



# TELEDENTISTRY IN COMMUNITY HEALTH CENTERS

## PLANNING CHECKLIST AND READINESS ASSESSMENT

Teledentistry is an emerging strategy to increase access to oral health care. National Network for Oral Health Access (NNOHA) has worked with community health centers (CHC) across the country to implement teledentistry as a service line within their dental programs. Before implementing teledentistry, it is important that CHCs conduct thorough planning and identify their readiness for teledentistry. This document serves as a checklist to assist CHCs in determining if teledentistry is an appropriate strategy for their organization and for planning the implementation of teledentistry.

# PLANNING CHECKLIST

## Strategy

*Determine if teledentistry is the right strategy for the organization.*

*Start by assessing the following factors to determine if teledentistry may be feasible to meet organizational needs and increase access to dental services for the CHC community. If considering teledentistry as an option, CHCs should review [NNOHA's Teledentistry User's Guide](#) to learn more about detailed models and strategies for teledentistry.*

## Level of Need

CHCs should start by identifying the level of need for dental services that could be delivered through teledentistry. Signs of need include:

- inappropriate emergency room utilization for non-traumatic dental needs by CHC patients,
- high demand for preventive dental services in the community, especially in hard to reach populations, and
- no-shows for appointments in the dental clinic due to lack of transportation, scheduling conflicts, challenges with childcare, fear of COVID-19 transmission, etc.

CHCs with dental programs may have insufficient capacity to meet the dental needs of the service area population. Signs of insufficient program capacity include:

- long wait times for dental appointments,
- inability to complete recommended treatment plans,
- high rates of walk-in emergency visits,
- low rates of appointment compliance, and
- decreased satisfaction of patients and staff.

Teledentistry can be an effective strategy to increase access to preventive dental services, promote patient self-management of oral health care, and

triage patients for dental care. It can also alleviate capacity challenges in a CHC. For example, a dental provider could triage patients for their dental conditions virtually instead of coming into the dental clinic. Another example is a dental provider could provide preventive dental visits for children via teledentistry. With the emergence of COVID, teledentistry is also an emerging strategy to increase the comfort of patients in the community by offering dental services virtually and avoiding some in-person visits.

## **Review State Regulations and Reimbursement**

Every state has different laws and regulations for teledentistry. The CHC should identify which types of dental providers are allowed to provide and bill services through teledentistry. The CHC should also determine the billing policies and allowable procedures codes for teledentistry for the state Medicaid program as well as any relevant commercial dental insurances.

## **Teledentistry Access for Patient Population**

CHCs should consider the feasibility of the patient population to access the dental providers through teledentistry. Teledentistry requires certain equipment and technology infrastructure to be effective (i.e., internet access, computers, smartphones). If these resources are not available to the patient population or the health center, teledentistry may not be a reasonable option. There are other strategies to mitigate technology access limitations like promoting local libraries with computer and internet access.

## **Cost of Providing Dental Services**

There are two areas of consideration in relation to cost when planning teledentistry.

First, teledentistry may be a more cost-effective option for the CHC instead of expanding the existing brick and mortar dental clinic to accommodate increased demand for dental services. If the CHC is looking to expand their dental program to increase their capacity, teledentistry may be an initial strategy to help alleviate capacity issues while incurring fewer costs than expanding the dental clinic.

Second, there may be initial start-up costs for teledentistry programs that the CHC must consider. The CHC will need to invest in teledentistry hardware and software infrastructure. Teledentistry requires additional equipment, depending on the teledentistry model, such as computers/laptops, microphones, webcams, and intraoral cameras. CHCs should be prepared to incur these additional costs if pursuing teledentistry. [NNOHA's Teledentistry User's Guide](#) outlines different models of teledentistry.

## Leadership Vision and Champions

*Identify dental providers who will engage in teledentistry and establish buy-in from the organization's leadership.*

*In order for a new initiative in a CHC to be successful, the CHC's leadership must buy-into the program. In addition, there must be buy-in from the dental staff to support teledentistry.*

### Leadership Support

The Chief Executive Officer (CEO) should commit to/support teledentistry. They should see teledentistry as a valuable method for oral health care delivery and allocate adequate resources to support teledentistry in the CHC. The CHC's leadership should view teledentistry as a part of the comprehensive dental care delivery model. Teledentistry is part of a strategy to achieve oral health equity, providing care to communities while reducing barriers such as transportation or distance. In addition, the Dental Director (DD) or Chief Dental Officer (CDO) should support teledentistry as a strategy to connect patients to oral health care including triage, preventive services, and self-management goals. They should be part of the planning process for teledentistry implementation.

To support continued improvements of the teledentistry program, the DD/CDO should be part of the CHC management team and should be able to report directly to the CEO on the progress of the teledentistry program.

## Staff Buy-In

The dental team must be open to learning and understanding the value of teledentistry for the CHC and its patients. There should be champions who are willing to support the teledentistry program and test new ideas regularly through quality improvement methods. Not only should dental leadership be involved in the planning process for teledentistry programs, but other team members who will be doing the work should be involved in the planning as well.

Various team members will be needed to support teledentistry. This includes:

- **Front desk staff** – schedule appointments, notify and educate patients about teledentistry services, gather patient materials for teledentistry appointments.
- **Dental assistants** – assist the dental provider during teledentistry appointments, provide patient education, collect and document patient information.
- **Dental hygienists and/or dentists** – depending on the state’s regulations and reimbursement guidelines, a dental hygienist may be able to deliver services via teledentistry. A dentist or dental hygienist will conduct the teledentistry appointment and function as the billable provider.
- **Operations or IT staff** – help establish and test workflows for teledentistry appointments, create policies and protocols, support IT enhancements, and assist in training staff on teledentistry platforms.

# Infrastructure, Policies, and Protocols

*Develop CHC systems infrastructure, policies, and protocols to support, monitor, and evaluate teledentistry.*

*CHCs should develop and test the systems, policies, and protocols needed to implement, support, monitor and evaluate teledentistry. This includes HIPAA compliant information transfer, workflows, billing procedures, health information technology (HIT) systems for teledentistry, and quality improvement and quality assurance.*

## Billing for Teledentistry Services

The CHC should evaluate the reimbursement and billing guidance in their state for teledentistry services. Each state varies on what services are billable and which type of individuals may bill for those services. The CHC should also have a robust billing system for private insurance, Medicaid, and patients on the sliding fee scale.

## Health IT

Some electronic dental record (EDR) systems have teledentistry platforms embedded. The CHC should investigate their existing EDR and other teledentistry platforms. The teledentistry platforms should be carefully selected to ensure that it meets the needs of the CHC. Some considerations include interoperability with the CHC's EHR and EDR, HIPAA compliant information transfer, and ease of collecting patient information (i.e. paperwork, images). The CHC's IT staff must also support the teledentistry program to assist with training and possible IT enhancements.

## Organizational Culture of Quality Improvement

The CHC should be prepared to utilize quality improvement methods and testing to implement new strategies for their teledentistry program. Having knowledge and experience with quality improvement methods like the Model for Improvement will help when testing new ideas in the CHC. The CHC should be prepared to develop and test workflows for teledentistry visits to create a reliable and standardized care system.

# READINESS ASSESSMENT

*What is the current level of readiness for teledentistry at my CHC?*

*Consider the following characteristics in your CHC and complete this self-assessment to quantitatively score your CHC's level of readiness for teledentistry. CHCs must review their state's legislation and Medicaid billing policies to ensure teledentistry is allowable and billable before pursuing it in their organization.*

## Leadership Vision and Support

- CEO completely understands/supports teledentistry. The CEO views it as a valuable way to connect patients to oral health care including preventive oral health care. *5 points*
- CEO sometimes supports teledentistry, but it is not consistent. The CEO is interested in teledentistry, but does not fully support it yet. *3 points*
- CEO is not supportive of teledentistry, or actions do not follow words. *0 points*

\_\_\_\_\_ **Points**

## Integrated Executive Team

- DD/CDO is part of the CHC management team, contributes to decision-making of the organization, and directly reports to the CEO. *2 points*
- DD/CEO is NOT part of the CHC management team. *0 points*

\_\_\_\_\_ **Points**

## Staff Buy-in

- The dental staff is open to learning and understanding the value of teledentistry in connecting patients to oral health care. They are willing to engage in teledentistry. *5 points*
- Majority of the dental staff is open to learning and understanding the value of teledentistry in connecting patients to oral health care. Half of the dental team are willing to engage in teledentistry. *3 points*
- The dental staff is resistant to learning about and engaging in teledentistry. *0 points*

\_\_\_\_\_ **Points**

## Staff Capacity

- The dental program has adequate dental staff to support the new initiative of teledentistry. *5 points*
- There is inadequate dental staff to support the initiative. *0 points*

\_\_\_\_\_ **Points**

## Champions

- There are identified clinical champions in the dental department for teledentistry. *3 points*
- There are no identified clinical champions in the dental department for teledentistry. *0 points*

\_\_\_\_\_ **Points**



## Existing Telehealth Initiatives

- The organization offers telehealth appointments in more than 1 department (i.e., medical, behavioral health) services beyond care delivery and triage such as care coordination, and education. *5 points*
- The organization uses telehealth for at least 1 department for triage and care delivery. *3 points*
- The organization used telehealth video visits during the pandemic but stopped. *1 point*
- The organization does not use telehealth, or is only doing phone visits. *0 points*

\_\_\_\_\_ **Points**

\_\_\_\_\_ **Total Points**

# SCORING GUIDANCE AND RECOMMENDATIONS

<p><b>0-9</b> Not yet ready to implement teledentistry</p>	<p>The CHC should garner leadership support, teledentistry champions, and staff buy-in. Strategies include gathering evidence to support the utilization of teledentistry and regular trainings/meeting with leadership and staff to receive buy-in.</p>
<p><b>10-17</b> Somewhat ready to implement teledentistry</p>	<p>The CHC should consider developing firmer infrastructure to support the implementation of teledentistry. Leadership and staff support is critical to the success of new initiatives. At this point, the CHC could begin the processes of planning teledentistry in their organization while building their systems and support.</p>
<p><b>18-25</b> Ready to implement teledentistry</p>	<p>The CHC is ready to implement teledentistry. The CHC has the systems and infrastructure in place to begin planning teledentistry in their organization.</p>

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