

State of Oral Health Equity in America 2021

RESEARCH REPORT #3

New Survey Suggests Optimism about Teledentistry Experience and Access

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With many dental offices closed or operating on a restricted basis over the last year due to the COVID-19 pandemic, oral health care has had to shift to unconventional methods such as teledentistry.

Prior to the pandemic, CareQuest Institute for Oral Health saw potential for teledentistry to increase access to care. In fact, in 2019, the DentaQuest Partnership for Oral Health Advancement published a [report](#) outlining the regulatory environment needed to support telehealth-connected teams, as well as considerations for incorporating telehealth into dental practices and community-based oral health care systems.

The report also discussed the use of teledentistry to overcome patient barriers to receiving dental care. These barriers can be geographic—including both rural Americans miles from the nearest dental offices and those in metropolitan areas who lack easy access to transportation—and/or financial, in the case of patients who are uninsured, underinsured, or otherwise poorly resourced. These challenges have been further exacerbated by the pandemic, expanding the opportunity for teledentistry to play a key role in access to dental care now and in the future. [Greater use of remote care could help surmount barriers and improve access to oral health](#) for those who often lack it.

At the same time, many dental providers lack familiarity with the ways in which technology can be used to provide dental care. There are also some [potential issues with insurance](#)

[reimbursement](#) due to differences among states and plans. Additional research from CareQuest Institute conducted in 2020 found that [34% of providers had either used or soon planned to use telehealth](#) platforms. Of those who had used telehealth platforms, 75% expected teledentistry patient volume to either hold steady or increase in the next 12 months.

From a consumer vantage point, CareQuest Institute found that [86% of patients were satisfied](#) with their experiences and would recommend teledentistry. Moreover, 56 million Americans live in locations with provider shortages. Use of teledentistry not only may offer improved access and convenience, it may also lower costs. A previous [study](#) from 2018 showed that treating patients through teledentistry totals 10% less annually than dental patients seen in person.

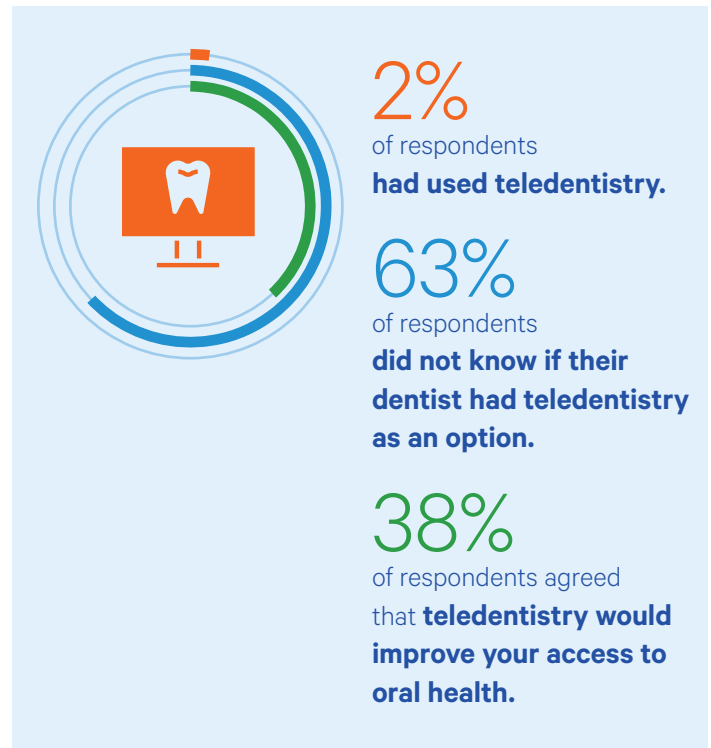
The State of Oral Health Equity in America 2021, a survey designed and commissioned by CareQuest Institute, aimed to identify consumer attitudes, experiences, and behaviors related to oral health. The findings build on the prior research to understand how dental patients used teledentistry, and how they perceived it, with the goal of increasing their access to care.

Teledentistry Is Not Yet Widely Utilized

The pandemic has altered the broader landscape of health care and ushered in broader awareness of telehealth. A nationally representative [survey](#) found that the majority of Americans have experienced a telehealth visit with a medical provider as of March 2021. However, the State of Oral Health Equity in America 2021 found that many patients have not experienced a virtual visit with a dental provider—only 2% of survey respondents had received dental care remotely in the last year. This is, at least in part, because of limited awareness and availability—63% of respondents were unaware of whether their dentist offered teledentistry, and 33% said they knew their dentist did not.

Among those who did see a dental provider remotely, fear of COVID-19 was the most common reason why respondents sought a virtual visit (37%), while others took advantage of teledentistry to follow up with their provider after a procedure (22%) or to obtain a prescription (17%).

Most patients connected with providers either by phone (39%) or video applications (46%) (e.g., Zoom). The shift from audio-only to video applications increases the quality of care because providers have better means to evaluate the patient, triage problems, and provide individualized home-care instructions through both audio and video. With increased quality of care,

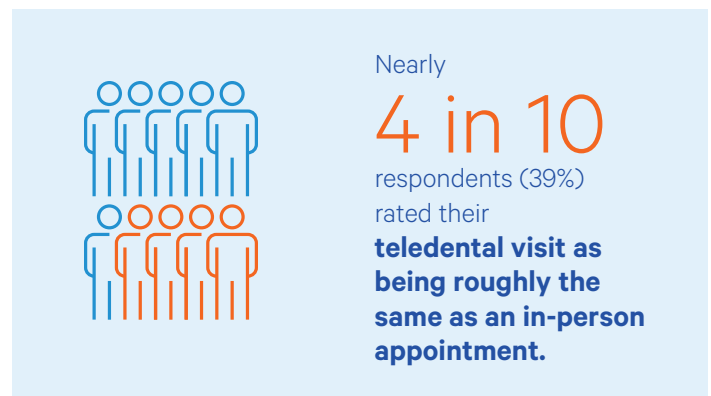


patient satisfaction usually follows.

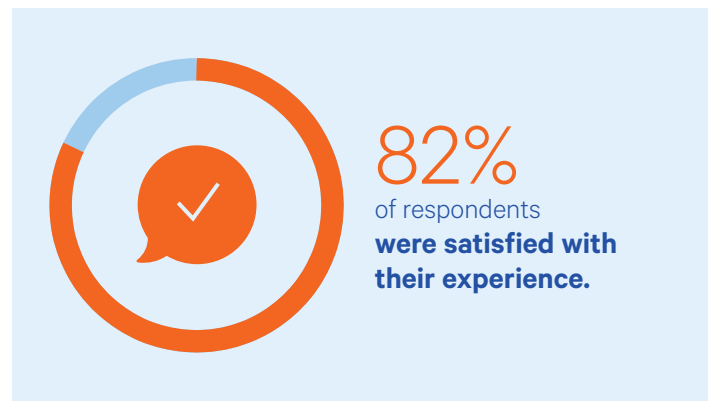
Respondents Are Optimistic About Teledentistry

The survey drilled down to find out in more detail what patients had to say regarding remote dental appointments. Overall, patients gave positive feedback about their experiences with teledentistry, and many who had never had a virtual visit were willing to try it, given the opportunity.


- Among the 2% who have seen providers remotely, nearly 4 in 10 respondents (39%) rated their teledental visit as being roughly the same as an in-person appointment.
- Nearly as many (36%) said they were “very likely” to see a dental provider remotely in the future.




- More than 80% of respondents were either very (45%) or somewhat (37%) satisfied with their experience, while a much smaller number were either somewhat (14%) or very (5%) unsatisfied.
- Nearly half (48%) had a face-to-face appointment after the teledental visit because they needed hands-on treatment.
- More than one-third (35%) of respondents who hadn't yet participated in teledentistry said they would be willing to try it.



Respondents were confident in the potential of teledentistry to meet oral health care needs, though there were some differences in attitudes based on demographic factors.



People of color and lower-income respondents were **more likely** to report that **teledentistry would improve their access to care.**



People of color, lower-income respondents, and those lacking dental insurance were **more likely** to report that **teledentistry would provide for their oral health needs.**

- The 38% of respondents who agreed or strongly agreed that teledentistry would improve their access to oral health care services were disproportionately lower-income, members of racial minorities, and male. People making less than \$30,000 were the most likely to agree (42%), while those in the \$60,000 to \$100,000 range were least likely to see teledentistry as improving access (35%). Well over half of Asian respondents (60%) and more than 2 in 5 Black (44%) and Hispanic respondents (41%) agreed or strongly agreed, while slightly more than 1 in 3 white respondents (35%) said the same. Men (41%) agreed more than women (35%).
- The same demographic groups were also more heavily represented among the quarter (25%) of respondents who agreed that teledentistry would provide for their oral health needs, as were people without dental insurance and people with lower levels of education. Asian (41%) and Black (37%) respondents were more likely to agree than Hispanic (30%) or white (21%) respondents. The same inverse relationship applied with regard to income levels: 33% of people making less than \$30,000, but only 20% of those earning more than \$100,000, said they concurred. Men (28%) agreed more often than women (23%). Those who lacked dental insurance (28%) agreed more often than those who had it (24%), and education levels showed the same inverse relationship as income levels, with less educated respondents more likely to agree that teledentistry would meet their needs (32% agreement among those without a high school diploma, compared with 20% agreement among those who had completed at least some post-graduate study).



Conclusions

Overall, the survey found that teledentistry has not been widely utilized during the pandemic. This may be in part because of a lack of awareness among patients as to whether their dental providers offer care in this manner. Raising awareness, then, could present an opportunity for growth, especially among certain groups of patients.

To ensure that patients are aware of teledentistry options, patients should be instructed to either call the office or click on a link to a web page containing information about the patient portal. Like electronic medical records systems, these portals could allow users to upload photographs or documents, make appointments, submit payments and fill out forms. Additionally, dentists who do not currently use teledentistry should consider how it could fit into their current operations in order to meet patient demand.

The survey also showed that people of color, those with lower household incomes, and those who lack dental insurance appear more open to the idea of teledentistry and utilizing it in the future to meet their oral health needs. Those who saw cost as a significant barrier to seeking care were more likely to say that teledentistry would improve their access. It is known that financial barriers are one of the core reasons people do not receive dental care. Therefore, dental providers should consider

Teledentistry may open the “virtual front door” to patients who may not have a dental home or who otherwise lack adequate access to care.

their patient populations and determine if teledentistry could improve access to care as well as lower costs. Teledentistry may open the “virtual front door” to patients who may not have a dental home or who otherwise lack adequate access to care.

This survey reveals patient satisfaction with teledentistry as well as positive attitudes toward its continued use, suggesting an opportunity for dental providers to grow their capacity to use teledentistry. Additionally, permanent policy changes are needed to establish a flourishing environment for teledentistry. These changes include legal clarity, reimbursement allowances, and scope-of-practice revisions. To promote provider uptake of teledentistry, states and payers can evaluate the opportunities, both in policy and in benefit and payment design, to reduce barriers.

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Methods:

The State of Oral Health Equity in America 2021 is a nationally representative survey of consumer attitudes, experiences, and behaviors related to oral health. It was designed by CareQuest Institute for Oral Health. The survey was conducted in January and February 2021 with adults age 18 and older by NORC at the University of Chicago using the AmeriSpeak panel. AmeriSpeak is a probability-based panel designed to be representative of the U.S. household population.

Randomly selected U.S. households were sampled using area probability and address-based sampling, with a known, non-zero probability of selection from the NORC National Sample Frame. Sampled households were contacted by U.S. mail, telephone, and field interviewers. A sampling unit of 16,986 was used, with a final sample size of 5,320 and a final weighted cumulative response rate of 5.2%. All data presented account for appropriate sample weights. The margin of error for the survey is 1.86%.

CareQuest Institute for Oral Health

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