

VIRTUAL 04.23.20
DTA / ADA
TOWN HALL



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Agenda

▶ **Introduction/Opening Statements**

[Greg Chavez](#) (DTA Chief Executive Officer)

▶ **ADA Update on Priorities**

- Common Ground 2025 Highlights
- COVID-19 Impacts

[Dr. Kathleen O'Loughlin](#) (ADA Executive Director)

▶ **Economic Impact**

- Highlights of 2019 YE – Where Were We Prior?
- COVID-19 Data / Impacts – Where are we now? | Uncertain Future

[Dr. Marko Vujicic](#) (ADA Health Policy Institute Chief Economist and Vice President)

▶ **Advocacy Response**

[Michael Graham](#) (ADA Government and Public Affairs Senior Vice President)

▶ **Science & Practice Update**

- Task Force: Practice Protocols Based on Science
 - Testing, Masks, Supply Chain
 - Short and Long Term Implications

[Dr. Marcelo Araujo](#) (ADA Chief Science Officer) & [Dr. David Preble](#) (ADA Practice Institute Senior Vice President)

▶ **Q&A Session**

[Fred Freedman](#) (DTA Vice President of Member Services)

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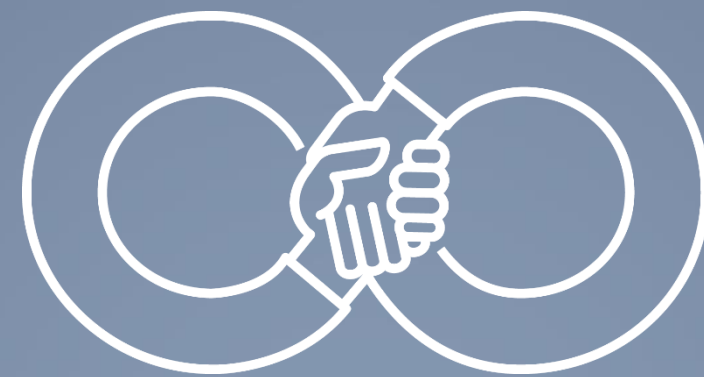
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DTA Staff Contacts



ADA Update: Priorities

Dr. Kathleen O'Loughlin
ADA Executive Director



Common Ground 2025:

Strategic Plan / 2020 Operating Plan
Alignment

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ADA's Goals



Membership Goal

The ADA will have sufficient members to be the premier voice for oral health.



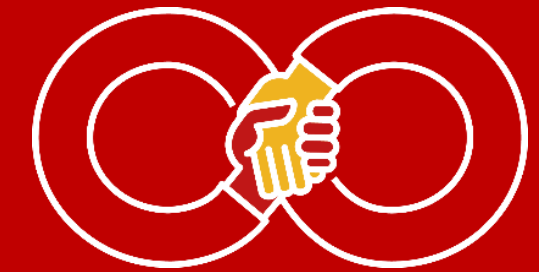
Finance Goal

The ADA will be financially sustainable.



Organizational Goal

All levels of the ADA will have sufficient organizational capacity necessary to achieve the goals of the strategic plan.

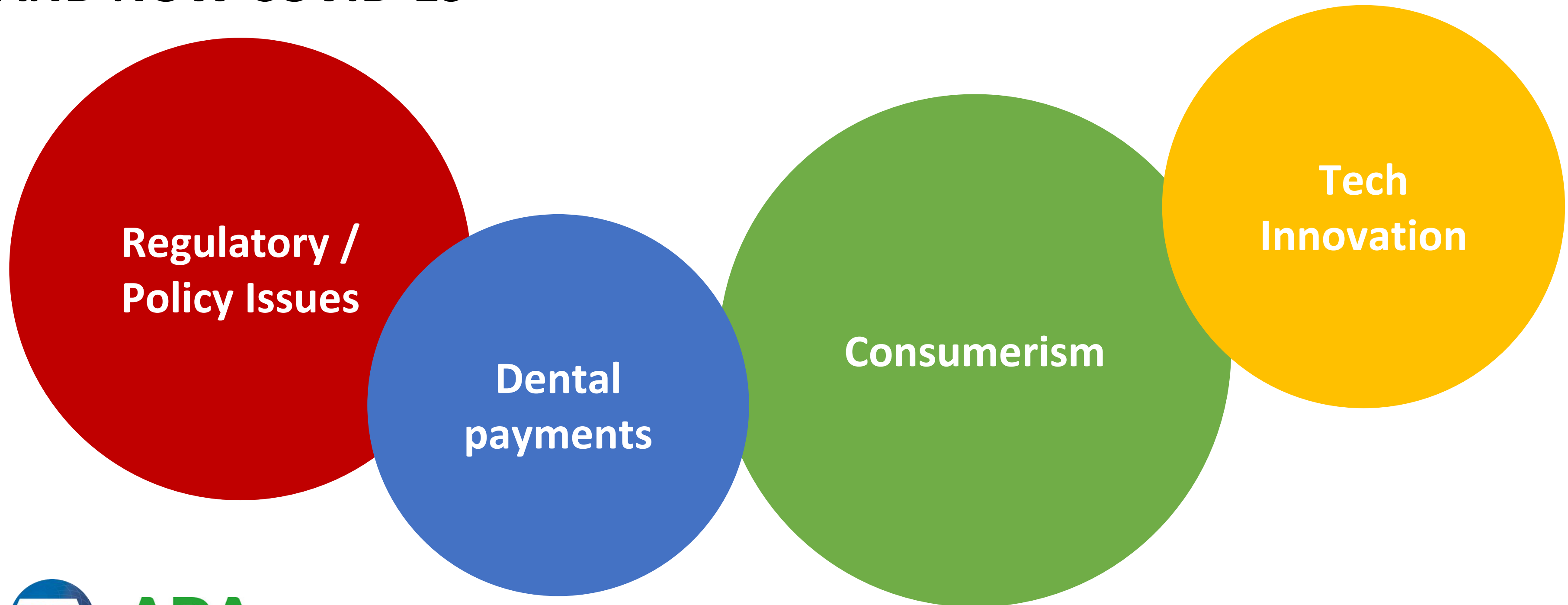


Public Goal

The ADA will support the advancement of the health of the public AND the success of the profession.

The environment remains dynamic

AND NOW COVID-19





How is COVID-19 Impacting the Dental Care Sector?

Marko Vujicic, PhD

Chief Economist & Vice President

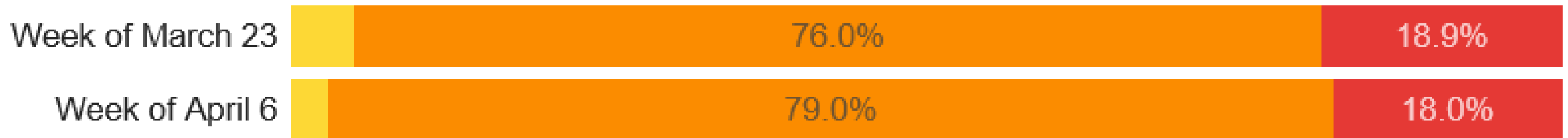
HPI Health Policy Institute

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Economic Impact Poll

What is the current status of your dental practice?

All Respondents

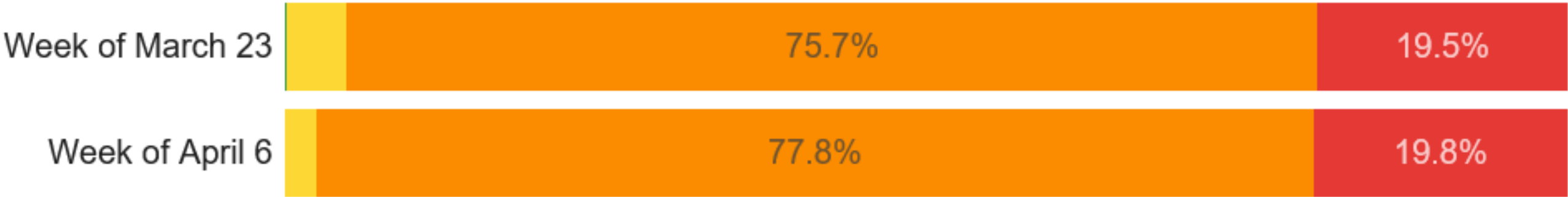


- Open and business as usual
- Open but lower patient volume than usual
- Closed but seeing emergency patients only
- Closed and not seeing any patients

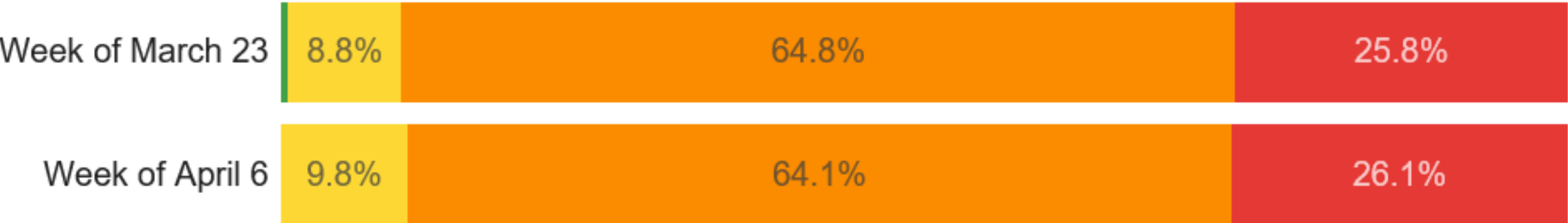
Economic Impact Poll



Practice Status: Solo Dentists



Practice Status: Large Group (10+ dentists)



- Open and business as usual
- Open but lower patient volume than usual
- Closed but seeing emergency patients only
- Closed and not seeing any patients

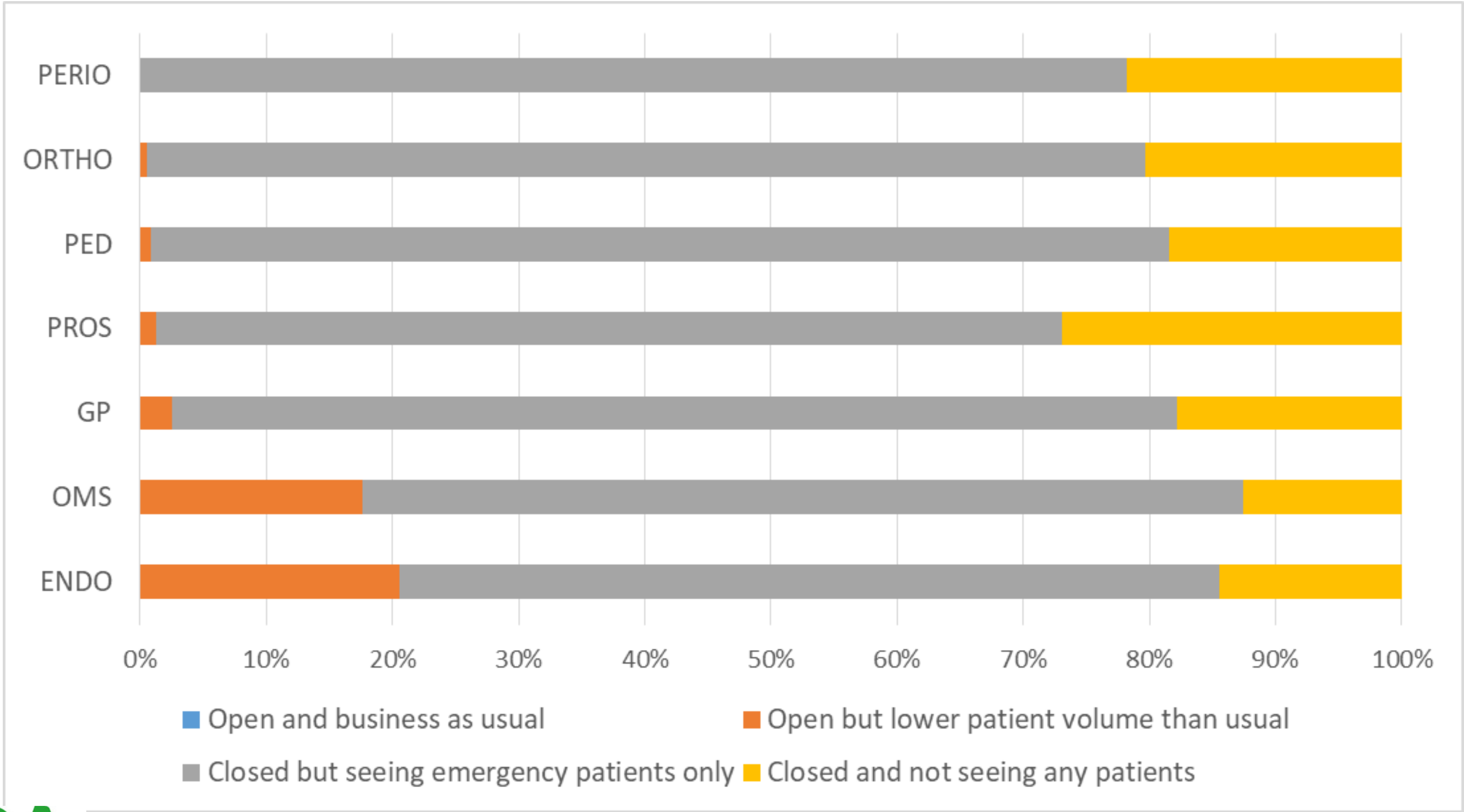


Economic Impact Poll

What is the current status of your dental practice?



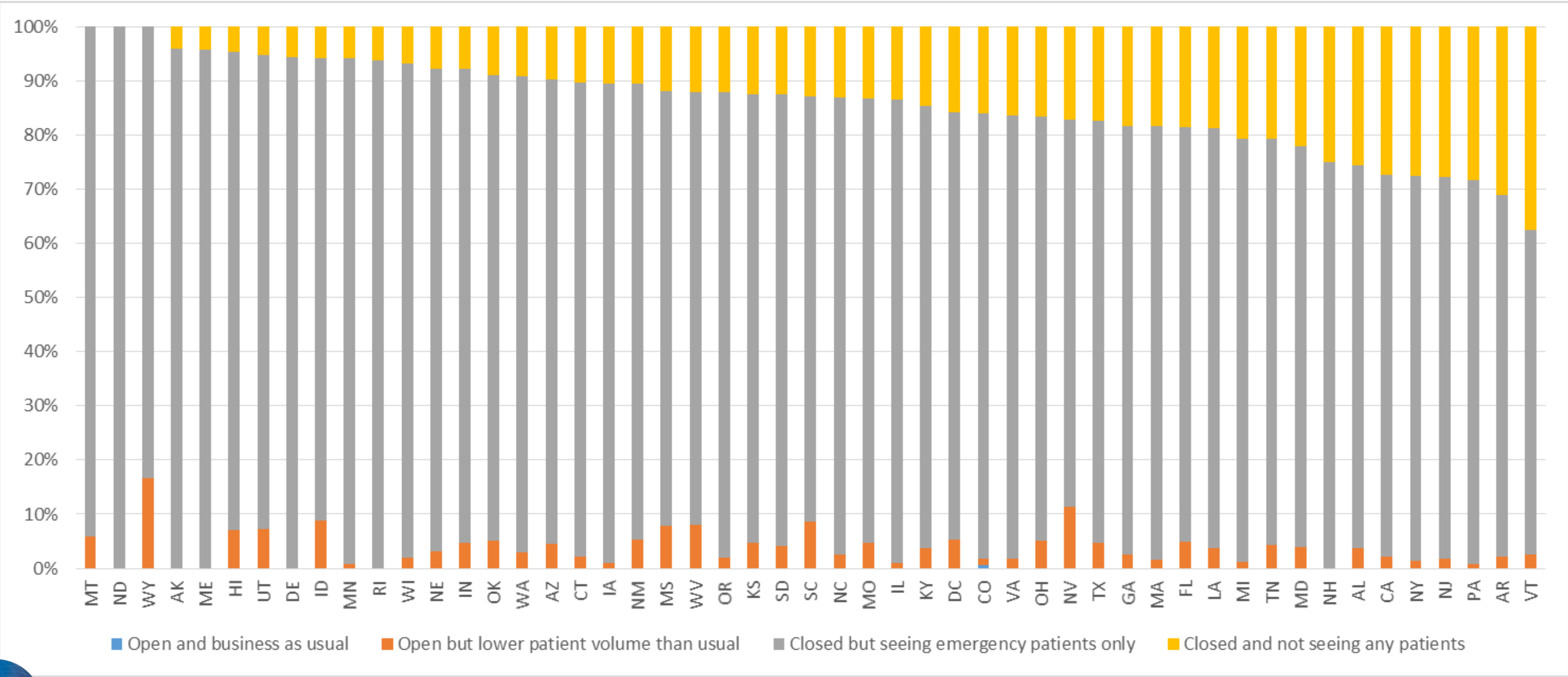
Week of April 6



Economic Impact Poll

What is the current status of your dental practice?

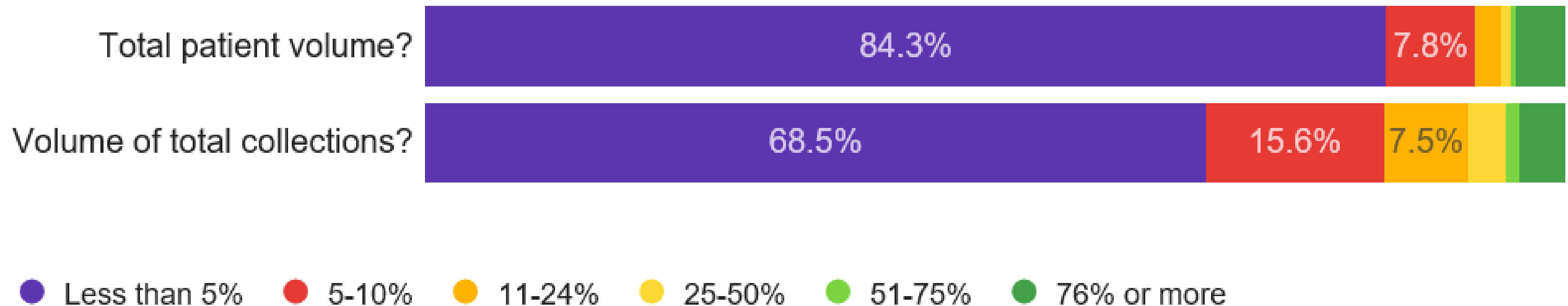
Week of April 6



Economic Impact Poll

How does this week compare to what is typical in your practice, in terms of...

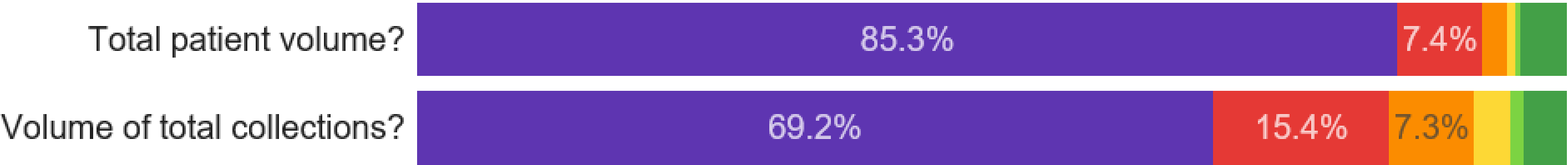
Week of April 6



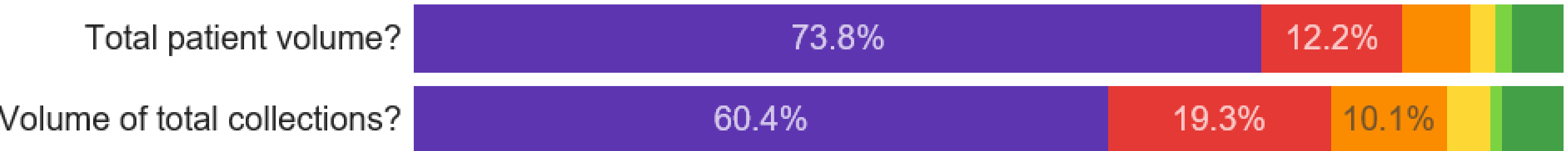
Economic Impact Poll

How does this week compare to what is typical in your practice, in terms of...

Non-DSO: Week of April 6



DSO: Week of April 6



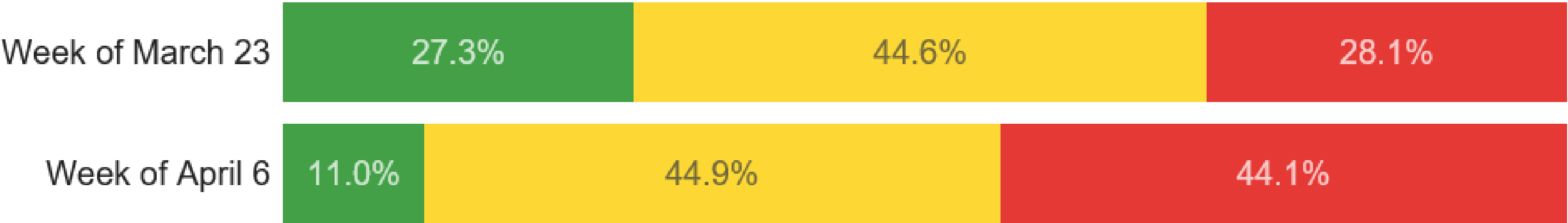
● Less than 5% ● 5-10% ● 11-24% ● 25-50% ● 51-75% ● 76% or more



Economic Impact Poll

Is your dental practice paying staff this week?

All Respondents



● Yes, fully ● Yes, partially ● Not paying any staff

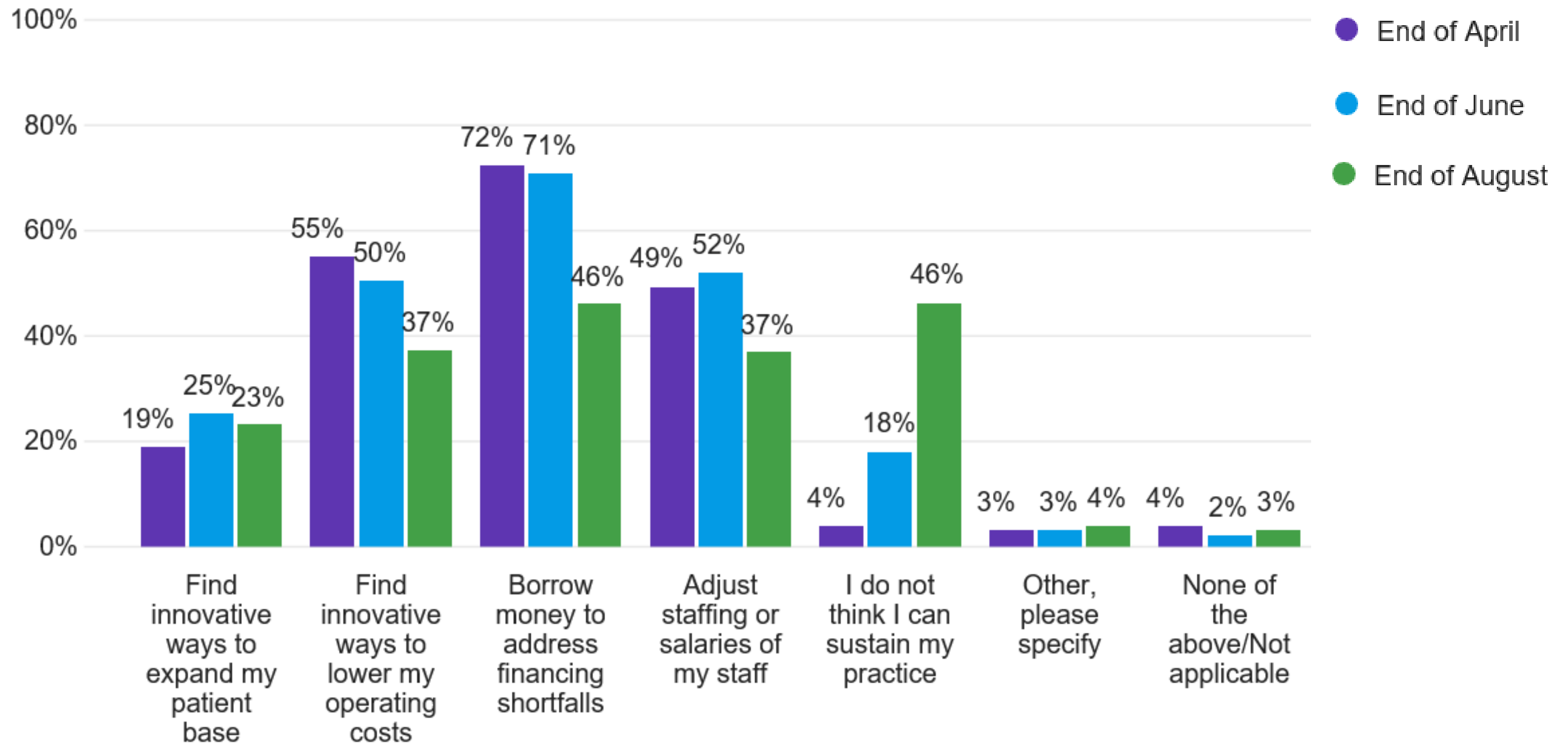
Question of the Week – Week of April 6th

Current CDC guidelines recommend dentists delay non-urgent procedures through April 30. The situation is highly uncertain, but which of the following options would you consider to ensure the sustainability of your practice if the current restrictions on dental practices were to continue through:

Select all that apply. Check at least one option in each column.

	the end of April?	the end of June?	the end of August?
Find innovative ways to expand my patient base	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Find innovative ways to lower my operating costs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Borrow money to address financing shortfalls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adjust staffing or salaries of my staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I do not think I can sustain my practice (i.e. I would close, sell or declare bankruptcy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, please specify below	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
None of the above	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Question of the Week – Week of April 6th



Thank You!



@ADAHPI

[ADA.org/HPI](https://ada.org/HPI)

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Health
Policy
Institute

ADA American Dental Association®



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Advocacy Response

Michael Graham
ADA Government and Public Affairs
Senior Vice President



Science & Practice Update

Dr. Marcelo Araujo
ADA Chief Science Officer

Dr. David Preble
ADA Practice Institute
Senior Vice President

ADA Interim Guidance for management of Emergency and Urgent Dental

ADA Interim Guidance for management of Emergency and Urgent Dental Care

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Legal Statement:

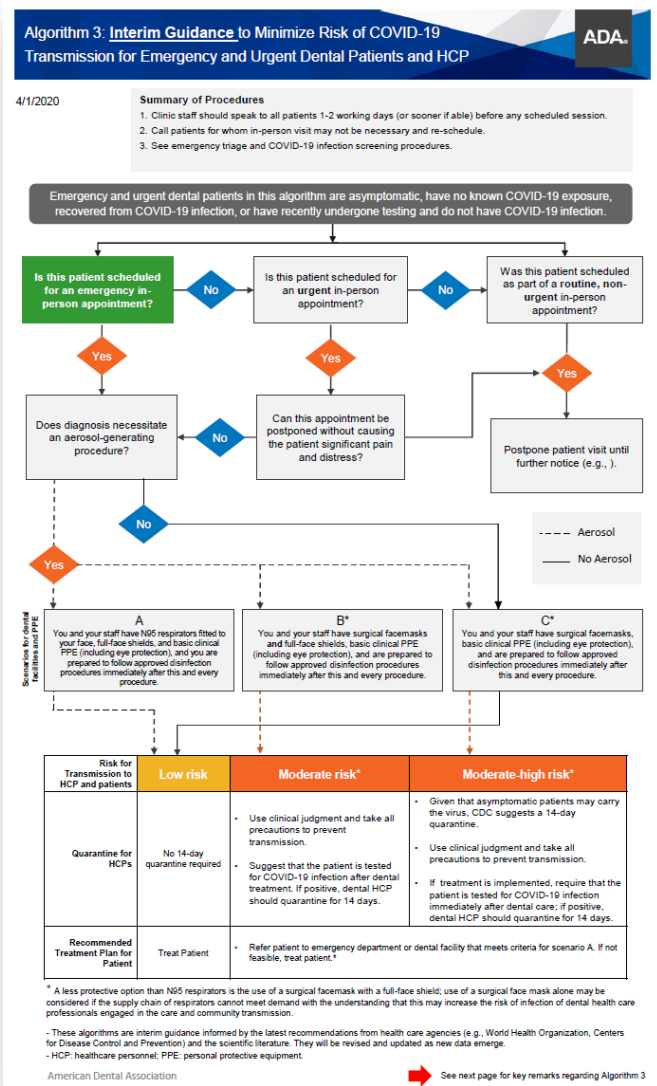
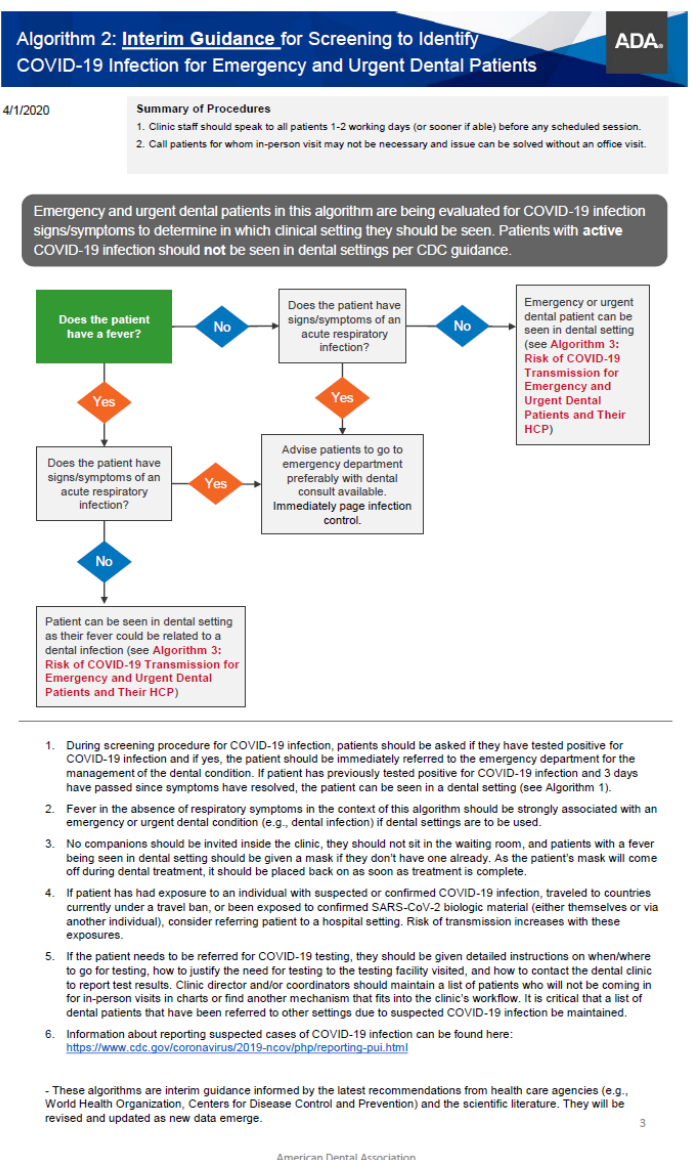
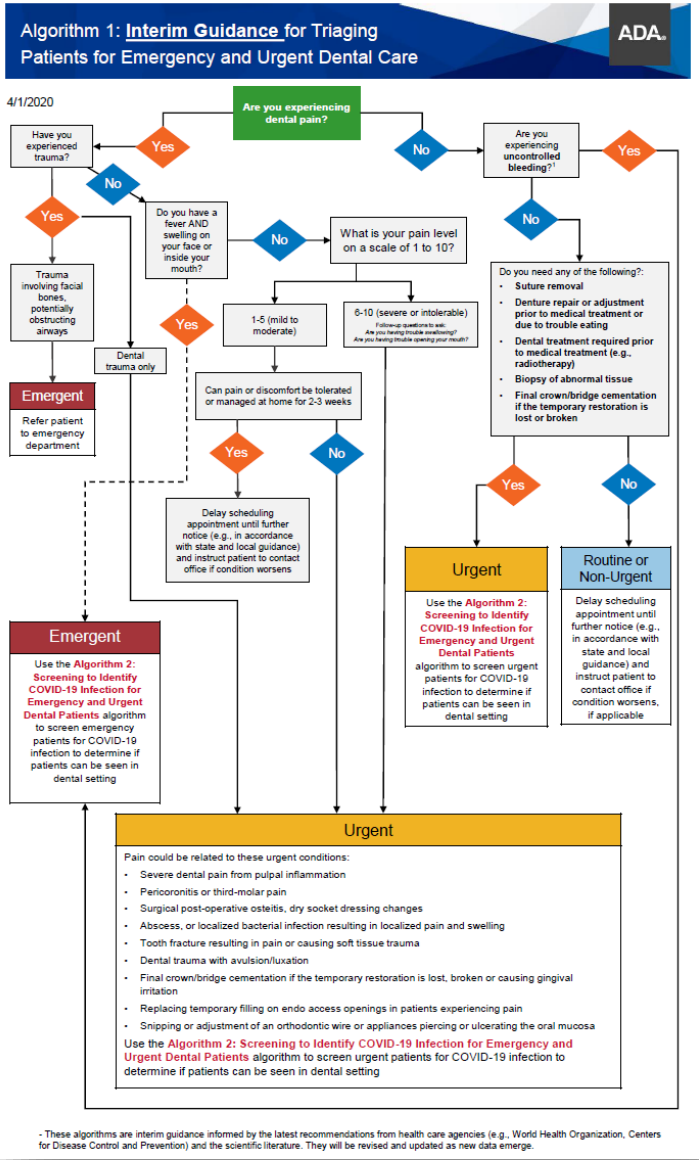
The accompanying algorithms are guidance and not directives. They do not override laws, regulations, or official orders that exist or that may come into existence in particular states or localities. Dentists should stay up-to-date about local developments in this regard and, if necessary, consult local legal counsel. The ADA encourages dentists making treatment decisions to consider these algorithms in exercising their clinical judgment based on their own education and experience and in the light of any unique patient-specific factors.

The purpose of the algorithms is to assist dentists and dental offices in making informed decisions concerning patient triage, evaluation, and treatment during the COVID-19 crisis. The algorithms are based on the best scientific information currently available to the American Dental Association and are not influenced by legal, economic, or political considerations. They provide conservative general guidelines that may eventually be shown to have more applicability to some regions and practice settings than to others. As more information becomes available, they may be modified or supplemented.

The algorithms do not constitute legal advice or legal guidance, but because their goal is to minimize transmission of the coronavirus to patients and the dental team to the reasonable extent possible in the context of providing for patient healthcare needs, the algorithms may serve to help lower legal exposure by lowering the risk that anyone will contract the virus in a dental office that follows them.

Ethical Support:

The [ADA Code of Ethics](#) supports the process defined herein as a way to address emergency/urgent care given current knowledge.



Algorithm 3: Key remarks

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1. The three algorithms serve as interim guidance for triage, screening and risk assessment of patients during the time of COVID-19 pandemic.

2. If basic PPE, including surgical facemasks are not available, do not proceed with any dental procedure, regardless of emergency/urgent patients.

3. If a patient with a confirmed diagnosis for COVID-19 within the last 14 days, who presents with respiratory symptoms, is treated in the dental office, or if any patient is treated without the appropriate PPE, these are considered **high-risk scenarios**. Dentist and members of the dental team should proceed to 14-day quarantine.

4. Surgical facemasks should be selected based on procedure being performed. Level 3 masks should be prioritized for aerosol-generating procedure when scenarios A and B are not possible.

5. An aerosol-generating procedure performed **without** N95 respirator is a moderate-risk scenario for COVID-19 transmission to HCP and other patients.

6. If the patient is referred for COVID-19 testing, they should be given detailed instructions on when/where to go for testing, how to justify the need for testing to the testing facility visited, and how to contact the dental clinic to report test results. If a test is positive, the clinic needs to report the exposure to all patients treated after the infected patient.

Additional measures

- Use dental hand-piece with anti-retraction function, 4-handed technique, high-volume saliva ejectors, and a rubber dam when appropriate to decrease possible exposure to infectious agents.
- Hand-pieces should be cleaned after each patient to remove debris followed by heat-sterilization.
- Have patients rinse with a 1.5% hydrogen peroxide or 0.2% povidone before each appointment.
- For pediatric patients who cannot rinse, always have a rubber dam placed for all aerosol generating emergency procedures. The use of pre-procedure rinse should be substituted by the use cotton rolls soaking, as it may difficult for these patients to rinse appropriately.
- Guidance titled [ADA Evidence-based clinical practice guideline for the urgent management of pulpal- and periapical-related dental pain and intraoral swelling](#) is still applicable.
- When appropriate, use NSAIDs in combination with acetaminophen to manage dental pain.
- Clean and disinfect public areas frequently, including waiting rooms, door handles, chairs, and bathrooms. Patient companions should wait outside clinic or in car.
- Office manager and/or other staff should maintain a list of patients who will not be coming in for in-person visits in charts or find another mechanism that fits dental office's workflow. It is critical that a list of dental patients that have been referred to other settings due to suspected COVID-19 infection be maintained.
- Patients with a resolved COVID-19 infection can be seen in a dental setting:
 - 1) at least 3 days (72 hours) since COVID-19 infection symptoms resolved **AND**
 - 2) at least 7 days since their symptoms first appeared (defined as resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms) (e.g., cough, shortness of breath).

4/1/2020

American Dental Association

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For Updated Information Visit: ada.org/virus



COVID-19 Testing

- Antigen (active case) and antibody (may still be active case, or exposure in the past) both available
- Caution on gray market
 - False (-) can give false sense of security
 - Needs to be FDA approved through rigorous testing for specificity and sensitivity
- Limited Availability for dentists now to access tests
 - Need fast point-of-care test that accurately predicts the presence or absence of COVID-19 virus in real time.
 - When available dentists should be able to test in office, not for the purpose of diagnosing disease, but as a screening tool.
 - CDT codes already passed so can submit claims for testing procedure.

COVID-19 Interim Mask and Face Shield or Goggles Guidelines

- Use the highest level of PPE available
 - K95, KN95 or equivalent (low risk for aerosol-generating procedures)
 - With goggles or face shield
 - FDA list of approved manufacturers: <https://www.fda.gov/media/136663/download>
 - Surgical mask (moderate risk for aerosol-generating procedures)
 - With goggles or face shield
 - Levels 1-3, with Level 3 having maximum fluid resistance, bacterial and particulate filtration efficiencies and breathing resistance.
- Some risk is inherent in all scenarios, so must use professional judgment.
- Without the minimum of surgical mask + face shield – high risk

Questions

Type your questions into the 'Questions' pane in your control panel.



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