

Pandemic Drives Dental Provider Confidence in Telehealth

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Methodology

The CareQuest Institute for Oral Health assembled a research panel of DentaQuest-enrolled providers to conduct a series of quarterly surveys to further examine the trends, patterns, and impact of the COVID-19 pandemic in dentistry. The request to join the research panel was sent to 22,075 providers. A total of 575 providers agreed to participate in the panel and were eligible for participation, for a participation rate of 2.5%. Eligibility was assessed by age (18+) and having a high degree of familiarity with their dental office's patient volume, staffing, dental insurance carriers, treatment protocols, and the office's pre-and post-COVID finances. The research panel is substantially similar to the population of dental providers as a whole in terms of geographic distribution, specialty, and gender.

The results in this report come from the first quarterly survey, which was fielded from March 9 - April 2, 2021. Up to four reminders were sent to prompt completion. A total of 377 dental providers partially or fully completed the survey, for a response rate of 63% of the research panel.



Use of Telehealth

Telehealth has become a consistent approach for providing dental care during the pandemic as providers gain confidence in the modality to efficiently offer services and deliver preventive care. A new survey provides insight into utilization of teledentistry over the past year as well as opportunities for growth beyond the pandemic.

A recent survey from CareQuest Institute for Oral Health aims to understand dental provider utilization of teledentistry in early 2021 compared with two timepoints during the COVID-19 pandemic in 2020. It also aims to understand the expectations of providers for the modality beyond the pandemic. The DentaQuest Partnership for Oral Health Advancement, now CareQuest Institute, conducted two similar surveys in 2020. One was conducted in June 2020, when, due to the pandemic, providers were more limited in providing urgent non-elective services. The other was conducted in August 2020, when restrictions had loosened somewhat. Subsequently, in March and April 2021, the majority of dental practices were open for business as usual, though some were still experiencing lower patient volumes than usual. The survey conducted in 2021 had a smaller sample size than the 2020 surveys, but comparisons of respondents to non-respondents indicates that the survey reflects the distribution of providers as a whole.

Results from the most recent provider survey show consistent utilization of teledentistry compared with 2020. In fact, 22% of providers are seeing patients via telehealth, and 4% are not currently using telehealth but plan to do so in the near future. In June 2020, 27% of providers were seeing patients via telehealth, and 13% planned to in the near future; in August 2020, 23% of providers were seeing patients via telehealth and 11% planned to in the near future. Additionally, dental providers in public health settings were slightly more likely to use telehealth (32%) than providers in private practice settings (21%).

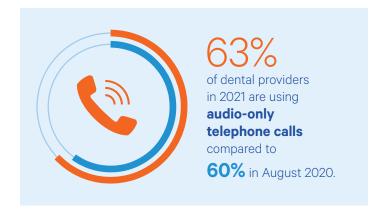
Providers seeing patients via telehealth	
June 2020	27%
August 2020	23%
March 2021	22%

The providers using telehealth saw an average of 7% of their patient volume via telehealth or virtual platforms in the past month. Another recent report from CareQuest Institute shows that teledentistry is not yet widely utilized by patients: only 2% of survey respondents had seen dental providers remotely in the last year. Of those who had a virtual visit, more than 80% of respondents were either very or somewhat satisfied with their experience, and more than one-third (35%) of respondents who hadn't yet participated in teledentistry said they would be willing to try it. This represents an opportunity for providers to meet patient demand for telehealth by increasing the volume of patients they care for virtually.

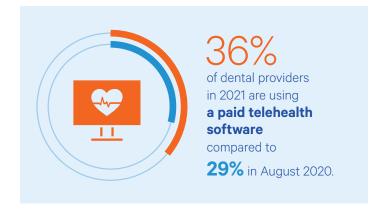
Throughout the pandemic, the majority of providers used telehealth modalities that primarily allow for synchronous ("live") communication, with an increase in all modalities in 2021:

- 63% are using telephone calls (audio-only) compared to 60% in August 2020.
- 47% are using free virtual meeting software (e.g., Facetime, Zoom, Google Meet, Skype, Microsoft Teams, etc.) compared to 42% in August 2020.
- 36% are using a paid telehealth software
 (e.g., Denteractive, Doxy.me, Luma Health, MouthWatch TeleDent, TeleDentists, Virtual Dental Care) compared to 29% in August 2020.

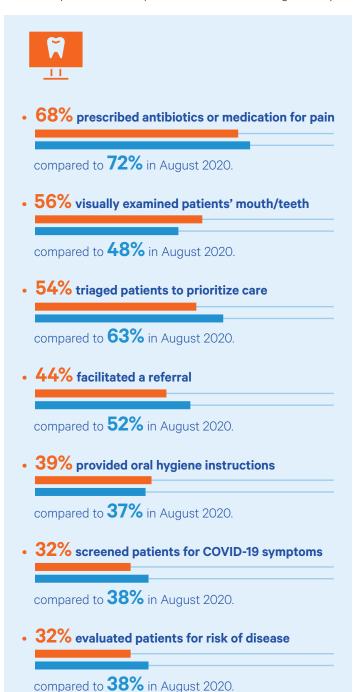
The increase in use of each modality may be occurring because as providers grow more comfortable with using telehealth, they expand their approaches to reaching patients. Additionally, the Public Health Emergency Declaration is still active and continues to serve as an enabler. The largest increase is seen in the use of paid telehealth software, suggesting that providers are beginning to invest in comprehensive telehealth software for the future of their practice.







Providers have offered many different services virtually throughout the pandemic to meet patients' needs — as patients could not come into the office for an in-person visit or as providers met their needs more conveniently through telehealth. The survey revealed that providers did the following virtually:





Additionally, in 2021, providers are using telehealth to provide other preventive services:

- 8% provided tobacco counseling.
- 12% provided nutritional counseling.
- 17% developed self-management goals with patients.

Providers also thought that the following services could be done more efficiently via telehealth than in-office:

- Facilitating a referral (57%)
- Prescribing antibiotics or medication for pain (53%)
- Providing oral hygiene instructions (41%)

Providing these services virtually can not only save patients time and money and help address social determinants of health, but can also free up in-office chair time for more comprehensive and complex patient needs. Providing oral hygiene instructions (as well as other preventive services) virtually allows patients to engage in focused preventive sessions more often than their preventive recall or maintenance schedule, which is conducive to better disease management and improved patient-provider relationships. This is especially important for high-risk patients, in particular those who have traditionally lacked access to care. Merging telehealth and preventive care also allows the entire dental workforce (i.e., dental hygienists, dental assistants, etc.) to be involved in the patient care pathway.

The Future of Telehealth in Dentistry

As dental providers have begun to understand the benefits that teledentistry confers on their patients and practices in the context of a pandemic, and have become more comfortable with the care modality, they expect teledentistry to continue to be a part of their care pathway. The survey results found that 72% of providers expect that their volume of telehealth encounters will stay the same or increase during the next 12 months. This is similar to the result from the August 2020 survey in which 75% of providers said they expected their volume of telehealth encounters to stay the same or increase during the next 12 months. Additionally, the survey asked providers if they planned to continue using telehealth once they COVID-19 pandemic ends, and 85% of providers currently utilizing telehealth said yes.

Of the providers who do not currently use teledentistry, the top three barriers that keep them from using the modality are:

- 77% think in-person visits are needed for most patients.
- 22% say patients have limited access to technological devices needed for a telehealth visit (e.g., smartphone, tablet, computer) or that they have connectivity issues.
- 23% say state dental plans (e.g., state Medicaid) do not reimburse for it.

To overcome these barriers, several realizations and solutions are needed. First, it is important to recognize that dentistry is a hands-on profession and that remote care will never replace in-person care. However, many services — including screening, counseling, and prescribing — can be provided virtually, offering valuable adjunctive support to in-person care. In fact, a report by CareQuest Institute found that 69% of

Top three barriers to telehealth use by providers

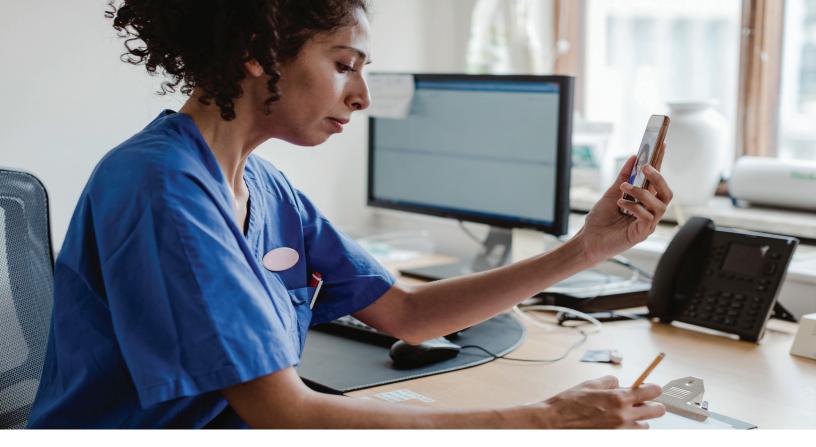
Top three barriers to telehealth use limited access to technological devices

23% say state dental plans do not reimburse for teledentistry

patients reported that their concern was taken care of during their teledental visit, and 31% reported that they didn't need in-office care following their teledentistry appointment. It is also important to recognize that most clinical training for dental providers involves in-person appointments, and there is little focus on telehealth in current dental curricula. It is critical that dental professional students start to be trained in virtual services, so they are comfortable and confident with the modality when they transition to practice.

Lack of patient access to technology is a well-known barrier to the use of telehealth. Many individuals located in rural areas lack access to a stable internet connection, and those of low socio-economic status may not be able to afford the devices, such as a smartphone or a laptop, needed to access virtual appointments. Some populations may not know how to use the necessary technology to access their health providers. Dentistry must be careful to not create a telehealth system that is inequitable and leaves out the very individuals and populations it is striving to include. Progress to accommodate these needs must be made. A recent Dimensions of Dental Hygiene article outlines great action steps toward a solution. including clinician screening for technology experience and literacy; support for technology setup and trouble-shooting; accommodations for patients with disabilities; and increased broadband connection in rural areas.

Almost a quarter of providers reported that their state dental plans do not reimburse for care provided through teledentistry. While many states have made changes to allow for reimbursement of teledentistry services, not all changes enable a wide variety of uses, including prevention, and many provisions are temporary through the end of the pandemic. The survey also asked providers if they would see patients via telehealth or virtual platforms if state policy allowed it, and nearly three-quarters (73%) stated that they would. This is an opportunity for states and policymakers to make permanent, prevention-oriented policy and reimbursement changes to match the desire of providers to use teledentistry. The specific policy changes needed to enable widespread use of teledentistry vary by state, but they could include teledental provisions and guidelines in state dental practice acts, reimbursement for preventive care using synchronous and asynchronous modalities, and changes to restrictive supervision laws to permit allied dental professionals to use teledentistry more comprehensively.



Conclusions

The use of telehealth by dental providers remains consistent at this stage of the COVID-19 pandemic. Through surveys conducted at multiple timepoints — June 2020, August 2020, and March 2021 — it was determined (among the samples) that about a quarter of dental providers consistently utilize telehealth to see patients. The survey also found that the majority of providers used an audio-only modality, with an increase in the use of audio/video modalities, especially paid telehealth software, over time. These results suggest that dental providers have become comfortable with telehealth and see it as an investible service modality to meet the needs of their patients. Many providers are also using teledentistry to provide preventive care, but barriers exist to expanding these services as well as to broadening the use of telehealth in general. To overcome barriers to adoption and ensure the equitable future of telehealth in dentistry, we must move beyond the emergency-enabled growth of teledentistry as a stopgap and take a value-based approach that rewards quality care, improves outcomes, and lowers the cost of care.

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CareQuest Institute for Oral Health

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