



**Los Angeles**  
DENTAL SOCIETY

*Los Angeles Dental Society's mission is to serve the needs and interests of its members and lead in promoting oral health in the community.*

# EXPLORER

Fall 2020

**“YOU ARE MEMBERS OF A SOCIETY THAT EXISTS FOR AND BECAUSE OF YOU.”**

*- Clark A. Martin, DMD; Page 3*



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## Calendar of Events

MONTH	DATE	MEETING/EVENT
October	13	LADS Executive Committee Meeting
	20	Anterior Immediate Tooth Replacement: Lessons Learned from 23 Years – CE Course
	31	SHREDDING EVENT 
November	2	CPR Class 
	10	LADS Board of Directors' Meeting
	13	CDA Virtual House of Delegates
	17	Marijuana in the Workplace and Dental Office – CE Course 
December	7	CPR Class 
	8	LADS Executive Committee Meeting

### Who we are

The Los Angeles Dental Society (LADS) is a local component of the California Dental Association and the American Dental Association. We are dedicated to helping our member dentists provide excellent patient care and providing the Los Angeles community with dental resources and information.

### Who we serve

Our member doctors serve central Los Angeles, encompassing the regions of Bell, Bell Gardens, Beverly Hills, City of Commerce, Cudahy, Downey, Downtown LA, Hollywood, Huntington Park, Koreatown, Leimert Park, Los Feliz, Lynwood, Maywood, Mid-Wilshire, Silverlake, South Gate, Watts, and West Hollywood.



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## Explorer

published by

**Los Angeles Dental Society**

### Editorial Staff

Clark A. Martin, DMD - Editor  
Gregg Orloff - Executive Director

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Kenneth Jacobs, DDS - President-Elect  
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Roger P. Fieldman, DDS - Treasurer  
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## EDITOR'S CORNER

By Clark A. Martin, DMD

Where do we go from here? Well, it's time for us to again share some thoughts and experiences of the past few months. Hopefully, we're each setting the train back on the track with respect to our practices. Gradually, we are managing thru the quarantine and adapting to the restrictions and requirements beset on us by the State of California, the CDC and really, the lurking presence of the Covid-19 virus. As Americans and as clinicians, we are incredibly knowledgeable and adaptable. The United States, along with the rest of the world, seems to have been heading in a very ominous direction. The often-perceived view is that we are moving closer and closer to the edge of a steep cliff. But breakdowns, challenges and chaos always lead to breakthroughs. As we learn more about what is going on in this world, understand the depth of what is going on and the 'positive' magnitude our abilities and science have on delivering a solution, we'll surely see changes in policies and improvements in technology. These changes and improvements will result in a sustainable future, socially, economically and from a health standpoint. A vaccine is said to be right around the corner and I believe this to be the case.

The coronavirus has completely upended our day to day lives. This has happened individually as our routines have been altered in favor of social distancing and has also occurred on a societal, economical and political level. No one knows how long it will last, but the pandemic will eventually end. Some things, however, may never go back to the way they were. The reactions to these past several months will forever be a pivotal point in our history that will fundamentally alter the way we live. From using telemedicine to interact with our patients, adjustments to how we deliver care on a daily basis to how we live, shop and derive entertainment when we're not in our offices.

This pandemic will surely leave a mark on the way all people work, shop, and socialize, perhaps permanently shifting the way all of America operates. We will likely never live through a period where people don't wonder about the next



pandemic. But I don't think everything will be changed forever. We are an incredible melting pot of people with dreams and aspirations and we will soon find our new normal. A better one, so we can enjoy the outside, our families, and interactions with those we don't know so well. This is who we are. I hope you find this issue of the Explorer interesting, educational and informative. We have included several short posts from our members, links to sites and vendors that may be of help to your practices. Most of all, we just want you to feel like you are included. You are members of a society that exists for and because of you.

All the best, Clark ■



# PRESIDENT'S MESSAGE

By Joan Otomo-Corgel, DDS, MPH, FACD, FICD

2020 has contained so many world-changing, paradigm-shifting developments that CNN says, "It's getting hard to believe we're not in a simulation that's running every possible scenario at once". Your Los Angeles Dental Society Board is forward thinking and preparing for the "next" steps before they are even taken. We are resilient. In fact, we are up and running better than ever. Why, because our members, patients and the public we serve deserve quality, cutting-edge compassionate care.

We are officially moved into our new office space at 3701 Wilshire Blvd Suite # 520. Mr. Gregg Orloff, our new Executive Director, has been in place for 5 months, plus he has hired an assistant, Silvia Curiel, so you will be able to access the LADS office during all working days.

LADS will be providing outstanding CE courses this Fall so be ready to log on to the Zooms. On Tuesday, November 17th Brett Kessler will present "Marijuana in the Workplace". This is for the whole team and imperative for us to know how to manage "loaded" patients, or staff, or ...doctors. LADS will also be hosting a CPR course but can only have 10 participants due to social distancing. And on October 31st is our "shredding event". Please see our website for time and location.

Alexa Martin has been working on social media to keep you connected. The new Facebook page is up as well as

an Instagram link. Please follow at @laddentalsociety.

LADS is also prepared to represent our members at the CDA House of Delegates as well as the ADA House of Delegates.

## Delegates

Joan Otomo-Corgel (President)

Kenneth Jacobs (President Elect)

Jeff Lee (Vice President)

Roger Fieldman (Treasurer)

Chuck Wang (Secretary)

Joni Forge

Michele Frawley

Alexa Martin

Clark Martin

Adam Geach

## Alternates

Andrew Satlin

Parvaz Mizrahi

Arlene Lee

M. Navid Mapara

Douglas Galen

Rhonda Kalasho

Joshua Shayefar

Daniel Adelpour

Cristiana Ferrari

We all need to give a big hug (virtually) and thanks to Dr. Scott Kim, a previous LADS president. He has been serving 6 years as a CDA Trustee. He is an integral member of the CDA Finance Committee, the Board Composition Work Group, and Leadership Development Committee. Scott also has served the ADA as the Vice Whip for Education/Science and as a delegate. Although he was unsuccessful with his bid to become the CDA Secretary, we are successful to retain his skills with LADS. USC will also have Scott as an Adjunct Faculty member in the Department of Restorative Sciences. It is important that we give a "shout out" to those who work so hard to keep dentistry at the table. So "Go Scott Kim"!

Finally, you will be receiving a packet from LADS. Please fill out the information sheets to make sure we have corrected and up-to-date data on you. Patients do use the website to "Find a Dentist". The best dentists are members of organizations. We can network, share information/knowledge and provide comprehensive care. We also can lift each other up through paradigm-shifting moment.

Stay healthy,

Joan Otomo-Corgel, President ■

*"Things turn out best for the people who make the best of the way things turn out".*

*Coach John Wooden*

# VOICES OF OUR COMMITTEES



*Alexa Martin, DMD,  
New Professionals Chair*

Let's face it, it's been a rough year as a new professional in 2020. LADS is here for you - dental students, dental residents, those of you fresh out of school and navigating private practice for the first time - Welcome to the community. We will have the CE's required for your dental license renewal, of course, but we also want LADS to be a network to meet other new grads and seasoned vets in dentistry, your social media "go-to" when a new COVID guideline comes out, a place outside of work where everyone else gets what you're going through. The New Professionals are helping to create a new website for LADS, which will have all the bells and whistles you need as a dentist - to sign up for CEs, see our social calendar, and contact other members and specialists when you need help with a case. We're revamping the LADS mentorship program. We're going to showcase our members cases on Instagram. Stay tuned. We're determined to use this COVID setback as a time to build a better online community for LA dentists, so please reach out if you want to be a part of it.



*Sonia Molina, D.M.D., M.P.H.  
Legislative Chair*

We belong to an organization that has a voice at the national level as well as at the state and local level. ADA has been busy speaking to the Congress and the Senate to expand the aid to small businesses which include the Patient Protection Program, the Economic Injury Disaster Loan, and the CARES Act.

In May, LADS had a "Virtual Advocacy Day" when we talked to our state representatives and urged them to reverse the proposed budget cuts which would have reduced the funding for Medi-Cal by significantly cutting adult dental benefits and by cutting the funds for the student loan repayment grants for dentists and physicians working in underserved areas. We also requested Personal Protective Equipment for our dentists who were having a difficult time getting PPE needed to reopen their practices.

In June, we worked with the County Department of Public Health to clarify the guidelines to allow the dentists to reopen their offices in a safe manner. I am very fortunate to be a member of an organization that is very vigilant about the needs of its members. We will overcome the present crisis, but be assured that whatever need we have in the future your organization is here for you.



*David Anson, DDS,  
CDA Trustee*

The latest news from the CDA deals with a legislative update on the upcoming elections, specifically the propositions. The big news is that the MICRA initiative that we were all worried about will not be on the ballot. MICRA caps the pain and suffering aspect of lawsuits at \$250,000. The anti-MICRA forces want to eliminate the cap or at least expand it dramatically. If their proposition passes, it could dramatically increase healthcare costs as our liability insurance will surely increase substantially. They had enough signatures to get it on the November ballot but it is suspected that they are not moving ahead this November due to the COVID situation, i.e. it is not a good time to disparage health care workers and hospitals. They will probably put it on the 2022 ballot though. The other relevant initiative, Prop 15, would re-assess property taxes on businesses and industrial properties. As those of us with practices that do not own our facilities, most of us have "pass throughs" in their leases that allow landlords to pass on added expenses to their tenants. If this initiative passes, it could increase those rents, and will increase taxes on those that have owned their property for a long time. Besides the past changes at CDA (judicial, peer review, etc.), there does not seem to be any other pressing issues at this time.

# Thoughts From Our Community



## PANDEMIC THOUGHTS FROM DR. D. TAMURA

When we were told in March that our offices had to be closed for an indefinite period of time except for extreme emergencies, I was shocked. The uncertainty of when we would be able to reopen and under what circumstances was very unsettling. Something none of us have had to deal with before.

The frequent almost daily webinars to find out what was going to happen and what new protocols were needed to reopen was like a day at the office doing dentistry except you were not sure of an end result as the information we were getting seemed to change almost daily.

As time went on, I calmed down. I realized that as we got closer to reopening, the new recommended protocols would be more defined. Some of the changes proposed at first just were not practical. The prospect of reopening while dealing with a new virus was daunting. I knew that it would involve dealing with how to keep myself, the staff, and patients safe along with answering all their questions and fears. I involved the staff by meeting with them to brainstorm ideas to incorporate into our office protocols which helped address their concerns and anxiety. It also created a smoother process for us and the patients.

When we first reopened in June, it was on a part-time schedule. It allowed us to try out and get used to the new protocols like keeping the front door open, reviewing the screening questions, putting plastic covers on everything, putting sneeze guards and shower curtains up, air purifiers in each room

and additional disinfection procedures in addition to what we were already doing. The additional PPE that we now use has taken some getting used to as I found the N95 masks suffocating at first.

I found that we had to spend more time with each patient which helped to reassure them. Also, I found that the patients could see what precautions we had taken and that really calmed them down. I found only a very small number of patients who expressed they won't be coming back until there is a vaccine. The vast majority are returning. We started to get calls about one month before reopening asking if we were open or when we would reopen. Dental problems did not stop, so patients had needs that had to be addressed.

This whole pandemic brought back memories of dealing with the start of the AIDS crisis and some wise advice I got from a patient who was a physician.

At that time, he expressed his dismay at the doctors who were refusing to treat AIDS patients. He said when he started medical school in the 1940s, they were told on the first day of class that a third of them may contract a disease for which there is no known cure. If they did not want to take that risk, they needed to leave. I have always remembered what he said. As soon as the current pandemic started, his words popped back into my mind again. I thought "here we go again". My choice was either quit or deal with it. I know that there will be some of us who are in the high-risk group and may choose to retire or leave. I assume most of us are taking all the reasonable precautions that we can and continuing to treat our patients. We realize that we take risks every day and just do our best. Stay safe! ■



## CLASSIFIEDS

### AVAILABLE PRACTICE

#### Dentist

Beverly Hills Office to share. At the corner of Beverly and Wilshire. Located in an office building with beautiful view of the city. Please call 310-274-8830.

*Classified Ads are offered to LADS members at no charge. If you want to place an ad for a new associate, selling your practice, looking for a new partner, selling office furniture, or whatever else you want to see, please contact the LADS office at 213-380-7669. The Explorer is a quarterly news publication of the Los Angeles Dental Society.*

# Thoughts From Our Community

## PANDEMIC THOUGHTS FROM DR. J. ENGEL

I started 2020 with my wife's family on vacation and never saw the changes that were coming.

I do believe that all of medicine has been caught by surprise by the extent of the issues with Covid-19; I know I was. And when a periodontist told me I would have to shut down my practice (a few days before the edict came) to help the hospitals, I figured good and gone. Today, we know more, and life is not going to go back to normal anytime soon.

I think the thing I learned the most about myself during the shutdown was

how dependent I was on my socialization with my patients. I spend a lot more awake time in my office than anywhere and I was lost without these daily interactions. Through the confusion about what Covid-19 was really about, I feel that I had times of depression. Yes, even though I am a dentist, I am as human as anyone and the emotional rollercoaster of the last 6 months has been tough.

I understand the issues with PPEs, but the downside of all of this is the increased disposables being used and how the planet deals with it. I have also

come to the awareness that I really don't care about either political party; I want to be for the party that will help save the planet for your kids, my kids and future generations. I have worked hard in the office to minimize disposables...but that is the very nature of dentistry.

I would like to finish by saying that I have all the compassion in the world for the parents of kids in school now and what a difficult time this is. This is placing a world of different stress on the parents and kids and it is important for me to acknowledge it and to have compassion for everyone in these difficult times. ■

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## Welcome **NEW MEMBERS**

### **JONATHAN AKHAVAN, DDS**

Arizona School of Dentistry, 2015  
Lutheran Medical Center,  
Periodontics, 2018

### **AMEER BAROUDI, DDS**

Nova Southeastern University,  
General, 2017

### **ATIYAH COLLINS, DDS**

Medical College of Georgia, 2017

### **KELLY COX, DDS**

Western University of Health Services  
College of Dental Medicine, 2020

### **MATTHEW DEJONG, DDS**

UCLA School of Dentistry, 2020

### **CATHERINE FONG, DDS**

UCLA School of Dentistry, 2020

### **VADIM GOLDSHTEYN, DDS**

UCLA School of Dentistry, 2020

### **STEVEN KEZIAN, DDS**

University of Pacific  
School of Dentistry, 2020

### **HYUN KIM, DDS**

UCLA School of Dentistry, 2020

### **ISAAC KLEINMAN, DDS**

UCLA School of Dentistry, 2020

### **JULIANNA KO, DDS**

UCSF School of Dentistry, 2019

### **LEONCIA MEDINA, DDS**

Centro Escolar University, 1984

### **JAMES SUNG, DDS**

Herman Ostrow USC School of  
Dentistry, 2020

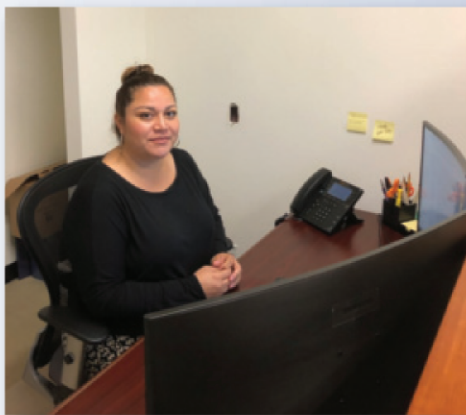
### **ARIANNA YEH, DDS**

UCLA School of Dentistry, 2014  
UCLA School of Dentistry,  
General Practice, 2015  
UCLA School of Dentistry,  
Periodontics, 2019

# LADS NEWS

## LADS NEW HOME

LADS has moved! We are now in our new office at 3701 Wilshire Blvd, Suite 520, Los Angeles, CA 90010. If you are in the neighborhood, please stop by to see the office and meet our Executive Director, Gregg Orloff, and our new Administrative Assistant, Silvia Curiel. Gregg and Silvia are working full time in the new office and they are always available to meet our members' needs.



Silvia Curiel  
LADS Administrative Assistant



Gregg Orloff  
LADS Executive Director



# CHANGES IN PEER REVIEW

Clark A. Martin, D.M.D., Peer Review Co-Chair  
Rob Battan, D.D.S., Peer Review Co-Chair

Since last March so much has changed for all of us and for the institutions around us. The CDA has not been immune to the financial strains imposed upon it from the Covid-19 shutdown and its resulting effects on all of our members. The CDA Trustees have determined that at this time it was necessary to review ALL aspects of the Association's business and adapt/adjust fiscally to the anticipated decrease in income attributed to the 'pandemic environment'.

After long, arduous and challenging discussions, it was decided to terminate the Peer Review Council which CDA and its components have offered as a benefit to all members for so long. This truly wasn't an easy decision and hopefully will return in the future as clarity and the budget allows.

We have enjoyed being part of the Peer Review process and gained so much from being involved, working with our members and the dedicated individuals at CDA in Sacramento. We also wish to

thank all of the volunteers, general dentists and specialists alike, who selflessly dedicated their time and expertise to make Peer Review such a cherished, respected and valuable asset to all of our members. Just knowing Peer Review was an option gave everyone a feeling of support throughout our dental community.

Again, we're hoping sooner, rather than later, Peer Review will again become part of the long list of CDA's benefits. ■

## BUSINESS CONTROLS REDUCE EMPLOYEE THEFT

Reprinted with permission from California Dental Association



### QUICK SUMMARY:

One of the most common types of theft in the dental office is staff embezzlement. A recent survey by the ADA found that 48% of respondents had been the victim of embezzlement. Learn what behaviors to watch for and what accounting and employee controls to have in place to help protect the practice.

Being the victim of theft is bad enough, but when that theft is perpetrated by a trusted member of your dental team, it's especially harrowing. Unfortunately, theft within dental practices is surprisingly common and it's on the rise.

One of the most common types of theft in the dental office is staff embezzlement. A survey released in February 2020 by the American Dental Association found that 48% of respondents had been the victim of embezzlement — a 13% jump from a decade prior. Surprisingly, 46% of responding practice owners had been victimized more than once.

One case reported to The Dentists Insurance Company involved a practice owner who oversaw two offices that were largely operated by associate dentists. He hired a bookkeeper to work for both offices. The owner became aware of possible wrongdoing after receiving a call from the bank alerting him of suspicious signatures on his company checks. Apparently, the bookkeeper had attempted to intercept the alert from the bank, but she could not successfully answer the account security questions. The bank called the office again after the employee abruptly ended the call.

The insured learned that the employee had been using a signature stamp on the checks to provide herself bonuses and cash advances. She listed herself as an employee on the payroll of each office to receive duplicate paychecks. She also used her company credit card to make personal purchases for herself and pay expenses for her husband's business as well as taking cash advances at a local casino. The employee then used company checks to pay credit card bills, which she allowed to incur late and over-limit fees.

The owner filed a police report and the employee was prosecuted and ordered to pay restitution. As the former employee no longer had assets or a job, the dentist was not able to recover any funds beyond those covered by insurance.

### EMPLOYEE CONTROLS

Dental practices are typically tight-knit workplaces built on trust and camaraderie. Practice owners put their trust in their staff, especially those who have employed many years. However, long-term employees are the most likely to be engaged in theft or embezzlement. The ADA survey found that nearly 40% of employees accused of stealing had been with the practice for four years or more. These are typically employees who handle accounts receivable, accounts payable and banking functions, said Jennifer Duggan, a California attorney specializing in business and employment law.

"The prototypical thief is a long-time employee who is extremely familiar with the financial aspects of your business," she said.

## BUSINESS CONTROLS REDUCE EMPLOYEE THEFT

The telltale behaviors to watch for include the following:

- Possessiveness about duties and reluctance to cross-train. Dishonest employees must keep illicit activities hidden so they typically refuse to delegate duties or share responsibilities. They can also be territorial about their workspace.
- Coming in early/working late. “Ever-present” employees aren’t always just hard workers. This can be a warning sign, as thieves need time in the office away from prying eyes, often before staff has arrived in the morning or after everyone has left at night.
- Refusal to take vacation. Illicit activity often surface when the perpetrator takes extended leave and another employee fills in. Asking to cash in vacation or skipping it altogether is a red flag.
- Complaints about finances. Frustrated employees who are always short on cash or those facing unexpected expenses are the most likely to commit fraud. Another red flag is an employee who appears to live well beyond their means.

Other best practices, such as conducting dentist-to-dentist reference checks before hiring and cross-training employees for multiple duties, can help prevent dishonest behaviors.

### ACCOUNTING CONTROLS

Implementing accounting controls thwarts potential employee embezzlement. Unfortunately, many dentists inadvertently put their practices at risk for fraud by trusting a single employee with financial responsibility or not reviewing accounts payable and receivable.

Cases reported to TDIC show instances of employees deleting appointment and ledger entries, endorsing patient checks to personal accounts, forging payroll checks, modifying payroll, misappropriating credit cards and using signature stamps without authorization. In some instances, employees have even redirected funds from dentists’ merchant account to their

personal accounts or issued phony refunds to a personal account.

In more sophisticated schemes, employees fabricate fictitious vendors, create nonexistent employees, receive kickbacks from patients or from vendors for awarding company contracts or even coerce subordinate employees to carry out theft.

“Simply reviewing your bookkeeping structure and implementing accounting measures will greatly reduce the probabilities of falling victim to employee theft,” Duggan said. “Instituting controls also communicates to employees that you are paying attention and discourages even the thought of stealing.”

Other accounting controls to include:

- Delegate financial tasks among employees, such as opening incoming mail and data entry for deposit and receivable information, to minimize opportunities for an employee to manipulate account information.
- Separate job functions of reviewing monthly bank statements, entering online payments and preparing monthly bank reconciliations. If you have multiple authorized signers, separate the job functions of preparing the checks and signing the checks reduces risk.
- Request that the bank mail statements to your home or personal email address and review statements regularly for unusual accounts-payable names or inconsistencies.
- Secure company checks in a location accessible only to authorized employees.
- Require supporting documentation (a vendor invoice or credit card statement, for example) for every check you sign and review it to ensure expenditures are justified.
- Run an accounts-payable history to review invoice numbers and amounts.
- Provide specific instructions or guidelines to your bank that include a list of approved vendors and authorized signers.

- Watch for an increase in patient refunds, adjustments or bad-debt write-offs. An unusual number of accounts turned over to collections or a decline in the gross income or practice profitability is suspicious. Discrepancies between accounts receivable records and patient statements should also be suspect.
- Watch for increases in patient complaints regarding their accounts, which could indicate fraudulent activity or the need to develop a policy clarifying account procedures. Reviewing and responding to patients’ concerns personally is recommended.
- Hire a practice software specialist to ensure security controls and work with a consultant to oversee changes in systems.
- Run an audit report on patient accounts to look for an unusual amount of transactions where an account payment is posted and then the payment is reversed after the deposit has been processed.

TDIC policyholders can access more guidance on employee embezzlement, including methods, prevention strategies and recovery tips, through the Embezzlement Reference Guide.

TDIC Commercial Property insurance provides Business Owner’s policyholders coverage for employee dishonesty losses occurring within their practice. If the loss also involves the misappropriation of your identity, TDIC offers identity-theft recovery for the individual dentist under its Professional Liability policy.

If you suspect you may have been the victim of embezzlement, contact your professional insurance carrier immediately. TDIC policyholders have access to trained analysts who will discuss the situation and next steps, including best practices for documenting the fraud.

TDIC’s Risk Management Advice Line is a benefit of CDA membership. Schedule a consultation with an experienced risk management analyst or call 800.733.0633. ■

# WEEKLY SURVEY OF DENTAL PRACTICES REVEALS STEADY RECOVERY EFFORTS DURING PANDEMIC

*Reprinted with permission from California Dental Association*



## QUICK SUMMARY:

SINCE JUNE, A WEEKLY CDA POLL HAS MONITORED THE EFFECTS OF THE COVID-19 PANDEMIC ON CALIFORNIA DENTISTS AND THEIR PROGRESS AS THEY ADAPT TO PROVIDING CARE DURING THESE UNPRECEDENTED TIMES. THESE RESULTS REVEAL THE CURRENT STATUS OF PRACTICES SINCE RESUMING PREVENTIVE CARE DURING THE PANDEMIC.

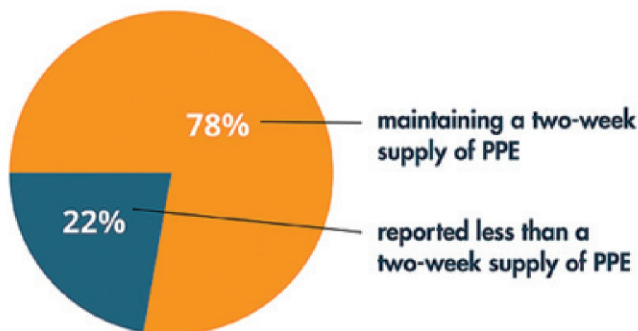
Dental offices have maintained a strong and steady recovery since resuming preventive care during the COVID-19 pandemic.

Since June, CDA has conducted a weekly poll to gain further insight on the effects of the pandemic on dental teams and their progress over the last four months as they adapt to safely providing care under new protocols. The following results highlight the current status of practices in three areas: protective personal equipment, patient appointments and recovery efforts.

## PERSONAL PROTECTIVE EQUIPMENT

Access to adequate amounts of personal protective equipment became an obstacle for dental teams when they resumed preventive care in May under stricter infection control protocols. CDA's July 30 survey shows that dental offices were able to keep up with demand as 78% of dentists reported a consistent two-week supply of adequate PPE.

**In July, 78% of dentists said they were able to maintain a two-week supply of adequate PPE.**



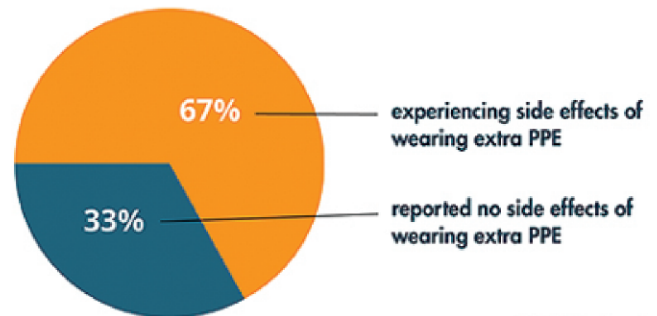
Poll date: July 30



A Sept. 7 survey by the ADA Health Policy Institute revealed a slight decrease with 68% of California dentists reporting a two-week supply of PPE.

The use of additional PPE sparked new challenges as several dental professionals began experiencing various health complications, including headaches, dehydration, profuse sweating and fatigue. In an Aug. 6 poll, 67% of participants reported side effects since the implementation of additional PPE.

## Dental professionals are experiencing side effects of wearing additional PPE.



Poll date: Aug. 6

## PATIENT APPOINTMENTS

Stress over the pandemic could be linked to an increase in patients with fractured teeth. In a Sept. 17 poll, 49% of dentists surveyed reported seeing more patients with both fractured teeth and signs of bruxism.

Experts believe stress related to the pandemic could be causing people to grind and clench their teeth more, resulting in damage.

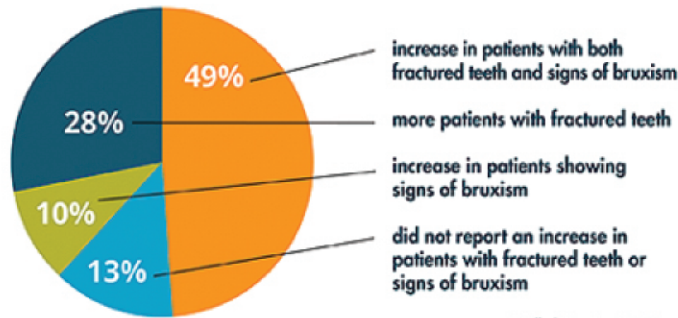
# WEEKLY SURVEY OF DENTAL PRACTICES REVEALS STEADY RECOVERY EFFORTS DURING PANDEMIC



An Aug. 3 recommendation from the World Health Organization to delay routine dental care threw the safety of dental offices into question with 45% of practices reporting an increase in cancellations shortly after the recommendation was reported by media.

Despite the hindrance, CDA's Aug. 13 poll shows that patients kept their appointments at 55% of surveyed practices.

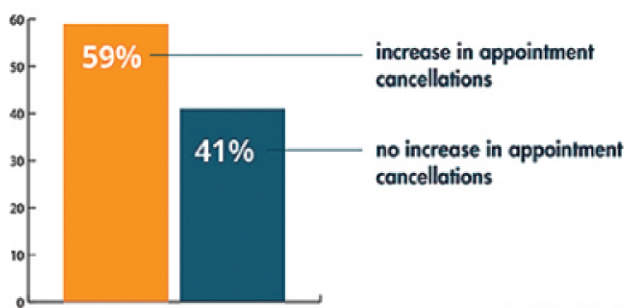
**Dentists are reporting an increase in patients with fractured teeth and signs of bruxism.**



Poll date: Sept. 17

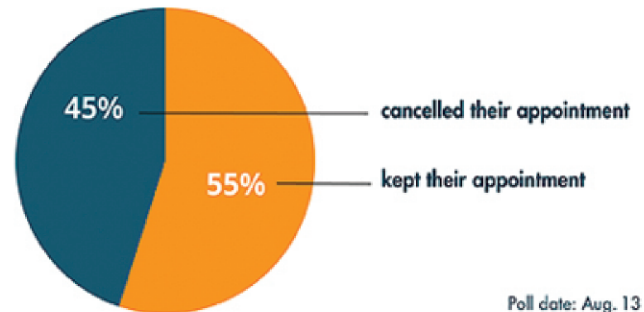
California's containment efforts for the coronavirus could have affected business for dental offices. In a July 1 survey, nearly 60% of dentists saw an increase in appointment cancellations during a rise in California's COVID-19 infection rate.

**A rise in positive COVID-19 cases in June led to an increase in appointment cancellations.**



Poll date: July 1

**45% of patients saw the World Health Organization's recommendation to delay routine dental care and cancelled their appointments.**

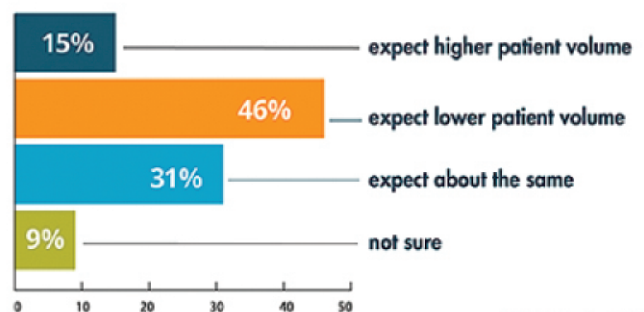


Poll date: Aug. 13

With the assurance of additional PPE, frequent COVID-19 testing among dental staff and increased infection control protocols, dentists have been able to gain and maintain patients' trust in returning to the dentist office during the pandemic.

Although many patients may feel comfortable now returning to the dentist amid the pandemic, many dentists expect patient volume to decrease between October and December. In a Sept. 10 survey, 46% of participants said they expect a lower patient volume, while 31% expect their patient volume to remain the same.

**46% of dentists expect their patient volume to decrease between October and December.**



Poll date: Sept. 10

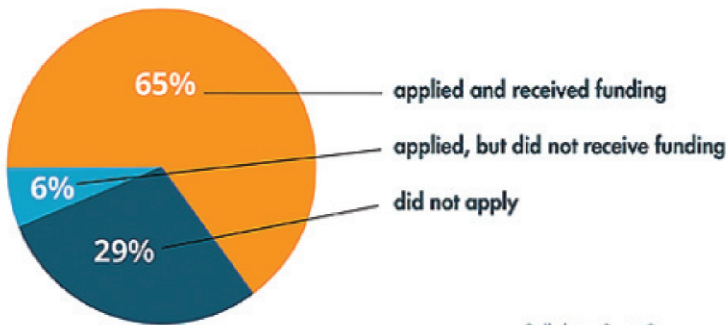
# WEEKLY SURVEY OF DENTAL PRACTICES REVEALS STEADY RECOVERY EFFORTS DURING PANDEMIC

## ADAPTATION AND RECOVERY EFFORTS

The road to recovery has had its challenges, but practice owners have received help along the way through the Department of Health and Human Services' Enhanced Provider Relief Fund. Created by the CARES Act and the Paycheck Protection Program and Health Care Enhancement Act, the fund is intended to help health care providers suffering economic losses due to the COVID-19 pandemic.

In a Sept. 3 poll, 65% of surveyed dentists said they applied and received funding through the HHS Provider Relief Fund, while 6% of applicants did not receive funding and 29% did not apply.

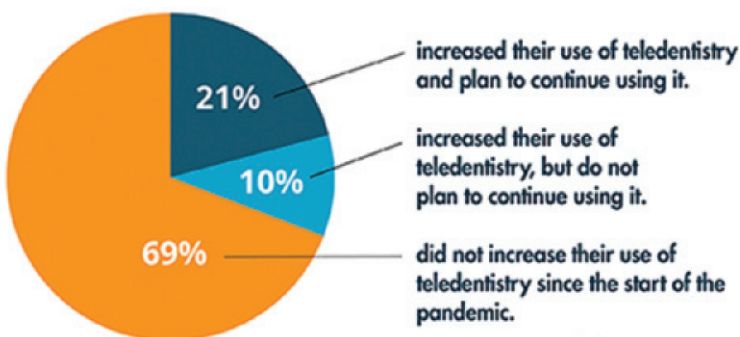
### 65% dentists received funding through the Department of Health and Human Services' Provider Relief Fund.



Poll date: Sept. 3

As dental teams adapt to new ways of providing care during the pandemic, there was a slight increase in the use of teledentistry. A poll taken Aug. 20 shows that 21% of dentists increased their use of teledentistry since the start of the pandemic and plan to continue using it.

### There has been no significant growth in the use of teledentistry since the start of the pandemic.

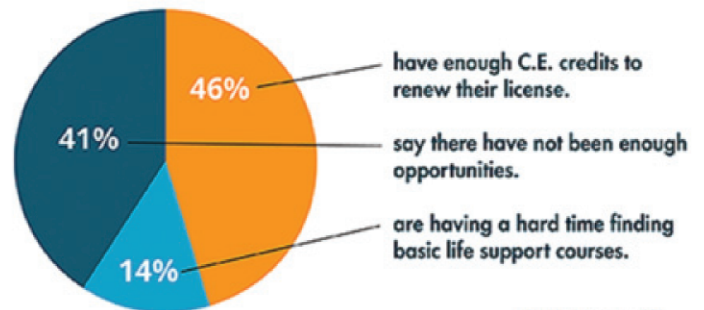


Poll date: Aug. 20

Some dental professionals were able to capitalize on the new virtual learning environment to maintain live C.E. course requirements during the pandemic. In a survey taken Aug. 27, 46% of participants said they will have enough C.E. credits to renew their license.

However, 41% believe they have not had enough opportunities to obtain C.E. credit, while another 14% said they've had a difficult time finding basic life support courses.

### 46% of dentists have been able to obtain enough live C.E. courses during the pandemic.



Poll date: Aug. 27

CDA will continue to monitor the impact of COVID-19 on dental offices and report all findings in the CDA COVID-19 information center. Practice owners can also find resources to aid the recovery and adaptation process in CDA's Back to Practice center. ■

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# COVID-19 IMPACT SURVEY

## THE IMPACT OF COVID-19 ON COMMUNITY BASED DENTAL CLINICS IN LOS ANGELES COUNTY

### METHODS

- In July 2020, the 50 organizations that oversee safety-net dental clinics in Los Angeles County were asked to complete an online survey regarding the impact of COVID-19 on their policies, procedures and services
- 72% of the organizations (n=36) completed the survey

### TAKE AWAY MESSAGES



Although clinics were not ready for a pandemic, they were quick to respond by following CDC, CDA and ADA guidelines



Professional organizations, mainly CDA, played an important role in disseminating information



The percentage of staff that continued working in the dental clinic varied by organization



About half of dental clinic staff stayed home while 40% continued working, reducing access to dental care for vulnerable populations



Very few clinics have resumed AGPs for routine procedures & most do not know when they will resume AGPs



New infection control precautions will require clinics to revise staffing, clinic design, and purchasing



Although many clinics used tele-dentistry during the pandemic, only one-third plan to continue using

#### BEFORE CALIFORNIA'S SHELTER IN PLACE ORDER MARCH 19, 2020

Safety-net dental clinics in LA County were not expecting a pandemic thus were not prepared; only one-in-five had written protocols for a state of emergency

#### BETWEEN THE SHELTER IN PLACE ORDER & CDC'S GUIDANCE ON PROVIDING DENTAL CARE MARCH 19 TO MAY 19, 2020

**89%**

The percentage of organizations that provided emergency services, all other clinics closed

**50%**

The percentage of organizations that stopped providing routine elective care before March 19

**38%**

The mean percentage of staff that continued working in the dental clinic

#### AS OF AUGUST 15, 2020



Most organizations (68%) are providing either no AGPs or AGPs for urgent care only



Almost all organizations (97%) are seeing fewer patients with 3-of-4 reporting at least a 50% reduction in patient volume



One-third (32%) of organizations plan to use tele-dentistry when they return to pre-COVID services

LOS ANGELES COUNTY DEPARTMENT OF PUBLIC HEALTH  
ORAL HEALTH PROGRAM  
AUGUST 2020



## 40 years and counting

VISION + FOCUS + STRENGTH

### What does it mean to be built by dentists?

In 1980, a small group of CDA members took action and founded **The Dentists Insurance Company** with a mission to protect only dentists. Since that time, TDIC has transformed from providing professional liability coverage to delivering comprehensive insurance and risk management solutions for a community of 24,000 policyholders in 15 states.

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CHANGE SERVICE REQUESTED



**LADS Continuing Education Course TUESDAY, November 17, 2020 | Webinar 6:30 - 8:30pm**

## Marijuana in the Workplace and Dental Office

This course will review how drug-free workplace policies can co-exist with legalized recreational marijuana. Learn to evaluate disability laws to provide reasonable accommodation and familiarize yourself with drug testing issues and marijuana laws. Will also discuss "medical marijuana" and CBD and its impact on your patients and your staff. Learning Objectives:

- Recognize how drug-free workplace policies can co-exist with legalized marijuana
- Distinguish employment and disability laws to provide reasonable accommodation
- Examine drug testing issues and marijuana laws



**Brett Kessler, D.D.S.**, is a general dentist in Denver, Colorado, and the Fourteenth District Trustee of the American Dental Association. Dr. Kessler graduated from the University of Iowa with a degree in biomedical engineering and attended dental school at the University of Illinois College of Dentistry in 1995. He completed his general practice residency at Northwestern Memorial Hospital in 1997. Dr. Brett Kessler taught at the University of Michigan from 1997-1999 in the department of hospital dentistry and at the University of Colorado School of Dental Medicine from 2004-2011. Dr. Kessler has held a number of leadership positions within the ADA. He has served as a delegate in the ADA's House of Delegates since 2008 and has been a consultant to the Council on Dental Wellbeing Advisory Committee since 2007. In 2010, Dr. Kessler received the ADA's Golden Apple Award (the highest award bestowed by the Association) for outstanding leadership in mentoring. Dr. Kessler most recently served as Vice Chair on the Council on Dental Benefit Plans, and Chair of the Sub-council on Dental Business and Insurance Services.

To register or obtain more information about any course, please call the LADS office at 213-380-7669.