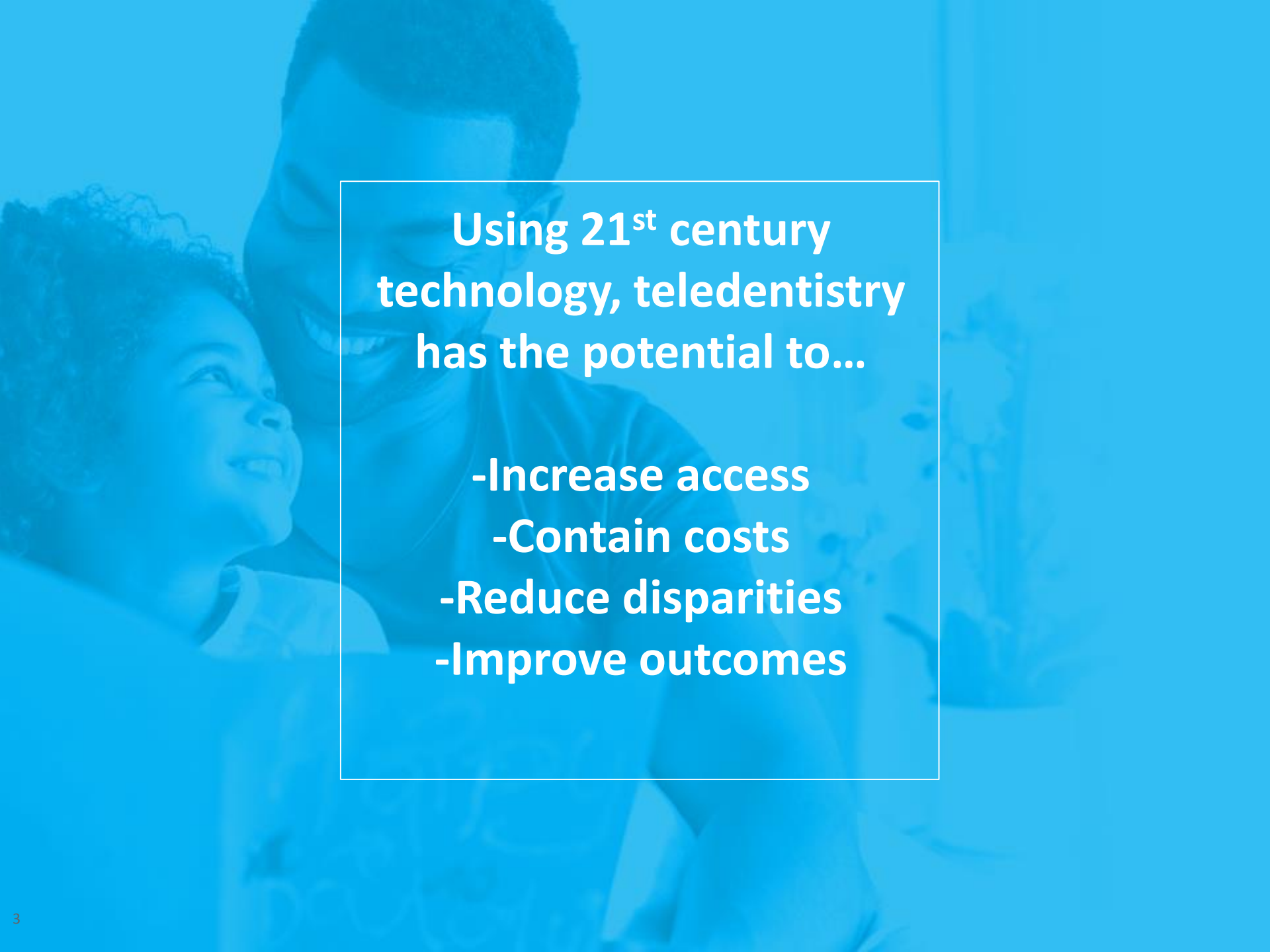




Teledentistry: The Landscape for Policy and Innovation

Agenda

- Teledentistry Models
- National Policy Landscape for Telehealth in Dentistry
- Teledentistry in New York
- Policy Considerations



**Using 21st century
technology, teledentistry
has the potential to...**

- Increase access**
- Contain costs**
- Reduce disparities**
- Improve outcomes**

Variety of Teledentistry Models

- *Types of Interactions:*
 - Dentist-dentist
 - Dentist-dental hygienist
 - Dentist-physician
- Store-and-Forward v. Live Video
- *Originating Sites:*
 - Dental offices
 - Physician offices
 - School-based programs
 - Community settings
 - Nursing facilities

National Policy Landscape

- In the past few years, approximately 30 states have explored telehealth legislation with some dental component.
- 19 states have passed some policy related to teledentistry.
 - 16 states require Medicaid to reimburse for store-and-forward services
 - 18 states consider dentists “eligible telehealth providers”
 - 11 states consider dental hygienists “eligible telehealth providers”
 - 11 states permit telehealth providers to deliver services in community settings
- Teledentistry has not been elevated as a federal policy imperative (largely due to Medicare restrictions).

Range of Policy Approaches

- Sometimes dental is tacked on to overall telehealth legislation at the last minute. (KY, NV)
- Some states have designed teledentistry-specific legislation around existing programs. (California has been successful with its Virtual Dental Home model.)
- Some states have authorized pilot programs to explore teledentistry in various local communities. (NE, OR, WV)
- Many legislatures will link teledentistry legislation to scope of practice revisions. (AK, AZ, CO, MO, MN)



New York's Teledentistry Landscape

New York Teledentistry Policies

- In 2015, NY passed a law that allows dental offices to be considered “originating sites” for the purposes of telehealth.
- After new policies passed in 2016, dentists can now be reimbursed by Medicaid for providing either live video or store-and-forward services through telehealth.
- Remaining barriers to implementation:
 - Aside from dental offices, limited definition for “originating sites”
 - DHs are not considered telehealth-eligible providers
 - Dental is not included as a recommended use of store-and-forward technology
 - IT infrastructure remains a barrier for most states

Teledentistry Innovation in New York

- Finger Lakes Community Health
 - Using care coordinators and live video technology for dentists to skype into primary care settings to provide oral health consultations in rural New York
- NYU Lutheran Dental
 - Enabling dental residents to visit FQHCs and present patient cases to dental faculty via live video services

Considerations to Encourage Adoption

- What are the policy distinctions specific to the delivery of dental care via telehealth?
- Are public and private payers required to reimburse for telehealth services?
- Do telehealth policies encourage patients to receive the appropriate care from the appropriate provider at the optimal care setting?
- Is the IT infrastructure robust enough to facilitate implementation?

Resources

- Center for Connected Health Policy
<http://www.cchpca.org/>
- American Telemedicine Association
<http://www.americantelemed.org/home>
- Virtual Dental Home, University of the Pacific
<http://www.dental.pacific.edu/departments-and-groups/pacific-center-for-special-care/innovations-center/virtual-dental-home-system-of-care>

QUESTIONS?

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