Teledentistry
History

• FNIH operates 21 community clinics staffed by dental therapists
• All patients require on site treatment planning by dentist prior to treatment by therapists
Challenges

- Therapists have situations when dentist is unavailable
- Telephone and fax not always adequate or available
- Answers to cases need in real time
- Access issues exist for many patients (transportation, remoteness, DDS availability)
Developing a Solution

• In 2004 all therapists were equipped with lap tops
• In 2004 generic software (Henry Schien) was purchased to manage images
• In 2005 (early) intraoral cameras and digital radiography equipment was purchased (Henry Schien)
Implementation issues

• Employee reluctance
• Connectivity
• Installation issues with software provider
• Lack of departmental vision
• Privacy reviews
• Secure storage and backup
Getting It Done

- Permission versus Forgiveness
- Employee Training
- Single contract with provider
- Use of School net and other systems
- Portable hard drives
- Application testing
- Dedicated hard drive in central location
How it Works

• Radiographs, case details and photos sent from clinic by email attachment
• Email is secure government only access account.
• Blackberry compatible
• Supervisor read email and attachments and renders opinion by email or phone.
Actual Case

Hi Dr. Jones,

I have been seeing this 12 year old patient with no known medical history since he was 3 years old.

I recently referred him to Dr. Jackman, the orthodontist, back in July of this year and during his exam a panorex was taken where an anomaly was picked in the lower right bicuspid area.

The Orthodontist suggested maybe monitoring it and going ahead with full band therapy. However after consulting with the Oral Surgeon it was suggested prophylactically removal of the anomaly prior to Orthodontic treatment, as this would result in less complications for the patient later in life. The Oral Surgeon's main concern with surgery are injury to the mental nerve to cause numbness of the lip and chin, as well as potential damage to the roots of 44 and/or 45.

Since that time the parent has contacted me regarding this matter and I would like your opinion regarding the best method of treatment.

As you can see by the attachments, the anomaly is picked up on x-rays but no visual signs of it in the mouth.

I am looking forward to hearing from you,

Kim Benoit
Actual Case
Actual Case