

ODA Today

A publication of the Ohio Dental Association focusing on dentistry in Ohio

QuickBites

COVID-19 Update

This issue of the “ODA Today” is devoted to the COVID-19 pandemic. You will find information and resources as well as perspectives from our members throughout the publication.

Please be aware that information related to COVID-19 is changing at a rapid pace, so while this information is up to date as of the time it was sent to print, more recent and updated information may be available.

To view the most recent updates, the ODA has created a page of COVID-19 resources for dental offices in Ohio that can be viewed at <https://oda.org/member-resources/covid-19/>.

Please understand that this information is not business or legal advice. Our goal is to give members resources to ensure that they are prepared when talking with their personal human resources staff, attorney or accountant.

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Ohio Dental Association working on members’ behalf during COVID-19 pandemic

By ODA Staff

The Ohio Dental Association has been working diligently on members’ behalf from the beginning of the COVID-19 pandemic. From advocacy efforts to providing information to emergency meetings of the Executive Committee to answering questions, ODA leadership and staff have been busy.

Here are some examples of steps the ODA has taken for members:

- The ODA has been in contact with the governor’s office and state of Ohio to ensure that dentists would be able to provide care for patients with emergency dental situations.
- The ODA advocated on members’ behalf by sending a letter to the U.S. Department of Labor asking for dentists to be exempt from certain provisions of the Families First Coronavirus Response Act. At the time of publication, the ODA was awaiting a response.
- The ODA has advocated for additional funding for unemployment benefits and other resources for unemployed dentists and dental staff.
- The ODA advocated in support of the state of Ohio making unemployment compensation immediately available.
- The ODA has advocated for additional grants and loans for dentist small business owners.
- The ODA has been in contact with private insurers, Medicaid and Medicaid HMOs asking them to cover services provided through technology in order to help triage dental patients and preserve PPE.
- The ODA has been researching and providing information to members through email, oda.org, Facebook and Twitter.

member benefits BUZZ

- ODA staff have personally responded to more than 500 phone calls, texts and emails to members with specific questions related to COVID-19 and provided personalized answers and resources. Topics have ranged from assisting dentists who are working through unemployment compensation issues, SBA loans, dental insurance reimbursement and credentialing, HIPAA compliance and everything in between.
- The ODA advocated in the state of Ohio to ensure employer sponsored health plans could continue to provide coverage for employees impacted by COVID-19 who were temporarily laid off or not actively at work.
- In recognition of the impact COVID-19 is having on small employers, specifically dental offices, the ODA Wellness Trust was able to provide increased flexibility for those members enrolled in the plan. This includes extended coverage for employees laid off or not actively at work because of office closures, a 30-day extended grace period (60 days total) to remit payment for monthly invoice amount, and coverage for COVID-19 testing at no member cost sharing.
- During this unexpected down time for dental offices, the ODA has provided resources for dentists, including a Facebook live event with ODA president Dr. Sharon Parsons updating dentists about the coronavirus pandemic in Ohio, an online opioid CE course and a webinar about in-office membership plans - all free for ODA member dentists.



ODA Staff
ODA Executive Director David Owsiany and ODA President Dr. Sharon Parsons provided information to dentists via Facebook live. To view the video, visit www.facebook.com/ohiodentalassoc.

The ODA will continue to work on members’ behalf throughout the rest of this pandemic and into the future. For resources and information about coronavirus for dental offices in Ohio, visit <https://oda.org/member-resources/covid-19/>.

During Ohio’s Stay at Home Order, ODA staff continue to be available remotely. Dentists with questions should call the ODA at (800) 282-1526 or email dentist@oda.org.

Please also be aware that the deadline to renew your membership is April 30. If you have not already done so, please renew your membership to ensure you continue receiving these services provided by the ODA at www.oda.org/renew.

Ohio dentists under order to delay all non-emergency care

By ODA Staff

All licensed Ohio dentists are currently under an order to provide only emergency care in order to preserve personal protection equipment (PPE) and reduce the chance of exposure to coronavirus (COVID-19). Over the last month, Gov. Mike DeWine and Director of the Ohio Department of Health Dr. Amy Acton have taken a series of steps to reduce the potential spread of coronavirus and preserve PPE and, in furtherance of those goals, on March 17, 2020, the state of Ohio announced that “all non-essential or elective surgeries and procedures that utilize PPE should not be conducted.”

The Ohio State Dental Board issued a directive to dentists with guidance on providing patient care during the state of emergency. The directive states that the following procedures should be delayed:

- Any cosmetic or aesthetic procedures, such as veneers, teeth bleaching, or cosmetic bonding
 - All routine hygiene appointments
 - Any orthodontic procedures not including those that relieve pain and infection or restore oral function or are trauma-related
 - Initiation of any crowns, bridges, or dentures that do not address or prevent pain or restore normal oral functioning
 - Any periodontal plastic surgery
 - Extraction of asymptomatic non-carious teeth
 - Recall visits for periodontally healthy patients
 - Delay all appointments for high risk patients, including ASA 2 and 3 patients, unless it is an emergency
- The Ohio State Dental Board also urged dentists to consider the following additional measures:
- Use cell phone triage – use the cell phone to take a picture of the area and text to the dentist
 - Have a detailed questionnaire/conversation before scheduling appointments and prior to any procedure about flu like symptoms, travel abroad for self and family/friends/co-workers etc. to permit a thorough evaluation of the patient
 - Consider taking the temperature of the patient at the outset
 - Reconsider scheduling high risk patients unless they need emergency treatment
 - Careful evaluation of the need for scheduling of ASA 2 & 3 patients
 - Use of 1% hydrogen peroxide rinse prior to examination of the oral cavity by the patient to reduce microbial load
 - Use of rubber dam isolation & high

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Questions about COVID-19? Contact us!
(800) 282-1526 | dentist@oda.org | www.oda.org



At the time I am writing this we are about two weeks into the state’s order directing all health care providers to delay all elective procedures. I give you that timeframe because by the time you read this undoubtedly even more changes and challenges will have emerged than what I am writing about today. Things seem to change daily, sometimes hourly during this crisis.

Just over a month ago (but it seems like years), ODA leaders were faced with a decision about canceling the ODA Leadership Institute. We had over 250 member dentists registered for the event to be held here in Columbus at the end of March and the programming was outstanding with informative and entertaining speakers lined up and wonderful networking opportunities planned. As anyone who has ever attended the ODA’s annual spring leadership retreat can attest, this program is one of the premier leadership development/CE events for dentists in the Midwest.

At the time, many organizations were still holding events. However, the state of Ohio and the city of Columbus had just canceled “The Arnold” – an annual sports festival in Columbus that attracts tens of thousands of athletes and spectators from around the world. It was a shock to many when the Arnold was cancelled and it got the attention of all meeting planners.

While the decision to cancel the ODA Leadership Institute seems like a no-brainer today, this was in the days before daily press conferences about the number of infections, hospitalizations and deaths due to the coronavirus in Ohio. Ultimately, the ODA Executive Committee made the

Managing the ODA during the coronavirus pandemic state of emergency

difficult decision to cancel the 2020 Leadership Institute (just days later the state of Ohio would issue an order prohibiting any meeting with 100 or more attendees). That was a particularly low point for me as the ODA staff had worked so hard to put a first class event together for our members. At that time, I had no idea that things would get much worse.

On March 13, Ohio Gov. Mike DeWine, Ohio Department of Health Director Dr. Amy Acton, and other state officials held their regular press conference providing updates related to the coronavirus situation. They specifically mentioned that they were reaching out to health care providers, including hospitals, physicians, ambulatory surgical facilities, dentists and veterinarians, because they were planning to order that all elective health care procedures be delayed.

The very next day, on the morning of March 14, ODA President Dr. Sharon Parsons, who is a general dentist on the east side of Columbus, and I had a call with Gov. DeWine, Dr. Acton and other state officials. They explained the extreme need the health care system in Ohio will have for personal protective equipment (PPE) to treat the expected surge in coronavirus patients. Accordingly, they indicated that the state of Ohio would issue an order directing all health care providers to delay elective procedures in order to preserve PPE.

Dr. Parsons and I explained the extreme hardship this decision would have on dental practices and employees in dental practices. The state officials indicated that they understood our concerns but felt they had no choice but to take drastic action in order to fight the pandemic. They also indicated that they would be working with other state officials and the federal government to provide assistance

to businesses and employees who are hurt by this crisis.

We also discussed that dentists should still be allowed to provide emergency services in order to keep patients from presenting at hospital emergency rooms for oral health issues at a time when hospitals will be focusing on addressing the coronavirus crisis and other emergency care. The state officials asked the ODA to work with representatives of the Ohio State Dental Board to develop guidelines for the dental profession in order to comply with the coming order to delay non-emergency care.

After the call, Dr. Parsons and I discussed the surreal nature of the call and the current situation. She said “never in a million years did I think I would have to address something like this during my year as ODA president.” Not surprisingly though, for any of you who know Dr. Parsons, she jumped into this situation with both feet – ready to represent and lead the dental profession and ODA during this crisis.

The next day, on Sunday, March 15, ODA leaders met with representatives of the Ohio State Dental Board to try to develop guidance for Ohio’s dentists in light of the upcoming order to delay all elective care. Some dental leaders came to the ODA offices in Columbus for the meeting held in our Mercer Boardroom, while others who were from other parts of the state called into the meeting. This was before the ADA developed its guidance on defining what urgent and emergency care was. After several hours of research, discussion, and some debate, the group came to a general consensus. That same day, the governor issued an Order closing all restaurants, except for takeout and

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We will come through these uncharted waters

Not that long ago I remember saying to one of my friends “I have been working non-stop. I seriously need some time off.” They say to be careful of what you wish for. I didn’t mean this.

As many of you know, and probably many more suspect, I am a Type A, with all of the things, good and bad that come with it. Even though that is how I am wired, I do believe that life experiences can temper some of that. Looking back, I think that I used to be more quick to anger and jump at things. Even the smallest things would sometimes really bother me. Then 2015 happened. As many of you know, there were many tragedies in that year for me. One byproduct, however, is that it now takes more to anger me and I do not sweat the small stuff as much. I seem more able to step back and take in the

larger view.

By no means am I suggesting that all of you need tragedies in your lives. Quite the contrary, I hope that none of you ever go through that. What I am suggesting, however, is that sometimes things happen that we have absolutely no control over. Initially we fret and stew and work ourselves up into a froth, only to realize that there is not much that we can do. With this pandemic, our profession, and our lives, really, are on hold, suspended for lack of a better word. We each, individually, want to do something to make this go away. We want our lives and our livelihoods back, and we want it now! I think that most of us have come to the conclusion that we are not going to get our wish any time soon. Whether that is good or bad remains to be seen. I have heard most of the debates about whether or not social distancing is the correct thing to do, as well as all of the arguments and statistics. Still, after all of that, I am not sure what to believe. I am worried about my business and my staff. I wish that I knew more about epidemiology. How do I balance the health and well-being of my family, friends and community in general against the health and well-being of my business? Am I being selfish? Are we all having this internal debate? Later today, I will be talking to my therapist by FaceTime. I will probably address those questions, since they bother me. My guess is, that there will be plenty of time for me to work through these things before we get back to work.

One thing that I have learned the hard way is that I can work hard to regain

money or “things” that I have lost. I cannot get back the people that I have lost. That is forever. I hear about herd immunity and while I understand the concept and realize that it will probably be our reality, I worry about those lost. These concepts sound like a good thing unless your loved ones are the ones lost. So, I will continue to self-isolate unless I see an emergency in my office, in which case I will use the same universal precautions that I have always used, since that is all that I have. I signed up to be a dentist and I will continue to make sure that my patients are not in pain.

While I am home I will try to step back and see the big picture. I will appreciate the little things more. I will make do with less and try to help those less fortunate than I am. (Here comes the tough one) I will clean out my basement and garage. Ugh. I will get my yard in shape and do the things I have put off. I also will admit to myself that I alone cannot make a huge difference in the world. For that, it takes a group with the same goal in mind. The longer I have been active in organized dentistry, the more I realize that they do things for us that we never even hear about. I will be writing more about this in the next month or two. But for now, please know that even though we are at home, we have been working tirelessly for you and your practices. These are uncharted waters, but we will come through this. At some point there will be a vaccine and this will all be a thing of the past. So, take a deep breath, try to look at the big picture and I will see you all on the other side of this.

ODA Today

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Legal Briefs

Eric S. Richmond , Esq.
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Law and legislation in a nationwide pandemic

We are truly in an unprecedented time when it comes to law making and the impact of the law on our society. When the governor made his first order during this nationwide pandemic it was truly an unprecedented decision. When the governor canceled the Arnold Sports Festival in Columbus I was shocked and puzzled at how the government had the power to restrict private business in such a way. At the time I was concerned about what the canceling of that program could do to the future meetings that the ODA had planned. At that time, in early March – which feels like years ago at this point – I thought there was very little chance that

anything would happen to ODA meetings, which are only attended by hundreds or thousands at most. But as I am writing this it is not a surprise to anyone that ODA meetings were canceled due to this virus. The power for the governor to do this falls within the purview of an emergency order and what the Department of Health can do to protect the public under an emergency order.

This idea that the government has the ability to take great measures to ensure that the public is protected brings with it very positive and negative comments. There are many people who very much appreciate what the governor and health director are doing and there are others who are confused with why the actions are being taken without stronger facts and science as a basis for their decisions. However, when we sit back and think about it, I think that we can all agree that the governor and his staff are in a difficult position when given the information they have and then making a decision that is going to affect a great majority of the public. I would state that, from my

research, I do not think that the governor has overstepped his power. However, he has made some decisions that no other governor has ever had to make, which means challenges will come, but no precedent exists.

So from a legal standpoint, the last few months have been an unprecedented time. The actions taken by the executive branch of government have created a scenario where small businesses are suffering. In a time of suffering there have been some positives that have come out of this due to the action of the legislature. In Ohio and on a national level the legislature has been willing to work together to come up with legislation that will help those in need. It seems to me that representatives and senators have come together to pass legislation with true bipartisan support. Bills in both the Ohio legislature and the U.S. Congress have come together in mere days. Even though the media has covered some of the bickering back and forth, the matter of the fact is that these pieces of legislation passed and were signed into law in a week’s timeframe. A

normal bill in either the Ohio legislature or U.S. Congress takes months or possibly years to be passed into law.

This fast pace moving legislation creates new difficulties for the lobbyists of the world. In the normal legislative or executive setting there are many strategies that the ODA uses to ensure that our message is clear to the government. Legislatively there is time to read over all legislation and mold that legislation into the most effective policy for members. In current legislation, speed is a very key component. The opinions of the ODA and its members are being expressed to the legislature and the governor. However, as our voice is being heard, the legislation that passes will also include other elements and will take longer to understand because they aren’t something that we have studied for months or years. I can assure you though that the staff of this organization is working around the clock to understand the new laws that are being passed and are trying to get resources out to members as soon as we feel that information is accurate.

In this unprecedented time I am proud to work for an association of dentists that care deeply about the patients and citizens of Ohio. Over the last month I have had phone or email conversations with many of you and in those conversations it has been clear to me that dentists are leaders in their local communities, and the ODA communicates that message in our lobbying efforts. Thank you for all you are doing in Ohio. The ODA staff will continue to work for you, and please reach out to us with questions. You can reach the ODA office at (800) 282-1526, and from there you will be directed to the voicemail of any staff member. We are checking these messages hourly and returning phone calls in the order we receive them.



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Practices for Sale

- SW Toledo:** 4 ops, digital x-ray. Grossing \$300K per year. Mainly PPO with some FFS patients. Great merger opportunity as lease is month to month.
- Dayton Area:** General practice with 2 locations. Mix of FFS and PPO with collections over \$750K. 4 ops per location. Paperless and Digital.
- North Central Ohio Orthodontic:** Started from scratch in 2015. Revenue over \$300K on 10 days a month. 100% FFS. 4 chairs with room to expand.
- Butler County:** Primarily FFS with over 1000 active patients. \$185,000 in collections. Digital Pano. Great merger opportunity. Real estate available.
- Cincinnati:** Over \$430K in revenue. 2500 active patients; 40 new patients a month. 5 nicely equipped ops with room to expand. Building also for sale.
- Northeast Cleveland Suburb:** Grossing \$400K. 4 ops. Mix of FFS, PPO & Medicaid. 2500+ active patients, 40 new patients monthly. Refers most specialty work out.

- Stark County:** Grossing over \$600K. Mix of FFS and PPO. Digital with 7 ops, room to expand. 1400 active patients.
- Cleveland Suburb Ortho:** Satellite practice collecting \$380k on 2 days a week. Mix of FFS and PPO patients. 5 chairs with plenty of room to expand.
- Clermont County:** Grossing \$480k. 3 ops with room for expansion. Paperless with digital x-ray and digital PAN. Mix of FFS, PPO and Medicaid patients.
- NW Ohio:** Collecting \$325K per year on 3 days/week. Paperless and digital. Refers many procedures out. Very low overhead.
- Columbus:** Grossing \$325K/year on 3 days a week. Mix of FFS & PPO. 4 ops with room to expand. Referring all specialty work out. On busy road in prime neighborhood.
- SE Ohio:** Mostly FFS. \$188,000 in revenue. 2200 active patients and averaging 20 new patients a month. Located on busy street.
- Dayton:** Grossin \$360K on 2 days/week. Mix of FFS, PPO and Medicaid. 3 ops, room for expansion. 1400 active patients, 35 new patients/month. Utilizes Eaglesoft.

- North of Columbus:** \$300K/year in revenue. 1500 active patients, 28 new patients/month. 3 ops, room to expand. Even mix of FFS, PPO and Medicaid.
- NE of Akron:** Long established general practice. All FFS. \$350K in revenue. 4 ops with room to expand. Real estate available. Located on busy road.
- SE of Toledo:** Revenue of \$700K. Free standing building, high visibility. 3100+ active patients, 50 new patients monthly. 3200 sq/ft, 5 ops. Building also for sale.
- Miami County:** Collecting \$270K per year on 18 hours a week. Mix of FFS and PPO. Eaglesoft. 4 ops. Digital.

Associateship Positions

- We have wonderful, private practice associateships in the following areas:
- Cincinnati
 - Lorain County
 - North Canton
 - Akron
 - Toledo
 - NE Cleveland Suburb
 - NW Ohio
 - West of Cleveland

ORDER, from page 1

- volume suction to limit aerosol in treatment procedures
- Proper disinfection protocol between patients with a possible repeat of the protocol for a second time.
- Finally, the OSDB provided this list of ideas to prevent over-crowding of waiting areas or the possible spread of infection:
- Consider having patients wait in their cars instead of the waiting areas to prevent inadvertent spread of the virus (call patient when surgical area is ready for treatment)
- Consider staggering appointment times to reduce waiting room exposure
- Consider rescheduling elective procedures on ASA 2 & 3 patients (see <https://www.asahq.org/standards-and-guidelines/asa-physical-status-classification-system>)
- Have front desk staff take measures to prevent exposure
- Have sterilization staff, lab technicians and auxiliary staff take adequate measures to prevent exposure
- Limit access to waiting room use to only patients. Accompanying individuals have to wait in their respective transportation
- Remove all magazines/toys etc. from waiting area to prevent contamination.

The order to delay all non-essential surgeries or procedures remains “in full force and effect until the State of Emergency declared by the Governor no longer exists, or the Director of the Ohio Department of Health rescinds or modifies” the order.

For the latest updates on this order and other information related to COVID-19, visit <https://oda.org/member-resources/covid-19/>.

ODA resources to check out while staying at home

By ODA Staff

During the state of Ohio’s Stay at Home Order, some dentists may find themselves with extra time available. The ODA has a few online resources available to keep dentists informed and prepared to return to their practices.

During the first week and half of Ohio’s Stay at Home order, 185 members took the online opioid CE, 70 members downloaded the regulatory compliance guide and 15 signed up to watch a webinar about the ODA in-office membership plan.

“As a new practice owner, the ODA and ADA have been invaluable in helping to navigate, not only the ongoing pandemic, but also the regulatory environment and new CE requirements,” said Dr. Leah Butler, a general dentist in Strongsville. “In my attempt to make the most of my time

View these and other resources at www.oda.org

while my practice is closed, I’ve taken advantage of the ODA’s resources to make sure my practice systems are up-to-date and compliant. I’ve also taken the time to fulfill the new opioid CE requirement by watching the great video prepared by the ODA, featuring our fantastic member dentists and leaders.”

Online opioid CE

The Ohio State Dental Board is now requiring all dentists to complete two hours of continuing education on opioid prescribing and related issues. To help ODA members meet this requirement,

the Ohio Dental Association has created a free online CE course, “A Dentist’s Guide to Recognizing and Understanding Addiction and Engaging in Responsible Prescribing Practices.”

To take the course, visit <https://oda.org/account/continuing-education/>. For dentists who need help logging into the ODA website or accessing the CE, please email jackie@oda.org.

In-office membership plan webinar

The Ohio Dental Association Services Corporation invites you to join us for a free on-demand webinar to learn about how you can increase revenue, retention, and case acceptance for your uninsured patients through an in-office membership plan.

To view the webinar, visit <https://www.dentalhq.com/ohio>. You will need to enter your name and email address and will then be emailed a link to view the webinar.

Regulatory compliance guide

The Ohio Dental Association created a regulatory compliance guide to help ODA members ensure they are in compliance with Ohio regulations. The guide – “Ohio Dentist Advisor: Your Guide to Regulatory Compliance” – includes summaries, checklists and fillable forms to help offices ensure they are compliant with regulations. Take some time while you’re out of the office to review the guide and make sure you’re in compliance.

To download the guide, visit <https://oda.org/member-resources/resource-guides/>. For dentists who need help logging into the ODA website or accessing the guide, please email jackie@oda.org.

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delivery. I remember driving home from the office that night and noticing that the parking lots of the bars and restaurants were eerily empty.

On Monday, March 15, the Ohio State Dental Board issued a directive from the governor to all licensed dentists, which you likely have already read (a summary of which you can find on the front page of this issue of the “ODA Today” and the entire order is posted on the OSDB’s website). It provided guidance as to what procedures are permissible and what should be delayed. The OSDB’s statement also provided tips on limiting patients’ potential exposure to coronavirus (e.g., cell phone triage, etc.). The OSDB’s message also encouraged dentists to review inventories and consider donating “any surplus protective equipment and supplies” to local hospitals and medical clinics to assist in the fight against the coronavirus.

On Wednesday, March 17, a day normally reserved for St. Patrick’s Day celebrations, Gov. DeWine and Dr. Acton announced the issuance of an Order, set to go into effect the following day, directing that “all non-essential or elective surgeries and procedures that utilize PPE should not be conducted.”

On Thursday, March 18, Dr. Parsons issued an ODA President’s Message to assist dentists in complying with the order and to remind them of their obligations as community leaders and respected professionals “to put the welfare of patients and staff, as well as the citizens of Ohio above all else.”

By Friday, March 20, it became apparent that Gov. DeWine was considering a statewide stay-at-home order. The ODA reached out to the governor and his staff reminding them of the importance of designating dental offices as essential businesses so that dentists can still treat emergencies and keep patients from presenting to hospital emergency rooms for oral health issues during this public health crisis.

On Sunday, March 22, the state of Ohio issued an order, to take effect the following day, directing that “all persons stay at home unless engaged in essential work or activity.” Dental offices were designated as essential businesses in order to provide emergency care.

On Monday, March 23, Dr. Parsons and I hosted a Facebook live event providing the latest information on the coronavirus emergency to our members. To date, it is

one of our most viewed videos ever. We know our members are thirsty for information but unfortunately not all sources are necessarily credible. In fact, we have been made aware of several coronavirus-related scams targeted at small businesses and dental offices. We are striving to be timely and accurate in all of our communications – demonstrating that organized dentistry (ODA, ADA, and local component dental societies) continues to be the source of credible information for dentists in this crisis, and always.

The above chain of events has sent shockwaves through the dental profession, the ODA, the health care system, the economy, businesses, workers and families. Every dentist and every dental office in Ohio has been impacted. Dentists who own their own practices struggle to maintain their businesses, figure out what to do about the staff, and make arrangements to treat patient emergencies. Other dentists are worried about their jobs while dental residents and graduating dental students are worried about their future prospects.

The ODA has scrambled to provide the most up-to-date information about all kinds of issues including unemployment benefits, Small Business Administration Loans, and new federal mandates for paid sick leave and expanded family and medical leave. In just the first two weeks after the order to delay elective procedures, the ODA staff has been working day and night to answer more than 500 calls, texts and emails on a slew of different issues. With the passage of every new piece of legislation in Washington the information related to disaster relief loans and other possible assistance changes. We work to keep our members up to date by posting the latest information on www.oda.org and the ODA Facebook page and Twitter feed.

In the days leading up to the state’s shutdown order, I had the ODA’s IT consultant scrambling to make sure ODA staff had the means to work from home so we could continue to provide valuable updates and guidance to our members and engage in important advocacy to make sure dentistry’s voice is being heard during this crisis. We also continue to provide assistance and answer our members’ questions related to various ODA programs. For example, we continue to work with our member dentists who have health benefits for themselves and/or their staff through the ODA Wellness Trust to make sure they continue to have the coverage they need.

As the days go by, the number of issues continues to grow. We have gotten questions about unemployment benefits, SBA loans, the CARES Act, cell phone triage, teledentistry, aerosols, infection control, PPE, loan options, staffing, CE, payroll taxes, and many others. We are here to answer your questions, direct you to available resources and help you through this!

We also have ODA staff members who have been impacted by the coronavirus emergency, and we worry about them and their families as they scramble for child care or to care for a loved one or a parent.

I have a daughter in high school and one in college. While all this was hitting, I received a message that my older daughter was required to move out of her dorm at The Ohio State University. My wife and I hurriedly loaded up the SUV and minivan

to move our daughter back home. Since we are now all staying at home just about 24/7, it has brought us closer as a family even as we try social distancing. There are no school activities so we regularly eat dinners together for the first time in years. We are only a couple weeks in and it is all good so far. If this goes significantly longer as some predict, I am skeptical this family bliss will continue! We’ll see.

This crisis is a challenge for everyone – but especially the dental profession. The ODA continues to work on your behalf. And your leaders – especially the members of the ODA Executive Committee – have been particularly engaged to ensure that we are in position to provide assistance to all of our members in their time of need. We will all get through this. Together. Hang in there.

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Dr. Frank R. Recker practiced general dentistry for 13 years and served as a member of the Ohio state dental Board before entering the legal profession, where he has been serving dentists exclusively for over 25 years.

Dr. Thomas J. Perrino has been a practicing dentist for over 30 years and was admitted to the Ohio Bar in 2014. Actively involved in organized dentistry, Dr. Perrino assists in the representation and defense of dentists in all practice related matters.

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Membership renewal due by April 30

The ODA has been here for you during the COVID-19 pandemic. If you have not already done so, please consider supporting the ODA and your profession by renewing your membership. This will also ensure that you continue to receive important updates, resources and information from the ODA after the membership dues deadline on April 30.

Please renew online at www.oda.org/renew, by fax at (614) 486-0381, by mail to Ohio Dental Association, P.O. Box 734508 Chicago, IL 60673-4508 or by phone at (800) 282-1526.

If you are a retired life member or have already paid your dues, thank you! You do not need to take any action.

Business resources for dental offices during COVID-19 pandemic

Throughout the COVID-19 pandemic, the ODA has been keeping members updated about business resources for dental offices. This information changes on a daily basis, so please visit www.oda.org for details on:

- SBA loans
- Unemployment resources
- The CARES Act
- The Families First Coronavirus Relief Act
- And more

For information on these business resources and other topics related to the coronavirus pandemic for dentists in Ohio, visit <https://oda.org/member-resources/covid-19/>.

Watch out for COVID-19 scams

The U.S. Department of Justice warns that a number of scams related to COVID-19 have been reported.

According to the Justice Department, reported scams include:

- Individuals and businesses selling fake cures for COVID-19 online and engaging in other forms of fraud.
- Phishing emails from entities posing as the World Health Organization or the Centers for Disease Control and Prevention.
- Malicious websites and apps that appear to share virus-related information to gain and lock access to your devices until payment is received.
- Seeking donations for illegitimate or non-existent charitable organizations.

For more details on this and information on how to report a potential scam, visit <https://www.justice.gov/coronavirus>.

The Better Business Bureau also has several resources on potential scams related to COVID-19 and how to avoid them. For more details, visit <https://www.bbb.org/council/coronavirus/>.

Are you receiving our communications about COVID-19?

The Ohio Dental Association has been sending out regular communications about COVID-19 via email. If you are not receiving our emails, please email dentist@oda.org to ensure we have your correct email address on file. You can also add dentist@oda.org to your address book to help make sure you receive our emails.

You can also view our updates on Facebook by liking our page at www.facebook.com/ohiodentalassoc or on Twitter at [Twitter.com/ohiodentalassoc](https://twitter.com/ohiodentalassoc).

Updates are also posted on our website at <https://oda.org/member-resources/covid-19/>.

ODA Meeting & Event Calendar

Apr.

10

ODA office closed for holiday

24

Callahan Memorial Award Commission

May

8

Council on Membership Services

13

Council on Dental Care Programs and Dental Practice

15

Executive Committee

15

ODA Foundation Board

18

Task Force on Diversity and Inclusion

21

Council on Dental Education and Licensure

25

ODA office closed for holiday

Due to the current stay at home order, these meetings are tentative and will likely be conference calls if they are held

Apply for a scholarship or grant from the ODA Foundation

Applications for the ODA Foundation’s 2020 scholarships and grants are now open. Available scholarship opportunities for 2020 include:

- Dental Student Scholarship for dental students who are Ohio residents, members of ASDA and who will be D2s, D3s and D4s in Fall 2020.
- Mercer Leadership Scholarship for OSU dental students entering their D4 year in Fall 2020 who have been Ohio residents for at least five years, are members of ASDA and have a commitment to leadership in dental school and their community.
- Community Dental Health Coordinator Scholarship for individuals applying to a CDHC program who currently are employed by Ohio oral health related organizations.

The deadline for all scholarship applications is June 24.

The ODA Foundation also offers access to dental care grants for Ohio-based oral health-related programs that reach out to the underserved. Applicants must be 501(c)3 organizations in Ohio. The application process is a two-step process with a letter of inquiry due by May 13 and the grant proposal due by June 3.

Scholarship and grant application packets can be downloaded at www.oda.org/community-involvement/oda-foundation/odaf-grants-and-scholarships/.

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Coping with fear, anxiety about dental practice changes during COVID-19 pandemic

By ODA Staff

During the COVID-19 pandemic, many dentists have experienced a drastic change to how they practice, and many may be facing fear and anxiety related to the financial and other implications of this. The "ODA Today" spoke with Arianna Galligher, LISW-S, associate director of the STAR Trauma Recovery Center & Partial Hospitalization & Intensive Outpatient Programs at the OSU Wexner Medical Center and Harding Hospital, to answer some common questions that dentists may be facing during this crisis.

Q: Many dentists have suddenly found themselves in a difficult financial situation where they are uncertain about their future. Many owner dentists have shut down or significantly reduced their practices and are uncertain if they will financially be able to afford the closure. Employee dentists may have been laid off in addition to having significant student loan debt. How can dentists cope with these uncertain financial times and the fear and anxiety associated with this?

A: First, it's important to recognize that a certain level of anxiety makes sense when things outside our control happen and we don't have all the answers about what will happen next. Feeling anxious doesn't mean the worst-case scenario is imminent, but in situations like this it can

give us the motivation we need to consider what "Plan B" may look like. Sometimes it helps to get a little concrete. Instead of worrying about the "what if ..." it can be helpful to sit down with a pen and paper to brainstorm about, "if, then."

Q: Many dentists are very close with their staff and even consider them to be like family, but unfortunately may have had to lay them off. Some dentists may be facing guilt over this situation. How can they deal with this type of guilt?

A: For dentists who've had to lay off staff, it's important to remember that the decision was made to protect the public during this time of crisis. Expressing regret that lay-offs were necessary, and offering reassurance to staff that their jobs will be waiting for them when it's safe to re-open can go a long way toward maintaining healthy relationships with staff. Encouraging those who've been laid off to file for unemployment benefits so that they can receive some income during this time can also help with coping.

Q: Many dentists build close relationships with their patients over many years, but currently cannot see them regularly. How can dentists cope with or manage this disconnect from their patients?

A: Especially while many practices are not scheduling in-person visits, or have temporarily closed their offices, it may be beneficial for dentists to consider schedul-

ing a quick phone call with patients to let them know you're thinking of them during this challenging time. A simple act of kindness like this can have a big impact on the patient, and it can help dentists feel a little more connected. If calling patients isn't an option, it's important to remember that this situation is temporary. This, too, shall pass.

Q: Dentists are used to a lot of social interaction and mental stimulation. How can they cope with social distancing?

A: Many people are finding it helpful to utilize technology to assist with remaining active and social during this time. Face-Time, Google Hangouts, Skype, Facebook Messenger Video, or Zoom are popular platforms where people can videochat to stay connected with one another. Some are using this "forced downtime" to engage with a hobby (like taking a virtual museum tour, reading, playing a musical instrument, dancing, baking, or crocheting a blanket) or learn a new skill (like learning a new language).

Q: As health care workers, some dentists and dental staff members are afraid of becoming infected with COVID-19. How can they cope with this fear?

A: Gather information from reputable sources, follow recommendations about social distancing and good hand hygiene, exercise and eat well, take care of your body, take breaks from the news to engage in something nourishing for the soul.

COVID-19 mental and physical health resources

By ODA Staff

Many organizations have put together resources for dealing with anxiety and depression related to the COVID-19 pandemic. Resources include:

- From the Ohio Department of Health: <https://coronavirus.ohio.gov/>
 - From the Centers for Disease Control (CDC): <https://www.cdc.gov/coronavirus/2019-ncov/prepare/managing-stress-anxiety.html>
 - From the American Dental Association: www.oda.org/coronavirus
 - From the OSU Wexner Medical Center: <https://wexnermedical.osu.edu/blog>
 - From the National Alliance on Mental Illness (NAMI): <https://www.nami.org/getattachment/About-NAMI/NAMI-News/2020/NAMI-Updates-on-the-Coronavirus/COVID-19-Updated-Guide-1.pdf>
- If you are experiencing severe anxiety or depression, please consider contacting one of these helplines:
- National Suicide Prevention Lifeline: 1-800-273-8255
 - Disaster Distress Helpline: 1-800-985-5990 (1-800-846-8517 TTY)
 - Ohio Crisis Text Line: Text the keyword "4HOPE" to 741 741
 - Ohio Department of Mental Health and Addiction Services help line: 1-877-275-6364 (to find resources in your community)

Have a question? Contact the Ohio Dental Association!

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Dental Insurance Corner

COVID-19, tele-dentistry and dental insurance

By Christopher A. Moore, MA
ODA Director of Dental Services

In response to the COVID-19 pandemic, orders from Gov. Mike DeWine, the Ohio Department of Health and the Ohio State Dental Board have mandated that Ohio dentists defer all non-essential and elective procedures in order to preserve the availability of personal protective equipment (PPE) and prevent inadvertent spread of the coronavirus. Dentists are expected to continue to provide for their patients' emergency dental needs and in doing so help keep those patients out of the state's hospital emergency rooms.

In addition to requesting that dentists donate surplus personal protective equipment and supplies to their local emergency management agency (https://webeoctraining.dps.ohio.gov/ohiocountyEMADirectorList/countyemalist_web.aspx) the government's directive has specifically called on Ohio dentists to reschedule elective procedures including, but not limited to:

- Any cosmetic or aesthetic procedures, such as veneers, teeth bleaching, or cosmetic bonding.
- All routine hygiene appointments.
- Any orthodontic procedures not including those that relieve pain and infection or restore oral function or are trauma-related.
- Initiation of any crowns, bridges, or dentures that do not address or prevent pain or restore normal oral

- functioning.
- Any periodontal plastic surgery.
 - Extraction of asymptomatic non-carious teeth.
 - Recall visits for periodontally healthy patients.
 - Delay all appointments for high risk patients, including ASA 2 and 3 patients, unless it is an emergency.

The OSDB also called upon the dentists to, among other dental practice management controls, use cell phone triage whereby the patient or parent/guardian texts a cell phone picture of the area to the dentist.

Questions have been raised relative to if and how dental insurance companies and other third-party payers could or would provide reimbursement to dentists who follow the OSDB's cell phone triage protocol.

Ohio's tele-dentistry law

Tele-dentistry is generally defined as the use of a broad variety of technologies and means to deliver virtual dental services. It is a collection of systems and methodologies and not a specific service.

Ohio does have a specific tele-dentistry law as a result of an ODA access to care legislative initiative. This law, however, does not have much practical relevance to the discussion of providing reimbursement for emergency dental services given the restrictions that are currently in place in Ohio.

The law allows dentists who hold a permit to delegate to qualified dental

hygienists and expanded function dental auxiliaries (EFDAs) the ability to perform services without the dentist being physically present at a location where the service is to be provided. The services that are permitted under this law, however, are largely prohibited to be done by anyone, including dentists, under the current provide-emergency-dental-care-only restrictions.

Insurance company responses to pay dentists

Many insurance companies have already begun reimbursing dentists for providing care via tele-dentistry technology. They have done so without the need for the OSDB to take any action relative to Ohio's tele-dentistry law. They have simply changed their payment code criteria in order to provide reimbursement.

During the time of this public health emergency, providing a patient's dental benefit plan does not specifically exclude it and the patient still has coverage and/or benefits available, many carriers will provide benefits for the D0140 (problem focused limited oral evaluation) whether the service is provided in a dental office or virtually. Some plans provide reimburse-

ment whether the evaluation is done via audio or video technology. Others will only provide benefits if a video component is used as part of the evaluation.

Some payers consider the D0170 (limited re-evaluation) and D0171 (post-operative office visit re-evaluation) procedure codes to be inclusive in the prior treatment or consultation while others provide reimbursement for these codes.

Most insurance companies do not provide separate reimbursement for either of the two tele-dentistry procedure codes, D9995 (synchronous, real-time encounter) and D9996 (asynchronous, information stored and forwarded to dentist for subsequent review). It is important to note, however, that a number require the appropriate tele-dentistry code accompany the submission of the D0140, D0170 or D0171 procedure codes as a descriptor in order for the dentist to be reimbursed for providing the D0140, D0170 or D0171 service.

Most insurers do not provide benefits for the D9311 (consultation with a medical health care professional)

See TELE-DENTISTRY, page 9

ODA members who would like to submit a dental insurance related question, problem or concern may do so by sending the appropriate information to the ODA Dental Insurance Working Group, 1370 Dublin Road, Columbus, OH 43215, or 614-486-0381 FAX, or chrism@oda.org. To see past issues of the Dental Insurance Corner, visit www.oda.org/news and choose the category "ODA Today" and subcategory "Dental Insurance Corner."

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TELE-DENTISTRY, from page 8

procedure code.

A very wide variety exists between dental insurers relative to how they are handling frequency limits on the use of the D0140, D0170 and D0171 procedure codes.

A best practice is to verify coverage whenever possible given the fluid nature of the unusual circumstances facing everyone, the interim nature of the insurers’ policies and the carriers’ statements that they intend to continually evaluate the situation.

The American Dental Association and the ODA have reached out to numerous dental insurers to determine their benefit policies and are working with them to ensure appropriate benefits are delivered to all involved. The ADA has developed an excellent, regularly updated resource, COVID-19 Coding and Billing Interim Guidance, that may be accessed at https://success.ada.org/~media/CPS/Files/COVID/ADA_COVID_Coding_and_Billing_Guidance.pdf?utm_source=cpsorg&utm_medium=covid-cps-virus-lp&utm_content=cv-pm-coding-billing-guidance&utm_campaign=covid-19.

Dental benefit plan administrators have reported that a large number of their staff are now working remotely. Some carriers have had to retrain entire units after personnel have fallen ill or been forced into self-quarantine. While these occurrences have not largely impacted the processing of electronic submitted claims, they have adversely affected the timeliness of processing paper claim submissions and handling other matters that require human intervention.

HIPAA and tele-dentistry

The governmental entity within the federal government charged with enforcing

certain provisions of the HIPAA Privacy, Security and Breach Notification Rules, the U.S. Department of Human Services (HHS) Office for Civil Rights (OCR), has announced it “will exercise its enforcement discretion and will not impose penalties for noncompliance with the regulatory requirements under the HIPAA Rules against covered health care providers in connection with the good faith provision of telehealth during the COVID-19 nationwide public health emergency.” This notification became effective immediately on March 17, 2020.

This applies to tele-dentistry provided for any reason, regardless of whether the service is related to the diagnosis and treatment of health conditions related to COVID-19.

Under OCR’s notice, dentists may use popular applications that allow for video chats, including Apple FaceTime, Facebook Messenger video chat, Google Hangouts video, Skype or Zoom, to provide tele-dentistry without risk that OCR might seek to impose a penalty for non-compliance with the HIPAA rules related to the good faith provision of tele-dentistry during the COVID-19 nationwide public health emergency. OCR has encouraged practitioners to notify their patients that these third-party applications potentially introduce privacy risks and that dentists should enable all available encryption and privacy modes when using such applications.

While the following does not represent official or ODA recommended language, it is provided as a sample to assist ODA members in developing a notice they may use with their patients: “I agree that (name of practice) may communicate with me electronically using remote communications technology (e.g., cell phone, text, video conferencing, email). I understand that there is some level of risk

to electronic communication and accept that risk/waive any HIPAA concerns. I understand that (name of practice) will use reasonable care in securing information provided via these forms of communication. I am responsible for providing the practice any updates to my cell phone and my email address. I may withdraw my consent to electronic communications by notifying the office.”

While OCR instructed that dentists who “seek additional privacy protections for [tele-dentistry] while using video communication products should provide such services through technology vendors that are HIPAA compliant and will enter into HIPAA business associate agreements (BAA) in connection with the provision of their video communication products” it also indicated that it “will not impose penalties against [dentists] for the lack of a BAA with video communication vendors or any other noncompliance with the HIPAA Rules that relates to the good faith provision of telehealth services during the COVID-19 nationwide public health emergency.”

The OCR notice does not address email or text communications. The ADA has reported that while HIPAA does not pro-


hibit using email or text communications, dentists who wish to communicate with their patients in this manner must conduct a written risk analysis and implement reasonable and appropriate safeguards. Dentists may contact dentalbenefits@oda.org for some examples of safeguards.

OCR also indicated that practitioners should NOT utilize Facebook Live, Twitch, TikTok or similar video communication applications that are public facing to provide tele-dentistry services.

“While not all inclusive, some final points to remember relative to accurate clinical documentation come to us from Dr. Charles Blair,” said Dr. Manny Chopra, chairman of the Ohio Dental Association Council on Dental Care Programs and Dental Practice. “Properly documenting each encounter is essential to establishing emergency cases. Dentists should consider documenting the method of interaction, such as whether the services were provided live, either via video or photo and telephone, the reason for the encounter/diagnosis and condition of the patient. Dentists should also securely store any photos that their patients submit so that they may become a permanent part of the patient’s clinical record.”

Numbers to know

American Dental Association (800) 621-8099 or (312) 440-2500	Ohio Dental Association Services Corp. Inc. (ODASC) (800) 282-1526 or (614) 486-2700
Dental OPTIONS (888) 765-6789	Ohio State Dental Board (614) 466-2580
Ohio Department of Health (614) 466-3543	Medicaid Dentists who need to enroll as a Medicaid Provider may contact Ohio Medicaid at (800) 686-1516 and may also need to contact the Medicaid HMOs directly. For problems with Medicaid or the Medicaid HMOs, contact the ODA at (800) 282-1526.
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The Explorer

Matthew J. Messina, DDS
Executive Editor

Lasts and Firsts

As we struggle to adjust to “the new normal” that is life in the world of COVID-19, I’m reminded that today is unique. We only get it once.

Denise, my wife of 32 years and a professor in The OSU Division of Dental Hygiene, posted the following on her Facebook page. As I feel it accurately captures the feelings of so many people, I’m printing it here with her permission:

My heart is aching for my senior (Brian ND’20) and my seniors (in dental hygiene at OSU) for all of “the lasts” they will never get to experience. These last few weeks of college are filled with celebrations of life-long friendships made and of many, many years of hard work, tears and dedication to their futures. It is finally time for them to relax and appreciate all that they

have done. These are the last few weeks of being unencumbered (as an adult) and it has been taken away without that closure. They will miss the celebrations and that euphoria of a well-deserved “I did it!” with their friends. They can’t stroll across their campuses, look around and appreciate all that they have experienced and all of the growth they have made these past four years. I remember those last few weeks myself and I remember Caitlin and Mike getting that celebration and closure. If you also have a senior in college – I feel your sadness and disappointment for these kids. . .welcome to adulthood.

These lasts that have been lost apply to high school students who will never get to have prom, or the chance to sing and dance in their high school musical. The athletes who will never get to experience the glory of the last time they put on the uniform, whether for March Madness or high school softball or track. There are weddings that will not happen, or at least the reception may be delayed. Family reunions postponed. Births will happen (can’t stop that!), but virtual baptisms and grandparents in quarantine may keep loved ones from holding the little ones. Vacations not taken. Holidays not celebrated. Green beer never tasted!

We also are experiencing many “firsts.” Not all of them positive. This is the first time many people have ever been laid off or unemployed. The first time that businesses have closed. I never thought I would see the day that bars, restaurants, and dental offices would be shut down. It’s the first time that many people are working from home!

We can rail at the unfairness of it all. We curse an unseen enemy. Officials state that we are at war with the virus, but it is tough to conceptualize being “at war” with something we can’t see, smell, or touch. How do we know we are winning? How does the virus surrender? Home used to be a safe space from the stresses of work. Now work has invaded home and recreating that refuge may be challenging.

It’s natural to be afraid and want to go back to what we know and the way things used to be. I’m hopeful that at some point we’ll look in the rearview mirror and see “the old way” as antiquated and almost bizarre.

Creating new “firsts” takes courage. Throughout history, people have responded to threats with activity. The destruction of the status quo was met with a terrible resolve and determination to make a difference.

We’re seeing that now as the country

and the world bands together to support each other. One of my favorite encouraging signs were the videos coming out of Italy, one showing opera singer Maurizio Marchini serenading quarantined Florence each night, and another recording families coming out on their balconies and singing together across the alley. On one hand, the professional singer was giving of his talents to the enjoyment and happiness of others. The bad neighborhood karaoke was the shared hope of a group of strangers, choosing to sing and defy the attempts by the virus to divide people and keep them isolated. The worse the voices, the louder they sang! That’s resolve in the face of adversity!

It is important to grieve the loss of the “lasts.” That is a real source of sadness and we need to deal with the grief of lost opportunity. It’s ok to be angry at the virus for what it has taken from us. But, as we move beyond that, it’s beneficial to embrace the “firsts” and accept the challenge to make them matter.

It’s a new world. Hug your family and friends. Count your blessings and look for new opportunities. Today will only be here once. We need to revel in the day and make the most of it!

Dr. Messina may be reached at docmessina87@gmail.com.



Just Think About It

Paul S. Casamassimo, DDS, MS,
FAAPD, FRCSEd, Guest Columnist

N95 Masks I Get But No Toilet Paper - Huh?

I asked the “ODA Today” staff to let me try to put some levity in this issue devoted to the COVID-19 pandemic, so I pulled my original column and now pose a tongue-in-cheek conundrum that I’ve been “sitting on” since all this started!

The COVID-19 pandemic has changed our way of life and we’ll look back on it years from now and recall the best and worst of it; we’ll get through this, but some questions may never be answered – like where did all the toilet paper go and why?

When I first heard about the run on toilet paper, I just assumed it was a knee-jerk reaction to an impending catastrophe like a hurricane or flood. But then the shelves emptied quite selectively, also losing all types of cleaning supplies suggesting a virus-specific method to the madness. Then I discovered that CDC does not list GI symptoms for coronavirus, so the plot thickened!

As a scientist, I looked for evidence, but found none. I tried to recall my own developmental history with toilet paper and of course had no recollection of skill acquisition, technique perfecting, and other aspects of its use in my early childhood. Freudian and Piagetian theory solved

that dilemma – no, not repression, but simply a relatively common collision of the anal-retentive with neuro-developmental phases of early childhood!

Still, risking evoking readers’ combined “yuk, TMI!” I wondered how someone could go through so much TP to prompt hoarding. In normal use, “three sheets to the wind” will do it for most people. Maybe to feel really secure, others “lift-off” after a 3-2-1 approach. During my child-rearing years, the Casamassimo family used a “code” system with our kids and so bodily functions (and you knew this was coming) were color-coded appropriately. A “Code Brown” from an obviously distraught child was not to be taken lightly and the plywood to deal with that level of urgency was (obviously) – a two-phase 9-11!

It was actually my grown son’s plea to me to buy any toilet paper I saw because he feared an impending shortage for his family of five that prompted this research. I still wondered about how two adults and three small kids, one still in diapers, could go through so much TP.

I didn’t ask ...

I don’t know if other parents ever

look back and wonder what they would do differently in rearing their children, but I occasionally do. My recollection of toilet training my kids is cloudy, but I do remember using M&Ms to get desired results – maybe that’s why I think outcomes-based health care has some merit. While my memory is cloudy, the fact that my toilets barely flush after my grandkids and their parents visit suggests I may have contributed to Generation X’s overdependence on TP!

My research continues but I want to give it up. The COVID-19 has brought out mostly the best in all of us, but this TP thing is pushing me to the dark side! Like when I see a full-sized person at the check-out with what I consider an excessive amount of toilet paper, I find myself doing a quick mental calculation of their “posterior square footage” and if the ratio of TP rolls-to-ft² seems off, I want to call them out! Then there are the smug “Gucci’d-out” folks with no toilet paper, but lots of wine and I imagine they laugh and smirk all the way home just waiting to take a seat on their bidet! Then there was the out-of-control guy screaming in

the face of the poor checkout kid trying to justify his dozens of TP rolls at checkout by pointing out a chronic and painful problem in his posterior region – gave a whole new meaning to the phrase, “roid rage!”

I guess it is all based on producers’ knowledge that toilet paper use is pretty constant, so they don’t warehouse it and make it as needed according to predictable use rates. This “just in time” approach is used in many industries, but if you’re the one looking for a roll at 3 a.m. that term has very different meaning!

But like in any crisis, we see glimpses of the best in humanity, like the elderly couple, smiles on their faces and holding hands, and with a shopping cart overflowing with Depends not TP ... and no, I didn’t ask. Like Italy, Ohio’s citizens and artists have responded with impromptu live and Internet concerts to help us deal with the toilet paper shortage – with names like Cold-Ply, Purell-Jam, and some celebrity impersonators like the guy made up like Frank Sinatra – Charmin of the Board!

We’ll get through this. But in case you

See TP, page 12



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Thoughts and experiences with the coronavirus

It's not lost on me that the last column I wrote for "ODA Today" was about getting a job in dentistry, and now I sit here unemployed.

We are living through a pandemic, hospitals running low on PPE and ventilators, restaurants and dental offices closed for regular business, no definitive end in sight. The rate at which I'm receiving email updates about COVID-19 makes having linear thoughts almost impossible.

We are starting to realize that the rules of yesterday don't apply anymore, and when we make it to the other side, our country and its people will be different as well. It's all a little overwhelming, isn't it?

There are some tactics that have worked for me in order to develop a positive attitude about our current situation. I share them not to make light of the situation, but to shift our focus and help us get through it.

1) Accepting the Current Situation

I can't believe how quickly things have changed across America. In February we heard about the outbreak in China and assumed it could never get that bad here. We were all wrong! One of the things I've had to do is accept the current situation.

Many of us (including myself) are out of work and waiting to see how the government will react. Once I accepted the current state of affairs, I was able to start creating a plan for how I could be productive and take advantage of this time away from our daily work. Focusing on what I could control gave me a direction and purpose.

2) Finding the Positive in this "New Normal"

Realizing that yes, I'll be out of work (outside of dental emergencies) for the next few weeks, allowed me to reframe what those next few weeks would look like. I feel fortunate that I have control over how I want my day to be structured, what I want to accomplish, and how I want to continue to cultivate relationships. Maintaining a sense of gratitude has helped me stay positive and grounded in the midst of the chaos. I hope to develop my habit of gratitude to outlast the pandemic and continue to flourish.

3) Being Intentional with Time

Each evening, I put together a list of a few key activities I want to focus on executing on the following day. I'm finding myself spending more time reviewing finances, ICE (in case of emergency) planning, and creating goals for the next few years. I have been dedicating time to continuing dental education and finally completed the ODA's free opioid CE! I've been spending time with my husband at home and other family members virtually, and have been trying out new recipes and free at-home workouts. Fortunately, I'm able to allocate my time to focus on what is most important to me during this period.

I believe we will see a paradigm shift

See THOUGHTS, page 12



We will be our best if we go together

We have now added COVID-19 to the list of acronyms that denote benchmarks in our history. These are times that will be remembered as the guides and bumpers dictating our thoughts and directions for life as we thought we knew it. In several conversations, I have given my perspective on this current epoch as a combination of 9/11, Y2K, and the energy crisis of the '70s, seasoned with a pinch of the blizzard of '76 and '77. Usually I preface those comments with the phrase, "Never in my lifetime have I seen ..."

News reports of this "novel coronavirus" were (to me) about something that China was dealing with, yet seemed poised to take the role of this year's illness that we should be wary of. But hadn't we heard these things before? Swine flu, avian flu, even the number letter designations (H1N1, H2N3, and the like) had become familiar vocabulary and this "corona-thing" seemed to be the natural next candidate, complete with the jokes and memes on social media. Oh, how familiarity and complacency can be such a snare.

And so it was, no longer than three weeks ago, that my office staff and I were busy doing our thing – taking care of our patients. I remember the most recent team meeting where we had discussed

updated production goals and job responsibilities as we had just added an additional hygienist, an insurance coordinator, and had filled a position vacated by our office manager who recently relocated to the Carolinas. The family atmosphere that we have worked hard to cultivate over the past 24 years, with both patients and employees, seemed to be tuning to a euphonious pitch and we were setting goals. That was then ...

The week of March 9th is when I learned how to say, "COVID" and things started getting real. Canceling school? Church?? LEADERSHIP INSTITUTE??? Our practice was not unaware of the current state of things and we began measures aimed at reducing exposure of the "high-risk" patients (rescheduling their appointments) as well as heightening our already high standards of infection control. At that point, my personal leadership tenet of "seeing first and farthest" became a fleeting vapor in the wake of the constant influx of new information from the CDC, ADA, ODA and the OSDB. Emails, texts and social media messages from colleagues rattled my phone as we all began to sift through and attempt to interpret information about emergent versus elective procedures. In my world, our own plans were being spawned as my hygienists were receiving their own emails from the dental board, triggering questions about the "reschedule all routine hygiene appointments" part. The next day brought about the most difficult conversation I have ever had with my team as a whole. Mandated reduction in workflow meant a reciprocal reduction in staffing ... the entire staff. With my wife by my side and looking into 11 faces painted with anxiety I delivered the news that had already been dealt by some of

See BEST, page 12





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Coming together for the good of our patients

I never thought that at the very beginning of my career I would be facing one of the greatest challenges of my life as a dentist and a human being: a global pandemic. None of us thought we would have to completely adjust every aspect of our lives in order to combat and live through the first pandemic of the modern age. Writing that sentence just seems so unreal. With all our advances in modern technology, medicine, and health care how can a virus ravage the entire planet in this day and age? But rather than dwell on unanswerable questions, we choose to keep pushing forward and come together for the good of our patients, our staff and ourselves.

I am the chief resident at the Mercy Medical Center GPR in Canton and I would like to share with all of you how

we have adjusted to treating our patients during this pandemic. As soon as the request to stop all elective procedures came through, the residency jumped into action, not waiting until it was mandated. We knew that it was our responsibility to ensure that dental emergencies would not be clogging up and draining the resources of the Emergency Department at the hospital. We made sure our local dental community knew that if they were not able to treat dental emergencies during this time to encourage their patients to come to the residency to be treated. We wanted to be a beacon and leader of the dental community in Stark County and we achieved that goal.

I am exceptionally proud that every member of Mercy Dental Services Department has stepped up to ensure our patients are not being left without options for treatment and that we are allowing our doctors, nurses and every member of the ED staff to use their resources to treat the patients who need it most. We have put in place strict procedures and protocols to ensure the safety of our patients, staff and ourselves during this time. The ability to provide high quality dentistry is still achievable under these temporary treatment guidelines that have been mandated, and the residency is proof of that. While it can be scary to still be treating patients who may have been exposed to or have this virus, I put those feelings aside and decided it was my duty to accept those risks in order to serve my patients. That is what it means to be a health care provider

and I have never been more proud to be a part of this community.

We have also started to collect extra PPE from the dental community to place into a stockpile that can be accessed by the hospital when it is needed in the weeks to come. While we may be doing more didactic than clinical work right now, I am confident that I am getting an exceptional post-graduate education. Mercy Medical Center has embraced the residency program as an essential component to help get through this pandemic and they should be commended for realizing the value of the dental profession as a vital component to overall health and well-being.

On a personal note, while I am proud of the work my residency has been doing to keep our patients healthy and safe, I am nervous about what is going to happen once residency ends in a few months. Two weeks before this hit and our profession was brought to a halt, I was holding a contract for my dream job. Everything I worked for was coming to fruition; the job I had always dreamed of was locked down and it was back in my hometown. The dentists I would be joining are some of the best in the business and the greatest people I know, and I could enjoy my last few months of residency without worrying about a job.

Then a week after dental offices began to close I was informed my job was on hold. It was a devastating message to receive. All I could do was sit at my desk and just stare at the wall for a better part

of 30 minutes; I couldn't speak. As I processed my emotions over the next week or so I began to feel guilty about how I was feeling. Every single person in the country is feeling this way and I felt I was being selfish for being upset that my future was now not clear and set. Everything is unknown at this moment, so it is okay for all of us to feel selfish about whatever is going on in our lives right now.

While I have been assured that my job is not canceled, only on hold/delayed, there is still a sense of dread that I cannot shake. How can it be guaranteed that I will be employed after residency? Unfortunately, that is something I cannot control and I cannot change. I will not know what is going to happen until it happens.

As a dentist, I never thought this particular issue would be something that caused me such great emotional and physical stress. I am sure all of you have this same feeling, but in a way that is unique to you and I am here to tell you that it is OK to have those feelings. Unknowns can be fear inducing, but we must navigate through this together to get through the storm and come out on the other side.

I encourage you all to stay positive and while we must practice physical distancing we need to remain social; use this time to call your friends, family and even your staff to let them know how much they mean to you. This will pass and, while it may take some time, we must be ready to get back to work and band together as a community to ensure that our patients are the number one priority.

BEST, from page 11

my colleagues across the state. We would remain a team but, for the time being, we would not be able to work together. My wife was quick to offer to help in any way as they began the process of applying for their unemployment benefits. Of note, as I was melding my "moist" eyes with theirs during my "speech" I sensed their collective attempt to actually comfort me. I had always tried to tell them daily how I truly appreciate them ... it was never more true than at that moment.

A colleague sent me an email early on basically setting the tone for my approach to the entire situation. The challenge for me and our entire society was to "turn this time of anxiety and fear into opportunity." I firmly believe in that. Those of you who know me know of my faith. Consistent with that is my belief that we have all been created intentionally and with purpose. We

have a distinct and individualized call to use our knowledge, our capabilities, our leadership skills, and our hearts to contribute in some way on this pandemic voyage. A tangible example was initiated by one of our component members who personally challenged us to donate whatever surplus PPE we could spare to local emergency management agencies and similar organizations. The response came quickly as I began hearing of multiple members giving what they could. The same was echoed from sister components in other areas of the state and I am anxious to see final tallies in coming weeks as we can all appreciate how the little, given by many, served the multitudes.

I have never in my career been more proud of, thankful for, and blessed to be associated with organized dentistry and especially the Ohio Dental Association.

From the beginning ODA President Dr. Sharon Parsons, ODA Executive Director David Owsiany, and the entire ODA staff have been tireless in their efforts to advocate and communicate the nuts and bolts of how we as dentists can survive in these challenging times. Many dental professionals in Ohio will never fully know the extent of advocacy that has been sought and fought for on our behalf in state and federal arenas.

Whether or not we have resumed some form of normal practice by the time you read this I am convinced that wherever we are and wherever we are going we will be our best if we go together. That's what I told my team on that last day and have repeated as we remain in close contact, "just a little longer until we're back together, doing what we all do best – taking care of our patients."

THOUGHTS, from page 11

on the other side of this pandemic. We realize that waking up without a cough or difficulty breathing is the true blessing. The real heroes these days are finally the first responders and those health professionals on the "front lines" of COVID-19. Although there will be many deaths and much instability as a result of this pandemic, our nation will get through this like all other tragedies, and I hope that as a result our actions will be better aligned with our values.



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TP, from page 10

missed these announcements, I wanted to let everyone know. The TP "extreme-ultra-users" whose motto is "One and Done" have canceled monthly meetings until further notice and the support/therapy group known as the "Heavy Handers" (motto, "That's how we roll") have also called it quits until the crisis "passes."

(Look, I wasn't supposed to say this, but in a pinch, you can use this issue of "ODA Today," but if you do, you can never, ever question what you get for your ODA dues!)

Everyone, stay healthy!

Dr. Casamassimo may be reached at casamassimo.1@osu.edu.

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