Teledentistry: An alternative method to in-office consultations

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During these rapidly changing healthcare times we as dental professionals need to keep up with the changing landscape of the healthcare environment. We need to work in collaboration with our physician colleagues and within our own different dental specialties if we want to continue to provide the high-quality care our patients expect. As dental professionals we need to critically ask ourselves the best way to keep pace with all the changes.

One way that we can interact with our physician colleagues and other dental providers is through the use of technology. The increase in interactions using technology will lead to better care for all patients. We have known for decades that dental specialists tend to live and practice in larger city environments, often leaving the patients in more rural areas lacking access to specialized dental care. As a pediatric dentist, I often hear parents' stories about how it has taken them a year or longer to have their child seen in the operating room. Commonly, the same reasons seem to be cited: "no one takes our insurance" or "I can't get to the city because I don't have a car." Speaking with general dentists that are practicing in rural communities, they too seem to have many frustrations getting patients appropriately referred and seen by specialists in larger metropolitan areas.

Several years ago, Finger Lakes Community Health, a Federally Qualified Health Center (FQHC) in the region, approached leadership at The Eastman Institute for Oral Health at The University of Rochester with a unique proposal. The proposal involved taking advantage of newer technology that allowed for a live-time video chat and intraoral examination on children who needed a higher level of care than could safely be offered in their rural setting. These patients would also be assigned a community health worker to help ensure that the recommended treatment was completed. This innovative live-video program would help to address two of the most commonly cited problems: finding pediatric dental specialists that accepted Medicaid insurance, and eliminating a long drive for a consultation appointment. When this idea started, the FQHC had a self-reported completion rate of 15% for all children who were referred for pediatric dental specialist care.

Since the inception of the program in 2010, over 670 children in Western and Central New York State have been served by this unique program. Approximately half of the children seen have required oral rehabilitation under general anesthesia due to the extent of their dental disease. We have observed a treatment completion rate of 92% for the children who required oral rehabilitation. In the past, many of these children would never have received the care they needed.

We have started to use this technology with our anesthesia colleagues to facilitate the most appropriate venue for care to take place, whether an outpatient surgery center or within a major pediatric hospital.

Going forward, we also envisage a major role for teledentistry in increasing access to care for many other vulnerable and underserved populations. Individuals with intellectual and or developmental disabilities, homebound patients, nursing home residents, and migrant or incarcerated populations all could benefit from the use of this type of technology.

In the future there will be many new ways to implement advances in technology into dentistry and we must continue to do this, teaching the next generation of dentists how to use the technology and improve on the methods that are already in place.

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