

Teledentistry Update

DR. NATHAN SUTER

ORAL HEALTH PROGRAM SPECIALIST - COMTREA COMPREHENSIVE HEALTH CENTER

PRIVATE PRACTICE – GREEN LEAF DENTAL CARE



Virtual Dental Home Project

- Dr. Paul Glassman at the University of Pacific Dental School
- California has been operating teledentistry for over five years
- Peer reviewed publications
- Their program also included placement of interim therapeutic restorations.



<http://dental.pacific.edu/departments-and-groups/pacific-center-for-special-care/innovations-center/virtual-dental-home-system-of-care>

What is Teledentistry?

LIVE-INTERACTIVE

- Uses Videoconferencing for “real-time” encounters.
- This most closely simulates a traditional encounter.
- This requires the dentist to be available when the patient is available.
- D9995 – teledentistry - synchronous

STORE-AND-FORWARD

- Images, notes, charting, and other data is stored on a remote database.
- Best used in areas for consultations and areas such as primary care, dentistry, and dermatology.
- More efficient use of the dentist’s time.
- D9996 – teledentistry - asynchronous

Telehealth Definition- Missouri

The delivery of health care services by means of information and communication technologies which facilitate the assessment, diagnosis, consultation, treatment, education, care management, and self-management of a patient's health care while such patient is at the originating site and the health care provider is at the distant site. Also includes asynchronous **store-and-forward** technology.

Definition from the State of Missouri – SB579

Regulatory Solutions

STATE DENTAL PRACTICE ACT

Missouri Dental Board in April 2017 agrees:

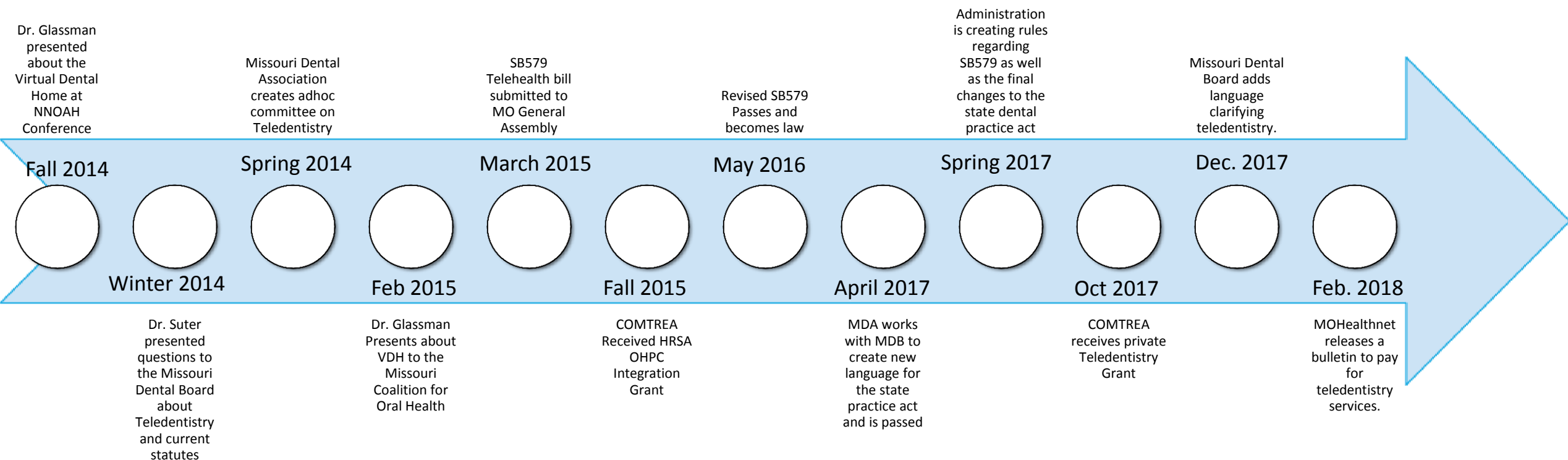
- “Patient of record” – One for whom the dentist has obtained a relevant history, performed an examination and evaluated the condition to be treated.

A supervising dentist may delegate to a licensed dental hygienist the collection of information and measurements necessary for the dentist to perform an examination prior to the dentist performing the examination and evaluation and does not need to be physically present when the information and measurements are collected.

Legislative Solutions

MEDICAID REIMBURSEMENT LAW

- SB 579 Telehealth Rules requiring Medicaid to update regulations and reimburse for telehealth.
 - Defines telehealth terminology
 - Authorizes “any licensed provider” to use telehealth
 - “Standard of care” is the same whether in-person or using telehealth
 - Allows physician-patient relationships to be formed during telehealth encounters
 - Patient Presenter (PP) – new rule when a PP (ie, hygienist) is required
 - Does not allow a questionnaire over the phone or internet to count as a health history
 - Adds “store-and-forward” services, remote patient monitoring
 - Adds – social workers, dental hygienists, and others
 - Adds – approved locations such as schools, homes, pharmacies, and others



Advocacy Efforts

- There was unanimous support for action toward teledentistry
- The MDA was the lead driver to include dentistry in the overall telehealth bill.
- There was support from lawmakers to increase access to care in rural areas and to divert emergency room utilization.
- All parties supported the legislation.
- Since this was a larger bill regarding overall health the bill had a lot of momentum.



COMTREA Teledentistry Pilot

- 18 month pilot program
- Missouri Foundation for Health
 - Grant of \$280,000
 - Salaries
 - Vehicle
 - Equipment
- Aseptico Donation
 - 2 portable operatories

Grant Pilot Funders



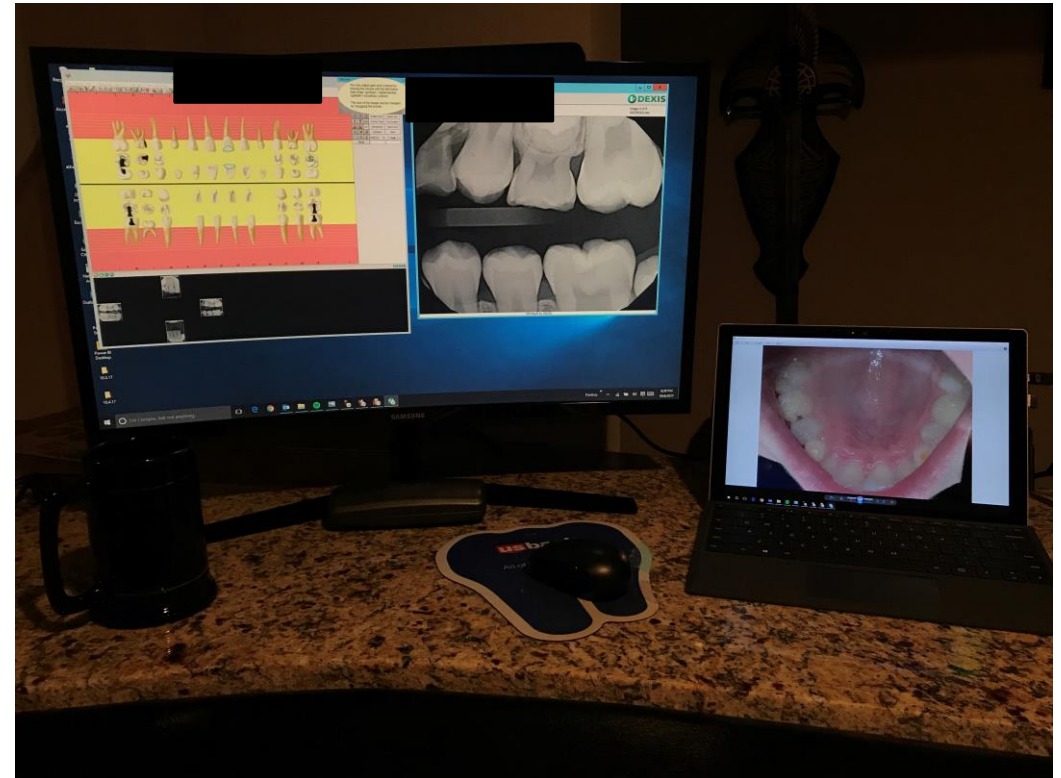
Teledentistry Pilot Program

- Three Community Settings

- 1 School District
- 1 Nursing Home
- 1 Primary Care Office

- Staffing

- 1 Dental Hygienist
- 1 Care Coordinator
- Part time Dentist
- Part time support staff

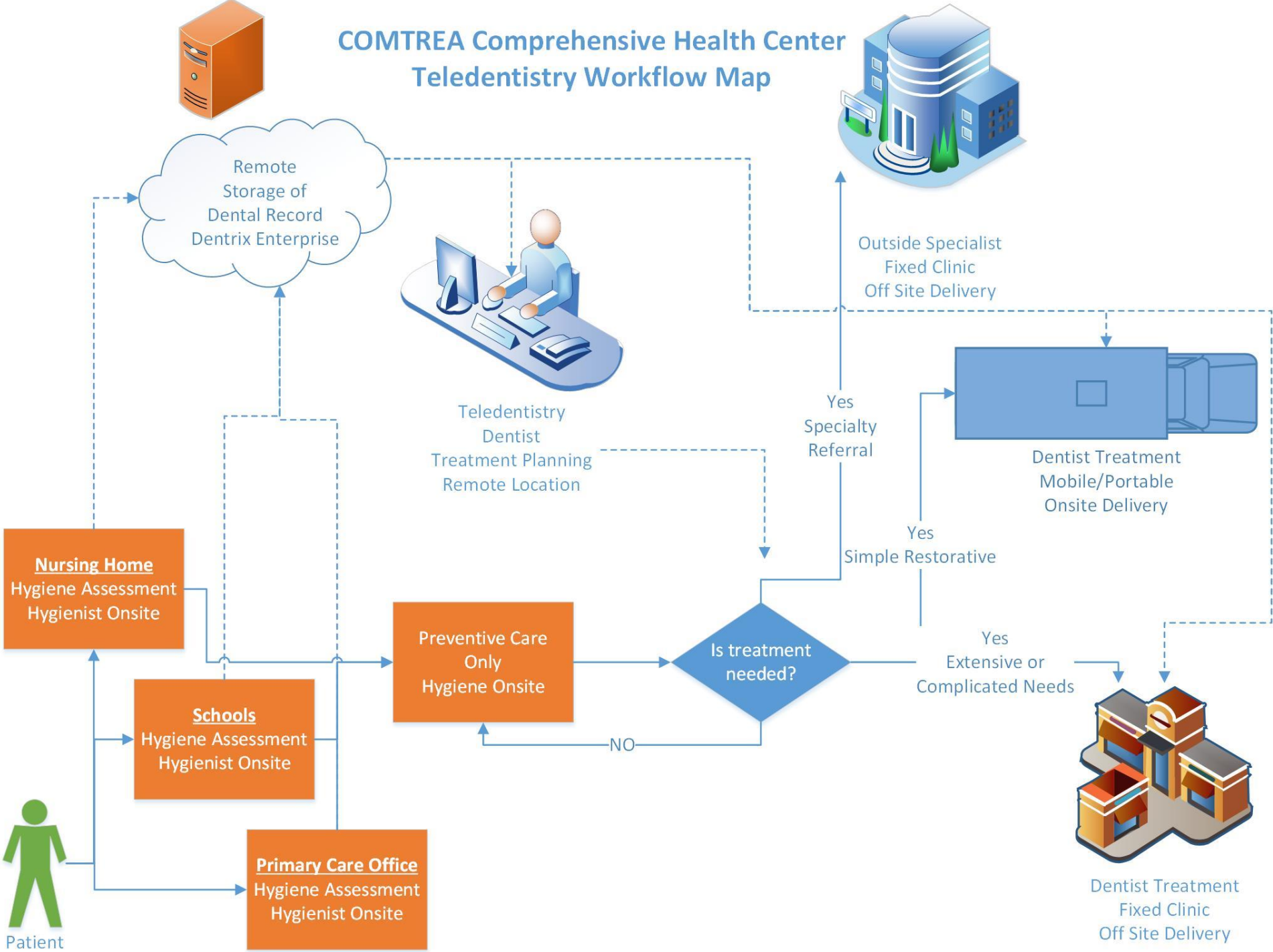


Operational Barriers

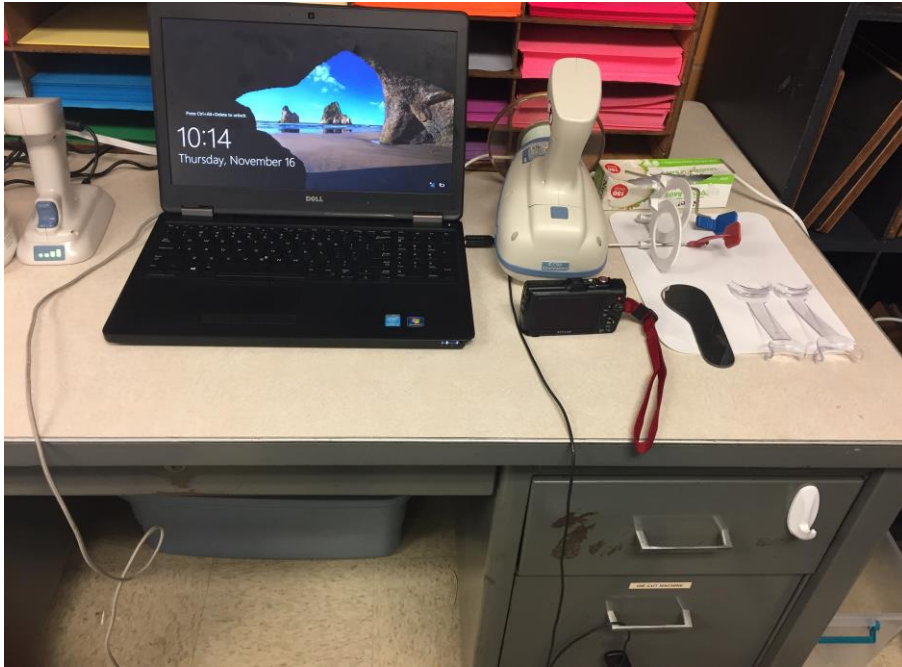
- Information Technology issues
 - Remote login
 - Mobile internet solutions
 - Policies and Protocols
 - Hardware solutions
- Clinical workflows and documentation
 - Teaching RDHs to take photographs
 - Note format
- Operations
 - New policies and protocols
 - Equipment for multiple settings



COMTREA Comprehensive Health Center
Teledentistry Workflow Map



Originating Site – Hygienist Assessment



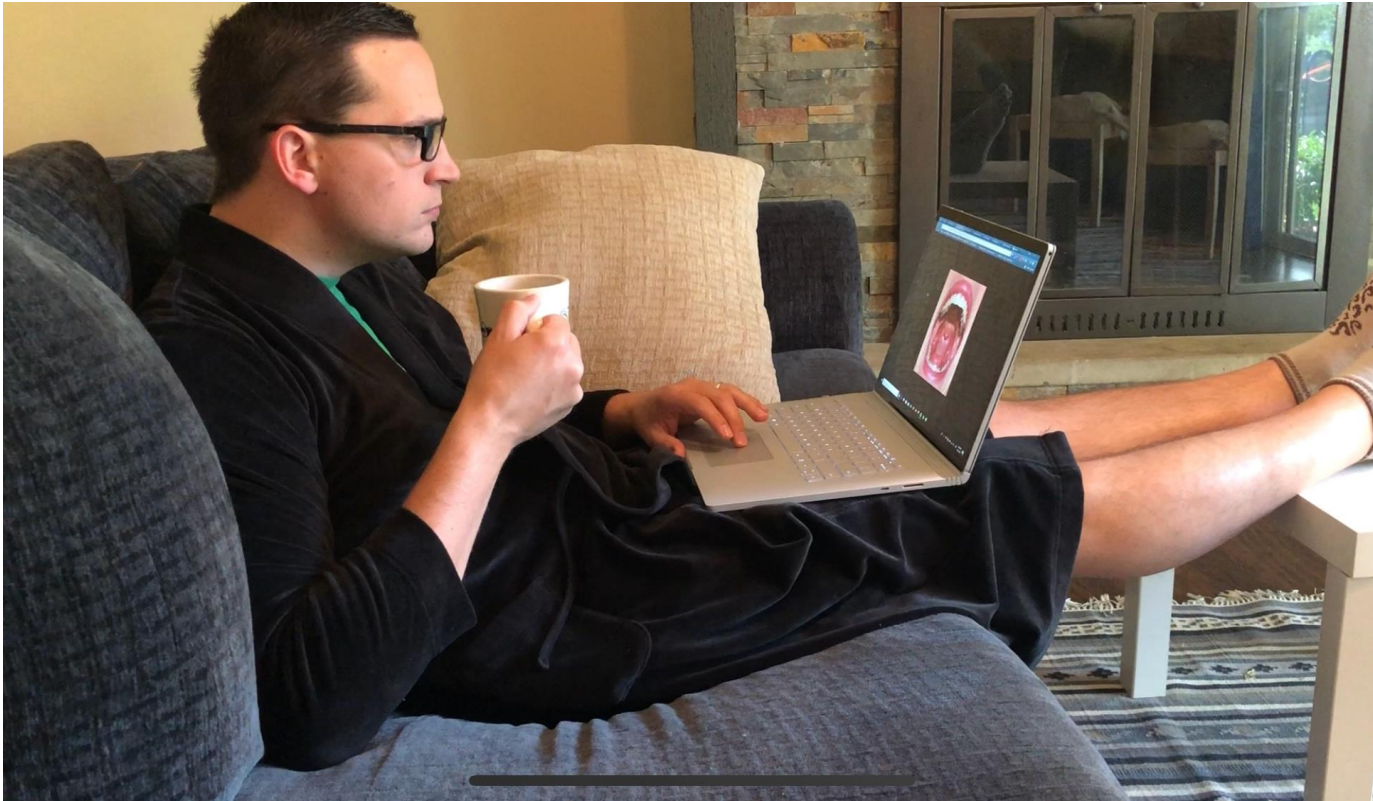
Data Capturing at Assessments

There are multiple ways to capture and send information for the dentist to complete an exam.

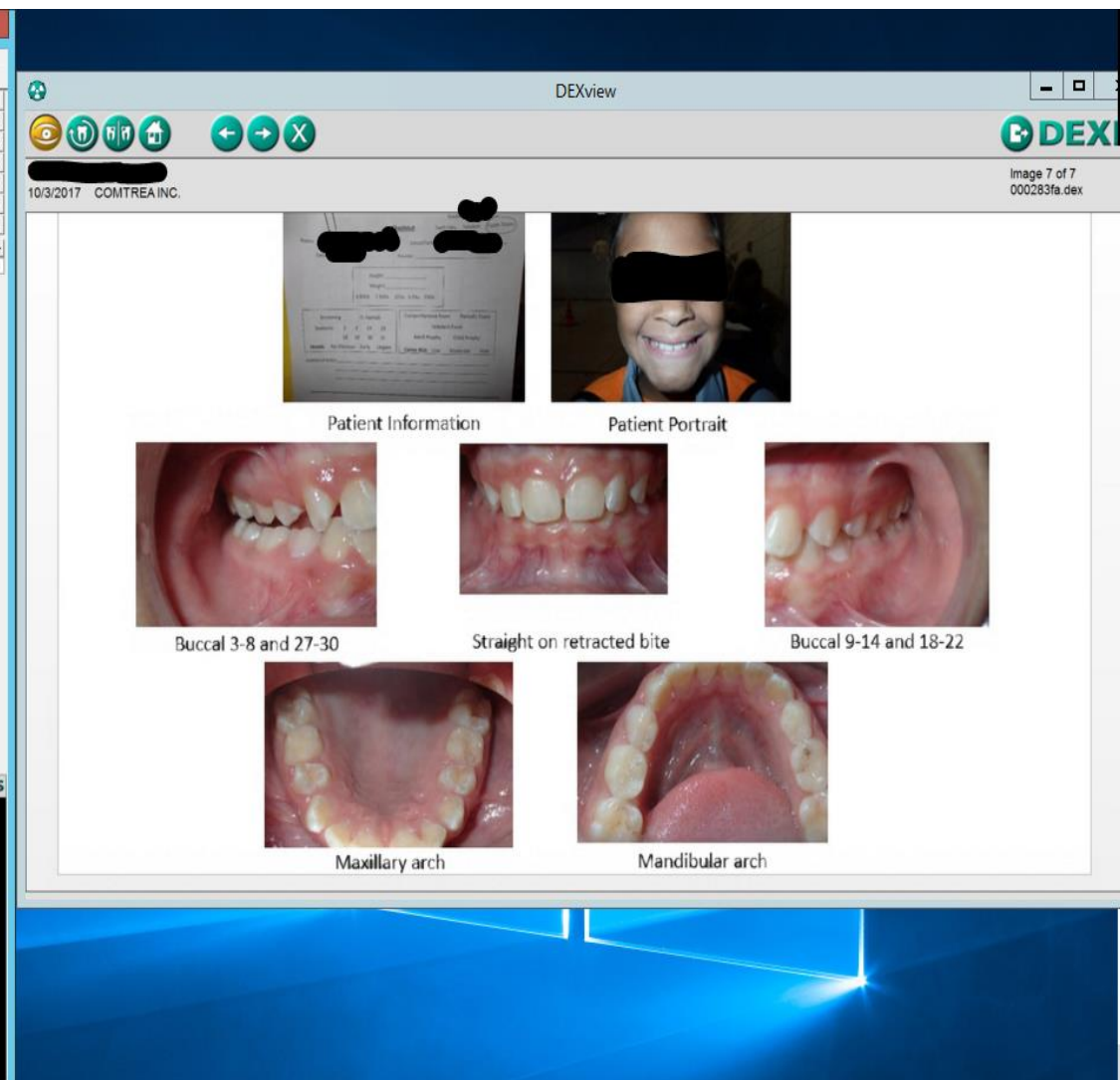
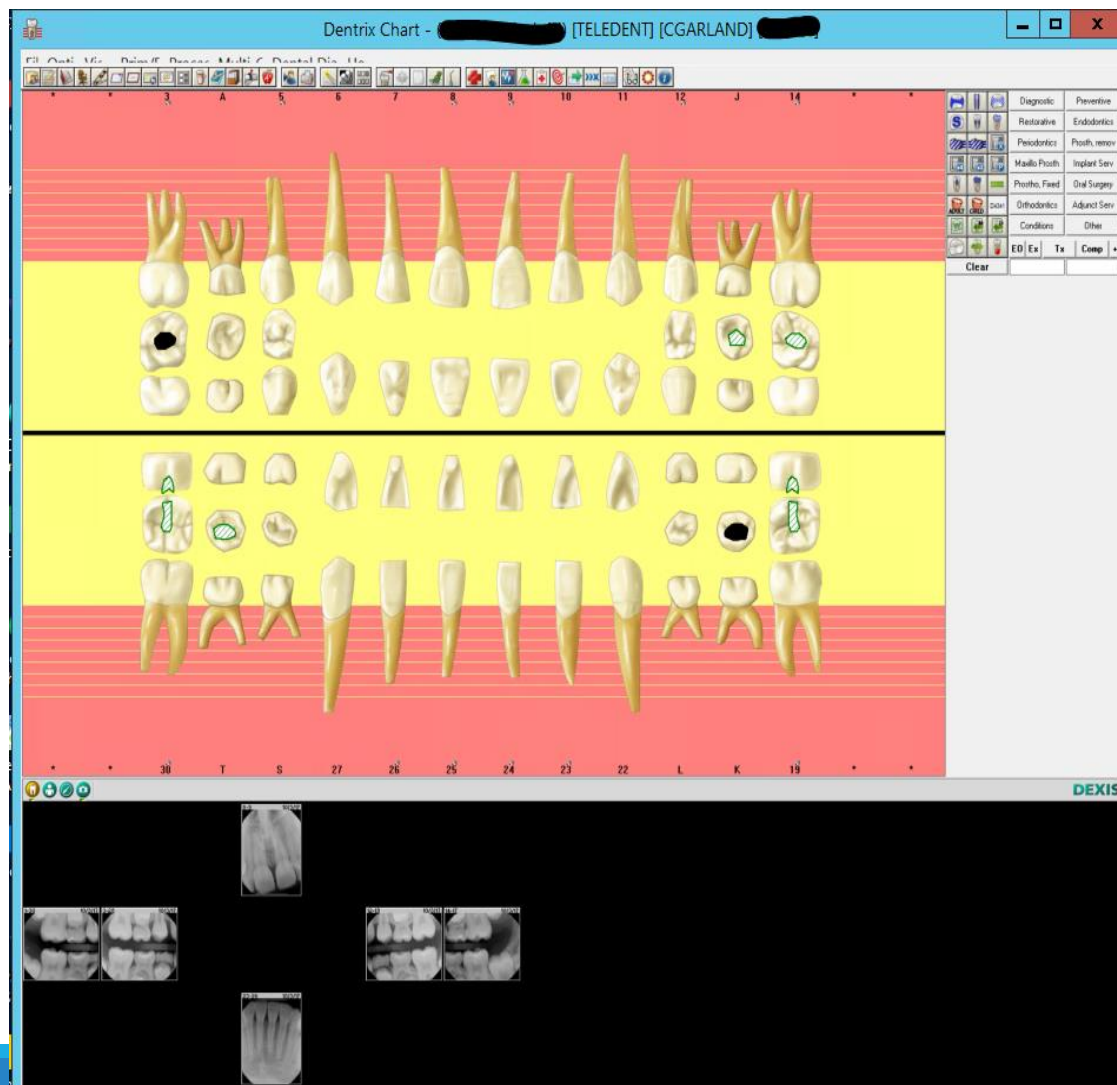
- Tooth Charting in EDR
- Thorough Clinical Notes
- Traditional Radiography
- Intra-oral photos
- Extra-oral photos
- Cone Beam Images
- Diagnostic Casts
- Digital Impression Systems
- Digital Diagnostic Instruments
- Electric Pulp Testing
- Oral Cancer Screening Devices



What teledentistry looks like...



Distant Site – Dentist Exam and Radiographs



The Steps in Teledentistry

1. Making the Assessment Appointment
2. The Assessment
3. Making the Teledentistry Exam Appointment
4. Making the Follow Up Treatment/Recare Appointment
5. The Teledentistry Exam
6. The Care Coordination Call
7. The Follow Up Treatment/ Recare Appointment

Different Settings of Assessments

TOOTH TITAN

Schools

Detention Centers

Care coordinator for
arranging follow up care.

Average of 10 per day.

30 minutes

NURSING HOME

Scenic – Herculanum

125 possible patients

Dedicated care coordinator

Average of 6 per day

60 minutes

PRIMARY CARE (OHPC)

Emerson and Hickory

2 days a week each

Care coordinator at
Emerson ONLY.

Average of 6 per day

90 minutes to start – goal
to get to 45 minutes.

The Assessment

CHILDREN

Assessment

Clinical
photos

Tooth
Charting

Clinical
Notes

Caries Risk
Assessment

Radiographs

Child Prophylaxis

Fluoride

Sealants

ADULTS

Assessment

Clinical
photos

Tooth
Charting

Clinical
Notes

Caries Risk
Assessment

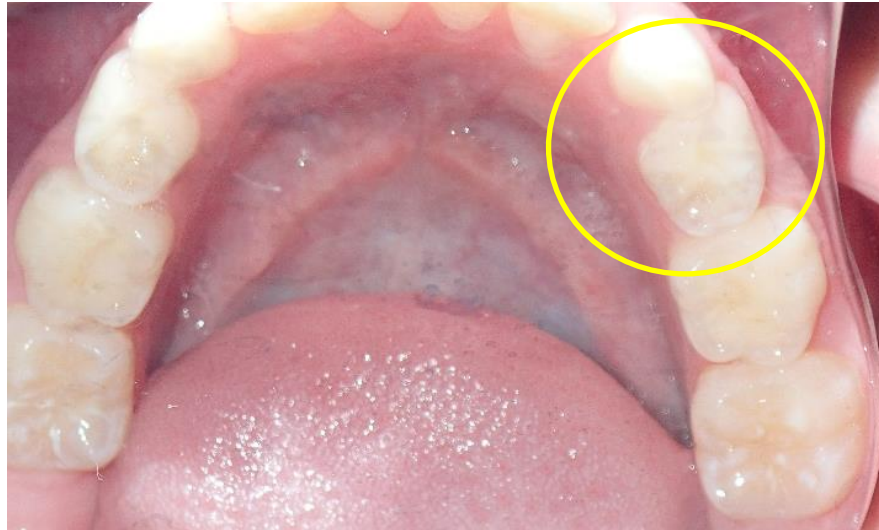
Radiographs

Periodontal
Probing

Diagnostic
Casts

Blood
Glucose Test

Great Communication = Great Documentation



Chemotherapy/Radiation Treatment in the last 3 years: No
 Drug or Alcohol Abuse: No
 Visible untreated decay: None
 History of dental treatment: No
 Tooth Extraction in the past 3 years: No
 Visible plaque or calculus: Yes
 Dental or Orthodontic appliance (fixed or removable): No
 Severe dry mouth (xerostomia) present: No
 Visible Sealants on one or more molars: Yes.

Overall Assessment of Dental Caries Risk: MODERATE.

P- Plan

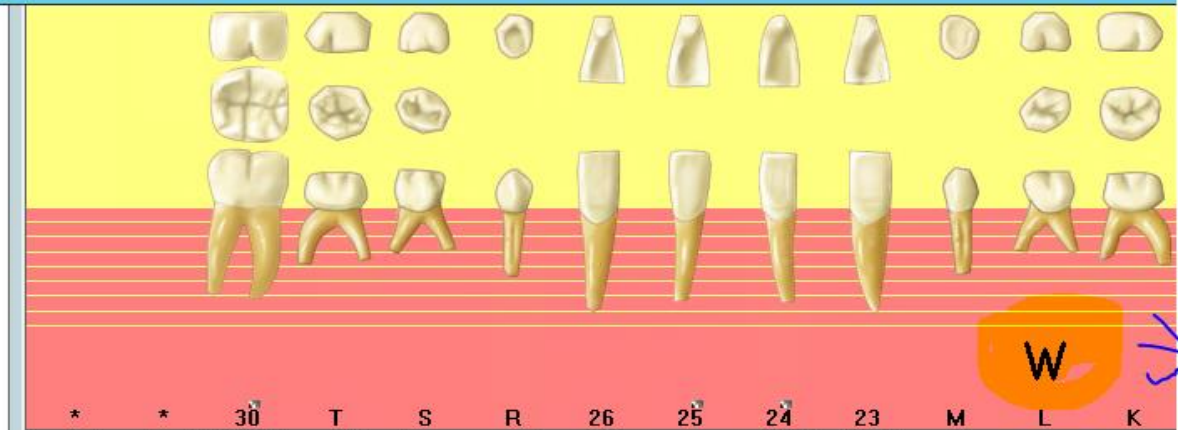
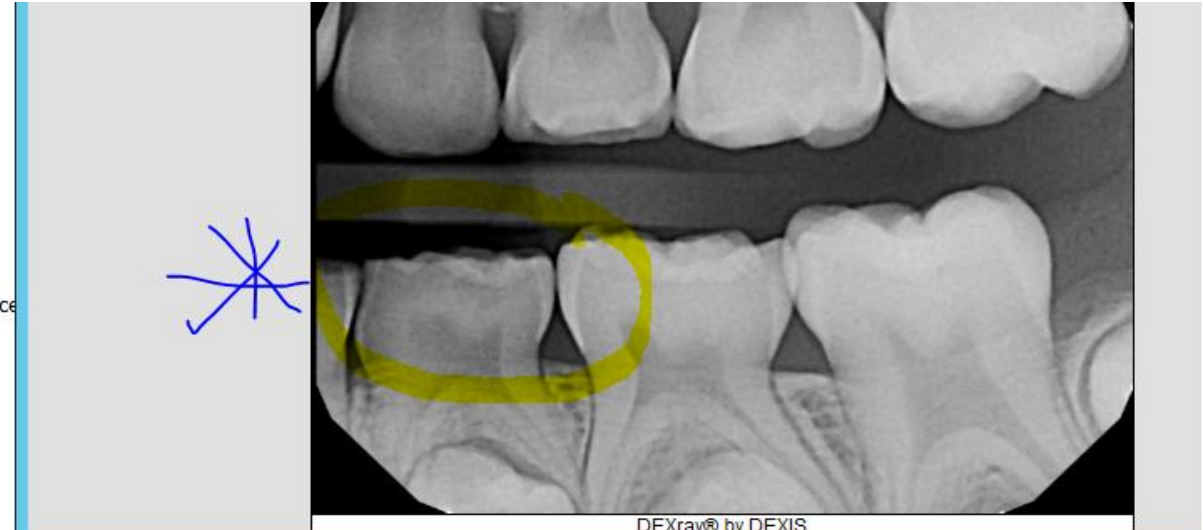
Patient was informed of conditions found during hygiene assessment.

4 BWX and 2 PAs radiographs taken of diagnostic quality.
 PAs taken of: E and P.

****#L has occlusal wear, smooth depression, not sticky with explorer**

Treatment Goals of the Patient: Other:

Behavior: Frankl Rating 4- Definitely Positive.



Date	Tooth	Surf	Proc	Prov	Description	Stat	AP	Amount
10/04/2017			D0601	RBLANK	Low Caries Risk Assessment And	C		0.00
10/04/2017			PSPNo	RBLANK	PSP No Obvious	C		0.00
10/04/2017			D0190	RBLANK	Screening of Patient	C		62.00
10/04/2017			D1206	RBLANK	Topical Fluoride Varnish	C		51.00
10/04/2017			D0274	NSIITER	Tele - Four Rita Winne	TP		n nn

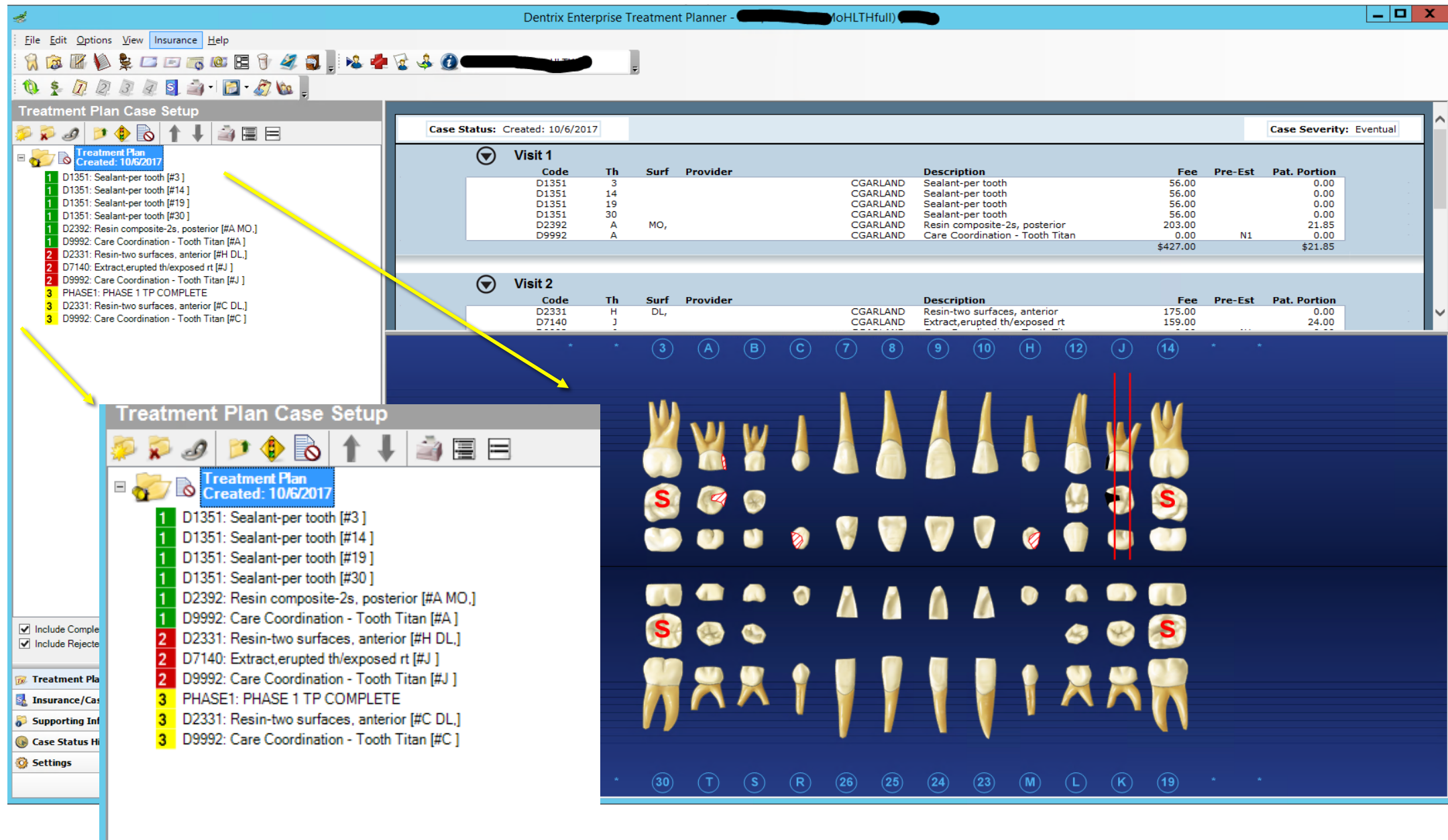
Care Coordination

Follow up care is communicated through coding of the assessment as well as the treatment plan.

The hygienist lists the level of need based on the state's screening form and code that in the chart.

The dentist lists the appropriate treatment setting if further treatment is indicated.

- MO State Screening Need Level
 - No Obvious
 - Early Intervention
 - Urgent Needs
- Care Coordination Codes
 - Phone Coordination with parent/patient
 - In school treatment
 - Portable treatment setting
 - Fixed clinic treatment setting
 - Coordination to their private dentist
 - Specialty treatment referral



Care Coordination

Follow up care is communicated through coding of the assessment as well as the treatment plan.

The hygienist lists the level of need based on the state's screening form and code that in the chart.

The dentist lists the appropriate treatment setting if further treatment is indicated.

- MO State Screening Need Level
 - No Obvious
 - Early Intervention
 - Urgent Needs
- Care Coordination Codes
 - Phone Coordination with parent/patient
 - In school treatment
 - Portable treatment setting
 - Fixed clinic treatment setting
 - Coordination to their private dentist
 - Specialty treatment referral

Follow Up Care



Outcomes, so far...

MonthDate

Last

▼

1

Years

▼

6/23/2017 - 6/22/2018

133.78

Visits per Month

\$25.24K

Amount per Month

90.89

Patients per Month

5.53

Procedures per Visit

\$188.52

Amount Per Visit

\$1.94K

Amount Per Day

\$34.07

Amount Per Procedure

ClinicName

PROVIDER_TYPE

NAME

ProcedureCategory

APPOINTMENT_STATUS

APPOINTMENT_TYPE

Teledent Outreach

▼

All

▼

All

▼

All

▼

All

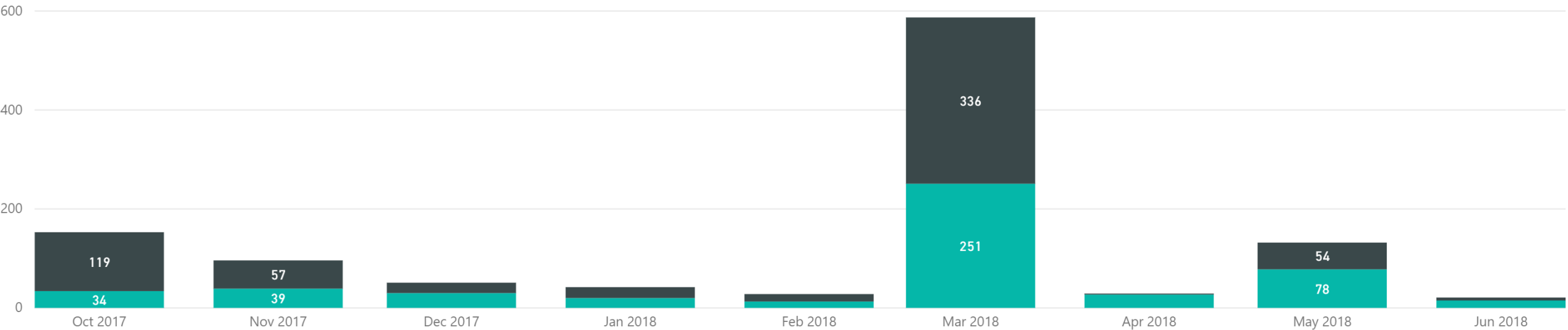
▼

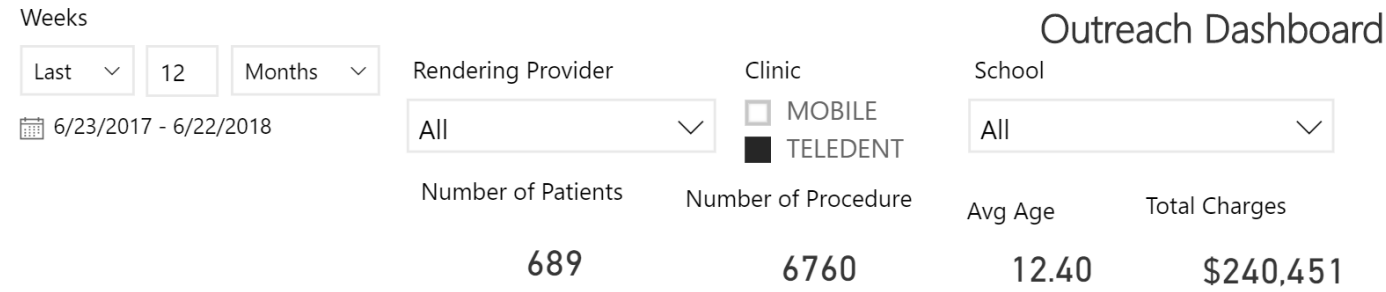
All

▼

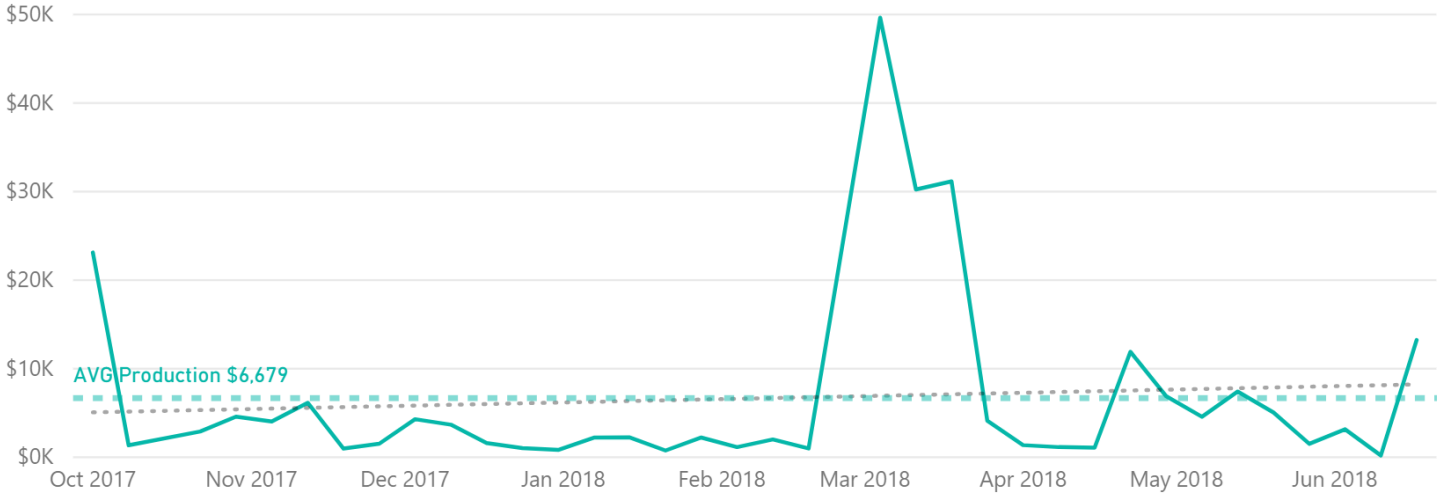
Visits per Month Where a "Top 30" Procedure Was Completed

PROVIDER_TYPE ● Dentist ● Hygienist

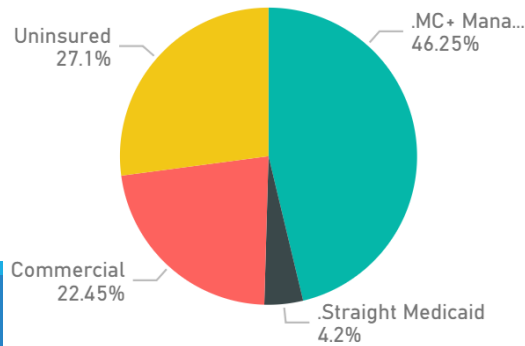




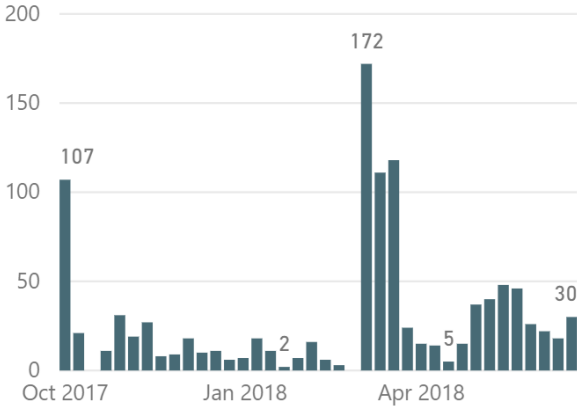
Charges per Week



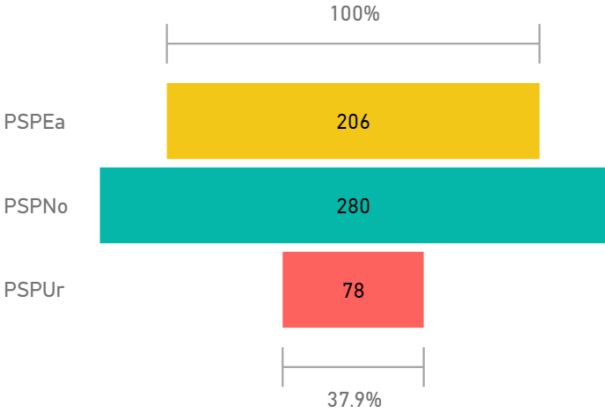
Payor Mix



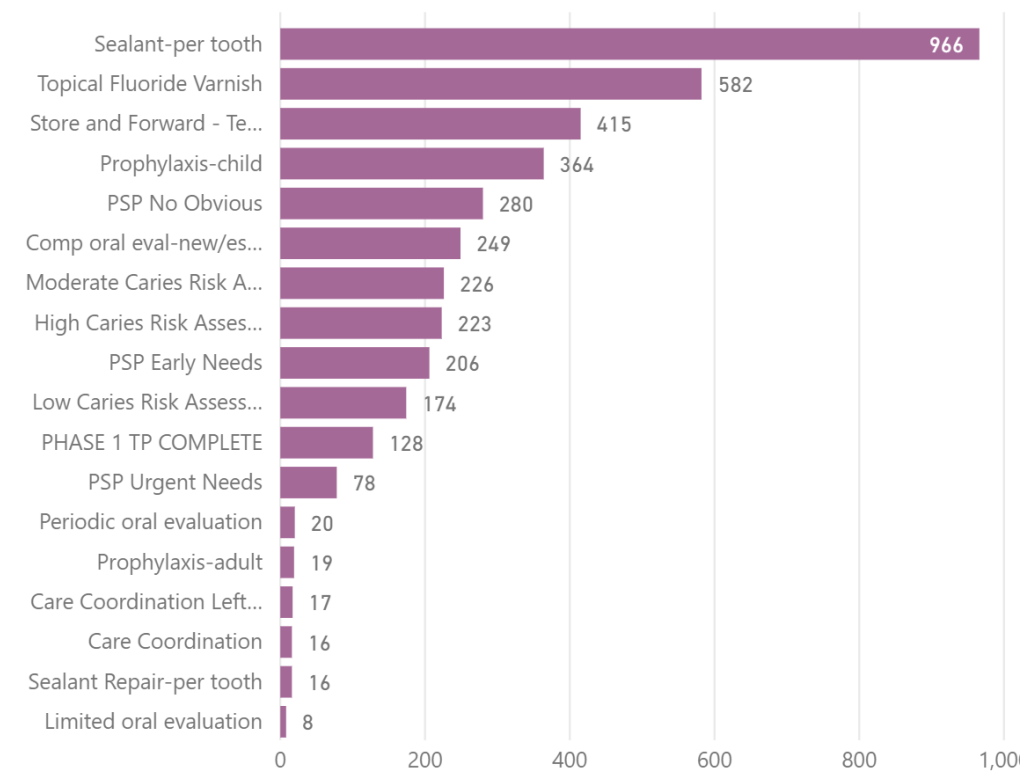
Unique Patients per Week



Screening Results



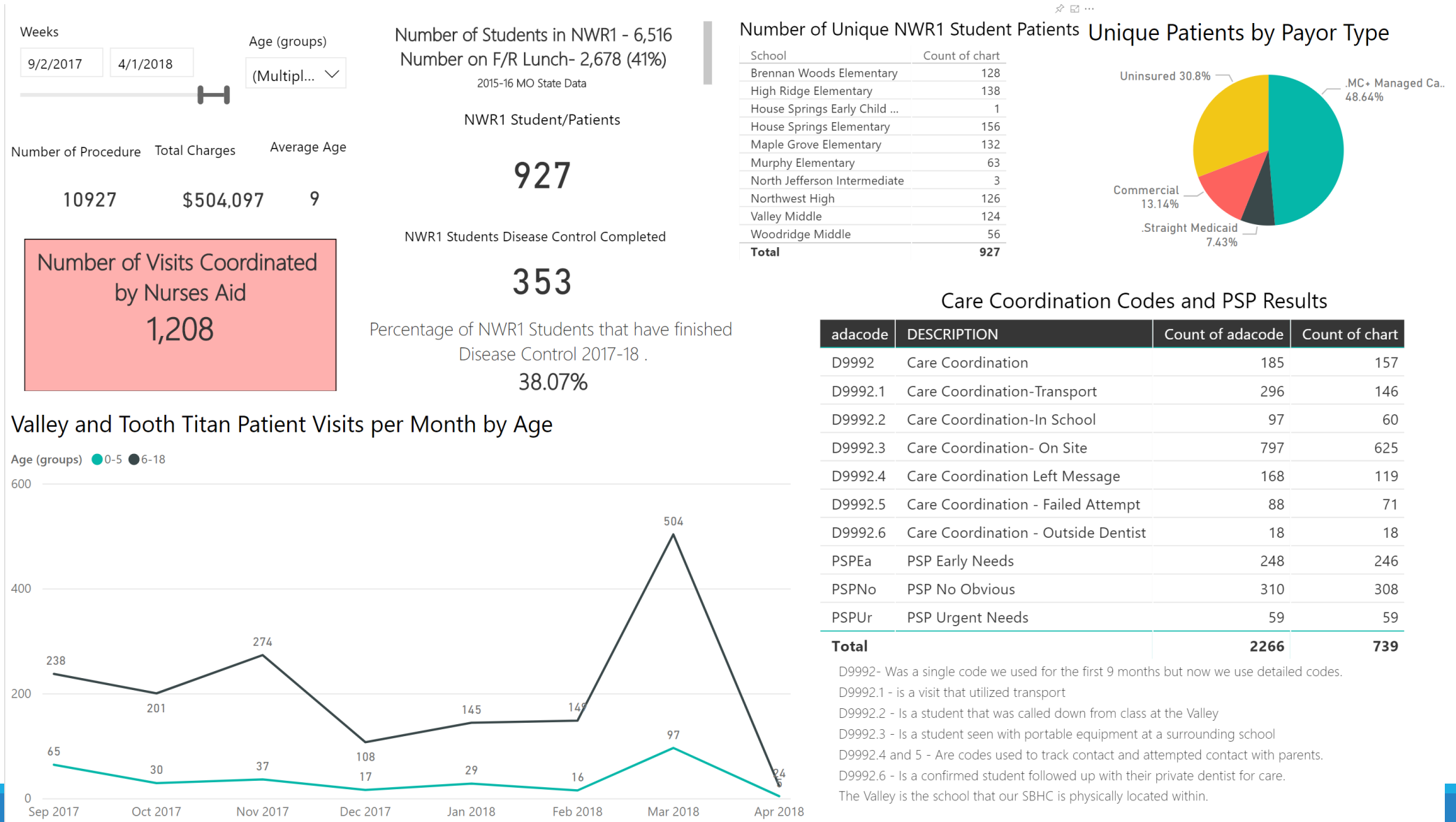
Procedures



Patients Per School last 12 Months

School	Count of chart	%GT Count of chart
Carmen Trails Elementary	32	6.13%
Clyde Hamrick Elementary	1	0.19%
Craig Elementary	97	18.58%
Hancock Place Elementary	1	0.19%
Ladue ECC	4	0.77%
McKelvey Elementary	146	27.97%
Pevely Elementary	140	26.82%
Scenic Nursing Home	44	8.43%
Senn-Thomas Middle	16	3.07%
Sunny Hill	5	0.96%
Taylor Early Childhood	1	0.19%
Taylor Early Childhood Center	35	6.70%
Total	522	100.00%

The Care Coordination Codes



Show-Me Echo: Oral Health Echo

Extension for Community Healthcare Outcomes

The Show-Me ECHO project conveys best-practice knowledge from specialists to health care providers who then can give their patients improved care in their own communities. Show-Me ECHO links expert specialist interdisciplinary teams affiliated with an academic or specialty hub to health care provider participants in their local communities, the spokes in this model. Hubs and spokes will meet in regularly scheduled Show-Me ECHO sessions where a didactic will be presented and the remainder of the session will be dedicated to patient case presentations, mentoring, and feedback. Show-Me ECHO utilizes videoconferencing technology to train and mentor participants through a lifelong learning and guided practice model.

The goal of Show-Me ECHO is to de-monopolize knowledge in order to expand access to best-practice medical care across Missouri. Show-Me ECHO will help enable comprehensive, best-practice care to be provided to patients with complex chronic health conditions, in their own communities.



Top two benefits

CREATIVE ACCESS TO CARE

Mobile/Portable/Deployments

- More efficient planning for treatment days outside of clinic where it is operationally difficult

Hospitals

- A chance for a real dental consult across multiple locations

Clinics with limited coverage

- A chance to keep the doors open and maintain existing patients

Humanitarian/Mission Trips

- Training someone onsite to assess patients prior to planning the treatment in a strategic way

UTILIZATION OF WORKFORCE

Hygienists

- More graduate than can find job
- No new real skills needed
- No actual change in scope

Dentists

- Dentists time is limited and expensive
- Opens up new avenues for dentists to see patients
 - No geographic barrier
 - Working outside “clinic hours”
 - Work from home
 - Dentists with disabilities or stay at home moms

Other potential applications

- OBGYN Clinics
- Dental Schools
- Women, Infant, Children (WIC) Clinics
- Rural Health Clinics
- Private Offices on “Hygiene Days”
- Private Dental office with satellite offices
- Hospital Emergency Departments
- Mission trips overseas



Potential Opportunities

- State Office of Dental Health
 - HRSA Workforce Grant Submitted
 - Possible funding for training and equipping new programs in Missouri
 - Annual Training Summit
 - CDC Oral Health Grant
 - Possible funding for teledentistry in Primary Care Offices
- Many inquiries on how to implement a teledentistry program

Questions??

DR.NATHAN SUTER

COMTREA

314-594-7170 – CELL

NSUTER@COMTREA.ORG