

MANAGEMENT & MARKETING

Editor's Note: This month's column is excerpted from the complete article, "Post-COVID-19 Clinical and Management Guidelines for Orthodontic Practices," which has been published at www.jco-online.com in the COVID-19 Resources section.

Post-COVID-19 Management Guidelines for Orthodontic Practices

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The COVID-19 global pandemic presents a unique set of challenges for the future of orthodontics. All aspects of the orthodontic practice have been impacted. Special considerations have been placed on procuring the proper personal protective equipment (PPE), ensuring the safety of all individuals, and operating under the legal ramifications of new regulations. As states allow dental practices to reopen, there have been numerous concerns and questions from clinicians.

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Considering the current, rapid change in our understanding of the characteristics and spread of COVID-19, coupled with the evolving regulatory aspects of reopening the economy, the recommendations presented here are intended to serve as a malleable framework of practical information for each individual orthodontic practice moving forward.

Human Resource Management

Even though a health-care worker knows there is an inherent risk involved with patient care, it is the orthodontist's duty to minimize this risk. Employers may screen employees for symptoms consistent with COVID-19 and may request daily temperature checks before entering the workplace.¹ Because the information obtained in such screening, including the employee's temperature, is considered a medical record, the employer must maintain the confidentiality of this information.¹

To accommodate the backlog of appointments, many offices will opt to extend their hours. It is important to understand new Department of Labor regulations when doing so. Under the Federal Fair Labor Standards Act, any employee who works more than 40 hours per week must be paid time and one-half unless characterized as exempt.² An employee is exempt only if earning more than \$47,476 per year, or \$913 per week, and if performing duties in one of several categories.² For example, an employee may be considered exempt if he or she regularly aids in management functions or supervises two or more full-time employees.²

Some employees may request sick leave or paid expanded family leave under the Families First Coronavirus Response Act passed on March 18.³ Active employees of covered employers are eligible for³:

- *Two weeks (up to 80 hours) of paid sick leave at the employee's regular rate of pay* when the employee is unable to work because of being quarantined and/or experiencing COVID-19 symptoms and seeking medical diagnosis.
- *Two weeks (up to 80 hours) of paid sick leave at two-thirds the employee's regular rate of pay*

when the employee is unable to work because of the need to care for an individual subject to quarantine, or to care for a child under age 18 whose school or childcare provider is closed or unavailable for reasons related to COVID-19.

- *Up to an additional 10 weeks of paid expanded family and medical leave at two-thirds the employee's regular rate of pay* when an employee who has been employed for at least 30 calendar days is unable to work because of the need to care for a child whose school or childcare provider is closed or unavailable for reasons related to COVID-19.

Employers with **less than 50** employees may be exempt from this ruling as long as they meet one of these three conditions³:

- Sick leave would cause "the small employer's expenses and financial obligations to exceed available business revenue and cause the small employer to cease operating at a minimal capacity."
- Sick leave would "pose a substantial risk to the financial health or operational capacity of the small employer because of [the employee's] specialized skills, knowledge of the business, or responsibilities."
- The employer "cannot find enough other workers who are able, willing, and qualified, and who will be available at the time and place needed, to perform the labor or services the employee or employees requesting leave provide, and these labor or services are needed for the small employer to operate at a minimal capacity."

The Department of Labor requires employers to document and retain files for four years to prove the employer falls under one of these criteria.³ If an employer is still not exempt, there are tax credits available to help offset this financial burden.⁴ The full legislation has been published in the Federal Register⁵; you should also check with your own state government to determine whether additional state labor laws may pertain.

Bringing Employees Back

Orthodontists should proceed with caution

when bringing staff back upon reopening their practices, especially if not all employees will be asked to return to work initially. Proper documentation of objectives and rationale for bringing back certain employees—such as seniority, skills, or quality reviews—is necessary to avoid perceived discrimination.⁴ This is not a time to weed out unwanted employees; every decision must be methodical and documented.⁴

Because of their passive income during unemployment, the fear of potential exposure, and the lack of childcare, employees may not readily agree to return to work.⁴ Some states have laws against collecting unemployment if a worker has potential job offerings and is willingly turning down employment.⁴ In cases where there are no such laws, practice owners are forced to either hire and train new employees or incentivize their employees to return.

Some employers have offered disaster relief pay, while others have offered a higher wage for a predetermined amount of time in return for working under these harsh conditions. Doctors who have extended their hours but have a reduced patient load may implement split schedules allowing staff to work fewer days. Finally, orthodontists should consider letting some employees work remotely by answering calls, ordering, or billing.⁴ Special consideration will need to be given to employees who are hesitant to return because of underlying mental illness or medical conditions that make them susceptible to COVID-19.⁴ It is important to listen to each employee's concerns and make reasonable accommodations if possible.¹

A general desire not to work until after the pandemic without a preexisting medical condition can be treated as a resignation.⁴ Other employees may desire to work but will be unable to because of a loss of childcare.⁴ In these instances, it may be prudent to allow employees to take their allotted time off, work remotely, or work different hours.⁴ CEDR Solutions suggests holding positions for such employees until they can return, since discrimination laws protect the childcare status of potential new hires.⁴

Financial Management

According to Dr. Anthony Fauci, director of the National Institute of Allergy and Infectious Diseases, there will be an inevitable second wave of COVID-19 in the fall when the weather cools.⁶ Dr. Robert Redfield, director of the Centers for Disease Control and Prevention, stated that this second wave could be even more catastrophic than the first because of the combined impact of annual seasonal influenza.⁷ Amid such extreme uncertainty, orthodontic practices need to develop sustainable financial plans.

Orthodontists' primary revenue comes from initial payments (patient down payments, paid-in-full accounts, and initial insurance payments) and contracts receivable (patient monthly payments and insurance continuation payments).⁸ Even considering the lack of patient starts during the pandemic, an orthodontist may not have immediately felt a drop in cash flow, since more than half of the practice's monthly collections probably come from contracts receivable.⁸

Moving forward, orthodontic offices should be prepared for a strain in cash flow caused by the lack of new starts as well as additional expenses in PPE and disposables, advertising, marketing, and consulting.⁹ Cain Watters & Associates anticipates that "assuming the practice returns to average start levels in the third month after the shutdown, the overall profit will still be 25% lower than pre-shutdown levels," and advises doctors to "continue to be mindful of expenses and overall cash flow as the practice returns to a state of normalcy."⁸ The successful post-shutdown orthodontic office will differentiate itself from other practices through creativity, flexibility, and communication.^{10,11}

Cash-flow management goals:

- Proactively increase new patient numbers.
- Bring current patients back on schedule.
- Maximize collection of accounts receivable.

Hindrances to achieving these goals:

- Reduced volume due to elevated safety and distancing measures.

- Reduced volume due to patients' safety concerns.
- Reduced volume due to patients' financial burdens during this time.

Financial strategy suggestions:

- Review the AAO's financial management resources related to COVID-19 for detailed information on unemployment benefits, small business loans, the Paycheck Protection Program, Economic Injury Disaster Loans, and more.¹²
- Draft a cash-flow plan; a template can be found in Cain Watters & Associates' "90 Day Cash Flow Plan for Reopening Your Orthodontic Practice."⁸
- Set up an online payment system.¹⁰
- Establish an office policy to collect at the time of the treatment and stop billing later.¹³
- Make full efforts to collect patient and other accounts receivable¹³:
 - » Missing charges (failure to post charges results in unnoticed delinquent receivables).
 - » Unfiled or delinquent insurance claims.
 - » Delinquent patient payments, including declined charges or failed transactions from credit card auto-payments; if necessary, consider reducing monthly payment amounts and/or extending payment periods rather than asking for lump sums to catch up.
- Provide flexible payment options for new patients, such as extended paid-in-full discounts.¹³
- Make use of the downtime to strengthen the cash-flow monitoring system by cleaning up and organizing the ledgers¹³:
 - » Identify missing charges or contracts that need to be posted.
 - » Reconcile auto-payments with the ledgers.
 - » Redefine adjustment types.
 - » Write off any small balances.
- Train and work with staff to produce more accurate practice financial reports.

Marketing strategy suggestions^{10,11}:

- Draft a marketing plan.
- Review the "AAO Guide: Start Strong When Re-Opening."¹⁴
- Tell people your office is open to see patients by sending out text messages and e-mails and post-

ing on the practice website, social media, and review sites.

- Inform your main referrers that you are open for business.
- Design an upbeat "Welcome Back" atmosphere in the reception area.
- Plan for strong summer promotions and reward systems.
- Increase marketing efforts related to safe practices and patient safety measures.
- Make use of the downtime to strengthen your online presence:
 - » Social media.
 - » Search engine optimization.
 - » Refreshing and updating the website.
 - » Paid advertising (such as pay-per-click).
- Implement two-way texting.
- Offer virtual consultations, which can facilitate starts and make up for reduced patient volume.
- If using paper charts, convert the practice to digital to reduce risks of cross-contamination.

Discussion

Documentation will continue to be vital to the success of a practice at this time. Not only will offices need to carry out special procedures relevant to the COVID-19 pandemic, but they must also meticulously document their actions for safety, continuity of care, and legal protection.

Clinicians should keep in mind that the information provided here is general guidance and by no means replaces expert advice from lawyers, accountants, practice consultants, or marketing specialists. It should be noted that certain recommendations may not be valid in the future, as regulations and guidelines are subject to change based on changes in the pandemic trend, market environment, and decisions of federal and local authorities. This content should be understood within the context of each office's unique practice environment and philosophy.

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