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## ADA News - 06/01/2020

American Dental Association, Publishing Division

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**New dentists**  
Crest + Oral-B provide  
\$250,000 in support

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**Fluoridation**  
Webinar series starts in  
July

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**Decoding Dental  
Benefits**  
Dentists gradually doing  
business electronically

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# ADA News

AMERICAN DENTAL ASSOCIATION ADA.ORG/ADANEWS

JUNE 1, 2020

VOLUME 51 NO.11



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## BRIEFS

**JADA reprint collection offers opportunities for further dentist-patient interaction**

The ADA Foundation is sponsoring a new reprint collection comprising 21 "For the Patient" pages previously published in The Journal of the American Dental Association.

The "For the Patient" pages are written for patients to educate themselves



about oral health topics related to proper care, diseases and the impact of lifestyle habits.

The ADA is mailing the reprint collection to all members who receive JADA, and its online component launched May 22.

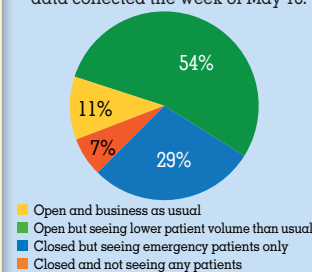
"The ADA Foundation takes great pleasure in

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## JUST THE FACTS

### Dental practices reopening

With more states reopening, more than half of dental practices are open but seeing lower patient volumes than usual. Also, 1 in 10 practices are back to "business as usual," according to data collected the week of May 18.



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

## ADA priorities included in new HEROES Act

BY JENNIFER GARVIN

Washington — U.S. House Speaker Nancy Pelosi, D-Calif., unveiled a new legislative proposal May 12 that contains a number of provisions the ADA has lobbied for during the COVID-19 pandemic.

HR 6800, the Health and Economic Recovery Omnibus Emergency Solutions Act, or HEROES Act, was introduced by Rep. Nita Lowey, D-N.Y. According to multiple news reports, Senate Majority Leader Mitch McConnell, R-Ky., has said there is "no urgency to act"

**INSIDE**  
Coverage of  
Paycheck Protection  
Program, Page 6

and the Senate will consider other legislative options instead.

Provisions the ADA has advocated for are:

- Providing flexibility for the Paycheck Protection Program by extending the loan forgiveness time frame from eight weeks to 24 weeks.
- Reversing IRS guidance that

would not allow entities to deduct expenses paid for with Paycheck Protection Program loan funds.

- Improving the domestic production of personal protective equipment and partnering with industry to refresh and replenish existing stocks of medical supplies.

- Allowing 501(c)(6) nonprofits, such as state and local dental societies, to apply for Paycheck Protection Program loans.

The ADA also supports the following provisions that the Association believes could benefit dentists

and dental practices:

- Eliminating the 75/25 mandate for Paycheck Protection Program funds to pay for payroll versus operating costs.
- Allowing entities to take advantage of both the Paycheck Protection Program and Employee Retention Tax Credit.
- Appropriating an additional \$10 billion for Emergency Injury Disaster Loan grants.
- Extending forbearance for

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## Reopening during a pandemic

### Nebraska dentist shares experience after COVID-19 spurred closure

BY DAVID BURGER

Hastings, Neb. — Pediatric dentist Dr. Jessica Meeske and her family were on their way to a basketball tournament when she found out about her state's stay-at-home order that would force her to close her thriving practice on March 17.

"My daughter was a college senior at Hastings College and they were having the season of their life," Dr. Meeske said. "Within a few hours from playing their first game, the whole event was canceled. It was a tough way to end the season as a No. 1 seed in their bracket."

Dentists from across the nation have suffered and endured and tried to live and work in a new normal. She is someone who has been able to open successfully — she was back in business the morning of May 4.

Dr. Meeske, vice chair of the ADA Council on Advocacy for Access and Prevention, has a message for those who are reopening practices as their states lift mandates and embarking on the long and winding road to recovery.

"My advice is not to practice in fear," she said. "Patients need dental care and we have the responsibility



**Precautions:** Dr. Jessica Meeske checks in two young patients at her Nebraska dental practice after she reopened in May. Their mother is a nurse at a hospital working in the COVID-19 unit.

## ADA recovery task force releases hazard assessment guide, checklist

BY KIMBER SOLANA

The ADA Advisory Task Force on Dental Practice Recovery released May 26 a hazard assessment guide and checklist for dental settings as part of an effort to enable dentists to provide care in a safe and healthy work environment.

With a goal of reducing the risk of COVID-19 spread to dental team employees and their patients, the hazard assessment reflects recommendations by the Occupational Safety and Health Administration's Hazard Identification and Assessment, one of the elements in its Recommended Practices for Safety and Health Programs.

"Safety, as you know, has always been of utmost concern for our profession," said Dr. Chad P. Gehani, ADA president, in an Issues Alert. "But safety in a time of COVID-19 requires dentists to go the extra mile in protecting patients and staff. So the ADA is going the extra mile for you."

The assessment involves several action items dentists should

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# Crest + Oral-B provide \$250,000 to support ADA new dentists

## Grant to create programs that help dental teams recovering from COVID-19

BY KIMBER SOLANA

The Association announced May 15 it received a \$250,000 grant from Crest + Oral-B emphasizing their shared commitment in supporting new dentist members and their dental teams recovering from the COVID-19 pandemic.

“As part of our overall effort to help all dentists prudently return to work, the ADA is developing programs and resources specifically for new dentists and their teams,” said ADA President Chad P. Gehani.

“We are thankful for Crest + Oral-B’s gen-

**“New dentists and their teams are particularly susceptible during these difficult times.”**

erous support of our commitment to helping dentists more recent to the profession rebuild their practices and careers in this new world.”

While COVID-19 has greatly affected dentists in all career stages, new dentists are

unique since they are at the beginning of their careers and many carry large student debt, according to the Association. As practice owners, they often lack the resources that more es-



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tablished dentists may have been able to accumulate over the years, and as associates or employee dentists, they may not be receiving income or able to directly influence compensation for their teams.

“For the last several weeks, many dentists have focused only on emergency and urgent treatment in response to the COVID-19 crisis,” said Dr. Gehani.

“Now, as some states begin to lift their stay-at-home orders, dentists are beginning to reopen their practices for full-service care. New dentists, however, may have a more difficult time getting back on their feet and serving their patients due to the financial challenges presented by the pandemic.”

According to the ADA Health Policy Institute polling in late April, new dentists were more likely to have financial disadvantages directly related to COVID-19. New dentists were less likely to receive full pay (9.3%) than established dentists (13.5%), and were more likely to have had their Small Business Administration’s Payment Protection Program loan denied (18.9%) than established dentists (14.3%).

**“We are thankful for Crest + Oral-B’s generous support of our commitment to helping dentists more recent to the profession rebuild their practices and careers in this new world.”**

The grant from Crest + Oral-B will help the Association develop programs and resources to help new dentists get their careers back on track to continue serving all patients amid the COVID-19 pandemic. The program will be developed collaboratively with dentists, including the New Dentist Committee, to address the unique challenges new dentists and their teams are facing in light of the pandemic.

The grant is part of Crest + Oral-B parent company Procter & Gamble’s larger effort to support the dental community amid the COVID-19 pandemic. “New dentists and their teams are particularly susceptible to economic hardship during these difficult times,” said Dr. Stephanie Gans, North America professional and scientific relations manager for P&G professional oral health.

“Our hope is that our grant to the New Dentist Program will help provide the resources needed to help dental professionals overcome the current obstacles posed by COVID-19 and flourish as oral health care providers.” ■

—solanak@ada.org

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## Dr. Gehani named honorary member of Hispanic Dental Association

BY MATT CAREY

The Hispanic Dental Association announced May 2 that ADA President Chad P. Gehani was named an honorary member of the Hispanic Dental Association.

“Thank you for joining the HDA in many of our national events over the past years, and for being a longtime collaborator of our sisters and brothers in New York,” said Edwin A. del Valle-Sepulveda, president of the Hispanic Dental Association. “The New York Chapter of the Hispanic Dental Association and the Colegio Dominicano de Odontólogos distinguished you during the 2019 International Dental Congress in Santo Domingo, Dominican Republic, in October. Now is the

“Thank you for joining the HDA in many of our national events over the past years, and for being a longtime collaborator of our sisters and brothers in New York.”

national Hispanic Dental Association’s turn.”

The Hispanic Dental Association is celebrating its 30th anniversary in 2020.

For more information on the HPA, visit [hdassoc.org](http://hdassoc.org). ■

—careym@ada.org



**Admiration:** The Hispanic Dental Association named ADA President Chad P. Gehani as an honorary member on May 2.



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# Products marketed to sanitize, reduce dental aerosols may lack research to support efficacy

Pandemic may lead dentists to consider buying air filters, UVC lights, suction devices

BY MARY BETH VERSACI

Dentists returning to work during the COVID-19 pandemic may be thinking about purchasing items to help sanitize or reduce dental aerosols, but many products currently lack research demonstrating they are effective.

For instance, information is limited on how best to manage air flow and filtration in dental settings to mitigate risk.

“All we can say is that air flow control can help play a role, and even for that, we don’t have any concrete evidence,” said Dr. Purnima Kumar, Ph.D., professor of periodontology at The Ohio State University, who participated in an American Dental Association webinar on aerosol and the transmission of coronavirus. “We only have evidence from medicine, where infectious disease units and isolation rooms have air flow controls based on principles of laminar flow. That’s all the evidence we have right now, so everything else at this point is conjecture.”

The Centers for Disease Control and Prevention suggests dentists consider using a portable air filter that meets the high-efficiency particulate air standard while performing aerosol-generating procedures and immediately afterwards. In its Interim Infection Prevention and Control Guidance for Dental Settings During the COVID-19 Response, updated May 19, the CDC states using a filter will reduce the particle count in the room, including droplets, as well as the air turnover time provided by the building HVAC system alone.

There are additional factors dentists need to consider when using air filters, however. These include the direction of the air flow in their operatories and the capacity of the filters, Dr. Kumar told the ADA News.



Ideally, air would flow from a vent behind the head of the patient, where aerosols are produced, down to a filter at the patient’s feet, with dentists and their staff on either side of the patient so they don’t come between the aerosol and the filter, she said. That is easier said than done, however, because in some operatories, air may be flowing from a vent on the ceiling or from other sources, such as windows.

Also, while some practices may have portable filters dentists can place in different parts of the operator, others may have filters that are part of their ventilation system. Comparing the two is hard to do because both come with their own specifications, Dr. Kumar said. While portable filters allow dentists to control their placement, their capacity may not be as large as the ones that are built into the ventilation system.

“It’s doing the math of your room size versus the system capacity,” she said.

Regarding how effective they are at trapping the coronavirus, filters that meet the high-efficiency particulate air standard have a 95% chance of trapping particles that are 0.3 microns or greater, Dr. Kumar said. The virus is 0.06 to 0.14 microns in size, but as long as

it is traveling on a large enough particle in the aerosol, it would be caught by the filter.

Another array of products dentists may be considering to help sanitize the air in their practices are ultraviolet lights with wavelengths between 200 and 280 nanometers, known as UVC lights. The CDC states dentists may consider using upper-room ultraviolet germicidal irradiation as an adjunct to higher ventilation and air cleaning rates.

While UVC lights are germicidal, many factors can impact their effectiveness, including the amount of organic matter in the air, the intensity and wavelength of the light, the type of suspension generated by the procedure that is performed, the ambient temperature in the room, the microorganism to be killed, the distance between the light and target and the cleanliness of the light tube, Dr. Kumar said during the ADA webinar.

Safety is another consideration.

“There are still questions regarding what is a safe wavelength for human exposure,” she told the ADA News.

When it comes to suction devices, the ADA states in its Return to Work Interim Guidance

Toolkit that dentists should use high-velocity evacuation whenever possible. Dr. Kumar also advises that dentists reduce aerosols at the source, but information about potential issues or best practices when using high-volume evacuators and extra-oral vacuum aspirators is limited.

“The work to generate the evidence has not been done, so those would be entirely reliant on what the manufacturers have done for product safety and product efficacy,” she said. “Yes, we know that high-volume evacuators can reduce aerosols by anything up to 93% and they have to be close to the instrument source, and that’s all we know at this point.”

When using suction devices, dentists should hold high-volume evacuators about 2-5 inches from the instrument being used in the procedure and place extra-oral vacuum aspirators 6-12 inches from the patient, Dr. Kumar said during the webinar.

Suction devices also require regular maintenance, she told the ADA News.

“Everyday cleaning, routine maintenance after each procedure is important,” Dr. Kumar said. “The tubing has to be clear, and the filters have to be clear.”

Overall, research on dental aerosols is lacking. No studies have identified viruses in dental aerosols because researchers weren’t looking for them, she said during the webinar.

“When we look at dental aerosols, at this point, there’s nothing that we can nail down and say that this virus or salivary organisms spread through dental aerosols, but again, absence of evidence is not evidence of absence, and therefore, use precautionary prevention protocols,” Dr. Kumar said.

For all of the ADA’s resources on COVID-19, visit [ADA.org/virus](http://ADA.org/virus). ■

## FDA removes Emergency Use Authorization for some KN95 masks

BY MARY BETH VERSACI

The U.S. Food and Drug Administration has removed its Emergency Use Authorization for several KN95 masks, which are made in China, after they failed to meet a minimum particulate filtration efficiency of 95% in National Institute for Occupational Safety and Health testing.

During a public health emergency, the FDA can authorize the use of medical products that have not gone through the regular approval process, as well as the off-label use of medical products that previously were approved for other uses. The FDA can grant Emergency Use Authorization for devices or medications used to diagnose, treat or prevent serious or life-threatening diseases when certain criteria are met, including that there are no adequate, approved and available alternatives, according to its website.

In response to continued mask shortages, the FDA issued an Emergency Use Authorization on April 3 for several makes and models of KN95 masks, making them eligible for use as respirators if they met the necessary criteria. However, the agency revised and reissued the authorization on May 7 because of concerns about the authenticity of masks that were approved for use based on test reports submitted to the FDA by the manufac-

turer or importer of the masks.

Some KN95 masks that initially were authorized failed subsequent National Institute for Occupational Safety and Health testing and cannot be relied upon as respirators. These include masks manufactured by CTT Co. Ltd., Daddybaby Co. Ltd., Dongguan Xianda Medical Equipment Co. Ltd., Guangdong Fei Fan Mstar Technology Ltd., Guangdong Nuokang Medical Technology Co. Ltd., Huizhou Huinuo Technology Co. Ltd. and Lanshan Shendun Technology Co.

The remaining KN95 masks that demonstrated at least 95% filtration efficiency remain authorized for emergency use as respirators.

For a list of PPE authorized for emergency use by the FDA, go to [fda.gov/medical-devices/emergency-situations-medical-devices/emergency-use-authorizations#covid19ppe](http://fda.gov/medical-devices/emergency-situations-medical-devices/emergency-use-authorizations#covid19ppe).

To learn more about factors to consider when purchasing masks from another country, visit [cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/international-respirator-purchase.html](http://cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/international-respirator-purchase.html).

The Centers for Disease Control and Prevention also has a form to request that an international mask be tested at [cdc.gov/niosh/npptl/respirators/testing/NonNIOSH.html](http://cdc.gov/niosh/npptl/respirators/testing/NonNIOSH.html). ■

## HEROES

*Continued from Page 1*

federal student borrowers through September 2021 and also applying that forbearance to private loan borrowers.

- Providing as much as \$10,000 in debt relief for borrowers of federal and private student loans.

- Establishing a loan repayment program to enhance recruitment and retention of the state, local, tribal and territorial public health department workforce.

- Granting temporary extension of 100% Federal Medical Assistance Percentage to Indian health providers. It also clarifies that services received through urban Indian providers are matched at 100% Federal Medical Assistance Percentage through June 30, 2021.

- Authorizing \$6 billion for public health departments to expand workforce and improve laboratory systems, health information systems, disease surveillance, and contact tracing capacity to account for the unprecedented spread of COVID-19.

- Granting Indian Health Service and other tribal health organizations the same direct access states have to the Strategic National Stockpile.

- Appropriating an additional \$7.6 billion to support expanded health care services for underserved populations, including Community Health Centers and Ryan White HIV/

AIDS clinics.

- Appropriating an additional \$4.7 billion to expand COVID-19-related research on the NIH campus and at academic institutions across the country and to support the shutdown and startup costs of biomedical research laboratories nationwide.

- Appropriating an additional \$175 billion for the Public Health and Social Services Emergency Fund to reimburse for health care-related expenses or lost revenue attributable to the coronavirus, as well as to support testing and contact tracing to effectively monitor and suppress COVID-19.

- Appropriating an additional \$2 billion to Centers for Disease Control and Prevention to support federal, state, local, territorial and tribal public health agencies to prevent, prepare for and respond to the coronavirus.

The HEROES Act also contains a section calling for pandemic premium pay for essential workers, including those providing dental care.

Employers that “apply for and receive grants will pay essential workers \$13 per hour premium pay on top of regular wages.” The bill states that essential workers making less than \$200,000 are eligible for up to \$10,000 for work performed from Jan. 27, 2020, until 60 days after the last day of the COVID-19 Public Health Emergency.

Those making more than \$200,000 will be eligible for up to \$5,000. ■

—[garvinj@ada.org](mailto:garvinj@ada.org)

# ADA issues more detailed guidance as dental practices resume operations

Recommendations include changes before, during, after patients' appointments

BY KIMBER SOLANA

The Association announced May 21 it is offering more detailed guidance to dentists as dental practices resume operations around the country amid the COVID-19 pandemic.

These recommendations in the Return to Work Interim Guidance Toolkit outline actions dentists and their dental team can do before, during and after dental appointments, as part of an effort to ensure the safety of staff and patients.

"The ADA's interim guidance, released in April, builds upon the already strong infection control protocols in place in dental offices and calls for the highest level of [personal protective equipment] available — masks, goggles and face shield — to help protect patients and the dental team when reengaging in providing the full range of oral health care," according to the ADA statement.

Office staff procedural changes and office set-up suggestions include:

**Before dental appointments**

- Dental office staff may call patients and ask questions about their current health status. They may repeat these questions when patients arrive to make sure nothing has changed.

- Patients may have their temperature taken prior to any procedure.

- Patients may be asked to bring and wear their own masks upon arrival at the dental office, particularly in states or cities that mandate the wearing of masks in public.

- Patients may be asked to limit the number of people they bring to the appointment.

**During dental appointments**

- Patients may be asked to wait outside until the dental team is ready to see them.

- Inside the office, toys and magazines may be removed.

- The office may have hand sanitizer available for patient use.

- Dental staff may wipe down items patients touch, such as pens, clipboards and furniture.

- The computer keyboard in the dental operator may have a disposable cover so it can be cleaned between patients.

- The dentist and team members may be using different PPE than they've used at previous appointments.

**After dental appointments**

- Staff will thoroughly clean the areas where patients have been, using disinfectants that are effective against the virus that causes COVID-19.

The interim guidance also suggests ways to reduce aerosols. These include hand scaling when cleaning teeth rather than using an ultrasonic device; using high velocity suction whenever possible; and using rubber dental dams whenever possible.

"The safety of patients and the dental team has been and always will be the American Dental Association's foremost concern," according to the Issues Alert about the toolkit. "Guided by the best-available scientific evidence, the ADA will continue to provide recommendations for the health and safety of patients and dental professionals."

The Association, on March 16, had been among the first national professional health associations to recommend postponement of all but urgent or emergency procedures. That recommendation was intended to help

mitigate the spread of the virus that causes COVID-19, conserve PPE for medical frontline colleagues and avoid the need for patients requiring emergency dental treatment to go to overburdened hospital emergency departments.

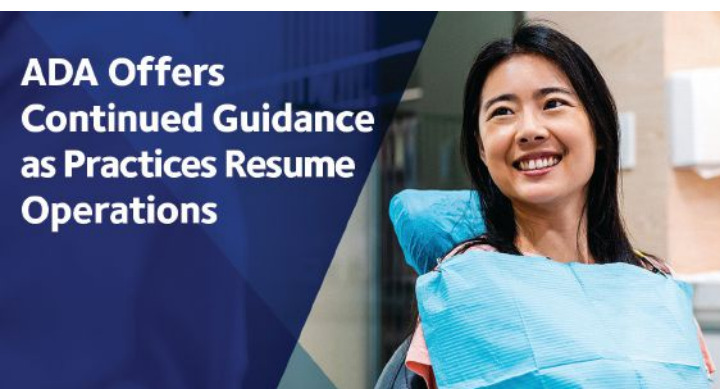
The ADA's March 16 recommended limitation on practice expired on April 30 and was not extended.

Since then, the Federal Emergency Management Agency has elevated dentistry on the FEMA PPE priority list and dental practices began reopening in states where government mandates began to lift.

In addition to the interim guidelines, the ADA has released a COVID-19 Hazard As-

essment and accompanying checklist to aid dentists in assessing virus transmission risks in their practices. According to the Issues Alert, the interim guidance, assessment guide and checklist will be shared with the Centers for Disease Control and Prevention and the Occupational Safety and Health Administration.

To access the hazard assessment, visit ADA.



**ADA Offers Continued Guidance as Practices Resume Operations**

org/HazardAssessment. To access the checklist, visit ADA.org/HazardChecklist. ■

—solanak@ada.org

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## GOVERNMENT

# ADA supports Paycheck Protection Program reform, asks for additional flexibility

BY JENNIFER GARVIN

Washington — The ADA is supporting new legislation to increase flexibility in the Paycheck Protection Program but continues to advocate for further changes to the program to help dentists who have received these loans.

In a May 22 letter to Reps. Chip Roy, R-Texas, and Dean Phillips, D-Minn., ADA President Chad P. Gehani and Executive Director Kathleen T. O’Loughlin thanked the lawmakers for introducing HR 6886, the Paycheck Protection Program Flexibility Act.

If enacted, HR 6886 would provide flexibility for Paycheck Protection Program loans, including granting additional time for the forgiveness period beyond the current eight-week limitation and flexibility on the 75/25 payroll vs. operating costs that the Department of the Treasury and the Small Business Administration determined in the agencies’ rule making. The ADA also supports the bill’s plan to defer payroll tax and introduce protections for employers who make “good faith efforts” to rehire employees.



“Given the fact that most dental practices are small businesses, access to small business loan programs through the Small Business Administration are a lifeline for our practice owners and their staff,” Drs. Gehani and O’Loughlin wrote.

“Although many of our members have taken advantage of Paycheck Protection Program

loans, the lack of flexibility for these loans left many of our members uncertain about how to use the funds so that they could maintain their businesses but still receive full loan forgiveness. Many of our members applied for and received funds before they were even able to open due to state or local restrictions on non-emergency procedures,” they continued, adding that “only about 30% of dental practices have reopened” as of May 4 and are currently seeing only 28% of their patients, according to the ADA Health Policy Institute.

The ADA also asked the legislators to include additional provisions to the Paycheck Protection Program Flexibility Act or in future legislation; chiefly, the addition of a tax credit or grant for businesses that received their Paycheck Protection Program loans early in the process and have made every effort to follow the rules — even without full guidance from the agencies — to achieve full loan forgiveness.

“Many dental offices hired their employees back even before they were allowed to reopen in order to comply with the intent of the CARES

Act and the Paycheck Protection Program loan program,” Drs. Gehani and O’Loughlin wrote. “Those entities should be given additional compensation since they will likely not be able to take full advantage of the flexibility.”

The ADA also said that the Association and other stakeholders will continue to advocate for allowing 501(c)(6) organizations to apply for Paycheck Protection Program loans or other small business loan programs, and to allow the funds to be used to pay for the additional personal protective equipment that dental offices now require to protect dentists, their employees and their patients.

“We are supportive of the legislation and urge you to consider the additional flexibility we have highlighted in order to ensure that Paycheck Protection Program loans provide the best possible support for non-profits, dental practices and all small businesses nationwide,” the letter concluded.

Follow all of the ADA’s COVID-19 advocacy efforts at [ADA.org/COVID19Advocacy](https://ada.org/COVID19Advocacy). ■  
—[garvinj@ada.org](mailto:garvinj@ada.org)

## Paycheck Protection Program Loan Forgiveness Application now available

BY JENNIFER GARVIN

Washington — The Small Business Administration and U.S. Department of the Treasury released the Paycheck Protection Program Loan Forgiveness Application on May 15.

The Paycheck Protection Program is a loan established by the Coronavirus Aid, Relief, and Economic Security Act to provide a direct incentive for small businesses to keep or rehire their workers.

According to the Treasury, the loan will be forgiven as long as:

- The loan proceeds are used to cover payroll costs, and most mortgage interest, rent and utility costs over the eight-week period.
- Employee and compensation levels are maintained.

According to the Small Business Administration, the application form for forgiveness contains several measures to reduce compliance burdens and simplify the process, including:

- Options for borrowers to calculate payroll costs using an “alternative payroll covered period” that aligns with their regular payroll cycles.
- Flexibility to include eligible payroll and nonpayroll expenses paid or incurred during the eight-week period after receiving the loan.
- Step-by-step instructions on how to

perform the calculations required by the CARES Act to confirm eligibility for loan forgiveness.

- “Borrower-friendly implementation of statutory exemptions” from loan forgiveness reduction based on rehiring by June 30.
- A new exemption from the loan forgiveness reduction for borrowers who have made a good-faith, written offer to rehire workers that was declined.

The Small Business Administration said May 15 it also plans to issue regulations and guidance to further assist borrowers and lenders.

As Congress works on the next COVID-19 relief package, the ADA is urging Congress to increase the flexibility within the Paycheck Protection Program, including modifying the loan forgiveness provision to help small businesses make more appropriate decisions about staffing and payroll based on when they plan to fully reopen. The ADA and Organized Dentistry Coalition are also asking Congress to allow the loan funds to be used for purchasing additional personal protective equipment as well as for tax credits to be provided for personal protective equipment.

Follow all of the ADA’s advocacy efforts at [ADA.org/COVID19Advocacy](https://ada.org/COVID19Advocacy). ■

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## Coalition asks Congress, agencies to overhaul Paycheck Protection Program



BY JENNIFER GARVIN

Washington — The ADA and more than 100 stakeholders are urging Congress to overhaul the Paycheck Protection Program to help align the program with states’ reopening and ensure more small businesses remain in operation.

In a May 20 letter to leaders in the House, Senate, U.S. Department of Treasury and Small Business Administration, the coalition — led by the U.S. Chamber of Commerce — said it was grateful for Congress and the agencies’ efforts in creating and implementing the Paycheck Protection Program. The Paycheck Protection Program is a loan established by the Coronavirus Aid, Relief, and Economic Security Act to provide a direct incentive for small businesses to keep or rehire their workers.

The groups pointed out the current rules were designed when lawmakers anticipated that stay-at-home orders would last only a few weeks, and said “the current environment is making it harder for small businesses to survive” and noted that small businesses that close permanently “will never be able to rehire their employees.”

To keep that from happening, the coalition requested emergency legislative and administrative action to:

- Repeal the Paycheck Protection Program’s 75%-25% rule, which requires that 75% of the loan’s funds go towards retaining or rehiring employees.
- Extend the eight-week period for pur-

poses of calculating loan forgiveness.

- Extend the June 30 safe harbor date for rehiring and restoration of pay.

“These three modest changes would help ensure that the liquidity provided through the [Paycheck Protection Program] can be deployed in a manner that is most likely to allow a small business to remain operational,” the letter concluded. “Specifically, these changes would help small business owners who need capital for overdue rent payments, the restart of vendor contracts and other necessary expenses. In addition, the extended deadlines would permit a more orderly return to work consistent with the phased reopening.”

As Congress works on the next COVID-19 relief package, the ADA is urging Congress to increase the flexibility within the Paycheck Protection Program, including modifying the loan forgiveness provision to help small businesses make more appropriate decisions about staffing and payroll based on when they plan to fully reopen. The ADA and Organized Dentistry Coalition are also asking Congress to allow the loan funds to be used for purchasing additional personal protective equipment and to include emergency financial relief for 501(c)(6) tax-exempt medical and dental trade associations that have been adversely impacted by this pandemic in any new legislation.

Follow all of the ADA’s advocacy efforts in response to the pandemic at [ADA.org/COVID19Advocacy](https://ada.org/COVID19Advocacy). ■

## ADA requests H-1B visa grace period be extended

BY DAVID BURGER

Washington — The ADA is requesting that the federal government extend the 60-day grace period for unemployed or furloughed dentists with H-1B visas to 180 days during the COVID-19 pandemic.

In a May 11 letter to Joseph Edlow, deputy director for policy at the U.S. Citizenship and Immigration Services, ADA President Chad P. Gehani and ADA Executive Director Kathleen T. O’Loughlin wrote, “Dentists

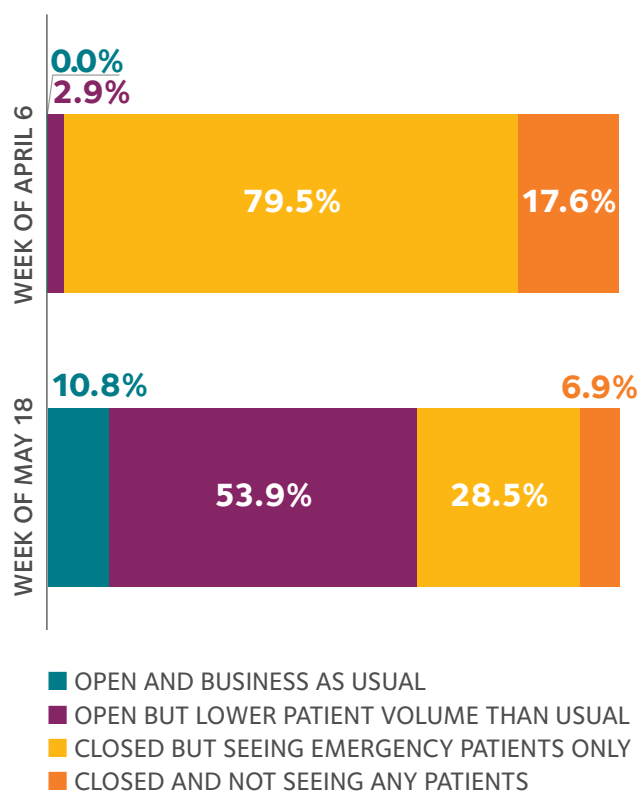
who are in the United States on H-1B visas are worried that they may lose their status and be forced to go back to their home country. This will prevent them from returning to the important work of improving the oral health of Americans when dental offices reopen.”

The letter continued: “During the COVID-19 pandemic, many dental offices are closed or are only seeing emergency patients.

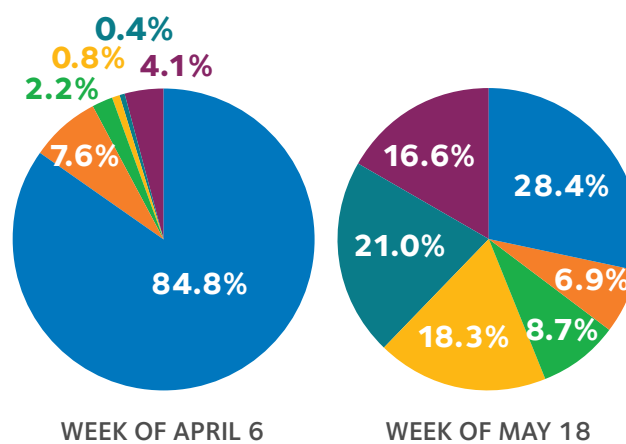
See VISA, Page 7

# HPI polling shows dental practices recovering as states open

WHAT IS THE CURRENT STATUS OF YOUR DENTAL PRACTICE?



HOW DOES THIS WEEK COMPARE TO WHAT IS TYPICAL IN YOUR PRACTICE, IN TERMS OF TOTAL PATIENT VOLUME?



PERCENTAGE OF WHAT IS TYPICAL:

- <5%
- 5-10%
- 11-24%
- 25-50%
- 51-75%
- 76+%

**BY MATT CAREY**

Dental practices continued to rebound as 65% were back open the week of May 18, with 38% reporting that patient volume had returned to pre-COVID-19 levels, according to the fifth round of results released May 26 from the ADA Health Policy Institute poll on the impact of COVID-19. In the 27 states that have been reopened for at least three full weeks, the patient rebound has been even higher, reaching 54% of pre-COVID-19 levels. The fifth wave of this poll, collecting data from over 6,500 dentists in private practice for the week of May 18, shows positive signs of recovery among dental practices. Staffs were fully paid by 58% of dental practices, compared to 11% that were fully paid the week of April 6.

Employed dentists were not being hired back at the same pace as other dental team members, but there was some improvement. A total of 27% of employed dentists reported being paid fully the week of May 18, a 13 percentage points increase from the polling data from the week of May 4.

The week of May 18, 40 states had reopened for elective dental services, with 21 of them reopened with no restrictions other than additional personal protective equipment (PPE). While PPE availability is still a concern for many dentists, last week's poll also showed that stockpiles of PPE began to rise. When comparing May 4 and May 18 data, dentists have reported having more N95/KN95 surgical masks, face shields and gowns in stock.

In last week's poll, owner dentists whose practices were not open for elective care were asked what was keeping them from fully reopening. The top reason was their state not recommending resuming elective care (62%), followed by lack of adequate supply of PPE (53%), unclear guidance for reopening their practices (34%), and dental team members' hesitation to return to practice (28%).

HPI will continue to track data every two weeks in every state to provide a glimpse into how the pandemic is unfolding. Dentists who wish to view complete results, including results broken down by practice size, Dental Service Organization status and at the state level, from all waves of this survey can do so on [ADA.org/HPI](http://ADA.org/HPI). ■

## ADA urges IRS to make PPP expenses tax deductible

**BY JENNIFER GARVIN AND MARY BETH VERSACI**

The American Dental Association and 152 other organizations are urging Congress to ask the Internal Revenue Service to allow expenses paid for with forgivable Paycheck Protection Program loan funds to be tax deductible.

In a May 7 letter to Rep. Richard Neal, D-Mass., chair of the House Committee on Ways and Means, and Sen. Chuck Grassley, R-Iowa, chair of the Senate Committee on Finance, the organizations told lawmakers that IRS Notice 2020-32 states "that no deduction is allowed under the Internal Revenue Code for an expense that is otherwise deductible if the payment of the expense results in forgiveness of a covered loan pursuant to section 1106(b) of the Coronavirus Aid, Relief, and Economic Security Act."

The organizations noted that this is at odds with the intent of the CARES Act.

"It makes little sense to exclude an employer's [Paycheck Protection Program] loan forgiveness income from tax liability with the one hand, only to lose the same amount in deductions with the other hand," the coalition said in the letter. "With many businesses struggling to stay afloat, it is imperative that the rescue measures enacted by Congress, including [Paycheck Protection Program] loans, provide the maximum amount of flexibility to employers that they can."

The same day the coalition sent the letter to Rep. Neal and Sen. Grassley, the U.S. Department of the Treasury notified the lawmakers that it would take concerns they had shared about IRS Notice 2020-32 under consideration.

If the IRS does not reverse its decision, the organizations have asked lawmakers "to amend the CARES Act in future legislation that would explicitly waive Code Section 265 from applying to [Paycheck Protection Program] loan forgiveness."

Follow all of the ADA's advocacy efforts in response to the pandemic at [ADA.org/COVID19Advocacy](http://ADA.org/COVID19Advocacy). ■

## Organized dentistry asks Congress to enhance commercial business interruption insurance policies

**BY JENNIFER GARVIN**

Washington — The Organized Dentistry Coalition is asking Congress to enhance commercial business interruption insurance policies in the next COVID-19 legislative relief package, in support of an effort led by the Academy of General Dentistry.

The coalition's May 19 letter to leaders in the House and Senate said state shelter-in-place orders, business closures and staggered re-openings have imposed "tremendous financial losses on dental practices." The groups recommended that Congress support HR 6494, the Business Interruption Insurance Coverage Act, which "could offer businesses the option to address damaging gaps in coverage and also bolster the country's economic resilience during future crises."

"Most dental practices have been compelled to forgo providing nonemergency services or close entirely, and states are just beginning the process of reopening and allowing nonemergency care," they wrote.

Citing ADA Health Policy Institute survey results from April 20, the groups shared that 86% of dentists reported that their total

patient volumes were less than 5% of what is typical. They also noted that dental offices have suffered the highest amount of job losses within the health care industry, with a 47.5% decline in employment between March and April, amounting to 503,000 jobs, according to the U.S. Bureau of Labor Statistics.

"Many dental practices that currently hold business interruption insurance have recently learned that their policies do not cover government-ordered business shutdowns caused by a national emergency or viral pandemics," the coalition wrote. "This lack of coverage has had a substantial negative impact on owner-dentists under the assumption that the insurance policies they have been paying premiums on for years would provide support during this crisis."

To help businesses recover, the groups are asking Congress to consider:

- Providing an immediate support mechanism to help businesses currently left behind by shutdown or viral-related exclusions in business interruption insurance policies.
- Building on successful models, such as the recently reauthorized Terrorism Risk Insurance Act, to require insurers to offer market-oriented

solutions for shutdown or viral-related business interruption insurance coverage that are guaranteed with some kind of federal partnership, trust fund or backstop. They noted the Terrorism Risk Insurance Act has been successful in encouraging the insurance industry to alter its stance on terrorism insurance offerings, "which have gone from being scarce and expensive to now being optional pieces of coverage that are widely purchased."

"The COVID-19 crisis has brought to light deficiencies in preparedness and response at numerous levels. We hope that Congress will seize this opportunity to act on these oversights, such as in the case of detrimental business interruption insurance exclusions, as it continues to develop smart policies to sustain our economy going forward," the coalition concluded. "Dental offices are eager to reopen to treat their patients and rehire their employees, but many owner-dentists will not be able to do so unless they receive direct financial support."

Follow all of the ADA's COVID-19 advocacy efforts at [ADA.org/COVID19Advocacy](http://ADA.org/COVID19Advocacy). ■  
—[garvinj@ada.org](mailto:garvinj@ada.org)

## Visa

*Continued from Page 6*

They are doing so in order to slow community spread, preserve medical supplies, and relieve emergency departments from seeing dental patients. As a result, dentists are being furloughed or laid off through no fault of their own."

According to the U.S. Citizenship and Immigration Services website, the H-1B visa is a nonimmigrant visa that allows U.S. companies to employ graduate-level workers in specialty occupations that require theoretical or technical expertise in specialized fields, which include dentistry.

The Department of Labor and Department of Homeland Security don't keep statistics on the number of U.S. dentists with the H-1B visa, though ADA estimates have suggested that there are about 1,200. ■





## WE ARE PROUD TO SHARE THE WORK PROCTER & GAMBLE AND CREST & ORAL-B ARE DOING IN THE FACE OF COVID-19

**We recognize that this is an incredibly challenging time, especially for the dental industry which we are so proud to serve.**

Procter & Gamble has a long history of doing the right thing. In service to people everywhere who are caring for their families and communities—all day, every day, Procter & Gamble is stepping up and serving others as a force for good. We have mobilized the full capabilities of P&G and our partners to help in this time of need and we will be there for our employees, consumers and communities—stepping up as a force for good—however long it takes. This includes:

- **SUPPORTING COMMUNITIES THROUGH PRODUCT & FINANCIAL CONTRIBUTIONS:**

P&G is stepping up to provide much needed product donations and financial support. Our contributions of product and in-kind support now exceed tens of millions of dollars and will continue to increase as we work with communities around the world to understand how we can best serve them.

- **WORKING TO MAINTAIN AVAILABILITY OF P&G PRODUCTS TO MAKE A DIFFERENCE:**

We are working to maintain the production, distribution and availability of all our brands, not only for consumers but also for the comfort and confidence of the medical professionals and first responders who are on the front line of the battle against COVID-19. Many P&G products are key to helping prevent the spread of COVID-19 around the world, particularly those that are used daily for cleaning and sanitizing homes, businesses and places like healthcare and assisted-living facilities.

- **LEVERAGING P&G EXPERTISE TO ENABLE HAND SANITIZER & FACE MASK PRODUCTION:**

We have installed new lines to produce hand sanitizer, using it to ensure our people can continue operating safely and sharing it with hospitals, health authorities and relief organizations. Additionally, we are producing critically needed face masks.

P&G continues to evaluate how we can be of service to our communities & customers as we partner with more than 200 different organizations in more than 30 countries to do our part to support their efforts.

# WITHIN THE DENTAL INDUSTRY, CREST & ORAL-B ARE PROUD TO HELP DENTAL PROFESSIONALS IN MULTIPLE WAYS INCLUDING:



The #1 need expressed by dental professionals during this time is Continuing Education. Crest & Oral-B has been proud to partner with CE Zoom to offer daily free CE webinars since late March. By mid-May, P&G will have had over 150,000 dental professionals attend more than 20 hours of free CE. Valued at over \$3,000,000, we are proud to continue to be the industry leader in providing free CE for dental professionals. To learn more visit: [www.dentalcare.com](http://www.dentalcare.com)

Since hygiene visits are on hold, great home oral hygiene is more important than ever. In response to dental professional requests, Crest & Oral-B have created home oral hygiene content for dental professionals to share with their patients, family & friends via social media & email. To learn more about the virtual tools available to dental professionals, visit: <https://www.dentalcare.com/en-us/practice-management/marketing/dental-professional-virtual-tool-center>



Many dental professionals have reached out for Crest & Oral-B products to help their communities. Through limited time give-aways, the SharingCrestSmiles program will put over 1,000,000 samples of Crest toothpaste in the hands of dental professionals & we aren't done yet!

It is an incredibly difficult time for dental & hygiene students as well as new dentists. That's why we've made product donations to dental & hygiene schools as well as a \$250,000 grant to the ADA New Dentist Program to help ensure the future of our industry is strong.



**At P&G Professional Oral Health, we are very proud to partner with you to improve the oral health of your patients through superior care and superior products. We cannot predict how or when this crisis will end, but Crest & Oral-B are committed to being part of the solution.**

We are all in this together,  
and together,  
we will make it through.



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## 'What makes humans happy': Free webinar kicks off ADA Accelerator Series

BY KIMBER SOLANA

New dentists seeking to increase their own happiness, especially in this age of practicing during a pandemic, can consider building more productive habits and reviewing strategies in controlling their own happiness.

Titled "What Makes Humans Happy?" the free hour-long ADA webinar, held on May 26, kicked off the ADA Accelerator Series, a new online, on-demand program specifically designed to provide information — from parental leave to financial support — that is tailored to the early-career dentist's unique financial, leadership and work-life balance needs.

The recording of the webinar, which sought to reveal misconceptions about happiness and provide insights on the science of well-being, is now available on ADACEonline.org.

"Early-career dentists have so much on their plates," said Dr. Susan Becker Doroshow, 8th District trustee and member of the Board's Standing Committee on Diversity and Inclusion. "It must seem impossible to deal with the challenges of clinical practice, juggle their responsibilities at the office and on the home front, maintain their fitness and personal wellness goals, manage their student debt — and have enough energy in reserve to simply enjoy life."

With a focus on enjoying life and happiness, the webinar included Laurie Santos, Ph.D., professor of psychology at Yale University, who revealed misconceptions about happiness, annoying features of the mind that lead people to think the way they do and the research that can help people change.

In addition, Dr. Grace Yum, a pediatric dentist and founder of the Facebook group Mommy Dentists in Business, shared her experiences from the perspective of a busy professional.

In these ever-changing times, the ADA launched the Accelerator Series to help dentists tackle current challenges and achieve their long-term goals. The program seeks to be a hub for financial, leadership and work-life balance tools.

The Accelerator Series started with 14 women dentists from different backgrounds and one big question: How can the ADA do more to support you? From there, the series — and the tools that come with it — was born.

"From what our research has been showing us about women dentists and their needs, we've been uncovering opportunities where we can better serve all ADA members," Dr. Doroshow said.

The next webinar, Preparing for Pregnancy: Managing Your Business and Your Health, will be held June 25 at 1 p.m. Central time. The webinar will include a panel discussing the specific issues that dentists face when it comes to pregnancy — whether a dentist is pregnant or has an associate who is pregnant. More information on the webinar will be in the June 15 ADA News.



To register and to learn more about the ADA Acceleration Series, visit [ADA.org/Accelerator](http://ADA.org/Accelerator). The platform can accommodate a maximum of 10,000 simultaneous attendees. A recording of the webinar with continuing education will be posted on ADACEonline.org. ■

## JADA

*Continued from Page 1*

sponsoring the JADA supplement of 'For the Patient' pages for the oral health and education of the patients we serve must be our guiding light," said Dr. Craig S. Armstrong, chair of the ADA Foundation and ADA 15th District trustee.

The "For the Patient" pages are a monthly feature in JADA and produced by the ADA Science & Research Institute.

They are focused on disseminating scientific information in educational language meant to be easily understood by the public.

"Health literacy and public education are some of the areas of focus for the ADA Foundation," said Dr. Marcelo W.B. Araujo, ADA Foundation chief executive officer. "This supplement will allow patients to learn about oral health, prevention and treatment of oral diseases and conditions."

Unlike other portions of JADA, the "For the Patient" page can be duplicated and distributed to patients as needed.

While it is written in a style directed toward patients, the page is intended to facilitate discussion between patients and their dentists.

The patients can then take the page home with them for future reference.

"For the Patient" appears on the last page in The Journal and online under a specific "For the Patient" section on the JADA website.

Topics for the page are selected based on new information in dentistry and related health fields (e.g., human papillomavirus vaccination), new or updated treatment guidelines (e.g., antibiotic use), common oral health concerns (e.g., tooth decay) and oral health concerns that are not often addressed elsewhere, such as dental erosion.

This reprint collection was fully sponsored by the ADA Foundation, comprising 21 columns that highlight the variety of topics covered in past "For the Patient" pages. For more information on JADA, visit [JADA.ADA.org](http://JADA.ADA.org). ■

## Hazard

*Continued from Page 1*

consider. These include collecting existing information about COVID-19 hazards from credible sources; inspecting the workplace for potential safety hazards; identifying health hazards such as the biologic threat of infection from COVID-19 and potential transmission; and conducting incident investigations.

"We worked hard to make this an easy-to-



follow tool that will help the dentist identify ways to increase safety measures in the office," said Dr. Sarah Poteet, task force member and chair of the Council on Communications. "We have been using this tool in my office to help my team recognize situations that would put them at increased risk of exposure and find ways to mitigate those risks."

In the hazard assessment, dentists are asked 13 questions such as: Is the rate of COVID-19 cases decreasing in your area? Can the necessary treatment be accomplished with a short appointment (suggestion for short: 15-20 minutes)? Are there physical barriers between individual treatment rooms?

"Dentists are encouraged to repeat an assessment regularly, and track the data trends as conditions change during the pandemic period," according to the assessment guide.

In addition, the task force created a supplementary checklist that helps dentists in making a rough determination of the hazard level

presented to staff during one snapshot in time.

Users are encouraged to gauge the level of risk under each numbered item, and then assess their current situation by taking stock of the total number of lowest, moderate and greatest potential for risk reduction in a particular circumstance.

Since its inception, the task force has been charged with oversight of resources created to help dentists as COVID-19 closure mandates abate.

The hazard assessment is the latest in a series of resources — from toolkits to webinars — the task force has produced in supporting dentists as they navigate the process of reopening their practices amid the COVID-19 pandemic.

The assessment assumes both staff members and patients have been screened as outlined in the ADA's Return to Work Interim Guidance Toolkit, which the task force had designed to help dentists return to more normal practice operations while taking precautions to protect the dental team and patients from COVID-19 as some states reopen — with response surpassing expectations.

The hazard assessment guide and checklist will be a great complement to the Return to Work toolkit, said Dr. Kirk Norbo, task force co-chair.

"The purpose of this hazard assessment is to help members decide what course of action is required to treat each of their patients on a case-by-case basis," said Dr. Norbo, adding that the task force's intention is to provide a guide that will help with maintaining a safe work environment by selecting appropriate PPE and management of the dental facility.

"If the hazard assessment is carried out properly, this will create a safe workplace and minimize the risk of exposure of [dental health care personnel] to the SARS-CoV-2 virus," Dr. Norbo said.

To access the hazard assessment, visit [ADA.org/HazardAssessment](http://ADA.org/HazardAssessment). To access the checklist, visit [ADA.org/HazardChecklist](http://ADA.org/HazardChecklist). ■

## Researchers create nanoparticle that could improve bone defect treatment

BY MARY BETH VERSACI

A team of researchers at the University of California, Los Angeles School of Dentistry has developed a nanoparticle that could improve treatment for bone defects.

The researchers created a new type of liposome called a sterosome that successfully activated bone regeneration on its own, without needing therapeutic drugs, in laboratory tests using mice with bone defects, according to a news release from UCLA.

Currently, the standard treatment for bone defects is bone grafts, but they can cause complications. Liposomes, which can be used to administer nutrients and pharmaceutical drugs in the body, have recently been explored for possible use in bone tissue engineering.

After finding the sterosomes activated bone regeneration, the researchers added the nanoparticles to a tissue engineering scaffold, which is a structure used to move and grow naturally occurring stem cells that is matched to the site of the defect and used during bone graft procedures. They loaded the sterosomes with a bone-building drug called purmorphamine and immobilized them onto the scaffold to ensure they stayed concentrated in the defective areas and released the drugs where they were most needed for as long as possible, according to the release.

In a six-week study using mice with bone defects in their skulls, the researchers saw an average reduction of about 50% in the size of the defects after the drug-loaded scaffold was implanted.

The study was published April 22 in the journal *Science Advances*. ■

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# Celebrate 75th anniversary of community water fluoridation

## National Fluoridation Advisory Committee sponsoring webinar series in July

BY DAVID BURGER

In honor of the 75th anniversary of community water fluoridation, the ADA Council on Advocacy for Access and Prevention's National Fluoridation Advisory Committee will offer a series of four Zoom webinars in July that will include continuing education credit for each.

"I think the four sessions we have developed will have a wide appeal and cover most of the fundamental elements of promoting community water fluoridation," said Dr. Leon Stanislav, chair of the committee.

"Perhaps, more important than ever, in this time of a pandemic crisis and the limitations that have been imposed on all of health care, is the basic need for prevention," Dr. Stanislav said. "What better and more universal method can there be to reach millions of people and help them avoid the preventable oral disease of tooth decay?"



Dr. Stanislav

The goals of the series, Dr. Stanislav said, include further education on the safety of water fluoridation and its role in prevention, as well as building and solidifying advocacy on behalf of community water fluoridation in state and local government.

The series is:

- July 7: The Power of Safe Drinking Water and Caries Prevention, presented by Drs. Stanislav; Raymond Gist, former ADA president; and Rear Adm. Timothy Ricks, assistant surgeon general, chief professional officer of the U.S. Public Health Service Dental Category and deputy director of the Indian Health Service Division of Oral Health.

**"Perhaps, more important than ever, in this time of a pandemic crisis and the limitations that have been imposed on all of health care, is the basic need for prevention."**

- July 14: Fluoridation Advocacy: How to Share Evidence-Based Findings to Lay Audiences, presented by Josephine Wolfe, Ph.D., chair of the American Public Health Association; Kip Duchon, former national fluoridation engineer for the Centers for Disease Control and Prevention's Division of Oral Health; and Charlotte Lewis, M.D., pediatrician and water fluoridation advocate.

- July 27: Panel: Mom's Guide to Fluoride, with panelists Drs. Brittany Seymour of the Harvard School of Dental Medicine; Angeles Martinez Mier of the Indiana School of Dentistry; and Effie Greathouse, Ph.D., environmental scientist.

- July 29: Fluoridation Public Hearings and Grassroots Campaigns, presented by Drs. Howard Pollick of the University of California, San Francisco School of Dentistry; Jayanth Kumar, California state dental director; and John Fisher, immediate past



chair of the Better Oral Health for Massachusetts Coalition.

All are scheduled for noon-1:30 p.m. Central time.

Registration for the series is available at [ADA.org/fluoride4health75](http://ADA.org/fluoride4health75).

Grand Rapids, Michigan, became the first U.S. city to fluoridate its public water supply in 1945.

For more information on community water fluoridation and ADA advocacy, visit [ADA.org/fluoride](http://ADA.org/fluoride). ■

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## ADA Members Insurance Plans

Effective June 1, 2019, certain insurance company members of the Protective Life group assumed administrative responsibilities for the ADA Members Insurance Plans issued by Great-West Financial®.

This material is not a contract. Benefits are provided through a group policy (No. 104TLP Term Life) filed in the State of Illinois in accordance with and governed by Illinois law, issued to the American Dental Association by Great-West Financial®. The ADA is entitled to receive royalties from the group policies issued to the ADA by Great-West Financial®. Coverage is available to eligible ADA members in all fifty states and US territories under the aforementioned group policy. Each Plan participant will receive a Certificate of Insurance explaining the terms and conditions of the policy. Great-West Financial® is a marketing name of Great-West Life & Annuity Insurance Company, Corporate Headquarters: Greenwood Village, CO; Great-West Life & Annuity Insurance Company of New York, Home Office: NY, NY, and their subsidiaries and affiliates. GWL&A is not licensed in New York, but eligible members residing in New York may apply for coverage under the aforementioned group policy. ©2020 Great-West Life & Annuity Insurance Company. All rights reserved. RO1159430-0520

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# ADASRI manuscript wins 2020 William J. Gies Award in clinical research

## Institute staff would have presented 30 abstracts at meeting canceled because of COVID-19

BY MARY BETH VERSACI

A manuscript authored by the American Dental Association Science & Research Institute and Council on Scientific Affairs won the 2020 William J. Gies Award in clinical research from the American and International Associations for Dental Research.

The associations would have presented the award, which includes a \$1,000 honorarium, during the opening ceremony of their general session and exhibition March 18 in Washington, D.C., but the meeting was canceled because of the COVID-19 pandemic.

The Gies Award recognizes the best paper published in the *Journal of Dental Research* during the preceding year. “Nonrestorative Treatments for Caries: Systematic Review and Network Meta-analysis” was first published online in October 2018 by the *Journal of Dental Research* and again in the international journal’s centennial issue in January 2019.

“The impact of this manuscript and its selection for this award cannot be overstated,” said Dr. Mia Geisinger, chair of the Council on Scientific Affairs. “This is a worldwide award and helps showcase the ADA’s strong commitment to science and discovery in the global oral health community.”

The winning manuscript is the first network meta-analysis ever used to inform a clinical practice guideline in dentistry. It summarizes the evidence used to formulate the ADA’s 2018 guideline on nonrestorative caries treatments.

Olivia Urquhart, a health research analyst who leads the ADA Clinical Evaluators Panel, was first author on the systematic review and network meta-analysis, and Dr. Rebecca Slayton, Ph.D., a professor at the University of Washington School of Dentistry, chaired the panel that wrote the systematic review and meta-analysis, as well as the associated guideline.

In addition to receiving the award, staff from the ADASRI were scheduled to present 30 abstracts at the canceled meeting. These abstracts will instead be published later this year in a special online-only issue of the *Journal of Dental Research*, and some posters and presentations associated with these abstracts will be made available via an online archive. The abstracts and presenters included:

- Methods for Incorporating Nonrandom-



**Best paper:** A manuscript authored by the American Dental Association Science & Research Institute and Council on Scientific Affairs is the winner of this year’s William J. Gies Award in clinical research. It was co-written by, from left, Dr. Alonso Carrasco-Labra, Ph.D., Olivia Urquhart, Malavika Tampi and Lauren Pilcher.

## ADA Science & Research Institute

ized Study Data for Policy-making, presented by Lauren Pilcher, research assistant.

- EPR Properties of Carbonated Hydroxyapatite Synthesized through Calcium Phosphate Cements, presented by Eaman Karim, Ph.D., associate.

- Dental Light-Curing Unit Use — an ADA Clinical Evaluators Panel Survey, presented by Olivia Urquhart, health research analyst.

- Antibiotic Prescribing Habits and Preferences — a Survey of U.S. Dentists, presented by Rashad Vinh, scientific communication specialist.

- Determination of Available Fluoride and Antimicrobial Activity of Charcoal-Containing Dentifrices, presented by Christina Tyrakowski, Ph.D., senior analytical chemist.

- Physical and Thermal Behavior of “Clear” Plastic Orthodontic Materials, presented by Henry Lukic, engineering research associate.

- pH-Responsive Release of Chlorhexidine, presented by Xiaohong Wang, Ph.D., associate.

- A Fluoride-Calcium-Phosphate Treatment Produced Persistent Reduction in Dentin Hydraulic Conductance, presented by Laurence Chow, Ph.D., assistant director.

- The Mechanical and Physical Behavior of Dental Zirconia, presented by Spiro Megre-

mis, Ph.D., research and laboratories director.

- GRADE Evidence-to-Decision Framework for Developing Oral Health Policy, presented by Malavika Tampi, manager of Center for Evidence-Based Dentistry.

- 3D Bioengineered Platform for Vascularized Bone Regeneration, presented by Eun-Jin Lee, Ph.D., associate.

- Stimuli-Responsive Azo-QPS-Containing Methacrylate Monomers/Polymers, presented by Han Byul Song, associate.

- Patients’ Values and Preferences in Dentistry: Current State, Next Steps, presented by Sarah Pahlke, research assistant.

- Physicochemical, Mechanical, and Antimicrobial Evaluation of Novel Bioactive Resin, presented by Diane Bienek, Ph.D., research operations director.

- Policy and Guideline Development and Dissemination: The Role of Global Evidence Informing Local Policy and Clinical Decisions, presented by Dr. Alonso Carrasco-Labra, Ph.D., senior director.

- Development and Characterization of pH Sensors for Oral Cavity, presented by Nicole Ritzert, Ph.D., project leader.

- Oral Cancer Risk Factor, presented by

Shinae Kim, Ph.D., project leader.

- Calcium Fluoride and Fluorapatite Formation in Fluoride-Calcium-Phosphate Complex Solutions, presented by Shozo Tagaki, Ph.D., senior project leader.

- Minimize Polymerization Stress Using a pH-Sensitive Compound, presented by Jirun Sun, Ph.D., senior project leader.

- Novel Antimicrobial Monomers Increase Shear Bond Strength of Dental Restoration, presented by Leopoldo Torres Jr., Ph.D., associate.

- Dentin Biomodification Induced by Proanthocyanidins from *Rhodiola rosea*, presented by Dr. Ariene Leme-Kraus, Ph.D., senior research associate.

- U.S. Trends in Antibiotic Prescription by Dentists, 2002–2017, presented by Cameron Estrich, Ph.D., health research analyst.

- Fracture-Toughness of Zirconia with Nanometer-Sized Notches Fabricated Using Focused-Ion-Beam Milling, presented by Yifeng Liao, Ph.D., manager of dental materials research.

- Study of 3Y-TZP Degradation via Accelerated Hydrothermal Aging, presented by Max Gruber, engineering research assistant.

- Development of Biofilm Model for Assessment of Oral Hygiene Products, presented by Erin Claussen, research assistant.

- Effectiveness of Cleanliness Quantification Methods at Evaluating Clinically Used Dental Instruments, presented by Prerna Gopal, Ph.D., manager of microbiology and chemistry.

- Protecting Pulp by Restoring Reporative Cellular Function in ECM Culture, presented by Gili Kaufman, Ph.D., project leader.

- Novel Bioactive Composite Materials for Dental and Bone Restorations, presented by Stanislav Frukhtbeyn, research associate.

- 3D Biomimetic Platform Reveals FOXO1/Beta-catenin Mechanism that Regulates Epithelial Barrier, presented by Styliani (Stella) Alimperti, Ph.D., project leader.

- 3D Bio-printed Platforms for Craniofacial and Dental Diseases, presented by Styliani (Stella) Alimperti, Ph.D., project leader.

In addition, Louis Erzur, senior clinical research associate, had been scheduled to host a breakfast breakthrough session titled “ADA Seal of Acceptance Program: An Introduction and Overview.” ■

—versacim@ada.org

## June JADA examines opioid prescription fills before weekends, holidays

BY MARY BETH VERSACI

In a study published in the June issue of *The Journal of the American Dental Association*, patients were more likely to fill an opioid prescription for an outpatient dental procedure performed the day before a weekend or holiday than on another weekday.

The cover story, “Increased Opioid Prescription Fills After Dental Procedures Performed Before Weekends and Holidays,” looked at opioid fill data for 2,060,317 people aged 13-64 who underwent eligible dental procedures between 2013 and 2017 and had not previously filled an opioid prescription within 90 days of the procedure. The study used insurance claims data from the Truven Health MarketScan warehouse, which offers data for nearly 240 million Americans with employer-sponsored health insurance.

The researchers found outpatient dental procedures occurring the day before a weekend or holiday were associated with a 27%



increased adjusted odds of filling an opioid prescription compared to procedures occur-

ring on other weekdays.

“Variation in opioid prescription fills may put some patients at increased risk,” said Caitlin R. Priest, first author of the article and a medical student at the University of Michigan in Ann Arbor, Michigan. “Now that we understand that dental opioid prescription fills were increased on Fridays and before holidays, we can create and disseminate best practices to avoid unnecessary prescribing.”

In the article, the researchers advise that opioids are not warranted for most dental procedures and should be replaced with patient education and nonopioid analgesics. They suggest that dental health care professionals concerned about post-procedural pain control consider scheduling complex procedures when emergency care is available earlier in the week to reduce the preemptive prescribing of opioids.

“The significance of our study is that, with the help of big data, it begins to unpack potentially harmful opioid-prescribing trends

that were not previously understood,” said Dr. Romesh P. Nalliah, co-author of the article and associate dean for patient services and clinical professor of dentistry at the University of Michigan School of Dentistry. “In the event that we have particular concerns about a given case or patient, we can more deliberately book surgeries when we are available to follow up.”

Some limitations of the study include that it does not capture patients who received a prescription they chose not to fill and it lacks insight on the counseling patients received about their prescription.

To read the article, visit [JADA.ADA.org](http://JADA.ADA.org).

Other articles in the June issue of JADA discuss carious lesion detection in primary molars, blood spatter in oral surgery, and oral disorders and verbal bullying.

Every month, JADA articles are published online at [JADA.ADA.org](http://JADA.ADA.org) in advance of the print publication. ■

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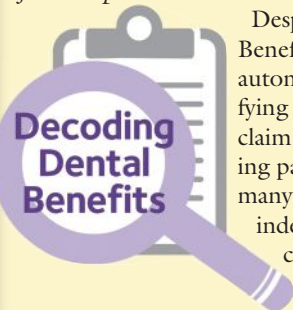
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# Index: Dentists slowly but surely embracing electronic means of doing business

BY DAVID BURGER

*Editor's note: This is the 31st story in the Decoding Dental Benefits series featuring answers and solutions for dentists when it comes to the world of dental benefits and plans. The series is intended to help untangle many of the issues that can potentially befuddle dentists and their teams so that they can focus on patient care.*



Despite the ADA Council on Dental Benefits' efforts, the practice of using automated electronic means for verifying eligibility and benefits, checking claim status or receiving and reconciling payment remains underutilized by many dental providers according to an index, said Dr. Randall Markarian, council chair.

More than 10 years after these transactions were mandated as part of the concert of regulations associated with the Health Insurance Portability and Accountability Act, only 51% of eligibility and benefits transactions conducted by dental plans are completed using the HIPAA standard, as noted in January's influential 2019 CAQH Index report.

On a more positive note, the latest CAQH Index showed data that dentists and dental plans are making some of the most significant gains in recent memory, with about a 5% increase in adoption of eligibility transactions, Dr. Markarian said.

Another electronic transaction that saw an increase in the 2019 index is the receipt of electronic remittance advice via the 835 transaction in lieu of the paper Explanation of Benefits. Also, dental plan electronic remittance advice adoption continued to increase for the second year, rising by five percentage points to 22%.

"While all of this amounts to good news for the dental community, there remains a long way to go before dental practices can experience a fully automated system of interacting with the dental benefit plans, especially when it

comes to eligibility and benefits," said Dr. Markarian.

For the past two years, the ADA Council on Dental Benefit Programs has been working with various industry stakeholders to streamline administrative processes to provide relief from increasing paperwork experienced by dental offices that participate with third-party payment programs.

"The ADA is in the business of making business easier for dentists," said Dr. Markarian.

The upshot of adoption, said Dr. Markarian, is that electronic transactions can increase the bottom line.

"Sticking with the analog way of doing business is costing practices money," Dr. Markarian said. "The 2019 index reported that dentists could stand to save \$6.11 per every eligibility inquiry and response transaction used, and another \$3.57 for every electronic remittance advice they receive using the 835 transaction instead of a paper-based Explanation of Benefits."

Brad Smith, senior director of ACH Network Administration & Industry Verticals at Nacha, short for the National Automated Clearing House Association, said too that electronic funds transfers make sense for dentists from a financial standpoint.

"According to the 2019 CAQH Index, the medical industry has about 70% of all claims payments made via EFT; the dental industry has about 13%," Mr. Smith said. "If the entire dental industry adopted EFT for claim payments, they would save \$780 million annually. With many dental practices being small businesses, EFT adoption could save these small businesses money. Also, EFTs are received faster than other payment types, they go directly into the dental practice's account, there are no trips to the bank and no waiting for checks to clear."

To assist dentists, the Centers for Medicare & Medicaid Services has renewed its outreach efforts aimed at educating all covered entities in order to bring everyone into compliance through its Administrative Simplification Enforcement and Testing Tool program. The covered entities that are



Dr. Markarian

who would like to file a complaint about possible noncompliance (i.e., incomplete transactions, non-timely processing of transactions or a required transaction not being offered by a covered entity entirely) can learn more and begin the process on the ASETT website.

To assist dentists who may feel trepidation at changing the way they conduct business, the council published a primer to help dentists become more familiar with electronic data interchange transactions called "EDI Transactions: What to Know to Make Them Work for Your Dental Practice."

To learn more about the ADA Center for Dental Benefits, Coding and Quality and its efforts to improve business efficiencies for dentists and their practices, visit the ADA Administrative Efficiencies webpage.

The ADA has created an online landing page for dental benefits information that can help dentists address and resolve even their most vexing questions. Go to ADA.org/dental-benefits, part of the ADA Center for Professional Success.

Staff from the Center for Dental Benefits, Coding and Quality can help dentists with dental benefits-related and coding problems, questions and concerns. Call the ADA's Third-Party Payer Concierge at 1-800-621-8099 or email dentalbenefits@ada.org.

Previous installments in the Decoding Dental Benefits series are available at ADA.org/decoding. ■

—burgerd@ada.org

## Reopening

Continued from Page 1

and privilege to provide it."

### New normal

Dr. Meeske practices in rural Nebraska, serving the two communities of Hastings and Grand Island. Both were considered hot spots for COVID-19 due to the meatpacking industry, she said. Her patients include those who travel over two to three hours to receive dental care and about 60% of her practice is patients with Medicaid, Dr. Meeske said. When she closed her practice, many surgeries had to be delayed for young children with early childhood caries.

She still treated emergencies, but found early on that normal operating procedures had to be tossed aside.

"I have always perceived the goal during the pandemic is to minimize risk of COVID-19 spread by layering areas in which we can control risk," Dr. Meeske said. "This has been a combination of pre-screening patients, family waiting in the car, masks for all in the building, proper PPE to the extent we can get it, minimize aerosols and delay treatment or manage caries medically to prevent adverse outcomes. I embraced teledentistry and found it to be easy to use, and I was able to convey helpful advice to patient families without needing the patient to come in or burn through more PPE."

From her new office at home, all meetings became virtual. Her daughter moved home from college due to the pandemic. Dr. Meeske spent a lot of her down time participating in ADA webinars and reading updates on ADA.org. "My daughter was our in-house tech support, as I'm sure many students were for their parents," Dr. Meeske said.



Dr. Meeske

Dr. Meeske said she had the the good fortune to have a competent staff, partner doctors who communicated well and a very proactive officer manager. They divvied up what was needed to be done to address the immediate concerns of patients, cashflow and staff wages. The dental team also used that seven-week hiatus — besides seeing emergencies — to address a long-needed list of projects. Some staff worked from home and others came in after hours in an attempt to responsibly social distance. "It's nice when you don't have to go it alone," she said.

She also appreciated the "small-town community banker" who was in touch with her daily until Dr. Meeske's Small Business Administration's loan and Paycheck Protection Program funding made it into her account. The money "was a huge relief."

### Time to reopen

When it came to the decision to open, even that came with unexpected challenges, and it was not easy.

"It was confusing because our governor gave the OK for dental practices to open on May 4, but our local health districts had a directed health measure for 'no elective procedures,'" Dr. Meeske said. "The State of Nebraska Board of Dentistry gave the go-ahead to abide by the governor's orders. We chose to follow the board and our governor. However, we felt the need to reach out to our health district directors and communicate our intentions and our reopening plans to keep everyone safe."

Once she made the firm decision to reopen,

Dr. Meeske said she didn't feel too much trepidation, other than worrying that some of her colleagues thought she was putting people at unnecessary risk by opening too early.

"However, after having our doctors review the available science, ADA guidance, and government agencies recommendations, such as from the Centers for Disease Control and Prevention, we came up with six pages of reopening protocols," she said. "Then we had an orientation with our staff, which lasted two hours, on the plan to keep patients, parents and the dental team members safe. We invited a local pediatrician and local health department director to be a part of the meetings, review our protocols and answer questions the staff had about COVID-19."

Once she reopened, she found herself sharing her knowledge with others in her close-knit community.

"When it was announced that local restaurants could reopen with restrictions, making a reservation at the best restaurant in my small town, The Odyssey, felt like I'd waited months for a new five-star restaurant in New York," Dr. Meeske said. "I contacted the owner and told him I would be bringing a group of doctors to eat there, thus sending the message to the public that local docs thought it was safe to dine out — albeit following social distancing rules. That precipitated him asking how we reopened and particularly how did we communicate with our staff about staying safe. I felt as though 21 years in dentistry and understanding infection control — along with being familiar with recent ADA interim guidance for COVID-19 — helped me to explain to him what were the key components in terms of communicating with his staff and customers. I told him that sharing the additional steps the restaurant was taking, while it may seem

inconvenient or costly, was worth the public's trust and safety."

### Family matters

Dr. Meeske said her husband, an obstetrician-gynecologist, was also facing challenges during the pandemic. "He would ask me, 'What helpful information did the ADA send you today?' Turned out I was getting information from my dental associations much quicker than he was. I just feel so blessed the ADA was there sending down information very quickly and I could trust it," she said.

"Even the restaurant owner said, 'I called you because I know that as a dental practice, you guys are taking all the precautions to do it right,'" Dr. Meeske said. "What he was really saying is he knows we listen to the ADA, and the public has trust in their recommendations when it comes to patient safety. As a lifelong member and leader in organized dentistry, I always valued my membership. But it's times like these that the ADA has your back in every way possible."

Dr. Meeske's daughter is scheduled to go to the College of Dentistry at the University of Nebraska Medical Center this fall, and is currently serving as her mother's sterilization clerk, getting a head start on learning the ins and outs of infection control. She told her mother, "Two months ago my hands were dribbling and shooting basketball. Now they are scrubbing instruments. I traded in my ankle braces for protective eyewear and a mask."

"I think this is good because it's important to send the message that life goes on and we have the responsibility of teaching the next generation of dentists," Dr. Meeske said. "My freshman year of dental school was in 1992, when the AIDS epidemic changed dental care forever. For her, it's COVID-19. Different virus, but the same steps to understanding the science, the guidelines and adapting to change." ■

# Understanding the new normal

## Dental practice operations after COVID-19

BY DR. KIMBERLY A. HARMS

Dental professionals are facing new challenges today as we try to adapt to the reality that the COVID-19 pandemic will change the way we practice. Change is always difficult, and this particular change involves a significant amount of fear. We are fearful for our responsibility to protect the health and safety of our patients, our team and ourselves. We wonder how we can function in a world where a simple cough may be assumed to be a deadly disease. We worry how the new protective guidelines will affect our productivity and profitability. This is unknown territory, and the best way to face it is to put one foot in front of the other and move ahead.

This is not the first time that a global pandemic threw dentists into a panic. In the late 1980s the revelation that a dentist with AIDS was reported to have transmitted HIV to a young patient in Florida caused great apprehension among the general population. At the time, exposure to the human immunodeficiency virus was considered a death sentence. If one dentist could pass the virus onto a patient, was visiting any dentist safe?

Before the AIDS epidemic, many dentists practiced without gloves, masks or eye protection. When I was a dental student, I was taught that because dentistry involved an invasion of personal space, the wearing of masks and gloves would make our patients

uncomfortable. I did wear glasses, however, as did most of my colleagues. Mask and gloves were reserved for procedures designated as oral or periodontal “surgery.”

In 1989, the U.S. Occupational Safety and Health Administration proposed new regulations that would reduce exposure to both patients and health care workers from blood and other bodily fluids. These “universal precautions” included wearing gloves and masks as well as heat sterilization of our instruments and handpieces.

At the time, universal precautions were not exactly universally accepted. Many dentists feared the increased cost and time required and that handpieces would not hold up to the heat of the autoclave. And they worried that patients would not be comfortable receiving treatment from a dentist wearing a mask and gloves.

Today, of course, all of those fears proved to be unfounded and seem ridiculous. No patient or practitioner would want to return to the days before the protections of universal precautions.

As we look ahead to dentistry’s “new normal” in the era of a deadly respiratory pandemic, let’s remember a few things we learned from our last major deadly blood-borne pandemic:

**1** Patients can smell fear (many are actually feeling it themselves). Proceed boldly and with confidence as you

implement the new changes in your office. Educate your patients along the way and encourage them to ask questions.

**2** Visibly implement (or exceed) all current recommendations proposed by the Centers for Disease Control and Prevention, OSHA and American Dental Association. Look to the ADA for leadership in interpreting these recommendations. Don’t hesitate on this. Your team members and your patients need to trust that you are doing everything you can to keep them safe. Make sure you communicate this to them frequently. Every communication should scream, “I’ve got your back!”

**3** Be patient. Remember that technology, the marketplace, fee schedules and office design will catch up to meet the demands of the new recommendations and realities.

**4** Stay creative and connected. Have fun with your team and patients as you adjust to the new realities. Host a mask-making contest, include fun sheltering stories on your website, or offer curbside coffee to those who wait outside. Show your care.

The future is no less rich in possibilities in 2020 than it was in 1990. Work through that fog of uncertainty and approach each new day with excitement and vigor and

pass that sentiment on to your patients and team. Find the defining feature of our new normal and own it.

New skills will be required so help your team be in the front of the line to learn them. There may be some volatility ahead, but put aside your fears and show your character. In the words of former President Jimmy Carter, “You can do what you have to do, and sometimes you can do it even better than you think you can.”

Just do it!



*Dr. Harms practiced dentistry as an enlisted officer in the U.S. Public Health Service, as a dental associate and for most of her career as co-owner of a private practice in*

*Farmington, Minnesota. She was the first woman president of the Minnesota Dental Association, chair of the ADA Council on Communications and member of the ADA Council on Government Affairs representing the 10th District. A former grief counselor and a civil mediator, she is a published author and national speaker focusing on major life events and conflict that can create shock, grief and coping struggles while practicing dentistry. Learn more at [drkimberlyharms.com](http://drkimberlyharms.com).*

*This article appears in the Spring 2020 issue of Dental Practice Success. Read more at [ADA.org/dps](http://ADA.org/dps).*





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