Washington Workforce Training & Education Coordinating Board

center for health workforce studies
UNIVERSITY of WASHINGTON

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www.wa.sentinelnetwork.org

Washington's Health Workforce Sentinel Network
Early COVID-19 Response Report:
Dentist Offices/Dental Clinics 4/23/2020

The Spring 2020 Washington Health Workforce Sentinel Network added four questions about the impact of the COVID-19 crisis on health care facilities' workforce and operations. These questions were in addition to the regular detailed questions about their health workforce changes and issues that are obtained twice yearly.

Below is a report of representative examples of initial responses (34 as of April 17) to the COVID-19 questions from dentist offices/dental clinics across Washington. More COVID-19 related findings will be reported as they become available, and will be reported along with responses for other workforce demand questions, as well as for other types of health care facilities, on the Sentinel Network dashboard (see wa.sentinelnetwork.org).

When responding to the COVID-19 emergency (since approximately February 2020), which occupations and/or service roles, if any, were most affected at your facility(ies), and in what ways?

THEMES: Most staff furloughed, lack of income, need for PPE, high stress

- *Our dental hygiene clinic was shut down as we do not provide emergency dental care. This has affected our staff being partially employed, our students unable to take exams to obtain licensure and they are unable to fill their requirements.*
- *PPE needs, especially N95 masks and face shields*
- *While only seeing emergencies, we do not have enough income to cover basic expenses (loan, rent, payroll) even when the staff have been furloughed. There has been difficulty finding enough PPEs (masks mainly), but since we aren't seeing many patients, we have done OK. When we start working again…we might have to close if there aren't enough PPEs.*
- *Dental assistants were most affected as we furloughed/placed on temporary leave most of our assistants. We reduced the hours of all other employees from full time status to just 10 hours per week. There has been significant reduction of demand for services as Governor Inslee has instituted restrictions on all non-essential dental treatment. Employee mental health suffers as they worry about their financial status. We have assured them we will bring them back to employment as soon as possible. We have enough PPE, partly due to the significant reductions in services.*
- *12 out of 13 employees are furloughed. We are seeing a somewhat steady stream of dental emergencies, many of which require dental handpick use with its accompanying bioaerosols. I have one box of N95 respirators that I am wearing underneath a level 2 mask and my assistant is doing the same. I am reusing the underneath N95 respirator. We will need more masks and the ability to test for COVID in house in order to get back to a full schedule. We are currently producing 5% of our pre shut down level.*
- *When we do need to see urgent care patients we have no N-95 masks even though a dental procedure creates aerosols.*
- *There have been some mental health issues for all of my team with the closure of the dental practice.*
- *Need to furlough staff. Inadequate communication as to when we will be able to resume normal operations.*
- *The office is closed. I am the dentist and see emergency and urgent need patients as needed. I have an assistant when needed. My office manager will come in one day a week to do payments and bills. All of the staff are on unemployment. I have applied for all of the available loans and grants and to date have received nothing and no feedback or reply from the financial institutions.*
- *Pediatric Dentistry. It's unclear how to safely manage the aerosol created during our treatment procedure. Challenges are what is the appropriate PPE for all, and acquiring it once determined.*
- *The standard of care has changed for dentistry and the N95 masks and face shields recommended cannot be purchased by dentists. I have had to furlough my entire staff.*

Occupations and/or service roles most affected (cont.)

- *All emergent healthcare, including oral healthcare, has been temporarily canceled until at least May 18th. This means that all dental hygiene education programs, and all allied health, has come to a halt. The continued delay will impact not only the current 2020 grads, but also allowing an incoming class for this next year. This could impact all ten DH programs meaning less graduates into the workforce. And even if we can return to our programs, will we even have sufficient PPE? Dental hygiene in particular is one of the highest risk occupation for respiratory disease transmission. We are all waiting for the Commission on Dental Accreditation guidance which is supposed to arrive at the end of next week. Much will depend on what they will determine for allowing alteration of assessments for graduation.*
- *Loss of revenue 95% April and May projected, with potentially catastrophic loss of business ongoing. All staff placed on unemployment. Unable to get masks, gowns and hand sanitizer through normal dental supply chains. Patients are hesitant to be rescheduled due to uncertainties. Severe anxiety for the practice owner.*
- *Executive Director: Demand for information/resources have increased; the whole team is working remotely- [coming] in for mail, bills and packages. Orthodontist: Clinical practice has stopped [except for] virtual consults for emergencies.*
- *Need PPEs in order to be able to work once we are allowed to open. Covid 19 high risk dental surgical facility.*

Is there anything about your facility(ies)' staffing arrangements that made it easier or harder to respond to the emergency? If so, for which occupations and why?

THEMES: Problematic – Total or near total loss of income, part time staff not eligible for unemployment benefits, unable to plan for an uncertain future, insufficient PPE supply Helpful – Unemployment benefits, larger facilities able to consolidate

- *…we are unable to run our clinic and…this has also affected 42 part time faculty who we rely on to teach in the clinic.*
- *Unemployment verses part time, employees reported making more if they didn't work at all*
- *Hygienists are part time.*
- *Nothing about the staffing arrangement but everything about communication and leadership is what made it easier.*
- *…We do not utilize contract/agency staffing. We had some part time employees but they worked in other dental offices as well and have had significant reductions to their income (probably no employment income at this point).*
- *Our workers are 50 years and younger and healthy. Some have medically compromised parents and had concerns about infecting them and wanted to discontinue work because of these concerns.*
- *No special arrangements making any difference.*
- *Most staff do not want to come in on call basis for emergency patients as they are paid more than what they would be paid if they worked full time because of the extra $600/week from Federal unemployment making it difficult as a dentist who needs to go in for emergencies/urgent patients.*
- *All staff are full-time and were able to apply for unemployment. As the practice owner, there has so far been no assistance available to myself however.*
- *My facility can easily see and treat patients in need or otherwise. No hygiene patients are seen. The closure is related to PPE shortages which I do not see nor hear about.*
- *Hygienist complete furlough. Dental Asst. for emergency care, office cleaning, Online CE. Front Office, Phone calls, rescheduling, Online CE. Dentist, overseeing the staff, providing emergency care, managing business resources (disaster relief applications, HR state benefits, continue paying bills/managing practice, plan for re-opening)*
- *Insufficient bandwidth and speed of VPN. Insufficient ability access on site needs. Delay of responses with key persons.*
- *Multiple office's staff funneled into one office with only one office's staff working/day.*
- *Easier = some young staff = dental hygienist and assistants. Harder = Pregnant hygienist in her third trimester.*
- *We have employees on standby, and respond to emergencies when needed. However, hours are greatly reduced.*
- *Part time staff have struggled to get unemployment payments, especially when a 3-day/week staff person working 21 hours/week, I consider them 3/4 time and pay benefits based on that, but unemployment sees them as "part time".*
- *With our salaried staff, it was easier to ascertain the monthly overhead and understand the ramifications of a (at minimum) 2 month closure w/ respective reduction in gross receivables.*
- *What are the guidelines and how am I supposed to be able to safeguard my employees once I open? How am I going to be able to afford potentially required PPEs? I am a new from scratch office with no income coming in yet.*
- *All staff members were able to apply for state unemployment while we are closed.*

Dentist Offices/Dental Clinics

From your experiences with the COVID-19 emergency, what are your facility(ies)' top workforce needs over the short and longer term that could be alleviated by new or modified policy, regulatory, and/or payment rules?

Short term workforce impact	Needs
Lack of n95 Masks for clinical team	*Make more PPE available to dental suppliers.*
Staff	*Enhanced unemployment for those who cannot continue to telecommute*
Sufficient faculty to teach using social distancing	*Mostly related to budget*
Inability to test for COVID-19 real time in the dental setting	*Authorize dental offices to test. Prioritize R and D and distribution in COVID testing.*
Rehiring current laid off employees when we are allowed to reopen	*Eliminate unemployment/standby requirements so they qualify. A couple have not.*
Capital, cash flow	*SBA loans in a timely manner*
PPE	*Assistance with paying for PPE if stringent and expensive requirements*
Inadequate number of providers	*Expanded functions to qualified personnel*
Sufficient time in a week to conduct all the labs and clinic	*Term date extensions and changes*
Workers rights	*How do I determine when to open and what are the risks to my employees, patients and myself? What are the liabilities? Expenses?*
Faculty, students	*PPE: At this time, we have no clinic. We must pay for all supplies and with enhanced PPE needed (N95 masks and shields at very minimum) I am unsure how to pay for these to make sure staff, faculty, students and community stays safe. Senior students are unable to get licensure at this time; live patient exams have been postponed. Alternative licensure would help*

Longer term workforce impact	Needs
Massive recession will cause major downturn in revenue forcing me to lay-off employees long-term	*Get the economy moving soon.*
Education pipeline of graduates	*Not enough hygiene and assisting schools*
Will we still have business to make up for new levels of debt.	*Unknown*
CODA has made some changes so we can alter the assignments and assessments to graduate them only two months late. BUT we need the DOL to figure out how to test. With all locations all having to change our schedules and try to continue the first year cohort and bring in our new cohorts, there is insufficient time to schedule four or five days of live patient exams.	*DOL needs to allow non-live patient board exams for Local Anesthesia and Dental Hygiene. Dentists do not even take a LA board, not sure why we must when the education is not only equivalent, but more than received in dental school. Either allow CRDTS to offer their perio non-live patient exam to dental hygiene students for licensure and either waive the LA exam or allow it on a SIM.*
Over staffing most likely	*None*
Need more dental assistants	*More training opportunities, On line curricula in conjunction with in office training.*

Dentist Offices/Dental Clinics

Longer term workforce impact (cont.)	Needs
Need more dental hygienists	*Allow dental hygiene students in their final semester of school to complete their clinic hours in private practice clinics.*
	Allow Expanded functions dental assistants to perform a prophylaxis 2mm below gum line, with certification training.
	Removing the requirement for Washington state dental hygiene licensure that requires restorative and nitrous certification prior to obtaining a dental hygiene license in WA. This would allow dental hygienists from other states in good standing to be able to practice in WA.
	More training programs, Community College based.

Are there additional important workforce issues resulting from the COVID-19 emergency at your facility(ies) that you feel should be recognized and addressed?

THEMES: Severe financial impact to practices, need help procuring and paying for PPE, more information about and training for safe practices needed, shortages of dental assistants and hygienists may continue

- *The financial piece has been a big part of trying to figure out our clinic. We are self-support and with no clinical income it will be harder to have clinic. The interruption to education for students has been hard for students and faculty. This will affect the future dental workforce that already has a shortage of dental hygienists.*
- *Closure was unnecessary and very costly to the patients and providers. We are able to socially distance and handle infection control within the current practices at most dental offices. There is some additional screening but only be able to see patients for emergent care is inefficient, costly and outcomes are uncertain.*
- *Dental assistants and on the job trained sterilization techs have little to NO education and training in infection control and what they do have is often substandard and only as good as the previous dental assistant that trained them. This is rarely done by a hygienist or a dentist. [Need] statute that mandates anyone working with infection control have appropriate education.*
- *Just allow me to open my practice and screen for covid prior to treatment.*
- *Due to known aerosol transmission & [lack of] full medical ppe prior to outbreak, risk will be too high to work on patients.*
- *Dental Hygienists and Dentists generate bioaerosols in many of the necessary procedures they provide. It is unavoidable with current technologies. We are incorporating medical grade air purification units into our practice to help mitigate the effects, but we will need better data on transmission of COVID through bioaerosols and real time testing for patients if we are to keep our teams and patients safe. Dental emergencies are not going away during COVID. They are piling up and will continue to intensify the longer patients are unable to access routine care.*
- *PPE for staff and regulations that do not add financial burden on employers without employers being able to pass the cost on to patients. Insurers need to allow for this additional charges.*
- *Dentists have not been given definitive new guidelines on how patients should be treated once we are allowed to reopen. Will N95 masks and face shields be sufficient? Will the government ensure that dentists will have access to appropriate PPE? Will we need to buy new equipment, see fewer patients at a time, etc? We have had no revenue since March 17, and so any new equipment, etc will need to be financed.*
- *We will need to be placed on the higher priority, after direct care COVID-19 emergency and hospital personnel, for adequate PPE due to our high risk.*
- *Not allowing temp agencies to drive up the hourly rate of dental hygienists.*
- *The road back to work will be very slow as patients avoid any potential avenue of contact, especially in the healthcare environment. The payments will be near nonexistent as patients are really strapped financially. This will put a long term strain on being able to conduct business in any type of profit mode, and that will possibly be a negative scenario for many months to come. May be easier to close the business and accept the inevitable instead of going into serious debt, from which I may not recover, as a doctor near retirement.*

Additional important workforce issues (cont.)

- *It will depend on what the powers to be determine to be the standard for PPEs; coupled with their cost and availability once dentists are allowed to see patients again; and what will it do to the cost of care in the future. Will our current workforce - want to return to work?*
- *We are closed due to perceived PPE shortages which I do not hear much about nor believe here in WA state. I currently hear nothing about a shortage nationwide other than those making personal masks and face shields for the public. Dentistry provides treatment in a safe environment and has not been implicated in the cause nor spread of the virus or other diseases. I suspect this will lead to changes in how we are able to treat patients, causing increased costs to the dental community and restricting access to care for patients. Dentistry is safe for both patients and staff as we currently practice. To make major changes to our practice model will increase costs and decrease access to care.*
- *Timely response by SBA would go a long way. Treating small business like we do large corporations with higher grant amounts and not punishing us with more debt, increased unemployment insurance and unresponsive programs.*
- *Many dental practices will fail.*
- *Dental and dental specialty offices require special attention by the state. We work with aerosols on a daily basis. What are the risks to patients, staff and employers? What are the liabilities? How do we cover any added/above routine PPE expenses?*
- *We were already suffering from a lack of qualified, trained, certified practitioners, this disaster and the governmental mandated delay in treatment, just magnifies the problem of access to care. When we return to practice we will have trouble provided adequate and timely care because there are not enough providers.*
- *The employees are able to collect unemployment but myself as the small business owner have no options for funds while my business is shut down.*

About the Washington Health Workforce Sentinel Network

The Sentinel Network links the healthcare sector with policymakers, workforce planners and educators to identify and respond to changing demand for healthcare workers, with a focus is on identifying newly emerging skills and roles required by employers. The Sentinel Network is an initiative of Washington's Health Workforce Council, conducted collaboratively by Washington's Workforce Board and the University of Washington's Center for Health Workforce Studies. Funding to initiate the Sentinel Network came from the Healthier Washington initiative, with ongoing support from Governor Inslee's office and the Washington State Legislature.

Why become a Sentinel? *As a Sentinel, you can*:
--Communicate your workforce needs and ensure that the state is prepared to respond to the transforming healthcare environment.
--Have access to current and actionable information about emerging healthcare workforce needs.
--Compare your organization's experience and emerging workforce demand trends with similar employer groups.
To view an interactive summary of findings and to provide information from your organization: www.wa.sentinelnetwork.org.

Contact: healthworkforce@wasentinelnetwork.org