South Dakota State Board of Dentistry

Board Meeting Agenda
10:00 a.m. Central Friday February 7, 2025
Drifters Event Center -- 325 E. Hustan Avenue Ft. Pierre SD 57532

1) **Call to Order**
2) **Open Forum:** 5 minutes for the public to address the Board
3) **Approval of Minutes**
4) **Adoption of Agenda**
5) **Financial Report**
6) **Office Update**
7) **Organization and Program Updates**
   a. Affiliated Monitors: *Vin DiCianni and Denise Moran*
   b. SD Dental Hygienists' Association: *Hailey Bruggeman*
   c. SD Dental Association, Dental Wellness Program, Oral Health Coalition: *Melissa Afdahl*
8) **Executive Session - SDCL 1-25-2(3) and (4)**
9) **License Applications**
10) **Compliance/Legal**
11) **New Business:**
   a. Teledentistry Presentation – *Dr. Michelle Scholtz*
   b. Board Operations
   c. Speaker Honorarium Applications
   d. Appointments
   e. Meeting Dates
12) **Announcements:** Next Meetings – May 30, 2025 and October 10, 2025.
13) **Adjourn**

SD State Board of Dentistry
Board Meeting
Drifters Event Center – Ft. Pierre, SD
Friday October 18, 2024

President Van Dam called the meeting to order at 10:06 a.m. Central.

Board Members Present: Dr. Scott Van Dam, Dr. Brian Prouty, Dr. Nick Renemans, Dr. Harold Doerr, Dr. Jon Schaack, and Zona Hornstra.

Board Members Present via Video/audio Conferencing: Ashley Flynn.

Board Staff Present: Brittany Novotny, Lisa Harsma, and Dusti Palecek.

Board Staff Present via Video/Audio Conferencing: Megan Borchert (General Counsel), Shelly Munson (Prosecutor), Tamara Lee (Department of Health Prosecutor), Dr. Randy Sachau (Investigator), Dr. Dennis Mills (Investigator), and Dr. Orin Ellwein (Investigator).

Presenters Attending via Video/Audio Conferencing: Amanda McKnelly (Midwest Health Management Services/ HPAP), Marsha Jensen (Southeast Technical College), Rachael Burchell (Western Dakota Technical College), Nicole Pahl (Lake Area Technical College).

Others Present: Paul Knecht (SDDA), Tasha Wendell (SDDHA), Caitlyn Lint (SDDHA), Ann Schwartz (Delta Dental), Dr. Michelle Hofer (SDDA), Dr. Michael Doerr, Dr. Joseph Hull, Dr. Michelle Scholtz (Horizon Health), Dr. Murray Thompson, Dr. Rick Fuchs and Amy Perry.

Van Dam called for public testimony during the open forum. There was no public testimony.

Motion to approve the minutes by Renemans. Second by Doerr. Motion carried.

Motion to move approve the agenda by Renemans. Second by Doerr. Motion carried.

Motion to approve the financial report by Hornstra. Second by Renemans. Motion carried.

Novotny provided an office update.

Paul Knecht presented an update on the South Dakota Dental Association (SDDA), the Dental Wellness Program, the Oral Health Coalition, and the Dental Workforce Solutions Task Force.

Tasha Wendell and Caitlyn Lint presented an update on the South Dakota Dental Hygienists' Association (SDDHA).

Amanda McKnelly presented an update on the Health Professionals Assistance Program (HPAP).

Marcia Jensen presented an update on the Southeast Technical College Dental Assisting Program.

Rachael Burchell presented an update on the Western Dakota Technical College Dental Assisting Program and discussed a possible future Dental Hygiene Program.

Nicole Pahl presented an update on the Lake Area Technical College Dental Assisting Program and the status of their Dental Hygiene Program.

Tasha Wendell presented an update on the University of South Dakota Dental Hygiene program.

Motion to move into Executive Session pursuant to SDCL 1-25-2 (3) by Doerr. Second by Renemans. Motion carried. The Board went into Executive Session at 11:09 a.m.

Motion to move out of Executive Session by Doerr. Second by Renemans. Motion carried. The Board moved out of Executive Session at 1:01 p.m.

Motion to approve the dentist credential verification applications of Olamide Osundolu Atanda, Cody James Christensen, Curtis J Hayes, M Caroline Jones, Jeffrey Brice Kesling, Katerine Jina Lee, Danny Blaine Leeds, Joshua Todd Martin, Solomon Spears Nair, Howard Stephen Snider and Theodore Wayne Thull by Renemans. Second by Hornstra. Motion carried.

Motion to approve the dental hygienist credential verification applications of Sandra Lee Foles, Lara Diane James, Heather Marie Morales, Kasey Anne Marie Seneff, Kathleen Anne Skarka and Sara Catherin Tesch by Hornstra. Second by Doerr. Motion carried.

Motion to approve the dentist applications of Mason Alexander Hericks, Sarah Elizabeth Herrmann, Emily Grace Hvezda, Logan David Johnson, Dustin Mark Pfundheller, Cornelia Alice Sallar and Matthew George Takahashi by Renemans. Second by Doerr. Motion carried.

Motion to approve the dental hygienist applications of Sadi Jean Curtis, Nevada Jade Gill, Jessica Rachel Glanzer, Emilee Ann Goldy, Beatriz Hoyos-Ponce, April Erin Moen, Audrey Lee Perry, Cassandra Lynn Schmidt and Shaelyn Alexis Welch-Battershaw by Hornstra. Second by Prouty. Motion carried.

Motion to approve the closure order in case 05.2324 by Schaack. Second by Doerr. Motion carried.

Motion to approve the agreed upon disposition in case 22.2324 by Schaack. Second by Hornstra. Van Dam and Doerr were recused from voting. Motion carried.

Motion to approve the agreed upon disposition in case 32.2324 by Doerr. Second by Renemans. Prouty and Hornstra were recused from voting. Motion carried.

Motion to approve the agreed upon disposition in case 21.2223 by Renemans. Second by Doerr. Motion carried.

Motion to approve the agreed upon disposition in case 29.2324 by Renemans. Second by Doerr. Motion carried.

Motion to approve the 1973-1985 California state dental hygiene clinical examination as equivalent to a dental hygiene clinical competency examination per SDCL 36-6A-47.1 by Renemans. Second by Prouty. Motion carried.

The Board reviewed the South Dakota Dental Association (SDDA) Petition submitted pursuant to SDCL 1-26-13 that included three Administrative Rules Proposals (Proposals):

SDDA Proposal 1 -- Restorative Functions (Dental Hygienists and Registered Dental Assistants);

SDDA Proposal 2 -- Supragingival Scaling (Registered Dental Assistants); and
SDDA Proposal 3 -- Administration of Nitrous Oxide (unregistered Dental Assistants).

Van Dam noted that the three Proposals were posted on the Board's website, feedback was solicited in advance of the Board meeting, and written feedback received from stakeholders was available on the Board's website. Written feedback included the following, from both individuals and organizations:

SDDA Proposal 1, Restorative Functions (Dental Hygienists and Registered Dental Assistants):
Support – 23, Oppose – 53, Other – 3.

SDDA Proposal 2, Supragingival Scaling (Registered Dental Assistants):
Support – 28, Oppose – 51. Other – 2.

SDDA Proposal 3, Administration of Nitrous Oxide (unregistered Dental Assistants):
Support – 31, Oppose – 27, Other – 2. It was noted that the South Dakota State Medical Association (SDSMA) and the South Dakota Association of Nurse Anesthetists (SDANA) were not in attendance but had submitted written comments in opposition to the SDDA Proposal 3, Administration of Nitrous Oxide (unregistered Dental Assistants).

Paul Knecht (SDDA) presented the SDDA Petition and Proposal 1, Restorative Functions (Dental Hygienists and Registered Dental Assistants).

Van Dam called for verbal testimony on Proposal 1, Restorative Functions (Dental Hygienists and Registered Dental Assistants).

Support - Proposal 1, Restorative Functions (Dental Hygienists and Registered Dental Assistants):
Paul Knecht (SDDA), Tasha Wendell (SDDHA), Caitlyn Lint (SDDHA), Dr. Michelle Scholtz (Horizon Healthcare) and Dr. Joseph Hull.

Opposition - Proposal 1, Restorative Functions (Dental Hygienists and Registered Dental Assistants):
Dr. Michael Doerr and Amy Perry.

Paul Knecht (SDDA) presented the SDDA Proposal 2, Supragingival Scaling (Registered Dental Assistants).

Van Dam called for verbal testimony on Proposal 2, Supragingival Scaling (Registered Dental Assistants).

Support -- Proposal 2, Supragingival Scaling (Registered Dental Assistants):
Paul Knecht (SDDA), Dr. Michelle Scholtz (Horizon Healthcare), Dr. Rick Fuchs (SDDA), Dr. Murray Thompson and Dr. Joseph Hull.

Opposition -- Proposal 2, Supragingival Scaling (Registered Dental Assistants):
Tasha Wendell (SDDHA), Caitlyn Lint (SDDHA), Amy Perry, and Dr. Michael Doerr.

Paul Knecht (SDDA) presented the SDDA Proposal 3, Administration of Nitrous Oxide (unregistered Dental Assistants).

Van Dam called for verbal testimony on Proposal 3, Administration of Nitrous Oxide (unregistered Dental Assistants).

Support -- Proposal 3, Administration of Nitrous Oxide (unregistered Dental Assistants):
Paul Knecht (SDDA) and Michelle Scholtz (Horizon Healthcare).

Opposition -- Proposal 3, Administration of Nitrous Oxide (unregistered Dental Assistants):
Amy Perry and Dr. Michael Doerr.

Van Dam thanked stakeholders for their feedback and testimony.

Motion to go into Executive Session pursuant to SDCL 1-25-2(3) by Doerr. Second by Hornstra. Motion carried. The Board went into Executive Session at 2:42 p.m.

Motion to move out of Executive Session by Prouty. Second by Schaack. Motion carried. The Board moved out of Executive Session at 3:49 p.m.

Motion to deny the SDDA Proposal 1, Restorative Functions (Dental Hygienists and Registered Dental Assistants) by Renemans. Second by Doerr. The Board discussed the Proposal and concerns. Motion carried.

Motion to deny the SDDA Proposal 2, Supragingival Scaling (Registered Dental Assistants) by Hornstra. Second by Doerr. The Board discussed the Proposal and concerns. Motion carried.

Motion to deny the SDDA Proposal 3, Administration of Nitrous Oxide (unregistered Dental Assistants) by Doerr. Second by Prouty. The Board discussed the Proposal and concerns. Motion carried.

Motion to issue a formal denial of the SDDA Petition, including Proposal 1, 2, and 3, by Hornstra. Second by Renemans. Motion carried.

The Board reviewed the clinical competency examination materials.

Motion to approve, per ARSD 20:43:03:01(4), the components of the patient and simulation based dental clinical competency examinations administered by CRDTS, SRTA and CDCA-WREB-CITA that meet the requirements outlined in 20:43:03:02, as presented, by Renemans. Second by Hornstra. Motion carried.

Motion to approve, per ARSD 20:43:03:08(4), the components of the patient and simulation based dental hygiene clinical competency examinations administered by CRDTS, SRTA and CDCA-WREB-CITA that meet the requirements outlined in ARSD 20:43:03:09, as presented, by Renemans. Second by Hornstra. Motion carried.

Motion to approve, per 20:43:03:04(4), the patient and simulation based dental clinical competency examinations administered by CRDTS, SRTA and CDCA-WREB-CITA, as presented, by Renemans. Second by Hornstra. Motion carried.

Motion to approve, per 20:43:03:10(4), the patient and simulation based dental hygiene clinical competency examinations administered by CRDTS, SRTA and CDCA-WREB-CITA, as presented, by Renemans. Second by Hornstra. Motion carried.

Motion to approve the DA Prep Radiography course application, per ARSD 20:43:07:06, by Doerr. Second by Renemans. Motion carried.

Motion to approve the 2025 continuing education honorarium application, as presented, by Renemans. Second by Prouty. Motion carried.

Motion to appoint Renemans as the dental hygiene approving board member by Hornstra. Second by Prouty. Motion carried.

The Board announced meeting dates of February 7, 2025; May 30, 2025; and October 10, 2025.

The Board thanked Hornstra for her nine years of service on the Board. The Board highlighted the many leadership and committee roles held by Zona, emphasizing the tremendous asset she has been to both the Board and the profession throughout her years of service.

Motion to adjourn by Hornstra. Second by Schaack. Motion carried.

There being no further business, the meeting was adjourned at 4:06 p.m.

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Dr. Scott Van Dam, President

09202   Board of Dentistry - Info

Subobject	Operating	Expenditures	Encumbrances	Commitments	Remaining	PCT AVL
EMPLOYEE SALARIES						
5101030 Board & Comm Mbrs Fees	13,619	996	0	0	12,623	92.7
Subtotal	**13,619**	**996**	**0**	**0**	**12,623**	**92.7**
EMPLOYEE BENEFITS						
5102010 Oasi-employer's Share	1,228	76	0	0	1,152	93.8
Subtotal	**1,228**	**76**	**0**	**0**	**1,152**	**93.8**
51 Personal Services						
Subtotal	**14,847**	**1,072**	**0**	**0**	**13,775**	**92.8**
TRAVEL						
5203030 Auto-priv (in-st.) H/rte	1,772	229	0	0	1,543	87.1
5203070 Air-charter-in State	22,000	0	0	0	22,000	100.0
5203100 Lodging/in-state	1,637	0	0	0	1,637	100.0
5203130 Non-employ. Travel-in St.	2,500	320	0	0	2,180	87.2
5203140 Meals/taxable/in-state	305	0	0	0	305	100.0
5203150 Non-taxable Meals/in-st	200	0	0	0	200	100.0
5203260 Air-comm-out-of-state	1,000	0	0	0	1,000	100.0
5203330 Non-employ Travel-out-st.	3,000	0	0	0	3,000	100.0
Subtotal	**32,414**	**549**	**0**	**0**	**31,865**	**98.3**
CONTRACTUAL SERVICES						
5204010 Subscriptions	300	0	0	0	300	100.0
5204020 Dues & Membership Fees	5,000	625	0	0	4,375	87.5
5204050 Computer Consultant	34,400	27,224	7,776	0	-600	0.0
5204060 Ed & Training Consultant	3,307	0	0	0	3,307	100.0
5204080 Legal Consultant	38,616	63,143	0	0	-24,527	0.0
5204090 Management Consultant	295,140	134,988	192,424	0	-32,272	0.0
5204100 Medical Consultant	40,000	58,366	241,972	0	-260,338	0.0
5204130 Other Consulting	7,000	6,999	63,001	0	-63,000	0.0
5204160 Workshop Registration Fee	2,000	0	0	0	2,000	100.0
5204181 Computer Services-state	316	0	0	0	316	100.0
5204190 Computer Services-private	500	0	0	0	500	100.0
5204200 Central Services	3,549	3,505	0	0	44	1.2
5204202 Central Services	0	8	0	0	-8	0.0
5204203 Central Services	203	6	0	0	197	97.0
5204204 Central Services	1,211	242	0	0	969	80.0
5204207 Central Services	1,016	305	0	0	711	70.0

09202   Board of Dentistry - Info

Subobject		Operating	Expenditures	Encumbrances	Commitments	Remaining	PCT AVL
5204360	Advertising-newspaper	400	0	0	0	400	100.0
5204460	Equipment Rental	0	50	0	0	-50	0.0
5204480	Microfilm & Photography	500	0	0	0	500	100.0
5204510	Rents-other	725	334	0	0	391	53.9
5204530	Telecommunications Srvcs	4,000	0	0	0	4,000	100.0
5204550	Garbage & Sewer	0	25	0	0	-25	0.0
5204590	Ins Premiums & Surety Bds	1,500	0	0	0	1,500	100.0
5204960	Other Contractual Service	12,000	2,162	0	0	9,838	82.0
Subtotal		**451,683**	**297,982**	**505,173**	**0**	**-351,472**	**0.0**
SUPPLIES & MATERIALS							
5205020	Office Supplies	1,100	1,158	0	0	-58	0.0
5205300	Trophies & Awards	0	62	0	0	-62	0.0
5205310	Printing-state	1,000	195	0	0	805	80.5
5205350	Postage	4,500	2,563	0	0	1,937	43.0
5205390	Food Stuffs	500	168	0	0	332	66.4
Subtotal		**7,100**	**4,146**	**0**	**0**	**2,954**	**41.6**
OTHER							
5208010	Other	500	0	0	0	500	100.0
Subtotal		**500**	**0**	**0**	**0**	**500**	**100.0**
52 Operating							
Subtotal		**491,697**	**302,677**	**505,173**	**0**	**-316,153**	**0.0**
Total		**506,544**	**303,749**	**505,173**	**0**	**-302,378**	**0.0**

AGENCY   09   HEALTH
BUDGET UNIT 09202   BOARD OF DENTISTRY - INFO

CENTER	COMP	ACCOUNT	DESCRIPTION	CURRENT MONTH	YEAR-TO-DATE
COMPANY NO	6503				
COMPANY NAME		PROFESSIONAL & LICENSING BOARDS			
092020061807	6503	4293005	DENTIST CREDENTIAL	600.00	7,200.00
092020061807	6503	4293015	HYGIENIST CREDENTIAL	600.00	3,000.00
092020061807	6503	4293105	DENTIST NEW LICENSE	.00	600.00
092020061807	6503	4293110	DENTIST LICENSE RENEWAL	.00	12,100.00
092020061807	6503	4293115	DENTIST JP EXAM	300.00	4,500.00
092020061807	6503	4293125	DENTIST REINSTATE LICENSE	.00	1,200.00
092020061807	6503	4293135	DENTIST NITROUS OXIDE	50.00	600.00
092020061807	6503	4293137	DENTIST NITROUS RENEW	.00	1,150.00
092020061807	6503	4293145	DENTIST MOD SEDAT RENEW	.00	100.00
092020061807	6503	4293147	DENTIST MOD SED AD RENEW	.00	150.00
092020061807	6503	4293150	DENTIST GA/DEEP SEDATION	.00	50.00
092020061807	6503	4293152	DENTIST GA/DEEP SED RENEW	.00	200.00
092020061807	6503	4293160	DENTIST HOST PERMIT LIC	300.00	750.00
092020061807	6503	4293162	DENTIST HOST PERMIT RENEW	.00	50.00
092020061807	6503	4293205	HYGIENIST NEW LICENSE	300.00	600.00
092020061807	6503	4293210	HYGIENIST RENEWAL LICENSE	.00	12,765.00
092020061807	6503	4293215	HYGIENIST JP EXAM	540.00	1,890.00
092020061807	6503	4293220	HYGIENIST ANESTH RENEW	.00	3,535.00
092020061807	6503	4293222	HYGIENIST ANESTHESIA	45.00	450.00
092020061807	6503	4293225	HYGIENIST REINSTATE	.00	1,890.00
092020061807	6503	4293235	HYGIENIST NITRIOUS OXIDE	90.00	405.00
092020061807	6503	4293237	HYGIENIST NIT OXIDE RENEW	.00	2,730.00
092020061807	6503	4293305	RADIOLOGY NEW	1,350.00	5,760.00
092020061807	6503	4293307	RADIOLOGY RENEWAL	.00	6,475.00

STATE OF SOUTH DAKOTA
REVENUE SUMMARY BY BUDGET UNIT
FOR PERIOD ENDING: 12/31/2024

AGENCY   09   HEALTH
BUDGET UNIT 09202 BOARD OF DENTISTRY - INFO

CENTER	COMP	ACCOUNT	DESCRIPTION	CURRENT MONTH	YEAR-TO-DATE	
092020061807	6503	4293315	RADIOLOGY REINSTATE	.00	1,260.00	
092020061807	6503	4293405	ADA EXPANDED FUNCTION NEW	90.00	3,060.00	
092020061807	6503	4293410	ADA EXPAND FUNCTION RENEW	.00	5,005.00	
092020061807	6503	4293415	ADA EXPAND FUNCT REINSTAT	.00	675.00	
092020061807	6503	4293420	ADA EXPAND FUNC ADMIN NIT	45.00	2,115.00	
092020061807	6503	4293422	ADA EXPAND FUNC NIT RENEW	.00	2,555.00	
092020061807	6503	4293505	CORPORATE NEW LICENSE	100.00	700.00	
092020061807	6503	4293510	CORPORATE RENEWAL	.00	1,375.00	
092020061807	6503	4293600	TEMP LICENSE	200.00	1,800.00	
092020061807	6503	4293850	COLLABORATIVE SUPERVISION	.00	40.00	
ACCT:	4293		BUSINESS & OCCUP LICENSING (NON-GOVERNMENTAL)	4,610.00	86,735.00	*
ACCT:	42		LICENSES, PERMITS & FEES	4,610.00	86,735.00	**
092020061807	6503	4595000	VERIFICATION LETTERS	50.00	350.00	
092020061807	6503	4595800	LIST OF PRACTITIONERS	1,350.00	4,050.00	
ACCT:	4595			1,400.00	4,400.00	*
ACCT:	45		CHARGES FOR SALES & SERVICES	1,400.00	4,400.00	**
092020061807	6503	4896700	OTHER REVENUE	.00	71,700.00	
ACCT:	4896			.00	71,700.00	*
ACCT:	48		OTHER REVENUE	.00	71,700.00	**
092020061807	6503	4920045	NONOPERATING REVENUES	.00	16,125.56	
ACCT:	4920		NONOPERATING REVENUE	.00	16,125.56	*
ACCT:	49		OTHER REVENUE	.00	16,125.56	**
CNTR:	092020061807			6,010.00	178,960.56	***
CNTR:	092020061			6,010.00	178,960.56	****
CNTR:	0920200			6,010.00	178,960.56	*****
COMP:	6503			6,010.00	178,960.56	******

AGENCY   09   HEALTH
BUDGET UNIT 09202   BOARD OF DENTISTRY - INFO

CENTER   COMP   ACCOUNT   DESCRIPTION   CURRENT MONTH   YEAR-TO-DATE

 B UNIT: 09202   6,010.00   178,960.56   *******

STATE OF SOUTH DAKOTA
CASH CENTER BALANCES
AS OF: 12/31/2024

AGENCY: 09   HEALTH
BUDGET UNIT: 09202 BOARD OF DENTISTRY - INFO

COMPANY	CENTER	ACCOUNT	BALANCE	DR/CR	CENTER DESCRIPTION
6503	092000061807	1140000	366,412.80	DR	BOARD OF DENTISTRY
COMPANY/SOURCE TOTAL 6503 618			366,412.80	DR *	
COMP/BUDG UNIT TOTAL 6503 09202			366,412.80	DR **	
BUDGET UNIT TOTAL 09202			366,412.80	DR ***	

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- System Reviews and Compliance Programs
- Tracking Compliance with Board Orders and Medicaid Fraud Prosecution Agreements

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- Home Care Agencies
- Ambulatory Surgery Centers
- Clinical Laboratories
- Pharmacies
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  - Dentists
  - Chiropractors
  - PTs & OTs
  - Advanced Practice Nurses
  - Physician Assistants

20th ANNIVERSARY
2004 - 2024
AFFILIATED MONITORS, INC.

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Meet some of AMI's team members, who represent a variety of backgrounds and talents, and a singular commitment to the value of independent assessment and monitoring.

Denise L. Moran, JD   dmoran@affiliatedmonitors.com
Director of Healthcare Monitoring Services—Nashville, TN
> Healthcare compliance specialist with expertise in regulatory board matters and investigations
> Former Executive Director, Office of Investigations, Tennessee Department of Health (TDH); HIPAA Compliance Officer, TDH; Assistant General Counsel, Office of General Counsel, TDH, for boards and the Division of Emergency Medical Services; and Steering Team Member, TN Electronic Controlled Substance Monitoring Program

James Anliot   janliot@affiliatedmonitors.com
Director of Healthcare Compliance Services— Boston, MA
> Lead designer of healthcare practice compliance and monitoring programs
> Former Legal Counsel, MA Division of Professional Licensure for many boards, including Chiropractic, Physician Assistants, Physical Therapy, and Optometry; Healthcare Compliance Specialist, MA Department of Public Health

Deann Conroy, JD   dconroy@affiliatedmonitors.com
Compliance Solutions Manager—Des Moines, IA
> Attorney and educator of healthcare legal issues
> Former Division Deputy Director, Colorado Dept. of Public Health & Environment; Program Director, CO Dept. of Regulatory Agencies for five healthcare professional programs that oversaw regulation and discipline for more than 25,000 professionals

Val Peake   vpeake@affiliatedmonitors.com
Compliance Solutions Manager—Baltimore, MD
> Healthcare compliance professional with expertise in training and development
> Former Training Development Specialist, HRDT Learning Office, Maryland Dept. of Human Services; State Training Coordinator, Centers for Medicare and Medicaid Services (CMS); Medication Administration Program Coordinator, Health Facilities & Emergency Medical Services Division, Colorado Dept. of Public Health & Environment (CDPHE)

Erin LeBel, LICSW   elebel@affiliatedmonitors.com
Compliance Solutions Manager—Boston, MA
> Healthcare compliance professional with expertise in professional regulatory standards
> Former Executive Director at the MA Division of Professional Licensure for several mental health professional regulatory boards, including Social Workers, Psychologists, Mental Health Counselors, and Behavior Analysts. Oversaw the regulatory implementation and compliance protocol for over 50,000 mental health professionals

Susan Dvorak   sdvorak@affiliatedmonitors.com
Compliance Solutions Manager—Sacramento, CA
> Healthcare compliance professional with expertise in medical board matters including compliance tracking and investigations
> Former Probation compliance monitor, Medical Board of California; Program representative handling claims adjudication, CA Employment Development Department Disability Program; and Technician, CA Health Benefit Exchange

Catherine A. Cordy, RPh   ccordy@affiliatedmonitors.com
Consulting Compliance Analyst—Boynton Beach, FL
> National expert in Suspicious Order Monitoring (SOM) systems, compliance, and adherence
> Former Executive Director, Rhode Island Board of Pharmacy; Administrator, RI Office of Health and Human Services, Program Integrity Unit; Administrator for three healthcare boards; and Consultant to NABP to evaluate accreditation programs, such as VAWD

SDDA

South Dakota
DENTAL ASSOCIATION

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A constituent society of the American Dental Association

January 2, 2025

Dr. Nicholas Renemans, Chairman
South Dakota State Board of Dentistry
PO Box 1079
Pierre, SD 57501

Dear Dr. Renemans:

The South Dakota Dental Association (SDDA) is seeking funds to continue the Wellbeing Program that was started in June of 2021. In the three and half years of the program has been in place we have fostered a "culture of wellness" within the dental community in South Dakota through wellbeing-education and by providing individual counseling or coaching to those who need it. We intend to continue to retain Mary Wolf, a licensed-professional-counselor, for another year of counseling and coaching services. Since the advent of the program more than 60 individuals have received counseling through Mary. All individuals licensed by the South Dakota Board of Dentistry or employed in a dental office in South Dakota are eligible for help through the program.

We are requesting $10,000 from the Board of Dentistry. We will request an equal amount from the South Dakota Dental Foundation and the SDDA will continue to supply additional funding as needed for the program and will commit staff to manage the program. As has been the case in previous years, the funds will be used to fund our agreement with Mary. We anticipate Mary will provide counseling/coaching for 18 or more individuals as well as present a wellbeing session at the SDDA annual session and present at least one webinar.

Sincerely,

Paul Knecht
Executive Director

Dentist Credential		
First Name	**Middle Name**	**Last Name**
Benedict	Richard	Miraglia Jr.
Zohra		Saleh
Tyler	Neldon	Williams
Dentist New		
First Name	**Middle Name**	**Last Name**
Hygienist Credential		
First Name	**Middle Name**	**Last Name**
Adrianne	Destinee	Aeikens
Melissa	Rae	Drennon
Debra	Ann	Griffith
Lorelle	Jean	Kleman
Michelle	Joy	Scott
Hygienist New		
First Name	**Middle Name**	**Last Name**
Kendryn	LaHeln	Bullinger
Stephanie	Marie	Sjurson
Kyra	Nikole	Trader

HORIZON HEALTH

Dr. Michelle Scholtz
Chief Dental Officer
Teledentistry

What is teledentistry?

- **36-6A-49.4**. **Teledentistry services to comply with chapter as if services provided in person.**
  - Any services provided by a licensee or registrant through teledentistry or electronic means shall comply with the provisions of this chapter as if the services were provided in person by a licensee or registrant

- Synchronous (Live video): live, two-way interaction between a patient and a provider using audiovisual telecommunications technology.

- Asynchronous (store and forward): transmission of recorded health information (for example, radiographs, photographs, video, digital impressions and photomicrographs of patients) through a secure electronic communications system to a dentist, who uses the information to evaluate a patient's condition or render a service outside of a real-time or live interaction.

Why Teledentistry?

- In a rural state, teledentistry can make care more accessible for patients

- Eases transportation burden

- Reduces time off from work or away from family

- Reduces costs for patients

- Improves in office efficiencies

Horizon Health – Journey to Teledentistry

- Horizon Health has been a FQHC since 1978 – 46 years

- Currently there are 19 medical clinics and 7 dental clinics with remote behavior health

- Covers 28,000 square miles

- Journey to Teledentistry: Started in 2020 – not directly a result of COVID precautions but turnover of dentists in communities far from other dental sites

- 2020 visits: 44 to 2024 visits: 396
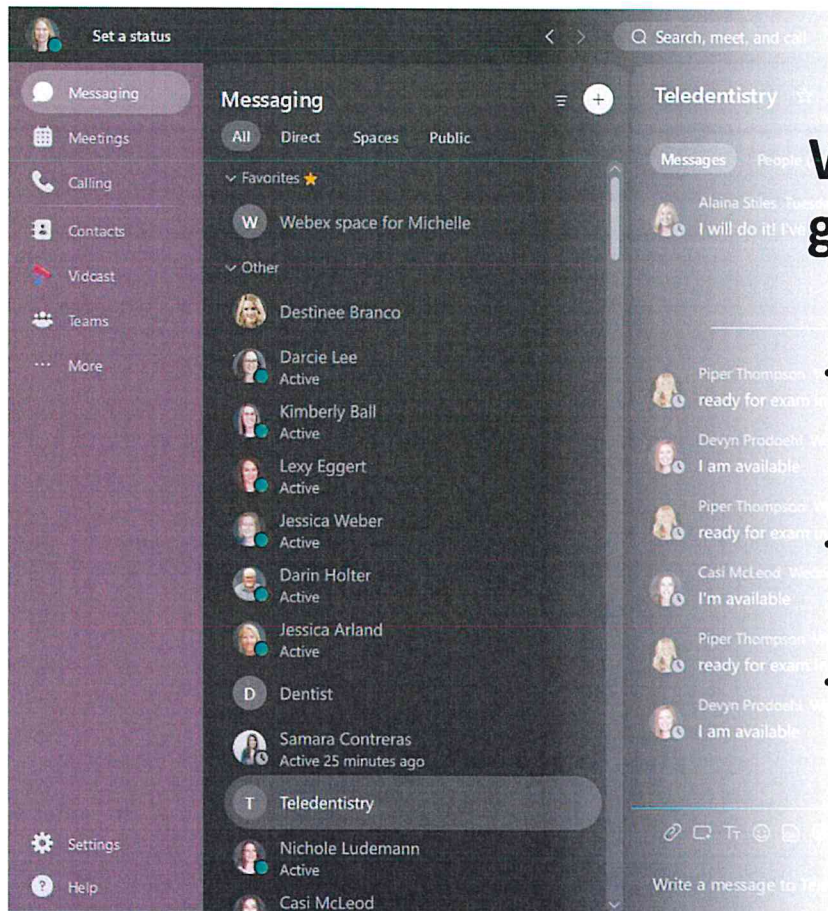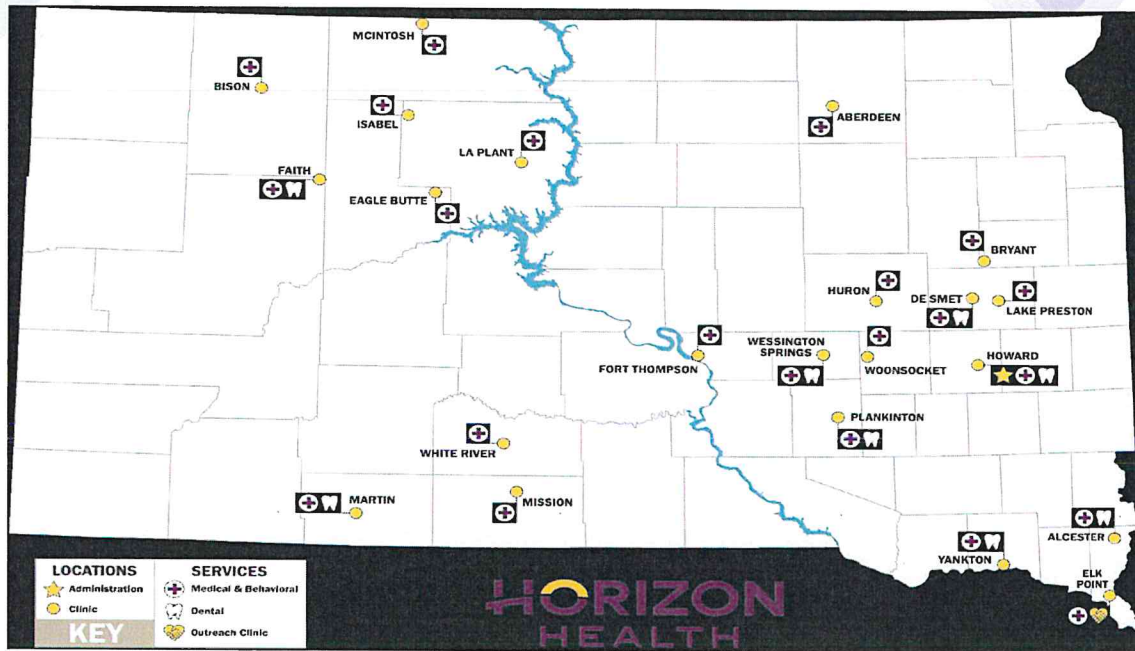
Webex chat group

- Teledentistry is provided via synchronous and asynchronous visits for comprehensive exams and hygiene recalls
- Utilized when there is not a dentist at that clinic or if the clinic's dentist is out on leave
- Technology:
  - Laptop
  - Webex
  - Intraoral camera

SD insurance coverage

- Teledentistry Covered CDT Codes South Dakota Medicaid/South Dakota Delta Dental covers the following services provided via teledentistry:
- D0120: Periodic oral evaluation—established patient
- D0140: Limited oral exam
- D0145: Oral evaluation for a patient under 3 years of age
- D0150: Comprehensive oral evaluation—new or established patient
- D0210: Intraoral—complete series of radiographic images
- D0220: Intraoral—periapical first radiographic image
- D0230: Intraoral—periapical each additional radiographic image
- D0240: Intraoral—occlusal radiographic image
- D0270: Bitewing—single radiographic image
- D0272: Bitewings—two radiographic images
- D0273: Bitewings—three radiographic images
- D0274: Bitewings—four radiographic images
- D0330: Panoramic radiographic image
- *D9995 and D9996 are not reimbursable codes*

Teledentistry codes

- Providers must include one of the following codes on claims for services completed via teledentistry:
- D9995 – Teledentistry, synchronistic; real-time encounter; or
- D9996 – Teledentistry, asynchronistic; information stored and forwarded to dentist for subsequent review
- Claim form needs to indicated Place of Treatment (Box 38) coded as 02 (CMS standard code for telehealth)
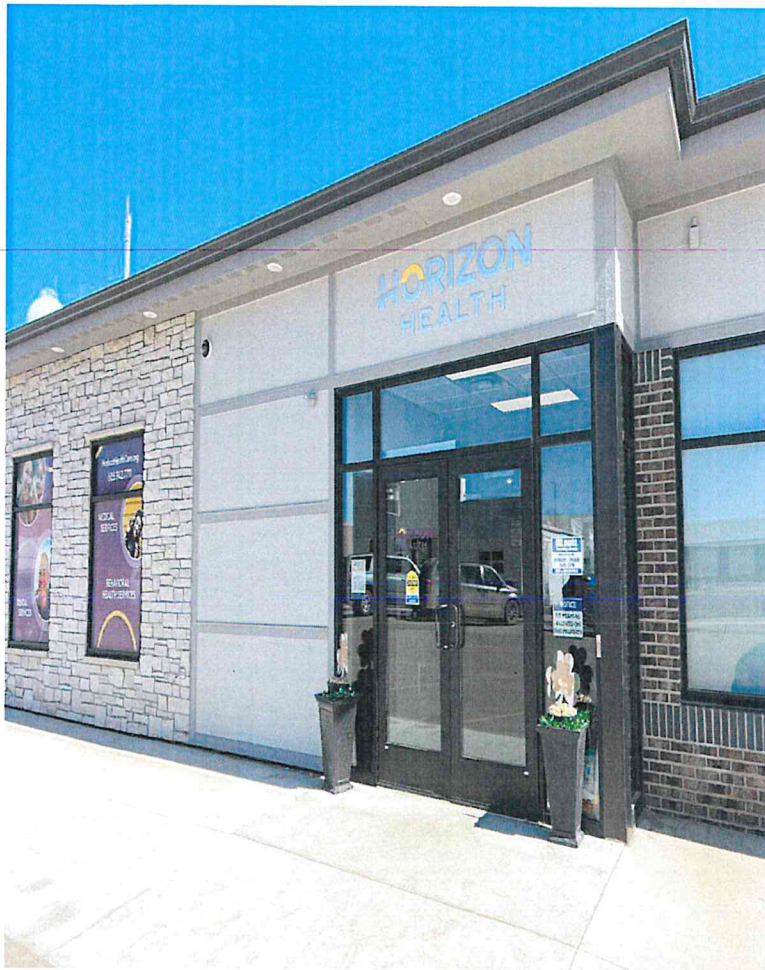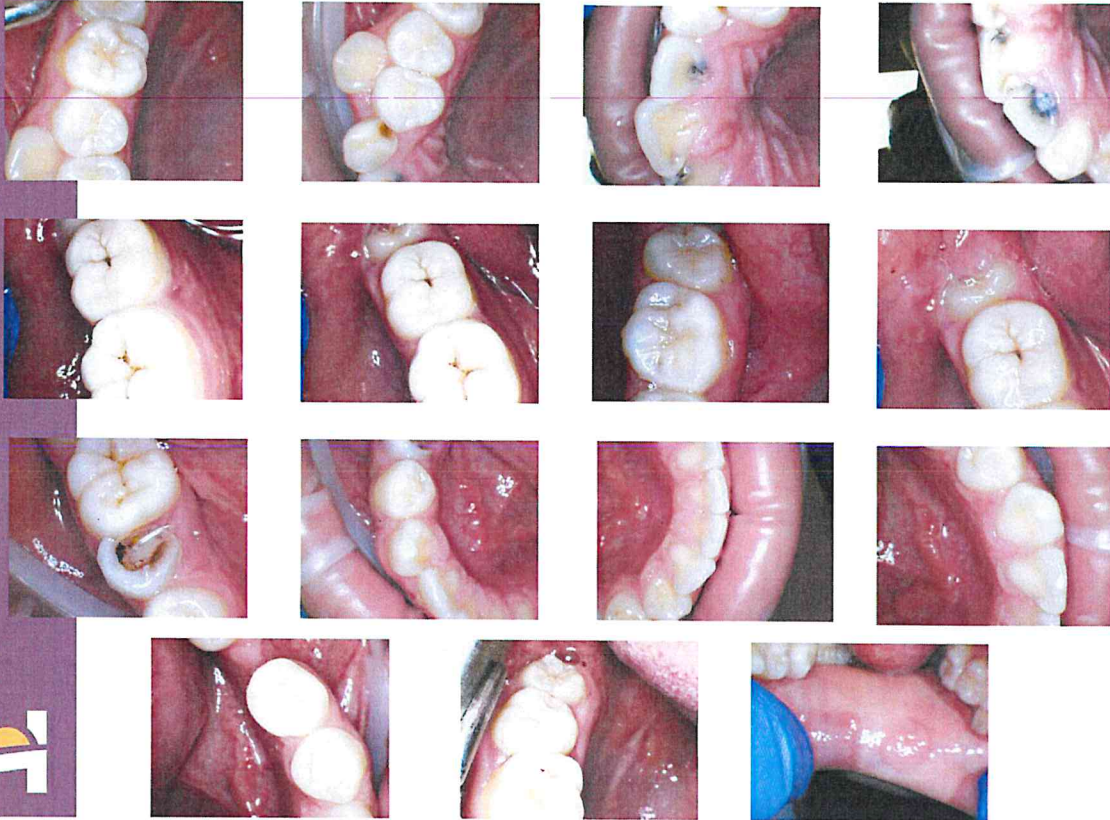
Plankinton Dental Clinic

- 22 year old female recently moved to US in 2024 from Guatamala
- Patient lives in Plankinton, South Dakota (32 miles to Wessington Springs clinic)
- No significant medical history findings
- Translation provided by in-house translator
- Chief Complaint – Pain on lower right (#29)

Intraoral photos

- Appointment 1: 4/23/2024
  - FMD at Plankinton clinic with synchronous teledentistry provided by Wessington Spring's Dentist Dr. Alaina Stiles
- Appointment 2: 4/25/2024
  - At Wessington Springs Clinic: #29- extract, #31- 0
- Appointment 3: 5/7/2024
  - At Plankinton Clinic: Intraoral picture taken of #29 socket, dry socket paste was placed; prophylaxis completed

- Appointment 4: 7/2/2024
  - At Wessington Springs Clinic: #7-L, #8- MDLF, #9- MDLF, #10- L composites, treatment plan complete, 6 month recall

Questions?

- Michelle Scholtz,

  mscholtz@horizonhealthcare.org

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Iowa Research Online

Teledentistry in Iowa: Implementation Toolkit.

Reynolds, Julie C; Hartshorn, Jennifer E; Plagman, Paige; et.al.

Reynolds, J. C., Hartshorn, J. E., Plagman, P., Johnson, T., Glassman, P., Leary, K. S., Steinkamp, H. M., Weirather, B., Nwachukwu, P. C., Heeren, T., Castelaz, M., Flores, A., Levy, S. M., & Miers, A. (2024). Teledentistry in Iowa: Implementation Toolkit. University of Iowa. https://doi.org/10.17077/rep.006687

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IOWA

Teledentistry in Iowa: Implementation Toolkit

September 2024

TABLE OF CONTENTS

Acknowledgements

This toolkit was created as part of a grant from the Delta Dental of Iowa Foundation to help plan and implement the first Virtual Dental Home, an asynchronous teledentistry model, in Iowa.

Some content throughout this guide is copied or adapted with permission from the excellent **Teledentistry in Virginia Implementation Toolkit** created by the Virginia Health Catalyst.

The following individuals made significant contributions to this toolkit and/or implementation of the teledentistry models provided as examples:

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Introduction

Teledentistry offers a way for oral health care to reach beyond the dental office. It can offer alternative access to the dental care system by allowing patients to receive services within their community setting, and it can be especially valuable for patients with significant barriers to accessing dental care services, such as those living in long-term care facilities, those living with disabilities or those who face financial and/or transportation-related challenges. This implementation guide can be useful to dental providers, clinic leadership, advocates or anyone interested in teledentistry, as it provides models and workflows that are globally applicable. However, content related to regulations and Medicaid coding/billing are specific to the state of Iowa. This toolkit is intended to be used as a general guide when planning to utilize teledentistry in your clinic or office.

Providing care via teledentistry presents many benefits and challenges for patients and providers, including:

Patient benefits

- **Makes care more accessible**: Community-based dental professionals can perform or facilitate diagnostic and preventive treatment, as well as maintenance services, in locations that are convenient for patients, such as schools or long-term care facilities. This is especially helpful in areas where oral health professionals are scarce and among populations with unreliable transportation or those who experience dental-related anxiety.

- **Allows for easier continuity of care**: Teledentistry enables a provider to easily check in with a patient before or after a surgery or procedure. Conducting pre- and post-operative visits via teledentistry can not only save the patient a trip to the office, but patients may be more likely to keep an appointment if it can be done conveniently from home.

- **Provides educational opportunities**: Teledentistry can provide another face-to-face opportunity to educate patients and caregivers, including conducting treatment plan consultations and providing oral health education.

- **Eases transportation burden**: Patients sometimes have to travel a great distance and/or extended time to see a dentist or specialist. Performing pre-procedure or post-op consultations through teledentistry can reduce travel time and transportation costs for patients.

- **Builds trust**: Teledentistry can offer a gentle entry into the dental office, especially for patients who have not been to the dentist in many years and/or experience dental anxiety. Patients and/or caregivers can meet with providers virtually to build rapport and ease patient comfort prior to the first in-person visit.

Provider/Office Benefits

- **Improves efficiency**: Teledentistry can help providers determine if a patient should come to the office and the degree of urgency. In addition, clinics can reserve the appropriate amount of chair time for each individual patient, gather any pre-procedural health information needed, ensure decision-makers are present or available for appointments, and increase revenue accordingly.

Teledentistry Challenges

- **Broadband access/Internet connectivity**: Some areas and settings lack sufficient broadband access or network bandwidth that is necessary for live video calls or to electronically send diagnostic records to the dental provider.

- **Technology literacy:** Teledentistry appointment/login processes can be difficult to understand for some patients, especially for those who are not technologically savvy. Dental providers can help by giving patients clear instructions with the login process. Additionally, new dental equipment, such as intraoral cameras, require provider calibration and training to be able to be used effectively.

- **Cost:** For some teledentistry models, the relatively high cost of portable dental equipment, technology, and software can be prohibitive for some dental clinics. Grant funds are a great way to support start-up costs for community-based teledentistry programs that require portable dental equipment.

- **Virtual environment and behaviors:** Patients can be hesitant to appear on camera in their home environment for several reasons, including fear of judgment or a lack of privacy for the appointment. It can also be difficult to read or interpret body language and behaviors virtually.

- **Patient understanding of insurance coverage:** Patients often do not know whether their insurance covers services provided via teledentistry.

- **Patient representation:** For patients with designated decision-makers, it can be tempting for decision-makers to schedule synchronous teledentistry appointments on behalf of the patient, but without the patient present. However, for standard of care and billing purposes, it is important for both the patient and their parent or legal guardian to be present during synchronous teledentistry visits.

What is teledentistry?

According to the **American Dental Association**, teledentistry is a type of telehealth in which various technologies are used to deliver some dental services virtually. Teledentistry is not a service or procedure in and of itself, but a method for delivering care virtually using the same standard of care as if the service were provided in person.

There are two main modalities of teledentistry that can be useful to improve dental care access: synchronous and asynchronous teledentistry, which are defined below.

Synchronous teledentistry

Live interaction between a person (patient, caregiver, or provider) and a dental provider

Asynchronous teledentistry

Transmission of recorded health information (e.g., radiographs, intraoral photos) through a secure system to a dental provider, who uses the information to evaluate a patient's condition or render a service outside of a real-time interaction
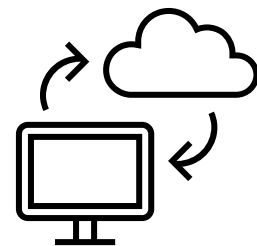
How can teledentistry be used in Iowa?

Teledentistry connects patients to a dental provider from a distance. While teledentistry can also facilitate provider-to-provider connection, this toolkit will focus on patient-provider interactions. Teledentistry can be utilized to extend the reach of the dental clinic to provide diagnostic, and sometimes preventive, services at a distance. Potential uses include, but are not limited to, the applications of asynchronous and synchronous teledentistry as described below.

Synchronous and asynchronous teledentistry models can be utilized to conduct both **routine and problem-focused evaluations, as well as patient education**. In a survey of dentists in private practice and public health settings conducted by the American Dental Association **Health Policy Institute** in February 2021, the most common types of services provided via teledentistry were:

> " **TELEDENTISTRY CAN BE UTILIZED TO EXTEND THE REACH OF THE DENTAL CLINIC TO PROVIDE DIAGNOSTIC, AND SOMETIMES PREVENTIVE, SERVICES AT A DISTANCE."**

1. Triaging emergencies
2. Post-operative visits and follow-up care
3. Consultations
4. Patient education

Teledentistry can also be used to conduct **comprehensive and periodic exams** in community-based settings using portable dental equipment. Often these models utilize dental hygienists to gather information from patients for the dentist to review.

Synchronous teledentistry

Typically conducted over live video, **synchronous teledentistry can be used to conduct new patient visits for patients referred from another office, limited problem-focused evaluations, and post-operative visits**. Examples include, but are not limited to, the uses below which were adapted from the Virginia Health Catalyst Teledentistry toolkit.

Emergency triage A child fell and chipped his tooth. His caregiver set up a teledentistry appointment to assess the damage. Using a virtual platform with live video, the dentist was able to see the child's tooth and any related swelling, and ask the child and parent questions about his pain levels. The dentist decided that it would be in the child's best interest to come to the office as soon as possible to repair the tooth. During the teledentistry appointment, the child's in-person visit was scheduled for the next day.

Post-op visit A patient was in your office for a filling on the lower arch and calls 24 hours later to report pain. The virtual post-op visit reveals an ulcer on the lower lip and patient reports that they did attempt to eat food while still numb. The dentist diagnoses a traumatic ulcer and provides patient guidance that the ulcer will heal over the next several days.

New patient referred from another provider A child is referred from a general dentist to a pediatric dentist, and the referring dentist sends the child's radiographs and health history to the pediatric dentist. Before the child is seen in person, the pediatric dentist has a live video appointment with the parent and child to establish rapport, observe the child's behavior, review the health history and general treatment needs, and discuss recommendations for sedation/anxiolysis. When the parent and child come for the first visit to the office, the treatment plan is confirmed and discussed and the pediatric dentist begins treatment with nitrous oxide anxiolysis.

Asynchronous teledentistry

Asynchronous teledentistry occurs when diagnostic information is collected about a patient at one time point and reviewed by a dental provider at a second time point. This modality can be used to conduct **comprehensive, periodic, or limited oral evaluations for patients who are located in community-based settings**, such as:

- Nursing homes or senior centers

- Schools, Head Start programs, WIC (Women, Infants, Children) clinics

- Medical offices, such as a pediatrics, family medicine, or OBGYN clinics

Asynchronous teledentistry can also be utilized to **conduct comprehensive, periodic, or limited oral evaluations within the dental office when the dentist is not present**.

In these scenarios, a dental hygienist or dental assistant is often collecting diagnostic information – including necessary radiographs, clinical photographs, and additional history from the patient – and the dentist then accesses and reviews that information within the next few days to complete the oral evaluation. The dental team then follows up with the patient or caregiver to inform them of any significant findings. Specific uses are provided below, some of which were adapted from the Virginia Health Catalyst Teledentistry toolkit.

School-based teledentistry program While delivering preventive oral health services in a school, a public health (remote) supervision dental hygienist noticed one student with a visible hole in her tooth. The hygienist took pictures and an x-ray of the tooth, and sent them, along with their case notes, to the dentist using a secure server. Later, the dentist looked at the pictures, x-ray, and notes to determine that the child had a large cavity and needs a stainless steel crown. The dentist followed up with the child's caregiver to schedule an in-person visit to provide the treatment.

Nursing home-based teledentistry program A dental hygienist who works at a Federally Qualified Health Center provided preventive services in a long-term care facility under public health supervision, and saw a resident with evidence of a possible abscess. The hygienist captured photographic and radiographic images of the area and forwarded those to the dentist to review and develop a treatment plan.

Medical office-based teledentistry program An FQHC has a women's health/OBGYN clinic with an operatory that has a dental chair, and a dental hygienist provides preventive services for pregnant patients, as well as collects diagnostic information that a dentist reviews to complete initial comprehensive and periodic exams. The hygienist sees a pregnant patient who hasn't been to the dentist in a while, and completes full mouth probing and radiographs, and the dentist later diagnoses the patient as having Stage 2, Grade A periodontitis. The hygienist sees the patient back for scaling and root planing to improve periodontal health before the baby is born.

In-office teledentistry while dentist is out of office On some Thursdays, the dentist is out of office attending continuing education courses or seeing patients in the OR. On those days, the dental hygienists see patients for recall visits under general supervision. In addition to the preventive services provided, they take clinical photographs and any needed radiographs, and complete additional charting related to patient's chief complaint or new clinical findings. The next day, the dentist reviews the diagnostic records and completes periodic oral evaluations for the patients seen while they were out of office. Front office staff then call the patients who require follow-up treatment or additional in-office assessment.

Regulatory and Legal Considerations

Teledentistry regulations vary by state, and all care models using teledentistry must abide by the same standard of care as if the services were provided in person. **Appendix 1** contains a graphic summarizing variation in teledentistry regulations across U.S. states as of November 2022.

Iowa teledentistry regulations were passed by the Iowa Dental Board (IDB) effective December 11, 2019 and can be found in **Dental Board Administrative Code**, Chapter 27, section 650-27.12(153). The IDB defines teledentistry as "a dentist is providing or supervising dental services using technology when the patient is in another location" (650-27.12(1), and authorizes teledentistry in the state of Iowa. It further specifies that "the standard of dental care is the same whether a patient is seen in person or through a teledentistry encounter. … A dentist who utilizes teledentistry shall utilize evidence-based standards of practice and practice guidelines to ensure patient safety, quality of care, and positive outcomes."

Teledentistry is a subset of telemedicine, and telemedicine standards of care can be found in the Iowa Board of Medicine administrative code, **Chapter 13, section 653-13.11 (147, 148, 272C)**.

Additional legal and regulatory considerations are summarized below. This section has been reviewed for correctness by the Executive Officer at the Iowa Dental Board as of August 2024.

Allowable teledentistry modalities

Iowa Dental Board code does not specify the modalities of teledentistry that are allowable in the state. However, the standards of practice for telemedicine include both synchronous (i.e., interactive video) and asynchronous (i.e., store-and-forward) modalities in their definition of telemedicine as follows:

"Telemedicine means the practice of medicine using electronic audio-visual communications and information technologies or other means, including interactive audio with asynchronous store-and-forward transmission, between a licensee in one location and a patient in another location with or without an intervening health care provider. Telemedicine includes asynchronous store-and-forward technologies, remote monitoring, and real-time interactive services, including teleradiology and telepathology. Telemedicine shall not include the provision of medical services only through an audio-only telephone, email messages, facsimile transmissions, or U.S. mail or other parcel service, or any combination thereof."

> " **Both synchronous and asynchronous teledentistry modalities can be used in Iowa.**"

Thus, **both synchronous and asynchronous teledentistry modalities can be used in Iowa**.

Establishing new patients of record using teledentistry

Similar to several other states, **Iowa does allow dentists to establish new patients of record via teledentistry**. However, the dentist must determine at the time of the virtual oral exam whether they feel they can conduct an evaluation virtually that meets standard of care or if the patient needs to be seen in person to complete the exam. For example, if the dentist feels that the images are not of diagnostic quality to view the necessary intraoral structures, a determination can be made that the patient should be seen in person.

An example of when an in-person exam may be required is if the patient is in pain and the dentist needs to conduct pulp testing to determine endodontic diagnoses.

Iowa code states that "A dentist may use teledentistry to conduct an examination for a new patient or for a new diagnosis if the examination is conducted in accordance with evidence-based standards of practice to sufficiently establish an informed diagnosis. A dentist shall not conduct a dental examination using teledentistry if the standard of care necessitates an in-person dental examination."

Required modality for synchronous teledentistry

As stated in the telemedicine regulations, **teledentistry does not include audio-only telephone calls**. To be considered synchronous teledentistry, the visit with a dentist would need to take place via live video, or a phone call would need to be accompanied by asynchronous transmission, such as a patient or provider sending intraoral photographs.

Supervision and scope of practice

Iowa code states that "The use of teledentistry is not an expansion of the scope of practice for dental hygienists or dental assistants."

When dental hygienists or dental assistants are facilitating a teledentistry encounter, "With the exception of administering local anesthesia or nitrous oxide inhalation analgesia, or performing expanded functions, a dentist may delegate to and supervise services to be performed by a dental hygienist or dental assistant.", including the following types of supervision:

a. "When <u>direct supervision</u> of a dental hygienist or dental assistant is required, a dentist may provide direct supervision via live video. A dentist is not required to directly supervise the entire delivery of dental care but must appear upon request using live video with a response time similar to what would be expected if the dentist were present in the treatment facility."

b. "When <u>general supervision</u> of a dental hygienist or dental assistant is required, a dentist may utilize teledentistry."

c. "When <u>public health supervision</u> is utilized, a supervising dentist may authorize use of teledentistry."

Provider types and location

In the state of Iowa, teledentistry can be provided:

- By dental providers who have an active Iowa license
- To patients who are located within the state

Specifically, Iowa code states that "a dentist may utilize teledentistry to provide dental care to patients located in Iowa", and that "a dentist, dental hygienist, or dental assistant who uses teledentistry for a patient located in Iowa shall hold an active Iowa license or registration issued by the board."

Informed consent

Iowa code states that "when teledentistry will be utilized, a dentist shall ensure informed consent covers the following additional information:

a. A description of the types of dental care services provided via teledentistry, including limitations on services;

b. The identity, contact information, practice location, licensure, credentials, and qualifications of all dentists, dental hygienists, and dental assistants involved in the patient's dental care, which must be publicly displayed on a website or provided in writing to the patient; and

c. Precautions for technological failures or emergency situations."

As a best practice, patient consent for receiving services via teledentistry should be documented in the health record. The regulations do not specify whether informed consent needs to be provided verbally or in writing; thus, both are considered acceptable and should be documented as such in the patient record.

Example consent forms are provided in **Appendix 2**.

HIPAA compliance

Existing medical privacy laws, like the Health Insurance Portability & Accountability Act (HIPAA), protect patients regardless of whether they seek a virtual or in-office dental consultation. Providers are responsible for protecting patient privacy and information during a teledentistry appointment in the same manner as an in-person visit.

Iowa code states that "All dentists, dental hygienists, and dental assistants shall ensure that the use of teledentistry complies with the privacy and security requirements of [HIPAA]." Providers should ensure that any software platforms that they use for delivering care via teledentistry are HIPAA compliant.

Liability and insurance

Each liability insurance carrier has unique perspectives on provider coverage of teledentistry visits. It is important for each dental provider to know their carrier's policy on providing oral health services through teledentistry, and that virtual visits require as much dedication to risk management as in-person visits.

Recordkeeping

Iowa code states that "A teledentistry encounter shall be clearly characterized as such in a patient record." Visit notes should otherwise contain the same elements as if the was in person. See page 16-17 for specific record keeping details.

Follow-up and emergency care

Iowa code states that "a dentist who uses teledentistry shall have adequate knowledge of the nature and availability of local dental resources to provide appropriate follow-up care to a patient following a teledentistry encounter. A dentist shall refer a patient to an acute care facility or an emergency department when referral is necessary for the safety of the patient or in the case of emergency."

Care team

As previously stated, teledentistry is not an expansion of scope of practice for dental team members, but all members of the dental team can be involved in ensuring that teledentistry use is successful.

The role of the **dentist** is to utilize information collected synchronously or asynchronously to complete diagnostic services.

In asynchronous models, often the **dental hygienist** will be responsible for collecting diagnostic information (e.g., radiographs, clinical photographs, charting patient symptoms or clinical findings such as periodontal probing depths or objective hard tissue assessments such as coloration or surface texture) and transmitting it to the dentist for review and diagnosis.

The **dental assistant** can be responsible for starting synchronous visits and initial data collection related to chief complaint and other relevant history in preparation for the dentist joining the visit. Asynchronous models like the virtual dental home, in which a dental hygienist facilitates diagnostic information collection and provides preventive services in community-based settings, often require dental assistant support to improve efficiency.

Dentist

Provides diagnostic services

Dental hygienist

Collects diagnostic information

Provides preventive services

Dental assistant

Facilitates synchronous visits

Assists hygienist during asynchronous visits

Non-clinical team members are also critically important to the success of teledentistry models, including office managers, patient coordinators/navigators, front desk staff, and others. These team members can help with project coordination activities, including but not limited to the following:

- Communicating and coordinating with community partner organizations, such as school or nursing home staff

- Scheduling and communicating with patients or their guardians/powers of attorney to coordinate teledentistry visits and/or follow-up care

- Project planning and evaluation activities

- Equipment selection, purchasing, and maintenance

- Recordkeeping

Coding and billing for teledentistry visits

In Iowa, providers can bill for services provided via teledentistry. Available guidance from Medicaid and some commercial dental plans indicates the types of services that are billable when provided via teledentistry. Currently, there is no additional reimbursement available for services provided via teledentistry – they are reimbursed at the same rate as if they were provided in person.

> " In Iowa, services provided via teledentistry are reimbursed at the same rate as if they were provided in person."

Medicaid

Iowa Medicaid provides guidance for the types of services that can be billed via synchronous and asynchronous teledentistry.

Synchronous teledentistry

The **Informational Letter** documenting guidance for synchronous teledentistry was issued in April 2020 at the beginning of the Covid-19 pandemic, and states that **the only service that can be provided via synchronous teledentistry and billed to Iowa Medicaid is a limited oral evaluation** (D0140), and that it will be reimbursed for the same amount as if it was provided in person.

Claim submissions for a limited exam provided via teledentistry should include the following information based on ADA Claim form J43024:

- The Place of Treatment (Box 38) should always be coded as 02 (the CMS standard code for telehealth)

- The Procedure Date (Box 24) is the date that the member received the services

- The synchronous teledentistry code (D9995) should be submitted as well, though it is used for tracking purposes and is not reimbursable

Documentation of a synchronous teledentistry visit in the electronic dental record should include the following:

- Teledentistry method used (synchronous)

- Mode of transmission of the teledentistry service (e.g., via Zoom or some other HIPAA compliant platform)

- Location of the provider (e.g., dental office) and member (e.g., home) at the time teledentistry was used

Asynchronous teledentistry

The **Informational Letter** documenting guidance for asynchronous teledentistry was issued in March 2021, and lists the diagnostic services (see Table below) that are eligible to be provided via teledentistry and billed to Iowa Medicaid.

Table. CDT codes eligible to be provided via asynchronous teledentistry and billed to Iowa Medicaid

CDT Code	Description
D0120	Periodic oral evaluation – established patient
D0140	Limited oral evaluation – problem focused
D0150	Comprehensive oral evaluation – new or established patient
D0180	Comprehensive periodontal evaluation – new or established patient
D0145	Oral evaluation and counseling
D0210	Intraoral – complete series of radiographic image
D0220	Intraoral – periapical first radiographic image
D0230	Intraoral – periapical each additional radiographic image
D0240	Intraoral – occlusal radiographic image
D0270	Bitewing – single radiographic image
D0272	Bitewings – two radiographic images
D0274	Bitewings – four radiographic images
D0330	panoramic radiographic image

Claim submissions for a limited exam provided via teledentistry should include the following information based on ADA Claim form J43024:

- Only a distant site (the dentist) can bill for services

- All frequency limitations apply to services provided via teledentistry

- The Place of Treatment (Box 38) should always be coded as 02 (the CMS standard code for telehealth)

- The Procedure Date (Box 24) is the date that the dentist reviewed the member records

- Only one reading or interpretation of diagnostic services will be reimbursed

- The asynchronous teledentistry code (D9996) should be submitted as well, though it is used for tracking purposes and is not reimbursable

Documentation of an asynchronous teledentistry visit in the electronic dental record should include the following:

- Location of the provider (e.g., dental office) and member (e.g., name of school/nursing home/etc.) at the time teledentistry was used

Commercial dental insurance

Delta Dental of Iowa is currently the largest commercial dental plan in the state of Iowa, and it will reimburse for services provided via teledentistry in line with a member's benefits, as long as the service codes are billed along with the applicable teledentistry code.

Teledentistry equipment and supplies

Each clinic and teledentistry model will have equipment and supply needs based on its physical space, the teledentistry modality utilized, the needs of the patient population, and its billing and clinical practices. Examples of equipment and supply needs for synchronous and asynchronous teledentistry uses are provided below.

Synchronous

- **Video communication service**: Various teledentistry platforms are available on the market which allow patients and providers to connect via live video. When selecting a video communication service, providers must ensure HIPAA compliance.

- **Internet access**: Patient/caregiver internet access with sufficient strength will be needed in order to obtain quality video for communication and diagnostic purposes.

- **Access to a device with a camera**: Devices may include cell phones, tablets or laptop computers. Cell phone cameras have better photo quality, while tablets or computers can provide a larger viewing area for multiple attendees or when evaluating patient behavior.

- **Light source**: A flashlight or a cell phone flashlight can help providers visualize structures inside the mouth. Please note that, if patients are using a cell phone to communicate, they would need to use a different cell phone's flashlight if they don't have a traditional flashlight available.

- **Retraction devices**: Patient/caregiver retraction of tongue and cheeks can aid in visualization when taking intraoral photos or video. Tongue depressors or kitchen utensils such as a spoon can be useful.

Asynchronous

- **Laptop or other device to access remote Electronic Dental Record (EDR)**: Dental notes can be entered with a portable laptop or tablet with keyboard. While charting can be completed on paper and later duplicated to the electronic dental record, it can be time-efficient to have remote access to the electronic dental record so charting only needs to be completed once. Various electronic dental record platforms allow for cloud-based access or remote access to records.

- **Internet access**: Internet access sufficient to allow the offsite provider (e.g., dental hygienist) to access their electronic dental records. A strong internet connection will be needed if considering sending photos or radiographs electronically while maintaining HIPAA compliance. An alternative option is to save images locally and later upload images to the EDR when the internet connection has improved or when the provider has returned to the office.

- **Toothbrush**: For images to be of diagnostic quality, teeth should be cleaned with a toothbrush or prophy cup prior to photographic imaging.

- **Extra-oral camera**: Extra-oral point and shoot cameras are easy to use, allow providers to orient themselves with the mouth and intra-oral structures, and can help provide diagnostic services.

- **Intra-oral camera**: Intra-oral cameras allow providers to get an up close and direct view of various surfaces of, teeth including lingual surfaces or soft tissue lesions. However, be sure to label images appropriately, as providers may have difficulty orienting the photograph in relation to the whole mouth.

- **Handheld x-ray device**: Several handheld portable x-ray devices are available on the market which can stow away in a suitcase.

- **Digital x-ray sensor**: A digital x-ray sensor can be plugged into a laptop and used in combination with a handheld x-ray device to capture digital radiographs in community settings.

Planning for teledentistry in your clinic

Any new initiative should begin with a clear purpose. If there is interest in pursuing teledentistry, clinic leaders should start by identifying the main overarching goal. Is it to improve clinic efficiency and save chair time? Extend access to populations with barriers to care?

New initiatives can also be expected to encounter hurdles, and it is beneficial to anticipate the potential need to pivot and try new ideas. The **Plan-Do-Study-Act** approach is an useful tool to help test changes on a small scale.

Once the main goal is clear and it is time to plan the workflow logistics, the questions below can be helpful to guide planning.

Questions to inform your teledentistry workflow

Because teledentistry can be used in many settings and for many populations, there is not one workflow structure that fits every teledentistry program. Questions to inform your teledentistry workflow are listed below, and example workflows for synchronous and asynchronous teledentistry applications can be found in **Appendix 3.**

Consider the questions below, adapted from the Virginia Health Catalyst Teledentistry toolkit, as you consider how teledentistry will work in your clinic.

- What is the goal of your teledentistry program?
    - Be specific, and include patient populations and measurable outcomes
- Who are your team members and what specific tasks are assigned to each team member?
    - Think from start to finish – scheduling the appointment through follow-up
    - Who will collect the patient/caregiver consent?
    - How will the appointment be scheduled?
    - Who needs to be present for the appointment?
    - Who will record the notes and track next steps?
    - If asynchronous, when will patient photos/radiographs be reviewed?
- How will you train and calibrate staff on the new technology?
    - In-office practice and calibration with intraoral photography is important if the procedure or technology are new to staff
    - Photo guidance for intraoral and extraoral photos is provided in **Appendix 4**
- How will you provide technology-related assistance to patients?
- How will you follow up with patients?
- How will you inform patients of the new teledentistry services available?

Evaluating the success of your teledentistry program

Evaluating your teledentistry program will help you to determine if it has had the intended impact on your patient population. The types of measures you might use to assess impact include:

- Tracking the frequency and type of teledentistry services provided

- The number of patients that return for an in-person visit following a teledentistry visit

- The number and types of referrals provided

- Patient satisfaction (collected via patient surveys) and provider satisfaction (collected by having conversations with your team)

Providers/clinics will often need to adjust the workflow of their program over time to discontinue what is not working well and scale up what is working well. A useful process of continuous quality assessment and improvement is called a Plan, Do, Study, Act (PDSA) cycle. Spear provides excellent resources about how to conduct PDSA cycles a two-part series:

1. **Dental Quality Assurance Using Plan, Do, Study, Act (PDSA): Part 1**
2. **Quality Improvement in Clinical Dentistry: Part 2**

Conclusion

Teledentistry is a versatile and innovative approach to increase access to oral health care. Although teledentistry cannot replace in-person treatment procedures and preventive services, it allows dental providers to meet patients where they are. While many dental clinics are experiencing staffing challenges, teledentistry has the potential to improve clinic efficiency and allow dental hygienists and assistants to work at the top of their license.

Teledentistry implementation requires team collaboration, equipment procurement, new workflows, planning and evaluation, staff training, and communication with patients about how to utilize services via teledentistry. This toolkit serves as one resource available to dental providers in Iowa who are at the beginning stages of teledentistry planning.
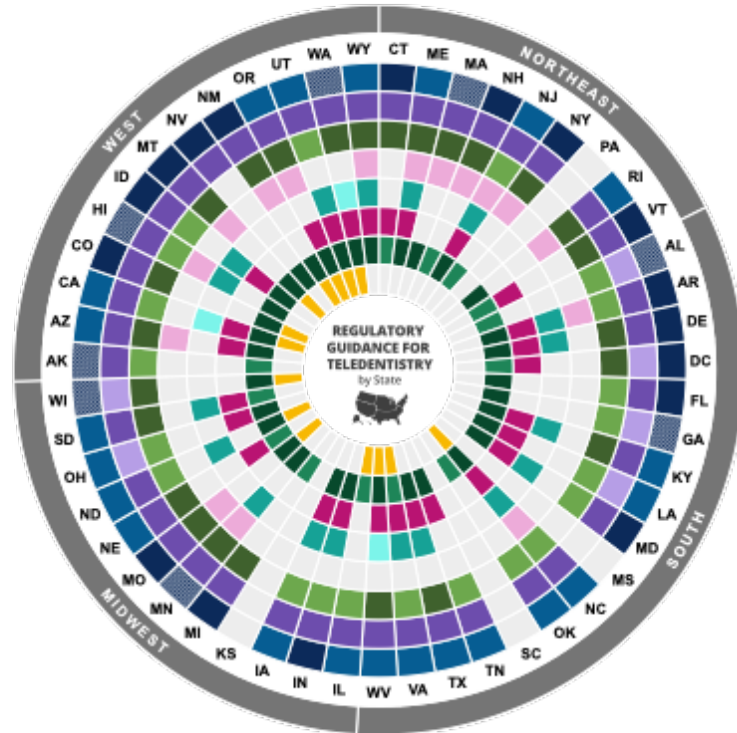
Appendix 1: State Variation in Teledentistry Regulations

OHWRC Oral Health Workforce Research Center

Variation in Teledentistry Regulation by State

Teledentistry is the use of information and communication technology to deliver virtual oral health services in real time (synchronous) or through store-and-forward (asynchronous) methods. Regulatory guidance during the COVID-19 pandemic facilitated the swift adoption and expansion of teledentistry.

Considerable variability in regulation of teledentistry by states limits the ability of clinicians to provide virtual oral health care. This infograph is designed to help oral health stakeholders understand those differences.

REGULATORY GUIDANCE FOR TELEDENTISTRY by State

Legend:

- Source of Authority to Provide Teledentistry Services
  - Dental Practice Act or Dental Board Regulation
  - Telehealth/Telemedicine Statute or Regulation
  - Dental Board Directive/Opinion or Medicaid Regulation/Directive
- Types of Allowable Services
  - Synchronous Only
  - Synchronous and Asynchronous
- Required Modality for Synchronous Teledentistry
  - Video Only
  - Video or Audio only

- Other Modalities Allowed (eg, mobile apps, email)
- Patient of Record Required
  - Must Be Established Prior to Teledentistry Visit
  - Can Be Established at Time of Teledentistry Visit
- Patient Informed Consent Required
- Allowed Providers
  - Dentist Only
  - Dentists and Dental Hygienists
- Medicaid Reimbursement for CDT Codes D9995 and/or D9996

This graphic is for informational purposes only. State regulatory guidance for teledentistry is subject to change. Contact the applicable dental board or an attorney for specific legal advice.

This graphic was developed by the Oral Health Workforce Research Center (OHWRC), Center for Health Workforce Studies at the University at Albany's School of Public Health. This work is supported by the Health Resources and Services Administration (HRSA) of the US Department of Health and Human Services (HHS) as part of an award totaling $450,000 with 0% financed with non-governmental sources. The information presented in this infographic is based on research conducted by the authors and does not necessarily represent the official views of, nor an endorsement, by, HRSA, HHS, or the US government. For more information, please visit HRSA.gov.

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Last Updated November 2022.

Appendix 2: Examples of verbal and written consents for teledentistry

Example 1: Written consent, University of Iowa College of Dentistry

Consent to Communicate PHI by Electronic Means	**IOWA** College of Dentistry and Dental Clinics

RISKS AND YOUR RELATED RESPONSIBILITY

If you agree to permit the COD to communicate with you electronically, you should be aware of the following possible risks and your related responsibilities:

· As with any use of electronic communication methods, there is a potential for privacy risks. For example, such communication may not be secure or private, unauthorized people may be able to intercept, read and possibly modify communication you send or are sent by UICOD.

· You must protect your devices, computers, and passwords against access by unauthorized people.

· Since electronic communication may be copied, printed, and forwarded by people to whom you send them, you should be carefully consider to whom you send such communication.

CONDITIONS FOR THE USE OF ELECTRONIC COMMUNICATIONS

By consenting to the use of electronic communication with the UICOD, you agree that:

· The UICOD may use electronic communication as appropriate and necessary for patient diagnosis, treatment, reimbursement, and other related reasons.

· The COD reserves the right to save your electronic communication or information contained within it in your dental record, and access to your electronic communication by UICOD employees and agents, other than the direct recipient(s), may be authorized as necessary and provided by law.

· The UICOD will not forward electronic communications to independent third parties without your prior written consent, except as authorized or required by law.

· You should not use electronic communication to communicate with the UICOD if there is an emergency or you require an answer in a short period of time.

· If your communication requires or asks for a response, and you have not received a response within a reasonable time period, it is your responsibility to follow up directly with the UICOD.

· You should carefully consider the electronic communication of sensitive medical information, such as but not limited to information regarding sexually transmitted infections, AIDS/HIV status, mental health conditions, development disabilities, or substance use disorder.

IMPORTANT INSTRUCTIONS

· Include the patient's name and date of birth (used to verify patient identity) in the body of the electronic communication and not in the subject line.

ACKNOWLEDGMENT AND AGREEMENT

UICOD will use reasonable means to protect the privacy of the patient's health information; however, as stated above, the UICOD cannot guarantee the confidentiality of electronic communications. The UICOD will not be liable if you or a third party inappropriately or negligently uses, accesses, or intercepts your electronic communications. The UICOD further will not be liable for improper disclosure of your personal health information that is not caused by the UICOD's intentional misconduct.

By signing below, I acknowledge that I have read and fully understand this consent form. I understand the risks associated with electronic communications between the UICOD and me and consent to the conditions outlined herein, as well as any other instructions that the UICOD may impose to communicate by electronic means. Any questions I may have had were answered.

If you wish to withdraw your consent to communicate with UICOD by electronic means, you must communicate in writing to the UICOD stating such. Written revocation is effective on receipt by UICOD.

Yes, I consent to the above.

No, I do not consent to the above.

Signed: _____   Date: _____

Printed: _____   Relationship to patient: _____

Example 2: Written consent, Community Health Centers of Southeastern Iowa

**Community Health Centers of Southeastern Iowa
Dental Care Anywhere Program**

The Southeastern Iowa Community Health Center (CHC SEIA) dental clinic in Keokuk is proud to partner with Aspire of Donnellson to offer dental exams and cleanings to residents on site. Dental hygienists from CHC SEIA will bring dental equipment to the nursing home to provide preventive services, and our dentists will use an innovative approach called "Teledentistry" to conduct a dental exam remotely from the dental clinic. This is a novel program for the State of Iowa, and alongside this program the University of Iowa will concurrently conduct a research study on the impact of teledentistry on access to dental care for residents living in nursing homes.

What is Teledentistry? Teledentistry allows a patient to receive a dental exam when the patient is in one physical location and the dentist overseeing the delivery of those services is in another location. It uses electronic dental records like photographs, x-rays, and other documentation to share with your dentist, who will review them, and communicate the results and recommendations to you, at a later time.

Benefits of Teledentistry: A dental exam, x-rays, cleaning, and other preventive services can be performed without leaving the nursing home. If any additional treatment is needed, it can be provided at the CHC SEIA dental clinic in Keokuk. Treatment can begin at the first clinic visit without requiring another exam.

If you are interested in receiving dental services at Aspire of Donnellson, please complete the forms in this packet, which contains the following:
• Consent form to receive dental services at Aspire of Donnellson (below)
• CHC SEIA patient registration form

Consent to Receive Dental Services at Aspire of Donnellson

Consent for Treatment:

I hereby give permission to the providers and personnel from the Community Health Centers of Southeastern Iowa, Keokuk Dental Clinic to assess and treat the patient. The permission includes authorization for access to nursing facility records to gather health records, and completion of outpatient diagnostic and preventive procedures. This consent for treatment is valid until revoked.

Privacy Practices:

The Health Insurance Portability & Accountability Act of 1966 (HIPPA) is a federal program that requires that all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper, or orally, is kept confidential. This act gives you, the patient, significant rights to understand and control how your health information is used. HIPPA provides penalties for covered entities that misuse personal health information.

Your protected health information may be used and disclosed by your dentist, our office staff, and others outside of our offices who are involved in your care and treatment for the purpose of providing health care services to you. Your protected health information may be used and disclosed to pay your healthcare bills and to support the operation of your dentist's practice, and consents to the use and disclosure of their health information to carry out treatment, payment activities, and health care operations.

Cost and Payment:

- For patients with Medicaid, Medicaid will cover all expenses, unless you are notified of an additional expense, which is rare.
- For patients with no dental insurance, reduced fees may be applicable for patients with limited or no income. CHC SEIA will follow up with you by phone to see if reduced fees apply.
- For patients with costs not covered by insurance, full payment is due 2 weeks after receipt of a bill from the Community Health Center.
- Cash, check, or credit card (Visa, MasterCard, and Discover) are accepted for payment.
- For dependent adults, the legal guardian may be held responsible for payment of treatment rendered to their dependent adult.

Insurance:

- All insurance information should be registered at the initial appointment and updated when information changes. Please be sure the nursing facility has updated insurance information.
- For patients with dental insurance, all services will be billed to the primary insurance carrier. The patient will subsequently be billed for all deductibles, copayments, and balances, after the insurance benefit has been applied to the account.

Financial Agreement:

The undersigned agrees, whether he/she signs as agent or as patient, that in consideration of the services to be rendered to the patient, he/she hereby individually obligates himself/herself to pay the account of the Community Health Centers of Southeast Iowa in accordance with the regular rates and terms of the Center. If a patient's account is sent to collections, the Center will provide only emergency treatment for pain and swelling until the account is current. Failure to pay for services in a timely manner may jeopardize a patient's access to routine dental care.

The undersigned authorizes the Community Health Centers of Southeastern Iowa to submit claims (on the patient's behalf) to insurance, and to disclose health information to the extent necessary to obtain payment. The undersigned also assigns benefits paid by insurance directly to the Community Health Centers of Southeastern Iowa.

I have reviewed the Financial Agreement as stated above and I understand and accept responsibility of cooperating with these policies. I understand that I will be responsible for financial balances resulting from treatment received that is not paid by my insurance company.

I give approval to participate in the Dental Care Anywhere program and to thereby receive dental services at Aspire of Donnellson. The first visit would include a dental exam, denture and/or teeth cleaning and fluoride treatment (if applicable) with appropriate x-rays. No additional treatment will be performed without your consent.

Resident Name_____

Your Signature: _____ Date: _____

Printed: _____Your Relationship to Patient: _____

Your Preferred Contact Information:

Phone_____Email_____

<u>Community Health Centers of Southeastern Iowa – Keokuk Dental Clinic</u>

1618 Main St.

Keokuk, IA 52632

(319) 524-5734

<Dentist 1 name, DDS	<Dentist 2 name>, DMD	<Dental hygienist 1 name>, RDH
Dental Director	General Dentist	Dental Hygienist
<Dental hygienist 2 name>, RDH	<Dental hygienist 3 name>, RDH	<Dental assistant 1 name>, QDA
Dental Hygienist	Dental Hygienist	Dental Assistant

Example 3: Example teledentistry consent form from Virginia Teledentistry Toolkit

Teledentistry Consent Form

1. Purpose

The purpose of the Teledentistry Consent Form is to get the patient's or patient's parent/guardian, if applicable, permission and consent in order to participate in virtual dental screening.

2. Teledentistry Consultation

Teledentistry is online dentistry care for patients who do not visit the dentist's office physically. The visits are provided through an online appointment system and teledental visits are held on the selected date & time by the patient.

A teledentistry consultation aims to identify and manage oral health problems you may have and to determine whether you have a condition that requires immediate in-office treatment.

3. Confidentiality

Patient information is protected by current federal and state laws that are used during teledentistry consultation.

4. Patient Rights

The patient or patient's parent/guardian, if applicable, has the right to end teledentistry consultation before and during the consultation. The patient or patient's parent/guardian, if applicable, can withdraw and withhold the consent at any time and this will not affect the further treatment to get teledentistry consultation or treatment.

5. Risks and Benefits

A benefit of teledentistry consultation is being seen by the dentist and getting treatment consultations without face-to-face interaction with the dentist in the office. A possible risk of teledentistry consultation is that the dentist may not be able to identify all oral health problems and there may be a requirement to visit a dentist's office physically for further treatment.

I understand and authorize <<Insert Provider Name>>, its affiliated dentists or dental hygienists, to provide teledental services to the named person who may be a person for whom I am the custodial parent or legal guardian. Dental care provider has informed me about the information above. I authorize & direct Provider to bill and collect payment from any Medicaid, insurance, or other payor, if any, as well as to release the person's information to any responsible payor and/or administrative service provider and their subcontractors for use and disclosure relating to the person's treatment, payment for services and health care purposes. I understand Provider may send me text messages. Message and/or data fees may be charged by my wireless service provider; to discontinue, reply "STOP" to any message received. I also agree to receive pre-recorded and/or auto-dialed telephone calls at the land-line and/or mobile telephone numbers provided during enrollment or prior to the

teledental visit. By signing below, I agree that I have read and understood all the terms and conditions, and I accept all the statements.

Appendix 3: Example workflows for synchronous and asynchronous teledentistry applications

Example 1: Synchronous post-operative visits after general anesthesia or emergency follow-up visits, University of Iowa College of Dentistry

1. Resident determines at the GA visit (or at the post-op phone call) what time and day they will see the patient via teledentistry, aiming for 1-2 weeks post GA visit.

    a. Determine the patient's email address and if they will be able to complete a teledentistry appointment

    b. At the GA visit along with the consents for GA, photograph consent, a consent for teledentistry will also be signed

2. Front desk staff schedules patient for 30-minute post-op visit on the resident schedule at the planned date/time, and sends the family the following instructions to join the zoom call:

    a. Dear <patient/caregiver name>, This message serves as a reminder that we have scheduled your child's post-op appointment on: <date/time>. Here is the link to join the appointment: <link>. Look forward to seeing you (and <patient name> if the patient is a child) at this time.

3. Resident and patient/caregiver join zoom call (if the patient is a child, they must be present on the call in addition to the caregiver), resident takes history.

4. Resident enters progress note, D9995 (Teledentistry – synchronous) and D0171 (Re-evaluation – post-operative office visit) codes

Example 2: Synchronous visits for new pediatric patients referred from another provider, University of Iowa College of Dentistry

1. Only patients that had have an appropriate referral sent with radiographs or notes will be identified by the front desk staff as candidates for new patient referral teledentistry appointments

2. Front desk staff determines patient/caregiver interest and ability to participate in teledentistry visit, obtains verbal consent for e-visit, and asks parents to send any intraoral photographs that they are able to capture, including the tonsillar area. Staff tells parent that the child must be present at the appointment.

3. Front desk staff schedules teledentistry visit in the clinic schedule.

4. Resident reviews referral information, health history, and any radiographs and/or photographs that have been sent in advance of the appointment.

5. Resident and family join teledentistry visit, resident takes history and observes patient behavior, discusses general treatment needs and proposed sedation approach with parent/caregiver, including in-office with nitrous oxide, oral sedation, or general anesthesia.

6. After teledentistry visit, resident enters progress note, D9995 (Teledentistry – synchronous) and D0140 (Limited oral evaluation – problem focused) codes

7. At first visit clinic visit in person (if not being seen by GA), resident confirms detailed treatment plan with patient/caregiver and begins treatment.

Example 3: Sample general synchronous teledentistry workflow, National Network for Oral Health Access

This workflow is adapted from the NNOHA resource provided **here**.

I. Front desk

   a. Patient schedules an appointment

   b. Verify technology and interpretation

   c. Confirm appointment

   d. Mail pre-visit packet, including fluoride varnish

   e. Appointment reminder

   f. Prepare visit

II. Dental assistant

   a. Initiate connection

   b. Visit begins with introductions

   c. Ensure video-audio is working

   d. Identify patient and caregiver

   e. Obtain consent

   f. Conduct risk assessment

   g. Address fluoride status

   h. Proper positioning of the child for knee-to-knee exam

   i. Age appropriate tooth brushing prophylaxis

   j. Instruct parent on fluoride varnish application

III. Dentist

   a. Explain why a video visit is needed and services offered at this time

   b. Review medical/dental history via motivational interviewing

   c. Discuss chief complaint

   d. Decide if video visit is sufficient or if in-person visit is needed, if video visit is sufficient, then:

   e. Conduct dental exam via live video and photo review

   f. Complete oral assessment/diagnosis

   g. Provide caregiver education, including nutritional counseling and home care instructions

   h. Develop and discuss treatment plan

   i. Develop and discuss behavior plan, including developing self-management goal

   j. Discuss plan for next visit

IV.   Visit wrap-up

    a.   Record patient notes, clinical notes, images, and follow-up in EDR

    b.   Send patient education materials prescribed by the DDS during the call

    c.   Record pharmacy notes in EDR and call in Rx as needed

    d.   Send patient satisfaction survey

    e.   Record visit time stamp in EDR

    f.   Dentist completes and signs the CRA form

    g.   Posts visit codes

    h.   Dentist signs and locks the chart

Example 4: Asynchronous teledentistry workflow, Community Health Centers of Southeastern Iowa in collaboration with local nursing homes

Acronyms

NF = nursing facility

CHC = Community Health Centers of Southeastern Iowa, Keokuk Dental Clinic

POA = Power of Attorney

Program enrollment

1. NF includes program enrollment forms in new resident paperwork
2. NF notifies FQHC care coordinator of new residents that sign up, and gives paperwork to hygienist during her next visit OR faxes paperwork to FQHC

Entering and reviewing forms and health history

1. Dental manager contacts NF with the names of residents who have consented to participate in the program.
2. Nursing facility emails CHC: 1) residents' face sheets, which contain patient demographic information and health history, 2) medication lists, and 3) physician order sheets.
3. Front desk at CHC scans all clinic forms and uploads into the EDR
4. Assistant reviews forms and enters health history and medications into the EDR, and sends a task to a doctor to review health history.
5. Doctor reviews health history to ensure the patient has any required pre-med, check on other conditions that would preclude a visit, or determine if there is other information needed from the nursing facility records to complete the health history.
6. The doctor sends a task to hygienist to indicate that they have reviewed the record and the patient is ready to be seen.

Scheduling

1. One week before each clinic day, dental hygienist sends list of patients to the nursing facility who are due to be seen and develop the schedule, and schedules patients on the clinic schedule
     o Have a backup list ready in case scheduled patients aren't able to be seen that day
2. For the subsequent week, the dental manager uses the recall list to make a draft schedule for the next date based on who is due to be seen. This schedule is finalized one week before the subsequent clinic day.

Scheduling notes:

- New Patients:
     o 1st visit: Initial extraoral photo to document oral hygiene status, toothbrush/rubber cup prophy to remove gross plaque, full clinical photographs (extraoral/intraoral), x-rays, charting
     o 2nd visit: prophy (if dentate) + SDF/F varnish if applicable
- Recall patients:
     o Single visit: Clinical photos, charting, prophy, SDF/F varnish if applicable, any needed PAs
- Facility schedules
     o NF: Breakfast 7:45/8-9am, lunch from 12/12:30-1:15/1:30
- Hygienist schedule: ~5-6 patients per day

- For follow-up care at dental clinic, a list of patients is sent to care coordinator to communicate with the POA and coordinate with the NF to schedule.

Nursing facility dental appointments workflow

1. Get everything set up – i.e. chair, computer, compressor cart, plug in Nomad and battery for extra oral camera.
2. Touch base with lead person at NH to make sure all patient on that day's schedule are ok to be seen, check to make sure if any patients need pre-med or anxiety medication it has or will be taken before you see them that day.
3. Call the CNA to have patient brought to the dental chair and help with transfer if needed
4. Extra-oral photograph (front view with both retractors slightly open bite prior to any prophy) to show patient's oral hygiene.
5. FMX
6. Rubber cup or toothbrush prophy to ensure visibility on clinical photographs
7. Intraoral photographs – capture any suspicious areas using intraoral camera
8. Extra-oral Photographs: Closed bite anterior; upper arch with occlusal mirror; lower arch with occlusal mirror; closed bite buccal view with buccal mirror; any lesions or suspicious areas that can be documented with the extra oral camera.
9. Get CNA to transfer or transport patient back to their room. Assistant can apply fluoride at this time.
10. Tear down clean up and repeat until done with patients that day.
11. Hygienist emails next week's schedule to NF and CHC staff
12. Put all electronics away.
13. Make list for what needs to be brought to restock for the next week.
14. Tear down, drain and clean the cart. Step by step in booklet. (Can be done by assistant does this while hygienist transfers radiographs and photographs to the Dexis chart.)
15. Combine smaller trashcan bags and place in larger trash can.
16. Pack up Nomad, Dexis sensor, intraoral camera, Laptop, extra oral camera, SD card reader, dirty instruments in tote, clean bag.
17. When you arrive back at CHC turn on laptop and sync Dexis.
18. Run dirty instruments, mirrors, retractors, hand pieces.
19. Start completing charts, making sure radiographs and photographs are correct in the chart.
20. Task a doctor (depending on whose patient) to review so she can call POA and inform what treatment needs scheduled.
21. Update Excel sheets with all information

*Treatment planning protocols for:

- SRP – hygienist will treatment plan this for subsequent visit
- SDF – Doctor will treatment plan, wait to apply until after research exam has been completed. Normally applied at second visit with hygienist after prophy.

Treatment codes and notes

- Treatment codes:
  - Services provided by hygienist (e.g., prophylaxis, radiographs, fluoride varnish)
  - D9996 Teledentistry – asynchronous
  - D0350 Intra/Extra Oral photos must use smart note (for Intra/Extra Oral photos completed by hygienist outside of clinic) for billing purposes
  - D0150, D0120 Comp/Periodic

- o Treatment Decisions
  - ▪ Z0140 Dental office (visit to CHC needed)
  - ▪ Z0141 Community (no visit to CHC needed)
- Treatment note:
  - o Include the treatment location (e.g., name of nursing facility)
  - o Include proposed recall interval

Exam completion and follow-up

Within 72 hours of the visit at the nursing facility, the doctor will complete the following activities to **conduct the comprehensive or periodic exam**:

1. Review diagnostic records and complete charting in odontogram, including charting caries
2. Develop and enter treatment plan, including whether patient needs to be seen in clinic or if treatment can be provided at the nursing facility (e.g., SDF)
3. Treatment findings and options:
   a. For residents who are able to make their own healthcare decisions: hygienist discusses findings and options the following week
   b. For residents with POA: Doctor will call POA to 1) discuss needed treatment and 2) gain verbal consent (+ second form for written consent for extractions and endo) for planned treatment

Patients requiring **follow-up treatment in the clinic**:

1. Hygienist will keep updated spreadsheet and send names to dental manager to coordinate scheduling.
2. Dental manager will contact NF to coordinate scheduling, and will attempt to schedule the patient with the doctor who created the treatment plan.

Patients requiring **follow-up treatment at the nursing facility**:

1. Doctor will send a task to the hygienist to coordinate scheduling with the NF.
2. Dental manager will contact NF to coordinate scheduling.

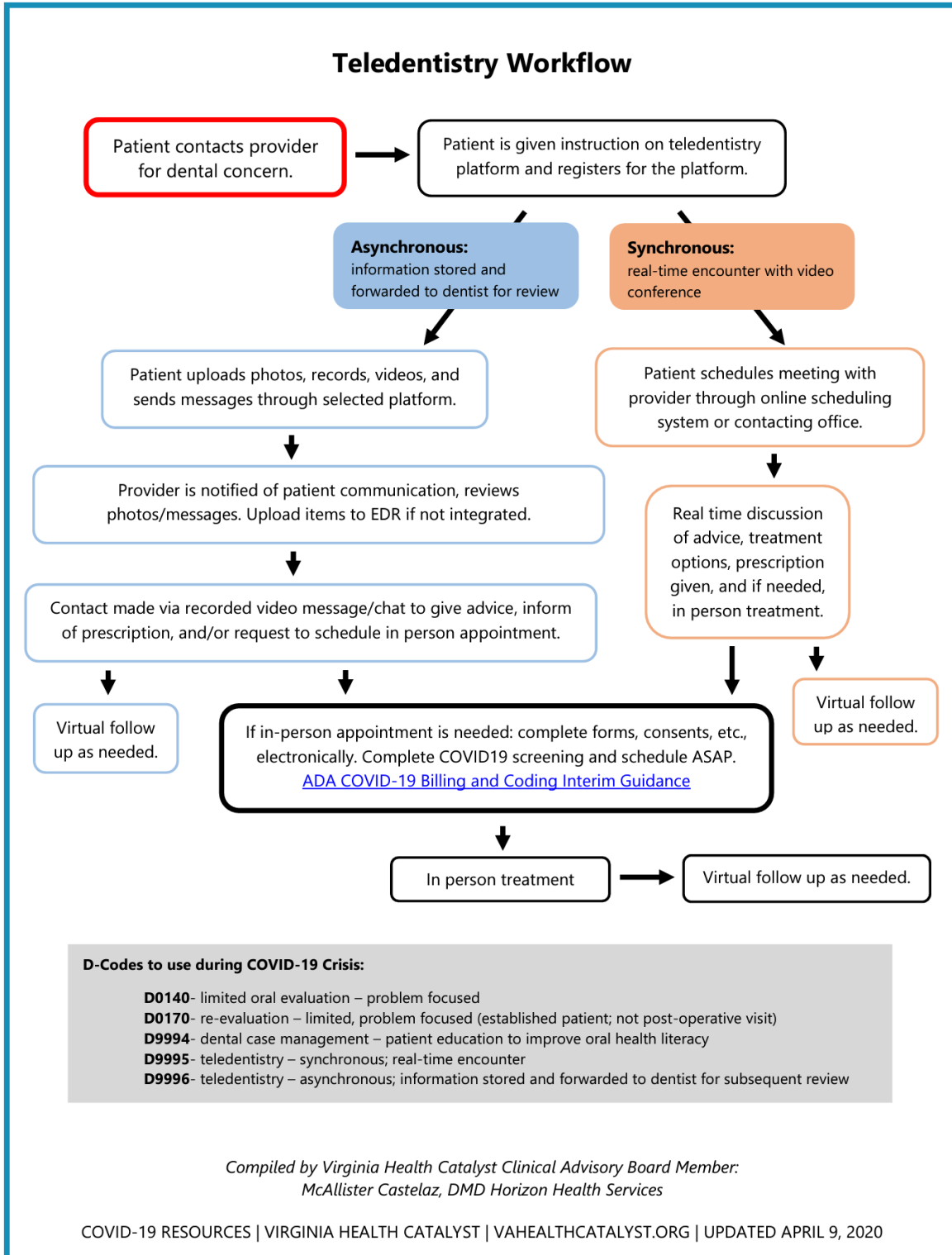Patients **not requiring follow-up**:

1. Ensure recall interval was documented and patient will be entered into the recall system – use recall system in NextGen/EPIC (Spread sheet in Excel should be kept up to date)

Tracking

The Hygienist is responsible for keeping track of everything in spreadsheet. The hygienist is responsible for all communication between the Doctors, NF, and CHC staff.

Example 5: Teledentistry workflow for emergency triage, Virginia Health Catalyst

Teledentistry Workflow

Patient contacts provider for dental concern. → Patient is given instruction on teledentistry platform and registers for the platform.

Asynchronous: information stored and forwarded to dentist for review

Synchronous: real-time encounter with video conference

Patient uploads photos, records, videos, and sends messages through selected platform.

Patient schedules meeting with provider through online scheduling system or contacting office.

Provider is notified of patient communication, reviews photos/messages. Upload items to EDR if not integrated.

Real time discussion of advice, treatment options, prescription given, and if needed, in person treatment.

Contact made via recorded video message/chat to give advice, inform of prescription, and/or request to schedule in person appointment.

Virtual follow up as needed.

If in-person appointment is needed: complete forms, consents, etc., electronically. Complete COVID19 screening and schedule ASAP.
ADA COVID-19 Billing and Coding Interim Guidance

Virtual follow up as needed.

In person treatment → Virtual follow up as needed.

D-Codes to use during COVID-19 Crisis:

D0140- limited oral evaluation – problem focused
D0170- re-evaluation – limited, problem focused (established patient; not post-operative visit)
D9994- dental case management – patient education to improve oral health literacy
D9995- teledentistry – synchronous; real-time encounter
D9996- teledentistry – asynchronous; information stored and forwarded to dentist for subsequent review

Compiled by Virginia Health Catalyst Clinical Advisory Board Member:
McAllister Castelaz, DMD Horizon Health Services

COVID-19 RESOURCES | VIRGINIA HEALTH CATALYST | VAHEALTHCATALYST.ORG | UPDATED APRIL 9, 2020

Appendix 4: Example criteria for extraoral and intraoral photographs for nursing home residents

***Prior to taking intraoral photos:

- Teeth should be clean (either post-prophy or via toothbrush prophy).
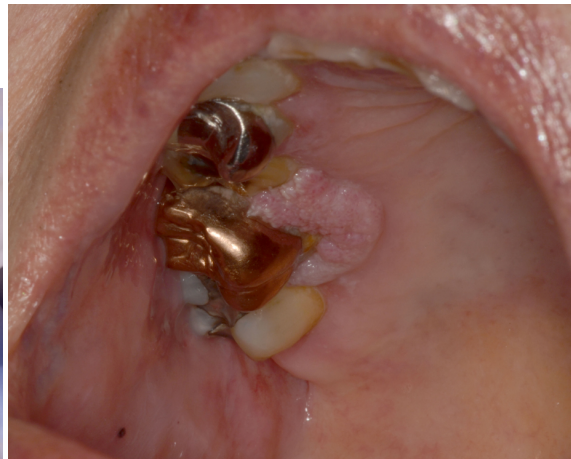- Teeth should be thoroughly dried with gauze

Documentation in EDR

- For any potentially suspicious lesions, chart in progress notes whether hard or soft surface texture
- Also chart anything else that would help dentist make assessment

Dentate Patients
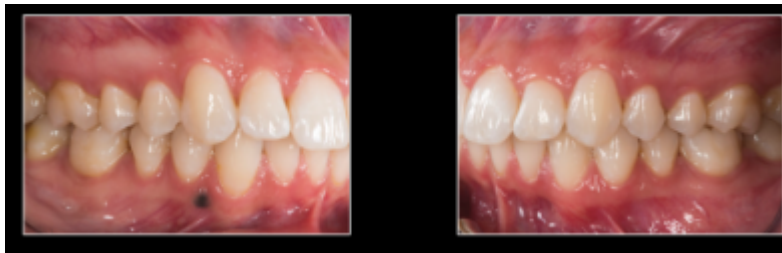
I. Extra-oral Camera

1. **Soft tissue lesions**

2. **Frontal view.** Patient can be biting or slightly open using lip retractors. ***Take frontal images pre-prophy *and* post-prophy (for frontal view only)

3. **Side views**. Patient can be biting or slightly open, <u>using mirror and lip retractors</u>

4. **Occlusal views**. If cooperation is an issue, can also use a bite stick on right side and photograph occlusal of left side, using a mirror and lip retractors.

5. **Anterior view**. (Optional pending cooperation)

II.   <u>Intra-oral camera</u>. Only for teeth with questionable/suspicious lesions that you can't visualize in extra-oral photos
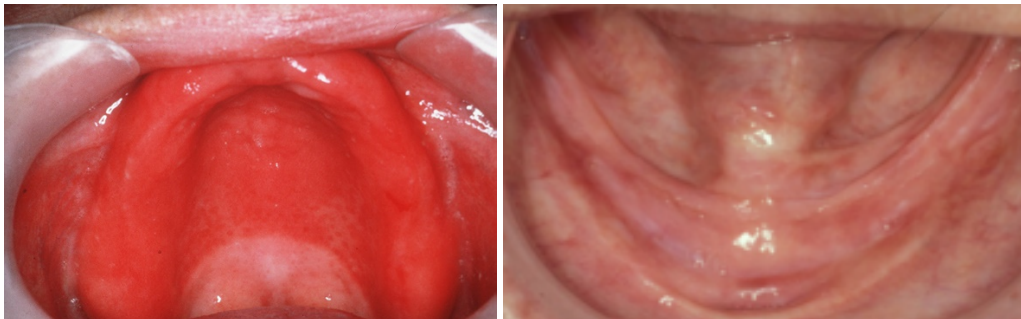

Edentulous patients
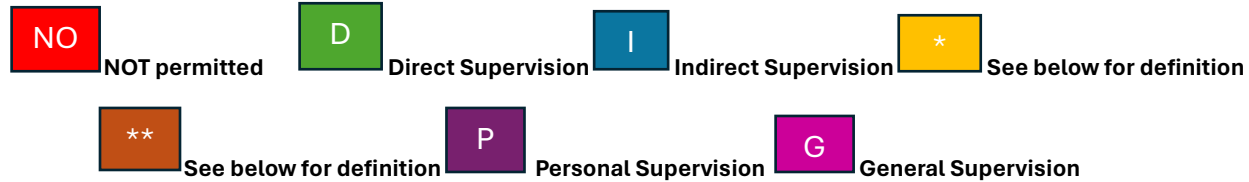
1. Soft tissue lesions

2. Arches

Delegation of Duties for Allied Dental Personal

(Updated May 2024)

Key:

DA – Dental Assistant   RDA – Registered Dental Assistant   RDH – Registered Dental Hygienist

NO	D	I	*
NOT permitted	**Direct Supervision**	**Indirect Supervision**	**See below for definition**

**	P	G
See below for definition	**Personal Supervision**	**General Supervision**

Procedure	DA	RDA	RDH
Place sealants	NO	D	G
Place nonsurgical retraction material for gingival displacement.	NO	D	D
Fabricating provisional restorations	NO	D	D
Using electronic instruments for caries detection	NO	D	D
Adjusting dentures or partials	NO	D	D
Intraoral use of rotary instruments or ultrasonic instruments	NO	D	D
Administer local anesthesia. *over 18 years of age (general), under 18 years of age (indirect), has to be noted in chart of patient that dentist has reviewed and emergency protocol *Additional permit required	NO	NO	G
Administer nitrous oxide inhalation analgesia pursuant to the rule provisions. *over 18 years of age (general), under 18 years of age (indirect), has to be noted in chart of patient that dentist has reviewed and emergency protocol *Additional permit required	NO	I	G
Preliminary examination of the oral cavity and surrounding structures, including periodontal screenings; complete prophylaxis, placement of sealants and polishing of restorations.	NO	NO	G
Perform preventative and therapeutic services if all individuals treated are patients of record	NO	NO	G
Placement of a protective restoration (ie ZOE, Fuji triage, etc)	NO	D	D
Take radiographs. *If DA has completed dental radiography course and has permit	**	**	**
Making impressions or obtaining digital records for casts and appliances	*	*	*
Creating or delivering vacuum-formed orthodontic retainers	*	*	*
Take photos extraorally or intraorally	*	*	*

Cutting long or broken wires	*	*	*
Removing loose bands, clasps or brackets on orthodontic appliances	*	*	*
Removing and replacing existing ligature ties and arch wires on orthodontic appliances	*	*	*
Removing existing and replacing lost or missing elastic orthodontic separators	*	*	*
Recementing exiting provisional restorations	*	*	*
Manipulating dental software for designing restorations	*	*	*
Duties or procedures that involve infection control	*	*	*
Taking vital signs and updating health history	*	*	*

LEVELS OF SUPERVISION – DENTAL HYGIENISTS, REGISTERED DENTAL ASSISTANTS AND DENTAL ASSISTANTS

- *"Direct supervision,"* the supervision of a dental hygienist or registered dental assistant requiring that a dentist diagnose the condition to be treated, a dentist authorize the procedure to be performed, a dentist remain in the dental clinic while the procedure is performed, and before dismissal of the patient a dentist approve the work performed by the dental hygienist or registered dental assistant;
- *"Indirect supervision,"* the supervision of a dental hygienist or registered dental assistant requiring that a dentist authorize the procedures and a dentist be in the dental clinic while the procedures are performed by the registered dental assistant or dental hygienist;
- *"General supervision,"* the supervision of a dental hygienist requiring that a dentist authorize the procedures to be carried out, and that the patient to be treated is a patient of record of the supervising dentist, or a dentist practicing within the same entity or clinic as the supervising dentist, and has had a complete evaluation within the previous thirteen months of the delegation of procedures. A written treatment plan contained within the patient's record shall accompany any authorization of treatment procedures;
- *"Personal supervision,"* a level of supervision whereby the dentist or dental hygienist is personally treating a patient and authorizes the dental assistant to aid the treatment by concurrently performing a supportive procedure;
- ***, Subject to the supervising dentist exercising full responsibility, a dental assistant may perform the following duties or procedures if the supervising dentist is not present in the dental clinic, but has prior knowledge of and has authorized the performance.

- **Only a person registered to practice as a dental radiographer or licensed to practice as a dentist or dental hygienist may perform dental radiography.   No person may be exposed to an ionizing radiation beam except for dental diagnostic purposes and only if exposure has been authorized by the supervising dentist. Any person operating a dental radiographic machine shall follow all safety instructions provided by the manufacture of the radiographic machine.

NOTES

1. Read the entire text of the rules for any coursework requirements

2. If any delegated procedure specifically indicates a requirement to complete additional coursework, the Registered Dental Assistant or Dental Hygienist must complete the coursework to perform the procedure.

Note: This guide is an accurate summary as of the date of this printing. It is not intended to be a substitute for South Dakota dental professionals' responsibility for fully knowing current laws and rules, which can be accessed via the Board's website at https://www.sdboardofdentistry.org/

Application for Continuing Education Course Honorarium

Background

It is the policy of the Board to allocate resources, when available, to fund continuing education courses that further the mission of the Board.

Procedure

Application Deadline: December 31, 2024.
                            Applications received after this deadline will not be considered.

Submit Applications to: South Dakota State Board of Dentistry
                            PO Box 1079
                            Pierre, SD 57501
                            Or electronically to contactus@sdboardofdentistry.com

Fund Amount: The Board will fund up to $7,500 in total during this request cycle.

Criteria for Consideration

- ✓ The sponsor organization must meet the applicable state contractor requirements.
- ✓ The course must further the mission of the Board.
- ✓ Preference will be given to courses that impact a large number of licensees or registrants and courses provided in partnership with other professional associations.
- ✓ Any funded course must be open to all dental professionals free of charge.

If an application is approved:

- ✓ The sponsor organization must be prepared to complete the state contract process.

- ✓ The sponsor organization must note in its promotional materials the following: *"The honorarium for this speaker is being funded by the South Dakota State Board of Dentistry. This course is open to all dental professionals free of charge. The content and opinions expressed during this course do not necessarily reflect the views of nor are they endorsed by the South Dakota State Board of Dentistry."*

- ✓ Following the course date, the sponsor organization must submit a brief report, including how many South Dakota licensees and/or registrants attended.

Course Information

Title of Course: *Detailed course outline must be attached:*

_____

Speaker(s): *Curriculum Vitae or Resume must be attached:*

_____

Date(s) of Course: _____

Course Location: _____

Honorarium Amount requested: $_____

Applicant Information

Sponsor Organization Name:

_____

Sponsor Organization Contact:

Name: _____

Address: _____

Phone: _____

Email: _____

Partner Organization Name (if applicable):

_____

Application Questions
Please type or print clearly; use additional paper if necessary.

1. Does the sponsor organization meet the requirements to serve as a state contractor?

   ☐ Yes

   ☐ No

2. Please list the course objectives:

3. What is the target population?

4. What is the anticipated number of *South Dakota* licensees and/or registrants that will attend this course?
   a. Dentists:_____
   b. Dental Hygienists: _____
   c. Registered Dental Assistants: _____
   d. Radiographers: _____
   e. Other Dental Office Staff: _____

5. List other possible sources of financial support for this course:

Dr. Joy serves as a consultant examiner for the CDCA-WREB-CITA examination board, board member for the Maryland State Board of Dental Examiners, and editorial advisory board member for Inside Dental Hygiene. Dr. Joy is an active member of the American Academy of Dental Hygiene. She is also a member of the American Dental Hygienists' Association and the Maryland Dental Action Coalition.

Dr. Joy received her certificate in dental hygiene from Howard University, her Bachelor of Science Degree in dental hygiene from the University of Maryland School of Dentistry and earned two advanced degrees from Nova Southeastern University: a Master of Health Science with a forensic investigative science concentration and a Doctor of Health Science.

South Dakota State Board of Dentistry
P.O. Box 1079, 1351 N. Harrison Ave.   Pierre, SD 57501-1079
Ph: 605-224-1282   Fax: 1-888-425-3032

E-mail: contactus@sdboardofdentistry.com   www.sdboardofdentistry.org

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✓ Following the course date, the sponsor organization must submit a brief report, including how many South Dakota licensees and/or registrants attended.

Course Information

Title of Course: *Detailed course outline must be attached:*

Infection Control, Risk Management, OSHA/HIPPA for the Denal Team

Speaker(s): *Curriculum Vitae or Resume must be attached:*

Dr. Emily Boge, EdD, RDH, CDA

Date(s) of Course: May 16, 2025

Course Location: Rapid City, SD

Honorarium Amount requested: $ 3000

Applicant Information

Sponsor Organization Name:

South Dakota Dental Hygeinists' Association

Sponsor Organization Contact:

Name: Abby Schiley

Address: 7811 Albertta Drive, SD 57702

Phone: 605-490-0701

Email: sddha.vicepresident@gmail.com

Partner Organization Name (if applicable):

Application Questions
Please type or print clearly; use additional paper if necessary.

1. Does the sponsor organization meet the requirements to serve as a state contractor?

   X Yes

   ☐ No

2. Please list the course objectives:

   This comprehensive course explores strategies for recommended infection control practices and risk management mitigation used in dental clinical settings to maintain compliance protocols. This course includes all seven of the focal topics for universal precautions safety in dental practice, along with in-depth recommendations for compliance in practice.

3. What is the target population?

   Any dental professional that has contact with bloodborne patholgens.

4. What is the anticipated number of *South Dakota* licensees and/or registrants that will attend this course?
   a. Dentists: 40
   b. Dental Hygienists: 100
   c. Registered Dental Assistants: 50
   d. Radiographers: 20
   e. Other Dental Office Staff: 20

5. List other possible sources of financial support for this course:

2025 May

Infection Control, Risk Management, and OSHA/HIPAA for the Dental Team: 2 CEU

Dr. Emily Boge EdD, RDH, CDA

Methodology:

- Lecture
- PowerPoint

Course Description:

This comprehensive course explores strategies for recommended infection control practices and risk management mitigation used in dental clinical settings to maintain compliance protocols. This course includes all seven of the focal topics for universal precautions safety in dental practice, along with in-depth recommendations for compliance in practice.

Objectives:

Upon successful completion of this course, attendees will:

- Describe current CDC and ADS recommendations, and OSHA guidelines, to develop a working knowledge of potential hazards in clinical dental practice.
- Acquire the skills and techniques needed to properly utilize disinfection modalities and contaminated surface management practices to improve safety in dental practice.
- Demonstrate the skills and techniques needed to properly prevent cross contamination in dental practice.
- Describe skills to mitigate and manage risks of injury and contamination in dental practice.
- Describe components of OSHA and HIPAA and their relevance to dental practice.
- Apply proper maintenance and retention practices for safety data sheets and other critical safety documents.

Wife, mother, farmer, educator, inventor, public health advocate, businesswoman, researcher, writer, speaker—yet always a dental hygienist— Emily has worn many hats over the course of her 20+ years in the dental industry. She takes pride in utilizing her inquisitive mind and honest attitude to influence manufacturers to listen to dental professionals in product innovation, educate dental professionals using evidence-based research, and promoting the use of inner accountability, tenacity, and empowerment.

Dr. Emily Boge, EdD, RDH, CDA began her career practicing as a fulltime dental hygienist at Dental Associates of Manchester in Manchester, Iowa for 12 years. She then led the dental team at Hawkeye Community College, in Waterloo, Iowa for 9 years. Currently, she maintains an active career completing research, product development, and evaluation of products for several major dental companies. She also enjoys speaking and writing research for professionals and facts for consumers in dentistry. She researches all facets of dental hygiene and dentistry, and prides herself on thinking outside the box when it comes to dental innovation and practice standards; especially when she can apply new ideas to clinical techniques that improve the current standard of care.

Emily designed and marketed the Boge513™ scaler, sold by American Eagle Instruments in 2015. This instrument won the 2017 Dental Excellence Award: Best New Instrument/Device. She then designed the Hawkeye Probe, with Paradise Dental Technologies (PDT), in 2023, and the Centennial Scaler, manufactured by Hu-Friedy Instruments in 2012.

Emily graduated from Hawkeye Community College Dental Assisting (2000) and Dental Hygiene (2003) Programs prior to completing her Bachelor's in Psychology with a focus in Gerontology (2012) and a Master's in Public Administration (2015) at Upper Iowa University. In 2022 Emily earned a doctorate from Franklin University in Columbus, OH, and now holds an EdD in Higher Education and Organizational Leadership. As a native rural Iowan, Emily is married to a fifth-generation family farmer and machinist, and they live on their crop farm with their two sons. Emily enjoys cooking and baking, target shooting, four wheeling, reading, and shopping.

Awards, Volunteer and Professional Experiences
2023 Sunstar RDH Award of Distinction Recipient
2022 NISOD Excellence Award Recipient for the National Institute for Staff and Organizational Development (NISOD)

2021 Recipient of the Hawkeye College President's Award for Outstanding Leadership

2020 Editorial Board *Newman & Carranza's Clinical Periodontology for the Dental Hygienist* by Newman, M. Laughter, L. Essex, G., Elangovan, S. (2020)

2021, 2020, 2019, 2018, 2017 Editorial Board for Today's RDH magazine

2021, 2020 Editorial Board for Dental Product Shopper magazine

2021 Co-owner of Jell-Ed: Education for Educators Company

2020 Recipient of the Award for Excellence in Dental Hygiene from the American Dental Hygienists' Association and Johnson & Johnson, Co.

2020, 2019 Inspire the Future Dental Hygiene Educators Symposium Speaker

2020, 2019, 2018 Dentsply Sirona World Speaker

2019 AGD National Conference Speaker

2019 Iowa Distinguished Service Award Winner IDHA

2017 Dental Excellence Award: Best New Instrument/Device Boge513™ scaler American Eagle Instruments

Inventor and Lecturer on Instrumentation: American Eagle Instruments: Boge513™ Scaler

2015 ADHA Master Clinician Award Winner Nashville, TN

Colgate Oral Health Advisory Board 2011-2013, New York City, NY

2012 Iowa Dental Hygienist of the Year

2012 Centennial Scaler, Hu Friedy

Elder Care Local Presenter: Good Neighbor Home, Oak Crest Manor Care, BVM Sisters of Charity

American Dental Hygienists' Association (ADHA) Delegate

2007, 2008, 2009, 2010, 2011, 2012, 2014, 2015, 2016, 2017, 2018, 2019

ADHA Chair of Reference Committee C: 2016

Iowa Dental Hygienists' Association (IDHA)

Dubuque Component of IDHA President 2004-2005

IDHA Delegate 2004, 2007, 2008, 2009, 2010, 2011, 2012, 2014, 2015

IDHA Secretary 2005-2007

IDHA Member Services Trustee 2007-2009

IDHA IOH Liaison 2008, 2010, 2011, 2014

Iowa RDH PAC Committee 2009 to 2015 (2012 PAC Chair)

IDHA President 2016-2017

International Federation of Dental Hygiene (IFDH)

 Attendee: Basal, Switzerland 2015 International Symposium & Attendee: Columbus, Ohio 2018 Educator's Symposium

 Attendee and Lecturer: Dublin, Ireland 2022 International Symposium