Welcome

Teledentistry: Clinical & Practical Applications During the COVID-19 Pandemic

April 13, 2020
Teledentistry: Clinical & Practical Applications During the COVID-19 Pandemic

Presented by
Charles Doring DDS, MAGD
General Dentist, private practice
Medical Staff
Rockville Nursing Home
Hebrew Home of Greater Washington
MSDA Legislative Affairs Committee Chair
Rockville, MD
Deans Faculty
University of Maryland School of Dentistry

cdoring@comcast.net
Disclosures:

no “cone of silence”

Panel Zoom Course will be interactive & entertaining!

Questions can be submitted and will be answered at end of course.

Course has been approved for 2hrs by the MSBDE that can be applied for license renewal (2020 Renewal regular credit).

I am a practicing general dentist with no financial interest in any products or procedures discussed today.
Disclosure part II

Charles Doring DDS, MAGD is a general dentists with a special interest in caring for the cognitively impaired and medically compromised patients.

I have no commercial or financial interest in products, materials & procedures that may be discussed as part this presentation.

Clinical pictures are my own (unless noted otherwise) with patient’s consent to be used for educational purposes only.

Products, procedures, and techniques discussed are ones I find helpful in practice. I suggest you research and test any products prior to purchasing.

Always use your best clinical judgement and skills in choosing dental products, procedures, and materials.
CDC Guidelines for Dental Settings During COVID-19 Response *(updated April 7, 2020)*

- Contact Patients Prior to Emergency Dental Treatment

- Telephone triage all patients in need of emergency dental care. Assess the patient’s dental condition and determine whether the patient needs to be seen in the dental clinic.

- Use teleconferencing or **Teledentistry** options as alternatives to in office care. If dental treatment can be delayed, provide patients with detailed home care instructions and any appropriate pharmaceuticals.
A Brief History of Telehealth
• 1948: First Radiological Images Sent Via Telephone

• The telephone proved more useful than just connecting folks all over the country. Doctors started using this new communications tool to send radiological images to other specialists, speeding up the data transfer process.
• 1961: U.S. Space Program Conducts Test Flights with Animals Using Remote Medical Monitoring Systems

• Before the U.S. shot a man into space, the Space Program sent animals into space and used remote sensors to monitor their condition as they left the earth’s atmosphere. This paved the way for remote patient monitoring commonly used today.
1967

- **Telemedicine** appeared in urban communities as well, touching down in the world of emergency medicine.

- The University of Miami School of Medicine partnered with the local fire department in 1967 to transmit electrocardiographic rhythms over radio to Jackson Memorial Hospital in rescue situations.
• Electronic health records (EHRs) – An electronic version of a patient’s health record.

• Health information exchange (HIE) – the secure electronic exchange of health information between providers; and

• Telehealth – the delivery of health services using telecommunications and related technology.
What is CRISP?
(Health Information Exchange)

• Chesapeake
• Regional
• Information
• System
• for our
• Patients
Progress or Consult Notes & Physician Orders
Example of EHR & HIE
“Teledentistry and its use in dental education”

University of Texas Health Sciences Center, Dental Branch
Jeng-Wei Chen, et al.

March 2003
Volume 134, Issue 3, Pages 342–346

Teledentistry can extend care to underserved patient populations, such as those in rural areas, at a reasonable cost.

Teledentistry provides an opportunity to supplement traditional teaching methods in dental education, and will provide new opportunities for dental students and dentists.

Clinical Implications

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Maryland State Dental Association
EXTENDING OUR REACH: Mobile dentistry, teledentistry, and advanced practice
2020 Maryland Legislation
Telehealth SB 402 & HB 448

Senator Cheryl Kagan
Senator Clarence Lam, MD
What is Telehealth?

• It refers to a broad variety of technologies and tactics to deliver virtual medical, health, and educational services.

• As an umbrella term, it is further defined when applied to specific health care disciplines, such as dentistry.
Teledentistry/Telemedicine can include, but not limited to, the following modalities:

• Live video (synchronous).*
• Store-and-Forward (asynchronous).*
• Remote patient monitoring (RPM).
• Mobile health (mHealth)

*Focus of Today’s Discussion
Social Distancing at Bill Signing, L to R Senate President Bill Ferguson, Governor Lawrence Hogan, and Speaker of the House Adrienne Jones
Provisions in SB 402 & HB 448 Telehealth Law

• Must be licensed health care practitioner.

• Patient must be at a different physical location.

• Does not include solely audio-only calls, e-mail messages, or facsimile transmissions.
Doctor/Patient Relationship spelled out in new 2020 Telehealth Law.

• Practitioner verifies identity of the patient.

• Practitioner discloses to the patient their Name and Health Occupation License Held.

• Obtains Oral or Written Consent from the Patient or Guardian.
More on New Telehealth Law

- Practitioner is held to same standard of care that are applicable to in-person health care setting.
- If appropriate, provide or refer a patient to in-person health care services or another type of telehealth service.
- Must perform a clinical evaluation before providing treatment or issuing Rx.
Telehealth Rxing Restrictions in Law

• May not prescribe an opiate described in list of Schedule II substances unless:
  • Patient is in a Health Care Facility.
  • Governor has declared a State of Emergency due to a Catastrophic Health Emergency.
Schedule II

morphine, codeine, fentanyl, oxycodone, oxycodone/acetaminophen, hydrocodone and combinations, amphetamines, pentobarbital, secobarbital
Telehealth Law Documentation

• Document in patient’s record the health care services provided through telehealth according to the same documentation standards used for in-person health care services.

• Confidentiality and Patient’s Right to patient’s health information apply to telehealth interactions in the same manner as in-person interactions.
Other Important 2020 Legislation: Electronic Rxing of Controlled Dangerous Substances (SB 116 & HB 512)

• With few exceptions:

• All CDS prescriptions must be submitted electronically to the pharmacy starting January 1, 2022 (January 1, 2021 for all Medicare CDS Rx’s).
Notification of Enforcement Discretion for Telehealth Remote Communications During the COVID-19 Nationwide Public Health Emergency

• During the COVID-19 national emergency, which also constitutes a nationwide public health emergency, covered health care providers subject to the HIPAA Rules may seek to communicate with patients, and provide telehealth services, through remote communications technologies. Some of these technologies, and the manner in which they are used by HIPAA covered health care providers, may not fully comply with the requirements of the HIPAA Rules.

• Office of Civil Rights will exercise its enforcement discretion and will not impose penalties for noncompliance with the regulatory requirements under the HIPAA Rules against covered health care providers in connection with the good faith provision of telehealth during the COVID-19 nationwide public health emergency. This notification is effective immediately.

• (March 30, 2020)
CDT Codes:

• The two full CDT Code entries are:

• D9995 Teledentistry – synchronous; real-time encounter. Reported in addition to other procedures (e.g., diagnostic) delivered to the patient on the date of service.

• D9996 Teledentistry – asynchronous; information stored and forwarded to dentist for subsequent review. Reported in addition to other procedures (e.g., diagnostic) delivered to the patient on the date of service.
Synchronous Teledentistry (D9995)

• Is delivery of patient care and education where there is live, two-way interaction between a person or persons (e.g., patient; dental, medical or health caregiver) at one physical location, and an overseeing supervising or consulting dentist or dental provider at another location. The communication is real-time and continuous between all participants who are working as a group. Use of audiovisual telecommunications technology means that all involved persons are able to see what is happening and talk about it in a natural manner.

• (ADA March 27, 2020)
Asynchronous Teledentistry (D9996)

• Is not a real-time, live, continuous interaction with anyone who is not at the same physical location as the patient. Also known as store-and-forward, asynchronous Teledentistry involves transmission of recorded health information (e.g., radiographs, photographs, video, digital impressions and photomicrographs of patients) through a secure electronic communication system to another practitioner for use at a later time.

• (ADA March 27, 2020)
Reimbursement: ADA Policy

• Dental Benefit plans and all other third-party payers, both public and private programs, shall provide coverage for services using Teledentistry technology and methods delivered to a covered person to the same extent that the service would be covered if they were provided through in-person encounters. Coverage for services delivered via Teledentistry modalities will be at the same levels as those provided for services provided through in-person encounters and not be limited or restricted based on the technology used or the location of either the patient or the provider as long as the health care provider is licensed in the state where the patient receives services.

• (ADA Policy adopted in 2015)
Coding: *(ADA Interim Guidance April 3, 2020)*

- D0140 limited oral evaluation-problem focused.
- D0170 re-evaluation – limited, problem focused (established patient)
- D0171 re-evaluation – post – operative office visit
- D9992 dental case management – care coordination.
- D9995 or D9996

- Plus any additional other procedures (i.e., diagnostic) delivered to the patient on the date of service
Maryland Dental Medicaid & Teledentistry
(effective March 5, 2020)

• Bill Place of Service “02” to indicate telecommunication technology. (not telephone)

• No prior authorization needed.

• Procedure Code D0140 (Limited Oral Evaluation – problem focused)

• Medicaid Reimbursement Rate is $43.20
Teledentistry Consent Suggestions
(Nathan Sutor DDS/ March 25, 2020) (when written consent is possible)

• “I am acknowledging that I wish to receive a Teledentistry consult with my dentist. In the absence of radiographs (x-rays), I understand that I may be asked to send photographs or other documentation as requested by the dentist. I will try to provide as much detailed information as I can. I understand that the doctor is limited to what they are able to determine in these circumstances. I also understand that if I am experiencing pain or swelling that is life threatening, I will call 911 or go to an emergency room. I understand that I am responsible for any payment resulting from this consultation that is not covered by a dental insurance plan. In addition, I understand and consent to this consultation being recorded for clinical documentation and accuracy.”
Teledentistry Progress Notes:

- Originating Site (Pt’s home, office, school, nursing home, etc.)
- Patient Presenter (Pt or pt caregiver, charge nurse, RDH, etc.)
- Distant Site (office or provider home address)
- Methodology (S or AS)
- Diagnostic Imaging (photos, video, refer back to pt’s existing EDR).
Teledentistry Progress Notes part II
(Screening and triage during COVID-19 Pandemic)

• COVID-19 Screening questions and review of Medical History.
• Chief Complaint
• Observations
• Clinical Impression (Differential Dx.)
• Care Coordination:
  1) in-office urgent care?
  2) Specialist referral?
  3) Rx and F/U in day?
  4) Waiting List? (spreadsheet)
So How do I get started with Teledentistry?

(waived penalties for HIPAA violations during COVID-19 Pandemic)

• Commercially available applications (apps) that can be used through electronic devices.
• Non-Public Facing apps like Zoom, FaceTime or Skype. (NO Facebook Live).
• Check with you office software vendor for secure HIPAA compliant platform you can add to your existing software.
• Check on Electronic Prescribing while you are at it!
• Added cost? By provider?
• Check with your malpractice carrier
Example Teledentistry I

• Zoom conference 48yo health male CC: “Small papule behind my front right teeth”.
• Recently noticed swelling, firm, not painful.
• CI: Mandibular Tori.
• Assured pt no treatment indicated and will F/U at next dental visit.
• Pt name on recall spreadsheet.
Example Teledentistry II

• Zoom conference with F/U phone calls.
• 43yo health female reports “burning tongue and mouth”.
• Worse in AM. Saw PCP and dermatologist about with no resolution.
• Discontinued TP with SLS but no improvement.
• E-Referral to allergist.
• Symptoms resolved once Pt. discontinued cinnamon crunch cereal.
Example Teledentistry III

• Zoom Conference with f/u phone call after in office visit. Able to remotely access patients records.

• 35yo female with recent endo Tx. #19 cc: “my tooth is breaking apart”.

• CI: Heavily Restored Endo Tx’d #19 prone to FX., possible loss of tooth.

• TX. #19 lightly trimmed interproximal, placed ortho band, and checked occlusion.
Example Teledentistry IV
(pre COVID-19)

• Asynchronous communication with dental & LTC team at local nursing home.

• 95yo male with swelling buccal gingiva noted during general supervision dental hygiene visit at nursing home.

• Digital Images, Heath History, Medication List, and x-rays all reviewed electronically via EHR & HIE.

• Extraction tooth #29 performed under LA at nursing home.

• Able to remotely monitor Pt’s recovery via HIE (PointClickCare)
The Process of Teledentistry
The Preparation:

• Initial patient contact with office, new or existing patient?
• Triage Emergency or Follow up on previous therapy?
• Set up time for virtual appointment, email consent, information, and confirmation with link to meeting.
• Request patient have flashlight and two spoons handy.
• Request patient have a family member assist in holding the phone for pictures.

MSDA
Maryland State Dental Association
The Set Up

• Be on time!
• Professional Dress & Demeanor
• Good Work Environment
• Lighting & sound
• Good Wi-Fi Connection and Bandwidth.
• Two Computers or use Browser to go back and forth between patient interview and patient record.
The Patient Virtual Appointment

• Same as you would in office!
• Verify Identity (DOB, Photograph)
• Update Health History including all RX’s, OTC, herbals, patches, and inhalants.
• CC & HPI
• Review of Systems (ex. Cardiac, Respiratory or GI)
• Virtual Clinical Exam
Virtual Infection Control

- If staff is assisting in virtual appointment, wear masks.
- Instruct patient on proper hand washing particularly if using their hands in mouth to retract soft tissue.
- Keyboard protection.
- Antiviral Software on computer.
Tricks with Two Spoons!

Courtesy Orthodontist Dr. Jessie Isaac
Documentation!

- Same as in Office Patient!
- SOAP Notes
- Symptoms
- Observations
- Assessment
- Plan of Action!
- Follow Up (phone call or another virtual appointment)
Teledentistry Progress Notes:

• Originating Site (Pt’s home, office, school, nursing home, etc.)

• Patient Presenter (Pt or pt caregiver, charge nurse, RDH, etc.)

• Distant Site (office or provider home address)

• Methodology (S or AS)

• Diagnostic Imaging (photos, video, refer back to pt’s existing EDR).
Plan of Action:

• Does the patient need emergency care?
• Referral to Specialist? (coordinated referral)
• Rx?
• Is it an oral home care issue? (make corrective action)
• Specific Follow Up.
• Give pt. your contact information should condition worsen.
It is the little details that are vital. The little things make big things happen.

- John Wooden
My Prediction for the Future *(is bright)!*

- Teledentistry is going to be a new and exciting tool we can use to provide better care for our patients.
- Teledentistry will improve access to dental care to remote and underserved communities.
- Teledentistry will allow the dental team to go out into the community and communicate electronically with the supervising dentist.
- Telehealth (EHR & HIE) will improve communication between health care providers with better outcomes for our patients.
Special Thanks!

- American Dental Association
- Mr. Greg Buckler and MSDA Staff
- Doctors and Staff at North Bethesda Dental Associates
- Alana Sutherland, MPH, PMP
  Program Manager
  Maryland Health Care Commission
  Center for Health Information Technology & Innovative Care Delivery
  4160 Patterson Avenue
  Baltimore, MD 21215
  Phone: 410-7643-330
  alana.sutherland@maryland.gov
“Obstacles don’t have to stop you. If you run into a wall, don’t turn around and give up. Figure out how to climb it, go through it, or work around it.” – Michael Jordan
TELEDENTISTRY IN THE COVID-19 CRISIS

Cheryl A. Lerner, DMD
Dental Director, CareFirst
MSDA Foundation Board Member
Program Chair, American Association of Dental Consultants

A Payer Perspective

APRIL 13, 2020

Proprietary and Confidential
Why Now?

- Government recommendations/guidelines/regulations
  - Stay in Place
  - Emergent/urgent care only in-office
- Stress on the Hospital Emergency Rooms/Healthcare System
- Relaxation of some image and document sharing (HIPAA)
  - Use of cell phones and video chat apps
  - Higher resolution cell phone cameras
- Scarcity of appropriate PPE
What IS covered for telehealth visit?

- For CareFirst and many other carriers:
  - **D0140 – problem focused evaluation**
  - **D0170 – follow up on problem-focused issue**

- Typically, these examinations are covered only in person
  - Visual (direct)
  - Tactile
  - Radiographic

- Relaxing these expectations and requirements during the COVID-19 crisis
  - Visual (indirect)
  - Photographic/Video via phone or email or videochat program
  - Synchronous communication only is covered
What is NOT covered for telehealth visits?

- Fees for photographs or videos taken
  - Replaces the in-person views that are inclusive to the evaluation in-office
- Fees for equipment and programs needed to perform remote evaluations
  - Cost of cell phones, tablets, laptops, other devices for viewing
  - Cost of internet use or upgrades
  - Fees for use of third-party programs for video visits
- Any other procedures performed as telehealth
  - Routine treatment is supposed to be postponed, so D0120, D0150, etc. is not accepted
  - If procedures are rendered in-office later that date, submit a separate claim
How to Submit?

- **Telehealth visit**: You and your patient are not in the same space.
  - Submit **ADA claim form** with:
    - Date of Service: when you provided the evaluation results
    - Evaluation code (**D0140 or D0170**)
    - Place of Service (field #36) = “02” for telehealth
    - Applicable telehealth code (**D9995 – synchronous**)
    - Remarks section: include a **brief statement of the patient’s issue**, e.g. *Patient has severe pain to biting #14*
    - Use your usual fee for each line item
  - **D0140 and D0170 will be paid based on allowed fees and any exclusions or limitations** with the patient’s plan
  - If the patient’s plan includes some patient financial responsibility, please wait to bill until after you receive the Notice of Payment (NOP)
  - **D9995 is not a billable service**, as this is considered an administrative descriptor of how the services were rendered, not WHICH service was rendered.
  - Prescription of antibiotics or pain relievers are included in the evaluation
How to Submit? (cont’d)

- **In-office visit:** You and your patient are in the same space.
  - Submit **ADA claim form** with:
    - Date of Service: when you provided actual dental treatment, including palliative
    - Evaluation code (**D0140 or D0170**) will only be paid once per Date of Service
    - Place of Service (field #36) = “11” for office
    - No telehealth code (D9995 – synchronous)
    - Remarks section: Note that **this is in-office visit after telehealth communication**.
  - Use your usual fee for each line item
  - Delivery of an indirect restoration, completing a procedure such as endo, replacing a lost or broken filling or crown, I&D, extraction, etc.
What is an appropriate charge?

- **Telehealth visit**: You and your patient are not in the same space.
  - You typically take phone calls or emails/texts from patients outside of regular hours without a charge.
  - You already own a cell phone or other device that can view real time imaging
  - No set up or clean up of an operatory; no staff present
  - What are third party teledentistry companies paying?
    - Below shows a teledental company’s payments to dentists, which is lower than the allowed fee for a D0140 or D0170

**For reference and example only:**

<table>
<thead>
<tr>
<th>Review High Quality Photos</th>
<th>Give Your Expert Opinion</th>
<th>Choose Your Workload</th>
</tr>
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<tbody>
<tr>
<td>We provide prospective patients with the framework to take bright, clear images of their teeth that will give you a good look at their both hard and soft tissues. They will also upload a brief case history along with their symptoms for you to review.</td>
<td>Dentists can log in at any time to the Virtual Office and pick a case to review. Using our intelligent tagging system you can make notes on each image and write recommendations for what patients can do at home as well as when they should visit their dentist for an in-person checkup.</td>
<td>You can make a decision on how much or how little time you spend on cases. Get $20 for each 10 minute Complete Care case review or $5 for each 2 minute Direct Care case you review. There are no set-up costs and all you’ll need is access to a laptop or desktop computer in order to begin taking patients.</td>
</tr>
</tbody>
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What is the expectation of a telehealth dental visit?

- **Telehealth visit**: You and your patient are not in the same space.
  - More than a typical call from the patient.
  - Using visual aids, triage the case and advise the patient on next steps
    - Prescribe appropriate antibiotics or pain medication
    - Schedule an emergency visit, prn
    - Refer to a specialist or to the ER, prn
    - Screen for COVID-19 symptoms over the phone
  - Provide a sense of comfort and familiarity with YOUR patients
ADA Requests from Carriers – to be discussed

- **Temporary procedures**: Many patients receive temporary or palliative care during the physical distancing mandates. We urge payers to not bundle the fee for the temporary procedure with the payment for the permanent procedure that may be submitted in future.

- **Out-of-network Benefits**: Many patients may receive care from out-of-network providers due to closures of primary dental care sites. We urge payers to allow benefits for these patients equivalent to when care may have been sought in-network.

- **Infection Control Expenditures**: Almost all dental practices may have to adhere to higher infection control standards and increasing prices for personal protective equipment to protect our patients and care providers. We urge payers to consider these circumstances when reviewing fee schedules for contracted providers.

- **Frequency Limitations**: Many patients have not received required preventive care and may suffer from progressive disease as a consequence. We urge payers to consider removing any arbitrary frequency limitations on periodontal maintenance, topical fluoride and sealant applications to mitigate adverse consequences of lack of preventive oral care.

- **Tele-communication Technology**: Moving forward, the ADA recognizes that telecommunication technology can continue to be leveraged to support dental care. We urge payers to consider benefits for appropriate use of telecommunication technology as an integral part of a dental practice to provide triage and evaluations as needed.

- **COVID Testing**: As point-of-care testing for COVID-19 improves, it will be vitally important for dentists, their staff and patients to have access to testing along with appropriate benefit and reimbursement for on-site testing. While state practice acts would determine the ability for dentists to perform such tests, we urge payers to begin to consider related coverage issues.
THANK YOU

For more information, contact
CHERYL A. LERNER, DMD
CHERYL.LERNER@CAREFIRST.COM
410-528-7190
Teledentistry During the COVID-19 Pandemic

Ethical Implications
Robert J Wilson, Jr. DDS
• ADA Vice Chair Council on Ethics, Bylaws and Judicial Affairs
• MSDA Speaker of the House of Delegates
• MSDA Past President
• General Dentist Gaithersburg MD
• Attending Dentist Asbury Village
The Code
The Principles

Dental Ethics

- Patient Autonomy
- Non-maleficence
- Beneficence
- Justice
- Veracity
Teledentistry During the Pandemic

• The standard of care for Teledentistry is no different than the standard of care for in-person dental care.
Teledentistry During the Pandemic

• The ethical standards for Teledentistry are no different than the ethical standards for in-person dental care.
“Ethics is knowing the difference between what you have a right to do and what is right to do.”

- Potter Stewart (Supreme Court Justice)
Components of the ADA Code

• The Principles of Ethics
  • The aspirational goals of the profession

• The Code of Professional Conduct
  • Specific conduct that is either required or prohibited

• Advisory Opinions
  • Interpretations of the Code of Professional Conduct to specific fact situations
Beneficence

• Doing “good” and promoting it as well

• This typically encompasses not only serving the patient but the community/society as well

• It includes such components as being properly trained, having current knowledge, and putting the patient’s welfare first.
Nonmaleficence – Doing No Harm

• Avoiding potential harm for the patient
• Avoiding potential harm to those who care for the affected person
• Avoiding potential harm to society
• Avoiding potential harm to the integrity of the profession
“Ethical Practice During the COVID-19 Pandemic”

• JADA

• Ethical Moment

• May 2020
Goals of the Dental Profession’s Response

• Provide Emergency and Urgent Care

• Mitigation

• Contribute to the response

• Emerge wiser and stronger
The Stakeholders

- The patient
- The healthcare provider and the healthcare team
- Third-party payers
- Colleagues
- The profession
- Society
Defer Elective - Treat Emergency

• Principal of Beneficence
  • “our primary obligation is to the patient and the public at large”

• Principal of Nonmaleficence
  • “duty to refrain from harming the patient”

• Principal of Justice
  • “duty to be fair in their dealings with patients and colleagues”
How Can it be Ethical to Defer Elective Procedures?

1. Reduce risk of exposure to our patients, staff, families and our community.
   • Social distancing
   • Reduce exposure to potentially infectious aerosols

2. Conserve PPE for urgent needs
   • Our patients
   • Other healthcare facilities
Emergencies and Urgent Care

Justice 4.B.

“Dentists shall be obliged to make reasonable arrangements for the emergency care of their patients of record.”

“Dentists shall be obliged when consulted in an emergency by patients not of record to make reasonable arrangements for emergency care.”
Mitigating the Mitigation with Teledentistry

• Triage emergencies

• Share/transfer electronic records

• Provide continuing care such as progress checks, post op visits

• Monitor situations that have potential to become urgent

• Stay in touch and reassure patients

• Collect intake information remotely to support social distancing
Contributing to the Response

• Although we have limited and/or even temporarily closed our practices, it is not appropriate to send emergency patients to the local emergency department, public health clinic or dental school for treatment.

• These facilities may be overburdened
• Conserve PPE for urgent needs
• Donate PPE to other facilities
Respect the Principal of Autonomy

- Appropriate informed consent
- Protection of confidentiality and records
Telemarketing with Teledentistry

• Be sure to observe the Principal of Veracity.

• Be certain to observe the principal of Justice.

• How you bill.

• What type of new patient interaction is appropriate?

• Emergency treatment for patients of colleagues
Times of crisis bring out the best in some and the worst in others

• We have an ethical duty to “promote the patient’s welfare.” Our primary obligation is service to the patient and the public at large. We are equally responsible for the safety and welfare of our staff.

• During a health emergency, ethical obligations may shift, but the Principals remain the same.
Emerge Stronger

• “The dental profession holds a special position of trust within society”

• “Society affords the profession certain privileges that are not available to members of the public at large”

• “In return, the profession the profession makes a commitment to society that its members will adhere to high ethical standards of conduct”
Special Thanks to

• American Dental Association
  • Nanette Elster, Manager of Ethics Outreach for the Council on Ethics Bylaws and Judicial Affairs
  • CEBJA

• Maryland State Dental Association
  • Mr. Greg Buckler
  • Dr. Charles Doring
Questions?