

Teledentistry

Summary Provide Guidelines for teledentistry utilisation in NSW Local Health Districts and Specialty Health Networks and introduce teledentistry item codes to the electronic oral health record.

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TELEDENTISTRY

GUIDELINE SUMMARY

This Guideline provides a framework for the use of teledentistry-enabled models of care by NSW Health Districts. Specifically, this Guideline is designed to provide information for live patient – provider teledentistry interactions and store-and-forward episodes and to establish standard item codes for teledentistry services.

KEY PRINCIPLES

- Provide a framework for teledentistry utilisation in NSW public dental services for:
 - Live patient and provider teledentistry services
 - Store and forward teledentistry services
- Establish standard item codes for teledentistry services
- Establish a consistent approach to recording and reporting of teledentistry episodes

USE OF THE GUIDELINE

This Guideline is intended for use by NSW Health public dental and medical organisations which provide teledentistry services.

- Support public dental services to use teledentistry to improve access to oral healthcare
- Clinicians should follow these guidelines when providing teledentistry-enabled services
- Standardise the use of item codes for recording teledentistry utilisation
- Dental clinicians should use the described, standard teledentistry item codes when providing treatment
- Teledentistry services should be monitored, evaluated and improved

REVISION HISTORY

Version	Approved by	Amendment notes
August-2020 (GL2020_019)	Deputy Secretary and Chief Health Officer, Population and Public Health	Initial Document

ATTACHMENTS

1. Teledentistry: Guidelines

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1 BACKGROUND

1.1 About this document

Teledentistry is increasingly being used to connect patients, dental practitioners, and other health professionals who are located remotely from one another. It offers several benefits including increased collaboration between health professionals, reduced isolation of rural health professionals and improved patient access to oral healthcare. Teledentistry can make care more convenient, help to facilitate a timely diagnosis, assist with treatment and provide appropriate advice.

One of its most important applications is as a means for a patient in one location to receive services from a dental practitioner in another location. Teledentistry removes some of the barriers to accessing oral healthcare for those who have difficulty getting to a clinic (e.g. aged care residents, limited mobility, social distancing restrictions) or those living in rural and remote areas. It also has the potential to improve workflows to specialist dentists by allowing remote screening of patients and reducing inappropriate referrals.

1.2 Key definitions

ABF

Activity Based Funding (ABF) is a way in which the Commonwealth funds State health services based on the number and mix of patients treated.

Live teledentistry

Live, two-way interaction between a person (patient, carer, provider) and a dental practitioner, using audio-visual telecommunications.

Patient end health professional

Health professional (e.g. Aboriginal health worker, nurse, doctor, dental assistant, dental practitioner) who is with the patient supporting the teledentistry episode.

Provider end health professional

Health professional (e.g. dentist or dental specialist) who is remotely providing a health service for a patient.

Receiver/Patient end

The site at which the patient is located. It is where the primary assessment, examination or activity is conducted and from where a teledentistry episode may be initiated and a referral is made to another practitioner.

Remote/Provider end

The site from which clinical expertise has been requested via a physical referral or telemedicine referral.

Store and forward teledentistry

An electronic communication method of acquiring and storing clinical information (including data, images, sound and video). The information is forwarded to, or retrieved by, another dental practitioner for the purposes of clinical review for intervention, management or advice.

Teledentistry

The use of telehealth in the field of oral health.

Telehealth

Delivery of healthcare at a distance using Information Communications Technology (ICT). It may involve the secure transmission of images, voice and data between two or more units via telecommunication channels, to provide clinical advice, consultation, monitoring, education, training and administrative services.

1.3 Legal and legislative framework

Teledentistry services are subject to the same ethical and clinical standards and duty of care as face-to-face dental services, including strict standards for record keeping, patient consent, confidentiality and privacy. Existing federal and state legislation outlines these standards and additional information can be found on the [AHPRA website](#).

Public Health Organisations (PHOs) are increasingly employing a dedicated Telehealth Manager/Coordinator or Lead to provide direct assistance to health professionals to support the establishment, implementation and evaluation of telehealth services (Attachment 1). For any legal or operational concerns, please consult with your Telehealth Manager/Coordinator/Lead and/or the [Privacy Contact Officer](#) in your health service.

1.3.1 Roles and Responsibilities

In all teledentistry consultations, the health practitioner arranging the consultation is responsible for advising the patient of all options available to them for the next steps in their care and treatment, for the patient to make an informed decision and consent to teledentistry.

Dental practitioner to dental practitioner:

The patient's case management and general care remain the responsibility of the health professional at the patient end, unless alternative arrangements are made and documented. It is the dental practitioner's responsibility at the patient end, to provide adequate handover to the dental practitioner at the provider end.

If the services are being provided across Local Health District (Districts) or a state boundary, consider whether a Service Level Agreement, or Memorandum of Understanding is necessary to outline the details of the service, privacy and confidentiality.

1.3.2 Record keeping

Documentation in the patient record must be completed by all health professionals at both ends of the telehealth consultation (if there are health professionals at both ends), in accordance with medico-legal requirements.

Where remote health professionals are outside of the PHOs it is expected that the patient is registered and a patient record is established, prior to the appointment. If the patient cannot be registered in the external organisation, the remote health professional should provide timely clinical notes to be uploaded to the patient's record at the patient end.

It is not standard for video consultation sessions to be recorded. If there is a valid reason for the recording of a consultation, the health professional must receive the written consent of the patient or the patient's authorised representative and ensure that the consent and the recording are stored securely.

1.3.3 Privacy and Security

Use and disclosure of personal health information by NSW Health organisations must comply with the requirements of the [Health Records and Information Privacy Act 2002 \(NSW\)](#). These requirements apply regardless of whether services are provided by telehealth or face-to-face.

Your PHO Telehealth Manager/Coordinator or Lead can be consulted for advice on the most suitable technology and software to ensure your telehealth consultations meet relevant privacy and data security requirements including the [NSW Health Policy Directive Electronic Information Security \(PD2013_033\)](#), and the [NSW Health Privacy Manual for Health Information](#).

When choosing hardware and software for teledentistry, consider the security features of the system to ensure the technology used facilitates privacy and confidentiality. All telehealth communications should have strong message encryption. It is important to only use video conferencing platforms that meet the privacy and security requirements of eHealth and your organisation. Using approved platforms ensures that you are providing a secure and private environment where a patient's privacy can be assured.

1.3.4 Transfer of Clinical Information

The secure transfer of clinical information is important to maintain the patient's privacy and confidentiality of information. When the store and forward method is used, consideration must be given to methods of transmission and storage of images to maintain privacy, security and confidentiality.

NSW Health Employees using their @health.nsw.gov.au email addresses can be confident to send patient information electronically internally (between NSW Health email addresses). However, when sending information externally, secure messaging or file transfer systems must be used. For health professionals external to the PHO this information will need to be sent via a secure messenger or file transfer service.

1.4 Strategic framework

These Guidelines are in line with the NSW Health Telehealth Framework and Implementation Strategy: 2016-2021 which recognises the value of telehealth in delivering patient-centred care across geographic, time, social and cultural barriers and the potential benefits it offers the health system. The Guidelines also align with the recommendation of the NSW Oral Health Tertiary Services Plan 2018-2023 to develop an approach to teledentistry which enables delivery of specialised oral healthcare for residents as close to their home as possible and provides PHOs with flexible means to meet local needs for specialised oral healthcare.

These Guidelines should be read in conjunction with the Agency for Clinical Innovation (ACI) [Telehealth in practice guide](#).

2 APPLICATION OF TELEDENTISTRY

There are two main applications of teledentistry: live teledentistry services and store and forward teledentistry. The [ACI Telehealth in practice guide](#) and the [Telehealth Quick reference guide](#) are useful resources outlining the steps involved in effective telehealth implementation.

For further support, public dental services' enquiries should be directed towards the dedicated [PHO Telehealth Manager/Coordinator/Lead](#) or in the absence of a dedicated position, the ACI Telehealth Manager at aci-telehealth@health.nsw.gov.au

2.1 Live Teledentistry Services

Live teledentistry consists of a consultation either by telephone or video conferencing. This can be done in either of the following ways:

- Practitioner to practitioner
- Practitioner to patient
- Patient to practitioner (Patient initiated care)

A checklist for live teledentistry can be found in the Appendix.

2.2 Store and Forward Teledentistry Services

Store and forward is an electronic communication method of acquiring and storing clinical information (including data, images, sound and video). The information is forwarded to, or retrieved by, another dental practitioner for the purposes of clinical review for intervention, management or advice.

Patient consent must be obtained and recorded, prior to using store and forward teledentistry.

Store and forward may be used by either a dental practitioner or patient. Where a patient is providing information and/or documentation for the purpose of assessment and triage, practitioners will need to advise the patient about providing the information/documentation in a secure format as outlined in 2.3

3 CODING FOR TELEDENTISTRY SERVICES

3.1 Item Codes

NSW Health will use the following item codes for teledentistry:

- **Code 919 – Teleconsultation**
 - The remote provision of a consultation to a patient where appropriate. It may include the provision of oral health or treatment information and referral.
 - This code may be allocated a DWAU weighting to cover the consultation.
- **Code 991 – Teledentistry live receiver/patient end**
 - To be used when a health professional is providing support at the patient end.
 - At the patient end, there may or may not be a dental practitioner coordinating the teledentistry service. If a dental practitioner is present, these providers should use the 991 code and document their role in the patient record.
- **Code 992 – Teledentistry live remote/provider end**
 - To be used by a dental practitioner who provides remote dental services via phone or videoconferencing, to a patient with a health professional at the patient end.
 - This code may be allocated a DWAU weighting to cover the consultation.
- **Code 993 – Store and forward teledentistry** can be used at either end of a store and forward teledentistry episode.

Dental practitioners providing teledentistry must only claim items that are appropriate for the teledentistry consultation, in line with the rules set out in *The Australian Schedule of Dental Services and Glossary* [1]

Consultation/examination item numbers must not be claimed in addition to item 919 or 992.

3.1.1 Item numbers

The following item numbers are able to be claimed in addition to the item codes above, as appropriate.

Item number	Descriptor
019	Letter of referral
927	Provision of a medication/medicament
142	Tobacco counselling

4 EXAMPLE APPLICATIONS OF TELEDEDENTISTRY

Example 1: Teledentistry for specialised dentistry

A general dentist, Dr X, works in a rural District and is treating a patient who requires surgical extraction of their impacted wisdom teeth. There is a general dentist, Dr Y, in a neighbouring District who runs a GA list and performs oral surgery within her scope of practice, such as advanced exodontia. Dr X sends a referral letter to Dr Y, following his District's local protocols. Rather than have the patient travel to the neighbouring District for a consultation, surgery and post-op care, Dr X organises the consultation and post-op care appointments via videoconference with Dr Y. The patient is registered in the neighbouring District and a teledentistry consultation appointment is made in both District appointment books.

In the consultation appointment, Dr X introduces Dr Y, discusses the medical history and presenting complaint, shares recent radiographs, and uses an intraoral camera to allow the specialist to perform an oral examination. Dr Y can provide pre-operative instructions and ensure the patient is ready for treatment prior to traveling to the neighbouring District for surgery.

The teledentistry consultation appointment took 15 minutes. In this instance, Dr X would enter the code 991 on the receiver/patient end. Dr Y would enter the code 992 on the remote/provider end. Both providers would enter clinical notes into the patient record.

Example 2: Teledentistry for patients with difficulty accessing oral healthcare services

A District has established a relationship with an aged-care facility. The two facilities coordinate a time to screen the patients at the aged-care facility using teledentistry. The patients are registered by the District and teledentistry appointments are made in the appointment book. An employee at the aged-care facility is the patient-end contact and has been trained to use an intraoral camera. A dental practitioner at the District public dental service is the provider.

The aged-care employee assists the patients with providing medical history, dental history and presenting complaints via the videoconference. The employee also uses the intraoral camera to allow the dental practitioner to perform a limited oral examination. Those patients requiring further treatment can have dental appointments organised.

For a patient who had received a limited oral examination the dental practitioner would enter code 992 on the remote/provider end. In this instance, no item codes would need to be entered on the receiver/patient end.

5 REFERENCES

- [1] Australian Dental Association; "The Australian Schedule of Dental Services and Glossary (12th Edition)," 2017. [Online]. Available: <https://www.ada.org.au/Dental-Professionals/Publications/Schedule-and-Glossary>. [Accessed 30 June 2020].

6 CHECKLIST FOR LIVE TELEDENTISTRY

Requirements	Checked?
Prior to appointment	
Patient end:	
Room is private, quiet and audio-visual quality has been tested	
Remote dental practitioner has been provided with relevant information (as required)	
Patient is registered, appointment made, instructions sent to patient	
Technology is secure as per Section 2.3	
Confirm the reliability of the patients' internet connectivity	
Provider end:	
Patient is provided with information about what to expect	
Room is private, quiet and audio-visual quality has been tested	
Review and have available any relevant documentation.	
Have technical support contact details available	
Appointment time	
Practitioner to use ISBAR format (Introduction, Situation, Background, Assessment, Recommendation) to guide consultation	
Practitioner to have ID visible for the patient or practitioner to see.	
Practitioner should ensure phones are on silent.	
Post appointment	
Complete patient notes (Section 2.2)	
Enter relevant item codes (Section 4)	
Organise follow up, including subsequent appointments and/or referrals if the diagnosis and management is unclear	