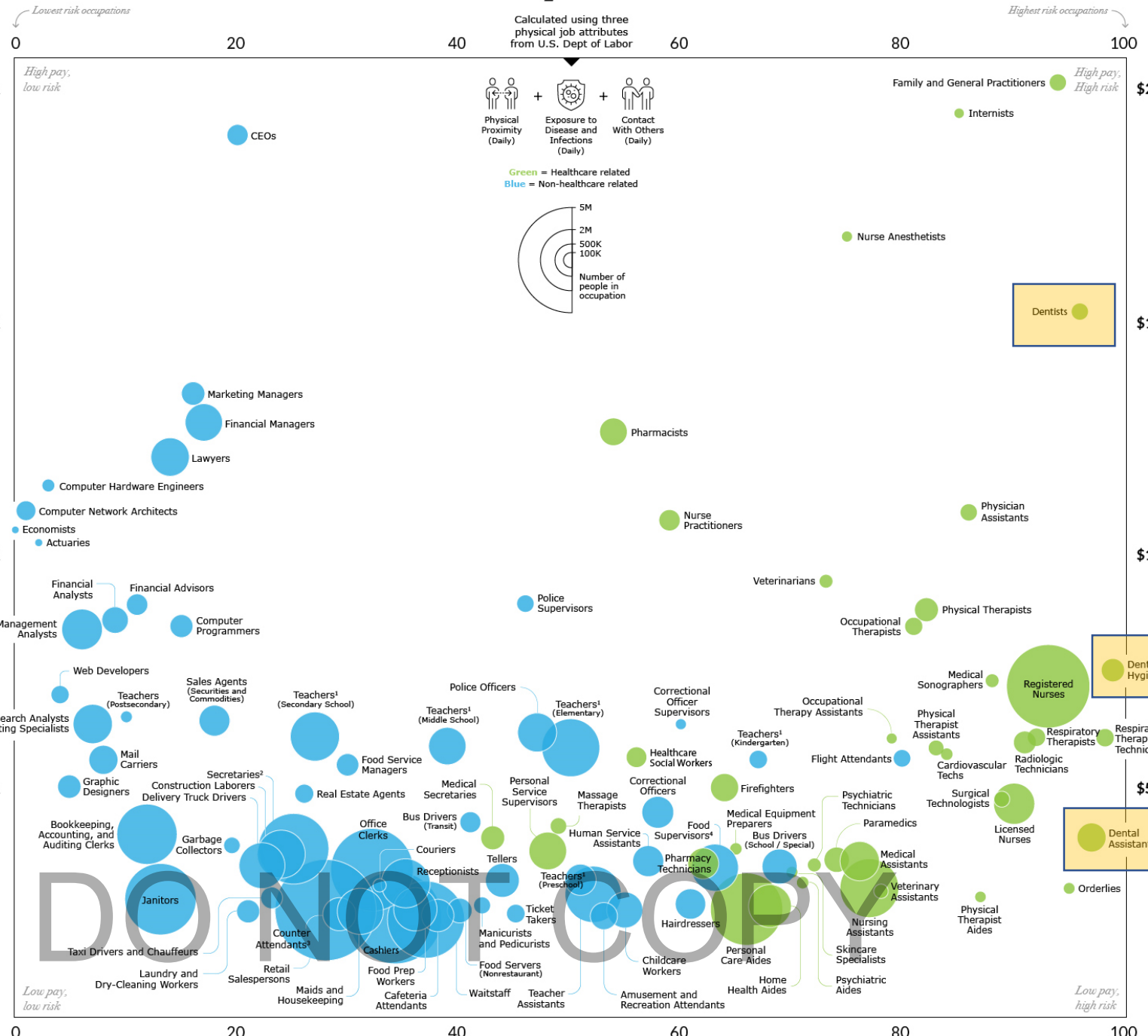
Economists have one of the safest jobs during a pandemic, scoring a perfect zero in two categories.

Occupation	COVID-19 Risk Score
Dental Hygienists	99.7
Respiratory Therapy Technicians	95
Sports Medicine Physicians	94.6
Dental Assistants	92.5
Radiation Therapists	92.4
Oral and Maxillofacial Surgeons	92.3
Dentists, General	92.1
Obstetricians and Gynecologists	91.8
Dermatologists	91.1
Orderlies (Patient Care Assistants)	90.2

COVID-19 Occupational Risk Score

← **Lowest Risk**

Highest Risk →

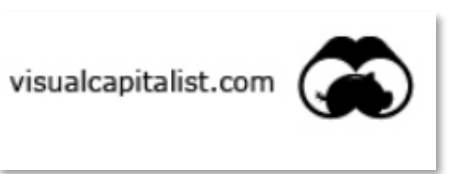


Calculated using three physical job attributes from U.S. Dept of Labor

Physical Proximity (Daily) + Exposure to Disease and Infections (Daily) + Contact With Others (Daily)

Green = Healthcare related
Blue = Non-healthcare related

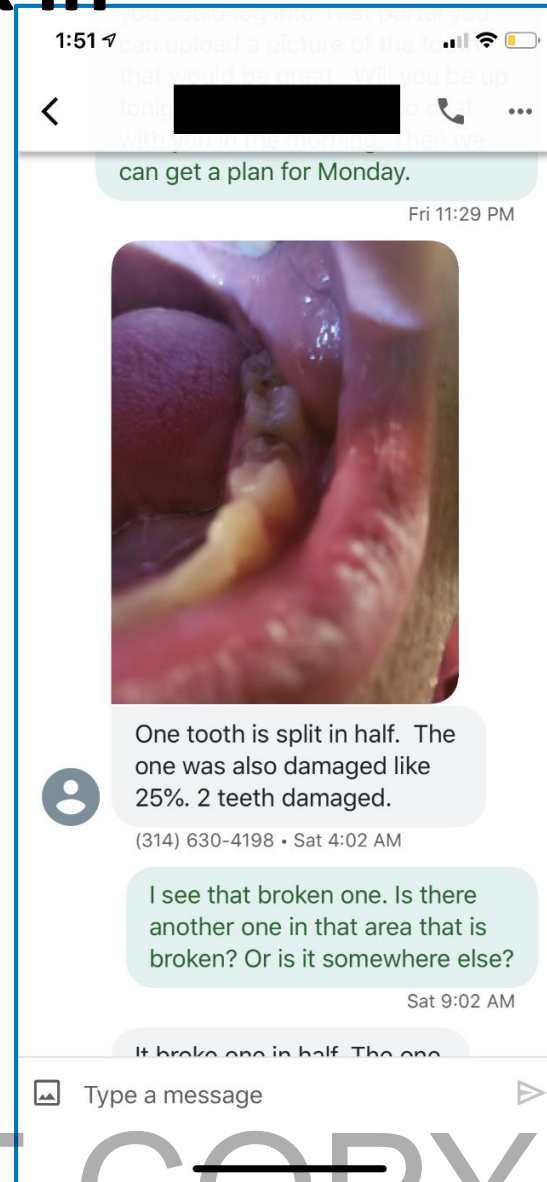
Number of people in occupation: 5M, 2M, 500K, 100K



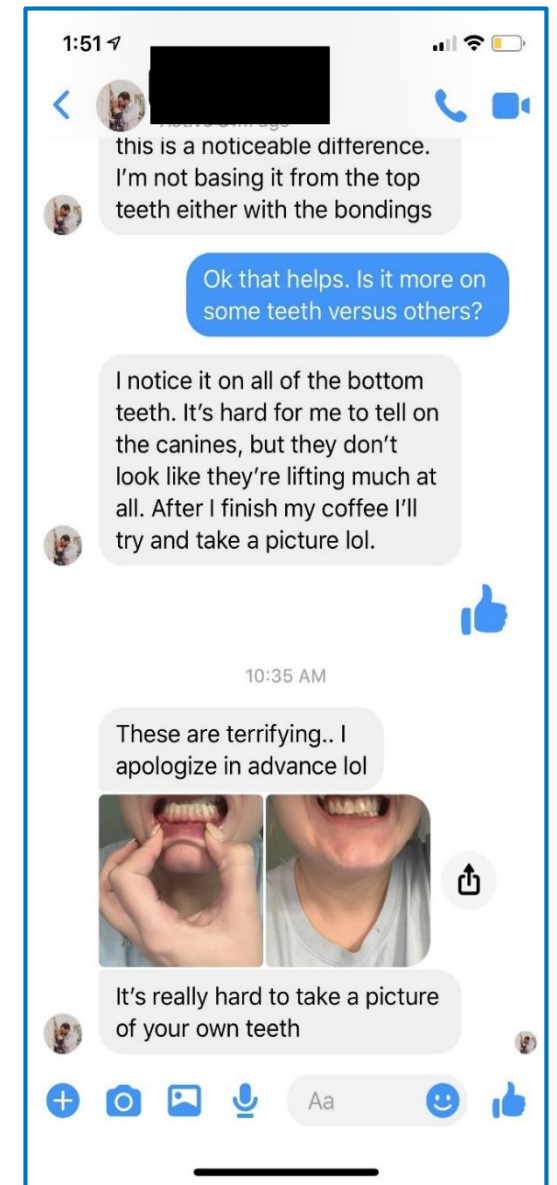
Lowest - Salary - Highest

How I handled my first week in quarantine:

Store and Forward



Google Voice



Facebook Messenger

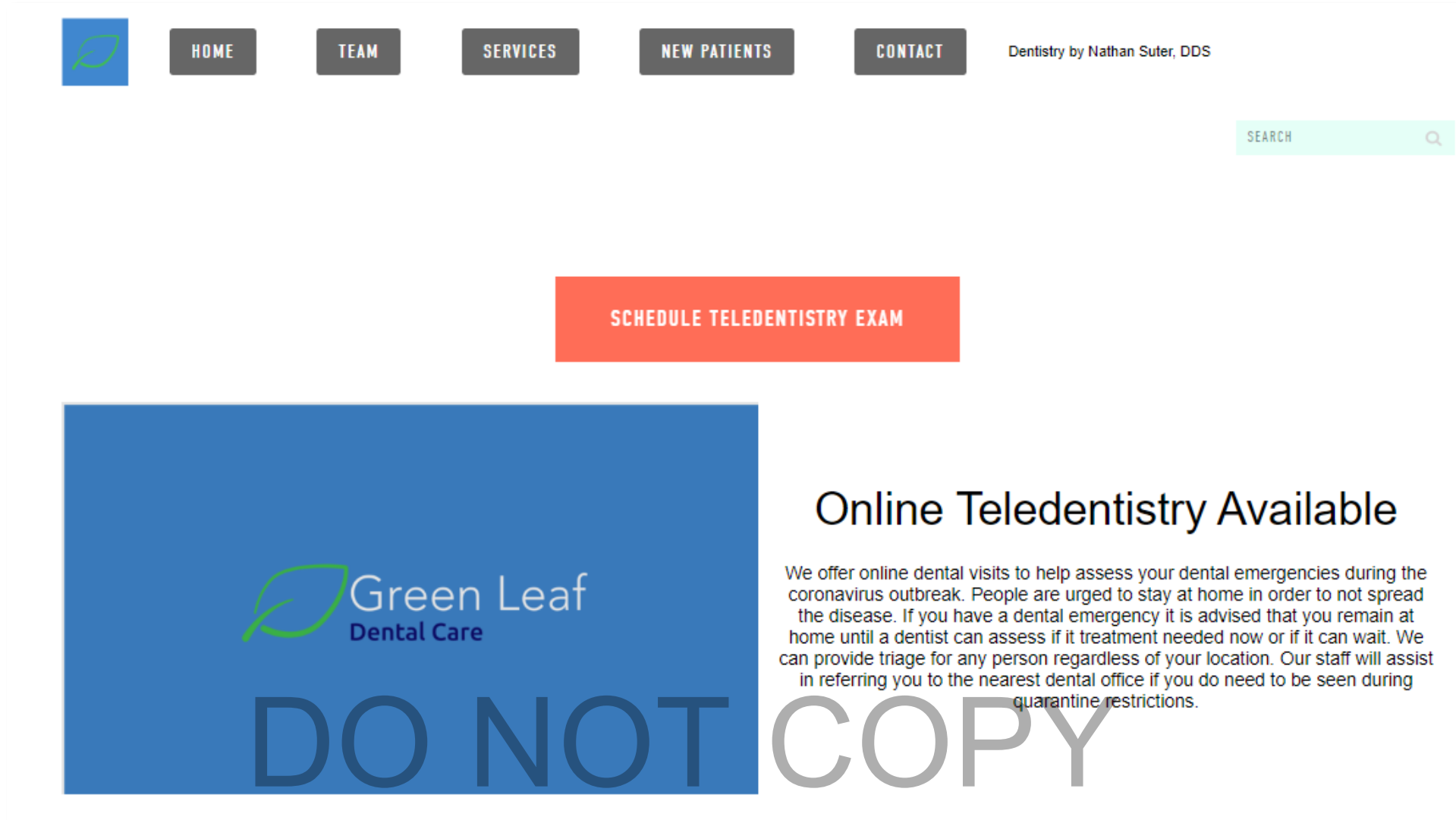
Limited Evaluation Teledentistry

Do you have dental problems now?:	Yes
If yes, please describe.:	Lost filling. Pain. Food lodged in cavity
Upload an image of problem area:	View File
What best describes you pain?:	3
Are your teeth sensitive to :	Hot or Cold? = No Sweets? = No Biting or chewing? = No Have you noticed mouth odors or bad taste? = No Have you noticed any swelling, blisters, or any other oral lesions? = No Do your gums bleed or hurt? = No Does your tooth pain keep you up at night? = No Have you noticed any loose teeth or change in your bite? = No



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Website Integration



Online Scheduling

If you don't have online scheduling you need one.

Green Leaf Dental Care

Emergency Teledentistry Evaluation

15 min

An evaluation limited to a specific oral health problem or complaint. In an effort to support national efforts to fight the COVID-19 pandemic, our practice is taking the following steps to help assure your health and well-being and that of our community:

- Implementing teledentistry exams to triage patients dental emergencies.
- We are following directives from the Centers for Disease Control and Prevention (CDC) as a way to limit patient and staff exposure to this virus.
- Your health, and the health of our dedicated staff, matters to us, so going

Select a Date & Time

April 2020 < > Wednesday, April 15

SUN	MON	TUE	WED	THU	FRI	SAT
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

Central Time - US & Canada (3:20pm) ▾

- 1:30pm
- 1:45pm
- 2:00pm
- 2:15pm
- 2:30pm
- 2:45pm
- 3:00pm
- 3:15pm
- 3:30pm

Troubleshoot

POWERED BY Calendly

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Health History & Consent



Consider an electronic form system to screen patients and gain updated information.

Teledentistry Evaluation

You should already have received an email with an invitation to meet with the doctor via Zoom video conferencing. Filling this form out as accurately as possible will assist in providing you with the best evaluation possible. To assist in your diagnosis we encourage you to take pictures of your concern and have them ready to share with the doctor.

HIPAA Consent Our Notice of Privacy Practice provides information about how we may use and disclose protected health information about you. The Notice contains a Patients' Rights section describing your rights under the law. The terms of our Notice may change. If we change our Notice, you may obtain a revised copy at Green Leaf Dental Care. You have the right to request that we restrict how protected health information about you is used or disclosed for treatment, payment, or health care operations. The practice provides this form in compliance with the Health Insurance Portability and Accountability Act 1996 (HIPAA). You have the right to revoke this Consent, in writing, signed by you. However, such revocation shall not affect any disclosures we have already made in reliance on your prior Consent. The patient understands: • Protected health information may be disclosed or used for treatment, payment, or health care operations. • The practice has a Notice of Privacy Practices and that the patient has can be provided a copy at Green Leaf Dental Care. • The patient has the right to restrict the uses of their information. • The patient may revoke this Consent in writing at any time and all future disclosures will then cease. • The practice may condition treatment upon execution of this Consent. No insurance can be billed on the

without this signed HIPAA Consent Form, therefore payment in full is required on the same day of services. By checking the checkbox indicating that had full opportunity to read and consider the contents of this Consent form and the Notice of Privacy Practices. I am giving my consent to your use and disclosure of my protected health information to carry out treatment, and health care operations.

rms

Green Leaf Dental Care Financial Policy: Patients with no dental insurance will receive an invoice prior to their teledentistry evaluation. Discover, Visa, Discover, Care Credit and American Express. Patients with dental insurance: Green Leaf Dental Care will help prepare your application and submit necessary forms and will help assist in making collections from your insurance company. Balances remaining after the patient's responsibility. Green Leaf Dental Care does use the services of a collection agency when our attempts fail to collect for us. In the event of nonpayment, the patient will be responsible for any legal or collection fees. I agree to be responsible for these fees. By clicking below I acknowledge I have read and understand the Financial Policy. I authorize the release for insurance claim submission any time to my treatment. I understand that I am responsible for all fees for my treatment. I authorize payment directly to Green Leaf Dental Care rendered from the insurance company.

rms

I will be using Zoom remote communication technology to conduct problem-focused evaluations/re-evaluations virtually, to help with health problem and to determine whether you have a condition that requires immediate in-office treatment. During the current COVID-19 public health emergency, the federal government has announced that it will not enforce HIPAA regulations (privacy for health records) in connection with medical and dental services using non-public facing audio or video remote communications services. Remote patient evaluations and take place over applications that allow video chats such as Apple Face Time, Facebook Messenger video chat, Google Hangouts, or Zoom or be based on photos or videos taken with smart phones by the patient and transmitted to the dental office. Please do not use public-facing services such as Facebook Live, Twitch, or TikTok which are not permitted by the federal government for this purpose. As we take dental record confidentiality very seriously, and will do what we can under the circumstances to protect the information you provide, we believe the risk to such confidentiality is not high, it may be greater than it would be if these remote electronic communications were in person. HIPAA requirement that is being relaxed during the nationwide COVID-19 public health emergency. Certain major dental offices are using one or more of the permitted modalities listed above for remote transmission of information to conduct limited evaluations. While entirely adequate in the vast majority of cases for such limited purposes, these evaluations may not reveal information that could be discovered during an office visit or through the use of specialized teledentistry technology. Please indicate your informed consent to these terms, which will be in effect until the government rescinds its suspension of these HIPAA requirements, and return in the space provided and return via email to this office.

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Medical History

Medical History*

None Allergies Anemia Angina Anxiety Arthritis Asthma Atrial Fibrillation Benign Prostatic Hypertrophy Blood Clots Cancer - Type Cerebrovascular Accident Coronary Artery Disease COPD (Emphysema) Crohn's Disease Depression

GERD (Reflux) Hepatitis C Hyperlipidemia Hypertension Irritable Bowel Disease Myocardial Infarction Osteoarthritis Osteoporosis Peptic Ulcer Disease Renal Disease

Angina Anxiety Arthritis Asthma Atrial Fibrillation Benign Prostatic Hypertrophy Cerebrovascular Accident Coronary Artery Disease COPD (Emphysema) Crohn's Disease Depression GERD (Reflux) Hepatitis C Hyperlipidemia Hypertension Irritable Bowel Disease Myocardial Infarction Osteoarthritis Osteoporosis Peptic Ulcer Disease Renal Disease

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Upload an image of problem area *

No File Chosen

What best describes you pain? *

0 1 2 3 4 5 6 7 8 9 10

0 Being no pain and 10 being very painful

Are your teeth sensitive to: *

	Yes	No
Hot or Cold?	<input type="radio"/>	<input type="radio"/>
Sweet?	<input type="radio"/>	<input type="radio"/>
Biting or chewing?	<input type="radio"/>	<input type="radio"/>
Have you noticed mouth odors or bad taste?	<input type="radio"/>	<input type="radio"/>
Have you noticed any swelling, blisters, or any other oral lesions?	<input type="radio"/>	<input type="radio"/>
Do your gums bleed or hurt?	<input type="radio"/>	<input type="radio"/>
Does your tooth pain keep you up at night?	<input type="radio"/>	<input type="radio"/>
Have you noticed any loose teeth or change in your bite?	<input type="radio"/>	<input type="radio"/>

Do you: *

	Yes	No
Clinch or grind your teeth?	<input type="radio"/>	<input type="radio"/>
Bite your lips or cheeks regularly?	<input type="radio"/>	<input type="radio"/>
Hold foreign objects with your teeth (pencils, pipes, nails, fingernails)?	<input type="radio"/>	<input type="radio"/>
Mouth breathe while awake or asleep?	<input type="radio"/>	<input type="radio"/>
A bite plate or mouth guard?	<input type="radio"/>	<input type="radio"/>
A serious injury to the mouth?	<input type="radio"/>	<input type="radio"/>
Smoke (chew) tobacco or use other tobacco products?	<input type="radio"/>	<input type="radio"/>

Is there anything you'd like to bring to the doctor's attention?

COVID-19

Have you recently traveled to any of the following countries? (China, Iran, Italy, Japan, South Korea) *

Yes No

Have you been in contact with someone who has traveled to these countries? (China, Iran, Italy, Japan, South Korea) *

Yes No

Have you been told by a public health official that you may have been exposed to coronavirus (Covid-19)? *

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Instructions for use

Your health history and patient information form was recieved!

Before your appointment please review these Zoom instructional videos.

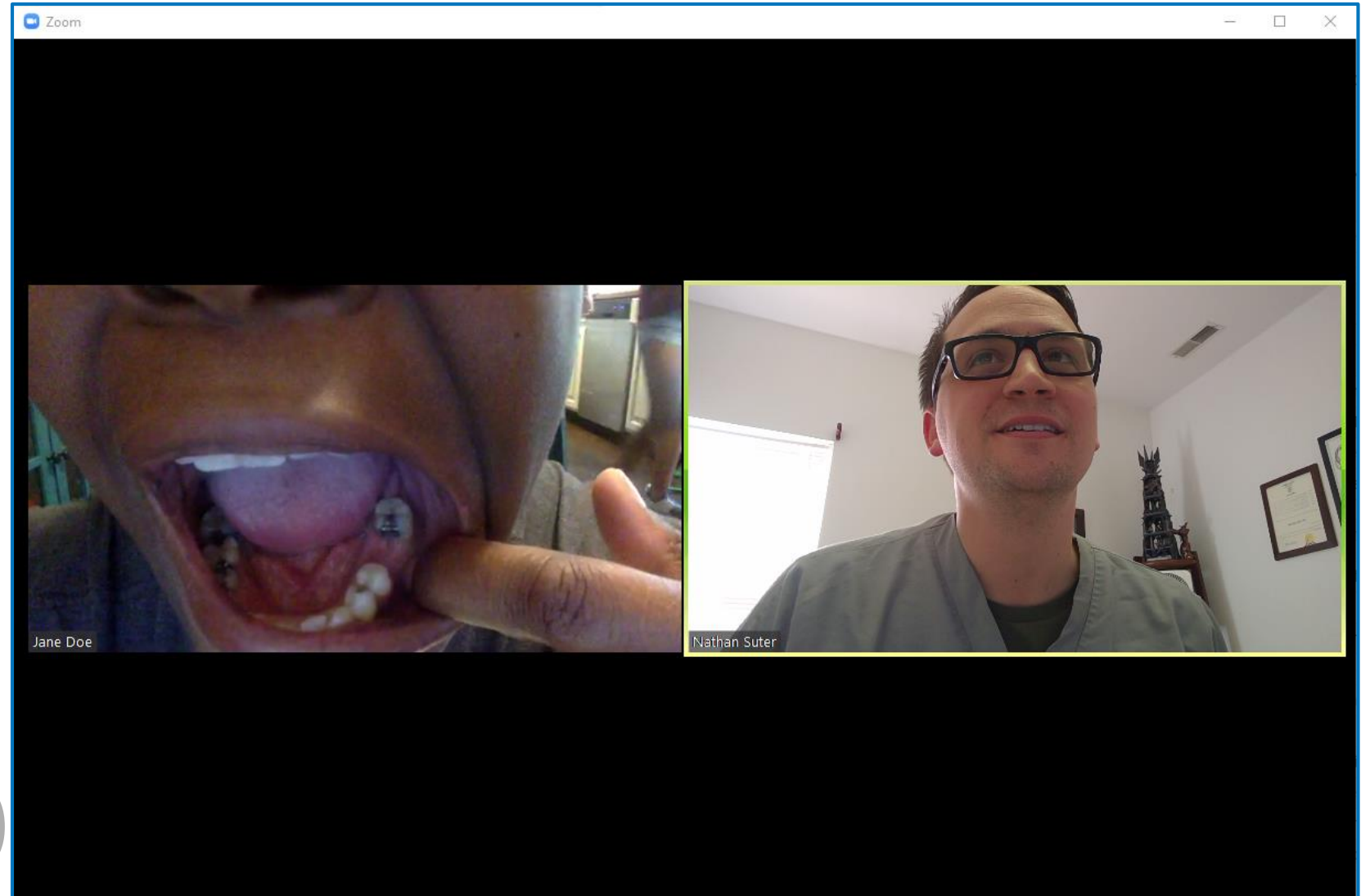
If you are having a medical emergency that cannot wait call 911 immediately.

If you are experiencing any issues connecting or would like to reach us sooner please call the office line and leave a message at 636-671-0102.

Video instructions - How to join a Zoom teledentistry visit from your computer.



Zoom Consultation



D

Recap for today's technology environment

- 1. Traditional EDR** that have teledentistry features
 - This is not an option at the moment
 - Some EDRs have add-ons that can fill some gaps
- 2. “Optimized” Teledentistry Platforms:**
 - Teledentistry software platforms that can address multiple steps of a teledentistry evaluation
- 3. Alternatives:** Re-purposing available tools
 - Email and text + patient generated photographs
 - Off-the shelf/low-cost/free separate tools:
 - scheduling/video/forms/payment
 - Copy and paste all activity into one record or into EDR

DO NOT COPY

**COVID Urgent & Non Urgent
Exams**

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Applications of Teledentistry

App 1

Limited Evaluations and Triage

App 2

COVID Urgent & Non-Urgent Exams

App 3

Hygiene Only Coverage

App 4

Satellite Office Coverage

App 5

Specialist Consultations

App 6

Outreach Application

App 7

Medical-Dental Integration

App 8

Patient Monitoring Devices

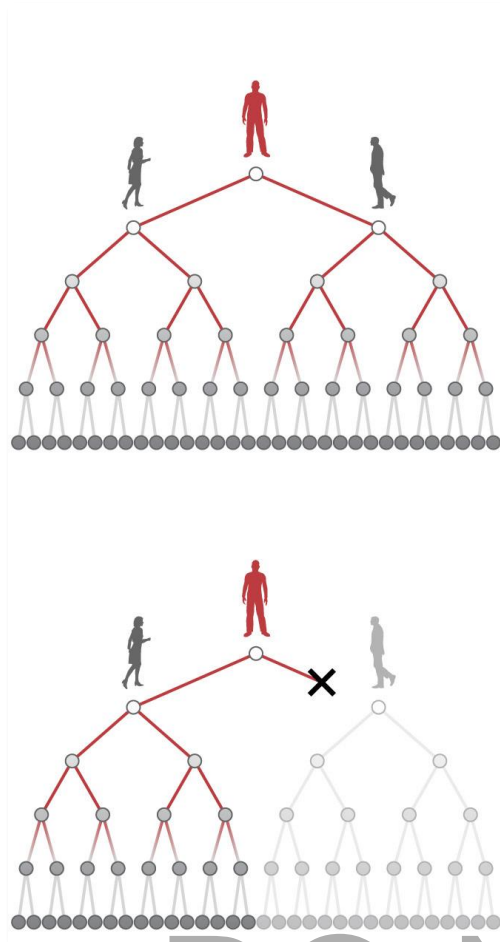
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Using Teledentistry to Mitigate Risk

- Reduce human-human contact
- Have patients stay outside the office
- You may not be able to don/doff your PPE for hygiene checks
- The dentist may be exposed or infected after re-opening
 - This would mean quarantine for an additional 14 days
- Consider separating into teams
 - Diagnostic Team
 - Hygienist and support team
 - Assessments and Radiographs
 - One day COVID on demand testing
 - Treatment Team
 - Dentist and dental assistant
 - Urgent care only initially
 - Prioritize and screen who you treat

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OSHA Guidance on Preparing Workplaces



Administrative Controls

Administrative controls require action by the worker or employer. Typically, administrative controls are changes in work policy or procedures to reduce or minimize exposure to a hazard. Examples of administrative controls for SARS-CoV-2 include:

- Encouraging sick workers to stay at home.
- Minimizing contact among workers, clients, and customers by replacing face-to-face meetings with virtual communications and implementing telework if feasible.
- Establishing alternating days or extra shifts that reduce the total number of employees in a facility at a given time, allowing them to maintain distance from one another while maintaining a full onsite work week.
- Discontinuing nonessential travel to locations with ongoing COVID-19 outbreaks. Regularly check CDC travel warning levels at: www.cdc.gov/coronavirus/2019-ncov/travelers.
- Developing emergency communications plans, including a forum for answering workers' concerns and internet-based communications, if feasible.
- Providing workers with up-to-date education and training on COVID-19 risk factors and protective behaviors (e.g., cough etiquette and care of PPE).
- Training workers who need to use protecting clothing and equipment how to put it on, use/wear it, and take it off correctly, including in the context of their current and potential duties. Training material should be easy to understand and available in the appropriate language and literacy level for all workers.

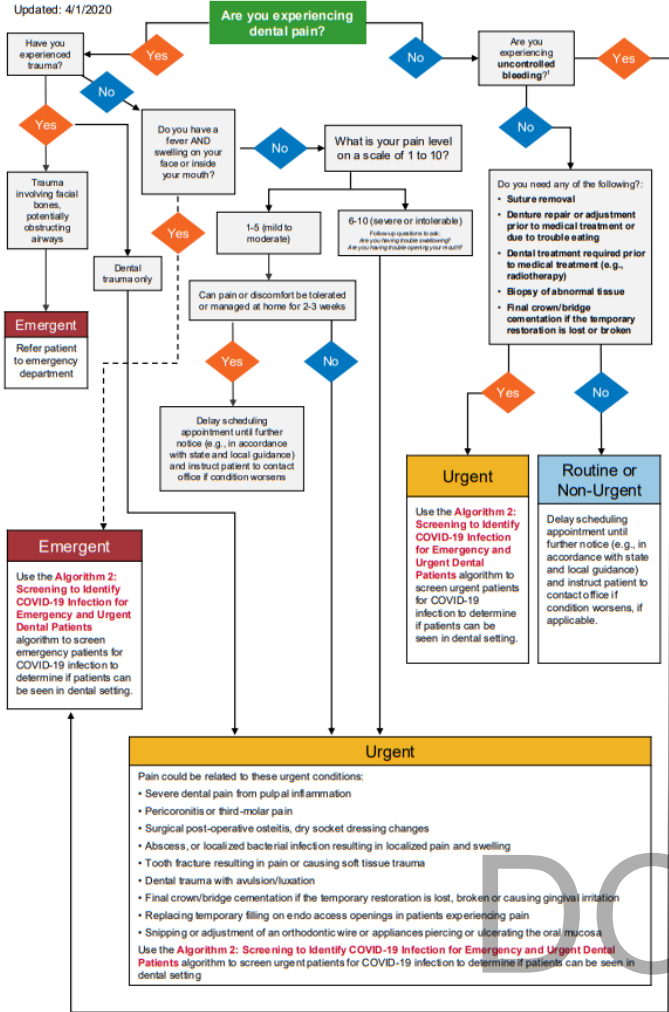
<https://www.nytimes.com/2020/03/19/health/coronavirus-distancing-transmission.html>

<https://www.osha.gov/Publications/OSHA3990.pdf>

ADA Interim Guidance for Triage

Algorithm 1: Interim Guidance for Triage of Patients for Emergency and Urgent Dental Care

ADA



Algorithm 2: Interim Guidance for Screening to Identify COVID-19 Infection for Emergency and Urgent Dental Patients

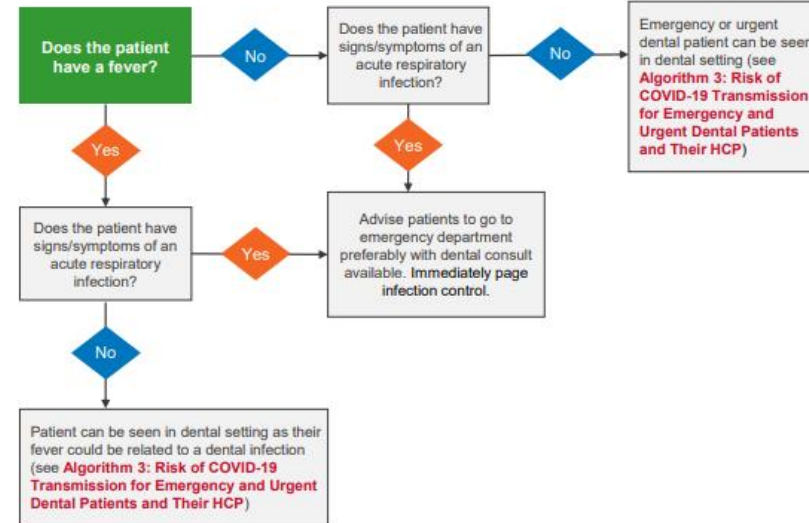
ADA

Updated: 4/1/2020

Summary of Procedures

1. Clinic staff should speak to all patients 1-2 working days (or sooner if able) before any scheduled session.
2. Call patients for whom in-person visit may not be necessary and issue can be solved without an office visit.

Emergency and urgent dental patients in this algorithm are being evaluated for COVID-19 infection signs/symptoms to determine in which clinical setting they should be seen. Patients with active COVID-19 infection should **not** be seen in dental settings per CDC guidance.



Algorithm 3: Interim Guidance to Minimize Risk of COVID-19 Transmission for Emergency and Urgent Dental Patients and HCP

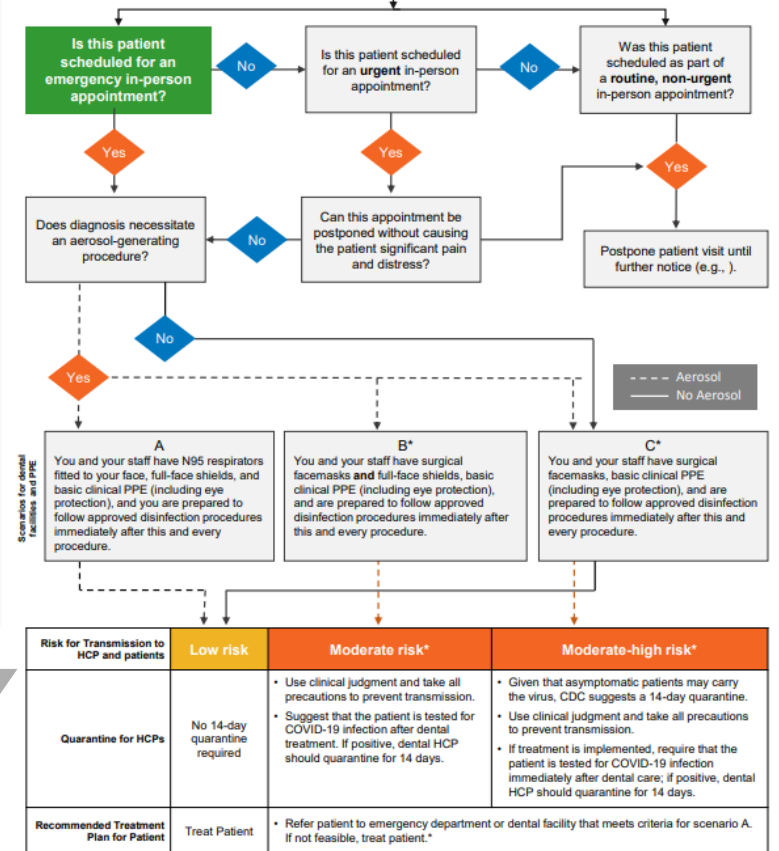
ADA

Updated: 4/1/2020

Summary of Procedures

1. Clinic staff should speak to all patients 1-2 working days (or sooner if able) before any scheduled session.
2. Call patients for whom in-person visit may not be necessary and re-schedule.
3. See emergency triage and COVID-19 infection screening procedures.

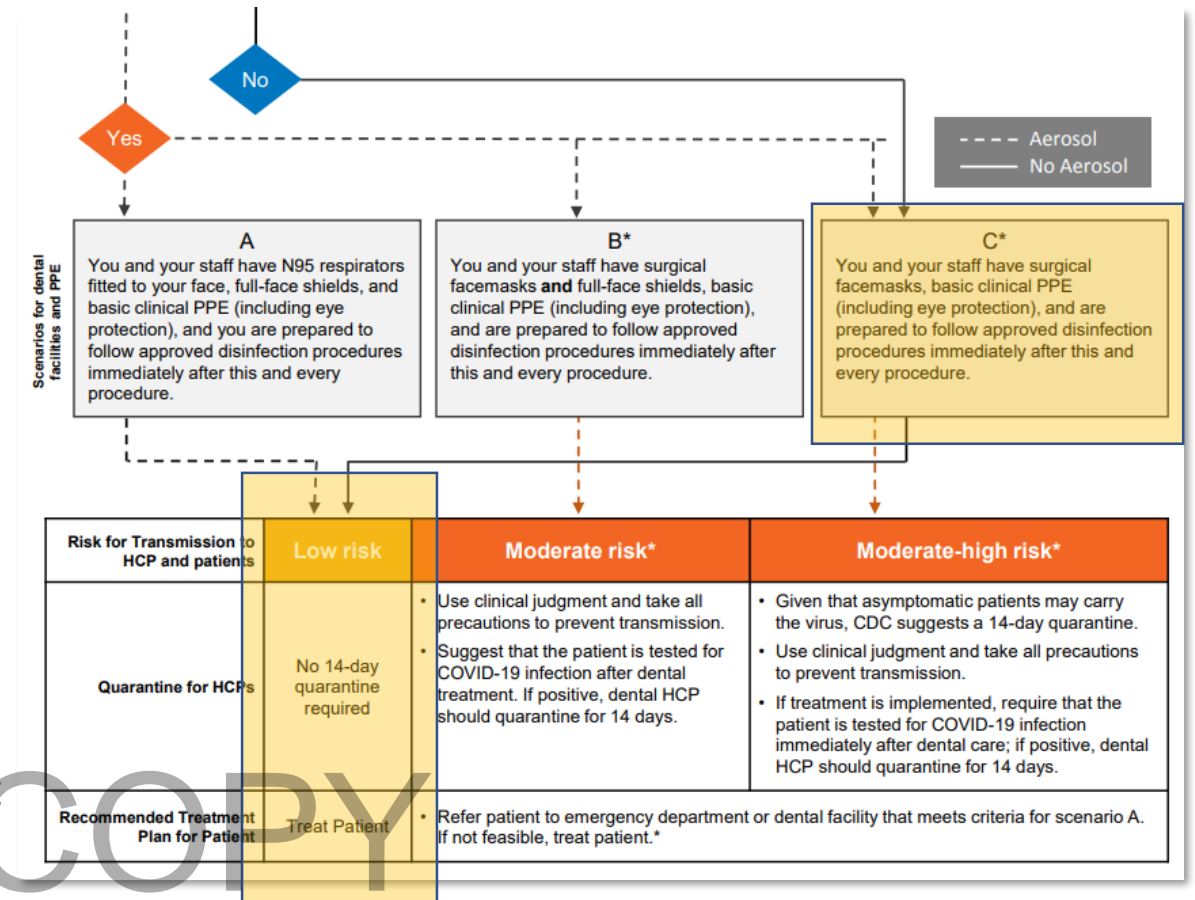
Emergency and urgent dental patients in this algorithm are asymptomatic, have no known COVID-19 exposure, recovered from COVID-19 infection, or have recently undergone testing and do not have COVID-19 infection.



DO NOT COPY

ADA Interim Guidance + Teledentistry

- Safely engage with potential new patients that are not sure that it is safe to come to the dentist.
- Emergencies only and delayed treatment.
- Hygiene only days separate from treatment
 - Use teledentistry
 - No ultra-sonic scalers (temporarily)
 - Limits potential risk of exposure
 - Separate staff members
 - Separates treatment patients from hygiene
- Hygiene only days for satellite offices
 - Use teledentistry
 - Opens access when the dentists time will be in short supply



DO NOT COPY

PPE Guidance - “Donning/Doffing”

- CDC has issued PPE guidance
- Aerosols pose the biggest risk
- Putting on and taking off PPE
- Removing PPE for Hygiene may not be feasible
- Teledentistry evaluations by hygienist
- Exams could be done at the end of the day.

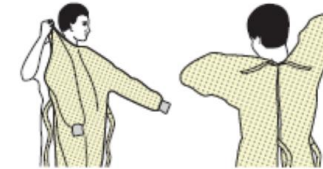
HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE) EXAMPLE 2

SEQUENCE FOR PUTTING ON PERSONAL PROTECTIVE EQUIPMENT (PPE)

The type of PPE used will vary based on the level of precautions required, such as standard and contact, droplet or airborne infection isolation precautions. The procedure for putting on and removing PPE should be tailored to the specific type of PPE.

1. GOWN

- Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back
- Fasten in back of neck and waist



2. MASK OR RESPIRATOR

- Secure ties or elastic bands at middle of head and neck
- Fit flexible band to nose bridge
- Fit snug to face and below chin
- Fit-check respirator



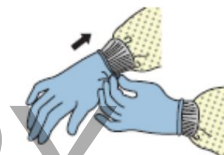
3. GOGGLES OR FACE SHIELD

- Place over face and eyes and adjust to fit



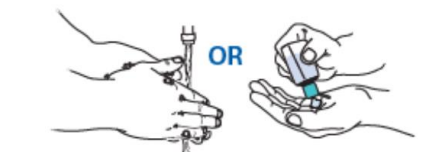
4. GLOVES

- Extend to cover wrist of isolation gown



USE SAFE WORK PRACTICES TO PROTECT YOURSELF AND LIMIT THE SPREAD OF CONTAMINATION

Do not contaminate your clothing, skin, or mucous membranes with potentially infectious material in the patient room except a respirator, if worn. Remove the respirator after removing PPE in the following sequence:



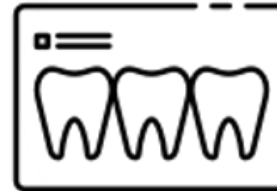
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ACCESS TELEDENTISTRY'S PHASES APPROACH

FOUR



1: Care Coordination



2: Data Collection



3: Examination



4: Follow Up

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Traditional Teledentistry Tools



Extra-Oral Camera

Dine Digital



Intra-Oral Camera

Mouth Watch



Cheek Retractors

Generic



Intra-oral Mirrors

Generic

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Traditional Teledentistry: Radiographs



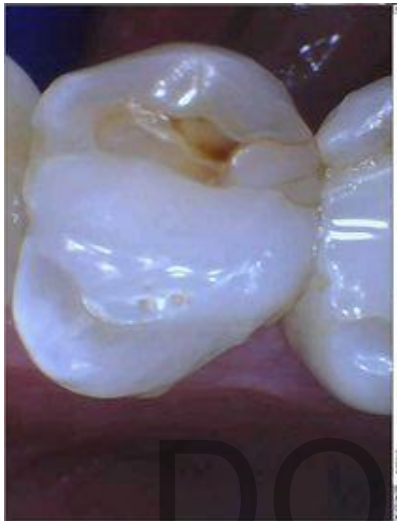
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Traditional Teledentistry: Extra-Oral Photographs



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Traditional Teledentistry: Photographs (Intraoral)



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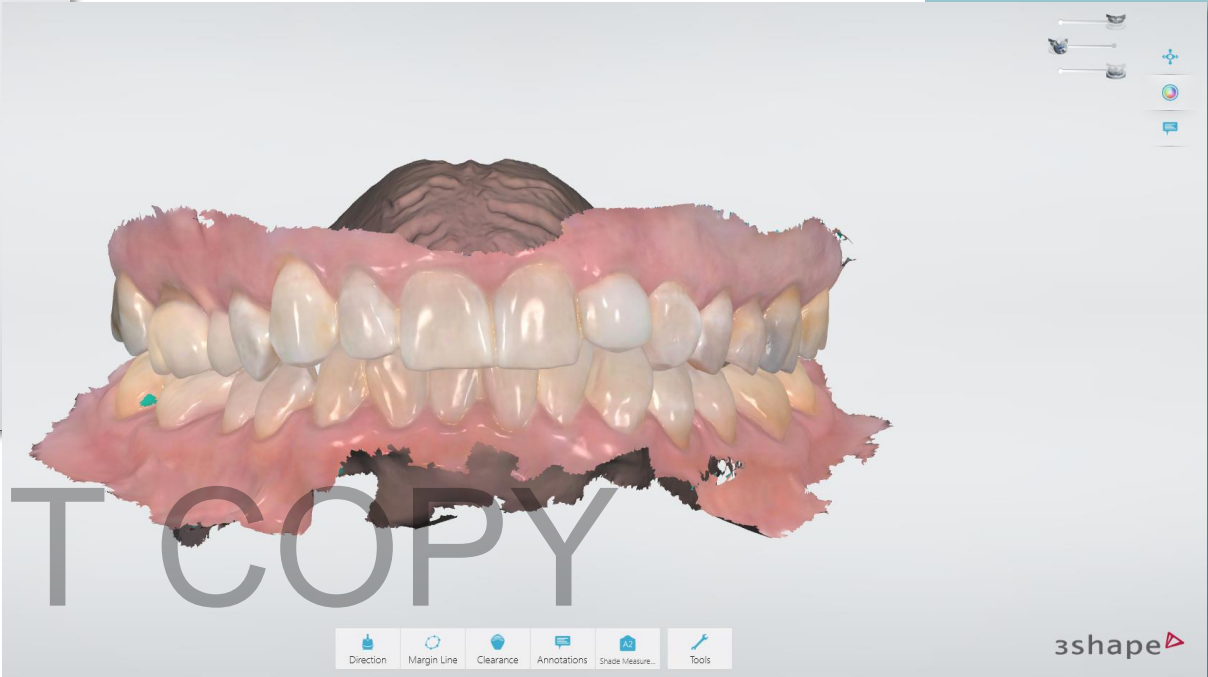
Traditional Teledentistry: Intra-oral Videos

- Quadrant Videos
- Curtesy of Dr. Scott Howell at ATSU ASDOH



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Traditional Teledentistry: Digital Scans



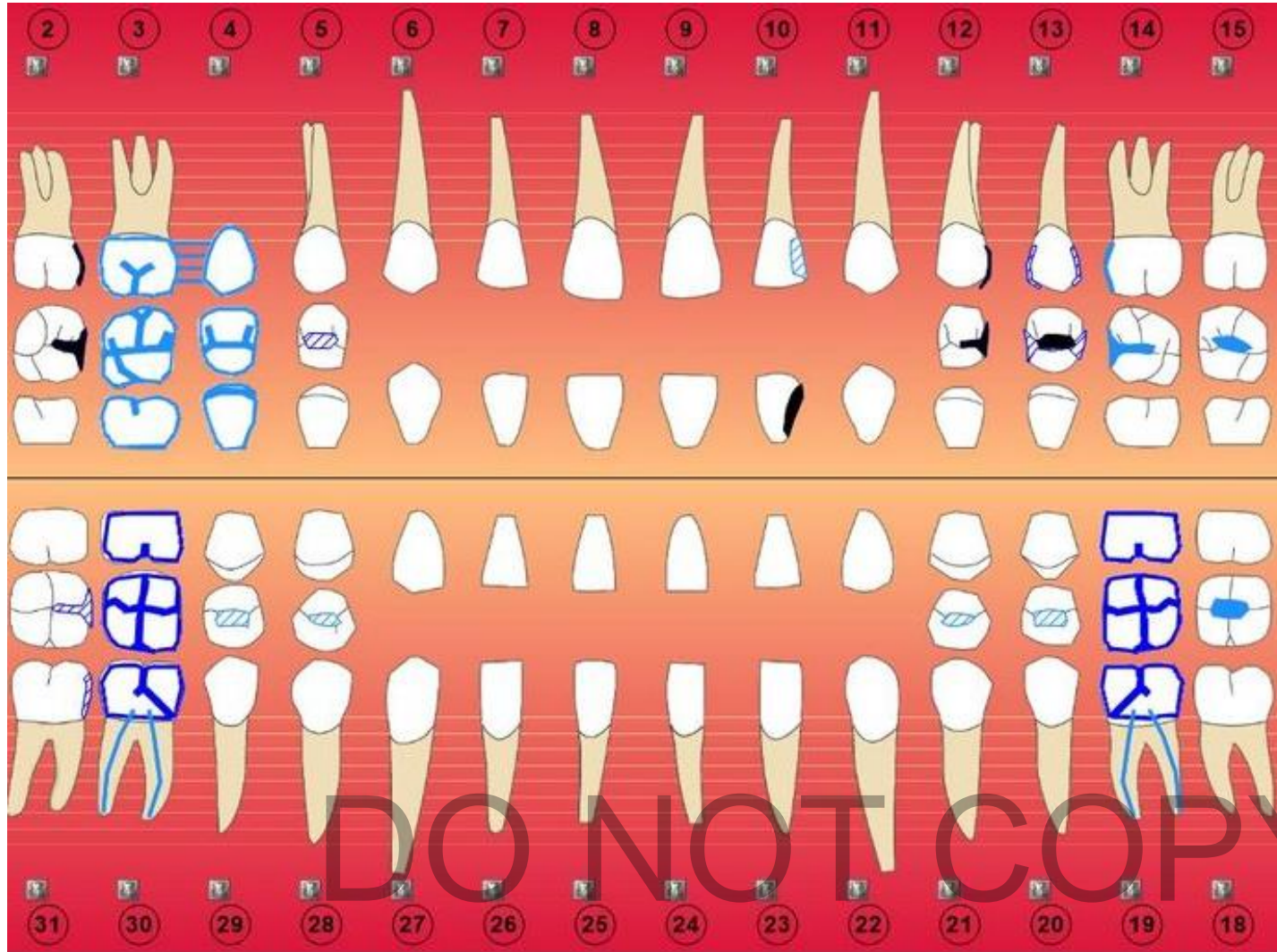
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Traditional Teledentistry: Periodontal Chart

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
F																
PD		3 2 3	3 2 2	3 2 2	2 2 2	2 2 1	2 2 1	1 2 1	1 2 1	1 2 1	1 1 3	3 2 3	3 2 3	3 2 3	3 2 2	
GM			2 2 2													
CAL		3 2 3	5 4 4	3 2 2	2 2 2	2 2 1	2 2 1	1 2 1	1 2 1	1 2 1	1 1 3	3 2 3	3 2 3	3 2 3	3 2 2	
MGJ																
FG	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Bld																
Sup																
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Bld	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
FG																
MGJ																
CAL		3 2 3	3 2 3		2 1 1	1 1 1	1 1 1	1 1 1	1 1 1	1 1 1	1 1 1	1 2 2	2 2 2	2 2 2	2 2 2	
GM																
PD		3 2 3	3 2 3		2 1 1	1 1 1	1 1 1	1 1 1	1 1 1	1 1 1	1 1 1	1 2 2	2 2 2	2 2 2	2 2 2	
L	M															
PMB																
PMB																
L	M															M
PD		3 2 3	3 2 3	3 2 2	2 2 2	2 1 1	1 1 1	1 1 1	1 1 1	1 1 1	1 1 1	2 2 2	2 2 2	2 2 3	3 2 3	
GM			2 2 2													
CAL		3 2 3	5 4 5	3 2 2	2 2 2	2 1 1	1 1 1	1 1 1	1 1 1	1 1 1	1 1 1	2 2 2	2 2 2	2 2 3	3 2 3	
MGJ																
FG	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Bld																
Sup																
Sup																
Bld																
FG	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
MGJ																
CAL		1 2 1	1 2 1	1 1 1	1 1 1	2 2 2	2 2 1	1 1 1	1 1 1	1 1 1	1 1 1	2 3 2	3 3 2	3 3 2	3 2 2	
GM																
PD		1 2 1	1 2 1	1 1 1	1 1 1	2 2 2	2 2 1	1 1 1	1 1 1	1 1 1	1 1 1	2 3 2	3 3 2	3 3 2	3 2 2	
F																

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Traditional Teledentistry: Tooth Chart



The road ahead

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Tangible Financial Impact

- Bill for Limited Evaluations during Stay-at-Home Orders
 - D0140
- Run a hygiene team separate from treatment team
 - Minimizes exposure and risk of infection
 - Periodic ** + Preventive + Radiographs
- Ramp up with extended hygiene hours
 - 2-4 months of recall that is backlogged
 - Keeping the dentist on treatment
 - Minimizes exposure and risk of infection
 - Periodic ** + Preventive + Radiographs

**Some states or payors may not allow/pay for more than limited evaluations

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Intangible Financial Impact

- Engage existing patients during Stay-at-Home
- Patients may be scared
- Find new patients
 - I have had more new than existing at my practice
- Limit Exposure and Risk
 - Messaging patients before and after appointments
 - Triage the treatment you choose
 - Fill consent forms before appointments
 - Accept payment before appointments
 - Keep the waiting room empty
- This system can be used for consulting potential patients
- Technology makes you “cutting edge”

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Prepare for a “new normal”

We will not be returning to business as usual

- We don't know what dentistry will look like as we recover
- Two things are for certain
 - Infection control will change
 - Telehealth will be more prevalent

“The difference between a problem and an opportunity is what you make of it.” - *unknown*

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ACCESS TELEDENTISTRY

Reach Out to Us

Online

accessteledentistry.com

Facebook Group

Mouth In the Cloud



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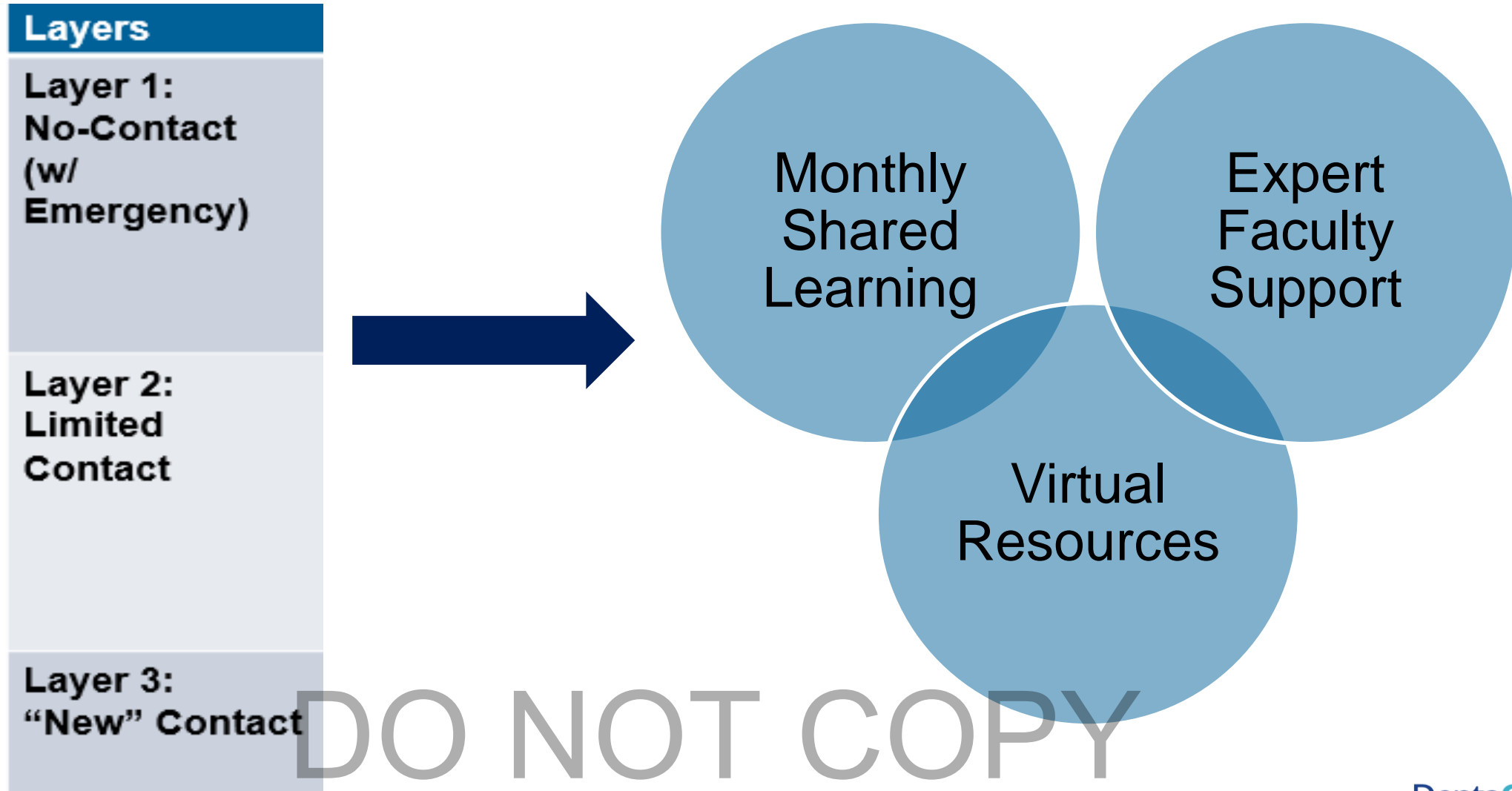
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