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TELE-DENTISTRY DURING THE COVID-19 PANDEMIC

Regulatory authorities across Canada currently recommend that where possible, dentists use tele-dentistry to assess and triage their patients, rather than in-person examination. While virtual practice is new to many, dentists must continue to meet existing standards of practice and the professional, legal, and ethical obligations regardless of the communication in which they communicate with patients. The practice of tele-dentistry is the practice of dentistry, and that guidelines which are created today may change significantly when the current crisis has passed.

That said, the following list contains useful guidelines to ensure that dentists practice tele-dentistry safely, responsibly and in accordance with the current regulatory requirements.

- 1. Whenever possible, utilize synchronous modes to practice tele-dentistry.**
 - i. These consist of live, two-way interaction between a dentist and the patient or caregiver using audiovisual telecommunications technology such as MapleMed, Zoom or Doxy.
 - ii. Asynchronous methods are a last resort. These include store and forward modes of dentist-patient communication, that should always take place through a secure electronic communications system. In asynchronous tele-dentistry the dentist will use the information provided by the patient to evaluate and manage the patient's emergency situation without real-time interaction.
- 2. Confirm the identity of the patient, and provide the patient with proof of your identity and licensure status (if assessing a new patient).**
 - i. This is particularly important before prescribing the patient with any medication that may be subject to abuse. In such cases, the dentist has an obligation to visually confirm the patient's identification (i.e., driver's license or health card).
- 3. Obtain the patient's informed consent to proceed with the tele-dentistry assessment.**
 - i. This consent should include the consent to collect and disclose the patient's health information for the purpose of providing healthcare.
- 4. Protect the privacy and confidentiality of the patient's personal health information.**
 - i. Use technology that has privacy and security settings in accordance with the Personal Health Information Protection Act, 2004. At minimum, technology must have controls to ensure only the intended patient has access to the appointment and where personal health information is stored and/or transmitted, strong encryption must be used.
 - ii. If unsure, dentists can confirm with their local IT service provider that the technology meets privacy requirements. dentalcorp's support centre IT is also available to assist.
 - iii. Conduct the tele-dentistry appointment in a private environment that will ensure patient information is not overheard or seen by other individuals.
 - iv. Confirm with the patient that the technology they are using is secure and private.

5. **Obtain an appropriate medical history, verbal history of the patient's condition, and confirm the nature of the emergency.**
 - i. Identify the resources (e.g. information and communication technology, equipment, support staff, etc.) that are required, and only proceed if those resources are available and can be used effectively.
 - ii. Ensure that the reliability, quality, and timeliness of the patient information obtained via tele-dentistry is sufficient to enable the safe provision of dental care.
6. **Assess the patient as needed in order to determine the likely cause of the emergency.**
 - i. Use technology that will allow you to gather necessary information needed to proceed with treatment.
 - ii. For instance, should you need to prescribe medication for a new patient, technology with audio-video capacity will be required to allow for an adequate assessment prior to prescribing medication.
7. **Once you reach a diagnosis (if possible), provide advice on managing the emergency and recommend or prescribe appropriate pharmacotherapy when indicated.**
8. **If you determine that pharmacotherapy is appropriate to manage the patient's dental concern, the decision trees provided by the ADA-C, below, are useful tools.**
 - i. Please remember that this guideline (and all visual aids) are meant as additions to your own professional judgment, not as replacements for it.
9. **If the "true dental emergency" cannot be addressed using tele-dentistry, the patient will have to be scheduled or referred for in-office assessment and/or treatment.**
 - i. **Screening for acute respiratory illness including COVID-19 must take place over the phone before the patient attends in-office.**
10. **Follow up with the patient within 7-10 days to ensure that the emergency has resolved appropriately, and plan for next steps as needed including an in-office visit once safe to do so.**
 - i. If you are not the patient's regular dentist, forward the information about the patient's condition and care provided to the regular dentist in a timely manner so that they can continue the patient's care as required.
11. **Keep appropriate records of the tele-dentistry appointment, in compliance with current recordkeeping standards, and note specifically that the care was provided through tele-dentistry.**
12. **If the patient's emergency cannot be adequately dealt with through a combination of virtual consultation and pharmacotherapy, a referral to an emergency dental clinic or hospital (extreme emergency cases) may be required.**
 - i. Ensure that all referrals are made dentist-to-dentist.
 - ii. Provide the receiving dental clinic with all relevant information the patient provided to enable them to successfully manage the patients' emergency.
 - a. This includes answers to the COVID-19 screening questions and risk assessment.