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Teledentistry as a new service line—Not just a coping mechanism for the pandemic

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1 | PROBLEM

During the COVID-19 pandemic, teledentistry emerged as a safe and effective solution for triaging, diagnosing, and monitoring patients,[1–3] while eliminating their risk of contracting SARS-CoV-2. Unfortunately, many see teledentistry's value as being restricted to use during the pandemic.

The University of Michigan School of Dentistry has expanded virtual visits during COVID restrictions. Figure 1 shows that, although several clinics engaged in teledentistry during Michigan's shelter-in-place orders (March to June 2020), the number of virtual visits decreased as state restrictions were lifted. However, in late 2020, the Patient Admissions and Emergency Services (PAES) began to increase teledentistry visits aggressively. Currently, PAES delivers approximately 200 teledentistry visits a month, making it a critical screening tool.

The screening process of most dental schools is less than ideal. In our institution, the patients complete a series of consent forms and receive an abbreviated oral exam. After this initial visit, where no definitive treatment is provided, patients wait to be assigned to a student to address their chief concern and to receive comprehensive care.

2 | SOLUTION

Using synchronous teledentistry video and phone calls, we have eliminated the initial in-person screening visit for a majority of patients. If the initial screening process identified the need for an in-person evaluation, these patients were scheduled in the PAES clinic.

3 | RESULTS

Figure 2 shows an inverse relationship in volume between the teledentistry and in-person visits until January 2021, where both began to rise simultaneously. At the start of the pandemic (March 2020), in-person visits declined, and teledentistry appointments increased. Then in late summer, as clinical operations increased, teledentistry started to dip. However, the rapid growth of teledentistry visits in our PAES clinic demonstrates that it can serve as a new service line that does not compete with other services but makes them more efficient. The period from January 2021 in Figure 2 shows that teledentistry and in-person visits can co-exist and thrive.

What went well: A significant benefit for our patients and institution is the ability for patients who do not require immediate attention to be assigned to students, eliminating the cost associated with an initial in-person appointment, such as the use of personal protective equipment and commuting. The PAES clinic now focuses on patients who truly need immediate assistance. We use this platform to teach and assess various skills including communication and professionalism.

What didn't go well: Many patients are not ready for a technology shift to virtual visits. Approximately 50% of patients request telephone calls due to technology

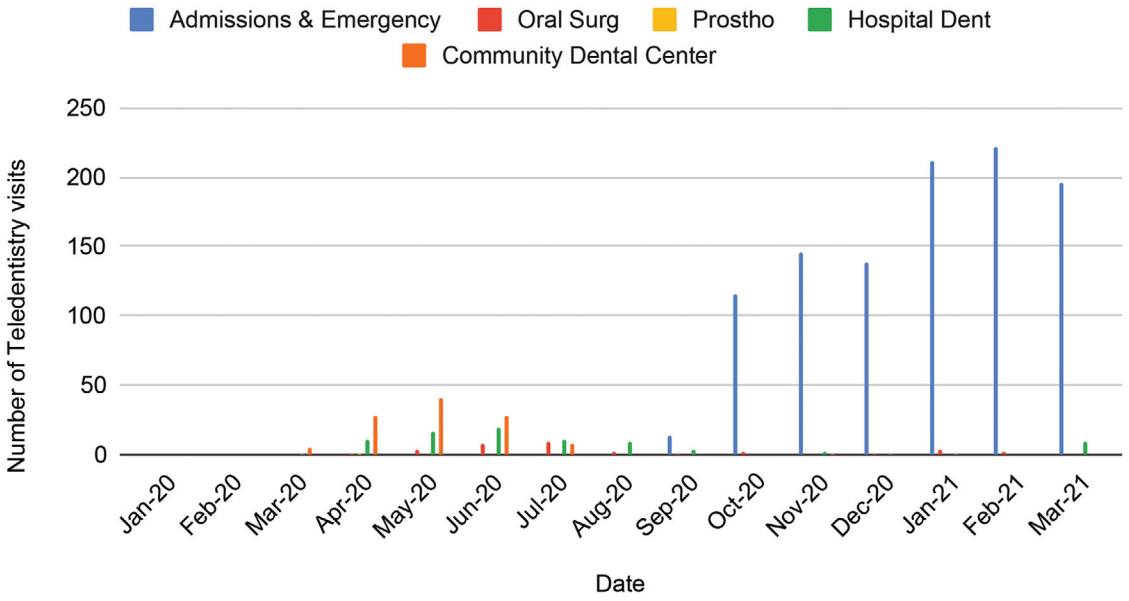

FIGURE 1 Teledentistry calls by clinic

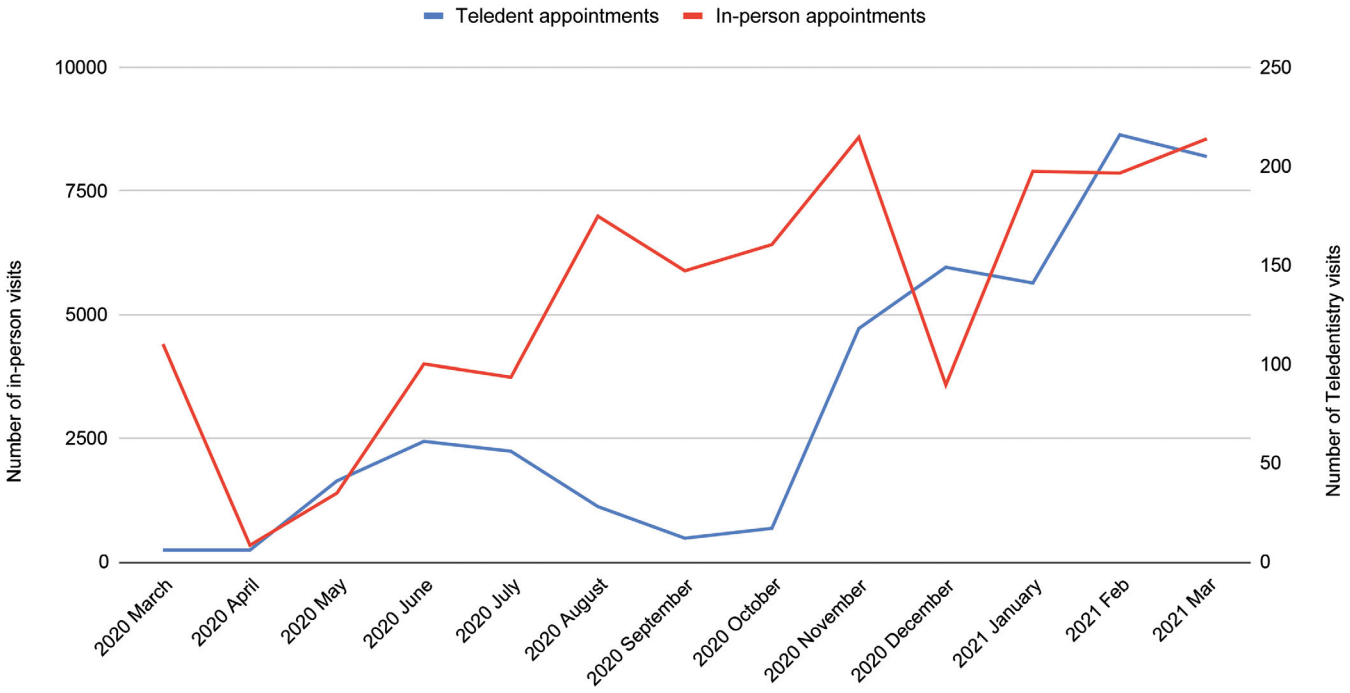

FIGURE 2 Teledentistry appointments and in-person appointments

limitations or personal discomfort with video calls. Many patients did not fill out the required forms for their virtual visit.

Lessons learned: Documenting a teledentistry visit requires several components, including documentation of the person's identity, obtaining informed consent, and documenting the patient's location, resulting in increased data entry for the clinician. Clinicians need to have a comprehensive knowledge of legal requirements for billing teledentistry, as many insurers do not reimburse services across state lines. For documentation, providers could take a screenshot, or patients could take a photograph and send it in a HIPAA-compliant manner.

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