



AMERICAN MOBILE & TELEDENTISTRY ALLIANCE

DIALOGUE | SUPPORT | COLLABORATE | LEAD

Founded in 2019, the American Mobile & Teledentistry Alliance (AMTA) is designated a 501(c)4 nonprofit organization. AMTA is the only professional association focused on the future of Alternative Care Delivery Models and designed to support the dental professionals, dental practices and brands around the world who are utilizing mobile delivery and virtual care. To learn more, visit www.amda.net.

AMTA Comprehensive Policy Statement on Teledentistry

The American Mobile & Teledentistry Alliance (AMTA) advocates for the increased use of mobile delivery of dental care, telehealth in dentistry and other nontraditional Alternative Care Delivery Models to significantly and quickly expand access to quality dental care and oral health education to all communities.

OVERVIEW

Teledentistry refers to the use of telehealth systems and methodologies in dentistry and falls under the broader umbrella of telehealth services. Telehealth refers to a broad variety of technologies and tactics to deliver virtual medical, health and educational services. Telehealth is not a specific service but a collection of means to enhance care and education delivery. Teledentistry can include the delivery of patient care and dental education using, but not limited to, the following virtual and electronic modalities:

- Synchronous (live-video): Live, two-way interaction between a person (patient, caregiver, or provider) and a licensed dental practitioner using audiovisual telecommunications technology.
- Asynchronous (store-and-forward): Transmission of recorded health information (i.e. radiographs, photographs, video, digital impressions and photomicrographs) and other clinical findings through a secure electronic communications system to a licensed dental practitioner who uses the information to evaluate a patient's condition or render a service outside of a real-time or live interaction
- Remote Patient Monitoring (RPM): Personal health and medical data collection from an individual in one location via electronic communication technologies, which is transmitted to a provider (sometimes via a data processing service) in a different location for use in assessment and recommendations for care and related support

Mobile teledentistry services may be utilized by non-traditional delivery modalities including:

- Mobile Health (mHealth): Health care and public health practice and education supported by mobile communication devices such as cell phones, tablet computers, and personal digital assistants (PDA)
- Portable Equipment: Dental equipment that is portable and may be transported into a facility, home, business or corporation
- Rolling Mobile Dentistry: Dentistry that is provided inside a vehicle, wheeled trailer or pod

GENERAL TELEDENTISTRY CONSIDERATIONS

Historically, dental evaluation, treatment and education has been rendered in a direct, in-person provider-patient interaction. Increasingly, technology has increased the availability of licensed dental practitioners to connect, care for, and educate their patients remotely. Virtual and electronic services should be consistent in scope, quality and parity with in-person services. AMTA advocates teledental services are an effective avenue to overcome barriers to care and increasing access to dental care to all communities. Alternative Care Delivery Models can help decrease physical barriers such as distance as well as psychological barriers, allowing patients to connect with a licensed dental practitioner from the comfort of their own home.

It is important to remember that liability insurance for licensed health professionals and their respective scope of practice and regulatory guidance from state boards of dentistry, as well as state legislation, all guide the provision of these alternative models. Providers utilizing Alternative Care Delivery Models must consider the following when providing oral care via these alternative models:

- Regulatory issues: Each licensed dental practitioner must be consistent with how they deliver dental care and operate under the same state practice acts and regulations they would operate when providing in-person oral care, including requirements for licensure.
- Record-keeping: It is the legal responsibility of the licensed dental practitioner to ensure that all patient records are based on the same information that would be available in an in-person, brick and mortar environment in addition to abiding by all HIPAA requirements.
- Dental imaging: Dental imaging must be captured, stored, saved and have the ability to be shared securely for diagnosis, treatment planning and treatment delivery in adherence with each dental provider's state dental practice act.

Alternative Care Delivery Models have the capability to expand the reach of licensed dental practitioners to provide dental care and education to patients in non-traditional settings. In order to achieve this goal, these models must be consistent with in-person care in a traditional brick-and-mortar dental office. Evaluations and subsequent interventions performed using alternative care models must be based on the same level of information that would be available in a traditional dental office. It is the licensed diagnosing provider's legal and ethical obligation to ensure all data collected are diagnostic and sufficient for an appropriate treatment plan to be developed and executed.

It is paramount that all treatment rendered during a teledentistry appointment or in a non-traditional setting is appropriately documented and a summary of services made available to the patient and/or patient's legal guardian. Additionally, the licensed oral health care provider must have sufficient knowledge of dental resources available to their patients, including opportunity for in-person continued treatment, emergency treatment and/or post-operative follow-up care. It is important referrals are made to appropriate providers when necessary.

As the dental care rendered via Alternative Care Delivery Models must be equivalent to in-person evaluation and treatment the quality of care, supervision of allied dental personnel, licensure, reimbursement, and technology must be equivalent and appropriate.

Quality of Care: The licensed dental practitioner is responsible for ensuring the safety, quality, and efficacy of dental services rendered via Alternative Care Delivery Models. Evaluation, diagnosis, and treatment must be consistent with in-person care in a traditional dental office and abide by relevant state laws and regulations regarding dental care. This includes protection of patient's medical and dental information, secure record keeping, and utilization of appropriate treatment options. Dental treatment is aimed at elimination of dental disease and alternative models should aim to ensure delivery of definitive, appropriate dental care.

Supervision of Allied Dental Personnel: Supervision of allied dental personnel must be in line with state dental practice acts and dental boards of the licensed dental practitioner. The supervising practitioner must be aware of all qualifications and competencies of their allied dental personnel. Supervising practitioners must be aware of the appropriate supervision requirements to be utilized via teledentistry for allied dental personnel in their respective states and/or territories of practice.

Licensure and scope of practice: Dental care providers who provide services utilizing alternative care models must be licensed and credentialed appropriately in the state, territories, and/or jurisdictions in which they provide these services. Compliance with local dental board and state dental practice acts regarding licensure, delivery of care, scope of practice, and other laws and regulations applicable to the encounter is paramount. Services rendered via these alternative care models must be within the practitioner's scope of practice or under appropriate supervision as outlined by dental practice acts.

Reimbursement: Coverage for services utilizing Alternative Care Delivery Models should be at the same level as in-person services in a traditional dental clinic. This coverage should not be limited or restricted based on use of technology, location of the patient, nor location of the reimbursed practitioner as long as the practitioner is appropriately licensed and credentialed. Dental benefit plans and all other third-party payers in public and private programs should provide coverage for services utilizing both synchronous and asynchronous encounters via teledentistry as well as services rendered in a mobile dental clinic, rolling dental clinic, portable dental clinic or other Alternative Care Delivery Model.

Technical Considerations: The use of appropriate technology and quality connectivity are paramount in successful teledentistry encounters, whether utilizing synchronous or asynchronous modalities. Practitioners should consider Digital Imaging and Communication in Medicine (DICOM) Standards when selecting and utilizing imaging systems, HIPAA compliant exchange of information, and ICD-9/10-CM/SNOMED/SNODENT for consistent documentation. Appropriate support equipment is necessary for Alternative Care Delivery Models and include availability of clean, sterile instrumentation, appropriate dental materials, and therapies available to be safely and effectively delivered to patients.

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www.amda.net