Teledentistry
Listening Session

Responding to COVID-19

April 1, 2020
Welcome!

• Make sure you selected the audio type that you are using on the right hand side panel.

• If using the phone, please enter your AUDIO PIN. You can find this on the right under “audio.”

• Use the chat box or raise your hand to be unmuted.
COVID-19: National Public Health State of Emergency

- Mary E. Foley, MPH
- Medicaid | Medicare | CHIP Services Dental Association
COVID-19
PUBLIC HEALTH STATE OF EMERGENCY

IMPACT ON DENTISTRY

IMPACT ON MEDICAID DENTAL PROGRAMS

IMPACT ON DENTAL FQHCS

This is why we should practice social distancing.
Covid 19—PUBLIC HEALTH STATE OF EMERGENCY
How State Medicaid Dental Programs Can Prepare

PHASE I “TODAY” — ESSENTIAL SERVICES/TELEDENTISTRY

PHASE 2 “TOMORROW” — NON-AEROSOL SERVICES

PHASE 3 “DOWN THE ROAD” — FUTURE OF DENTISTRY

COVID-19—PHASED APPROACH TO MEDICAID POLICY
Centers for Disease Control and Prevention (CDC) “Recommends that dental facilities postpone elective procedures, surgeries, and non-urgent dental visits, and prioritize urgent and emergency visits and procedures now and for the coming several weeks.”

Centers for Medicare and Medicaid Services (CMS) “To reduce the risk of spread and to preserve PPE, we are recommending that all non-essential dental exams and procedures be postponed until further notice.”
CDC Interim Infection Prevention and Control Guidance for Dental Settings During the COVID-19 Response

- **Purpose:** Assure safety and reduce potential for Covid-19 transmission
- **Key Messages:**
  - Dental settings have unique characteristics that warrant additional infection control considerations.
  - Postpone elective procedures, surgeries, and non-urgent dental visits.
  - Contact patients prior to emergency procedures;
  - Stay at home if sick;
  - Steps to take if a patient with COVID-19 symptoms enters your facility
Covid-19 National Public Health State of Emergency Dental Response

- Synchronous—CDT CODE D9995
- Asynchronous—CDT CODE D9996
  - Store and Forward Technology

- What does it mean if you don’t have Teledentistry in your State?
Under **Section 1135 of the Social Security Act**, the Secretary may temporarily *waive or modify* certain Medicare, Medicaid, and Children’s Health Insurance Program (CHIP) requirements to ensure that sufficient health care items and services are available to meet the needs of individuals enrolled in Social Security Act programs in the emergency area and time periods and that providers who provide such services in good faith can be reimbursed and exempted from sanctions (absent any determination of fraud or abuse).
Examples of flexibilities that states may seek through a **Section 1135 Waiver request:**

- Waive prior authorization requirements in fee-for-service programs
- Permits providers located out of state/territory to provide care to another state
- Temporarily increase access to care
- Temporarily waive requirements that suspend certain provider enrollment and revalidation requirements physicians and other health care professionals be licensed in the state in which they are providing services, so long as they have an equivalent licensing in another state.
- States and territories are encouraged to assess needs and request available flexibilities
- Medicaid and CHIP Disaster Response Toolkit
- For questions please email: 1135waiver@cms.hhs.gov

**SECTION 1135 WAIVER**
“CMS is expanding this benefit on a temporary and emergency basis under the 1135 waiver authority and Coronavirus Preparedness and Response Supplemental Appropriations Act.”

Health Insurance Portability and Accountability Act 1996 (HIPAA)

- **Authority:**
  - Office of Civil Rights (OCR)
  - Department of Health and Human Services (HHS)

- **Purpose:** “Protect privacy and security of protected health information.”


**COVID-19 HIPAA & TELEDENTISTRY GUIDANCE**
“We are empowering medical providers to serve patients wherever they are during this national public health emergency.

We are especially concerned about reaching those most at risk, including older persons and persons with disabilities.”

REMOTE COMMUNICATIONS DURING THE COVID-19 NATIONWIDE PUBLIC HEALTH EMERGENCY
“OCR is exercising its enforcement discretion to not impose penalties for noncompliance with the HIPAA Rules in connection with the good faith provision of telehealth using such non-public facing audio or video communication products during the COVID-19 nationwide public health emergency.”
“During the COVID-19 national emergency, …

- covered health care providers subject to the HIPAA Rules may seek to communicate with patients, and provide telehealth services, through remote communications technologies.

- Some technologies... and the manner in which they are used by...health care providers, may not fully comply with the requirements of the HIPAA Rules.

- This notification is effective immediately.”

REMOTE COMMUNICATIONS DURING THE COVID-19 NATIONWIDE PUBLIC HEALTH EMERGENCY
“A covered health care provider that wants to use audio or video communication technology to provide telehealth to patients during the COVID-19 nationwide public health emergency can use any non-public facing remote communication product that is available to communicate with patients.”
This exercise of discretion applies to telehealth provided for any reason, regardless of whether the telehealth service is related to the diagnosis and treatment of health conditions related to COVID-19.
Under this Notice, covered health care providers may use popular applications that allow for video chats, including Apple FaceTime, Facebook Messenger video chat, Google Hangouts video, or Skype, to provide telehealth without risk ... [of] penalty for noncompliance with the HIPAA Rules ...

Providers are encouraged to notify patients that these third-party applications potentially introduce privacy risks, and providers should enable all available encryption and privacy modes when using such applications.
NOT APPROVED DEVICES and APPLICATIONS:

“Under this Notice,... Facebook Live, Twitch, TikTok, and other similar video communication applications should not be used in the provision of telehealth by covered health care providers.”
For providers seeking **additional privacy protections** for telehealth while using video communication products... technology vendors that are HIPAA compliant include:

<table>
<thead>
<tr>
<th>Skype for Business / Microsoft Teams</th>
<th>Updox</th>
<th>VSee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doxy.me</td>
<td>Google G Suite Hangouts Meet</td>
<td>Zoom for Healthcare</td>
</tr>
<tr>
<td>Cisco Webex Meetings / Webex Teams</td>
<td>Amazon Chime</td>
<td>GoToMeeting</td>
</tr>
</tbody>
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There may be other technology vendors that offer HIPAA-compliant video communication products that will enter into a HIPAA BAA with a covered entity. Further, OCR does not endorse any of the applications that allow for video chats listed above.
On March 16, 2020, the Secretary, with the concurrence of the Acting DEA Administrator, designated that the telemedicine allowance under section 802(54)(D) applies to all schedule II-V controlled substances in all areas of the United States.

“Accordingly, as of March 16, 2020, and continuing for as long as the Secretary’s designation of a public health emergency remains in effect,

DEA-registered practitioners in all areas of the United States may issue prescriptions for all schedule II-V controlled substances to patients for whom they have not conducted an in-person medical evaluation, provided all of the following conditions are met:

- The prescription is issued for a legitimate medical purpose by a practitioner acting in the usual course of his/her professional practice;
- The telemedicine communication is conducted using an: audio-visual; real-time, two-way interactive communication system; and
- The practitioner is acting in accordance with applicable Federal and State laws.
Tele-dentistry: Responding to COVID-19

Yogita Thakur DDS, MS
Ravenswood Family Health Center
Landscape in Dental Clinics

- Transition to Emergency only dental care
- Shortages on PPE
- Evolving guidance on how to perform dental services
- Still learning really how the COVID-19 virus may be transmitted in the dental environment
2 clinics
23 chair dental operations and
“Traditional” Virtual Dental Home program
Adapting Teledentistry to the COVID-19 Pandemic

• DDS-Patient interactions
  – Using Phone/Email to communicate with patient
  – Reviewed photos and made clinical decisions on next steps

• DDS-MD interactions
  – Using text to manage oro-facial trauma
Billing Guidance

• Every state has different regulations
• CA guidelines will allow for billing for synchronous and asynchronous tele-dental visits: new updates posted last week
Tele-dental Platforms

• Several different platforms available
Other opportunities with Tele-dentistry

• Oral hygiene counseling
• Nutrition counseling
• Motivational Interviewing

May not be billable at this time, but may be an excellent way to keep in touch with your patients. May also make data for grants or P4P with managed care plans*
TELEDENTISTRY LISTENING SESSION: Responding to COVID-19

Scott Howell, DMD, MPH
NNOAH Webinar
April 1, 2020
Disclosure

- Clinical advisor for MouthWatch.com
- Developed this document to help guide practitioners looking to utilize teledentistry in their offices
State of Affairs in AZ

- Teledentistry laws are quite expansive
  - Could be more store and forward friendly
- Medicaid only reimburses for D0140 and D0170, plus any necessary radiographs
  - Historically has required in person exam even with teledentistry laws
- Platforms
  - Zoom
  - TeleDent by MouthWatch
  - Denthulu
Resource to help guide patients through teledentistry exam

- Developed with the idea that providing a visual representation of what we need will make it easier for patients to follow instructions
- Didn’t want to be repeating myself, demonstrating to each individual patient that I may be interacting with
- Wanted something that could be shared with others
Limits of the guidance document

- Will soon be available through mouthwatch.com
- Does not provide guidance for full range of teledentistry post COVID-19
  - For example: when a hygienist would be collecting the data
- If the patient has limited understanding of technology, they may still not find this useful
- If you have a poor internet connection it will not matter how well the patient does; poor internet will lead to poor quality images
- Some areas were developed with my clinic in mind and would be modified for different clinics
REVIEW OF GUIDANCE DOCUMENT
How the document is broken up

Two sections: One for providers and one for patients

Providers
Checklists of things to tell the patient
Checklists of questions that can be asked

Patients
Tips for making the exam easier for the provider
Tips for how to manipulate their mouths to make it easier to see
Important points

■ Patients should wash their hands before and after and avoid touching surfaces after washing hands and after completing the exam

■ A good light source is crucial

■ Some areas will be very difficult to evaluate
  - Linguals of maxillary and mandibular anteriors
  - Maxillary occlusal

■ Patient should maximize their window from which they are viewing the video conference to best see the images

■ Ideally need to use some program that allows for screen sharing
  - Alternatively, email the guidance to the patient ahead of time
Tips for the patient to set up their computer or phone

If the patient is using a computer

- Have a light source behind the camera
  - As an alternative, make sure the monitor is as bright as possible
- Bring the camera as close to the edge of the table/desk as possible (this makes it easier to get closer to the camera if needed)

If the patient is using a cell phone

- Have a light source behind the phone
- Set the camera so it is propped up (for example, against a book), horizontal, and set close to the edge of the table
- Make sure the camera is in “selfie” mode
- If the patient is going to take photos, in addition to “a”, “b”, and “c”, be sure to:
  - turn the flash on
  - turn on the timer (recommend 3-10 seconds)

Provide plenty of details to the patient so you can do your job as best as you can.
Helping the patient get comfortable with movements

Demonstrate each movement then have the patient practice.

1. Have turn their head left and right.
   a. Same motion as shaking your head no
2. Have the patient tip their head left and right.
   a. Bring your right ear to your right shoulder and your left ear to your left shoulder
3. Have the patient move their head up and down.
   a. This is a standing up and sitting down-like motion
4. Have the patient tip their head up and down.
   a. Same motion as nodding your head yes

I recommend practicing these movements with the patient prior to beginning.
Getting ready for the exam

1. Tell the patient to maximize/enlarge the window that they are looking at for the consultation.
2. Tell the patient you will be instructing them to put their fingers in the mouth to move their lips and cheeks and that you will have them move their head certain ways (up, down, left, right) so that you can see.
3. Tell the patient they will see a series of photos that you want them to mirror.
4. It’s important that the patient be aware that you may need to do additional testing on the teeth and will most likely be taking an x-ray when he/she comes into the office.
5. The video examination helps us narrow down what their potential treatment needs will be but may not provide a definitive answer.
6. When ready to begin, tell the patient to wash his/her hands with soap and water for 20 seconds. Remind the patient to avoid touching any surfaces after he/she has washed his/her hands.
7. When ready, create a patient chart by asking the pertinent demographic questions.
8. Begin the exam by confirming any medications, medical conditions, social conditions, allergies, and dental history with the patient.
Questions to ask the patient if there is pain/infection

1. Ask the following questions (if applicable) if the chief complaint is a toothache hurts:
   a. Is there pain? Swelling? Both?
   b. How severe is the pain/swelling?
      i. Is it limited to just around the gums? Does it appear extraorally?
   c. How large is the swelling?
   d. Is the swelling indurated (firm) or fluctuant (water in a bag feeling)?
   e. Is there any purulence present?
   f. When did pain/swelling begin?
   g. Has the pain/swelling changed?
      i. If the pain/swelling has changed, what time frame did it occur in?
   h. Is the patient having any difficulty talking, breathing, swallowing, or opening?
   i. Are there any other structures affected?
      i. Maxillary: Is the tissue around the eye affected?
      ii. Mandibular: Can you palpate the inferior border of the mandible?
      iii. Intraoral: Is the uvula dropping to the tongue? Is the uvula deviating? Is the tongue being elevated?
   j. Is there any lymphadenopathy? Is there a fever? Does the patient appear toxic?
   k. If the patient is a child, is their behavior different than normal? Are they really grumpy, want to be left alone, not playing like they usually do, etc?

2. Based on the chief complaint, select the appropriate slides to show the patient

This list can be tailored based on why the patient needs an exam and some of these you can answer visually.
1. Open slightly.
2. Pull your upper lip up.
3. Look straight at the camera.

Wanted to keep language simple and patient friendly
1. Open your mouth slightly.
2. Pull your lower lip down.
3. Look straight at the camera.

Directions are as much for the provider as they are for the patient.
Bottom front teeth, chewing side

1. Open really wide.
2. Pull your lower lip down.
3. Tip your head as far down as you can.

Some views will be very difficult to capture
Top front teeth, chewing side

1. Open about half way.
2. Pull your upper lip up.
3. Tip your head as far back as you can.
4. It can help to kneel on the ground to that you can tip back more.

If patient has physically ability this helped to visualize this area
1. Open slightly.
2. Pull your lower lip down and your right cheek down and to the side.
3. Turn your head slightly to the left.

May have to give additional directions to see clearly
Bottom right, tongue side

1. Open your mouth as wide as you can.
2. Pull your lower lip down.
3. Try to keep your tongue flat or pull it to the back of your mouth.
4. Tip your head slightly down and turn slightly to your right.

Patients will most likely have some trouble with this direction.
1. Open slightly.
2. Pull your upper lip up and your right cheek up and to the side.
3. Turn your head slightly to the left.

Pictures taken with iPhone on selfie-mode, similar to what most patients will have
When the exam is over

If necessary schedule your patient and/or discuss medication options and/or options for homecare.

Remind the patient to avoid touching any surfaces (if possible) and to immediately wash their hands for 20 seconds. If they can’t wash their hands, they should use hand sanitizer. If they have to touch any surfaces, they should clean them as soon as possible, with something such as a disinfectant wipe.

Extremely important to reduce the risk of spreading the virus.
What comes next?

- This guidance document is not in it’s final version but will be shortly
- Be sure your clinic is ready for teledentistry
  - Check state practice acts
  - Check reimbursement policies
  - Make sure providers are ready to diagnose via digital images
  - Make sure consent indicates need for possible follow up
  - Check with malpractice carriers
Please send me feedback (showell@atsu.edu)

- What worked?
- What didn’t?
- Did you find it useful?
- Did your patients find it useful?
- What’s missing?
- What was most helpful?
GUIDE WILL BE SENT OUT VIA THE NNOHA LISTSERV AS SOON AS IT IS ONLINE
THANK YOU!

Contact: showell@atsu.edu
Open Discussion

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COVID-19 Resources

• NNOHA Listening Session Findings
  http://www.nnoha.org/covid-19-coronavirus/nnoha-listening-sessions/

• Join the conversation on NNOHA’s Listserv
  http://www.nnoha.org/resources/nnoha-listserv/

• Add in your health center’s status
  https://docs.google.com/spreadsheets/d/1unSyN22zYBlaupN0cq31r8Jt3EcccwR_v9HU1GQXfHw/edit?usp=sharing

• NNOHA’s COVID-19 Resource webpage
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Contact Us!

Candace Owen, RDH, MS, MPH
NNOHA Education Director
candace@nnoha.org

Irene V. Hilton, DDS, MPH, FACP
NNOHA Dental Consultant
irene@nnoha.org

National Network for Oral Health Access
181 E 56th Avenue, Suite 401
Denver, CO 80216
Phone: (303) 957-0635
Fax: (866) 316-4995
info@nnoha.org