

COVID-19 is a global pandemic. You should always be prepared in advance for the inevitable emergency your practice will face. At Levin Group and Dental Business Study Clubs we take very seriously our job of helping you protect and grow your practice.

The current situation with COVID-19 brings to the forefront an important issue for every dental practice – your Emergency Preparedness Plan. We want to take a few moments to reach out to you to address some concerns we have received from many clients on the COVID-19 virus and its potential impact on dental practices. The spread of COVID-19 (coronavirus) has taken root across the country new information is arriving hourly. As much as we should be concerned about the spread of the virus, we shouldn't be hitting the panic button. Now is the time to plan and make sure our business continuity strategies are ready to go.

It is time to plan and answer the question “what if?” Many of our clients have asked us what to do in the face of the COVID-19 outbreak, and much of the answer to that question matches the Emergency Preparedness Guidelines for business systems, that we teach our clients. For example, right now you should be asking yourself if you are prepared if your employees need to stay home due to quarantine or similar occurrence?

Emergency Preparedness

Let's focus on the current emergency to talk about how to always be prepared. We are all highly attentive to the COVID-19 pandemic and its implications personally and professionally. There's a great deal that we do know and perhaps an even greater amount that we do not know. However, emergency preparedness will be critically important for all types of practices. Keep in mind that most practices will not face many of these issues, but if you do, being prepared in advance can make the difference in how severe the effects will be.

Key Points

1. Staff illness policy

A cold or flu-like illness today could turn out to be COVID-19 and this requires a new attitude and way of thinking. The ADA has issued guidelines stating that staff experiencing influenza-like-illness (ILI) (fever with either cough or sore throat, muscle aches) should not report to work.

Review your manual to see if you have a policy for staff members who become ill. You do not want any staff member who is feeling ill in the office and because test kits may not be readily available you will not be able to wait until they are tested.

Determine your policy. Do you want them back when they feel better or do you want them to self-quarantine for 14 days? How many missed days will be included in sick leave and how many days will be paid leave? Can they use vacation time to recover? Does your policy manual state that a doctor's note is required and should that be waived given that COVID-19 is a pandemic. In any HR or payroll-related policy, check you state law to always remain in full compliance. Realize also that modifications to state and federal employment law and any new government policies may override your internal policy so be sure to stay well informed.

Communicate your policies clearly with the team. If you don't shape the message in advance, then rumors begin. People will make their own decisions and they may not be in the best interest of themselves or the practice. Also, keep in mind that your team are also everyday Americans that have a great deal of anxiety about the pandemic. Let them know your current policies regarding COVID-19 and show compassion and support for the well-being of all team members and patients.

2. Staff travel policy

Most offices do not have an official policy that addresses staff travel. Although travel restrictions for leaving and entering the country issued by the government are likely to increase (currently there's no travel coming from Europe) you may want to establish and communicate a policy for your team members who leave the country and return, or visit any "hotspots" in the United States. Have any of your staff members left the country within the last 30 days? Have any traveled to areas that are high risk? How many days after returning will staff members be permitted to return to work?

3. Doctor coverage

Doctors are often the last ones to think that they will be affected, but they are just as susceptible as anyone else. Perhaps even more so because of the volume of patients coming through the practice. Even if you have associates or partners you must determine how you handle patient care if one or more doctors in your practice is exposed to COVID-19. Also, keep in mind that if a doctor or team member is exposed you may need to close the entire office and have everyone self-quarantine.

If the doctor is diagnosed with COVID-19 (or any illness suspected of possibly being COVID-19) what is your plan for patient care?

We strongly suggest that you write scripts now and have them ready in the event of this situation. You want to be able to quickly communicate with patients without creating fear. You want to let patients know that all safety precautions are being taken.

Determine your coverage plan. For solo practice dentist be sure to identify other dentists who will make themselves available to cover if you must be out of the office, or you for them. You may even consider certain specialist such as Oral Surgeons and Endodontists who may agree to participate with emergency care for your patients, should the need arise.

4. Staff coverage

Plan for staff coverage if a team member is out. Some practices have a large enough team, with cross-trained staff to easily cover someone who is out, but many others do not. Document in advance, position by position, how you will handle it if a team member is out of the office for any period.

You might also consider asking part-time team members if they would like to work extra days or shortening office hours if necessary. In extreme circumstances you may consider asking if any staff members might be able to shift vacations until we move through all this.

5. Contact temporary agencies

Proactively establish a relationship with a temporary employment agency now, even if you don't have an immediate need. You simply want to find out how they work, if they have available labor and what positions they can temporarily fill if a team member goes out on short term absence. Create a job profile for each position so that you can hire emergency labor if any team members are out or need to go on longer-term leave.

6. Managing no-shows and cancellations

Even in a crisis where we are focused on health and safety it is still important to think about practice performance and practice production. We are already seeing an increase in no-shows and cancellations of patients who are concerned about going to the dentist in the presence of the virus outbreak. **We currently estimate that many practices will experience a 10 to 15% decline in production this year.** The key is to manage through it and be well-positioned for the future.

Levin Group strongly recommends that you immediately put in place a program for all patients who do not currently have appointments, those who have cancelled and those who simply have not shown up for an

appointment. Contact them regularly with positive communication so that when we move through the COVID-19 crisis they will return to your practice. You should clearly outline all the safety precautions you are taking and that you look forward to them making their next appointment. You should be communicating with this group an average of every 30 days. Your communication should not focus exclusively on COVID-19, but rather on general oral health related communication so that they keep you top of mind as their dental provider. The goal is to lose as few patients as possible even if they put off their appointments during the outbreak.

7. Confirm supply chain and inventory

There has been a huge demand for infection control and virus protection products. Gloves, masks, hand sanitizer, wipes, alcohol, cleaning products, etc. Communicate with your supply chain companies where you purchase basic supplies and equipment to determine the availability of products you need. Although we always encourage watching overhead and being lean it is probably prudent to stock up (without hoarding) in these areas when you find product availability.

Pay attention to your inventory. Make sure you have enough supplies on hand in case your supply chain is disrupted. It is also important to find and secure a back-up provider as well. It is likely that companies will experience intermittent shortages of some of the manufactured products. Having multiple sources increases your chances of maintaining the inventory of critical supplies.

8. Computer back up and remote access

It is possible that your entire office could be shut down for 14 days. Are you prepared to access your computer systems if you are quarantined at home? What jobs in the practice can be done at home versus those that can only be done in the office?

Have your plan in place and ready. How will you communicate with patients? How will you communicate with each other? What is expected of the team over the period working from home? Which jobs and tasks are essential and which can wait?

While you are looking at your remote access capabilities, make sure your IT provider has installed, and is updating, all your virus protection systems and has the necessary security protocols in place to protect your practice data and your patient records. Don't forget about backups either.

All these questions should be addressed with a plan. Once again, we hope you do not have to experience this, but it's better to be prepared.

9. Review your business interruption policy

We have found over the years that most dentists do not really know the details of their insurance policies. Immediately speak to your insurance expert and get detailed information about your business interruption policy. What is covered? What is the amount of coverage? What is the deductible? When does it kick in? For example, it might not kick in for 30 days. A 14-day interruption for self-quarantine might not be covered.

The important point is to find out what you have, determine what you need and make any adjustments to coverage that make sense.

10. Write your scripts now

Do you have existing written scripts if the doctor is out, the practice is closed, or your hours become limited? You also need scripts for patients who call or text to ask if it's safe to come into the practice, how you are protecting them and if they should postpone their appointments. Don't rely on team members

(some of whom may be temps) to know what to say to your patients. Write it down ahead of time and review it with the team.

11. Expect many patients to either reject or delay treatment

This is due to both COVID-19 infection fears and economic uncertainty around stock market declines and talk of recession. If we look back in history to the 2008–2009 recession we should expect to start seeing some of the same behavior patients exhibited then. People were scared. Some people have a lot less money (even if only on paper). People are paralyzed. We are expecting to see a drop in larger and more expensive cases and some decline even in routine dental care. We do not expect to see a drop in procedures such as root canals, but we may see some patients opting to extract a tooth rather than undergo the root canal and crown procedure. While one may think this would lead to an implant, it may not if there are financial considerations preventing a patient from undergoing the more beneficial treatment.

12. Conserve cash

Companies that survive crises are often the ones that have an available cash reserve. Even though we are predicting a decline in production this year, we also are strongly encouraging practices to conserve cash. For example, if the practice is shut down for 14 days with no production but team members are still paid sick leave and/or vacation time, there will be a need to cover those costs.

One approach to consider is for doctors to temporarily lower their take-home income and place that difference into a practice cash account. The tax aspects can be worked out later in the year to avoid any tax consequences, but for the short term having more cash on hand is beneficial to the practice.

Summary

Our strongest advice is don't panic. This is a challenging time. Make logical and calm decisions. Use of experts and advisers as necessary to prevent your practice from either ignoring the current situation and getting caught off guard or making illogical decisions to create long-term damage to the practice. In a time of crisis, it is important to implement or prepare the best strategic scenarios without overreacting. We wish you health and safety. We will get through this, hopefully sooner rather than later. Dentistry, as has happened before will bounce back to a vibrant level and continue to make a difference in the lives of your patients.

PS. Feel free to forward this to friends or colleagues so that everyone in our profession might be best prepared in the face of an unprecedented situation.

Note: Local laws may vary. Government guidelines and regulations are rapidly changing. When implementing HR policies, it is advisable to check with your attorney.