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Blog 1
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Thoughts on Dental Practice Reentry

To help organize your thoughts, and mine, I decided to start sending a weekly blog to all of the dentists and practice support professionals that I have in my contact log. I know all of you in a variety of different ways, but I'm sure we're all sharing deep concerns about the welfare of patients, employees, and practices. Please feel free to forward this on to any you feel would have an interest.

I'm frustrated! During the COVID-19 crisis, my confidence in our political leaders and those who report on them has ebbed to a remarkably low level. It seems that since there is so little that is actually known about the etiology and rates of infection, scientific veracity has been replaced by platitudes and hyperbole. Competition between political tribes, terrified that the other side may receive credit for better ideas, has replaced fact-based analysis and productive collaboration. In my opinion, this is a terrible time for our leaders to be talking past each other and maneuvering for political gain.

We dentists had to take lots of hard science: chemistry, physics, physiology, anatomy, and pathology to name a few subjects. We don't deal well with politicians trained in the social sciences preaching their theories as if they're facts! We then are subjected to pundits who back their chosen side with sophisticated editorials and TV commentary designed to convince us that the opposition is naïve, evil, or both.

I was glad to read in the recent CDA report that Natasha Lee, DDS will be joining the governor's task force on the restarting of the economy. Dr. Lee has been an outstanding dentist leader in California with many accomplishments to her credit. In my experience she is smart, pragmatic, well informed, and plain spoken. I'm hopeful that she won't be the only taskforce member with these characteristics.

I believe the experts-that-be in our public health system have established that complete prevention from contraction of COVID-19 will only occur when a vaccine is widely available, or enough of the population has been exposed to establish “herd immunity.” It could be a year before either occurs. I also believe that the experts-that-be in academic economics have reached a consensus that small businesses like dental practices can’t survive “non-essential” status for even a couple of more months, let alone an entire year. Hence, practices must be reopened BEFORE patients, employees, and doctors can be guaranteed complete safety from infection.

Very soon, a number of carefully considered tradeoffs and decisions must be considered for the reopening of dental practices in each community:

- 1) At what point do the risks from economic devastation outweigh those from infection?
- 2) What will be the minimum regulatory requirements necessary to reopen?
- 3) WHEN will this reopening be allowed to occur?
- 4) Can this be done without creating a windfall for lawyers?

As a scientist I believe that the best answer for tradeoff 1 is a rolling cost/benefit analysis that is continually updated as new data becomes available. This analysis should take into consideration all current public health and economic data. It should be acknowledged that, until public immunity is established, there will be uncertainty and therefore the need to assign an updated probability of accuracy to each new version of the analysis. This probability of accuracy will improve over time.

For the wellbeing of patients, employees, and doctors it is very important that leaders announce a timeline for reopening AS SOON AS FEASIBLE. Dental teams are going to be hard pressed to obtain the necessary protective materials and equipment. Patient communication and scheduling strategies will need to be put into place weeks before the opening occurs. A Sunday afternoon email blast from the governor won’t do it!

I believe that the above will take an evolution of thought that our political leaders will be forced to undertake. They will have to take the risks that go with tough decision making so dentists, along with other business owners can make the best decisions available for the patients and customers they serve. I believe that the financial wellbeing of our communities demands this!

There will be more information to follow, but I believe that every practice owner should have a conversation THIS WEEK with every individual staff member. Acknowledge the unknowns, but state that you're planning to reopen as soon as relative and reasonable safety for patients and employees has been established. Ask them frankly if they have personal concerns that might prevent them from returning to work as soon as your practice opens. Some employees may have fears or other considerations that could delay their return. If so, it is important to know this NOW so you can assess your ability to provide services for patients in the early weeks after your return.

Once you are within 3 weeks of reopening you will need to collaborate with your administrative team to actively manage your patient care schedule. You'll be dealing with 2 opposing patient behavior issues:

- 1) Some patients who couldn't be seen for active or recall services during the lockdown will be seeking appointments.
- 2) Some patients with upcoming appointments will want to delay services due to safety or financial concerns.

If possible, 3 weeks before reopening, call the patients scheduled for the first week back and confirm their appointments. Some will just confirm, some will need assurance about your new safety protocol, and some will cancel and go on to your future appointment list. Do NOT do this with texts, emails, letters, nor voicemails. A trained communicator must speak to the patient live. When calling, if the scheduler gets a voicemail, she/he should ask for the patient to please call back about their future appointment.

Once openings for the first week back are created in this way, they are then backfilled with patients who lost appointments due to the lockdown. Standard block booking protocol should be utilized for both the doctor and hygiene schedules: with a minimum amount of high production procedures worked into each day.

I hope this was helpful. I plan to send a blog weekly.
I'm very confident we'll be OK! Let's lead our patients and practices back to health!

Call me if you need to talk.
Respectfully,
Michael