



PHASE II  
DENTAL TRANSITIONS



Line of Sight Coaching

CLARITY • FOCUS • PERFORMANCE

# Leadership through Crisis Pandemic to Productivity

March 26, 2020

12 PM CST.

# Your Hosts Today



**Dr. Lynne Gerlach**  
**Transition Consultant,**  
**Phase II Dental**



**Dr. Bill Gerlach**  
**Immediate Past President TDA**



**Dr. Joel Small**  
**Founder Phase II,**  
**Partner Line of Sight**  
**Coaching**



**Dr. Mac McDonald**  
**Partner Line of Sight Coaching**



- Cash Flow
- Facility Considerations
- Dental Team

## Best Business Practices in Times of Uncertainty

Lynne S. Gerlach, DDS- Phase II Dental

# Cash- the biggest secret to survival!



## Declining Market

The stock market has lost most gains and has dropped precipitously since Covid-19 hit.



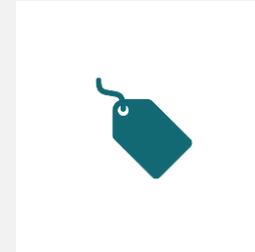
## Financial

Dental practices have been recommended or mandated to close except for emergency care across the country, halting all revenue other than pending Accounts Receivable.



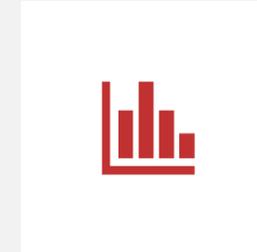
## Trust

Our teams and our patients rely on our expertise and care. Our teams' families are in jeopardy financially with the work stoppage. How can we sustain the business in this scenario?



## Cost

What will be the cost to ramp back up? How do we keep our business and our teams viable?



## Margins

Dentistry is already facing declining margins and increased competition. What will the landscape be in the future and how can we position our businesses to remain relevant?

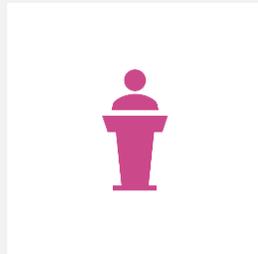


# Cash Considerations



## Prioritize

1. Minimize your personal/practice spending.
2. Stabilize teams through CARES ACT SB 3548 or
3. secure Unemployment Coverage through your State Workforce Agency



## Authorize

1. Request loan payment deferral
2. Request LOC and apply for SBA loans or Economic Injury Disaster Loan (grant- Max \$10K)
3. Request relief from landlord for lease/mortgage payments
4. Call all vendors with outstanding accounts and COMMUNICATE



## Monetize

1. Check mail for Insurance payments or patient payments regularly and deposit
2. Review outstanding Insurance Payments and follow up with narratives etc. to be addressed when they reopen
3. Stop all ACH and auto payments directly with your bank

Maximize your strengths!

# Facility Considerations

- Leave one Operatory Functional for Emergency Patients- Screen Patients using CDC Checklist for Risk and Exposure of Covid-19
- Drain all autoclave and water lines to units and Cavitrons
- Empty Unit Water Bottles and allow to dry fully
- Multi Dr. Practices- Consider only One Dr. in office at a time to avoid exposure
- Use this time to Disinfect all corners of the office clinical and non-clinical
- Prop the door open if weather allows to avoid any touching of door handles by emergency patients/staff
- Greet Emergency Patients with Hand Sanitizer and Screen Emergency Patients with Checklist and Thermometer
- Allow Gaps in Schedule for Emergencies to avoid cross over and rearrange waiting furniture to keep Social Distance
- Check Facility weekly to watch for water leaks and other concerns while dormant

# Your Dental Team

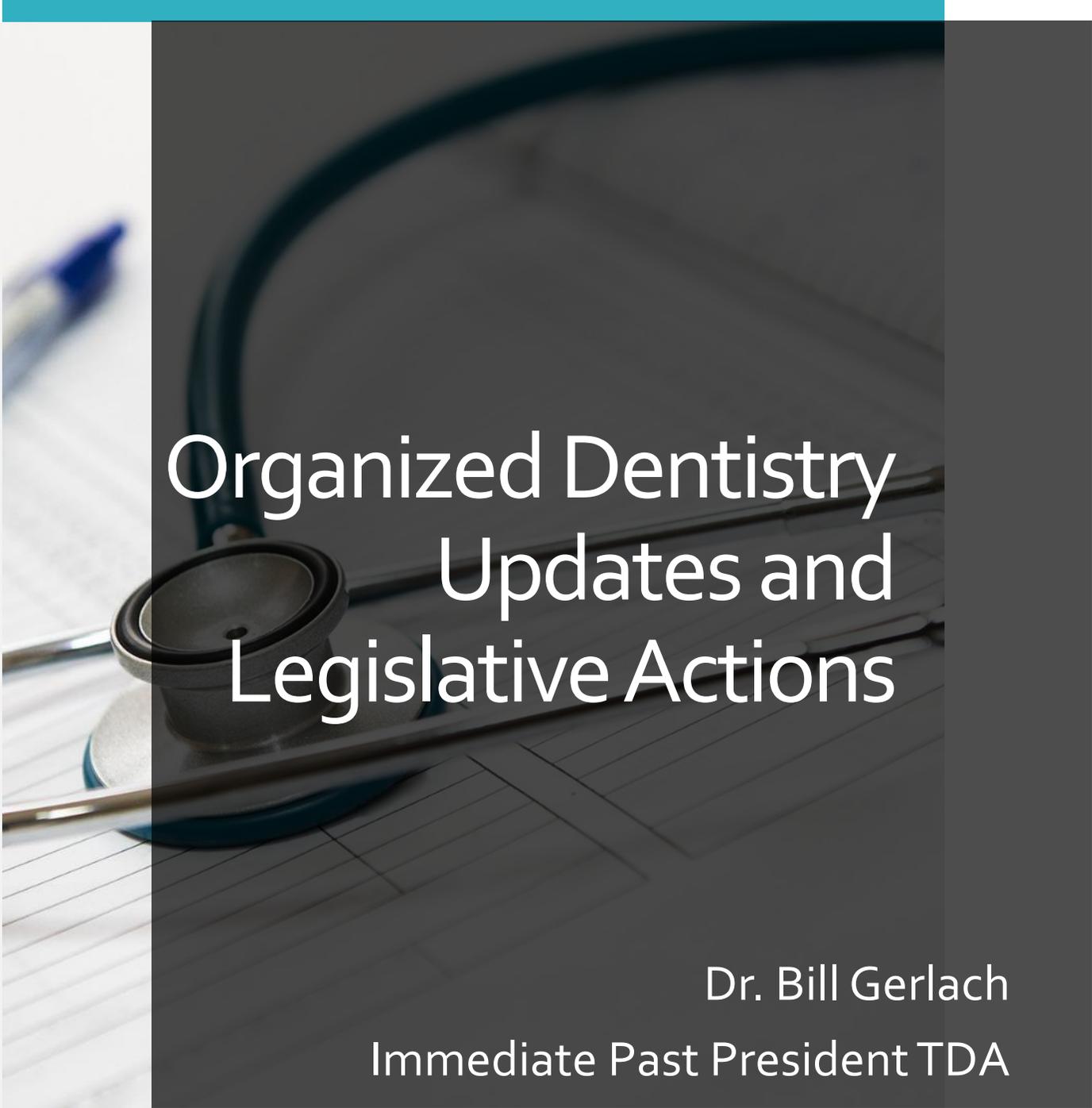
## Communication is Key!

- Select a format that is easy to navigate- text, email or virtual meeting on a regular basis
- Compassion is vital to reducing the stress of the unknown. Your team are your ambassadors and they assist with communicating calmness in your community.
- Be the leader of the practice -don't delegate this- Drs. Mac and Joel will have more on this
- Be positive with your team, try and communicate like you would in your office during a social time. What did they binge watch? Share recipes for cooking at home. How are you using the time to learn something new or improve? Do a checkin on their health and family.
- Don't forget birthdays and practice anniversaries can still be celebrated remotely.
- Provide timely information rather than waiting until you have all the answers.
- Many virtual CE offerings have been discounted; the ADA has 50% off CE courses online through 3/30/2020 <https://ebusiness.ada.org/education/default.aspx>
- Monitor Burkhart Dental Practice Solutions for free CE for your teams. <https://www.burkhartdental.com/covid-19/>

All of these efforts will help to reassure your team and make it easier to pull the team back together when the practice opens again.

## Five Topics:

- COVID-19 (SARS-CoV-2 virus) facts as we know them
- What constitutes a dental emergency?
- What does HB 6201 say?
- What does the recently passed CARES Act say?
- Where do we go from here?



# Organized Dentistry Updates and Legislative Actions

Dr. Bill Gerlach

Immediate Past President TDA

If you seek dental-specific information on the COVID-19 pandemic involving:

- Dentists
- Patients
- Letters to Patients
- Teledentistry (subject to state laws)
- Ethics
- Infection Control/OSAP
- OSHA for the safety of your team

<https://www.ada.org/en/member-center/coronavirus-resource-toolkit-for-ada-members>

# COVID-19 facts as we know them:

ADA March 24, 2020

The COVID-19 pandemic, caused by the SARS-CoV-2 virus, is different from the flu, the common cold and SARS-1 and **requires different precautions than dental teams have been employing since the early 1980s.**

The emerging science is indicating that:

- SARS-CoV-2 is “stickier” than previously seen viruses – transmission is easier
- SARS-CoV-2 causes serious symptoms in persons over 60, and those with underlying medical conditions
- SARS-CoV-2 is spread primarily through the airborne route
- SARS-CoV-2 can be spread through aerosols produced by high and low speed handpieces, ultrasonic scalers, air/water syringes, or an infected patient coughing, and even when taking intra-oral radiographs
- SARS-CoV-2 may be transmitted through saliva
- SARS-CoV-2 infected adults and children may be asymptomatic and yet infectious
- SARS-CoV-2 survives on environmental surfaces for various periods of time. Conflicting literature says 3-9 days.

## Risk must be minimized during emergency treatment:

- Screen for dental emergencies using teledentistry if possible.
- Fully utilize PPE, understanding that surgical masks must be sealed around the nose and mouth
- Reduce aerosol production as much as possible through use of hand instrumentation, dental dam and high speed suction.
- N95 masks, with a positive seal around the nose and mouth, in combination with a full-face shield, if possible.
- If N95 masks are not available, surgical FDA approved masks must be worn for each patient, not reused, and discarded immediately after the procedure is concluded
- Members of the dental team within six feet of the treatment aerosol area should be limited to the operator and the assistant

## **What Constitutes a Dental Emergency?**

“The ADA recommends dentists nationwide postpone elective procedures for the next three weeks.

Concentrating on emergency dental care will allow us to care for our emergency patients and alleviate the burden that dental emergencies would place on hospital emergency departments.”

# There are three categories of care: Emergency, Urgent and Elective.

## Dental Emergencies per the ADA

Dental emergencies are potentially life threatening and require immediate treatment to stop ongoing tissue bleeding, alleviate severe pain or infection, and include:

- Uncontrolled bleeding
- Cellulitis or a diffuse soft tissue bacterial infection with intra-oral or extra-oral swelling that potentially compromise the patient's airway
- Trauma involving facial bones, potentially compromising the patient's airway

# Non-Urgent Dental Care per the ADA

Routine or non-urgent dental procedures includes but are not limited to:

- Initial or periodic oral examinations and recall visits, including routine radiographs
- Routine dental cleaning and preventive therapies
- Orthodontic procedures other than those to address acute issues (e.g. pain, infection, trauma)
- Extraction of asymptomatic teeth
- Restorative dentistry including treatment of asymptomatic carious lesions
- Aesthetic dental procedures

# Urgent Dental Care per the ADA

Focuses on the management of conditions that require immediate attention to relieve severe pain and/or risk of infection and to alleviate the burden on hospital emergency departments.

- Severe dental pain from pulpal inflammation
- Pericoronitis or third-molar pain
- Surgical post-operative osteitis, dry socket dressing changes
- Abscess, or localized bacterial infection resulting in localized pain and swelling
- Tooth fracture resulting in pain or causing soft tissue trauma
- Dental trauma with avulsion/luxation
- Dental treatment required prior to critical medical procedures
- Final crown/bridge cementation if the temporary restoration is lost, broken or causing gingival irritation

- Biopsy of abnormal tissue
- Extensive dental caries or defective restorations causing pain
- Manage with interim restorative techniques when possible (silver diamine fluoride, glass ionomers)
- Suture removal
- Denture adjustment on radiation/ oncology patients
- Denture adjustments or repairs when function impeded
- Replacing temporary filling on endo access openings in patients experiencing pain
- Snipping or adjustment of an orthodontic wire or appliances piercing or ulcerating the oral mucosa

# What does the Coronavirus Aid, Relief and Economic Security Act, also known as the CARES Act, say?

This law was passed at midnight, March 25, 2020. It is a \$2T financial infusion into the American economy, meant to mollify panic. It was described by the Senate Majority leader as a war time response of the US government. The CARES Act generally says the following:

- Emergency loans for small businesses
- Financial assistance to Americans via unemployment. Includes \$1,200 per adult American in the lower and middle classes
- Provides financial relief to hospitals, healthcare providers and medical researchers
- Financially stabilizes key national industries

## Potential CARES Act Highlights (SB 3548, 3/26/2020)

- The Economic Injury Disaster Loan (EIDL), which establishes an emergency grant to allow a dental practice that applies for an EIDL loan to receive an advance on that loan of no more than \$10,000, which the SBA must distribute within three days. It will be 100% forgiven.
- Employers may be eligible for a portion of their federal small business loans to be forgiven (tax-free) for amounts spent for certain payroll, sick leave, family leave and other overhead expenses between February 15 and June 6, 2020, as well as certain other debt obligations incurred prior to February 15, 2020.
- The bill allows for a withdrawal of money from retirement funds (i.e., 401K, etc.) of up to \$100,000 in 2020 without paying a penalty if the dentist, their spouse or dependent(s) are diagnosed with COVID-19, or experience adverse financial consequences as a result of being quarantined, furloughed, laid off or having work hours reduced due to the coronavirus pandemic.

- Federal student loan borrowers would not be required to make a payment through September 30, 2020.
- Employers and self-employed individuals can defer payment of the employer share of the Social Security tax until December 31, 2020. The deferred amounts would be paid over the following two years, with half of the amount required to be paid by December 31, 2021, and the other half by December 31, 2022.
- The bill provides for a one-time federal income tax rebate for eligible dentists and their employees in 2020. The rebate amount would be \$1,200 for individual tax filers and \$2,400 for those filing a joint return. The amount of the rebate will be reduced for single filers making more than \$75,000 and joint filers earning in excess of \$150,000. In addition, a rebate of \$500 is available for each child.
- Emergency unemployment compensation benefits are dramatically increased—by as much as \$600 a week—should dental office employees be laid off. This is a supplement for state funded unemployment insurance, with the federal enhancement being funded for four months.

# Where does dentistry go from here?

Dentistry has historically been driven by blood-borne pathogens since the 1980's. We will likely see an inflection towards managing airborne pathogens along with blood borne pathogens into our normalized sterilization and disinfection protocols. This may include an increased level of diligence and oversight.

These could include:

- Air filtration systems within operatories and sterilization centers.
- Disinfectants adequate for bacterial and viral, whether blood borne or airborne via aerosols.
- State dental practice acts requiring infection control CE
- A concentration on protocols from the Organization for Safety, Asepsis and Prevention
- An Infection Control Officer within each practice responsible for annual OSAP standards.



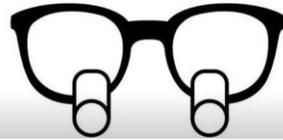
Team/HR

Paul Edwards-AZ

<https://www.cedrsolutions.com>

L

## THE DEAR DOC PODCAST



Updates/Community

Dr. Chris Hoffpauir- Alvin, TX

Facebook Group 20K+  
members



Equipment and Practice Management Support

<https://www.burkhartdental.com/covid-19/>



Strategy/Opportunity



Communication

# Resources



# Q & A SESSION

We will email a link to the recording and resources.

Following the Q & A- Dr. Mac McDonald will close the webinar with a final message.

## Leadership through Crisis Pandemic to Productivity

