

# Policy on Teledentistry

## Adopted

2021

**How to Cite:** American Academy of Pediatric Dentistry. Policy on teledentistry. The Reference Manual of Pediatric Dentistry. Chicago, Ill.: American Academy of Pediatric Dentistry; 2024:69-70.

## Purpose

The American Academy of Pediatric Dentistry (AAPD) recognizes the need for improved access to services for infants, children, adolescents, and individuals with special health care needs when circumstances create barriers to care. The AAPD advocates for teledentistry as a valuable tool to improve access to care for pediatric patients.

## Methods

This policy was developed by the Council on Clinical Affairs. A PubMed®/MEDLINE search was performed using the terms: telehealth, teledentistry; fields: all; limits: within the last 10 years, humans, English, birth through age 18. Additionally, websites for the American Dental Association, AAPD, American Academy of Pediatrics, and American Telemedicine Association were reviewed. Expert opinions and best current practices were relied upon when clinical evidence was not available.

## Background

Telehealth broadens healthcare delivery for patients in remote and underserved communities.<sup>1-4</sup> Teledentistry involves the use of telehealth modalities to deliver dental care. Teledentistry has many benefits in improving access to oral healthcare for infants, children, adolescents, and individuals with special healthcare needs in a cost-effective manner.<sup>3</sup> Additionally, telehealth and teledentistry are useful in time-sensitive injuries such as trauma or when unexpected circumstances result in difficulties accessing care.

Telehealth, including teledentistry, occurs in numerous formats, including asynchronous (also known as store and forward) or synchronous (live video) modalities, mobile healthcare utilizing mobile technology, and remote patient monitoring.<sup>4-6</sup> Asynchronous modalities in telehealth utilize the transmission of health records, including photographs, videos, and radiographs, to a practitioner so that he may assess the patient.<sup>3-5</sup> Asynchronous modalities do not occur in real-time. Synchronous telehealth modalities include a real-time two-way visual interaction between a practitioner and patient.<sup>4,5</sup> Mobile healthcare utilizes mobile technology such as cellular telephones to promote oral health behaviors and monitor oral health.<sup>4,5</sup> Remote patient monitoring is the electronic transmission of health and medical data from individuals outside a hospital or clinic to providers in an alternate location to facilitate monitoring and surveillance of diseases.<sup>7</sup>

Teledentistry has many benefits and reduces barriers to accessing oral healthcare.<sup>3,5</sup> Virtual appointments via

teledentistry can result in improved access to specialty care for patients in rural communities.<sup>3</sup> Using teledentistry allows providers to collaborate for multidisciplinary care, such as a cleft team. Teledentistry heightens continuity of care as well as augments oral health instruction, diet counseling, and nutrition education.<sup>3</sup> Also, teledentistry is widely accepted by patients, their families, and dental providers through utilization of technology that is economical and already part of daily life for many.<sup>3</sup>

Studies find teledentistry to be as reliable as visual clinical examinations for screenings, orthognathic evaluations, indications for oral surgery, and managing odontogenic infections.<sup>3,8</sup> Examinations conducted via teledentistry result in valid treatment decisions by dental providers.<sup>8</sup> Consultations via teledentistry for pediatric patients increase access to dental specialists.<sup>1,2</sup> While teledentistry has acceptable value in the detection of caries, more well-designed research is needed to investigate its effectiveness instead of its efficacy.<sup>9</sup>

Statutes and case law of individual states govern the practice of dentistry, including teledentistry. Some states may require dentists to be licensed in the state in which their patient is receiving service.<sup>5</sup> As with traditional delivery of dental services, consent for and documentation of teledentistry in accordance with state guidelines are essential. Documentation of a teledentistry visit would be similar to that of an in-person visit, encompassing a thorough description of the encounter. Security measures and privacy of protected patient information are necessary to ensure compliance with state and federal laws.<sup>5,6,10</sup> Review of applicable regulations can help practitioners determine their compliance regarding licensure, documentation, and electronic security for teledentistry. The care delivered through teledentistry is an adjunct to in-person care and expected to conform to evidence-based dentistry.<sup>5</sup>

## Policy statement

The AAPD encourages the use of teledentistry as an adjunct to in-person clinical care to improve access to care for infants, children, adolescents, and individuals with special health care needs. The AAPD advocates that teledentistry services:

- gain recognition as a subset of telehealth.
- complement but do not serve as a substitute for the establishment of a dental home.

## ABBREVIATION

AAPD: American Academy of Pediatric Dentistry.

- serve as a useful tool for the timely assessment and triage of traumatic injuries.
- provide an important adjunct when access to providers is limited including, but not limited to, local unforeseen circumstances, patients in remote locations, and patients with special health care needs who may not be able to engage in traditional services.
- be consistent with evidence-based guidelines and recommendations promulgated by organizations or agencies with recognized expertise and stature.
- be included as an essential component of health care benefits plans with reimbursement rates on par with in-person delivery of care.

The AAPD recognizes that teledentistry is an expanding and increasingly beneficial technology. Further research and development of teledentistry policy and technology are needed on a state and national level to facilitate widespread implementation.

## References

1. Kopycka-Kedzierawski DT, Billings RJ. Comparative effectiveness study to assess two examination modalities used to detect dental caries in preschool urban children. *Telemed J E Health* 2013;19(11):834-40.
2. McLaren SW, Kopycka-Kedzierawski DT, Nordfelt J. Accuracy of teledentistry examinations at predicting actual treatment modality in a pediatric dentistry clinic. *J Telemed Telecare* 2017;23(8):710-5.
3. Irving M, Stewart R, Spallek H, Blinkhorn A. Using teledentistry in clinical practice as an enabler to improve access to clinical care: A qualitative systematic review. *J Telemed Telecare* 2018;24(3):129-46.
4. Kopycka-Kedzierawski DT, McLaren SW, Billings RJ. Advancement of teledentistry at the University of Rochester's Eastman Institute for Oral Health. *Health Affairs* 2018;37(12):1960-6.
5. American Dental Association. ADA Policy on Teledentistry. Chicago, Ill.: American Dental Association, 2020. Available at: "<https://www.ada.org/en/about-the-ada/ada-positions-policies-and-statements/statement-on-teledentistry>". Accessed June 16, 2021.
6. Burke BL Jr, Hall RW, Section on Telehealth Care. Telemedicine: Pediatric applications. *Pediatrics* 2015;136(1):e293-e308.
7. American Telemedicine Association. Telehealth: Defining 21st Century Care. Arlington, Va.: American Telemedicine Association; 2020. Available at: "[https://f.hubspotusercontent30.net/hubfs/5096139/Files/Resources/ATA\\_Telehealth\\_Taxonomy\\_9-11-20.pdf](https://f.hubspotusercontent30.net/hubfs/5096139/Files/Resources/ATA_Telehealth_Taxonomy_9-11-20.pdf)". Accessed June 16, 2021.
8. Alabdullah JH, Daniel SJ. A systematic review on the validity of teledentistry. *Telemed J E Health* 2018;24(8):639-48.
9. Estai M, Bunt S, Kanagasingam Y, Kurger E, Tennant M. Diagnostic accuracy of teledentistry in the detection of dental caries: A systematic review. *J Evid Base Dent Pract* 2016;16(3):161-72.
10. American Telemedicine Association. Operating Procedures for Pediatric Telehealth. Arlington, Va.: American Telemedicine Association; 2017:1-23. Available at: "[https://www.aap.org/en-us/Documents/ATA\\_Pediatric\\_Telehealth.pdf](https://www.aap.org/en-us/Documents/ATA_Pediatric_Telehealth.pdf)". Accessed June 16, 2021.