

Michael Perry DDS
4040 Polled Hereford Dr.
Santa Rosa, CA 95404
drperry@sonic.net
707-888-0749
707-578-1807 (fax)

Blog 2
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Thoughts on the Cost of Dental Practice Reentry

Last week I decided to start sending a weekly blog to all of the dentists and practice support professionals that I have in my contact log. This is Blog 2. Please feel free to forward this to any you feel would have an interest.

I expressed my frustration last week with the lack of collaboration among our political leaders concerning COVID-19. Since then we have had at least some solid commentary from Washington and also Governor Newsom. Unless, however, we have special skills reading tea leaves, there is still no way to discern what we need to know about PPE nor when we need to know it.

I made the case in my last blog that the only way to have complete certainty about patient and employee safety is via a vaccine or “herd immunity.” Since those achievements are probably a year or more away, we’ll have to face relative and reasonable safety when we reopen. Experts and politicians will decide what relative and reasonable is, how to measure it, and the requirements for creating it. We’ll need to believe them and be really picky about compliance.

I’m hoping the experts and politicians can also protect us from the mass of attorneys waiting outside the walls for an opportunity to take advantage when we don’t do everything perfectly. I’m an optimist by nature, but I’m not sure hope will be enough on this one.

Recall that last week I advised every practice owner to have a conversation with every individual staff member about the intent to reopen their practice as soon as the government will allow. If you haven’t done this yet I advise that you take action now. The recommended dialogue was in Blog 1.

Also in Blog 1 was the protocol for the large task of calming patients and getting them into your schedule in an efficient and productive manner. Have your team trained and ready for the date of reopening once its announced!

One of my clients, Dr. Tony Dailley in Berkeley made a great point: The PPE we'll need to buy and the time it will take us to use it will cost money... Overhead will get higher! I'm 100% sure Dr. Dailley is 100% correct.

In a recent COVID-19 newsletter, CDA announced the creation of an "Economic Recovery Workgroup" that will help members with a number of issues including "working with dental benefit companies." I'm hoping they can convince companies to increase fees to mitigate the impact of the new costs. Based upon behavior by Delta Dental in recent months and years, this doesn't seem like a good bet. (You have to maintain your sense of humor!)

Most as old as me were practicing during the AIDS pandemic (1981). Universal precautions became more stringent, and compliance raised the per patient cost of appointments. After imaginative use of algorithms, the increased cost per visit was estimated by a variety of experts to be between \$8 and \$25. My memory isn't what it once was, but I don't recall Delta nor any other dental benefit company raising contracted fees to accommodate this. My experience is they've been highly skilled at making fees go down, but struggle with what it takes to raise them. There are many practice owners who've achieved insurance independence in their practices by going out of network with Delta and other PPO's. This is certainly one more reason to consider doing this.

Dr. Dailley left Delta this month. He can now set his fees as he wishes, in a manner that he feels is fair to patients and also makes economic sense for him. I advised him to bake the PPE costs into his entire fee schedule rather than charge a "PPE fee."

What would really be great is if the ADA could create a new CDT code: D0PPE. The definition could be "Charged at each patient appointment to cover the cost of personal protective equipment, sterilization, and universal precautions." Would Delta or other PPO's recognize the new code, or even allow contracted providers to charge the patient? History doesn't create optimism. We'll have to wait and see.

I'm still confident we'll be OK! Let's lead our patients and practices back to health!

Call me if you need to talk.
Stay Well,
Michael