

## Teaching

1. Are you able to have dental students (as opposed to hygiene students) participating at a remote site without direct supervision of an attending dentist? **David Stewart:** The students out in the field are not performing procedures that require the direct supervision of a dentist. They are acting as assistants to a dental hygienist acting within the practice act for dental hygienists. The dental hygienist is in a collaborative agreement with a dentist.

Does the state dental practice act determine who is allowed to be a supervisor of a dental student in that situation, or is that in CODA's realm? **Staci Stout:** Students can be categorized as dental assistants until they get licensure. If your state requires radiology certification, they will need to have completed the radiology course before taking radiographs in these settings. If they have other requirements, you will need to be familiar with those. In our state, dental assistants can be supervised by either a dentist or dental hygienist, but cannot work independently in any setting, whether it be private practice or public health. Dental hygiene or dental programs often need a member of faculty present when students are off site, especially if they are meeting program requirements.
2. Do students receive credit for clinical hours? Is this a requirement? **Staci Stout:** In our program, the students only get credit for clinical hours in their designated rotations. They do not get course credit for volunteering in the public health clinics, but they can count it towards the required volunteer hours. We have an award at their graduation for the student who provided the most volunteer hours.
3. **Answered live:** I would like to implement teledentistry in the dental hygiene/assisting education courses. Do you have suggestions for how to teach teledentistry as implemented in private practice (as opposed to just using teledentistry as a requirement of the curriculum)? **Staci Stout:** My hope is that the students graduate and get the experience to use it in private practice. If they have had the experience to use it in school, they can champion it for private practice. There are many of our patients in dental practice that phase out of care as they transition to dependent care or have need to be seen when they can't get into the office. The dentist could send their dental hygienist out to these locations to gather the assessment information to provide an exam and continue to care for their own patient base.
4. **Answered live:** How do you track requirements for Accreditation using Teledentistry? **Staci Stout:** Dr. Stewart described in the last few minutes of the webinar many ways in which teledentistry can be used to help students have CODA required patient experiences (i.e., pediatric patients, patients with disabilities, public health experience in the community.) Many of these experiences can happen during an off-site teledental program, for these types of patients that are not accessing our dental clinics, but they have significant need. **David Stewart:** Other CODA experiential requirements that could be fulfilled hands on in a teledental program include: service learning, critical thinking and problem-solving, diverse patient population, models of oral health care delivery, collaborating with other members of the health care team to facilitate the provision of

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health care, providing oral health care within the scope of general dentistry to patients in all stages of life, cultural competence.

5. Are you grading electronically through a grading system? **Staci Stout:** We use the TalEval grading system to track requirements in clinic and on rotations. We do not grade volunteer experiences where we are currently using teledentistry.
6. **Answered live:** From your experience, what is the greatest barrier to overcome in facilitating the integration of teledentistry in educational settings? **David Stewart:** Vision and telehealth champions

### Technology

7. **Answered live:** What particular intraoral camera do you recommend? We are having an image clarity/quality problem possibly due to the camera we are using. **Staci Stout:** We use the MouthWatch intraoral camera. We have had a good experience with image quality and it's a durable camera for public health settings. We use a different camera in the clinic.
8. **Answered live:** What company produces the knee-to-knee boards? **David Stewart:** Specialized Care Co, Inc. Knee to Knee Lap Board or Lap Cushion. I prefer the Lap Board.

### Regulations/Billing

1. How did you work out the billing portion of your setup? **Staci Stout:** Currently, Dr. Stewart and I are both onsite as we calibrate to see these early Head Start patients. As we bill (mostly Medicaid) and receive reimbursement, we are splitting the rate equally, minus the cost to paying the billing person. Stacey, did you bill your services separately from David? **Staci Stout:** Starting in January 2023, dental hygienists will be able to receive direct reimbursement in our state. Potentially, I could bill separately for the services I provide onsite, while Dr. Stewart bills for the exam portion. David, did the school back you up in handling the billing, or did you figure something out independently? **David Stewart:** Currently as Staci and I pilot this Early Head Start program, I am handling the billing. Ideally using teledentistry as a tool in the dental home concept, the patients served are patients of the dental office or school that is providing and initiating the service, as such the dental office or school would be billing the procedures performed in order to make this type of program financially stable and sustainable long term. It is a win/win for the patients and the program initiating the services.
2. To what degree have differences in state dental board regulations been a barrier to teledentistry? **Staci Stout:** Early on, I was invited by the state dental board to give a presentation on Teledentistry. As I described the concept and utilization, the board was very supportive of the endeavor. Some of the challenges come with getting the dental and dental hygienists' associations to settle on the best outcome as legislation is discussed, but we have been successful working through those challenges.

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3. If any, what type of recommendations did your state legislature provide for the use of teledentistry to maintain the standard of care? **Staci Stout:** Our state is always concerned about maintaining high standards of care. I believe that the collaboration between the members of the dental team maintains this high standard of care, which ultimately is best for the patient.

### Implementation

1. How much can Community Dental Health Coordinators help with Teledentistry? **David Stewart:** I think that Community Dental Health Coordinators can and will be extremely helpful in an ultimate “end of the row” objective of a teledental program which is to reduce the morbidity of chronic oral health diseases in patients that currently are not receiving diagnostic and preventive services. Depending on the patient population being treated, there is significant front end and back end preparation on the ground with individual patients to get them prepped for and follow-up on teledental visits. These pre- and post- connections are critical and central to how Community Dental Health Coordinators can contribute to this entire oral health team teledental collaborative model. **Staci Stout:** I believe they can be a huge asset.
2. Can we use teledentistry for other groups of population beyond unserved and vulnerable people? **Staci Stout:** Absolutely! It can be used with any population that state statute and the state practice act allow. We focus on underserved and vulnerable populations because that is where we find the biggest need and it is what our state laws allow for direct access to a dental hygienist. Telehealth can be used anywhere there is a need of a patient to have access to care. I have provided preventive care to employees in a business setting using mobile dental setups. The companies are extremely thankful that we came to them and that the exams were provided through a telehealth means.

### CODA

1. **Answered live:** Are these Teledentistry sites Major sites with CODA? **Dr Stewart:** How the site is structured, and your programs objectives would determine whether or not it is a major, minor, or supplemental activity site.
2. How are faculty funded to be on site? **Dr Stewart:** Hygiene faculty can be funded by services performed onsite (radiographs, prophylaxis, fluoride, etc.) and dental faculty back at the school or dental office can be funded through the billing of diagnostic/exam/treatment planning services.