

BOARD OF DENTAL EXAMINERS
Professional & Vocational Licensing Division
Department of Commerce and Consumer Affairs
State of Hawaii

MINUTES OF MEETING

The agenda for this meeting was filed with the Office of the Lieutenant Governor, as required by Section 92-7(b), Hawaii Revised Statutes ("HRS").

Date: Monday, November 21, 2016

Time: 9:00 a.m.

Place: Queen Liliuokalani Conference Room
King Kalakaua Building
335 Merchant Street, 1st Floor
Honolulu, Hawaii 96813

Present: Paul Guevara, D.M.D., M.D.S., Chair, Dental Member
Candace Wada, D.D.S., Vice Chair, Dental Member
Staphe Fujimoto, D.D.S., Dental Member
Garrett Ota, D.D.S., Dental Member
Coy Rebmann, D.D.S., Dental Member
Mark Chun, D.M.D., Dental Member
Dennis Nagata, D.D.S., Dental Member
Earl Hasegawa, D.D.S., Dental Member
Janet Primiano, R.D.H., M.P.H., Dental Hygiene Member
Marianne Timmerman, R.D.H., Dental Hygiene Member
Rodney Ching, Public Member
Joy B. Y. Shimabuku, Public Member
Daniel Jacob, Esq., Deputy Attorney General
James Kobashigawa, Executive Officer ("EO")
Sandra Matsushima, Executive Officer ("EO")
Lisa Kalani, Secretary

Guests: Linda Austin, RDH, BS, Department of Health ("DOH"), HCDSB
Dr. Andrew Tseu, Department of Health ("DOH"), HCDSB
Matthew Shim, Department of Health ("DOH"), FMSD
Dr. Dan Fujii, WCCHC
Gerraine, Hignite, Hawaii Dental Hygienist' Association ("HDHA")
Diane Brucato, RDH, EF, BS, FAADH, Hawaii Dental Hygienists'
Association ("HDHA")
Kathleen Lee, HPPA for Hawaii Dental Association ("HDA")
Dr. Chris Lee, Hawaii Dental Association ("HDA")
Daria Loy-Goto, RICO
John Hassler, RICO

Board of Dental Examiners
Minutes of the November 21, 2016 Meeting
Page 2

1. Call to Order: There being a quorum present, Chair Guevara called the meeting to order at 9:00 a.m..

2. Additions/
Revisions to
Agenda: Chair Guevara called for a motion to add the following to the agenda:

7. New Business:

f. Matter Relating to the Central Regional Dental Testing Service ("CRDTS")

- Exam Results

8. Correspondence:

e. Letter from Paul Tanaka

9. Executive Officer's Report on Matters Related to the Board of Dental Examiners:

e. ADE Snapshot of Dental Education 2016-2017

It was moved by Ms. Shimabuku, seconded by Vice Chair Wada, and unanimously carried to add the above agenda items.

3. Approval of
Board Meeting
Minutes and
Executive Chair Guevara called for a motion in regards to the Board meeting minutes and Executive Session minutes of September 19, 2016

Ms. Primiano noted a typo on page 4, 6. New Business: a. to correct the year from October 18-19, 2019 to 2016.

Session Minutes
of September
19, 2016 There being no further discussion, it was moved by Dr. Ota, seconded by Dr. Fujimoto and unanimously carried to approve the Board Meeting minutes and Executive Session minutes of September 19, 2016 as circulated and corrected.

4. Applications: a. Ratifications

It was moved by Vice Chair Wada, seconded by Ms. Shimabuku, and unanimously carried to ratify the following:

Approved Dentist

MEGELLY, Marian
LIEN, Kelly
NAKATANI, Natsuko
MCGRUDER, Keith

Approved Temporary License – Dentist

West Hawaii Community

Um, Stacey

Approved Community Service License – Dentist

Bay Clinic Inc.

CHA, Joseph

West Hawaii Community

GAWLIK, John

Koolauloa Community Health

KOTSAY, Kris

Approved Dental Hygienist

VARNES, Christie
BROCK, Laura
ANDRADE, Kainoa
ESTABAYA, Michelle
LAURY, Melissa
TINDALL, Elizabeth
KITAOKA, Kellie

It was moved by Vice Chair Wada, seconded by Dr. Ota, with Ms. Primiano recusing herself, and carried to ratify the following:

Approved Certification in the Administration of Intra-Oral Infiltration and Block Anesthesia

JEPPSON, Sarah
ESTABAYA, Michelle
KITAOKA, Kellie
ANDRADE, Kainoa

5. Adjudicatory Matters: The Chair called for a recess from the meeting at 9:08 a.m., to discuss and deliberate on the following adjudicatory matters pursuant to Chapter 91, HRS:

- a. In the Matter of the License to Practice Dentistry of **Joseph M. Perrino, D.D.S.**, DEN 2014-2-L, Hearings Officer's Findings of Fact, Conclusion of Law and Recommended Order, Board's Final Order.

It was moved by Ms. Shimabuku, seconded by Dr. Fujimoto and unanimously carried to approve the Board's Final Order.

Following the Board's review, deliberation, and decisions in these matters, pursuant to Chapter 91, HRS, the Chair announced that the Board was reconvening its scheduled meeting at 9:11 a.m.

The following agenda item was moved as the next order of business:

Executive Session:

At 9:11 a.m., it was moved by Vice Chair Wada, seconded by Dr. Ota, and unanimously carried to enter into executive session pursuant to HRS §§ 92-4 and 92-5(a)(4) to consult with the Board's attorney on questions and issues pertaining to the Board's powers, duties, privileges, immunities, and liabilities. Guests were excused from the meeting room.

At 9:45 a.m., it was moved by Ms. Primiano, seconded by Dr. Ota, and unanimously carried to move out of executive session.

The following agenda item was moved as the next order of business:

6. Old Business: a. Discussion on Administrative Rules

- Approval of the Rules Committee Minutes of September 19, 2016 Meeting.

Chair Guevara called for a motion in regards to the Rules Committee minutes of September 19, 2016.

There being no discussion, it was moved by Vice Chair Wada, seconded by Dr. Chun and unanimously carried to approve the Rules Committee minutes of September 19, 2016 as circulated.

Discussion on the following agenda item was moved to the Rules Committee Meeting immediately following the Board of Dental Examiners Meeting.

- Dr. Dan Fujii email re: application of silver diamine fluoride by auxiliary personnel.

Chair Guevara called for a recess from the meeting at 9:50 a.m.

Chair Guevara resumed the meeting at 9:59 a.m.

7. New Business: a. Oral Health Informational Briefing by Matthew Shim, PhD, MPH, Chief, Family Health Services Division and Andrew Tseu, DDS, JK, Chief, Hospital & Community Dental Services, Department of Health

Dr. Shim thanked the Board for the opportunity to present a brief update of the department's work on oral health. They are working to rebuild the State's oral health program since the abolishment of the department's Dental Health Division in 2009 when the dental hygiene branch was eliminated and the five Oahu dental clinics eventually moved to the department's Developmental Disability Division. In 2012, then Director of Health Loretta Fuddy, charged the Family Health Services Division to rebuild the State's oral public health program and focus its efforts around surveillance, partner engagement, prevention and planning. In 2013, to bolster Hawaii's oral public health policy efforts, the department applied for and was selected to participate in the AFSA Institutes Program for Excellence in Public Health Law. That same year they also applied for a five year Centers for Disease Control and Prevention state oral health infrastructure grant. Hawaii was only one of three recipients of this grant award. Under the grant the oral health program has coordinated and engaged with Hawaii's oral health related organizations and agencies in five different areas as follows:

1. Develop and maintain a comprehensive oral health surveillance system that monitor's the oral health burden across the State;
2. Promote continuous collaboration across stakeholders to build trust and develop capacity;
3. Develop a statewide oral health plan with diverse stakeholders that outlines a shared common agenda, objectives, and priorities;
4. Provide technical assistance in support to prioritize strategies that address facilitators and barriers to enhance oral health; and

5. Implement education, awareness and communication strategies to promote oral health disease prevention.

Through this program the department can enhance its public health organizational infrastructure to address and improve oral health for all Hawaii residents. Additional details about the program's accomplishments can be found in the handouts that the Board received by email. By leveraging the resources of this grant, the department took a first in-depth look at the status of our children's oral health. They conducted the study in part based on the PEW charitable trust nationwide survey of key oral health metrics at each state. The past few surveys, including the most recent one released in 2015 shows Hawaii ranking at the bottom of the nation for children's oral health. Unfortunately, Hawaii has consistently received a failing grade on the PEW report card. As a result, the department wanted to take action and knew they needed to first assess where they were. With financial support from the CDC grant, partnerships with local organizations, such as the Hawaii Dental Service, and the cooperation of the Department of Education, they were able to conduct a baseline oral health survey. This involved more than 3,000 Hawaii third grade students and 67 public elementary schools on six islands. Third graders were identified in this assessment to compare the department's data with similar national statistics. This process and additional background information is contained in the report that is available on the department's webpage. The results of the Hawaii Smiles survey confirmed that Hawaii's children has the highest prevalence of tooth decay in the nation. The results also demonstrate that the burden of oral disease is significantly greater in segments of our population. Additionally, they identified several key strategies to approve the oral health of children in Hawaii. These strategies are grouped into three general categories as follows:

1. Community based prevention programs;
2. Screening and referral services; and
3. Restorative dental care.

In conclusion, they hope that the findings in this report will serve as a basis for discussion and encourage actions to create a greater organization and assist in effectiveness to improve oral health outcomes for Hawaii's children. The findings in this report support the need for culturally appropriate community based prevention programs, screening and referral services and restorative dental care to improve the oral health of Hawaii's families.

Ms. Primiano stated the oral health score for Hawaii's children is known to have had a failing grade for over 30 years. She is hoping with leadership changes it will finally improve.

Dr. Tseu introduced himself and thanked the Board for allowing him to present today. Dr. Tseu conducted a Power Point presentation at this time titled "Improving Oral Health Using Telehealth Connected Teams: The Virtual Dental Home", which is attached to these minutes.

b. Regulated Industries Complaints Office ("RICO") presentation

Ms. Loy-Goto thanked the Board for allowing RICO the opportunity to speak with them today. She distributed information for Board and Commission members about RICO and how matters move through the RICO office. RICO is charged with receiving complaints, investigation, and prosecution of both licensing matters and unlicensed activity in this State. They currently handle enforcement for 49 different professions and vocations, and they are roughly distributed into healthcare areas and financial fraud areas. On the healthcare side, they have a robust review of complaints and prosecution of cases in these areas. Concerns for the dental area specifically are going to be varied. Typically complaints about billing are not handled by RICO, as there are no provisions under the licensing chapters regarding billings. They need to remind the public once in a while that what they are looking at is an individual's qualifications and fitness to hold a license. So complaints that a doctor has made you wait in the waiting room for over an hour are not complaints that are typically addressed by the licensing laws, and that the education component is an ongoing matter. There are several intake investigators who answer calls all day long and give information to consumers who are interested in filing a complaint. There is a self-help mechanism that they try to encourage consumers to take advantage of. If there is a consumer trying to get copies of dental or medical records, if there is a billing issue, then they try to assist the consumer to open a dialog with the licensee to ensure that only matters that RICO has jurisdiction over, are matters that their investigators are spending their time investigating. Ms. Loy-Goto stated that the expectation of the consumer may be different than what the licensing law addresses.

In the area of dental cases, one of the challenges that RICO has in terms of investigation and prosecution, is that the variety of complaints are pretty broad. You can move from an area that has to do with trying to obtain dental records, and the next complaint could be alleged improper touching by the healthcare professional. The range of complaints that they deal with, especially in the healthcare areas, are very broad. If you look at the number of complaints that the office receives on any given year, there is going to be a dip in the middle year and that is going to be because of license renewals. For continuing education, a lot of it is simply that the licensee has done the CE during the time period but is not responding to Board staff, and it is distressing to her that it takes the action of a RICO investigator to get a licensee to respond. As RICO starts to see more of particular cases, they start to put together helpful tips to get out to licensees, like they have with the use of gloves with this Board. RICO's goal is to help licensees avoid possible violations, and if that means making them aware of violations that they routinely see, then they will do that. RICO currently has 19 field investigators at 49 different areas, and they simply do not have the resources to jump on every complaint just because a licensee has chosen not to respond to an inquiry.

Ms. Matsushima asked if Ms. Loy-Goto could clarify for the Board the process of when we refer a licensee because they have not done their CE's during the biennium, the Board either gives an extension or allows them to submit CE's that were done in the current biennium. Once the Board approves the CE's how does RICO handle the referral?

Mr. Hassler stated the CE laws for any particular profession say you have to do your CE's before you renew your license, and if you don't you could be in violation of a variety of licensing laws. Even if the Board says they will approve the CE's after the fact, the licensee may still be facing a violation because the licensee said that they did them but they actually did not at that time. So as far as he knew, RICO has consistently gone after licensees who have misrepresented that they did their CE's when in fact they had not done them. He stated that the confusion comes up where maybe they did the required number of CE's, but it was not the correct kind of CE, those are looked at on a case by case basis.

Ms. Loy-Goto stated one of the continuing conversations RICO has with some of the Boards and Commissions is what information are being provided to the licensees on what CE's will qualify and what will not. There does seem to be some confusion among licensees that the CE courses they have taken do not qualify for credit. As Mr. Hassler was saying, those are the cases they need to look at and determine if the licensee had notice on what CE's would be acceptable and what would not. Starting a couple of years ago RICO instituted what is called the "Early Case Resolution Program". This was simply in response to the fact that they have nine staff attorneys and a lot of cases. What they are doing with CE cases that fit into this model, is to send an offer out to the licensee and try to resolve the case very early on.

Chair Guevara stated that is what this Board sees a lot of. His question to RICO is does the sanction warrant the allegation?

Ms. Loy-Goto stated typically RICO will recommend sanctions.

Chair Guevara clarified, sometimes the sanctions seem "cheaper" than having to do the CE.

Ms. Loy-Goto stated for those who did not do their CE's, they will still have to complete them in addition to paying any fine. However the area of sanctions is what RICO is looking for feedback on.

Ms. Matsushima stated she believes the minimum fine is \$500.

Chair Guevara stated a \$500 sanction for someone in this profession is not much.

Ms. Loy-Goto stated that is the kind of feedback RICO is interested in hearing. Another thing RICO can do is go back and look at the Chapter as a lot of the sanctions are referenced under the Chapter.

Ms. Brucato asked if someone whose license expired 12/31/15 restored their license in 2016 and took their CE's in 2016, can they use those same CE's to renew their license at the end of 2017?

Ms. Matsushima stated no, they will have to complete entirely new CE's to renew their license by 12/31/17.

c. Matter Related to the American Association of Dental Boards ("AADB")

- AADB 133rd Annual Meeting October 18-19, 2016, Denver, CO
- ADA 32nd Annual Meeting, October 16-17, 2016 Denver, CO

A written report of the meetings was provided to the Board.

Chair Guevara stated a couple of the trends talked about at the meeting, one had to do with teledentistry and the other was about licensure portability. Licensure portability is a really big topic with the ADA and ADEA. Basically it allows you to take your license with you wherever you go and there is a lot of talk about it.

Dr. Chun stated at the table he was on, there was no one in favor of licensure portability and it felt like they were being railroaded. Dr. Chun also reported on a company called Ethics Boundaries Assessment Services, LLC ("EBAS"). They are a company that provides an exam for boards to use as a stand alone exam, continuing education, monitoring program, or a session a violating dentist or hygienist to complete. It is a written exam with five questions, each question takes about one hour and there are seven graders that grade the exam. It is \$1500 per exam and you can take up to two retakes.

- Assessment Services Program

The Assessment Services Program ("ASP") is a multi-faceted program provided by AADB to assist dental boards in their regulation of the dental profession by offering independent expert review, assessment, and remediation services. The program is available to all state boards. There are no membership or up-front fees. ASP is a pay-as-you-go service with most of the cost borne by the dentist under review. There are three distinct service offerings:

- 1) Expert Review Assessment;
- 2) Dentist Professional Review and Evaluation Program;
- and
- 3) Remediation.

- AADB President's Message

The Board reviewed the AADB President' Message.

- Executive Director's Monthly Reports and Post Meeting Letter

The Executive Director's Monthly Reports and the Post Meeting Letter were passed around to the Board members to read at their perusal.

d. Matters Related to the Commission on Dental Competency Assessments ("CDCA")

- Quarterly Newsletter

The Board members were provided with a copy of the Quarterly Newsletter.

e. Matters Relating to the American Board of Dental Examiners ("ADEX")

- Letter from Dr. Stan Kanna re: Addition of the State of California to the ADEX Member States

The Board members were provided with a copy of Dr. Stan Kanna's letter announcing the signing of Bill 2331 by the Governor of California. The Bill states that the State of California now accepts the ADEX Dental Examination.

f. Matters Relating to the Central Regional Dental Testing Service ("CRDTS")

- Exam Results

The exam results were passed around to the Board members to review at their perusal.

Dr. Fujimoto reported that Texas is the newest member of CRDTS for hygiene only. CRDTS has approved the restorative auxiliary exam for dental hygienists and dental assistants in the states of Washington and New Mexico.

Ms. Primiano announced that Dr. Robert Pattaochi passed away last weekend.

g. Matters Relating to the Western Regional Examining Board ("WREB")

No report.

h. Matters Relating to the Dental Assisting National Boards, Inc. ("DANB")

- Certified Press - newsletter Fall 2016

The newsletter was passed around to the Board members to read at their perusal.

i. Matters relating to the American Dental Association ("ADA")

- House Resolution 37

Chair Guevara announced that House Resolution 37 just passed regarding anesthesia and the use of capnography.

- Department of Testing Services ("DTS") National Board electronic results

The board scores in the future will be sent electronically only.

- CODA Communicator: Summer Fall 2016 newsletter

The newsletter was passed around to the Board members to review at their perusal.

- Hawaii Dental Association Journal Summer 2016

The journal was passed around to the Board members to review at their perusal.

j. Request for CE Approval

- National Provider Compliance Corporation ("NPCC")
Title: Local Dental Insurance Coverage, Changes, and Updates – 4 CE hours

The Board deferred making a decision to request for more information.

8. Correspondence: Email from Irish B. Edsman regarding new CPR requirement

The Board received correspondence from Ms. Edsman asking if a CPR course taken in May 2016 will be acceptable for the 12/31/2017 license renewal. The course taken was not BLS for Healthcare Provider, as the new rule had not yet taken effect.

After a brief discussion, it was moved by Dr. Chun, seconded by Dr. Ota, and unanimously carried to require the BLS for Healthcare Provider course be completed by the next license renewal of 12/31/17 and that an Important Announcement be placed on the Boards webpage to make sure licensees are aware of the new rule regarding CPR.

Email from Kai Morigawara regarding TMD/TMJ referrals to physical therapists

The Board reviewed an email from Mr. Morigawara asking if Hawaii dentists are authorized to refer patients to physical therapy for jaw problems like TMD/TMJ.

After a brief discussion and a review of the laws and rules, it was moved by Vice Chair Wada, seconded by Dr. Chun, and unanimously carried to inform Mr. Morigawara that there is nothing in the laws and rules that allows or prohibits a dentist from referring patients.

American Association of Orthodontists (“AAO”) inquiry regarding a new treatment and business model

The Board reviewed a letter from AAO asking the Board to clarify their position on a new treatment and business model.

After a brief discussion and a review of the laws and rules, it was moved by Dr. Chun, seconded by Vice Chair Wada and unanimously carried to inform AAO that the Board does not provide legal advice or legal interpretations regarding governing statutes and rules. The Board suggests AAO seek private legal counsel who may be able to address their questions. In addition, if it is believed that a licensee is not in compliance with our laws, a complaint may be filed with the Regulated Industries Complaints Office

Letter from Dr. Pono Kelly

The Board reviewed a letter from Dr. Kelly inquiring if he were to take and pass the computerized portion of the NERB-ADEX exam, if that would satisfy the exam requirement for a Community Service Dental License ("CSDT").

After a brief discussion and a review of the laws and rules, it was moved by Ms. Shimabuku, seconded by Dr. Nagata and unanimously carried to inform Dr. Kelly that pursuant to 448-9.6, Hawaii Revised Statutes ("HRS") if an applicant fails to pass the ADEX license exam, they do not qualify for a CSDT.

The Board's interpretation is for informational and explanatory purposes only and is not an official opinion or decision. This interpretation, therefore, should not be viewed as binding on the Board or the Department of Commerce and Consumer Affairs. See HAR § 16-201-90. In the event you desire a formal decision, please review subchapter 4 of Title 16, Chapter 201, HAR, regarding declaratory relief.

Letter from Paul Tanaka, D.D.S.

The Board reviewed a letter from the office of Dr. Tanaka asking for written information on the protocol for general dentists in regards to providing occlusal/night guards for patients with sleep apnea.

After a brief discussion, and a review of the laws and rules, it was moved by Dr. Ota, seconded by Dr. Nagata and unanimously carried to inform Dr. Tanaka that the Board does not create protocols or procedures for dentists.

9. Executive Officer's
Report on Matters
Related to the Board
of Dental Examiners:

a. DCCA Disciplinary Actions

The DCCA Disciplinary Actions were passed around for the Board members to review at their perusal. There were no dental related actions.

b. 62nd Southern Conference of Dental Deans and Examiners January 20-22, 2017, New Orleans, LA

A copy of the conference announcement was provided to the Board members.

- c. 41st Annual FARB Forum, January 26-29, 2017 San Antonio, TX

The flyer was passed around to the Board members to review at their perusal.

- d. Hawaii State Ethics Commission - Late Board Filers

Ms. Matsushima reminded the Board members that financial disclosure statements were to be filed by June 1, 2016. If anyone has not yet filed, please do so. Disclosures are due every year.

- e. ADE Snapshot of Dental Education 2016-2017

The ADE Snapshot was passed around to the Board members to review at their perusal.

10. Public Comment: Ms. Brucato thanked the Board for having the presentations today, they were very helpful.

11. Announcements: None.

12. Next Meeting: Monday, January 23, 2017
9:00 a.m.
Queen Liliuokalani Conference Room
King Kalakaua Building
335 Merchant Street, 1st Floor
Honolulu, Hawaii 96813

13. Adjournment: Chair Guevara adjourned the meeting at 12:12 p.m.

Reviewed and approved by:

Taken and recorded by:

/s/ Sandra Matsushima
Sandra Matsushima
Executive Officer


/s/ Lisa Kalani
Lisa Kalani, Secretary

SM:lk

12/22/16

[] Minutes approved as is.

[X] Minutes approved with changes; see minutes of 1/23/17.






**Improving Oral Health Using Telehealth
Connected Teams:
The Virtual Dental Home**

Andrew Tseu, DDS, JD
Hawaii Department of Health
Hospital & Community Dental Services Branch
andrew.tseu@doh.hawaii.gov

Acknowledgements

- Hawaii Dental Service
- Pacific Center for Special Care,
University of the Pacific, School of
Dentistry
- West Hawaii Community Health Center

Presentation Agenda

- General Oral Health Environment in Hawaii
- The Virtual Dental Home - Overview
- Why the Virtual Dental Home is a significant
opportunity for Hawaii?
- Review the Hawaii Virtual Dental Home Pilot
Project

Hawaii - State of Oral Health

- Dental disease rates significantly higher than national average
- Oral health disparities
 - Uninsured
 - Low-income
 - Intellectually & developmentally disabled
 - Native Hawaiian/Pacific Islanders
- Redeveloping public oral health infrastructure and a coordinated system of care
- Pew Charitable Trust Report Cards- "F"

Unique Factors Contributing to the Oral Health Disparities in Hawaii

- Geographic isolation
 - Although favorable ratio of dentists to residents, majority of general dentists and specialist are on Oahu
- No community water fluoridation
- Low % of dentists actively accepting Medicaid patients
- Ethnically diverse with a large immigrant population
- No dental school in the state



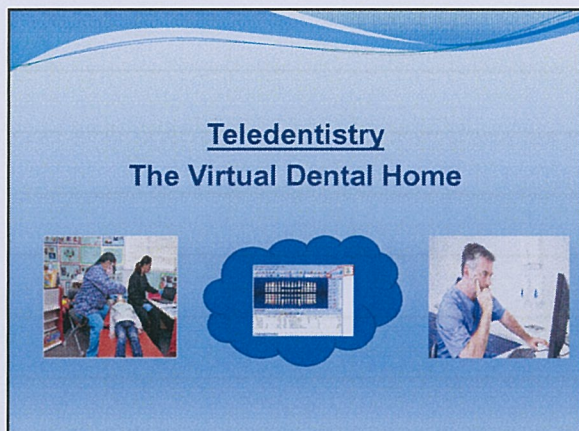
** Hawaii State Department of Health, (2015) Hawaii Oral Health: Key Findings. Available at: http://health.hawaii.gov/about/files/2013/06/Key_Findings_wc.pdf.

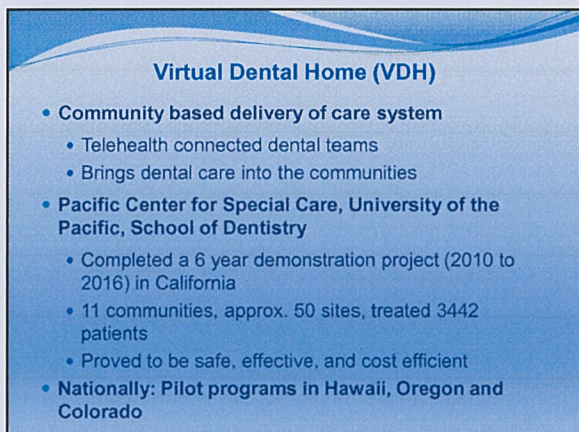
Hawaii Oral Health Data and Statistics

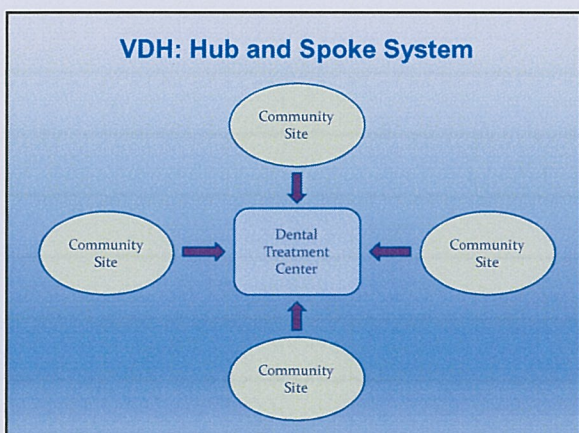
- Highest prevalence of tooth decay experience in the United States*
 - 3rd grade BSS – Hawaii 71%, National average 52%
 - Even higher on neighbor islands
- Almost one quarter of Hawaii's children have untreated tooth decay*
- The percent of Hawaii's children needing urgent dental care is substantially higher than the national average among 6-9 year olds of less than 1%.
- More than 60% of children in Hawaii do not have protective dental sealants*



* Hawaii State Department of Health, Hawaii Smiles 2015. (August 2015)

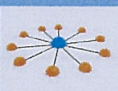






VDH – Overview

- **Communication**
 - Teledentistry technology
- **Community Site**
 - Patient
 - Dental hygienist & dental assistant/navigator
 - Intake, records collection
 - Oral health education, case management, and dental preventive procedures
- **Dental Office or Clinic**
 - Dentist
 - Records review (store and forward) via EHR
 - Diagnosis and treatment planning
 - Complex dental treatment by the dentist



VDH - Community Settings & Working Space

- Preschools
- Elementary Schools
- Head Start Programs
- WIC Programs
- Residential Care Settings (Disabled or Elderly)
- Nursing Homes






Dental Equipment (Portable)

- Dental Chair
- Dental Unit
- Light Source

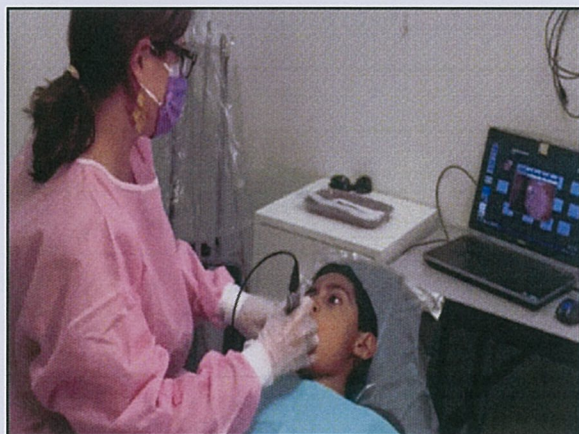


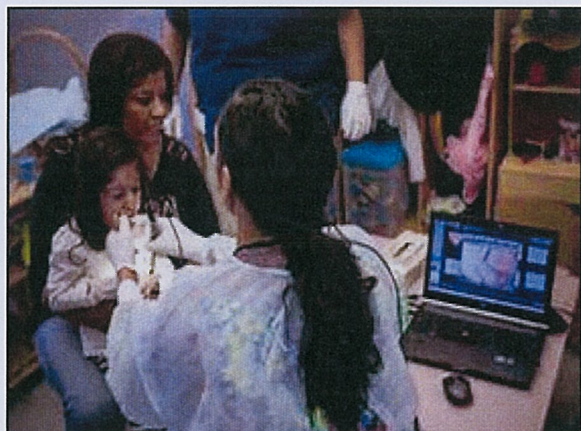
Dental Equipment

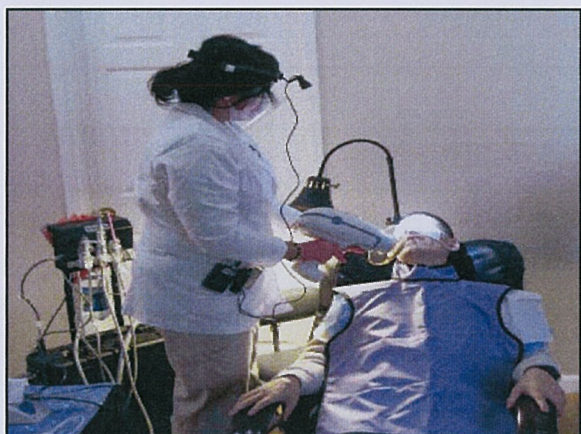
- Intraoral Cameras
- Portable X-ray Device – Digital X-ray
- Laptops
- Electronic Health Record

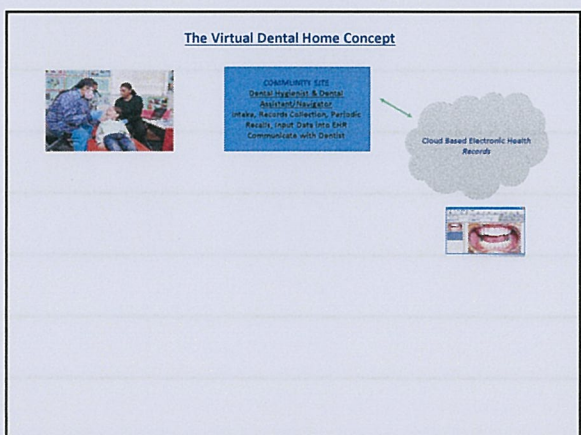




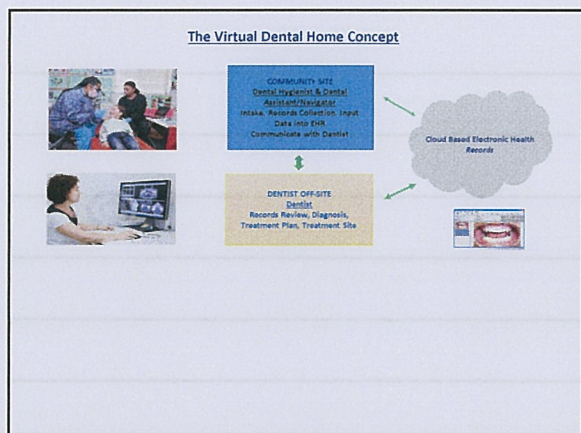


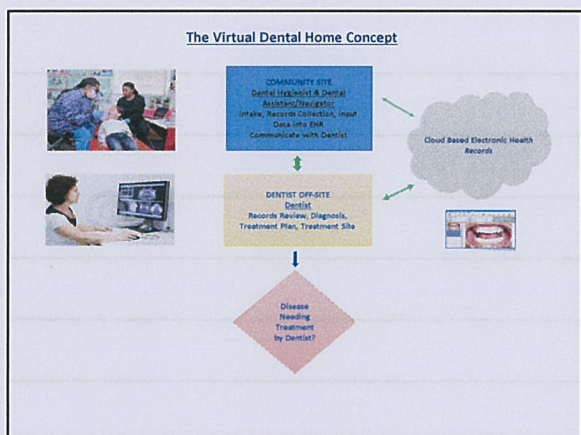


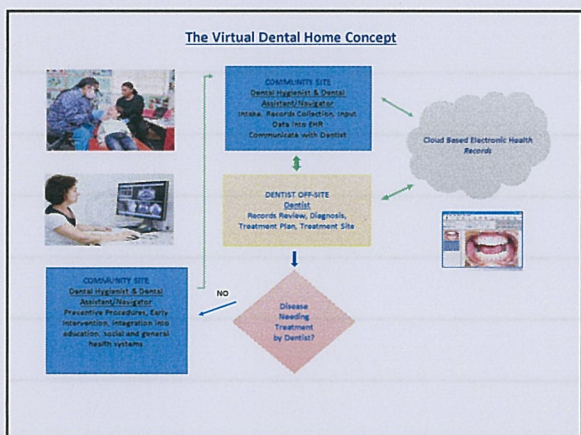


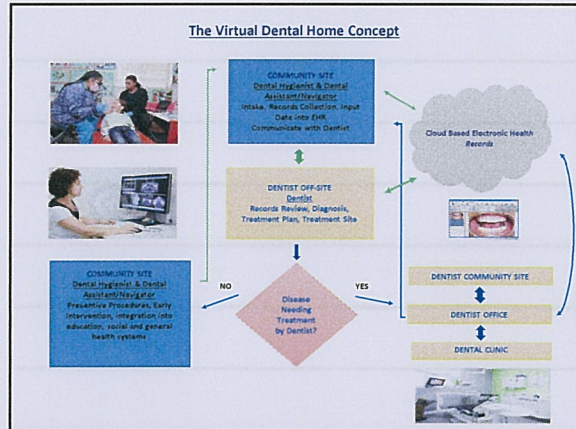













ADA American Dental Association®
America's leading advocate for oral health

House passes guidelines on teledentistry.

The ADA House of Delegates passed Resolution 45H-2015, Comprehensive ADA Policy Statement on Teledentistry, in November at ADA 2015 – America's Dental Meeting. The House first issued policy on teledentistry in 2012, but it focused more on the technical aspect of the service, said Dr. Terry O'Toole, vice chair of the ADA Council on Dental Practice, which took the lead on developing the resolution.



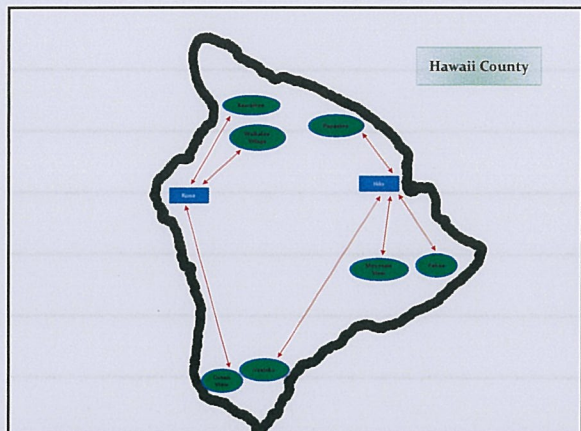
Having ADA policy is certainly critical for the profession to accept and implement teledentistry because the Association can now support dentists to do it, said Dr. Paul Glassman, a consultant to the ADA Council on Access, Prevention and Interprofessional Relations.

Testimony based on experience. Dr. Paul Glassman discusses how teledentistry has been implemented in his home state of California. Photos by EZ Event Photography

American Dental Association, ADA News, (December 7, 2015)

Why is the virtual dental home a significant opportunity for Hawaii?

- Brings oral health care to the vulnerable and underserved populations in the community.
- Provides dental services to those most in need and not receiving dental services
- Emphasizes oral health prevention, education, and early intervention dental services.
- Provides dental care at a far lower cost













Hawaii VDH Pilot Project

- **Funding:**
 - Hawaii Dental Service
 - Awarded December 2015
- **Teledentistry Team:**
 - Pacific Center for Special Care, University of the Pacific, School of Dentistry
 - West Hawaii Community Health Center (WHCHC)
 - Hawaii State Department of Health
- **3 year pilot project (2016-2019)**
 - Community Site: Head Start, WIC, Tutu & Me
 - Expansion dependent upon available funds
 - Full implementation September 2016

Hawaii VDH – Additional Points

- **Hawaii Dental Practice Act**
 - Current – Teledentistry allowed in “public health settings”
- **Insurance Coverage – Sustainability**
 - State Medicaid Dental
 - Act 226 – Telehealth (2016 Legislation Session)
- **Collaboration & Alignment**
 - Hawaii Dental Association
 - Legislators
 - Oral Health Stakeholders

Virtual Dental Home in Hawaii: Goals

- Demonstrate the effectiveness of the VDH given unique needs of Hawaii
- Reach and provide diagnostic and preventive dental services to underserved populations that traditionally postpone dental care
- Connect dentists virtually with dental hygienists in public health sites
- Provide services at a far lower cost

Conclusion

- "Teledentistry in and of itself is not a service. It's really a method by which services are delivered."
- "VDH does not replace the dental office or clinic, but is another delivery system that helps bring access to oral health care to the communities in need."
- "Dentists are realizing it's a way to expand their practice and not be bound by the four walls of their office."

By Paul Glassman, DDS, MS, MBA
