

DentalCodeology™

# TELEDENTISTRY PATHWAY TO PROSPERITY CRITICAL DECISIONS WORKBOOK

PATTI DIGANGI, RDH, BS

CINDY PURDY, RDH, BS



## *What other professionals are saying about this book:*

“If you want a new career direction or need to get a handle on the future of healthcare, this book is a must read from cover to cover. Finally a detailed guide for dental professionals who want to explore new career pathways using the power of teledentistry and accurate coding. Patti and Cindy have created a meticulous guide where clinicians can successfully go from the idea into actual implementation and achieve their dreams in a realistic way.

This workbook is proof of what happens when a futurist and a pragmatist combine their thoughts! Their passion for access to care, coupled with a palpable concern for career development, make this book an invaluable tool.”

– Anne N. Guignon, RDH, MPH, CSP

“Everything you need to know about teledentistry in a very concise and informative manner. Simplifying the current ways to possibly institute this cutting-edge way to practice.”

– Marty Jablow DMD, America’s Dental Technology Coach,  
Cellerant Chief Development Officer, [Marty@Dentaltechnologycoach.com](mailto:Marty@Dentaltechnologycoach.com)

“Authors Patti DiGangi and Cindy Purdy’s *DentalCodeology™: Teledentistry Pathway to Prosperity Workbook* is a good primer to start evaluating remote-based dentistry as a chosen career path. While improved access to care for the patient is a challenge in remote settings or areas of decreased mobility, teledentistry provides an important tool to lawfully and effectively diagnose and treat oral health needs. The overview of necessary equipment needs, while not exhaustive, provides a useful base of information to begin evaluating the startup costs and logistics necessary to move from a traditional fixed- base location to a remote operatory setting. The CDT coding section is a vital synopsis of approved codes to provide necessary demonstration and documentation of a patients needs and to provide the payer of services a justification for reimbursement. The pathfinder exercises help evaluate your desired role in providing services and provide guidance on where the need is greatest for access-to-care improvement. Case studies of real life examples assist in providing clarity when turning your theoretical wishes into reality, while the appendixes provide important information and forms to assist in formulating action plans to get you started. *DentalCodeology™* is a timely

resource for any dental professional who may be considering an innovative, worthwhile, and highly valuable career path.”

– Steven R. Knight, BS, MLS, CMC, CPCM

“Teledentistry is already impacting dental care and creating exciting opportunities for dentists and hygienists. Providers who read and utilize the tools in Pathway to Prosperity will understand key teledentistry considerations and be able to build a roadmap for implementing this powerful technology in their practice.”

– Brant Herman, Founder & CEO MouthWatch,  
Intraoral Cameras and Visual Engagement Solutions

“As I was reading, I imagined the endless possibilities that using technologies to implement collaborative care between healthcare professionals would truly indicate for a portion of us, avoiding the transfer of a bedridden, yet very lucid patient, like my mother. With the amount of us in politics and healthcare who are over the age of 40, I often wonder how those can't identify with the fact that we are not far off from being the population left behind, too. When you read Patti and Cindy's statistics, absorb it and soak it in. Imagine that being YOU, because it will be without change agents like these two authors giving 'those' a voice. There has been *talk* about Teledentistry for a couple years with most of us wondering how, when and where, *in our state?* Will the dentists agree? Concepts and ideas are wonderful but to take action we need solutions. That is what this entire workbook does! Takes away the questions and curiosity to provide the framework on why and how to implement Tele-dentistry into action.

– Elicia Lupoli, RDH, BSDH, Writer, editor, and many other roles  
in healthcare, but most of all an advocate for the people.

“I've been reading and re-reading sections. There's a lot of valuable information within this book. All dental professionals will benefit from reading and implementing Teledentistry into their daily patient care. Finally, Teledentistry will assist merging medical and dental professionals to provide a comprehensive patient care treatment plan and improve patients long term health outcomes. I'm excited to share the Teledentistry concept to dental professionals.”

–Mary Millar, RDH, BS

“Teledentistry: Pathway to Prosperity gives valuable insight to the puzzle known as teledentistry. Patti shares ways it can be used to help improve equity of care and build dental practices. Cindy gives real-life examples of using teledentistry in different settings. If you want to learn more, this book is stuffed with the information you need!”

– Staci Stout RDH, BSDH, Smart Smiles School-Based Oral Health Programs

“Well, she’s done it again. Patti DiGangi is rethinking the status quo and offering a solution that is a long time coming. Teledentistry was a topic at the WI Dental Examining Board in 2005, and today it’s still new. Patti and Cindy Purdy have carved out the mindset and the action steps you need to make teledentistry a reality for you as a clinician and your patients. Don’t miss this gem. This dynamic duo have written a book that is the final push to a new way to practice. Watch the snowball grow!”

– Shirley Gutkowski, RDH, BSDH, [www.crosslinkradio.com](http://www.crosslinkradio.com)  
integrating oral and systemic health, Primal Air, OMT  
and Breathing Retraining [www.PrimalAir.com](http://www.PrimalAir.com)

“I have been a dental hygienist for 50+ years. Recordkeeping and interdisciplinary communication methods have changed drastically over the years. My first experience included single line, paper-based recording keeping with snail mail or phone communications. In this era of advanced technology, information can be communicated around the world in a split second. It is with great joy and enthusiasm to learn the dental profession recognizes the enormous advantages of teledentistry.

Electronic dental records (EDR) and teledentistry are amazing methods of communication, not only within the profession of dentistry but with interdisciplinary organizations. They not only increase the effectiveness of care within our profession, they also immensely enhance dentistry’s ability to care for underserved and isolated communities. As we approach 2020, the call to action be the Surgeon General to meet the 2020 goals for oral health, I am excited that those goals are within our reach.

Patti DiGangi, RDH, BS, is amazing. She has taken an often misunderstood and sometimes intimidating technology and made it user friendly. Patti guides the reader through all the ins and outs of alternative practice settings, including equipment choices, electronic record keeping, and coding and billing. Understanding how teledentistry works demonstrates how dentistry can increase oral health access to care in remote areas. She cites the success of this method in Alaska and countries around the world.

Patti's book, *Teledentistry, Pathway to Prosperity*, includes a workbook which enable users to formulate a plan suited to the population they serve. She has included samples of practice agreements to make the process easier. Patti's comprehensive list of resources allows the user to have finger-tip information. She has done the work for us!

Praise to Patti DiGangi – she has done it again! *Teledentistry, Pathway to Prosperity*, is comprehensive, innovative and a call to action. As she has said many times in the past, *Be the change you want to see*. Thank you, Patti, for taking on this challenging work and making it user-friendly.

–Harriet Ludjin, RDH, BA, MA, Bellingham, Washington

“I found the book to be on the cutting edge of knowledge as we move into the realm of teledentistry. It was informative of what we need to know and how to work with all dental and medical personnel for the benefit of our patients. All coding needed for teledentistry and any adjunct papers needed were provided. The authors didn't miss anything to help us move forward in this World of teledentistry. Very well written.”

–Evelyn Kuryla, RDH

“Oh boy, change is a constant. *Teledentistry – Pathway to Prosperity* is your guide to successfully navigate this innovation in dentistry. As a retired trainer in dental-medical cross coding, I was always aware of the fear factor that my students dealt with in learning a new system. Imparting knowledge is only one element to being a successful trainer. Trainers must also eliminate the fear factor by always providing the paths to implementation and success. Patti DiGangi, RDH, BS and Cindy Purdy, RDH, BS are masters at this. Not only do they thoroughly explain what Teledentistry is all about but they also provide the necessary information for successful implementation:

- Why Teledentistry is so important
- How to implement it
- Coding requirements
- Examples of actual Teledentistry practices
- Exercises and forms to get started

Discover why Teledentistry is such an important innovation in dentistry and take advantage of the step by step approach offered in this book to successfully master it.”

–Marianne Harper, The Art of Practice Management

*“DentalCodeology™: Teledentistry Pathway to Prosperity - critical decisions workbook by Patti DiGangi, RDH, BS and Cindy Purdy RDH, BS is a fresh and proactive approach to innovation in dentistry. The format allows critical decision making that teledentistry opportunities present to the profession. The book allows for the opportunity to think outside the traditional box and is a great resource for any dental professional!”*

–Natalie Kaweckyj, LDA, RE, CDA, CDPMA,  
COA, COMSA, CPFDA, CRFDA, MADAA, BA,  
2017 - 2018 President, American Dental Assistants Association

“The dental workforce is changing, and new practice models are emerging. Add in disruptive teledentistry technology and we have a potential revolution on our hands. Patti DiGangi and Cindy Purdy’s book help clear the air and make complex legal and ethical issues understandable. They also provide several detailed pathways to setting up a safe and successful teledentistry practice.”

–Chris Salierno DDS, Chief Editor, Dental Economics Editor,  
“DE’s Principles of Practice Management” e-newsletter





**DentalCodeology™**

# **TELEDENTISTRY PATHWAY TO PROSPERITY**

## **CRITICAL DECISIONS WORKBOOK**

**PATTI DIGANGI, RDH, BS**

**CINDY PURDY, RDH, BS**

## **DentalCodeology™ : Teledentistry Critical Decisions**

### Legal Information:

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*Cindy dedicates the book to my husband, Steve Purdy, for being the wind beneath my wings all of these years...and helping me to fly straight!*

*To Steve Knight for the navigation and trusting in my ability to fly.*

*To Brant Herman for extending my wing span.*

*Patti dedicates this book to the many, many wonderful professionals I have learned from, been challenged by and who supported me. There are so very many, it's impossible to mention them all.*

*First and foremost is thanks goes to Cindy Purdy. She has been a wonderful and amazing co-author. This work would not have been the same or nearly as good without her.*

*Special recognition and thanks goes to my Executive Director Patti Beeson for being that ever-present listening ear and so much more.*

*Thank you and love to my family, my sisters Roberta and Nancy, my children Julie and Richard, Jeff and Irenia and wonderful my amazing grandchildren Jovie and Sagan. You have all who have encouraged and supported me throughout this process. Finally and most importantly thank you and love to my son Dan and greatest fan my husband Mike.*

# About the Authors

## **Patti DiGangi, RDH, BS**

Patti believes dentistry is no longer just about fixing teeth. Dentistry is indeed oral medicine, and accurate procedure coding provides the metrics to better understand our profession. The American Dental Association recognized her expertise by inviting her to write a chapter in its CDT 2017, 2018 and 2019 Companion books. Patti holds publishing and speaking licenses with the ADA for Current Dental Terminology, 2018 as well as SNODENT, 2018 diagnostic coding. She is the author of DentalCodeology™, a series of easy-to-read, bite-sized books. The latest brand extension, The Dental Codeologist Community, was launched during the 2017 RDH Under One Roof meeting. The Dental Codeologist Community is taking a members-only approach to providing dental professionals with the latest news, tips, certification and exclusive discounts. You can reach Patti at [Patti@DentalCodeology™.com](mailto:Patti@DentalCodeology.com)



## **Cindy Purdy, RDH, BS**

Many years of clinical dental hygiene experience and a passion for advancing her profession have led Cindy into innovative roles: consultant, speaker, specialist in both strategic development and ergonomics, and trainer of dental manufacturing teams. As one of two dental clinicians in her county, she has initiated teledentistry to bring equality of care to her rural, underserved community.

# Licensing Statement

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- **Air Techniques**
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- **GC America**
- **MouthWatch Teledent™**
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Cindy Purdy has an employment agreement with Crown Seating, LLC and DNTLworks Equipment, LLC.

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- **Orascoptic**
- **MouthWatch Teledent™**
- **L-M Dental**
- **Pac-Dent**

None of the above listed corporations have any voice, responsibility or any financial interest in this publication.

# About DentalCodeology™

Dentistry is no longer just about fixing teeth, but comprehensive dental medicine. Electronic health records (EHR) will be the most dramatic change in your dental practice in the next five years. Records will not only be paperless, but interoperable, meaning they connect hospitals, pharmacies, medical practices and more to dentistry. Change is not coming; change is here. The time to get ready is now!

*DentalCodeology™* are easy-to-read, bite-size books for busy people. They help prepare you for the transition profitably by making what can feel like an overwhelming change into achievable steps. And, the eBooks are designed to fit your smart phone, tablet or other convenient device.

## The [DentalCodeology™](#) Series –all titles both print and eBook:

1. *More than Pocket Change* ©2013
2. *Jump Start Diagnostic Coding* with Christine Taxin ©2014
3. *What Every Dentist Needs to Know about Medicare NOW!* with Christine Taxin and Jan Palmer ©2015 (EBook only currently not available)
4. *A Gingivitis Code Finally!* © 2016
5. *ROMA Manual of Dentistry* with Dr. Benson Baty © 2017
6. *CDT 2018 Shifts* includes CDT 2014-2017 and CDT 2018 Periodontal Protocols © 2018
7. *Teledentistry Critical Decisions: Pathway to Prosperity* with Cindy Purdy, RDH, BS © 2018

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## INTRODUCTION

# Your Pathway to Prosperity

The term *disruptive innovation* was coined in the early 1990s by Harvard Business School professor Clayton Christensen. Disruptive innovations are not breakthrough technologies that make good products better; rather they are innovations that make products and services more accessible and affordable, thereby making them available to a larger population. We have seen many disruptive innovations over the past decade.

Teledentistry is a disruptive innovation and a rising trend. The long-held model and shared assumption for oral health care is *Dentists' Office are the System* (Frameworks Institute <http://frameworksinstitute.org>). Teledentistry expands the traditional dental practice.

Teledentistry is the exchange of health information via electronic communications to improve a dental patient's clinical status. Teledentistry can increase access to care, quality of care and revenue streams for a practice, by providing profitable outreach to the community without adding more chairs. Using technology, dental professionals can screen, record, triage, diagnose and order care to be performed remotely.

Teledentistry is not limited to inter-professional communication. Connecting with patients is equally important. In addition to a physical one, patients can have a virtual dental home that serves them whenever, wherever, and however their current life circumstances dictate. Patient outcomes can be similar to visiting a brick and mortar dental office.

For the first time, teledentistry codes are included in the ADA's 2018 *Code on Dental Procedures and Nomenclature* (CDT Code). These codes are game-changers. Teledentistry codes can help significantly move the needle to improve interdisciplinary health care, collaboration and patient health. In addition, they create the opportunity for radical growth, change and increased profitability.

## Why a Workbook?

Patti and Cindy have joined to create this workbook. Each has different experiences and points of view. It takes the harmony of both to create success, just as is the case for any prosperous business.



The yin and yang symbol, and meaning behind it, date back to ancient China. The symbol represents the belief that everything in the universe consists of two forces that are opposing, but complementary.

Patti is an idealist and futurist. Cindy is also a futurist with a strong streak of realism. Cindy sees challenges; Patti sees opportunities. We realized, after many hours of discussion, that unless current challenges are met head-on, future opportunities will never materialize.

As this book title indicates, there are many critical decisions to create your pathway to prosperity. Dentistry is a business; a healthcare business, yet still a business. Research shows businesses that make better, faster decisions, and act on them effectively, will almost always outpace their competitors.

Each teledentistry encounter is different depending on your chosen business model. The services provided are not necessarily the same as a traditional practice. We have included an in depth discussion of the procedures, products and codes that can be used in a teledentistry encounter.

Financial success and personal satisfaction are dependent on many decisions, large and small, made and remade day in and day out; week in and week out.

## Who, What, Why, How, When, and Pathfinder Exercises

This is a workbook, which means we also provide space for you to develop your own plan. We will ask critical questions and present you with exercises to help you find your path to the prosperous future you can create. We will also clarify accurate coding and the important metrics these codes provide.

This workbook will help you discover:

- Why is teledentistry an opportunity?
- What is teledentistry?
- Who does teledentistry connect?
- How to select a teledentistry vendor
- What care can be performed?
- When and how to submit for third-party reimbursement
- How to create change
- Finding Your Pathway to Prosperity with Pathfinder Exercises



## CHAPTER 1

# Why is teledentistry an opportunity?

## Profitable Outreach without Adding More Chairs

The ADA Health Policy Institute research shows dental spending in the United States began to slow in 2002, well before the Great Recession. It has continued to be flat since 2008. Through 2015, there was no change in this trend with a slight uptick in 2016-2017. Doing more of the same won't change this trend.


Most practitioners see and feel this with empty chair time. Even if fully booked, there is a limit in the number patients that can be seen. Teledentistry offers a way to profitably build a practice without adding more chairs.

## Dental-to-Dental and Dental-to-Medical Referral Process

There are links between a strong referral system and increased patient satisfaction, patient outcome improvement, and practice viability.

There is a need for a successful dental-to-dental inter-professional referral process and the coordination of care. Universal guidelines are incomplete or missing. Teledentistry can close these gaps.

A disjoint also exists between oral health care and general health care. Guidelines for medical-to-dental referrals do not exist. This lack of guidelines for dental referrals and coverage for dental services affects dental professionals, the medical community and of course, the public as well.



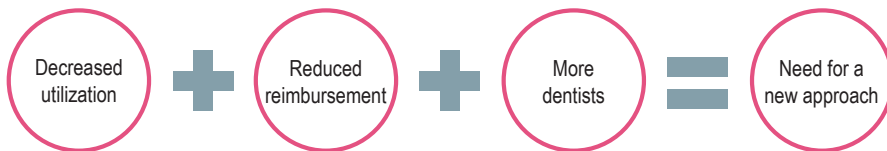
**66%** of dentists had the same or lower patient volume compared to previous year. 1 of 3 of solo practitioners said they **were not busy enough.**

## Disruption Needed

Mary Otto's book, *Teeth: The Story of Beauty, Inequality, and the Struggle for Oral Health in America* (2017 Amazon.com) takes a journey back through the history of dentistry. Ms. Otto reminds us how dentistry became separate from medical practice.

A director of medical school back in the mid-19<sup>th</sup> century dismissed dentistry as irrelevant to the training of prospective doctors, characterizing the care of teeth as a *mechanical* issue rather than a medical one. The separation of the dental and medical health care systems was set into motion with profound and lasting consequences.

Ms. Otto further points out the disparities in our current oral health care system. Though these disparities are known to most everyone, few solutions are presented other than more of the same. More of the same will not solve the problems.



## Situational Analysis

Our current system is serving only 1/3 of population—the wealthiest and the healthiest.

- Adult dental visits declining in all income groups.
- Only 66% of adults had any kind of dental visit in last 12 months.
- 47% of adults age 30 or more have periodontitis.
- Rates of severe periodontitis and edentulous are twice as high in patients at the poverty level.
- 49% of adults age 45-64 have untreated dental caries.
- 70% of adults 65-plus have severe periodontitis.
- 1/4 of all tooth decay is untreated.
- #1 chronic disease in children is dental caries.
- Dental caries in children is 5X more common than asthma.
- Oral pain is the #1 reason children visit school nurse.
- After a nurse's dental referral, only 5% seek treatment.
- 78% of all children have had one area of decay by age 17.



- Children in poverty have twice the decay rate of others.
- 40% of poor adults have at least one untreated carious lesion.
- Annual dental visit: less than ¼ of Medicare recipients below poverty level.
- 46% of referrals to dental specialists never follow through.

**50** million Americans would switch providers to one that offers telehealth, compared to 17 million in 2015.

*-2017 Consumer Telehealth Index survey*

These are but a few staggering oral health statistics. One solution has been to increase access to care, yet that doesn't quite get to the heart of what is needed. Just seeing more people alone will not resolve these issues.

## Many Pathways to Prosperity

### Private Practice

- Innovative Hygiene Practice
- Pop-Up Corporate Dental
- Mobile Program
- Extended Hygiene Hours
- Multi-Practice Supervision
- Screening Programs

### Medical + Dental

- Pediatricians
- Physicians
- Home Health Teams
- Hospitals / Emergency Rooms
- Urgent Care

### Group Practice/DSO

- Innovative Hygiene Models
- Enhanced Collaboration
- Specialist Referrals (In-Group)

### Public Health

- Schools
- Elder Care
- Clinics/FQHCs
- Rural Areas

### Clinical Collaboration

- Enhanced Referrals
- Lab Collaboration
- Care Team Coordination
- Treatment Planning
- HIPAA-Compliant Messaging

### Education/Training

- Dental School Curriculum
- Peer Review
- Case Evaluations
- Virtual Study Clubs
- Interdisciplinary Education

## Evidence-Based Dentistry

Most experts agree that our current fee-for-service healthcare payment model is unsustainable. Rising costs, aging populations, and the emergence of disruptive technologies are just a few of the challenges facing our healthcare systems, including dentistry.

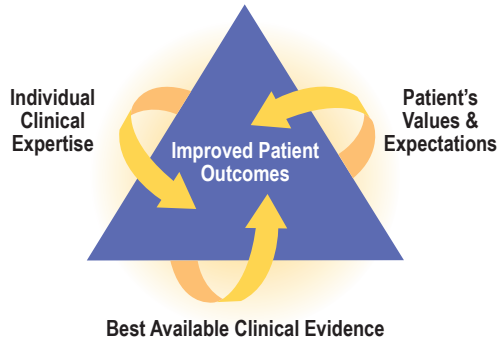
Though unintentional, placing the incentives on volume over value, fee-for-service fails to create incentives for preventive care and coordination among providers.

To address these challenges, the dental profession has endorsed an evidence-based approach to clinical practice and oral health care. This system is commonly known as evidence-based dentistry (EBD).

The goal of EBD is to help practitioners provide the best care for their patients. EBD assists practitioners with integrating the best available evidence with clinical expertise and the needs and preferences of the individual dental patient. Practicing EBD in today’s healthcare environment offers a way to achieve three goals:

1. Improved quality
2. Improved patient satisfaction
3. Reduced costs.

Value-based dentistry enfolds EBD and helps dental professionals to deliver to patients individualized treatment options that align with their values and desires.



## Landscape Volume to Value

Value-based payment models have the potential to upend traditional patient care and business models.

Paying for volume	Paying for value
Focus on the process	Focus on the patient
Limited data on quality, cost and outcomes	Primary care expected to manage populations with data
Rigid workforce and scope of practice models Relying on practitioners as exclusive source of decision making	Loosening of restrictions and expansion of duties Increased dependence on evidence-based care
Care provided in silos	Increased collaboration through technology

## Reframe Thinking

The DentaQuest Foundation commissioned the FrameWorks Institute to conduct a Strategic Frame Analysis®. Their 2017 report *Unlocking the Door to New Thinking: Frames for Advancing Oral Health Reform* presents reliable, research-based recommendations for reframing oral-health care thinking.

Oral health can and should be addressed in many places and in different ways by a variety of health providers. Improving oral health outcomes requires that these providers offer oral health services embedded across community institutions, using different kinds of effective approaches.

**Oral health** can and should be addressed in many places and in different ways by a variety of health providers.

Teledentistry is a creative option. Locally-based oral health providers can use communications technology to consult with other oral health providers, dentists, or medical providers based elsewhere. Teledentistry can reduce the problems associated with shortages of professionals in remote areas.

## No Cavities and Dentists' Offices Are the System

Each February, the ADA sponsors National Children's Dental Health Month (NCDHM) to raise awareness about the importance of oral health. This program was founded in 1941. The 2018 NCDHM campaign slogan for the 77<sup>th</sup> year of this event is "*Brush your teeth with fluoride toothpaste and clean between your teeth for a healthy smile.*"

### **We are stuck.**

And the changes needed to get unstuck are not tweaks, but major reforms.

- Marko Vujcic, PhD. ADA  
Chief Economist

Though well-intentioned, this campaign continues to support the message that oral health is all about teeth, and healthy teeth are teeth without cavities. Good oral health is not just the absence of disease. While oral health focuses specifically on issues presenting in the mouth—including the teeth, tongue, gums, and the entire oral cavity, we know oral health is inextricable from physical and mental health.

Our long-held model *Dentists' Offices Are the System* has focused on the stand-alone dentistry practice. Dentists, dental hygienists, assistants, office managers and a few other players exist primarily to enhance patients' own efforts to keep their teeth clean and remain on standby to repair damage when necessary. If you are thinking, "Yes that makes sense," the statistics tell us differently. If this model were going to resolve the challenges, it would have. It has not.

Among innovative models which are growing in popularity are dental service organizations (DSOs), dentists who own multiple practices and consolidation of practices. According to the ADA's Health Policy Institute, 8.3% of practicing dentists are currently affiliated with DSOs. There is no solid data for tracking dentists who own multiple practices. Though change is afoot, it should be safe to assume that those numbers are not larger than DSOs.



However, most dentists and practices continue to follow the traditional business model. Solo practitioners might be alarmed to see the disruption in the traditional marketplace for practices and transitions. For the most part, each office remains a silo and stands alone, disconnected and divorced from other dentistry practices in an entirely different world from the overall health care system.

To better meet the oral health needs, we need to see beyond stand-alone dentistry practices and the absence of cavities.

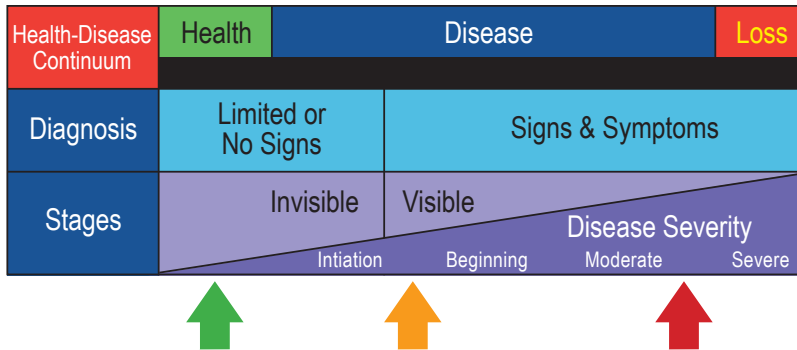


## Prevention

In healthcare, a myriad of studies supports the concept that prevention costs less than treatment. Yet conventional wisdom continues to only treat and manage the ravages of disease.

## Definitions and Levels of Prevention

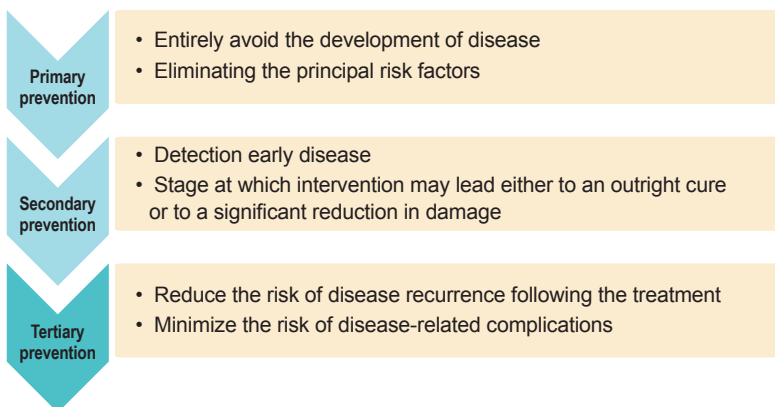
To overcome persistent disparities in oral health access and status, it is vital we adopt a paradigm shift from addressing symptoms to also addressing root causes. Prevention is often undefined, undescribed, and not individualized.



Our model for oral health care from diagnostics to treatment is generally looking for moderate to advanced disease. (Far right arrow) We are then trying to reduce the damage after the horse has already left the barn and call it prevention. Prevention starts at the other end of the health continuum.

Peter Thomson, Professor of Oral and Maxillofacial Surgery at Newcastle University and Honorary Consultant in Oral and Maxillofacial Surgery says in his 2012 book *Oral Precancer: Diagnosis and Management of Potentially Malignant Disorders* there are many excellent textbooks encompassing the etiology, diagnosis and management of oral cancer. He said the problem is looking for cancer. Rather, his work focuses on finding and treating oral *precancer* that precedes the development of invasive squamous cell carcinoma.

The chart below takes Dr. Thomson's precancer idea and expands the definition of prevention to extend to all aspects of oral health care.



Each of these levels comes with specific diagnostics and treatment going far beyond brushing, flossing, prophylaxis and fluoride treatments. Oral health issues can be eradicated. Teledentistry is one of the new tools to support effective change.

## Access, Equality and Equity

To enhance teledentistry's value, we must go beyond our current model. Teledentistry creates the opportunity to move beyond our present level of access to care and current prevention techniques.

- **Access** to care can bring a tolerable level of care to more people.
- **Equality** of care can bring a higher acceptable level of care to more people.
- **Equity** of care is optimal because it encompasses responsible management of our private and public resources.

Frameworks Institute says it this way:

“We need to use our nation’s resources efficiently and effectively. When it comes to oral health, we know we can reduce costs by stopping problems before they even start. When we fail to support prevention efforts, people end up with unnecessary problems with their teeth, gums, mouth, or tongue, and they might not be able to get them treated appropriately. In the end, the problems end up becoming more serious and more expensive to treat. Using our resources wisely means making sure that all communities have strong prevention efforts in place, oral health care is available in locations people can access, and our approach to dental insurance coverage includes everyone.”



### Access to Care:

strong community preventive efforts



### Equality of Care:

locations that everyone can access



### Equity of Care:

those who need more, receive more

Teledentistry is a game changer!

- Next phase of oral health care.
- Bridge the gap between supply and demand.
- Tremendous potential to improve equity of oral health care, improving cost effectiveness.

## Third Party Carriers Get It

Richard Celko, DMD, MBA, Chief Dental Officer, University of Pittsburgh Medical Center (UPMC) Health Plan was Aetna's National Director of Dental Utilization Management in 2009 when he said,

“The nation's largest dental carriers (Aetna, BCBS, CIGNA, Delta, MetLife, etc.) have been tracking their internal data for years. The preponderance of evidence suggests that it makes more economical sense to the patient, insurance carrier, and the employer purchasing the plan to pay for **prevention** rather than paying for the restoration or extraction of teeth. As a result, some of the nation's largest dental plans are covering more preventive and diagnostic services in hopes of avoiding more costly and invasive restorative services in the future.”

## Telehealth trends show patients ready for teledentistry

Acceptance of telehealth is across the generations.

**64% of adults** are willing to have a telehealth visit.

–2017 Consumer Telehealth Index survey

**Video-based telemedicine** adoption more than tripled from just 7% in 2015 to 22% in 2016, with the majority of uses occurring in the last three months.

–Digital Health Consumer Adoption – Rock Health

**60% of millennials** support the use of telehealth to replace in-office visits. 83 million millennials are now the largest segment of today's workforce.

– Salesforce - The State of the Connected Patient 2015

**Across all telemedicine platforms**, satisfaction rates are above 75%. Consumers who self-pay for the service are more satisfied across the board.

– Digital Health Consumer Adoption – Rock Health





## CHAPTER 2

# What is teledentistry?

## Teledentistry is Not the Future-It's Here Already

What does *tele* mean? The father in the *Big Fat Greek Wedding* movies constantly insists the root of every word is from Greek. He is correct in that *tele* is derived from ancient Greek. Tele is combined with another word to mean far off, afar, at or to a distance.

Teledentistry is the ability to provide dental advice and treatment remotely. This workbook presents critical choices to optimize the pathway to prosperity with teledentistry.

Telemedicine is not new; it has been used in some form for a long time to share information between a physician and another medical professional. Telehealth is not the future, it's already here.

Have you gotten medical test results online? Do you wear a Fitbit or use the Sonicare app? Do you recommend the *ph2OH* app that allows patients to measure their oral pH? Those are telehealth applications -not so scary.

Telehealth is a broader, more definitive, term. The *American Telemedicine Association* states telehealth and telemedicine are effectively synonymous. Dentistry is a branch of medicine.

Back in 1928, Dr. Charles Mayo, one of the famous brothers who started the Mayo Clinic, addressed the *American Dental Association* and said,

“The practice of medicine includes dentistry and dentistry is the practice of a special branch of medicine, as is ophthalmology. It may be going too far to say that

**Adoption** of telemedicine solutions surged from 54% of providers in 2014 to 71% in 2017.

– HIMSS 2017 Outpatient Telemedicine Study

all dentists should be doctors of medicine, but certainly all dentists should know much about the practice of medicine as a whole; and, conversely, all physicians should know more about dentistry, its importance and possibilities.”

More recently in 2013, the Centers for Medicare and Medicaid Services redefined the term Physician/Practitioner:

‘3044.4 Definition of Physician/Practitioner. For purposes of this provision, the term “physician” is limited to doctors of medicine; doctors of osteopathy; **doctors of dental surgery or of dental medicine**; doctors of podiatric medicine; and doctors of optometry who are legally authorized to practice dentistry, podiatry, optometry, medicine, or surgery by the State in which such function or action is performed; no other physicians may opt-out. Also, for a purpose of this provision, the term “practitioner” means any of the following to the extent that they are legally authorized to practice by the State and otherwise meet Medicare requirements: physician assistant, nurse practitioner, clinical nurse specialist, certified registered nurse.’

The statement, “Teledentistry is the future” is true, yet it is already here. Why isn’t teledentistry used more in the present? Why do dental professionals hesitate? The technologies, the know-how, and products are here today. We connect to people everywhere in the world with our phones. It only makes sense to connect patients and healthcare providers.

Part of the hesitation is due to the uncertainty of all teledentistry entails. The reality is humans, in general, are resistant to change. In order for dental professionals to embrace teledentistry, it must show a definitive advantage for the patients, professionals and others paying for oral health care.

## Teledentistry Defined

There are many definitions of teledentistry which can vary from state to state.

National organizations have defined teledentistry as:

<b>ADA Policy Statement on Teledentistry 2015</b>	A combination of telecommunications and dentistry involving the exchange of clinical information and images over remote distances for dental consultation and treatment planning.
<b>ADHA Telehealth 2017</b>	The ADHA supports the utilization of technologies, including, but not limited to telehealth, as a means to reduce oral health disparities.
<b>American Telemedicine Association (ATA)</b>	ATA sees telemedicine (synonym telehealth) as the remote delivery of health care services and clinical information using telecommunications technology. This comprises a wide array of clinical services, including teledentistry, using internet, wireless, satellite and telephone media.

## Types of Teledentistry

Teledentistry can include patient care and education delivery using, but not limited to, the following modalities:

- **Live video** (synchronous): Live, two-way interaction between a person (patient, caregiver, or other provider) and a provider using audiovisual telecommunications technology.
- **Store-and-forward** (asynchronous): Transmission of recorded health information (for example, radiographs, photographs, video, digital impressions and photomicrographs of patients) through a secure electronic communications system to another practitioner, who uses the information to evaluate a patient's condition or render a service outside of a real-time or live interaction.
- **Remote patient monitoring** (RPM): Personal health and medical data collection from an individual in one location via electronic communication technologies, which is transmitted to a provider (sometimes via a data processing service) in a different location for use in care and related support of care.
- **Mobile health** (mHealth): Health care and public health practice and education supported by mobile communication devices such as cell phones, tablet computers, and personal digital assistants (PDA).

There were only 2 CDT teledentistry codes added to CDT 2018 because RPM and mHealth may occur in either a synchronous or asynchronous information exchange environment. (See more detail on new CDT 2018 codes in [Appendix I](#).)

