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ADA News

AMERICAN DENTAL ASSOCIATION ADA.ORG/ADANEWS

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BPA WORLDWIDE

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BRIEFS

ADA FDC Annual Meeting postpones registration

The American Dental Association and Florida Dental Association have postponed registration for the ADA FDC Annual Meeting from April 22 to early summer,

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in light of the COVID-19 pandemic.

As of press time, the meeting was still planned for Oct. 15-18 in Orlando, Florida. The ADA will continue to follow evolving advice from the U.S. Department of State and Centers for Disease Control and Prevention regarding public gatherings, but it is hopeful dentists will be able to gather again as a community at ADA FDC 2020.

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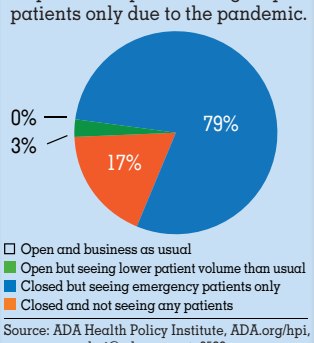
JUST THE FACTS

COVID-19 and dental offices

According to data collected the week of April 20, the vast majority of dentists in the U.S. had their practices open to emergency patients only due to the pandemic.

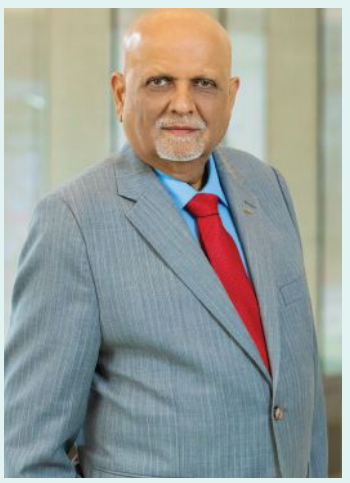


Source: ADA Health Policy Institute, ADA.org/hpi, hpi@ada.org, ext. 2568

A MESSAGE FROM THE ADA PRESIDENT

A post-pandemic future

The ADA's journey through crisis and first steps toward recovery



ADA President Chad P. Gehani

Dear Colleagues:

There is no playbook for a pandemic.

The global COVID-19 crisis is unlike anything we have seen in our lifetimes. There are very few, if any, practical models for us to follow.

Now, more than ever, each of us is acutely attuned to the plight of our neighbors and communities. To the families, businesses, and economies in distress. To the hospitals that have been buckling under the weight of increased numbers of critically ill patients, with bed space and personal protective equipment (PPE) at a premium. To the essential workers in health care, grocery stores, mail and package delivery services, and other industries who cannot work from a social distance.

But we are most intimately familiar with the pandemic's impact on dentistry.

Our profession is essential to public health, well-versed in universal precautions, and trained for such a time as this. So when the ADA issued its March 16 recommendation for dentists to focus only on urgent and emergency procedures, it was not to imply that dentists were of ancillary or diminished status. In fact, dentistry has played a key role in managing our nation's evolving health threat — we have been doing our part to help flatten the curve.

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INSIDE
ADA to third-party payers: Revise fee schedules, Page 14

Paycheck Protection Program and Health Care Enhancement Act expands aid to assist small businesses, dental practices

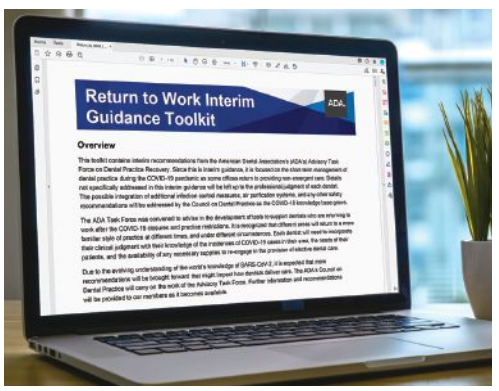
BY JENNIFER GARVIN

Washington — The House of Representatives passed a new coronavirus relief bill April 23 that calls for additional funding for federal loan programs to help businesses nationwide, including dental practices, recover from the economic fallout of the pandemic.

The Paycheck Protection Program and Health Care Enhancement Act infuses $370 billion into the Paycheck Protection Program, Economic Injury Disaster Loans, and emergency Economic Injury

See PAYCHECK, Page 7

ADA Advisory Task Force on Dental Practice Recovery assembles online interim guidance toolkit for dentists



BY MARY BETH VERSACI

The ADA Advisory Task Force on Dental Practice Recovery has developed a toolkit to help dentists return to more normal practice operations while taking precautions to protect staff, patients and themselves from COVID-19 as some states reopen.

The Return to Work Interim Guidance Toolkit focuses on the short-term management of dental practices and includes a sample "welcome back" letter to patients, pre-appointment screening guidance, in-office patient registration procedures, reception area preparation strategies, a chairside checklist, staff protection strategies and a supplies shopping list.

"Our goal was to provide a basic road map for members to follow that would allow them to safely reopen their offices," said Dr. Kirk M. Norbo, co-chair of the task force and 16th District trustee.

The ADA created the task force to help develop general tools to support dentists as they return to providing nonemergency care after closures and practice restrictions related to COVID-19 are lifted. Because areas of the country will return to practice at different times and under different circumstances, dentists will need to use their own professional judgment and consider COVID-19 cases in their area, the needs of their patients and the availability of necessary supplies as they begin to provide elective dental care again, according to the guidance toolkit.

Dr. Rudy Liddell, co-chair of the task force and chair of the ADA Council on Dental Practice, said the task force wanted to provide member dentists with guidance that was based on science and Centers for Disease Control and Prevention recommendations.

"The challenge we faced when formulating this document was balancing the introduction of new protocol addressing this specific COVID-19 virus with existing infection control measures members have used for decades to safely deliver dental care to their patients," Dr.

See TOOLKIT, Page 15

INSIDE
ADA, recovery task force seek to address PPE shortages, Page 8.

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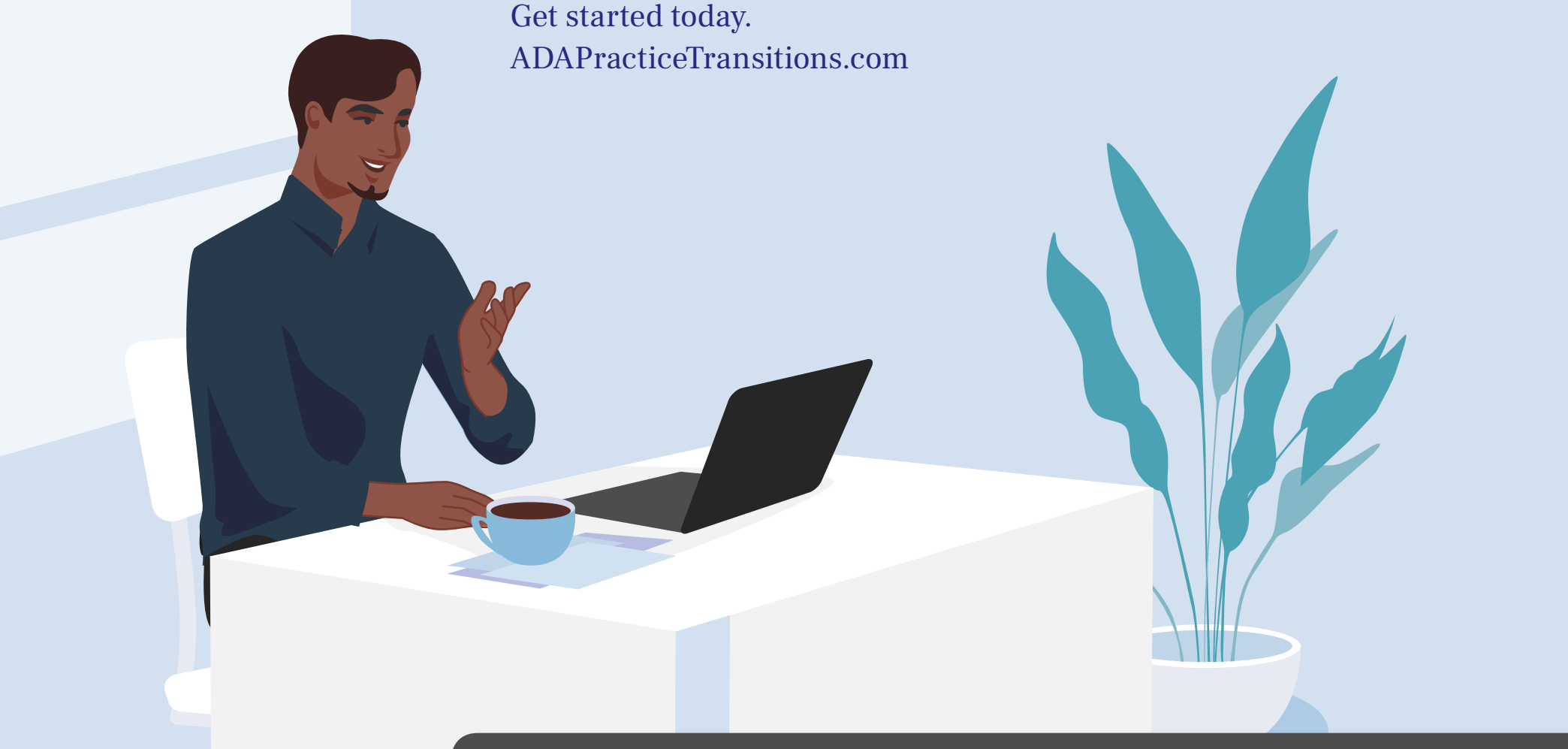

Now, more than ever, it is important to come together. Join **ADAPT Coffee Talks –** a way for you and your colleagues to share a virtual cup of coffee and receive practice transition advice from the experts. To sign up, visit **ADAPracticeTransitions.com/together**.

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BPA WORLDWIDE

May JADA discusses overfill risk during root canals

BY MARY BETH VERSACI

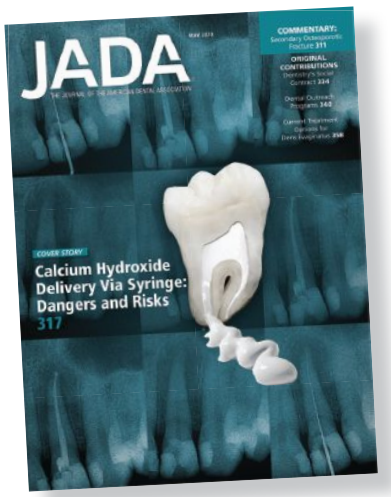
Overfill of medication or obturation materials in endodontic treatment can cause permanent neurologic injury, and there are steps clinicians can take to help prevent that, according to an article published in the May issue of The Journal of the American Dental Association.

The cover story, "The Double-Edged Sword of Calcium Hydroxide in Endodontics: Precautions and Preventive Strategies for Extrusion Injuries into Neurovascular Anatomy," looked at five cases where the inappropriate needle application of calcium hydroxide as a disinfectant prior to root canal therapy on a mandibular posterior tooth resulted in significant overfill into the inferior alveolar nerve space.

Overfill injuries include both the chemical injury and compressive damage. The outcomes can include pain and numbness.

Steps clinicians can take to help avoid overfill injuries include carefully examining radiographs and cone-beam computed tomographic imaging to identify the proximity of neurovascular anatomy to the tooth, enlarging the root canal enough so that the needle does not bind in the canal when injecting, and using slow injection and constant outward movement from the canal as the material is injected.

To read the article, visit JADA.ADA.org. ■



VIEWPoint

MyView

The value of organized dentistry during a pandemic

Michael LeBlanc, D.D.S.

Dental professionals enter the workforce with formal education, skilled techniques and ambition to keep their community healthy. We are fortunate to build relationships with our patients and colleagues, emphasize the importance of preventative dental health, and help, heal and restore when necessary. Beginning a career in dentistry and opening a practice with the backing and guidance of a professional organization is invaluable for advice and collaboration.

I first saw the value of this as a dental student when I became involved in the American Student Dental Association in 1999. ASDA is an organization that offers resources spanning from scholarship to leadership experience to overall wellness as a clinician. Over the years as a pediatric dentist and a practice owner, I have appreciated the American Dental Association for its advocacy and efforts to create an organized and ethical community of dentists. Organized dentistry has always been essential, from guidelines to practice support. Now more than ever, my colleagues and I have looked to the ADA for direction in these recent, unprecedented times.

This novel virus strain of coronavirus, commonly known as COVID-19 has put our entire society, including businesses, in a position of vulnerability. There are many unknown variables to COVID-19 as it continues to keep the world on edge, forcing every industry to new standards that evolve daily. From a dental perspective, COVID-19 has changed how practices strategize and how we see and treat our patients. As health care providers, we understand the importance of slowing the spread of this virus in our community and flattening the curve, especially for our colleagues who are on the frontline. Each of these adjustments is a challenge individually and tackling all of them combined would seem nearly impossible without established practices and superior resources the tripartite ADA provides.

Small businesses are the fabric of the American economy, and reliable information and communication are vital. The ADA has always been an organization a dentist could rely on for practice guidelines and a broad range of support and expertise. Today, more than ever, the ADA is an invaluable organization we rely on to make daily decisions about our practice and patients.

Many practitioners do not have a team of independent experts advising them through this challenging time. Some may not have a human resources department to advise on employee relations or the possibility of furloughs and layoffs. Additional legal support has been a necessity in interpreting and implementing new laws such as the Families First Coronavirus Response Act that provides paid sick leave and paid emergency

See MY VIEW, Page 5

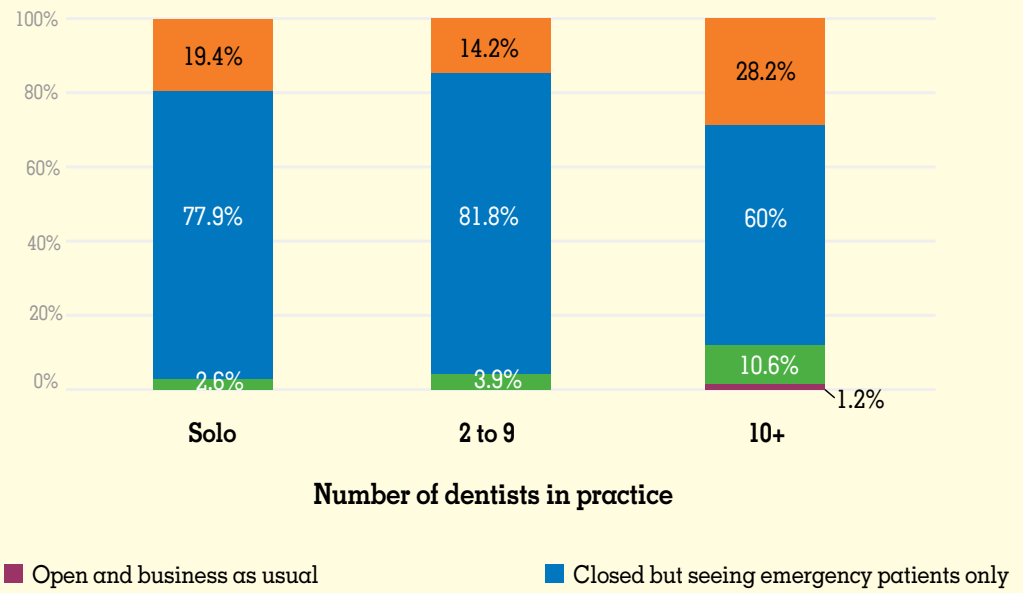
LETTERSPolicy

ADA News reserves the right to edit all communications and requires that all letters be signed. The views expressed are those of the letter writer and do not necessarily reflect the opinions or official policies of the Association or its subsidiaries. ADA readers are invited to contribute their views on topics of interest in dentistry. Brevity is appreciated. For those wishing to fax their letters, the number is 1-312-440-3538; email to ADANews@ada.org.

SNAPSHOTS OF AMERICAN DENTISTRY

Practice status by number of dentists

According to an April 20 poll, practices with larger numbers of dentists are more likely to be shut down completely, including to emergency patients, due to the pandemic.



Source: ADA Health Policy Institute, COVID-19: Economic Impact on Dental Practices (Summary Results).

Letters

Reflection on COVID-19

Having been a member of the ADA for over 50 years, I so very much appreciate the impact of the ADA and organized dentistry on our private practices. Congratulations on the diligent, timely responses to our need during the COVID-19 pandemic. I added my voice to the chorus of those requesting small business interest-free loans with conditional forgiveness plus tax forgiveness over those months! In my view, it is urgent that these continue for more than the current two-plus months of Paycheck Protection Program and Economic Injury Disaster Loan.

Our rationale is most people do not relish a visit to the dentist, most do not have dental insurance to begin with and many, if not most have just lost that dental insurance benefit during the pandemic. Most use the reason of cost for not going to see a dentist regularly, and that has been exacerbated by the sudden loss of jobs and/or income by the large majority of the American workforce, plus fear (already present in dental patients) of getting exposed to the virus by activity around anyone.

Thus, a quick recovery is not likely in a dental office, not in the near term of two to six months. So any expectation that in the first week to months that we will produce and collect what we did the month prior to the pandemic is not a reasonable expectation. I anticipate a 60-70% decrease in collections the first month or two and a 30-50% decrease in collections for the near term of six months. That

does not allow us to meet the most basic of fixed costs, much less the variable costs of new supplies and new technology to accommodate the new guidelines for restarting our practice with testing, etc.

For those of us who have received the Paycheck Protection Program loan, that is a welcome start, but, as stated the crisis looms for six months or more. Consider the added fact many of us have already borrowed money to stay in business during the pandemic (salaries are not the only costs to stay in business), and we will likely be borrowing more to just start back up and keep the doors open with many fewer patients/less cash income.

On the positive side of the dental profession, we have proven that chlorhexidine gluconate as a mouthwash has stopped ANUG bacteria infections when coupled with cleanings. Saliva droplets being a main source of suspected transmission of COVID-19 virus, we as a profession can be a huge part in stopping the transmission by altering the saliva with appropriate mouth condition changes.

Late breaking science shows a weakness in the life chain of the virus with light, humidity and surface condition. Science should demonstrate how long the virus lasts in various saliva conditions! More study quickly on current and future rinses plus light exposure to oral tissues and facial areas will identify how dentistry can be a huge part in caring for the 50% of the population that sees a dentist

See LETTERS, Page 5

Letters

Continued from Page 4

each year! We stand ready to be a large part of the solution to this and many other potential diseases that may appear. We are team players.

T. Bob Davis, D.M.D.
Dallas

Editor's note from Dr. Maria Geisinger, chair of the ADA Council on Scientific Affairs: Dr. Davis rightly identifies preprocedural mouth rinses as one method to reduce overall bioload within saliva. It is important to note, however, that chlorhexidine mouth rinse would not be effective against the SARS-CoV-2 virus as its antimicrobial mechanism of action is bacterial cell wall damage and/or cell membrane disruption, dependent upon concentration. A discussion about the utility and limitations of preprocedural mouth rinses can be found in this ADA Q&A webinar (https://youtu.be/ttidxHuXnWg) from April 7. The council does agree that additional scientific study is necessary to determine many factors about the transmission and prevention of SARS-CoV-2, but we caution that science is a process and requires verification and rigorous peer review to ensure optimal outcomes. We can assure our members that the ADA is following the emerging epidemiology and working for our members to provide the best answers for their practice decision-making.

Testing COVID-19 patients

I truly believe that the future of dentistry relies on the ability of dental offices to perform the rapid COVID-19 tests. This is something we are going to have to advocate strongly for. We could become part of a national plan to prevent a second wave from occurring. Currently, a large sector of our health care system is debilitated. Dental offices across the country are restricted to emergent care.

Unfortunately, nonemergent care becomes emergent when it is not treated. This can result in the need for additional procedures, loss of teeth and elevate the risk of serious health complications. Dental professionals inherently have a higher risk of contracting the virus due to the nature of their work.

Dental professionals need to get back to seeing routine patients. In the current situation, that will require use of valuable personal protective equipment to protect providers and patients. A solution to this difficult situation lies in rapid testing.

Equipping dental professionals with the ability to test patients will solve several problems and provide valuable information. This prevents emergent dental complications, opens up a large sector of the economy and, very importantly, will provide valuable data about the prevalence of the virus in asymptomatic people in our communities. It is not my suggestion that dentists test symptomatic people. There needs to be telescreening, and nonemergent dentistry must be restricted to asymptomatic people.

The information that the dentists collect could help prevent a second wave of the virus from occurring. This is due to it being based on asymptomatic members of the community.

I realize that at this current time, rapid testing should be directed to high-risk, underserved areas of the country that have limited access to other testing modalities. However, as time passes and manufacturing capabilities increase for rapid tests, this scenario becomes quite plausible.

The benefits of a dental-based testing protocol alleviate several serious issues. A second viral wave can be prevented, necessary health care is being performed, people can get back to work and precious PPE can be preserved for those working directly with COVID-19 patients.

Kathryn Smith, D.M.D.
Woodbridge, Virginia

MyView

Continued from Page 4

family medical leave to employees affected by COVID-19. The Coronavirus Aid, Relief and Economic Security Act provides multiple resources to businesses, specifically the Paycheck Protection Program and loan forgiveness to qualified expenses, even more resources for displaced workers by providing a robust unemployment insurance program benefit and additional financial support in the form of a rebate for qualified taxpayers.

Many of these topics are foreign to even the most business-savvy dental professionals; however, the tripartite can and has helped us steer efforts in the right direction.

Early into this pandemic, dental practices were phased from fully functioning operations to emergent cases only overnight. The tripartite offered clear direction in discerning which patient needs are essential and emergent.

The association has doubled down on its valuable guidance by clearly and definitively setting terms for these instances and setting standards for infection control, engineering and controlling safe work practices for dental teams, and contingency planning.

Throughout my career, I have appreciated and benefited from all the ADA has to offer. The COVID-19 pandemic has further reinforced the importance of the communication, foundational support, and structure the association provides.

Recent events have highlighted its benefits, and we have seen firsthand the vital role of having an organized, professional community in place.

Now more than ever, I have found encouragement in watching my ADA community and colleagues work together as we speak as one voice to do our part for dentistry and humanity.

Dr. LeBlanc co-owns and practices at five locations in the greater Kansas City area.

GOVERNMENT

Dental groups seek federal approval to administer COVID-19 tests

BY JENNIFER GARVIN

Washington — The ADA and the Organized Dentistry Coalition are asking the U.S. Department of Health and Human Services to "extend federal authorization for licensed dentists to conduct Food and Drug Administration-authorized, point-of-care testing" during the COVID-19 pandemic.

In an April 22 letter to Adm. Brett P. Giroir, M.D., HHS assistant secretary for health, the dental groups noted that in many states, licensed dentists can already conduct point-of-care testing within their scope of practice. They added that federal authorization to screen patients for COVID-19 would enable dentists everywhere to help "alleviate the testing burden on hospital emergency departments."

The groups also noted an Occupational Safety and Health Administration finding that dental personnel have a very high risk of exposure to infected but asymptomatic patients.

"Given the very high risk of COVID-19 exposure in dental settings — and the value of keeping uninfected dental patients away from hospital emergency rooms — we urge you to use your discretionary authority to extend federal authorization for licensed dentists to conduct FDA-authorized point-of-care testing for COVID-19," the groups said.

"Doing so will reduce the need for dental patients to seek out other testing sites, except for appropriate medical referrals when indicated."

The ADA also sent a letter to HHS on April 17 on this issue.

For the latest updates about issues surrounding COVID-19, visit ADA.org/virus. ■

—garvinj@ada.org

Association, others ask lawmakers to include nonprofits in COVID-19 legislation

BY JENNIFER GARVIN

Washington — As Congress works on the next coronavirus-related relief package, the ADA and 37 other health care organizations are asking lawmakers to support nonprofit groups in those efforts.

In an April 14 letter to the House and Senate Small Business Committees, the organizations requested for Congress to include "emergency financial relief and stability for 501(c)(6) tax-exempt medical and dental trade associations that have been adversely impacted by this pandemic" in any new legislation.

"At a time when health care professionals across America are caring for patients on the front lines of this pandemic, 501(c)(6) nonprofit medical and dental organizations are supporting and providing educational resources so that the healthcare community has the tools needed to administer the highest quality care during this unprecedented time, and for the future," the organizations wrote.

The health care groups said that associations "play a critical role in generating revenue for many nonprofit organizations" and noted that many have been adversely impacted by COVID-19 and warned that without federal intervention, may be forced to cut staff or scale back on services.

"Uncertainty with regard to the future can include, but is not limited to, hosting major meetings, events and conventions, coordination and development of scientific and clinical education resources and providing continuing medical education," they wrote. "[Continuing medical education] in particular is a critical component of the benefits provided by many 501(c)(6) organizations, and ensures that physicians, dental and medical providers are providing high-quality evidence-based care throughout all stages of their careers, and is necessary for physicians, dental and other health care professionals to maintain state medical licenses."

For the latest updates about issues surrounding COVID-19, visit ADA.org/virus. ■

Labor ends temporary nonenforcement of paid leave protections

BY JENNIFER GARVIN

Washington — The U.S. Department of Labor announced April 20 that it is ending the temporary period of nonenforcement of paid leave protections under the Families First Coronavirus Response Act.

The Families First Coronavirus Response Act, which became law March 18, requires certain employers to provide employees with paid sick leave and expanded family and medical leave for "specified reasons related to COVID-19." The provisions are in effect from April 1 until Dec. 31 of this year and apply to certain public and private employers with fewer than 500 employees.

According to the agency, employers with fewer than 50 employees, including dental practices, are exempt from this provision if they document that they meet one or more of the following requirements:

- The leave would cause the small employer's expenses and financial obligations to exceed available business revenue and "cause the small employer to cease operating at a minimal capacity."
- The absence of the employee or employees would pose a "substantial risk to the financial health or operational capacity" of the small employer because of their "specialized skills, knowledge of the business or responsibilities."
- The small employer cannot find enough other workers who are "able, willing and qualified, and who will be available at the time and place needed, to perform the labor or services the employer or employees requesting leave provide, and these labor or services are needed for the employer to operate at a minimal capacity."

"With millions of Americans eligible for new and expanded leave programs, the U.S. Department of Labor is working tirelessly to answer the public's questions and conduct outreach to groups and individuals so that employers nationwide provide employees with the benefits they need," said Wage and Hour Division Administrator Cheryl Stanton in a news release.

To resolve issues that have arisen with providing Families First Coronavirus Response Act-required leave, the Wage and Hour Division said it has "explained employers' obligations and has assisted employers with getting money into the hands of workers."

The Wage and Hour Division offers many resources to help employers and employees understand the Families First Coronavirus Response Act's requirements, including a Q&A, fact sheets for employers and employees in English and Spanish and required workplace posters for employers. All resources can be found at dol.gov/agencies/whd/pandemic.

For the latest updates about issues surrounding COVID-19, visit ADA.org/virus. ■

—garvinj@ada.org

Paycheck

Continued from Page 1

Disaster Loans grants. The bill passed the Senate April 21, and President Donald Trump signed the bill into law April 24.

The legislation includes more than $250 billion in unrestricted funds for the Paycheck Protection Program. There is also an additional $60 billion for smaller lending institutions, with $30 million earmarked for lenders with assets valued at less than $10 billion, and $30 billion for lenders with assets between $10-50 billion.

For the Economic Injury Disaster Loans, the bill designates an additional $50 billion for Economic Injury Disaster Loans and an additional $10 billion for the Economic Injury Disaster Loans advance grants. There is also an additional $100 billion allocated for hospitals and COVID-19 testing.

The ADA continues to federally advocate to help dental practice owners impacted by the COVID-19 pandemic. In an April 23 email to members, ADA President Chad P. Gehani said the ADA is urging them to consider applying for both the Paycheck Protection Program and Economic Injury Disaster Loans.

"If you have already applied and the processing of your application was put on hold because of the lack of funding, please keep an eye out for a message from your lender about status updates. If you have not applied for either loan, the ADA strongly urges that you consider applying for them as quickly as possible. Although additional funding was allocated for these loan programs, we still expect funding to be exhausted quickly."

The ADA continues to review COVID-19 related legislative proposals to include provisions that will be beneficial to dentists, their practices and their patients. Previously, the Association, along with the Organized Dentistry Coalition and state dental associations and societies, wrote to leaders in the House and Senate asking lawmakers to increase funding and flexibility for the Small Business Administration loans established or modified by the Coronavirus Aid, Relief, and Economic Security Act.

"The ADA has been raising its voice on your behalf as you work to keep your practices going and look ahead to rebuilding when this crisis is behind us. We continue to stay on top of the issues and will keep you updated through it all," Dr. Gehani said.

For detailed information on applying for the Paycheck Protection Program and Economic Injury Disaster Loans, the ADA has posted an article in Dental Practice Success ADA.org/DPS.

For the latest updates about issues surrounding COVID-19, visit ADA.org/virus. ■

ADA, recovery task force seek to address PPE shortages

Face mask guidelines leave decision to dentists' best professional judgment

BY KIMBER SOLANA

Association staff and members of the ADA Advisory Task Force on Dental Practice Recovery are aware and working diligently in addressing members' concerns over the limited availability of certain personal protective equipment items.

As dentists and their staff begin plans to reopen beyond emergency procedures — as some states ease stay-at-home orders in the coming weeks and months — substantial inventory of personal protective equipment is currently diverted to medical operations on the front lines of the COVID-19 pandemic.

"The task force is well aware of the PPE shortages nationwide at this point," said Dr. Kirk M. Norbo, 16th District trustee and task force co-chair. "The face mask guidelines we have provided illustrate low and moderate risk scenarios accounting for limited access to PPE and allowing professional judgment of the dentist."

Dr. Norbo said if N95 masks are not available, then an ASTM Level 3 surgical mask with a face shield would be the next best selection.

"If masks with either goggles or face shields are not available, please understand there is a higher risk for infection; therefore, use your professional judgment related to treatment provided, aerosol production and the patient's risk factors," according to the ADA's Interim Mask and Face Shield Guidance.

"At the height of the COVID-19 crisis, the U.S. Department of Health and Human Services designated hospitals, medical centers and first responders as essential categories for receiving PPE," said Dr. Rudy Liddell, task force co-chair and chair of the ADA Council on Dental Practice.

Dr. Liddell

Dr. Norbo

The Federal Emergency Management Agency, Dr. Liddell added, was tasked with controlling the supply chain of PPE, especially N95 masks, so that those diagnosing and treating COVID-19 patients had what they needed.

"Current demand for certain PPE is reported by main dental distributors to be at least 10 times that of supply, without the addition of several professionals who use similar protective equipment, including dentists, hygienists, dental assistants, painters, construction workers, etc.," said Jim Goodman, senior vice president of the ADA Business Group. However, he added that "some suppliers and distributors are indicating that with the addition of several increases in manufacturing, both domestic and internationally, they are hopeful that supply of masks will catch up to demand in mid to late summer."

The ADA is working with reliable domestic manufacturers, key dental distributors and others to increase access to PPE for dental professionals but access to masks and face shields, along with disposable gowns, are currently the hardest to procure, according to distributors.

"The ADA is advocating through relevant government agencies and individuals to make sure dentists, who are considered essential workers per the Department of Homeland Security, have sustained access to these PPE items," said Mike Graham, ADA senior vice president of government and public affairs.

In addition, the ADA has urged dentists to be cautious about purchasing dental materials from the gray market, as they may not meet certain standards approved by the FDA and ASTM International. The gray market is a generic term that primarily refers to products that are traded or sold outside of the manufacturer's authorized distribution channels.

Over 90% of dental practices led the way nationwide in reducing the spread of COVID-19 by closing, except for urgent and emergency procedures, which helped reduce strain on emergency departments and hospitals.

As dentists anticipate reopening their practices across the country, depending on circumstances in each geographic area in the coming weeks and months, they will need to be able to treat patients in the safest manner possible, the task force co-chairs said. The ADA is also recommending that dentists stop donating their PPE at this time to help prepare themselves for re-opening with needed materials.

"Safety is of utmost importance so as the supply chain of appropriate PPE is trying to catch up, it is essential to be mindful of the amount of aerosol generated during certain procedures and use the best PPE available," Dr. Norbo said.

Reinforcing that, the Occupational and Health Safety Administration has designated dentists and other health care workers who perform aerosol-generating procedures in a very high risk exposure category for COVID-19.

For more information, including resources and guidance to help dental practices navigate the pandemic, visit ADA.org/virus. ■

—solanak@ada.org

ADA asks FCC to include dentists in COVID-19 Telehealth Program

BY JENNIFER GARVIN

Washington — The ADA is asking the Federal Communications Commission to extend the agency's COVID-19 Telehealth Program to include dental practices regardless of the practice's size, location or for-profit status.

Teledentistry, is "an important way to ensure access to care" during a pandemic, ADA President Chad P. Gehani and Executive Director Kathleen T. O'Loughlin said in an April 27 to FCC Chairman Ajit Pai.

Drs. Gehani and O'Loughlin informed the FCC that on March 16, the ADA called upon dentists to postpone nonemergency procedures. They also shared an April 6 ADA Health Policy Institute survey that found nearly 80% of dentists nationwide reported seeing only emergency patients in order to help slow community spread, preserve medical supplies and relieve emergency departments from seeing dental patients.

"Dentists use virtual screening to determine the nature of patient dental emergencies," wrote Drs. Gehani and O'Loughlin, noting that the ADA Interim Guidance for Minimizing Risk of COVID-19 Transmission asks dentists to "make every effort to interview the patient by telephone, text monitoring system or video conference before the visit."

They pointed out that video conference is an especially effective way to screen dental emergencies but said many dentists are facing significant economic burdens due to the pandemic and need access to FCC funds in order to afford teledentistry costs. These costs include software to electronically message and screen patients, upgrades to the office computer system, upgrades to the office internet, extra-oral X-ray imaging equipment, digital sensors and X- ray units, and digital cameras and intra-oral cameras.

"This is the case regardless of the dental practice's size, location, or for-profit status," said Drs. Gehani and O'Loughlin, adding that the ADA "urgently requests" that the FCC reconsider its decision to limit participation in the COVID-19 Telehealth Program to the health care providers that fall within the categories of health care providers in section 254(h)(7)(B) of the 1996 Telecommunications Act.

"The [Coronavirus Aid, Relief, and Economic Security Act] says that the FCC may limit the Telehealth Program to such providers, but does not require the Commission to do so. The ADA urges the FCC to reconsider its decision and allow all dentists to apply for the Telehealth Program funds," Drs. Gehani and O'Loughlin concluded.

For the latest ADA information on COVID-19, visit ADA.org/virus. ■

CARES Act offers federal student loan relief to dentists in need of help

BY KIMBER SOLANA

Dentists with federal student loans won't need to make payments for six months as part of an effort by the federal government to provide relief to people devastated by the COVID-19 pandemic.

The temporary relief for federal student loan borrowers was among the provisions in the Coronavirus Aid, Relief and Economic Security Act — or CARES ACT — which was signed into law by President Donald Trump on March 27.

However, dentists with private loans will have to contact their respective lender as the U.S. Department of Education does not have legal authority over private student loans and are not covered by the CARES Act.

The law contains several provisions that affect dentists participating in the Federal Direct Student Loan program. These include:

- Dentists with outstanding federal student loans would be relieved from making payment from March 13 through Sept. 30, and interest would not accrue during that time. The payment suspension applies only to loans held by the Department of Education, rather than a private bank or other financial institution.
- Employee dentists will not have to pay taxes on employer-provided student loan repayment benefits (up to $5,250).
- Dental students who officially withdraw from school because of a coronavirus event can have all or part of their federal student loan canceled.

In addition, dentists may still choose to make payments, which would fully go toward the principal of the loan.

The provisions were among aspects in the new law that the ADA advocated for during discussions in Congress as important to dentists.

According to the American Dental Education Association, the average debt per dental school graduate in 2019 was $292,159, up from $55,000 in 1990. In addition, 64% of graduates report having over $200,000 in debt.

The Federal Student Aid updated its website, studentaid.gov, on April 2 to provide additional details on the 0% interest period, forbearance, defaulted loans and general loan questions. The U.S. Department of Education's Office of Federal Student Aid has published an extensive FAQ addressing student loans, including answered questions that cover several new provisions from the Coronavirus Aid, Relief and Economic Security Act.

The Association also encourages dentists to call FedLoan for the latest information at 1-800-4-FED-AID.

Laurel Road, endorsed by the ADA for student loan refinancing, advises that customers experiencing an impact to their income as a result of COVID-19, may be eligible to receive three months forbearance. This is in addition to their standard 12 months forbearance. To inquire about forbearance and hardship relief due to COVID-19, contact Laurel Road's loan servicing partner, MOHELA, at 1-877-292-6845. ■

ADA president talks candidly about pandemic, dentistry's future

BY JENNIFER GARVIN

"Dentistry is very resilient to any obstacles put in front of the profession. It's a great profession and if I have to do it over again, I would again want to be a dentist."

Those were the words of ADA President Chad P. Gehani in a candid interview with Dr. Betsy Shapiro, director of the ADA Center for Professional Success and host of the ADA podcast, "Beyond the Mouth," about the Association's response to the COVID-19 pandemic.

The conversation, which took place April 9 over a Zoom video call, is available on YouTube. (To watch the video, visit www.youtube.com/user/AmericanDentalAssoc/videos.)

During the 18-minute discussion, Dr. Gehani addressed the ADA's recommendation for dentists to postpone nonurgent procedures until April 30, the interim guidance for treating emergency patients and figuring out next steps for the profession's economic recovery phase.

"What are the ADA's priorities right now?" Dr. Shapiro asked.

"The American Dental Association has our back," Dr. Gehani said. "We want to be the primary resource for the practicing dental community," and "We want to pass on information that is evidence-based, that is science based, and that is very much factual."

One of the best ways to do that, he said, is for dentists to visit ADA.org/virus for the latest information, as well as to read the ADA Morning Huddle, an email delivered to members' inboxes Monday-Saturday.

"Even though I am the president, every time I log on to [ADA.org/virus] I learn something new," Dr. Gehani said. "And I also read the Morning Huddle. That gives me up-to-date information. These are two of my best resources where I get all of my dental information and I get information on what's happening to the practice of dentistry."

As the Association begins to work on the recovery phase following the economic impact of the pandemic, Dr. Gehani said the ADA is in regular touch with the national and federal agencies such as the Centers for Disease Control and Prevention and Food and Drug Administration.

"Right now, safety is more important than anything else," he said. "As the leader of our community, the ADA has to follow what's right for all of us, what's right for all of our patients."

Regarding the April 30 date for dentists to postpone all but urgent and emergency procedures, Dr. Gehani said the Association picked that date "because it was in the best interest of our dental patients and dental team members."

"It's only a recommendation. Dentists need to follow what's being asked of them in their own states — either by their state boards or by their governors," said Dr. Gehani, who added that he has appointed an Advisory Task Force on Dental Practice Recovery, which has developed tools to help dentists reenter their practices as that becomes possible.

"As an experienced practicing dentist, what advice do you have for your colleagues out there?" asked Dr. Shapiro.

"I was trained at Columbia University in 1977 and I was trained to perform dentistry with my bare hands — there were no gloves — and we occasionally used face masks doing surgery," Dr. Gehani recalled. "At that time, if someone had hepatitis, that was the end of the world. Then, when I started my practice in 1982, we learned about human immunodeficiency virus, HIV. We didn't think we'd survive that at that time, but we survived it. What happened is that the practice of dentistry was slightly modified. That's when we started wearing gloves and masks [and aprons and the gowns], and we survived.

"We have been hit by this pandemic like a tsunami. Every day there is new news — it's a moving target. This will pass by. We will see good days at the end of the tunnel. Of course, the practice of dentistry may be slightly modified and I don't know what's at the end of the tunnel, but that's where the ADA is working hard."

The pandemic has also touched Dr. Gehani personally.

Dr. Gehani

"I have three families," said Dr. Gehani, an endodontist who practices in Jackson Heights, Queens. "My personal family, my wife and family; my dental family, the ADA and the state and component societies; and my practice family."

Jackson Heights has been hit hard by the coronavirus with nearly 1,500 cases in Dr. Gehani's practice ZIP code alone as of April 15.

Local religious officials and neighbors have kept him up to date on those people he knows who may have been affected by the virus, but he hasn't been to his office since March 16 and he's been unable to attend religious services to say prayers for his patients and neighbors.

"It hits home," he said. "It has been a tough month for me and my wife because Jackson Heights is our family."

For the latest updates about issues surrounding COVID-19, visit ADA.org/virus. ■

—garvinj@ada.org

Going virtual: Distance learning amid COVID-19 pandemic

BY KIMBER SOLANA

Dallas — When Malcolm Youngblood takes a quiz, he logs on to ExamSoft, the assessment software he always used as a first-year dental student at Texas A&M College of Dentistry.

But during the COVID-19 pandemic, he's taking additional steps. First, instead of the classroom, he's settled at a desk in his home. Then using his phone, he logs on to Zoom where a faculty member can provide an exam password and monitor him through the video communication service. Lastly, an artificial intelligence program will record him at his desk, where suspicious movements are flagged, to ensure test-taking remains fair.

"It's very sophisticated," Mr. Youngblood said. "It knows if something on your desk is a scratch paper, and that it's OK to use it."

This has been the new reality for him and his fellow dental students — like many others in dental schools around the country — since returning from spring break on March 23. The university had made an executive decision to keep students off campus, which was followed by a stay-at-home order by Dallas County, and a statewide order that extended it indefinitely.

But even before spring break, Mr. Youngblood said, he and his classmates anticipated attending online classes after faculty members updated students on what could happen during and after spring break.

In fact, weeks prior to the break, Dr. Shaun Logan was already mentally strategizing on how she was going to teach her course virtually.

Dr. Logan, assistant professor in the department of biomedical sciences at Texas A&M College of Dentistry, said the university and its instructional design team was coordinating and putting together training sessions for faculty and students, ensuring they have the tools and capabilities to conduct distance learning.

"The college of dentistry was very proactive," Dr. Logan said. "When we heard the official word that we were going online, I felt ready."

In session: Dr. Shaun Logan, top left, teaches Human Structure, Function, and Disease II via Zoom. An average of 50-60 students log on, including first-year dental student Malcolm Youngblood, top right.

Dr. Logan teaches Human Structure, Function, and Disease II, the main course this semester for first-year dental students, including Mr. Youngblood. It combines medical, physiology, histology, growth and development, embryology, neuroscience and pathology.

She had two options: prerecord her class or conduct it live on Zoom. She chose the latter.

"My classes tend to be very interactive. I know all my students by name. I use slides and engage students with questions and share stories from my own personal history," Dr. Logan said. "I wanted to keep my sessions very similar to what was happening in an in-person class."

On the chat function, Dr. Logan said, the students are very active, often asking questions and responding with answers.

To minimize any technology issues, Dr. Logan said she still goes to her office on campus where she logs in on Zoom. On there, she can see an average of 50-60 students in their own boxes on screen. Some show their faces, others include unique backgrounds, while some pick comical images, like Mr. Youngblood whose screen is a photo of a store's shelves full of toilet paper.

"So far, it's been going pretty well," said Mr. Youngblood, who serves as a curriculum co-chair with first-year student Luis Sauto. The two students and class president Yara Qubti meet weekly with faculty and department chairs to provide feedback on what's working and receive updates to share with their class.

Currently, the biggest challenge for Mr. Youngblood has been staying disciplined with his schedule.

"We can easily watch Netflix instead of studying," he said. "And I've been guilty of that."

On a typical weekday, Mr. Youngblood said he tries to maintain a semblance of a schedule. He would do a few pullups after waking up. He'd eat some breakfast and go outside for a walk. Then there's lunch and dinner.

In between those activities, the first-year dental student is attending his five dental courses online or studying. While Dr. Logan's sessions are live via Zoom, other courses are a mixture of newly prerecorded sessions and those recorded from previous years.

"Except for a few minor technical glitches, it has gone very smoothly," he said. "I think, for our entire class, the change wasn't too difficult because we're in a generation that is so used to this technology."

When Dr. Logan learned of the possibility of moving her class online, she had some initial concerns.

"My main question was, 'Would we have the capacity or bandwidth to handle all these students on at the same time?'" she said. "So far, it has not been a problem at all."

Despite the ongoing success, there are some things that simply can't be replaced by distance learning.

"You can't see the facial expressions as clearly on screen," Dr. Logan said. "You miss those 'a-ha' moments. When you have long days and are tired, those moments when you see in person students engaging and wanting to learn, that tells you you're making a difference."

As for Mr. Youngblood, there are two things that are irreplaceable.

"I miss my classmates," he said. "I really do."

And he misses the restorative laboratory.

"We still have our regular lectures, but I miss our practicals and working on our hand skills," Mr. Youngblood said, adding they are still learning concepts and techniques. "Due to a recent curriculum change, my class is ahead of where students were last year. When things ease back in, we only have a few projects to finish up and our practicals."

The current semester is scheduled to end in mid-May, with the summer semester beginning about two weeks later. When and how the dental school opens up remains unknown.

"We're preparing for everything," Dr. Logan said. "When we do open back up, we have to be ready." ■

ADA advises dentists to follow science-backed guidance regarding COVID-19 testing

BY DAVID BURGER

The ADA is urging dentists to be cautious about using novel coronavirus diagnostic tests before they have been properly evaluated and made available for dentists.

"The testing market is becoming a bit of the Wild West for companies right now," ADA Executive Director Kathleen O'Loughlin said in an interview. "There is very little scientific evidence that the tests being marketed to dentists are reliable, so be careful when you see an offer that seems 'too good to be true.'"

The ADA Science & Research Institute is evaluating the evidence regarding tests and the level of specificity and sensitivity and is talking directly to manufacturers and distributors.

"All dentists need a point-of-care fast test that is accurate and accurately predicts the presence or absence of COVID-19 virus in real time," Dr. O'Loughlin said. "Unfortunately, very few tests have met a high standard for specificity and sensitivity, which means a potential for high rates of false negatives and false positives."

In a letter dated April 17, ADA President Chad Gehani and Dr. O'Loughlin asked the Department of Health and Human Services to use its discretionary authority during public health emergencies to extend targeted liability protections for dentists who administer those COVID-19 diagnostic tests, similar to the protections offered to pharmacists on April 8.

The Organized Dentistry Coalition also wrote to HHS, asking in an April 22 letter for the agency "to extend federal authorization for licensed dentists to conduct Food and Drug Administration-authorized, point-of-care testing" during the COVID-19 pandemic.

In the meantime, the ADA is advising dentists to steer clear of so-called "gray market" point-of-care tests for COVID-19, recommending they follow the direction issued by the FDA regarding testing procedures in their practices. Dentists should also be aware that manufacturers and distributors are prioritizing the distribution of the available kits to facilities high-level needs.

In the meantime, the ADA is advising dentists to steer clear of so-called "gray market" point-of-care tests for COVID-19, recommending they follow the direction issued by the FDA regarding testing procedures in their practices.

Dr. O'Loughlin noted that there is one test, ID Covid Now, that is being sold through Henry Schein to the medical community, but not to dentists. It is a fast point-of-care test manufactured by Abbott Labs, and they are reported to be only able to produce 50,000 tests per day.

Because of the medical demand, Schein has informed the ADA that they are not planning on selling this point-of-care test to dentists in the very near future.

Some community health centers have also received tests because HHS is distributing the tests to Indian Health Service and Health Resources and Services Administration sites, Dr. O'Loughlin added.

The Association does not consider COVID-19 testing to be a scope of practice issue, in that dentists are expected to routinely screen for high blood pressure, smoking habits and in some offices blood sugar and A1c levels. The test is not diagnostic in a dental office, since dentists are not treating COVID-19 illness.

"Some community health centers may even have dentists doing the tests on behalf of the medical staff," Dr. O'Loughlin noted.

"An accurate test for the presence of COVID is the most predictable way for dentists, dental teams and patients to be safely treated in traditional elective dental care," Dr. O'Loughlin noted.

Licensed dentists are eligible to administer COVID-19 diagnostic tests within their scope of practice, provided they obtain (or already have) a Certificate of Waiver from the Centers for Medicare & Medicaid Services, as may be needed. Like physicians, dentists may need the certificate to administer FDA-waived COVID-19 diagnostic tests, as required by the Clinical Laboratory Improvement Amendments (CLIA) regulation. To obtain a CLIA waiver, dentists must submit an application and pay a $150 application fee, though the ADA is lobbying Congress to waive the certificate requirement or at least waive the application fee.

There is also a widely reported nationwide shortage of existing COVID-19 testing kits. To help alleviate the shortage, the FDA issued a policy in February authorizing laboratories to put COVID-19 diagnostic tests on the market prior to receiving FDA approval.

According to the FDA, "Currently there is no FDA-approved or cleared test to diagnose or detect COVID-19 because the virus that causes COVID-19 is new. Therefore, the FDA has issued several Emergency Use Authorizations (EUAs) for the use of new diagnostic tests to detect the SARS-CoV-2 virus, which causes COVID-19. During public health emergencies declared under section 564 of the FD&C Act, the FDA is able to issue EUAs when certain criteria are met that allows for the use and distribution of potentially life-saving medical products to diagnose, treat, or prevent

See TESTING, Page 15

ADA Success program goes virtual to guide future dentists

Speakers, experts seek to provide view of life after dental school

BY KIMBER SOLANA

The ADA Success program is going digital during — and possibly after — the COVID-19 pandemic to provide guidance and support for dental students on topics most relevant to them today.

From finding a job to understanding employment agreements, each one-hour-long program is now presented on the video communication service Zoom by a volunteer dentist and/or other subject matter expert.

"Dental schools throughout the country are working hard to change their curriculum to a virtual format," said Dr. Sara Stuefen, ADA Success speaker. "The ADA Success program is a perfect fit for this."

Dr. Stuefen recently spoke with students from the University of Pittsburgh School of Dental Medicine on practice management using Zoom. Feeling a little nervous about student engagement through the digital format, she had planned in providing extra content just in case.

"I didn't need it though, the students were engaged," she said. "They asked questions throughout the program. In fact, they were so comfortable with questions via Zoom, we could have used more time."

The ADA Success speaker corps consists primarily of a diverse group of 47 volunteer member dentists from across the country. They typically present the ADA Success programs in their local dental school and dental societies with other subject matter experts, including ADA staff. The speakers aim to provide students with an eye-opening view of what life is like after dental school.

"By relating personal experiences, they bring the issues we face as dentists to light, students then realize that being successful is a process of bringing about a positive resolution to any issue," said Dr. Jeffrey R. Jockers, University of Pittsburgh clinical assistant professor.

The ADA Success programs include:

- Managing Debt and Wealth: Students can learn how to take control of their finances with budgeting and loan repayment information.
- Leadership and Ethics in Dentistry: Students can learn about the ADA Code of Ethics and explore real-life dilemmas.
- Practice Management for All Dentists: Students can learn how to manage their business, staff and patients' expectations for practice success.
- State of the Dental Profession: Students can get acquainted with the forces shaping dental care market and practice environment.
- Understanding Employment Agreements: Students can explore and understand the complexities of employment contracts.
- Finding a Job: Students can learn more about their career options and how to prepare for their first job search.
- Organized Dentistry: You and the ADA: Students can learn about resources available to them and ways to get involved.

Going virtual can help the program extend its reach to more dental students, potentially in all 66 dental schools, said Dr. Emily A. Mattingly, ADA Success speaker and ADA New Dentist Committee chair.

"I think this benefits the future of the program since every year, there are programs that are canceled due to travel issues and illness," said Dr. Mattingly, who also recently spoke with Pitt dental students on employment agreements via Zoom. "Going digital is a great way to continue the program."

The transition to a virtual platform was almost seamless, said Dr. John Syrbu, clinical assistant professor at the University of Iowa College of Dentistry.

"What I realized was that despite missing in-person interactions and all being in the same physical space, some topics and presentations actually lend themselves to an improved experience for the student," he said. "If anything, I've witnessed increased engagement and interaction from students."

Dr. Syrbu encourages other dental schools consider inviting ADA Success speakers.

"Try it if you haven't," he said. "I think many students appreciate when external speakers and real-world practitioners speak with the class. It brings a certain authenticity to the subject matter and can validate topics learned from within the curriculum."

Dr. Mattingly

Dr. Stuefen

The 2019-20 ADA Success Program is made possible through the support of the ADA Members Insurance Plans issued by Great West Financial, ADA Members Retirement Programs administered by Equitable, and Laurel Road.

American Student Dental Association chapters and dental schools, as well as residencies and state and local dental societies, can schedule, host, attend or promote the programs. The ADA Office of Student Affairs administers the program. To learn more, visit ADA.org/successprogram or contact the ADA Office of Student Affairs at studentaffairs@ada.org. ■

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Dental materials research 'icon' dies

Dr. Ray Bowen, who developed Bis-GMA resin, was 'Elvis Presley of the dental world'

BY MARY BETH VERSACI

Those who knew Dr. Rafael "Ray" Bowen describe him as a "legend" who made significant contributions to dental materials research. Dr. Bowen, who retired in 2018 after 62 years at the American Dental Association, has died.

"Ray Bowen has been a fixture in restorative dental materials research for almost 60 years," said Stephen Bayne, Ph.D., emeritus professor at the University of Michigan School of Dentistry, who first met Dr. Bowen as a graduate student and frequently connected with him over the years. "Ray shined in dental materials research in a way different from most."

Dr. Bowen joined the ADA in 1956 after his first published research paper and presentation at an International Association for Dental Research meeting led to his encountering Dr. Robert Nelson of the ADA Research Unit, now part of the ADA Science & Research Institute.

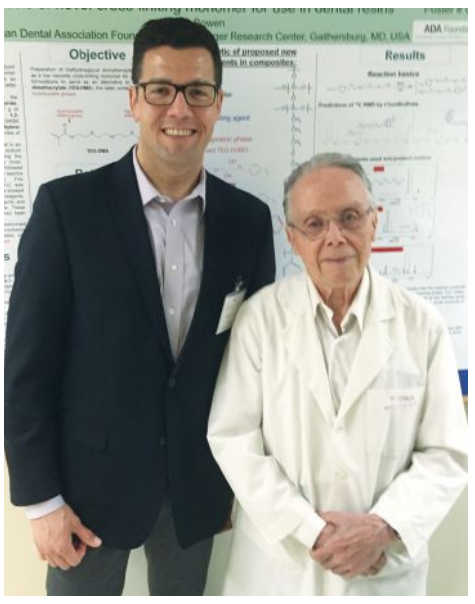
While at the research unit located at the National Bureau of Standards, which later became the National Institute of Standards and Technology, Dr. Bowen developed Bis-GMA, a methacrylate monomer used in most modern composite resin restorative materials. He patented it in 1962, and it has been the most used resin in dental restoration for more than 50 years.

"Ray was one of the few icons in dental research who were well known not only in the U.S. but also globally, especially in Europe and Japan," said Laurence Chow, Ph.D., former chief research scientist at the ADA Science & Research Institute, who joined the ADA Research Unit in 1969. "This invention revolutionized dental restoration techniques, replacing the silicate filling about 50 years ago and more recently the amalgam. Ray was also well known for his work in dentin bonding, from basic understanding of the adhesion science to formulating multistep dentin bonding techniques."

In 1994, Dr. Bowen discussed his development process with the ADA News.

"I tried to make a hybrid material using a commercial epoxy resin as an adhesive binder to glue together powdered particles of silica glass or dental porcelain," he said. "It occurred to me to replace the epoxy group on each end of this same kind of molecule with a methacrylate group. It was known that methacrylate groups polymerize rapidly under oral conditions. I hoped that the rest of the molecule would contribute many of the good properties of epoxies that made them so useful in many industrial applications."

High honor: Dr. Ray Bowen, right, receives the 2014 American Association for Dental Research Distinguished Scientist Award in 2014.



Big meeting: Dr. Marcelo Araujo, Ph.D., ADA Science & Research Institute CEO and ADA chief science officer, visits with Dr. Ray Bowen during his first trip to the National Institute of Standards and Technology after joining the staff of the American Dental Association in 2015.

Dr. Bowen was well known for working on glass-ceramic tooth-colored restoratives, protective coatings for tooth and restoration surfaces, and methods for reducing shrinkage in composite materials, said Diane Bienek, Ph.D., ADA Science & Research Institute director of research operations.

He obtained many patents related to his research, Dr. Bayne said.

"Scientifically, Dr. Bowen is a legend. I used to tease him that he was the Elvis Presley of the dental world," Dr. Bienek said. "Dr. Bowen's scientific legacy will live on, as he inspired generations of scientists to take dental material development into uncharted territories."

Dr. Bowen served as director of the Paffenbarger Research Center, a later iteration of the ADA Research Unit, from 1983 until 1994 and then became the ADA's first distinguished scientist in 1994.

During his time as director, the center was successful in securing National Institute of Dental and Craniofacial Research funding, including a grant for two five-year periods that provided major funding for multiple interdisciplinary projects, Dr. Chow said.

For his contributions to dentistry, Dr. Bowen received numerous recognitions, including the ADA Distinguished Service Award in 1999 and the American Association for Dental Research Distinguished Scientist Award in 2014. A 1953 graduate of the University of Southern California School of Dentistry, he joined the ranks of the school's hall of fame in 1997.

Despite all his career accomplishments, Dr. Bowen maintained an admirable work-life balance, enjoying activities from painting to skydiving to spending time with his wife, Jean, Dr. Bienek said.

"During all of that work, and beyond all of the chemistry persistence of Ray, surfaced the most important values of the man. He was charming, engaging, friendly, witty and always smiling," Dr. Bayne said. "He treated everyone as an equal. He was always a team person. He made you feel important. That special grace is what we will always remember about our many special interactions with Ray." ■

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Find COVID-19 dental regulations by state with ADA interactive map

BY MARY BETH VERSACI

Dentists can find regulations, recommendations and mandates regarding the practice of dentistry in their state during the COVID-19 pandemic on the ADA Center for Professional Success.

The COVID-19 State Mandates and Recommendations webpage features an interactive map that illustrates the various dental regulations by state and includes case totals.

"Our purpose for this map was to provide dentists and dental societies with a one-stop view of how COVID-19 is affecting the dental profession state by state," said April Kates-Ellison, vice president of ADA Member and Client Services. "Much of the guidance was a collaboration with governors' offices, state departments of health, state dental boards and state dental societies."

A state-by-state list further breaks down mandates and recommendations from those entities, as well as licensure updates related to COVID-19.

"With the development of this map and the uncertainty facing graduating seniors, as well as anyone looking to get licensed or maintain licensure, we added licensure status by state," said Dr. Anthony Ziebert, senior vice president of ADA Education and Professional Affairs. "Licensure is a daily evolving issue managed by states, and the map reflects what has been reported by states to the ADA."

The COVID-19 State Mandates and Recommendations webpage is updated regularly Monday-Friday at ADA.org/stateaction. For other COVID-19 resources from the ADA, visit the ADA Coronavirus (COVID-19) Center for Dentists at ADA.org/virus. ■

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ADA advocates that third-party payers modify fee schedules as dentists consider going back to work

Practitioners face rising costs due to increased need for appropriate PPE

BY DAVID BURGER

The ADA is urging third-party payers to alter their fees to account for the increasing cost of personal protective equipment that dentists are using to protect themselves, their staff and patients.

"Third-party benefit programs should either adjust the maximum allowable fees for all procedures or allow a standard fee per date of service per patient to accommodate the rising costs of PPE," according to an ADA statement finalized April 21.

A second ADA statement, also finalized April 21, asks third-party payers to not bundle the fee for temporary procedures performed or extra oral imaging conducted during the pandemic with the payment for the permanent procedure that may be submitted in the future.

"Safety is of utmost importance and all dentists are taking steps to protect patients, staff and themselves. While necessary, new PPE requirements increase the overhead for every dental practice," said Dr. Randall Markarian, chair of the ADA Council on Dental Benefit Programs. "Our Health Policy Institute analysis notes that most offices report less than 5% collections during the weeks of limited service and recovery is anticipated to be slower with depressed patient volume. The anticipated increase in overhead was not included in negotiated fees in place before the pandemic. Together these factors create an environment that may be unsustainable for dental practices. We encourage both fully-insured third-party plans, as well as employers sponsoring self-insured plans, to pay attention to these consequences and support payment for PPE as we all strive to keep our patients and communities healthy."

Dr. Markarian

The first statement continues: "When adjudicating such claims, the ADA believes that it is inappropriate for any third-party benefit program to unfairly place the cost burden on dentists by disallowing or bundling charges for PPE on the pretext that the payment for additional required PPE is included in the payment for any other procedure billed for the visit."

The first statement also includes recommendations for coding and billing for the use of additional PPE.

"Prior to such adjustments taking effect, dental offices may wish to use CDT code 'D1999 - unspecified preventive procedure, by report' to document and report the use and cost of additional PPE," according to the statement. "Dentists can use this code once per patient visit/claim to attempt to cover the cost of PPE. Dentists should develop a standard office policy to document the additional PPE that will be used across all patients. This documentation methodology will justify a standard fee across all patients. Alternatively, dentists may wish to add a note in the patient's record to document the details of PPE uniquely necessary for the visit when charging different fees based on the level of PPE used."

The second ADA statement advocates for similar amendments to fee schedules in an effort to prevent bundling of fees for temporary treatment provided during the period of limited services with the payment for the permanent procedure that may be submitted in the future.

"We anticipate that these patients will be provided more definitive care as dental offices across the country slowly return to regular operations," according to the second statement. "Further, these [third-party payer] programs should not establish arbitrary frequency limits that are not in the best interest of patient's oral and overall health. Such practices can interfere with the doctor-patient relationship."

The statements come in the wake of an April 9 letter from ADA President Chad P. Gehani and ADA Executive Director Kathleen T. O'Loughlin sent to administrators of dental benefit plans that asked them to adjust and adapt reimbursement procedures important to dentists and patients — including coverage for temporary procedures and adjusting fee schedules to account for cost of increasing infection control procedures — in the midst of the "unprecedented and extraordinary circumstances dentists and their patients face" during the pandemic and into the foreseeable future.

To aid dentists who may be reopening their practices when state mandates are lifted, the ADA issued an updated statement and interim guidance April 18 on the personal protective equipment recommended in order to practice during this pandemic and minimize the risk of virus transmission.

"In states that are considering reopening, the ADA believes dentists should exercise professional judgment based on the guidance from the ADA and carefully consider the availability of appropriate PPE to minimize risk of virus transmission," according to the April 18 statement.

For more information, including resources and guidance to help dental practices navigate the pandemic, visit ADA.org/virus. ■

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ADA president: Reopening dental practices needs a team approach

Dr. Chad P. Gehani encourages dentists to communicate with team, address concerns

BY KIMBER SOLANA

As some dental practices begin plans to reopen and provide nonemergency care — as some states reopen following the direction of their state — the Association is urging dentists to have robust communication and engage their dental team members to address any concerns related to returning to work amid the COVID-19 pandemic.

"Good communication is the key to making patients and the dental team comfortable as they return to our offices," said Dr. Chad P. Gehani, ADA president. "Dental team members who are confident that their office is keeping up with all appropriate prevention measures will convey that confidence to patients."

Dr. Gehani's message comes as dental team members, including national leaders with the American Dental Hygienists Association, voice concerns over the potential high risk of transmission of COVID-19 due to the nature of their profession.

"We are aware many states are preparing to reopen the economy, including some dental offices, as early as this week," according to an April 21 ADHA Action Alert encouraging its members to advocate in continuing postponement of elective and nonurgent visits. "We need to unite and ensure our governors step up to support dental hygienists and ensure their access to appropriate [personal protective equipment] should their employer dental offices reopen."

The availability of and access to PPE is of paramount concern, said JoAnn R. Gurelian, RDH, Ph.D., chair of the ADHA Task Force on Return to Work.

"ADHA members are concerned that all dental team members, as well as patients, are safe, given the high-risk situations dental practice settings pose," Dr. Gurelian said. "Particular attention must be paid to aerosol production and ability to maintain social distancing given the varied designs of dental offices. It is important that there is open dialogue among the full dental team and responsiveness to these imminent safety concerns."

"Be candid with all team members. Tell them what you know as fact and what is more speculative. Explain what changes will be made moving forward, and if their job responsibilities will be amended."

Dr. Gehani said dentists and all their team members should meet via video communication and discuss these concerns.

"The ADA has been working hard to create scientifically-based guidelines to help offices as they begin to transition back into fulltime practice," Dr. Gehani said. "The safety of everyone, including patients, dental team members and our families are all equally important."

To help address concerns over safety for dentists, their staff and patients, the ADA's Advisory Task Force on Dental Practice Recovery developed a toolkit to help dentists who choose to return to more normal practice operations as some states reopen.

The Return to Work Interim Guidance Toolkit focuses on the management of dental practices. This include considering implementing a soft launch for their practices with their dental teams, and the discussion and practice of new strategies before welcoming patients. The toolkit also includes interim guidance on the personal protective equipment recommended to practice during the COVID-19 pandemic and minimize the risk of virus transmission. It will be updated as more information becomes available.

Some state associations are also taking the dental team into consideration as they consider a path forward. The California Dental Association has assembled a COVID-19 Clinical Care Workgroup, co-led by the California State dental director, to develop the resources and guidance California dentists need as they prepare to provide more essential dental care during the pandemic. The CDA workgroup is comprised of a diverse array of dental specialties and includes leaders from both the California Dental Hygienists' Association and the California Dental Assistants' Association. CDA believes representation from all parts of the dental team is integral to ensure the development of comprehensive clinical guidance.

"Team members must feel comfortable that sensible precautions are being taken in the dental office, and they must be comfortable explaining to patients what is being done on their behalf," Dr. Gehani said. "This crisis underscores how every member of the dental team is important and must be respected for their unique roles."

Dr. Gehani, who practices near the epicenter of the COVID-19 crisis in New York, said he and his wife, Dr. Rekha Gehani, have met virtually with their dental team members regularly to listen to their suggestions and concerns.

"Be candid with all team members," Dr. Gehani said. "Tell them what you know as fact and what is more speculative. Explain what changes will be made moving forward, and if their job responsibilities will be amended."

It's important, Dr. Gehani added, to allow staff members address their individual concerns and give them due concern.

"Assure them as best as you can that you are committed to the practice and to your team," he said. "A dental practice is not an address. It is a team of dedicated professionals with shared goals, working to make lives better." ■

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American College of Emergency Physicians endorses Association's antibiotics guideline

BY MARY BETH VERSACI

The American College of Emergency Physicians has endorsed the American Dental Association's clinical practice guideline on the use of antibiotics for the management of pulpal- and periapical-related pain and swelling.

The guideline advises against using antibiotics to manage most dental pain and intraoral swelling associated with pulpal and periapical infections and instead recommends only the use of dental treatment and, if needed, over-the-counter pain relievers, such as acetaminophen or ibuprofen.

The American College of Emergency Physicians sent ADA President Chad P. Gehani a letter April 14, letting him know of the endorsement. This is the first time an external dental or medical group has endorsed an ADA guideline.

"Dentists are estimated to be the third-highest prescribing group for antibiotics in the U.S., and many of these prescriptions may be suboptimal. Furthermore, up to 2 million emergency room visits are associated with dental emergencies every year," said Dr. Mia Geisinger, chair of the ADA Council on Scientific Affairs. "We look forward to engaging our emergency medicine colleagues to create referral systems for dental treatment in response to pulpal and periapical pain and swelling and cohesive standards for antibiotic prescribing to decrease risks associated with inappropriate antibiotic prescriptions."

"Evidence-Based Clinical Practice Guideline on Antibiotic Use for the Urgent Management of Pulpal- and Periapical-Related Dental Pain and Intraoral Swelling: A Report from the American Dental Association" was published in the November 2019 issue of The Journal of the American Dental Association.

The Journal of the American College of Emergency Physicians also will publish a piece featuring the guideline's recommendations. ■

Testing

Continued from Page 10

the disease, which can include diagnostic tests. The FDA sees the public health value in expanding the availability of COVID-19 testing through safe and accurate tests that may include home collection, and we are actively working with test developers on this goal."

More than 100 companies have requested and received the FDA-developed Emergency Use Authorization template for diagnostics for this outbreak, the FDA said.

Currently, according to the FDA, testing for COVID-19 typically entails collecting a sample from the nose and/or throat with a special swab at a designated collection location staffed by health care professionals.

"A health care professional swabbing the back of the nasal cavity through the nostril is the preferred choice," the guidance said. Alternatively, the health care professional could swab the back of the throat, or for patients with symptoms of COVID-19, the sample could be collected by swabbing the inside of the front of the nose. "Depending on, among other things, the type of swab used, a health care professional may collect the sample, or you may be able to collect the sample yourself at the collection site under the supervision of health care personnel."

A different type of testing — which typically identifies specific antibodies through a pin prick and testing strip — are the antibody tests which determine if someone was previously infected.

Antigens are proteins that are found on the surface of the pathogen, according to the National Institutes of Health. Antigens are unique to that pathogen. When an antigen enters the body, the immune system produces antibodies against it. Lymphocytes, a type of white blood cell, recognize the virus antigen as being foreign and then produce antibodies that are specific to that antigen. Once the invading pathogen has been destroyed, the immune response usually winds down.

Further guidance from the ADA in regards to the pandemic is available at ADA.org/virus. ■

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Meeting

Continued from Page 1

"Practices across the country are overwhelmed with questions and the unknown. And just like you, we don't know what's to come," the ADA FDC 2020 team said in an email to members. "What we do know is that together with our member dentists we will come out of this stronger and even more dedicated to advancing oral health."

For the latest ADA FDC 2020 updates, visit ADA.org/meeting or email questions to annualmeeting@ada.org.

The ADA's COVID-19 resources are available at ADA.org/virus. ■

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Toolkit

Continued from Page 1

Norbo said. "This document is intended to augment current infection control practices to address the COVID-19 virus on an interim basis."

To help protect their office staff, dentists may consider implementing a soft launch for their practices, where they discuss the new strategies and practice them before welcoming patients, the ADA advises.

The toolkit also includes interim guidance previously released by the ADA on the personal protective equipment recommended to practice during the COVID-19 pandemic and minimize the risk of virus transmission, as well as a chart that highlights the characteristics of several common types of masks and their appropriate uses.

The task force is comprised of practicing dentists with support from ADA experts in science, practice, law, regulation and other key areas.

"The support of the ADA staff was invaluable in the development of the toolkit," Dr. Liddell said.

The toolkit is available at pages.ADA.org/return-to-work-toolkit-american-dental-association. For other COVID-19 resources from the ADA, visit ADA.org/virus. The ADA will continue to update its guidance as more information becomes available about COVID-19. ■

—versacim@ada.org

Message

Continued from Page 1

When the pandemic is long behind us, "flatten the curve" is a phrase we are likely to remember — as in, mitigating the spread of COVID-19 through social distancing and other measures to keep too many people from getting sick at one time, lest the surge of patients place a deleterious burden on hospital resources.

The postponement of non-emergency dental treatment has helped to conserve necessary PPE for our medical colleagues caring for patients with a new, highly contagious disease.

The ADA's recommendation also sought to reduce the number of patients going to emergency rooms with severe dental pain, which would further tax hospital resources. There are 2 million of these types of visits each year.

For dentistry's part, the ADA aimed to ensure that patients who needed urgent or emergency care during the pandemic wouldn't go without it.

Yet, to say that it's been a difficult time for dentists is to describe the circumstances mildly.

Certainly, we recognize the plight of our communities and our medical colleagues. But it's natural to ask, "What about us? What about me?"

Perhaps you closed your office in agreement with the ADA's recommendation. Or maybe you closed it begrudgingly. Maybe you did not close it at all. Your anxieties may have been flaring with these concerns: Will my practice survive this closure? When can I go back to work?

How will my staff and I get back on our feet? Will my patients come back? How far has this set me back on my student loans? My practice loans? The household bills? My retirement plans?

I hear the tremor in your voices when you call me. I read the anguish between the lines of the letters you write. You want to know what your Association is doing for you.

Sure, I can point you to the ADA's resources, digital events, and ongoing communications.

I can tell you that the ADA has been lobbying on your behalf on Capitol Hill. I can tell you that ADA leaders and staff have been working long hours and giving their best to help dentists through their challenges.

But in these times, our organization is ultimately beholden to something greater: an implicit human contract to look out for you in times of need and to help you do good and do well.

We are upholding this commitment as dentists look ahead to a recovery phase.

On March 19, California was the first to issue a statewide stay-at-home order in an effort to slow the spread of COVID-19, and most U.S. states soon followed suit. In recent weeks, the curve has begun to flatten in the crisis's initial hotspots, and decreases in confirmed infections and COVID-related deaths have signaled that in the absence of a playbook, some of the right moves have been made.

National, state, and local governments have started to assess what it would take to reopen our communities. With this, many Americans — including dentists — are ready to go back to work.

Although the ADA extended its postponement recommendation to April 30, we recognized that some cities and states may move to re-open earlier. Government mandates supersede the ADA's recommendations, and dental offices may soon return to normal operations.

Even the use of the word "normal" bears some debate in light of a novel, potentially lethal disease for which there is no vaccine, reliable treatment or proven prophylactic.

This will not be a return to business as usual as it existed two or three months ago. We will be entering a very different world than the one we left behind in March. Dentists need to prepare themselves for the new world and protect themselves (along with patients and staff) while working within it.

The ADA has its eye on dentistry's post-pandemic future. We want to help dentists rebuild and return prudently to caring for patients in this new normal.

The newly appointed Task Force on Dental Practice Recovery, which is comprised of practicing dentists and informed by the counsel of ADA team experts, is charged with overseeing the Association's efforts in the area. To date, the group's work has yielded interim guidelines on PPE (issued by the ADA on April 18), particularly masks and face shields. The guidelines are among the many practical resources in a newly developed Return to Work Interim Guidance Toolkit.

Even the use of the word "normal" bears some debate in light of a novel, potentially lethal disease for which there is no vaccine, reliable treatment or proven prophylactic.

In light of PPE shortages around the country (and the utter necessity of PPE for adequate infection control in dental practice), the task force and Association staff are also connecting with manufacturers and suppliers to help increase dentists' access to PPE.

The ADA has also petitioned the U.S. Department of Health and Human Services asking for federal guidance that enables dentists to administer point-of-care COVID-19 tests in their offices, given that many people who are infected with the disease may be asymptomatic.

There is much, much more to come. But the journey to recovery, just as with our current crisis, will be a fluid one — many unknowns remain about the novel coronavirus and the disease it causes. However, one outcome of crisis is creation.

After the 1918 flu pandemic and during the HIV/AIDS crisis decades ago, our profession improved its technologies and infection controls. In the face of this 21st century challenge, we can be assured by our track record.

There's no telling just how long the long run will be. For now, we are doing the best we know to do, and as we learn more, we will adapt.

There may be no playbook for a pandemic, but the ADA has not been without strategy.

As you think through the whens, whys, and hows of your existing challenges and future plans, the American Dental Association is also thinking of you.

I'll leave with you a message I recently shared with ADA volunteers: Our community is in it together as we navigate these trying times.

As dental practices reopen their doors and our colleagues get back on their feet, we will be in it together still. ■

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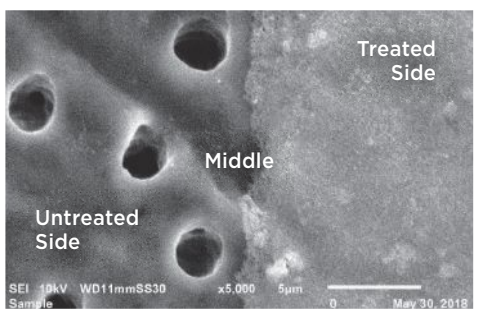

Comparison of untreated Dentinal tubules (left), with tubules that have been covered with a dense layer of Predicta® Bioactive Desensitizer (right).[1] Image courtesy of University of Washington School of Dentistry.

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1 Data on file.

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