VOLUME 4 | NUMBER 3 | FALL 2020

RIDA

JOURNAL OF THE RHODE ISLAND DENTAL ASSOCIATION

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A YEAR IN REVIEW FOR RIDA

THE EFFECT OF INCREASED PPE ON THE ORAL HEALTH OF MEDICAL WORKERS

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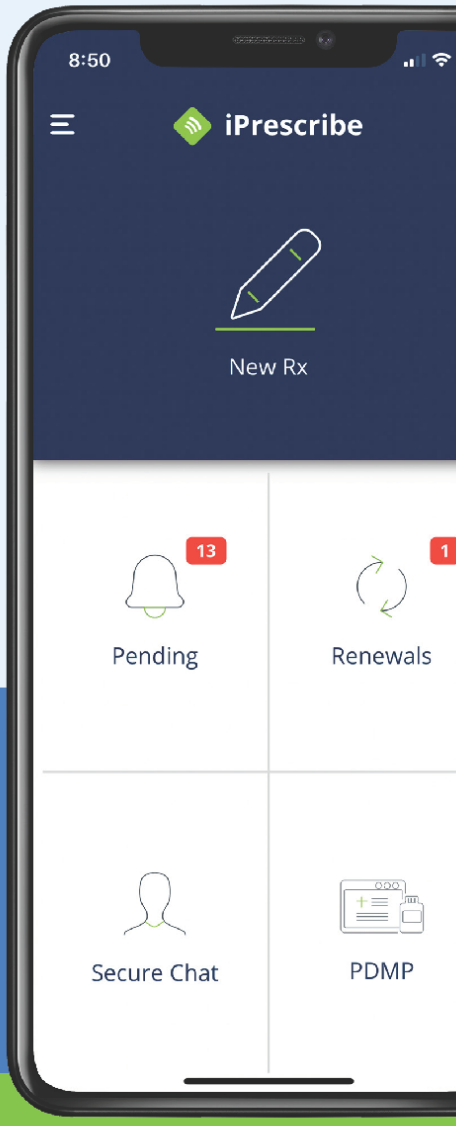

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A YEAR IN REVIEW

BY CHRISTY B. DURANT, ESQ.
RIDA EXECUTIVE DIRECTOR

As I struggled to come up with something to write about for this quarter's journal, I stumbled upon the two Christmas ornaments below while researching something unrelated online one night. I chuckled to myself and thought this being our last journal before the new year, what better time to do a "year in review" (or in my case seven months) of what has been happening at the Rhode Island Dental Association and with dentistry in Rhode Island. With the end of 2020 finally in sight, I don't know about you, but I for one can say with absolute certainty I'll be ready to welcome 2021 with open arms!

Using the Christmas ornaments as our guide lets pick a few topics and take a walk down memory lane together...

Global pandemic: Everyone will always remember 2020 as the year of the pandemic. For RIDA, as soon as news spread that COVID-19 was potentially turning into a global pandemic, we jumped into action to keep you informed of the most up-to-date and accurate information available on infection control, patient and staff safety, and risk management. Advocacy efforts also began immediately to provide access for our members to obtain necessary and appropriate personal protective equipment (PPE) so you could continue to provide essential oral health care to your patients.

Quarantine: When the American Dental Association and Governor Raimondo recommended postponing elective dental procedures during the peak of the pandemic, RIDA members complied in good faith. Behind the scenes, however, the RIDA Executive Office and Executive Committee were already working on measures that would help allow offices to reopen quickly and safely. A COVID-19 Taskforce was promptly created that included your Executive Committee, a volunteer member from each dental specialty, as well as members of the Dental Hygienist's Association and Dental Assistants Association. The COVID-19 Taskforce worked diligently to draft a core set of reopening recommendations and protocols for a dental office to use as guidance on how to safely and effectively deliver oral health care in the unprecedented times of a global pandemic. In the interest of aiding all dental providers in the State, RIDA made the COVID-19 Taskforce recommendations available to the public and did not limit access to RIDA members. The COVID-19 Taskforce has continued to meet throughout the pandemic and has published addendums to its initial recommendations as new information has become available. The COVID-19 Taskforce has played an integral part in successfully leading dentistry in Rhode Island through these unchartered waters and we all should be thankful for their time and efforts.

TP Shortage: This may go down as one of the greatest unsolved mysteries of 2020. Will we ever truly know why there was suddenly a nationwide shortage on toilet paper? The only thing I can say is there was never anything to worry about, RIDA always had you covered!

Hand Sanitizer: Yup, we had you covered there too! With the help of FEMA and the State of Rhode Island, RIDA was able to obtain a total of 14,760 bottles of hand sanitizer available for distribution to Rhode Island dentists as part one of its PPE drives. Getting all of those boxes upstairs and ready for distribution was no easy feat!

(cases of hand sanitizer)

Curbside Pickup: With three (3) PPE distributions to Rhode Island dentists under our belt, RIDA has gotten pretty good at making for a smooth and seamless PPE pick-up process.

Wash Your Hands: Does anyone else find it concerning that this is listed on the ornament as something *unique* just for 2020? Hmm?? Let's move on.

Mask Wearing: Although mask wearing is nothing new for all of you in clinical practice, this pandemic sounded the alarms on the

potential very high risk of exposure to COVID-19 for individuals working with aerosol generating procedures. Considering you all fall within this category, it meant access to the highest level of PPE was mandatory in order to adequately ensure the safety and protection of the entire dental team when rendering patient care. Most specifically, it meant we needed access to N95 masks, and RIDA got it done! We have had three (3) PPE distributions (April, mid-May, and end of June), which provided much needed PPE supplies to over 600 RI licensed dentists.

With the help of several generous volunteers and their families, since April, in total, RIDA has distributed;

- Approximately 250 disposable gowns
- Approximately 3,800 face shields (which still remain available free of charge for offices needing extra)
- Approximately 1000 washable gowns (we still have some available for purchase!)
- Approximately 25,0000 N95 masks
- Over 7,500 boxes of level 3 surgical masks
- Approximately 2000 KN95 masks
- Approximately 14,760 bottles of hand sanitizer

In addition to the above, RIDA has provided resources for members to purchase further PPE through vetted vendors as well as placed bulk orders where necessary to ensure PPE items were available to dentists at a reasonable expense.

(I drove this 26 footer to Cranston with Madeline riding shotgun!)

(PPE distributions)

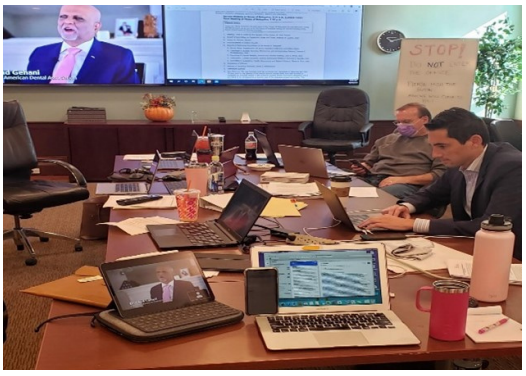
(each bag packed and counted)

Essential Workers: You ARE essential workers! Not only has the State of Rhode Island identified dentists as critical infrastructure workers, but the ADA has passed a policy at its 2020 House of Delegates stating that the profession of dentistry is essential and should remain an independent health care profession

Work From Home: I tried "working from home" on the back deck *once*. This is what happened...I've been working out of the RIDA Executive Office ever since!

For all of you, "working from home" meant the increased use of teledentistry as a means to evaluate and treat your patients. While the concept of telemedicine, which includes teledentistry, existed before COVID-19, this pandemic has certainly highlighted the importance of not only having such treatment capabilities available as healthcare practitioners but also getting reimbursed for those services. RIDA currently serves on the RI Board of Dental Examiners Teledentistry Subcommittee, who is tasked with evaluating the use of teledentistry in Rhode Island and proposing draft rules and regulations to the Board of Dental Examiners for review. RIDA also participates in the Office of the Health Insurance Commissioner's Telemedicine Advisory Group, which is working toward drafting recommendations regarding telemedicine that will hopefully be written into law.

Zoom Meetings: Despite the cancellation of all our in-person conferences this year, thanks to the newly updated AV system in the RIDA Executive Office and a little-known app called "Zoom" for most conferences, the show went on! Below is our virtual attendance at the annual ADA HOD and our upgraded conference room can be found on the next page. The new AV system has allowed RIDA to conduct virtual Board of Trustee and House of Delegate meetings, as well as utilize the upgraded technology to provide members with higher quality webinars and lectures. The conference room is also available for other professional groups to rent for their own virtual events.



(virtual ADA House Of Delegates)

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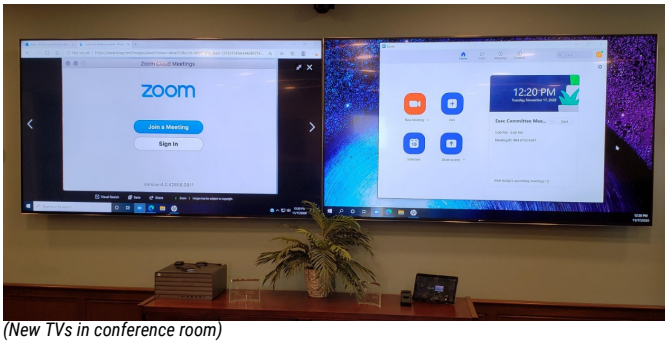

(New TVs in conference room)

Gloves: When this pandemic hit you all stepped up without hesitation and helped where you could. Hospitals asked for PPE supplies and handed over your own. The below picture shows just a portion of what was donated. In total, RIDA dentists donated over 150,000 pairs of gloves alone to the COVID-19 cause. That is not including all of the masks, gowns, and wipes. In addition to the PPE, RI dentists donated $10,000 and 10 large boxes of food to the RI Food Bank to help those less fortunate. Coming up in December, RIDA has partnered with the RI Blood Center to host a blood drive. We're hoping we can count on you to donate! See page 9 for more information.


(Gloves)

(Food Bank dropoff)

We could certainly go through all of the topics highlighted on these ornaments, but I don't think that's necessary. You are all aware of the challenges 2020 has brought and as a profession, you have collectively risen together to meet each one to ensure dentistry maintains its essential role in the healthcare system. Despite facing your own challenges, you also selflessly still gave to others who were in need, whether through PPE, food donations, or monetary donations. You should be very proud, I know I am.

As we go into this holiday season, let's put the negative of 2020 aside even for a little while and be mindful of all the things that you are truly thankful for this year, including your health, your family, and your dental team that continue to work right along side you. It has been my honor to serve as your ED these last seven months and help guide you through these difficult times.

I wish you all a happy, healthy, and safe holiday season and look forward to all of the exciting things we have planned for RIDA in 2021!

Happy Holidays

James & Matthew

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FROM YOUR PRESIDENT

BY KARYN WARD, DDS
RIDA PRESIDENT 2020-2021

After graduating dental school in 1997, I became a ADA/RIDA/Woonsocket District Dental Society member because my father was a member (and paid the dues!). At that time I was young, in significant debt, and more worried about achieving adequate anesthesia than becoming a member. Fast forward to 2020 and I truly understand and recognize the importance of membership and benefits offered. If I had any doubts, they were certainly eliminated after the COVID-19 pandemic hit. Our team at RIDA has spent more hours than I can count searching for PPE, advocating for teledentistry, and attending countless virtual meetings with the ADA and other states, all while continuing to search for top notch CE speakers, create the RIDA Journal, develop new partnerships, and stay on top of normal, everyday pre-covid work.

On the ADA level I have taken advantage of:

1. Credit card processing discounts
2. Car discounts with Mercedes
3. Great West Insurance
4. Patient financing with Care Credit
5. Medical kits from HealthFirst
6. PPE from FEMA distributed via ADA

On top of the discounts and advantages that are easy to put on paper, I've received countless indirect benefits such as research, guidelines, and advocacy for our profession.

One exciting member benefit I was introduced to at the ADA Presidents Elect conference last summer is the ADAPT (ADA Practice Transitions) program. ADAPT acts like a matchmaker for dentists looking for associates or retiring, with those looking for work or to buy a practice. Profiles are created and matched based on personality, philosophy of care, and goals.

On the state level, I'm thrilled to be in a state with a state association that is small enough to allow for a more personal connection and experience. You might be missing out on some of the following:

1. RIDA CE Programs - RIDA provides all of the credits you need for your licensing requirements with one small fee, an enormous discount compared to other states and associations!
2. PPE - RIDA sourced and FEMA supplied
3. Advocacy
4. Malpractice Insurance with EDIC

Our in-person CE programs may be paused for the time being, but RIDA is working diligently to move those programs to a digital platform, as well as find more digital courses to offer to membership. We upgraded our conferencing capabilities over the summer with a new audio/visual system by our friends over at SoundFX who also so generously donated 1,000 with face shields to RIDA earlier this summer. We plan to offer many more courses in the future. The exciting advantage of remote CE is that members can participate on their own schedule!

We all know what an advantage the PPE that has been distributed from the RIDA Executive Office has been since the start of the COVID pandemic. What some of you may not know is that those supplies of PPE may never have happened without the hard work of the RIDA Executive Staff. What better advantage could we ask for at a time like this?

At the local component level, I appreciate being able to network with other local dentists. After working in an operatory for hours, it is nice to connect with other dentists. Over the years, I have relied on these colleagues for knowledge, support, and coordinating care between our offices. The relationships created on this level have been most beneficial for the patients we serve.

They say, "the whole is greater than the sum of its parts" and this is true. I am proud to be an ADA/RIDA/Northern District Dental Society member, now more than ever. ■

"The strength of the team is each individual member.
The strength of each member is the team."

- Phil Jackson

Not Getting Our Emails??

Particularly if you have cox email

First things first - check your spam! If you see us there, add us to your safe senders list (cdurant@ridental.org and madeline@ridental.org)

Not in spam? Check to see what email address you have listed in your ADA profile. Often times emails are going to someone in the front office and not making it to the doctor. Use the email address you check most frequently! Update your email address in your profile or call/email Madeline at (401) 825-7700 / madeline@ridental.org.

We know emails can be a bit redundant at times, but it's important to know what you're missing out on. Notices about RIDA sponsored CEs, other CE opportunities, social events, volunteer opportunities, important COVID updates, compliance, the list goes on and on.

DON'T MISS OUT!

HOW TO STOP LOSING PATIENTS THROUGH THE REFERRAL CRACKS

Have you ever been surprised to find out that patients you referred never followed up? You aren't alone. How can this be prevented?

BY: JOANNE TANNER, MBA AND BELLE DUCHARME, RDA, CDPMA

For years, referring patients from the general dentist to the specialist has been the same. But many say there are problems with the "way we've always done it." Handing a referral form to a patient can be like giving them a one-way ticket out of town; the practice often doesn't see them again. The entire responsibility is placed on the patient to complete the process.

The story of two dentist brothers

Dentistry is a family affair for brothers Sam Ahani, DDS, and Rowshan Ahani, DDS, MS. Busy general dentist Sam Ahani relies on his brother, Rowshan Ahani, a board-certified endodontist, to take care of his patients who need endodontic services. Their close relationship has become symbiotic as they share patients through the referral process. Their social conversations inevitably turn to work, and sometimes they learn that patients have fallen through the cracks. Their problem is not unlike the one that has plagued general dentists and specialists for decades.

Drs. Ahani vowed to make a difference. They first examined the current referral methods. They determined that the old paper system is quickly becoming extinct with the new technology that's available. Plus, handling paper in the current environment is frowned upon.

Many general dentists refer by email and send a current radiograph or other document along with the patient's contact information. However, this is rudimentary at best and often is not HIPAA compliant. Once the specialist receives the referral, he or she either calls the patient to schedule or waits for the patient to contact their office. There are too many chances that the referral will not be completed, and the lack of a reliable tracking system adds to the problem.

When he surveyed some dentists, Dr. Sam found that the number of referred patients who didn't show up was troubling. "Our studies show that patients given paper referral forms with instructions to phone the specialist for an appointment fail to do so about 30% to 40% of the time," he said.

First published on DentistryIQ.com

Even if the general dental office sets up the patient's appointment, there's no way for the referring dentists to know if the patient shows up unless the specialist reports the cancellation. The general dentist assumes the patient kept the appointment and waits for a post-treatment report. If the patient doesn't show, they're often lost to the general dentist.

Are there consequences if the patient doesn't follow through with the referral? Many of the malpractice claims filed against dentists are due to failure to diagnose and failure to refer the patient to a specialist. In his research, Dr. Sam spoke to a representative at The Dentists Insurance Company (TDIC) liability insurance for dentists. The representative explained that an estimated 50% of complaints against dentists originate from miscommunication about treatment. This includes the importance of seeing a specialist for an opinion or care.

It is important for dentists to take the time to document their decision for the recommendation. The American Dental Association's General Guidelines for Referring Dental Patients states, "In some situations, a dentist could be held legally responsible for treatment performed by a specialist or consulting dentists."

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A software system can help

Advantages of a dental software system to manage dental referrals

- There are no paper referral forms to lose. The process is entirely paperless and provides improved documentation to support clinical notes
- Patients are not lost. You can track each step the patient takes on one system
- It offers improved specialist and patient service. The system is available after hours and by video chat
- It decreases the risk of litigation. The patient, dentist, and specialist are connected
- It keeps patients in "the loop" with video chat and a teledentistry platform
- It's HIPAA compliant and secure
- It has a virtual meeting capability with the team

Referral information should include the following:

- Patient information and attachments of supporting information
- Date of the referral and any other expected times
- Evaluation and treatment completed to date.
- Copies of diagnostics performed
- Diagnosis and prognosis
- Dental services the specialist is requested to complete
- Your plan for follow-up or continuing care after the specialist's intervention
- Consultation reports and ongoing care reports

Tracking patient referrals should include the following:

- Easy tracking process separate from the patient's record
- Display timeframe from the patient's referral to the return visit to the general dentist
- Prompt to schedule patient for a visit after specialist intervention or documentation for why it has not progressed
- If the patient is amiss, directions for follow-up provided

Drs. Sam and Rowshan want to improve the lives of patients by helping them receive the care they need in a way that is supportive and professional. The goal is to eliminate the cracks in the referral system by improving communication and access to care in an easy and seamless fashion. ■

***JoAnne Tanner, MBA**, is a dedicated professional with a solid track record in the dental consulting/practice transition arenas. Tanner has become one of the nation's leading influences in the innovative development of dental practices. She has worked closely with hundreds of dentists across North America to design and implement their customized dental practice management, marketing, and consulting programs. For information about the software for tracking referrals, contact her at joanne@tannermgmt.com or visit joannetanner.com/.*

***Belle DuCharme, CDPMA,** is a seasoned dental clinical and management professional and a devoted writer, speaker, and instructor for the dental profession. She is a senior writer and contributor to eAssist Dental Solutions newsletter and blogs, and is published in other trade journals and magazines. She's been a senior instructor and writer for McKenzie Management for 15 years. Contact her at belle.m.ducharme@gmail.com or visit belleducharme.com.*

RIDA Continuing Education

"Being a Medicaid Provider in an Era of Accountability"

January 15, 2021
9:00am-12:00pm
3 CEUs

Presented by:
Sidney Whitman, DDS
Allen Finkelstein, DDS
Charles Czerepak, DMD
Steve Geiermann, DDS

Despite misconceptions and fears associated with being a Medicaid provider, treating this population can be rewarding and not cut adversely into your bottom line. Members of the ADA's Council on Advocacy for Access and Prevention (CAAP) Medicaid Provider Advisory Committee will share insights, opportunities and challenges regarding program integrity, compliance, fraud, advocacy and how better to safeguard your practice while providing care to this growing population in an era of increasing accountability and scrutiny. Special emphasis will be given to the importance of proper documentation of medical necessity.

Learning Objectives: At the conclusion of this presentation, attendees will be able to:

- Implement efficient practice protocols to safeguard practice viability
- Protect oneself from unintentional non-compliance resulting in fraud allegations
- Recruit other Medicaid providers through positive advocacy and role modeling

Register:
www.ridental.org/educate/ce

FREE FOR RIDA MEMBERS!

UNIT OR SPOON IT?

BY: PAUL CASAMASSIMO, DDS, MS

The COVID-19 viral pandemic has brought infection control front and center in dental practice. Most attention has been with viral transmission through contact and aerosol in our dental world; but in the public sector, the longevity of virus contamination on various surfaces has been a concern and hand and surface cleansing have partnered with social distancing in efforts to control spread. In dental practice, surface disinfection is a standard protocol, but an area that has gained less attention has been dental material packaging, distribution, and handling. This brief article talks about how we use, disinfect, and minimize cross-contamination of dental materials.

Some dentists continue to use materials dispensed from bulk stores. The obvious benefit is cost-savings. Use of bulk materials is on an as-needed basis at point of use, or in increments prepared ahead of time and packaged by staff for use when needed. Hopefully, the practice of replacing dispensed, but unused, bulk materials is not common, if done at all, due to the risk of wider contamination. Yet, bulk use can still have contamination risks all along the use chain. The first risk is with the material container itself. We may naively believe that suppliers clean and sterilize containers and packaging, but that is not always true. In a small study I did several years ago, almost half of bulk packaging yielded pathogens. As we have learned with COVID-19, the supply chain offers ample opportunity to add contamination even if supplies leave the manufacturer in a clean state. Dispensing in the office requires strict attention to surfaces, instruments, personnel barriers, sterile receptacles, and storage. Expiration of self-packaged materials, and insurance of packaging barrier effectiveness add to the challenges. Unless a practice can assure all of these, there is the assumption of contamination and possible transmission of infectious agents.

Unit dosing is growing in acceptance in routine dental care, for obvious reasons of convenience and greater assurance of contamination control. The downsides are cost and waste, and if you are environmentally conscience, addition of still more plastic to our environment. Even unit dosing has its risks if not done properly. Some unit dosing is not really "unitized" and is really just packaging for easy dosing for multiple patients. Some unit dosing still requires decontamination prior to use. Don't assume that a dispenser in a plastic container is sterile, unless so stated. Unit dosing often also has expiration dates, which need to be accounted for in storage and utilization. Cleaning and disinfecting can be challenging; by definition, unit dosing means "one-and-done" and most are not meant for reuse. Dentists may want to salvage remaining material and use what's left for another patient, but in an absolute sense, that isn't intended. The recent furor over aerosol in the COVID-19 crisis suggests that if material is to be saved for later use, rigorous decontamination and preferably separation from the active treatment area be in place, which may not be possible for all materials. A best practice has to be to 'choose and use' only single use, single patient materials. While manufacturers may claim that post-treatment disinfection is possible, it is technique sensitive and effectiveness can't be assured.

As a result of the pandemic, we may be required to adhere in the future to a medical-surgical standard for cleanliness that includes mandated one-use products and the era of bulk-dispensing may end. My advice to dentists reading this is to begin a thoughtful process of introducing unit-dose materials into your practice and analyzing what it means from a safety, efficiency, and cost standpoint. The question of tighter control over potential transmission of minor and major infectious diseases inadvertently via vectors known to be controllable, is one of when not if, as a result of the COVID-19 pandemic.

Paul Casamassimo, DDS, MS
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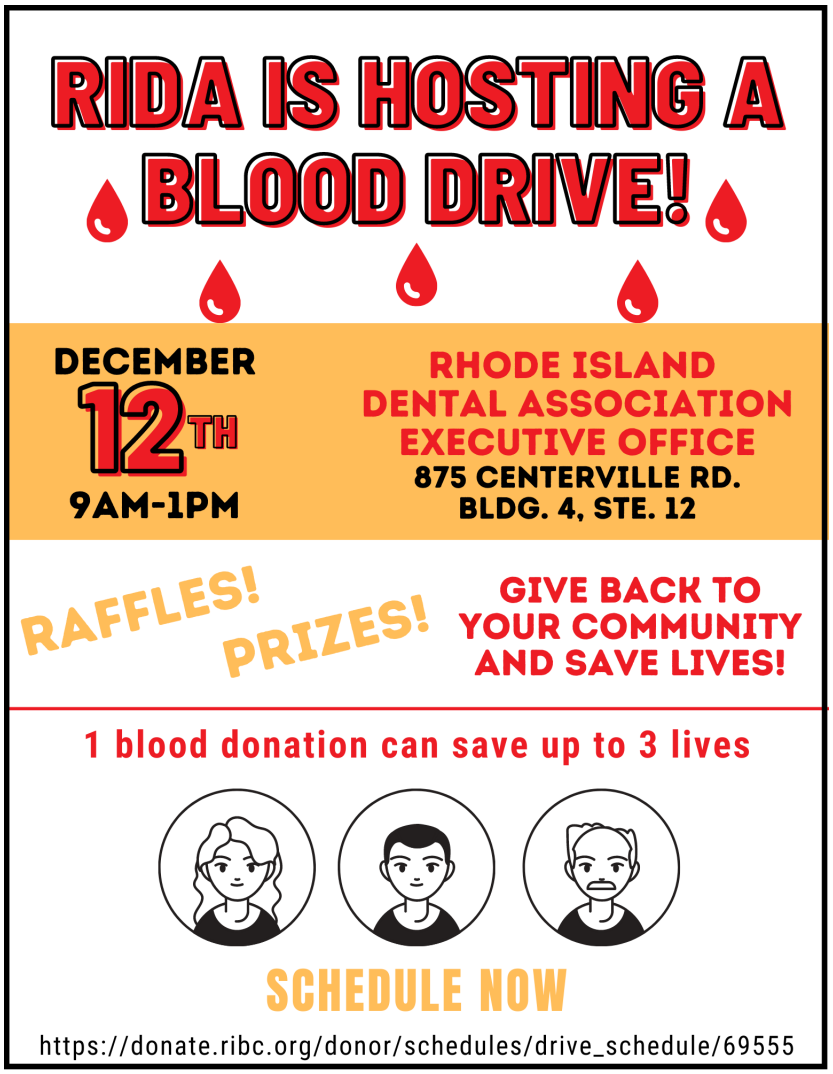

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THE SAGA CONTINUES:

U.S Department of Labor Clarifies When Dentists Can Deny Leaves of Absence to Employees Under The Family First Coronavirus Response Act

BY: MATTHEW H. PARKER, ESQ.

Since Congress passed the Families First Coronavirus Response Act (the "FFCRA") in March, dentists and other health care providers have been left guessing about when they can legally deny leaves of absence under the FFCRA to their employees. In a revised rule that took effect on September 16th, the U.S. Department of Labor (the "DOL") attempted to clarify things. Whereas previously, it appeared that only certain licensed health care providers (e.g., doctors, dentists, psychologists, and chiropractors) could be denied sick leave and family leave under the FFCRA, the DOL's revised rule purports to broaden this exemption while at the same time addressing criticisms of its former rule, which arguably went too far. Although dentists still cannot deny leaves to all of their employees – just by nature of the fact that the employees work in the health care field – the new rule extends the option to deny leaves to employees who – although they do not directly interact with patients – nonetheless provide services that are integrated with and necessary components to the provision of patient care. In other words, the new rule should enable dentists to deny leaves under the FFCRA to hygienists, dental assistants, and lab technicians.

A little background might be helpful. Under the FFCRA, which was the first of two relief packages that Congress passed this past spring to address the fallout from the COVID-19 pandemic, Congress rolled out two new programs to enable employees to take time off from work to address challenges arising out of quarantine orders, school shutdowns, and sick family members: (1) Emergency Paid Sick Leave; and (2) Emergency Family and Medical Leave ("E-FMLA"). Both only apply to employers with less than 500 employees.

Under the FFCRA's Emergency Paid Sick Leave provisions, employees can take up to 80 hours of paid leave (or a pro rata amount for part-time employees) if (i) they are subject to a quarantine or isolation order; (ii) they have been advised by a health care provider to self-quarantine; (iii) they are experiencing symptoms of COVID-19 and seeking a medical diagnosis; (iv) they are caring for someone under a quarantine or isolation order; or (v) they are caring for a son or daughter whose school or place of care is closed as a result of the pandemic. Employees taking leaves to care for themselves are entitled to their full wages while out; up to $511 per day. Employees taking leaves to care for family members are entitled to 2/3 pay while out; up to $200 per day. The wages are funded through a 100% credit against employers' payroll taxes.

Under the FFCRA's E-FMLA provisions, employees can take an additional 12 weeks off if they are unavailable to work as a result of their children being home from school or day care because of the pandemic. The first 2 weeks are unpaid, but the remaining 10 weeks are paid at 2/3 their regular rates of pay; up to $200 per day. As with Emergency Paid Sick Leave, the wages are 100% funded through a payroll tax credit.

Recognizing the hardship that such leaves might impose upon the public health system in the midst of a pandemic, Congress included an optional exemption from the FFCRA's paid leave provisions for "health care providers." This is where things got confusing.

In the FFCRA, Congress defined the term "health care provider" by cross-refencing its definition in the Family and Medical Leave Act of 1993. Under that definition, "health care providers" only include certain licensed professionals such as doctors, dentists, psychologists, chiropractors, and nurse practitioners (i.e., the sorts of people who can provide certifications to employees supporting their requests for medical leaves). In regulations issued this past April, however, the DOL attempted to broaden this exemption and defined the term "health care provider" to also include "anyone employed by any entity that provides medical services." Recognizing that this would potentially exclude more employees from benefits than Congress intended, the State of New York sued to challenge this definition. In an August 3rd decision, the U.S. District Court for the Southern District of New York (the "SDNY") agreed with New York and invalidated that component (and other parts) of the DOL's regulations.

Just recently, the DOL revised its regulations in an effort to bring them into compliance with the SDNY's decision. The new rule took effect on September 16th. In addition to exempting the same sorts of "health care providers" from FFCRA leaves as those covered by the FMLA's original definition (i.e., licensed providers), the new rule clarifies that the term "health care provider" also encompasses "any other employee who is . . .

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employed to provide diagnostic services, preventive services, treatment services, or other services that are integrated with and necessary to the provision of patient care and, if not provided, would adversely impact patient care." (emphasis added).

As examples, the new rule states that the exemption covers nurses, technicians, and employees providing diagnostic services, preventative services, therapies, and check-ups. The revised exemption, however, does not apply to "employees who do not provide health care services . . . even if their services could affect the provision of health care services, such as IT professionals, building maintenance staff, human resources personnel, cooks, food services workers, records managers, consultants, and billers." This appears more consistent with Congress's intent, which was (presumably) ensuring that the public has enough essential health care workers to treat patients during the pandemic, while still providing some safety net to employees who need to stay home as a result of the public health emergency.

Although only time will tell, not only do the revised DOL rules appear more consistent with the FFCRA statute, but they also appear to broaden the kinds of employees to whom employers in the health care industry (including dentists) can decline FFCRA leaves. Whereas previously, it looked like dentists declining leaves to hygienists, dental assistants, and technicians risked violating the FFCRA, the new rule significantly lessens any legal risks associated with doing so. ■

Matthew H. Parker is a partner at Whelan Corrente & Flanders LLP in Providence, specializing in employment law and business litigation. He can be reached at 401-270-4500 or mparker@whelancorrente.com.

From Dr. Dave Ward, RIDA Council on Communications Chairperson

Dear Colleagues,

I am reaching out to all of you to let you know of my situation. Last week, one of our Hygienists called in sick. Three days later she tested positive for COVID-19. Now I am sitting at home quarantined for 14 days. No work, no income, no production AGAIN!

Our hygienist did not contract the virus in our office (naturally, nobody takes infection control and patient safety more seriously than we do). She simply went up to New Hampshire with family to visit friends and have a "SAFE" gathering. Four days later, after she developed symptoms, she was informed that her family friends were sick and they were the vector for her sickness. The State of R.I. immediately shut us down and informed us that the 14 day quarantine BEGINS when the LAST person who tests positive is diagnosed. All of our team members have been tested and thankfully are negative. If any of them had come back positive (some only found out yesterday due to the huge number of people being tested thanks to a second wave), then our closure would have lasted almost 3 full weeks!! I don't know about all of you, but this kind of situation could be financially devastating for some.

Why am I telling you all this? Because it is IMPERATIVE that you sit your staff down and carefully explain to them (sorry, but particularly the young ones) that the social interactions they are having could lead to devastating results at a time when our practices are already in a fragile state. Following an encouraging summer of declining COVID numbers, the State began to open up. This could have happened to pretty much ANY one of my team because we were all starting to get back into a normal routine. Dining out, gathering with friends, and just being less cautious OUTSIDE our offices was becoming the norm.

I hope that you will all benefit from my unfortunate situation in that you can be PROACTIVE with your team members. We all need to be cognizant to continue to be socially responsible when interacting outside the office to help prevent the spread. With Holidays coming up and more people taking it indoors, the risk is greater than ever. Please be safe, stay well, and hopefully this will all be over as soon as possible!!

Warm Regards,

Dr. Dave Ward

DENTISTS HAVE AN IMPORTANT ROLE IN HPV AND CANCER PREVENTION

BY JENNIFER FRUSTINO, DDS, PHD
DIRECTOR OF ORAL CANCER SCREENING AND DIAGNOSTICS
ERIE COUNTY MEDICAL CENTER, BUFFALO, NY

Did you know that 80 million people in the United States are currently infected with the human papillomavirus (HPV)? Almost all sexually active people will get HPV at some time in their lives and most will never even know it. Luckily, most infections clear after about one year. Sometimes the infection is not eliminated by the immune system and can linger- that is when it can cause cancer.

Oropharyngeal cancers related to HPV are on the rise and dentists should be the next group of practitioners participating in HPV prevention. Along with head and neck cancer, HPV also causes cancer of the cervix, anus, and genitals. According to the CDC, there are approximately 39,000 HPV-associated cancers diagnosed each year in the United States. There are around 16,000 cases of oropharyngeal cancer diagnosed annually and more than 70% of them are driven by HPV.

If we could reduce or eliminate HPV infections, we could also lessen a tremendous cancer burden. There is a vaccine available for HPV prevention, Gardasil 9. It is thought that the vaccine provides almost 100% protection against cervical cancer and may help prevent oropharyngeal and genital cancers. Gardasil 9 was recently approved by the FDA for head and neck cancer prevention. The CDC guidelines recommend boys and girls receive the vaccine series beginning at age 11-12. It can be given as early as 9 years old and up until age 26. Some individuals up to 45 years of age can be vaccinated under special circumstances. We now have almost 15 years of data since the HPV vaccines were introduced and we know the vaccine is not only safe, but it is working based on significant declines in HPV infection rates.

Rhode Island students are required to begin the HPV vaccine series before entry into 7th grade. However, most state immunization requirements do not mandate the HPV vaccine for school attendance. Rhode Island, Virginia, Puerto Rico and the District of Columbia are the only four jurisdictions that currently require HPV vaccination for school. In the United States, the HPV vaccination program is mostly provider based, meaning its administration is dependent upon the recommendation of a health care provider. Provider recommendation plays a significant role in shaping patients' and parents' intention to accept the vaccine.

Dental professionals have historically focused on secondary prevention by screening for cancer by visual exam and palpation, but we may now be key providers in primary prevention by promoting the importance of the HPV vaccine to our patients. Previous research has shown that dentists are willing to discuss HPV and oropharyngeal cancer with their patients, but that we may not have the appropriate levels of knowledge about HPV or HPV prevention.

Fortunately, the ADA has made tremendous strides over the last few years to provide members with resources to learn about HPV and related cancers and prepare us for conversations with our patients about HPV and the vaccine as a cancer prevention tool. In October of 2018, the ADA adopted the following policy on HPV Vaccination for the Prevention of Oral HPV Infection urging dentists to support the use and administration of the HPV vaccine:

> The ADA adopts the position that HPV vaccination, as recommended by the CDC Advisory Committee on Immunization Practices, is a safe and effective intervention to decrease the burden of oral cancer and oropharyngeal HPV infection; and be it further
>
> **Resolved**, that the ADA urges dentists, as well as local and state dental societies, to support the use and administration of the HPV vaccine as recommended by the CDC Advisory Committee on Immunization Practices; and
>
> **Resolved**, that the ADA encourages appropriate external agencies to support research to improve understanding of the natural history of HPV infection, transmission risks, screening and testing.

In 2019 the ADA stressed the importance of HPV vaccination during April's Oral Cancer Awareness month, introduced new continuing education courses, increased social media campaigns and supported scientific publications. There were eight sessions focused on Oral Cancer and/or HPV at the ADA FDI World Dental Congress last year.

A no-cost dental office toolkit designed by the Massachusetts Coalition for Cancer Awareness is available at **www.teammaureen.org**. The ADA and the National HPV Vaccination Roundtable also recently released an Action Guide that highlights five specific actions your practice can take to help reduce HPV infections, available at: **https://ebd.ada.org/~/media/EBD/Files/DENTAL-Action-Guide-WEB_ADA.pdf?la=en**.

The ADA also released a patient brochure titled "Oral Health and the HPV Vaccine". This brochure provides patients with basic information about the HPV vaccine. It includes the CDC recommendations about who should get the vaccine; when and how many doses; vaccine safety; signs and symptoms of oropharyngeal cancer; and a simple illustration of the oropharynx. A 6-panel brochure pack of 50 is $28.00 for members ($42.00 retail) available at **ADAcatalog.org** or calling 1-800-947-4746. ■

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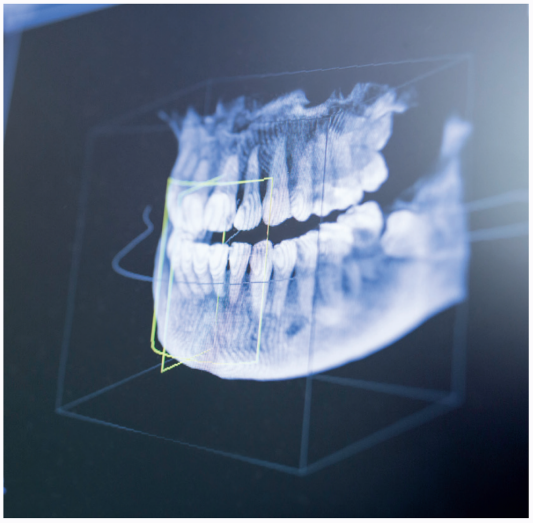

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ALL ABOUT CHARACTER

What my time with the Army National Guard has taught me about being a dentist

BY DR. CASEY NORLIN

THIS ARTICLE ORIGINALLY APPEARED ON SEPTEMBER 10, 2020 IN THE ADA NEW DENTIST NOW, NEWDENTISTBLOG.ADA.ORG

The Army Blackhawk helicopter banked over the mountain ridges of California before soaring through the canyons and hovering over treetops doing their flight maneuvers. A giant grin was across my dusty face as I savored every moment.

I had joined a soldier who was doing a preventative medical visit for another battalion at Fort Hunter Liggett. There was room in the helicopter so I went to meet the physician assistant and medics in the unit to do some pocketbook training on managing dental emergencies in the field. I was enjoying a moment of a lifetime!

On the returning trip we landed in a dry dusty field at Camp Roberts and as I was walking back to our BSA (Battalion Support Area), my Commander met me at the gate of concertina wire.

"There is a possible facial fracture and they need you."

Quickly, I ran across the Battalion Support Area to my dental aid station. How many dentists can say that in a matter of moments from exiting a Blackhawk they get to see a patient with a possible facial fracture? Nothing makes me prouder and excited to say that I am a dentist for an Infantry Brigade and it all started with a conversation at a local gym several months earlier.

In dental school they place so much focus on technical aspects or scientific facts that seem like they are the biggest influence on your career. The occlusal wax-up voids from first-term that makes you question why you even started dentistry, the bird's beak of enamel on a plastic tooth for a class II that makes you fail your practical, forgetting the steps of the Kreps Cycle, or feeling like an idiot because it took an entire three-hour visit to seat a crown for a patient.

But in a way, that is furthest from the truth. As a profession that focuses on fixing "teeth" we should remember we are actually medically healing humans and that requires trust, honesty, and character in relationships with others, which is more important than the names of prestigious schools, expensive CE courses, or fancy spa offices with TVs in every room. If these health care values are lacking, it will be detrimental to our profession.

Since I was a child, I had this passion down to the core about serving as a defender and light bearer for the values I hold dear. The same passion that has existed in the hearts of mankind through millennia from the Hoplite's who stopped the Persians, the Roman Legionnaires who traversed to the ends of the earth, the Patriots at Concord and Lexington, and to my ethnic Finnish people who against impossible odds stopped the Soviet Union not once but twice during WWII. So it was only natural for me to be drawn to the US Army National Guard of Citizen Soldiers.

As soon as I got my dental degree, I started the several month application process to become a commissioned dental officer. During this time as my application was being processed, I was working out at the gym when I noticed one of the members wearing a National Guard shirt. I walked over and started up a conversation. What are the chances that the man I spoke with was a Medical Service Corp Officer, who managed Oregon Army National Guard Medical Units? Over the coming months he became both a good friend and mentor.

Finally came the day for swearing in. It was an overwhelming experience to walk into a room with high ranking officers who spent decades in the army with multiple combat deployments going over my resume, asking questions, and then after the meeting, signing the final documentations appointing me and entrusting me to join their ranks as a commissioned officer for the United States Army.

Here I was a captain who couldn't sail a ship, fly a plane, or lead a company of soldiers. Ironically an army medic of four months had a larger scope of practice than my decade of dental education. I worked with other Army dentists doing dental exams for soldiers. It was very laidback and casual. Unlike other soldiers and officers who go to basic training or officer candidate school, mine was scheduled over a year away in Texas so it seemed like a low-key way to enter the army.

Several weeks later my friend told me about a position for a line unit that I might be interested in. It was a medical company that supported an infantry brigade and one of their components was dental. It became a night and day difference. Soon I was learning and doing tactical movements in convoys and on the ground, marksmanship, surviving ambushes with airsoft/paintball, simulated Triage and MASCAL, tactical causality training, and emergency medicine. When not out in the field, I was busy managing the equipment and supplies for our mobile dental clinic. It was one of the best decisions I made!

Even though I was the only dentist, the other officers, medical providers, and enlisted soldiers were a wealth of information and were there to help me mature as an army officer — another important aspect of life. Professors in college and other dentists were not my only educators. It is amazing how people from all walks of life can teach you and help you grow as an officer, medical provider, and person.

Later when I went to my officer training in Texas, one of the army officers made a point that stuck with me. He told the entire class that a few lectures are not going to make you an Army Officer but it is a lifetime process of learning. The Army can't train you overnight with the necessary character, morals, and ethics of what an army officer is supposed to be; that is something that is ultimately influenced by multiple authentic experiences within the Army Culture over time.

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I pondered those thoughts as I reminisced about all the weekend drills, experiences with others, field exercises, and the training forging me into the officer I had become. Dentistry has those moments too: the interview process, white coat ceremony, graduation, and then organizations that cost thousands of dollars to give you extra letters behind your name. None of that training or learning actually measures or trains your honesty, respect, and character. In a sense the most important thing about our medical training is something no diagram in a book, measurement from a probe, test on an iPad, or PowerPoint slide can ever teach or quantify. The character you possess and want to demonstrate is only up to you to decide. ■

Disclaimer: These are Dr. Casey Norlin's personal experiences and are not the official policy or position for the United States Army.

Dr. Casey Norlin is a New Dentist Now guest blogger and went to Oregon Health and Science University. He comes from a rural background and lives in Oregon City, Oregon, with his beautiful wife. Casey works in public health, has been a volunteer firefighter/advanced EMT for Colton Rural Fire District, an assistant professor for OHSU SOD, and is an Army dentist for the ORANG 41st Infantry Brigade. As of now he still hasn't decided what he wants to do when he "grows up."

WRITE FOR RIDA

We are always looking for articles! If you have anything to contribute, please send it to Madeline at madeline@ridental.org!

A PULMONOLOGIST, AN OB-GYN, AND A SURGEON WALK INTO A DENTAL OFFICE:

The effect of increased PPE on the oral health of medical workers

Lisa Reynolds, BA, RDH, takes a glimpse into the health of hospital and dental workers after months of new PPE guidelines.

First published on DentistryIQ.com

Working across the street from a major university hospital, about half of my patients are health-care workers. My office is an established boutique practice that has steadily operated under the same dentist for 40 years. The patient base consists of loyal, longtime patients who refer new patients. Patients come here for honest, conservative dentistry and the playful wit of their dentist. Pre-COVID-19, I was averaging about 11 patients a day, three days a week, so I saw about 15 health-care workers per week. Then the pandemic hit, and all the dental offices closed.

Fast forward 10 weeks and we reopened. New protocols, PPE, and adjusted schedules went into effect. I started seeing patients again, but eight a day instead of 11, and about 12 per week were health-care workers. Overall, patients were happy to be in the dental office. I was hearing things like: "I am so happy to be here!" and "I am so glad I got the text!" There is always that small percentage who love getting their teeth cleaned, but this was happiness across the board. After thinking about it, it does make sense. These health-care providers who had been battling so hard for humanity the last three grueling months were finally getting care.

Noticing a trend?

One patient I saw is a pulmonologist. She told me the last three months have been the hardest in her life, but for now, things have slowed down enough for her to catch up on some self-care. Her chief complaint was that her night guard had split and she was having cold sensitivity on her lower right side. The dentist diagnosed that she had a fracture on number 30 and needed a crown and a new night guard.

The next morning, I saw a surgeon, a longtime patient, whose radiographs showed a large three-surface cavity on number 19.

That same day, I saw an ob-gyn. She was having pain on a previously filled molar. The tooth was cracked and needed a crown.

Another patient, a respiratory therapist, was diagnosed with localized perio and had a white coating on her tongue.

Multisurface cavities, localized perio, and candidiasis—in such a short span of time and with such severity—made me pause and investigate further, because these patients were healthy six to eight months ago. I decided to review the radiographs of the previous week's patients. They also seemed to indicate a heightened number and severity of diagnostic issues. This looked like a trend, so I started to ask my patients questions to get a better understanding of what might be happening:

- What PPE are you using?
- How many hours a day are you wearing it?
- Are you mouth-breathing all day?
- What's your go-to drink to hydrate?

What I found out was they were wearing multiple masks, usually a level three over an N95, averaging 8-12 hours a day, sometimes longer. Most of the time they were mouth-breathing, but some were not sure. To hydrate, I heard responses such as coffee, water, carbonated water, energy drinks, and soda.

Recommendations

Informing patients about what I was finding and why I thought this was happening got their full attention. The response has

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been that of concern and determination to regain control of their dental health. I discussed the role of dry mouth on decay, sensitivity, periodontal disease, and candidiasis.

What can they do? Use products containing xylitol such as rinses, lozenges, and/or slowly dissolving disks such as Xylimelts. I also recommend arginine-containing products such as BasicBites to increase the pH after eating or drinking. I have tried both of these products and the Xylimelts have worked really well for dry mouth when I am wearing an N95 mask. I have used BasicBites after I eat or have coffee to neutralize the pH. I gave samples of the product that was the best fit and had patients pull up the product on their phones so they had the image handy to order the product after they left. Eight to 10 days later, I followed up with a text to see if they were having improvement. I also advised limiting acidic drinks and salty foods. Alternatively, I recommended plain water or—if they were consuming coffee or anything acidic—to consume in a short duration instead of throughout the day. Then afterwards, I advised chewing a BasicBite as it will increase the pH to restore a more basic environment in the mouth.

Making a connection: PPE and dry mouth

During the office closure, I did my best to rebalance and found time to attend several online webinars and caught up on my CEs. A recent article I read was in DentistryIQ titled, "Headaches, exhaustion, anxiety: The physical and emotional challenges of returning to work during the pandemic," by Anne Guignon, MPH, RDH, CSP. Most of what I was experiencing at work was addressed in this article. Sweat, headaches, and dry mouth have become the new norm.

Keeping conscious of my own overall and dental health, I began to connect Anne's article to what was happening to my patients who work at the hospital. If you have worn an N95 with another mask over it and a shield, you know how dry your mouth gets. Imagine this all day, every day, for months. We as dental professionals are just getting started. In six weeks of being back to work, I am noticing how significantly dry my mouth has become compared to when I was practicing before the pandemic. Then I observed an increase in caries, localized perio, and candida in patients who were consistently healthy pre-COVID-19.

Comparing Notes

Diving into articles about dry mouth, I reread Anne's article about the effects of PPE on dental professionals, and at the bottom I saw her email. If anyone would be able to guide me on this, it would be Anne. So I emailed her and a few hours later we were speaking over the phone. We discussed the need for surveys and data collection to gather more information. She shared with me how she knows of health-care workers who are also elite triathletes, struggling with athletic performance. The side effects of PPE are yet to be seen. More needs to be done to get data collected about the dental health of health-care workers and how they have been affected by PPE. The data I have is concentrated from a small group of health-care workers, but this could be the key to getting valuable information to ignite data collection on a larger scale.

As I write this, some states are seeing a surge in cases, and hospitals are becoming full again. The crisis is not going away any time soon. As more data is collected, it is prudent for dental professionals to take measures to protect our own dry mouths due to PPE and spread the awareness to our patients. ■

Lisa Reynolds, BA, RDH, *is the founder and lead coach of Align Dental Consulting. She received her bachelor of arts degree in psychology from Cabrini University. Lisa has worked alongside health-care professionals in both clinical and nonclinical roles since 1996. In 2009, she discovered her passion to provide direct patient care and education through pursuing a career in dental hygiene and received her degree from the Community College of Philadelphia. She is a member of ADHA, and from 2011-2013 she served on the board of PDHA as trustee for the Philadelphia component. Lisa also enjoys working in private practice in Philadelphia and New Jersey and can be contacted at lisa@aligndentalconsulting.com.*

THIS JUST IN!
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DON'T TOUCH THAT PATIENT'S CARD!

As dental offices adjust to COVID-19 realities, one relatively easy area to minimize physical contact with patients is in the payment process.

BY PHILLIP E NIETO, PRESIDENT BEST CARD TEAM

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Phil has worked for Best Card since 2014 and helps businesses that are interested in learning more about Best Card's services, as well as working closely with our many endorsed associations. He's known for bringing a fun, easy-going attitude into the office (and more importantly, for bringing his fun, easy-going dog Auri). In his spare-time he enjoys eating as much as possible, reading, playing piano and hiking/backpacking all over Colorado.

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2

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3

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YOUR GUIDE TO A HEALTHY PRACTICE

COMMUNICATING WITH YOUR PATIENTS DURING A PANDEMIC

How to make personal connections in a "contactless" world

BY: ANDREA GALLIMORE

When you were making New Year's resolutions for 2020, you never could have imagined the world as it is today. This year you've had to face the unimaginable: closing your practice for a time, furloughing or possibly laying off staff, watching your revenue dry up during the closure and convincing patients it's safe to receive treatment in your practice.

Then there are the old lingering concerns such as increased competition, open schedules and reduced profitability due to lower insurance reimbursements. All of these issues have created a perfect storm for dental practices. The good news is you can weather it and come out on top with strong patient communication.

Patient communication is more important than ever

As everyone is doing their part to control the spread of the coronavirus, going "contactless" is a safer choice for your team and patients. Yet, even as you eliminate points of contact, you don't want to cut out personal connections.

While always important, communication becomes even more critical during times of crisis to inform and connect with current and prospective patients. Strong communication is key to keeping a loyal patient base and attracting new patients.

You can use best practices and modern technology to help make your burden light with patient engagement, reputation management and online marketing tools. Using the right technology is paramount to your practice's ability to pivot quickly.

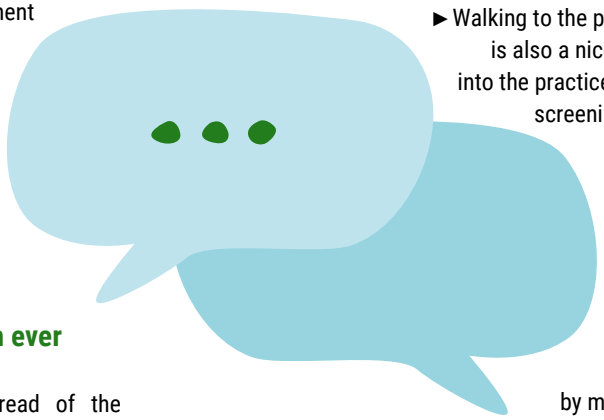
Consider new ways to communicate

Begin by taking time to reflect. What was working well before the pandemic that you can continue to do? What will you need to change going forward? Don't be afraid to reexamine processes and tools you've taken for granted and try solutions you may have ruled out in the past.

COVID-19 guidance and policies change from week to week. Use patient communications tools and strategies to make sharing updates easy, so you can stay more connected with patients while decreasing calls and physical contact.

► Send a regular e-newsletter to keep patients up to date with new policies and safety protocols, and help them stay connected to your practice while staying safe.

► Use two-way texting or calling to follow CDC and ADA guidance on asking patients to wait in their car until the dental staff is ready to treat them. Texting is a quick and simple way for staff to notify patients it's their turn to come into the office, and it also helps your office communicate with patients in the way many prefer now.



► Walking to the parking lot and escorting them is also a nice way to welcome them back into the practice, and if feasible, temperature screenings can take place there, too.

► Stay in touch - without over-communicating. Your patient communication software should allow you to send automated reminders with custom parameters, so patients don't get overwhelmed or annoyed by multiple email, phone, and text reminders.

Share information quickly on your website

Your patients are nervous about COVID-19 and are seeking information to calm their fears. They want to know things like - is your office open? What ADA-recommended restrictions should they be aware of before coming in? Can someone accompany them? Is it required to wear a mask?

Your website is the quickest way to broadcast information to a large audience of current and prospective patients and is one of your best tools to answer questions while reinforcing the importance of health and safety for patients.

The recovery from COVID-19 also offers an opportunity to evaluate the branding and key messages on your practice's website. Take a minute to evaluate your website with fresh eyes. Is it modern and inviting? Is the information timely, including your office's newest COVID-19 policies? Do you have several pages that link back to each other to help you raise your Google rating?

We've learned in 2020 that these are new times that call for new ideas. Technology changes quickly. If you haven't updated your website for awhile, it's worth taking a look to see if it needs a fresh look or functionality upgrades.

Let your practice shine online

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As you focus on creating the best patient experience, you'll want to capture those positive experiences to help increase your online reputation. Because you not only need to keep current patients happy, you must continue to attract new patients to thrive.

Reputation management can be complex and time-consuming, but you can enlist the help of an expert or patient communication tools that can dramatically simplify and automate tasks, making them very cost-effect9ve. Some services allow you to automate sending a quick survey to patients to rate your practice or collect reviews from patients with targeted marketing campaigns and allow you to automatically guide incoming reviews to certain platforms, like Google.

As you create a patient survey, research best practices so you can create a simple and short questionnaire that patients will actually take - one that captures positive reactions and discourages negative reviews, so you can build an excellent online reputation that continues to attract new patients.

Make patient communication easy

Bottom line: Patient communication is critical, especially now, but it doesn't have to be complicated. Use modern technology to ease the burden so you can focus on dentistry even as you communicate effectively with patients, leverage powerful positive reviews, keep your schedule full and create the personal connections that keep patients satisfied and loyal.

Is it possible to do all these things and continue creating stronger personal connections with patients not just in today's world, but for years to come. ■

***Ms. Gallimore** has more than 19 years of experience in the dental industry. With her extensive software knowledge and real-world office management expertise, Andrea helps practices maximize efficiency and profitability using Henry Schein One Practice Management Software and eServices.*

Gallimore A. Communicating with your patients during a pandemic. Dental Practice Success. Posted online Summer 2020 at https://success.ada.org/en/practice-management/dental-practice-success/dps-summer-2020/communicating-with-your-patients-during-a-pandemic

WELCOME NEW MEMBERS

Sarah Georgeson, DMD
University of New England, 2019
Graduate: VA Boston Healthcare System, 2020

Anna Lam, DMD
Tufts University School of Dental Medicine, 2020
Graduate: 21 Peace St., Providence, 2022

Sihana Rugova, DDS
Stony Brook University, 2017

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RETIRED MEMBERS

George Gettinger, DMD
40 years of membership

RHODE ISLAND DENTAL ASSOCIATION
875 Centerville Rd.
Bldg. 4, Suite 12
Warwick, RI 02886

ADDRESS SERVICE REQUESTED

Rhode Island Medical Society

Dear Dentists,

We just want to take a second to remind you that if you need help during these trying times, the Physician Health Program (RIPHP) is available to you. If you feel like the stress is overwhelming, you are experiencing professional burn out, noticing an increase in substance use in order to cope and/or other mental health issues, such as anxiety or depression, you are not alone. Many healthcare professionals are struggling right now!

We invite you to look at our website: www.rimedicalsociety.org/physician-health-program.html for more information or feel free to shoot us an e mail:

Jason Conforti, the Physician Health Committee's representing dentist, jdconfor@gmail.com
Or Kathleen Boyd, RIPHP Director
Kboyd@rimed.org

You've got a confidential place to turn to if you need assistance.