

Thank you for joining *Bring Your Patients Back: Reducing Fear of Dentistry, and COVID-19*



- Stresses on the internet/cellular infrastructure have caused service disruptions (intermittent loss of audio) as millions more are working/studying from home. We are hosting webinars when web traffic is lowest. If you experience loss of audio or you lose connection, exit the webinar and re-launch the link. We are recording this webinar. Within a week this webinar will be posted for viewing with a quiz-based CE opportunity at: <http://www.elevateoralcare.com/elevatingcare>
- A certificate for today's Live 1.5-hour of CE will be emailed to all participants who have provided their full name **and** valid email address **and** remain on the webinar for at least 70 minutes within 1-2 hours of completion of today's broadcast.
- Education on the latest prevention strategies is what we do. To schedule a live in-person or web-based continuing education presentation from your Preventive Care Consultant, visit elevateoralcare.com or call us at 877-866-9113.



Program Outline

- I. Teamwork: We're all in this together
- II. Getting the patients to come back
- III. Responding to reluctance and upset
- IV. Working with patients who are fearful
- V. Staging treatment: What is most important now?
- VI. If someone needs help

Disclosure: The speakers may discuss the off-label use of silver diamine fluoride or other fluoride-containing products. Dr. Milgrom is a member of Advantage Silver Dental Arrest, LLC. The other speakers declare no conflicts of interest.

Teamwork: We're All in This Together

Daniel W. McNeil, PhD & Marilyn Rothen, RDH, MS

Unprecedented Time



Special Teamwork Needed

-Even the highest functioning office/clinic staff needs time BEFORE starting to see patients to prepare, both procedurally and psychologically

-Communication is key

- Open, uncritical, and affirming communication from and with staff and team leaders/business owners is not only “allowed” but is **“encouraged.”**
- Promoting open and direct communication (to avoid under-the-surface worries, complaints)
 - **Promote use of “I” statements:** “I think . . .” “What I would prefer is . . .” “I hope . . .” “I can . . .”
 - “I’m glad we all are here today to share our ideas, to plan for our patients, and to support one another.”
- Express appreciation for all thoughts and opinions; do not dismiss anyone or any thoughts or ideas, or any worries or concerns
- Get everyone on the staff to talk and to feel comfortable expressing worries and concerns; thank them for sharing, and for being at work to help patients
- Involve staff fully so that messages (direct and indirect) to patients are positive, authoritative, and comforting
- Develop shared goals for the office and clinic
 - For example – Our goal is to safely help patients by providing high-quality dental care, supporting the livelihood of the staff and office/clinic/business

Teamwork – Prior Planning Procedures (3 – Ps)

- Develop and articulate/write/post a shared goal
- Identify who in the office is the “leader” in terms of infection control and empower that person to monitor staff and patient adherence
- If staff are concerned, let them have a role. “Being part of the solution, rather than part of the problem.”
- Decide upon needed PPE and other supplies and materials, based on guidelines, and ensure they are ordered, available, distributed to staff, and will continue to be available
 - Patient and staff safety
 - Staff confidence and comfort
- Ensure staff know how to wear PPE, and to take it on and off safely.
- Establish and document new infection control procedures and practice them with “dry runs” BEFORE the day patients are first seen. Consider “buddy system.”
- As a business/practice owner, think about these questions that staff may ask themselves:
 - Have I been heard?
 - Does the team leader/business owner care about me and my health (and that of my family)?

Teamwork – Two-way Communication

As a staff team member, how can you communicate to know that you've been heard?

- Start with the positive: “Doctor, thank you for arranging this meeting before we begin to see patients.”
- Express appreciation for work that has been going on to maintain the practice and plan for the new environment.
- Use “I” statements
 - “Doctor, I’m concerned about....” safety, masks, our high-volume evacuation system..... What is your understanding of?”
 - “Doctor, I know that we are both looking for ways to reduce aerosols to make our patients feel safer. I have some ideas and would like to share those with you. When is a good time?”
 - “I’ve heard concerns from patients. I’d like to discuss how we should address them so that patients are clear that we are concerned about their safety. Is now a good time?”
 - “How can I help? Perhaps I can call patients and let them know”

Teamwork – Staff Proceeding Together in Unity

- In addition to daily “huddles” before patients are seen, have team meetings on day(s) prior to patient care to allow time for mutual support, team-building, and the airing and addressing of concerns
- During morning huddles, debrief what happened the day before
- At the end of the first week, debrief with a “Roses, Buds and Thorns” model
 - **Roses** – Specifically note what went well; praise staff for their efforts and successes, and their courage and devotion in helping care for patients
 - **Buds** – What is “almost there” but needs some tweaking to work well?
 - **Thorns** – What do we need to change?
- Looking ahead – Avoiding burnout

Getting the Patients to Come Back: Re-establishing a Trusting Relationship in an Atmosphere of Fear

Philip Weinstein, PhD

- Mailed communications
- Telephone communications

Welcome Back Letter

- A modified ADA Welcome Back Letter is appropriate but not as the initial communication since the start of the pandemic
- In the letter, first be human and personal
- Share experiences about your staff during lockdown
(health, finances, activity, stress) especially including exemplary efforts (volunteering, donating, helping others).
- Comment on your concern for patients & the community.
- Safety is our main concern when we re-open (refer to 2nd page of letter)
- Stress that you are providing only procedures that are safe and not using any procedures that could spread infection.
- Call, write if you have questions, these are anxious times

Edited ADA Letter

5/12/2020 5:42:20

Patient Name
Street Address
City, State Zip

Dear Patient: (Use first name, if appropriate)

A. We hope this letter finds you and your family in good health in this most difficult of times. Our community All of us have been through a lot over the last few months, and all of us are anxious about the welfare of our loved ones and our community. Like your family, our staff has faced many problems during lockdown and are looking forward to resuming our normal habits and routines. We are concerned about those who have not been fortunate during the pandemic and staff have (mention donations, volunteering, and other positive activities taken by staff). While many things have changed, one thing has remained the same: our commitment to your dental health and your safety.

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Infection control has always been a top priority for our practice and you may have seen this during your visits to our office. Our infection control processes are made so that when you receive care, it is both safe and comfortable. We want to tell you about the infection control procedures we follow in our practice to keep patients and staff safe. The emphasis in our dental practice is now on safety. The steps we are taking are specified on the next page. At this time, Moreover, We are also providing only procedures that are safe and not using procedures that could spread infection. The details of our services are on the next page as well.

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We will send you additional information about what has changed and how we will protect your health as the details become clearer.

The following should be moved to a separate page.

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Our office follows infection control recommendations made by the American Dental Association (ADA), the U.S. Centers for Disease Control and Prevention (CDC) and the Occupational Safety and Health Administration (OSHA). We follow the activities of these agencies so that we are up-to-date on any new rulings or guidance that may be issued. We do this to make sure that our infection control procedures are current and adhere to each agencies' recommendations.

You may see some changes when it is time for your next appointment. We made these changes to help protect our patients and staff. For example:

- Our office will communicate with you beforehand to ask some screening questions. You'll be asked those same questions again when you are in the office.
- We have hand sanitizer that we will ask you to use when you enter the office. You will also find some in the reception area and other places in the office for you to use as needed.
- You may see that our waiting room will no longer offer magazines, children's toys and so forth, since those items are difficult to clean and disinfect.
- Appointments will be managed to allow for social distancing between patients. That might mean that you're offered fewer options for scheduling your appointment.

- We will do our best to allow greater time between patients to reduce waiting times for you, as well as to reduce the number of patients in the reception area at any one time.

We look forward to seeing you again and are happy to answer any questions you may have about the steps we take to keep you, and every patient, safe in our practice. To contact us call.... Or email.... To make an appointment or to talk to us about what is involved in your initial return appointment, please call our office at office number . Also, or visit our revised updated website at web address.

Thank you for being our patient. We value your trust and loyalty and look forward to welcoming back our patients, neighbors and friends.

Sincerely,

Dentist and Team

Clean, Edited ADA Letter

5/12/2020

Patient Name
Street Address
City, State Zip

Dear Patient: (Use first name, if appropriate)

We hope this letter finds you and your family in good health in this most difficult of times. All of us have been through a lot over the last few months, and all of us are anxious about the welfare of our loved ones and our community. Like your family, our staff has faced many problems during lockdown and are looking forward to resuming our normal habits and routines. We are concerned about those who have not been fortunate during the pandemic and staff have (mention donations, volunteering, and other positive activities taken by staff). While many things have changed, one thing has remained the same: our commitment to your dental health and your safety.

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Dentist and Team

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Maintain Contact Over Time

- Provide a bridge from the last appointment to now
- Provide multiple communications and updates: an established business practice
 - Personal stories of staff members
 - Public service/donations
 - Explain a change in service briefly

Telephoning Patients

- Who should call?
- What not to say?
- Create a script for all staff including the dentist, don't wing it
- What is reassuring? (example words to use)
 - Hello, this is calling from
 - How are you doing in this most difficult of times? (open-ended question)
 - All of us face problems during this difficult time. What problems have you faced? (physical, mental, economic, community, etc.)
 - It seems to me you are telling me that (paraphrase—active listening)

NO SHOWS - INTERPRETING AND RESPONDING

- Goal is building/maintain rapport and trust
- Obstacles to attending are numerous
- No shows may be a symptom of fear and lack of trust
- Cancellations may reflect life complications (child care, money, etc.)
- Reminders--- the person who should call is the one who knows the patient the best. That may not be the receptionist and might be the dentist. This is more than a reminder.
- Don't punish patients in a crisis (e.g. no show charges)
- Emphasize importance of continued contact. "If you are uncomfortable to the point of not being able to come in, please call and let us know. We will understand .. (and with the patient's permission you can talk about alternatives visits and treatments, timelines)

Responding to Reluctance and Upset

Marilynn Rothen, RDH, MS

Responding to Reluctance & Upset

- Do what is really reassuring - examples
- “I appreciate you telling me that you are (scared....) or I can see you are worried. Let’s go to a spot where we can talk in private. I want to really understand your concerns.”
- Demonstrate active listening after patient talks about their concerns. Examples: “I think you are telling me.....Did I get it right?...” “It seems that you really want to continue periodontal treatment, but you are concerned about bringing the virus home to your 90-year-old mom.”
- Would you be interested in learning the steps we will take to address your concerns?

Working with Patients Who Are Fearful, Anxious, Worried

Daniel W. McNeil, PhD

Pre-existing Fears Along with COVID-19 Worries/Concerns

- COVID-19 concerns – Normal and natural, to be expected
- Dental fears and anxieties are highly prevalent, and were even before COVID-19
 - 45% of adults report at least moderate fear about receiving dental treatment; 5-10% avoid needed care
 - Distrust of Dental Personnel, and Medical/Catastrophe Fears, were existing subtypes of dental fear – May be even more highly accentuated now
- **Dental fears and COVID1-19 fears likely combine to be ADDITIVE or SYNERGISTIC – Add to one another. $1 + 1 > 2$?**

Avoidance
of Dental
Care

COVID-19 Distress

+

Dental Anxiety
and Fear

+

Life Demands and Stress

COVID-19 Concerns

- Anxiety, Fear, and Worry about COVID-19
 - Heightened in the dental setting and while receiving dental care
 - Concerns about contracting it from staff, or patients, working in close proximity and involving the mouth – Patients may wonder: “Does the office have the necessary supplies to disinfect, and do they do it thoroughly? Do they follow necessary procedures?” Staff may wonder: “Does this patient have the virus?”
 - Worries about transmitting it to children, other loved ones, vulnerable groups (e.g., one’s older adult parents)
- Importance of staff modeling calm concern and dutiful attention to the details of proper prevention and infection control procedures (e.g., disinfecting work surfaces)
 - Showing or saying that one has wiped down surfaces, wearing PPE, introducing the topic of infection control
 - LISTEN; do not dismiss these fears or offer simple reassurances
 - Be empathic by reflecting patients’ emotions and concerns
 - Demonstrate caring by taking time to listen

COVID-19 Fears as a Tipping Point

- Later in the pandemic, it may become evident that Covid-19 is the tipping point, an excuse for highly fearful patients to further delay treatment and become avoidant
- Dental staff will need to reach out to these patients
 - It may require more than trying to alleviate fears about Covid-19 for them to return. A gradual return may be necessary.
 - If they have been avoidant for a long while, it becomes more difficult for them to return
 - “Out of practice” in coping with their fears
 - Embarrassment about having been absent, and particularly if they've let their oral hygiene routine slip, with attendant oral health problems



Staging Treatment: What is Most Important Now?

Peter Milgrom, DDS

Stage 1 Treatment

- Do careful exams. Patients need to know that you are on top of their health
- Use this as opportunity to build trust
- Don't add to their stress with long lists of treatments needed. Think in stages.
- Focus on keeping your patients healthy
 - Dispense, don't just prescribe
 - 5000 ppm fluoride toothpaste/gel
- Focus on avoiding disease progression
 - Eliminate sensitivity and arrest caries lesions with silver diamine fluoride
- Reduce plaque traps, cover open lesions with interim, non-aerosol generating treatments such as glass ionomer



If Someone Needs Help

Daniel W. McNeil, PhD

Resources for Patients (and Staff)

- Acknowledge that these are stressful, difficult times
- Listen and reflect patient emotions and concerns – Do not try to “fix it” or suggest that everyone is having a difficult time
- Provide information on paper
 - “May I give you some resource information? Perhaps you or someone you know would find it helpful, either now or in the future.”



Printable wallet cards available at:

<https://suicidepreventionlifeline.org/wp-content/uploads/2016/09/green-national-suicide-prevention-lifeline-wallet-card.pdf>

Both “Talk Line” and “Chat Line” Available



Lifeline Chat

SHARE



Lifeline Chat is a service of the National Suicide Prevention Lifeline, connecting individuals with counselors for emotional support and other services via web chat. All chat centers in the Lifeline network are accredited by CONTACT USA. Lifeline Chat is available 24/7 across the U.S.

Ready to Chat?

Please review and agree to the [terms of service](#), and enter your zip code. Then, click on the button “START CHAT” when it appears.

There may be a wait time to connect. To speak to a counselor now, please call the Lifeline at 1-800-273-TALK (8255).

HELPLINE – For Information and Referral

(not counseling)

NATIONAL HELPLINE

SAMHSA's National Helpline – [1-800-662-HELP \(4357\)](tel:1-800-662-HELP)

SAMHSA's National Helpline is a free, confidential, 24/7, 365-day-a-year treatment referral and information service (in English and Spanish) for individuals and families facing mental and/or substance use disorders.

Frequently Asked Questions

What is SAMHSA's National Helpline?

SAMHSA's National Helpline, [1-800-662-HELP \(4357\)](tel:1-800-662-HELP), (also known as the Treatment Referral Routing Service) or TTY: [1-800-487-4889](tel:1-800-487-4889) is a confidential, free, 24-hour-a-day, 365-day-a-year, information service, in English and Spanish, for individuals and family members facing mental and/or substance use disorders. This service provides referrals to local treatment facilities, support groups, and community-based organizations. Callers can also order free publications and other information.

Also visit the [online treatment locators](#).

What are the hours of operation?

The service is open 24/7, 365 days a year.

What languages are available?

English and Spanish are available if you select the option to speak with a national representative.

Do I need health insurance to receive this service?

The referral service is free of charge. If you have no insurance or are underinsured, we will refer you to your state office, which is responsible for state-funded treatment programs. In addition, we can often refer you to facilities that charge on a sliding fee scale or accept Medicare or Medicaid. If you have health insurance, you are encouraged to contact your insurer for a list of participating health care providers and facilities.

Will my information be kept confidential?

The service is confidential. We will not ask you for any personal information. We may ask for your zip code or other pertinent geographic information in order to track calls being routed to other offices or to accurately identify the local resources appropriate to your needs.

Do you provide counseling?

No, we do not provide counseling. Trained information specialists answer calls, transfer callers to state services or other appropriate intake centers in their states, and connect them with local assistance and support.

Veterans Crisis Line

<https://www.veteranscrisisline.net/>



HOW TO CONNECT WITH A RESPONDER

Call

1-800-273-8255

and Press 1

Chat

Connect online

Text

838255

Support for deaf and hard of hearing

1-800-799-4889

This free support is

-  Confidential
-  Available every day, 24/7

And serves

- ★ All Veterans
- ★ All Service members
- ★ National Guard and Reserve
-  Their family members and friends

Questions?/Discussion

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