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Blog 4 (3 pages)
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Attachments:

Leadership in Private Dental Practice
PPP Forgiveness Application
Notice from Delta of Michigan concerning claims filing for PPE
San Francisco County Health Directive

Ready to Lead?

Even with the uncertainty that still exists, it's time to take action and lead your dental practice teams back to the process of routine patient care... At least to the routine that will likely exist for the next year.

How you lead will be important! The attached article on dental practice leadership offers a crash course in leadership strategy. It's over 15 years old, but still salient to the issues.

In my previous 2 blogs, I recommended that all dentists assume that adequate PPE will be available in a timely manner. Each should have already set a date for return to routine services and have communicated with each individual staff member to determine who will be at work on that date. Doctors should NOT be pressuring any staff member that is not ready. If you lack trust across your team, your work will be very much harder!

Doctors should have studied the ADA "Toolkit", the CDA "Back to Practice Resources", and the CA Dept of Public Health "Guidance for Resuming Deferred and Preventive Dental Care." Each should already have initiated a "soft reopening" ... A series of organizational team meetings done prior to providing services for patients. I also recommended that, in the event that PPE doesn't appear by the chosen return date, doctors should delay as necessary, but keep their teams ready.

Guidance vs. Regulations

Confusion abounds! In short, guidance can be created by anyone. Guidance by itself does not create legal requirements. I give great credence to recommendations from ADA and CDA. I'm very skeptical of information that flies into my inbox from unknown sources.

Regulations are legal requirements and must be complied with! They can occur at the federal, state, or county level. If there is conflict between the 3, the most restrictive applies.

Very recently, some CA counties have created their own regulations. Our governor's economic task force representative, Dr. Natasha Lee supplied me with the attached May 15, 2020 San Francisco County Health directive. It's written in legalese, but in my read it somewhat mandates what's already in the ADA Toolkit and CDPH Guidance document. In addition, SF dentists will have to create special signage, instructions to personnel, and a "Health and Safety Plan" that is separate from the Cal OSHA IIPP requirement outlined in the CDA Back to Practice Resources. In short, the SF health officer has created an entire additional layer of regulations... Something for each SF practice owner to deal with in their free time!

PPP

I'm hoping that all practice owners have already applied for the PPP (paycheck protection program) financing available from the Small Business Administration (SBA). Your own bank may be best, but any SBA affiliated lender can be used to apply. An owner can borrow up to 2.5 times the previous year's average payroll cost. The optimum strategy is to have as much of the loan "forgiven" as the terms will allow. These rules include the need to spend the proceeds within 8 weeks of receipt and to use 75% on payroll.

A PPP forgiveness application is attached to this email. It must be submitted to the lender by October 31, 2020. Be aware that the lender could have forgiveness conditions that go beyond those stated by the SBA... Read your promissory note!

PPE

PPE availability remains the most significant unknown for each practice's return to routine services. Because of that, The US Dept of Labor has provided information on N95 mask decontamination prior to reuse:

<https://www.dol.gov/newsroom/releases/osh/osh20200424>

I've received a large number of requests for advice about charging patients for PPE. With the caveat that there is no "best practice" for an unprecedented circumstance, I do NOT favor immediate price changes for returning patients who are in the midst of recovering from the trauma of the pandemic and lockdown. Many patients will be fearful that the dental office is not a safe place. Others will have been economically traumatized. I favor gently inviting them back with clear communication about safety protocol. One to 2 months after return, demand for services and costs will be clearer and fee setting easier to gauge.

In addition, I've been asked about filing dental benefit claims for PPE costs. Rumors abound that insurance companies will honor a D1999 code (preventive procedure by report). It may be that some companies will honor this code. It may be that organized dentistry will lobby the legislature to force them to honor this, or some other code. Right now, however, there is little evidence these things will occur. Attached is a notice from Delta of Michigan quashing what they call a "rumor from the ADA."

If it becomes possible to file dental benefit claims for PPE, all should do so in the name of maximizing patient benefits. I believe we would be naïve, however, to believe that these benefits will come close to the actual costs of purchasing and utilizing PPE. Practices that are insurance independent (no Delta provider contract) will be able to bake PPE costs into their regular fees. This is certainly another reason for individual dentists to consider an exit from Delta.

I remain confident we'll be OK! It's time to stop staying up late and sleeping in. Let's take action and lead our patients and practices back to health... Let's do it together!

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