

Women in Dentistry Online Symposium, April 2020

Answering Your Questions About Practice Recovery

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OVERVIEW

There are various stages we go through with any major event or disaster:

- Initial onset of event.
- Introduction of measures to mitigate the event from happening or to try to stop the event from getting worse. It can take time before we see if these measures are being effective. For dentistry, what is challenging about this is that protocols keep changing.
- Planning for the recovery phase – restoring a “new normal”. Different parts of the country will be at different stages in the recovery.

Leaders need to think and act across 5 horizons:

1. **Resolve** – address the immediate challenges that COVID-19 presents to the institution’s workforce, customers, technology and business partners.
E.g. shutting down the practice, figuring out what will happen with staff, addressing emergency care etc.
2. **Resilience** – address near-term cash management challenges, and broader resiliency issues during virus-related shutdowns and economic knock-on effects.
E.g. contacting landlord to discuss deferred rental payments, renegotiation of lease etc.
3. **Return** – create a detailed plan to return the business back to scale quickly as the virus evolves and knock on effects become clearer.
E.g. How will the practice operate when services resume? What will the new protocols be?
4. **Reimagination** – reimagine the “new normal”. What does a discontinuous shift look like and what are the implications for how the institution should reinvent itself?
E.g. Do I need to make some modifications to the office?
5. **Reform** – Be clear about how the regulatory and competitive environment in your industry may shift. Reform the practice to meet the new regulatory environment.

QUESTIONS

Is PPE alone going to provide the gateway to getting back to practice?

- PPE is just one piece of a complex puzzle.
- There is a need for a lot more pre-work with the patients to remove the risk of treating COVID-19 positive patients:
 - Pre-appointment phone call
 - Complete medical history taken
 - Teledentistry/video conferencing prior to booking
 - Further screening on arrival at practice
- Also, changes to arrival procedures are needed:
 - No waiting room
 - Managing patients' personal possessions
 - Handwashing
 - Protective mask
 - Foot coverings

What are the considerations with regards to infection control protocols within the operatory?

- Right now we are in the middle of the pandemic, so tight protocols make very good protective sense.
- The question is, at what point can some of the protocols be relaxed based on where we are in the cycle of the pandemic?
- There will be levels. Things will change, particularly if and when a vaccine is available. That said, not much change anticipated for 3-6 months.

Is Point-of-Care testing really the magic wand?

- If point-of-care testing were to meet the promise of being highly accurate, it would be a game changer. But we're not there yet, despite what you may read in the news.
- Accuracy is an issue.
- Point-of-care testing has not typically fallen within the scope of dental practice:
 - Does a dentist have the medical back up to explain to a patient what a positive test means?
 - Does a dentist have the ability to get the patient into the medical system for a confirmation test?
 - What kind of counselling can the dentist provide?

- Tests unlikely to be available to dentists for 6 to 8 months anyway.

Given the shortages in N-95 masks, are there alternatives available?

- There are a number of alternatives available.
- A lot of industrial masks have now been approved and provide the same level of protection.
- The fit of the mask is very important
- Anticipate that as the pandemic plateaus and begins to decrease, supplies will improve.
- CDC website is a good resource.

With the extent of PPE required, how can dentists continue to use loupes?

- There are many issues associated with wearing so much equipment, not least how to engage on a personal level with the patient.
- Important to use phone call to walk the patient through how the experience will be different from what they are used to, and to build rapport.
- There are significant challenges in treating patients with special needs and children.

Going forward, how do you see dental practice changing?

Are there non-invasive alternatives to aerosol generating procedures?

- With children and special needs patients we are already using a lot of Silver Diamine Fluoride, Vitrebond/glass ionomer products.
- At this point it's about stabilizing those patients and building up a rapport.
- A different philosophy may develop around *managing* caries rather than *treating* caries.

Based on the evidence you're seeing, is air purification now something that is required in dental offices?

- We are not seeing any evidence for this.
- Air purification can be very expensive, and in some cases, not necessary.
- Dentists should proceed with extreme caution when considering investment in expensive air filtration systems.
- However, it is important for dentists to understand how the ventilation in their office works. This may allow for some relatively minor alterations that will improve function.

How can we deal with parents who insist on being in the operatory, even under the current circumstances?

- We currently allow one parent to come in, so long as they respect the protocols.

Were you using face shields before COVID-19, or is it something that you have introduced as a new infection control protocol?

- We introduced face shields in 1998, because in our practice we were dealing with a lot of patients who were Hepatitis B and Hepatitis C positive, or HIV positive.

Given new levels of infection control, how many patients can dentists expect to see per day?

- In our practice, we previously had two operatories and were able to accommodate fifteen to twenty patients per day. Currently we are down to one operatory and we are seeing five or six patients per day.
- Need to allow for both operatory resting time between patients and extra preparation time to put on PPE properly.
- N95 mask alone takes a minimum of 3-5 mins to put on and self-test to make sure that the seal is secure.
- Once we have adapted better to new protocols, efficiency should improve.

Are people who are accompanying patients required to wear masks within the practice? Are dentists required to provide them with a mask?

- We provide a mask, primarily to reassure the medical staff that we have taken extra precautions.
- We also provide masks to patients/people with COPD.
- But it is important to manage the overall flow of patients through the office and not just focus on masks.

What is the additional cost of running a practice and it is feasible?

- In the short term (12-18 months) it is possible run a practice, but it may not be possible to generate the levels of income seen prior to COVID-19.
- But dentists can make modifications to the scheduling of the day that will gradually improve productivity.
- Some changes to fee scheduling may be required, such as billing around teledentistry or adding a PPE charge.
- There are also many simple and relatively inexpensive infection control solutions available:

- H2O2 rinse
- Investing in reusable gowns instead of disposable
- N95 will become a lot cheaper

Is it going to be possible to move from one operatory to another during procedures?

- At this point in time, that is not feasible.
- Need to reimagine how the practice works so long as pandemic persists:
 - Could see half a day allocated to re-care appointments
 - Dentists potentially doing hygiene themselves in combined appointments
 - Cavitron is not an option – back to hand scaling
 - Probably won't be polishing
 - Aerosol generating procedures scheduled separately

Is it the dentist's responsibility to take a medical history for people accompanying patients?

- In my view, yes.
- Anyone who is coming into the building is reviewed.

How long can the virus stay within the operatory, and when is it safe to take the next patient?

- There was a study where, under laboratory conditions, the virus has been shown to be capable of staying active for three hours.
- There are other opinions that suggest the virus will not stay viable for more than thirty minutes.
- There is also an opinion that virucides and other disinfectant sprays used in dentistry deactivate the virus within one minute.
- The bigger issue is the virus's ability to be passed on easily through aerosol.

Tell us about the CDA task force on business recovery that you are co-chairing, and how dentists can get more information through their Provincial Dental Associations.

- There are two task forces:
 - COVID-19 response team – answering questions on what is happening with the pandemic. Addressing issues around infection control.
 - Business recovery – what do we need to do going forward based on experiences in other countries that are three to four months ahead of us in the pandemic?



Keeping Canadian Dentists Informed

- Hope to have a general guide available for dentists through their Provincial Dental Authorities.
- Will continue the work we are doing on CDA Oasis to develop messaging that is concise and easy to follow for dentists.