Implementing Teledentistry During COVID-19

Live Webinar
May 12, 2020
Objectives

1. Discuss methods to implement teledentistry during a national emergency.

2. Describe teledentistry and its uses to ensure continuity of care.

3. Learn how health centers have engaged in teledentistry in response to COVID-19.
Speakers

**Paul Glassman, DDS, MA, MBA** — Associate Dean for Research and Community Engagement at the College of Dental Medicine at California Northstate University. Professor Emeritus at the University of Pacific, Arthur A. Dugoni School of Dentistry. Served on many national panels including Institute of Medicine Committee on Oral Health Access to Services.

Speakers

**Ryan Tuscher, DDS** – Dental director for PCC Community Wellness Center for 9 years. Medical staff member at Advocate Illinois Masonic Medical Center, adjunct faculty at University of Illinois College of Dentistry. Serves on NNOHA’s Board of Directors and is co-chair of NNOHA’s Practice Management Committee.

**Maryam Mahmood, DMD, MPH** – Received her DMD and MPH degrees from A.T. Still University in Mesa, AZ. She is the Dental Director at Sun Life Family Health Center in Casa Grande, AZ.
Bringing Care to Where People are: Teledentistry in the COVID Era and Beyond

Paul Glassman DDS, MA, MBA
Professor and Associate Dean for Research and Community Engagement
California Northstate University
Elk Grove, CA
Paul.Glassman@cnsu.edu
Disclosures

The presenter has consulting arrangements with the following entities:

• DentaQuest Partnership, Inc.
• Virtual Dental Care
• Idaho Department of Health
• Rhode Island Department of Health
• Multiple dental care providers
Health Care Systems

• Increasing focus on health vs health care
• No longer enough to provide late stage repair
  – We need to intervene in the “social determinants of health”
• The population is changing
  – Older, more diverse, more complex
• Increasing interest in community as the level of focus
• Increased use of “big data”, value, and collaboration
PERCENTAGE OF POPULATION WHO VISITED A GENERAL DENTIST IN THE PAST 12 MONTHS

- **CHILDREN**
- **ADULTS**
- **SENIORS**

2000: 30%, 40%, 35%
2001: 31%, 41%, 36%
2002: 32%, 42%, 37%
2003: 33%, 43%, 38%
2004: 34%, 44%, 39%
2005: 35%, 45%, 40%
2006: 36%, 46%, 41%
2007: 37%, 47%, 42%
2008: 38%, 48%, 43%
2009: 39%, 49%, 44%
2010: 40%, 50%, 45%
2011: 41%, 51%, 46%
2012: 42%, 52%, 47%
2013: 43%, 53%, 48%
2014: 44%, 54%, 49%
2015: 45%, 55%, 50%

- 2015 Data: 48.5% for Children, 43.7% for Adults, 36.0% for Seniors
Impact of Health Center System

US Population Compared to Health Center Patients (in millions)

Impact of Health Center System

Number of Health Center Patients (in millions)

<table>
<thead>
<tr>
<th>Year</th>
<th>Total Patients</th>
<th># Have Medical Services</th>
<th># Have Dental Services</th>
</tr>
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<tr>
<td>2018</td>
<td>28</td>
<td>24</td>
<td>6.0</td>
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</tbody>
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The current dental care system primarily serves the wealthiest and healthiest segments of the population.
• DQA
• Payers
  – Dental Benefit Companies
  – Public Payers
• HRSA: Health Center system
• Group Practices
The Declining Role for the Dental Drill

Remineralization

Caries Arresting Medications

Sealing Caries
Behavior Change Principles

• Messages delivered by trusted members of the community
• Multiple people delivering the same message
• Small incremental behavior changes
• Ongoing reinforcement, coaching
• Peer support
Teledentistry

- Advice, referral
- Call Center
- Limited on-site care
- Full-service-care

- Video conference
- Cloud software platform
- Community team
- Integrated network
Space and Equipment
EHR: Radiographs
EHR: Photographs

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Community-based Prevention and Early Intervention Procedures
Virtual Dental Home Sites

California Northstate University College of Dental Medicine
Telehealth-Connected Teams and Virtual Dental Homes

Key Outcomes

• Reach people, emphasize prevention, and lower costs
• Majority of people kept and verified healthy on-site
  – About 2/3 of children had all needed services completed by dental hygienist
• Continuous presence
• Community organization integration
• Dentist integration
States Adopting Virtual Dental Home Systems
2010

California Northstate University College of Dental Medicine
States Adopting Virtual Dental Home Systems
2020

California Northstate University College of Dental Medicine
Community Engaged Oral Health Systems
Maintaining Services and Contact with Patients During the time of COVID-19 Physical Distancing Using Teledentistry Tools and Strategies
Physical Distancing

• People cut off from sources of dental care
• Practices trying to limit services to emergent/urgent services
• Need to:
  – Establish communications
  – Provide advice, consultation, triage
  – Provide limited and efficient in-person services when needed.
• Must keep people from seeking care for oral health concerns in other components of health care system – Emergency Rooms
Solutions for current physical distancing environment

1. Optimized systems: Integrated teledentistry systems that include all needed tools

2. Combining available tools:
   - Email and text + patient generated photographs
   - Off-the shelf/low-cost/free separate tools:
     • scheduling/video/forms/payment
   - Copy and paste all activity into one record/EDR
Optimized System: Components

- Notify
- Plan
- Advice/Consultation/Triage
- In-person – minimal interventions
- Secure complete record of all components of the patient interactions
Optimized System: Workflow

Patient:
• Notify
• Register – create patient portal
• Choose level of response
• Pay or enter insurance/Medicaid number
• Fill out forms
• Upload – photos, text, records
• Schedule – type, urgency
Optimized System: Workflow

Provider:

- Notified of patient registration and uploads
- Respond via message – portal/chat
- Secure videoconference
- Advice/consultation/triage
- Next steps:
  - Advice
  - Prescription
  - Follow-up appointment
  - In-person treatment
Optimized System: In-person visit

Provider:

• Telehealth system
  – Notifications/Appointments
  – Consent/signatures/explanations/instructions
• In-person
  – No waiting room
  – Text or call when ready
  – No paperwork, no explanations, no signatures
  – Short visit – in and out
• Follow-up: Teledentistry system
COVID-19 Coding and Billing Interim Guidance

This is evolving guidance and will be modified as more information becomes available. Please check back frequently.
VERSION: March 30, 2020

Contents
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Informed Consent Forms: Sample Language for Virtual Services .......................................................... 7
Billing (New Payers Added) ................................................................................................................... 8

The American Dental Association (ADA) recognizes the unprecedented and extraordinary circumstances dentists and their patients face. Our guiding principles are to mitigate transmission while also supporting emergency care for patients so as to help prevent overwhelming hospital emergency departments over the next few weeks. Under these circumstances, while some services will continue to be performed in dental offices, the ADA recognizes that patients would be best served when telecommunication technology can be leveraged to support dental care.

The ADA had previously disseminated guidance on use of the teledentistry codes. (D9095 and D9996—ADA Guide to Understanding and Documenting Teledentistry Events). The following guide is intended to help dental offices navigate issues related to coding and billing for virtual appointments during the current COVID-19 pandemic.

Informed Consent Forms: Sample Language for Virtual Services
Our dental office [OR: NAME OF DENTAL PRACTICE] will be using [NAME OF REMOTE COMMUNICATION APPLICATION(S)] remote communication technology to conduct problem-focused evaluations/re-evaluations virtually, to help manage your oral health problem and to determine whether you have a condition that requires immediate in-office treatment.
Optimized System: Advantages

• Patient
  – Secure, one-stop access to provider

• Oral health provider
  – Maintain contact with patients
  – Full ability to provide advice, consultation, triage
  – Plan for in-person visits if needed
  – Complete record of images, forms, consent, payment all in one record tied to practice EDR

• Health care system
  – Help people with dental conditions to receive advise or care outside of other components of the health care system – especially ER
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Optimized Systems for COVID-19 ERA: All-in-One

- Registration
- Patient Information
- Forms
- Messaging
- Schedule
- Chat
- Consent
- Live Video
- Explanation/Information
- Integrated Permanent Record

California Northstate University College of Dental Medicine
Return to Work Interim Guidance Toolkit

Overview
This toolkit contains interim recommendations from the American Dental Association’s (ADA’s) Advisory Task Force on Dental Practice Recovery. Since this is interim guidance, it is focused on the short-term management of dental practice during the COVID-19 pandemic as some offices return to providing non-emergent care. Details not specifically addressed in this interim guidance will be left up to the professional judgment of each dentist.

The possible integration of additional infection control measures, air purification systems, and other safety recommendations will be addressed by the Council on Dental Practice as the COVID-19 knowledge base grows.

The ADA Task Force was convened to advise in the development of tools to support dentists who are returning to work after the COVID-19 closure and practice restrictions. It is recognized that different areas will return to a more familiar style of practice at different times, and under different circumstances. Each dentist will need to incorporate their clinical judgment with their knowledge of the incidences of COVID-19 cases in their area, the needs of their patients, and the availability of any necessary supplies to re-engage in the provision of elective dental care.

Due to the evolving understanding of the world’s knowledge of SARS-CoV-2, it is expected that more recommendations will be brought forward that might impact how dentists deliver care. The ADA’s Council on Dental Practice will carry on the work of the Advisory Task Force. Further information and recommendations will be provided to our members as it becomes available.

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For COVID-19 resources from the ADA, visit the ADA Coronavirus (COVID-19) Center for Dentists at ADA.org/COVID-19.

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Last Updated: 5/21/2020
Practice Systems for COVID-19 ERA and Beyond

Outside the Office: Teledentistry

- Patient Portal
- Pre-and post-visit care
- Advice
- Real-time Video
- Paperwork/Consent
- Explanations/Instructions

Minimally Modified Operatory
- Non-Aerosol Producing/Minimally Invasive Procedures
- Moderate Level of Protection/expense

Highly Modified Operatory
- Aerosol Producing/Complex procedures
- Highest Level of Protection/expense

California Northstate University College of Dental Medicine
Bringing Care to Where People are: Teledentistry in the COVID Era and Beyond

Paul Glassman DDS, MA, MBA
Professor and Associate Dean for Research and Community Engagement
California Northstate University
Elk Grove, CA
Paul.Glassman@cnsu.edu
Neighborhood Health Center

Jonathan Hall, DMD
Chief Dental Officer
Portland, OR area
About Neighborhood Health Center

• 2019
  • About 50,000 total encounters, with about 20,000 coming from dental.

• Sites
  • 3 brick and mortar dental sites
  • 20+ schools and screening sites

• Services Offered
  • Comprehensive/community

• Started Teledentistry 04/03/20
Teledentistry in Oregon: Rules

• Telehealth definitions are the same as Telehealth/Telemedicine rules
  • (Distant/operating sites, synchronous/asynchronous communication, audio/visual, etc.)

• To bill Oregon Health Plan (Medicaid), dentists must be -
  • Licensed to practice dentistry within the State of Oregon or within the contiguous area of Oregon
  • Enrolled as a Health Systems Division (Division) provider

• Providers/technology must comply with -
  • HIPAA
  • Oregon Health Authority Confidentiality & Privacy Rules

• Teledentistry patients must be notified of the right to receive interactive communication
  • Notification must be documented in patient’s chart
  • Once notified, teledentistry must be performed if requested by patient

• Clinical and financial documentation related to telehealth services must be maintained
Teledentistry in Oregon: Rules

**Temporary COVID19 Rules**

- Audio/visual platforms such as Skype, FaceTime, or Google Hangouts can be used if HIPAA-compliant means are unavailable
  - Cannot be public facing (ex: YouTube)

- Audio-only telephone services can be used if synchronous audio/visual service is not available or feasible
  - Use CDT Code D9995

- Links to Oregon Health Authority Rules:
  - [Oregon Health Authority (OHA) Dental Services Administrative Rulebook](https://www.oha.state.or.us/Portals/0/Rulebook/Rulebook%20LINKS%20-%20All%20Subjects/Links%20-%20Dental%20Services%20Rulebook.aspx) (Teledentistry: 410-123-1265)
  - [OHA COVID19 Temporary Rules: Teledentistry](https://www.oha.state.or.us/Portals/0/Rulebook/COVID19%20Temporary%20Rules%20Teledentistry/Teledentistry%20Temporary%20Rules.pdf)
Teledentistry in Oregon: Codes

• **D9995** (synchronous/real time)
• **D9996** (asynchronous/store & forward)
• Include other appropriate codes for services performed. No modifier is needed.

• Oregon Health Plan (Medicaid) FFS reimburses at $29.00/visit

• **Note**: When D0191 (assessment of a patient) is reported in conjunction with an oral evaluation (D0120-D0180) using teledentistry, D0191 shall be disallowed even if done by a different provider
IT Systems

- **EMR**: EPIC OCHIN
- **EDR**: EPIC Wisdom
- **Teledentistry IT system**
  - MyChart with Zoom
  - Embedded
- **Teledentistry Format**
  - Video and/or phone
Services and Triage

- Services offered via teledentistry:
  - Urgent/emergency only at this time

- Dental staff involved:
  - Dentist, assistant, front desk

- Patient population served:
  - Medicaid and uninsured

- Triage process:
  - All patients requesting an in person appointment must first be triaged via a virtual visit by a dentist to determine appropriate follow-up measures.
Clinical Flow

• Teledentistry:
  • Video Visits- Pt checks themselves in via the MyChart app, reviews/updates their medical hx and consents to all tx.
  • Phone Visits- Pt is checked in/roomed by a DA and the call is transferred to the dentist. After the visit the dentist transfers the call back to the DA to check out. Any patient photos are sent to clinic email handle for Dr. viewing.

• Consent process- Verbal for phone visits, electronic via MyChart app for video visits. Documented in note.

• Referral process- needed referrals are submitted through the same process as before the pandemic.

• After hours emergency protocol- Same as before pandemic, but providers now have option of converting afterhours call to virtual visit.

• Describe documentation for teledentistry visits- Templated HxExDxTxNx note format created specifically for televisits in Wisdom.
Lessons Learned

• Pt comfort level with video

• Never say never
PCC Community Wellness Center

RYAN TUSCHER, DDS
DENTAL DIRECTOR
CHICAGO, IL
About Us

Patients:
- 49,000 medical
- 3,700 dental

Sites and Services:
- Two sites offer preventive, restorative, surgical services

Began telehealth services for dental: 4/17/2020
IL State Teledentistry Regulations

This is a temporary policy change in response to COVID-19.

To be eligible for reimbursement, the telehealth service must be delivered using:

1. an “interactive telecommunication system” or “telecommunication system” as described in 89 Ill. Admin. Code Section 140.403(a), or;
2. a communication system where information exchanged between the physician or other qualified health care practitioner and the patient during the course of the synchronous telehealth service is of an amount and nature that would be sufficient to meet the key components and requirements of the same service when rendered via face-to-face interaction.

What services are allowable?

◦ D0140 – Limited Oral Evaluation
State Teledentistry Regulations Continued

Coding: D9995 in conjunction with D0140

Required documentation: Must be billed with Place of Service 02

Medicaid reimbursement: $13.19

References:
1. https://www.illinois.gov/hfs/MedicalProviders/notices/Pages/prn200330d.aspx
IT Systems

**EMR:** Athena

**EDR:** Dentrix Enterprise

**Teledentistry IT system:** Doxy.me

- Patient receives instructions from PCR
- Patient initiates video conference with provider by entering URL in the web browser of their computer or personal device
- Visit begins

*We are using both telephone and video*
Services and Triage

What services do you offer via teledentistry?
- Emergency (D0140)
- Preventive (D1330, D1310)

What dental staff are involved?
- PCR (front desk staff)
- Dentist

What patient population do you serve?
- All health center patients on the Westside and near west suburbs of Chicago

We use a workflow for screening and scheduling patients
Clinical Flow

WORKFLOW FOR TELEMHEALTH:

- Consent obtained verbally and documented
- Referrals and after hours protocols unchanged
- Provider uses Telehealth “Worksheet” and guide
Clinical Flow

Documentation for teledentistry visits

◦ Template created in Dentrix and includes:
  ◦ Consent
  ◦ Reason for visit
  ◦ History and medical decision making
  ◦ Provider’s confirmation of patient’s location and emergency contact
  ◦ Other persons present (i.e. guardian) when indicated
  ◦ Duration of session
  ◦ Mode of telehealth
  ◦ Progress note
  ◦ Referrals as indicated
  ◦ Next visit or follow up

Medications are sent directly to pharmacy
Lessons Learned

1. The ability to connect with patients to “see” them has made a big impact

2. This has been amazing for patients with transportation challenges

3. Preventive services provide another opportunity to support our community
Maryam Mahmood DMD, MPH
Dental Director
Casa Grande, AZ
Sun Life Family Health Center

• 14 sites serving Pinal County and Maricopa County
  • 45,000 patients
  • Apache Junction, Casa Grande, Chandler, Coolidge
  Eloy, Florence, Maricopa, Oracle, San Manuel
  Mobile Van

• Services
  • Primary Care
  • Pediatrics
  • OBGYN
  • Pharmacy
  • General Dentistry
  • Pediatric Dentistry

• Started offering Teledentistry in March
State Teledentistry Regulations

• Prior to COVID-19
  • Arizona Medicaid (AHCCCS) covers Teledentistry for Early and Periodic Screening, Diagnostic and Treatment (EPSDT) aged members
  • Teledentistry defined as “acquisition and transmission of all necessary subjective and objective diagnostic data through interactive audio, video, or data communications by an AHCCCS-registered dental provider to a distant dentist for triage, dental treatment planning, and referral”
  • Includes preventative and other approved therapeutic services provided by the affiliated practice dental hygienist (see Dental Hygienist Scope of Practice)
  • Does not replace the dental examination by the dentist; limited, periodic and comprehensive examinations cannot be billed through the use of Teledentistry alone

State Teledentistry Regulations Continued

- **March 19, 2020** – AZ Governor issued Executive Order to delay elective/non-emergent dental procedures
- **March 25, 2020** – Expansion of Telemedicine Executive Order; D9995 and D9996 were opened for use (applies to all AHCCCS members rather than just the EPSDT population)
- The following codes can be used in conjunction with the teledentistry codes during the pandemic
  - D0140 limited oral evaluation - problem focused
  - D0170 Re-evaluation-limited, problem focused (established patient; not postoperative visit)
  - D0220 Intraoral - periapical first radiographic image
  - D0230 Intraoral - periapical each additional radiographic image
  - D0240 Intraoral - occlusal radiographic image
  - D0270 Bitewing - single radiographic image
  - D0272 Bitewings - two radiographic images
  - D0273 Bitewings - three radiographic images
  - D0274 Bitewings - four radiographic images
  - D0277 Vertical bitewings - 7 to 8 radiographic images
  - D0330 Panoramic radiographic image
    - Applies to members under 6
- **D0120 and D0150** still excluded from covered teledentistry services
- Some prior authorization requirements removed temporarily
- AHCCCS is reimbursing FQHCs their normal all-inclusive PPS rate for telehealth, including the temporarily expanded code sets. Teledentistry is not an exception to this policy.

https://www.azahcccs.gov/PlansProviders/Downloads/MedicalCodingResources/COVID19EmergencyMedicalCodingTeledentistry.pdf
IT Systems

• All sites using eClinicalWorks (ECW)
• Telehealth visits through Healow Patient Portal
  • Integrated with ECW
  • Live video
  • Chat functions
  • Screen captures
  • Documentation in patient charts
Services and Triage

• Teledentistry Services
  • Limited exam, Re-evaluation problem focused

• What dental staff are involved?
  • Front office
  • Dentist

• What patient population do you serve?
  • Mostly adults
  • Long term care patients, nursing homes
  • Medically compromised

• Triage
  • Age, type of emergency, medical risk factors, symptoms, COVID-19 screening questions
Clinical Flow

• Front office assists patient with appointments by phone
• Patient signs consent in the Healow app
  • Verbal confirmation of consent documented in patient chart by provider
• Patient is given pre-appointment instructions
• Patient is instructed to wash hands before and after touching their face/mouth as this may be part of their exam
• Patient enters “virtual waiting room”
• Provider is notified in ECW that patient is ready, enters into “virtual exam room”
Clinical Flow

• Provider reviews medical history, medications, allergies, etc.
• Vitals taken if patient is able, recorded in ECW
• Provider uses template in ECW during teledentistry exam
  • Pain Scale
  • Symptoms
  • Visual findings
• Provider makes assessment, gives patient instructions
  • Future appointment
  • ASAP appointment
  • Rx
  • Referral to specialty
  • Medical consults
• Snapshots of areas of interest saved to patient chart
• Referrals created and tracked in ECW
TPI/RMH

Patient presents for teledentistry visit

Obtained verbal confirmation of informed consent for today's teledentistry visit, including any necessary screenshots/pictures

Able to view video? (Y/N/Poor quality/Good quality)

Chief complaint:

Pain level: (0-10)

Symptoms? When did they start?

Observations

Swelling? If so, where/to what extent?

Bleeding?

Purulence?

Impeded breathing/swallowing/speaking/opening?

Other intraoral findings:

Recommendations

- Patient issue resolved during telehealth visit? Describe:
- Patient requires ASAP walk-in appointment? Y/N
- Patient must seek care at emergency room? Y/N
  - If Yes, send telephone encounter to dental care coordinator and PCP
- Patient requires follow up visit? Y/N
  - If Yes, forward patient's information via telephone encounter to dental care coordinator for scheduling of in-person appointment. Include time frame and appointment type.
- All other recommendations:
Lessons Learned

• Expanded modes of communication
  • Text
  • Chat-bot
  • Online appointments

• Patient education is key
  • Educate patients on teledentistry uses and limitations

• Valuable tool to overcome barriers to care
  • Use in conjunction with mobile van
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/

• NNOHA’s COVID-19 Resource webpage

• NNOHA’s COVID-19 Teledentistry Resource Page
http://www.nnoha.org/covid-19-coronavirus/teledentistry-resources/
Q&A

Type your question into the “Question Box” on the right hand side.
Contact Us!

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

Irene V. Hilton, DDS, MPH, FACD
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
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