**TELEDENTISTRY**

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**DISCLAIMER**

The materials presented in this seminar are for general information and used as suggestions to explore the use of teledentistry concepts and not to be interpreted either as legal advice or as promoting the concept. States rights prevail as do current licensing principles. Any recommendations made or implied are those of the presentor Dr. Seidberg and do not represent the positions or policies of AADB.

Repetative information is for emphasis purposes only.

The terms “teledentistry” and “telehealth” will be used interchangeably.
LACK OF CARE COULD BE EQUATED TO DIFFICULTY FOR ACCESS TO CARE = COULD LEAD TO POTENTIAL DENTAL EMERGENCIES

- In 2013 the Pew Charitable Trust study found nearly 16 million low-income children went without dental care resulting in 215,000 children admitted to emergency rooms for otherwise preventable dental issues costing more than $104 million.

- At year-end in 2016, approximately 212 million Americans, or 66% of the population, had dental benefits, leaving a staggering 34% with no coverage.

  - The lack of dental insurance leads to missed dental care and can inhibit necessary preventive treatment, such as sealants, oral hygiene education, and fluoride.
  - Missed preventive treatment can lead to dental emergencies as nearly 738,000 Americans visit the emergency room for dental pain each year.

DENTAL DISEASE IS NOT BEING DIAGNOSED AND TREATED APPROPRIATELY.

PREVENTION – THE NAME OF THE GAME

- Teledentistry allows patients to have preventive services completed on site through a variety of technologies.

- Dental hygienists can provide all the necessary preventive services such as dental cleanings, X-rays, sealants, and fluoride varnishes.

- Portable equipment allows the hygienist to create a treatment room in essentially any location by using an intraoral camera to capture an “up close and personal” view of the overall condition, health of the hard/soft tissues, and the tooth structure.

Amber Auger, RDH, MPH; Dental IQ, Teledentistry: An alternative for hygienists to practice outside of the traditional op; Aug. 2017.
PREVENTION – THE NAME OF THE GAME

> INFORMATION CAN BE TRANSMITTED TO A LICENSED DENTIST “OFF-SITE” FOR EVALUATION.

> THE DENTIST OBTAINS THE INFORMATION FROM CLOUD-BASED SOFTWARE TO PROVIDE A DIAGNOSIS OF THE PATIENT’S NEEDS.

> PATIENTS RECEIVE A CONSULTATION WITH THE DENTIST THROUGH WEB CONSULTANT, PATIENT PORTAL, AND/OR PHONE CALL.

Amber Auger, RDH, MPH; Dental IQ; Teledentistry: An alternative for hygienists to practice outside of the traditional op; Aug. 2017

TELECOMMUNICATION

JAMPANI, NUTALAPATI & BOYAPATI: APPLICATIONS OF TELEDENTISTRY: A LITERATURE REVIEW AND UPDATE; J NL INT SOC OF PREVEN & COMMUN DENTISTRY, 2011
DENTAL HYGIENE COLLABORATIVE PRACTICE

- DENTAL HYGIENE COLLABORATIVE PRACTICE BEGAN IN NM IN 1999, INSPIRED BY THE NURSING MODEL OF COLLABORATIVE PRACTICE.

- TODAY IT ALLOWS FOR DIRECT ACCESS TO PATIENTS BY THE RDH.

- THE RDH MAY SEE, EVALUATE, AND PROVIDE CERTAIN TREATMENTS TO PATIENTS WITHOUT THE PRIOR EXAMINATION OR AUTHORIZATION OF THE DENTIST.

- DENTIST STILL HAS INVOLVEMENT BASED ON THE TERMS OF AN AGREEMENT.

ELEMENTS OF COLLABORATIVE PRACTICE

- THE BASIC ELEMENT OF COLLABORATIVE PRACTICE IS A WRITTEN AGREEMENT BETWEEN THE RDH AND A DENTIST THAT TYPICALLY INCLUDES THE FOLLOWING:

  - A PROTOCOL GOVERNING THE CIRCUMSTANCES IN WHICH THE RDH CAN INITIATE TREATMENT
  - DESCRIPTION OF ALLOWED SERVICES
  - PRACTICE PROTOCOLS
  - THE RESPONSIBILITIES OF THE COLLABORATING DENTIST CONCERNING CONSULTATION WITH THE RDH
  - RECORD MAINTENANCE
  - EMERGENCY MANAGEMENT PLAN
  - REFERRAL PROCEDURES
COLLABORATIVE PRACTICE STATES

- Five states actually call it collaborative practice:
  - Alaska
  - Arkansas (Collaborative Practice Permit)
  - Minnesota
  - New Mexico
  - New York (RDH-CP)

- Thirteen states have variations (different names) of collaborative practice:
  - Arizona (Affiliated Practice)
  - Iowa (Public Health Dental Hygienist)
  - Kansas (Extended Care Permits I, II, and III)
  - Massachusetts (Public Health Dental Hygienist)
  - Maryland (General Supervision) in Long-Term Care Facilities
  - Michigan (PA 161)
  - Ohio (Oral Health Access Supervision Permit Program)
  - South Dakota (Collaborative Supervision)
  - Tennessee (Written Protocols)
  - Vermont (General Supervision Agreement)
  - Virginia (Remote Supervision) Pilot Program
  - Washington (Off-Site Supervision) for Nursing Homes
  - West Virginia (Public Health Dental Hygienist)

TELEDENTISTRY - A FUTURE FOR DENTISTRY
WHAT IS IT AND WHY IS IT NEEDED

- 1. Similar to being in a bricks and mortar office, only the dentist may be on a computer screen in a distant location instead of in person
- 2. Teledentistry is an expansion beyond the physical limitations of the traditional dental practice
- 3. ADA Council on Dental Practice defined teledentistry not as a service but as a method by which services are delivered
- 4. ADA HOD Resolution 45H-2015 addresses what patients can expect when receiving services via teledentistry as well as patient's rights, workforce, license and payment issues

Soderlund, Kelly; ADA News Dec 7, 2015 V46 #22
TELEDENTISTRY : ADA 45H-2015 POLICY

- ANY ALLIED DENTAL PERSONNEL PARTICIPATING IN TELEDENTISTRY MUST HAVE SUPERVISION CONFORMING TO THE DENTAL PRACTICE ACT IN THE STATE WHERE THE PATIENT IS RECEIVING SERVICES AND WHERE THE DENTIST IS LICENSED

- DENTISTS AND ALLIED DENTAL PERSONNEL MUST BE LICENSED OR CREDENTIALED IN ACCORDANCE WITH THE LAWS OF THE STATE IN WHICH THE PATIENT RECEIVES CARE

- STATES MUST HAVE LEGISLATION SUPPORTING TELEDENTISTRY

- PROVIDES EASIER ACCESS TO DENTAL CARE TO PATIENTS IN NURSING HOMES OR THOSE WHO LIVE IN RURAL AREAS WITHOUT A DENTIST

Soderlund, Kelly; ADA News Dec 7, 2015 V46 #22

NATIONAL ACCEPTANCE STATISTICS

- 30 STATES HAVE EXPLORED TELEHEALTH LEGISLATION WITH DENTAL SOME COMPONENT
- 19 STATES HAVE PASSED SOME POLICY RELATED TO TELEHEALTH
- 18 STATES CONSIDER DENTISTS “ELIGIBLE TELEHEALTH PROVIDERS”
- 11 STATES CONSIDER HYGIENISTS “ELIGIBLE TELEHEALTH PROVIDERS”
- 11 STATES ALLOW TELEHEALTH PROVIDERS SERVICE IN COMMUNITY SETTINGS
- 16 STATES REQUIRE MEDICAID TO REIMBURSE FOR STORE-&-FORWARD

TELEDENTISTRY: THE LANDSCAPE FOR POLICY AND INNOVATION
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TELEDENTISTRY IS SIMILAR BUT DIFFERENT FROM THE DENTAL COMPACT

TELEDENTISTRY

- Consultation from a distance
- Needs a license
  - Only within state of consultation
- Consultations
  - Only within the specific state border
- Does not require dental acts to comply with other states
- Perfect utilization for collaborative hygiene practice
- Good for second opinions

DENTAL COMPACT

- Consultation from a distance
- Needs a license
  - In all states of consultation
- Consultations
  - Across state borders
- Does require dental acts of participating states to comply philosophically
- Applicable for diagnostic and teleradiology- collaborative
- Good for second opinions

INTENT AND PURPOSE

Teledentistry increases patient access to dental services

Solution expands access to underserved, rural populations

Bruce Seidberg, DDS, MScD, JD
ACCESS TO BASIC HEALTH WORKFORCE DATA IS ESSENTIAL TO PLAN FOR THE FUTURE

HEALTH WORKERS ARE THE CORNERSTONE OF THE HEALTH CARE DELIVERY SYSTEM

IT IS ESSENTIAL, WITH THE DATA WE HAVE, TO BE PROACTIVE AND DEVELOP A PLAN THAT WILL BE BENEFICIAL FOR THE PREVENTION OF DENTAL DISEASE BY INCREASING ACCESS FOR CARE

POSITIVE AFFECTS OF ACCESS TO CARE

DENTAL PROFESSIONALS CAN EFFECTIVELY:

1. SCREEN
2. RECORD
3. TRIAGE
4. DIAGNOSE
5. PRESCRIBE CARE TO BE PERFORMED
6. EVALUATE CARE PROVIDED
7. HELP PREVENT DENTAL DISEASE
TELEDENTISTRY: METHODOLOGY

CONSULTATION COMMUNICATION THROUGH TELEHEALTH TAKES PLACE WITH:

1. "REAL-TIME"
2. "STORE-AND-FORWARD"
3. "REMOTE MONITORING"

REAL-TIME METHOD - (SYNCHRONOUS)

REAL-TIME CONSULTATION LIVE VIDEO: TWO WAY INTERACTION BETWEEN PATIENT AND PROVIDER USING AUDIOVISUAL TECHNOLOGY

- IT IS A VIDEO CONFERENCE IN WHICH DENTAL PROFESSIONALS SEE, HEAR, AND COMMUNICATE WITH PATIENTS USING ADVANCED TELECOMMUNICATION TECHNOLOGY AND ULTRA-HIGH BANDWIDTH NETWORK COMMUNICATIONS

Soderlund, Kelly; ADA News Dec 7, 2015 V46 #22
STORE AND FORWARD METHOD - (ASYNCRONOUS)

STORE AND FORWARD: RECORDED HEALTH INFORMATION including documents and images (intraoral photos, radiographs, and extra-oral photos) TRANSMITTED THROUGH SECURE ELECTRONIC COMMUNICATION SYSTEM; that is stored for review by a dentist or specialist prior to future consultation and treatment planning. USED TO EVALUATE PATIENT’S CONDITION OR RENDER A SERVICE OUTSIDE OF A REAL-TIME OR LIVE INTERACTION. These data can then be shared among multiple providers.

Soderlund, Kelly; ADA News Dec 7, 2015 V46 #22

REMOTE PATIENT MONITORING METHOD (RPM)

REMOTE PATIENT MONITORING: COLLECTING PATIENT INFORMATION IN ONE LOCATION AND TRANSMITTING ELECTRONICALLY TO ANOTHER PRACTITIONER IN A DIFFERENT LOCATION (NURSING HOME SETTING OR EDUCATIONAL PROGRAM) FOR USE IN CARE AND RELATED SUPPORT CARE

- REMOTE MONITORING, INVOLVES THE DISTANT MONITORING OF HOSPITALIZED OR HOME-BASED PATIENTS.

REMOTE MONITORING IS A FORM OF REAL TIME AND STORE & FORWARD

Soderlund, Kelly; ADA News Dec 7, 2015 V46 #22
MOBILE HEALTH - (mHEALTH)

HEALTH CARE AND PUBLIC HEALTH PRACTICE AND EDUCATION SUPPORTED BY MOBILE COMMUNICATION DEVICES SUCH AS CELLPHONES, TABLETS AND PERSONAL DIGITAL ASSISTANTS (LIKE VARIOUS MONITORS)

CONSULTATION THROUGH TELEHEALTH TAKES PLACE WITH “REAL-TIME,” “STORE-AND-FORWARD,” OR “REMOTE MONITORING” COMMUNICATION METHODS.

- REGARDLESS OF A CLINICIAN’S PREFERRED METHOD OF TELECONSULTATION, DATA SHARING IS VITAL TO PATIENTS WHO NEED THE ADVICE OF A SPECIALIST, BUT WHO MAY NOT HAVE ONE NEARBY.

- TELEHEALTH ALSO BENEFITS PATIENTS WHO HAVE BEEN DISPLACED BY NATURAL DISASTERS OR WHO REQUIRE CONSTANT MONITORING.
TECHNOLOGY HARDWARE REQUIREMENTS

- TELEDENTISTRY REQUIRES CLINICIANS TO BE EQUIPPED WITH
  1. A DESKTOP OR LAPTOP COMPUTER THAT INCLUDES A MICROPHONE
  2. SUBSTANTIAL HARD DRIVE AND RANDOM-ACCESS MEMORY, AND A SPEEDY PROCESSOR.
  3. A COMPREHENSIVE SOFTWARE PROGRAM CAPABLE OF IMAGE ACQUISITION AND STORAGE, TRANSMISSION OF THE GATHERED INFORMATION,
  4. A DIGITAL CAMERA, VIDEO CAMERA, INTRAORAL CAMERA, AND PORTABLE X-RAY UNIT ARE ALSO NEEDED.
  5. ABILITY TO CODE AND DECODE AUDIO AND VIDEO IS DESIRABLE.
  6. A FAX MACHINE, SCANNER, AND PRINTER MAY ALSO BE NECESSARY.
  7. QUICK, RELIABLE CONNECTION TO THE INTERNET IS ESSENTIAL.
THE TRADITIONAL PARADIGM OF TREATING PATIENTS ALMOST SOLELY IN THE PRIVATE DENTAL PRACTICE SETTING IS NOT CAPABLE OF ADDRESSING AMERICANS' UNMET ORAL HEALTH CARE NEEDS

- In 2004, Arizona passed legislation allowing qualified dental hygienists to enter into an affiliated practice relationship with a dentist to provide oral healthcare services for underserved populations without general or direct supervision in public health setting.

- The 2010 Patient Protection and Affordable Care Act (PPACA) called for midlevel dental healthcare providers to work in underserved areas with underserved populations.

- Utilizing current technologies, affiliated practice dental hygienists can digitally acquire and transmit diagnostic data to a distant dentist for triage, diagnosis, and patient referral in addition to providing preventive services permitted within the dental hygiene scope of practice of each state.
SIX MODELS WERE STUDIED at U of Albany

- APPLE TREE DENTAL - MINNEAPOLIS, MN
- FINGER LAKES COMMUNITY HEALTH - PENN YANN, NY
- NYU LUTHERAN DENTAL, NYU LARGON HEALTH CENTER - BROOKLYN, NY
- POLK COUNTY TELEDENTISTRY - INDEPENDENCE & SALEM, OR
- SENIOR MOBILE DENTAL - COLORADO SPRINGS, CO
- SOUTHEAST HEALTH DISTRICT - WAYCROSS, GA

ORAL HEALTH WORKFORCE RESEARCH CENTER (OHWRC) AT THE CENTER FOR HEALTH WORKFORCE STUDIES (CHWS) (www.chwsny.org) AT THE UNIVERSITY AT ALBANY PUBLISHED “CASE STUDIES OF 6 TELEDENTISTRY PROGRAMS: STRATEGIES TO INCREASE ACCESS TO GENERAL AND SPECIALTY DENTAL SERVICES”, Dec ’16

OTHER TELECOMMUNICATION MODELS REVIEWED

- Alaska Dental Health Aide Therapist (DHAT) training program and nearly all health care providers in Alaska’s Tribal Health System use telehealth technology provided by the Alaska Federal Health Care Access Network (AFHCAN).

- Apple Tree Dental in Minnesota links dental hygienists working under collaborative agreements with dentists.

- Northern Arizona University (NAU) Dental Hygiene Department developed a teledentistry-assisted, affiliated practice dental hygiene model that places a dental hygienist in the role of the mid-level practitioner as part of a digitally linked oral health care team.
ANOTHER MODEL USING APPLICABLE APPROACH TO TELEDENTISTRY

THE PACIFIC CENTER FOR SPECIAL CARE AT THE UNIVERSITY OF THE PACIFIC ARTHUR A. DUGONI SCHOOL OF DENTISTRY CREATED A "VIRTUAL DENTAL HOME"—COMPLETE WITH A COLLAPSIBLE DENTAL CHAIR, LAPTOP COMPUTER, DIGITAL CAMERA, SUPPLIES TO DO TEMPORARY FILLINGS, AN INTERNET-BASED DENTAL RECORD SYSTEM, AND A HANDHELD X-RAY MACHINE WHERE REGISTERED DENTAL HYGIENISTS ARE CONSIDERED IN AN ALTERNATIVE PRACTICE (RDHAP), REGISTERED DENTAL HYGIENISTS WORKING IN PUBLIC HEALTH PROGRAMS, AND REGISTERED DENTAL ASSISTANTS PROVIDE CARE TO UNDERSERVED POPULATIONS IN SCHOOLS, NURSING HOMES, COMMUNITY CENTERS, AND HEAD START CENTERS.

JO-ANN ROVER, RDH, MPA, TRACYE A. MOORE, RDH, MS, EdD; Jnl of Dimensions of Dental Hygiene – Digital Revolution; November 2013

TWO SPECIFIC NEW YORK MODELS

FINGER LAKES COMMUNITY HEALTH

CARE COORDINATORS USE LIVE VIDEO FOR DENTISTS TO SKYPE INTO PRIMARY CARE SETTINGS TO PROVIDE ORAL HEALTH CONSULTATIONS IN RURAL AREAS

NYU LUTHERAN DENTAL

DENTAL RESIDENTS CAN VISIT FEDERALLY QUALIFIED HEALTH CENTERS (FQHC) AND PRESENT PATIENT CASES TO DENTAL FACULTY VIA LIVE VIDEO SERVICES
THE NEW YORK MODEL

- 2015 LAW PASSED (SENATOR CATHERINE YOUNG) ALLOWING DENTAL OFFICES TO BE CONSIDERED ORIGINATING SITES (DOCTORS ACROSS NEW YORK PROGRAM)
  - DETERMINED FROM A RURAL DENTISTRY PILOT PROGRAM WITH UNIV BUFFALO
- 2015 LAW THAT MEDICAID & PRIVATE PAYERS REIMBURSE FOR EITHER VIDEO OR STORE & FORWARD (TELEHEALTH PARITY LAW)
- BARRIERS DO EXIST IN NYS
  - HYGIENISTS ARE NOT CONSIDERED TELEHEALTH ELIGIBLE PROVIDERS
  - DENTAL NOT RECOMMENDED FOR STORE & FORWARD
  - LIMITED DEFINITION FOR ORIGINATING SITES EXCEPT DENTAL OFFICES
  - I-T INFRASTRUCTURE

NYS ORIGINATING SITES - SITE AT WHICH A PATIENT IS LOCATED AT THE TIME HEALTH CARE SERVICES ARE DELIVERED BY MEANS OF TELEHEALTH

ARTICLE 28 FACILITIES + DENTAL OFFICES
- NURSING HOME FACILITIES
- SCHOOL BASED PROGRAMS
- HOSPITALS - ESPECIALLY RURAL
- VARIOUS COMMUNITY SETTINGS
- RURAL HEALTH CLINICS
- + DENTAL OFFICES

OTHER ACCEPTED VENUES
- PHYSICIAN OFFICES
- RESIDENCY PROGRAMS
- HOME CARE VENUES
- COMMUNITY HOSPITALS
- ACADEMIC MEDICAL CENTERS
- INTERNATIONALLY LINKED HOSPITALS
- PRISONS
- DISASTER ZONES
TELEDENTISTRY HAS POTENTIAL

1. INCREASE ACCESS TO CARE; TIMELIER ACCESS TO PROVIDERS
2. REDUCE OR CONTAIN COSTS
3. REDUCE DISPARITIES IN TREATMENT BETWEEN URBAN AND RURAL AREAS
4. IMPROVE OUTCOMES
5. SECOND OPINIONS, PREAUTHORIZATIONS, AND OTHER INSURANCE REQUIREMENTS CAN BE MET ALMOST INSTANTANEOUSLY ONLINE

TELEDENTISTRY: THE LANDSCAPE FOR POLICY AND INNOVATION
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TELEDENTISTRY HAS APPLICATIONS IN ALL PHASES OF DENTISTRY

1. DENTAL HYGIENE: PROVIDE CARE TO UNDERSERVED POPULATIONS BY DIGITALLY LINKING UP WITH A DISTANT ORAL HEALTH TEAM
2. ORAL MEDICINE AND DIAGNOSIS: EFFECTIVE ALTERNATIVE IN DIAGNOSIS OF ORAL LESIONS
3. ORAL AND MAXILLOFACIAL SURGERY: DIAGNOSTIC ASSESSMENT OF CLINICAL DIAGNOSIS OF IMPACTED THIRD MOLARS AND ASSESSING PATIENTS FOR DENTALVEOLAR SURGERIES
4. ENDODONTICS: REMOTE HELP IN IDENTIFYING ROOT CANAL ORIFICES AND PERIAPICAL LESIONS
5. ORTHODONTICS: SUPERVISED INTERceptive ORTHODONTIC TREATMENT REMOTELY
6. PROSTHODONTICS: VIDEO CONFERENCING FOR DIAGNOSIS AND TREATMENT PLANNING FOR ORAL REHABILITATION IN SPARSELY POPULATED AREAS
7. PERIODONTICS: FOLLOW-UP CARE FOR DISTANT CARE OR SUTURE REMOVAL UNDER TELE-SUPERVISION FOR MOBILE SOCIETY (mHEALTH)
8. PEDIATRIC AND PREVENTIVE DENTISTRY: VISUAL EXAMINATIONS FOR CARIES DETECTION IN YOUNG CHILDREN AND SCREENING HIGH-RISK PRESCHOOL CHILDREN IN INNER-CITY CHILD CARE CENTERS; NON-INVASIVE TELE-PHOTOGRAPHY

**BENEFITS OF TELEDENTISTRY**

- Allow conducting oral health assessments
- Increased access to care - less travel involved
- Improved continuity of care & case management
- Assist the determination for treatment needs
- Educate patients about treatment options
- Educational services at academic institutions
- Recommendation of appropriate referrals
- Teledentistry can provide critical services where gaps currently exist, especially for treatment planning and specialty consultations


**BENEFITS**

- Interactive video-conferencing allows for the evaluation of patient information (with or without the patient being present), and promotes purposeful interaction between educators and students within dental and dental hygiene schools

- Telehealth may also allow oral health professionals to evaluate and meet the oral health needs of children at school and childcare centers

- Telehealth can facilitate greater use of nondentist providers (dental hygienists or midlevel providers), and improve early diagnosis and treatment outcomes of oral disease.
**Benefits**

- Utilizes information technology and telecommunications for dental care, consultation and education
- Telehealth provides a unique way to overcome the barriers of geography to deliver patient care, as well as hands-on training and continuing education to oral health professionals in remote clinics
- Teledentistry: an alternative for hygienists to practice outside of the traditional dental operatory - collaborative practice
- Telehealth technology allows for the medical histories and dental images to be uploaded to a website where a dentist reviews them and creates a treatment plan or refers patients requiring more complex treatment to a dentist in their area

**Challenges to Teledentistry**

- The most significant barrier to nationwide implementation of teledentistry is the traditional system of state-by-state licensure. (Similar to issues with a dental compact)
- There are no laws to clarify the role of the telepractitioner and his or her liability.
- Slow confusing legal and regulatory landscape
- Start-up costs and connection fees - the cost of the telecommunication equipment is also daunting
- Availability for broadband or other internet connection
- Need for training & workforce development
- Remuneration for services
- HIPPA compliant
LEGAL AND ETHICAL CONSIDERATIONS

- **CONFIDENTIALITY**
  - Transfer of Medical Histories and Records
  - Security Issues of Electronically Stored Information
  - Compromising of Patient Privacy by Unauthorized Entities

- Methods of Informing Patients of Information Transmission of Data
- Informed Consent That Information is Being Transmitted Electronically
  - Consent Should Include All Standard Traditional Consent Concerns
  - Risks of Improper Diagnosis and/or Treatment Due to Failure of Technology
- Insure Quality, Safety Efficiency or Effectiveness of Information
- Medico-Legal and Copyright Issues Have to Be Considered
- Currently No Method to Ensure Quality, Safety, Efficiency or Effectiveness of Information or Its Exchange
- Issues of Remuneration, Fiscal and Taxation Associated with Electronic Commerce
- Ensure Jurisdiction, and Malpractice Issues Decided by Legislative or Judicial Branches of Various Governments and Insurance Agencies

CAVEATS

- **States Have Some Form of Regulation Governing Teledentistry**
- **No Exemptions for Out-of-State Teledentistry Consultants**
- Understand Risks of Joining Third Party Referral Services
- An Out-of-State DDS Reading Scan Without a (Patient's) State License May Not Be Protected from Malpractice if a Claim of Alleged Misdiagnosis
- Concern for Protection of the Public
- Professionals Are Held Responsible for the Care Provided for the Residents of the State
- Unintended Doctor-Patient Relationship May Develop - "Reliance Factor"

Graskemper, J: Before You Embrace Teledentistry; NYSDJ, Jul-Jul 2017: p 8-9
STATE BOARDS SCOPE OF RESPONSIBILITIES

- Initiate Legislation
- Adopt Regulations
- Issue Licenses, Permits, Certificates
- Prepare Exams
- Administer Exams
- Conduct Disciplinary Investigation
- Conduct Disciplinary Proceedings
- Make Disciplinary Decisions
- Advisory Powers
- Set Fees

STATUS OF STATE BOARDS

- 27 - Independent: Board exercises all licensing and disciplinary powers; some clinical services may be provided by a central agency (AL, AZ, AR, CA, ID, IA, KS, KY, LA, ME, MD, MA, NH, NJ, NM, NC, ND, OK, OR, PR, TX, WV, WY)
- 20 - Semi-Autonomous: Board exercises most key powers; central agency makes some decisions and provides most clerical and administrative services (AK, CO, DE, DC, FL, GA, HI, IA, ID, IN, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NY, OH, OK, OR, PA, RI, SD, TN, TX, UT, VA, VT, WA, WI)
- 3 - Subordinate: Board exercises few key powers; central agency makes decisions and provides most clerical and administrative services (CT, MI, NE)
- 3 - Advisory: Board acts purely advisory role to larger agency (NY, UT, IL)
The Northeast Telehealth Resource Center (www.netrc.org) offers the following services:

- Services communities in need (like the Article 28 venues of NYS)
- Provides technical assistance for telehealth providers
- Education for telehealth workforce
- Support for collaboration that forces a favorable environment for telehealth
- Provides access to specialized tools and template
- Monthly newsletter for updates and other alerts on telehealth

This is an organization for AADB to potentially communicate with if and when teledentistry becomes a formal project.

2016 Federal DHHS reported to Congress that 61% of health care institutions use some form of telehealth communication.

Bruce Seidberg, DDs, MScD, JD
**ROLE OF AADB IN TELEDENTISTRY - RECOGNIZE THE CONCEPT**

- Develop an ad hoc committee to study the pros and cons of teledentistry and draft an ethical statement for the practice of teledentistry (NYS drafted a statement in 2000)
- Consider collaboration with the telehealth resource centers
- Determine the needs by defining rural areas and determining the number of dental practitioners in geographic deprived areas - feasibility studies
- Determine policy distinctions specific to the delivery of dental care via teledentistry
- Reach out to each state board for input and exchange of ideas
- Set up a lobby-type committee to work with local and state agencies
- Be an authoritative source of information to communities of interest

**AADB SUMMATION**

- Focus on development and a sustainable model
- Identify areas of need
- Keep technology simple
- Collaborate with those who already are involved
- Lead advocacy efforts to program development and growth
FINAL QUESTION
THINKING OUTSIDE THE BOX

CAN THE TELEDENTISTRY MODEL BE INCORPORATED SOMEHOW INTO THE TESTING COMMUNITY FOR LICENSURE ?????????

JUST SAYING ..........

THANKS FOR LISTENING

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