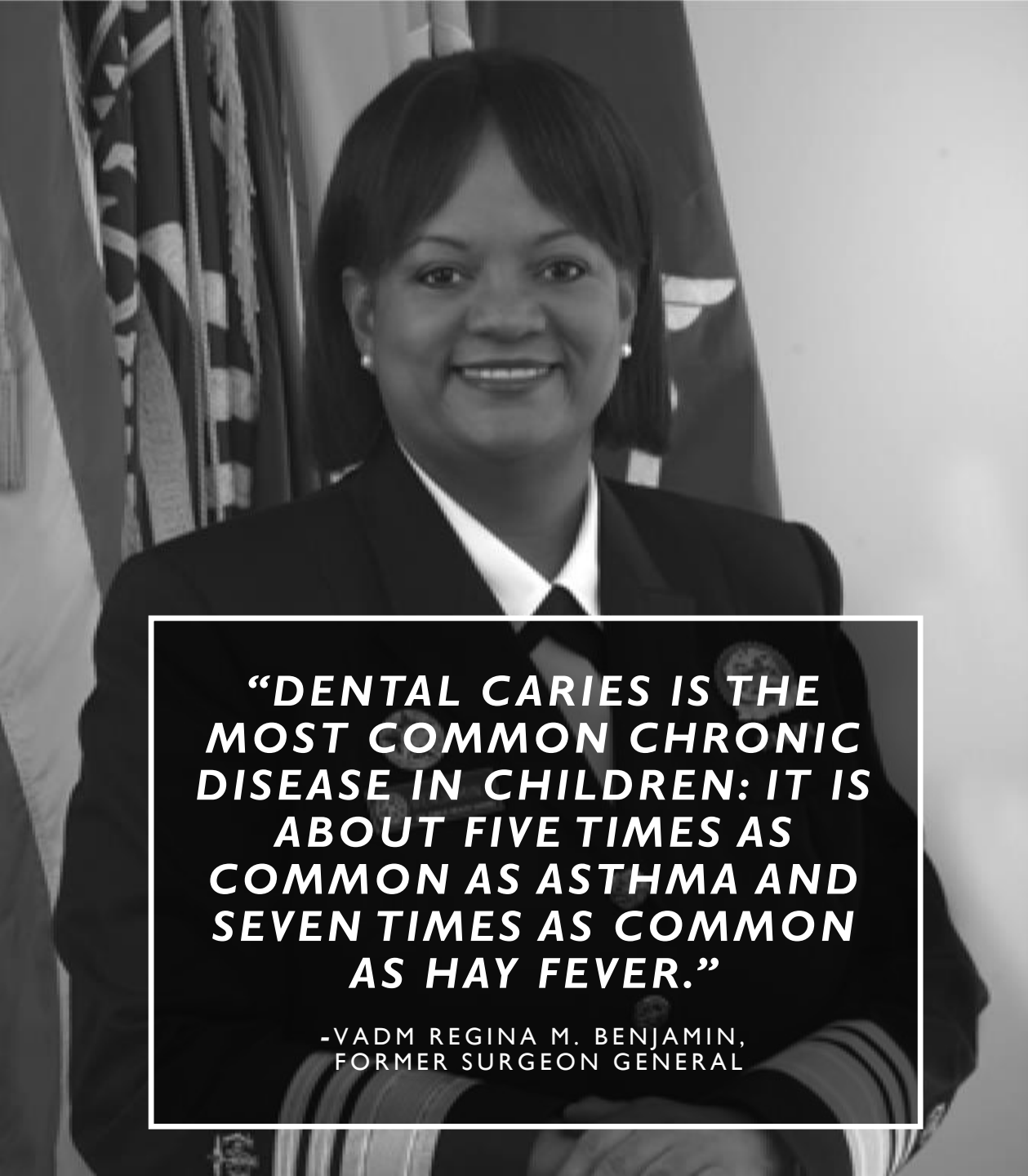


EXPANDING ACCESS TO
ORAL HEALTH THROUGH
TELEDENTISTRY

Douglas Cross, DDS
EXCELth, Inc. Dental Director





***“DENTAL CARIES IS THE
MOST COMMON CHRONIC
DISEASE IN CHILDREN: IT IS
ABOUT FIVE TIMES AS
COMMON AS ASTHMA AND
SEVEN TIMES AS COMMON
AS HAY FEVER.”***

**-VADM REGINA M. BENJAMIN,
FORMER SURGEON GENERAL**

Tooth decay is #1 chronic health disease

Cited in Oral Health: The Silent Epidemic

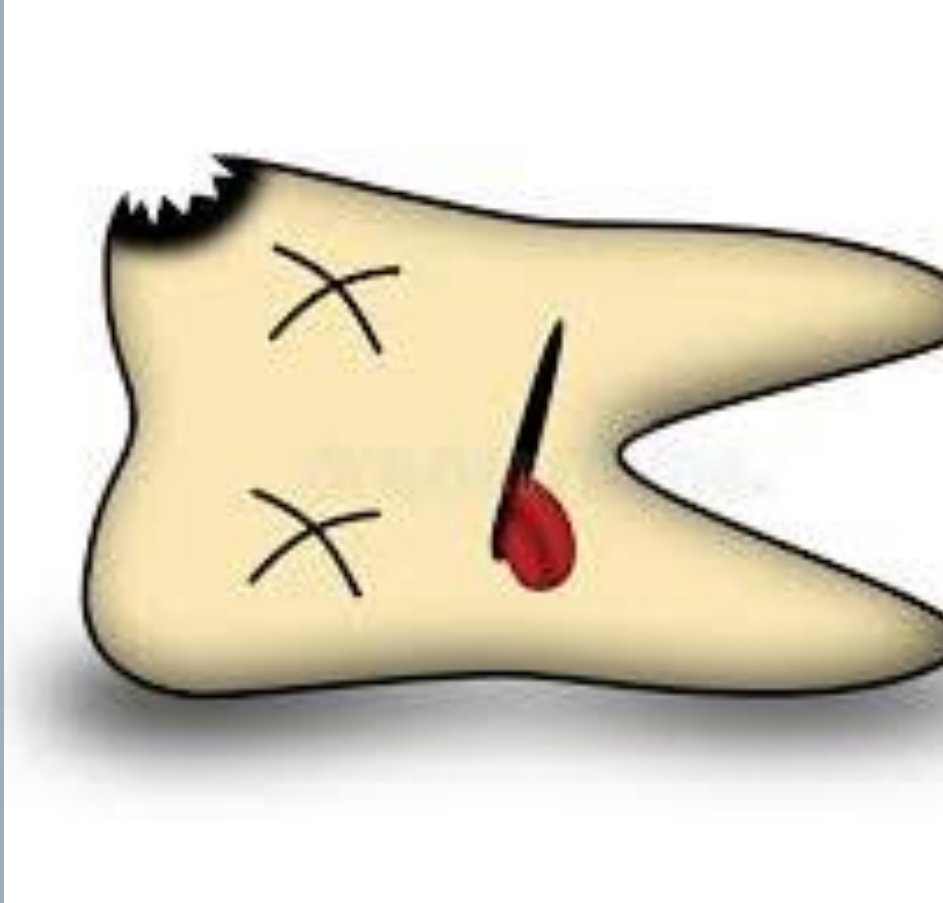
Well-Ahead Louisiana stated

Dental care is the
unmet health need.

#1



This is proven among low-income children, older adults, and those with special health care needs.

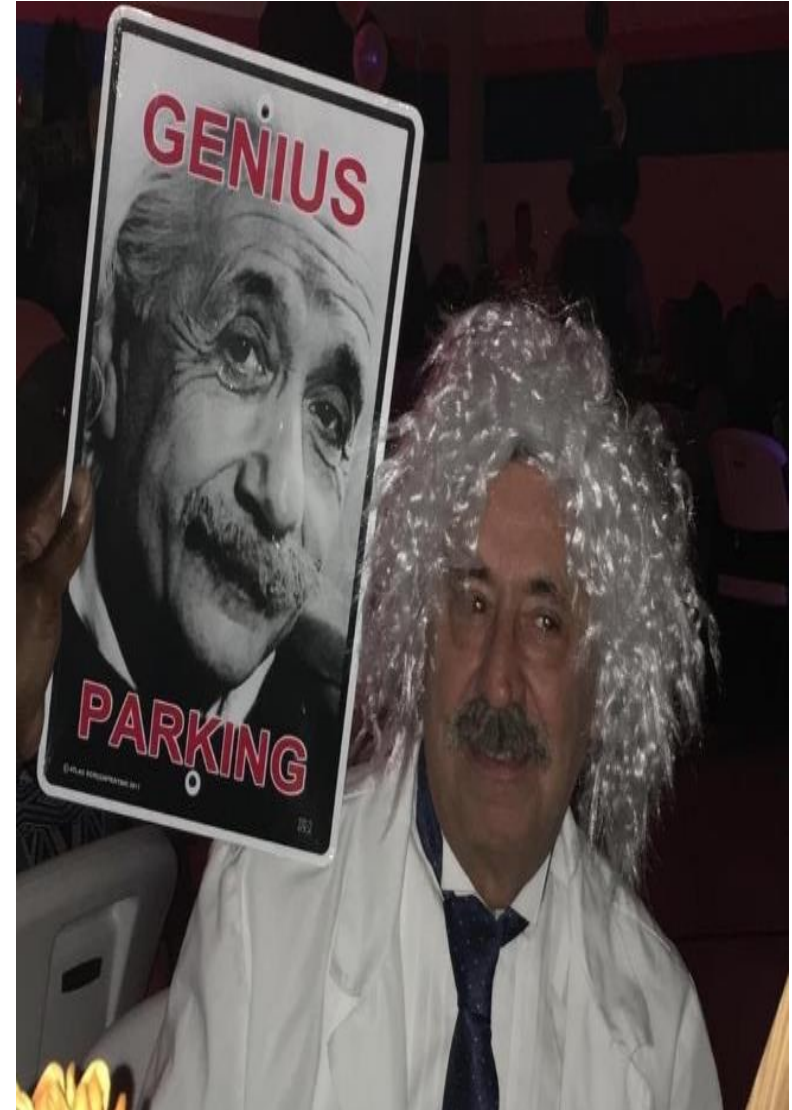


LOUISIANA RANKS 47
OUT OF 50 STATES FOR
BEST-WORST DENTAL
HEALTH



THE REAL TRAGEDY IS “DENTAL DISEASE IS
PREVENTABLE.” AS QUOTED BY CDC

INSANITY: DOING
THE SAME THING
OVER AND OVER
AGAIN AND
EXPECTING
DIFFERENT RESULTS.
-ALBERT EINSTEIN





AN OUNCE OF PREVENTION IS
WORTH A POUND OF CURE!

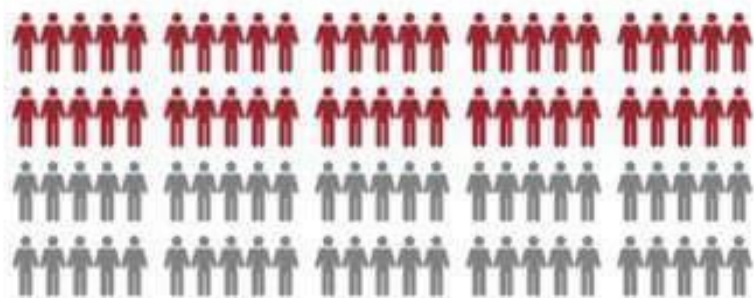
WITH
PREVENTION
AT A YOUNG
AGE, WE MAY
HAVE BEEN
ABLE TO
AVOID THIS.





SUMMARY OF ADA & AAPD RECOMMENDATIONS

Recommendation	Quality of the Evidence	Strength of Recommendation
The sealant guideline panel recommends the use of sealants compared to non-use in permanent molars with both sound occlusal surfaces and non-cavitated occlusal caries lesions in children and adolescents.	Moderate	Strong
The sealant guideline panel suggests the use of sealants compared to fluoride varnishes in permanent molars with both occlusal sound surfaces and non-cavitated occlusal caries lesions in children and adolescents.	Low	Conditional
The panel was unable to determine superiority of one type of sealant over another due to the very low quality of evidence for comparative studies. The panel recommends that any of the materials evaluated (e.g. resin-based sealants, resin-modified glass ionomer sealants, glass ionomer cements, and polyacid-modified resin sealants in no particular order) can be used for application in permanent molars with both occlusal sound surfaces and non-cavitated occlusal caries lesions in children and adolescents.	Very Low	Conditional

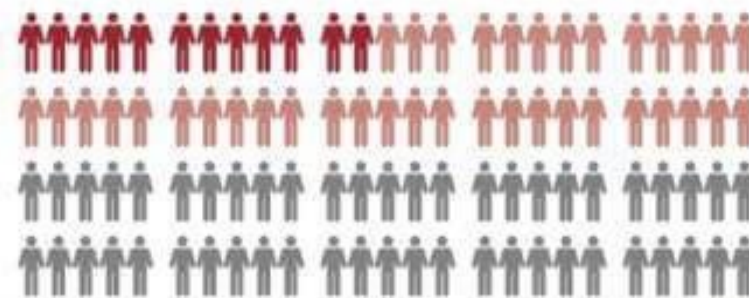
If 100 Children Do Not Receive Sealants



-  50 children will have caries
-  50 children will not have caries

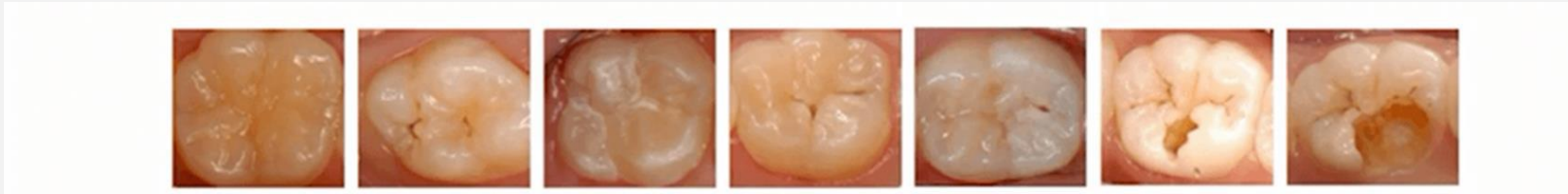
76%
REDUCTION
IN CARIES

If 100 Children Do Receive Sealants



-  12 children will have caries
-  38 children will be caries free due to sealant application
-  50 children will not have caries

WATCH OR SEAL?

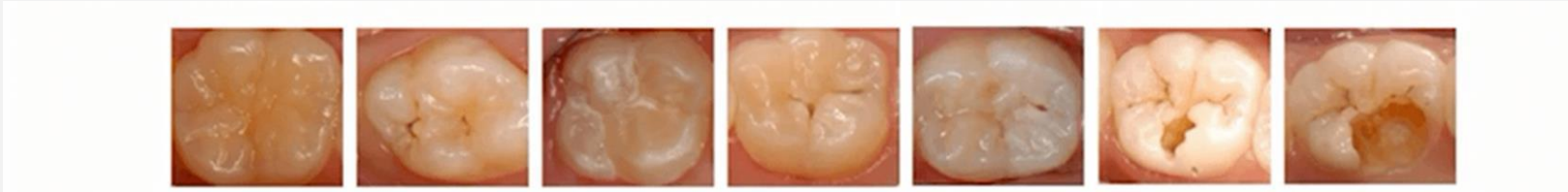


Or



Applied sealant

WHEN IN DOUBT? SEAL OR RESTORE?



- Even the smallest restorations required removal of much sound tooth tissue.
- Restorations do not make teeth stronger, and they markedly increase the likelihood that future restorations will be larger.
- Only the dentist can restore.

Sealants are effective in preventing & arresting caries in primary & permanent molars, and could minimize the progression of non-cavitated occlusal carious lesions.

This was a **STRONG** recommendation, meaning that in most situations clinicians should follow the course of action suggested by the panel and **only in a selected few circumstances** may they need to deviate from it.

Evidence-based clinical practice guideline for the use of pit-and-fissure sealants

A report of the American Dental Association and the American Academy of Pediatric Dentistry

John T. Wright, DDS, MS; James J. Crall, DDS, MS, ScD; Margherita Fontana, DDS, PhD; E. Jane Gillette, DDS; Brian B. Nový, DDS; Vineet Dhar, BDS, MDS, PhD; Kevin Donly, DDS, MS; Edmond R. Hewlett, DDS; Rocio B. Quinonez, DMD, MS, MPH; Jeffrey Chaffin, DDS, MPH, MBA, MHA; Matt Crespin, MPH, RDH; Timothy Iafolla, DMD, MPH; Mark D. Siegal, DDS, MPH; Malavika P. Tampi, MPH; Laurel Graham, MLS; Cameron Estrich, MPH; Alonso Carrasco-Labra, DDS, MSc, PhD(c)

ABSTRACT

Background. This article presents evidence-based clinical recommendations for the use of pit-and-fissure sealants on the occlusal surfaces of primary and permanent molars in children and adolescents. A guideline panel convened by the American Dental Association (ADA) Council on Scientific Affairs and the American Academy of Pediatric Dentistry conducted a systematic review and formulated recommendations to address clinical questions in relation to the efficacy, retention, and potential side effects of sealants to prevent dental caries; their efficacy compared with fluoride varnishes; and a head-to-head comparison of the different types of sealant material used to prevent caries on pits and fissures of occlusal surfaces.

Types of Studies Reviewed. This is an update of the ADA 2008 recommendations on the use of pit-and-fissure sealants on the occlusal surfaces of primary and permanent molars. The authors conducted a systematic search in MEDLINE, Embase, Cochrane Central Register of Controlled Trials, and other sources to identify randomized controlled trials reporting on the effect of sealants (available on the US market) when applied to the occlusal surfaces of primary and permanent molars. The authors used the Grading of Recommendations Assessment, Development, and Evaluation approach to assess the quality of the evidence and to move from the evidence to the decisions.

Results. The guideline panel formulated 3 main recommendations. They concluded that sealants are effective in preventing and arresting pit-and-fissure occlusal carious lesions of primary and permanent molars in children and adolescents compared with the nonuse of sealants or use of fluoride varnishes. They also concluded that sealants could minimize the progression of noncavitated occlusal carious lesions (also referred to as initial lesions) that receive a sealant. Finally, based on the available limited evidence, the panel was unable to provide specific recommendations on the relative merits of 1 type of sealant material over the others.

Conclusions and Practical Implications. These recommendations are designed to inform practitioners during the clinical decision-making process in relation to the prevention of occlusal carious lesions in children and adolescents. Clinicians are encouraged to discuss the information in this guideline with patients or the parents of

Pit-and-fissure sealants have been used for nearly 5 decades to prevent and control carious lesions on primary and permanent teeth. Sealants are still underused despite their documented efficacy and the availability of clinical practice



guidelines.^{1,2} New sealant materials and techniques continue

THE CONSEQUENCES OF SEALING OVER DECAY



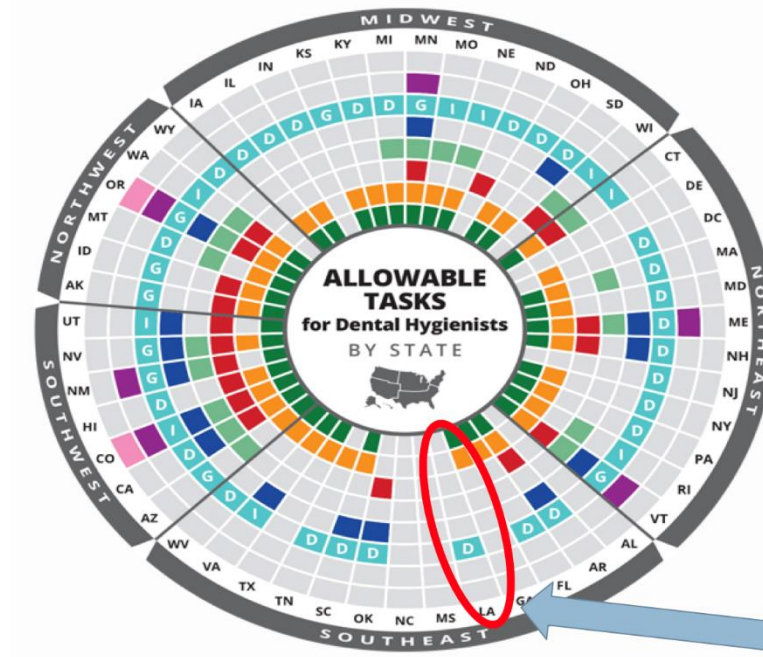
Sealing noncavitated caries in permanent teeth is effective in reducing caries progression.

- **Sealing non- cavitated carious lesions prevented caries progression 71% compared to teeth with non-sealed lesions up to 5 years after sealant placement.**

INADVERTENT SEALING OF TOOTH WITH DECAY INTO DENTIN

- What if a DH seals a tooth that a dentist might have restored?
 - Is the patient unlikely to ever see a dentist again for the next 10 years? If so, the outcome is unknown.
 - For all others, there will be plenty of opportunities to arrest the caries in the rare likelihood that the sealant is not effective.

TELEDENTISTRY: A BIG WIN IN LOUISIANA'S POLITICAL CLIMATE



The purpose of this graphic is to help planners, policymakers, and others see differences in legal scope of practice across states, particularly in public health settings.

Research has shown that a broader scope of practice for dental hygienists is positively and significantly associated with improved oral health outcomes in a state's population.^{1,2}





WHAT IS THIS ABLE TO ACCOMPLISH?

- Hygienists will be allowed to perform prophys, sealants, and fluoride varnish and take radiographs under the supervision of a dentist via teledentistry

WHO CAN DO IT?

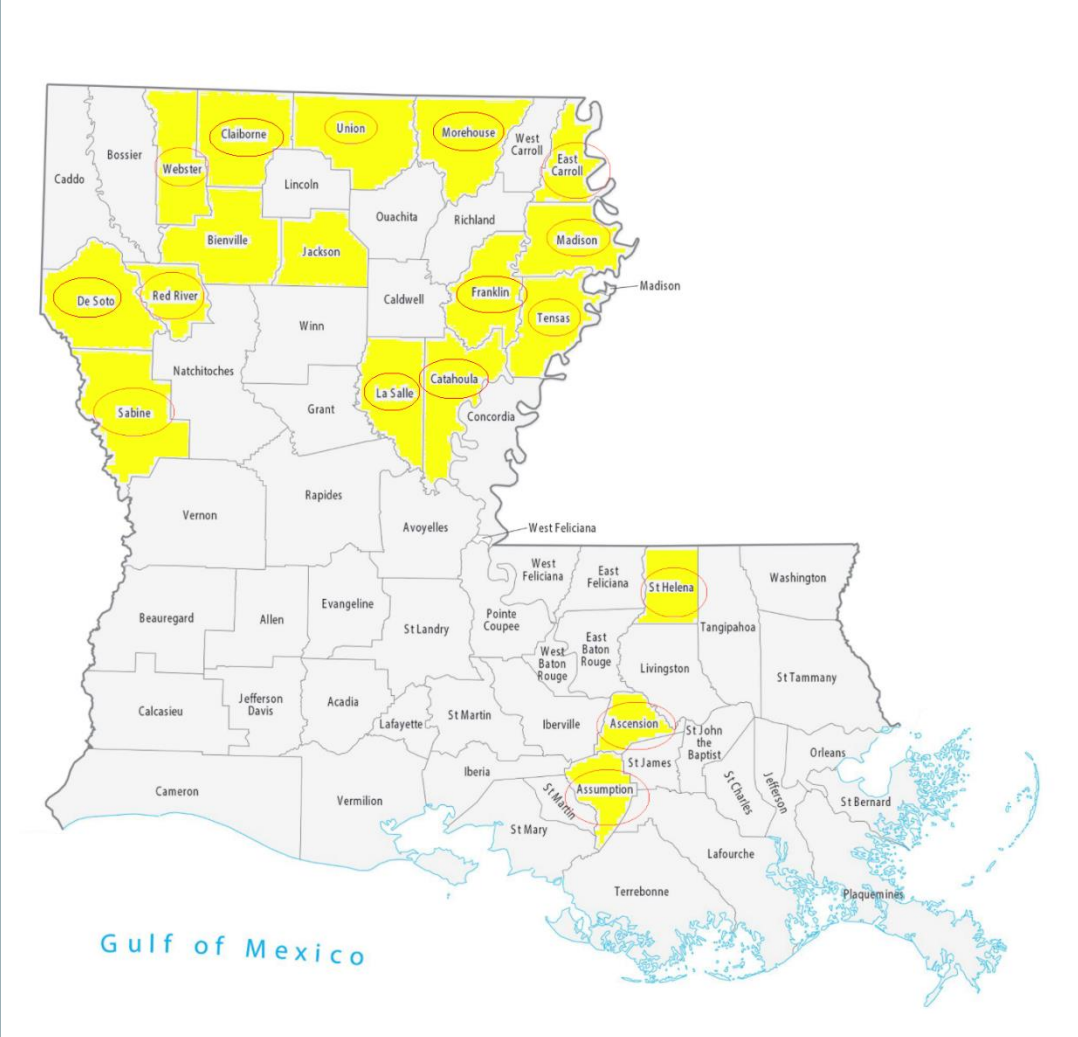
In order for a hygienist to be able to do these things under tele-dentistry supervision, the hygienist would have to be employed by an FQHC, a governmental agency, or a non-profit which is not receiving compensation for the work performed.

WHERE CAN IT BE DONE?

- A public elementary or middle school in which 50% or more of the students are economically disadvantaged and is in a parish with a Health Professional Shortage Area (HPSA) score above 15
- A fixed clinic of an FQHC that does not have a dentist and is in a parish with a dental HPSA score above 15



WHAT PARISHES QUALIFY?



NEXT CRITICAL STEP

Create sustainable programs by getting
Medicaid to reimburse us for
teledentistry



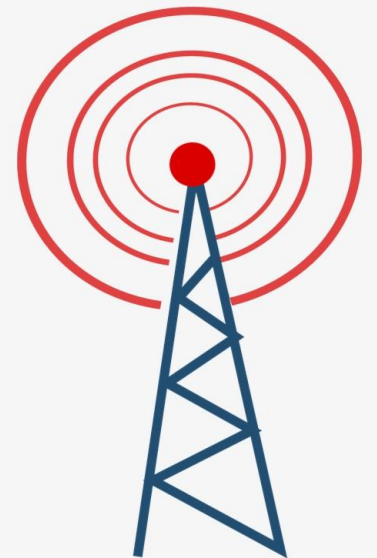
REIMBURSEMENT
FOR CODE D0190

Reasons Why:

1. More efficient in delivering services
2. No duplication of effort
3. Easier to refer patient to private practitioner

SECURE CONNECTION

- The session can be synchronist or a synchronist.
- The dentist will need to review the records before the patient is dismissed.





MOBILE VS PORTABLE EQUIPMENT



A DENTAL OFFICE THAT
CAN SERVICE ANY
POPULATION

PORTABLE DENTAL CHAIR



PORTABLE DENTAL DELIVERY SYSTEMS



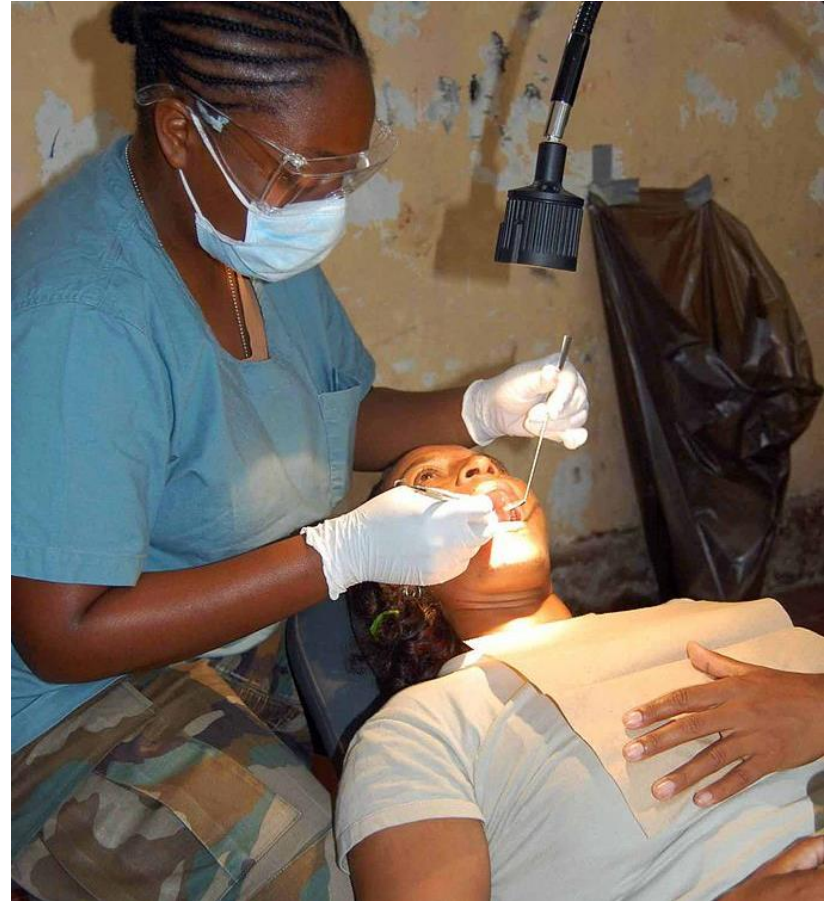
X-RAY SYSTEMS



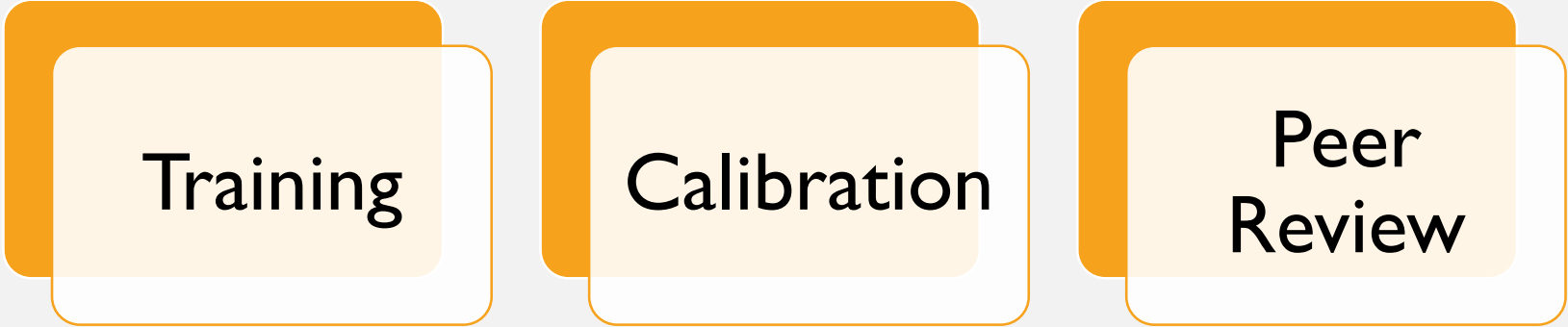
INTRAORAL CAMERA



DENTAL HYGIENISTS



DELIVERING QUALITY CARE

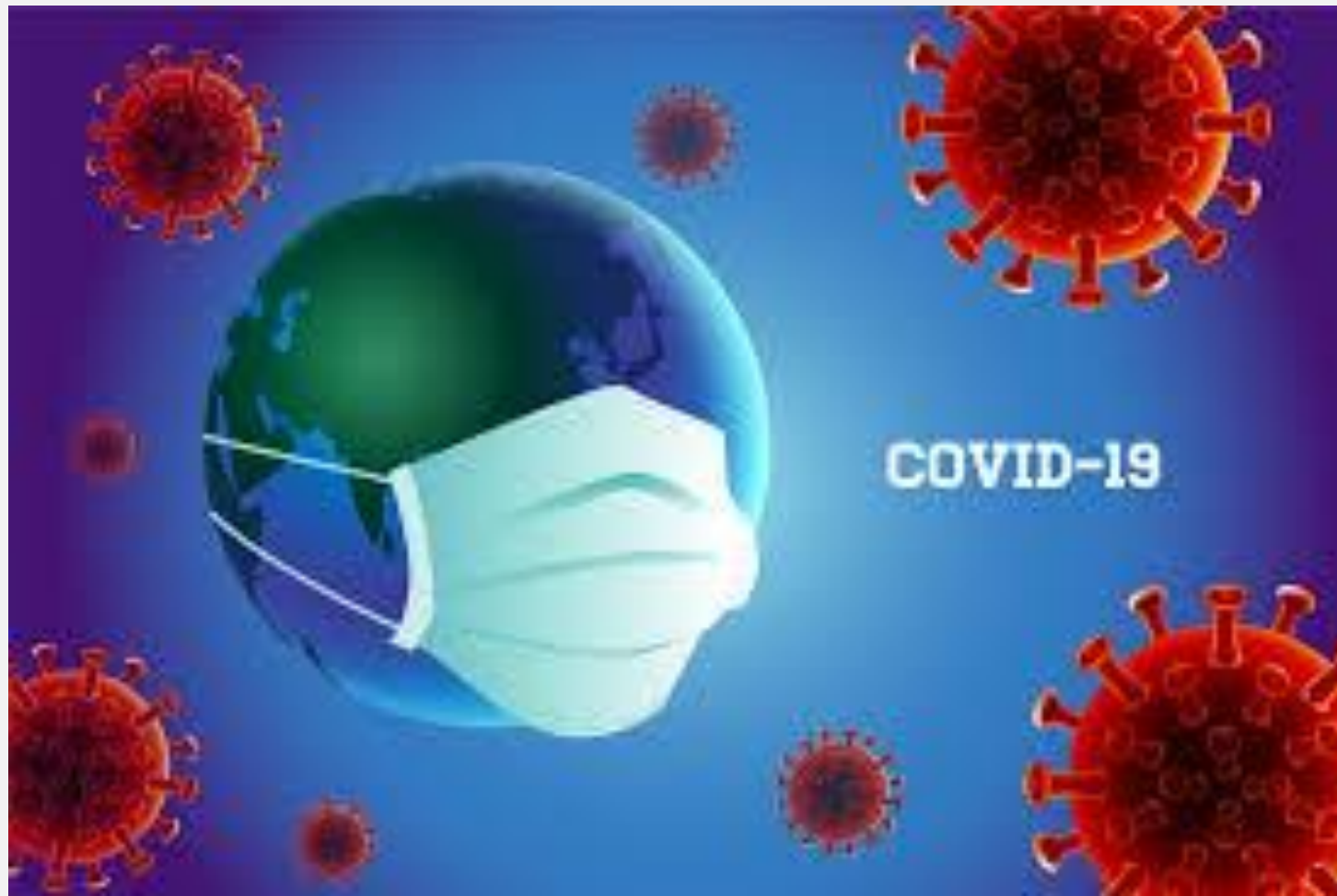


Training

Calibration

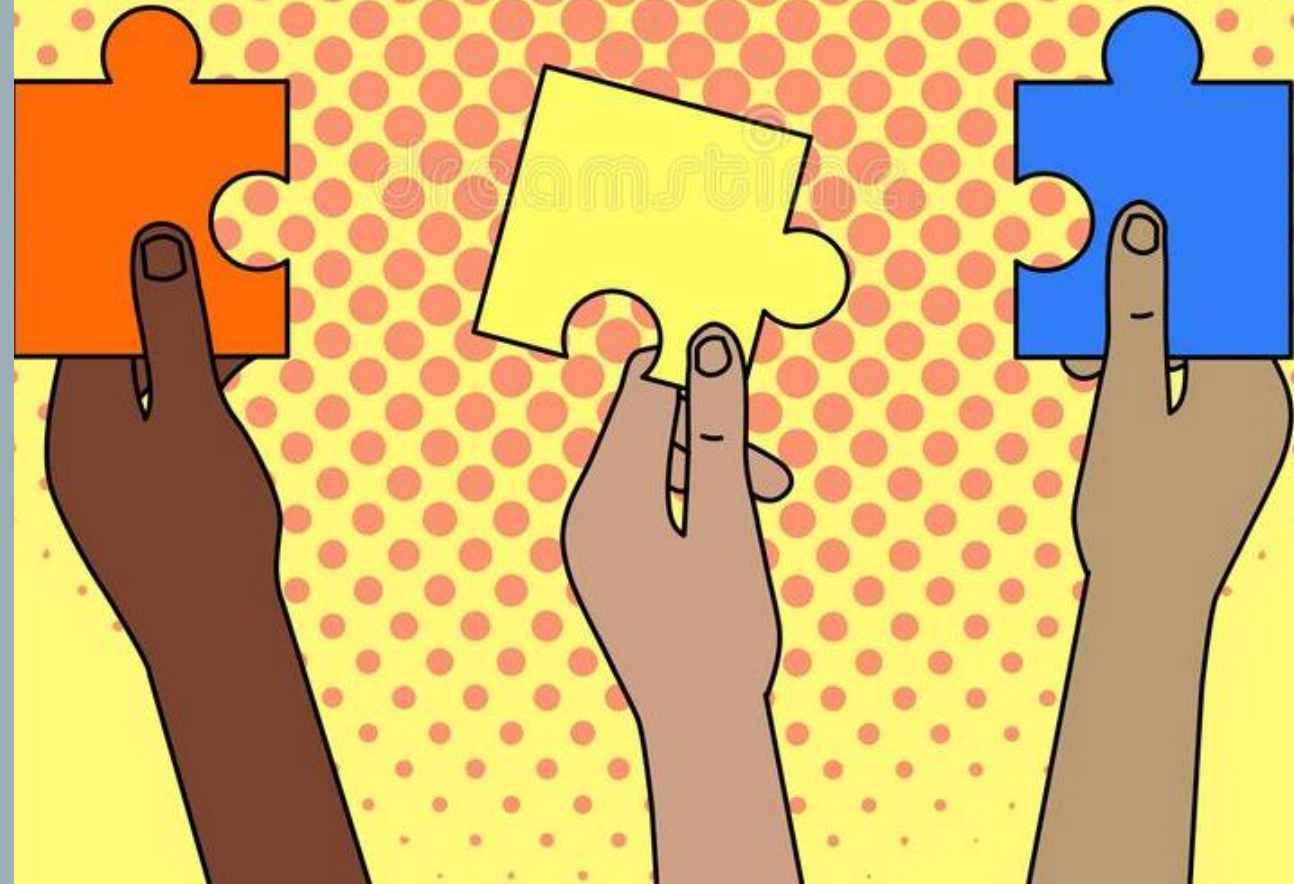
Peer
Review

SEALANTS IN A COVID- 19 WORLD



BY WORKING TOGETHER
TO PROVIDE ACCESSIBLE
PREVENTATIVE CARE TO
CHILDREN, WE CAN
SIGNIFICANTLY IMPROVE
ORAL HEALTH IN
LOUISIANA.

FINAL THOUGHTS!





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